

Ciox Health

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CIOX
HEALTH
INVOICE**Electronic Delivery Service**Invoice #: **0378828070**Date: **06/25/2022**<https://edelivery.cioxhealth.com>

Ship to:

Anthony Sicari
Sicari, Esther
871 ROUTE 208
GARDINER, NY 12525

Bill to:

Anthony Sicari
Sicari, Esther
871 ROUTE 208
GARDINER, NY 12525

Records from:

MIDHUDSON REG HOSP
WESTCHESTER
241 NORTH RD
POUGHKEEPSIE, NY 12601-1154

Requested By: SICARI, ESTHER**DOB :** 09/02/1953**Patient Name:** SICARI ESTHER

Description	Quantity	Unit Price	Amount
Reproduction Fee-Elect			6.50
Subtotal			6.50
Sales Tax			0.00
Invoice Total			6.50
Balance Due			6.50
Please Note: Your medical record request has been delivered electronically to your Ciox eDelivery account.			
Terms: Net 30 days Please remit this amount : \$6.50(USD)			

**Ciox Health**

P.O. Box 409900
Atlanta, GA 30384-9900
Fed Tax ID 58 - 2659941
1-800-367-1500

Invoice #: **0378828070**

Check # _____

Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.Email questions to collections@cioxhealth.com.



MidHudson
Regional Hospital
Westchester Medical Center Health Network

1035402
ER 6/14/22
IN 6/1/22

RECEIVED JUN 21 2022

Authorization to Disclose Protected Health Information

IF NO LABEL: PRINT PATIENT'S LAST NAME, FIRST NAME, MRN, GENDER, DOB

Patient Name: Esther Sicari Medical Record # (if known): _____

Name at time of Treatment (if different): _____ Delivery method: Paper: _____ CD: _____ Ext Drive: _____ Email: _____

Patient Address: 871 Rte. 208 City/State: Gardiner NY Tele: 845 527 6849

Date of Birth: 9.2.53 Zip Code: _____

I authorize MHRH of Westchester Medical Center to disclose the above-named individual's health information as follows:

Name and address of person(s) to whom this information is to be sent:

Name: Anthony Sicari

Address: _____

Phone: _____ Fax: _____

Email or alternative contact information: Anthony@nyssef.com

Description of information to be disclosed: (check the appropriate boxes)

☒ All Medical Records, including history, test results, genetic information, referrals, consults (excluding alcohol/drug treatment, HIV-related information, mental health treatment and psychotherapy notes)

☐ Include radiology studies, films and images, fetal monitoring strips

☐ Include billing & insurance records

☐ Include records sent to MHRH of WMC by other health care providers

☐ Medical Records from (date): _____ to _____

☐ Medical Record Abstract (pertinent medical information only)

☐ Other (please describe): _____

☐ I authorize the release of the following records (please initial):

_____ Alcohol/Drug Treatment Information

_____ HIV-Related Treatment Information

_____ Psychotherapy Notes (if yes, please complete additional authorization for this purpose)

_____ Mental Health Treatment Information (excluding psychotherapy notes)

_____ Genetic Testing/Documentation

Purpose of Disclosure: ☒ Continuing Care ☐ Insurance ☐ Legal ☐ Self ☐ Other _____

This authorization will expire one year from the date on which it was signed if no expiration date or event is indicated: (Please note desired expiration date or event, if any) _____

1. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from re-disclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450.
2. I understand that any disclosure/release is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. pts 160 & 164; and re-disclosure of this information to a party other than one designated above is forbidden without written authorization on my part.
3. MHRH of Westchester Medical Center does not condition treatment or payment on your signing this authorization.
4. The information disclosed under this authorization may be re-disclosed by the recipient and may no longer be protected.
5. I understand that I have a right to revoke this authorization at any time, except to the extent that MHRH of Westchester Medical Center has already acted in reliance on it. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management Department of Mid-Hudson Regional Hospital, at 241 North Road, Poughkeepsie, New York 12601 Phone: 845-431-8150/8152 Fax: 845-483-5099



MidHudson
Regional Hospital

Westchester Medical Center Health Network

Authorization to Disclose Protected Health Information

IF NO LABEL: PRINT PATIENT'S LAST NAME, FIRST NAME, MRS, GENDER, DOB

I have read this form and all of my questions have been answered to my satisfaction. By signing this form, I acknowledge that I have read and accept all of the above.

Patient Signature

Date

For child: I hereby declare that I am the natural, or adoptive parent or a legal guardian of the above named child and there is no court order restricting or prohibiting my access to the indicated records:

Other Legal Representatives must attach copy of health care proxy, power of attorney, will & testament or other documentation:

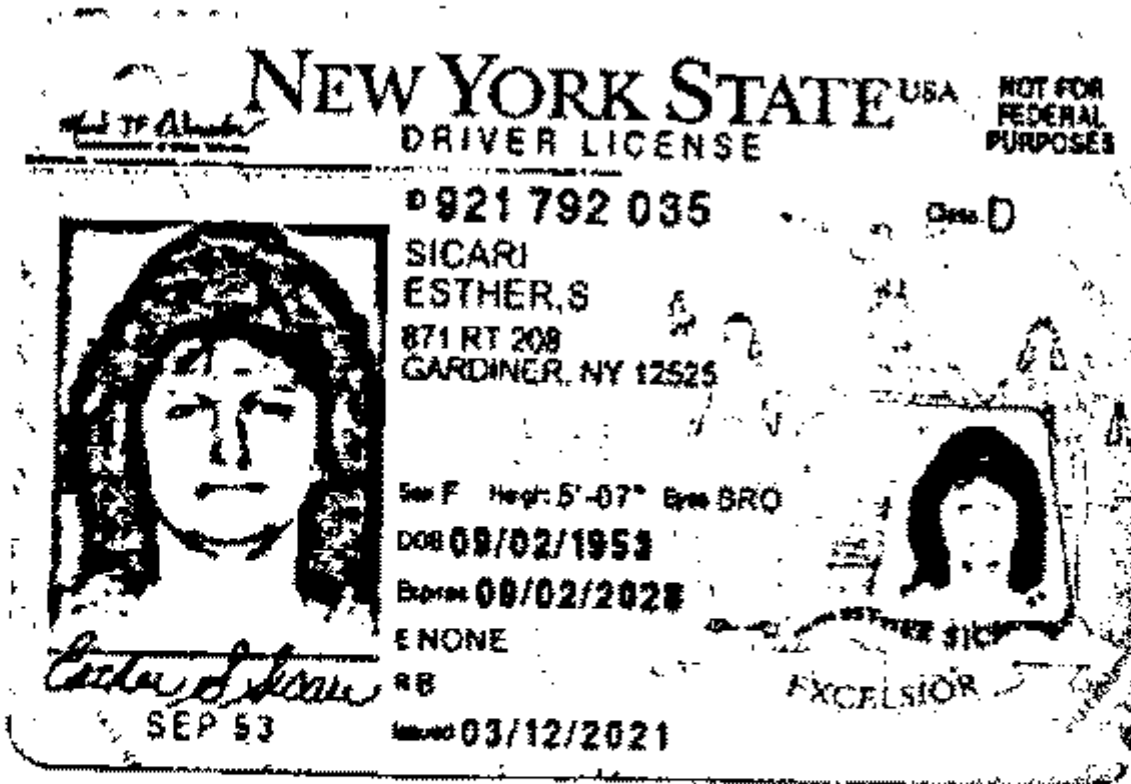
Indicate Relationship to Patient: _____

Signature

Print Name

Date

Fees: We will charge you a reasonable fee to recover the costs of copying, mailing, and supplies used to fulfill your request. Copies forwarded to a physician are free of charge.



Patient Information

Patient Name: TOZZI SICARI, ESTHER S
Home Address: 871 STATE ROUTE 208
GARDINER, NY 125255629
Home Phone: (646)784-4401
Employer Name: Retired
Employer Phone:

Sex: Female
DOB: 09/02/1953
Age: 68 Years
Religion: Catholic
SSN: XXX-XX-1809
Race: White

Guarantor Information

Guarantor Name: TOZZI SICARI, ESTHER S
Patient's Reltn: Self
Billing Address: 871 STATE ROUTE 208
GARDINER, NY 125255629
Billing Phone: (646)784-4401
Employer Name: Retired
Employer Phone:

Sex: Female
DOB: 09/02/1953
Age: 68 Years
Religion: Catholic
SSN: XXX-XX-1809
Marital Status: Married

Contact Information

Emergency Contact

Contact Name: ANTHONY SICARI
Patient's Reltn: Spouse
Sex:
Home Phone: (917)860-8003

Next of Kin

Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: TOZZI SICARI, ESTHER S
Patient's Reltn: Self
Sex: Female
DOB: 09/02/1953
Age: 68 Years
Employer Name: Retired
Employer Phone:
Financial Class: Medicare
Group Name:

Insurance Name: MEDICARE PART B
Claim Address: PO BOX 4846
SYRACUSE, NY 132124846
Insurance Phone:
Policy Number: 7WT5KA4RU80
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name: TOZZI SICARI, ESTHER S
Patient's Reltn: Self
Sex: Female
DOB: 09/02/1953
Age: 68 Years
Employer Name: Retired
Employer Phone:
Financial Class: Commercial
Group Name:

Insurance Name: AARP
Claim Address: P O BOX 740819
ATLANTA, GA 303740819
Insurance Phone: (877)842-3219
Policy Number: 30572797712
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 06/13/2022 17:46
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 06/14/2022 01:15
Observation Dt/Tm: 06/13/2022 20:21
VIP Indicator:
Admit Reason: SOB, bad cough

Patient Type: Emergency
Medical Service: MER - MH Emergency
Location: MH Emergency Department
Room/Bed: ED08 / D
Isolation:
Disease Alert:
Admit Type: Emergency
Admit Source: Non Healthcare Facility
Advance Directive:
Reg Clerk: Daniels, Tanya
Admit Physician:
Attend Physician: Moore MD, David J
PCP:

TOZZI SICARI, ESTHER S
MRN: 1035402



Female / 68 Years
FIN: 1007584582



Patient:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	6/13/2022
FIN:	1007584582	Disch:	6/14/2022
DOB/Age:	9/2/1953	Admitting:	
	68 years		
Admin Sex:	Female		
Birth Sex:	Female		
Location:	MH Emergency Department; ED08; D		

Consent Forms

Electronically Signed By: Daniels, Tanya as proxy for Daniels, Tanya (6/13/2022 17:50 EDT)

*** Clinical Documentation Content on Following Page ***

* Consent Forms - Auth (Verified) *



TOZZI SICARI, ESTHER S
1035402 6/13/2022
9/2/1953 68 Female Medicare
years
1007584582

**PATIENT CONSENT TO THE RELEASE OF RECORDS
FOR NYS EXTERNAL APPEAL**

NYSEXAPP HC-2958-18 (Rev. 6/1/18) Page 1 of 1

The patient, the patient's designee, and the patient's provider have a right to an external appeal of certain adverse determinations made by health plans.

When an external appeal is filed, a consent to release of medical records, signed and dated by the patient, is necessary. An external appeal agent assigned by the New York State Department of Financial Services will use this consent to obtain medical information from the patient's health plan and health care providers. The name and address of the external appeal agent will be provided with the request for medical information.

I authorize my health plan and providers to release all relevant medical or treatment records related to the external appeal, including any HIV-related information, mental health treatment information, or alcohol/substance abuse treatment information, to the external appeal agent. I understand the external appeal agent will use this information solely to make a decision on the appeal and the information will be kept confidential and not released to anyone else. This release is valid for one year. I may revoke my consent at anytime, except to the extent that action has been taken in reliance on it, by contacting the New York State Department of Financial Services in writing. I understand that my health plan cannot condition treatment, enrollment, eligibility, or payment on whether I sign this form. I acknowledge that the decision of the external appeal agent is binding. I agree not to commence a legal proceeding against the external appeal agent to review the agent's decision; provided, however, this shall not limit my right to bring an action against the external appeal agent for damages for bad faith or gross negligence, or to bring action against my health plan.

If the patient or the patient's designee submits this application, by signing the Patient Consent to Release of Records for New York State External Appeal, the patient attests that the information provided in this application is true and accurate to the best of his or her knowledge.

Signature of patient is required below. If the patient is a minor, the document must be signed by their parent or legal guardian. If the patient is deceased, the document must be signed by the patient's healthcare proxy or executor. If signed by a guardian, power of attorney, healthcare proxy or executor, a copy of the legal supporting document should be included.

Signature:			
Print Name:	TOZZI, SICARI, ESTHER		
Relationship to patient, if applicable:	Patient		
Patient Name:	TOZZI SICARI, ESTHER S	Age:	68 years
Patient's Health Plan ID#	13216325		
Date/Time (required):	06/13/2022 17:50:18		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Consent Forms

Electronically Signed By:

Daniels,Tanya as proxy for Daniels,Tanya (6/13/2022 17:49
EDT)

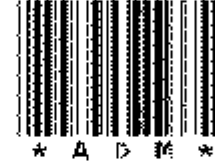
***** Clinical Documentation Content on Following Page *****

* Consent Forms - Auth (Verified) *



**Westchester
Medical Center**

Westchester Medical Center Health Network



TOZZI SICARI, ESTHER S

1035402

6/13/2022

9/2/1953

68 years

Female

Medicare

1007584582

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICE**

2655 (Rev. 03/17) Page 1 of 1

By signing below, I acknowledge that I have been provided a copy of the Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the hospital and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information and genetic information.

TOZZI, SICARI, ESTHER

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

06/13/2022 17:49:25

Date

SELF

Description of Personal Representative's Authority

FOR IN-PATIENTS ONLY

I have been informed about the hospital's use of a Facility Directory which includes religious affiliation information. I choose to be listed unless indicated below:

☐ Exclude from listing in the facility directory

Date: 06/13/2022

☐ Do not release my religious affiliation to the clergy

Date: 06/13/2022

I understand that exclusion from listing in the facility directory will affect the delivery of gifts, mail and receiving telephone calls.

TOZZI, SICARI, ESTHER

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

06/13/2022 17:49:39

Date

SELF

Description of Personal Representative's Authority

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 6/13/2022

FIN: 1007584582

Disch: 6/14/2022

DOB/Age: 9/2/1953 68 years

Admitting:

Admin Sex: Female

Consent Forms

Electronically Signed By:

Daniels, Tanya as proxy for Daniels, Tanya (6/13/2022 17:49 EDT)

***** Clinical Documentation Content on Following Page *****

* Consent Forms - Auth (Verified) *



TOZZI SICARI, ESTHER S

1035402

9/2/1953 68 years Female Medicare

1007584582

GENERAL CONSENT FOR TREATMENT

PTCONSENT - HC-2859-17 (English) (Rev. 10/23/17) Page 1 of 2

AUTHORIZATION FOR MEDICAL TREATMENT: I hereby authorize the physicians, house staff, nursing, paramedic and allied health professional staff, assisted by the employees of Westchester Medical Center (WMC), to provide medical treatment to me or the above named patient. I agree to diagnostic tests and procedures, including X-rays and the administration/injection of pharmaceutical products and medication, in addition to the drawing of blood. I understand and authorize the administration of pharmaceutical agents and medications by any one of several techniques including peripheral intravenous access (inserted into a vein in an arm or leg) and peripheral insertion of a venous catheter that then enters the central circulation (PICC line). I acknowledge that no guarantees or assurances have been made to me concerning the results or findings intended from treatment or examination at WMC.

RELEASE OF MEDICAL INFORMATION: I hereby authorize and direct WMC and my attending physician to release such medical information from my medical records as is necessary to complete forms for continued care, payment by insurance carriers, health care plans and third party payors.

ASSIGNMENT OF BENEFITS, GUARANTEE OF PAYMENT AND FINANCIAL ASSISTANCE PROGRAM: I hereby assign to WMC any and all rights, title, and interest that I have in any insurance proceeds or benefits payable to me or on my behalf for services rendered to me by WMC, whether such services are considered in-or out-of-network with respect to any third party payor. I therefore hereby authorize and direct my insurance carrier and/or health care plan to make payment of any and all such amounts directly to WMC, rather than to myself or any other insured. I acknowledge that as a member of a health care plan, I may be responsible to notify my primary care physician or obtain pre-certification for services. I understand that I am financially responsible to WMC for all charges, including those not paid by insurers or health care plans for services not authorized as specified in my benefit package, incurred by me or in my behalf. I understand I will receive a separate bill from my attending physician, emergency department physician, radiologist, anesthesiologist and other consultants. (However, if treatment has been given in accordance with New York State's No-Fault Law, it is understood that my liability is limited to charges authorized under such law and applicable New York State No-Fault Fee Schedules.) As part of WMC's commitment to serving the community it recognizes that it is sometimes necessary to provide care to the uninsured or underinsured patients who cannot afford to pay for care according to established hospital guidelines. WMC has a Financial Assistance Program for patients who financially qualify. Please ask for more details.

CONSENT TO RECEIVE TELEPHONE CALLS, TEXTS AND EMAILS: I hereby consent to WMC to contact me by voice call, text message and email at the Account contact telephone number (s) and Email address (es) reflected on my account. I understand that, by giving this consent WMC may contact me about my medical care, or my account, such as appointment, the results of any tests or procedures, billing, the repayment or collection of amount due and that these calls may be using automatic dialers or pre-recorded voice messages. I further understand and agree that, if the Account contact telephone number (s) or email address (es) provided are for a cellular telephone or other services that charge me in any way for calls or messages received (for example, per minute, per message, per unit of data received or otherwise), I am solely responsible for any charges incurred under my agreement with my cellular telephone or other service provider.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE: By signing below, I acknowledge receipt of the Notice of Privacy Practices, which outlines how health information about me may be used or disclosed.

ACKNOWLEDGEMENT OF RECEIPT OF IMPORTANT INFORMATION ABOUT PAYING FOR YOUR CARE: By signing below, I acknowledge receipt of the important information about paying for your care.

TELEPSYCHIATRY: I have been given basic information regarding the use of Telepsychiatry and consent to participate in services utilizing this technology. If I am under the age of 18, such information was shared with and consent is obtained from my parent or guardian. I understand I have the right to refuse to participate in Telepsychiatry services, in which case evaluations will not be withheld, but will be conducted in-person by appropriate clinicians. I also understand that upon my refusal of such services I will be apprised of the alternatives to Telepsychiatry services, including any delays in service, need to travel, or risks associated with not having the services provided by Telepsychiatry. Furthermore, I am made aware that each Telepsychiatry session shall not be recorded without my consent. _____ I do not want to participate in Telepsychiatry

HC-2859-17 (English)

* Consent Forms - Auth (Verified) *



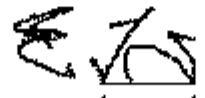
TOZZI SICARI, ESTHER S

1035402
9/2/1953 68 years Female Medicare

Medicare

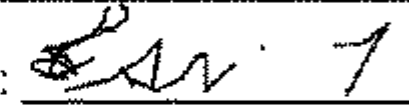
GENERAL CONSENT FOR TREATMENT

PTCONSENT2 - HC-2859-17 (English) (Rev. 10/23/17) Page 2 of 2

 **RELEASE OF LIABILITY FOR PERSONAL PROPERTY:** I understand and agree that personal property (i.e. money, jewelry) should not be brought into the hospital and Initials understand and agree that WMC shall not be liable for loss or damage to any personal property.

IF ADMITTED AS AN INPATIENT: I have received the Patient's Bill of Rights, information on the Self Determination Act under New York State Law, a copy of the New York State Health Care Proxy, the "Important Message from Medicare", information on DNR (do not resuscitate) order, the letter from the New York State Department of Health explaining the SPARCS data collection system, maternity information (if a maternity patient) with information about how I can exercise the right explained in these materials. If I have any questions or concerns regarding my care, including ethical issues, I can ask my physicians or nurses for more information.

PATIENT OR LEGAL AUTHORIZED REPRESENTATIVE

Signed:  _____
Patient

Signed: _____
Legal authorized Representative

Witness: DANIELST _____

Date/Time: 06/13/2022 17:48:58 _____

TELEPHONE CONSENT IF GRANTED BY (if required)

Signed: _____
Name of legal representative and relationship to patient.

Signed: _____
Signature of caller.

Witness: _____

Date/Time: _____

MEDICARE PATIENTS ONLY -LIFETIME RESERVE DAYS: In the event that I am hospitalized as an inpatient beyond Medicare's allotted 90 days, I authorize Westchester Medical Center to utilize my Lifetime Reserve Medicare days.

Signature: _____ Date/Time: 06/13/2022 17:49:00 _____

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Person Level

Document Type: Person Level Forms
Service Date/Time: 5/30/2022 13:21 EDT
Result Status: Auth (Verified)

***** Clinical Documentation Content on Following Page *****

* Auth (Verified) *



The information in your medical record is confidential and protected under New York State and Federal laws and regulations including but not limited to, New York State Regulation 10 CRR-NY 405.7 and the Federal law, Health Insurance Portability and Accountability Act (HIPAA). Usually your written consent will be required for the release of your medical information.

Medical Record #:
(for office use only)
1035402

Patient Registration Supplemental Form

Completion of this form is voluntary and the information will be used
for demographic purposes and the provision of healthcare services

Legal Name: Last First M.I. Name in Use:
TOZZI SICARI ESTHER ESTHER TOZZI SICARI

Legal Sex: ☒ Female ☐ Male

While Westchester Medical Center Health Network facilities recognize a number of gender identities, many insurance companies and legal entities do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your name in use/preferred name and pronouns are different from these, please let us know.

Pronouns (i.e., she/her/hers; he/him/his, they/them/theirs):

Sex Assigned at Birth:

☒ Female
☐ Male

Gender Identity:

☒ Female
☐ Male
☐ Female to Male Transgender
☐ Male to Female Transgender
☐ Genderqueer (not exclusively male or female)
☐ Decline to Answer
☐ Other (Please list)

Sexual Orientation:

☐ Lesbian/Gay
☒ Heterosexual
☐ Bisexual
☐ Unsure
☐ Decline to Answer
☐ Other (Please list)

Relationship Status:

☐ Single
☒ Married
☐ Partnered
☐ Divorced
☐ Widowed

Veteran Status:

☐ Veteran
☒ Not a Veteran

For Pediatric Patients:

Parent/Guardian Name:
(Please Print)

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Person Level

Document Type: Person Level Forms
Service Date/Time: 5/30/2022 13:19 EDT
Result Status: Auth (Verified)

***** Clinical Documentation Content on Following Page *****

* Auth (Verified) *



Hixny Electronic Data Access Consent Form

Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center

In this Consent Form, you can choose whether to allow Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to obtain access to your medical records through a computer network operated by the Healthcare Information Xchange of New York (Hixny), which is part of a statewide computer network. This can help collect the medical records you have in different places where you get health care, and make them available electronically to our office.

You may use this Consent Form to decide whether or not to allow Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to see and obtain access to your electronic health records in this way. You can give consent or deny consent, and this form may be filled out now or at a later date. **Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent may not be the basis for denial of health services.**

If you check the "I GIVE CONSENT" box below, you are saying "Yes, Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center's staff involved in my care may see and get access to all of my medical records through Hixny."

If you check the "I DENY CONSENT" box below, you are saying "No, Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center may not be given access to my medical records through Hixny for any purpose."

Hixny is a not-for-profit organization. It shares information about people's health electronically and securely to improve the quality of health care services.

Please carefully read the information on both pages of this form before making your decision.

You have two choices:

- ☒ **I GIVE CONSENT for Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to access ALL of my medical records through Hixny in connection with providing me any health care services, including emergency care. This Consent Form will remain in effect until the day you withdraw your consent or until such time Hixny ceases operation.**
- ☐ **I DENY CONSENT for Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to access my medical records through Hixny for any purpose, even in a medical emergency. Unless you check this box, New York State law allows medical providers treating you in an emergency to get access to your medical records, including records that are available through Hixny.**

TOZZI SICARI, ESTHER S

Print Name of Patient

Signature of Patient or Patient's Legal Representative

Patient

Relationship of Legal Representative to Patient (if applicable)

9/2/1953

Date of Birth

05/30/2022

Date

ESTHER TOZZI SICARI

Print Name of Legal Representative (if applicable)

* Auth (Verified) *

Details about patient information in Hixny and the consent process:

How Your Information Will Be Used

Your electronic health information will be used by Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center only to:

- Provide you with medical treatment and related services
- Check whether you have health insurance and what it covers
- Evaluate and improve the quality of medical care

NOTE: The choice you make in this Consent Form does NOT allow health insurers to have access to your information for the purpose of deciding whether to give you health insurance or pay your bills. You can make that choice in a separate Consent Form that health insurers must use.

What Types of Information About You Are Included

If you give consent, Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center may access ALL of your electronic health information available through Hixny. This includes information created before and after the date of this Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

- Alcohol or drug use problems*
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases

***If you have received alcohol or drug abuse care, your record may include information related to your alcohol or drug abuse diagnoses, such as medications and dosages, lab test results, allergies, substance use history, trauma history, hospital discharges, employment, living situation and social support, and health insurance claims history.**

Where Health Information About You Comes From

Information about you comes from places that have provided you with medical care or health insurance ("Information Sources"). These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other ehealth organizations that exchange health information electronically. A complete list of current Information Sources is available from Hixny. You can obtain an updated list of Information Sources at any time by checking the Hixny website: www.hixny.org.

Who May Access Information About You, If You Give Consent

Only these people may access information about you: doctors and other health care providers who serve on Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center's medical staff who are involved in your medical care; health care providers who are covering or on call for Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center's doctors; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.

Penalties for Improper Access to or Use of Your Information

There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center at 914-493-2600; or call Hixny at (518) 640-0021; or call the NYS Department of Health at 518-474-4987.

Re-disclosure of Information

Any electronic health information about you may be re-disclosed by Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. Hixny and persons who access this information through the Hixny must comply with these requirements.

Effective Period

This Consent Form will remain in effect until the day you withdraw your consent or until such time Hixny ceases operation.

Withdrawing Your Consent

You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms from any Hixny provider, from the Hixny website at www.hixny.org, or by calling (518) 640-0021.

NOTE: Organizations that access your health information through Hixny while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.

Copy of Form

Rev. 02/25/2020

Hixny.org

TOZZI SICARI, ESTHER S
9/2/1953

1035402
1007584582

* Auth (Verified) *

You are entitled to get a copy of this Consent Form after you sign it.

Rev. 02/25/2020

Hixny.org

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Discharge Documentation

Document Type:	Discharge Instruction Signed
Service Date/Time:	6/14/2022 11:30 EDT
Result Status:	Auth (Verified)
Document Subject:	Discharge Instruction Signed
Sign Information:	Lowe, Marcia L as proxy for Lowe, Marcia L (6/14/2022 11:31 EDT)

***** Clinical Documentation Content on Following Page *****

TOZZI SICARI, ESTHER S
9/2/1953

1035402
1007584582

* Discharge Instruction Signed - Auth (Verified) *

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch:
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

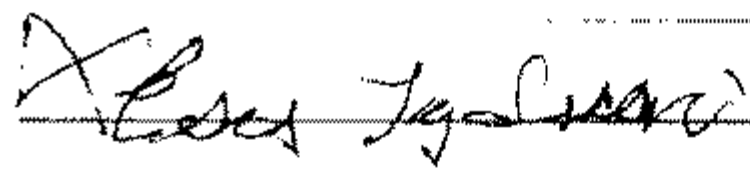
Emergency Documentation

Patient Name: TOZZI SICARI, ESTHER S

I understand the instructions and will arrange for follow-up care.

Patient/Representative Name: _____

Patient/Representative Signature: _____



Relationship to Patient: _____

Witness Name/Signature: _____

Date: _____

Electronically Signed on 06/14/22 01:10 AM

Valentin, Nina

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

Transfer Notes

Document Type: Transition of Care Referral Outbound
Service Date/Time: 6/15/2022 02:32 EDT
Result Status: Auth (Verified)
Document Subject: Transition of Care sent from MidHudson Regional Hospital
Sign Information:

You have been sent a Continuity of Care Document from MidHudson Regional Hospital

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you are not the named addressee, please delete this email from your system and do not disseminate, distribute, or copy this information. If you are not the intended recipient, you are notified that any disclosure of this email and its contents are strictly prohibited.

Note: This is not a monitored email address. If you have received this email in error, please do not reply to this email but contact MidHudson Regional Hospital at (845)483-5723.

Attachment(s): 6/15/2022 02:32 EDT Transition of Care/Referral Summary

TOZZI SICARI, ESTHER S
Admin Sex: Female
DOB: 09/2/1953
Continuity of Care Document
Summarization of Episode Note | 06/13/2022 to 06/14/2022
Source: MidHudson Regional Hospital
Created: 06/15/2022

Demographics

Contact Information:
871 STATE ROUTE 208 GARDINER, NY 125255629, US
Tel: (646)784-4401
Tel: (646)784-4401
Mail: esther@nyssf.com
Marital Status: Married
Religion: Catholic
Race: White
Previous Name(s):

SICARI, ESTHER
Ethnic Group: Not Hispanic or Latino
Language: English

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Transfer Notes

Attachment(s):

ID: 1035402

Care Team

No Data to Display

Relationships

No Data to Display

Document Details

Source Contact Info

241 North Road Poughkeepsie, NY 12601-1154, US
Tel: (845)483-5000

Author Contact Info

--

Recipient Contact Info

--

Healthcare Professionals

No Data to Display

IDs & Code Type Data

Document Type ID: 2.16.840.1.113883.1.3 : POCD_HD000040
Document Template ID: 2.16.840.1.113883.10.20.22.1.1 : --, 2.16.840.1.113883.10.20.22.1.1 : 2015-08-01,
2.16.840.1.113883.10.20.22.1.2 : 2015-08-01
Document ID: 1.3.6.1.4.1.37933.101.999362 : 29431263

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Transfer Notes

Attachment(s):

Document Type Code: 2.16.840.1.113883.6.1, 34133-9
Document Language Code: en-US
Document Set ID: --
Document Version Number: --

Primary Encounter

Encounter Information

Registration Date: 06/13/2022
Discharge Date: 06/14/2022
Visit ID: --

Location Information

MH Emergency Department
Work:241 North RoadPoughkeepsie, NY 12601-1154, US

Providers

Type	Name	Address	Phone
Attending	Moore MD, David J	Work:241 North RoadDepartment of Emergency MedicinePoughkeepsie, NY 12601- , US	Work Tel: (845)431 -8220

Encounter

FIN 1007584582 Date(s): 6/13/22 - 6/14/22

MidHudson Regional Hospital 241 North Road Poughkeepsie, NY 12601-1154 US (845) 431-8220
Encounter Diagnosis

Cough (Discharge Diagnosis) - 6/14/22
Discharge Disposition: Home or Self Care

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Transfer Notes

Attachment(s):

Attending Physician: Moore MD, David J

Allergies, Adverse Reactions, Alerts

No Known Medication Allergies

Assessment and Plan

Future Appointments

Appointment Date: 06/15/2022 11:00:00 AM
Scheduled Provider: Chang MD, Heepeel
Location: APS Vasc MtK
Appointment Type: APS New Patient

Functional Status

No data available for this section

Immunizations

No data available for this section

Medications

acetaminophen 325 mg oral tablet

650 mg = 2 tab, Oral, every 6 hours, 0 Refill(s)

Start Date: 6/1/22

Status: Ordered

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Transfer Notes

Attachment(s): Mental Status

6/13/22

Eye Opening Response Glasgow	Spontaneous
Best Verbal Response Glasgow	Oriented
Best Motor Response Glasgow	Obeys commands
Glasgow Coma Score	15

Problem List

Condition	Effective Dates	Status	Health Status	Informant
Cough(Confirmed)		Active		
Hypertension(Confirmed)		Active		

Procedures

Procedure	Date	Related Diagnosis	Body Site	Status
Cholecystectomy Laparoscopy (N/A) ¹	5/31/22			Completed

¹auto-populated from documented surgical case

Results

Laboratory List

Name	Date
COVID-19/FLU A & B/RSV RT-PCR Cepheid (MHRH STAT)	6/13/22
CBC w/ Auto Diff	6/13/22

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007584582
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 6/13/2022
 Disch: 6/14/2022
 Admitting:

Transfer Notes

Attachment(s):

Name	Date
Comprehensive Metabolic Panel	6/13/22
D-Dimer	6/13/22

Most recent to oldest [Reference Range]:	1
WBC [4.00-10.50 k/mm3]	14.33 k/mm3 *HI* (6/13/22 8:45 PM)
RBC [3.80-5.20 m/mm3]	3.97 m/mm3 (6/13/22 8:45 PM)
BUN [7-17 mg/dL]	19 mg/dL *HI* (6/13/22 8:45 PM)
Baso Absolute [0.00-0.30 k/mm3]	0.04 k/mm3 (6/13/22 8:45 PM)
MCV [80.0-98.0 fL]	83.4 fL (6/13/22 8:45 PM)
MCHC [32.0-36.0 %]	35.0 % (6/13/22 8:45 PM)
Lymph Absolute [0.60-4.80 k/mm3]	1.91 k/mm3 (6/13/22 8:45 PM)
Hct [36.0-46.0 %]	33.1 % *LOW* (6/13/22 8:45 PM)
Mono Absolute [0.00-1.10 k/mm3]	0.83 k/mm3 (6/13/22 8:45 PM)
MCH [26.0-34.0 pg]	29.2 pg (6/13/22 8:45 PM)
Hgb [11.4-15.1 g/dL]	11.6 g/dL (6/13/22 8:45 PM)
MPV [8.5-13.0 fL]	9.8 fL (6/13/22 8:45 PM)
Eos Absolute [0.00-0.50 k/mm3]	0.03 k/mm3 (6/13/22 8:45 PM)
RDW [11.0-15.0 %]	12.3 %

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007584582
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 6/13/2022
 Disch: 6/14/2022
 Admitting:

Transfer Notes

Attachment(s):

Most recent to oldest [Reference Range]:	1
	(6/13/22 8:45 PM)
Alkaline Phosphatase [38-126 U/L]	79 U/L (6/13/22 8:45 PM)
Chloride [98-107 mmol/L]	94 mmol/L *LOW* (6/13/22 8:45 PM)
Platelet Count [150-400 k/mm3]	332 k/mm3 (6/13/22 8:45 PM)
Albumin [3.5-5.0 g/dL]	4.0 g/dL (6/13/22 8:45 PM)
Total Protein [6.3-8.2 g/dL]	6.8 g/dL (6/13/22 8:45 PM)
ALT [4-34 U/L]	23 U/L (6/13/22 8:45 PM)
AST [14-36 U/L]	21 U/L (6/13/22 8:45 PM)
Calcium [8.4-10.2 mg/dL]	9.6 mg/dL (6/13/22 8:45 PM)
CO2 Content [22-30 mmol/L]	25 mmol/L (6/13/22 8:45 PM)
Glucose [74-106 mg/dL]	188 mg/dL *HI* (6/13/22 8:45 PM)
Potassium [3.5-5.1 mmol/L]	3.8 mmol/L (6/13/22 8:45 PM)
Sodium [137-145 mmol/L]	130 mmol/L *LOW* (6/13/22 8:45 PM)
Absolute Neutrophil Count Automated [2.00-8.40 k/mm3]	11.20 k/mm3 *HI* (6/13/22 8:45 PM)
Basophils [0.0-1.0 %]	0.3 % (6/13/22 8:45 PM)
Basophils Automated [0.0-1.0 %]	0.3 % (6/13/22 8:45 PM)

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007584582
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 6/13/2022
 Disch: 6/14/2022
 Admitting:

Transfer Notes

Attachment(s):

Most recent to oldest [Reference Range]:	1
Eosinophils [0.0-7.0 %]	0.2 % (6/13/22 8:45 PM)
Eosinophils Automated [0.0-7.0 %]	0.2 % (6/13/22 8:45 PM)
IG % [0.0-0.5 %]	2.2 % *HI* (6/13/22 8:45 PM)
Lymphocytes [14.0-44.0 %]	13.3 % *LOW* (6/13/22 8:45 PM)
Lymphocytes Automated [14.0-44.0 %]	13.3 % *LOW* (6/13/22 8:45 PM)
Monocytes [0.0-12.0 %]	5.8 % (6/13/22 8:45 PM)
Monocytes Automated [0.0-12.0 %]	5.8 % (6/13/22 8:45 PM)
Neutrophils [50.0-80.0 %]	78.2 % (6/13/22 8:45 PM)
Neutrophils Automated [50.0-80.0 %]	78.2 % (6/13/22 8:45 PM)
Nucleated RBC	0.0 /100(WBCs) (6/13/22 8:45 PM)
Total Bilirubin [0.2-1.3 mg/dL]	0.5 mg/dL (6/13/22 8:45 PM)
eGFR African American	>60 (6/13/22 8:45 PM)
eGFR Non-African American [≥60 mL/min/]	>60 (6/13/22 8:45 PM)
D-Dimer Automated [<500 ng/mL]	743 ng/mL ¹ *HI* (6/13/22 8:45 PM)
Icteric Index	<2 (6/13/22 8:45 PM)

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		Admit:	6/13/2022
MRN:	1035402		Disch:	6/14/2022
FIN:	1007584582		Admitting:	
DOB/Age:	9/2/1953	68 years		
Admin Sex:	Female			

Transfer Notes

Attachment(s):

Most recent to oldest [Reference Range]:	1
Hemolysis Index (HEMIX)	No hemolysis (6/13/22 8:45 PM)
IG# (AUTO) [0.00-0.10 k/mm3]	0.32 k/mm3 *HI* (6/13/22 8:45 PM)
SARS-COV-2 RNA RT-PCR [Not Detected]	Not Detected ² (6/13/22 9:40 PM)
Source	NP Swab (6/13/22 9:40 PM)
Creatinine [0.52-1.04 mg/dL]	0.81 mg/dL (6/13/22 8:45 PM)

¹Result Comment: ***NOTE CHANGE: New reference range in effect 09/01/2020

PLEASE NOTE:

Results of D-dimer assays should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

In patients with low to intermediate pre-test probability of venous thromboembolism (VTE) and pulmonary embolism (PE), a D-dimer concentration of <500 ng/mL is a validated means of excluding VTE and PE.

²Result Comment: -----

This is a RT-PCR test intended for qualitative detection of nucleic acid from Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), in nasopharyngeal swabs and nasal swabs. The test was performed using the Cepheid Xpert Xpress SARS-CoV-2 assay at the Westchester Medical Center, Virology Laboratory under the Food and Drug Administration's Emergency Use Authorization (EUA). Test performance characteristics are verified by the laboratory, which is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, to perform high complexity testing. Results from this test must be correlated with the clinical, epidemiological and other laboratory data available for evaluating the

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Transfer Notes**Attachment(s):**

patient. A positive result does not imply that the corresponding organisms are infectious, or are the causative agents for clinical symptoms since viral nucleic acids may persist independent of organism viability. The detection of analyte(s) does not rule out co-infection with other organisms not on the panel. Negative results in the setting of a respiratory illness may be due to infection with pathogens that are not detected by this test, lower respiratory tract infection, improper specimen collection, transport, or handling.

Vital Signs

Most recent to oldest [Reference Range]:	1
Respiratory Rate [13-25 br/min]	18 br/min (6/13/22 6:13 PM)
Blood Pressure [100-130/60-85 mmHg]	138/72 mmHg *HI* (6/13/22 6:13 PM)
SpO2 [92-100 %]	95 % (6/13/22 6:13 PM)

Social History

Social History Type	Response
Smoking Status	Never (less than 100 in lifetime) entered on: 5/30/22
Birth Sex	Female

Health Concerns

No data available for this section

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Transfer Notes

Attachment(s): Implantable Device List

No data available for this section

Hospital Discharge Instructions

Section Author: , ,

Patient Education

06/14/2022 00:25:26

Cough, Adult

Cough, Adult

Coughing is a reflex that clears your throat and your airways. Coughing helps to heal and protect your lungs. It is normal to cough occasionally, but a cough that happens with other symptoms or lasts a long time may be a sign of a condition that needs treatment. A cough may last only 2–3 weeks (acute), or it may last longer than 8 weeks (chronic).

What are the causes?

Coughing is commonly caused by:

- Breathing in substances that irritate your lungs.
- A viral or bacterial respiratory infection.
- Allergies.
- Asthma.
- Postnasal drip.
- Smoking.
- Acid backing up from the stomach into the esophagus (gastroesophageal reflux).
- Certain medicines.
- Chronic lung problems, including COPD (or rarely, lung cancer).
- Other medical conditions such as heart failure.

Follow these instructions at home:

Pay attention to any changes in your symptoms. Take these actions to help with your discomfort:

- Take medicines only as told by your health care provider.
 - If you were prescribed an antibiotic medicine, take it as told by your health care provider. Do not stop taking the

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Transfer Notes

Attachment(s):

antibiotic even if you start to feel better.

- Talk with your health care provider before you take a cough suppressant medicine.
- Drink enough fluid to keep your urine clear or pale yellow.
- If the air is dry, use a cold steam vaporizer or humidifier in your bedroom or your home to help loosen secretions.
- Avoid anything that causes you to cough at work or at home.
- If your cough is worse at night, try sleeping in a semi-upright position.
- Avoid cigarette smoke. If you smoke, quit smoking. If you need help quitting, ask your health care provider.
- Avoid caffeine.
- Avoid alcohol.
- Rest as needed.

Contact a health care provider if:

- You have new symptoms.
- You cough up pus.
- Your cough does not get better after 2–3 weeks, or your cough gets worse.
- You cannot control your cough with suppressant medicines and you are losing sleep.
- You develop pain that is getting worse or pain that is not controlled with pain medicines.
- You have a fever.
- You have unexplained weight loss.
- You have night sweats.

Get help right away if:

- You cough up blood.
- You have difficulty breathing.
- Your heartbeat is very fast.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 06/15/2012 Document Revised: 05/25/2017 Document Reviewed: 02/24/2016

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Follow Up Care

06/13/2022 17:47:40

With: Gross MD, Alan H, Pulmonary Disease
Address:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Transfer Notes

Attachment(s):

1 Webster Avenue Suite 301
Poughkeepsie, NY 12601-
(845)790-6100

When: 3 to 5 days

Comments: Continue your antibiotics and prednisone as directed. YOU ARE TO FOLLOW UP WITH YOUR PRIMARY CARE DOCTOR , TOMORROW. IF YOU HAVE ANY CHEST PAIN, DIFFICULTY BREATHING, NAUSEA, VOMITING, VISION CHANGES, WHEEZING, BLACKOUTS, FEVER, CHILLS, PAIN, OR ANY OTHER WORSENING SYMPTOMS YOU ARE TO RETURN TO THE ER IMMEDIATELY.

With: Institute for Family Health - Hyde Park
Address:

11 Crum Elbow Road
Hyde Park, NY 12538-
(845)229-1020

When: 3 to 5 days

Goals

No data available for this section

Reason for Referral

No data available for this section

Hospital Course

No data available for this section

Clinical Note

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Transfer Notes

Attachment(s):

No data available for this section

Care Team

No data available for this section

Emergency Documentation

Document Type: ED Discharge Summary
Service Date/Time: 6/14/2022 01:10 EDT
Result Status: Auth (Verified)
Document Subject: ED Discharge Summary
Sign Information: Valentin,Nina (6/14/2022 01:10 EDT)

TOZZI SICARI, ESTHER S

DOB: 09/02/1953
MRN: 1035402
Visit Date: 06/13/2022

General Emergency Department Discharge Instructions

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day.

You were treated in the ED by:

Primary Physician:
Moore MD, David J

Your Diagnosis from Today's Visit is:

Cough

This Is Your Medication List:

- acetaminophen (acetaminophen 325 mg oral tablet)

Tests Performed:

Lab

Test Name	Test Result	Date/Time
WBC	14.33 k/mm3 (High)	06/13/2022 20:45 EDT
RBC	3.97 m/mm3	06/13/2022 20:45 EDT
Hgb	11.6 g/dL	06/13/2022 20:45 EDT
Hct	33.1 % (Low)	06/13/2022 20:45 EDT
MCV	83.4 fL	06/13/2022 20:45 EDT
MCH	29.2 pg	06/13/2022 20:45 EDT
MCHC	35.0 %	06/13/2022 20:45 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007584582
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 6/13/2022
 Disch: 6/14/2022
 Admitting:

Emergency Documentation

Test Name	Test Result	Date/Time
RDW	12.3 %	06/13/2022 20:45 EDT
MPV	9.8 fL	06/13/2022 20:45 EDT
Platelet Count	332 k/mm3	06/13/2022 20:45 EDT
Neutrophils	78.2 %	06/13/2022 20:45 EDT
Lymphocytes	13.3 % (Low)	06/13/2022 20:45 EDT
Monocytes	5.8 %	06/13/2022 20:45 EDT
Eosinophils	0.2 %	06/13/2022 20:45 EDT
Basophils	0.3 %	06/13/2022 20:45 EDT
Nucleated RBC	0.0 /100(WBCs)	06/13/2022 20:45 EDT
IG %	2.2 % (High)	06/13/2022 20:45 EDT
Neutrophils Automated	78.2 %	06/13/2022 20:45 EDT
Lymphocytes Automated	13.3 % (Low)	06/13/2022 20:45 EDT
Monocytes Automated	5.8 %	06/13/2022 20:45 EDT
Basophils Automated	0.3 %	06/13/2022 20:45 EDT
Eosinophils Automated	0.2 %	06/13/2022 20:45 EDT
Lymph Absolute	1.91 k/mm3	06/13/2022 20:45 EDT
Mono Absolute	0.83 k/mm3	06/13/2022 20:45 EDT
Eos Absolute	0.03 k/mm3	06/13/2022 20:45 EDT
Baso Absolute	0.04 k/mm3	06/13/2022 20:45 EDT
Absolute Neutrophil Count Automated	11.20 k/mm3 (High)	06/13/2022 20:45 EDT
IG# (AUTO)	0.32 k/mm3 (High)	06/13/2022 20:45 EDT
D-Dimer Automated	743 ng/mL (High)	06/13/2022 20:45 EDT
Glucose	188 mg/dL (High)	06/13/2022 20:45 EDT
Sodium	130 mmol/L (Low)	06/13/2022 20:45 EDT
Potassium	3.8 mmol/L	06/13/2022 20:45 EDT
Chloride	94 mmol/L (Low)	06/13/2022 20:45 EDT
CO2 Content	25 mmol/L	06/13/2022 20:45 EDT
BUN	19 mg/dL (High)	06/13/2022 20:45 EDT
Creatinine	0.81 mg/dL	06/13/2022 20:45 EDT
AST	21 U/L	06/13/2022 20:45 EDT
ALT	23 U/L	06/13/2022 20:45 EDT
Alkaline Phosphatase	79 U/L	06/13/2022 20:45 EDT
Total Bilirubin	0.5 mg/dL	06/13/2022 20:45 EDT
Total Protein	6.8 g/dL	06/13/2022 20:45 EDT

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Test Name	Test Result	Date/Time
Albumin	4.0 g/dL	06/13/2022 20:45 EDT
eGFR Non-African American	>60	06/13/2022 20:45 EDT
eGFR African American	>60	06/13/2022 20:45 EDT
Icteric Index	<2	06/13/2022 20:45 EDT
Hemolysis Index (HEMIX)	No hemolysis	06/13/2022 20:45 EDT
Calcium	9.6 mg/dL	06/13/2022 20:45 EDT
SARS-COV-2 RNA RT-PCR	Not Detected	06/13/2022 21:40 EDT
Source	NP Swab	06/13/2022 21:40 EDT
Influenza A	Not Detected	06/13/2022 21:40 EDT
Influenza B	Not Detected	06/13/2022 21:40 EDT
RSV	Not Detected	06/13/2022 21:40 EDT

What to Do Next

- Take this sheet with you when you go to your follow-up visit.
- It is very important to your health that you provide your doctor with the final results of medical testing, including the final results of labs and radiology tests, prior to your follow up appointment with your doctor. Some of these results may not have been finalized at the time of your ED visit.
- Take all medications as directed.
- If your physician is a member of the Medical Staff at Westchester Medical Center, he/she can obtain your records by logging into the WMC Network. You may also obtain your Lab and Radiology results via the Patient Portal. Instructions for the Patient Portal are available on the website www.westchestermedicalcenter.org. If you need further assistance with your medical record, please call 914-493-7600.
- You may obtain copies of your Emergency Department record by completing an authorization request from the Health Information Management Department. The authorization form is available on the WMC website www.westchestermedicalcenter.org found under 'Patient and Visitors' -> 'Obtain Medical Records'. Follow the instructions on the website for submitting and allow 5-10 days for processing once the request is received.
- If you have any problem arranging the follow-up visit, contact the Emergency Department immediately.

You Need to Schedule the Following Appointments:

Follow Up with Gross MD, Alan H,
Pulmonary Disease
When: Within 3 to 5 days

Why: Continue your antibiotics and prednisone as directed. YOU ARE TO FOLLOW UP WITH YOUR PRIMARY CARE DOCTOR, TOMORROW. IF YOU HAVE ANY CHEST PAIN, DIFFICULTY BREATHING, NAUSEA, VOMITING, VISION CHANGES, WHEEZING, BLACKOUTS, FEVER, CHILLS, PAIN, OR ANY OTHER WORSENING SYMPTOMS YOU ARE TO RETURN TO THE ER IMMEDIATELY.

Where: 1 Webster Avenue Suite 301
Poughkeepsie, NY 12601-

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(845)790-6100

Follow Up with Institute for Family
Health - Hyde Park
When: Within 3 to 5 days

Where: 11 Crum Elbow Road
Hyde Park, NY 12538-
(845)229-1020

Medications

	What	How Much	When	Instructions	Next Dose
Unchanged	acetaminophen (acetaminophen 325 mg oral tablet)	2 tab Oral (given by mouth)	Every 6 hours		

Education Materials

Cough, Adult



Coughing is a reflex that clears your throat and your airways. Coughing helps to heal and protect your lungs. It is normal to cough occasionally, but a cough that happens with other symptoms or lasts a long time may be a sign of a condition that needs treatment. A cough may last only 2-3 weeks (acute), or it may last longer than 8 weeks (chronic).

What are the causes?

Coughing is commonly caused by:

- Breathing in substances that irritate your lungs.
- A viral or bacterial respiratory infection.
- Allergies.
- Asthma.
- Postnasal drip.
- Smoking.

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- Acid backing up from the stomach into the esophagus (gastroesophageal reflux).
- Certain medicines.
- Chronic lung problems, including COPD (or rarely, lung cancer).
- Other medical conditions such as heart failure.

Follow these instructions at home:

Pay attention to any changes in your symptoms. Take these actions to help with your discomfort:

- Take medicines only as told by your health care provider.
 - If you were prescribed an antibiotic medicine, take it as told by your health care provider. **Do not** stop taking the antibiotic even if you start to feel better.
 - Talk with your health care provider before you take a cough suppressant medicine.
- Drink enough fluid to keep your urine clear or pale yellow.
- If the air is dry, use a cold steam vaporizer or humidifier in your bedroom or your home to help loosen secretions.
- Avoid anything that causes you to cough at work or at home.
- If your cough is worse at night, try sleeping in a semi-upright position.
- Avoid cigarette smoke. If you smoke, quit smoking. If you need help quitting, ask your health care provider.
- Avoid caffeine.
- Avoid alcohol.
- Rest as needed.

Contact a health care provider if:

- You have new symptoms.
- You cough up pus.
- Your cough does not get better after 2-3 weeks, or your cough gets worse.
- You cannot control your cough with suppressant medicines and you are losing sleep.
- You develop pain that is getting worse or pain that is not controlled with pain medicines.
- You have a fever.
- You have unexplained weight loss.
- You have night sweats.

Get help right away if:

- You cough up blood.
- You have difficulty breathing.
- Your heartbeat is very fast.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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Allergies

No Known Medication Allergies

Additional Information

Envision Physician Services

ED Med Assoc. (EMA) at Westchester Medical Center

Who are we?

Envision Physician Services employs ED Med Assoc. (EMA) Physicians at Westchester Medical Centers Emergency Department. We are a group of Providers specially trained to provide emergency medical care. Our Providers staff the emergency department 24 hours a day, 7 days a week. We are not employees of Westchester Medical Center. EMA Providers direct and provide care to all patients who come to the Emergency Department. Our Providers work with the nurses and other Emergency Department staff who are employed by Westchester Medical Center. We are proud of our role, along with Westchester Medical Center, in providing emergency care at all times for all of our patients.

Why you might get a bill from EMA?

- You might not have had your insurance information at the time of your visit.
- You have no insurance.
- Your insurance company may require you to pay for a part of the Provider services you receive which is called a co-payment or deductible.
- Or the ED Med Assoc. Provider may not be in your insurance plan.

Envision Physician Services may not always be able to sign up with every insurance company because of the limits they set. In those cases you may receive a bill from Envision Physician Services for the amount not covered by the insurance company.

What should you do about the Envision Physician Services, ED Med Assoc. bill?

If you are having trouble paying our bill or have any questions, call our billing office at 800-355-2470 between the hours of 8:30am to 7:00pm, Monday - Friday. Please have a copy of your bill and insurance information which shows your identification numbers when you call us. While we must be responsible for collecting what we are owed for services our Physicians provide, we want to be fair. We are willing to help. Online payments can be made at billpay.envisionhealth.com Information needed to access this option requires the account number listed on the bill.

Primary care providers (PCP) are sometimes referred to as PMD or PCP. They are usually Internal Medicine, Family Practice Physicians or Pediatric Physicians. The Emergency Department is always available 24 hours a day / 7 days a week for emergencies, but we are not a substitute for primary medical care. If you have been to the

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Emergency Department frequently, there may be added benefit to seeing a primary care provider. If you do not already have a PCP, we can help you find one. A certified medical home such as the WMC Medicine Clinic can provide medical care as well as care coordination. You can reach the WMC Medicine clinic at 914-493-7667. You may have to choose a Physician from the WMC Medicine Clinic as your PCP for your insurance company. Alternatively, your insurance company may provide you with a list of providers available to you. Another comprehensive option depending on your insurance is the Advanced Physician Services Department of Medicine at 914-592-2400. For a list of Pediatric and Adolescent Physicians, please contact Boston Children's Hospital Concierge Service at 1-844-463-2247.

HEALTH HOME PROGRAM IS A FREE, NO COST SERVICE

What can a Health Home program help YOU

- Connecting to Medical, Mental Health, and Substance Abuse services
- Making and remembering appointments, and help with transportation issues
- Help in understanding and finding affordable medication
- Keeping your treatment on track
- Stress management and crisis recovery
- Help with reapplying for Medicaid
- Help with Finding Affordable Housing
- Assistance with applying for benefits
- Signing up for Food assistance
- Employment and training
- Education
- Family and caregiver support
- Legal aid
- Finding childcare
- Dealing with issues before they become a crisis
- Making healthier decisions
- Staying out of the hospital

To qualify for the Health Home Program, you:

Have active Medicaid, AND have two or more chronic conditions (such as heart disease, Asthma, Diabetes, Mental Health condition, HIV/AIDS)

If you do not have Medicaid, or are not sure if you qualify we can help.

If you live in the Westchester, Rockland, Putnam, Orange, Dutchess and Sullivan counties, please call Hudson Valley Care (HVC) at 1-800-768-5080. If you live in Ulster County, please call: The Institute for family health at 877-207-3387 (Referral Code = WMC)

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IS IT A STROKE? Act FAST and Check for these signs:

- FACE** Does the face look uneven?
ARM Does one arm drift down?
SPEECH Does their speech sound strange?
TIME Call 9-1-1 at any sign of stroke

Stroke Prevention and Warning Signs and Symptoms of Stroke:

Call 911 immediately if you experience:

- ☐ Sudden numbness or weakness of the face, arm, or leg especially on one side of the body.
- ☐ Sudden confusion, trouble speaking or understanding
- ☐ Sudden trouble seeing in one or both eyes.
- ☐ Sudden trouble walking, dizziness, loss of balance or coordination
- ☐ Sudden severe headache with no known cause.

Risk Factors for Stroke that can be controlled:

- ☐ Atrial Fibrillation
- ☐ Cigarette smoking
- ☐ Diabetes Mellitus
- ☐ Excessive Alcohol Consumption
- ☐ High Blood Pressure
- ☐ Overweight (BMI greater than 24)
- ☐ Physical Inactivity
- ☐ Poor Diet (high in saturated fats, Trans Fat, cholesterol, or sodium)

Heart Attack Signs:

- ☐ **Chest discomfort:** Most heart attacks involve discomfort in the center of the chest and lasts more than a few minutes, or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- ☐ **Discomfort in upper body:** Symptoms can include pain or discomfort in one or both arms, back, neck, jaw or stomach.
- ☐ **Shortness of breath:** With or without discomfort.
- ☐ **Other signs:** Breaking out in a cold sweat, nausea, or lightheaded.

Remember, MINUTES DO MATTER. If you experience any of these heart attack warning signs, call 9-1-1 to get immediate medical attention!

Quit smoking. It is the number one cause of preventable disease, disability and death in the U.S.

To Get Help Quitting call the NY State Smokers Quit Line: 1-866-NY-QUITS (1-866-697-8487). Services are free and confidential. www.NYsmokefree.com - The quit line provides free starter kits of nicotine replacement therapy (NRT) to eligible New Yorkers

The National Suicide Hotline number:

1-800-SUICIDE (1-800-784-2433)
or 1-800-273-TALK (8255)

You should seek Medical Attention immediately, here or at the nearest Emergency Department, if any of the following:

- ☐ You think about hurting yourself or others.
- ☐ You do not feel safe in your home environment.

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Domestic Violence:

NYS Domestic and Sexual Violence Hotline: 1-800-942-6906 / National Domestic Violence Hotline: 1-800-799-SAFE (7233) Multi Language accessibility deaf or HOH dial 711 If you are being abused, it is NOT your fault. You are NOT alone. You can get help. Being threatened or actual physical abuse is against the law!
If at any time you feel unsafe around your spouse or partner, you should get away from that person and go to a safe place immediately or call 911.

Bullying - Respond to Bullying Immediately - www.StopBullying.gov

Physical, verbal or psychological attacks or intimidation against a person who cannot properly defend themselves.

Human Trafficking: A form of modern-day slavery; Human Smuggling: A Person illegally crossing the border.

Human Trafficking National Hotline: 1-888-373-7888 - 24 hours a day, 7 days a week. Confidential w > 200 languages available. www.Humantraffickinghotline.org

INFANT at Home Care Safety Instructions:

- To protect against SIDS, sleeping babies should be on their back and sleep alone
- Keep cribs safe:
 - ☐ All cribs should meet the standards of the consumer product safety commission.
 - ☐ Drop side cribs not recommended.
 - ☐ Use a firm mattress, no bumpers, stuffed animals, heavy blankets, sheepskins or pillows in cribs.
 - ☐ Never smoke around baby, 2nd hand smoke can make baby Sick
 - ☐ 3rd hand smoke (poisons and chemicals left on your clothing or where someone smoked can also make baby sick)
- Never shake your baby. Babies brains are fragile. Be gentle with your baby.
- Always use a babies car seat, and use it correctly.
 - ☐ New American Academy of Pediatrics recommendation is to use your babies car seat rear facing for about 2 years and 30-40 pounds
 - ☐ Follow the instructions on the car seat for weight limits.
 - ☐ Always use safety straps on infant seats.
- Bathing need only be done 3 times/week or as needed
 - ☐ Sponge bathe until umbilical cord comes off. Check water temperature before placing baby in bath.
 - ☐ Do not shake powder on baby.
 - ☐ Never let go of baby in bath.
- Monitor your babies surroundings. Jewelry or any small item can be a choking hazard.

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IMPORTANT INFORMATION: Assistance with a Substance Use Disorder

If you or someone you know needs care for a substance use disorder, the information below will help you understand the disease of addiction and available services.

What is a Substance Use Disorder

A substance use disorder (SUD) is a chronic medical condition that can impact a person's health, relationships and their ability to meet major responsibilities at work, school, or home. Loved ones are often the first to recognize changes in an individual who is struggling with a substance use disorder. It can occur gradually over time or suddenly.

1. Speak to your insurance company about your SUD treatment benefits.

Insurers regulated by New York State are required to cover certain SUD services, when medically necessary. To find a family support navigator to help with navigating your insurance benefits, or to find other regional services, visit:
<https://www.oasas.ny.gov/CombatAddiction/RegionalSvc.cfm>

- 14 days of in-network medically necessary inpatient services for the treatment of SUD, including detoxification, rehabilitation and residential treatment, without prior authorization or certification.
- Coverage for outpatient diagnosis and treatment of substance use disorder, without prior authorization, including detoxification, rehabilitation and opioid treatment program services.
- Up to twenty outpatient visits per policy or calendar year to an individual who identifies themselves as a family member of a person suffering from substance use disorder and who seeks treatment as a family member that is covered under that policy.
- A 5-day supply of medication to treat a substance use disorder, without prior authorization, for an emergency condition.
- Access to naloxone when prescribed to any person covered by the policy.

2. Get assessed by a medical professional or a SUD treatment provider.

Deciding to get help for a substance use disorder is the first step on the path toward recovery. There are many approaches to treating individuals with substance use disorder. Below are some common terms you may hear as you navigate the SUD treatment system.

- **Assessment:** Evaluates your level of addiction and determines the best treatment options for you, using an OASAS approved assessment tool.
- **Detoxification:** Generally, a 3-5 day service in a hospital or residential program with a physician and nurses monitoring you as you withdraw from drugs or alcohol. Medications may be used to alleviate uncomfortable side effects of withdrawal.
- **Rehabilitation:** About 10-25 day treatment that has many types of group and individual sessions, and materials to educate the patient about the disease of addiction. Also a 1-2 day family program for loved ones about the family disease of addiction and how to support each other in the recovery process.
- **Residential Treatment:** 60 - 180 days that combines three elements: stabilization, rehabilitation, and reintegration. The length of time in this level of care depends upon an individual's needs.
- **Outpatient:** Weekly sessions that combine individual, group and family counseling; can include medication-assisted treatment and random drug testing to evaluate compliance with treatment. Outpatient clinics are typically open 6-7 days a week and have evening hours.
- **Medication Assisted Treatment:** The use of behavioral therapy and medications that manage withdrawal symptoms, decrease cravings and prevent relapse to comprehensively address substance use, medical, psychiatric, and social problems.

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3. Find a Program.

To look for state certified outpatient or bedded programs with openings, go to: <https://findaddictiontreatment.ny.gov/> Call or Text 1-877-8-HOPENY Text: HOPENY (467369) 1-877-846-7369 Available 24 hours / 7 days

Confidentiality: Federal laws and regulations provide enhanced confidentiality protections for people who receive substance use disorder treatment. For this reason, programs and/or insurers cannot release information or respond to inquiries about a patient, without patient consent, or if another condition exists that waives the requirements of HIPAA and 42 CFR Part 2

4. Stay Safe - Opioid Overdose Prevention

Naloxone is a medication that can prevent an opioid/heroin overdose from becoming fatal. If you or a loved one suffers from opioid addiction, understanding how to use naloxone and having a naloxone kit available can be a life-saving intervention during a heroin or opioid overdose. To find an opioid overdose training program near you, visit New York State's Opioid Overdose Prevention Programs Directory at: http://www.health.ny.gov/diseases/aids/general/resources/ooop_directory/index.htm.

Not Ready for Treatment: Even if you aren't yet ready to seek professional care for a substance use disorder, it may be helpful to talk with a peer or learn about ways to keep yourself safe. To find a Peer or other services available in your region, go to: <https://www.oasas.ny.gov/CombatAddiction/RegionalSvc.cfm>

Harm Reduction Services: to find your nearest syringe exchange program (SEP), naloxone program, HCV testing and pharmacies for naloxone and syringes, please visit <http://www.thepointny.org/SEPs> provide comprehensive wraparound harm reduction services for people who use drugs.

Resources:

New York State Office of Alcoholism and Substance Abuse Services | www.oasas.ny.gov | 518-473-3460

www.oasas.ny.gov/combataddiction - Talk2Prevent.ny.gov

The Partnership at Drugfree.org | 855-378-4373

Parents. The Antidrug | www.theantidrug.com | 800-662-HELP

American Council for Drug Education | www.acde.org | 800-378-4435

Families Against Drugs | www.familiesagainstdrugs.org/

Al-Anon and Alateen | www.al-anon.alateen.org | 757-563-1600

Nar-Anon | www.nar-anon.org/

Faces and Voices of Recovery | www.facesandvoicesofrecovery.org | 202-737-0690 SAMHSA's Center for Substance Abuse Treatment

www.samhsa.gov/about/csat.aspx | 240-276-1660 Substance Abuse and Mental Health Services | 877-SAMHSA-7

National Institute on Drug Abuse www.nida.nih.gov/nidahome.html | 800-662-HELP

National Council on Alcohol and Drug Dependence | www.ncadd.org | 800-NCACALL

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I understand the instructions and will arrange for follow-up care.

Patient/Representative Name: _____

Patient/Representative Signature: _____

Relationship to Patient: _____

Witness Name/Signature: _____

Date: _____

Electronically Signed on 06/14/22 01:10 AM

Valentin, Nina

Document Type: ED Disposition Documentation - Text
Service Date/Time: 6/14/2022 01:09 EDT
Result Status: Auth (Verified)
Document Subject: ED Disposition Documentation
Sign Information: Valentin, Nina (6/14/2022 01:09 EDT)

ED Disposition Documentation Entered On: 6/14/2022 1:10 EDT
Performed On: 6/14/2022 1:09 EDT by Valentin, Nina

Disposition Documentation

ED Trauma Level Final : No Trauma Team Response
Procedural Sedation : No
Restraint/Seclusion : No
Critical Care Time Yes/No : No
Vital Signs : VS Performed and Documented in EMR within 30 mins
RN Assistance Summary : Document assistance summary
ED Disposition Type : Discharge/Transfer External Facility
ED Disposition Discharge/Transfer : Home with Self Care/Family
ED Discharge Documentation Conditional : Open Discharge Documentation

Valentin, Nina - 6/14/2022 1:09 EDT

Discharge

Discharged to Care of : Self

Valentin, Nina - 6/14/2022 1:09 EDT

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Document Type: ED Note Physician
Service Date/Time: 6/13/2022 19:22 EDT
Result Status: Auth (Verified)
Document Subject: ED Physician Note
Sign Information: Moore MD, David J (6/14/2022 09:41 EDT); Bauer PA, Lindsey M (6/14/2022 01:55 EDT); Bauer PA, Lindsey M (6/14/2022 01:54 EDT); Elkkaoui, Meriem (6/14/2022 00:35 EDT)

Basic Information

Time Seen:

Bauer PA, Lindsey M / 06/13/2022 18:12

Chief Complaint

SOB and cough x 6 days, worsening despite azithromycin tx, finished yesterday.

HPI/ROS/PE

HISTORY OF PRESENT ILLNESS: TOZZI SICARI, ESTHER S is a 68

Years old Female with a history of HTN, DM and Hypercholesterolemia s/p cholecystectomy presents to the ED for evaluation

SOB and coughing. patient reports that she had the Cholecystectomy on May 31st and began developing a cough on June 8th. Patient states that she was seen by urgent care for a Tele visit and placed on a Zpack. Patient states that she went back to urgent care because her symptoms worsened and was given an Albuterol pump. Patient endorses wheezing with coughing that is worsened with exertion and lying down which has not been improving with treatment. As per Daughter the patient's CXR was normal at the time.

Otherwise (-) fever, (-) chills, (-) chest pain, (+) cough, (-) hemoptysis, (-) recent URI, (-) abdominal pain, (-) nausea, (-) vomiting, (-) melena, (-) hematochezia, (-) Leg swelling or pain, (-) recent travel, (-) recent prolonged immobility.

REVIEW OF SYSTEMS: Other than the symptoms associated with the present events, the following is reported with regard to recent health: General: (-) prior fever. HENT: (-) congestion. Respiratory: (-) prior cough. Cardiovascular: (-) prior chest pain. GI: (-) abdominal pain. GU: (-) urinary complaints. Musculoskeletal: (-) other aches or pains. Endocrine: (-) GENERAL weakness. Neurological: (-) localized weakness. Psychiatric: (-) emotional stress.

PAST MEDICAL HISTORY:

PMH: (+) DM, (+) HTN, (-)HLD, (-)asthma, (-)COPD, (-) heart disease

Surgeries: No relevant surgeries reported

FAMILY HISTORY: (-) known inherited disease.

SOCIAL HISTORY: (-) smoking, (-) EtOH, (-) Recreational drug use: None reported

MEDICATIONS: Verified by nurse, reviewed by me on this visit.

Home Medications (1) Active

acetaminophen 325 mg oral tablet 650 mg = 2 tab, Oral, every 6 hours

ALLERGIES: Verified by nurse, reviewed by me on this visit

No Known Medication Allergies

Problem List/Past Medical History

Ongoing

Cough

Hypertension

Historical

No qualifying data

Procedure/Surgical History

- Cholecystectomy Laparoscopy (N/A) (05/31/2022)

Medications

Inpatient

No active inpatient medications

Home

acetaminophen 325 mg oral tablet, 650 mg= 2 tab, Oral, every 6 hours

Allergies

No Known Medication Allergies

Social History

Alcohol

How often do you have a drink containing alcohol? Never. How many drinks containing alcohol do you have on a typical day when you are drinking? Never. How often do you have six or more drinks on one occasion? Never.

Substance Use DAST 1

Which Recreational drugs have you used in the past year? Not applicable (denies use). How often have you used these drugs? Not applicable (denies use).

Tobacco

Smoking tobacco use: Never (less than 100 in lifetime).

Lab Results

CBC and Differential	LATEST RESULTS	HISTORICAL RESULTS

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PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Patient is alert, awake and in NAD

VITAL SIGNS: Per nurse's note, reviewed by me

Temperature 36.7 (18:13)

Systolic Blood Pressure 138 (18:13)

Diastolic Blood Pressure 72 (18:13)

Pulse 95 (18:13)

SpO2 95 (18:13)

Respiratory Rate 18 (18:13)

SKIN: Warm, dry; (-) cyanosis.

EYES: (-) conjunctival pallor.

ENMT: Mucous membranes moist. Airway patent: (-) stridor, (-) hoarseness.

LYMPHATIC/NECK: (-) tenderness, (-) stiffness, (-) lymphadenopathy, (-) JVD.

CHEST AND RESPIRATORY: (-) rales, (-) rhonchi, (-) wheezes, (-) rub; breath sounds equal bilaterally.

HEART AND CARDIOVASCULAR: (-) irregularity, (-) murmur, (-) gallop, (-) rub.

ABDOMEN AND GI: Soft, (-) tenderness.

MUSCULOSKELETAL/EXTREMITIES: (-) deformity; (-) edema, (-) calf

tenderness (+) distal pulses (+) symmetric.

NEURO AND PSYCH: Alert, oriented, normal strength. Sensation grossly intact. Moving all extremities.

The diagnostic results contained in this document reflect the information available to the physician at the time of the patient encounter. Final results, when completed, will be found in the patient's permanent hospital medical chart.

PERC RULE FOR PULMONARY EMBOLISM

(-) Age greater than or equal to 50

(-) HR greater than or equal to 100

(-) SaO2 on room air < 95%

(-) unilateral leg swelling

(-) hemoptysis

(-) recent surgery or trauma (surgery or trauma less than or equal to 4 weeks ago requiring treatment with general anesthesia)

(-) prior PE or DVT

(-) hormone use (oral contraceptives, hormone replacement or estrogenic hormones use in males or female patients)

(If all criteria are negative and clinician's pre-test probability is <15%, PERC Rule criteria are satisfied. No need for further workup, as < 2% chance of PE)

DIAGNOSTICS:

Pulse Ox: 95% on RA indicating adequate oxygenation.

EKG:(+) NSR at 84BPM, (+) QTC of 469, (-) ST changes, as interpreted by me.

WBC	06/13/ 14.33	06/ 13.76 k/mm3
	22 k/mm3	01/ High
	20:45 High	22
RBC	06/13/ 3.97	06/ 3.71 m/mm3
	22 m/mm3	01/ Low
	20:45	22
Hgb	06/13/ 11.6 g/dL	06/ 10.7 g/dL
	22	01/ Low
	20:45	22
Hct	06/13/ 33.1 % Low	06/ 30.8 % Low
	22	01/
	20:45	22
MCV	06/13/ 83.4 fL	06/ 83.0 fL
	22	01/
	20:45	22
MCH	06/13/ 29.2 pg	06/ 28.8 pg
	22	01/
	20:45	22
MCHC	06/13/ 35.0 %	06/ 34.7 %
	22	01/
	20:45	22
RDW	06/13/ 12.3 %	06/ 12.2 %
	22	01/
	20:45	22
MPV	06/13/ 9.8 fL	06/ 10.4 fL
	22	01/
	20:45	22
Platelet Count	06/13/ 332 k/mm3	06/ 220 k/mm3
	22	01/
	20:45	22
Neutrophils	06/13/ 78.2 %	06/ 86.0 % High
	22	01/
	20:45	22
Lymphocytes	06/13/ 13.3 % Low	06/ 10.0 % Low
	22	01/
	20:45	22
Monocytes	06/13/ 5.8 %	06/ 4.0 %
	22	01/
	20:45	22
Eosinophils	06/13/ 0.2 %	05/ 2.0 %
	22	31/
	20:45	22
Basophils	06/13/ 0.3 %	
	22	
	20:45	
Nucleated RBC	06/13/ 0.0	06/ 0.0
	22 /100(WBCs)	01/ /100(WBCs)
	20:45	22
IG %	06/13/ 2.2 % High	06/ cancelled %
	22	01/
	20:45	22
Neutrophils Automated	06/13/ 78.2 %	
	22	
	20:45	
Lymphocytes Automated	06/13/ 13.3 % Low	
	22	
	20:45	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Emergency Documentation

ED Course and Treatment

EMERGENCY DEPARTMENT COURSE AND TREATMENT:

Patient placed in Emergency Department physician observation status on 06/13/2022 17:46:10 for evaluation of SOB. Initial assessment and exam completed. Decision made to obtain prior medical records. Prior records found and reviewed in Cerner. Patient last seen in the ED on 5/30/33 for acute cholecystitis. Orders written.

Patient treated with

Initial diagnostics reviewed. Patient re-evaluated multiple times during their evaluation.

First re-assessment, patient's examination reveals patient is resting with no new complaints. No new findings on exam.

labs reviewed, noted for WBC of 14.33, D-dimer of 743.

Second re-assessment, the patient's examination reveals patient continues to rest, exam unchanged. Stable vitals.

CXR shows no obvious masses or infiltrates, as interpreted by Bauer, Lindsey PA-C

CTA is ordered as the patient has not been improving in symptoms. Patient has no other risks of PE other than recent surgery.

CTA shows

1. No evidence of pulmonary embolism.
2. There appears to be a 1 cm outpouching of the splenic artery at its hilum (image 252 series 402) which may represent a splenic artery aneurysm.

The observation discharge examination revealed patient has no new or worsening symptoms. Patient is stable for discharge. Observation discharge care of the patient included instructions for continuing care, and preparation of the discharge records.

CT results discussed with patient and family. I instructed patient to follow up with her PMD in regards to results.

Based on the patient's reassessment and response to treatment arrangements made for Discharge

The patient remained under the direct care of an emergency clinician until 06/14/2022 00:34:48

After the evaluation in the Emergency Department, my clinical impression is 1:Cough.

PLAN AND FOLLOW-UP: The results and limitations of this evaluation including the need for possible further care, treatment, and testing were discussed.

Follow-up with primary care physician or physician referral provided as instructed within 1-2 days WITHOUT FAIL, or if unable to do so return to the emergency department.

Monocytes Automated	06/13/ 22 20:45	5.8 %	
Basophils Automated	06/13/ 22 20:45	0.3 %	
Eosinophils Automated	06/13/ 22 20:45	0.2 %	
Lymph Absolute	06/13/ 22 20:45	1.91 k/mm3	06/ 01/ cancelled k/mm3
Mono Absolute	06/13/ 22 20:45	0.83 k/mm3	06/ 01/ cancelled k/mm3
Eos Absolute	06/13/ 22 20:45	0.03 k/mm3	06/ 01/ cancelled k/mm3
Baso Absolute	06/13/ 22 20:45	0.04 k/mm3	06/ 01/ cancelled k/mm3
Absolute Neutrophil Count Automated	06/13/ 22 20:45	11.20 k/mm3 High	06/ 01/ 11.83 k/mm3 High
IG# (AUTO)	06/13/ 22 20:45	0.32 k/mm3 High	06/ 01/ cancelled k/mm3

Coagulation	LATEST RESULTS
D-Dimer Automated	06/13/22 20:45 743 ng/mL High

Routine Chemistry	LATEST RESULTS	HISTORICAL RESULTS
Glucose	06/13/ 22 20:45 188 mg/dL High	05/ 31/ 155 mg/dL High
Sodium	06/13/ 22 20:45 130 mmol/L Low	05/ 31/ 132 mmol/L Low
Potassium	06/13/ 22 20:45 3.8 mmol/L	05/ 31/ 3.9 mmol/L
Chloride	06/13/ 22 20:45 94 mmol/L Low	05/ 31/ 96 mmol/L Low
CO2 Content	06/13/ 22 20:45 25 mmol/L	05/ 31/ 26 mmol/L
BUN	06/13/ 22 20:45 19 mg/dL High	05/ 31/ 14 mg/dL
Creatinine	06/13/ 22 20:45 0.81 mg/dL	05/ 31/ 0.97 mg/dL

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007584582
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 6/13/2022
 Disch: 6/14/2022
 Admitting:

Emergency Documentation

These instructions were given to the Patient who was given the opportunity to ask questions and verbalized understanding.

Attestation

I scribed for Bauer, Lindsey PA-C signed by Elakkaoui, Meriem CIM , on 06/13/2022 19:20:45.

The documentation recorded by the scribe accurately reflects the service I personally performed, and the decisions made by me.

=====Physician

Note=====

The APP conducted the evaluation, management and treatment of this patient. The case was discussed with me (the physician) prior to the patient's discharge. The orders and chart were reviewed and approved by me.

Attending: Moore

Electronically Signed on 06/13/2022 19:20:45

Bauer, Lindsey PA-C

Follow Up

With	When	Contact Information
Gross MD, Alan H, Pulmonary Disease	Within 3 to 5 days	1 Webster Avenue Suite 301 Poughkeepsie, NY 12601- (845)790-6100
Additional Instructions: Continue your antibiotics and prednisone as directed. YOU ARE TO FOLLOW UP WITH YOUR PRIMARY CARE DOCTOR , TOMORROW. IF YOU HAVE ANY CHEST PAIN, DIFFICULTY BREATHING, NAUSEA, VOMITING, VISION CHANGES, WHEEZING, BLACKOUTS, FEVER, CHILLS, PAIN, OR ANY OTHER WORSENING SYMPTOMS YOU ARE TO RETURN TO THE ER IMMEDIATELY.		
Institute for Family Health - Hyde Park	Within 3 to 5 days	11 Crum Elbow Road Hyde Park, NY 12538- (845)229-1020
Additional Instructions:		

Medication Reconciliation

Unchanged

acetaminophen (acetaminophen 325 mg oral tablet)2 tab Oral (given by mouth) every 6 hours.

AST	06/13/ 21 U/L	05/ 15 U/L
	22	31/
	20:45	22
ALT	06/13/ 23 U/L	05/ 14 U/L
	22	31/
	20:45	22
Alkaline Phosphatase	06/13/ 79 U/L	05/ 82 U/L
	22	31/
	20:45	22
Total Bilirubin	06/13/ 0.5 mg/dL	06/ 0.7 mg/dL
	22	01/
	20:45	22
Total Protein	06/13/ 6.8 g/dL	05/ 6.1 g/dL
	22	31/ Low
	20:45	22
Albumin	06/13/ 4.0 g/dL	05/ 3.5 g/dL
	22	31/
	20:45	22
eGFR	06/13/ >60	05/ 57
Non-African American	22	31/
	20:45	22
eGFR African American	06/13/ >60	05/ >60
	22	31/
	20:45	22
Icteric Index	06/13/ <2	06/ <2
	22	01/
	20:45	22
Hemolysis Index (HEMIX)	06/13/ No	06/ No
	22 hemolysis	01/ hemolysis
	20:45	22
Calcium	06/13/ 9.6 mg/dL	05/ 8.9 mg/dL
	22	31/
	20:45	22

Infectious Disease	LATEST RESULTS	HISTORICAL RESULTS
Source	06/13/ NP Swab	05/ NP Swab
	22	30/
	21:40	22
SARS-COV-2 RNA RT-PCR	06/13/ Not	05/ Not Detected
	22 Detected	30/
	21:40	22

Molecular Microbiology	LATEST RESULTS	HISTORICAL RESULTS
Influenza A.	06/13/ Not	05/ Not Detected
	22 Detected	30/
	21:40	22
Influenza B.	06/13/ Not	05/ Not Detected
	22 Detected	30/
	21:40	22
RSV	06/13/ Not	05/ Not Detected
	22 Detected	30/
	21:40	22

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Emergency Documentation

Diagnostic Results

CT Angio Chest * Preliminary *

06/13/22 23:05:55

Exam: CT ANGIO THORAX 06/13/2022 23:08

EXAM: CT chest with contrast for suspected pulmonary embolus

CLINICAL INFORMATION: assess for pe

TECHNIQUE: CT scan of the chest was performed as a CT angiogram of the pulmonary arteries. Volumetric imaging was performed from the thoracic inlet to the level of the diaphragmatic domes through the region of the pulmonary artery segments. Coronal and sagittal reformatted images were provided for review along with iodine and spectral images

CONTRAST: 100 cc intravenous Omnipaque 350

COMPARISON: None.

FINDINGS:

PULMONARY ARTERIES: Pulmonary artery enhancement is excellent. No filling defect suggestive of pulmonary embolism. Normal size central pulmonary arteries.
LUNGS: Atelectasis at the lung bases..
AIRWAYS: Patent.
MEDIASTINUM, HILA AND LYMPH NODES: No enlarged lymph nodes. Normal visualized thyroid. Normal esophagus.
PLEURA: No effusion.
HEART AND PERICARDIUM: Normal heart size. No evidence of right heart strain. No coronary calcification. No pericardial effusion..
VESSELS: Aorta normal in size. No atherosclerotic calcification. No evidence of aortic dissection.
SOFT TISSUES: Normal.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
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Admit: 6/13/2022
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Emergency Documentation

UPPER ABDOMEN: The splenic artery is tortuous. There appears to be a 1 cm outpouching of the splenic artery at its hilum (image 252 series 402) which may represent a splenic artery aneurysm.
BONES: Normal.

IMPRESSION:

1. No evidence of pulmonary embolism.
2. There appears to be a 1 cm outpouching of the splenic artery at its hilum (image 252 series 402) which may represent a splenic artery aneurysm.

Resident Radiologist:

Electronically Signed on 06/14/22 09:41 AM

Moore MD, David J

Electronically Signed on 06/14/22 12:35 AM

Elkkaoui, Meriem

Electronically Signed on 06/14/22 01:54 AM

Bauer PA, Lindsey M

Electronically Signed on 06/14/22 01:55 AM

Bauer PA, Lindsey M

Document Type:	ED Patient Education Note
Service Date/Time:	6/14/2022 00:25 EDT
Result Status:	Auth (Verified)
Document Subject:	ED Patient Education Note
Sign Information:	Bauer PA,Lindsey M (6/14/2022 00:25 EDT)

ED Patient Education Note
Patient Education Materials Follows:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Emergency Documentation

Cough, Adult



Coughing is a reflex that clears your throat and your airways. Coughing helps to heal and protect your lungs. It is normal to cough occasionally, but a cough that happens with other symptoms or lasts a long time may be a sign of a condition that needs treatment. A cough may last only 2–3 weeks (acute), or it may last longer than 8 weeks (chronic).

What are the causes?

Coughing is commonly caused by:

- Breathing in substances that irritate your lungs.
- A viral or bacterial respiratory infection.
- Allergies.
- Asthma.
- Postnasal drip.
- Smoking.
- Acid backing up from the stomach into the esophagus (gastroesophageal reflux).
- Certain medicines.
- Chronic lung problems, including COPD (or rarely, lung cancer).
- Other medical conditions such as heart failure.

Follow these instructions at home:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Emergency Documentation

Pay attention to any changes in your symptoms. Take these actions to help with your discomfort:

- Take medicines only as told by your health care provider.
 - If you were prescribed an antibiotic medicine, take it as told by your health care provider. **Do not** stop taking the antibiotic even if you start to feel better.
 - Talk with your health care provider before you take a cough suppressant medicine.
- Drink enough fluid to keep your urine clear or pale yellow.
- If the air is dry, use a cold steam vaporizer or humidifier in your bedroom or your home to help loosen secretions.
- Avoid anything that causes you to cough at work or at home.
- If your cough is worse at night, try sleeping in a semi-upright position.
- Avoid cigarette smoke. If you smoke, quit smoking. If you need help quitting, ask your health care provider.
- Avoid caffeine.
- Avoid alcohol.
- Rest as needed.

Contact a health care provider if:

- You have new symptoms.
- You cough up pus.
- Your cough does not get better after 2–3 weeks, or your cough gets worse.
- You cannot control your cough with suppressant medicines and you are losing sleep.
- You develop pain that is getting worse or pain that is not controlled with pain medicines.
- You have a fever.
- You have unexplained weight loss.
- You have night sweats.

Get help right away if:

- You cough up blood.
- You have difficulty breathing.
- Your heartbeat is very fast.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

Emergency Documentation

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 06/15/2012 Document Revised: 05/25/2017 Document Reviewed: 02/24/2016
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Document Type: ED Triage Part 1 - Adult - Text
Service Date/Time: 6/13/2022 18:13 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 1 - Adult
Sign Information: Debrosky RN, Michele L (6/13/2022 18:13 EDT)

ED Triage Part 1 - Adult Entered On: 6/13/2022 18:15 EDT
Performed On: 6/13/2022 18:13 EDT by Debrosky RN, Michele L

ED Triage

RN Assessment of Chief Complaint: SOB and cough x 6 days, worsening despite azithromycin tx, finished yesterday.

Mode of Arrival: Private vehicle

**Allergies:* Document assessment

Patient/Family stated concern of COVID19 exposure?: No

Does the patient present for a Behavioral Health complaint, is the patient violent, aggressive, suicidal, a danger to self and/or others, has/may have had a police escort, or is an elopement risk?: No

Temperature Temporal Artery: 36.7 degC(Converted to: 98.1 degF)

Systolic/Diastolic: 138 mmHg (HI)

Diastolic Blood Pressure: 72 mmHg

Heart Rate: 95 bpm

Rate: 18 br/min

SpO2: 95 %

O2 Therapy: Room Air (None)

Weight Measurement Type: Estimated

Height Measurement Type: Estimated

Weight Estimated: 97.07 kg(Converted to: 214 lb 0 oz)

Height/Length Estimated: 170.18 cm(Converted to: 5 ft 7 in)

Body Mass Index Estimated: 33.52 kg/m2

Pain Present: Yes actual or suspected pain

Self Report Pain: Numeric rating scale

Debrosky RN, Michele L - 6/13/2022 18:13 EDT

DCP GENERIC CODE

Tracking Team: Adult

Tracking Acuity: 3 - Urgent

Tracking Group: MHRH ED Tracking Group

Debrosky RN, Michele L - 6/13/2022 18:13 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

Emergency Documentation

(As Of: 6/13/2022 18:15:39 EDT)

Problems(Active)

At risk for infection (SNOMED CT :213770019)
Name of Problem: At risk for infection ; *Onset Date:* 05/31/2022 ; *Recorder:* SYSTEM, SYSTEM Cerner ; *Confirmation:* Confirmed ; *Classification:* Interdisciplinary ; *Code:* 213770019 ; *Last Updated:* 5/31/2022 18:21 EDT ; *Life Cycle Date:* 05/31/2022 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT ; *Comments:*

5/31/2022 18:21 - SYSTEM, SYSTEM Cerner
Problem added automatically by system based on order of Add At Risk for Infection to Problem List

Hypertension (SNOMED CT :1215744012)
Name of Problem: Hypertension ; *Recorder:* Pelletier PA, Olivia M ; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1215744012 ; *Contributor System:* PowerChart ; *Last Updated:* 5/31/2022 13:15 EDT ; *Life Cycle Date:* 05/31/2022 ; *Life Cycle Status:* Active ; *Responsible Provider:* Pelletier PA, Olivia M ; *Vocabulary:* SNOMED CT

Diagnoses(Active)

SOB - Shortness of breath
Date: 6/13/2022 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* SOB - Shortness of breath ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* 476A4569-4A67-41B5-B585-D00EF4BB837E

Allergies/Medications

(As Of: 6/13/2022 18:15:39 EDT)

Allergies (Active)

No Known Medication Allergies
Estimated Onset Date: Unspecified ; *Created By:* Adams RN, Kristen L ; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* No Known Medication Allergies ; *Type:* Allergy ; *Updated By:* Adams RN, Kristen L ; *Reviewed Date:* 6/13/2022 18:14 EDT

Medication List

(As Of: 6/13/2022 18:15:39 EDT)

Home Meds

acetaminophen
: acetaminophen ; *Status:* Documented ; *Ordered As Mnemonic:* acetaminophen 325 mg oral tablet ; *Simple Display Line:* 650 mg = 2 tab, Oral, every 6 hours, 0 Refill(s) ; *Ordering Provider:* Gioia PA, Marissa ; *Catalog Code:* acetaminophen ; *Order Dt/Tm:* 6/1/2022 11:08:30 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

Emergency Documentation

Pain Assessment

Pain Location : Back
Numeric Pain Scale : 3
Numeric Pain Score : 3

Debrosky RN, Michele L - 6/13/2022 18:13 EDT

Electronically Signed on 06/13/22 06:13 PM

Debrosky RN, Michele L

Document Type: ED Triage Part 2 - Adult - Text
Service Date/Time: 6/13/2022 18:13 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 2 - Adult
Sign Information: Debrosky RN, Michele L (6/13/2022 18:13 EDT)

ED Triage Part 2 - Adult Entered On: 6/13/2022 18:16 EDT
Performed On: 6/13/2022 18:13 EDT by Debrosky RN, Michele L

General Information

ED Document Advance Directive : Document assessment
**Falls Risk :* Document assessment
HIV Test Offered to Patient : N/A
**Social History :* Document assessment
Possible Abuse, Neglect, Exploitation : Abuse/Neglect/Exploitation screening performed. Further evaluation will be done by the Provider.
Possible Human Trafficking : No
Triage Aspiration Risk : No
Respiratory : Unlabored
Skin Color : Usual for ethnicity
Skin Temperature : Warm
Skin Description : Dry
Affect Quality : Calm
Behavior : Cooperative
GCS-Eye Opening Response : Spontaneous
GCS-Best Verbal Response : Oriented
GCS-Best Motor Response : Obeys commands
Glasgow Coma Score (ref) : 15

Debrosky RN, Michele L - 6/13/2022 18:13 EDT
(As Of: 6/13/2022 18:16:31 EDT)

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Emergency Documentation

Problems(Active)

At risk for infection (SNOMED CT :213770019)
Name of Problem: At risk for infection ; *Onset Date:* 05/31/2022 ; *Recorder:* SYSTEM, SYSTEM Cerner ; *Confirmation:* Confirmed ; *Classification:* Interdisciplinary ; *Code:* 213770019 ; *Last Updated:* 5/31/2022 18:21 EDT ; *Life Cycle Date:* 05/31/2022 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT ; *Comments:*

5/31/2022 18:21 - SYSTEM, SYSTEM Cerner
Problem added automatically by system based on order of Add At Risk for Infection to Problem List

Hypertension (SNOMED CT :1215744012)
Name of Problem: Hypertension ; *Recorder:* Pelletier PA, Olivia M ; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 1215744012 ; *Contributor System:* PowerChart ; *Last Updated:* 5/31/2022 13:15 EDT ; *Life Cycle Date:* 05/31/2022 ; *Life Cycle Status:* Active ; *Responsible Provider:* Pelletier PA, Olivia M ; *Vocabulary:* SNOMED CT

Diagnoses(Active)

SOB - Shortness of breath
Date: 6/13/2022 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Complaint of ; *Clinical Dx:* SOB - Shortness of breath ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* PNED ; *Probability:* 0 ; *Diagnosis Code:* 476A4569-4A67-41B5-B585-D00EF4BB837E

Procedure History

(As Of: 6/13/2022 18:16:31 EDT)

Procedure Dt/Tm: 5/31/2022 11:07:00 EDT ; *Location:* MH_Main OR ; *Provider:* Phillip MD, D Roger ; *Anesthesia Type:* General ; *Anesthesia Minutes:* 183 ; *Procedure Name:* Cholecystectomy Laparoscopy (N/A) ; *Procedure Minutes:* 152 ; *Comments:* 05/31/2022 13:55 EDT - Quick, RN, Donald auto-populated from documented surgical case ; *Clinical Service:* Surgery

Family History

(As Of: 6/13/2022 18:16:32 EDT)

Social History

Social History

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Emergency Documentation

(As Of: 6/13/2022 18:16:32 EDT)

Tobacco:

Smoking tobacco use: Never (less than 100 in lifetime). (Last Updated: 5/30/2022 14:04:46 EDT by Adams RN, Kristen L)

Alcohol:

How often do you have a drink containing alcohol? Never. How many drinks containing alcohol do you have on a typical day when you are drinking? Never. How often do you have six or more drinks on one occasion? Never. (Last Updated: 5/30/2022 14:04:54 EDT by Adams RN, Kristen L)

Substance Use DAST 1:

Which Recreational drugs have you used in the past year? Not applicable (denies use). How often have you used these drugs? Not applicable (denies use). (Last Updated: 5/30/2022 14:04:59 EDT by Adams RN, Kristen L)

Morse Fall Risk

History of Fall in Last 3 Months Morse : No
Presence of Secondary Diagnosis Morse : Yes
Use of Ambulatory Aid Morse : None, bedrest, wheelchair, nurse
IV/Heparin Lock Fall Risk Morse : No
Gait Weak or Impaired Fall Risk Morse : Normal, bedrest, immobile
Mental Status Fall Risk Morse : Oriented to own ability
Morse Fall Risk Score : 15

Debrosky RN, Michele L - 6/13/2022 18:13 EDT

Advance Directive

Advance Directive : No
No Advance Directive : Patient does not wish to complete a Health Care Proxy at the present time

Debrosky RN, Michele L - 6/13/2022 18:13 EDT

Electronically Signed on 06/13/22 06:13 PM

Debrosky RN, Michele L

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Cardiology Procedures

Document Type: Electrocardiogram EKG
Service Date/Time: 6/14/2022 11:30 EDT
Result Status: Auth (Verified)
Document Subject: Electrocardiogram EKG
Sign Information: Lowe, Marcia L as proxy for Lowe, Marcia L (6/14/2022 11:31 EDT)

***** Clinical Documentation Content on Following Page *****

* Electrocardiogram EKG - Auth (Verified) *

MHRH-1035402
Born 9/2/1953 68 Years

TOZZI SICARI, ESTHER
Female

6/13/2022 8:19:05 PM
(1)

Rate 84
PR 204
QRSD 108
QT 396
QTc 469

SINUS RHYTHM
PROBABLE LEFT ATRIAL ABNORMALITY
BORDERLINE T ABNORMALITIES, ANT-LAT LEADS

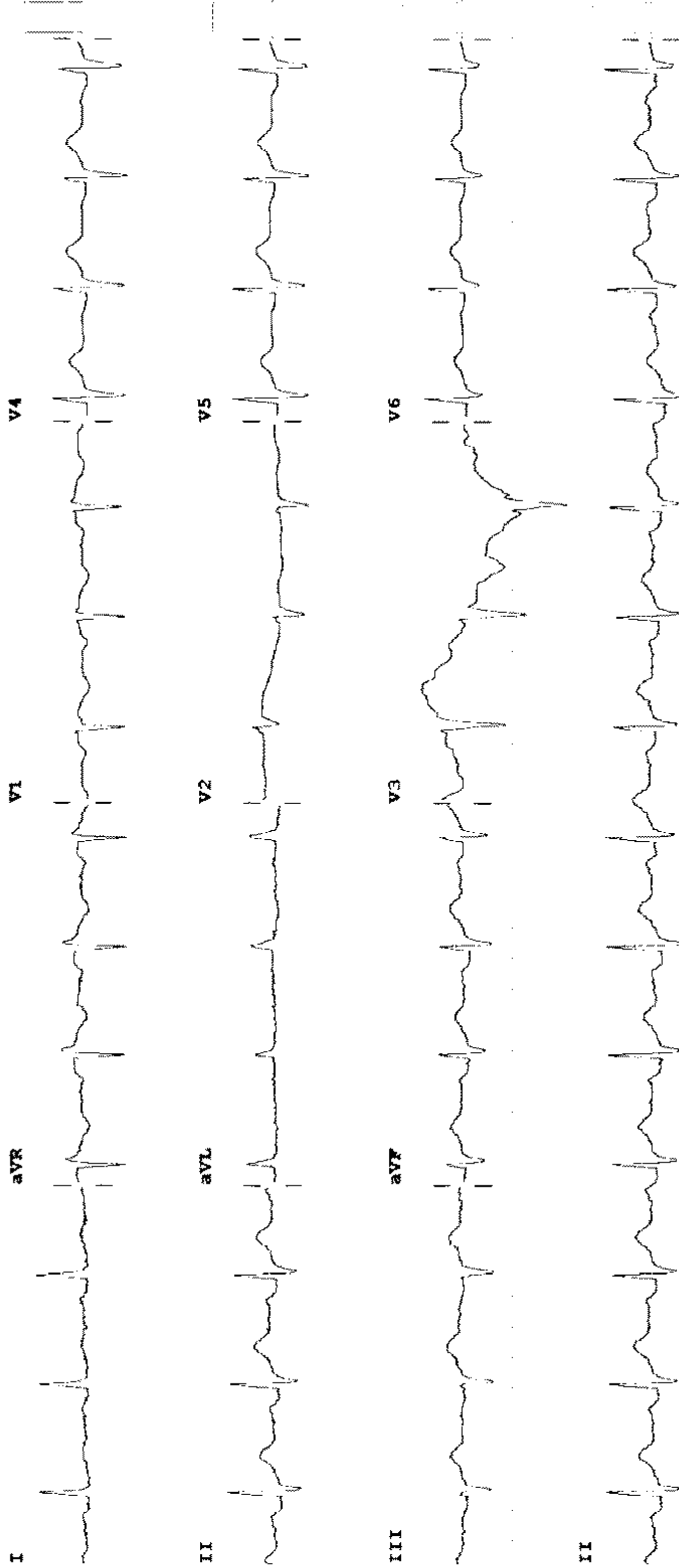
MHRH-EMRMH
Room: 419380
Operator:

--AXIS--
P 44
QRS -5
T 76
12 Lead; Standard Placement

- BORDERLINE ECG -

Requested by: Lindsey Bauer M
Unconfirmed Diagnosis

Account: 1007584582



Device: SF-09325 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

PH090A BCL P?

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Cardiology Procedures

Document Type: Electrocardiogram EKG
Service Date/Time: 6/13/2022 20:19 EDT
Result Status: Auth (Verified)
Document Subject: Electrocardiogram EKG
Sign Information:

***** Clinical Documentation Content on Following Page *****

* Electrocardiogram EKG - Auth (Verified) *

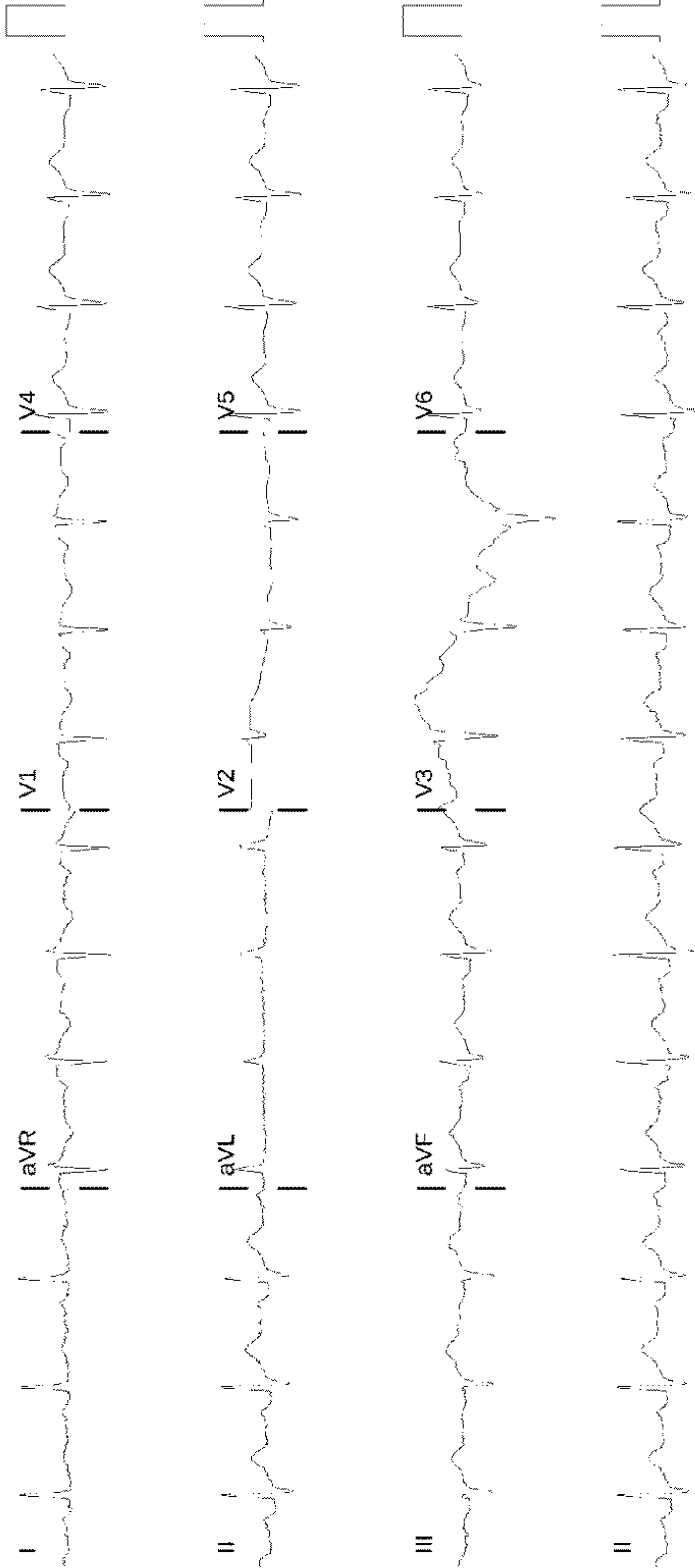
Pat ID MHRH-1035402	06/13/2022 20:19:05	TOZZI SICARI, ESTHER	WMC HEALTH - Mid Hudson Regional Hos
RX MHRH-EMRMH	09/02/1953 68 yrs	Female	Dept MHRH-EMRMH
DX ^		Account # 1007584582	Room WVR
			Tech 419380

Rate	84	SINUS RHYTHM	Req Provider: Lindsey Bauer M
PR	204	BORDERLINE T ABNORMALITIES, ANT-LAT LEADS	Acct No: 1007584582
QRSD	108	Compared to ECG 05/30/2022 15:07:21	Order No: 1206909277
QT	396	Myocardial infarct finding no longer present	
QTc	469	Electronically Signed On 6-14-2022 8:12:42 EDT by Subrata Kar	

P	--Axis--	44
QRS		-5
T		76

- Borderline ECG -

Confirmed By: Subrata Kar 06/14/2022 08:12:42



Philips PageWriter Touch-SF-09325

10.00 mm/mV

F 60 - 0.15 - 100 Hz

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

Allergy List

Substance: **No Known Medication Allergies**

Recorded Date/Time

5/30/2022 14:03 EDT

Allergy Type: Allergy; **Category:** Drug; **Reaction Status:** Active; **Information Source:** ;

Reviewed Date/Time: 6/15/2022 10:47 EDT; **Reviewed By:** Baldi MA, Anais

Social History

Alcohol

Detail: How often do you have a drink containing alcohol? Never. How many drinks containing alcohol do you have on a typical day when you are drinking? Never. How often do you have six or more drinks on one occasion? Never. (Last Update: 5/30/2022 14:04 EDT by Adams RN, Kristen L)

Substance Use DAST 1

Detail: Which Recreational drugs have you used in the past year? Not applicable (denies use). How often have you used these drugs? Not applicable (denies use). (Last Update: 5/30/2022 14:04 EDT by Adams RN, Kristen L)

Tobacco

Detail: Smoking tobacco use: Never (less than 100 in lifetime). (Last Update: 5/30/2022 14:04 EDT by Adams RN, Kristen L)

Clinical Diagnoses

Diagnosis: **Cough**

Secondary Description:

Last Reviewed Date: 6/14/2022 00:26 EDT; Bauer PA, Lindsey M

Responsible Provider: Bauer PA, Lindsey M

Diagnosis Date: 6/14/2022

Status: Active

Clinical Service: ; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** R05.9 (ICD-10-CM); **Ranking:** ; **Severity:** ; **Severity Class:** ; **Certainty:**

Diagnosis: **SOB -Shortness of breath**

Secondary Description:

Last Reviewed Date: 6/13/2022 18:15 EDT; Debrosky RN, Michele L

Responsible Provider:

Diagnosis Date: 6/13/2022

Status: Active

Clinical Service: Non-Specified; **Classification:** Nursing; **Confirmation:** Complaint of; **Code:** 476A4569-4A67-41B5-B585-D00EF4BB837E (PNED); **Ranking:** ; **Severity:** ; **Severity Class:** ; **Certainty:**

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

Problems

Problem Name: **At risk for infection**

Life Cycle Status: Active

Recorder: SYSTEM,SYSTEM Cerner

Last Updated: 5/31/2022 18:21 EDT; SYSTEM,SYSTEM Cerner

Last Reviewed: 6/13/2022 18:15 EDT; Debrosky RN, Michele L

Classification: Interdisciplinary; Confirmation: Confirmed; Code: 213770019; Course: ; Onset Date: 5/31/2022; Status Date: 5/31/2022; Prognosis: ; Persistence:

C: 5/31/2022 18:21 EDT; SYSTEM, SYSTEM Cerner; Problem added automatically by system based on order of Add At Risk for Infection to Problem List

Problem Name: **Cough**

Life Cycle Status: Active

Recorder: Bauer PA,Lindsey M

Responsible Provider: Bauer PA,Lindsey M

Last Updated: 6/14/2022 00:26 EDT; Bauer PA,Lindsey M

Last Reviewed: 6/14/2022 00:26 EDT; Bauer PA,Lindsey M

Classification: Medical; Confirmation: Confirmed; Code: 82824016; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: **Hypertension**

Life Cycle Status: Active

Recorder: Pelletier PA,Olivia M

Responsible Provider: Pelletier PA,Olivia M

Last Updated: 5/31/2022 13:15 EDT; Pelletier PA,Olivia M

Last Reviewed: 6/13/2022 18:15 EDT; Debrosky RN, Michele L

Classification: Medical; Confirmation: Confirmed; Code: 1215744012; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Infusion Billing

You do not have privileges to view this report.

Orders - Medications

Documented Home Medications

Order: **albuterol (Albuterol (Eqv-ProAir HFA) 90 mcg/inh inhalation aerosol)**

Order Date/Time: 6/15/2022 10:46 EDT

Order Status: Documented

Clinical Category: Medications

Medication Type: Documented

Ordering Physician:

Consulting Physician:

Entered By: Baldi MA,Anais on 6/15/2022 10:46 EDT

Order Details: See Instructions, 2 puffs by mouth every 4 -6 hours as needed, 0 Refill(s)

Order Comment:

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	6/13/2022
FIN:	1007584582	Disch:	6/14/2022
DOB/Age:	9/2/1953	68 years	Admitting:
Admin Sex:	Female		

Orders - Medications

Documented Home Medications

Order: atorvastatin (atorvastatin 20 mg oral tablet)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Documented	Clinical Category: Medications	Medication Type: Documented
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 20 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)		
Order Comment:		

Order: azithromycin (azithromycin 250 mg oral tablet)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Documented
End-state Date/Time: 6/19/2022 16:34 EDT	End-state Reason:	
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 250 mg = 1 tab, Oral, Daily, # 4 tab, 0 Refill(s)		
Order Comment:		

Order: buPROPion (buPROPion 300 mg/24 hours (XL) oral tablet,extended release)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Documented
End-state Date/Time: 6/19/2022 16:34 EDT	End-state Reason:	
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 300 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)		
Order Comment:		

Order: chlorthalidone (chlorthalidone 25 mg oral tablet)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Documented
End-state Date/Time: 6/21/2022 13:28 EDT	End-state Reason: Physician Request	
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 25 mg = 1 tab, Oral, every morning, 0 Refill(s)		
Order Comment:		

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	6/13/2022
FIN:	1007584582	Disch:	6/14/2022
DOB/Age:	9/2/1953	68 years	Admitting:
Admin Sex:	Female		

Orders - Medications

Documented Home Medications

Order: etodolac (etodolac 400 mg oral tablet)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Documented	Clinical Category: Medications	Medication Type: Documented
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 400 mg = 1 tab, Oral, 2 times a day, as needed, 0 Refill(s)		
Order Comment:		

Order: lisinopril (lisinopril 20 mg oral tablet)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Documented	Clinical Category: Medications	Medication Type: Documented
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 20 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)		
Order Comment:		

Order: omeprazole (omeprazole 20 mg oral delayed release capsule)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Documented	Clinical Category: Medications	Medication Type: Documented
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 20 mg = 1 cap, Oral, Daily, # 30 cap, 0 Refill(s)		
Order Comment:		

Order: oxybutynin (oxybutynin 5 mg/24 hours oral tablet,extended release)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Documented	Clinical Category: Medications	Medication Type: Documented
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 5 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)		
Order Comment:		

Order: predniSONE (predniSONE 20 mg oral tablet)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Documented
End-state Date/Time: 6/21/2022 13:29 EDT	End-state Reason: Physician Request	
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 20 mg = 1 tab, Oral, 2 times a day, # 20 tab, 0 Refill(s)		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 6/13/2022
FIN: 1007584582	Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years	Admitting:
Admin Sex: Female	

Orders - Medications

Documented Home Medications

Order: pregabalin (pregabalin 75 mg oral capsule)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Documented	Clinical Category: Medications	Medication Type: Documented
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 75 mg = 1 cap, Oral, 2 times a day, # 180 cap, 0 Refill(s)		
Order Comment:		

Order: semaglutide (Ozempic 2 mg/1.5 mL (0.25 mg or 0.5 mg dose) subcutaneous solution)		
Order Date/Time: 6/15/2022 10:46 EDT		
Order Status: Documented	Clinical Category: Medications	Medication Type: Documented
Ordering Physician:	Consulting Physician:	
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT		
Order Details: 0.5 mg, Subcutaneous, every week, rotate injection sites, # 1 EA, 0 Refill(s)		
Order Comment:		

Order: acetaminophen (acetaminophen 325 mg oral tablet)		
Order Date/Time: 6/1/2022 11:08 EDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Documented
End-state Date/Time: 6/19/2022 16:34 EDT	End-state Reason:	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gioia PA, Marissa on 6/1/2022 11:08 EDT		
Order Details: 650 mg = 2 tab, Oral, every 6 hours, 0 Refill(s)		
Order Comment:		

Prescription

Order: metronIDAZOLE (Flagyl 500 mg oral tablet)		
Order Date/Time: 6/1/2022 15:03 EDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Prescription
End-state Date/Time: 6/6/2022 15:03 EDT	End-state Reason:	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gioia PA, Marissa on 6/1/2022 15:03 EDT		
Order Details: 500 mg = 1 tab, Oral, 3 times a day, X 5 day(s), # 15 tab, 0 Refill(s), 6/6/22 3:03:00 PM EDT, Pharmacy: HANNAFORD FOOD & DRUG #8346, 99.79, kg, 05/30/22 14:04:00 EDT, Weight Dosing		
Order Comment:		

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	6/13/2022
FIN:	1007584582	Disch:	6/14/2022
DOB/Age:	9/2/1953	68 years	Admitting:
Admin Sex:	Female		

Orders - Medications

Prescription

Order: ciprofloxacin (Cipro 500 mg oral tablet)		
Order Date/Time: 6/1/2022 15:03 EDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Prescription
End-state Date/Time: 6/6/2022 15:03 EDT	End-state Reason:	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gioia PA, Marissa on 6/1/2022 15:03 EDT		
Order Details: 500 mg = 1 tab, Oral, every 12 hours, X 5 day(s), # 10 tab, 0 Refill(s), 6/6/22 3:03:00 PM EDT, Pharmacy: HANNAFORD FOOD & DRUG #8346, 99.79, kg, 05/30/22 14:04:00 EDT, Weight Dosing		
Order Comment:		

Order: amoxicillin-clavulanate (Augmentin 875 mg-125 mg oral tablet)		
Order Date/Time: 6/1/2022 11:10 EDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Prescription
End-state Date/Time: 6/1/2022 15:01 EDT	End-state Reason: Physician Request	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gioia PA, Marissa on 6/1/2022 11:10 EDT		
Order Details: amoxicillin (as trihydrate) 1 tab, Oral, every 12 hours, X 5 day(s), # 10 tab, 0 Refill(s), 6/1/22 3:01:00 PM EDT, Pharmacy: HANNAFORD FOOD & DRUG #8346, 99.79, 05/30/22 14:04:00 EDT, Weight Dosing, kg		
Order Comment:		

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	6/13/2022
FIN:	1007584582	Disch:	6/14/2022
DOB/Age:	9/2/1953	68 years	Admitting:
Admin Sex:	Female		

Orders

Admit/Transfer/Discharge

Order: Discharge Patient		
Order Date/Time: 6/14/2022 00:27 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Admit/Transfer/Discharge
End-state Date/Time: 6/17/2022 02:05 EDT	End-state Reason:	
Ordering Physician: Bauer PA, Lindsey M	Consulting Physician:	
Entered By: Bauer PA, Lindsey M on 6/14/2022 00:27 EDT		
Order Details: 6/14/22 12:27:00 AM EDT, Home Today		
Action Type: Discontinue	Action Date/Time: 6/17/2022 02:05 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/14/2022 00:27 EDT	Electronically Signed By: Bauer PA, Lindsey M
Communication Type: Written		
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	6/13/2022
FIN:	1007584582	Disch:	6/14/2022
DOB/Age:	9/2/1953	68 years	Admitting:
Admin Sex:	Female		

Orders

Cardiology

Order: Electrocardiogram 12 Lead (EKG 12 Lead)		
Order Date/Time: 6/13/2022 18:48 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Cardiac Tx/Procedures
End-state Date/Time: 6/13/2022 20:43 EDT	End-state Reason:	
Ordering Physician: Bauer PA, Lindsey M	Consulting Physician:	
Entered By: Bauer PA, Lindsey M on 6/13/2022 18:48 EDT		
Order Details: 6/13/22 6:48:00 PM EDT, Stat, Other (please specify), Stop date 6/13/22 8:43:18 PM EDT		
Action Type: Complete	Action Date/Time: 6/13/2022 20:43 EDT	Electronically Signed By: Woebse, Patient Care Technician, Sean
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/13/2022 18:49 EDT	Electronically Signed By: Bauer PA, Lindsey M
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Cote, RN, Shannon on 6/13/2022 20:36 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Orders

Laboratory

Order: COVID-19/FLU A & B/RSV RT-PCR Cepheid (MHRH STAT)		
Order Date/Time: 6/13/2022 21:44 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/13/2022 21:40 EDT		End-state Reason:
Ordering Physician: Bauer PA,Lindsey M		Consulting Physician:
Entered By: Bauer PA,Lindsey M on 6/13/2022 21:44 EDT		
Order Details: Swab, RT Collect, Collected, 6/13/22 9:40:00 PM EDT, Once, Nurse Collect, Other (enter in comment field), MSER		
Action Type: Status Change	Action Date/Time: 6/13/2022 22:50 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/13/2022 22:06 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SC		
Action Type: Modify	Action Date/Time: 6/13/2022 22:06 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 22:45 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SC		
Action Type: Order	Action Date/Time: 6/13/2022 21:44 EDT	Electronically Signed By: Bauer PA, Lindsey M
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 21:55 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Orders

Laboratory

Order: D-Dimer		
Order Date/Time: 6/13/2022 18:48 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/13/2022 20:45 EDT		End-state Reason:
Ordering Physician: Bauer PA,Lindsey M		Consulting Physician:
Entered By: Bauer PA,Lindsey M on 6/13/2022 18:48 EDT		
Order Details: Blood, ST, Collected, 6/13/22 8:45:00 PM EDT, Once, MCOAG		
Action Type: Status Change	Action Date/Time: 6/13/2022 21:30 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/13/2022 20:55 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SCOT		
Action Type: Modify	Action Date/Time: 6/13/2022 20:45 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 21:19 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SCOT		
Action Type: Order	Action Date/Time: 6/13/2022 18:49 EDT	Electronically Signed By: Bauer PA, Lindsey M
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 20:36 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Orders

Laboratory

Order: Comprehensive Metabolic Panel		
Order Date/Time: 6/13/2022 18:30 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/13/2022 20:45 EDT	End-state Reason:	
Ordering Physician: Bauer PA,Lindsey M	Consulting Physician:	
Entered By: Bauer PA,Lindsey M on 6/13/2022 18:30 EDT		
Order Details: Blood, ST, Collected, 6/13/22 8:45:00 PM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 6/13/2022 21:24 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/13/2022 20:55 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SCOT		
Action Type: Modify	Action Date/Time: 6/13/2022 20:45 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 21:19 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SCOT		
Action Type: Order	Action Date/Time: 6/13/2022 18:30 EDT	Electronically Signed By: Bauer PA, Lindsey M
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 20:36 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Orders

Laboratory

Order: CBC w/Auto Diff		
Order Date/Time: 6/13/2022 18:30 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/13/2022 20:45 EDT	End-state Reason:	
Ordering Physician: Bauer PA,Lindsey M	Consulting Physician:	
Entered By: Bauer PA,Lindsey M on 6/13/2022 18:30 EDT		
Order Details: Blood, ST, Collected, 6/13/22 8:45:00 PM EDT, Once, MHEMA		
Action Type: Status Change	Action Date/Time: 6/13/2022 21:03 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/13/2022 20:55 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SCOT		
Action Type: Modify	Action Date/Time: 6/13/2022 20:45 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 21:19 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SCOT		
Action Type: Order	Action Date/Time: 6/13/2022 18:30 EDT	Electronically Signed By: Bauer PA, Lindsey M
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 20:36 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

Orders

Patient Care

Order: ED Assessment Adult		
Order Date/Time: 6/13/2022 18:15 EDT		
Order Status: Ordered	Department Status: Ordered	Activity Type: Patient Care
End-state Date/Time: 6/13/2022 18:15 EDT	End-state Reason:	
Ordering Physician: SYSTEM,SYSTEM Cerner	Consulting Physician:	
Entered By: SYSTEM,SYSTEM Cerner on 6/13/2022 18:15 EDT		
Order Details: 6/13/22 6:15:39 PM EDT, Stop date 6/13/22 6:15:39 PM EDT		
Action Type: Order	Action Date/Time: 6/13/2022 18:15 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: Discern Expert		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Order placed due to patient arrival to the Emergency Department		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Orders

Radiology

Order: CT Angio Chest (CTA Chest)		
Order Date/Time: 6/13/2022 19:12 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Radiology
End-state Date/Time: 6/14/2022 10:28 EDT		End-state Reason:
Ordering Physician: Bauer PA,Lindsey M		Consulting Physician:
Entered By: Bauer PA,Lindsey M on 6/13/2022 19:12 EDT		
Order Details: 6/13/22 11:05:55 PM EDT, Routine, Reason: assess for pe, Reason: assess for pe, Cat Scan, Radiology		
Review Not Complete		
Action Type: Complete	Action Date/Time: 6/14/2022 10:28 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 6/14/2022 10:28 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 6/13/2022 23:08 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Not Reviewed		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 6/13/2022 23:05 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Valentin,Nina on 6/14/2022 02:59 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/13/2022 19:12 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Orders

Radiology

Order: CT Angio Chest (CTA Chest)

Action Type: Order Action Date/Time: 6/13/2022 19:12 EDT Electronically Signed By: Bauer PA, Lindsey M
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 20:36 EDT
 Doctor Cosign: Not Required
 Order Comment:

Order: XR Chest 2 Views

Order Date/Time: 6/13/2022 18:30 EDT
 Order Status: Completed Department Status: Completed Activity Type: Radiology
 End-state Date/Time: 6/14/2022 10:37 EDT End-state Reason:
 Ordering Physician: Bauer PA,Lindsey M Consulting Physician:
 Entered By: Bauer PA,Lindsey M on 6/13/2022 18:30 EDT
 Order Details: 6/13/22 6:30:00 PM EDT, Routine, Reason: wheezing, Reason: wheezing, Diagnostic
 Action Type: Complete Action Date/Time: 6/14/2022 10:37 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner
 Communication Type: ESI Default
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:

Action Type: Modify Action Date/Time: 6/14/2022 10:37 EDT Electronically Signed By: Contributor_system,FUJI_RAD

Communication Type: ESI Default

Review Information:
 Nurse Review: Not Reviewed
 Doctor Cosign: Not Required

Order Comment:

Action Type: Modify Action Date/Time: 6/13/2022 18:44 EDT Electronically Signed By: Contributor_system,FUJI_RAD

Communication Type: ESI Default

Review Information:
 Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 21:55 EDT
 Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 6/13/2022 18:44 EDT Electronically Signed By: Contributor_system,FUJI_RAD

Communication Type: ESI Default

Review Information:
 Doctor Cosign: Not Required

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

Orders

Radiology

Order: **XR Chest 2 Views**

Order Comment:

Action Type: Status Change Action Date/Time: 6/13/2022 18:43 EDT Electronically Signed By: Contributor_
system,FUJI_RAD

Communication Type: ESI Default

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 6/13/2022 18:43 EDT Electronically Signed By: Contributor_
system,FUJI_RAD

Communication Type: ESI Default

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 6/13/2022 18:30 EDT Electronically Signed By: Contributor_
system,FUJI_RAD

Communication Type: ESI Default

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 6/13/2022 18:30 EDT Electronically Signed By: Bauer PA,
Lindsey M

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Cote,RN,Shannon on 6/13/2022 20:36 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Orders**Surgery**

Order: **Cholecystectomy Laparoscopy**

Order Date/Time: 5/31/2022 14:39 EDT

Order Status: Canceled Department Status: Canceled Activity Type: Surgery

End-state Date/Time: 6/1/2022 07:22 EDT

End-state Reason:

Ordering Physician: Phillip MD,D Roger

Consulting Physician:

Entered By: Phillip MD,D Roger on 5/31/2022 14:39 EDT

Order Details: Phillip MD, D Roger, MH Main OR, 5/31/22, Inpatient, Primary Procedure?, Abdomen, Lap Choly, Laparoscopy, surgical; cholecystectomy (47562), Hypertension (I10), General, Concurrent Indicator, 100kg, No, Future Order, ORD_SET_REQ_DT_RANGE, Hypertension | Acute cholecystitis

Action Type: Cancel

Action Date/Time: 6/1/2022 07:22 EDT

Electronically Signed By: Denkinger, Jennifer

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/31/2022 14:40 EDT

Electronically Signed By: Phillip MD,D Roger

Communication Type: Written

Review Information:

Doctor Cosign: Not Required

Order Comment:

Medication Reconciliation

No Reconciliation History

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Hematology

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

	Collected Date	6/13/2022		
	Collected Time	20:45 EDT		
Procedure		Units		Reference Range
WBC	14.33 ^{H 01}	k/mm3		[4.00-10.50]
RBC	3.97 ⁰¹	m/mm3		[3.80-5.20]
Hgb	11.6 ⁰¹	g/dL		[11.4-15.1]
Hct	33.1 ^{L 01}	%		[36.0-46.0]
MCV	83.4 ⁰¹	fL		[80.0-98.0]
MCH	29.2 ⁰¹	pg		[26.0-34.0]
MCHC	35.0 ⁰¹	%		[32.0-36.0]
RDW	12.3 ⁰¹	%		[11.0-15.0]
MPV	9.8 ⁰¹	fL		[8.5-13.0]
Platelet Count	332 ⁰¹	k/mm3		[150-400]
Neutrophils	78.2 ⁰¹	%		[50.0-80.0]
Lymphocytes	13.3 ^{L 01}	%		[14.0-44.0]
Monocytes	5.8 ⁰¹	%		[0.0-12.0]
Eosinophils	0.2 ⁰¹	%		[0.0-7.0]
Basophils	0.3 ⁰¹	%		[0.0-1.0]
Nucleated RBC	0.0 ⁰¹	/100(WBCs)		
IG %	2.2 ^{H 01}	%		[0.0-0.5]
Neutrophils Automated	78.2 ⁰¹	%		[50.0-80.0]
Lymphocytes Automated	13.3 ^{L 01}	%		[14.0-44.0]
Monocytes Automated	5.8 ⁰¹	%		[0.0-12.0]
Basophils Automated	0.3 ⁰¹	%		[0.0-1.0]
Eosinophils Automated	0.2 ⁰¹	%		[0.0-7.0]
Lymph Absolute	1.91 ⁰¹	k/mm3		[0.60-4.80]
Mono Absolute	0.83 ⁰¹	k/mm3		[0.00-1.10]
Eos Absolute	0.03 ⁰¹	k/mm3		[0.00-0.50]
Baso Absolute	0.04 ⁰¹	k/mm3		[0.00-0.30]
Absolute Neutrophil Count Automated	11.20 ^{H 01}	k/mm3		[2.00-8.40]
IG# (AUTO)	0.32 ^{H 01}	k/mm3		[0.00-0.10]

Order Comments

O1: CBC w/ Auto Diff
Collected by: SCOT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Coagulation-Thrombosis

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, !=Interp Data, *=Performing Lab

Collected Date	6/13/2022		
Collected Time	20:45 EDT		
Procedure		Units	Reference Range
D-Dimer Automated	743 ^{H f 02}	ng/mL	[<500]

Result Comments

f1: D-Dimer Automated
 ***NOTE CHANGE: New reference range in effect 09/01/2020

PLEASE NOTE:

Results of D-dimer assays should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

In patients with low to intermediate pre-test probability of venous thromboembolism (VTE) and pulmonary embolism (PE), a D-dimer concentration of <500 ng/mL is a validated means of excluding VTE and PE.

Order Comments

O2: D-Dimer
 Collected by: SCOT

Chemistry

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, !=Interp Data, *=Performing Lab

Routine Chemistry

Collected Date	6/13/2022	
Collected Time	20:45 EDT	
Procedure	Units	Reference Range
Glucose	188 ^{H 03} mg/dL	[74-106]
Sodium	130 ^{L 03} mmol/L	[137-145]
Potassium	3.8 ⁰³ mmol/L	[3.5-5.1]
Chloride	94 ^{L 03} mmol/L	[98-107]
CO2 Content	25 ⁰³ mmol/L	[22-30]
BUN	19 ^{H 03} mg/dL	[7-17]
Creatinine	0.81 ⁰³ mg/dL	[0.52-1.04]
AST	21 ⁰³ U/L	[14-36]
ALT	23 ⁰³ U/L	[4-34]
Alkaline Phosphatase	79 ⁰³ U/L	[38-126]
Total Bilirubin	0.5 ⁰³ mg/dL	[0.2-1.3]

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Chemistry

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Collected Date	6/13/2022		
Collected Time	20:45 EDT		
Procedure		Units	Reference Range
Total Protein	6.8 ⁰³	g/dL	[6.3-8.2]
Albumin	4.0 ⁰³	g/dL	[3.5-5.0]
eGFR Non-African American	>60 ⁰³		[>=60 mL/min/]
eGFR African American	>60 ⁰³		
Icteric Index	<2 ⁰³		
Hemolysis Index (HEMIX)	No hemolysis ⁰³		
Calcium	9.6 ⁰³	mg/dL	[8.4-10.2]

Order Comments

O3: Comprehensive Metabolic Panel
 Collected by: SCOT

Immunology-Serology

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Infectious Disease

Collected Date	6/13/2022		
Collected Time	21:40 EDT		
Procedure		Units	Reference Range
Source	NP Swab ⁰⁴		
SARS-COV-2 RNA RT-PCR	Not Detected ^{f2 04}		[Not Detected]

Result Comments

f2: SARS-COV-2 RNA RT-PCR

 This is a RT-PCR test intended for qualitative detection of nucleic acid from Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), in nasopharyngeal swabs and nasal swabs. The test was performed using the Cepheid Xpert Xpress SARS-CoV-2 assay at the Westchester Medical Center, Virology Laboratory under the Food and Drug Administration's Emergency Use Authorization (EUA). Test performance characteristics are verified by the laboratory, which is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, to perform high complexity testing. Results from this test must be correlated with the clinical, epidemiological and other laboratory data available for evaluating the patient. A positive result does not imply that the corresponding

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 6/13/2022

FIN: 1007584582

Disch: 6/14/2022

DOB/Age: 9/2/1953 68 years

Admitting:

Admin Sex: Female

Immunology-Serology

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, !=Interp Data, *=Performing Lab

Infectious Disease

Result Comments

f2: SARS-COV-2 RNA RT-PCR

organisms are infectious, or are the causative agents for clinical symptoms since viral nucleic acids may persist independent of organism viability. The detection of analyte(s) does not rule out co-infection with other organisms not on the panel. Negative results in the setting of a respiratory illness may be due to infection with pathogens that are not detected by this test, lower respiratory tract infection, improper specimen collection, transport, or handling.

Order Comments

O4: COVID-19/FLU A & B/RSV RT-PCR Cepheid (MHRH STAT)

Collected by: SC

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 6/13/2022
FIN: 1007584582 Disch: 6/14/2022
DOB/Age: 9/2/1953 68 years Admitting:
Admin Sex: Female

Computed Tomography

Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
6/13/2022 23:05 EDT	CT Angio Chest	Bauer PA,Lindsey M	68 years

CT Angio Chest

Final Result

Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Sex: F
DOB: 09/02/1953
Primary Care Physician:
Requesting Physician: LINDSEY BAUER

Exam: CT ANGIO THORAX 06/13/2022 23:08

EXAM: CT chest with contrast for suspected pulmonary emboluss

CLINICAL INFORMATION: assess for pe

TECHNIQUE: CT scan of the chest was performed as a CT angiogram of the pulmonary arteries. Volumetric imaging was performed from the thoracic inlet to the level of the diaphragmatic domes through the region of the pulmonary artery segments. Coronal and sagittal reformatted images were provided for review along with iodine and spectral images

CONTRAST: 100 cc intravenous Omnipaque 350

COMPARISON: None.

FINDINGS:

PULMONARY ARTERIES: Pulmonary artery enhancement is excellent. No filling defect suggestive of pulmonary embolism. Normal size central pulmonary arteries.
LUNGS: Atelectasis at the lung bases..
AIRWAYS: Patent.
MEDIASTINUM, HILA AND LYMPH NODES: No enlarged lymph nodes. Normal visualized thyroid. Normal esophagus.
PLEURA: No effusion.
HEART AND PERICARDIUM: Normal heart size. No evidence of right heart strain. No coronary calcification. No pericardial effusion..
VESSELS: Aorta normal in size. No atherosclerotic calcification. No evidence of aortic dissection.
SOFT TISSUES: Normal.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Computed Tomography

CT Angio Chest

UPPER ABDOMEN: The splenic artery is tortuous. There appears to be a 1 cm outpouching of the splenic artery at its hilum (image 252 series 402) which may represent a splenic artery aneurysm..

BONES: Normal.

IMPRESSION:

1. No evidence of pulmonary embolism.
2. There appears to be a 1 cm outpouching of the splenic artery at its hilum (image 252 series 402) which is consistent with a splenic artery aneurysm.

Resident Radiologist: Benjamin Mann MD Resident Radiologist
Attending Radiologist: Jeffrey Kobak MD
Finalizing Radiologist: Jeffrey Kobak MD
Transcribed Date: 06/13/2022 23:35
Finalized Date: 06/14/2022 10:25

Diagnostic Radiology

Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
6/13/2022 18:30 EDT	XR Chest 2 Views	Bauer PA,Lindsey M	68 years

XR Chest 2 Views

Final Result

Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Sex: F
DOB: 09/02/1953
Primary Care Physician:
Requesting Physician: LINDSEY BAUER

Exam: CHEST PA AND LATERAL 06/13/2022 18:44

Clinical history: Wheezing

Study: PA and lateral views of the chest

Findings: The lungs are clear. The cardiomediastinal silhouette is intact. There are no pleural effusions. There is no pneumothorax..

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Diagnostic Radiology

XR Chest 2 Views

Impression:

Unremarkable exam

Resident Radiologist:
Attending Radiologist: Jeffrey Kobak MD
Finalizing Radiologist: Jeffrey Kobak MD
Transcribed Date: 06/14/2022 10:33
Finalized Date: 06/14/2022 10:34

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Measurements

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Measurements

Recorded Date	6/13/2022	6/13/2022		
Recorded Time	18:13 EDT	18:13 EDT		
Recorded By	SYSTEM,SYSTEM Cerner	Debrosky RN,Michele L		
Procedure			Units	Reference Range
Weight Dosing	97.070	-	kg	
Weight Estimated	-	97.07	kg	
Body Mass Index Estimated	-	33.52	kg/m2	
Height/Length Estimated	-	170.18	cm	

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

		Recorded Date	6/13/2022
		Recorded Time	18:13 EDT
		Recorded By	Debrosky RN,Michele L
Procedure	Units	Reference Range	
Temperature Temporal Artery	degC	[36.1-37.6]	36.7
Peripheral Pulse Rate	bpm	[60-115]	95
Respiratory Rate	br/min	[13-25]	18
Systolic Blood Pressure	mmHg	[100-130]	138^H
Diastolic Blood Pressure	mmHg	[60-85]	72

Pain

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Pain Tools

Recorded Date	6/13/2022
Recorded Time	18:13 EDT
Recorded By	Debrosky RN,Michele L
Procedure	
Pain Present	Yes actual or suspected pain
Preferred Pain Tool	Numeric rating scale
Numeric Rating Pain Scale	3
Numeric Rating Pain Score	3

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Pain

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Primary Pain Assessment

Recorded Date	6/13/2022
Recorded Time	18:13 EDT
Recorded By	Debrosky RN, Michele L
Procedure	
Primary Pain Location	Back

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Respiratory Assessment

Recorded Date	6/13/2022		
Recorded Time	18:13 EDT		
Recorded By	Debrosky RN, Michele L		
Procedure		Units	Reference Range
Respirations	Unlabored		

Oxygen Therapy & Oxygenation Information

Recorded Date	6/13/2022		
Recorded Time	18:13 EDT		
Recorded By	Debrosky RN, Michele L		
Procedure		Units	Reference Range
Oxygen Therapy	Room Air (None)		
SpO2	95	%	[92-100]

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Integumentary Assessment

Recorded Date	6/13/2022		
Recorded Time	18:13 EDT		
Recorded By	Debrosky RN, Michele L		
Procedure		Units	Reference Range
Skin Color General	Usual for ethnicity		
Skin Temperature	Warm		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Integumentary Assessment

Recorded Date	6/13/2022		
Recorded Time	18:13 EDT		
Recorded By	Debrosky RN, Michele L		
Procedure		Units	Reference Range
Skin Description	Dry		

Vascular Access

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Peripheral IV

Recorded Date	6/13/2022		
Recorded Time	21:18 EDT		
Recorded By	Cote, RN, Shannon		
Procedure		Units	Reference Range
Angiocatheter Antecubital Right 20 gauge			
Peripheral IV Activity:	Insert new site		
Peripheral IV Patient Identified:	Identification band		
Peripheral IV Procedure Result:	Insertion successful		
Peripheral IV Line Status:	See Below ^{T1}		
Peripheral IV Line Care:	Aspirated and flushed		

Textual Results

T1: 6/13/2022 21:18 EDT (Peripheral IV Line Status:)
Flushes easily, Good blood return

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Glasgow Coma Assessment

Recorded Date	6/13/2022		
Recorded Time	18:13 EDT		
Recorded By	Debrosky RN, Michele L		
Procedure		Units	Reference Range
Eye Opening Response Glasgow	Spontaneous		
Best Verbal Response Glasgow	Oriented		
Best Motor Response Glasgow	Obeys commands		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 6/13/2022
 FIN: 1007584582 Disch: 6/14/2022
 DOB/Age: 9/2/1953 68 years Admitting:
 Admin Sex: Female

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Glasgow Coma Assessment

Recorded Date	6/13/2022		
Recorded Time	18:13 EDT		
Recorded By	Debrosky RN, Michele L		
Procedure		Units	Reference Range
Glasgow Coma Score	15		

Falls Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Fall Risk Scale Morse

Recorded Date	6/13/2022
Recorded Time	18:13 EDT
Recorded By	Debrosky RN, Michele L
Procedure	
History of Fall in Last 3 Months Morse	No
Presence of Secondary Diagnosis Morse	Yes
Use of Ambulatory Aid Morse	None, bedrest, wheelchair, nurse
IV/Heparin Lock Fall Risk Morse	No
Gait Weak or Impaired Fall Risk Morse	Normal, bedrest, immobile
Mental Status Fall Risk Morse	Oriented to own ability
Morse Fall Risk Score	15

Psychosocial

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Psychological Functions

Recorded Date	6/13/2022	
Recorded Time	18:13 EDT	
Recorded By	Debrosky RN, Michele L	
Procedure		Units
Affect Quality	Calm	
Behavior	Cooperative	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Emergency Documentation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Triage Information

Recorded Date	6/13/2022
Recorded Time	18:13 EDT
Recorded By	Debrosky RN, Michele L
Procedure	
Tracking Group	MHRH ED Tracking Group
Tracking Team	Adult
Tracking Acuity	3 - Urgent
ED HIV Test Offered	N/A
ED Risks/BH	No

ED Documentation

Recorded Date	6/13/2022
Recorded Time	18:13 EDT
Recorded By	Debrosky RN, Michele L
Procedure	
Possible Abuse, Neglect, Exploitation	See Below ^{T2}
Patient/Family Stated COVID19 Exposure	No

Textual Results

T2: 6/13/2022 18:13 EDT (Possible Abuse, Neglect, Exploitation)
Abuse/Neglect/Exploitation screening performed. Further eval

Admit-Transfer-Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Visit Information

Recorded Date	6/13/2022
Recorded Time	18:13 EDT
Recorded By	Debrosky RN, Michele L
Procedure	
Chief Complaint	See Below ^{T3}
Lynx Mode of Arrival	Private vehicle

Textual Results

T3: 6/13/2022 18:13 EDT (Chief Complaint)
SOB and cough x 6 days, worsening despite azithromycin tx, finished yesterday.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007584582
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 6/13/2022
Disch: 6/14/2022
Admitting:

Admit-Transfer-Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Discharge Information

Recorded Date	6/14/2022
Recorded Time	01:09 EDT
Recorded By	Valentin, Nina
Procedure	
Discharged to Care of	Self

Advance Directives

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Advance Directive Information

Recorded Date	6/13/2022
Recorded Time	18:13 EDT
Recorded By	Debrosky RN, Michele L
Procedure	
Advance Directive	No

Patient Information

Patient Name: TOZZI SICARI, ESTHER S
Home Address: 871 STATE ROUTE 208
GARDINER, NY 125255629
Home Phone: (646)784-4401
Employer Name: Retired
Employer Phone:

Sex: Female
DOB: 09/02/1953
Age: 68 Years
Religion: Catholic
SSN: XXX-XX-1809
Race: White

Guarantor Information

Guarantor Name: TOZZI SICARI, ESTHER S
Patient's Reltn: Self
Billing Address: 871 STATE ROUTE 208
GARDINER, NY 125255629
Billing Phone: (646)784-4401
Employer Name: Retired
Employer Phone:

Sex: Female
DOB: 09/02/1953
Age: 68 Years
Religion: Catholic
SSN: XXX-XX-1809
Marital Status: Married

Contact Information

Emergency Contact

Contact Name: ANTHONY SICARI
Patient's Reltn: Spouse
Sex:
Home Phone: (917)860-8003

Next of Kin

Contact Name:
Patient's Reltn:
Sex:
Home Phone:

Primary Insurance

Subscriber Name: TOZZI SICARI, ESTHER S
Patient's Reltn: Self
Sex: Female
DOB: 09/02/1953
Age: 68 Years
Employer Name: Retired
Employer Phone:
Financial Class: Medicare
Group Name:

Insurance Name: MEDICARE PART A
Claim Address: PO BOX 4846
SYRACUSE, NY 132124846
Insurance Phone: (877)869-6504
Policy Number: 7WT5KA4RU80
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name: TOZZI SICARI, ESTHER S
Patient's Reltn: Self
Sex: Female
DOB: 09/02/1953
Age: 68 Years
Employer Name: Retired
Employer Phone:
Financial Class: Commercial
Group Name:

Insurance Name: AARP
Claim Address: P O BOX 740819
ATLANTA, GA 303740819
Insurance Phone: (877)842-3219
Policy Number: 30572797712
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 05/30/2022 13:16
Est Dt of Arrival:
Inpt Adm Dt/Tm: 05/30/2022 17:36
Disch Dt/Tm: 06/01/2022 15:59
Observation Dt/Tm: 05/31/2022 15:40
VIP Indicator:
Admit Reason: PAIN UNDER CHEST BONES-GOING INTO BACK

Patient Type: Inpatient
Medical Service: SUR - General Surg
Location: MH 6CKE
Room/Bed: 604 / D
Isolation:
Disease Alert:

Admit Type: Emergency
Admit Source: Non Healthcare Facility
Advance Directive:
Reg Clerk: Landivar, Tonya
Admit Physician: Phillip MD, D Roger
Attend Physician: Phillip MD, D Roger
PCP:

TOZZI SICARI, ESTHER S
MRN: 1035402



Female / 68 Years
FIN: 1007197070



Patient:	TOZZI SICARI, ESTHER S			
MRN:	1035402	Admit:	5/30/2022	
FIN:	1007197070	Disch:	6/1/2022	
DOB/Age:	9/2/1953	68 years	Admitting:	Phillip MD,D Roger
Admin Sex:	Female			
Birth Sex:	Female			
Location:	MH 6CKE; 604; D			

Consent Forms

Electronically Signed By:

*** Clinical Documentation Content on Following Page ***

* Consent Forms - Auth (Verified) *



MidHudson
Regional Hospital

Westchester Medical Center Health Network



TOZZI SICARI, ESTHER S
MR#: 1035402 ADM: 05/30/2022
DOB: 09/02/1953 F 68Y FC: MD
Phillip D QEMR
PT#: 1007197070



INFORMED CONSENT FOR SURGICAL, INVASIVE DIAGNOSTIC PROCEDURES AND/OR TREATMENT

3179 (Rev. 02/22) Page 1 of 2

I hereby give my consent and authorize Dr. Phillip, and those who he/she may designate as associates or assistants and Westchester Medical Center (Hospital) and its staff to perform the following surgical, invasive, diagnostic procedure and/or treatment upon myself
(Patient's Name)

(Describe the procedure in both clinical and laymen's terms and if applicable the specific implant/implant system to be placed or device to be removed. No Acronyms or Abbreviations Except for Spinal Levels):

Laparoscopic Cholecystectomy (Removal of Gallbladder)
Possible Open Cholecystectomy

Procedure Site - check as applicable:

☐ Right-side ☐ Left-side ☐ Bilateral ☒ Midline ☐ Spinal Level(s) (list) ☐ Digit(s) (list)

Dr. Phillip has fully explained to me the nature and purpose of the surgical, invasive, diagnostic procedure and/or treatment, the reasons for it, the reasonably foreseeable risks/complications, attendant discomforts and benefits involved, and the alternatives for care or treatment, if any, including no treatment. has also explained to me in a way that I understand the following

1. That the practice of medicine is not an exact science and the procedure may not result in the intended benefits;
2. That other qualified practitioners may assist with the procedure(s) as necessary, and may perform important tasks related to the surgery;
3. That unforeseen conditions may occur which necessitate procedures different from those contemplated, the reasonably foreseeable risks benefits and alternative of which have been explained to me, and I therefore request and consent to the performance of additional operations and procedures which the above named physician, his/her associate or assistants may consider necessary.

Abuse, Collection, Infection, Cystic Duct Leak, Injury to Bile Duct requiring other
Anesthesia - I understand that the procedure may require that I undergo some form of anesthesia, which has its own risks. Prior to my procedure my doctor or a representative from the Department of Anesthesiology informed me of course of anesthesia that is recommended (if any) along with its risks, benefits, discomforts and potential complications. I further consent to the administration of such anesthetics, sedatives or analgesics as may be considered necessary. Surgery

Blood Transfusions - I consent to the administration of blood/blood components if deemed necessary. I recognize risks that there are always risks to health associated with the administration of blood or blood products. The need for, risks of and alternatives to a blood transfusion or blood components have been explained to me. I consent to the Administration of blood/blood components during the surgical procedure and for forty-eight (48) hours post-operative.

ES By initialing here, I consent to administration of blood/blood components.

By initialing here, I consent to the collection and use of my own blood (cell salvage)

Restrictions/Limitations to Consent, if any : _____

By Initialing, here I refuse any and all blood/blood products or collection and use of my own blood (cell salvage) even if such, refusal will result in my death.

* Consent Forms - Auth (Verified) *



**MidHudson
Regional Hospital**

Westchester Medical Center Health Network



* C N 0 0 5 1 *

TOZZI SICARI, ESTHER S
MR#: 1035402 ADM: 05/30/2022
DOB: 09/02/1953 F 68Y FC: MD
Phillip D QEMR
PT#: 1007197070



**INFORMED CONSENT FOR SURGICAL, INVASIVE
DIAGNOSTIC PROCEDURES AND/OR TREATMENT**

3179 (Rev. 03/22) Page 2 of 3

By signing below I confirm:

1. That I fully understand the information provided to me, I have been given an opportunity to ask questions and all of my questions have been answered fully and satisfactorily. I acknowledge that no guarantees or assurances have been made to me concerning results intended from the operation or procedure. I consent to the procedure(s) listed above.
2. Any organs or tissue surgically removed from me may be examined and retained by the Hospital for medical, scientific or educational purposes and such tissue or parts may be disposed of by this Hospital or another institution as is customary.
3. _____ By Initialing here I consent to the presence of a vendor/manufacturer's technical support representative. I understand that this person will not be permitted to enter the sterile field and will not participate in the procedure.

Patient Acknowledgment:

I confirm that I have read all of the above information. I understand the risks and benefits of the procedure and any questions that may be asked have been answered fully and to my satisfaction, and I am in agreement to pursue with this surgical treatment. I confirm that all blank spaces above have been completed prior to my signing.

Esther Tozzi Sicari 5/30/22 Tozzi-Sicari
Patient/Health Care/Agent/Guardian Date/Time Printed Name
/Family Signature

Relationship to Patient

Ashlee Callahan MD 5/30/22 1810 Ashlee Callahan MD
Witness' Signature Date/Time Printed Name

_____ Initial here if interpreter was involved _____ Interpreter ID Number

Physician Acknowledgment:

I hereby certify I have explained the nature and purpose and the reasonable foreseeable risks/complications and benefits of the procedure, the alternatives, including not performing the procedure, as well as the risks and benefits of the alternatives. I have offered to answer any questions and have fully answered all such questions. I am satisfied that the patient or the patient's legal representative who signed above fully understands what I have explained and answered.

Phillip D D-ROGER PHILLIPS MD 5/30/2022 6:10PM
Signature of Physician/Appropriately Credentialed Date/Time Printed Name
Practitioner Providing Explanation

* Consent Forms - Auth (Verified) *



**MidHudson
Regional Hospital**

Westchester Medical Center Health Network



TOZZI SICARI, ESTHER S
MR#: 1035402 ADM: 05/30/2022
DOB: 09/02/1953 F 68Y FC: MD
Phillip D QEMR
PT#: 1007197070



**INFORMED CONSENT FOR SURGICAL, INVASIVE
DIAGNOSTIC PROCEDURES AND/OR TREATMENT**

3179 (Rev. 03/22) Page 3 of 3

THIS PAGE IS ONLY FOR PATIENTS WITH AN ACTIVE DO NOT RESUSCITATE ORDER

I (we) understand that the above named patient has been designated as DO NOT RESUSCITATE (DNR) by a physician order:

This patient is going in surgery for following procedure:

**RECEIVED
BLANK**

Check One Only:

- ☐ This patient desires that the DNR Order in place be followed in the Operating/Procedure/Post-Anesthesia Care Areas. It is understood that clinical events believed to be temporary and reversible will be treated and standard anesthesia procedures will be employed.
- ☐ This patient desires that all resuscitative efforts be employed in the Operating/Procedure/Post-Anesthesia Care Areas in all clinical situations as they arise.

Patient/Health Care/Agent/Guardian
/Family Signature

Date/Time

Printed Name

Relationship to Patient

Witness' Signature

Date/Time

Printed Name

Signature of Physician/Appropriately Credentialed
Practitioner Providing Explanation

Date/Time

Printed Name

Initial here if Interpreter was involved

Interpreter ID Number

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Consent Forms

Electronically Signed By: Dam,Ashley as proxy for Dam,Ashley (5/30/2022 19:35 EDT)

***** Clinical Documentation Content on Following Page *****

* Consent Forms - Auth (Verified) *



Important Message from Medicare

Patient name: TOZZI SICARI, ESTHER S

Patient number: 13216325

TOZZI SICARI, ESTHER S

1035402

5/30/2022

9/2/1953

68 years

Female

Medicare

Phillip MD, D Roger

1007197070

Your Rights as a Hospital Inpatient:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: **LIVANTA 1-866-815-5440 TTY: 1-866-868-2289**. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

Your Right to Appeal Your Hospital Discharge:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

See page 2 of this notice for more information.

* Consent Forms - Auth (Verified) *

How to Ask For an Appeal of your Hospital Discharge

- You must make your request to the QIO listed above.
- Your request for an appeal should be made as soon as possible, but no later than your planned discharge date and before you leave the hospital.
- The QIO will notify you of its decision as soon as possible, generally no later than 1 day after it receives all necessary information.
- Call the QIO listed on Page 1 to appeal, or if you have questions.

If You Miss The Deadline to Request An Appeal, You May Have Other Appeal Rights:

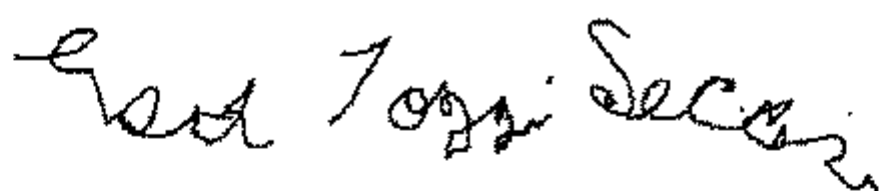
- If you have Original Medicare: Call the QIO listed on Page 1.
- If you belong to a Medicare health plan: Call your plan.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Additional Information (Optional):

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.



Signature of Patient or Representative

05/30/2022 19:35:06

Date / Time

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1019. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Form CMS 10065-IM (Exp. 12/31/2022)

OMB approval 0938-1019

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

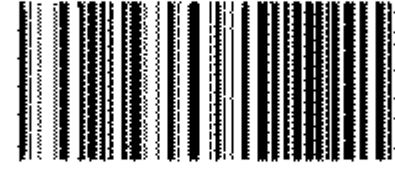
Consent Forms

Electronically Signed By:

Landivar,Tonya as proxy for Landivar,Tonya (5/30/2022 13:20
EDT)

***** Clinical Documentation Content on Following Page *****

* Consent Forms - Auth (Verified) *



TOZZI SICARI, ESTHER S
1035402 5/30/2022
9/2/1953 68 Female
years
1007197070

**PATIENT CONSENT TO THE RELEASE OF RECORDS
FOR NYS EXTERNAL APPEAL**

NYSEXAPP HC-2958-18 (Rev. 6/1/18) Page 1 of 1

The patient, the patient's designee, and the patient's provider have a right to an external appeal of certain adverse determinations made by health plans.

When an external appeal is filed, a consent to release of medical records, signed and dated by the patient, is necessary. An external appeal agent assigned by the New York State Department of Financial Services will use this consent to obtain medical information from the patient's health plan and health care providers. The name and address of the external appeal agent will be provided with the request for medical information.

I authorize my health plan and providers to release all relevant medical or treatment records related to the external appeal, including any HIV-related information, mental health treatment information, or alcohol/substance abuse treatment information, to the external appeal agent. I understand the external appeal agent will use this information solely to make a decision on the appeal and the information will be kept confidential and not released to anyone else. This release is valid for one year. I may revoke my consent at anytime, except to the extent that action has been taken in reliance on it, by contacting the New York State Department of Financial Services in writing. I understand that my health plan cannot condition treatment, enrollment, eligibility, or payment on whether I sign this form. I acknowledge that the decision of the external appeal agent is binding. I agree not to commence a legal proceeding against the external appeal agent to review the agent's decision; provided, however, this shall not limit my right to bring an action against the external appeal agent for damages for bad faith or gross negligence, or to bring action against my health plan.

If the patient or the patient's designee submits this application, by signing the Patient Consent to Release of Records for New York State External Appeal, the patient attests that the information provided in this application is true and accurate to the best of his or her knowledge.

Signature of patient is required below. If the patient is a minor, the document must be signed by their parent or legal guardian. If the patient is deceased, the document must be signed by the patient's healthcare proxy or executor. If signed by a guardian, power of attorney, healthcare proxy or executor, a copy of the legal supporting document should be included.

Signature:			
Print Name:	ESTHER TOZZI SICARI		
Relationship to patient, if applicable:	Patient		
Patient Name:	TOZZI SICARI, ESTHER S	Age:	68 years
Patient's Health Plan ID#	13216325		
Date/Time (required):	05/30/2022 13:20:50		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Consent Forms

Electronically Signed By:

Landivar,Tonya as proxy for Landivar,Tonya (5/30/2022 13:20
EDT)

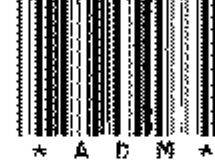
***** Clinical Documentation Content on Following Page *****

* Consent Forms - Auth (Verified) *



**Westchester
Medical Center**

Westchester Medical Center Health Network



TOZZI SICARI, ESTHER S

1035402

5/30/2022

9/2/1953

68 years

Female

1007197070

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICE**

2655 (Rev. 03/17) Page 1 of 1

By signing below, I acknowledge that I have been provided a copy of the Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the hospital and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental health information and genetic information.

ESTHER TOZZI SICARI

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

05/30/2022 13:20:01

Date

SELF

Description of Personal Representative's Authority

FOR IN-PATIENTS ONLY

I have been informed about the hospital's use of a Facility Directory which includes religious affiliation information. I choose to be listed unless indicated below:

☐ Exclude from listing in the facility directory

Date: 05/30/2022

☐ Do not release my religious affiliation to the clergy

Date: 05/30/2022

I understand that exclusion from listing in the facility directory will affect the delivery of gifts, mail and receiving telephone calls.

ESTHER TOZZI SICARI

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

05/30/2022 13:20:18

Date

SELF

Description of Personal Representative's Authority

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

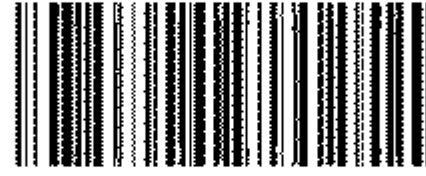
Consent Forms

Electronically Signed By:

Landivar,Tonya as proxy for Landivar,Tonya (5/30/2022 13:19
EDT)

***** Clinical Documentation Content on Following Page *****

* Consent Forms - Auth (Verified) *



TOZZI SICARI, ESTHER S
1035402
9/2/1953 68 years Female
1007197070

GENERAL CONSENT FOR TREATMENT

PTCONSENT - HC-2859-17 (English) (Rev. 10/23/17) Page 1 of 2

AUTHORIZATION FOR MEDICAL TREATMENT: I hereby authorize the physicians, house staff, nursing, paramedic and allied health professional staff, assisted by the employees of Westchester Medical Center (WMC), to provide medical treatment to me or the above named patient. I agree to diagnostic tests and procedures, including X-rays and the administration/injection of pharmaceutical products and medication, in addition to the drawing of blood. I understand and authorize the administration of pharmaceutical agents and medications by any one of several techniques including peripheral intravenous access (inserted into a vein in an arm or leg) and peripheral insertion of a venous catheter that then enters the central circulation (PICC line). I acknowledge that no guarantees or assurances have been made to me concerning the results or findings intended from treatment or examination at WMC.

RELEASE OF MEDICAL INFORMATION: I hereby authorize and direct WMC and my attending physician to release such medical information from my medical records as is necessary to complete forms for continued care, payment by insurance carriers, health care plans and third party payors.

ASSIGNMENT OF BENEFITS, GUARANTEE OF PAYMENT AND FINANCIAL ASSISTANCE PROGRAM: I hereby assign to WMC any and all rights, title, and interest that I have in any insurance proceeds or benefits payable to me or on my behalf for services rendered to me by WMC, whether such services are considered in-or out-of-network with respect to any third party payor. I therefore hereby authorize and direct my insurance carrier and/or health care plan to make payment of any and all such amounts directly to WMC, rather than to myself or any other insured. I acknowledge that as a member of a health care plan, I may be responsible to notify my primary care physician or obtain pre-certification for services. I understand that I am financially responsible to WMC for all charges, including those not paid by insurers or health care plans for services not authorized as specified in my benefit package, incurred by me or in my behalf. I understand I will receive a separate bill from my attending physician, emergency department physician, radiologist, anesthesiologist and other consultants. (However, if treatment has been given in accordance with New York State's No-Fault Law, it is understood that my liability is limited to charges authorized under such law and applicable New York State No-Fault Fee Schedules.) As part of WMC's commitment to serving the community it recognizes that it is sometimes necessary to provide care to the uninsured or underinsured patients who cannot afford to pay for care according to established hospital guidelines. WMC has a Financial Assistance Program for patients who financially qualify. Please ask for more details.

CONSENT TO RECEIVE TELEPHONE CALLS, TEXTS AND EMAILS: I hereby consent to WMC to contact me by voice call, text message and email at the Account contact telephone number (s) and Email address (es) reflected on my account. I understand that, by giving this consent WMC may contact me about my medical care, or my account, such as appointment, the results of any tests or procedures, billing, the repayment or collection of amount due and that these calls may be using automatic dialers or pre-recorded voice messages. I further understand and agree that, if the Account contact telephone number (s) or email address (es) provided are for a cellular telephone or other services that charge me in any way for calls or messages received (for example, per minute, per message, per unit of data received or otherwise), I am solely responsible for any charges incurred under my agreement with my cellular telephone or other service provider.

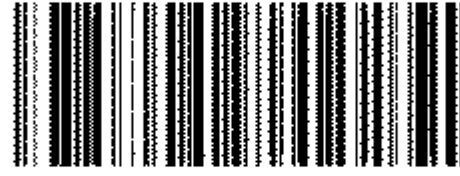
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE: By signing below, I acknowledge receipt of the Notice of Privacy Practices, which outlines how health information about me may be used or disclosed.

ACKNOWLEDGEMENT OF RECEIPT OF IMPORTANT INFORMATION ABOUT PAYING FOR YOUR CARE: By signing below, I acknowledge receipt of the important information about paying for your care.

TELEPSYCHIATRY: I have been given basic information regarding the use of Telepsychiatry and consent to participate in services utilizing this technology. If I am under the age of 18, such information was shared with and consent is obtained from my parent or guardian. I understand I have the right to refuse to participate in Telepsychiatry services, in which case evaluations will not be withheld, but will be conducted in-person by appropriate clinicians. I also understand that upon my refusal of such services I will be apprised of the alternatives to Telepsychiatry services, including any delays in service, need to travel, or risks associated with not having the services provided by Telepsychiatry. Furthermore, I am made aware that each Telepsychiatry session shall not be recorded without my consent. _____ I do not want to participate in Telepsychiatry

HC-2859-17 (English)

* Consent Forms - Auth (Verified) *



TOZZI SICARI, ESTHER S

1035402

9/2/1953 68 years Female

GENERAL CONSENT FOR TREATMENT

PTCONSENT2 - HC-2859-17 (English) (Rev. 10/23/17) Page 2 of 2

☒ **RELEASE OF LIABILITY FOR PERSONAL PROPERTY:** I understand and agree that personal property (i.e. money, jewelry) should not be brought into the hospital and Initials understand and agree that WMC shall not be liable for loss or damage to any personal property.

IF ADMITTED AS AN INPATIENT: I have received the Patient's Bill of Rights, information on the Self Determination Act under New York State Law, a copy of the New York State Health Care Proxy, the "Important Message from Medicare", information on DNR (do not resuscitate) order, the letter from the New York State Department of Health explaining the SPARCS data collection system, maternity information (if a maternity patient) with information about how I can exercise the right explained in these materials. If I have any questions or concerns regarding my care, including ethical issues, I can ask my physicians or nurses for more information.

PATIENT OR LEGAL AUTHORIZED REPRESENTATIVE

Signed: Esther S. Sicari
Patient

Signed: _____
Legal authorized Representative

Witness: LANDIVART

Date/Time: 05/30/2022 13:18:50

TELEPHONE CONSENT IF GRANTED BY (if required)

Signed: _____
Name of legal representative and relationship to patient.

Signed: _____
Signature of caller.

Witness: _____

Date/Time: _____

MEDICARE PATIENTS ONLY -LIFETIME RESERVE DAYS: In the event that I am hospitalized as an inpatient beyond Medicare's allotted 90 days, I authorize Westchester Medical Center to utilize my Lifetime Reserve Medicare days.

Signature: Esther S. Sicari Date/Time: 05/30/2022 13:19:08

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Person Level

Document Type: Person Level Forms
Service Date/Time: 5/30/2022 13:21 EDT
Result Status: Auth (Verified)

***** Clinical Documentation Content on Following Page *****

* Auth (Verified) *



The information in your medical record is confidential and protected under New York State and Federal laws and regulations including but not limited to, New York State Regulation 10 CRR-NY 405.7 and the Federal law, Health Insurance Portability and Accountability Act (HIPAA). Usually your written consent will be required for the release of your medical information.

Medical Record #:
(for office use only)
1035402

Patient Registration Supplemental Form

**Completion of this form is voluntary and the information will be used
for demographic purposes and the provision of healthcare services**

Legal Name: Last	First	M.I.	Name in Use:
TOZZI SICARI	ESTHER		ESTHER TOZZI SICARI

Legal Sex: ☒ Female ☐ Male

While Westchester Medical Center Health Network facilities recognize a number of gender identities, many insurance companies and legal entities do not. Please be aware that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your name in use/preferred name and pronouns are different from these, please let us know.

Pronouns (i.e., she/her/hers; he/him/his, they/them/theirs):

Sex Assigned at Birth:

☒ Female
☐ Male

Gender Identity:

☒ Female
☐ Male
☐ Female to Male Transgender
☐ Male to Female Transgender
☐ Genderqueer (*not exclusively male or female*)
☐ Decline to Answer
☐ Other (Please list)

Sexual Orientation:

☐ Lesbian/Gay
☒ Heterosexual
☐ Bisexual
☐ Unsure
☐ Decline to Answer
☐ Other (Please list)

Relationship Status:

☐ Single
☒ Married
☐ Partnered
☐ Divorced
☐ Widowed

Veteran Status:

☐ Veteran
☒ Not a Veteran

For Pediatric Patients:

Parent/Guardian Name:
(Please Print)

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Person Level

Document Type: Person Level Forms
Service Date/Time: 5/30/2022 13:19 EDT
Result Status: Auth (Verified)

***** Clinical Documentation Content on Following Page *****



Hixny Electronic Data Access Consent Form

Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center

In this Consent Form, you can choose whether to allow Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to obtain access to your medical records through a computer network operated by the Healthcare Information Xchange of New York (Hixny), which is part of a statewide computer network. This can help collect the medical records you have in different places where you get health care, and make them available electronically to our office.

You may use this Consent Form to decide whether or not to allow Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to see and obtain access to your electronic health records in this way. You can give consent or deny consent, and this form may be filled out now or at a later date. **Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent may not be the basis for denial of health services.**

If you check the "I GIVE CONSENT" box below, you are saying "Yes, Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center's staff involved in my care may see and get access to all of my medical records through Hixny."

If you check the "I DENY CONSENT" box below, you are saying "No, Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center may not be given access to my medical records through Hixny for any purpose."

Hixny is a not-for-profit organization. It shares information about people's health electronically and securely to improve the quality of health care services.

Please carefully read the information on both pages of this form before making your decision.

You have two choices:

- ☒ **I GIVE CONSENT** for Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to access **ALL** of my medical records through Hixny in connection with providing me any health care services, including emergency care. This Consent Form will remain in effect until the day you withdraw your consent or until such time Hixny ceases operation.
- ☐ **I DENY CONSENT** for Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to access my medical records through Hixny for any purpose, *even in a medical emergency*. Unless you check this box, New York State law allows medical providers treating you in an emergency to get access to your medical records, including records that are available through Hixny.

TOZZI SICARI, ESTHER S

Print Name of Patient

Esther Tozzi Sicari

Signature of Patient or Patient's Legal Representative

Patient

Relationship of Legal Representative to Patient (if applicable)

9/2/1953

Date of Birth

05/30/2022

Date

ESTHER TOZZI SICARI

Print Name of Legal Representative (if applicable)

* Auth (Verified) *

Details about patient information in Hixny and the consent process:

How Your Information Will Be Used

Your electronic health information will be used by Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center only to:

- Provide you with medical treatment and related services
- Check whether you have health insurance and what it covers
- Evaluate and improve the quality of medical care

NOTE: The choice you make in this Consent Form does NOT allow health insurers to have access to your information for the purpose of deciding whether to give you health insurance or pay your bills. You can make that choice in a separate Consent Form that health insurers must use.

What Types of Information About You Are Included

If you give consent, Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center may access ALL of your electronic health information available through Hixny. This includes information created before and after the date of this Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

- Alcohol or drug use problems*
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases

***If you have received alcohol or drug abuse care, your record may include information related to your alcohol or drug abuse diagnoses, such as medications and dosages, lab test results, allergies, substance use history, trauma history, hospital discharges, employment, living situation and social support, and health insurance claims history.**

Where Health Information About You Comes From

Information about you comes from places that have provided you with medical care or health insurance ("Information Sources"). These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other ehealth organizations that exchange health information electronically. A complete list of current Information Sources is available from Hixny. You can obtain an updated list of Information Sources at any time by checking the Hixny website: www.hixny.org.

Who May Access Information About You, If You Give Consent

Only these people may access information about you: doctors and other health care providers who serve on Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center's medical staff who are involved in your medical care; health care providers who are covering or on call for Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center's doctors; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.

Penalties for Improper Access to or Use of Your Information

There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center at 914-493-2600; or call Hixny at (518) 640-0021; or call the NYS Department of Health at 518-474-4987.

Re-disclosure of Information

Any electronic health information about you may be re-disclosed by Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. Hixny and persons who access this information through the Hixny must comply with these requirements.

Effective Period

This Consent Form will remain in effect until the day you withdraw your consent or until such time Hixny ceases operation.

Withdrawing Your Consent

You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to Westchester Medical Center, Advanced Physician Services, P.C. and MidHudson Regional Medical Center. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms from any Hixny provider, from the Hixny website at www.hixny.org, or by calling (518) 640-0021.

NOTE: Organizations that access your health information through Hixny while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.

Copy of Form

Rev. 02/25/2020

Hixny.org

TOZZI SICARI, ESTHER S
9/2/1953

1035402
1007197070

* Auth (Verified) *

You are entitled to get a copy of this Consent Form after you sign it.

Rev. 02/25/2020

Hixny.org

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Photo Clinical

Electronically Signed By:

***** Clinical Documentation Content on Following Page *****

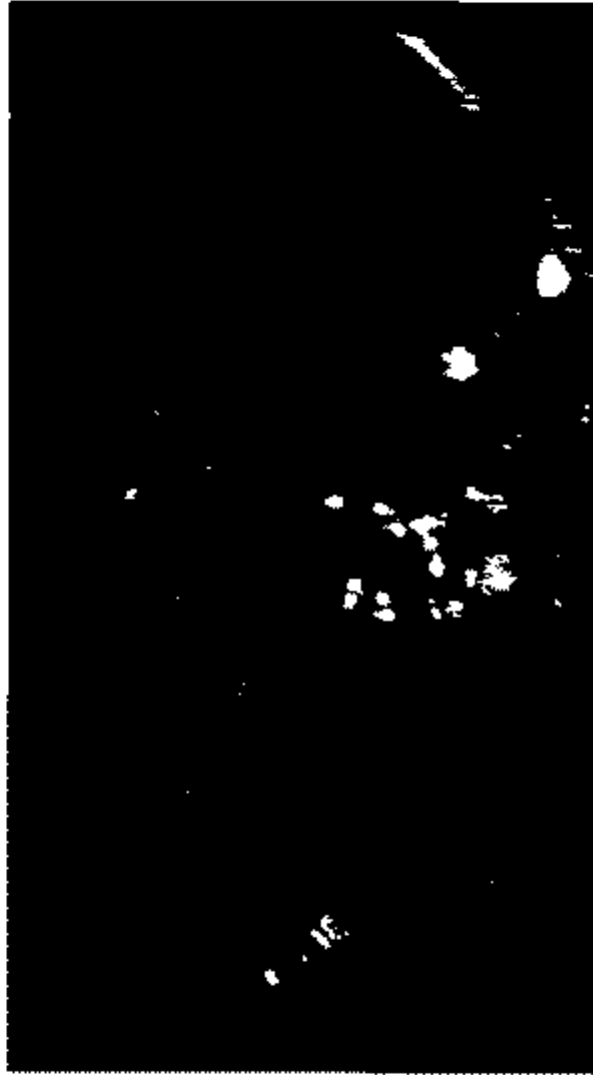
* Photo, Clinical - Auth (Verified) *

Facility
Surgeo

lips

Page: 1

stn/ker



Procedure:

TOZZI SICARI, ESTHER S
DOB: 9/2/1953 08/50/2013 13:16
ATT: F
AKA:
FIN: 1007197070 MRN: 1035402
1007197070 1035402

Patient ID:
Patient Name: Tozzi Sicari, Esther S
Procedure Date: 05/31/2022

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Photo Clinical

Electronically Signed By:

Phillips, Sharon M as proxy for Phillips, Sharon M (6/1/2022
09:51 EDT)

***** Clinical Documentation Content on Following Page *****

* Photo, Clinical - Auth (Verified) *

Facility:
Surgeon: Philips

Page: 1

stryker



Procedure:

Patient ID:
Patient Name: Tozzi Sicari, Esther S
Procedure Date: 05/31/2022

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Discharge Documentation

Document Type:

Discharge Instructions

Service Date/Time:

6/2/2022 10:25 EDT

Result Status:

Auth (Verified)

Document Subject:

Discharge Instructions

Sign Information:

***** Clinical Documentation Content on Following Page *****

TOZZI SICARI, ESTHER S
9/2/1953

1035402
1007197070

* Discharge Instructions - Auth (Verified) *

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
N: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch:
Admitting: Phillip MD, D Roger

TOZZI SICARI, ESTHER S
DOB: 09/02/1953 05/30/2022 13:16
ATE:
AKA:
FIN: 1007197070 MRN: 1035402



Discharge Documentation

Patient Name: TOZZI SICARI, ESTHER S

I have received this information and my questions have been answered.

Patient/Representative Name: Esther S Tozzi Sicari

Patient/Representative Signature: [Signature]

Relationship to Patient: Pamela Curreton RN

Witness Name/Signature: [Signature]

Date: 6/1/22

Electronically Signed on 06/01/22 02:36 PM

CURETON RN, Pamela Y

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Discharge Documentation

Document Type: Discharge Summary
Service Date/Time: 6/1/2022 10:58 EDT
Result Status: Auth (Verified)
Document Subject: Discharge Note
Sign Information: Phillip MD,D Roger (6/1/2022 23:35 EDT); Gioia PA,Marissa (6/1/2022 15:04 EDT)

Admission Information:

68 year old female with less than 24 hour history of right upper quadrant pain with associated emesis and nausea.
She denied fever or chills.
Patient has no history of known gallstones.

Patient presented to the ED with the above complaints.
She has residual right upper quadrant pain.
Right upper quadrant sonogram was performed that revealed gallstones, thickened gallbladder wall, and pericholecystic fluid.

Surgery consult requested.

Hospital Course:

Significant Findings:

68 year old female with Acute Cholecystitis
Leukocytosis - WBC 21.57
History of HTN, Diabetes, Hyperlipidemia

Procedures and Treatment Provided:

Plan 5/30:

Admit to Surgery service

IV Zosyn

Pre-op for Cholecystectomy.

I have discussed the risks and benefits. Risks include but not limited to: Bleeding, Infection, Abscess, Cystic Duct Leak, Bile Duct Injury requiring additional Surgery with Liver Surgeon, Collection requiring drainage.

Consent obtained.

All questions answered.

Will proceed with operation.

On 5/31:

Operation:

Laparoscopic Cholecystectomy

On 6/1:

Pt underwent HIDA scan to confirm there was no bile leak.

HIDA negative

Drain removed

Pt tolerating general diet

Minimal pain

Stable for DC

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD, D Roger

Discharge Documentation**Physical Exam:**Vitals & Measurements:

T: 36.2 °C (Temporal Artery) TMIN: 36.1 °C (Temporal Artery) TMAX: 37 °C (Temporal Artery) HR: 80 (Peripheral) RR: 16
BP: 129/75 BP: 148/80(Sitting) BP: 141/67(Supine) SpO2: 93%

Neuro: AxOx3. GCS15. NAD. Cooperative.

Head: Normocephalic, atraumatic

Pulm: Normal work of breathing on room air

Cardiac: Hemodynamically stable not on pressors

Abdomen: Soft, nontender, nondistended. JP with serosanguineous output.

Extremities: Warm and well perfused bilat. No calf tenderness bilat.

Wound: Surgical site clean, dry, and intact. Minimal erythema around umbilical incision.

Discharge Plan:

Please follow up with Dr. Phillip in the clinic in 2 weeks. You may call 845-431-8733 for an appointment.

You may take Tylenol and Motrin for pain. Please follow dosing instructions on the bottle.

You may shower. Your incisions are closed with absorbable sutures and covered in skin glue that will come off on its own.

Please avoid any heavy lifting >15 lbs/strenuous activity for 4 weeks.

Please continue home medications.

Please take Cipro and Flagyl, antibiotics, as prescribed. This has been sent to your pharmacy.

You may eat a regular diet as tolerated.

If you are not having bowel movements you may take over the counter senna, colace or miralax.

Please report to the ED if you are experiencing chest pain, shortness of breath, nausea, vomiting, severe abdominal pain, fevers, chills are any new or worsening symptoms.

Patient Discharge Condition:

Good

Discharge Disposition:

To home

Discharge Diagnoses

Acute cholecystitis

Essential (primary) hypertension

Discharge Medications:

	What	How Much	When	Instructions	Next Dose
New	acetaminophen (acetaminophen 325 mg oral tablet)	2 tab Oral (given by mouth)	Every 6 hours		
New	amoxicillin- clavulanate (Augmentin 875 mg-125 mg oral tablet)	1 tab Oral (given by mouth)	Every 12 hours	Duration: 5 Days Pickup at HANNAFORD FOOD & DRUG #8346	

Pharmacy Information

HANNAFORD FOOD & DRUG #8346: 2066 State Route 32 Modena, NY 125485014 (845) 883 - 7469

Discharge Appointments:

With	When	Contact Information
Phillip MD, D Roger, Trauma Surgery	Within 1 to 2 weeks	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Discharge Documentation

With	When	Contact Information
		(845)431-8733
Additional Instructions: Call for followup appointment		

Supervisor Cosign:

Dr. Phillip

I agree with the above.
The patient is stable for discharge to home.

[1] Op Note; Phillip MD, D Roger 05/31/2022 14:09 EDT

Electronically Signed on 06/01/22 03:04 PM

Gioia PA, Marissa

Electronically Signed on 06/01/22 11:35 PM

Phillip MD, D Roger

Document Type:	Patient Discharge Instructions
Service Date/Time:	6/1/2022 15:07 EDT
Result Status:	Auth (Verified)
Document Subject:	Patient Discharge Instructions
Sign Information:	CURETON RN,Pamela Y (6/1/2022 15:07 EDT)

Thank You

Thank you for entrusting your care to the healthcare providers who attended to you during your hospitalization at Westchester Medical Center. As you leave the Medical Center, your comfort with and understanding and knowledge about your continued care is important to us. We ask that you carefully review these Discharge Instructions and if you have any questions for your healthcare team, please ask them before you leave.

Inpatient Discharge Summary

Admitting Physician

Phillip MD, D Roger

Discharging Physician

Phillip MD, D Roger

Your Diagnosis

Hypertension
Acute cholecystitis

Allergies

No Known Medication Allergies

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Discharge Documentation

Medical History

Ongoing - Any problem that you are currently receiving treatment for.

Hypertension

Procedures Performed/Past Surgical History

- Cholecystectomy Laparoscopy (N/A) (05/31/2022)

What to do next

Instructions From Your Doctor

Please follow up with Dr. Phillip in the clinic in 2 weeks. You may call 845-431-8733 for an appointment.
You may take Tylenol and Motrin for pain. Please follow dosing instructions on the bottle.
You may shower. Your incisions are closed with absorbable sutures and covered in skin glue that will come off on its own.
Please avoid any heavy lifting >15 lbs/strenuous activity for 4 weeks.
Please continue home medications.
Please take Cipro and Flagyl, antibiotics, as prescribed. This has been sent to your pharmacy.
You may eat a regular diet as tolerated.
If you are not having bowel movements you may take over the counter senna, colace or miralax.
Please report to the ED if you are experiencing chest pain, shortness of breath, nausea, vomiting, severe abdominal pain, fevers, chills are any new or worsening symptoms.

Scheduled Follow-Up Appointments

Wednesday

Jun. 8, 2022

4:00 PM EDT

With:

Phillip MD, D Roger

Where:

APS Trauma Poughkeepsie

You Need to Schedule the Following Appointments

Follow Up with Phillip MD, D Roger,

Trauma Surgery

When: Within 1 to 2 weeks

Why: Call for followup appointment

Where:

(845)431-8733

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Discharge Documentation

Medications

	What	How Much	When	Instructions	Next Dose
New	acetaminophen (acetaminophen 325 mg oral tablet)	2 tab Oral (given by mouth)	Every 6 hours		
New	ciprofloxacin (Cipro-500 mg oral tablet)	1 tab Oral (given by mouth)	Every 12 hours	Duration: 5 Days Pickup at: HANNAFORD FOOD & DRUG #8346	
New	metroNIDAZOLE (Flagyl 500 mg oral tablet)	1 tab Oral (given by mouth)	3 times a day	Duration: 5 Days Pickup at: HANNAFORD FOOD & DRUG #8346	

Pharmacy Information

HANNAFORD FOOD & DRUG #8346: 2066 State Route 32 Modena, NY 125485014 (845) 883 - 7469

Patient Portal / Medical Records Access Info

myCare Patient Portal is an online tool for patients. It offers secure access to your WMCHHealth records from your providers, including your medical history, medication lists, and discharge instructions. When you registered you should have been asked to sign up for the portal. If you were unable to sign up at that time, please visit wmchealth.org/mycare. Once signed up, instructions will be emailed to you to create your patient portal account.

Patient Survey

In the next few weeks, you may receive a patient survey about the care you received. We hope that you will take a few moments to complete the survey and return it. Thank you for letting us be a partner in your care.

MidHudson Regional Hospital

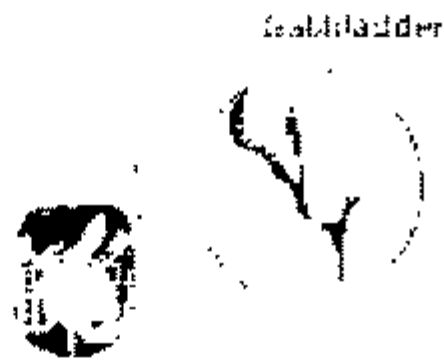
Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Discharge Documentation

Education Materials

Cholecystitis



Cholecystitis is inflammation of the gallbladder. It is often called a gallbladder attack. The gallbladder is a pear-shaped organ that lies beneath the liver on the right side of the body. The gallbladder stores bile, which is a fluid that helps the body digest fats. If bile builds up in your gallbladder, your gallbladder becomes inflamed.

This condition may occur suddenly. Cholecystitis is a serious condition and requires treatment.

What are the causes?

The most common cause of this condition is gallstones. Gallstones can block the tube (duct) that carries bile out of your gallbladder. This causes bile to build up.

Other causes include:

- Damage to the gallbladder due to a decrease in blood flow.
- Infections in the bile ducts.
- Scars or kinks in the bile ducts.
- Tumors in the liver, pancreas, or gallbladder.

What increases the risk?

You are more likely to develop this condition if:

- You have sickle cell disease.
- You take birth control pills or use estrogen.
- You have alcoholic liver disease.
- You have liver cirrhosis.
- You have your nutrition delivered through a vein (parenteral nutrition).
- You are critically ill.
- You do not eat or drink for a long time. This is also called "fasting."
- You are obese.
- You lose weight too fast.
- You are pregnant.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Discharge Documentation

- You have high levels of fat (triglycerides) in the blood.
- You have pancreatitis.

What are the signs or symptoms?

Symptoms of this condition include:

- Pain in the abdomen, especially in the upper right area of the abdomen.
- Tenderness or bloating in the abdomen.
- Nausea.
- Vomiting.
- Fever.
- Chills.

How is this diagnosed?



This condition is diagnosed with a medical history and physical exam. You may also have other tests, including:

- Imaging tests, such as:
 - An ultrasound of the gallbladder.
 - A CT scan of the abdomen.
 - A gallbladder nuclear scan (HIDA scan). This scan allows your health care provider to see the bile moving from your liver to your gallbladder and on to your small intestine.
 - MRI.
- Blood tests, such as:
 - A complete blood count. The white blood cell count may be higher than normal.
 - Liver function tests. Certain types of gallstones cause some results to be higher than normal.

How is this treated?

Treatment may include:

- Surgery to remove your gallbladder (cholecystectomy).
- Antibiotic medicine, usually through an IV.
- Fasting for a certain amount of time.
- Giving IV fluids.
- Medicine to treat pain or vomiting.

MidHudson Regional Hospital

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Follow these instructions at home:

- If you had surgery, follow instructions from your health care provider about home care after the procedure.

Medicines



- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you were prescribed an antibiotic medicine, take it as told by your health care provider. **Do not** stop taking the antibiotic even if you start to feel better.

General instructions

- Follow instructions from your health care provider about what to eat or drink. When you are allowed to eat, avoid eating or drinking anything that triggers your symptoms.
- Do not** lift anything that is heavier than 10 lb (4.5 kg), or the limit that you are told, until your health care provider says that it is safe.
- Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- Your pain is not controlled with medicine.
- You have a fever.

Get help right away if:

- Your pain moves to another part of your abdomen or to your back.
- You continue to have symptoms or you develop new symptoms even with treatment.

Summary

- Cholecystitis is inflammation of the gallbladder.
- The most common cause of this condition is gallstones. Gallstones can block the tube (duct) that carries bile out of your gallbladder.

MidHudson Regional Hospital

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DOB/Age: 9/2/1953 68 years

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Admin Sex: Female

Discharge Documentation

- Common symptoms are pain in the abdomen, nausea, vomiting, fever, and chills.
- This condition is treated with surgery to remove the gallbladder, medicines, fasting, and IV fluids.
- Follow your health care provider's instructions for eating and drinking. Avoid eating anything that triggers your symptoms.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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IS IT A STROKE? Act FAST and Check for these signs:

FACE Does the face look uneven?

ARM Does one arm drift down?

SPEECH Does their speech sound strange?

TIME Call 9-1-1 at any sign of stroke

Stroke Prevention and Warning Signs and Symptoms of Stroke:

Call 911 immediately if you experience:

- ☐ Sudden numbness or weakness of the face, arm, or leg especially on one side of the body.
- ☐ Sudden confusion, trouble speaking or understanding
- ☐ Sudden trouble seeing in one or both eyes.
- ☐ Sudden trouble walking, dizziness, loss of balance or coordination
- ☐ Sudden severe headache with no known cause.

Risk Factors for Stroke that can be controlled:

- ☐ Atrial Fibrillation
- ☐ Cigarette smoking
- ☐ Diabetes Mellitus
- ☐ Excessive Alcohol Consumption
- ☐ High Blood Pressure
- ☐ Overweight (BMI greater than 24)
- ☐ Physical Inactivity
- ☐ Poor Diet (high in saturated fats, Trans Fat, cholesterol, or sodium)

Heart Attack Signs:

- ☐ **Chest discomfort:** Most heart attacks involve discomfort in the center of the chest and lasts more than a few minutes, or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- ☐ **Discomfort in upper body:** Symptoms can include pain or discomfort in one or both arms, back, neck, jaw or stomach.
- ☐ **Shortness of breath:** With or without discomfort.
- ☐ **Other signs:** Breaking out in a cold sweat, nausea, or lightheaded.

Remember, MINUTES DO MATTER. If you experience any of these heart attack warning signs, call 9-1-1 to get immediate medical attention!

Quit smoking. It is the number one cause of preventable disease, disability and death in the U.S.

To Get Help Quitting call the NY State Smokers Quit Line: 1-866-NY-QUITS (1-866-697-8487). Services are free and confidential. www.NYsmokefree.com - The quit line provides free starter kits of nicotine replacement therapy (NRT) to eligible New Yorkers

The National Suicide Hotline number:

1-800-SUICIDE (1-800-784-2433)

or 1-800-273-TALK (8255)

You should seek Medical Attention Immediately, here or at the nearest Emergency Department, if any of the following:

- ☐ You think about hurting yourself or others.
- ☐ You do not feel safe in your home environment.

MidHudson Regional Hospital

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Admin Sex: Female

Discharge Documentation

Domestic Violence:

NYS Domestic and Sexual Violence Hotline: 1-800-942-6906 / National Domestic Violence Hotline: 1-800-799-SAFE (7233) Multi Language accessibility deaf or HOH dial 711 If you are being abused, it is NOT your fault. You are NOT alone. You can get help. Being threatened or actual physical abuse is against the law!
If at any time you feel unsafe around your spouse or partner, you should get away from that person and go to a safe place immediately or call 911.

Bullying - Respond to Bullying Immediately - www.StopBullying.gov

Physical, verbal or psychological attacks or intimidation against a person who cannot properly defend themselves.

Human Trafficking: A form of modern-day slavery; Human Smuggling: A Person illegally crossing the border.

Human Trafficking National Hotline: 1-888-373-7888 - 24 hours a day, 7 days a week. Confidential w > 200 languages available. www.Humantraffickinghotline.org

INFANT at Home Care Safety Instructions:

- To protect against SIDS, sleeping babies should be on their back and sleep alone
- Keep cribs safe:
 - ☐ All cribs should meet the standards of the consumer product safety commission.
 - ☐ Drop side cribs not recommended.
 - ☐ Use a firm mattress, no bumpers, stuffed animals, heavy blankets, sheepskins or pillows in cribs.
 - ☐ Never smoke around baby. 2nd hand smoke can make baby Sick
 - ☐ 3rd hand smoke (poisons and chemicals left on your clothing or where someone smoked can also make baby sick)
- Never shake your baby. Babies brains are fragile. Be gentle with your baby.
- Always use a babies car seat, and use it correctly.
 - ☐ New American Academy of Pediatrics recommendation is to use your babies car seat rear facing for about 2 years and 30-40 pounds
 - ☐ Follow the instructions on the car seat for weight limits.
 - ☐ Always use safety straps on infant seats.
- Bathing need only be done 3 times/week or as needed
 - ☐ Sponge bathe until umbilical cord comes off. Check water temperature before placing baby in bath.
 - ☐ Do not shake powder on baby.
 - ☐ Never let go of baby in bath.
- Monitor your babies surroundings. Jewelry or any small item can be a choking hazard.

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IMPORTANT INFORMATION: Assistance with a Substance Use Disorder

If you or someone you know needs care for a substance use disorder, the information below will help you understand the disease of addiction and available services.

What is a Substance Use Disorder

A substance use disorder (SUD) is a chronic medical condition that can impact a person's health, relationships and their ability to meet major responsibilities at work, school, or home. Loved ones are often the first to recognize changes in an individual who is struggling with a substance use disorder. It can occur gradually over time or suddenly.

1. Speak to your insurance company about your SUD treatment benefits.

Insurers regulated by New York State are required to cover certain SUD services, when medically necessary. To find a family support navigator to help with navigating your insurance benefits, or to find other regional services, visit:
<https://www.oasas.ny.gov/CombatAddiction/RegionalSvc.cfm>

- 14 days of in-network medically necessary inpatient services for the treatment of SUD, including detoxification, rehabilitation and residential treatment, without prior authorization or certification.
- Coverage for outpatient diagnosis and treatment of substance use disorder, without prior authorization, including detoxification, rehabilitation and opioid treatment program services.
- Up to twenty outpatient visits per policy or calendar year to an individual who identifies themselves as a family member of a person suffering from substance use disorder and who seeks treatment as a family member that is covered under that policy.
- A 5-day supply of medication to treat a substance use disorder, without prior authorization, for an emergency condition.
- Access to naloxone when prescribed to any person covered by the policy.

2. Get assessed by a medical professional or a SUD treatment provider.

Deciding to get help for a substance use disorder is the first step on the path toward recovery. There are many approaches to treating individuals with substance use disorder. Below are some common terms you may hear as you navigate the SUD treatment system.

- **Assessment:** Evaluates your level of addiction and determines the best treatment options for you, using an OASAS approved assessment tool.
- **Detoxification:** Generally, a 3-5 day service in a hospital or residential program with a physician and nurses monitoring you as you withdraw from drugs or alcohol. Medications may be used to alleviate uncomfortable side effects of withdrawal.
- **Rehabilitation:** About 10-25 day treatment that has many types of group and individual sessions, and materials to educate the patient about the disease of addiction. Also a 1-2 day family program for loved ones about the family disease of addiction and how to support each other in the recovery process.
- **Residential Treatment:** 60 - 180 days that combines three elements: stabilization, rehabilitation, and reintegration. The length of time in this level of care depends upon an individual's needs.
- **Outpatient:** Weekly sessions that combine individual, group and family counseling; can include medication-assisted treatment and random drug testing to evaluate compliance with treatment. Outpatient clinics are typically open 6-7 days a week and have evening hours.
- **Medication Assisted Treatment:** The use of behavioral therapy and medications that manage withdrawal symptoms, decrease cravings and prevent relapse to comprehensively address substance use, medical, psychiatric, and social problems.

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3. Find a Program.

To look for state certified outpatient or bedded programs with openings, go to: <https://findaddictiontreatment.ny.gov/> Call or Text 1-877-8-HOPENY Text: HOPENY (467369) 1-877-846-7369 Available 24 hours / 7 days

Confidentiality: Federal laws and regulations provide enhanced confidentiality protections for people who receive substance use disorder treatment. For this reason, programs and/or insurers cannot release information or respond to inquiries about a patient, without patient consent, or if another condition exists that waives the requirements of HIPAA and 42 CFR Part 2

4. Stay Safe - Opioid Overdose Prevention

Naloxone is a medication that can prevent an opioid/heroin overdose from becoming fatal. If you or a loved one suffers from opioid addiction, understanding how to use naloxone and having a naloxone kit available can be a life-saving intervention during a heroin or opioid overdose. To find an opioid overdose training program near you, visit New York State's Opioid Overdose Prevention Programs Directory at: http://www.health.ny.gov/diseases/aids/general/resources/ooop_directory/index.htm.

Not Ready for Treatment: Even if you aren't yet ready to seek professional care for a substance use disorder, it may be helpful to talk with a peer or learn about ways to keep yourself safe. To find a Peer or other services available in your region, go to: <https://www.oasas.ny.gov/CombatAddiction/RegionalSvc.cfm>

Harm Reduction Services: to find your nearest syringe exchange program (SEP), naloxone program, HCV testing and pharmacies for naloxone and syringes, please visit <http://www.thepointny.org/SEPs> provide comprehensive wraparound harm reduction services for people who use drugs.

Resources:

New York State Office of Alcoholism and Substance Abuse Services | www.oasas.ny.gov | 518-473-3460

www.oasas.ny.gov/combataddiction - Talk2Prevent.ny.gov

The Partnership at Drugfree.org | 855-378-4373

Parents. The Antidrug | www.theantidrug.com | 800-662-HELP

American Council for Drug Education | www.acde.org | 800-378-4435

Families Against Drugs | www.familiesagainstdrugs.org/

Al-Anon and Alateen | www.al-anon.alateen.org | 757-563-1600

Nar-Anon | www.nar-anon.org/

Faces and Voices of Recovery | www.facesandvoicesofrecovery.org | 202-737-0690 SAMHSA's Center for Substance Abuse Treatment

www.samhsa.gov/about/csat.aspx | 240-276-1660 Substance Abuse and Mental Health Services | 877-SAMHSA-7

National Institute on Drug Abuse www.nida.nih.gov/nidahome.html | 800-662-HELP

National Council on Alcohol and Drug Dependence | www.ncadd.org | 800-NCACALL

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Patient Name: TOZZI SICARI, ESTHER S

I have received this information and my questions have been answered.

Patient/Representative Name: _____

Patient/Representative Signature: _____

Relationship to Patient: _____

Witness Name/Signature: _____

Date: _____

Electronically Signed on 06/01/22 03:07 PM

CURETON RN, Pamela Y

Document Type:	Patient Discharge Instructions
Service Date/Time:	6/1/2022 14:35 EDT
Result Status:	Auth (Verified)
Document Subject:	Patient Discharge Instructions
Sign Information:	CURETON RN,Pamela Y (6/1/2022 14:36 EDT)

Thank You

Thank you for entrusting your care to the healthcare providers who attended to you during your hospitalization at Westchester Medical Center. As you leave the Medical Center, your comfort with and understanding and knowledge about your continued care is important to us. We ask that you carefully review these Discharge Instructions and if you have any questions for your healthcare team, please ask them before you leave.

Inpatient Discharge Summary

Admitting Physician

Phillip MD, D Roger

Discharging Physician

Phillip MD, D Roger

Your Diagnosis

Hypertension

Acute cholecystitis

Allergies

No Known Medication Allergies

Medical History

Ongoing - Any problem that you are currently receiving treatment for.

Hypertension

Procedures Performed/Past Surgical History

- Cholecystectomy Laparoscopy (N/A) (05/31/2022)

MidHudson Regional Hospital

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Discharge Documentation

What to do next

Instructions From Your Doctor

Please follow up with Dr. Phillip in the clinic in 2 weeks. You may call 845-431-8733 for an appointment.
You may take Tylenol and Motrin for pain. Please follow dosing instructions on the bottle.
You may shower. Your incisions are closed with absorbable sutures and covered in skin glue that will come off on its own.
Please avoid any heavy lifting >15 lbs/strenuous activity for 4 weeks.
Please continue home medications.
Please take Augmentin, an antibiotics, every 12 hours for 5 days. This has been sent to your pharmacy.
You may eat a regular diet as tolerated.
If you are not having bowel movements you may take over the counter senna, colace or miralax.
Please report to the ED if you are experiencing chest pain, shortness of breath, nausea, vomiting, severe abdominal pain, fevers, chills are any new or worsening symptoms.

Scheduled Follow-Up Appointments

Wednesday	With:	Phillip MD, D Roger
Jun. 8, 2022	Where:	APS Trauma Poughkeepsie
4:00 PM EDT		

You Need to Schedule the Following Appointments

Follow Up with Phillip MD, D Roger,	Why: Call for followup appointment
Trauma Surgery	Where:
When: Within 1 to 2 weeks	(845)431-8733

MidHudson Regional Hospital

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Discharge Documentation**Medications**

	What	How Much	When	Instructions	Next Dose
New	acetaminophen (acetaminophen 325 mg oral tablet)	2 tab Oral (given by mouth)	Every 6 hours		
New	amoxicillin- clavulanate (Augmentin 875 mg-125 mg oral tablet)	1 tab Oral (given by mouth)	Every 12 hours	Duration: 5 Days Pickup at: HANNAFORD FOOD & DRUG #8346	

Pharmacy Information

HANNAFORD FOOD & DRUG #8346: 2066 State Route 32 Modena, NY 125485014 (845) 883 - 7469

Patient Portal / Medical Records Access Info

myCare Patient Portal is an online tool for patients. It offers secure access to your WMCHHealth records from your providers, including your medical history, medication lists, and discharge instructions. When you registered you should have been asked to sign up for the portal. If you were unable to sign up at that time, please visit wmchealth.org/mycare. Once signed up, instructions will be emailed to you to create your patient portal account.

Patient Survey

In the next few weeks, you may receive a patient survey about the care you received. We hope that you will take a few moments to complete the survey and return it. Thank you for letting us be a partner in your care.

MidHudson Regional Hospital

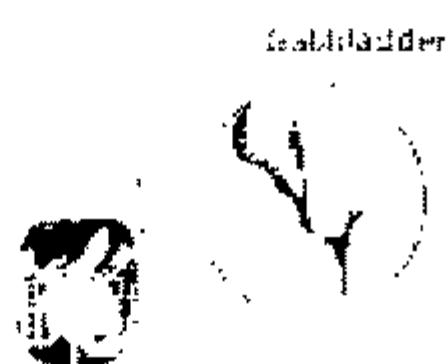
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Education Materials

Cholecystitis



Cholecystitis is inflammation of the gallbladder. It is often called a gallbladder attack. The gallbladder is a pear-shaped organ that lies beneath the liver on the right side of the body. The gallbladder stores bile, which is a fluid that helps the body digest fats. If bile builds up in your gallbladder, your gallbladder becomes inflamed.

This condition may occur suddenly. Cholecystitis is a serious condition and requires treatment.

What are the causes?

The most common cause of this condition is gallstones. Gallstones can block the tube (duct) that carries bile out of your gallbladder. This causes bile to build up.

Other causes include:

- Damage to the gallbladder due to a decrease in blood flow.
- Infections in the bile ducts.
- Scars or kinks in the bile ducts.
- Tumors in the liver, pancreas, or gallbladder.

What increases the risk?

You are more likely to develop this condition if:

- You have sickle cell disease.
- You take birth control pills or use estrogen.
- You have alcoholic liver disease.
- You have liver cirrhosis.
- You have your nutrition delivered through a vein (parenteral nutrition).
- You are critically ill.
- You do not eat or drink for a long time. This is also called "fasting."
- You are obese.
- You lose weight too fast.
- You are pregnant.

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- You have high levels of fat (triglycerides) in the blood.
- You have pancreatitis.

What are the signs or symptoms?

Symptoms of this condition include:

- Pain in the abdomen, especially in the upper right area of the abdomen.
- Tenderness or bloating in the abdomen.
- Nausea.
- Vomiting.
- Fever.
- Chills.

How is this diagnosed?



This condition is diagnosed with a medical history and physical exam. You may also have other tests, including:

- Imaging tests, such as:
 - An ultrasound of the gallbladder.
 - A CT scan of the abdomen.
 - A gallbladder nuclear scan (HIDA scan). This scan allows your health care provider to see the bile moving from your liver to your gallbladder and on to your small intestine.
 - MRI.
- Blood tests, such as:
 - A complete blood count. The white blood cell count may be higher than normal.
 - Liver function tests. Certain types of gallstones cause some results to be higher than normal.

How is this treated?

Treatment may include:

- Surgery to remove your gallbladder (cholecystectomy).
- Antibiotic medicine, usually through an IV.
- Fasting for a certain amount of time.
- Giving IV fluids.
- Medicine to treat pain or vomiting.

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Follow these instructions at home:

- If you had surgery, follow instructions from your health care provider about home care after the procedure.

Medicines



- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you were prescribed an antibiotic medicine, take it as told by your health care provider. **Do not** stop taking the antibiotic even if you start to feel better.

General instructions

- Follow instructions from your health care provider about what to eat or drink. When you are allowed to eat, avoid eating or drinking anything that triggers your symptoms.
- Do not** lift anything that is heavier than 10 lb (4.5 kg), or the limit that you are told, until your health care provider says that it is safe.
- Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- Your pain is not controlled with medicine.
- You have a fever.

Get help right away if:

- Your pain moves to another part of your abdomen or to your back.
- You continue to have symptoms or you develop new symptoms even with treatment.

Summary

- Cholecystitis is inflammation of the gallbladder.
- The most common cause of this condition is gallstones. Gallstones can block the tube (duct) that carries bile out of your gallbladder.

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Discharge Documentation

- Common symptoms are pain in the abdomen, nausea, vomiting, fever, and chills.
- This condition is treated with surgery to remove the gallbladder, medicines, fasting, and IV fluids.
- Follow your health care provider's instructions for eating and drinking. Avoid eating anything that triggers your symptoms.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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IS IT A STROKE? Act FAST and Check for these signs:

FACE Does the face look uneven?

ARM Does one arm drift down?

SPEECH Does their speech sound strange?

TIME Call 9-1-1 at any sign of stroke

Stroke Prevention and Warning Signs and Symptoms of Stroke:

Call 911 immediately if you experience:

- ☐ Sudden numbness or weakness of the face, arm, or leg especially on one side of the body.
- ☐ Sudden confusion, trouble speaking or understanding
- ☐ Sudden trouble seeing in one or both eyes.
- ☐ Sudden trouble walking, dizziness, loss of balance or coordination
- ☐ Sudden severe headache with no known cause.

Risk Factors for Stroke that can be controlled:

- ☐ Atrial Fibrillation
- ☐ Cigarette smoking
- ☐ Diabetes Mellitus
- ☐ Excessive Alcohol Consumption
- ☐ High Blood Pressure
- ☐ Overweight (BMI greater than 24)
- ☐ Physical Inactivity
- ☐ Poor Diet (high in saturated fats, Trans Fat, cholesterol, or sodium)

Heart Attack Signs:

- ☐ **Chest discomfort:** Most heart attacks involve discomfort in the center of the chest and lasts more than a few minutes, or goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- ☐ **Discomfort in upper body:** Symptoms can include pain or discomfort in one or both arms, back, neck, jaw or stomach.
- ☐ **Shortness of breath:** With or without discomfort.
- ☐ **Other signs:** Breaking out in a cold sweat, nausea, or lightheaded.

Remember, MINUTES DO MATTER. If you experience any of these heart attack warning signs, call 9-1-1 to get immediate medical attention!

Quit smoking. It is the number one cause of preventable disease, disability and death in the U.S.

To Get Help Quitting call the NY State Smokers Quit Line: 1-866-NY-QUITS (1-866-697-8487). Services are free and confidential. www.NYsmokefree.com - The quit line provides free starter kits of nicotine replacement therapy (NRT) to eligible New Yorkers

The National Suicide Hotline number:

1-800-SUICIDE (1-800-784-2433)

or 1-800-273-TALK (8255)

You should seek Medical Attention Immediately, here or at the nearest Emergency Department, if any of the following:

- ☐ You think about hurting yourself or others.
- ☐ You do not feel safe in your home environment.

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Domestic Violence:

NYS Domestic and Sexual Violence Hotline: 1-800-942-6906 / National Domestic Violence Hotline: 1-800-799-SAFE (7233) Multi Language accessibility deaf or HOH dial 711 If you are being abused, it is NOT your fault. You are NOT alone. You can get help. Being threatened or actual physical abuse is against the law!
If at any time you feel unsafe around your spouse or partner, you should get away from that person and go to a safe place immediately or call 911.

Bullying - Respond to Bullying Immediately - www.StopBullying.gov

Physical, verbal or psychological attacks or intimidation against a person who cannot properly defend themselves.

Human Trafficking: A form of modern-day slavery; Human Smuggling: A Person illegally crossing the border.

Human Trafficking National Hotline: 1-888-373-7888 - 24 hours a day, 7 days a week. Confidential w > 200 languages available. www.Humantraffickinghotline.org

INFANT at Home Care Safety Instructions:

- To protect against SIDS, sleeping babies should be on their back and sleep alone
- Keep cribs safe:
 - ☐ All cribs should meet the standards of the consumer product safety commission.
 - ☐ Drop side cribs not recommended.
 - ☐ Use a firm mattress, no bumpers, stuffed animals, heavy blankets, sheepskins or pillows in cribs.
 - ☐ Never smoke around baby. 2nd hand smoke can make baby Sick
 - ☐ 3rd hand smoke (poisons and chemicals left on your clothing or where someone smoked can also make baby sick)
- Never shake your baby. Babies brains are fragile. Be gentle with your baby.
- Always use a babies car seat, and use it correctly.
 - ☐ New American Academy of Pediatrics recommendation is to use your babies car seat rear facing for about 2 years and 30-40 pounds
 - ☐ Follow the instructions on the car seat for weight limits.
 - ☐ Always use safety straps on infant seats.
- Bathing need only be done 3 times/week or as needed
 - ☐ Sponge bathe until umbilical cord comes off. Check water temperature before placing baby in bath.
 - ☐ Do not shake powder on baby.
 - ☐ Never let go of baby in bath.
- Monitor your babies surroundings. Jewelry or any small item can be a choking hazard.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Discharge Documentation

IMPORTANT INFORMATION: Assistance with a Substance Use Disorder

If you or someone you know needs care for a substance use disorder, the information below will help you understand the disease of addiction and available services.

What is a Substance Use Disorder

A substance use disorder (SUD) is a chronic medical condition that can impact a person's health, relationships and their ability to meet major responsibilities at work, school, or home. Loved ones are often the first to recognize changes in an individual who is struggling with a substance use disorder. It can occur gradually over time or suddenly.

1. Speak to your insurance company about your SUD treatment benefits.

Insurers regulated by New York State are required to cover certain SUD services, when medically necessary. To find a family support navigator to help with navigating your insurance benefits, or to find other regional services, visit:
<https://www.oasas.ny.gov/CombatAddiction/RegionalSvc.cfm>

- 14 days of in-network medically necessary inpatient services for the treatment of SUD, including detoxification, rehabilitation and residential treatment, without prior authorization or certification.
- Coverage for outpatient diagnosis and treatment of substance use disorder, without prior authorization, including detoxification, rehabilitation and opioid treatment program services.
- Up to twenty outpatient visits per policy or calendar year to an individual who identifies themselves as a family member of a person suffering from substance use disorder and who seeks treatment as a family member that is covered under that policy.
- A 5-day supply of medication to treat a substance use disorder, without prior authorization, for an emergency condition.
- Access to naloxone when prescribed to any person covered by the policy.

2. Get assessed by a medical professional or a SUD treatment provider.

Deciding to get help for a substance use disorder is the first step on the path toward recovery. There are many approaches to treating individuals with substance use disorder. Below are some common terms you may hear as you navigate the SUD treatment system.

- **Assessment:** Evaluates your level of addiction and determines the best treatment options for you, using an OASAS approved assessment tool.
- **Detoxification:** Generally, a 3-5 day service in a hospital or residential program with a physician and nurses monitoring you as you withdraw from drugs or alcohol. Medications may be used to alleviate uncomfortable side effects of withdrawal.
- **Rehabilitation:** About 10-25 day treatment that has many types of group and individual sessions, and materials to educate the patient about the disease of addiction. Also a 1-2 day family program for loved ones about the family disease of addiction and how to support each other in the recovery process.
- **Residential Treatment:** 60 - 180 days that combines three elements: stabilization, rehabilitation, and reintegration. The length of time in this level of care depends upon an individual's needs.
- **Outpatient:** Weekly sessions that combine individual, group and family counseling; can include medication-assisted treatment and random drug testing to evaluate compliance with treatment. Outpatient clinics are typically open 6-7 days a week and have evening hours.
- **Medication Assisted Treatment:** The use of behavioral therapy and medications that manage withdrawal symptoms, decrease cravings and prevent relapse to comprehensively address substance use, medical, psychiatric, and social problems.

MidHudson Regional Hospital

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Discharge Documentation

3. Find a Program.

To look for state certified outpatient or bedded programs with openings, go to: <https://findaddictiontreatment.ny.gov/> Call or Text 1-877-8-HOPENY Text: HOPENY (467369) 1-877-846-7369 Available 24 hours / 7 days

Confidentiality: Federal laws and regulations provide enhanced confidentiality protections for people who receive substance use disorder treatment. For this reason, programs and/or insurers cannot release information or respond to inquiries about a patient, without patient consent, or if another condition exists that waives the requirements of HIPAA and 42 CFR Part 2

4. Stay Safe - Opioid Overdose Prevention

Naloxone is a medication that can prevent an opioid/heroin overdose from becoming fatal. If you or a loved one suffers from opioid addiction, understanding how to use naloxone and having a naloxone kit available can be a life-saving intervention during a heroin or opioid overdose. To find an opioid overdose training program near you, visit New York State's Opioid Overdose Prevention Programs Directory at: http://www.health.ny.gov/diseases/aids/general/resources/oop_directory/index.htm.

Not Ready for Treatment: Even if you aren't yet ready to seek professional care for a substance use disorder, it may be helpful to talk with a peer or learn about ways to keep yourself safe. To find a Peer or other services available in your region, go to: <https://www.oasas.ny.gov/CombatAddiction/RegionalSvc.cfm>

Harm Reduction Services: to find your nearest syringe exchange program (SEP), naloxone program, HCV testing and pharmacies for naloxone and syringes, please visit <http://www.thepointny.org/SEPs> provide comprehensive wraparound harm reduction services for people who use drugs.

Resources:

New York State Office of Alcoholism and Substance Abuse Services | www.oasas.ny.gov | 518-473-3460

www.oasas.ny.gov/combataddiction - Talk2Prevent.ny.gov

The Partnership at Drugfree.org | 855-378-4373

Parents. The Antidrug | www.theantidrug.com | 800-662-HELP

American Council for Drug Education | www.acde.org | 800-378-4435

Families Against Drugs | www.familiesagainstdrugs.org/

Al-Anon and Alateen | www.al-anon.alateen.org | 757-563-1600

Nar-Anon | www.nar-anon.org/

Faces and Voices of Recovery | www.facesandvoicesofrecovery.org | 202-737-0690 SAMHSA's Center for Substance Abuse Treatment

www.samhsa.gov/about/csat.aspx | 240-276-1660 Substance Abuse and Mental Health Services | 877-SAMHSA-7

National Institute on Drug Abuse www.nida.nih.gov/nidahome.html | 800-662-HELP

National Council on Alcohol and Drug Dependence | www.ncadd.org | 800-NCACALL

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Admin Sex: Female

Discharge Documentation

Patient Name: TOZZI SICARI, ESTHER S
I have received this information and my questions have been answered.

Patient/Representative Name: _____

Patient/Representative Signature: _____

Relationship to Patient: _____

Witness Name/Signature: _____

Date: _____

Electronically Signed on 06/01/22 02:36 PM

CURETON RN, Pamela Y

Emergency Documentation

Document Type: ED Note Physician
Service Date/Time: 5/30/2022 15:09 EDT
Result Status: Auth (Verified)
Document Subject: ED Physician Note
Sign Information: Perry Hoffstatter DO, Brittany Jade (5/30/2022 18:31 EDT);
Connolly (Scribe), Skylar (5/30/2022 17:48 EDT)

Basic Information

Time Seen:

Perry Hoffstatter DO, Brittany Jade / 05/30/2022 14:10

Chief Complaint

Pt comes to ED with complaint of right upper quadrant pain that radiates to her back. Pain started yesterday. Nausea, no vomiting. c/o weakness.

HPI/ROS/PE

HISTORY OF PRESENT ILLNESS: TOZZI SICARI, ESTHER S is a 68 Years old Female who presents to the ED for evaluation of right upper quadrant pain radiating to the back beginning after dinner last night. The patient reports that nothing makes it better. She reports trying to massage the area last night without relief. Endorses nausea but no vomiting or chest pain. Otherwise: (-) fever, (-) chills, (+) nausea, (-) vomiting, (-) diarrhea, (-) paresthesia, (-) chest pain, (+) abdominal pain, (-) extremity pain, (-) sick contacts or known exposure to COVID-19.

REVIEW OF SYSTEMS: Other than the symptoms associated with the present events, the following is reported with regard to recent health: General: (-) fever. HENT: (-) congestion. Respiratory: (-) cough. Cardiovascular: (-) chest pain. GI: (+) nausea, (+) abdominal pain. GU: (-) urinary complaints. Musculoskeletal: (-) other aches or pains. Endocrine: (-) generalized weakness. Neurological: (-) localized weakness. Psychiatric: (-) emotional stress.

PAST MEDICAL HISTORY: (-) DM, (-) HTN, (-) asthma, (-) COPD, (-) heart disease,
FAMILY HISTORY: (-) known inherited disease
SOCIAL HISTORY: (-) smoking, (-) EtOH, (-) illicit drug use

Problem List/Past Medical History

Ongoing

No qualifying data

Historical

No qualifying data

Medication Administration

Given

famotidine, 20 mg, IV Push
ketorolac, 15 mg, IV Push
ondansetron, 4 mg, IV Push
sodium chloride 0.9% bolus, 1000 mL, IV Bolus

Medications

Inpatient

famotidine, 20 mg= 2 mL, IV Push, Once
ketorolac, 15 mg= 0.5 mL, IV Push, Once
ondansetron, 4 mg= 2 mL, IV Push, Once
sodium chloride 0.9% bolus, 1000 mL, IV Bolus, Once

Home

No active home medications

Allergies

No Known Medication Allergies

MidHudson Regional Hospital

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Emergency Documentation

MEDICATIONS: Verified by nurse, reviewed by me on this visit in Cerner
ALLERGIES: Verified by nurse, reviewed by me on this visit in Cerner: No Known
Medication Allergies

PHYSICAL EXAMINATION:

GENERAL APPEARANCE: Patient is alert, awake and in no acute distress.

VITAL SIGNS: Per nurse's note, reviewed by me:

Temperature 37 (14:02)
Systolic Blood Pressure 144 (14:02)
Diastolic Blood Pressure 80 (14:02)
Pulse 94 (14:02)
SpO2 98 (14:02)
Respiratory Rate 18 (14:02)

SKIN: Warm, dry; (-) cyanosis; (-) rash.

HEAD: (-) scalp swelling, (-) tenderness.

EYES: (-) conjunctival pallor, (-) scleral icterus.

ENMT: Pharynx: (-) erythema; airway patent: (-) stridor; mucous membranes moist.

LYMPHATIC/NECK: (-) tenderness, (-) stiffness, (-) lymphadenopathy, (-) thyromegaly.

CHEST AND RESPIRATORY: (-) rales, (-) rhonchi, (-) wheezes; breath sounds equal bilaterally.

HEART AND CARDIOVASCULAR: (-) irregularity; (-) murmur, (-) gallop.

ABDOMEN AND GI: Soft; (+) RUQ tenderness (+) Murphy's sign, (-) guarding, (-) rebound, (-) palpable masses, (-) CVA tenderness.

MUSCULOSKELETAL/EXTREMITIES: (-) deformity, (-) edema, (-) calf tenderness, (+) distal pulses (+) symmetric.

NEURO AND PSYCH: Alert, oriented, normal strength. Sensation grossly intact. Moving all extremities.

The diagnostic results contained in this document reflect the information available to the physician at the time of the patient encounter. Final results, when completed, will be found in the patient's permanent hospital medical chart.

DIAGNOSTICS:

Pulse oximetry is 98% on RA indicating adequate oxygenation.

EKG: NSR at 86 BPM, (+) LAD, (-) ST elevations, QTc 450, PR 192, as interpreted by me, Dr. Perry.

ED Course and Treatment

EMERGENCY DEPARTMENT COURSE AND TREATMENT:

Patient placed in Emergency Department physician observation status at 1411 on 05/30/2022 for evaluation of abdominal pain.

Initial assessment and exam completed.

Decision made to obtain prior medical records. Prior records not found in Cerner.

Social History

Alcohol

How often do you have a drink containing alcohol? Never. How many drinks containing alcohol do you have on a typical day when you are drinking? Never. How often do you have six or more drinks on one occasion? Never.

Substance Use DAST 1

Which Recreational drugs have you used in the past year? Not applicable (denies use). How often have you used these drugs? Not applicable (denies use).

Tobacco

Smoking tobacco use: Never (less than 100 in lifetime).

Lab Results

CBC and Differential	LATEST RESULTS	
WBC	05/30/22 15:53	23.20 k/mm3 High
RBC	05/30/22 15:53	4.47 m/mm3
Hgb	05/30/22 15:53	13.0 g/dL
Hct	05/30/22 15:53	36.8 %
MCV	05/30/22 15:53	82.3 fL
MCH	05/30/22 15:53	29.1 pg
MCHC	05/30/22 15:53	35.3 %
RDW	05/30/22 15:53	12.1 %
Neutrophils	05/30/22 15:53	cancelled %
Lymphocytes	05/30/22 15:53	cancelled %
Nucleated RBC	05/30/22 15:53	0.0 /100(WBCs)

Coagulation	LATEST RESULTS	
Prothrombin Time	05/30/22 15:53	11.6 second(s)
INR	05/30/22 15:53	1.03
APTT	05/30/22 15:53	31.5 second(s)

Routine Chemistry	LATEST RESULTS	

MidHudson Regional Hospital

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Emergency Documentation

Orders written.

Patient initially treated with Pepcid 20 mg IV, Zofran 4 mg IV, Toradol 1 mg IV, NS 1 L IV bolus.

Initial diagnostics reviewed. Patient re-evaluated multiple times during their evaluation.

First re-assessment, patient's examination reveals patient is resting in bed and in no acute distress. Vitals are stable and patient has no additional complaints at this time.

Chest X-ray reviewed and

Labs reviewed and WBC elevated. Troponin within normal limits.

Second re-assessment, the patient's examination reveals patient is stable, continues to rest and exam remains unchanged.

RUQ US reviewed and cholecystitis cannot be excluded. Consult placed to Dr. Phillip.

Case discussed with Dr. Phillip, surgery, who agrees to admit the patient.

The observation discharge examination revealed the patient remains afebrile, stable.

Based on the patient's reassessment and response to treatment arrangements made for admission.

The patient remained under the direct care of an emergency clinician until 1747 on 05/30/2022.

After the evaluation in the Emergency Department, my clinical impression is acute cholecystitis.

PLAN: Patient to be admitted to Dr. Phillip's surgical service.

Problem List Active Today

Acute cholecystitis K81.0

Attestation

I scribed for Dr. Perry signed by Skylar Connolly, CIM on 05/30/2022 15:08:09.
 The documentation recorded by the scribe accurately reflects the service I personally performed, and the decisions made by me.

Follow Up

No qualifying data available

Glucose	05/30/22 15:53	153 mg/dL High
Sodium	05/30/22 15:53	129 mmol/L Low
Potassium	05/30/22 15:53	4.4 mmol/L
Chloride	05/30/22 15:53	93 mmol/L Low
CO2 Content	05/30/22 15:53	27 mmol/L
BUN	05/30/22 15:53	20 mg/dL High
Creatinine	05/30/22 15:53	0.80 mg/dL
AST	05/30/22 15:53	23 U/L
ALT	05/30/22 15:53	15 U/L
Alkaline Phosphatase	05/30/22 15:53	80 U/L
Total Bilirubin	05/30/22 15:53	1.2 mg/dL
Total Protein	05/30/22 15:53	6.9 g/dL
Albumin	05/30/22 15:53	4.1 g/dL
eGFR Non-African American	05/30/22 15:53	>60
eGFR African American	05/30/22 15:53	>60
Magnesium Level	05/30/22 15:53	1.8 mg/dL
Lipase	05/30/22 15:53	69 U/L
Icteric Index	05/30/22 15:53	<2
Hemolysis Index (HEMIX)	05/30/22 15:53	Moderately

Cardiac Isoenzymes LATEST RESULTS

Troponin I	05/30/22 15:53	<0.012 ng/mL

Endocrinology LATEST RESULTS

Calcium	05/30/22 15:53	9.2 mg/dL

Diagnostic Results

US Abdomen Limited

05/30/22 14:16:00

Exam: US ABDOMEN LIMITED 05/30/2022

MidHudson Regional Hospital

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FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Emergency Documentation

15:14

History: Pain.

Real time sonography of the right upper quadrant was performed..

Findings:

There is a focal area of decreased echogenicity seen within the liver which could represent focal fatty sparing. The remainder of the liver is of increased echogenicity. There is no significant intra-hepatic biliary ductal dilatation. The common bile duct measures 4.3 mm which is within normal limits. There are echogenic shadowing gallstones. There is gallbladder wall thickening, and pericholecystic fluid is seen. The sonographic Murphy's sign is negative by report. No focal pancreatic masses are seen. The right kidney measures 10.16 cm. There is no hydronephrosis and no shadowing stones are seen.

There is no evidence of abdominal aortic aneurysm.

IMPRESSION:

Cannot exclude acute cholecystitis. Focal area of decreased echogenicity within the liver could represent focal fatty sparing in the setting of diffuse hepatic steatosis.

Resident Radiologist:

Signed By: Kobak MD, Jeffrey A

XR Chest 1 View Frontal

05/30/22 14:10:00

MidHudson Regional Hospital

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Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Emergency Documentation

Exam: CHEST PORTABLE 05/30/2022 14:24

Clinical history: Shortness of breath

Study: Portable AP view of the chest

Findings: The lungs are clear. The cardiomeastinal silhouette is intact. There are no pleural effusions. There is no pneumothorax..

Impression:

Unremarkable exam

Resident Radiologist:

Signed By: Kobak MD, Jeffrey A

Electronically Signed on 05/30/22 06:31 PM

Perry Hoffstatter DO, Brittany Jade

Electronically Signed on 05/30/22 05:48 PM

Connolly (Scribe), Skylar

Document Type: ED Triage Part 1 - Adult - Text
Service Date/Time: 5/30/2022 14:02 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 1 - Adult
Sign Information: Adams RN,Kristen L (5/30/2022 14:02 EDT)

ED Triage Part 1 - Adult Entered On: 5/30/2022 14:04 EDT
Performed On: 5/30/2022 14:02 EDT by Adams RN, Kristen L

ED Triage

RN Assessment of Chief Complaint : Pt comes to ED with complaint of right upper quadrant pain that radiates to her back. Pain started yesterday. Nausea, no vomiting. c/o weakness.

Mode of Arrival : Private vehicle

**Allergies :* Document assessment

MidHudson Regional Hospital

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Emergency Documentation

Patient/Family stated concern of COVID19 exposure? : No
Have you or anyone you have been in contact with had recent travel outside the US in the past 30 days? : No
Does the patient present for a Behavioral Health complaint, is the patient violent, aggressive, suicidal, a danger to self and/or others, has/may have had a police escort, or is an elopement risk? : No
Temperature Temporal Artery : 37.0 degC(Converted to: 98.6 degF)
Systolic/Diastolic : 144 mmHg (HI)
Diastolic Blood Pressure : 80 mmHg
Heart Rate : 94 bpm
Rate : 18 br/min
SpO2 : 98 %
O2 Therapy : Room Air (None)
Weight Measurement Type : Estimated
Height Measurement Type : Estimated
Weight Estimated : 99.79 kg(Converted to: 220 lb 0 oz)
Height/Length Estimated : 170.18 cm(Converted to: 5 ft 7 in)
Body Mass Index Estimated : 34.46 kg/m2

Adams RN, Kristen L - 5/30/2022 14:02 EDT

DOP GENERIC CODE

Tracking Team : Adult
Tracking Acuity : 3 - Urgent
Tracking Group : MHRH ED Tracking Group

Adams RN, Kristen L - 5/30/2022 14:02 EDT
(As Of: 5/30/2022 14:04:29 EDT)

Diagnoses(Active)

Abdominal pain
Date: 5/30/2022 ; Diagnosis Type: Reason For Visit ;
Confirmation: Complaint of ; Clinical Dx: Abdominal pain ;
Classification: Nursing ; Clinical Service: Non-Specified ;
Code: PNED ; Probability: 0 ; Diagnosis Code:
4858AFEB-7C01-4A67-B4F5-9B3A35EA1FC8

Allergies/Medications

(As Of: 5/30/2022 14:04:29 EDT)

Allergies (Active)

No Known Medication Allergies
Estimated Onset Date: Unspecified ; Created By: Adams RN,
Kristen L; Reaction Status: Active ; Category: Drug ;
Substance: No Known Medication Allergies ; Type: Allergy ;
Updated By: Adams RN, Kristen L; Reviewed Date:
5/30/2022 14:03 EDT

Medication List

(As Of: 5/30/2022 14:04:29 EDT)

Electronically Signed on 05/30/22 02:02 PM

Adams RN, Kristen L

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Emergency Documentation

Document Type: ED Triage Part 2 - Adult - Text
Service Date/Time: 5/30/2022 14:02 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 2 - Adult
Sign Information: Adams RN,Kristen L (5/30/2022 14:02 EDT)

ED Triage Part 2 - Adult Entered On: 5/30/2022 14:05 EDT
Performed On: 5/30/2022 14:02 EDT by Adams RN, Kristen L

General Information

ED Document Advance Directive : Document assessment

**Falls Risk* : Document assessment

HIV Test Offered to Patient : N/A

**Social History* : Document assessment

Possible Abuse, Neglect, Exploitation : Abuse/Neglect/Exploitation screening performed. Further evaluation will be done by the Provider.

Possible Human Trafficking : No

Infectious Disease Screening : Document assessment

History Obtained From : Patient

Triage Aspiration Risk : No

Respiratory : Unlabored

Skin Color : Usual for ethnicity

Skin Temperature : Warm

Skin Description : Dry

Affect Quality : Alert, Calm

Behavior : Cooperative, Appropriate

GCS-Eye Opening Response : Spontaneous

GCS-Best Verbal Response : Oriented

GCS-Best Motor Response : Obeys commands

Glasgow Coma Score (ref) : 15

Adams RN, Kristen L - 5/30/2022 14:02 EDT
(As Of: 5/30/2022 14:05:27 EDT)

Diagnoses(Active)

Abdominal pain

Date: 5/30/2022 ; *Diagnosis Type*: Reason For Visit ;
Confirmation: Complaint of ; *Clinical Dx*: Abdominal pain ;
Classification: Nursing ; *Clinical Service*: Non-Specified ;
Code: PNED ; *Probability*: 0 ; *Diagnosis Code*:
4858AFEB-7C01-4A67-B4F5-9B3A35EA1FC8

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Emergency Documentation

Procedure History

(As Of: 5/30/2022 14:05:27 EDT)

Family History

(As Of: 5/30/2022 14:05:27 EDT)

Social History

Social History

(As Of: 5/30/2022 14:05:27 EDT)

Tobacco:

Smoking tobacco use: Never (less than 100 in lifetime). (Last Updated: 5/30/2022 14:04:46 EDT by Adams RN, Kristen L)

Alcohol:

How often do you have a drink containing alcohol? Never. How many drinks containing alcohol do you have on a typical day when you are drinking? Never. How often do you have six or more drinks on one occasion? Never. (Last Updated: 5/30/2022 14:04:54 EDT by Adams RN, Kristen L)

Substance Use DAST 1:

Which Recreational drugs have you used in the past year? Not applicable (denies use). How often have you used these drugs? Not applicable (denies use). (Last Updated: 5/30/2022 14:04:59 EDT by Adams RN, Kristen L)

Communication Needs and Preferences

Preferred Spoken Language : English

Adams RN, Kristen L - 5/30/2022 14:02 EDT

Morse Fall Risk

History of Fall in Last 3 Months Morse : No

Adams RN, Kristen L - 5/30/2022 14:02 EDT

Advance Directive

Advance Directive : No

No Advance Directive : Patient does not wish to complete a Health Care Proxy at the present time

Adams RN, Kristen L - 5/30/2022 14:02 EDT

Electronically Signed on 05/30/22 02:02 PM

Adams RN, Kristen L

MidHudson Regional Hospital

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FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

History and Physical Reports

Document Type: History and Physical
Service Date/Time: 5/30/2022 18:35 EDT
Result Status: Auth (Verified)
Document Subject: Admission H & P
Sign Information: Phillip MD,D Roger (5/30/2022 19:02 EDT)

Chief Complaint:

Right Upper Quadrant pain

History of Present Illness:

68 year old female with less than 24 hour history of right upper quadrant pain with associated emesis and nausea.

She denied fever or chills.

Patient has no history of known gallstones.

Patient presented to the ED with the above complaints.

She has residual right upper quadrant pain.

Right upper quadrant sonogram was performed that revealed gallstones, thickened gallbladder wall, and pericholecystic fluid.

Surgery consult requested.

Review of Systems:

GENERAL/CONSTITUTIONAL: The patient denies fever, fatigue, weakness

RESPIRATORY: No SOB. No History of asthma, no history of pneumonia

GASTROINTESTINAL: No history of IBD, No history of IBS, No history of Constipation.

No known history of gallstones

GENITOURINARY: The patient denies difficult urination or other concerning problems

MUSCULOSKELETAL: The patient denies arm, buttock, thigh or calf cramps. No joint or muscle pain. No muscle weakness or tenderness. No joint swelling, neck pain, back pain or major orthopedic injuries.

SKIN AND BREASTS: History of Lumpectomy in the past

NEUROLOGIC: The patient denies history of seizures, headache, dizziness, fainting, muscle spasm, loss of consciousness, sensitivity or pain in the hands and feet or memory loss.

ENDOCRINE: History of Diabetes and Hypertension

HEMATOLOGIC/LYMPHATIC: The patient denies anemia, bleeding tendency or clotting tendency.

ALLERGIC/IMMUNOLOGIC: The patient denies rhinitis skin sensitivity, latex allergies or sensitivity.

CARDIOVASCULAR: No chest pain or palpitations. No history of MI. No history of CAD. History of Hyperlipidemia

Physical Exam:

Vitals & Measurements:

T: 37.0 °C (Temporal Artery) HR: 94 (Peripheral) RR: 18 BP: 144/80 SpO2: 98%

WT: 99.790 kg (Dosing) WT: 99.79 kg (Estimated)

General: [Alert and oriented, well nourished, no acute distress].

HEENT: [Normocephalic, moist oral mucosa, no scleral icterus].

Lungs: [Clear to auscultation bilateral and equal, non-labored respiration].

Heart: [Normal rate, sinus].

Chronic Problem List (Ongoing)/Resolved

Past Medical History (Historical):

Diabetes

Hypertension

Hyperlipidemia

Procedure/Surgical History:

Left Total Knee Replacement

Hysterectomy

Breast Lumpectomy

Medications:

See Med Rec.

Allergies:

No Known Medication Allergies

Social History:

Tobacco: Denied

ETOH: Denied

Illegal Drugs: Denied

Family History:

History of Gallstones

Lab Results:

BMP/CMP	CBC	PT/PTT	Other
Glucose: 153 mg/dL High (05/30/22 15:53:00)	WBC: 21.57 k/mm3 High (05/30/22 17:45:00)	Prothrombin Time: 11.6 second(s) (05/30/22 15:53:00)	Magnesium Level: 1.8 mg/dL (05/30/22 15:53:00)
Sodium: 129 mmol/L Low (05/30/22 15:53:00)	RBC: 4.43 m/mm3 (05/30/22 17:45:00)	INR: 1.03 (05/30/22 15:53:00)	Troponin I: <0.012 ng/mL (05/30/22 15:53:00)
Potassium: 4.4 mmol/L (05/30/22 15:53:00)	Hgb: 12.9 g/dL (05/30/22 17:45:00)	APTT: 31.5 second(s) (05/30/22 15:53:00)	
Chloride: 93 mmol/L Low (05/30/22 15:53:00)	Hct: 36.9 % (05/30/22 17:45:00)		
CO2 Content: 27 mmol/L (05/30/22 17:45:00)	MCV: 83.3 fL (05/30/22 17:45:00)		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007197070
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

History and Physical Reports

Abdomen: [Soft, right upper quadrant tenderness to palpation, non-distended, normal bowel sounds, no rebound].
 Musculoskeletal: [Normal range of motion and strength, no tenderness or swelling].
 Skin: [Skin is warm, dry and pink].
 Neurologic: [Awake, alert, & oriented X3. GCS 15, Sensory intact in all 4 extremities, Motor intact in all 4 extremities].
 Ext: No deformities noted

Assessment/Plan (Problems/Diagnoses this visit):

68 year old female with Acute Cholecystitis
 Leukocytosis - WBC 21.57
 History of HTN, Diabetes, Hyperlipidemia

Admit to Surgery service
 IV Zosyn
 Pre-op for Cholecystectomy.
 I have discussed the risks and benefits. Risks include but not limited to: Bleeding, Infection, Abscess, Cystic Duct Leak, Bile Duct Injury requiring additional Surgery with Liver Surgeon, Collection requiring drainage.

Consent obtained.
 All questions answered.
 Will proceed with operation.

(05/30/22 15:53:00)			
BUN: 20 mg/dL High (05/30/22 15:53:00)	MCH: 29.1 pg (05/30/22 17:45:00)		
Creatinine: 0.8 mg/dL (05/30/22 15:53:00)	MCHC: 35 % (05/30/22 17:45:00)		
AST: 23 U/L (05/30/22 15:53:00)	Platelet Count: 258 k/mm3 (05/30/22 17:45:00)		
ALT: 15 U/L (05/30/22 15:53:00)	Neutrophils: cancelled % (05/30/22 17:45:00)		
Alkaline Phosphatase: 80 U/L (05/30/22 15:53:00)	Lymphocytes: cancelled % (05/30/22 17:45:00)		
Total Bilirubin: 1.2 mg/dL (05/30/22 15:53:00)	Nucleated RBC: 0 /100(WBCs) (05/30/22 17:45:00)		
Albumin: 4.1 g/dL (05/30/22 15:53:00)			
Calcium: 9.2 mg/dL (05/30/22 15:53:00)			

Diagnostic Results: US Abdomen Limited

05/30/22 14:16:00
 IMPRESSION:

Cannot exclude acute cholecystitis. Focal area of decreased echogenicity within the liver could represent focal fatty sparing in the setting of diffuse hepatic steatosis.

Resident Radiologist:
 Attending Radiologist: Jeffrey Kobak MD
 Finalizing Radiologist: Jeffrey Kobak MD
 Transcribed Date: 05/30/2022 15:46
 Finalized Date: 05/30/2022 15:51

Signed By: Kobak MD, Jeffrey A

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

History and Physical Reports

XR Chest 1 View Frontal

05/30/22 14:10:00

Impression:

Unremarkable exam

Resident Radiologist:
Attending Radiologist: Jeffrey Kobak MD
Finalizing Radiologist: Jeffrey Kobak MD
Transcribed Date: 05/30/2022 15:08
Finalized Date: 05/30/2022 15:08

Signed By: Kobak MD, Jeffrey A

Electronically Signed on 05/30/22 07:02 PM

Phillip MD, D Roger

Progress Notes

Document Type:	Surgery - Trauma Progress Note
Service Date/Time:	6/1/2022 15:05 EDT
Result Status:	Auth (Verified)
Document Subject:	Free Text Note
Sign Information:	Phillip MD,D Roger (6/1/2022 15:12 EDT)

Surgery

Patient is doing well.
HIDA scan is negative for leak.
JP with no bile noted.

WBC is down to 13 range.

Patient is doing well.
Patient is stable for discharge home.
Follow up in the office next week.
Discharge with 5 days of antibiotics.

Electronically Signed on 06/01/22 03:12 PM

Phillip MD, D Roger

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Cardiology Procedures

Document Type: Electrocardiogram EKG
Service Date/Time: 6/2/2022 10:25 EDT
Result Status: Auth (Verified)
Document Subject: ELECTROCARDIOGRAM EKG
Sign Information:

***** Clinical Documentation Content on Following Page *****

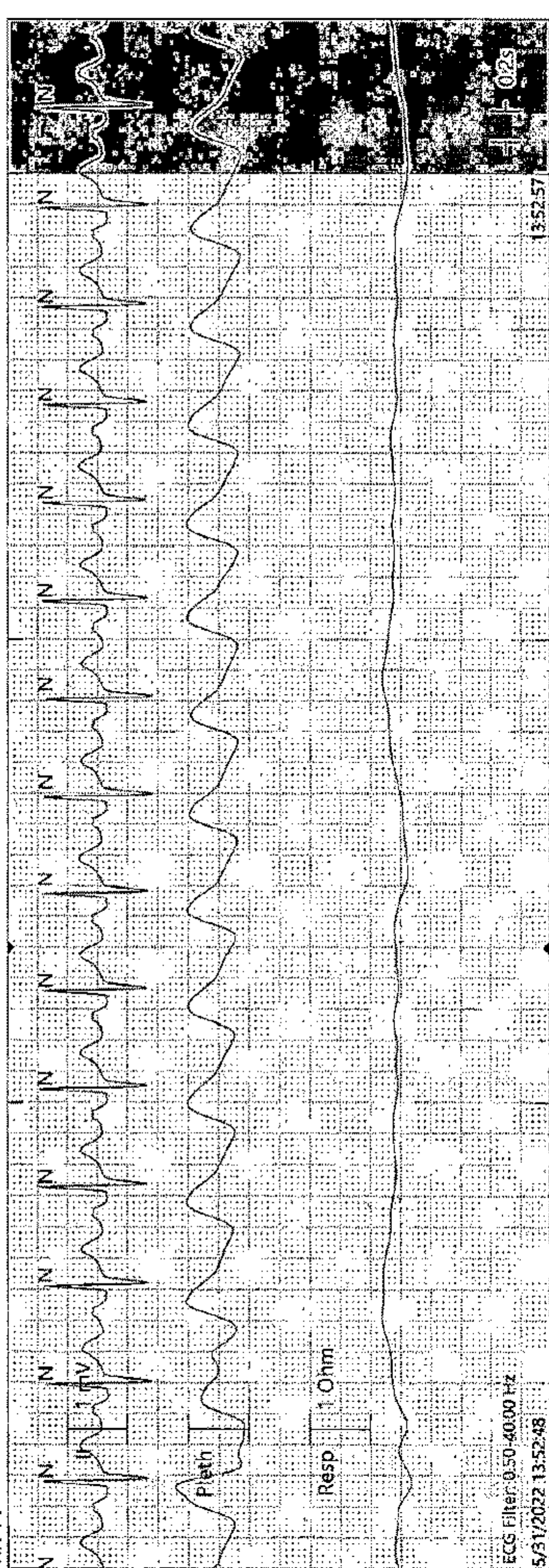
TOZZI SICARI, ESTHER S
9/2/1953

1035402
1007197070

* Electrocardiogram EKG - Auth (Verified) *

Strip Report	P 02	13:52:52
TOZZI SICARI, ESTHER	000001035402	

Vitals:	
HR 96	PVC 0
RR 14	SpO ₂ 93



Printed on 5/31/2022 13:55:37	PACU	MHRH

Page 1 of 1

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Cardiology Procedures

Document Type: Electrocardiogram EKG
Service Date/Time: 6/1/2022 09:30 EDT
Result Status: Auth (Verified)
Document Subject: Electrocardiogram EKG
Sign Information: Lowe, Marcia L as proxy for Lowe, Marcia L (6/1/2022 09:31 EDT)

***** Clinical Documentation Content on Following Page *****

* Electrocardiogram EKG - Auth (Verified) *

100719070 TOZZISICARI, ESTHER S 5/30/2022 3:07:21 PM
Born 9/2/1953 68 years Female (1)
MHRH

Rate 86 SINUS RHYTHM... normal P axis, V-rate 50-99
PR 192 PROBABLE INFERIOR INFARCT, OLD... Q>35ms, abnormal ST-T, II III aVF

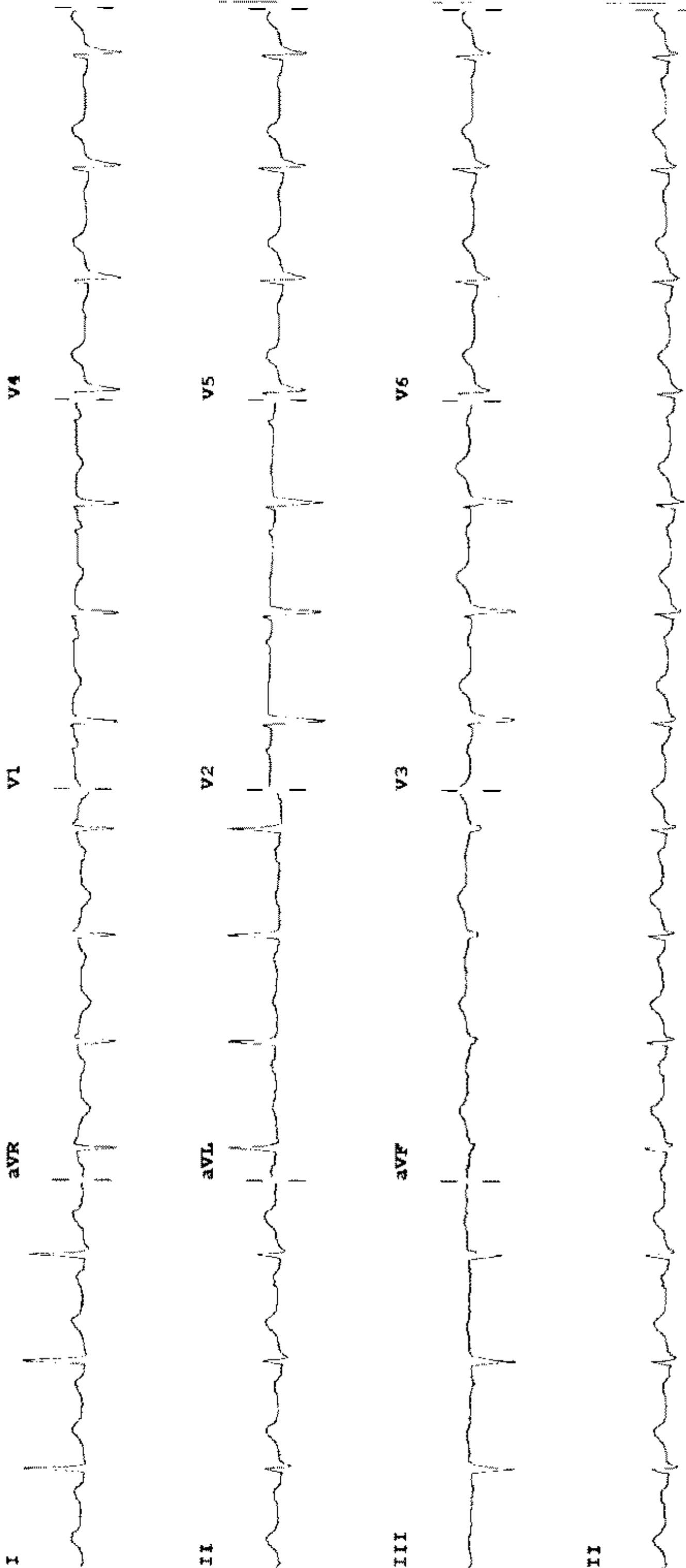
*left axis deviation
NO STE*

--AXIS--
P 15
QRS -22
T 44

12 lead, Standard Placement

Unconfirmed Diagnosis

- ABNORMAL ECG -



Device: SF-09325 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV P 60~ 0.15-100 Hz PH090A BCL P?

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Cardiology Procedures

Document Type:

Electrocardiogram EKG

Service Date/Time:

5/30/2022 15:07 EDT

Result Status:

Auth (Verified)

Document Subject:

Electrocardiogram EKG

Sign Information:

***** Clinical Documentation Content on Following Page *****

TOZZI SICARI, ESTHER S
9/2/1953

1035402
1007197070

* Electrocardiogram EKG - Auth (Verified) *

Pat ID MHRH-1035402 05/30/2022 15:07:21 TOZZI SICARI, ESTHER
09/02/1953 68 yrs Female
RX Account # 1007197070
DX ^

WMC HEALTH - Mid Hudson Regional Hosp
Dept
Room ED08
Tech ER STAFF

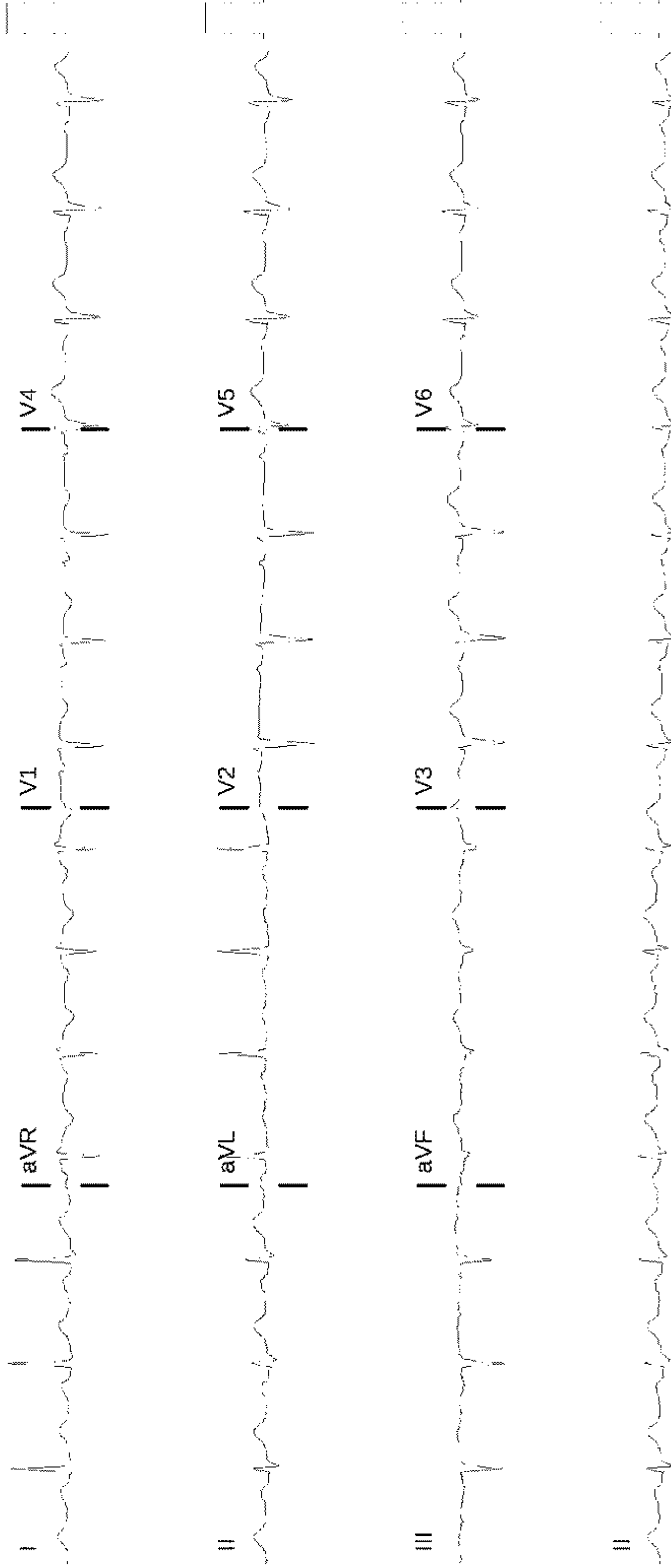
Rate 86 SINUS RHYTHM
PR 192 INFERIOR INFARCT, OLD
QRSd 96 No previous ECG available for comparison
QT 376 Electronically Signed On 5-31-2022 9:23:08 EDT by Subrata Kar
QTc 450

--Axis--
P 15
QRS -22
T 44

Req Provider:
Acct No: 1007197070
Order No: 1185416103

- Abnormal ECG -

Confirmed By: Subrata Kar 05/31/2022 09:23:08



Philips PageWriter Touch-SF-09325

25 mm/sec

10.00 mm/mV

F 60 ~ 0.15 ~ 100 Hz

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Anesthesia - Sedation Records

Document Type: PreAnesthesia Note
Service Date/Time: 5/31/2022 10:30 EDT
Result Status: Auth (Verified)
Document Subject: Preanesthesia Evaluation - WMC
Sign Information: Chiao MD, Franklin B (5/31/2022 10:56 EDT)

Preanesthesia Evaluation - WMC

Patient: TOZZI SICARI, ESTHER S MRN: 1035402 FIN: 1007197070
Age: 68 years Sex: Female DOB: 09/02/1953
Associated Diagnoses: None
Author: Chiao MD, Franklin B

Preoperative Information

Procedure/ Case: laparoscopic cholecystectomy
Greater than 8 hours
Anesthesia history

Patient's history: **Anesthesia Sedation Hx**

Anesthesia History: Prior general anesthesia (05/31/22
08:53:00)

Anesthesia Reaction: None (05/31/22 08:53:00)

Family's history: negative.

History of Present Illness

The patient presents for preanesthesia evaluation with gallstones.

Review of Systems

Cardiovascular: HTN, mets >4.

Health Status

Allergies:

Allergic Reactions (All)

No Known Medication Allergies

Current medications: (Selected)

Inpatient Medications

Ordered

Sodium Chloride 0.9% 1,000 mL: 125 mL/hr, IV Continuous, Stop: 06/04/22 17:38:00 EDT
Tylenol: 650 mg = 2 tab, Oral, every 4 hours, PRN: pain, severe (pain scale 5-7)
Zofran: 4 mg = 2 mL, IV Push, every 6 hours, PRN: nausea
Zosyn: 3.375 g = 50 mL, 100 mL/hr, IV Piggyback, Once
Zosyn: 3.375 g, IV Piggyback, every 6 hours scheduled
acetaminophen: 650 mg = 2 tab, Oral, every 6 hours, PRN: pain, mild (pain scale 1-2)
atorvastatin: 20 mg = 1 tab, Oral, Daily
lisinopril: 20 mg = 1 tab, Oral, Daily
oxyCODONE: 10 mg = 2 tab, Oral, every 4 hours, PRN: pain, severe/worst (pain scale 8-10)
oxyCODONE: 5 mg = 1 tab, Oral, every 4 hours, PRN: pain, severe (pain scale 5-7)
oxybutynin: 5 mg = 1 tab, Oral, Daily
pantoprazole: 40 mg, IV Push, Daily
pregabalin: 75 mg = 3 cap, Oral, 2 times a day
senna: 8.6 mg = 1 tab, Oral, 2 times a day,

Medications (14) Active

Scheduled: (8)

atorvastatin 20 mg Tab 20 mg 1 tab, Oral, Daily

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Anesthesia - Sedation Records

lisinopril 20 mg Tab 20 mg 1 tab, Oral, Daily
 oxybutynin 5 mg Tab 5 mg 1 tab, Oral, Daily
 pantoprazole 40 mg IV Inj 40 mg, IV Push, Daily
 piperacillin-tazobactam 3.375 g, IV Piggyback, every 6 hours scheduled
 piperacillin-tazobactam 3.375 g/50 mL 3.375 g 50 mL, IV Piggyback, Once
 pregabalin 25 mg Cap 75 mg 3 cap, Oral, 2 times a day
 senna 8.6 mg Tab 8.6 mg 1 tab, Oral, 2 times a day
 Continuous: (1)
 Sodium Chloride 0.9% 1,000 mL 1,000 mL, IV Continuous, 125 mL/hr
 PRN: (5)
 acetaminophen 325 mg Tab 650 mg 2 tab, Oral, every 6 hours
 acetaminophen 325 mg Tab 650 mg 2 tab, Oral, every 4 hours
 ondansetron 2 mg/mL Inj Soln 2 mL 4 mg 2 mL, IV Push, every 6 hours
 oxyCODONE 5 mg Tab 10 mg 2 tab, Oral, every 4 hours
 oxyCODONE 5 mg Tab 5 mg 1 tab, Oral, every 4 hours

Histories

Family History:
 No family history items have been selected or recorded.
Procedure history:
 No active procedure history items have been selected or recorded.

Physical Examination

Vital Signs

05/31/2022 8:53 EDT	Temperature Temporal Artery 36.9 degC Peripheral Pulse Rate 94 bpm Respiratory Rate 18 br/min Systolic Blood Pressure 119 mmHg Diastolic Blood Pressure 76 mmHg MAP, Non-Invasive Manual 90 mmHg	
05/31/2022 7:44 EDT	Temperature Temporal Artery 36.7 degC Peripheral Pulse Rate 91 bpm Respiratory Rate 18 br/min Blood Pressure Location Left upper arm Blood Pressure Method Automatic	
05/31/2022 4:48 EDT	Temperature Temporal Artery 37.1 degC Peripheral Pulse Rate 93 bpm Respiratory Rate 17 br/min Systolic Blood Pressure 134 mmHg HI Diastolic Blood Pressure 64 mmHg MAP, Non-Invasive Manual 84 mmHg	
05/31/2022 4:48 EDT	Vital Signs Patient Identified Yes	
05/30/2022 22:12 EDT	Temperature Temporal Artery 36.8 degC Peripheral Pulse Rate 85 bpm Respiratory Rate 18 br/min Systolic Blood Pressure 147 mmHg HI Diastolic Blood Pressure 60 mmHg MAP, Non-Invasive Manual 89 mmHg	(Modified)
05/30/2022 20:02 EDT	Temperature Temporal Artery 37.3 degC Peripheral Pulse Rate 81 bpm Respiratory Rate 20 br/min Systolic Blood Pressure 154 mmHg >HHI Diastolic Blood Pressure 73 mmHg	
05/30/2022 14:02 EDT	Temperature Temporal Artery 37.0 degC Peripheral Pulse Rate 94 bpm Respiratory Rate 18 br/min Systolic Blood Pressure 144 mmHg HI	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Anesthesia - Sedation Records

Diastolic Blood Pressure 80 mmHg

Measurements from flowsheet : Measurements
05/30/2022 14:02 EDT

Weight Dosing 99.790 kg
Weight Estimated 99.79 kg
Body Mass Index Estimated 34.46 kg/m2
Height/Length Estimated 170.18 cm

General: Alert and oriented, No acute distress.
Appearance: Well nourished, Well developed.

Airway: Nares patent.

Mallampati Score: II (soft palate, fauces, uvula visible).

Respiratory: Respirations are non-labored.

Cardiovascular: Normal rate, Regular rhythm.

Neurologic: Orientation: Oriented X 4.

Review / Management

Results review: Lab results
05/31/2022 7:19 EDT

WBC	21.60 k/mm3 HI	
RBC	4.27 m/mm3	
Hgb	12.3 g/dL	
Hct	36.4 %	
MCV	85.2 fL	
MCH	28.8 pg	
MCHC	33.8 %	
RDW	12.2 %	
MPV	10.6 fL	
Platelet Count	251 k/mm3	
Number Of Cells Counted	100	
Neutrophils	83.0 % HI	(Modified)
Lymphocytes	7.0 % LOW	(Modified)
Monocytes	8.0 %	
Eosinophils	2.0 %	
Nucleated RBC	0.0 /100(WBCs)	
RBC Morphology	Normal	
IG %	cancelled %	
Manual Diff.	PERFORMED	
Lymph Absolute	cancelled k/mm3	
Mono Absolute	cancelled k/mm3	
Eos Absolute	cancelled k/mm3	
Baso Absolute	cancelled k/mm3	
Absolute Neutrophil Count	17.93 k/mm3 HI	
Automated		
IG Absolute	cancelled k/mm3	
Eosinophils Manual	2 %	
Lymphocytes Manual	7 % LOW	
Neutrophils-Manual	83 % HI	
Platelet Estimate	Normal	
Glucose	155 mg/dL HI	
Sodium	132 mmol/L LOW	
Potassium	3.9 mmol/L	
Chloride	96 mmol/L LOW	
CO2 Content	26 mmol/L	
BUN	14 mg/dL	
Creatinine	0.97 mg/dL	
AST	15 U/L	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Anesthesia - Sedation Records

	ALT	14 U/L	
	Alkaline Phosphatase	82 U/L	
	Total Bilirubin	1.2 mg/dL	
	Total Protein	6.1 g/dL LOW	
	Albumin	3.5 g/dL	
	eGFR Non-African American	57	
	eGFR African American	>60	
	Magnesium Lvl	1.7 mg/dL	
	Direct Bilirubin	0.0 mg/dL	
	Icteric Index	<2	
	Hemolysis Index (HEMIX)	No hemolysis	
	Calcium	8.9 mg/dL	
05/30/2022 17:46 EDT	ABORh Type	A POS	
	Antibody Screen-Gel	NEG	
	Specimen Out Date	06/02/2022 23:59	(Modified)
05/30/2022 17:45 EDT	WBC	21.57 k/mm3 HI	
	RBC	4.43 m/mm3	
	Hgb	12.9 g/dL	
	Hct	36.9 %	
	MCV	83.3 fL	
	MCH	29.1 pg	
	MCHC	35.0 %	
	RDW	12.0 %	
	MPV	10.4 fL	
	Platelet Count	258 k/mm3	
	Number Of Cells Counted	100	
	Neutrophils	83.0 % HI	(Modified)
	Lymphocytes	4.0 % LOW	(Modified)
	Monocytes	10.0 %	
	Eosinophils	2.0 %	
	Nucleated RBC	0.0 /100(WBCs)	
	Atypical Lymphs	1 %	
	RBC Morphology	Normal	
	IG %	cancelled %	
	Manual Diff.	PERFORMED	
	Lymph Absolute	cancelled k/mm3	
	Mono Absolute	cancelled k/mm3	
	Eos Absolute	cancelled k/mm3	
	Baso Absolute	cancelled k/mm3	
	Absolute Neutrophil Count	17.90 k/mm3 HI	
	Automated		
	IG Absolute	cancelled k/mm3	
	Eosinophils Manual	2 %	
	Lymphocytes Manual	4 % LOW	
	Neutrophils-Manual	83 % HI	
05/30/2022 17:15 EDT	Platelet Estimate	Normal	
		Not Detected	
		NP Swab	
	Influenza A.	Not Detected	
	Influenza B.	Not Detected	
	RSV	Not Detected	
05/30/2022 15:53 EDT	WBC	23.20 k/mm3 HI	
	RBC	4.47 m/mm3	
	Hgb	13.0 g/dL	
	Hct	36.8 %	
	MCV	82.3 fL	
	MCH	29.1 pg	
	MCHC	35.3 %	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Anesthesia - Sedation Records

RDW	12.1 %	
MPV	10.6 fL	
Platelet Count	268 k/mm3	
Number Of Cells Counted	100	
Neutrophils	83.0 % HI	(Modified)
Lymphocytes	8.0 % LOW	(Modified)
Monocytes	5.0 %	
Eosinophils	3.0 %	
Nucleated RBC	0.0 /100(WBCs)	
Metamyelocytes	1 %	
RBC Morphology	Normal	
IG %	cancelled %	
Manual Diff.	PERFORMED	
Lymph Absolute	cancelled k/mm3	
Mono Absolute	cancelled k/mm3	
Eos Absolute	cancelled k/mm3	
Baso Absolute	cancelled k/mm3	
Absolute Neutrophil Count	19.26 k/mm3 HI	
Automated		
IG Absolute	cancelled k/mm3	
Eosinophils Manual	3 %	
Lymphocytes Manual	8 % LOW	
Neutrophils-Manual	83 % HI	
Platelet Estimate	Normal	
PT	11.6 second(s)	
INR	1.03	
APTT	31.5 second(s)	
Glucose	153 mg/dL HI	
Sodium	129 mmol/L LOW	
Potassium	4.4 mmol/L	
Chloride	93 mmol/L LOW	
CO2 Content	27 mmol/L	
BUN	20 mg/dL HI	
Creatinine	0.80 mg/dL	
AST	23 U/L	
ALT	15 U/L	
Alkaline Phosphatase	80 U/L	
Total Bilirubin	1.2 mg/dL	
Total Protein	6.9 g/dL	
Albumin	4.1 g/dL	
eGFR Non-African American	>60	
eGFR African American	>60	
Magnesium Lvl	1.8 mg/dL	
Lipase	69 U/L	
Icteric Index	<2	
Hemolysis Index (HEMIX)	Moderately	
Troponin I	<0.012 ng/mL	
Calcium	9.2 mg/dL	

Assessment and Plan

American Society of Anesthesiologists (ASA) physical status classification: Class III.

Anesthetic Preoperative Plan

Anesthetic technique: General anesthesia.

Risks discussed: nausea, vomiting, headache, sore throat, dental injury, hypotension, allergic reaction, serious complications.

Informed consent: Discussed anesthetic plan and risks with the patient or the healthcare proxy.

Post Procedure Disposition: PACU.

Attending Attestation: Attending Attestation: Attending personally examined and prescribed the anesthesia plan.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Anesthesia - Sedation Records

Electronically Signed on 05/31/22 10:56 AM

Chiao MD, Franklin B

Document Type: Anesthesia Record
Service Date/Time: 5/31/2022 13:47 EDT
Result Status: Auth (Verified)
Document Subject:
Sign Information:

*** Clinical Documentation Content on Following Page ***

* Anesthesia Record - Auth (Verified) *

TOZZI SICARI, ESTHER S
1035402
MHOR-2022-2148
Cholecystectomy Laparoscopy (N/A)

Name	Total	5/31/2022
Medications		
dexamethasone 4 mg/mL Inj Soln 1 mL IV Bolus	4 mg	
piperacillin-tazobactam 3.375 g in 50 mL Premixed IVPB IV Piggyback	3.375 g	
rocuronium 10 mg/mL IV Soln 5 mL IV Continuous	50 mg	
fentanyl 50 mcg/mL Inj Soln 2 mL IV Continuous	100 mcg	
acetaminophen 10 mg/mL IV Soln Premixed 100 mL (adults 50 kg and greater) IV Continuous	1000 mg	
ondansetron 2 mg/mL Inj Soln 2 mL IV Continuous	4 mg	
Intake		
Lactated Ringers IV Soln 1000 mL No Site Specified	750 mL	
Output		
Estimated Blood Loss	25 mL	
Legend		
ET Sevoflurane - Anes (%)	190	
ET Desflurane - Anes (%)	180	
O2 - Anes (L/min)	170	
Air - Anes (L/min)	160	
Fi O2 - Anes (%)	150	
ETCO2 - Anes (mmHg)	140	
VT Exhaled - Anes (mL)	130	
Respiratory Rate - Anes (br/min)	120	
Peak Inspiratory Pressure - Anes (cmH2O)	110	
PEEP - Anes (cmH2O)	100	
SPO2 - Anes (%)	90	
Pulse Rate (SpO2) - Anes (bpm)	80	
Heart Rate - Anes (bpm)	70	
NIBP Systolic - Anes (mmHg)	60	
NIBP Diastolic - Anes (mmHg)	50	
NIBP Mean - Anes (mmHg)	40	
Case Times		
Pt. In 10:44 Out	20	
Anes. Start 10:44 Stop 13:47	10	
Surq. Start 11:07 Stop 13:39		

* Anesthesia Record - Auth (Verified) *

TOZZI SICARI, ESTHER S
1035402
MHOR-2022-2148
Cholecystectomy Laparoscopy (N/A)

12:45 13:00 13:15 13:30 5/31/2022

Personnel

Medications

Supervisor of Record

Chiao MD, Franklin B 10:36- 13:48

Signed By

Chiao MD, Franklin B 10:51 5/31/2022

75 mcg *

4 mg *

Intake

Output

201 615 290 201 625 621 636 607 607 632

200

190

180

170

160

150

140

130

120

110

100

90

80

70

60

50

40

30

20

10

* Anesthesia Record - Auth (Verified) *

TOZZI SICARI, ESTHER S
1035402
MHOR-2022-2148
Cholecystectomy Laparoscopy (N/A)

Actions

5/31/2022
10:44Patient In Room
Anesthesia Start
10:45Monitors/Safety
Anesthesia Machine: Checked per Institutional Guidelines
Anesthesia Machine: CE Checked and Operational
Suction Working and Available: Yes
Monitors: BP
Monitors: EKG
Monitors: Pulse Oximeter
Monitors: ETCO2
Monitors: FIO2
Monitors: Alarms On
Airway Equipment: Yes
Emergency Medications: Present
EKG: 5 Lead
BP Cuff: Left
BP Cuff: Upper Arm (Brachiocephalic)
Temperature: Skin
Gas Analyzer: Yes
Self-Inflat Resus Bag Available: Yes
Auxiliary O2 Source Available: Yes
Pre-Existing Peripheral IVs
PIV #1 Size: 20G
PIV #1 Laterality: Right
PIV #1 Site: Forearm
10:52Pre-Induction Assessment
Pre Anest Assessment Performed: Patient Identified
Pre Anest Assessment Performed: Planned Procedure Verified
Anesthetic Plan Prescribed: Yes
Pt Physical Status Assessed: Yes
Airway Assessed: Yes
Lab Tests Reviewed: Yes
NPO Status Verified: Yes
Procedure Consent Signed: Yes
Status Change From Pre-Op: No
Suitable for Proc/Anesthetic: Yes
10:55Induction Evaluation
Induction Evaluation: Patient Reeval'd Immediately Prior to Induction
Performed By: Supervising Anesthesiologist
Induction
Patient Preoxygenated: Yes
Induction Route: Inhalation
Induction Type: Standard
Induction Type (cont'd): Inhalation Induction: Incremental
Concentration
Mask Induction: Via Mask
Head Position: Neutral/No Manipulation
Mask Ventilation: Easy
Induction Behavior: Cooperative
Induction Course: Uneventful
10:56Eye Protection
Eyes Protected: Yes
Left Eye: Taped
Right Eye: Taped
11:00Anesthesia Ready
Intubation
Laryngoscope Type: Glidescope
Laryngoscope Size: 3
Cormack/Lahane View (Grade): 1 (Full View of Glottis)
Difficulty with Intubation: No
Traumatic: No
Dentition: Re-evaluated / Unchanged
Tube Type: Regular ETT
Tube Size: 7
Cuffed/Uncuffed: Cuffed
Placement Confirmation: Capnography
Cuff Pressure: Air

Tube Secured: Secured at Lips (cm) - 22
Intubating Aids: Wire Stylet
Provider Attempt(s): #1
Provider: Anesthesiologist - Chiao MD, Franklin B
11:02Antibiotic
Antibiotic: Given before incision (see chart)
11:04Positioning *
Position: Supine
Head: Neutral
Head/Neck Devices: Pillow
Left Arm: Padded
Left Arm: Secured to Armboard
Left Arm: Extended < 90 Degrees
Right Arm: Padded
Right Arm: Secured to Armboard
Right Arm: Extended < 90 Degrees
Legs: Extended
Pressure Points: Padded/Protected
Pressure Points: Eyes/Ears/Nose/Chin Free of Pressure
Pressure Points: Legs, Heels Free of Pressure
Pressure Points: Breasts Free of Pressure
11:05Warming Measures
Active Patient Warming: Forced Air (details below)
Forced Air (Temp): 43 deg Celsius
Fluid Warmer (Type, Temp, ID): Not Used
11:07Surgery Start
11:14Event Report
Significant Event(s): None
Billing Modifiers
Note: No significant billable item
13:39Surgery Stop
13:42Extubation/Cont'd Airway Supp
Extubation Criteria Met: Yes
Suction: Yankaeur Suction Tip
NMB Assessment: Adequate Spontaneous Ventilation
Extubation: Awake
Airway: Patient Extubated
Ventilation: Spontaneous
13:47Transport
Transported To: PACU
O2 Delivery Device: Room Air
Monitors for Transport: Pulse Oximeter
Anesthesia Handoff
Handoff Report: Handoff completed
Handoff Report: Questions answered
Reviewed Handoff Report with: RN
Vital Signs: Other - Please see nursing vitals for details.
Level of Consciousness: Awake
Post-Op Status: Satisfactory/Stable
Anesthesia Stop

Action Comments

Positioning @ 11:04
Pt positioned by surgeon.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Perioperative Record

Document Type: Main OR Preoperative Record
 Service Date/Time: 5/31/2022 10:53 EDT
 Result Status: Auth (Verified)
 Document Subject: MHOR Preop Record
 Sign Information: Gagliardi RN, Mary A (5/31/2022 11:37 EDT)

MHOR Preop Record

MHOR Preop Record Summary

Primary Physician: Phillip MD, D Roger
 Case Number: MHOR-2022-2148
 Finalized Date/Time: 05/31/22 11:37:33
 Pt. Name: TOZZI SICARI, ESTHER S
 D.O.B./Sex: 09/02/1953 Female
 Med Rec #: 1035402
 Physician: Phillip MD, D Roger
 Financial #: 1007197070
 Pt. Type: I
 Room/Bed: MSDS12/A
 Admit/Disch: 05/30/22 13:16:03 -
 Institution:

MHOR Case Attendees - Preop

Case Attendee	Entry 1	Role Performed
Gagliardi RN, Mary A		Nurse
Last Modified By:	Gagliardi RN, Mary A 05/31/22 08:52:26	

MHOR Case Times - Preop

Event	Entry 1	Time
Patient Arrival Time	05/31/22 08:45:00	
Anesthesia Visit	05/31/22 10:30:00	
Patient Ready for Surgery/Procedure	05/31/22 10:30:00	
Last Modified By:	Gagliardi RN, Mary A 05/31/22 11:37:09	

General Comments:
 Indocyanine Green 1.25mg admin by Dr Lhungay @ 09:40

MHOR PNDS - Preop

PNDS Anxiety and Fear	Entry 1	Outcome Met
Action / Intervention	A.510 Assesses psychosocial status, A.510.1 Assesses cultural, spiritual and individual values, beliefs and preferences concerning care,	0.725 Psychosocial health is maintained at or improved from baseline

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Perioperative Record

	A.510.3 Assesses perceptions of surgery, A.510.6 Assesses coping mechanisms, A.510.7 Assesses psychosocial factors specific to the patient's health care management, Im.500 Provides status reports to patient and designated support person, Im.505 Implements complementary care interventions, Im.510 Implements measures to provide psychological support, Im.720 Implements security measures for patient records, belongings, and valuables		
PNDS Psychosocial Knowledge Nursing Diagnosis	Patient is at risk for deficient knowledge of expected psychosocial responses to procedure	Action / Intervention	A.530 Assesses patient and designated support person's educational needs, A.530.1 Assesses knowledge level, A.530.2 Assesses readiness to learn, Im.700 Provides perioperative teaching and support to patient or designated support person, Im.700.2 Provides information about expected sequence of events, Im.700.7 Provides information based on age, needs, and style preferred
Outcome Met	O.500 Demonstrates knowledge of the expected psychosocial responses to the procedure		
PNDS Procedure Knowledge and Results Nursing Diagnosis	Patient is at risk for deficient knowledge of operative or invasive procedure and expected results	Action / Intervention	A.530 Assesses patient and designated support person's educational needs, A.530.1 Assesses knowledge level, A.530.2 Assesses readiness to learn, Im.700 Provides

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

perioperative teaching
and support to patient
or designated support
person, Im.700.2
Provides information
about expected sequence
of events, Im.700.7
Provides information
based on age, needs,
and style preferred

Outcome Met 0.550 Demonstrates
knowledge of the
operative or invasive
procedure and expected
results

PNDS Plan of Care
PNDS Risk for
Readmission
PNDS Risk for
Infection
PNDS Perioperative
Team Communication
PNDS Risk for Falls
PNDS Pain Control
PNDS Fluid Volume
Imbalance
PNDS Medication Harm
PNDS Endocrine
Status
PNDS Chemical/Latex
Injury
PNDS Equipment
Injury
Last Modified By: Gagliardi RN, Mary A
05/31/22 08:53:05

Finalized By: Gagliardi RN, Mary A

Document Signatures

Signed By:
Gagliardi RN, Mary A 05/31/22 11:37

Document Type:

Main OR Intraoperative Record

Service Date/Time:

5/31/2022 13:39 EDT

Result Status:

Modified

Document Subject:

MHOR Intraop Record

Sign Information:

Teich RN,Barbara J (6/17/2022 05:51 EDT); Teich RN,Barbara
J (6/3/2022 07:53 EDT); Quick,RN,Donald (5/31/2022 13:55
EDT)

MHOR Intraop Record

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Perioperative Record

MHOR Intraop Record Summary

Primary Physician: Phillip MD, D Roger
 Case Number: MHOR-2022-2148
 Finalized Date/Time: 06/17/22 05:51:05
 Pt. Name: TOZZI SICARI, ESTHER S
 D.O.B./Sex: 09/02/1953 Female
 Med Rec #: 1035402
 Physician: Phillip MD, D Roger
 Financial #: 1007197070
 Pt. Type: I
 Room/Bed: 604/D
 Admit/Disch: 05/30/22 13:16:03 -
 06/01/22 15:59:00
 Institution:

MHOR Case Attendees

	Entry 1	Entry 2	Entry 3
Case Attendee	Phillip MD, D Roger	Quick, RN, Donald	Aguirre CST, Edna Lizbet
Role Performed	Surgeon/Proceduralist - Primary	Nurse - Circulator	Tech - Scrub
In Room Time	05/31/22 10:44:00	05/31/22 10:44:00	05/31/22 10:44:00
Out Room Time	05/31/22 13:51:00	05/31/22 13:51:00	05/31/22 13:51:00
Procedure	Cholecystectomy Laparoscopy(N/A)	Cholecystectomy Laparoscopy(N/A)	Cholecystectomy Laparoscopy(N/A)
Vendors A - F	n/a	n/a	n/a
Vendors G - O	n/a	n/a	n/a
Vendors P - Z	n/a	n/a	n/a
Other Authorized Attendees	n/a	n/a	n/a
Last Modified By:	Quick, RN, Donald 05/31/22 13:55:25	Quick, RN, Donald 05/31/22 13:55:25	Quick, RN, Donald 05/31/22 13:55:25

	Entry 4	Entry 5
Case Attendee	Chiao MD, Franklin B	Gruszecki PA, Catherine E
Role Performed	Audiologist	Physician Assistant First Assist
In Room Time	05/31/22 10:44:00	05/31/22 10:44:00
Out Room Time	05/31/22 13:51:00	05/31/22 13:51:00
Procedure	Cholecystectomy Laparoscopy(N/A)	Cholecystectomy Laparoscopy(N/A)
Vendors A - F	n/a	n/a
Vendors G - O	n/a	n/a
Vendors P - Z	n/a	n/a
Other Authorized Attendees	n/a	n/a
Last Modified By:	Quick, RN, Donald 05/31/22 13:55:25	Quick, RN, Donald 05/31/22 13:55:25

MHOR Case Times

Entry 1
 Patient
 In Room Time 05/31/22 10:44:00
 Out Room Time 05/31/22 13:51:00
 Surgery/Procedure

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

Start Time 05/31/22 11:07:00
Stop Time 05/31/22 13:39:00
Room Ready 05/31/22 08:46:00
Last Modified By: Quick, RN, Donald
05/31/22 13:55:20

MHOR Cautery/Argon Plasma Coagulator

Entry 1
ESU Type Radio Frequency Unit
Serial Number 1408823
Grounding Pad
Details
Grounding Pad Yes
Needed?
Applied By Quick, RN, Donald
Grounding Pad Site Thigh
Grounding Pad Site Right
Modifier
Grounding Pad Lot 220450213t
Number
Within Expiration Yes
Date?
ESU Settings
Cut Setting n/a
Coagulation Setting n/a
Blend Setting n/a
Bipolar Setting n/a
Power Level n/a
Percentage n/a
Instrument/Model n/a
Type
Temperature n/a
(Celsius)
Other Settings n/a
Total Time Used n/a
Last Modified By: Quick, RN, Donald
05/31/22 08:48:24

MHOR Communication

Entry 1
Communication Type Report
Communication In Person
Communication By DQUICK
Communication To n/a
Date and Time n/a
Communication n/a
Comments
Last Modified By: Quick, RN, Donald
05/31/22 13:39:39

MHOR Counts Action Taken NOT APPLICABLE

Entry 1
Unresolved Count n/a
Procedure
Unresolved Count n/a
Type

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007197070
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Perioperative Record

Unresolved Counted n/a
 Items
 Unresolved n/a
 Miscellaneous
 Counted Item
 Actions Taken to n/a
 Resolve Count
 Read By n/a
 Read By Name n/a
 Received By Name n/a
 Unresolved Count n/a
 Result
 Surgeon Notified of n/a
 Unresolved Count
 Result
 Last Modified By:

MHOR Counts Verification

Entry 1
 Procedure Cholecystectomy
 Laparoscopy(N/A)
 Initial Count
 Items Included in Sharps, Sponges
 Initial Count
 Initial n/a
 Miscellaneous Items
 Counted
 Initial Count Method Manual
 Initial Count Quick, RN, Donald,
 Performed By Aguirre CST, Edna Lizbet
 Final Count
 Items Included in Sharps, Sponges
 Final Count
 Final Miscellaneous n/a
 Items Counted
 Final Count Method Manual, RFID
 RFID Wand n/a
 Confirmation Number
 RFID Mat n/a
 Confirmation Number
 Final Count Result Correct
 Final Count Quick, RN, Donald,
 Performed By Aguirre CST, Edna Lizbet
 Surgeon Notified of Yes
 Final Count Result
 Last Modified By: Quick, RN, Donald
 05/31/22 13:18:56

MHOR Counts Verification Add'l NOT APPLICABLE

Entry 1
 Procedure n/a
 Count Type n/a
 Items Counted n/a
 Miscellaneous Items
 Counted n/a
 Count Method n/a
 Personnel n/a

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Perioperative Record

Performing Count
 Count Time n/a
 Count Result n/a
 Surgeon Notified of n/a
 Additional Count
 Result
 Last Modified By:

MHOR Cultures and Specimens

Entry 1
 Cultures and n/a
 Specimens should be
 collected and
 ordered within the
 patient's
 electronic medical
 record. Please
 place orders as
 appropriate in
 PowerChart.
 Specimens Ordered Yes
 Specimen Types Pathology
 Specimen(s) Labeled Pathology
 and Sent To
 Last Modified By: Quick, RN, Donald
 05/31/22 08:49:18
 General Comments:
 1. GALL BLADDER

MHOR Carbon Dioxide Insufflation

Entry 1
 Procedure Cholecystectomy
 Laparoscopy(N/A)
 Carbon Dioxide Video Tower Sys
 Insufflator Laparoscopic
 Vendor/Manufacturer STORZ
 Unit Serial Number 1513942
 Last Modified By: Quick, RN, Donald
 05/31/22 12:06:53

MHOR Catheters, Drains and Tubes

Entry 1
 Device Description FLUTE HUELESS FULL 19FR
 Device Type Wound Evacuator
 Location Abdomen
 Balloon Inflation n/a
 Amount
 Location Detail Midline
 Present on Arrival? No
 Inserted By Phillip MD, D Roger
 Time Placed 05/31/22 13:25:00
 DC'd at End of Case? No
 DC'd By n/a
 Time Removed n/a
 Drainage Details
 Drainage? n/a

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

Drainage Type n/a
Drainage System Suction Reservoir
Amount n/a
Amount of mLs n/a
Color Tinged
Odor Absent
Consistency Watery
Urinary Catheter
Is this a urinary catheter? No
Urine n/a
Color/Characteristics
Ensure that an appropriate order for Urinary Catheter exists n/a
Last Modified By: Quick, RN, Donald
05/31/22 13:41:08

MHOR Dressing/Packing

Entry 1
Procedure Cholecystectomy
Laparoscopy(N/A)
Skin Prep Agent Yes
Removed Prior to Dressing
Dressing Item
Details
Dressing/Packing Item Liquid Adhesive
Cast n/a
Splint n/a
Tape n/a
Miscellaneous n/a
Time Packing Removed n/a
Site n/a
Site Details n/a
Last Modified By: Quick, RN, Donald
05/31/22 08:56:55

General Comments:

DERMABOND TO PORTALS AND OPSITE PLACE OVER DRAIN.

MHOR Fire Risk Assessment

Entry 1
Identifies high risk situations when the most volatile elements of the fire triangle exist in close proximity
Fire Risk Assessment Score
Is the surgical or incision site above the Xiphoid? No (0 pt)

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

Oxygen administered by face mask or nasal cannula	No (0 pt)
Ignition source (ESU, Laser or Fiberoptic Light Source) present	Yes (1pt)
Plan and Intervention	
High Risk Protocols Include All Low Risk Protocols	n/a
Risk Review - Low (1-2) /High (3)	Standard fire safety precautions in place - Low Risk, Let prep dry for at least 3 mins - Low Risk, Protect heat sources (i.e. cautery holder) - Low Risk, Employ standard draping procedures - Low Risk, Observe prep drying time (minimum of 3 mins) - High Risk
When electrocautery (ESU) is used with an open oxygen delivery system	Use wet, rather than dry sponges, Keep sterile water or saline solution available for fire suppression, Protect heat sources, Use the lowest possible electrocautery setting
Last Modified By:	Quick, RN, Donald 05/31/22 08:49:47

MHOR General Case Data

	Entry 1
Case Information	
OR	MHOR AddOn 01
Case Level	OR - General
Wound Class	1 - Clean
Specialty	General (SN)
ASA Class	3
Preop Diagnosis	Acute cholecystitis
Postop Same As Preop	Yes
Postop Diagnosis	Acute cholecystitis
Blunt or penetrating injury occurred prior to the start of the procedure.	No
Is the procedure considered	No
Emergent/Urgent? (per facility protocol)	
Last Modified By:	Quick, RN, Donald

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Perioperative Record

05/31/22 11:16:48

MHOR Irrigation

Entry 1
 Irrigant 0.9% Normal Saline
 Irrigant Volume In 1000
 Irrigant Volume Out n/a
 Last Modified By: Quick, RN, Donald
 05/31/22 11:25:45

MHOR Medications

Entry 1
 Medications should be ordered and documented within the patient's EMR. Please document as appropriate.
 Non-anesthesia Yes
 Intraoperative medications ordered, read back and confirmed, documented as per policy?
 Last Modified By: Quick, RN, Donald
 05/31/22 08:50:44

MHOR Patient Care Devices

Equipment Type	Entry 1	Entry 2	Entry 3
Scope Size	FLOWTRON DVT MACHINE	Machine Bair Hugger	NEPTUNE SUCTION
Serial Number	n/a	n/a	n/a
Equipment Setting	1513579	1513904	1513724
Last Modified By:	n/a	n/a	n/a
	Quick, RN, Donald	Quick, RN, Donald	Quick, RN, Donald
	05/31/22 08:52:46	05/31/22 08:52:46	05/31/22 08:52:46
Equipment Type	Entry 4	Entry 5	Entry 6
Scope Size	RF Assure Detection	Triad Electrical	Video Tower Sys
Serial Number	Console	Surgical Unit	Laparoscopic
Equipment Setting	n/a	n/a	n/a
Last Modified By:	1513878	1408823	1513858
	n/a	n/a	n/a
	Quick, RN, Donald	Quick, RN, Donald	Quick, RN, Donald
	05/31/22 08:52:46	05/31/22 08:52:46	05/31/22 08:52:46
Equipment Type	Entry 7		
Scope Size	Secondary video monitor		
Serial Number	n/a		
Equipment Setting	1513970		
Last Modified By:	n/a		
	Quick, RN, Donald		
	05/31/22 08:52:46		

MHOR Patient Positioning

Entry 1

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

Procedure Cholecystectomy
Laparoscopy(N/A)
Body Position Supine
Pressure Points Yes
Checked
Additional n/a
Information
Positioning Device Foam Pillow, Safety
Strap
Positioned By Phillip MD, D Roger,
Quick, RN, Donald,
Chiao MD, Franklin B,
Gruszecki PA, Catherine
E
Arm Positioning
Left Arm Position n/a
Right Arm Position n/a
Bilateral Arm
Position Tucked and padded at
side
Leg Positioning
Left Leg Position Extended
Right Leg Position n/a
Bilateral Leg
Position n/a
Feet Uncrossed? Yes
Last Modified By: Quick, RN, Donald
05/31/22 11:19:22

General Comments:

PATIENT IS POSITIONED IN THE SUPINE POSITION. BILATERAL ARMS PADDED AND TUCKED AT SIDE. GEL PADS UNDER HEELS.

SAFETY STRAP IN PLACE. FOAM HEADREST. SEQUENTIAL TEDS APPLIED TO LOWER EXTREMITIES.

MHOR Safety Checklist 1 - Sign In

Entry 1

Before Induction of
ANES - Team Verified
Confirmed patient Yes
identity, site,
procedure,
position, and
consent
Site marked by Yes
person performing
the procedure
Anesthesia safety Yes
check completed
Does patient have a No
known allergy?
Does patient have a No
difficult
airway/aspiration
risk?
Does patient have a No
risk of >500mL
blood loss (7 mL/kg
in children)?
Implants/special Yes

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

equipment requested
are
available/present.
NYS DOH Yes
Sterilization
consent signed
Hysterectomy No
acknowledgement form
Last Modified By: Quick, RN, Donald
05/31/22 08:55:29

MHOR Safety Checklist 2 - Time Out

	Entry 1
Procedure(s)	Cholecystectomy Laparoscopy(N/A)
All team members have introduced themselves by name and role	Yes
All team members verbally confirm patient, site(s), procedure(s), and consent(s)	Yes
Site is marked and visible	Yes
Reason Site Marking is N/A	n/a
Anticipated Critical Events	
Surgeon reviews critical or unexpected steps, operative duration, and anticipated blood loss	Yes
Anesthesia team reviews any patient-specific concerns	Yes
Nursing team confirms sterility (including indicator results), Fire Risk Assessment, and reviews equipment issues or concerns	Yes
Has antibiotic prophylaxis been given within the last 60 minutes?	Yes
Is essential imaging displayed?	N/A
Second MD, PA, NP, or Resident confirms: images	N/A

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

belongs to patient
using patient
identifiers

Second MD, PA, NP, Yes

CRNA, or Resident
confirms: site and
side(s)

Second MD, PA, NP, N/A

or Resident
confirms: image
displayed is in
correct orientation

using markers on
the image or use of

Ultrasound, as
applicable

Intra-operative N/A

film used to
confirm level of
spine surgery. For
spinal cases in
which an

intra-operative
image is used to
determine the

spinal level, A

SECOND TIME OUT

MUST BE PERFORMED

to review the image

and correlate with

intra-spinal markers

Time Out Time 05/31/22 11:07:00

Last Modified By: Quick, RN, Donald

05/31/22 11:21:51

MHOR Safety Checklist 3 - Sign Out

Entry 1

Before Patient

Leaves OR

Nurse verbally Yes

confirms with the
team the name of
the procedure(s)
recorded

Nurse verbally Yes

confirms with the
team that
instrument, sponge,
and needle count
are addressed (or
N/A).

Nurse verbally Yes

confirms with the
team how the
specimen is labeled
(including patient
name), if applicable

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

Surgeon, anesthesia professional, and nurse review the key concerns for recovery and management of this patient

Last Modified By: Quick, RN, Donald
05/31/22 08:55:37

MHOR Skin Assessment

Entry 1
Skin assessment performed Preprocedure
Skin Integrity Warm, Dry, & Intact
Skin Abnormality Details
Skin Abnormality No
Surgeon Notified Yes
Abnormality Location n/a
Abnormality Type n/a
Color n/a
Abnormality Comment n/a
Last Modified By: Quick, RN, Donald
05/31/22 08:55:51

MHOR Skin Prep

Entry 1
Skin Prep
Prep Agents Chloraprep
Prep By Gruszecki PA, Catherine
Prep Area Abdomen
Prep Area Details Bilateral
Skin Prep Agent Dry Yes
Without Pooling
Hair Removal
Hair Removal Methods No hair removal performed in OR
Hair Removal By n/a
Hair Removal n/a
Date/Time
Hair Removal Site n/a
Hair Removal Site n/a
Details
Last Modified By: Quick, RN, Donald
05/31/22 11:25:10

MHOR Surgical Procedures

Entry 1
Procedure
Description
Procedure Cholecystectomy
Laparoscopy
Modifiers N/A
Additional n/a

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

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FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

Procedure Detail

Primary Procedure	Yes
Primary Surgeon	Phillip MD, D Roger
Start	05/31/22 11:07:00
Stop	05/31/22 13:39:00
Anesthesia Type	General
Surgical Service	General (SN)
Technique Details	
Closure Technique	Primary
Last Modified By:	Teich RN, Barbara J
	06/17/22 05:51:03

MHOR Transport

	Entry 1
Transport Time	n/a
Patient IV Access	Yes
Patent	
Postop Destination	Post Anesthesia Recovery
Via	Bed
Transport and Care	Yes
Information	
Reported to	
Receiving Nurse?	
Last Modified By:	Quick, RN, Donald
	05/31/22 13:39:24

MHOR Lab Specimens

NOT APPLICABLE

	Entry 1
Histology	
Histology Sampling	
Method	
Number of Containers	n/a
Microbiology	
Microbiology	
Sampling Method	
Number of Containers	n/a
Cytology	
Cytology Sampling	
Method	
Number of Containers	n/a
For details, please	n/a
refer to	
appropriate	
Laboratory Orders	
Last Modified By:	

MHOR PNDS

	Entry 1
PNDS Anxiety and	
Fear	
Nursing Diagnosis	Patient is at risk for
	anxiety and fear
Action /	A.510 Assesses
Intervention	psychosocial status,
	A.510.1 Assesses
	cultural, spiritual and

MidHudson Regional Hospital

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Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Perioperative Record

individual values,
 beliefs and preferences
 concerning care,
 A.510.3 Assesses
 perceptions of surgery,
 A.510.6 Assesses coping
 mechanisms, A.510.7
 Assesses psychosocial
 factors specific to the
 patient's health care
 management, Im.500
 Provides status reports
 to patient and
 designated support
 person, Im.505
 Implements
 complementary care
 interventions, Im.510
 Implements measures to
 provide psychological
 support, Im.720
 Implements security
 measures for patient
 records, belongings,
 and valuables
 Outcome Met 0.725 Psychosocial
 health is maintained at
 or improved from
 baseline
 PNDS Perioperative
 Team Communication
 Nursing Diagnosis Patient is at risk for
 perioperative team
 communication harm
 Action / A.10 Confirms patient
 Intervention identity, A.20 Verifies
 operative procedure,
 surgical site, side,
 and level, A.20.1
 Verifies consent for
 planned procedure,
 Im.10 Implements
 protective measures
 prior to operative or
 invasive procedure,
 Im.160 Maintains
 continuous
 surveillance, Im.170
 Performs hand-over
 report, Im.465 Provides
 information related to
 physiological and
 diagnostic study result
 variances, Im.85
 Provides information
 related to identified
 patient risks impacting
 care

MidHudson Regional Hospital

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 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Perioperative Record

Outcome Met O.50 Free from harm related to team communication throughout the continuum of perioperative care

PNDS Incorrect Procedure

Nursing Diagnosis Patient is at risk for perioperative team communication harm for incorrect procedure

Action / Intervention A.10 Confirms patient identity, A.20 Verifies operative procedure, surgical site, side, and level, A.20.1 Verifies consent for planned procedure, Im.10 Implements protective measures prior to operative or invasive procedure, Im.130 Manages implantable devices, Im.130.1 Records the removal of implantable devices, Im.70 Implements surgical time-out processes

Outcome Met O.30 Free from injury related to an incorrect procedure performed

PNDS Retained Surgical Item

Nursing Diagnosis Patient is at risk for retained surgical item

Action / Intervention A.20 Verifies operative procedure, surgical site, side, and level, A.70 Assesses risk factors for retained surgical items, Im.160 Maintains continuous surveillance, Im.20 Performs surgical counts, Im.2005 Manages the length of operative or invasive procedure by planning care, Im.465 Provides information related to physiological and diagnostic study result variances, Im.85 Provides information related to identified patient risks impacting

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
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Admit: 5/30/2022
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 Admitting: Phillip MD,D Roger

Perioperative Record

Outcome Met	care O.20 Free from injury related to unintended retained surgical item
PNDS Risk for Infection	
Nursing Diagnosis	Patient is at risk for infection
Action / Intervention	A.210 Assesses physiological status, A.340 Assesses deviation(s) in diagnostic study results, A.350 Assesses risk factors for infection, A.350.1 Classifies surgical wound, Im.130 Manages implantable devices, Im.130.1 Records the removal of implantable devices, Im.160 Maintains continuous surveillance, Im.220 Administers prescribed medications, Im.220.2 Administers prescribed antibiotic therapy as ordered, Im.250 Administers care to tubes and drains, Im.260 Administers prescribed prophylactic treatments, Im.270 Performs skin preparations, Im.290 Administers care to wound sites, Im.300 Implements aseptic technique, Im.300.1 Provides protection from cross-contamination, Im.300.2 Manages traffic control, Im.305 Implements Immediate Use Steam Sterilization (IUSS), Im.360 Manages for signs and symptoms of infection, Im.465 Provides information related to physiological and diagnostic study result variances
Outcome Met	O.280 Free from signs and symptoms of infection

MidHudson Regional Hospital

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FIN: 1007197070

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DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

PNDS Temperature

Imbalance

Nursing Diagnosis

Patient is at risk for
body temperature
imbalance

Action /

Intervention

A.200 Assesses risk to
thermoregulation,
A.200.1 Assesses risk
for inadvertent
hypothermia, A.200.2
Assesses risk for
inadvertent
hyperthermia, A.210
Assesses physiological
status, Im.205.1
Administers prescribed
intravenous solutions,
Im.210 Administers
prescribed irrigation
solutions, Im.280
Implements
thermoregulation
measures, Im.280.1
Implements protective
measures to prevent
skin or tissue injury
due to thermal sources,
Im.280.2 Applies
monitoring equipment to
manage body
temperature, Im.370
Manages physiological
parameters, Im.465
Provides information
related to
physiological and
diagnostic study result
variances, Im.85
Provides information
related to identified
patient risks impacting
care
O.290 Thermoregulation
maintained core body
temperature at desired
range

Outcome Met

PNDS Electrical

Source Injury

Nursing Diagnosis

Patient is at risk for
perioperative energy
generating device injury

Action /

Intervention

A.240 Assesses baseline
skin condition, A.250
Assesses baseline
neurological status,
A.250.1 Assesses
sensory impairments,
A.40 Assesses presence

MidHudson Regional Hospital

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 Admin Sex: Female

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Perioperative Record

	of prosthetics, implants, or corrective devices, A.40.1 Assesses the presence of implantable cardiac devices, A.40.2 Assesses the presence of implantable orthopedic hardware, A.40.3 Assesses the presence of implantable neurological devices, A.40.4 Assesses the presence of implantable endocrine devices, A.40.5 Assesses the presence of implantable pain infusion device, A.40.6 Assesses the presence of implantable stimulator devices, A.50 Assesses appropriate use of equipment, A.50.1 Assesses appropriate use of patient safety devices, A.50.2 Assesses appropriate use of clinical alarm systems, Im.160 Maintains continuous surveillance, Im.50 Implements protective measures to prevent injury due to electrical sources, Im.60 Manages supplies and equipment within safe parameters
Outcome Met	O.70 Free from injury related to a perioperative electrical source
PNDS Laser Injury	
Nursing Diagnosis	Patient is at risk for perioperative energy generating device injury
Action / Intervention	n/a
Outcome Met	n/a
PNDS Positioning	
Injury	
Nursing Diagnosis	n/a
Action / Intervention	A.220 Assesses baseline cardiovascular status, A.220.2 Assesses baseline tissue perfusion, A.240

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
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Perioperative Record

Outcome Met

PNDS Thermal Injury
 Nursing Diagnosis

Action /
 Intervention

Assesses baseline skin condition, A.240.2
 Assesses risk factors for perioperative pressure injury, A.280
 Assesses baseline musculoskeletal status, A.280.1
 Assesses physical alterations that require additional precautions, A.40
 Assesses presence of prosthetics, implants, or corrective devices, A.40.2
 Assesses the presence of implantable orthopedic hardware, A.50.1
 Assesses appropriate use of patient safety devices, Im.120
 Implements protective measures to prevent skin/tissue injury due to mechanical sources, Im.160
 Maintains continuous surveillance, Im.40
 Positions the patient, Im.60
 Manages supplies and equipment within safe parameters, Im.80
 Applies safety devices O.80
 Free from injury related to perioperative positioning

Patient is at risk for perioperative thermal injury
 A.240 Assesses baseline skin condition, A.50
 Assesses appropriate use of equipment, A.50.1
 Assesses appropriate use of patient safety devices, A.50.2
 Assesses appropriate use of clinical alarm systems, Im.280
 Implements thermoregulation measures, Im.280.1
 Implements protective measures to prevent skin or tissue injury due to thermal sources,

MidHudson Regional Hospital

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Perioperative Record

Outcome Met Im.60 Manages supplies and equipment within safe parameters
 O.10 Free from injury related to a perioperative thermal source

**PNDS Risk for Falls
 Nursing Diagnosis**

Action / Intervention Patient is at risk for falls
 A.240 Assesses baseline skin condition, A.280 Assesses baseline musculoskeletal status, A.280.1 Assesses physical alterations that require additional precautions, A.50 Assesses appropriate use of equipment, A.50.1 Assesses appropriate use of patient safety devices, Im.30 Performs transport according to individual needs, Im.80 Applies safety devices
Outcome Met O.120 Free from injury related to transfer/transport within the perioperative environment

**PNDS Specimen
 Management**

Nursing Diagnosis Patient is at risk for perioperative specimen management harm
Action / Intervention A.10 Confirms patient identity, A.20 Verifies operative procedure, surgical site, side, and level, Im.160 Maintains continuous surveillance, Im.330 Manages specimen collection, handling, and disposition, Im.330.1 Manages culture specimen collection
Outcome Met O.40 Free from harm related to specimen management within the perioperative environment

**PNDS Fluid Volume
 Imbalance**

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

Nursing Diagnosis	Patient is at risk for fluid volume and electrolyte imbalance
Action / Intervention	n/a
Outcome Met	n/a
PNDS Radiation Injury	
Nursing Diagnosis	n/a
Action / Intervention	n/a
Outcome Met	n/a
PNDS Equipment Injury	
Nursing Diagnosis	n/a
Action / Intervention	A.240 Assesses baseline skin condition, A.50 Assesses appropriate use of equipment, Im.120 Implements protective measures to prevent skin/tissue injury due to mechanical sources, Im.45 Implements latex allergy precautions, Im.60 Manages supplies and equipment within safe parameters
Outcome Met	O.60 Free from injury related to perioperative equipment, medical supplies, or instrumentation
PNDS Chemical/Latex Injury	
Nursing Diagnosis	Patient is at risk for chemical injury or latex allergy response
Action / Intervention	A.210 Assesses physiological status, A.240 Assesses baseline skin condition, A.30 Verifies allergies, Im.160 Maintains continuous surveillance, Im.270.1 Implements protective measures to prevent skin and tissue injury due to chemical sources, Im.370 Manages physiological parameters, Im.60 Manages supplies and equipment within safe parameters

MidHudson Regional Hospital

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DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

Outcome Met O.100 Free from injury
related to a
perioperative chemical
source

PNDS Endocrine**Status**

Nursing Diagnosis n/a

Action / n/a

Intervention

Outcome Met n/a

Last Modified By: Quick, RN, Donald
05/31/22 08:59:42

Case Comments

<None>

Finalized By: Teich RN, Barbara J

Document Signatures**Signed By:**

Teich RN, Barbara J 06/03/22 07:53

Quick, RN, Donald 05/31/22 13:55

Teich RN, Barbara J 06/17/22 05:51

Unfinalized History

Date/Time	Username	Reason for Unfinalizing	Freetext Reason for Unfinalizing
06/03/22 07:53	TEICHB	Chart Audit	
06/17/22 05:50	TEICHB	Chart Audit	

Document Type:

Main OR PACU Record

Service Date/Time:

5/31/2022 13:39 EDT

Result Status:

Auth (Verified)

Document Subject:

MHOR PACU Record

Sign Information:

Sohan RN,Allison J (5/31/2022 15:04 EDT)

MHOR PACU Record**MHOR PACU Record Summary**

Primary Physician: Phillip MD, D Roger
Case Number: MHOR-2022-2148
Finalized Date/Time: 05/31/22 15:04:27
Pt. Name: TOZZI SICARI, ESTHER S
D.O.B./Sex: 09/02/1953 Female
Med Rec #: 1035402
Physician: Phillip MD, D Roger
Financial #: 1007197070
Pt. Type: I
Room/Bed: MSDS12/A
Admit/Disch: 05/30/22 13:16:03 -

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Perioperative Record

Institution:

MHOR Case Attendees - PACU

Entry 1
Case Attendee: Sohan RN, Allison J
Role Performed: Nurse
Last Modified By: Sohan RN, Allison J
05/31/22 14:29:45

MHOR Case Times - PACU

Entry 1
In PACU I/PostProc: 05/31/22 13:51:00
Ready for PACU: 05/31/22 15:03:00
I/PostProc Discharge
Discharge from PACU: 05/31/22 15:03:00
I/PostProc
Post Anes Eval: 05/31/22 15:03:00
Complete
Orders Discontinued: Yes
per Communication
Order
Last Modified By: Sohan RN, Allison J
05/31/22 15:03:44

MHOR PNDS - PACU

Entry 1
PNDS Respiratory
Status
Nursing Diagnosis: Patient is at risk of
impaired respiratory
system functionand for
apnea
Action /
Intervention: A.210 Assesses
physiological status,
A.230 Assesses baseline
respiratory status,
A.230.1 Assesses risk
factors for apnea,
A.340 Assesses
deviation(s) in
diagnostic study
results, Im.220
Administers prescribed
medications, Im.220.4
Administers prescribed
medications based on
arterial blood gas
results, Im.370 Manages
physiological
parameters, Im.390
Manages changes in
respiratory status,
Im.390.1 Implements
supplies and equipment
to manage respiratory
status, Im.420

MidHudson Regional Hospital

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Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Perioperative Record

Outcome Met
 Implements deep breathing and coughing exercises
 O.310 Respiratory status is maintained at or improved from baseline levels

PNDS Cardiovascular Status

Nursing Diagnosis
 Patient is at risk of impaired cardiac function
 Action / Intervention
 A.210 Assesses physiological status,
 A.220 Assesses baseline cardiovascular status,
 A.50 Assesses appropriate use of equipment, A.50.2 Assesses appropriate use of clinical alarm systems, Im.370 Manages physiological parameters, Im.380 Manages changes in cardiac status, Im.380.1 Implements supplies and equipment to manage cardiac status
 Outcome Met
 O.320 Cardiovascular status is maintained at or improved from baseline levels

PNDS Tissue Perfusion

Nursing Diagnosis
 Patient is at risk of ineffective tissue perfusion and for venous thromboembolus
 Action / Intervention
 A.220 Assesses baseline cardiovascular status,
 A.220.2 Assesses baseline tissue perfusion, A.220.3 Assesses factors related to risks for ineffective tissue perfusion, A.220.4 Assesses procedure related risk factors for VTE, A.50 Assesses appropriate use of equipment, A.50.2 Assesses appropriate use of clinical alarm systems, Im.120 Implements protective measures to prevent

MidHudson Regional Hospital

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 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Perioperative Record

	skin/tissue injury due to mechanical sources, Im.235 Implements VTE prophylaxis, Im.60 Manages supplies and equipment within safe parameters
Outcome Met	O.210 Tissue perfusion is maintained at or improved from baseline levels
PNDS Temperature Imbalance	
Nursing Diagnosis	Patient is at risk for body temperature imbalance
Action / Intervention	A.200 Assesses risk to thermoregulation, A.200.1 Assesses risk for inadvertent hypothermia, A.200.2 Assesses risk for inadvertent hyperthermia, A.210 Assesses physiological status, Im.280.2 Applies monitoring equipment to manage body temperature, Im.370 Manages physiological parameters, Im.465 Provides information related to physiological and diagnostic study result variances, Im.85 Provides information related to identified patient risks impacting care
Outcome Met	O.290 Thermoregulation maintained core body temperature at desired range
PNDS Pain Control	
Nursing Diagnosis	Patient is at risk for pain and comfort alteration
Action / Intervention	A.360 Assesses pain control and pain management, A.360.1 Assesses cultural and value components related to pain, Im.220 Administers prescribed medications, Im.220.6 Administers prescribed

MidHudson Regional Hospital

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Perioperative Record

Outcome Met medications based on
 pain assessment, Im.310
 Implements pain
 management guidelines,
 Im.310.1 Implements
 alternative methods of
 pain control
 O.330 Demonstrates
 and/or reports adequate
 pain control

PNDS Medication Harm

Nursing Diagnosis n/a
 Action / n/a
 Intervention
 Outcome Met n/a

PNDS

Gastrointestinal Status

Nursing Diagnosis n/a
 Action / n/a
 Intervention
 Outcome Met n/a

PNDS Fluid Volume Imbalance

Nursing Diagnosis n/a
 Action / n/a
 Intervention
 Outcome Met n/a

PNDS Risk for Readmission

Nursing Diagnosis n/a
 Action / n/a
 Intervention
 Outcome Met n/a

PNDS Nutrition

Management Knowledge

Nursing Diagnosis n/a
 Action / n/a
 Intervention
 Outcome Met n/a

PNDS Medication

Management Knowledge

Nursing Diagnosis n/a
 Action / n/a
 Intervention
 Outcome Met n/a

PNDS Pain

Management Knowledge

Nursing Diagnosis n/a
 Action / n/a
 Intervention
 Outcome Met n/a

PNDS Wound

Management Knowledge

Nursing Diagnosis n/a
 Action / n/a
 Intervention
 Outcome Met n/a

MidHudson Regional Hospital

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DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

PNDS Risk for

Infection

Nursing Diagnosis n/a

Action / n/a

Intervention

Outcome Met n/a

PNDS Wound Healing

Nursing Diagnosis n/a

Action / n/a

Intervention

Outcome Met n/a

PNDS Neurological

Status

Nursing Diagnosis n/a

Action / n/a

Intervention

Outcome Met n/a

PNDS Genitourinary

Status

Nursing Diagnosis n/a

Action / n/a

Intervention

Outcome Met n/a

PNDS

Musculoskeletal

Status

Nursing Diagnosis n/a

Action / n/a

Intervention

Outcome Met n/a

PNDS Endocrine

Status

Nursing Diagnosis n/a

Action / n/a

Intervention

Outcome Met n/a

Last Modified By: Sohan RN, Allison J
05/31/22 14:30:58

MHOR Transport

Entry 1

Transport Time 15:03

Patient IV Access Yes

Patent

Postop Destination Patient Room

Via Bed

Transport and Care Yes

Information

Reported to

Receiving Nurse?

Last Modified By: Sohan RN, Allison J
05/31/22 15:04:23

Finalized By: Sohan RN, Allison J

Document Signatures

Signed By:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Perioperative Record

Sohan RN, Allison J 05/31/22 15:04

Surgical Documentation

Document Type:

IntraOperative Note

Service Date/Time:

6/2/2022 10:25 EDT

Result Status:

Auth (Verified)

Document Subject:

GENERAL SURGICAL COUNT SHEET

Sign Information:

***** Clinical Documentation Content on Following Page *****

*** IntraOperative Note - Auth (Verified) ***

[illegible]

DOB

TOZZI SICARI, ESTHER S

DOB: 09/02/1953

05/30/2022 13:16

ATT_v

FIN: 1007197070

MRN: 1035402

GENERAL SURGICAL COUNT SHEET

SURGCONTGEN (Rev: 11/21/14) Page 1 of 1

DATE: 5/31/2022 ROOM: 04 SURGEON: Dr. Phillip

PROCEDURE: Lap Cholecystectomy

PRINT NAME OR EMPLOYEE #	SIGNATURE	INITIALS	PRINT NAME OR EMPLOYEE #	SIGNATURE	INITIALS
487148 87078	<i>[Signature]</i> Tabelson	<i>[Initials]</i> BA			

[illegible]

INSTRUMENTS	START	FINAL	INSTRUMENTS	START	FINAL	INSTRUMENTS	START	FINAL
ABD AORTIC SET			FOG-HYDRAGRIP (ST) (ANG)			RETRACTORS (RT) (AN) (XLG)		
ADSONS & ALLISES			FORCEPS			SCISSORS		
ANDREWS SUCTION			GALLBLADDER INSTRUMENTS			SM VASC CLAMP SET		
ANEURYSM/YASERGILL-CLIPS			HAND-FOOT SET			SPONGE STICKS		
ANEURYSM CLIP APPLIERS			HEMO-LOK (STR) (ANG)			TRACH SET		
ARTERY SET			HEMORRHOID INSTRUMENTS			VAG. SLUNG INSTRUMENTS		
A.V. FISTULA			HYSTERECTOMY			WEITLANDER (DULL) (SHARP)		
BALFOUR			INST HOLD DRAPE					
BASIC BONE SET			INTESTINAL SET					
BASIC SET.(SM) (LG)			KIDNEY SET (A) (B)					
BECKMAN			LAPAROSCOPES					
CAROTID BULLDOG-CLAMPS			LAP GRASPERS					
CAROTID INSTRUMENTS			MARTIN ARM/THOMPSON					
CHEST SET (A) (B)			MICRO-BIPOLAR					
CRILES			MIXTERS					
CUSHING FCPS			MOSQUITOES					
D&C INST.			NEEDLE HOLDER					
DEAVERS			OLIVE TIP					
DEBAKEY FCPS			OMNI/BOOKWALTER					
DOPPLER PROBE			PLASTIC/OPD INSTRUMENTS					
FEM-TIB SET			PROSTATECTOMY SET					

COMMENTS:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Surgical Documentation

Document Type: Operative Report
Service Date/Time: 5/31/2022 14:09 EDT
Result Status: Auth (Verified)
Document Subject: Op Note
Sign Information: Phillip MD,D Roger (5/31/2022 14:38 EDT)

Indication for Surgery:

Acute Cholecystitis

Preoperative Diagnosis:

Acute Cholecystitis

Postoperative Diagnosis:

Acute Cholecystitis

Operation:

Laparoscopic Cholecystectomy

Surgeon(s):

D-Roger Phillip, MD

Assistant:

Catherine Gruszecki, PA

Medical Student

Anesthesia:

General

Estimated Blood Loss:

75ml

Urine Output:

N/A

Findings:

Severe Inflammation of the fundus and body of the gallbladder.

Omental attachments to the gallbladder.

Duodenal attached to Body of Gallbladder.

PortaHepatic inflammation noted as well as in the Cystic Duct/Common Bile Duct Junction.

Cystic Duct friable in appearance, unable to hold Laparoscopic Clip application. Required Robotic Clip to be applied to ligate it.

Specimen(s):

Gallbladder

Complications:

None

Technique:

The patient was brought to the Operating room and placed on the OR table in supine position. After adequate Anesthesia was administered, the patient was intubated. The abdomen was prepped and draped in standard sterile fashion. Time out was implemented where the patient was identified, the consent was read, everyone in the room was in agreement, the operation commenced.

A vertical incision was made in the umbilicus. This incision was carried down through the soft tissue to the fascia of the abdominal wall. The fascia was incised in the midline. Once into the peritoneal cavity, a blunt Hassan port was placed, CO2 was insufflated, and a

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Surgical Documentation

laparoscopic camera was introduced. Upon inspection, the liver was identified. The gallbladder was identified. It was found to be gully covered with omentum. A 5mm port was placed in the epigastric region to the right of the Falciform ligament. Two 5mm ports were placed in the right side of the abdomen.

The fundus of the gallbladder was grasped and retracted above the liver edge. The Omentum had to be sharply and bluntly dissected off of the gallbladder. Once the omentum was mobilized off the gallbladder, the duodenum was also identified and was mobilized bluntly off of the body of the gallbladder. The Infundibulum was noted to have severe inflammatory tissue around it as well. With blunt dissection the infundibulum was mobilized off the right side side of the liver and the the phlegmonous tissue noted on the gallbladder. The cautery was used to mobilize part of the right side of the gallbladder off the liver edge. The infundibulum of the gallbladder was retracted laterally to help expose and delineate the infundibulum-cystic duct junction. Blunt dissection was carried out to dissect soft tissue around the cystic duct to expose anatomy medially as well.. The "Critical View" was obtained where the infundibulum tapered into the cystic duct and then the cystic duct-common bile duct junction was also visualized. An instrument was able to pass around the cystic duct clearly defining it as a single structure directly attached to the gallbladder and proximally to the common bile duct. The Node of Calot was identified and found to be matted into the gallbladder with soft tissue.

At this point the cystic duct was transected and ligated using endoclips and endoscissors. The clips placed on the proximal cystic duct where noted to be loose due to the friable cystic duct tissue. These clips easily dislodged with minimal manipulation. At this point, the cystic duct stump did not have enough length to engage a 45mm endostapler. So a robotic clip was applied onto the cystic duct stump with good application. There was no bile leakage noted afterwards. The cystic artery was noted in the inflamed matted tissue adjacent to the node of Calot. It was transected and ligated using endoclips and endoscissors. The gallbladder was then dissected out of its bed within the liver using the Hook Cautery. There were poor tissue planes due to the severe inflammatory tissue surrounding the gallbladder. Adequate hemostasis was obtained during this dissection using the cautery. Once the gallbladder was freed from its bed in the liver, it was placed into an endobag and removed from the abdomen via the periumbilical port site that had to be enlarged to accommodate. The gallbladder bed was inspected again and adequate hemostasis was confirmed. The cautery was used to assist with hemostasis. Fluid in Morrison's pouch was suctioned out. The Cystic Duct Robotic clip was inspected and found to be intact. A 19 French channel drain was placed in Morrison's pouch and brought out through the lateral 5mm port site. It was placed onto a Grenade and attached to the skin with a 3-0 Nylon suture. The Umbilical incision was closed with four 0 Vicryl sutures in figure of 8 fashion.

At this point all the laparoscopic instruments were removed from the abdomen, CO2 was discontinued and intraperitoneal gas was evacuated. The ports were removed from the skin. The the remaining 5mm ports were closed with 4-0 Biosyn. And the umbilical incision was also closed with 4-0 Biosyn. Dermabond was applied.

The patient was then awakened, extubated, and brought to the Recovery room for post operative management.

Electronically Signed on 05/31/22 02:38 PM

Phillip MD, D Roger

Document Type: Surgical Pathology Report
Service Date/Time: 5/31/2022 12:40 EDT
Result Status: Auth (Verified)
Document Subject: SURGICAL PATHOLOGY
Sign Information:

SURGICAL PATHOLOGY

<http://wmclabapp1.wcmc.com:7700/img/show/BmrSiBbT4oqGyZdIC4OZw8HJ4A8qm1OWpwIEIKRAsQ= HNAM URL>

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Patient Education Notes

Document Type: Periop Patient Education
Service Date/Time: 5/31/2022 13:15 EDT
Result Status: Auth (Verified)
Document Subject: Periop Patient Education
Sign Information: Pelletier PA,Olivia M (5/31/2022 13:15 EDT)

Periop Patient Education

Patient Education Materials Follows:

Cholecystitis



Cholecystitis is inflammation of the gallbladder. It is often called a gallbladder attack. The gallbladder is a pear-shaped organ that lies beneath the liver on the right side of the body. The gallbladder stores bile, which is a fluid that helps the body digest fats. If bile builds up in your gallbladder, your gallbladder becomes inflamed.

This condition may occur suddenly. Cholecystitis is a serious condition and requires treatment.

What are the causes?

The most common cause of this condition is gallstones. Gallstones can block the tube (duct) that carries bile out of your gallbladder. This causes bile to build up.

Other causes include:

- Damage to the gallbladder due to a decrease in blood flow.
- Infections in the bile ducts.
- Scars or kinks in the bile ducts.
- Tumors in the liver, pancreas, or gallbladder.

What increases the risk?

You are more likely to develop this condition if:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Patient Education Notes

- You have sickle cell disease.
- You take birth control pills or use estrogen.
- You have alcoholic liver disease.
- You have liver cirrhosis.
- You have your nutrition delivered through a vein (parenteral nutrition).
- You are critically ill.
- You do not eat or drink for a long time. This is also called "fasting."
- You are obese.
- You lose weight too fast.
- You are pregnant.
- You have high levels of fat (triglycerides) in the blood.
- You have pancreatitis.

What are the signs or symptoms?

Symptoms of this condition include:

- Pain in the abdomen, especially in the upper right area of the abdomen.
- Tenderness or bloating in the abdomen.
- Nausea.
- Vomiting.
- Fever.
- Chills.

How is this diagnosed?



This condition is diagnosed with a medical history and physical exam. You may also have other tests, including:

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Patient Education Notes

- Imaging tests, such as:
 - An ultrasound of the gallbladder.
 - A CT scan of the abdomen.
 - A gallbladder nuclear scan (HIDA scan). This scan allows your health care provider to see the bile moving from your liver to your gallbladder and on to your small intestine.
 - MRI.
- Blood tests, such as:
 - A complete blood count. The white blood cell count may be higher than normal.
 - Liver function tests. Certain types of gallstones cause some results to be higher than normal.

How is this treated?

Treatment may include:

- Surgery to remove your gallbladder (cholecystectomy).
- Antibiotic medicine, usually through an IV.
- Fasting for a certain amount of time.
- Giving IV fluids.
- Medicine to treat pain or vomiting.

Follow these instructions at home:

- If you had surgery, follow instructions from your health care provider about home care after the procedure.

Medicines

- Take over-the-counter and prescription medicines only as told by your health care provider.

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Patient Education Notes

- If you were prescribed an antibiotic medicine, take it as told by your health care provider. **Do not** stop taking the antibiotic even if you start to feel better.

General instructions

- Follow instructions from your health care provider about what to eat or drink. When you are allowed to eat, avoid eating or drinking anything that triggers your symptoms.
- **Do not** lift anything that is heavier than 10 lb (4.5 kg), or the limit that you are told, until your health care provider says that it is safe.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. If you need help quitting, ask your health care provider.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- Your pain is not controlled with medicine.
- You have a fever.

Get help right away if:

- Your pain moves to another part of your abdomen or to your back.
- You continue to have symptoms or you develop new symptoms even with treatment.

Summary

- Cholecystitis is inflammation of the gallbladder.
- The most common cause of this condition is gallstones. Gallstones can block the tube (duct) that carries bile out of your gallbladder.
- Common symptoms are pain in the abdomen, nausea, vomiting, fever, and chills.
- This condition is treated with surgery to remove the gallbladder, medicines, fasting, and IV fluids.
- Follow your health care provider's instructions for eating and drinking. Avoid eating anything that triggers your symptoms.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

MidHudson Regional Hospital

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Patient Education Notes

Document Released: 12/18/2006 Document Revised: 04/26/2019 Document Reviewed: 04/26/2019
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Allscripts Care Management

Document Type: Case Management Progress Note
Service Date/Time: 6/1/2022 13:13 EDT
Result Status: Auth (Verified)
Document Subject: Progress Notes
Sign Information:

Progress Notes

Patient Name: TOZZI SICARI, S ESTHER
MRN: 1035402
Account #: 001007197070
Date of Birth: 1953-09-02

Progress Notes

Progress Note

Notes SW attempted to meet with pt however not currently in room.
SW to f/u as schedule permits.

Electronically signed by: Andrea Petruzzelli
Electronically signed on: 06-01-2022 1:13:28 PM

Document Type: Risk for Readmission Assessment
Service Date/Time: 5/31/2022 13:57 EDT
Result Status: Auth (Verified)
Document Subject: Risk for Readmission Assessment
Sign Information:

Risk for Readmission Assessment

Patient Name: TOZZI SICARI, S ESTHER
MRN: 1035402
Account #: 001007197070
Date of Birth: 1953-09-02

Risk for Readmission Assessment

Risk for Readmission Assessment
Verbally Ask Patient for Contact Number Phone Number 646-784-4401

Caregiver Relationship anthony, Phone Number 917-860-8003

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Allscripts Care Management

Problems with Medications? No
Psychological- Depression/History of Depression? No
Principal Diagnosis No
Physical Limitations- Frailty, Deconditioning, or Other No
Poor Healthy Literacy- Unable to "Teach Back" Successfully No
Poor Social Support- Absence of a reliable Caregiver No
Prior Hospitalization? No Prior Hospitalization
Palliative Care No

Electronically signed by: Mary Mcelduff
Electronically signed on: 05-31-2022 1:57:23 PM

Document Type:	Discharge Progress Note
Service Date/Time:	6/1/2022 15:59 EDT
Result Status:	Auth (Verified)
Document Subject:	Discharge Progress Note
Sign Information:	

Discharge Progress Note

Patient Name: TOZZI SICARI, S ESTHER
MRN: 1035402
Account #: 001007197070
Date of Birth: 1953-09-02

Discharge Progress Note

Discharge Progress Note
Discharge Progress Note Pt has been medically cleared and DC home
today prior to SW meeting. No needs indicated.

Electronically signed by: Andrea Petruzzelli
Electronically signed on: 06-01-2022 3:59:41 PM

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Allscripts Care Management

Document Type: 24-72 Hour TOC Phone Call
Service Date/Time: 6/2/2022 13:28 EDT
Result Status: Auth (Verified)
Document Subject: 1.24-72 Hour TOC Phone Call
Sign Information:

1.24-72 Hour TOC Phone Call

Patient Name: TOZZI SICARI, S ESTHER
MRN: 1035402
Account #: 001007197070
Date of Birth: 1953-09-02

1.24-72 Hour TOC Phone Call

24-72 Hour Transition Of Care Phone Call
Phone Call Spoke to Patient

How are you feeling since being discharged from the hospital? Better

Have you made your follow-up appointment with your physician yet?
Yes

Have you filled your prescriptions yet? Yes

Do you have someone close to you who can assist you if you need help?
Yes

Do you feel well educated on the discharge plan items that you are
responsible for? Yes

Electronically signed by: Jessica Williams
Electronically signed on: 06-02-2022 1:28:08 PM

MidHudson Regional Hospital

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 MRN: 1035402
 FIN: 1007197070
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Intake and Output

INTAKE		5/30/2022 - 5/31/2022			5/31/2022 - 6/1/2022		
All time in EDT		0700 - 1900	1900 - 0700	Total	0700 - 1900	1900 - 0700	Total
Lactated Ringers (ANES) 1,000 mL(1000 mL Lactated Ringers Injection)	mL	-	-	-	750	-	750
Ofirmev (ANES) 1,000 mg(1000 mg acetaminophen)	mL	-	-	-	100	-	100
Zosyn (ANES) 3.375 g(3 g piperacillin-tazobactam)	mL	-	-	-	50	-	50
dexamethasone	mL	-	-	-	1	-	1
famotidine	mL	2	-	2	-	-	-
fentanyl	mL	-	-	-	2	-	2
ketorolac	mL	0.5	-	0.5	0.5	1	1.5
ondansetron	mL	2	-	2	2	-	2
piperacillin-tazobactam	mL	-	-	-	-	150	150
piperacillin-tazobactam + Sodium Chloride 0.9%	mL	50	-	50	-	-	-
rocuronium	mL	-	-	-	5	-	5
Sodium Chloride 0.9%	mL	1000	-	1000	-	-	-
12 Hour Total	mL	1054.5	-		910.5	151	
24 Hour Total	mL		1054.5			1061.5	

OUTPUT		5/30/2022 - 5/31/2022			5/31/2022 - 6/1/2022		
All time in EDT		0700 - 1900	1900 - 0700	Total	0700 - 1900	1900 - 0700	Total
Estimated Blood Loss	mL	-	-	-	25	-	25
Output : #1 Other: JP Right, Abdomen	mL	-	-	-	-	80	80
12 Hour Total	mL	-	-		25	80	
24 Hour Total	mL	No documented output results for date range				105	

INTAKE		6/1/2022 - 6/2/2022		
All time in EDT		0700 - 1900	1900 - 0700	Total
ketorolac	mL	0.5	-	0.5
ondansetron	mL	2	-	2
piperacillin-tazobactam	mL	50	-	50
12 Hour Total	mL	52.5	-	
24 Hour Total	mL		52.5	

OUTPUT		6/1/2022 - 6/2/2022		
All time in EDT		0700 - 1900	1900 - 0700	Total
Output : #1 Other: JP Right, Abdomen	mL	70	-	70

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
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 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Intake and Output

OUTPUT		6/1/2022 - 6/2/2022		
All time in EDT		0700 - 1900	1900 - 0700	Total
12 Hour Total	mL	70	-	
24 Hour Total	mL		70	

Clinical Range Total from 5/30/2022 to 6/2/2022

Total Intake (mL)	Total Output (mL)	Fluid Balance (mL)
2168.5	175	1993.5

Allergy List

Substance: **No Known Medication Allergies**

Recorded Date/Time

5/30/2022 14:03 EDT

Allergy Type: Allergy; **Category:** Drug; **Reaction Status:** Active; **Information Source:** ;

Reviewed Date/Time: 6/15/2022 10:47 EDT; **Reviewed By:** Baldi MA,Anais

Social History

Alcohol

Detail: How often do you have a drink containing alcohol? Never. How many drinks containing alcohol do you have on a typical day when you are drinking? Never. How often do you have six or more drinks on one occasion? Never. (Last Update: 5/30/2022 14:04 EDT by Adams RN,Kristen L)

Substance Use DAST 1

Detail: Which Recreational drugs have you used in the past year? Not applicable (denies use). How often have you used these drugs? Not applicable (denies use). (Last Update: 5/30/2022 14:04 EDT by Adams RN,Kristen L)

Tobacco

Detail: Smoking tobacco use: Never (less than 100 in lifetime). (Last Update: 5/30/2022 14:04 EDT by Adams RN,Kristen L)

Clinical Diagnoses

Diagnosis: **Hypertension**

Secondary Description:

Last Reviewed Date: 5/31/2022 13:15 EDT; Pelletier PA, Olivia M

Responsible Provider: Pelletier PA,Olivia M

Diagnosis Date: 5/31/2022

Status: Active

Clinical Service: ; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** I10 (ICD-10-CM); **Ranking:** ; **Severity:** ;

Severity Class: ; **Certainty:**

MidHudson Regional Hospital

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DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Clinical Diagnoses

Diagnosis: **Acute cholecystitis**

Secondary Description:

Last Reviewed Date: 5/30/2022 17:44 EDT; Suleiman PA, Mary K	Responsible Provider:

Diagnosis Date: 5/30/2022	Status: Active

Clinical Service: Non-Specified; Classification: Medical; Confirmation: Confirmed; Code: K81.0 (ICD-10-CM); Ranking: ; Severity: ; Severity Class: ; Certainty:

Diagnosis: **Abdominal pain**

Secondary Description:

Last Reviewed Date: 5/30/2022 14:04 EDT; Adams RN, Kristen L	Responsible Provider:

Diagnosis Date: 5/30/2022	Status: Active

Clinical Service: Non-Specified; Classification: Nursing; Confirmation: Complaint of; Code: 4858AFEB-7C01-4A67-B4F5-9B3A35EA1FC8 (PNED); Ranking: ; Severity: ; Severity Class: ; Certainty:

Problems

Problem Name: **At risk for infection**

Life Cycle Status: Active

Recorder: SYSTEM,SYSTEM Cerner

Last Updated: 5/31/2022 18:21 EDT; SYSTEM,SYSTEM Cerner	Last Reviewed: 6/13/2022 18:15 EDT; Debrosky RN, Michele L

Classification: Interdisciplinary; Confirmation: Confirmed; Code: 213770019; Course: ; Onset Date: 5/31/2022; Status Date: 5/31/2022; Prognosis: ; Persistence:

C: 5/31/2022 18:21 EDT; SYSTEM, SYSTEM Cerner; Problem added automatically by system based on order of Add At Risk for Infection to Problem List

Problem Name: **Cough**

Life Cycle Status: Active

Recorder: Bauer PA,Lindsey M

Responsible Provider: Bauer PA,Lindsey M

Last Updated: 6/14/2022 00:26 EDT; Bauer PA,Lindsey M	Last Reviewed: 6/14/2022 00:26 EDT; Bauer PA,Lindsey M

Classification: Medical; Confirmation: Confirmed; Code: 82824016; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

Problem Name: **Hypertension**

Life Cycle Status: Active

Recorder: Pelletier PA,Olivia M

Responsible Provider: Pelletier PA,Olivia M

Last Updated: 5/31/2022 13:15 EDT; Pelletier PA,Olivia M	Last Reviewed: 6/13/2022 18:15 EDT; Debrosky RN, Michele L

Classification: Medical; Confirmation: Confirmed; Code: 1215744012; Course: ; Onset Date: ; Status Date: ; Prognosis: ; Persistence:

MidHudson Regional Hospital

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MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Procedures

Procedure: **Cholecystectomy Laparoscopy (N/A)**

Status: Active

Procedure Date: 5/31/2022 11:07 EDT (68 years) Provider: Phillip MD,D Roger Location: MH_Main OR

Last Updated: 6/17/2022 05:51 EDT; Teich RN,Barbara J Last Reviewed: 6/15/2022 10:48 EDT; Baldi MA,Anais

C: 5/31/2022 13:55 EDT; Quick, RN, Donald; auto-populated from documented surgical case

Procedure: **Resection of Gallbladder,Percutaneous Endoscopic Approach**

Status: Active

Code: 0FT44ZZ (ICD-10-PCS)

Procedure Date: 5/31/2022 00:00 EDT (68 years) Provider: Chiao MD,Franklin B

Last Updated: 6/2/2022 15:05 EDT; Carpentier CCS,Mary Jane

Medication Administration Record

Medications

Medication Name: piperacillin-tazobactam (Zosyn)

Admin Date/Time: 6/1/2022 14:18 EDT

Charted Date/Time: 6/1/2022 14:18 EDT

Ingredients: piperatazo3g0375Soln50 3.375 g 50 mL

Admin Details: (Auth) IV Piggyback, Antecubital, Right

Action Details: Order: Phillip MD,D Roger 5/31/2022 15:56 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 14:17 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 14:17 EDT

Early/Late Reason: CURETON RN,Pamela Y 6/1/2022 14:18 EDT

Early/Late Reason:

Off Nursing Unit

Medication Name: traMADol (Ultram)

Admin Date/Time: 6/1/2022 12:30 EDT

Charted Date/Time: 6/1/2022 12:30 EDT

Admin Details: Auth (Verified)

Medication Response: Symptoms improved; Medication Effective: Yes; Medication Administration Reason: Pain

Action Details: Order: Gruszecki PA,Catherine E 5/31/2022 16:27 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 12:30 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 12:30 EDT

Medication Name: ketorolac (Toradol)

Admin Date/Time: 6/1/2022 12:09 EDT

Charted Date/Time: 6/1/2022 12:09 EDT

Ingredients: keto30Sol 15 mg 0.5 mL

Admin Details: (Auth) IV Push, Antecubital, Right

Action Details: Order: Pelletier PA,Olivia M 5/31/2022 23:39 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 12:04 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 12:04 EDT

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Medication Administration Record

Medications

Medication Name: nystatin topical (nystatin 100,000 units/g topical ointment)
Admin Date/Time: 6/1/2022 12:09 EDT **Charted Date/Time:** 6/1/2022 12:09 EDT
Ingredients: nystatin100000Oint15 1 app
Admin Details: (Auth) Topical, Breast, Right
Action Details: Order: Gioia PA,Marissa 6/1/2022 10:18 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 12:09 EDT;
 VERIFY: CURETON RN,Pamela Y 6/1/2022 12:09 EDT
Reason for Medication: CURETON RN,Pamela Y 6/1/2022 12:09 EDT
 itching/rash

Medication Name: insulin regular (HumuLIN R NORMAL Correction Scale w/ Meals)
Admin Date/Time: 6/1/2022 11:25 EDT **Charted Date/Time:** 6/1/2022 11:25 EDT
Admin Details: (Not Given) Within Normal Limits
Action Details: Order: Gruszecki PA,Catherine E 5/31/2022 14:01 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 11:25
 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 11:25 EDT
Result Comment: CURETON RN,Pamela Y 6/1/2022 11:25 EDT
 bs114

Medication Name: traMADol (Ultram)
Admin Date/Time: 6/1/2022 11:08 EDT **Charted Date/Time:** 6/1/2022 11:08 EDT
Ingredients: trama50Tab 50 mg 1 tab
Admin Details: (Auth) Oral
Action Details: Order: Gruszecki PA,Catherine E 5/31/2022 16:27 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 11:08
 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 11:08 EDT
Reason for Medication: CURETON RN,Pamela Y 6/1/2022 11:08 EDT
 other (see comment)

Medication Name: ondansetron (Zofran)
Admin Date/Time: 6/1/2022 10:54 EDT **Charted Date/Time:** 6/1/2022 10:54 EDT
Admin Details: Auth (Verified)
 Medication Effective: Yes; Medication Administration Reason: Nausea; Medication Response: Symptoms improved
Action Details: Order: Suleiman PA,Mary K 5/30/2022 17:41 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 10:54 EDT;
 VERIFY: CURETON RN,Pamela Y 6/1/2022 10:54 EDT

Medication Name: enoxaparin (Lovenox)
Admin Date/Time: 6/1/2022 10:00 EDT **Charted Date/Time:** 6/1/2022 09:20 EDT
Admin Details: (Not Done) Not Appropriate At This Time
 enoxaparin
Action Details: Perform: CURETON RN,Pamela Y 6/1/2022 10:00 EDT

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Medication Administration Record

Medications

Medication Name: acetaminophen
Admin Date/Time: 6/1/2022 09:25 EDT Charted Date/Time: 6/1/2022 09:25 EDT
Ingredients: acet325Tab 650 mg 2 tab
Admin Details: (Auth) Oral
Action Details: Order: Gruszecki PA,Catherine E 5/31/2022 15:56 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 09:25 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 09:25 EDT
Early/Late Reason: CURETON RN,Pamela Y 6/1/2022 09:25 EDT
Early/Late Reason: Cluster Care

Medication Name: atorvastatin
Admin Date/Time: 6/1/2022 09:25 EDT Charted Date/Time: 6/1/2022 09:25 EDT
Ingredients: atorva20Tab 20 mg 1 tab
Admin Details: (Auth) Oral
Action Details: Order: Suleiman PA,Mary K 5/30/2022 19:23 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 09:25 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 09:25 EDT

Medication Name: lisinopril
Admin Date/Time: 6/1/2022 09:25 EDT Charted Date/Time: 6/1/2022 09:25 EDT
Ingredients: lisin20Tab 20 mg 1 tab
Admin Details: (Auth) Oral
Action Details: Order: Suleiman PA,Mary K 5/30/2022 19:22 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 09:25 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 09:25 EDT

Medication Name: oxybutynin
Admin Date/Time: 6/1/2022 09:25 EDT Charted Date/Time: 6/1/2022 09:25 EDT
Ingredients: oxybu5Tab 5 mg 1 tab
Admin Details: (Auth) Oral
Action Details: Order: Suleiman PA,Mary K 5/30/2022 21:25 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 09:25 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 09:25 EDT

Medication Name: pantoprazole
Admin Date/Time: 6/1/2022 09:25 EDT Charted Date/Time: 6/1/2022 09:25 EDT
Ingredients: panto40Inj 40 mg
Admin Details: (Auth) IV Push, Antecubital, Right
Action Details: Order: Suleiman PA,Mary K 5/30/2022 17:44 EDT; Perform: CURETON RN,Pamela Y 6/1/2022 09:19 EDT; VERIFY: CURETON RN,Pamela Y 6/1/2022 09:19 EDT

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Medication Administration Record

Medications

Medication Name: pregabalin
Admin Date/Time: 6/1/2022 09:25 EDT Charted Date/Time: 6/1/2022 09:25 EDT
Ingredients: preg25Cap 75 mg 3 cap
Admin Details: (Auth) Oral
Action Details: Order: Suleiman PA, Mary K 5/30/2022 19:24 EDT; Perform: CURETON RN, Pamela Y 6/1/2022 09:25 EDT; VERIFY: CURETON RN, Pamela Y 6/1/2022 09:25 EDT

Medication Name: senna
Admin Date/Time: 6/1/2022 09:25 EDT Charted Date/Time: 6/1/2022 09:25 EDT
Ingredients: senna86Tab 8.6 mg 1 tab
Admin Details: (Auth) Oral
Action Details: Order: Suleiman PA, Mary K 5/30/2022 17:44 EDT; Perform: CURETON RN, Pamela Y 6/1/2022 09:25 EDT; VERIFY: CURETON RN, Pamela Y 6/1/2022 09:25 EDT

Medication Name: insulin regular (HumuLIN R NORMAL Correction Scale w/ Meals)
Admin Date/Time: 6/1/2022 08:33 EDT Charted Date/Time: 6/1/2022 08:34 EDT
Admin Details: (Not Given) Within Normal Limits
Action Details: Order: Gruszecki PA, Catherine E 5/31/2022 14:01 EDT; Perform: CURETON RN, Pamela Y 6/1/2022 08:34 EDT; VERIFY: CURETON RN, Pamela Y 6/1/2022 08:34 EDT
Result Comment: CURETON RN, Pamela Y 6/1/2022 08:34 EDT bs133

Medication Name: ondansetron (Zofran)
Admin Date/Time: 6/1/2022 08:33 EDT Charted Date/Time: 6/1/2022 08:33 EDT
Ingredients: ondan2Soln2 4 mg 2 mL
Admin Details: (Auth) IV Push, Antecubital, Right
Action Details: Order: Suleiman PA, Mary K 5/30/2022 17:41 EDT; Perform: CURETON RN, Pamela Y 6/1/2022 08:31 EDT; VERIFY: CURETON RN, Pamela Y 6/1/2022 08:31 EDT
Reason for Medication: CURETON RN, Pamela Y 6/1/2022 08:33 EDT nausea

Medication Name: piperacillin-tazobactam (Zosyn)
Admin Date/Time: 6/1/2022 05:32 EDT Charted Date/Time: 6/1/2022 05:32 EDT
Ingredients: piperatazo3g0375Soln50 3.375 g 50 mL
Admin Details: (Auth) IV Piggyback, Antecubital, Right
Action Details: Order: Phillip MD,D Roger 5/31/2022 15:56 EDT; Perform: Lynch RN, Erik L 6/1/2022 05:31 EDT; VERIFY: Lynch RN, Erik L 6/1/2022 05:31 EDT

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Medication Administration Record

Medications

Medication Name: ketorolac (Toradol)

Admin Date/Time: 6/1/2022 04:05 EDT

Charted Date/Time: 6/1/2022 04:05 EDT

Ingredients: keto30Sol 15 mg 0.5 mL

Admin Details: (Auth) IV Push, Antecubital, Right

Action Details: Order: Pelletier PA,Olivia M 5/31/2022 23:39 EDT; Perform: Lynch RN,Erik L 6/1/2022 04:03 EDT; VERIFY: Lynch RN,Erik L 6/1/2022 04:03 EDT

Medication Name: acetaminophen

Admin Date/Time: 6/1/2022 02:00 EDT

Charted Date/Time: 6/1/2022 02:47 EDT

Admin Details: (Not Done) Patient Sleeping
acetaminophen

Action Details: Perform: Lynch RN,Erik L 6/1/2022 02:00 EDT

Medication Name: piperacillin-tazobactam (Zosyn)

Admin Date/Time: 6/1/2022 00:43 EDT

Charted Date/Time: 6/1/2022 00:43 EDT

Ingredients: piperatazo3g0375Soln50 3.375 g 50 mL

Admin Details: (Auth) IV Piggyback, Antecubital, Right

Action Details: Order: Phillip MD,D Roger 5/31/2022 15:56 EDT; Perform: Lynch RN,Erik L 6/1/2022 00:42 EDT; VERIFY: Lynch RN,Erik L 6/1/2022 00:42 EDT

Medication Name: piperacillin-tazobactam (Zosyn)

Admin Date/Time: 6/1/2022 00:00 EDT

Charted Date/Time: 5/31/2022 23:49 EDT

Admin Details: (Not Done) duplicate dose
piperacillin-tazobactam

Action Details: Perform: Lynch RN,Erik L 6/1/2022 00:00 EDT

Medication Name: enoxaparin (Lovenox)

Admin Date/Time: 5/31/2022 22:26 EDT

Charted Date/Time: 5/31/2022 22:26 EDT

Ingredients: enox30Soln03 30 mg 0.3 mL

Admin Details: (Auth) Subcutaneous, Abdomen, Left Lower Quad

Action Details: Order: Gruszecki PA,Catherine E 5/31/2022 21:47 EDT; Perform: Lynch RN,Erik L 5/31/2022 22:21 EDT; VERIFY: Lynch RN,Erik L 5/31/2022 22:21 EDT

Medication Name: ketorolac (Toradol)

Admin Date/Time: 5/31/2022 22:26 EDT

Charted Date/Time: 5/31/2022 22:26 EDT

Ingredients: keto30Sol 15 mg 0.5 mL

Admin Details: (Auth) IV Push, Antecubital, Right

Action Details: Order: Pelletier PA,Olivia M 5/31/2022 16:33 EDT; Perform: Lynch RN,Erik L 5/31/2022 22:22 EDT; VERIFY: Lynch RN,Erik L 5/31/2022 22:22 EDT

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Medication Administration Record

Medications

Medication Name: pregabalin
Admin Date/Time: 5/31/2022 22:26 EDT Charted Date/Time: 5/31/2022 22:26 EDT
Ingredients: preg25Cap 75 mg 3 cap
Admin Details: (Auth) Oral
Action Details: Order: Suleiman PA, Mary K 5/30/2022 19:24 EDT; Perform: Lynch RN, Erik L 5/31/2022 22:26 EDT; VERIFY: Lynch RN, Erik L 5/31/2022 22:26 EDT

Medication Name: senna
Admin Date/Time: 5/31/2022 22:26 EDT Charted Date/Time: 5/31/2022 22:26 EDT
Ingredients: senna86Tab 8.6 mg 1 tab
Admin Details: (Auth) Oral
Action Details: Order: Suleiman PA, Mary K 5/30/2022 17:44 EDT; Perform: Lynch RN, Erik L 5/31/2022 22:26 EDT; VERIFY: Lynch RN, Erik L 5/31/2022 22:26 EDT

Medication Name: insulin regular (HumuLIN R NORMAL Correction Scale at Bedtime)
Admin Date/Time: 5/31/2022 22:00 EDT Charted Date/Time: 5/31/2022 22:16 EDT
Admin Details: (Not Done) BS 233
insulin regular
Action Details: Perform: Lynch RN, Erik L 5/31/2022 22:00 EDT

Medication Name: traMADol (Ultram)
Admin Date/Time: 5/31/2022 21:51 EDT Charted Date/Time: 6/1/2022 00:45 EDT
Admin Details: Auth (Verified)
Medication Response: Symptoms improved; Medication Effective: Yes; Medication Administration Reason: Pain
Action Details: Order: Gruszecki PA, Catherine E 5/31/2022 16:27 EDT; Perform: Lynch RN, Erik L 6/1/2022 00:45 EDT; VERIFY: Lynch RN, Erik L 6/1/2022 00:45 EDT

Medication Name: traMADol (Ultram)
Admin Date/Time: 5/31/2022 20:51 EDT Charted Date/Time: 5/31/2022 20:51 EDT
Ingredients: trama50Tab 50 mg 1 tab
Admin Details: (Auth) Oral
Action Details: Order: Gruszecki PA, Catherine E 5/31/2022 16:27 EDT; Perform: Lynch RN, Erik L 5/31/2022 20:51 EDT; VERIFY: Lynch RN, Erik L 5/31/2022 20:51 EDT
Reason for Medication: Lynch RN, Erik L 5/31/2022 20:51 EDT other (see comment)

Medication Name: acetaminophen
Admin Date/Time: 5/31/2022 20:42 EDT Charted Date/Time: 5/31/2022 20:42 EDT
Ingredients: acet325Tab 650 mg 2 tab
Admin Details: (Auth) Oral
Action Details: Order: Gruszecki PA, Catherine E 5/31/2022 15:56 EDT; Perform: Lynch RN, Erik L 5/31/2022 20:42 EDT; VERIFY: Lynch RN, Erik L 5/31/2022 20:42 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Medication Administration Record

Medications

Medication Name: piperacillin-tazobactam (Zosyn)
Admin Date/Time: 5/31/2022 19:14 EDT **Charted Date/Time:** 5/31/2022 19:14 EDT
Ingredients: piperatazo3g0375Soln50 3.375 g 50 mL
Admin Details: (Auth) IV Piggyback, Antecubital, Right
Action Details: Order: Phillip MD,D Roger 5/31/2022 15:56 EDT; Perform: Marrongelli, Monna 5/31/2022 19:14 EDT;
 VERIFY: Marrongelli, Monna 5/31/2022 19:14 EDT
Early/Late Reason: Marrongelli, Monna 5/31/2022 19:14 EDT
 Early/Late Reason:
 Medication Not Available

Medication Name: insulin regular (HumuLIN R NORMAL Correction Scale w/ Meals)
Admin Date/Time: 5/31/2022 17:00 EDT **Charted Date/Time:** 5/31/2022 19:00 EDT
Admin Details: (Not Done) Family Refused
 insulin regular
Action Details: Perform: Marrongelli, Monna 5/31/2022 17:00 EDT
Result Comment: Marrongelli, Monna 5/31/2022 19:00 EDT
 patient didnt eat much patient didnt want insulin

Medication Name: ketorolac (Toradol)
Admin Date/Time: 5/31/2022 16:28 EDT **Charted Date/Time:** 5/31/2022 16:28 EDT
Ingredients: keto30Sol 15 mg 0.5 mL
Admin Details: (Auth) IV Push, Antecubital, Right
Action Details: Order: Pelletier PA,Olivia M 5/31/2022 16:19 EDT; Perform: Marrongelli, Monna 5/31/2022 16:28 EDT;
 VERIFY: Marrongelli, Monna 5/31/2022 16:28 EDT

Medication Name: acetaminophen
Admin Date/Time: 5/31/2022 14:00 EDT **Charted Date/Time:** 5/31/2022 19:02 EDT
Admin Details: (Not Done) Not Appropriate At This Time
 acetaminophen
Action Details: Perform: Marrongelli, Monna 5/31/2022 14:00 EDT
Result Comment: Marrongelli, Monna 5/31/2022 19:02 EDT
 given in OR

Medication Name: ondansetron (Zofran (ANES))
Admin Date/Time: 5/31/2022 13:23 EDT **Charted Date/Time:** 5/31/2022 13:32 EDT
Ingredients: ondan2Soln2 4 mg 2 mL
Admin Details: (Auth) IV Continuous, No Site Specified
Action Details: Order: Chiao MD, Franklin B 5/31/2022 13:23 EDT; Perform: Chiao MD, Franklin B 5/31/2022 13:32 EDT;
 VERIFY: Chiao MD, Franklin B 5/31/2022 13:32 EDT

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Medication Administration Record

Medications

Medication Name: fentaNYL (Abstral (ANES))	
Admin Date/Time: 5/31/2022 13:17 EDT	Charted Date/Time: 5/31/2022 13:48 EDT
Ingredients: fent50Soln2 75 mcg 1.5 mL	
Admin Details: (Auth) IV Continuous, No Site Specified	
Action Details: Order: Chiao MD, Franklin B 5/31/2022 13:17 EDT; Perform: Chiao MD, Franklin B 5/31/2022 13:48 EDT; VERIFY: Chiao MD, Franklin B 5/31/2022 13:48 EDT	
Medication Name: bupivacaine	
Admin Date/Time: 5/31/2022 11:27 EDT	Charted Date/Time: 5/31/2022 11:29 EDT
Ingredients: bupiva25PFSoln10 10 mL 10 mL	
Admin Details: (Auth) Surgical Site	
Action Details: Order: Phillip MD,D Roger 5/31/2022 11:27 EDT; Perform: Quick, RN, Donald 5/31/2022 11:29 EDT; VERIFY: Quick, RN, Donald 5/31/2022 11:29 EDT	
Medication Name: fentaNYL (Abstral (ANES))	
Admin Date/Time: 5/31/2022 11:06 EDT	Charted Date/Time: 5/31/2022 11:46 EDT
Ingredients: fent50Soln2 25 mcg 0.5 mL	
Admin Details: (Auth) IV Continuous, No Site Specified	
Action Details: Order: Chiao MD, Franklin B 5/31/2022 11:06 EDT; Perform: Chiao MD, Franklin B 5/31/2022 11:46 EDT; VERIFY: Chiao MD, Franklin B 5/31/2022 11:46 EDT	
Medication Name: dexamethasone (Decadron (ANES))	
Admin Date/Time: 5/31/2022 10:59 EDT	Charted Date/Time: 5/31/2022 11:16 EDT
Ingredients: dexameth4Soln5 4 mg 1 mL	
Admin Details: (Auth) IV Bolus, No Site Specified	
Action Details: Order: Chiao MD, Franklin B 5/31/2022 10:59 EDT; Perform: Chiao MD, Franklin B 5/31/2022 11:16 EDT; VERIFY: Chiao MD, Franklin B 5/31/2022 11:16 EDT	
Medication Name: rocuronium (Zemuron (ANES))	
Admin Date/Time: 5/31/2022 10:58 EDT	Charted Date/Time: 5/31/2022 11:16 EDT
Ingredients: rocur50Soln5 50 mg 5 mL	
Admin Details: (Auth) IV Continuous, No Site Specified	
Action Details: Order: Chiao MD, Franklin B 5/31/2022 10:58 EDT; Perform: Chiao MD, Franklin B 5/31/2022 11:16 EDT; VERIFY: Chiao MD, Franklin B 5/31/2022 11:16 EDT	
Medication Name: atorvastatin	
Admin Date/Time: 5/31/2022 10:00 EDT	Charted Date/Time: 5/31/2022 19:02 EDT
Admin Details: (Not Done) Patient Refused atorvastatin	
Action Details: Perform: Marrongelli, Monna 5/31/2022 10:00 EDT	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Medication Administration Record

Medications

Medication Name: oxybutynin	
Admin Date/Time: 5/31/2022 10:00 EDT	Charted Date/Time: 5/31/2022 19:02 EDT
Admin Details: (Not Done) Not Appropriate At This Time	
oxybutynin	
Action Details: Perform: Marrongelli, Monna 5/31/2022 10:00 EDT	
Medication Name: pantoprazole	
Admin Date/Time: 5/31/2022 10:00 EDT	Charted Date/Time: 5/31/2022 19:02 EDT
Admin Details: (Not Done) Not Appropriate At This Time	
pantoprazole	
Action Details: Perform: Marrongelli, Monna 5/31/2022 10:00 EDT	
Medication Name: pregabalin	
Admin Date/Time: 5/31/2022 10:00 EDT	Charted Date/Time: 5/31/2022 19:02 EDT
Admin Details: (Not Done) Not Appropriate At This Time	
pregabalin	
Action Details: Perform: Marrongelli, Monna 5/31/2022 10:00 EDT	
Medication Name: senna	
Admin Date/Time: 5/31/2022 10:00 EDT	Charted Date/Time: 5/31/2022 19:02 EDT
Admin Details: (Not Done) Not Appropriate At This Time	
senna	
Action Details: Perform: Marrongelli, Monna 5/31/2022 10:00 EDT	
Medication Name: indocyanine green	
Admin Date/Time: 5/31/2022 09:43 EDT	Charted Date/Time: 5/31/2022 09:44 EDT
Ingredients: indocyan25Inj 1.25 mg	
Admin Details: (Auth) IV Push, Antecubital, Right	
Action Details: Order: Gruszecki PA, Catherine E 5/31/2022 07:15 EDT; Perform: Gagliardi RN, Mary A 5/31/2022 09:44 EDT; VERIFY: Gagliardi RN, Mary A 5/31/2022 09:44 EDT	
Early/Late Reason: Gagliardi RN, Mary A 5/31/2022 09:44 EDT	
Early/Late Reason: On Call For Procedure	
Result Comment: Gagliardi RN, Mary A 5/31/2022 09:44 EDT	
Admin by Dr Lhungay pre-op	
Medication Name: piperacillin-tazobactam (Zosyn)	
Admin Date/Time: 5/31/2022 09:14 EDT	Charted Date/Time: 5/31/2022 15:39 EDT
Admin Details: (Not Done) given in OR	
piperacillin-tazobactam	
Action Details: Perform: Marrongelli, Monna 5/31/2022 09:14 EDT	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Medication Administration Record

Medications

Medication Name: oxyCODONE
Admin Date/Time: 5/30/2022 23:06 EDT **Charted Date/Time:** 5/30/2022 23:06 EDT
Admin Details: Auth (Verified)
 Medication Response: Symptoms improved; Medication Effective: Yes; Medication Administration Reason: Pain
Action Details: Order: Suleiman PA, Mary K 5/30/2022 17:41 EDT; Perform: Smalls, RN, Sade 5/30/2022 23:06 EDT; VERIFY: Smalls, RN, Sade 5/30/2022 23:06 EDT

Medication Name: oxyCODONE
Admin Date/Time: 5/30/2022 22:40 EDT **Charted Date/Time:** 5/30/2022 22:40 EDT
Ingredients: oxycod5Tab 5 mg
Admin Details: (Auth) Oral
Action Details: Order: Suleiman PA, Mary K 5/30/2022 17:41 EDT; Perform: Smalls, RN, Sade 5/30/2022 22:33 EDT; VERIFY: Smalls, RN, Sade 5/30/2022 22:33 EDT
Reason for Medication: Smalls, RN, Sade 5/30/2022 22:40 EDT
 pain, severe (pain scale 5-7)

Medication Name: pregabalin
Admin Date/Time: 5/30/2022 22:40 EDT **Charted Date/Time:** 5/30/2022 22:40 EDT
Ingredients: preg25Cap 75 mg 3 cap
Admin Details: (Auth) Oral
Action Details: Order: Suleiman PA, Mary K 5/30/2022 19:24 EDT; Perform: Smalls, RN, Sade 5/30/2022 22:40 EDT; VERIFY: Smalls, RN, Sade 5/30/2022 22:40 EDT

Medication Name: senna
Admin Date/Time: 5/30/2022 22:40 EDT **Charted Date/Time:** 5/30/2022 22:40 EDT
Admin Details: (Not Given) Other
Action Details: Order: Suleiman PA, Mary K 5/30/2022 17:44 EDT; Perform: Smalls, RN, Sade 5/30/2022 22:32 EDT; VERIFY: Smalls, RN, Sade 5/30/2022 22:32 EDT
Result Comment: Smalls, RN, Sade 5/30/2022 22:40 EDT
 already given

Medication Name: pantoprazole
Admin Date/Time: 5/30/2022 18:08 EDT **Charted Date/Time:** 5/30/2022 18:08 EDT
Ingredients: panto40Inj 40 mg
Admin Details: (Auth) IV Push, Antecubital, Right
Action Details: Order: Suleiman PA, Mary K 5/30/2022 17:44 EDT; Perform: Callahan RN, Ashlee 5/30/2022 18:07 EDT; VERIFY: Callahan RN, Ashlee 5/30/2022 18:07 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Medication Administration Record

Medications

Medication Name: piperacillin-tazobactam (Zosyn)

Admin Date/Time: 5/30/2022 18:08 EDT

Charted Date/Time: 5/30/2022 18:08 EDT

Ingredients: Sodi0.9Sol50 50 mL; piperatazo4g5Inj 4.5 g

Admin Details: (Auth) IV Piggyback, Antecubital, Right

Action Details: Order: Perry Hoffstatter DO,Brittany Jade 5/30/2022 17:18 EDT; Perform: Callahan RN,Ashlee 5/30/2022 18:06 EDT; VERIFY: Callahan RN,Ashlee 5/30/2022 18:06 EDT

Medication Name: senna

Admin Date/Time: 5/30/2022 18:08 EDT

Charted Date/Time: 5/30/2022 18:08 EDT

Ingredients: senna86Tab 8.6 mg 1 tab

Admin Details: (Auth) Oral

Action Details: Order: Suleiman PA,Mary K 5/30/2022 17:44 EDT; Perform: Callahan RN,Ashlee 5/30/2022 18:08 EDT; VERIFY: Callahan RN,Ashlee 5/30/2022 18:08 EDT

Medication Name: famotidine

Admin Date/Time: 5/30/2022 16:12 EDT

Charted Date/Time: 5/30/2022 16:12 EDT

Ingredients: famo10Soln2 20 mg 2 mL

Admin Details: (Auth) IV Push, Antecubital, Right

Action Details: Order: Perry Hoffstatter DO,Brittany Jade 5/30/2022 14:15 EDT; Perform: Callahan RN,Ashlee 5/30/2022 16:10 EDT; VERIFY: Callahan RN,Ashlee 5/30/2022 16:10 EDT

Medication Name: ketorolac

Admin Date/Time: 5/30/2022 16:12 EDT

Charted Date/Time: 5/30/2022 16:12 EDT

Ingredients: keto30Sol 15 mg 0.5 mL

Admin Details: (Auth) IV Push, Antecubital, Right

Action Details: Order: Perry Hoffstatter DO,Brittany Jade 5/30/2022 14:16 EDT; Perform: Callahan RN,Ashlee 5/30/2022 16:10 EDT; VERIFY: Callahan RN,Ashlee 5/30/2022 16:10 EDT

Medication Name: ondansetron

Admin Date/Time: 5/30/2022 16:12 EDT

Charted Date/Time: 5/30/2022 16:12 EDT

Ingredients: ondan2Soln2 4 mg 2 mL

Admin Details: (Auth) IV Push, Antecubital, Right

Action Details: Order: Perry Hoffstatter DO,Brittany Jade 5/30/2022 14:15 EDT; Perform: Callahan RN,Ashlee 5/30/2022 16:10 EDT; VERIFY: Callahan RN,Ashlee 5/30/2022 16:10 EDT

Medication Name: Sodium Chloride 0.9% (sodium chloride 0.9% bolus)

Admin Date/Time: 5/30/2022 15:48 EDT

Charted Date/Time: 6/10/2022 13:46 EDT

Ingredients: Sodi09SolBolus 1000 mL

Admin Details: (Modified) IV Bolus, Antecubital, Right

Action Details: Order: Perry Hoffstatter DO,Brittany Jade 5/30/2022 14:16 EDT; Perform: Ansanelli,Desirea 5/30/2022 15:48 EDT; Modify: Landers RN,Matthew S as proxy for Ansanelli,Desirea 6/10/2022 13:46 EDT; VERIFY: Landers RN,Matthew S 6/10/2022 13:46 EDT

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Medication Administration Record

Continuous Infusions

Medication Name: Sodium Chloride 0.9% 1,000 mL
Admin Date/Time: 5/31/2022 19:14 EDT Charted Date/Time: 5/31/2022 19:14 EDT
Ingredients: NaCl91000mL 1000 mL
Admin Details: (Begin Bag) (Auth) 1000 mL, 125 mL/hr, Antecubital, Right, 99.79 kg
Action Details: Order: Suleiman PA, Mary K 5/30/2022 17:39 EDT; Perform: Marrongelli, Monna 5/31/2022 19:12 EDT; VERIFY: Marrongelli, Monna 5/31/2022 19:12 EDT

Medication Name: Ofirmev (ANES) 1,000 mg
Admin Date/Time: 5/31/2022 11:41 EDT to 5/31/2022 11:51 EDT Charted Date/Time: 5/31/2022 11:46 EDT
Ingredients: acet10Soln 1000 mg
Admin Details: (Infuse) (Auth) 100 mL, 600 mL/hr, No Site Specified
Action Details: Order: Chiao MD, Franklin B 5/31/2022 11:41 EDT; Perform: Chiao MD, Franklin B 5/31/2022 11:46 EDT; VERIFY: Chiao MD, Franklin B 5/31/2022 11:46 EDT

Medication Name: Ofirmev (ANES) 1,000 mg
Admin Date/Time: 5/31/2022 11:41 EDT Charted Date/Time: 5/31/2022 11:46 EDT
Ingredients: acet10Soln 1000 mg 100 mL
Admin Details: (Begin Bag) (Auth) 100 mL, 600 mL/hr, No Site Specified
Action Details: Order: Chiao MD, Franklin B 5/31/2022 11:41 EDT; Perform: Chiao MD, Franklin B 5/31/2022 11:46 EDT; VERIFY: Chiao MD, Franklin B 5/31/2022 11:46 EDT

Medication Name: Zosyn (ANES) 3.375 g
Admin Date/Time: 5/31/2022 10:56 EDT to 5/31/2022 11:06 EDT Charted Date/Time: 5/31/2022 11:16 EDT
Ingredients: piperatazo3g0375Soln50 3.375 g
Admin Details: (Infuse) (Auth) 50 mL, 300 mL/hr, No Site Specified
Action Details: Order: Chiao MD, Franklin B 5/31/2022 10:56 EDT; Perform: Chiao MD, Franklin B 5/31/2022 11:16 EDT; VERIFY: Chiao MD, Franklin B 5/31/2022 11:16 EDT

Medication Name: Zosyn (ANES) 3.375 g
Admin Date/Time: 5/31/2022 10:56 EDT Charted Date/Time: 5/31/2022 11:16 EDT
Ingredients: piperatazo3g0375Soln50 3.375 g 50 mL
Admin Details: (Begin Bag) (Auth) 50 mL, 300 mL/hr, No Site Specified
Action Details: Order: Chiao MD, Franklin B 5/31/2022 10:56 EDT; Perform: Chiao MD, Franklin B 5/31/2022 11:16 EDT; VERIFY: Chiao MD, Franklin B 5/31/2022 11:16 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Medication Administration Record**Continuous Infusions**

Medication Name: Lactated Ringers (ANES) 1,000 mL
Admin Date/Time: 5/31/2022 10:51 EDT to 5/31/2022 13:45 EDT **Charted Date/Time:** 5/31/2022 13:37 EDT
Ingredients: LR1000mL 750 mL
Admin Details: (Infuse) (Auth) 750 mL, 258.62 mL/hr, No Site Specified
Action Details: Order: Chiao MD, Franklin B 5/31/2022 10:51 EDT; Perform: Chiao MD, Franklin B 5/31/2022 13:37 EDT;
VERIFY: Chiao MD, Franklin B 5/31/2022 13:37 EDT

Medication Name: Lactated Ringers (ANES) 1,000 mL
Admin Date/Time: 5/31/2022 10:51 EDT **Charted Date/Time:** 5/31/2022 13:37 EDT
Ingredients: LR1000mL 1000 mL
Admin Details: (Begin Bag) (Auth) 1000 mL, 258.62 mL/hr, No Site Specified
Action Details: Order: Chiao MD, Franklin B 5/31/2022 10:51 EDT; Perform: Chiao MD, Franklin B 5/31/2022 13:37 EDT;
VERIFY: Chiao MD, Franklin B 5/31/2022 13:37 EDT

Medication Name: Sodium Chloride 0.9% 1,000 mL
Admin Date/Time: 5/30/2022 18:31 EDT **Charted Date/Time:** 5/30/2022 18:31 EDT
Ingredients: NaCl 91000mL 1000 mL
Admin Details: (Begin Bag) (Auth) 1000 mL, 125 mL/hr, Antecubital, Right, 99.79 kg
Action Details: Order: Suleiman PA, Mary K 5/30/2022 17:39 EDT; Perform: Callahan RN, Ashlee 5/30/2022 18:10 EDT;
VERIFY: Callahan RN, Ashlee 5/30/2022 18:10 EDT

Infusion Billing

You do not have privileges to view this report.

Orders - Medications**Documented Home Medications**

Order: **albuterol (Albuterol (Eqv-ProAir HFA) 90 mcg/inh inhalation aerosol)**
Order Date/Time: 6/15/2022 10:46 EDT
Order Status: Documented Clinical Category: Medications Medication Type: Documented
Ordering Physician: Consulting Physician:
Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT
Order Details: See Instructions, 2 puffs by mouth every 4 -6 hours as needed, 0 Refill(s)
Order Comment:

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Orders - Medications

Documented Home Medications

Order: **atorvastatin (atorvastatin 20 mg oral tablet)**

Order Date/Time: 6/15/2022 10:46 EDT

Order Status: Documented Clinical Category: Medications Medication Type: Documented

Ordering Physician: Consulting Physician:

Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT

Order Details: 20 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)

Order Comment:

Order: **azithromycin (azithromycin 250 mg oral tablet)**

Order Date/Time: 6/15/2022 10:46 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Documented

End-state Date/Time: 6/19/2022 16:34 EDT End-state Reason:

Ordering Physician: Consulting Physician:

Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT

Order Details: 250 mg = 1 tab, Oral, Daily, # 4 tab, 0 Refill(s)

Order Comment:

Order: **buPROPion (buPROPion 300 mg/24 hours (XL) oral tablet,extended release)**

Order Date/Time: 6/15/2022 10:46 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Documented

End-state Date/Time: 6/19/2022 16:34 EDT End-state Reason:

Ordering Physician: Consulting Physician:

Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT

Order Details: 300 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)

Order Comment:

Order: **chlorthalidone (chlorthalidone 25 mg oral tablet)**

Order Date/Time: 6/15/2022 10:46 EDT

Order Status: Discontinued Clinical Category: Medications Medication Type: Documented

End-state Date/Time: 6/21/2022 13:28 EDT End-state Reason: Physician Request

Ordering Physician: Consulting Physician:

Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT

Order Details: 25 mg = 1 tab, Oral, every morning, 0 Refill(s)

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Documented Home Medications

Order: **etodolac (etodolac 400 mg oral tablet)**
 Order Date/Time: 6/15/2022 10:46 EDT
 Order Status: Documented Clinical Category: Medications Medication Type: Documented
 Ordering Physician: Consulting Physician:
 Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT
 Order Details: 400 mg = 1 tab, Oral, 2 times a day, as needed, 0 Refill(s)
 Order Comment:

Order: **lisinopril (lisinopril 20 mg oral tablet)**
 Order Date/Time: 6/15/2022 10:46 EDT
 Order Status: Documented Clinical Category: Medications Medication Type: Documented
 Ordering Physician: Consulting Physician:
 Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT
 Order Details: 20 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
 Order Comment:

Order: **omeprazole (omeprazole 20 mg oral delayed release capsule)**
 Order Date/Time: 6/15/2022 10:46 EDT
 Order Status: Documented Clinical Category: Medications Medication Type: Documented
 Ordering Physician: Consulting Physician:
 Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT
 Order Details: 20 mg = 1 cap, Oral, Daily, # 30 cap, 0 Refill(s)
 Order Comment:

Order: **oxybutynin (oxybutynin 5 mg/24 hours oral tablet,extended release)**
 Order Date/Time: 6/15/2022 10:46 EDT
 Order Status: Documented Clinical Category: Medications Medication Type: Documented
 Ordering Physician: Consulting Physician:
 Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT
 Order Details: 5 mg = 1 tab, Oral, Daily, # 30 tab, 0 Refill(s)
 Order Comment:

Order: **predniSONE (predniSONE 20 mg oral tablet)**
 Order Date/Time: 6/15/2022 10:46 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Documented
 End-state Date/Time: 6/21/2022 13:29 EDT End-state Reason: Physician Request
 Ordering Physician: Consulting Physician:
 Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT
 Order Details: 20 mg = 1 tab, Oral, 2 times a day, # 20 tab, 0 Refill(s)
 Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Documented Home Medications

Order: **pregabalin (pregabalin 75 mg oral capsule)**
 Order Date/Time: 6/15/2022 10:46 EDT
 Order Status: Documented Clinical Category: Medications Medication Type: Documented
 Ordering Physician: Consulting Physician:
 Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT
 Order Details: 75 mg = 1 cap, Oral, 2 times a day, # 180 cap, 0 Refill(s)
 Order Comment:

Order: **semaglutide (Ozempic 2 mg/1.5 mL (0.25 mg or 0.5 mg dose) subcutaneous solution)**
 Order Date/Time: 6/15/2022 10:46 EDT
 Order Status: Documented Clinical Category: Medications Medication Type: Documented
 Ordering Physician: Consulting Physician:
 Entered By: Baldi MA, Anais on 6/15/2022 10:46 EDT
 Order Details: 0.5 mg, Subcutaneous, every week, rotate injection sites, # 1 EA, 0 Refill(s)
 Order Comment:

Order: **acetaminophen (acetaminophen 325 mg oral tablet)**
 Order Date/Time: 6/1/2022 11:08 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Documented
 End-state Date/Time: 6/19/2022 16:34 EDT End-state Reason:
 Ordering Physician: Gioia PA, Marissa Consulting Physician:
 Entered By: Gioia PA, Marissa on 6/1/2022 11:08 EDT
 Order Details: 650 mg = 2 tab, Oral, every 6 hours, 0 Refill(s)
 Order Comment:

Prescription

Order: **metronIDAZOLE (Flagyl 500 mg oral tablet)**
 Order Date/Time: 6/1/2022 15:03 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Prescription
 End-state Date/Time: 6/6/2022 15:03 EDT End-state Reason:
 Ordering Physician: Gioia PA, Marissa Consulting Physician:
 Entered By: Gioia PA, Marissa on 6/1/2022 15:03 EDT
 Order Details: 500 mg = 1 tab, Oral, 3 times a day, X 5 day(s), # 15 tab, 0 Refill(s), 6/6/22 3:03:00 PM EDT, Pharmacy:
 HANNAFORD FOOD & DRUG #8346, 99.79, kg, 05/30/22 14:04:00 EDT, Weight Dosing
 Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders - Medications

Prescription

Order: ciprofloxacin (Cipro 500 mg oral tablet)		
Order Date/Time: 6/1/2022 15:03 EDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Prescription
End-state Date/Time: 6/6/2022 15:03 EDT	End-state Reason:	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gioia PA, Marissa on 6/1/2022 15:03 EDT		
Order Details: 500 mg = 1 tab, Oral, every 12 hours, X 5 day(s), # 10 tab, 0 Refill(s), 6/6/22 3:03:00 PM EDT, Pharmacy: HANNAFORD FOOD & DRUG #8346, 99.79, kg, 05/30/22 14:04:00 EDT, Weight Dosing		
Order Comment:		

Order: amoxicillin-clavulanate (Augmentin 875 mg-125 mg oral tablet)		
Order Date/Time: 6/1/2022 11:10 EDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Prescription
End-state Date/Time: 6/1/2022 15:01 EDT	End-state Reason: Physician Request	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gioia PA, Marissa on 6/1/2022 11:10 EDT		
Order Details: amoxicillin (as trihydrate) 1 tab, Oral, every 12 hours, X 5 day(s), # 10 tab, 0 Refill(s), 6/1/22 3:01:00 PM EDT, Pharmacy: HANNAFORD FOOD & DRUG #8346, 99.79, 05/30/22 14:04:00 EDT, Weight Dosing, kg		
Order Comment:		

Orders - Medications

Inpatient

Order: nystatin topical (nystatin 100,000 units/g topical ointment)		
Order Date/Time: 6/1/2022 10:18 EDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 6/1/2022 20:02 EDT	End-state Reason:	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gioia PA, Marissa on 6/1/2022 10:18 EDT		
Order Details: 1 app, Topical, Ointment, 3 times a day for 30 day(s), PRN itching/rash, First Dose: 6/1/22 10:18:00 AM EDT, Stop Date: 6/1/22 8:02:41 PM EDT		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: **ketorolac (Toradol)**
 Order Date/Time: 5/31/2022 23:39 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Pelletier PA,Olivia M Consulting Physician:
 Entered By: Zadrina RPh,Angelena on 5/31/2022 23:39 EDT
 Order Details: 15 mg = 0.5 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 6/1/22 4:00:00 AM EDT,
 Stop Date: 6/1/22 8:02:41 PM EDT
 Order Comment: cpoe reentry to modify admin time azadrina rph

Order: **enoxaparin (Lovenox)**
 Order Date/Time: 5/31/2022 21:47 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Kim RPh,Angela on 5/31/2022 21:47 EDT
 Order Details: 30 mg = 0.3 mL, Subcutaneous, Injection, every 12 hours scheduled, for 30 day(s), First Dose: 5/31/22
 10:00:00 PM EDT, Stop Date: 6/1/22 8:02:40 PM EDT
 Order Comment:

Order: **ketorolac (Toradol)**
 Order Date/Time: 5/31/2022 16:33 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 5/31/2022 23:39 EDT End-state Reason:
 Ordering Physician: Pelletier PA,Olivia M Consulting Physician:
 Entered By: Pelletier PA,Olivia M on 5/31/2022 16:33 EDT
 Order Details: 15 mg = 0.5 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 5/31/22 10:00:00 PM
 EDT, Stop Date: 5/31/22 11:39:55 PM EDT, 05/31/22 22:00:00 EDT
 Order Comment:

Order: **ketorolac (Toradol)**
 Order Date/Time: 5/31/2022 16:31 EDT
 Order Status: Canceled Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 5/31/2022 16:33 EDT End-state Reason:
 Ordering Physician: Pelletier PA,Olivia M Consulting Physician:
 Entered By: Pelletier PA,Olivia M on 5/31/2022 16:31 EDT
 Order Details: 15 mg = 0.5 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 5/31/22 6:00:00 PM
 EDT, Stop Date: 5/31/22 4:33:00 PM EDT, 05/31/22 16:31:00 EDT
 Order Comment:

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Orders - Medications

Inpatient

Order: traMADol (Ultram)
Order Date/Time: 5/31/2022 16:27 EDT
Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:
Entered By: Gruszecki PA, Catherine E on 5/31/2022 16:27 EDT
Order Details: 50 mg = 1 tab, Oral, Tab, every 6 hours, PRN other (see comment), Indication: Pain 8-10/10, for 3 day(s), First Dose: 5/31/22 4:27:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 16:27:00 EDT
Order Comment:

Order: ketorolac (Toradol)
Order Date/Time: 5/31/2022 16:18 EDT
Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 5/31/2022 16:31 EDT End-state Reason:
Ordering Physician: Pelletier PA, Olivia M Consulting Physician:
Entered By: Pelletier PA, Olivia M on 5/31/2022 16:18 EDT
Order Details: 15 mg = 0.5 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 5/31/22 4:18:00 PM EDT, Stop Date: 5/31/22 4:31:00 PM EDT, 05/31/22 16:18:00 EDT
Order Comment:

Order: ketorolac (Toradol)
Order Date/Time: 5/31/2022 14:03 EDT
Order Status: Canceled Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 5/31/2022 16:18 EDT End-state Reason:
Ordering Physician: Pelletier PA, Olivia M Consulting Physician:
Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:03 EDT
Order Details: 15 mg = 1 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 5/31/22 6:00:00 PM EDT, Stop Date: 5/31/22 4:18:00 PM EDT, 05/31/22 14:03:00 EDT
Order Comment:

Order: enoxaparin (Lovenox)
Order Date/Time: 5/31/2022 14:03 EDT
Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 5/31/2022 21:47 EDT End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:
Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:03 EDT
Order Details: 30 mg = 0.3 mL, Subcutaneous, Injection, every 12 hours scheduled, for 30 day(s), First Dose: 5/31/22 10:00:00 PM EDT, Stop Date: 5/31/22 9:47:13 PM EDT, 05/31/22 14:03:00 EDT
Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: **ketorolac (Toradol)**
 Order Date/Time: 5/31/2022 14:02 EDT
 Order Status: Canceled Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 5/31/2022 14:03 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:02 EDT
 Order Details: 15 mg = 1 mL, IV Push, Injection, every 6 hours scheduled, for 5 day(s), First Dose: 5/31/22 6:00:00 PM EDT,
 Stop Date: 5/31/22 2:03:00 PM EDT, 05/31/22 14:02:00 EDT
 Order Comment:

Order: **Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia*)**
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Clinical Category: Continuous Infusions Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT
 Order Details: 20 g = 200 mL, IV Bolus, Soln-IV, As Directed, PRN hypoglycemia, for 5 day(s), Administer over: 15 minute(s),
 First Dose: 5/31/22 2:31:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 14:31:00 EDT
 Order Comment: Per Hypoglycemia Protocol.

Order: **Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia*)**
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Clinical Category: Continuous Infusions Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT
 Order Details: 10 g = 100 mL, IV Bolus, Soln-IV, As Directed, PRN hypoglycemia, for 5 day(s), Administer over: 10 minute(s),
 First Dose: 5/31/22 2:31:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 14:31:00 EDT
 Order Comment: Per Hypoglycemia Protocol.

Order: **Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia Protocol*)**
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Clinical Category: Continuous Infusions Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT
 Order Details: 250 mL, IV Piggyback, Soln-IV, every 4 hours for 5 day(s), PRN hypoglycemia, Administer over: 5 hr, First
 Dose: 5/31/22 2:01:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT
 Order Comment: Per Hypoglycemia Protocol.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: **Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia Protocol*)**
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Clinical Category: Continuous Infusions Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:
 Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:01 EDT
 Order Details: 1,000 mL, IV Piggyback, Soln-IV, every 4 hours for 5 day(s), PRN hypoglycemia, Administer over: 10 hr, First Dose: 5/31/22 2:01:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT
 Order Comment: Per Hypoglycemia Protocol.

Order: **glucagon**
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:
 Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:01 EDT
 Order Details: 1 mg, Subcutaneous, Injection, As Directed, PRN hypoglycemia, for 30 day(s), First Dose: 5/31/22 2:31:00 PM EDT, Stop Date: 6/1/22 8:02:40 PM EDT, 05/31/22 14:31:00 EDT
 Order Comment: Per Hypoglycemia Protocol.

Order: **glucose (glucose gel)**
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:
 Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:01 EDT
 Order Details: 15 g = 37.5 mL, Oral, Gel, As Directed, PRN hypoglycemia, for 30 day(s), First Dose: 5/31/22 2:31:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 14:31:00 EDT
 Order Comment: Per Hypoglycemia Protocol. Can be used for patients with dysphagia on honey consistency liquids.

Order: **glucose (glucose gel)**
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:
 Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:01 EDT
 Order Details: 30 g = 75 mL, Oral, Gel, As Directed, PRN hypoglycemia, for 30 day(s), First Dose: 5/31/22 2:31:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 14:31:00 EDT
 Order Comment: Per Hypoglycemia Protocol. Can be used for patients with dysphagia on honey consistency liquids.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: **insulin regular (HumuLIN R NORMAL Correction Scale at Bedtime)**
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT
 Order Details: 0-6 units, Subcutaneous, Injection, every day at bedtime, for 30 day(s), Stop Date: 6/1/22 8:02:41 PM EDT, First Dose: 5/31/22 10:00:00 PM EDT
 Order Comment: This is a correction insulin, and should be administered even if the patient is NPO. Blood Glucose Units 0-99 give 0 units 100-149 give 0 units 150-199 give 0 units 200-249 give 0 units 250-299 give 2 units 300-349 give 4 units 350-999 give 6 units Notify Provider if Glucose >349

Order: **insulin regular (HumuLIN R NORMAL Correction Scale w/Meals)**
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT
 Order Details: 0-10 units, Subcutaneous, Injection, With meals, for 30 day(s), Stop Date: 6/1/22 8:02:41 PM EDT, First Dose: 5/31/22 5:00:00 PM EDT
 Order Comment: This is a correction insulin, and should be administered even if the patient is NPO or is not eating. Blood Glucose Units 0-99 give 0 units 100-149 give 0 units 150-199 give 2 units 200-249 give 4 units 250-299 give 6 units 300-349 give 8 units 350-999 give 10 units Notify Provider if Glucose >349

Order: **oxyCODONE**
 Order Date/Time: 5/31/2022 13:57 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 5/31/2022 16:17 EDT End-state Reason:
 Ordering Physician: Pelletier PA,Olivia M Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 13:57 EDT
 Order Details: 5 mg = 1 tab, Oral, Tab, every 4 hours, PRN pain, severe/worst (pain scale 8-10), for 3 day(s), First Dose: 5/31/22 1:57:00 PM EDT, Stop Date: 5/31/22 4:17:00 PM EDT, 05/31/22 13:57:00 EDT
 Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: **acetaminophen**

Order Date/Time: 5/31/2022 13:57 EDT

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:

Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:

Entered By: Gruszecki PA, Catherine E on 5/31/2022 13:57 EDT

Order Details: 650 mg = 2 tab, Oral, Tab, every 6 hours, for 3 day(s), First Dose: 5/31/22 2:00:00 PM EDT, Stop Date: 6/1/22 8:02:40 PM EDT, 05/31/22 13:57:00 EDT

Order Comment:

Order: **ondansetron (Zofran (ANES))**

Order Date/Time: 5/31/2022 13:23 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/31/2022 13:32 EDT End-state Reason:

Ordering Physician: Chiao MD, Franklin B Consulting Physician:

Entered By: Chiao MD, Franklin B on 5/31/2022 13:23 EDT

Order Details: IV Continuous, Injection, Once, Stop Date: 5/31/22 1:32:00 PM EDT

Order Comment: Final Concentration: 4mg/2mL (Anesthesia)

Order: **Ofirmev (ANES) 1,000 mg**

Order Date/Time: 5/31/2022 11:41 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/31/2022 12:41 EDT End-state Reason:

Ordering Physician: Chiao MD, Franklin B Consulting Physician:

Entered By: Chiao MD, Franklin B on 5/31/2022 11:41 EDT

Order Details: IV Continuous, Injection, First Dose: 5/31/22 11:41:00 AM EDT, Stop Date: 5/31/22 12:41:00 PM EDT

Order Comment: Final Concentration: 1000mg/100mL (Anesthesia)

Order: **bupivacaine**

Order Date/Time: 5/31/2022 11:27 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/31/2022 11:27 EDT End-state Reason:

Ordering Physician: Phillip MD,D Roger Consulting Physician:

Entered By: Quick, RN, Donald on 5/31/2022 11:27 EDT

Order Details: 10 mL, Surgical Site, Injection, Once, First Dose: 5/31/22 11:27:00 AM EDT, Stop Date: 5/31/22 11:27:00 AM EDT

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: fentaNYL (Abstral (ANES))

Order Date/Time: 5/31/2022 11:06 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/31/2022 11:46 EDT

End-state Reason:

Ordering Physician: Chiao MD, Franklin B

Consulting Physician:

Entered By: Chiao MD, Franklin B on 5/31/2022 11:06 EDT

Order Details: IV Continuous, Injection, Once, Stop Date: 5/31/22 11:46:00 AM EDT

Order Comment: Final Concentration: 100mcg/2mL (Anesthesia)

Order: dexamethasone (Decadron (ANES))

Order Date/Time: 5/31/2022 10:59 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/31/2022 11:16 EDT

End-state Reason:

Ordering Physician: Chiao MD, Franklin B

Consulting Physician:

Entered By: Chiao MD, Franklin B on 5/31/2022 10:59 EDT

Order Details: IV Bolus, Injection, Once, Stop Date: 5/31/22 11:16:00 AM EDT

Order Comment: Final Concentration: 4mg/1mL (Anesthesia)

Order: rocuronium (Zemuron (ANES))

Order Date/Time: 5/31/2022 10:58 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/31/2022 11:16 EDT

End-state Reason:

Ordering Physician: Chiao MD, Franklin B

Consulting Physician:

Entered By: Chiao MD, Franklin B on 5/31/2022 10:58 EDT

Order Details: IV Continuous, Injection, Once, Stop Date: 5/31/22 11:16:00 AM EDT

Order Comment: Final Concentration: 50mg/5mL (Anesthesia)

Order: Zosyn (ANES) 3.375 g

Order Date/Time: 5/31/2022 10:56 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/31/2022 11:56 EDT

End-state Reason:

Ordering Physician: Chiao MD, Franklin B

Consulting Physician:

Entered By: Chiao MD, Franklin B on 5/31/2022 10:56 EDT

Order Details: IV Piggyback, Injection, First Dose: 5/31/22 10:56:00 AM EDT, Stop Date: 5/31/22 11:56:00 AM EDT

Order Comment: Final Concentration: 3.375g/50mL (Anesthesia)

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: **Lactated Ringers (ANES) 1,000 mL**
 Order Date/Time: 5/31/2022 10:51 EDT
 Order Status: Completed Clinical Category: Continuous Infusions Medication Type: Inpatient
 End-state Date/Time: 5/31/2022 11:51 EDT End-state Reason:
 Ordering Physician: Chiao MD, Franklin B Consulting Physician:
 Entered By: Chiao MD, Franklin B on 5/31/2022 10:51 EDT
 Order Details: Total Volume (mL): 1,000, Soln-IV, IV Continuous, Start Date: 5/31/22 10:51:00 AM EDT, Stop Date: 5/31/22 11:51:00 AM EDT
 Order Comment:

Order: **piperacillin-tazobactam (Zosyn)**
 Order Date/Time: 5/31/2022 09:15 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Phillip MD,D Roger Consulting Physician:
 Entered By: Phillip MD,D Roger on 5/31/2022 09:15 EDT
 Order Details: 3.375 g = 50 mL, IV Piggyback, Injection, every 6 hours scheduled, Cholecystitis/cholangitis, for 7 day(s), Administer over: 30 minute(s), First Dose: 5/31/22 4:00:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT
 Order Comment:

Order: **piperacillin-tazobactam (Zosyn)**
 Order Date/Time: 5/31/2022 09:14 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 5/31/2022 15:39 EDT End-state Reason:
 Ordering Physician: Phillip MD,D Roger Consulting Physician:
 Entered By: Phillip MD,D Roger on 5/31/2022 09:14 EDT
 Order Details: 3.375 g = 50 mL, IV Piggyback, Injection, Once, Prophylaxis- surgical Indication: Please tube to the PACU, Administer over: 30 minute(s), First Dose: 5/31/22 9:14:00 AM EDT, Stop Date: 5/31/22 3:39:21 PM EDT, STAT
 Order Comment:

Order: **indocyanine green**
 Order Date/Time: 5/31/2022 07:15 EDT
 Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 5/31/2022 09:44 EDT End-state Reason:
 Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:
 Entered By: Gruszecki PA, Catherine E on 5/31/2022 07:15 EDT
 Order Details: 1.25 mg, IV Push, Injection, Once, First Dose: 5/31/22 8:00:00 AM EDT, Stop Date: 5/31/22 9:44:35 AM EDT, 05/31/22 8:00:00 EDT
 Order Comment: 1.25mg to be given 1 hour prior to procedure

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: **acetaminophen (Tylenol)**

Order Date/Time: 5/30/2022 22:56 EDT

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:

Ordering Physician: Ambady MD,Sameer S Consulting Physician:

Entered By: Ambady MD,Sameer S on 5/30/2022 22:56 EDT

Order Details: 650 mg = 2 tab, Oral, Tab, every 4 hours, PRN pain, severe (pain scale 5-7), for 30 day(s), First Dose: 5/30/22 10:56:00 PM EDT, Stop Date: 6/1/22 8:02:40 PM EDT, 05/30/22 22:56:00 EDT

Order Comment:

Order: **oxybutynin**

Order Date/Time: 5/30/2022 19:24 EDT

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:

Ordering Physician: Suleiman PA,Mary K Consulting Physician:

Entered By: Suleiman PA,Mary K on 5/30/2022 19:24 EDT

Order Details: 5 mg = 1 tab, Oral, Tab, Daily, for 30 day(s), First Dose: 5/31/22 10:00:00 AM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/30/22 19:24:00 EDT

Order Comment:

Order: **pregabalin**

Order Date/Time: 5/30/2022 19:24 EDT

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:

Ordering Physician: Suleiman PA,Mary K Consulting Physician:

Entered By: Suleiman PA,Mary K on 5/30/2022 19:24 EDT

Order Details: 75 mg = 3 cap, Oral, Cap, 2 times a day, Other (Please specify in comments), for 7 day(s), First Dose: 5/30/22 10:00:00 PM EDT, Stop Date: 6/1/22 8:02:42 PM EDT

Order Comment:

Order: **atorvastatin**

Order Date/Time: 5/30/2022 19:23 EDT

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:

Ordering Physician: Suleiman PA,Mary K Consulting Physician:

Entered By: Suleiman PA,Mary K on 5/30/2022 19:23 EDT

Order Details: 20 mg = 1 tab, Oral, Tab, Daily, for 30 day(s), First Dose: 5/31/22 10:00:00 AM EDT, Stop Date: 6/1/22 8:02:40 PM EDT, 05/30/22 19:23:00 EDT

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: **lisinopril**
 Order Date/Time: 5/30/2022 19:22 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Suleiman PA, Mary K Consulting Physician:
 Entered By: Suleiman PA, Mary K on 5/30/2022 19:22 EDT
 Order Details: 20 mg = 1 tab, Oral, Tab, Daily, for 30 day(s), First Dose: 6/1/22 10:00:00 AM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 06/01/22 10:00:00 EDT
 Order Comment: hold if SBP<110, HR<65

Order: **oxyCODONE**
 Order Date/Time: 5/30/2022 17:41 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 5/31/2022 13:57 EDT End-state Reason:
 Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:
 Entered By: Suleiman PA, Mary K on 5/30/2022 17:41 EDT
 Order Details: 5 mg = 1 tab, Oral, Tab, every 4 hours, PRN pain, severe (pain scale 5-7), for 3 day(s), First Dose: 5/30/22 5:41:00 PM EDT, Stop Date: 5/31/22 1:57:00 PM EDT, 05/30/22 17:41:00 EDT
 Order Comment:

Order: **oxyCODONE**
 Order Date/Time: 5/30/2022 17:41 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 5/31/2022 13:57 EDT End-state Reason:
 Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:
 Entered By: Suleiman PA, Mary K on 5/30/2022 17:41 EDT
 Order Details: 10 mg = 2 tab, Oral, Tab, every 4 hours, PRN pain, severe/worst (pain scale 8-10), for 3 day(s), First Dose: 5/30/22 5:41:00 PM EDT, Stop Date: 5/31/22 1:57:00 PM EDT, 05/30/22 17:41:00 EDT
 Order Comment:

Order: **senna**
 Order Date/Time: 5/30/2022 17:41 EDT
 Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Suleiman PA, Mary K Consulting Physician:
 Entered By: Suleiman PA, Mary K on 5/30/2022 17:41 EDT
 Order Details: 8.6 mg = 1 tab, Oral, Tab, 2 times a day, for 30 day(s), First Dose: 5/30/22 5:44:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/30/22 17:41:00 EDT
 Order Comment:

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Orders - Medications

Inpatient

Order: ondansetron (Zofran)		
Order Date/Time: 5/30/2022 17:41 EDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 6/1/2022 20:02 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:41 EDT		
Order Details: 4 mg = 2 mL, IV Push, Injection, every 6 hours, PRN nausea, for 30 day(s), First Dose: 5/30/22 5:41:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/30/22 17:41:00 EDT		
Order Comment:		

Order: acetaminophen		
Order Date/Time: 5/30/2022 17:39 EDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 5/31/2022 13:57 EDT	End-state Reason:	
Ordering Physician: Gruszecki PA, Catherine E	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT		
Order Details: 650 mg = 2 tab, Oral, Tab, every 6 hours, PRN pain, mild (pain scale 1-2), for 30 day(s), First Dose: 5/30/22 5:39:00 PM EDT, Stop Date: 5/31/22 1:57:00 PM EDT, 05/30/22 17:39:00 EDT		
Order Comment:		

Order: pantoprazole		
Order Date/Time: 5/30/2022 17:39 EDT		
Order Status: Discontinued	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 6/1/2022 20:02 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT		
Order Details: 40 mg, IV Push, Injection, Daily, for 30 day(s), First Dose: 5/30/22 5:44:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/30/22 17:39:00 EDT		
Order Comment:		

Order: Sodium Chloride 0.9% 1,000 mL		
Order Date/Time: 5/30/2022 17:39 EDT		
Order Status: Discontinued	Clinical Category: Continuous Infusions	Medication Type: Inpatient
End-state Date/Time: 6/1/2022 20:02 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT		
Order Details: Total Volume (mL): 1,000, 1,000 mL, Soln-IV, IV Continuous, 125 mL/hr, Order Duration: 5 day(s), Start Date: 5/30/22 5:39:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, Infuse Over: 8, 99.79 kg, Populate Charting Weight From Order		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders - Medications

Inpatient

Order: **piperacillin-tazobactam (Zosyn)**

Order Date/Time: 5/30/2022 17:18 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/30/2022 18:08 EDT End-state Reason:

Ordering Physician: Perry Hoffstatter DO,Brittany Jade Consulting Physician:

Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 17:18 EDT

Order Details: 4.5 g, IV Piggyback, Injection, Once, Abdominal - other, Administer over: 30 minute(s), First Dose: 5/30/22 5:18:00 PM EDT, Stop Date: 5/30/22 6:08:16 PM EDT, NOW

Order Comment:

Order: **Sodium Chloride 0.9% (sodium chloride 0.9% bolus)**

Order Date/Time: 5/30/2022 14:16 EDT

Order Status: Completed Clinical Category: Continuous Infusions Medication Type: Inpatient

End-state Date/Time: 5/30/2022 15:48 EDT End-state Reason:

Ordering Physician: Perry Hoffstatter DO,Brittany Jade Consulting Physician:

Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:16 EDT

Order Details: 1,000 mL, IV Bolus, Soln-IV, Once, Administer over: 1 hr, First Dose: 5/30/22 2:16:00 PM EDT, Stop Date: 5/30/22 3:48:50 PM EDT, NOW

Order Comment:

Order: **ketorolac**

Order Date/Time: 5/30/2022 14:16 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/30/2022 16:12 EDT End-state Reason:

Ordering Physician: Perry Hoffstatter DO,Brittany Jade Consulting Physician:

Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:16 EDT

Order Details: 15 mg = 0.5 mL, IV Push, Injection, Once, First Dose: 5/30/22 2:16:00 PM EDT, Stop Date: 5/30/22 4:12:25 PM EDT, NOW, 05/30/22 14:16:00 EDT

Order Comment:

Order: **ondansetron**

Order Date/Time: 5/30/2022 14:15 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/30/2022 16:12 EDT End-state Reason:

Ordering Physician: Perry Hoffstatter DO,Brittany Jade Consulting Physician:

Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:15 EDT

Order Details: 4 mg = 2 mL, IV Push, Injection, Once, First Dose: 5/30/22 2:15:00 PM EDT, Stop Date: 5/30/22 4:12:25 PM EDT, NOW, 05/30/22 14:15:00 EDT

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders - Medications

Inpatient

Order: famotidine		
Order Date/Time: 5/30/2022 14:15 EDT		
Order Status: Completed	Clinical Category: Medications	Medication Type: Inpatient
End-state Date/Time: 5/30/2022 16:12 EDT	End-state Reason:	
Ordering Physician: Perry Hoffstatter DO,Brittany Jade	Consulting Physician:	
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:15 EDT		
Order Details: 20 mg = 2 mL, IV Push, Injection, Once, First Dose: 5/30/22 2:15:00 PM EDT, Stop Date: 5/30/22 4:12:24 PM EDT, NOW, 05/30/22 14:15:00 EDT		
Order Comment:		

Orders

Admit/Transfer/Discharge

Order: Discharge Patient		
Order Date/Time: 6/1/2022 14:32 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Admit/Transfer/Discharge
End-state Date/Time: 6/4/2022 16:01 EDT	End-state Reason:	
Ordering Physician: Gioia PA,Marissa	Consulting Physician:	
Entered By: Gioia PA,Marissa on 6/1/2022 14:32 EDT		
Order Details: 6/1/22 2:32:00 PM EDT, Home Today		
Action Type: Discontinue	Action Date/Time: 6/4/2022 16:01 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 6/1/2022 14:35 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/1/2022 14:33 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN,Pamela Y on 6/1/2022 14:35 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Admit/Transfer/Discharge

Order: PSO Admit to Inpatient		
Plan Name: PSO Patient Status Order		
Order Date/Time: 5/30/2022 17:36 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: PSO Inpatient Orders
End-state Date/Time: 6/4/2022 16:01 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:36 EDT		
Order Details: 05/30/22 17:36:00 EDT, General - Med Surg, Phillip MD, D Roger, SUR - General Surgery, Phillip MD, D Roger, 6/4/22 4:01:52 PM EDT, MH 6CKE, No Isolation acute cholecystitis		
Action Type: Discontinue	Action Date/Time: 6/4/2022 16:01 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Smalls,RN,Sade on 5/30/2022 22:45 EDT		
Doctor Cosign: Electronically Signed, Phillip MD,D Roger on 5/31/2022 09:18 EDT		
Order Comment: By signing this order for admission, I certify this patient has an expected LOS of greater than 2 midnights. -Inpatient services are ordered in accordance with Medicare regulations and instructions -Services are reasonable and necessary -Patient Status Order is appropriate based upon the Two-Midnight benchmark (or the Inpatient-Only list) -Reasons for inpatient services are documented in the medical record I understand that the estimated time the beneficiary required or will require hospital care and plans for post-hospital care as appropriate must be documented in the medical record prior to discharge to satisfy Medicare requirements.		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Cardiology

Order: **ED Electrocardiogram**
 Order Date/Time: 5/30/2022 14:10 EDT
 Order Status: Completed Department Status: Completed Activity Type: Cardiac Tx/Procedures
 End-state Date/Time: 5/30/2022 15:26 EDT End-state Reason:
 Ordering Physician: Perry Hoffstatter DO,Brittany Jade Consulting Physician:
 Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT
 Order Details: 5/30/22 2:10:00 PM EDT, Stat, Abnormal ECG, Stop date 5/30/22 3:26:38 PM EDT, Once
 Action Type: Complete Action Date/Time: 5/30/2022 15:26 EDT Electronically Signed By: Hearn,Lori E
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Order Action Date/Time: 5/30/2022 14:11 EDT Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT
 Doctor Cosign: Not Required
 Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Orders**Consults**

Order: **Consult to Case Management -Transition/Discharge Planning**
Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission
Order Date/Time: 5/30/2022 17:39 EDT
Order Status: Discontinued Department Status: Discontinued Activity Type: Consults
End-state Date/Time: 6/4/2022 16:01 EDT End-state Reason:
Ordering Physician: Suleiman PA, Mary K Consulting Physician:
Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT
Order Details: 5/30/22 5:39:00 PM EDT, Transition and discharge planning needs
Action Type: Discontinue Action Date/Time: 6/4/2022 16:01 EDT Electronically Signed By: SYSTEM,
SYSTEM Cerner
Communication Type:
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Order Action Date/Time: 5/30/2022 17:40 EDT Electronically Signed By: Suleiman PA,
Mary K
Communication Type: Written
Review Information:
Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT
Doctor Cosign: Not Required
Order Comment:

Discern Rule Order

Order: **Add At Risk for Infection to Problem List**
Plan Name: At Risk for Infection IPOC
Order Date/Time: 5/31/2022 18:21 EDT
Order Status: Completed Department Status: Completed Activity Type: Discern Rule Order
End-state Date/Time: 5/31/2022 18:21 EDT End-state Reason:
Ordering Physician: Consulting Physician:
Entered By: Marrongelli, Monna on 5/31/2022 18:21 EDT
Order Details: 5/31/22 6:21:00 PM EDT
Action Type: Order Action Date/Time: 5/31/2022 18:21 EDT Electronically Signed By: Marrongelli,
Monna
Communication Type:
Review Information:
Doctor Cosign: Not Required
Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Discern Rule Order

Order: Admission Assessment Adult		
Order Date/Time: 5/30/2022 17:40 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Discern Rule Order
End-state Date/Time: 5/30/2022 22:23 EDT		End-state Reason:
Ordering Physician: SYSTEM,SYSTEM Cerner		Consulting Physician:
Entered By: SYSTEM,SYSTEM Cerner on 5/30/2022 17:40 EDT		
Order Details: 5/30/22 5:40:08 PM EDT		
Action Type: Complete	Action Date/Time: 5/30/2022 22:23 EDT	Electronically Signed By: Smalls,RN, Sade
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: Discern Expert		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment: Order entered secondary to inpatient admission.		

Order: Basic Admission Information Adult		
Order Date/Time: 5/30/2022 17:40 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Discern Rule Order
End-state Date/Time: 5/30/2022 22:13 EDT		End-state Reason:
Ordering Physician: SYSTEM,SYSTEM Cerner		Consulting Physician:
Entered By: SYSTEM,SYSTEM Cerner on 5/30/2022 17:40 EDT		
Order Details: 5/30/22 5:40:08 PM EDT		
Action Type: Complete	Action Date/Time: 5/30/2022 22:13 EDT	Electronically Signed By: Smalls,RN, Sade
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: Discern Expert		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment: Order entered secondary to inpatient admission.		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Orders**Evaluation and Management**

Order: **Initial Hospital Care/Day 70 Minutes 99223**

Order Date/Time: 5/30/2022 19:02 EDT

Order Status: Completed

Department Status: Completed

Activity Type: Evaluation and
Management

End-state Date/Time: 5/30/2022 19:02 EDT

End-state Reason:

Ordering Physician: Phillip MD,D Roger

Consulting Physician:

Entered By: Phillip MD,D Roger on 5/30/2022 19:02 EDT

Order Details: 5/30/22 7:02:00 PM EDT, 57, Acute cholecystitis

Action Type: Status Change

Action Date/Time: 5/30/2022 20:04 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/30/2022 19:02 EDT

Electronically Signed By: Phillip MD,D
Roger

Communication Type: Written

Review Information:

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Glucose Level (POCT)		
Order Date/Time: 6/21/2022 08:17 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/1/2022 11:22 EDT		End-state Reason:
Ordering Physician: Phillip MD,D Roger		Consulting Physician:
Entered By: Contributor_system,SOFTLAB on 6/21/2022 08:17 EDT		
Order Details: Blood, RT, Collected, 6/1/22 11:22:00 AM EDT, Once, RSP		
Action Type: Status Change	Action Date/Time: 6/21/2022 08:18 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/21/2022 08:18 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: AUTOV		
Action Type: Modify	Action Date/Time: 6/21/2022 08:18 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: AUTOV		
Action Type: Order	Action Date/Time: 6/21/2022 08:17 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: POCT		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Pathology Tissue Request		
Order Date/Time: 6/1/2022 08:45 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Anatomic Pathology
End-state Date/Time: 5/31/2022 12:40 EDT	End-state Reason:	
Ordering Physician: Phillip MD,D Roger	Consulting Physician:	
Entered By: Contributor_system,SOFTLAB on 6/1/2022 08:45 EDT		
Order Details: 5/31/22 12:40:00 PM EDT, Collected, ST, Nurse collect, ST - Stat, 06/01/22 8:45:00 EDT, AP Specimen, WLAB		
Action Type: Status Change	Action Date/Time: 6/6/2022 08:39 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/1/2022 13:23 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: JUS4		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Glucose Level (POCT)		
Order Date/Time: 6/1/2022 08:34 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/1/2022 08:33 EDT		End-state Reason:
Ordering Physician: Phillip MD,D Roger		Consulting Physician:
Entered By: Contributor_system,SOFTLAB on 6/1/2022 08:34 EDT		
Order Details: Blood, RT, Collected, 6/1/22 8:33:00 AM EDT, Once, RSP		
Action Type: Status Change	Action Date/Time: 6/1/2022 08:35 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/1/2022 08:35 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: AUTOV		
Action Type: Modify	Action Date/Time: 6/1/2022 08:35 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: AUTOV		
Action Type: Order	Action Date/Time: 6/1/2022 08:34 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: POCT		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Bilirubin Direct		
Order Date/Time: 6/1/2022 07:47 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/1/2022 07:53 EDT	End-state Reason:	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gioia PA, Marissa on 6/1/2022 07:47 EDT		
Order Details: Blood, ST, Collected, 6/1/22 7:53:00 AM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 6/1/2022 08:25 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/1/2022 07:58 EDT	Electronically Signed By: Contributor_ system, SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Modify	Action Date/Time: 6/1/2022 07:54 EDT	Electronically Signed By: Contributor_ system, SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 07:56 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Status Change	Action Date/Time: 6/1/2022 07:54 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/1/2022 07:47 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 07:56 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Bilirubin Total		
Order Date/Time: 6/1/2022 07:47 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/1/2022 07:53 EDT		End-state Reason:
Ordering Physician: Gioia PA, Marissa		Consulting Physician:
Entered By: Gioia PA, Marissa on 6/1/2022 07:47 EDT		
Order Details: Blood, ST, Collected, 6/1/22 7:53:00 AM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 6/1/2022 08:25 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/1/2022 07:58 EDT	Electronically Signed By: Contributor_ system, SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Modify	Action Date/Time: 6/1/2022 07:54 EDT	Electronically Signed By: Contributor_ system, SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 07:56 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Status Change	Action Date/Time: 6/1/2022 07:54 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/1/2022 07:47 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 07:56 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: CBC w/Auto Diff		
Order Date/Time: 6/1/2022 07:47 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/1/2022 07:53 EDT	End-state Reason:	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gioia PA, Marissa on 6/1/2022 07:47 EDT		
Order Details: Blood, ST, Collected, 6/1/22 7:53:00 AM EDT, Once, MHEMA		
Action Type: Status Change	Action Date/Time: 6/1/2022 08:36 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/1/2022 07:58 EDT	Electronically Signed By: Contributor_ system, SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Modify	Action Date/Time: 6/1/2022 07:54 EDT	Electronically Signed By: Contributor_ system, SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 07:56 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Order	Action Date/Time: 6/1/2022 07:47 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 07:56 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Indices		
Order Date/Time: 6/1/2022 07:47 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/1/2022 07:53 EDT		End-state Reason:
Ordering Physician: Gioia PA, Marissa		Consulting Physician:
Entered By: Contributor_system,SOFTLAB on 6/1/2022 07:47 EDT		
Order Details: Blood, ST, Collected, 6/1/22 7:53:00 AM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 6/1/2022 08:25 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/1/2022 07:58 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Modify	Action Date/Time: 6/1/2022 07:54 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Order	Action Date/Time: 6/1/2022 07:49 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: HISIN		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Manual Diff		
Order Date/Time: 6/1/2022 07:47 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 6/1/2022 07:53 EDT		End-state Reason:
Ordering Physician: Gioia PA, Marissa		Consulting Physician:
Entered By: Contributor_system,SOFTLAB on 6/1/2022 07:47 EDT		
Order Details: Blood, ST, Collected, 6/1/22 7:53:00 AM EDT, Once, MHEMA		
Action Type: Status Change	Action Date/Time: 6/1/2022 08:36 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/1/2022 08:36 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Modify	Action Date/Time: 6/1/2022 08:36 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: LBEL		
Action Type: Order	Action Date/Time: 6/1/2022 08:35 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: HISIN		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Glucose Level (POCT)		
Order Date/Time: 5/31/2022 21:35 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/31/2022 21:34 EDT		End-state Reason:
Ordering Physician: Phillip MD,D Roger		Consulting Physician:
Entered By: Contributor_system,SOFTLAB on 5/31/2022 21:35 EDT		
Order Details: Blood, RT, Collected, 5/31/22 9:34:00 PM EDT, Once, RSP		
Action Type: Status Change	Action Date/Time: 5/31/2022 21:36 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/31/2022 21:36 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: AUTOV		
Action Type: Modify	Action Date/Time: 5/31/2022 21:36 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: AUTOV		
Action Type: Order	Action Date/Time: 5/31/2022 21:36 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: POCT		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Glucose Level (POCT)		
Order Date/Time: 5/31/2022 16:42 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/31/2022 16:40 EDT	End-state Reason:	
Ordering Physician: Phillip MD,D Roger	Consulting Physician:	
Entered By: Contributor_system,SOFTLAB on 5/31/2022 16:42 EDT		
Order Details: Blood, RT, Collected, 5/31/22 4:40:00 PM EDT, Once, RSP		
Action Type: Status Change	Action Date/Time: 5/31/2022 16:44 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/31/2022 16:44 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: AUTOV		
Action Type: Modify	Action Date/Time: 5/31/2022 16:44 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: AUTOV		
Action Type: Order	Action Date/Time: 5/31/2022 16:43 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: POCT		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Bilirubin Direct		
Order Date/Time: 5/31/2022 13:59 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: General Lab
End-state Date/Time: 6/1/2022 07:47 EDT	End-state Reason: Another Reason	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gruszecki PA, Catherine E on 5/31/2022 13:59 EDT		
Order Details: Blood, AM Draw (Inpatient Only), 6/1/22 6:00:00 AM EDT, Once, Nurse collect, None		
Action Type: Discontinue	Action Date/Time: 6/1/2022 07:47 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 07:56 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 13:59 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Orders

Laboratory

Order: Bilirubin Total		
Order Date/Time: 5/31/2022 13:58 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: General Lab
End-state Date/Time: 6/1/2022 07:47 EDT	End-state Reason: Another Reason	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gruszecki PA, Catherine E on 5/31/2022 13:58 EDT		
Order Details: Blood, AM Draw (Inpatient Only), 6/1/22 6:00:00 AM EDT, Once, Nurse collect, None		
Action Type: Discontinue	Action Date/Time: 6/1/2022 07:47 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 07:56 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 13:59 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: CBC w/Auto Diff		
Order Date/Time: 5/31/2022 13:58 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: General Lab
End-state Date/Time: 6/1/2022 07:47 EDT	End-state Reason: Another Reason	
Ordering Physician: Gioia PA, Marissa	Consulting Physician:	
Entered By: Gruszecki PA, Catherine E on 5/31/2022 13:58 EDT		
Order Details: Blood, AM Draw (Inpatient Only), 6/1/22 6:00:00 AM EDT, Once, Nurse collect, None		
Action Type: Discontinue	Action Date/Time: 6/1/2022 07:47 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 07:56 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 13:59 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Indices		
Order Date/Time: 5/31/2022 13:58 EDT		
Order Status: Canceled	Department Status: Canceled	Activity Type: General Lab
End-state Date/Time: 6/5/2022 01:06 EDT	End-state Reason:	
Ordering Physician: Gruszecki PA, Catherine E	Consulting Physician:	
Entered By: Contributor_system,SOFTLAB on 5/31/2022 13:58 EDT		
Order Details: Blood, RT, Once, MCHEM		
Action Type: Cancel	Action Date/Time: 6/5/2022 01:06 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: INDICES was cancelled on 06/05/22 at 01:05 by ; Test cancelled,specimen not collected or received within 72 hours		
Action Type: Order	Action Date/Time: 5/31/2022 14:00 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: HISIN		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Hepatic Function Panel (LFT)		
Order Date/Time: 5/30/2022 17:40 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/31/2022 07:19 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:40 EDT		
Order Details: Blood, RT, Collected, 5/31/22 7:19:00 AM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 5/31/2022 08:22 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/31/2022 07:37 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Modify	Action Date/Time: 5/31/2022 07:20 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Magnesium Level		
Order Date/Time: 5/30/2022 17:40 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/31/2022 07:19 EDT		End-state Reason:
Ordering Physician: Suleiman PA, Mary K		Consulting Physician:
Entered By: Suleiman PA, Mary K on 5/30/2022 17:40 EDT		
Order Details: Blood, RT, Collected, 5/31/22 7:19:00 AM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 5/31/2022 08:22 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/31/2022 07:37 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Modify	Action Date/Time: 5/31/2022 07:20 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Status Change	Action Date/Time: 5/31/2022 07:20 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: CBC w/Auto Diff		
Order Date/Time: 5/30/2022 17:40 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/31/2022 07:19 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:40 EDT		
Order Details: Blood, RT, Collected, 5/31/22 7:19:00 AM EDT, Once, MHEMA		
Action Type: Status Change	Action Date/Time: 5/31/2022 10:18 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/31/2022 07:37 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Modify	Action Date/Time: 5/31/2022 07:20 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Smalls,RN,Sade on 5/30/2022 22:45 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Basic Metabolic Panel (BMP)		
Order Date/Time: 5/30/2022 17:40 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/31/2022 07:19 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:40 EDT		
Order Details: Blood, RT, Collected, 5/31/22 7:19:00 AM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 5/31/2022 08:22 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/31/2022 07:37 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Modify	Action Date/Time: 5/31/2022 07:20 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Manual Diff		
Order Date/Time: 5/30/2022 17:40 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/31/2022 07:19 EDT		End-state Reason:
Ordering Physician: Suleiman PA, Mary K		Consulting Physician:
Entered By: Contributor_system,SOFTLAB on 5/30/2022 17:40 EDT		
Order Details: Blood, RT, Collected, 5/31/22 7:19:00 AM EDT, Once, MHEMA		
Action Type: Status Change	Action Date/Time: 5/31/2022 10:19 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/31/2022 10:19 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Modify	Action Date/Time: 5/31/2022 10:19 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: MPARK		
Action Type: Order	Action Date/Time: 5/31/2022 10:18 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: HISIN		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Type And Screen		
Order Date/Time: 5/30/2022 17:35 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Blood Bank
End-state Date/Time: 5/30/2022 17:45 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:35 EDT		
Order Details: Blood, Stat, 5/30/22 5:45:00 PM EDT, Once, None		
Action Type: Status Change	Action Date/Time: 5/30/2022 18:37 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 17:46 EDT	Electronically Signed By: Contributor_ system, SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Order	Action Date/Time: 5/30/2022 17:35 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: CBC w/Auto Diff		
Order Date/Time: 5/30/2022 17:35 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 17:45 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:35 EDT		
Order Details: Blood, ST, Collected, 5/30/22 5:45:00 PM EDT, Once, MHEMA		
Action Type: Status Change	Action Date/Time: 5/30/2022 19:33 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 17:50 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 17:46 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Order	Action Date/Time: 5/30/2022 17:35 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Manual Diff		
Order Date/Time: 5/30/2022 17:35 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 17:45 EDT		End-state Reason:
Ordering Physician: Suleiman PA, Mary K		Consulting Physician:
Entered By: Contributor_system,SOFTLAB on 5/30/2022 17:35 EDT		
Order Details: Blood, ST, Collected, 5/30/22 5:45:00 PM EDT, Once, MHEMA		
Action Type: Status Change	Action Date/Time: 5/30/2022 19:33 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 19:32 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 19:32 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Order	Action Date/Time: 5/30/2022 19:31 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: HISIN		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: COVID-19/FLU A & B/RSV RT-PCR Cepheid (MHRH STAT)		
Order Date/Time: 5/30/2022 17:12 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 17:15 EDT	End-state Reason:	
Ordering Physician: Perry Hoffstatter DO,Brittany Jade	Consulting Physician:	
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 17:12 EDT		
Order Details: Swab, ST Collect, Collected, 5/30/22 5:15:00 PM EDT, Once, Nurse Collect, Stat Trauma/OR/Invasive procedure, MSER		
Action Type: Status Change	Action Date/Time: 5/30/2022 18:49 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 17:26 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: AC ER		
Action Type: Modify	Action Date/Time: 5/30/2022 17:26 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 17:29 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: AC ER		
Action Type: Order	Action Date/Time: 5/30/2022 17:12 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 17:29 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Urinalysis with Microscopic		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Canceled	Department Status: Canceled	Activity Type: General Lab
End-state Date/Time: 6/3/2022 01:08 EDT	End-state Reason:	
Ordering Physician: Perry Hoffstatter DO,Brittany Jade	Consulting Physician:	
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT		
Order Details: Urine, Stat Collect, 5/30/22 2:11:00 PM EDT, Once, Nurse collect, None, Clean Catch		
Action Type: Cancel	Action Date/Time: 6/3/2022 01:08 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: No Longer Needing Review, SYSTEM,SYSTEM Cerner on 6/17/2022 21:02 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: URINALYSIS WITH MICROSCOPY was cancelled on 06/03/22 at 01:05 by ; Test cancelled,specimen not collected or received within 72 hours		
Action Type: Order	Action Date/Time: 5/30/2022 14:11 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: PT (PT (with INR))		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 15:53 EDT	End-state Reason:	
Ordering Physician: Perry Hoffstatter DO,Brittany Jade	Consulting Physician:	
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT		
Order Details: Blood, ST, Collected, 5/30/22 3:53:00 PM EDT, Once, MCOAG		
Action Type: Status Change	Action Date/Time: 5/30/2022 16:23 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 16:02 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Order	Action Date/Time: 5/30/2022 14:11 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Troponin-I		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 15:53 EDT		End-state Reason:
Ordering Physician: Perry Hoffstatter DO,Brittany Jade		Consulting Physician:
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT		
Order Details: Blood, ST, Collected, 5/30/22 3:53:00 PM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 5/30/2022 17:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 16:02 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Status Change	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 14:11 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Magnesium Level		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 15:53 EDT		End-state Reason:
Ordering Physician: Perry Hoffstatter DO,Brittany Jade		Consulting Physician:
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT		
Order Details: Blood, ST, Collected, 5/30/22 3:53:00 PM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 5/30/2022 17:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 16:02 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Status Change	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 14:11 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: PTT		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 15:53 EDT	End-state Reason:	
Ordering Physician: Perry Hoffstatter DO,Brittany Jade	Consulting Physician:	
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT		
Order Details: Blood, ST, Collected, 5/30/22 3:53:00 PM EDT, Once, MCOAG		
Action Type: Status Change	Action Date/Time: 5/30/2022 16:23 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 16:02 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Order	Action Date/Time: 5/30/2022 14:11 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Lipase Level		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 15:53 EDT		End-state Reason:
Ordering Physician: Perry Hoffstatter DO,Brittany Jade		Consulting Physician:
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT		
Order Details: Blood, ST, Collected, 5/30/22 3:53:00 PM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 5/30/2022 17:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 16:02 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Order	Action Date/Time: 5/30/2022 14:11 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: CBC w/Auto Diff		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 15:53 EDT	End-state Reason:	
Ordering Physician: Perry Hoffstatter DO,Brittany Jade	Consulting Physician:	
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT		
Order Details: Blood, ST, Collected, 5/30/22 3:53:00 PM EDT, Once, MHEMA		
Action Type: Status Change	Action Date/Time: 5/30/2022 19:40 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 16:02 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Status Change	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 14:11 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Comprehensive Metabolic Panel (CMP)		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 15:53 EDT		End-state Reason:
Ordering Physician: Perry Hoffstatter DO,Brittany Jade		Consulting Physician:
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT		
Order Details: Blood, ST, Collected, 5/30/22 3:53:00 PM EDT, Once, MCHEM		
Action Type: Status Change	Action Date/Time: 5/30/2022 17:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 16:02 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: Contributor_ system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Order	Action Date/Time: 5/30/2022 14:11 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Laboratory

Order: Manual Diff		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: General Lab
End-state Date/Time: 5/30/2022 15:53 EDT		End-state Reason:
Ordering Physician: Perry Hoffstatter DO,Brittany Jade		Consulting Physician:
Entered By: Contributor_system,SOFTLAB on 5/30/2022 14:10 EDT		
Order Details: Blood, ST, Collected, 5/30/22 3:53:00 PM EDT, Once, MHEMA		
Action Type: Status Change	Action Date/Time: 5/30/2022 19:40 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 19:40 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Modify	Action Date/Time: 5/30/2022 19:40 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: SFISH		
Action Type: Order	Action Date/Time: 5/30/2022 19:40 EDT	Electronically Signed By: Contributor_system,SOFTLAB
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Collected by: HISIN		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Nutrition Services

Order: Regular Diet (General Diet) (Regular Diet)		
Order Date/Time: 6/1/2022 14:34 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Diets
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gioia PA, Marissa		Consulting Physician:
Entered By: Gioia PA, Marissa on 6/1/2022 14:34 EDT		
Order Details: 6/1/22 2:34:00 PM EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/1/2022 14:34 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 14:35 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Nutrition Services

Order: **NPO for OR -Procedure**

Order Date/Time: 5/31/2022 16:28 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Diet Special Instructions

End-state Date/Time: 6/1/2022 14:34 EDT

End-state Reason:

Ordering Physician: SYSTEM,SYSTEM Cerner

Consulting Physician:

Entered By: Gruszecki PA,Catherine E on 5/31/2022 16:28 EDT

Order Details: 6/1/22 12:15:00 AM EDT, Except for Medications, Except meds and ice chips

Action Type: Discontinue

Action Date/Time: 6/1/2022 14:34 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type: Discern Expert

Review Information:

Nurse Review: Electronically Signed, CURETON RN,Pamela Y on 6/1/2022 14:35 EDT

Doctor Cosign: Not Required

Order Comment: NPO order authorizes the discontinuation of all other active PO diet orders. Replaced with new Dietary Order

Action Type: Order

Action Date/Time: 5/31/2022 16:30 EDT

Electronically Signed By: Gruszecki PA,
Catherine E

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:34 EDT

Doctor Cosign: Not Required

Order Comment: NPO order authorizes the discontinuation of all other active PO diet orders.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Nutrition Services

Order: **Diabetes Diet**

Order Date/Time: 5/31/2022 14:02 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Diets

End-state Date/Time: 6/1/2022 00:15 EDT End-state Reason:

Ordering Physician: SYSTEM,SYSTEM Cerner Consulting Physician:

Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:02 EDT

Order Details: 5/31/22 2:02:00 PM EDT, 220 GM/day (Approx. 2050 Kcal), 3/2 (3 meals/2 snacks: 2p, 7p)

Action Type: Status Change Action Date/Time: 6/1/2022 00:16 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Discontinue Action Date/Time: 5/31/2022 16:30 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner

Communication Type: Discern Expert

Review Information:

Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:34 EDT

Doctor Cosign: Not Required

Order Comment: See new NPO order

Action Type: Order Action Date/Time: 5/31/2022 14:02 EDT Electronically Signed By: Gruszecki PA, Catherine E

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Orders**Nutrition Services**Order: **NPO**

Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission

Order Date/Time: 5/30/2022 17:39 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Diets

End-state Date/Time: 5/31/2022 14:02 EDT End-state Reason:

Ordering Physician: SYSTEM,SYSTEM Cerner Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT

Order Details: 5/30/22 5:39:00 PM EDT

Action Type: Discontinue Action Date/Time: 5/31/2022 14:02 EDT Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type: Discern Expert

Review Information:

Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT

Doctor Cosign: Not Required

Order Comment: Replaced with new Dietary Order

Action Type: Order Action Date/Time: 5/30/2022 17:40 EDT Electronically Signed By: Suleiman PA,
Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Patient Care

Order: Communication Order		
Order Date/Time: 6/1/2022 00:08 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Communication Orders
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Agas PA,Andrea		Consulting Physician:
Entered By: Agas PA,Andrea on 6/1/2022 00:08 EDT		
Order Details: 6/1/22 12:08:00 AM EDT, Constant order, Contact provider if temp >100.4, SBP >160 or <90, HR >110 or <60		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/1/2022 00:09 EDT	Electronically Signed By: Agas PA, Andrea
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Lynch RN,Erik L on 6/1/2022 00:40 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Patient Care

Order: Blood Glucose Monitoring POC		
Plan Name: Glucose Management - with Subphases		
Order Date/Time: 5/31/2022 14:01 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: POC Asmt/Tx/Monitoring
End-state Date/Time: 6/1/2022 20:02 EDT	End-state Reason:	
Ordering Physician: Gruszecki PA, Catherine E	Consulting Physician:	
Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:01 EDT		
Order Details: 5/31/22 2:01:00 PM EDT, before meals and at bedtime		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 14:01 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Patient Care

Order: **Orange Juice -Hypoglycemia Protocol**

Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Hypoglycemia Protocol

Orders Subphase

Order Date/Time: 5/31/2022 14:01 EDT

Order Status: Completed Department Status: Completed Activity Type: Communication Orders

End-state Date/Time: 5/31/2022 19:19 EDT End-state Reason:

Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:

Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT

Order Details: 5/31/22 2:01:00 PM EDT

Action Type: Complete Action Date/Time: 5/31/2022 19:19 EDT Electronically Signed By: Marrongelli, Monna

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 5/31/2022 14:01 EDT Electronically Signed By: Gruszecki PA, Catherine E

Communication Type: Written

Review Information:

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Patient Care

Order: **Surgical Drain Care**

Order Date/Time: 5/31/2022 13:59 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Patient Care

End-state Date/Time: 6/4/2022 16:01 EDT End-state Reason:

Ordering Physician: Gruszecki PA, Catherine E Consulting Physician:

Entered By: Gruszecki PA, Catherine E on 5/31/2022 13:59 EDT

Order Details: 5/31/22 1:59:00 PM EDT, Stop date 6/4/22 4:01:52 PM EDT, Bulb to self suction

Action Type: Discontinue Action Date/Time: 6/4/2022 16:01 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 5/31/2022 13:59 EDT Electronically Signed By: Gruszecki PA, Catherine E

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT

Doctor Cosign: Not Required

Order Comment:

Order: **VTE Quality Measures**

Order Date/Time: 5/30/2022 17:40 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Communication Orders

End-state Date/Time: 6/4/2022 16:01 EDT End-state Reason:

Ordering Physician: SYSTEM, SYSTEM Cerner Consulting Physician:

Entered By: SYSTEM, SYSTEM Cerner on 5/30/2022 17:40 EDT

Order Details: 5/30/22 5:40:08 PM EDT, Stop date 6/4/22 4:01:52 PM EDT

Action Type: Discontinue Action Date/Time: 6/4/2022 16:01 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 5/30/2022 17:40 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner

Communication Type: Discern Expert

Review Information:

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Patient Care

Order: Intake and Output

Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission

Order Date/Time: 5/30/2022 17:39 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Intake and Output

End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:

Ordering Physician: Suleiman PA, Mary K Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT

Order Details: 5/30/22 5:39:00 PM EDT, every 4 hours, strict

Action Type: Discontinue Action Date/Time: 6/1/2022 20:02 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 5/30/2022 17:40 EDT Electronically Signed By: Suleiman PA, Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Orders**Patient Care**

Order: **Intermittent pneum compression devices (Sequential Compression Device)**

Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission, VTE Prophylaxis Subphase

Order Date/Time: 5/30/2022 17:39 EDT

Order Status: Discontinued

Department Status: Discontinued

Activity Type: Continuous
Asmt/Tx/Monitoring

End-state Date/Time: 6/4/2022 16:01 EDT

End-state Reason:

Ordering Physician: Suleiman PA, Mary K

Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT

Order Details: 5/30/22 5:39:00 PM EDT, Stop date 6/4/22 4:01:52 PM EDT

Action Type: Discontinue

Action Date/Time: 6/4/2022 16:01 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/30/2022 17:40 EDT

Electronically Signed By: Suleiman PA,
Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls,RN,Sade on 5/30/2022 22:45 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Patient Care

Order: **Up with Assistance**

Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission

Order Date/Time: 5/30/2022 17:39 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Patient Activity

End-state Date/Time: 6/4/2022 16:01 EDT End-state Reason:

Ordering Physician: Suleiman PA, Mary K Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT

Order Details: 5/30/22 5:39:00 PM EDT, Stop date 6/4/22 4:01:52 PM EDT

Action Type: Discontinue Action Date/Time: 6/4/2022 16:01 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 5/30/2022 17:40 EDT Electronically Signed By: Suleiman PA, Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Orders**Patient Care****Order: Vital Signs**

Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission

Order Date/Time: 5/30/2022 17:39 EDT

Order Status: Discontinued

Department Status: Discontinued

Activity Type: Basic Care

End-state Date/Time: 6/1/2022 20:02 EDT

End-state Reason:

Ordering Physician: Suleiman PA, Mary K

Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT

Order Details: 5/30/22 5:39:00 PM EDT, every 4 hr

Action Type: Discontinue

Action Date/Time: 6/1/2022 20:02 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/30/2022 17:40 EDT

Electronically Signed By: Suleiman PA,
Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Orders**Patient Care****Order: Weight**

Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission

Order Date/Time: 5/30/2022 17:39 EDT

Order Status: Discontinued

Department Status: Discontinued

Activity Type: Basic Care

End-state Date/Time: 6/1/2022 20:02 EDT

End-state Reason:

Ordering Physician: Suleiman PA, Mary K

Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT

Order Details: 5/30/22 5:39:00 PM EDT, Daily, obtain on admission

Action Type: Discontinue

Action Date/Time: 6/1/2022 20:02 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/30/2022 17:40 EDT

Electronically Signed By: Suleiman PA,
Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Patient Care

Order: ED Peripheral IV Insertion

Order Date/Time: 5/30/2022 14:10 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Asmt/Tx/Monitoring

End-state Date/Time: 6/4/2022 16:01 EDT End-state Reason:

Ordering Physician: Perry Hoffstatter DO,Brittany Jade Consulting Physician:

Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT

Order Details: 5/30/22 2:10:00 PM EDT, Document Location

Action Type: Discontinue Action Date/Time: 6/4/2022 16:01 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 5/30/2022 14:11 EDT Electronically Signed By: Perry Hoffstatter DO,Brittany Jade

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 17:38 EDT

Doctor Cosign: Not Required

Order Comment: Discountinue on admission; Inpatient IV Insertion Order Required

Order: ED Assessment Adult

Order Date/Time: 5/30/2022 14:04 EDT

Order Status: Completed Department Status: Completed Activity Type: Patient Care

End-state Date/Time: 5/30/2022 17:35 EDT End-state Reason:

Ordering Physician: SYSTEM,SYSTEM Cerner Consulting Physician:

Entered By: SYSTEM,SYSTEM Cerner on 5/30/2022 14:04 EDT

Order Details: 5/30/22 2:04:29 PM EDT, Stop date 5/30/22 5:35:54 PM EDT

Action Type: Complete Action Date/Time: 5/30/2022 17:35 EDT Electronically Signed By: Callahan RN, Ashlee

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 5/30/2022 14:04 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner

Communication Type: Discern Expert

Review Information:

Doctor Cosign: Not Required

Order Comment: Order placed due to patient arrival to the Emergency Department

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: nystatin topical (nystatin 100,000 units/g topical ointment)		
Order Date/Time: 6/1/2022 10:18 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gioia PA, Marissa		Consulting Physician:
Entered By: Gioia PA, Marissa on 6/1/2022 10:18 EDT		
Order Details: 1 app, Topical, Ointment, 3 times a day for 30 day(s), PRN itching/rash, First Dose: 6/1/22 10:18:00 AM EDT, Stop Date: 6/1/22 8:02:41 PM EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/1/2022 10:18 EDT	Electronically Signed By: Gioia PA, Marissa
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN, Pamela Y on 6/1/2022 10:25 EDT		
Pharmacist Verify: Electronically Signed, Bryce RPh, Kristina on 6/1/2022 10:20 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Orders**Pharmacy**

Order: **ketorolac (Toradol)**

Order Date/Time: 5/31/2022 23:39 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 6/1/2022 20:02 EDT

End-state Reason:

Ordering Physician: Pelletier PA,Olivia M

Consulting Physician:

Entered By: Zadrina RPh,Angelena on 5/31/2022 23:39 EDT

Order Details: 15 mg = 0.5 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 6/1/22 4:00:00 AM EDT,
Stop Date: 6/1/22 8:02:41 PM EDT

Action Type: Discontinue

Action Date/Time: 6/1/2022 20:02 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Order Comment:

Action Type: Order

Action Date/Time: 5/31/2022 23:39 EDT

Electronically Signed By: Zadrina RPh,
Angelena

Communication Type: Paper or Fax

Review Information:

Nurse Review: Electronically Signed, Lynch RN,Erik L on 5/31/2022 23:40 EDT

Pharmacist Verify: Electronically Signed, Zadrina RPh,Angelena on 5/31/2022 23:39 EDT

Doctor Cosign: Not Reviewed

Order Comment: cpoe reentry to modify admin time azadrina rph

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Orders**Pharmacy**

Order: enoxaparin (Lovenox)		
Order Date/Time: 5/31/2022 21:47 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E		Consulting Physician:
Entered By: Kim RPh, Angela on 5/31/2022 21:47 EDT		
Order Details: 30 mg = 0.3 mL, Subcutaneous, Injection, every 12 hours scheduled, for 30 day(s), First Dose: 5/31/22 10:00:00 PM EDT, Stop Date: 6/1/22 8:02:40 PM EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 21:47 EDT	Electronically Signed By: Kim RPh, Angela
Communication Type: Paper or Fax		
Review Information:		
Nurse Review: Electronically Signed, Lynch RN, Erik L on 5/31/2022 22:16 EDT		
Pharmacist Verify: Electronically Signed, Kim RPh, Angela on 5/31/2022 21:47 EDT		
Doctor Cosign: Not Reviewed		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **ketorolac (Toradol)**
 Order Date/Time: 5/31/2022 16:33 EDT
 Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy
 End-state Date/Time: 5/31/2022 23:39 EDT End-state Reason:
 Ordering Physician: Pelletier PA,Olivia M Consulting Physician:
 Entered By: Pelletier PA,Olivia M on 5/31/2022 16:33 EDT
 Order Details: 15 mg = 0.5 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 5/31/22 10:00:00 PM EDT, Stop Date: 5/31/22 11:39:55 PM EDT, 05/31/22 22:00:00 EDT
 Action Type: Discontinue Action Date/Time: 5/31/2022 23:39 EDT Electronically Signed By: Zadrina RPh, Angelena
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Lynch RN,Erik L on 5/31/2022 23:40 EDT
 Doctor Cosign: Not Reviewed
 Order Comment:
 Action Type: Order Action Date/Time: 5/31/2022 16:33 EDT Electronically Signed By: Pelletier PA, Olivia M
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:34 EDT
 Pharmacist Verify: Electronically Signed, Zadrina RPh,Angelena on 5/31/2022 16:34 EDT
 Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Orders**Pharmacy**

Order: **ketorolac (Toradol)**

Order Date/Time: 5/31/2022 16:31 EDT

Order Status: Canceled

Department Status: Canceled

Activity Type: Pharmacy

End-state Date/Time: 5/31/2022 16:33 EDT

End-state Reason:

Ordering Physician: Pelletier PA,Olivia M

Consulting Physician:

Entered By: Pelletier PA,Olivia M on 5/31/2022 16:31 EDT

Order Details: 15 mg = 0.5 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 5/31/22 6:00:00 PM EDT, Stop Date: 5/31/22 4:33:00 PM EDT, 05/31/22 16:31:00 EDT

Action Type: Cancel

Action Date/Time: 5/31/2022 16:33 EDT

Electronically Signed By: Pelletier PA,
Olivia M

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:34 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/31/2022 16:32 EDT

Electronically Signed By: Pelletier PA,
Olivia M

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:34 EDT

Pharmacist Verify: Electronically Signed, Zadrina RPh,Angelena on 5/31/2022 16:32 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: traMADol (Ultram)		
Order Date/Time: 5/31/2022 16:27 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E		Consulting Physician:
Entered By: Gruszecki PA, Catherine E on 5/31/2022 16:27 EDT		
Order Details: 50 mg = 1 tab, Oral, Tab, every 6 hours, PRN other (see comment), Indication: Pain 8-10/10, for 3 day(s), First Dose: 5/31/22 4:27:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 16:27:00 EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 16:28 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 16:34 EDT		
Pharmacist Verify: Electronically Signed, Zadrina RPh, Angelena on 5/31/2022 16:29 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: ketorolac (Toradol)		
Order Date/Time: 5/31/2022 16:18 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 16:31 EDT	End-state Reason:	
Ordering Physician: Pelletier PA,Olivia M	Consulting Physician:	
Entered By: Pelletier PA,Olivia M on 5/31/2022 16:18 EDT		
Order Details: 15 mg = 0.5 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 5/31/22 4:18:00 PM EDT, Stop Date: 5/31/22 4:31:00 PM EDT, 05/31/22 16:18:00 EDT		
Action Type: Discontinue	Action Date/Time: 5/31/2022 16:32 EDT	Electronically Signed By: Pelletier PA, Olivia M
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:34 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 5/31/2022 16:19 EDT	Electronically Signed By: Zadrina RPh, Angelena
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:20 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 16:18 EDT	Electronically Signed By: Pelletier PA, Olivia M
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:20 EDT		
Pharmacist Verify: Electronically Signed, Zadrina RPh,Angelena on 5/31/2022 16:19 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: ketorolac (Toradol)		
Order Date/Time: 5/31/2022 14:03 EDT		
Order Status: Canceled	Department Status: Canceled	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 16:18 EDT	End-state Reason:	
Ordering Physician: Pelletier PA,Olivia M	Consulting Physician:	
Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:03 EDT		
Order Details: 15 mg = 1 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 5/31/22 6:00:00 PM EDT, Stop Date: 5/31/22 4:18:00 PM EDT, 05/31/22 14:03:00 EDT		
Action Type: Cancel	Action Date/Time: 5/31/2022 16:18 EDT	Electronically Signed By: Pelletier PA, Olivia M
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:20 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 14:04 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Electronically Signed, Kresevic RPh,Rachel on 5/31/2022 15:56 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **enoxaparin (Lovenox)**
 Order Date/Time: 5/31/2022 14:03 EDT
 Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy
 End-state Date/Time: 5/31/2022 21:47 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:03 EDT
 Order Details: 30 mg = 0.3 mL, Subcutaneous, Injection, every 12 hours scheduled, for 30 day(s), First Dose: 5/31/22 10:00:00 PM EDT, Stop Date: 5/31/22 9:47:13 PM EDT, 05/31/22 14:03:00 EDT
 Action Type: Discontinue Action Date/Time: 5/31/2022 21:47 EDT Electronically Signed By: Kim RPh, Angela
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Lynch RN,Erik L on 5/31/2022 22:16 EDT
 Doctor Cosign: Not Reviewed
 Order Comment:
 Action Type: Order Action Date/Time: 5/31/2022 14:03 EDT Electronically Signed By: Gruszecki PA, Catherine E
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT
 Pharmacist Verify: Electronically Signed, Kresevic RPh,Rachel on 5/31/2022 15:56 EDT
 Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: ketorolac (Toradol)		
Order Date/Time: 5/31/2022 14:02 EDT		
Order Status: Canceled	Department Status: Canceled	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 14:03 EDT		End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E		Consulting Physician:
Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:02 EDT		
Order Details: 15 mg = 1 mL, IV Push, Injection, every 6 hours scheduled, for 5 day(s), First Dose: 5/31/22 6:00:00 PM EDT, Stop Date: 5/31/22 2:03:00 PM EDT, 05/31/22 14:02:00 EDT		
Action Type: Cancel	Action Date/Time: 5/31/2022 14:04 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: No Longer Needing Review		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 14:03 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Superceeded, Gruszecki PA, Catherine E on 5/31/2022 14:03 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia*)		
Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Hypoglycemia Protocol		
Orders Subphase		
Order Date/Time: 5/31/2022 14:01 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gruszecki PA,Catherine E		Consulting Physician:
Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT		
Order Details: 20 g = 200 mL, IV Bolus, Soln-IV, As Directed, PRN hypoglycemia, for 5 day(s), Administer over: 15 minute(s),		
First Dose: 5/31/22 2:31:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 14:31:00 EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 14:01 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Electronically Signed, Conyea RPh,Jessica on 5/31/2022 14:37 EDT		
Doctor Cosign: Not Required		
Order Comment: Per Hypoglycemia Protocol.		

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Orders

Pharmacy

Order: Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia*)		
Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Hypoglycemia Protocol		
Orders Subphase		
Order Date/Time: 5/31/2022 14:01 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gruszecki PA,Catherine E		Consulting Physician:
Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT		
Order Details: 10 g = 100 mL, IV Bolus, Soln-IV, As Directed, PRN hypoglycemia, for 5 day(s), Administer over: 10 minute(s),		
First Dose: 5/31/22 2:31:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 14:31:00 EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 14:01 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Electronically Signed, Conyea RPh,Jessica on 5/31/2022 14:37 EDT		
Doctor Cosign: Not Required		
Order Comment: Per Hypoglycemia Protocol.		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia Protocol*)		
Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Hypoglycemia Protocol		
Orders Subphase		
Order Date/Time: 5/31/2022 14:01 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gruszecki PA,Catherine E		Consulting Physician:
Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT		
Order Details: 250 mL, IV Piggyback, Soln-IV, every 4 hours for 5 day(s), PRN hypoglycemia, Administer over: 5 hr, First Dose: 5/31/22 2:01:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 14:01 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Electronically Signed, Conyea RPh,Jessica on 5/31/2022 14:37 EDT		
Doctor Cosign: Not Required		
Order Comment: Per Hypoglycemia Protocol.		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia Protocol*)**
 Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Hypoglycemia Protocol
 Orders Subphase
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT
 Order Details: 1,000 mL, IV Piggyback, Soln-IV, every 4 hours for 5 day(s), PRN hypoglycemia, Administer over: 10 hr, First
 Dose: 5/31/22 2:01:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT
 Action Type: Discontinue Action Date/Time: 6/1/2022 20:02 EDT Electronically Signed By: SYSTEM,
 SYSTEM Cerner
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Order Action Date/Time: 5/31/2022 14:01 EDT Electronically Signed By: Gruszecki PA,
 Catherine E
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT
 Pharmacist Verify: Electronically Signed, Conyea RPh,Jessica on 5/31/2022 14:37 EDT
 Doctor Cosign: Not Required
 Order Comment: Per Hypoglycemia Protocol.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **glucagon**
 Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Hypoglycemia Protocol
 Orders Subphase
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT
 Order Details: 1 mg, Subcutaneous, Injection, As Directed, PRN hypoglycemia, for 30 day(s), First Dose: 5/31/22 2:31:00 PM EDT, Stop Date: 6/1/22 8:02:40 PM EDT, 05/31/22 14:31:00 EDT
 Action Type: Discontinue Action Date/Time: 6/1/2022 20:02 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Order Action Date/Time: 5/31/2022 14:01 EDT Electronically Signed By: Gruszecki PA, Catherine E
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT
 Pharmacist Verify: Electronically Signed, Conyea RPh,Jessica on 5/31/2022 14:37 EDT
 Doctor Cosign: Not Required
 Order Comment: Per Hypoglycemia Protocol.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **glucose (glucose gel)**
 Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Hypoglycemia Protocol
 Orders Subphase
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT
 Order Details: 15 g = 37.5 mL, Oral, Gel, As Directed, PRN hypoglycemia, for 30 day(s), First Dose: 5/31/22 2:31:00 PM EDT,
 Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 14:31:00 EDT
 Action Type: Discontinue Action Date/Time: 6/1/2022 20:02 EDT Electronically Signed By: SYSTEM,
 SYSTEM Cerner
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Modify Action Date/Time: 5/31/2022 14:37 EDT Electronically Signed By: Conyea RPh,
 Jessica
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Order Action Date/Time: 5/31/2022 14:01 EDT Electronically Signed By: Gruszecki PA,
 Catherine E
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT
 Pharmacist Verify: Electronically Signed, Conyea RPh,Jessica on 5/31/2022 14:37 EDT
 Doctor Cosign: Not Required
 Order Comment: Per Hypoglycemia Protocol. Can be used for patients with dysphagia on honey consistency liquids.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **glucose (glucose gel)**
 Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Hypoglycemia Protocol
 Orders Subphase
 Order Date/Time: 5/31/2022 14:01 EDT
 Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Gruszecki PA,Catherine E Consulting Physician:
 Entered By: Gruszecki PA,Catherine E on 5/31/2022 14:01 EDT
 Order Details: 30 g = 75 mL, Oral, Gel, As Directed, PRN hypoglycemia, for 30 day(s), First Dose: 5/31/22 2:31:00 PM EDT,
 Stop Date: 6/1/22 8:02:41 PM EDT, 05/31/22 14:31:00 EDT
 Action Type: Discontinue Action Date/Time: 6/1/2022 20:02 EDT Electronically Signed By: SYSTEM,
 SYSTEM Cerner
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Modify Action Date/Time: 5/31/2022 14:37 EDT Electronically Signed By: Conyea RPh,
 Jessica
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Order Action Date/Time: 5/31/2022 14:01 EDT Electronically Signed By: Gruszecki PA,
 Catherine E
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT
 Pharmacist Verify: Electronically Signed, Conyea RPh,Jessica on 5/31/2022 14:37 EDT
 Doctor Cosign: Not Required
 Order Comment: Per Hypoglycemia Protocol. Can be used for patients with dysphagia on honey consistency liquids.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: insulin regular (HumuLIN R NORMAL Correction Scale at Bedtime)		
Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Correction Insulin - Patient is Ordered for Meals		
Order Date/Time: 5/31/2022 14:01 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E		Consulting Physician:
Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:01 EDT		
Order Details: 0-6 units, Subcutaneous, Injection, every day at bedtime, for 30 day(s), Stop Date: 6/1/22 8:02:41 PM EDT, First Dose: 5/31/22 10:00:00 PM EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 14:01 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Electronically Signed, Kresevic RPh, Rachel on 5/31/2022 15:56 EDT		
Doctor Cosign: Not Required		
Order Comment: This is a correction insulin, and should be administered even if the patient is NPO. Blood Glucose Units 0-99 give 0 units 100-149 give 0 units 150-199 give 0 units 200-249 give 0 units 250-299 give 2 units 300-349 give 4 units 350-999 give 6 units Notify Provider if Glucose >349		

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953	68 years	Admitting: Phillip MD,D Roger
Admin Sex:	Female		

Orders

Pharmacy

Order: insulin regular (HumuLIN R NORMAL Correction Scale w/Meals)		
Plan Name: Glucose Management - with Subphases, Glucose Management - with Subphases, Correction Insulin - Patient is Ordered for Meals		
Order Date/Time: 5/31/2022 14:01 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E		Consulting Physician:
Entered By: Gruszecki PA, Catherine E on 5/31/2022 14:01 EDT		
Order Details: 0-10 units, Subcutaneous, Injection, With meals, for 30 day(s), Stop Date: 6/1/22 8:02:41 PM EDT, First Dose: 5/31/22 5:00:00 PM EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 14:01 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Electronically Signed, Kresevic RPh, Rachel on 5/31/2022 15:56 EDT		
Doctor Cosign: Not Required		
Order Comment: This is a correction insulin, and should be administered even if the patient is NPO or is not eating. Blood Glucose Units 0-99 give 0 units 100-149 give 0 units 150-199 give 2 units 200-249 give 4 units 250-299 give 6 units 300-349 give 8 units 350-999 give 10 units Notify Provider if Glucose >349		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: oxyCODONE		
Order Date/Time: 5/31/2022 13:57 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 16:17 EDT		End-state Reason:
Ordering Physician: Pelletier PA,Olivia M		Consulting Physician:
Entered By: Gruszecki PA,Catherine E on 5/31/2022 13:57 EDT		
Order Details: 5 mg = 1 tab, Oral, Tab, every 4 hours, PRN pain, severe/worst (pain scale 8-10), for 3 day(s), First Dose: 5/31/22 1:57:00 PM EDT, Stop Date: 5/31/22 4:17:00 PM EDT, 05/31/22 13:57:00 EDT		
Action Type: Discontinue	Action Date/Time: 5/31/2022 16:17 EDT	Electronically Signed By: Pelletier PA, Olivia M
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 16:20 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 13:57 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli,Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Electronically Signed, Conyea RPh,Jessica on 5/31/2022 15:24 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: acetaminophen		
Order Date/Time: 5/31/2022 13:57 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E		Consulting Physician:
Entered By: Gruszecki PA, Catherine E on 5/31/2022 13:57 EDT		
Order Details: 650 mg = 2 tab, Oral, Tab, every 6 hours, for 3 day(s), First Dose: 5/31/22 2:00:00 PM EDT, Stop Date: 6/1/22 8:02:40 PM EDT, 05/31/22 13:57:00 EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 5/31/2022 15:56 EDT	Electronically Signed By: Kresevic RPh, Rachel
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 16:20 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 13:57 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Electronically Signed, Kresevic RPh, Rachel on 5/31/2022 15:56 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: ondansetron (Zofran (ANES))		
Order Date/Time: 5/31/2022 13:23 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 13:32 EDT		End-state Reason:
Ordering Physician: Chiao MD, Franklin B		Consulting Physician:
Entered By: Chiao MD, Franklin B on 5/31/2022 13:23 EDT		
Order Details: IV Continuous, Injection, Once, Stop Date: 5/31/22 1:32:00 PM EDT		
Action Type: Order	Action Date/Time: 5/31/2022 13:32 EDT	Electronically Signed By: Chiao MD, Franklin B
Communication Type: No Cosign Required		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Final Concentration: 4mg/2mL (Anesthesia)		
Order: Ofirmev (ANES) 1,000 mg		
Order Date/Time: 5/31/2022 11:41 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 12:41 EDT		End-state Reason:
Ordering Physician: Chiao MD, Franklin B		Consulting Physician:
Entered By: Chiao MD, Franklin B on 5/31/2022 11:41 EDT		
Order Details: IV Continuous, Injection, First Dose: 5/31/22 11:41:00 AM EDT, Stop Date: 5/31/22 12:41:00 PM EDT		
Action Type: Order	Action Date/Time: 5/31/2022 11:46 EDT	Electronically Signed By: Chiao MD, Franklin B
Communication Type: No Cosign Required		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Final Concentration: 1000mg/100mL (Anesthesia)		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: bupivacaine		
Order Date/Time: 5/31/2022 11:27 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 11:27 EDT	End-state Reason:	
Ordering Physician: Phillip MD,D Roger	Consulting Physician:	
Entered By: Quick,RN,Donald on 5/31/2022 11:27 EDT		
Order Details: 10 mL, Surgical Site, Injection, Once, First Dose: 5/31/22 11:27:00 AM EDT, Stop Date: 5/31/22 11:27:00 AM EDT		
Action Type: Order	Action Date/Time: 5/31/2022 11:29 EDT	Electronically Signed By: Quick,RN,Donald
Communication Type: Verbal with Read Back		
Review Information:		
Doctor Cosign: Electronically Signed, Phillip MD,D Roger on 5/31/2022 14:48 EDT		
Order Comment:		

Order: fentaNYL (Abstral (ANES))		
Order Date/Time: 5/31/2022 11:06 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 11:46 EDT	End-state Reason:	
Ordering Physician: Chiao MD,Franklin B	Consulting Physician:	
Entered By: Chiao MD,Franklin B on 5/31/2022 11:06 EDT		
Order Details: IV Continuous, Injection, Once, Stop Date: 5/31/22 11:46:00 AM EDT		
Action Type: Order	Action Date/Time: 5/31/2022 11:46 EDT	Electronically Signed By: Chiao MD, Franklin B
Communication Type: No Cosign Required		
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Final Concentration: 100mcg/2mL (Anesthesia)		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **dexamethasone (Decadron (ANES))**

Order Date/Time: 5/31/2022 10:59 EDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 5/31/2022 11:16 EDT End-state Reason:

Ordering Physician: Chiao MD, Franklin B Consulting Physician:

Entered By: Chiao MD, Franklin B on 5/31/2022 10:59 EDT

Order Details: IV Bolus, Injection, Once, Stop Date: 5/31/22 11:16:00 AM EDT

Action Type: Order Action Date/Time: 5/31/2022 11:16 EDT Electronically Signed By: Chiao MD, Franklin B

Communication Type: No Cosign Required

Review Information:

Doctor Cosign: Not Required

Order Comment: Final Concentration: 4mg/1mL (Anesthesia)

Order: **rocuronium (Zemuron (ANES))**

Order Date/Time: 5/31/2022 10:58 EDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 5/31/2022 11:16 EDT End-state Reason:

Ordering Physician: Chiao MD, Franklin B Consulting Physician:

Entered By: Chiao MD, Franklin B on 5/31/2022 10:58 EDT

Order Details: IV Continuous, Injection, Once, Stop Date: 5/31/22 11:16:00 AM EDT

Action Type: Order Action Date/Time: 5/31/2022 11:16 EDT Electronically Signed By: Chiao MD, Franklin B

Communication Type: No Cosign Required

Review Information:

Doctor Cosign: Not Required

Order Comment: Final Concentration: 50mg/5mL (Anesthesia)

Order: **Zosyn (ANES) 3.375 g**

Order Date/Time: 5/31/2022 10:56 EDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 5/31/2022 11:56 EDT End-state Reason:

Ordering Physician: Chiao MD, Franklin B Consulting Physician:

Entered By: Chiao MD, Franklin B on 5/31/2022 10:56 EDT

Order Details: IV Piggyback, Injection, First Dose: 5/31/22 10:56:00 AM EDT, Stop Date: 5/31/22 11:56:00 AM EDT

Action Type: Order Action Date/Time: 5/31/2022 11:16 EDT Electronically Signed By: Chiao MD, Franklin B

Communication Type: No Cosign Required

Review Information:

Doctor Cosign: Not Required

Order Comment: Final Concentration: 3.375g/50mL (Anesthesia)

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Orders

Pharmacy

Order: **Lactated Ringers (ANES) 1,000 mL**
Order Date/Time: 5/31/2022 10:51 EDT
Order Status: Completed Department Status: Completed Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 11:51 EDT End-state Reason:
Ordering Physician: Chiao MD, Franklin B Consulting Physician:
Entered By: Chiao MD, Franklin B on 5/31/2022 10:51 EDT
Order Details: Total Volume (mL): 1,000, Soln-IV, IV Continuous, Start Date: 5/31/22 10:51:00 AM EDT, Stop Date: 5/31/22 11:51:00 AM EDT
Action Type: Order Action Date/Time: 5/31/2022 11:16 EDT Electronically Signed By: Chiao MD, Franklin B
Communication Type: No Cosign Required
Review Information:
Doctor Cosign: Not Required
Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **piperacillin-tazobactam (Zosyn)**

Order Date/Time: 5/31/2022 09:15 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 6/1/2022 20:02 EDT

End-state Reason:

Ordering Physician: Phillip MD,D Roger

Consulting Physician:

Entered By: Phillip MD,D Roger on 5/31/2022 09:15 EDT

Order Details: 3.375 g = 50 mL, IV Piggyback, Injection, every 6 hours scheduled, Cholecystitis/cholangitis, for 7 day(s),

Administer over: 30 minute(s), First Dose: 5/31/22 4:00:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT

Action Type: Discontinue

Action Date/Time: 6/1/2022 20:02 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Modify

Action Date/Time: 5/31/2022 15:56 EDT

Electronically Signed By: Kresevic RPh,
Rachel

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 16:20 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/31/2022 09:16 EDT

Electronically Signed By: Phillip MD,D
Roger

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT

Pharmacist Verify: Electronically Signed, Kresevic RPh, Rachel on 5/31/2022 15:56 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: piperacillin-tazobactam (Zosyn)		
Order Date/Time: 5/31/2022 09:14 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 15:39 EDT		End-state Reason:
Ordering Physician: Phillip MD,D Roger		Consulting Physician:
Entered By: Phillip MD,D Roger on 5/31/2022 09:14 EDT		
Order Details: 3.375 g = 50 mL, IV Piggyback, Injection, Once, Prophylaxis- surgical Indication: Please tube to the PACU, Administer over: 30 minute(s), First Dose: 5/31/22 9:14:00 AM EDT, Stop Date: 5/31/22 3:39:21 PM EDT, STAT		
Action Type: Complete	Action Date/Time: 5/31/2022 15:39 EDT	Electronically Signed By: Marrongelli, Monna
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 5/31/2022 09:17 EDT	Electronically Signed By: Riley,Katherine
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 09:14 EDT	Electronically Signed By: Phillip MD,D Roger
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Pharmacist Verify: Electronically Signed, Riley,Katherine on 5/31/2022 09:17 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Orders**Pharmacy**

Order: **indocyanine green**

Order Date/Time: 5/31/2022 07:15 EDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 5/31/2022 09:44 EDT

End-state Reason:

Ordering Physician: Gruszecki PA, Catherine E

Consulting Physician:

Entered By: Gruszecki PA, Catherine E on 5/31/2022 07:15 EDT

Order Details: 1.25 mg, IV Push, Injection, Once, First Dose: 5/31/22 8:00:00 AM EDT, Stop Date: 5/31/22 9:44:35 AM EDT, 05/31/22 8:00:00 EDT

Action Type: Complete

Action Date/Time: 5/31/2022 09:44 EDT

Electronically Signed By: Gagliardi RN,
Mary A

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/31/2022 07:17 EDT

Electronically Signed By: Gruszecki PA,
Catherine E

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Gagliardi RN, Mary A on 5/31/2022 09:43 EDT

Pharmacist Verify: Electronically Signed, Smith RPh, Brian P on 5/31/2022 07:21 EDT

Doctor Cosign: Not Required

Order Comment: 1.25mg to be given 1 hour prior to procedure

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: acetaminophen (Tylenol)		
Order Date/Time: 5/30/2022 22:56 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT	End-state Reason:	
Ordering Physician: Ambady MD,Sameer S	Consulting Physician:	
Entered By: Ambady MD,Sameer S on 5/30/2022 22:56 EDT		
Order Details: 650 mg = 2 tab, Oral, Tab, every 4 hours, PRN pain, severe (pain scale 5-7), for 30 day(s), First Dose: 5/30/22 10:56:00 PM EDT, Stop Date: 6/1/22 8:02:40 PM EDT, 05/30/22 22:56:00 EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 22:56 EDT	Electronically Signed By: Ambady MD, Sameer S
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Smalls,RN,Sade on 5/30/2022 23:06 EDT		
Pharmacist Verify: Electronically Signed, Smith RPh,Brian P on 5/30/2022 22:59 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Orders**Pharmacy**

Order: **oxybutynin**

Order Date/Time: 5/30/2022 19:24 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 6/1/2022 20:02 EDT

End-state Reason:

Ordering Physician: Suleiman PA, Mary K

Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 19:24 EDT

Order Details: 5 mg = 1 tab, Oral, Tab, Daily, for 30 day(s), First Dose: 5/31/22 10:00:00 AM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/30/22 19:24:00 EDT

Action Type: Discontinue

Action Date/Time: 6/1/2022 20:02 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/30/2022 19:27 EDT

Electronically Signed By: Suleiman PA,
Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls,RN,Sade on 5/30/2022 22:45 EDT

Pharmacist Verify: Electronically Signed, Kim RPh,Angela on 5/30/2022 21:25 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Orders**Pharmacy**

Order: **pregabalin**

Order Date/Time: 5/30/2022 19:24 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 6/1/2022 20:02 EDT

End-state Reason:

Ordering Physician: Suleiman PA, Mary K

Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 19:24 EDT

Order Details: 75 mg = 3 cap, Oral, Cap, 2 times a day, Other (Please specify in comments), for 7 day(s), First Dose: 5/30/22 10:00:00 PM EDT, Stop Date: 6/1/22 8:02:42 PM EDT

Action Type: Discontinue

Action Date/Time: 6/1/2022 20:02 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/30/2022 19:27 EDT

Electronically Signed By: Suleiman PA,
Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls,RN,Sade on 5/30/2022 22:33 EDT

Pharmacist Verify: Electronically Signed, Kim RPh,Angela on 5/30/2022 19:31 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: atorvastatin		
Order Date/Time: 5/30/2022 19:23 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Suleiman PA, Mary K		Consulting Physician:
Entered By: Suleiman PA, Mary K on 5/30/2022 19:23 EDT		
Order Details: 20 mg = 1 tab, Oral, Tab, Daily, for 30 day(s), First Dose: 5/31/22 10:00:00 AM EDT, Stop Date: 6/1/22 8:02:40 PM EDT, 05/30/22 19:23:00 EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 19:27 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT		
Pharmacist Verify: Electronically Signed, Kim RPh, Angela on 5/30/2022 19:31 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Orders**Pharmacy**

Order: **lisinopril**

Order Date/Time: 5/30/2022 19:22 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 6/1/2022 20:02 EDT

End-state Reason:

Ordering Physician: Suleiman PA, Mary K

Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 19:22 EDT

Order Details: 20 mg = 1 tab, Oral, Tab, Daily, for 30 day(s), First Dose: 6/1/22 10:00:00 AM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 06/01/22 10:00:00 EDT

Action Type: Discontinue

Action Date/Time: 6/1/2022 20:02 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/30/2022 19:27 EDT

Electronically Signed By: Suleiman PA,
Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls,RN,Sade on 5/30/2022 22:45 EDT

Pharmacist Verify: Electronically Signed, Kim RPh,Angela on 5/30/2022 19:31 EDT

Doctor Cosign: Not Required

Order Comment: hold if SBP<110, HR<65

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: oxyCODONE		
Order Date/Time: 5/30/2022 17:41 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 13:57 EDT		End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E		Consulting Physician:
Entered By: Suleiman PA, Mary K on 5/30/2022 17:41 EDT		
Order Details: 5 mg = 1 tab, Oral, Tab, every 4 hours, PRN pain, severe (pain scale 5-7), for 3 day(s), First Dose: 5/30/22 5:41:00 PM EDT, Stop Date: 5/31/22 1:57:00 PM EDT, 05/30/22 17:41:00 EDT		
Action Type: Discontinue	Action Date/Time: 5/31/2022 13:57 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:42 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:33 EDT		
Pharmacist Verify: Electronically Signed, Kim RPh, Angela on 5/30/2022 17:44 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **oxyCODONE**

Order Date/Time: 5/30/2022 17:41 EDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 5/31/2022 13:57 EDT

End-state Reason:

Ordering Physician: Gruszecki PA, Catherine E

Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 17:41 EDT

Order Details: 10 mg = 2 tab, Oral, Tab, every 4 hours, PRN pain, severe/worst (pain scale 8-10), for 3 day(s), First Dose: 5/30/22 5:41:00 PM EDT, Stop Date: 5/31/22 1:57:00 PM EDT, 05/30/22 17:41:00 EDT

Action Type: Discontinue

Action Date/Time: 5/31/2022 13:57 EDT

Electronically Signed By: Gruszecki PA, Catherine E

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/30/2022 17:42 EDT

Electronically Signed By: Suleiman PA, Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT

Pharmacist Verify: Electronically Signed, Kim RPh, Angela on 5/30/2022 17:44 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: senna		
Order Date/Time: 5/30/2022 17:41 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT		End-state Reason:
Ordering Physician: Suleiman PA, Mary K		Consulting Physician:
Entered By: Suleiman PA, Mary K on 5/30/2022 17:41 EDT		
Order Details: 8.6 mg = 1 tab, Oral, Tab, 2 times a day, for 30 day(s), First Dose: 5/30/22 5:44:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/30/22 17:41:00 EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 5/30/2022 17:44 EDT	Electronically Signed By: Kim RPh, Angela
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 18:06 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:42 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 18:06 EDT		
Pharmacist Verify: Electronically Signed, Kim RPh,Angela on 5/30/2022 17:44 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **ondansetron (Zofran)**
 Order Date/Time: 5/30/2022 17:41 EDT
 Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy
 End-state Date/Time: 6/1/2022 20:02 EDT End-state Reason:
 Ordering Physician: Suleiman PA, Mary K Consulting Physician:
 Entered By: Suleiman PA, Mary K on 5/30/2022 17:41 EDT
 Order Details: 4 mg = 2 mL, IV Push, Injection, every 6 hours, PRN nausea, for 30 day(s), First Dose: 5/30/22 5:41:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/30/22 17:41:00 EDT
 Action Type: Discontinue Action Date/Time: 6/1/2022 20:02 EDT Electronically Signed By: SYSTEM, SYSTEM Cerner
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Order Action Date/Time: 5/30/2022 17:42 EDT Electronically Signed By: Suleiman PA, Mary K
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Smalls,RN,Sade on 5/30/2022 22:45 EDT
 Pharmacist Verify: Electronically Signed, Kim RPh,Angela on 5/30/2022 17:44 EDT
 Doctor Cosign: Not Required
 Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: acetaminophen		
Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission		
Order Date/Time: 5/30/2022 17:39 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 5/31/2022 13:57 EDT	End-state Reason:	
Ordering Physician: Gruszecki PA, Catherine E	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT		
Order Details: 650 mg = 2 tab, Oral, Tab, every 6 hours, PRN pain, mild (pain scale 1-2), for 30 day(s), First Dose: 5/30/22 5:39:00 PM EDT, Stop Date: 5/31/22 1:57:00 PM EDT, 05/30/22 17:39:00 EDT		
Action Type: Discontinue	Action Date/Time: 5/31/2022 13:57 EDT	Electronically Signed By: Gruszecki PA, Catherine E
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 15:39 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT		
Pharmacist Verify: Electronically Signed, Kim RPh, Angela on 5/30/2022 17:44 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: pantoprazole		
Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission		
Order Date/Time: 5/30/2022 17:39 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT		
Order Details: 40 mg, IV Push, Injection, Daily, for 30 day(s), First Dose: 5/30/22 5:44:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, 05/30/22 17:39:00 EDT		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 5/30/2022 17:44 EDT	Electronically Signed By: Kim RPh, Angela
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 18:06 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 18:06 EDT		
Pharmacist Verify: Electronically Signed, Kim RPh,Angela on 5/30/2022 17:44 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: Sodium Chloride 0.9% 1,000 mL		
Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission		
Order Date/Time: 5/30/2022 17:39 EDT		
Order Status: Discontinued	Department Status: Discontinued	Activity Type: Pharmacy
End-state Date/Time: 6/1/2022 20:02 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT		
Order Details: Total Volume (mL): 1,000, 1,000 mL, Soln-IV, IV Continuous, 125 mL/hr, Order Duration: 5 day(s), Start Date: 5/30/22 5:39:00 PM EDT, Stop Date: 6/1/22 8:02:41 PM EDT, Infuse Over: 8, 99.79 kg, Populate Charting Weight From Order		
Action Type: Discontinue	Action Date/Time: 6/1/2022 20:02 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:40 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN, Ashlee on 5/30/2022 18:10 EDT		
Pharmacist Verify: Electronically Signed, Kim RPh, Angela on 5/30/2022 17:44 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: piperacillin-tazobactam (Zosyn)		
Order Date/Time: 5/30/2022 17:18 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 5/30/2022 18:08 EDT		End-state Reason:
Ordering Physician: Perry Hoffstatter DO,Brittany Jade		Consulting Physician:
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 17:18 EDT		
Order Details: 4.5 g, IV Piggyback, Injection, Once, Abdominal - other, Administer over: 30 minute(s), First Dose: 5/30/22 5:18:00 PM EDT, Stop Date: 5/30/22 6:08:16 PM EDT, NOW		
Action Type: Complete	Action Date/Time: 5/30/2022 18:08 EDT	Electronically Signed By: Callahan RN, Ashlee
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:18 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 18:06 EDT		
Pharmacist Verify: Electronically Signed, SYSTEM,SYSTEM Cerner on 5/30/2022 17:18 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: Sodium Chloride 0.9% (sodium chloride 0.9% bolus)		
Order Date/Time: 5/30/2022 14:16 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 5/30/2022 15:48 EDT	End-state Reason:	
Ordering Physician: Perry Hoffstatter DO,Brittany Jade	Consulting Physician:	
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:16 EDT		
Order Details: 1,000 mL, IV Bolus, Soln-IV, Once, Administer over: 1 hr, First Dose: 5/30/22 2:16:00 PM EDT, Stop Date: 5/30/22 3:48:50 PM EDT, NOW		
Action Type: Complete	Action Date/Time: 5/30/2022 15:48 EDT	Electronically Signed By: Ansanelli, Desirea
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 14:16 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Ansanelli, Desirea on 5/30/2022 15:48 EDT		
Pharmacist Verify: Electronically Signed, SYSTEM,SYSTEM Cerner on 5/30/2022 14:16 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Pharmacy

Order: **ketorolac**
 Order Date/Time: 5/30/2022 14:16 EDT
 Order Status: Completed Department Status: Completed Activity Type: Pharmacy
 End-state Date/Time: 5/30/2022 16:12 EDT End-state Reason:
 Ordering Physician: Perry Hoffstatter DO,Brittany Jade Consulting Physician:
 Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:16 EDT
 Order Details: 15 mg = 0.5 mL, IV Push, Injection, Once, First Dose: 5/30/22 2:16:00 PM EDT, Stop Date: 5/30/22 4:12:25 PM EDT, NOW, 05/30/22 14:16:00 EDT
 Action Type: Complete Action Date/Time: 5/30/2022 16:12 EDT Electronically Signed By: Callahan RN, Ashlee
 Communication Type:
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Order Action Date/Time: 5/30/2022 14:16 EDT Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
 Communication Type: Written
 Review Information:
 Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 16:09 EDT
 Pharmacist Verify: Electronically Signed, SYSTEM,SYSTEM Cerner on 5/30/2022 14:16 EDT
 Doctor Cosign: Not Required
 Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: ondansetron		
Order Date/Time: 5/30/2022 14:15 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 5/30/2022 16:12 EDT		End-state Reason:
Ordering Physician: Perry Hoffstatter DO,Brittany Jade		Consulting Physician:
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:15 EDT		
Order Details: 4 mg = 2 mL, IV Push, Injection, Once, First Dose: 5/30/22 2:15:00 PM EDT, Stop Date: 5/30/22 4:12:25 PM EDT, NOW, 05/30/22 14:15:00 EDT		
Action Type: Complete	Action Date/Time: 5/30/2022 16:12 EDT	Electronically Signed By: Callahan RN, Ashlee
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 14:16 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 16:09 EDT		
Pharmacist Verify: Electronically Signed, SYSTEM,SYSTEM Cerner on 5/30/2022 14:16 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S	
MRN: 1035402	Admit: 5/30/2022
FIN: 1007197070	Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years	Admitting: Phillip MD,D Roger
Admin Sex: Female	

Orders

Pharmacy

Order: famotidine		
Order Date/Time: 5/30/2022 14:15 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Pharmacy
End-state Date/Time: 5/30/2022 16:12 EDT		End-state Reason:
Ordering Physician: Perry Hoffstatter DO,Brittany Jade		Consulting Physician:
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:15 EDT		
Order Details: 20 mg = 2 mL, IV Push, Injection, Once, First Dose: 5/30/22 2:15:00 PM EDT, Stop Date: 5/30/22 4:12:24 PM EDT, NOW, 05/30/22 14:15:00 EDT		
Action Type: Complete	Action Date/Time: 5/30/2022 16:12 EDT	Electronically Signed By: Callahan RN, Ashlee
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 14:16 EDT	Electronically Signed By: Perry Hoffstatter DO,Brittany Jade
Communication Type: Written		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 16:10 EDT		
Pharmacist Verify: Electronically Signed, SYSTEM,SYSTEM Cerner on 5/30/2022 14:16 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Radiology

Order: NM Hepatobiliary Imaging (NM HEPATOBILIARY SYSTEM IMAGING)		
Order Date/Time: 6/1/2022 12:29 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Radiology
End-state Date/Time: 6/1/2022 13:52 EDT		End-state Reason:
Ordering Physician: Gruszecki PA,Catherine E		Consulting Physician:
Entered By: Contributor_system,FUJI_RAD on 6/1/2022 12:29 EDT		
Order Details: 6/1/22 12:25:58 PM EDT, Routine, Reason: r/o bile leak, Reason: r/o bile leak, Nuclear, Radiology Review Not Complete		
Action Type: Complete	Action Date/Time: 6/1/2022 13:52 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 6/1/2022 13:52 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN,Pamela Y on 6/1/2022 14:18 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 6/1/2022 13:44 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN,Pamela Y on 6/1/2022 14:18 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/1/2022 12:29 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 6/1/2022 12:29 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN,Pamela Y on 6/1/2022 14:18 EDT		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Radiology

Order: NM Hepatobiliary Imaging w/Drug (NM HIDA w/Gallbladder Ejection Fraction)		
Order Date/Time: 5/31/2022 16:34 EDT		
Order Status: Canceled	Department Status: Exam Started	Activity Type: Radiology
End-state Date/Time: 6/1/2022 12:29 EDT		End-state Reason:
Ordering Physician: Gruszecki PA, Catherine E		Consulting Physician:
Entered By: Gruszecki PA, Catherine E on 5/31/2022 16:34 EDT		
Order Details: 6/1/22 12:25:58 PM EDT, Routine, Reason: r/o bile leak, Reason: r/o bile leak, Nuclear, Radiology Review Not Complete		
Action Type: Cancel	Action Date/Time: 6/1/2022 12:29 EDT	Electronically Signed By: Contributor_ system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN,Pamela Y on 6/1/2022 12:30 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/1/2022 12:28 EDT	Electronically Signed By: Contributor_ system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 6/1/2022 12:26 EDT	Electronically Signed By: Contributor_ system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 6/1/2022 12:26 EDT	Electronically Signed By: Contributor_ system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, CURETON RN,Pamela Y on 6/1/2022 12:30 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/31/2022 16:34 EDT	Electronically Signed By: Contributor_ system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Orders

Radiology

Order: **NM Hepatobiliary Imaging w/Drug (NM HIDA w/Gallbladder Ejection Fraction)**

Action Type: Order

Action Date/Time: 5/31/2022 16:34 EDT

Electronically Signed By: Gruszecki PA,
Catherine E

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Marrongelli, Monna on 5/31/2022 16:34 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Radiology

Order: US Abdomen Limited (US RUQ)		
Order Date/Time: 5/30/2022 14:16 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Radiology
End-state Date/Time: 5/30/2022 15:54 EDT	End-state Reason:	
Ordering Physician: Perry Hoffstatter DO,Brittany Jade	Consulting Physician:	
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:16 EDT		
Order Details: 5/30/22 2:16:00 PM EDT, Routine, Reason: RUQ pain; wrapping of the back, Reason: RUQ pain; wrapping of the back, Ultrasound, Radiology Review Not Complete		
Action Type: Complete	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 5/30/2022 15:54 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 16:12 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 5/30/2022 15:14 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 15:14 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 14:16 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Orders

Radiology

Order: **US Abdomen Limited (US RUQ)**

Action Type: Order

Action Date/Time: 5/30/2022 14:16 EDT

Electronically Signed By: Perry

Hoffstatter DO,Brittany Jade

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Radiology

Order: XR Chest 1 View Frontal		
Order Date/Time: 5/30/2022 14:10 EDT		
Order Status: Completed	Department Status: Completed	Activity Type: Radiology
End-state Date/Time: 5/30/2022 15:12 EDT	End-state Reason:	
Ordering Physician: Perry Hoffstatter DO,Brittany Jade	Consulting Physician:	
Entered By: Perry Hoffstatter DO,Brittany Jade on 5/30/2022 14:10 EDT		
Order Details: 5/30/22 2:10:00 PM EDT, Routine, Reason: Shortness of breath, Reason: Shortness of breath, Transport Mode: Portable, Diagnostic		
Action Type: Complete	Action Date/Time: 5/30/2022 15:12 EDT	Electronically Signed By: SYSTEM, SYSTEM Cerner
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 5/30/2022 15:12 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 16:12 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Modify	Action Date/Time: 5/30/2022 14:24 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Nurse Review: Electronically Signed, Callahan RN,Ashlee on 5/30/2022 15:58 EDT		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 14:24 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Status Change	Action Date/Time: 5/30/2022 14:11 EDT	Electronically Signed By: Contributor_system,FUJI_RAD
Communication Type: ESI Default		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Orders**Radiology****Order: XR Chest 1 View Frontal**

Action Type: Order Action Date/Time: 5/30/2022 14:11 EDT Electronically Signed By: Perry
Hoffstatter DO, Brittany Jade

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Callahan RN, Ashlee on 5/30/2022 15:58 EDT

Doctor Cosign: Not Required

Order Comment:

Respiratory Therapy**Order: Incentive Spirometry**

Plan Name: TRAUMA Adult Trauma Admission Phased, Adult Trauma Admission

Order Date/Time: 5/30/2022 17:39 EDT

Order Status: Discontinued

Department Status: Discontinued

Activity Type: RT Tx/Procedures

End-state Date/Time: 6/1/2022 20:02 EDT

End-state Reason:

Ordering Physician: Suleiman PA, Mary K

Consulting Physician:

Entered By: Suleiman PA, Mary K on 5/30/2022 17:39 EDT

Order Details: Routine, PRN, Atelectasis

Action Type: Discontinue

Action Date/Time: 6/1/2022 20:02 EDT

Electronically Signed By: SYSTEM,
SYSTEM Cerner

Communication Type:

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 5/30/2022 17:40 EDT

Electronically Signed By: Suleiman PA,
Mary K

Communication Type: Written

Review Information:

Nurse Review: Electronically Signed, Smalls, RN, Sade on 5/30/2022 22:45 EDT

Doctor Cosign: Not Required

Order Comment:

MidHudson Regional Hospital

Patient Name:	TOZZI SICARI, ESTHER S		
MRN:	1035402	Admit:	5/30/2022
FIN:	1007197070	Disch:	6/1/2022
DOB/Age:	9/2/1953 68 years	Admitting:	Phillip MD,D Roger
Admin Sex:	Female		

Orders

Surgery

Order: Cholecystectomy Laparoscopy		
Order Date/Time: 5/31/2022 14:39 EDT		
Order Status: Canceled	Department Status: Canceled	Activity Type: Surgery
End-state Date/Time: 6/1/2022 07:22 EDT		End-state Reason:
Ordering Physician: Phillip MD,D Roger		Consulting Physician:
Entered By: Phillip MD,D Roger on 5/31/2022 14:39 EDT		
Order Details: Phillip MD, D Roger, MH Main OR, 5/31/22, Inpatient, Primary Procedure?, Abdomen, Lap Choly, Laparoscopy, surgical; cholecystectomy (47562), Hypertension (I10), General, Concurrent Indicator, 100kg, No, Future Order, ORD_SET_REQ_DT_RANGE, Hypertension Acute cholecystitis		
Action Type: Cancel	Action Date/Time: 6/1/2022 07:22 EDT	Electronically Signed By: Denkinger, Jennifer
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 14:40 EDT	Electronically Signed By: Phillip MD,D Roger
Communication Type: Written		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Orders

Surgery

Order: Cholecystectomy Laparoscopy		
Order Date/Time: 5/31/2022 06:22 EDT		
Order Status: Ordered	Department Status: Ordered	Activity Type: Surgery
End-state Date/Time: 5/31/2022 09:00 EDT	End-state Reason:	
Ordering Physician:	Consulting Physician:	
Entered By: Farrington RN, Cheryl L on 5/31/2022 06:22 EDT		
Order Details: Phillip MD, D Roger, 5/31/22 9:00:00 AM EDT, Inpatient, Primary Procedure?, N/A, Possible Open, Laparoscopy, surgical; cholecystectomy, General, 113, 0, 0, Concurrent Indicator, ORD_SET_REQ_DT_RANGE		
Action Type: Activate	Action Date/Time: 5/31/2022 07:50 EDT	Electronically Signed By: Quick, RN, Donald
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/31/2022 06:22 EDT	Electronically Signed By: Farrington RN, Cheryl L
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Orders**Surgery**

Order: Cholecystectomy		
Order Date/Time: 5/30/2022 17:43 EDT		
Order Status: Canceled	Department Status: Canceled	Activity Type: Surgery
End-state Date/Time: 5/31/2022 06:17 EDT	End-state Reason:	
Ordering Physician: Suleiman PA, Mary K	Consulting Physician:	
Entered By: Suleiman PA, Mary K on 5/30/2022 17:43 EDT		
Order Details: Phillip MD, D Roger, MH Main OR, 5/30/22 5:44:00 PM EDT, Inpatient, Primary Procedure?, Abdomen, Laparoscopic cholecystectomy, Cholecystectomy; (47600), General, Concurrent Indicator, 99.7, No, ORD_SET_REQ_DT_RANGE, Acute cholecystitis		
Action Type: Cancel	Action Date/Time: 5/31/2022 06:17 EDT	Electronically Signed By: Farrington RN, Cheryl L
Communication Type:		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Activate	Action Date/Time: 5/30/2022 17:44 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 5/30/2022 17:44 EDT	Electronically Signed By: Suleiman PA, Mary K
Communication Type: Written		
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		

Medication Reconciliation**Discharge Reconciliation**

06/01/2022 15:04 EDT (Gioia PA, Marissa)

Order name: ciprofloxacin (Cipro 500 mg oral tablet)
Details: 500 mg = 1 tab, Oral, every 12 hours, X 5 day(s), # 10 tab, 0 Refill(s),
06/06/2022 15:03:00, Pharmacy: HANNAFORD FOOD & DRUG #8346, 99.79, kg, 05/30/2022
14:04 EDT, Weight Dosing
Reconciliation action: New Order
Ordering physician: Gioia PA, Marissa
Order name: metronIDAZOLE (Flagyl 500 mg oral tablet)
Details: 500 mg = 1 tab, Oral, 3 times a day, X 5 day(s), # 15 tab, 0 Refill(s),
06/06/2022 15:03:00, Pharmacy: HANNAFORD FOOD & DRUG #8346, 99.79, kg, 05/30/2022
14:04 EDT, Weight Dosing
Reconciliation action: New Order
Ordering physician: Gioia PA, Marissa

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Medication Reconciliation

Discharge Reconciliation
06/01/2022 15:01 EDT (Gioia PA, Marissa)

Order name: amoxicillin-clavulanate (Augmentin 875 mg-125 mg oral tablet)
Details: 06/01/2022 15:01 EDT
Reconciliation action: Discontinued
Ordering physician: Gioia PA, Marissa

Discharge Reconciliation
06/01/2022 11:10 EDT (Gioia PA, Marissa)

Order name: acetaminophen
Details: 650 mg = 2 tab, Oral, Tab, every 6 hours, for 3 day(s), First Dose: 05/31/22 14:00:00 EDT, Stop Date: 06/03/22 8:00:00 EDT
Reconciliation action: Convert to documented medication
Ordering physician: Gruszecki PA, Catherine E

Order name: acetaminophen (acetaminophen 325 mg oral tablet)
Details: 650 mg = 2 tab, Oral, every 6 hours, 0 Refill(s)
Reconciliation action: Convert to documented medication
Ordering physician: Gioia PA, Marissa

Order name: amoxicillin-clavulanate (Augmentin 875 mg-125 mg oral tablet)
Details: amoxicillin (as trihydrate) 1 tab, Oral, every 12 hours, X 5 day(s), # 10 tab, 0 Refill(s), 06/06/2022 11:10:00, Pharmacy: HANNAFORD FOOD & DRUG #8346, 99.79, 05/30/2022 14:04 EDT, Weight Dosing, kg
Reconciliation action: New Order
Ordering physician: Gioia PA, Marissa

Order name: Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia*)
Details: 20 g = 200 mL, IV Bolus, Soln-IV, As Directed, PRN hypoglycemia, for 5 day(s), Administer over: 15 minute(s), First Dose: 05/31/22 14:31:00 EDT, Stop Date: 06/05/22 14:30:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E

Order name: Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia*)
Details: 10 g = 100 mL, IV Bolus, Soln-IV, As Directed, PRN hypoglycemia, for 5 day(s), Administer over: 10 minute(s), First Dose: 05/31/22 14:31:00 EDT, Stop Date: 06/05/22 14:30:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E

Order name: Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia Protocol*)
Details: 250 mL, IV Piggyback, Soln-IV, every 4 hours for 5 day(s), PRN hypoglycemia, Administer over: 5 hr, First Dose: 05/31/22 14:01:00 EDT, Stop Date: 06/05/22 14:00:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E

Order name: Dextrose 10% in Water (Dextrose 10% in Water *Hypoglycemia Protocol*)
Details: 1,000 mL, IV Piggyback, Soln-IV, every 4 hours for 5 day(s), PRN hypoglycemia, Administer over: 10 hr, First Dose: 05/31/22 14:01:00 EDT, Stop Date: 06/05/22 14:00:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E

Order name: acetaminophen (Tylenol)
Details: 650 mg = 2 tab, Oral, Tab, every 4 hours, PRN pain, severe (pain scale 5-7), for 30 day(s), First Dose: 05/30/22 22:56:00 EDT, Stop Date: 06/29/22 22:55:00 EDT, 05/30/22 22:56:00 EDT
Reconciliation action: Do not convert
Ordering physician: Ambady MD, Sameer S

Order name: atorvastatin
Details: 20 mg = 1 tab, Oral, Tab, Daily, for 30 day(s), First Dose: 05/31/22 10:00:00 EDT, Stop Date: 06/29/22 10:00:00 EDT, 05/30/22 19:23:00 EDT
Reconciliation action: Do not convert

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Medication Reconciliation

Ordering physician: Suleiman PA, Mary K
Order name: enoxaparin (Lovenox)
Details: 30 mg = 0.3 mL, Subcutaneous, Injection, every 12 hours scheduled, for 30 day(s), First Dose: 05/31/22 22:00:00 EDT, Stop Date: 06/30/22 21:59:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E
Order name: glucagon
Details: 1 mg, Subcutaneous, Injection, As Directed, PRN hypoglycemia, for 30 day(s), First Dose: 05/31/22 14:31:00 EDT, Stop Date: 06/30/22 14:30:00 EDT, 05/31/22 14:31:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E
Order name: glucose (glucose gel)
Details: 15 g = 37.5 mL, Oral, Gel, As Directed, PRN hypoglycemia, for 30 day(s), First Dose: 05/31/22 14:31:00 EDT, Stop Date: 06/30/22 14:30:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E
Order name: glucose (glucose gel)
Details: 30 g = 75 mL, Oral, Gel, As Directed, PRN hypoglycemia, for 30 day(s), First Dose: 05/31/22 14:31:00 EDT, Stop Date: 06/30/22 14:30:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E
Order name: insulin regular (HumuLIN R NORMAL Correction Scale w/ Meals)
Details: 0-10 units, Subcutaneous, Injection, With meals, for 30 day(s), Stop Date: 06/30/22 12:00:00 EDT, First Dose: 05/31/22 17:00:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E
Order name: insulin regular (HumuLIN R NORMAL Correction Scale at Bedtime)
Details: 0-6 units, Subcutaneous, Injection, every day at bedtime, for 30 day(s), Stop Date: 06/29/22 22:00:00 EDT, First Dose: 05/31/22 22:00:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gruszecki PA, Catherine E
Order name: ketorolac (Toradol)
Details: 15 mg = 0.5 mL, IV Push, Injection, every 6 hours scheduled, for 3 day(s), First Dose: 06/01/22 4:00:00 EDT, Stop Date: 06/04/22 5:59:00 EDT
Reconciliation action: Do not convert
Ordering physician: Pelletier PA, Olivia M
Order name: lisinopril
Details: 20 mg = 1 tab, Oral, Tab, Daily, for 30 day(s), First Dose: 06/01/22 10:00:00 EDT, Stop Date: 06/30/22 10:00:00 EDT, 06/01/22 10:00:00 EDT
Reconciliation action: Do not convert
Ordering physician: Suleiman PA, Mary K
Order name: nystatin topical (nystatin 100,000 units/g topical ointment)
Details: 1 app, Topical, Ointment, 3 times a day for 30 day(s), PRN itching/rash, First Dose: 06/01/22 10:18:00 EDT, Stop Date: 07/01/22 10:17:00 EDT
Reconciliation action: Do not convert
Ordering physician: Gioia PA, Marissa
Order name: ondansetron (Zofran)
Details: 4 mg = 2 mL, IV Push, Injection, every 6 hours, PRN nausea, for 30 day(s), First Dose: 05/30/22 17:41:00 EDT, Stop Date: 06/29/22 17:40:00 EDT, 05/30/22 17:41:00 EDT
Reconciliation action: Do not convert
Ordering physician: Suleiman PA, Mary K
Order name: oxybutynin
Details: 5 mg = 1 tab, Oral, Tab, Daily, for 30 day(s), First Dose: 05/31/22 10:00:00 EDT, Stop Date: 06/29/22 10:00:00 EDT
Reconciliation action: Do not convert
Ordering physician: Suleiman PA, Mary K
Order name: pantoprazole
Details: 40 mg, IV Push, Injection, Daily, for 30 day(s), First Dose: 05/30/22 17:44:00 EDT, Stop Date: 06/29/22 9:59:00 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Medication Reconciliation

Reconciliation action: Do not convert

Ordering physician: Suleiman PA, Mary K

Order name: piperacillin-tazobactam (Zosyn)

Details: 3.375 g = 50 mL, IV Piggyback, Injection, every 6 hours scheduled,
Cholecystitis/cholangitis, for 7 day(s), Administer over: 30 minute(s), First Dose:
05/31/22 16:00:00 EDT, Stop Date: 06/07/22 6:00:00 EDT

Reconciliation action: Do not convert

Ordering physician: Phillip MD, D Roger

Order name: pregabalin

Details: 75 mg = 3 cap, Oral, Cap, 2 times a day, Other (Please specify in comments),
for 7 day(s), First Dose: 05/30/22 22:00:00 EDT, Stop Date: 06/06/22 10:00:00 EDT

Reconciliation action: Do not convert

Ordering physician: Suleiman PA, Mary K

Order name: senna

Details: 8.6 mg = 1 tab, Oral, Tab, 2 times a day, for 30 day(s), First Dose: 05/30/22
17:44:00 EDT, Stop Date: 06/29/22 9:59:00 EDT

Reconciliation action: Do not convert

Ordering physician: Suleiman PA, Mary K

Order name: tramADol (Ultram)

Details: 50 mg = 1 tab, Oral, Tab, every 6 hours, PRN other (see comment), Indication:
Pain 8-10/10, for 3 day(s), First Dose: 05/31/22 16:27:00 EDT, Stop Date: 06/03/22
16:26:00 EDT, 05/31/22 16:27:00 EDT

Reconciliation action: Do not convert

Ordering physician: Gruszecki PA, Catherine E

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Hematology

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

Procedure	Collected Date Collected Time	6/1/2022 07:53 EDT	5/31/2022 07:19 EDT	Units	Reference Range
WBC		13.76 ^{H 01}	21.60 ^{H 02}	k/mm3	[4.00-10.50]
RBC		3.71 ^{L 01}	4.27 ⁰²	m/mm3	[3.80-5.20]
Hgb		10.7 ^{L 01}	12.3 ⁰²	g/dL	[11.4-15.1]
Hct		30.8 ^{L 01}	36.4 ⁰²	%	[36.0-46.0]
MCV		83.0 ⁰¹	85.2 ⁰²	fL	[80.0-98.0]
MCH		28.8 ⁰¹	28.8 ⁰²	pg	[26.0-34.0]
MCHC		34.7 ⁰¹	33.8 ⁰²	%	[32.0-36.0]
RDW		12.2 ⁰¹	12.2 ⁰²	%	[11.0-15.0]
MPV		10.4 ⁰¹	10.6 ⁰²	fL	[8.5-13.0]
Platelet Count		220 ⁰¹	251 ⁰²	k/mm3	[150-400]
Number Of Cells Counted		100 ⁰⁵	100 ⁰⁶		
Neutrophils		86.0 ^{H c1 01}	83.0 ^{H c2 02}	%	[50.0-80.0]
Lymphocytes		10.0 ^{L c5 01}	7.0 ^{L c6 02}	%	[14.0-44.0]
Monocytes		4.0 ⁰¹	8.0 ⁰²	%	[0.0-12.0]
Eosinophils		-	2.0 ⁰²	%	[0.0-7.0]
Nucleated RBC		0.0 ⁰¹	0.0 ⁰²	/100(WBCs)	
RBC Morphology		Normal ⁰⁵	Normal ⁰⁶		
IG %		cancelled ⁰¹	cancelled ⁰²	%	[0.0-0.5]
Manual Diff.		PERFORMED ⁰⁵	PERFORMED ⁰⁶		
Lymph Absolute		cancelled ⁰¹	cancelled ⁰²	k/mm3	[0.60-4.80]
Mono Absolute		cancelled ⁰¹	cancelled ⁰²	k/mm3	[0.00-1.10]
Eos Absolute		cancelled ⁰¹	cancelled ⁰²	k/mm3	[0.00-0.50]
Baso Absolute		cancelled ⁰¹	cancelled ⁰²	k/mm3	[0.00-0.30]
Absolute Neutrophil Count Automated		11.83 ^{H 01}	17.93 ^{H 02}	k/mm3	[2.00-8.40]
IG# (AUTO)		cancelled ⁰¹	cancelled ⁰²	k/mm3	[0.00-0.10]
Eosinophils Manual		-	2 ⁰⁶	%	[0-7]
Lymphocytes Manual		10 ^{L 05}	7 ^{L 06}	%	[14-44]
Neutrophils-Manual		86 ^{H 05}	83 ^{H 06}	%	[50-80]
Platelet Estimate		Normal ⁰⁵	Normal ⁰⁶		

Corrected Results

- c1: Neutrophils
Corrected from cancelled % on 6/1/2022 08:35 EDT by Contributor_system, SOFTLAB
- c2: Neutrophils
Corrected from cancelled % on 5/31/2022 10:17 EDT by Contributor_system, SOFTLAB
- c5: Lymphocytes
Corrected from cancelled % on 6/1/2022 08:35 EDT by Contributor_system, SOFTLAB

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Hematology

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, !=Interp Data, *=Performing Lab

CBC and Differential

Corrected Results

c6: Lymphocytes

Corrected from cancelled % on 5/31/2022 10:17 EDT by Contributor_system, SOFTLAB

Procedure	Collected Date Collected Time	5/30/2022 17:45 EDT	5/30/2022 15:53 EDT	Units	Reference Range
WBC		21.57 ^{H 03}	23.20 ^{H 04}	k/mm3	[4.00-10.50]
RBC		4.43 ⁰³	4.47 ⁰⁴	m/mm3	[3.80-5.20]
Hgb		12.9 ⁰³	13.0 ⁰⁴	g/dL	[11.4-15.1]
Hct		36.9 ⁰³	36.8 ⁰⁴	%	[36.0-46.0]
MCV		83.3 ⁰³	82.3 ⁰⁴	fL	[80.0-98.0]
MCH		29.1 ⁰³	29.1 ⁰⁴	pg	[26.0-34.0]
MCHC		35.0 ⁰³	35.3 ⁰⁴	%	[32.0-36.0]
RDW		12.0 ⁰³	12.1 ⁰⁴	%	[11.0-15.0]
MPV		10.4 ⁰³	10.6 ⁰⁴	fL	[8.5-13.0]
Platelet Count		258 ⁰³	268 ⁰⁴	k/mm3	[150-400]
Number Of Cells Counted		100 ⁰⁷	100 ⁰⁸		
Neutrophils		83.0 ^{H c3 03}	83.0 ^{H c4 04}	%	[50.0-80.0]
Lymphocytes		4.0 ^{L c7 03}	8.0 ^{L c8 04}	%	[14.0-44.0]
Monocytes		10.0 ⁰³	5.0 ⁰⁴	%	[0.0-12.0]
Eosinophils		2.0 ⁰³	3.0 ⁰⁴	%	[0.0-7.0]
Nucleated RBC		0.0 ⁰³	0.0 ⁰⁴	/100(WBCs)	
Metamyelocytes		-	1 ⁰⁸	%	
Atypical Lymphs		1 ⁰⁷	-	%	
RBC Morphology		Normal ⁰⁷	Normal ⁰⁸		
IG %		cancelled ⁰³	cancelled ⁰⁴	%	[0.0-0.5]
Manual Diff.		PERFORMED ⁰⁷	PERFORMED ⁰⁸		
Lymph Absolute		cancelled ⁰³	cancelled ⁰⁴	k/mm3	[0.60-4.80]
Mono Absolute		cancelled ⁰³	cancelled ⁰⁴	k/mm3	[0.00-1.10]
Eos Absolute		cancelled ⁰³	cancelled ⁰⁴	k/mm3	[0.00-0.50]
Baso Absolute		cancelled ⁰³	cancelled ⁰⁴	k/mm3	[0.00-0.30]
Absolute Neutrophil Count Automated		17.90 ^{H 03}	19.26 ^{H 04}	k/mm3	[2.00-8.40]
IG# (AUTO)		cancelled ⁰³	cancelled ⁰⁴	k/mm3	[0.00-0.10]
Eosinophils Manual		2 ⁰⁷	3 ⁰⁸	%	[0-7]
Lymphocytes Manual		4 ^{L 07}	8 ^{L 08}	%	[14-44]
Neutrophils-Manual		83 ^{H 07}	83 ^{H 08}	%	[50-80]
Platelet Estimate		Normal ⁰⁷	Normal ⁰⁸		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Hematology

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

CBC and Differential

Corrected Results

c3: Neutrophils
Corrected from cancelled % on 5/30/2022 19:31 EDT by Contributor_system, SOFTLAB
c4: Neutrophils
Corrected from cancelled % on 5/30/2022 19:40 EDT by Contributor_system, SOFTLAB
c7: Lymphocytes
Corrected from cancelled % on 5/30/2022 19:31 EDT by Contributor_system, SOFTLAB
c8: Lymphocytes
Corrected from cancelled % on 5/30/2022 19:40 EDT by Contributor_system, SOFTLAB

Order Comments

O1: CBC w/ Auto Diff
Collected by: LBEL
O2: CBC w/ Auto Diff
Collected by: MPARK
O3: CBC w/ Auto Diff
Collected by: SFISH
O4: CBC w/ Auto Diff
Collected by: SFISH
O5: Manual Diff
Collected by: LBEL
O6: Manual Diff
Collected by: MPARK
O7: Manual Diff
Collected by: SFISH
O8: Manual Diff
Collected by: SFISH

Coagulation-Thrombosis

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Collected Date	5/30/2022		
Collected Time	15:53 EDT		
Procedure		Units	Reference Range
Prothrombin Time	11.6 ⁰⁹	second(s)	[9.4-12.5]
INR	1.03 ^{11 09}		[0.90-1.10]
APTT	31.5 ⁰¹⁰	second(s)	[25.0-36.5]

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Coagulation-Thrombosis

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, !=Interp Data, *=Performing Lab

Result Comments

f1: INR

The recommended INR is 2.0 - 3.0 for Prophylaxis-venous thrombolism high-risk surgery patients, deep vein thrombosis, pulmonary embolism and prevention of systemic embolism. For mechanical heart valves 2.5 - 3.5 is recommended

Order Comments

O9: PT (PT (with INR))
Collected by: SFISH
O10: PTT
Collected by: SFISH

Chemistry

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, !=Interp Data, *=Performing Lab

Routine Chemistry

Collected Date	6/1/2022	6/1/2022	6/1/2022		
Collected Time	11:22 EDT	08:33 EDT	07:53 EDT		
Procedure				Units	Reference Range
Total Bilirubin	-	-	0.7 ⁰¹⁴	mg/dL	[0.2-1.3]
Direct Bilirubin	-	-	0.0 ⁰¹⁸	mg/dL	[0.0-0.3]
Icteric Index	-	-	<2 ⁰¹⁹		
Hemolysis Index (HEMIX)	-	-	No hemolysis ⁰¹⁹		
Glucose POC Result	114 ^{H 020}	133 ^{H 021}	-	mg/dL	[70-105]

Collected Date	5/31/2022	5/31/2022	5/31/2022		
Collected Time	21:34 EDT	16:40 EDT	07:19 EDT		
Procedure				Units	Reference Range
Glucose	-	-	155 ^{H 011}	mg/dL	[74-106]
Sodium	-	-	132 ^{L 011}	mmol/L	[137-145]
Potassium	-	-	3.9 ⁰¹¹	mmol/L	[3.5-5.1]
Chloride	-	-	96 ^{L 011}	mmol/L	[98-107]
CO2 Content	-	-	26 ⁰¹¹	mmol/L	[22-30]
BUN	-	-	14 ⁰¹¹	mg/dL	[7-17]
Creatinine	-	-	0.97 ⁰¹¹	mg/dL	[0.52-1.04]
AST	-	-	15 ⁰¹³	U/L	[14-36]
ALT	-	-	14 ⁰¹³	U/L	[4-34]
Alkaline Phosphatase	-	-	82 ⁰¹³	U/L	[38-126]

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Chemistry

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Collected Date	5/31/2022	5/31/2022	5/31/2022		
Collected Time	21:34 EDT	16:40 EDT	07:19 EDT		
Procedure				Units	Reference Range
Total Bilirubin	-	-	1.2 ⁰¹³	mg/dL	[0.2-1.3]
Total Protein	-	-	6.1 ^{L 013}	g/dL	[6.3-8.2]
Albumin	-	-	3.5 ⁰¹³	g/dL	[3.5-5.0]
eGFR Non-African American	-	-	57 ⁰¹¹		[>=60 mL/min/]
eGFR African American	-	-	>60 ⁰¹¹		
Magnesium Level	-	-	1.7 ⁰¹⁵	mg/dL	[1.6-2.3]
Direct Bilirubin	-	-	0.0 ⁰¹³	mg/dL	[0.0-0.3]
Icteric Index	-	-	<2 ⁰¹¹		
Hemolysis Index (HEMIX)	-	-	No hemolysis ⁰¹¹		
Glucose POC Result	233 ^{H f2 022}	190 ^{H f2 023}	-	mg/dL	[70-105]
Calcium	-	-	8.9 ⁰¹¹	mg/dL	[8.4-10.2]

Result Comments

f2: Glucose POC Result
 RN notified

Collected Date	5/30/2022		
Collected Time	15:53 EDT		
Procedure		Units	Reference Range
Glucose	153 ^{H 012}	mg/dL	[74-106]
Sodium	129 ^{L 012}	mmol/L	[137-145]
Potassium	4.4 ⁰¹²	mmol/L	[3.5-5.1]
Chloride	93 ^{L 012}	mmol/L	[98-107]
CO2 Content	27 ⁰¹²	mmol/L	[22-30]
BUN	20 ^{H 012}	mg/dL	[7-17]
Creatinine	0.80 ⁰¹²	mg/dL	[0.52-1.04]
AST	23 ⁰¹²	U/L	[14-36]
ALT	15 ⁰¹²	U/L	[4-34]
Alkaline Phosphatase	80 ⁰¹²	U/L	[38-126]
Total Bilirubin	1.2 ⁰¹²	mg/dL	[0.2-1.3]
Total Protein	6.9 ⁰¹²	g/dL	[6.3-8.2]
Albumin	4.1 ⁰¹²	g/dL	[3.5-5.0]
eGFR Non-African American	>60 ⁰¹²		[>=60 mL/min/]
eGFR African American	>60 ⁰¹²		
Magnesium Level	1.8 ⁰¹⁶	mg/dL	[1.6-2.3]
Lipase	69 ⁰¹⁷	U/L	[23-300]
Icteric Index	<2 ⁰¹²		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Chemistry

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Routine Chemistry

Collected Date	5/30/2022		
Collected Time	15:53 EDT		
Procedure		Units	Reference Range
Hemolysis Index (HEMIX)	Moderately ⁰¹²		
Calcium	9.2 ⁰¹²	mg/dL	[8.4-10.2]

Order Comments

- O11: Basic Metabolic Panel (BMP)
Collected by: MPARK
- O12: Comprehensive Metabolic Panel (CMP)
Collected by: SFISH
- O13: Hepatic Function Panel (LFT)
Collected by: MPARK
- O14: Bilirubin Total
Collected by: LBEL
- O15: Magnesium Level
Collected by: MPARK
- O16: Magnesium Level
Collected by: SFISH
- O17: Lipase Level
Collected by: SFISH
- O18: Bilirubin Direct
Collected by: LBEL
- O19: Indices
Collected by: LBEL
- O20: Glucose Level (POCT)
Collected by: AUTOV
- O21: Glucose Level (POCT)
Collected by: AUTOV
- O22: Glucose Level (POCT)
Collected by: AUTOV
- O23: Glucose Level (POCT)
Collected by: AUTOV

Cardiac Markers

Collected Date	5/30/2022		
Collected Time	15:53 EDT		
Procedure		Units	Reference Range
Troponin I	<0.012 ^{13 024}	ng/mL	[0.000-0.034]

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Chemistry

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Cardiac Markers

Result Comments

f3: Troponin I
Medications and supplements containing high levels of Biotin
(Vitamin B7) may interfere with accuracy of result, please
interpret accordingly.

Order Comments

O24: Troponin-I
Collected by: SFISH

Immunology-Serology

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Infectious Disease

Collected Date	5/30/2022		
Collected Time	17:15 EDT		
Procedure		Units	Reference Range
Source	NP Swab ⁰²⁵		
SARS-COV-2 RNA RT-PCR	Not Detected ^{f4 025}		[Not Detected]

Result Comments

f4: SARS-COV-2 RNA RT-PCR

This is a RT-PCR test intended for qualitative detection of nucleic acid from Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), in nasopharyngeal swabs and nasal swabs. The test was performed using the Cepheid Xpert Xpress SARS-CoV-2 assay at the Westchester Medical Center, Virology Laboratory under the Food and Drug Administration's Emergency Use Authorization (EUA). Test performance characteristics are verified by the laboratory, which is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a, to perform high complexity testing. Results from this test must be correlated with the clinical, epidemiological and other laboratory data available for evaluating the patient. A positive result does not imply that the corresponding organisms are infectious, or are the causative agents for clinical symptoms since viral nucleic acids may persist independent of organism viability. The detection of analyte(s) does not rule out co-infection with other organisms not on the panel. Negative results in the setting of a respiratory illness may be due to infection with pathogens that are not detected by this test, lower respiratory tract infection, improper

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Immunology-Serology

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, !=Interp Data, *=Performing Lab

Infectious Disease

Result Comments

f4: SARS-COV-2 RNA RT-PCR
specimen collection, transport, or handling.

Order Comments

O25: COVID-19/FLU A & B/RSV RT-PCR Cepheid (MHRH STAT)
Collected by: AC ER

Transfusion Medicine

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, !=Interp Data, *=Performing Lab

Transfusion Medicine Testing

Collected Date	5/30/2022
Collected Time	17:46 EDT
Procedure	
ABORh Type	A POS
Antibody Screen-Gel	NEG

ABORh Type

Collected Date	5/30/2022
Collected Time	17:46 EDT
Procedure	
ABORh Type	A POS

Antibody Screen-Gel

Collected Date	5/30/2022
Collected Time	17:46 EDT
Procedure	
Antibody Screen-Gel	NEG

Specimen Out Date

Collected Date	5/30/2022
Collected Time	17:46 EDT
Procedure	
Specimen Out Date	06/02/2022 23:59 ^{c9}

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Transfusion Medicine

Legend: c=Corrected, @=Abnormal, !=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Specimen Out Date

Corrected Results

c9: Specimen Out Date

Correction performed on 5/30/2022 18:36 EDT by Contributor_system, SOFTLAB

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Diagnostic Radiology

Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
5/30/2022 14:10 EDT	XR Chest 1 View Frontal	Perry Hoffstatter DO,Brittany Jade	68 years

XR Chest 1 View Frontal

Final Result

Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Sex: F
DOB: 09/02/1953
Primary Care Physician:
Requesting Physician: BRITTANY PERRY-MH-HOFFSTATTER

Exam: CHEST PORTABLE 05/30/2022 14:24

Clinical history: Shortness of breath

Study: Portable AP view of the chest

Findings: The lungs are clear. The cardiomediastinal silhouette is intact. There are no pleural effusions. There is no pneumothorax..

Impression:

Unremarkable exam

Resident Radiologist:
Attending Radiologist: Jeffrey Kobak MD
Finalizing Radiologist: Jeffrey Kobak MD
Transcribed Date: 05/30/2022 15:08
Finalized Date: 05/30/2022 15:08

Nuclear Medicine

Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
6/1/2022 12:25 EDT	NM Hepatobiliary Imaging	Gruszecki PA,Catherine E	68 years

NM Hepatobiliary Imaging

Final Result

Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Sex: F

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Nuclear Medicine

NM Hepatobiliary Imaging

DOB: 09/02/1953
Primary Care Physician:
Requesting Physician: CATHERINE GRUSZECKI

Exam: NM HEPATOBILIARY SYSTEM IMAGING 06/01/2022 13:44

Clinical Indication: Right upper quadrant pain.

Technique: Hepatobiliary imaging was performed following IV administration of 5.8 mCi technetium 99m mebrofenin. Imaging was performed in the anterior view up to C5 minutes.

Comparison: Prior ultrasound dated 5/30/2022.

Findings:

There is normal physiologic uptake in the hepatocytes. Radioisotope activity is first identified in the intra-/extrahepatic bile ducts and small bowel at 10 minutes. There is no evidence of biliary obstruction. There is no activity seen layering within the pelvis.

IMPRESSION:

No evidence of A bile leak. Gallbladder not visualized, possibly surgically absent.

Resident Radiologist:
Attending Radiologist: Jeffrey Kobak MD
Finalizing Radiologist: Jeffrey Kobak MD
Transcribed Date: 06/01/2022 13:47
Finalized Date: 06/01/2022 13:49

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Ultrasound

Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
5/30/2022 14:16 EDT	US Abdomen Limited	Perry Hoffstatter DO,Brittany Jade	68 years

US Abdomen Limited

Final Result

Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Sex: F
DOB: 09/02/1953
Primary Care Physician:
Requesting Physician: BRITTANY PERRY-MH-HOFFSTATTER

Exam: US ABDOMEN LIMITED 05/30/2022 15:14

History: Pain.

Real time sonography of the right upper quadrant was performed..

Findings:

There is a focal area of decreased echogenicity seen within the liver which could represent focal fatty sparing. The remainder of the liver is of increased echogenicity. There is no significant intra-hepatic biliary ductal dilatation. The common bile duct measures 4.3 mm which is within normal limits. There are echogenic shadowing gallstones. There is gallbladder wall thickening, and pericholecystic fluid is seen. The sonographic Murphy's sign is negative by report. No focal pancreatic masses are seen. The right kidney measures 10.16 cm. There is no hydronephrosis and no shadowing stones are seen.

There is no evidence of abdominal aortic aneurysm.

IMPRESSION:

Cannot exclude acute cholecystitis. Focal area of decreased echogenicity within the liver could represent focal fatty sparing in the setting of diffuse hepatic steatosis.

Resident Radiologist:
Attending Radiologist: Jeffrey Kobak MD
Finalizing Radiologist: Jeffrey Kobak MD

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Ultrasound

US Abdomen Limited

Transcribed Date: 05/30/2022 15:46

Finalized Date: 05/30/2022 15:51

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Admit-Discharge-Transfer Forms

Electronically Signed By: Smalls,RN,Sade (5/30/2022 22:19 EDT)

Valuables/Belongings Entered On: 5/30/2022 22:20 EDT
Performed On: 5/30/2022 22:19 EDT by Smalls, RN, Sade

Valuables/Belongings

Electronic Devices Valuable Belong Grid

	Cell Phone Valuables Belongings
Description :	black cellphone with charger and smart watch
	Smalls, RN, Sade - 5/30/2022 22:19 EDT

Patient Signature : Sign here X_____

Smalls, RN, Sade - 5/30/2022 22:19 EDT

Assessment Forms

Electronically Signed By: CURETON RN,Pamela Y (6/1/2022 12:30 EDT)

Medication Admin - Follow Up Entered On: 6/1/2022 12:30 EDT
Performed On: 6/1/2022 12:30 EDT by CURETON RN, Pamela Y

Intervention Information:

tramadol

Performed by CURETON RN, Pamela Y on 06/01/2022 11:08:00 EDT

traMADol,50mg

Oral,other (see comment)

Medication Effectiveness Evaluation

Medication Administration Reason : Pain

Medication Effective : Yes

Medication Response : Symptoms improved

CURETON RN, Pamela Y - 6/1/2022 12:30 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Assessment Forms

Electronically Signed By: CURETON RN,Pamela Y (6/1/2022 11:08 EDT)

Medication Admin - Pain On Admin Entered On: 6/1/2022 11:08 EDT
Performed On: 6/1/2022 11:08 EDT by CURETON RN, Pamela Y

Pain Assessment Tools

Numeric Rating Pain Scale : 8
Numeric Rating Pain Score : 8

CURETON RN, Pamela Y - 6/1/2022 11:08 EDT

Electronically Signed By: CURETON RN,Pamela Y (6/1/2022 10:54 EDT)

Medication Admin - Follow Up Entered On: 6/1/2022 10:54 EDT
Performed On: 6/1/2022 10:54 EDT by CURETON RN, Pamela Y

Intervention Information:

ondansetron
Performed by CURETON RN, Pamela Y on 06/01/2022 08:33:00 EDT

ondansetron (Zofran),4mg
IV Push,Antecubital, Right,nausea

Medication Effectiveness Evaluation

Medication Administration Reason : Nausea
Medication Effective : Yes
Medication Response : Symptoms improved

CURETON RN, Pamela Y - 6/1/2022 10:54 EDT

Electronically Signed By: Lynch RN,Erik L (6/1/2022 00:45 EDT)

Medication Admin - Follow Up Entered On: 6/1/2022 0:45 EDT
Performed On: 5/31/2022 21:51 EDT by Lynch RN, Erik L

Intervention Information:

tramadol
Performed by Lynch RN, Erik L on 05/31/2022 20:51:00 EDT

traMADol,50mg

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Assessment Forms

Oral,other (see comment)

Medication Effectiveness Evaluation

Medication Administration Reason : Pain

Medication Effective : Yes

Medication Response : Symptoms improved

Lynch RN, Erik L - 6/1/2022 0:45 EDT

Electronically Signed By:

Lynch RN,Erik L (5/31/2022 20:51 EDT)

Medication Admin - Pain On Admin Entered On: 5/31/2022 20:51 EDT

Performed On: 5/31/2022 20:51 EDT by Lynch RN, Erik L

Pain Assessment Tools

Numeric Rating Pain Scale : 7

Numeric Rating Pain Score : 7

Lynch RN, Erik L - 5/31/2022 20:51 EDT

Electronically Signed By:

Smalls,RN,Sade (5/30/2022 23:06 EDT)

Medication Admin - Follow Up Entered On: 5/30/2022 23:06 EDT

Performed On: 5/30/2022 23:06 EDT by Smalls, RN, Sade

Intervention Information:

oxycodone

Performed by Smalls, RN, Sade on 05/30/2022 22:40:00 EDT

oxyCODONE (Roxicodone),5mg

Oral,pain, severe (pain scale 5-7)

Medication Effectiveness Evaluation

Medication Administration Reason : Pain

Medication Effective : Yes

Medication Response : Symptoms improved

Smalls, RN, Sade - 5/30/2022 23:06 EDT

Electronically Signed By:

Smalls,RN,Sade (5/30/2022 22:33 EDT)

Medication Admin - Pain On Admin Entered On: 5/30/2022 22:33 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Assessment Forms

Performed On: 5/30/2022 22:33 EDT by Smalls, RN, Sade

Pain Assessment Tools

Numeric Rating Pain Scale : 6

Numeric Rating Pain Score : 6

Smalls, RN, Sade - 5/30/2022 22:33 EDT

Nursing

Electronically Signed By: Smalls,RN,Sade (5/30/2022 22:44 EDT)

Patient came from the ER. with abd pain. Patient AOOX4. IV fluids running. VS in flow chart. Medicated for 6/10 pain. Oriented to call bell system and unit. Safety precautions in place.

Electronically Signed on 05/30/22 10:44 PM

Smalls, RN, Sade

Patient History Forms

Electronically Signed By: Smalls,RN,Sade (5/30/2022 22:14 EDT)

Admission History Adult Entered On: 5/30/2022 22:19 EDT

Performed On: 5/30/2022 22:14 EDT by Smalls, RN, Sade

General Info

Preferred Spoken Language : English

PnVS Screening Age : Yes

Occupation (works at) : Retired

Transportation Type: Work : N/A - Retired, Disabled, Unemployed, etc.

Possible Abuse, Neglect, Exploitation : Abuse/Neglect/Exploitation screening performed. Further evaluation will be done by the Provider.

Possible Human Trafficking : No

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Advance Directive

Advance Directive : No

No Advance Directive : Patient does not wish to complete a Health Care Proxy at the present time

Smalls, RN, Sade - 5/30/2022 22:14 EDT

ID Risk Screen

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Patient History Forms

28 Day Travel History : No
Other Exposure to Infectious Disease : Unknown
Have you received the COVID-19 vaccine? : Yes
COVID-19 Vaccine Received : Moderna
COVID-19 Vaccine Series Completed : Unable to obtain

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Adult Influenza Immunization Screening

Please select all exclusion criteria that apply: : Patient/legal guardian refuses vaccination

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Adult Pneumococcal Immunization Screening

Adult Pneumococcal Vaccine Screen : Patient/legal guardian refuses vaccination
PNVS Pneumococcal Exclusions Alert : Patient does not qualify for a Pneumococcal Vaccine at this time

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Nutrition

Home Diet : Regular

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Malnutrition Screening Tool (MST)

Have You Recently Lost Weight Without Trying? : No
Have You Been Eating Poorly Because of a Decreased Appetite? : No
Screening Score : 0

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Social History

Social History

(As Of: 5/30/2022 22:19:34 EDT)

Tobacco:

Smoking tobacco use: Never (less than 100 in lifetime). (Last Updated: 5/30/2022 14:04:46 EDT by Adams RN, Kristen L)

Alcohol:

How often do you have a drink containing alcohol? Never. How many drinks containing alcohol do you have on a typical day when you are drinking? Never. How often do you have six or more drinks on one occasion? Never. (Last Updated: 5/30/2022 14:04:54 EDT by Adams RN, Kristen L)

Substance Use DAST 1:

Which Recreational drugs have you used in the past year? Not applicable (denies use). How often have you used these drugs? Not applicable (denies use). (Last Updated: 5/30/2022 14:04:59 EDT by Adams RN, Kristen L)

CSSRS Inpatient

CSSRS Past Month Wish to be Dead : Past month, no
2. In past month, have you actually had thoughts about killing yourself? (ref) : No

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Patient History Forms

6a. Have you ever done anything, started to do anything, or prepared to do anything to end your life? (ref) : No
Smalls, RN, Sade - 5/30/2022 22:14 EDT

STOP-Bang

STOPBANG - Snoring : No
STOPBANG - Tired : No
STOPBANG - Observed : No
STOPBANG - Pressured : Yes
STOPBANG - BMI : Unknown
STOPBANG - Age : Yes
STOPBANG - Neck : Unknown
STOPBANG - Gender : No
STOPBANG - Score : 4
Do not change this field. : Intermediate risk

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Educ Needs

Barriers to Learning : None evident
Patient Learning Style Preferences : Demonstration, Verbal explanation

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Religious/Spiritual/Cultural

Religious/Spiritual/Cultural Needs : Religious
Religious Preference : Catholic
Facility Spiritual Services Requested : No
Personal Spiritual Services Requested : No

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Visitor and DC Needs

Discharge To : Home independently

Smalls, RN, Sade - 5/30/2022 22:14 EDT

Treatments-Procedures Forms

Electronically Signed By: Gagliardi RN, Mary A (5/31/2022 08:53 EDT)

Preprocedure Checklist Short Form Entered On: 5/31/2022 8:55 EDT
Performed On: 5/31/2022 8:53 EDT by Gagliardi RN, Mary A

Checklist

Last PO Fluid Intake : 5/30/2022 0:00 EDT
Procedure Location : Operating room
Last Food Intake : 5/30/2022 0:00 EDT
Last Void : 5/31/2022 8:00 EDT

Gagliardi RN, Mary A - 5/31/2022 8:53 EDT

General Anesthesia Risk Assessments

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Treatments-Procedures Forms

Anesthesia History : Prior general anesthesia
Anesthesia Reaction : None
STOPBANG - Snoring : No
STOPBANG - Tired : No
STOPBANG - Observed : No
STOPBANG - Pressured : Yes
STOPBANG - BMI : Unknown
STOPBANG - Age : Yes
STOPBANG - Neck : Unknown
STOPBANG - Gender : No
STOPBANG - Score : 4

Gagliardi RN, Mary A - 5/31/2022 8:53 EDT

Perioperative Protocols

Patient Safety and Preparation

Allergies Verified : Yes
Two Patient Identification Verified : Yes
Current ECG in Medical Record : Yes
Current H&P in Medical Record : Yes
Review of Labs : Yes
Site Verified by Patient/Family : Yes
Site Verified by RN : Yes
Wearing Patient Gown : Yes
Nursing assessment on chart : Yes

Gagliardi RN, Mary A - 5/31/2022 8:53 EDT

Advance Directive

Advance Directive : No
No Advance Directive : Patient does not wish to complete a Health Care Proxy at the present time

Gagliardi RN, Mary A - 5/31/2022 8:53 EDT

Vital Signs

Temperature Temporal Artery : 36.9 degC(Converted to: 98.4 degF)
Peripheral Pulse Rate : 94 bpm
Respiratory Rate : 18 br/min
Systolic/ Diastolic BP : 119 mmHg
Diastolic Blood Pressure : 76 mmHg
Mean Arterial Pressure : 90 mmHg
SpO2 : 94 %
Oxygen Therapy : Room Air (None)

Gagliardi RN, Mary A - 5/31/2022 8:53 EDT

Allergies

(As Of: 5/31/2022 08:55:36 EDT)

Allergies (Active)

No Known Medication Allergies Estimated Onset Date: Unspecified ; Created By: Adams RN,
Kristen L; Reaction Status: Active ; Category: Drug ;
Substance: No Known Medication Allergies ; Type: Allergy ;
Updated By: Adams RN, Kristen L; Reviewed Date:
5/31/2022 8:55 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S

MRN: 1035402

Admit: 5/30/2022

FIN: 1007197070

Disch: 6/1/2022

DOB/Age: 9/2/1953 68 years

Admitting: Phillip MD,D Roger

Admin Sex: Female

Treatments-Procedures Forms

DC Needs

Discharge To : Home independently

Gagliardi RN, Mary A - 5/31/2022 8:53 EDT

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Measurements

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Measurements

Recorded Date	5/30/2022	5/30/2022		
Recorded Time	14:02 EDT	14:02 EDT		
Recorded By	SYSTEM,SYSTEM Cerner	Adams RN,Kristen L		
Procedure			Units	Reference Range
Weight Dosing	99.790	-	kg	
Weight Estimated	-	99.79	kg	
Body Mass Index Estimated	-	34.46	kg/m2	
Height/Length Estimated	-	170.18	cm	

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

		Recorded Date	6/1/2022	6/1/2022
		Recorded Time	11:19 EDT	11:19 EDT
		Recorded By	James, Veronica R	James, Veronica R
Procedure	Units	Reference Range		
Temperature Temporal Artery	degC	[36.1-37.6]	36.8	-
Peripheral Pulse Rate	bpm	[60-115]	71	-
Respiratory Rate	br/min	[13-25]	16	-
Blood Pressure Location			Left upper arm	-
Vital Signs Patient Identified			-	Yes
Blood Pressure Method			Automatic	-

		Recorded Date	6/1/2022	6/1/2022
		Recorded Time	07:50 EDT	07:50 EDT
		Recorded By	James, Veronica R	James, Veronica R
Procedure	Units	Reference Range		
Temperature Temporal Artery	degC	[36.1-37.6]	36.2	-
Peripheral Pulse Rate	bpm	[60-115]	80	-
Respiratory Rate	br/min	[13-25]	16	-
Blood Pressure Location			Left upper arm	-
Vital Signs Patient Identified			-	Yes
Blood Pressure Method			Automatic	-

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

		Recorded Date	6/1/2022	6/1/2022
		Recorded Time	04:49 EDT	04:49 EDT
		Recorded By	Turshinka,Kristina	Turshinka,Kristina
Procedure	Units	Reference Range		
Temperature Temporal Artery	degC	[36.1-37.6]	36.1	-
Peripheral Pulse Rate	bpm	[60-115]	77	-
Respiratory Rate	br/min	[13-25]	17	-
Systolic Blood Pressure	mmHg	[100-130]	129	-
Diastolic Blood Pressure	mmHg	[60-85]	75	-
MAP,Non-Invasive Manual	mmHg	[50-105]	88	-
Vital Signs Patient Identified			-	Yes

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	20:36 EDT	20:36 EDT
		Recorded By	Lynch RN,Erik L	King,Alicia
Procedure	Units	Reference Range		
Temperature Temporal Artery	degC	[36.1-37.6]	36.6	-
Heart Rate Monitored	bpm	[60-115]	87	-
Respiratory Rate	br/min	[13-25]	16	-
Blood Pressure Location			Left upper arm	-
Vital Signs Patient Identified			-	Yes
Blood Pressure Method			Automatic	-

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	16:38 EDT	16:38 EDT
		Recorded By	King,Alicia	King,Alicia
Procedure	Units	Reference Range		
Temperature Temporal Artery	degC	[36.1-37.6]	37	-
Peripheral Pulse Rate	bpm	[60-115]	82	-
Respiratory Rate	br/min	[13-25]	17	-
Blood Pressure Location			Left upper arm	-
Vital Signs Patient Identified			-	Yes
Blood Pressure Method			Automatic	-

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	15:00 EDT	14:55 EDT
		Recorded By	Sohan RN,Allison J	Sohan RN,Allison J
Procedure	Units	Reference Range		
Peripheral Pulse Rate	bpm	[60-115]	85	80
Heart Rate Monitored	bpm	[60-115]	89	79

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007197070
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	15:00 EDT	14:55 EDT
		Recorded By	Sohan RN,Allison J	Sohan RN,Allison J
Procedure	Units	Reference Range		
Respiratory Rate	br/min	[13-25]	15	12^L
Vital Signs Patient Identified			Yes	Yes

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	14:50 EDT	14:45 EDT
		Recorded By	Sohan RN,Allison J	Sohan RN,Allison J
Procedure	Units	Reference Range		
Peripheral Pulse Rate	bpm	[60-115]	79	81
Heart Rate Monitored	bpm	[60-115]	79	80
Respiratory Rate	br/min	[13-25]	13	14
Vital Signs Patient Identified			Yes	Yes
Systolic Blood Pressure,NI Monitored	mmHg	[100-130]	-	153^I
Diastolic Blood Pressure,NI Monitored	mmHg	[60-85]	-	81
MAP,Non-Invasive Monitored	mmHg	[50-105]	-	103

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	14:30 EDT	14:25 EDT
		Recorded By	Sohan RN,Allison J	Sohan RN,Allison J
Procedure	Units	Reference Range		
Peripheral Pulse Rate	bpm	[60-115]	83	83
Heart Rate Monitored	bpm	[60-115]	83	83
Respiratory Rate	br/min	[13-25]	13	11^I
Vital Signs Patient Identified			Yes	Yes
Systolic Blood Pressure,NI Monitored	mmHg	[100-130]	150^H	143^H
Diastolic Blood Pressure,NI Monitored	mmHg	[60-85]	81	75
MAP,Non-Invasive Monitored	mmHg	[50-105]	103	94

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	14:15 EDT	14:00 EDT
		Recorded By	Sohan RN,Allison J	Sohan RN,Allison J
Procedure	Units	Reference Range		
Peripheral Pulse Rate	bpm	[60-115]	86	95
Heart Rate Monitored	bpm	[60-115]	86	93
Respiratory Rate	br/min	[13-25]	25	21
Vital Signs Patient Identified			Yes	Yes
Systolic Blood Pressure,NI Monitored	mmHg	[100-130]	143^H	142^H

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007197070
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	14:15 EDT	14:00 EDT
		Recorded By	Sohan RN,Allison J	Sohan RN,Allison J
Procedure	Units	Reference Range		
Diastolic Blood Pressure,NI Monitored	mmHg	[60-85]	75	79
MAP,Non-Invasive Monitored	mmHg	[50-105]	94	98

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	13:55 EDT	13:51 EDT
		Recorded By	Sohan RN,Allison J	Sohan RN,Allison J
Procedure	Units	Reference Range		
Peripheral Pulse Rate	bpm	[60-115]	93	94
Heart Rate Monitored	bpm	[60-115]	92	93
Respiratory Rate	br/min	[13-25]	15	14
Vital Signs Patient Identified			Yes	Yes
Systolic Blood Pressure,NI Monitored	mmHg	[100-130]	-	132^H
Diastolic Blood Pressure,NI Monitored	mmHg	[60-85]	-	70
MAP,Non-Invasive Monitored	mmHg	[50-105]	-	87

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	13:50 EDT	08:53 EDT
		Recorded By	Sohan RN,Allison J	Gagliardi RN,Mary A
Procedure	Units	Reference Range		
Temperature Temporal Artery	degC	[36.1-37.6]	36.9	36.9
Peripheral Pulse Rate	bpm	[60-115]	-	94
Respiratory Rate	br/min	[13-25]	-	18
Systolic Blood Pressure	mmHg	[100-130]	-	119
Diastolic Blood Pressure	mmHg	[60-85]	-	76
MAP,Non-Invasive Manual	mmHg	[50-105]	-	90

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	07:44 EDT	04:48 EDT
		Recorded By	James, Veronica R	Turshinka,Kristina
Procedure	Units	Reference Range		
Temperature Temporal Artery	degC	[36.1-37.6]	36.7	37.1
Peripheral Pulse Rate	bpm	[60-115]	91	93
Respiratory Rate	br/min	[13-25]	18	17
Systolic Blood Pressure	mmHg	[100-130]	-	134^H
Diastolic Blood Pressure	mmHg	[60-85]	-	64
MAP,Non-Invasive Manual	mmHg	[50-105]	-	84

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007197070
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

		Recorded Date	5/31/2022	5/31/2022
		Recorded Time	07:44 EDT	04:48 EDT
		Recorded By	James, Veronica R	Turshinka, Kristina
Procedure	Units	Reference Range		
Blood Pressure Location			Left upper arm	-
Blood Pressure Method			Automatic	-

		Recorded Date	5/31/2022	5/30/2022
		Recorded Time	04:48 EDT	22:12 EDT
		Recorded By	Turshinka, Kristina	Smalls, RN, Sade
Procedure	Units	Reference Range		
Temperature Temporal Artery	degC	[36.1-37.6]	-	36.8 ^{026 027}
Peripheral Pulse Rate	bpm	[60-115]	-	85 ^{026 027}
Respiratory Rate	br/min	[13-25]	-	18 ^{026 027}
Systolic Blood Pressure	mmHg	[100-130]	-	147 ^{H 026 027}
Diastolic Blood Pressure	mmHg	[60-85]	-	60 ^{026 027}
MAP, Non-Invasive Manual	mmHg	[50-105]	-	89 ^{c10 026 027}
Vital Signs Patient Identified			Yes	-

Corrected Results

c10: MAP, Non-Invasive Manual
 Correction performed on 5/30/2022 22:23 EDT by Smalls, RN, Sade

		Recorded Date	5/30/2022
		Recorded Time	20:02 EDT
		Recorded By	Smith-Morgan, Audrey
Procedure	Units	Reference Range	
Temperature Temporal Artery	degC	[36.1-37.6]	37.3
Peripheral Pulse Rate	bpm	[60-115]	81
Respiratory Rate	br/min	[13-25]	20
Systolic Blood Pressure	mmHg	[100-130]	154 ^I
Diastolic Blood Pressure	mmHg	[60-85]	73

		Recorded Date	5/30/2022
		Recorded Time	14:02 EDT
		Recorded By	Adams RN, Kristen L
Procedure	Units	Reference Range	
Temperature Temporal Artery	degC	[36.1-37.6]	37.0
Peripheral Pulse Rate	bpm	[60-115]	94
Respiratory Rate	br/min	[13-25]	18
Systolic Blood Pressure	mmHg	[100-130]	144 ^H

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

		Recorded Date	5/30/2022
		Recorded Time	14:02 EDT
		Recorded By	Adams RN,Kristen L
Procedure	Units	Reference Range	
Diastolic Blood Pressure	mmHg	[60-85]	80

Order Comments

O26: Basic Admission Information Adult
Order entered secondary to inpatient admission.
O27: Admission Assessment Adult
Order entered secondary to inpatient admission.

Orthostatic Vital Signs

		Recorded Date	6/1/2022	6/1/2022
		Recorded Time	11:19 EDT	07:50 EDT
		Recorded By	James, Veronica R	James, Veronica R
Procedure	Units	Reference Range		
Systolic Blood Pressure Supine	mmHg	[100-130]	155 ^L	141 ^H
Diastolic Blood Pressure Supine	mmHg	[60-85]	78	67

		Recorded Date	5/31/2022	5/31/2022	5/31/2022
		Recorded Time	20:36 EDT	16:38 EDT	07:44 EDT
		Recorded By	Lynch RN,Erik L	King,Alicia	James, Veronica R
Procedure	Units	Reference Range			
Systolic Blood Pressure Supine	mmHg	[100-130]	138 ^H	-	150 ^H
Diastolic Blood Pressure Supine	mmHg	[60-85]	70	-	78
Systolic Blood Pressure Sitting	mmHg	[100-130]	-	148 ^H	-
Diastolic Blood Pressure Sitting	mmHg	[60-85]	-	80	-

Pain

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Pain Tools

		Recorded Date	6/1/2022	6/1/2022
		Recorded Time	11:19 EDT	11:08 EDT
		Recorded By	James, Veronica R	CURETON RN,Pamela Y
Procedure				
Pain Present	No actual or suspected pain		-	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Pain

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Pain Tools

Recorded Date	6/1/2022	6/1/2022
Recorded Time	11:19 EDT	11:08 EDT
Recorded By	James, Veronica R	CURETON RN, Pamela Y
Procedure		
Numeric Rating Pain Scale	-	8
Numeric Rating Pain Score	-	8

Recorded Date	6/1/2022	6/1/2022
Recorded Time	07:50 EDT	04:49 EDT
Recorded By	James, Veronica R	Turshinka, Kristina
Procedure		
Pain Present	No actual or suspected pain	No actual or suspected pain

Recorded Date	5/31/2022	5/31/2022	5/31/2022
Recorded Time	22:13 EDT	20:51 EDT	20:36 EDT
Recorded By	King, Alicia	Lynch RN, Erik L	King, Alicia
Procedure			
Pain Present	No actual or suspected pain	-	No actual or suspected pain
Numeric Rating Pain Scale	-	7	-
Numeric Rating Pain Score	-	7	-

Recorded Date	5/31/2022	5/31/2022
Recorded Time	17:58 EDT	16:38 EDT
Recorded By	King, Alicia	King, Alicia
Procedure		
Pain Present	No actual or suspected pain	No actual or suspected pain

Recorded Date	5/31/2022	5/31/2022
Recorded Time	16:00 EDT	13:55 EDT
Recorded By	Marrongelli, Monna	Sohan RN, Allison J
Procedure		
Pain Present	No actual or suspected pain	No actual or suspected pain

Recorded Date	5/31/2022	5/31/2022	5/30/2022
Recorded Time	04:48 EDT	00:19 EDT	22:33 EDT
Recorded By	Turshinka, Kristina	Smalls, RN, Sade	Smalls, RN, Sade
Procedure			
Pain Present	No actual or suspected pain	No actual or suspected pain	-
Numeric Rating Pain Scale	-	-	6
Numeric Rating Pain Score	-	-	6

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

General

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Discharge Needs

Recorded Date	6/1/2022	5/31/2022	5/31/2022
Recorded Time	15:01 EDT	16:30 EDT	08:53 EDT
Recorded By	CURETON RN,Pamela Y	Marrongelli, Monna	Gagliardi RN, Mary A
Procedure			
Discharge To, Anticipated	Home independently	Home with family care	Home independently

Recorded Date	5/31/2022	5/30/2022
Recorded Time	00:24 EDT	22:14 EDT
Recorded By	Smalls, RN, Sade	Smalls, RN, Sade
Procedure		
Discharge To, Anticipated	Home independently	Home independently

SUBJECTIVE

Recorded Date	6/1/2022	5/31/2022	5/31/2022
Recorded Time	11:19 EDT	20:36 EDT	16:30 EDT
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L	Marrongelli, Monna
Procedure			
Cardiovascular Symptoms	None	None	None
Respiratory Symptoms	None	None	-
GI Symptoms	Abdominal tenderness	Abdominal tenderness	-
Genitourinary Symptoms	None	None	-
Neurological Symptoms	None	None	None
Psychosocial Symptoms	None	None	-

Recorded Date	5/30/2022
Recorded Time	22:20 EDT
Recorded By	Smalls, RN, Sade
Procedure	
Cardiovascular Symptoms	None ^{O27}
Respiratory Symptoms	None ^{O27}
GI Symptoms	Abdominal pain ^{O27}
Genitourinary Symptoms	None ^{O27}
Neurological Symptoms	None ^{O27}

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Cardiovascular

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Cardiovascular Assessment

Recorded Date	5/30/2022		
Recorded Time	22:20 EDT		
Recorded By	Smalls,RN,Sade		
Procedure		Units	Reference Range
Capillary Refill Left Hand	Less than 2 seconds ^{O27}		
Capillary Refill Right Hand	Less than 2 seconds ^{O27}		
Capillary Refill Left Foot	Less than 2 seconds ^{O27}		
Capillary Refill Right Foot	Less than 2 seconds ^{O27}		
Jugular Venous Distention	Unable to visualize ^{O27}		
Heart Rhythm	Regular ^{O27}		

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Respiratory Assessment

Recorded Date	6/1/2022	5/31/2022	5/30/2022		
Recorded Time	11:19 EDT	20:36 EDT	22:20 EDT		
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L	Smalls,RN,Sade		
Procedure				Units	Reference Range
Respirations	Unlabored	Unlabored	Unlabored ^{O27}		
Respiratory Pattern	Regular	Regular	Regular ^{O27}		

Recorded Date	5/30/2022	5/30/2022		
Recorded Time	17:35 EDT	16:42 EDT		
Recorded By	Callahan RN,Ashlee	Callahan RN,Ashlee		
Procedure			Units	Reference Range
Respirations	Unlabored ^{O28}	Unlabored		
Respiratory Pattern	Regular ^{O28}	Regular		

Recorded Date	5/30/2022		
Recorded Time	14:02 EDT		
Recorded By	Adams RN,Kristen L		
Procedure		Units	Reference Range
Respirations	Unlabored		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Respiratory Assessment

Order Comments

- O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.
 O28: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

Breath Sounds Assessment

Recorded Date	6/1/2022	5/31/2022		
Recorded Time	11:19 EDT	20:36 EDT		
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L		
Procedure			Units	Reference Range
Breath Sounds Auscultated	Anterior and posterior	Anterior only		
All Lobes Breath Sounds	Clear	Clear		
Lung Aeration	Equal	Equal		

Recorded Date	5/30/2022			
Recorded Time	22:20 EDT			
Recorded By	Smalls,RN,Sade			
Procedure		Units	Reference Range	
Breath Sounds Auscultated	Anterior and posterior ^{O27}			
All Lobes Breath Sounds	Clear ^{O27}			
Lung Aeration	Equal ^{O27}			

Order Comments

- O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

Cough, Sputum, and Suction

Recorded Date	5/31/2022	5/30/2022		
Recorded Time	20:36 EDT	22:20 EDT		
Recorded By	Lynch RN,Erik L	Smalls,RN,Sade		
Procedure			Units	Reference Range
Cough	None	None ^{O27}		

Order Comments

- O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Airway Information

Recorded Date	5/30/2022	5/30/2022		
Recorded Time	17:35 EDT	16:42 EDT		
Recorded By	Callahan RN,Ashlee	Callahan RN,Ashlee		
Procedure			Units	Reference Range
Patient Airway Status	Patent without support ^{O28}	Patent without support		

Order Comments

O28: ED Assessment Adult

Order placed due to patient arrival to the Emergency Department

Oxygen Therapy & Oxygenation Information

Recorded Date	6/1/2022	6/1/2022	6/1/2022	
Recorded Time	11:19 EDT	11:19 EDT	07:50 EDT	
Recorded By	James, Veronica R	James, Veronica R	James, Veronica R	
Procedure				Units Reference Range
Oxygen Therapy	-	Room Air (None)	-	
SpO2	93	-	93	% [92-100]
SpO2 Location	Right hand	-	Right hand	

Recorded Date	6/1/2022	6/1/2022	5/31/2022	
Recorded Time	07:50 EDT	04:49 EDT	20:36 EDT	
Recorded By	James, Veronica R	Turshinka,Kristina	Lynch RN,Erik L	
Procedure				Units Reference Range
Oxygen Therapy	Room Air (None)	-	-	
SpO2	-	93	90^L	% [92-100]
SpO2 Location	-	-	Left hand	

Recorded Date	5/31/2022	5/31/2022	5/31/2022	
Recorded Time	20:36 EDT	16:38 EDT	15:00 EDT	
Recorded By	Lynch RN,Erik L	King,Alicia	Sohan RN,Allison J	
Procedure				Units Reference Range
Oxygen Therapy	Room Air (None)	-	-	
SpO2	-	96	96	% [92-100]
SpO2 Location	-	Left hand	-	

Recorded Date	5/31/2022	5/31/2022	5/31/2022	
Recorded Time	14:55 EDT	14:50 EDT	14:45 EDT	
Recorded By	Sohan RN,Allison J	Sohan RN,Allison J	Sohan RN,Allison J	
Procedure				Units Reference Range
SpO2	96	96	96	% [92-100]

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Oxygen Therapy & Oxygenation Information

Recorded Date	5/31/2022	5/31/2022	5/31/2022		
Recorded Time	14:30 EDT	14:25 EDT	14:15 EDT		
Recorded By	Sohan RN,Allison J	Sohan RN,Allison J	Sohan RN,Allison J		
Procedure				Units	Reference Range
SpO2	96	95	94	%	[92-100]

Recorded Date	5/31/2022	5/31/2022	5/31/2022		
Recorded Time	14:00 EDT	13:55 EDT	13:51 EDT		
Recorded By	Sohan RN,Allison J	Sohan RN,Allison J	Sohan RN,Allison J		
Procedure				Units	Reference Range
SpO2	95	94	94	%	[92-100]

Recorded Date	5/31/2022	5/31/2022	5/31/2022		
Recorded Time	08:53 EDT	07:44 EDT	04:48 EDT		
Recorded By	Gagliardi RN,Mary A	James, Veronica R	Turshinka,Kristina		
Procedure				Units	Reference Range
Oxygen Therapy	Room Air (None)	-	-		
SpO2	94	94	96	%	[92-100]
SpO2 Location	-	Right hand	-		

Recorded Date	5/30/2022	5/30/2022	5/30/2022		
Recorded Time	22:12 EDT	20:02 EDT	14:02 EDT		
Recorded By	Smalls,RN,Sade	Smith-Morgan,Audrey	Adams RN,Kristen L		
Procedure				Units	Reference Range
Oxygen Therapy	-	-	Room Air (None)		
SpO2	94 ^{O26 O27}	97	98	%	[92-100]

Order Comments

O26: Basic Admission Information Adult
Order entered secondary to inpatient admission.
O27: Admission Assessment Adult
Order entered secondary to inpatient admission.

Chest Physiotherapy

Recorded Date	5/31/2022		
Recorded Time	00:23 EDT		
Recorded By	Smalls,RN,Sade		
Procedure		Units	Reference Range
Patient Position	Head of bed elevated		
Head of Bed Position	30 - 45 Degrees (semi-Fowlers)		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Gastrointestinal

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Gastrointestinal Assessment

Recorded Date	6/1/2022	5/31/2022	5/30/2022
Recorded Time	11:19 EDT	20:36 EDT	22:20 EDT
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L	Smalls,RN,Sade
Procedure			
Abdomen Description	Symmetric	Symmetric	Rounded, Symmetric ⁰²⁷
Abdomen Palpation	Soft, Tender	Soft, Tender	-
Abdomen Tender	RUQ	RUQ	-
Last Bowel Movement -Nursing	5/30/2022	5/30/2022	5/29/2022

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

Bowel Sounds Assessment

Recorded Date	6/1/2022	5/31/2022	5/30/2022
Recorded Time	11:19 EDT	20:36 EDT	22:20 EDT
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L	Smalls,RN,Sade
Procedure			
Bowel Sounds All Quadrants	Present	Present	Present ⁰²⁷

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

Genitourinary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Genitourinary Assessment

Recorded Date	6/1/2022	5/31/2022		
Recorded Time	11:19 EDT	20:36 EDT		
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L		
Procedure			Units	Reference Range
Urinary Elimination	Voiding, no difficulties	Voiding, no difficulties		
Bladder Distention	Absent	Absent		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Genitourinary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Genitourinary Assessment

Recorded Date	5/30/2022		
Recorded Time	22:20 EDT		
Recorded By	Smalls,RN,Sade		
Procedure		Units	Reference Range
Bladder Distention	Absent ^{O27}		
Urine Odor	Odorless ^{O27}		

Order Comments

O27: Admission Assessment Adult
Order entered secondary to inpatient admission.

Gynecology-Obstetrics

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Labor/Delivery/Newborn Data

Recorded Date	5/31/2022	
Recorded Time	11:41 EDT	
Recorded By	Chiao MD, Franklin B	
Procedure		Units
Estimated Blood Loss	25	mL

Musculoskeletal

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Range of Motion Assessment

Recorded Date	5/31/2022
Recorded Time	00:23 EDT
Recorded By	Smalls,RN,Sade
Procedure	
Range of Motion Left Upper Extremity	Active
Range of Motion Right Upper Extremity	Active
Range of Motion Left Lower Extremity	Active
Range of Motion Right Lower Extremity	Active

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Integumentary Assessment

	Recorded Date	6/1/2022		
	Recorded Time	11:19 EDT		
	Recorded By	CURETON RN,Pamela Y		
Procedure			Units	Reference Range
Skin Color General		Usual for ethnicity		
Skin Temperature		Warm		
Skin Moisture General		Dry		
Skin Integrity General		Localized abnormality		
Mucous Membrane Color		Pink		
Mucous Membrane Description		Moist		
Skin Turgor General		Elastic		
Skin Abnormalities General Comment		4 lap sites		
Skin Assessment Activity		Shift assessment		

	Recorded Date	5/31/2022	5/31/2022	
	Recorded Time	20:36 EDT	16:30 EDT	
	Recorded By	Lynch RN,Erik L	Marrongelli, Monna	
Procedure			Units	Reference Range
Skin Color General		Usual for ethnicity	Usual for ethnicity	
Skin Temperature		Warm	-	
Skin Moisture General		Dry	-	
Skin Integrity General		Localized abnormality	-	
Mucous Membrane Color		Pink	-	
Mucous Membrane Description		Moist	-	
Skin Turgor General		Elastic	-	
Skin Abnormalities General Comment		See Below ^{T1}	-	
Skin Assessment Activity		Shift assessment	Shift assessment	

Textual Results

T1: 5/31/2022 20:36 EDT (Skin Abnormalities General Comment)
 4 lap sites to abd s/p lap cholecystectomy

	Recorded Date	5/30/2022		
	Recorded Time	22:20 EDT		
	Recorded By	Smalls,RN,Sade		
Procedure			Units	Reference Range
Skin Color General		Usual for ethnicity ^{O27}		
Skin Temperature		Warm ^{O27}		
Skin Temperature,Upper Extremities		Warm ^{O27}		
Skin Temperature,Lower Extremities		Warm ^{O27}		
Skin Moisture General		Dry ^{O27}		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Integumentary Assessment

	Recorded Date	5/30/2022		
	Recorded Time	22:20 EDT		
	Recorded By	Smalls,RN,Sade		
Procedure			Units	Reference Range
Skin Integrity General		Intact ^{O27}		
Mucous Membrane Color		Pink ^{O27}		
Mucous Membrane Description		Moist ^{O27}		
Skin Assessment Activity		Shift assessment		

	Recorded Date	5/30/2022		
	Recorded Time	17:35 EDT		
	Recorded By	Callahan RN,Ashlee		
Procedure			Units	Reference Range
Skin Color		Normal for ethnicity ^{O28}		
Skin Temperature		Warm ^{O28}		
Skin Description		Dry ^{O28}		

	Recorded Date	5/30/2022	5/30/2022		
	Recorded Time	16:42 EDT	14:02 EDT		
	Recorded By	Callahan RN,Ashlee	Adams RN,Kristen L		
Procedure				Units	Reference Range
Skin Color General		-	Usual for ethnicity		
Skin Color		Normal for ethnicity	-		
Skin Temperature		Warm	Warm		
Skin Description		Dry	Dry		

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.
 O28: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

Braden Assessment

	Recorded Date	6/1/2022	5/31/2022		
	Recorded Time	11:19 EDT	20:36 EDT		
	Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L		
Procedure				Units	Reference Range
Sensory Perception Braden		No impairment	No impairment		
Moisture Braden		Rarely moist	Rarely moist		
Activity Braden		Walks occasionally	Walks occasionally		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Braden Assessment

Recorded Date	6/1/2022	5/31/2022		
Recorded Time	11:19 EDT	20:36 EDT		
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L		
Procedure			Units	Reference Range
Mobility Braden	Slightly limited	Slightly limited		
Nutrition Braden	Probably inadequate	Probably inadequate		
Friction and Shear Braden	Potential problem	Potential problem		
Braden Score	18	18		

Recorded Date	5/31/2022	5/30/2022		
Recorded Time	16:30 EDT	22:20 EDT		
Recorded By	Marrongelli, Monna	Smalls, RN, Sade		
Procedure			Units	Reference Range
Sensory Perception Braden	No impairment	No impairment ^{O27}		
Moisture Braden	Rarely moist	Rarely moist ^{O27}		
Activity Braden	Walks occasionally	Walks occasionally ^{O27}		
Mobility Braden	Slightly limited	Slightly limited ^{O27}		
Nutrition Braden	Probably inadequate	Probably inadequate ^{O27}		
Friction and Shear Braden	Potential problem	No apparent problem ^{O27}		
Braden Score	18	19 ^{O27}		

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

Surgical Drains/Tubes

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Surgical Drains/Tubes

Recorded Date	6/1/2022	5/31/2022		
Recorded Time	11:00 EDT	20:00 EDT		
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L		
Procedure			Units	
#1 Other: JP Right, Abdomen				
Surgical Drain, Tube Output:	70	80	mL	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Vascular Access

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Peripheral IV

Recorded Date	6/1/2022	5/31/2022		
Recorded Time	15:00 EDT	20:36 EDT		
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L		
Procedure			Units	Reference Range
Angiocatheter Antecubital Right 20 gauge				
Peripheral IV Activity:	Assessment	Assessment		
Peripheral IV Line Status:	Flushes easily	Flushes easily		
Peripheral IV Site Condition:	No complications	No complications		
Peripheral IV Dressing:	Transparent	Transparent		
Peripheral IV Dressing Condition:	Clean/Dry/Intact	Clean/Dry/Intact		
Peripheral IV Patency:	No complications	No complications		

Recorded Date	5/31/2022	5/30/2022		
Recorded Time	16:00 EDT	22:23 EDT		
Recorded By	Marrongelli, Monna	Smalls, RN,Sade		
Procedure			Units	Reference Range
Angiocatheter Antecubital Right 20 gauge				
Peripheral IV Activity:	Assessment	Assessment		
Peripheral IV Patient Identified:	Identification band, Verbal	Identification band		
Peripheral IV Line Status:	Flushes easily	Flushes easily		
Peripheral IV Line Care:	Aspirated and flushed	Aspirated and flushed		
Peripheral IV Site Condition:	No complications	No complications		
Peripheral IV Dressing:	Transparent	Transparent		
Peripheral IV Dressing Condition:	Clean/Dry/Intact	Clean/Dry/Intact		
Peripheral IV Patency:	No complications	No complications		

Recorded Date	5/30/2022			
Recorded Time	16:43 EDT			
Recorded By	Callahan RN,Ashlee			
Procedure		Units	Reference Range	
Angiocatheter Antecubital Right 20 gauge				
Peripheral IV Activity:	Insert new site			
Peripheral IV Patient Identified:	Identification band			
Peripheral IV Procedure Result:	Insertion successful			
Peripheral IV Line Status:	See Below T2			

Textual Results

T2: 5/30/2022 16:43 EDT (Peripheral IV Line Status:)
 Flushes easily, Good blood return

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Neurological Assessment

Recorded Date	6/1/2022	6/1/2022		
Recorded Time	11:19 EDT	11:19 EDT		
Recorded By	CURETON RN,Pamela Y	James, Veronica R		
Procedure			Units	Reference Range
Gait	Slow	-		
Characteristics of Communication	Appropriate	-		
Characteristics of Speech	Clear	-		
Aspiration Risk	None	-		
Facial Symmetry	Symmetric	-		
Level of Consciousness	-	Alert, Awake		
Disorganized Thought Process	No difficulties	-		

Recorded Date	6/1/2022	6/1/2022		
Recorded Time	07:50 EDT	04:49 EDT		
Recorded By	James, Veronica R	Turshinka, Kristina		
Procedure			Units	Reference Range
Level of Consciousness	Alert, Awake	Alert, Awake		

Recorded Date	5/31/2022	5/31/2022	5/31/2022	
Recorded Time	22:13 EDT	20:36 EDT	20:36 EDT	
Recorded By	King, Alicia	King, Alicia	Lynch RN, Erik L	
Procedure				Units Reference Range
Neuromuscular Symptoms	-	-	None	
Gait	-	-	Unable to assess	
Characteristics of Communication	-	-	Appropriate	
Characteristics of Speech	-	-	Clear	
Aspiration Risk	-	-	None	
Facial Symmetry	-	-	Symmetric	
Level of Consciousness	Alert, Awake	Alert, Awake	-	
Disorganized Thought Process	-	-	No difficulties	

Recorded Date	5/31/2022	5/31/2022	5/31/2022	
Recorded Time	17:58 EDT	16:38 EDT	16:30 EDT	
Recorded By	King, Alicia	King, Alicia	Marrongelli, Monna	
Procedure				Units Reference Range
Neuromuscular Symptoms	-	-	None	
Gait	-	-	Stiff, Unsteady	
Characteristics of Communication	-	-	Appropriate	
Characteristics of Speech	-	-	Clear	
Aspiration Risk	-	-	None	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Neurological Assessment

	Recorded Date	5/31/2022	5/31/2022	5/31/2022		
	Recorded Time	17:58 EDT	16:38 EDT	16:30 EDT		
	Recorded By	King,Alicia	King,Alicia	Marrongelli,Monna		
Procedure					Units	Reference Range
Facial Symmetry		-	-	Symmetric		
Level of Consciousness		Alert, Awake	Alert, Awake	-		
Disorganized Thought Process		-	-	No difficulties		

	Recorded Date	5/31/2022	5/31/2022		
	Recorded Time	16:00 EDT	04:48 EDT		
	Recorded By	Marrongelli,Monna	Turshinka,Kristina		
Procedure				Units	Reference Range
Level of Consciousness		Alert	Alert, Awake		

	Recorded Date	5/31/2022	5/30/2022		
	Recorded Time	00:19 EDT	22:20 EDT		
	Recorded By	Smalls,RN,Sade	Smalls,RN,Sade		
Procedure				Units	Reference Range
Neuromuscular Symptoms		-	Weakness ^{O27}		
Extremity Movement		-	See Below ^{T3 O27}		
Characteristics of Communication		-	Appropriate ^{O27}		
Characteristics of Speech		-	Clear ^{O27}		
Aspiration Risk		-	None ^{O27}		
Facial Symmetry		-	Symmetric ^{O27}		
Level of Consciousness		Alert, Awake	Alert, Awake ^{O27}		

Textual Results

T3: 5/30/2022 22:20 EDT (Extremity Movement)
 Lower extremity equal, Upper extremity equal

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

Glasgow Coma Assessment

	Recorded Date	5/31/2022	5/31/2022		
	Recorded Time	20:36 EDT	16:30 EDT		
	Recorded By	Lynch RN,Erik L	Marrongelli,Monna		
Procedure				Units	Reference Range
Eye Opening Response Glasgow		Spontaneous	Spontaneous		
Best Verbal Response Glasgow		Oriented	Oriented		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Glasgow Coma Assessment

Recorded Date	5/31/2022	5/31/2022		
Recorded Time	20:36 EDT	16:30 EDT		
Recorded By	Lynch RN,Erik L	Marrongelli, Monna		
Procedure			Units	Reference Range
Best Motor Response Glasgow	Obeys commands	Obeys commands		
Glasgow Coma Score	15	15		

Recorded Date	5/30/2022	5/30/2022		
Recorded Time	22:20 EDT	17:35 EDT		
Recorded By	Smalls,RN,Sade	Callahan RN,Ashlee		
Procedure			Units	Reference Range
Eye Opening Response Glasgow	Spontaneous ^{O27}	Spontaneous ^{O28}		
Best Verbal Response Glasgow	Oriented ^{O27}	Oriented ^{O28}		
Best Motor Response Glasgow	Obeys commands ^{O27}	Obeys commands ^{O28}		
Glasgow Coma Score	15 ^{O27}	15 ^{O28}		

Recorded Date	5/30/2022	5/30/2022		
Recorded Time	16:42 EDT	14:02 EDT		
Recorded By	Callahan RN,Ashlee	Adams RN,Kristen L		
Procedure			Units	Reference Range
Eye Opening Response Glasgow	Spontaneous	Spontaneous		
Best Verbal Response Glasgow	Oriented	Oriented		
Best Motor Response Glasgow	Obeys commands	Obeys commands		
Glasgow Coma Score	15	15		

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.
 O28: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

Neuromuscular/Extremities Assessment

Recorded Date	5/31/2022		
Recorded Time	20:36 EDT		
Recorded By	Lynch RN,Erik L		
Procedure		Units	Reference Range
Left Upper Extremity Strength -ICU	Full strength		
Right Upper Extremity Strength -ICU	Full strength		
Left Lower Extremity Strength -ICU	Moves against some resistance		
Right Lower Extremity Strength -ICU	Moves against some resistance		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007197070
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Neuromuscular/Extremities Assessment

Recorded Date	5/31/2022		
Recorded Time	20:36 EDT		
Recorded By	Lynch RN,Erik L		
Procedure		Units	Reference Range
Tone,Left Upper Extremity	No abnormality		
Tone,Right Upper Extremity	No abnormality		
Tone,Left Lower Extremity	Weak		
Tone,Right Lower Extremity	Weak		
Left Upper Extremity Sensation	Intact		
Right Upper Extremity Sensation	Intact		
Left Lower Extremity Sensation	Intact		
Right Lower Extremity Sensation	Intact		

Recorded Date	5/31/2022		
Recorded Time	16:30 EDT		
Recorded By	Marrongelli, Monna		
Procedure		Units	Reference Range
Left Upper Extremity Strength -ICU	Moves against gravity		
Right Upper Extremity Strength -ICU	Moves against gravity		
Left Lower Extremity Strength -ICU	Moves against gravity		
Right Lower Extremity Strength -ICU	Moves against gravity		
Tone,Left Upper Extremity	No abnormality		
Tone,Right Upper Extremity	No abnormality		
Tone,Left Lower Extremity	Weak		
Tone,Right Lower Extremity	Weak		
Left Upper Extremity Sensation	Intact		
Right Upper Extremity Sensation	Intact		
Left Lower Extremity Sensation	Intact		
Right Lower Extremity Sensation	Intact		

Recorded Date	5/30/2022		
Recorded Time	22:20 EDT		
Recorded By	Smalls,RN,Sade		
Procedure		Units	Reference Range
Left Upper Extremity Strength -ICU	Full strength ⁰²⁷		
Right Upper Extremity Strength -ICU	Full strength ⁰²⁷		
Left Lower Extremity Strength -ICU	Moves against some resistance ⁰²⁷		
Right Lower Extremity Strength -ICU	Moves against some resistance ⁰²⁷		
Tone,Left Upper Extremity	No abnormality ⁰²⁷		
Tone,Right Upper Extremity	No abnormality ⁰²⁷		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Neuromuscular/Extremities Assessment

Recorded Date	5/30/2022		
Recorded Time	22:20 EDT		
Recorded By	Smalls,RN,Sade		
Procedure		Units	Reference Range
Tone,Left Lower Extremity	Weak ^{O27}		
Tone,Right Lower Extremity	Weak ^{O27}		
Left Upper Extremity Sensation	Intact ^{O27}		
Right Upper Extremity Sensation	Intact ^{O27}		
Left Lower Extremity Sensation	Intact ^{O27}		
Right Lower Extremity Sensation	Intact ^{O27}		

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

Falls Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Environmental Safety Management

Recorded Date	6/1/2022	5/31/2022	5/31/2022
Recorded Time	11:19 EDT	20:36 EDT	16:30 EDT
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L	Marrongelli, Monna
Procedure			
Environmental Safety Implemented	Adequate room lighting	See Below ^{T4}	See Below ^{T5}
Side Rail Location	Upper X 2	Upper X 2	Upper X 2
Demos Ability-Uses Call Light w/Success	Yes	Yes	-

Textual Results

T4: 5/31/2022 20:36 EDT (Environmental Safety Implemented)
 Adequate room lighting, Bed in low position, Call device within reach, Encourage handrail/safety bar use, Encourage personal mobility support item use, Frequent rounding, Mobility support items readily available, Night light, Non-Slip footwear, Personal items within reach, Traffic path in room free of clutter, Upper/Half length side rails for bed mobility, Wheels locked
 T5: 5/31/2022 16:30 EDT (Environmental Safety Implemented)
 Adequate room lighting, Bed in low position, Call device within reach, Encourage handrail/safety bar use, Frequent rounding, Mobility support items readily available, Non-Slip footwear, Parent/Caregiver instructed on safety precautions, Patient safety attendant, Patient specific safety measures, Personal items within reach, Traffic path in room free of clutter, Upper/Half length side rails for bed mobility, Wheels locked

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Falls Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Environmental Safety Management

	Recorded Date	5/30/2022	5/30/2022
	Recorded Time	22:20 EDT	22:12 EDT
	Recorded By	Smalls,RN,Sade	Smalls,RN,Sade
Procedure			
Environmental Safety Implemented		-	See Below T6 O26 O27
Side Rail Location		Upper X 2 O27	-
Patient Identified		-	Identification band
Demos Ability-Uses Call Light w/Success		-	Yes O27

Textual Results

T6: 5/30/2022 22:12 EDT (Environmental Safety Implemented)
 Adequate room lighting, Bed in low position, Call device within reach, Encourage handrail/safety bar use, Night light,
 Non-Slip footwear, Traffic path in room free of clutter, Upper/Half length side rails for bed mobility, Wheels locked

Order Comments

O26: Basic Admission Information Adult
 Order entered secondary to inpatient admission.
 O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.

Fall Risk Scale Morse

	Recorded Date	6/1/2022	5/31/2022
	Recorded Time	11:19 EDT	20:36 EDT
	Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L
Procedure			
History of Fall in Last 3 Months Morse		No	No
Presence of Secondary Diagnosis Morse		Yes	Yes
Use of Ambulatory Aid Morse		Crutches, cane, walker	Crutches, cane, walker
IV/Heparin Lock Fall Risk Morse		Yes	Yes
Gait Weak or Impaired Fall Risk Morse		Weak	Weak
Mental Status Fall Risk Morse		Oriented to own ability	Oriented to own ability
Morse Fall Risk Score		60	60
Nurse Discretion Morse Fall Risk		Nurse deems fall risk	Nurse deems fall risk
Participative in Fall Prevention		Yes	Yes

	Recorded Date	5/31/2022	5/30/2022
	Recorded Time	16:30 EDT	22:20 EDT
	Recorded By	Marrongelli, Monna	Smalls,RN,Sade
Procedure			
History of Fall in Last 3 Months Morse		No	No O27
Presence of Secondary Diagnosis Morse		Yes	No O27

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Falls Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Fall Risk Scale Morse

	Recorded Date	5/31/2022	5/30/2022
	Recorded Time	16:30 EDT	22:20 EDT
	Recorded By	Marrongelli, Monna	Smalls, RN, Sade
Procedure			
Use of Ambulatory Aid Morse	Crutches, cane, walker	None, bedrest, wheelchair, nurse ⁰²⁷	
IV/Heparin Lock Fall Risk Morse	Yes	Yes ⁰²⁷	
Gait Weak or Impaired Fall Risk Morse	Weak	Normal, bedrest, immobile ⁰²⁷	
Mental Status Fall Risk Morse	Oriented to own ability	Oriented to own ability ⁰²⁷	
Morse Fall Risk Score	60	20 ⁰²⁷	
Nurse Discretion Morse Fall Risk	Nurse deems fall risk	-	
Participative in Fall Prevention	Yes	Yes ⁰²⁷	

	Recorded Date	5/30/2022
	Recorded Time	14:02 EDT
	Recorded By	Adams RN, Kristen L
Procedure		
History of Fall in Last 3 Months Morse	No	

Order Comments

027: Admission Assessment Adult
 Order entered secondary to inpatient admission.

Psychosocial

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Psychological Functions

	Recorded Date	6/1/2022	5/31/2022	5/31/2022	
	Recorded Time	11:19 EDT	20:36 EDT	16:30 EDT	
	Recorded By	CURETON RN, Pamela Y	Lynch RN, Erik L	Marrongelli, Monna	
Procedure					Units
Affect Quality	Calm	Calm	Calm		
Behavior	Cooperative	Cooperative, Appropriate	Cooperative		
Patient Appearance	Appropriate	Appropriate	Appropriate		
Hallucinations Present	None	None	None		
Orientation Assessment	Oriented x 4	Oriented x 4	-		

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Psychosocial

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Psychological Functions

Recorded Date	5/30/2022	5/30/2022	5/30/2022
Recorded Time	22:20 EDT	17:35 EDT	16:42 EDT
Recorded By	Smalls,RN,Sade	Callahan RN,Ashlee	Callahan RN,Ashlee
Procedure			Units
Affect Quality	Calm ^{O27}	-	-
Behavior	Cooperative ^{O27}	-	-
Hallucinations Present	None ^{O27}	-	-
Orientation Assessment	Oriented x 4 ^{O27}	Oriented x 4 ^{O28}	Oriented x 4

Recorded Date	5/30/2022
Recorded Time	14:02 EDT
Recorded By	Adams RN,Kristen L
Procedure	Units
Affect Quality	Alert, Calm
Behavior	Cooperative, Appropriate

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.
 O28: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

Cultural/Spiritual Information

Recorded Date	5/30/2022
Recorded Time	22:14 EDT
Recorded By	Smalls,RN,Sade
Procedure	Units
Faith/Denomination	Catholic
Religious/Cultural/Spiritual Needs	Religious
Facility Spiritual Services Requested	No
Personal Spiritual Services Requested	No

Psychosocial Assessment

Recorded Date	6/1/2022	5/31/2022
Recorded Time	11:19 EDT	20:36 EDT
Recorded By	CURETON RN,Pamela Y	Lynch RN,Erik L
Procedure		Units
Patient Feelings/Concerns -Psychosocial	See Below ^{T7}	See Below ^{T8}
Patient Interaction w/Care Team -Psych	See Below ^{T9}	See Below ^{T10}

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Psychosocial

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Psychosocial Assessment**Textual Results**

T7: 6/1/2022 11:19 EDT (Patient Feelings/Concerns - Psychosocial)
Discussions care, feelings, concerns
T8: 5/31/2022 20:36 EDT (Patient Feelings/Concerns - Psychosocial)
Discussions care, feelings, concerns
T9: 6/1/2022 11:19 EDT (Patient Interaction w/ Care Team - Psych)
Appropriately interacts with health care team
T10: 5/31/2022 20:36 EDT (Patient Interaction w/ Care Team - Psych)
Appropriately interacts with health care team

Suicidal Ideation

Recorded Date	5/30/2022
Recorded Time	22:14 EDT
Recorded By	Smalls,RN,Sade
Procedure	Units
CSSRS Past Month Wish to be Dead	Past month, no

Functional

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Dysphagia LH

Recorded Date	5/31/2022
Recorded Time	10:44 EDT
Recorded By	Chiao MD, Franklin B
Procedure	
SN -CTm -Anesthesia -Start Time	Anesthesia Start

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Nutritional

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Nutrition Admission Information

Recorded Date	5/30/2022	
Recorded Time	22:14 EDT	
Recorded By	Smalls,RN,Sade	
Procedure		Units
Home Diet	Regular	

Point of Care Testing Details

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Point of Care Testing

Recorded Date	5/30/2022		
Recorded Time	22:20 EDT		
Recorded By	Smalls,RN,Sade		
Procedure		Units	Reference Range
Urine Odor	Odorless ^{O27}		

Order Comments

O27: Admission Assessment Adult
Order entered secondary to inpatient admission.

Emergency Documentation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Triage Information

Recorded Date	5/30/2022
Recorded Time	14:02 EDT
Recorded By	Adams RN,Kristen L
Procedure	
Tracking Group	MHRH ED Tracking Group
Tracking Team	Adult
Tracking Acuity	3 - Urgent
ED HIV Test Offered	N/A
ED Risks/BH	No
ED Travel Outside US	No

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Emergency Documentation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

ED Documentation

	Recorded Date	5/30/2022	5/30/2022
	Recorded Time	22:14 EDT	14:02 EDT
	Recorded By	Smalls,RN,Sade	Adams RN,Kristen L
Procedure			
Possible Abuse,Neglect,Exploitation		See Below ^{T11}	See Below ^{T12}
Patient/Family Stated COVID19 Exposure		-	No

Textual Results

T11: 5/30/2022 22:14 EDT (Possible Abuse, Neglect, Exploitation)
 Abuse/Neglect/Exploitation screening performed. Further eval
 T12: 5/30/2022 14:02 EDT (Possible Abuse, Neglect, Exploitation)
 Abuse/Neglect/Exploitation screening performed. Further eval

Procedures

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Procedures Checklist

	Recorded Date	5/31/2022
	Recorded Time	08:53 EDT
	Recorded By	Gagliardi RN,Mary A
Procedure		Units
Allergy Band on and Verified	Yes	
ECG (Current) in Medical Record	Yes	
H&P (Current) in Medical Record	Yes	
Review of Labs	Yes	
Site Verified by Patient/Family	Yes	
Site Verified by RN	Yes	
Wearing Patient Gown	Yes	
Last Fluid Intake	5/30/2022 00:00 EDT	
Last Food Intake	5/30/2022 00:00 EDT	
Last Void	5/31/2022 08:00 EDT	
Patient ID Band on and Verified	Yes	

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402
FIN: 1007197070
DOB/Age: 9/2/1953 68 years
Admin Sex: Female

Admit: 5/30/2022
Disch: 6/1/2022
Admitting: Phillip MD,D Roger

Procedures

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Valuables and Belongings

Recorded Date	5/30/2022	
Recorded Time	22:19 EDT	
Recorded By	Smalls,RN,Sade	
Procedure		Units
BH VB Patient Sig	See Below T13	
Cell Phone Description	See Below T14	

Textual Results

T13: 5/30/2022 22:19 EDT (BH VB Patient Sig)
Sign here X

T14: 5/30/2022 22:19 EDT (Cell Phone Description)
black cellphone with charger and smart watch

Procedure Assist

Recorded Date	5/31/2022	
Recorded Time	08:53 EDT	
Recorded By	Gagliardi RN, Mary A	
Procedure		Units
Procedure Location	Operating room	

Anesthesia and Sedation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Anesthesia and Sedation

Recorded Date	5/31/2022	
Recorded Time	13:55 EDT	
Recorded By	Sohan RN, Allison J	
Procedure		
Activity Aldrete I	See Below T15	
Respiratory Aldrete I	See Below T16	
Circulation Aldrete I	See Below T17	
Consciousness Aldrete I	Arouses on calling	
O2 Saturation Aldrete I	See Below T18	
Aldrete I Score	9	

Textual Results

T15: 5/31/2022 13:55 EDT (Activity Aldrete I)
Moves 4 extremities voluntarily or on command

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007197070
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Anesthesia and Sedation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Anesthesia and Sedation

Textual Results

T16: 5/31/2022 13:55 EDT (Respiratory Aldrete I)
 Able to deep breathe and cough freely
 T17: 5/31/2022 13:55 EDT (Circulation Aldrete I)
 BP +/- 20% of preanesthetic level
 T18: 5/31/2022 13:55 EDT (O2 Saturation Aldrete I)
 Can maintain greater than 92% on room air

Anesthesia and Transfusion History

Recorded Date	5/31/2022	5/30/2022
Recorded Time	08:53 EDT	22:14 EDT
Recorded By	Gagliardi RN, Mary A	Smalls, RN, Sade
Procedure		
Anesthesia Reaction	None	-
Anesthesia History	Prior general anesthesia	-
STOPBANG -Score	4	4

Education

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Patient and Family Education

	Recorded Date	6/1/2022	5/31/2022
	Recorded Time	15:01 EDT	16:30 EDT
	Recorded By	CURETON RN, Pamela Y	Marrongelli, Monna
Procedure			
Barriers to Learning		None evident	None evident
Teaching Method		Explanation	Explanation
Ed-Bed Height		Verbalizes understanding	Verbalizes understanding
Ed-Call Light Use, Special		Verbalizes understanding	Verbalizes understanding
Ed-Communication		Verbalizes understanding	Verbalizes understanding
Ed-Disease Process		Verbalizes understanding	Verbalizes understanding
Ed-Emotional and Comforting Needs		Verbalizes understanding	Verbalizes understanding
Ed-Fall Risk Factors		Verbalizes understanding	Verbalizes understanding
Ed-Fatigue		Verbalizes understanding	Verbalizes understanding
Ed-Handrail, Safety Bar Use		Verbalizes understanding	Verbalizes understanding
Ed-Inpatient Treatment Regimen		Verbalizes understanding	Verbalizes understanding
Ed-Med Generic/Brand Name, Purpose, Action		Verbalizes understanding	Verbalizes understanding

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Education

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Patient and Family Education

	Recorded Date Recorded Time Recorded By	6/1/2022 15:01 EDT CURETON RN,Pamela Y	5/31/2022 16:30 EDT Marrongelli, Monna
Procedure			
Ed-Med Special Administration,Storage		Verbalizes understanding	Verbalizes understanding
Ed-Medication Indication		Verbalizes understanding	Verbalizes understanding
Ed-Medication Regime		Verbalizes understanding	Verbalizes understanding
Ed-Nonskid Footwear Use		Verbalizes understanding	Verbalizes understanding
Ed-Patient Specific Fall Risk Factors		Verbalizes understanding	Verbalizes understanding
Ed-Plan of Care		Verbalizes understanding	Verbalizes understanding
Ed-Pt Informed,Fall Injury Risk Factors		Verbalizes understanding	Verbalizes understanding
Ed-Reportable Symptoms		Verbalizes understanding	Verbalizes understanding
Responsible Learner Present for Session		Patient	Patient, Daughter, Spouse
Ed-Tubes/Drains/IV's		Verbalizes understanding	Verbalizes understanding
Ed-Use Call Light		Verbalizes understanding	Verbalizes understanding
Ed-Wait for Assistance		Verbalizes understanding	Verbalizes understanding
Ed-Name of Medication		all meds	-

	Recorded Date Recorded Time Recorded By	5/31/2022 00:24 EDT Smalls, RN,Sade	5/30/2022 22:14 EDT Smalls, RN,Sade
Procedure			
Barriers to Learning		None evident	None evident
Teaching Method		Explanation	-
Ed-Bed Height		Verbalizes understanding	-
Ed-Call Light Use,Conventional		Verbalizes understanding	-
Ed-Communication		Verbalizes understanding	-
Ed-Disease Process		Verbalizes understanding	-
Ed-Emotional and Comforting Needs		Verbalizes understanding	-
Ed-Fatigue		Verbalizes understanding	-
Ed-Handrail, Safety Bar Use		Verbalizes understanding	-
Ed-Inpatient Treatment Regimen		Verbalizes understanding	-
Learning Style Pref Patient		-	See Below ^{T19}
Ed-Medication Regime		Verbalizes understanding	-
Ed-Patient Specific Fall Risk Factors		Verbalizes understanding	-
Ed-Plan of Care		Verbalizes understanding	-
Ed-Pt Informed,Fall Injury Risk Factors		Verbalizes understanding	-
Ed-Reportable Symptoms		Verbalizes understanding	-
Responsible Learner Present for Session		Patient	-
Ed-Use Call Light		Verbalizes understanding	-

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
MRN: 1035402 Admit: 5/30/2022
FIN: 1007197070 Disch: 6/1/2022
DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
Admin Sex: Female

Education

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Patient and Family Education

Recorded Date	5/31/2022	5/30/2022
Recorded Time	00:24 EDT	22:14 EDT
Recorded By	Smalls,RN,Sade	Smalls,RN,Sade
Procedure		
Ed-Name of Medication	all meds	-

Textual Results

T19: 5/30/2022 22:14 EDT (Learning Style Pref Patient)
Demonstration, Verbal explanation

Admit-Transfer-Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Visit Information

Recorded Date	5/30/2022	5/30/2022
Recorded Time	22:14 EDT	14:02 EDT
Recorded By	Smalls,RN,Sade	Adams RN,Kristen L
Procedure		
Chief Complaint	-	See Below T20
Lynx Mode of Arrival	-	Private vehicle
History Obtained From	-	Patient
Preferred Spoken Language	English	English

Textual Results

T20: 5/30/2022 14:02 EDT (Chief Complaint)
Pt comes to ED with complaint of right upper quadrant pain that radiates to her back. Pain started yesterday. Nausea, no vomiting. c/o weakness.

Discharge Information

Recorded Date	6/1/2022	5/31/2022	5/31/2022
Recorded Time	15:01 EDT	16:30 EDT	08:53 EDT
Recorded By	CURETON RN,Pamela Y	Marrongelli,Monna	Gagliardi RN,Mary A
Procedure			
Discharge To,Anticipated	Home independently	Home with family care	Home independently

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Admit-Transfer-Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Discharge Information

Recorded Date	5/31/2022	5/30/2022
Recorded Time	00:24 EDT	22:14 EDT
Recorded By	Smalls,RN,Sade	Smalls,RN,Sade
Procedure		
Discharge To,Anticipated	Home independently	Home independently

Advance Directives

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Advance Directive Information

Recorded Date	5/31/2022	5/30/2022	5/30/2022
Recorded Time	08:53 EDT	22:14 EDT	14:02 EDT
Recorded By	Gagliardi RN,Mary A	Smalls,RN,Sade	Adams RN,Kristen L
Procedure			
Advance Directive	No	No	No

Patient Status Rounding Info

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Patient Status Rounding

Recorded Date/Time	Annotation Title	Recorded By
6/1/2022 11:19 EDT	Yes	James, Veronica R
6/1/2022 11:19 EDT	Yes	James, Veronica R
6/1/2022 11:19 EDT	Yes	James, Veronica R
6/1/2022 11:19 EDT	Yes	James, Veronica R
6/1/2022 07:50 EDT	Yes	James, Veronica R
6/1/2022 07:50 EDT	Yes	James, Veronica R
6/1/2022 07:50 EDT	Yes	James, Veronica R
6/1/2022 07:50 EDT	Yes	James, Veronica R
6/1/2022 04:49 EDT	Yes	Turshinka, Kristina
6/1/2022 04:49 EDT	Yes	Turshinka, Kristina
6/1/2022 04:49 EDT	Yes	Turshinka, Kristina
6/1/2022 04:49 EDT	Yes	Turshinka, Kristina
5/31/2022 22:13 EDT	Yes	King, Alicia
5/31/2022 22:13 EDT	Yes	King, Alicia

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402
 FIN: 1007197070
 DOB/Age: 9/2/1953 68 years
 Admin Sex: Female

Admit: 5/30/2022
 Disch: 6/1/2022
 Admitting: Phillip MD,D Roger

Patient Status Rounding Info

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Patient Status Rounding

Recorded Date/Time	Annotation Title	Recorded By
5/31/2022 22:13 EDT	Yes	King,Alicia
5/31/2022 22:13 EDT	Yes	King,Alicia
5/31/2022 20:36 EDT	Yes	King,Alicia
5/31/2022 20:36 EDT	Yes	King,Alicia
5/31/2022 20:36 EDT	Yes	King,Alicia
5/31/2022 20:36 EDT	Yes	King,Alicia
5/31/2022 17:58 EDT	Yes	King,Alicia
5/31/2022 17:58 EDT	Yes	King,Alicia
5/31/2022 17:58 EDT	Yes	King,Alicia
5/31/2022 17:58 EDT	Yes	King,Alicia
5/31/2022 16:38 EDT	Yes	King,Alicia
5/31/2022 16:38 EDT	Yes	King,Alicia
5/31/2022 16:38 EDT	Yes	King,Alicia
5/31/2022 16:38 EDT	Yes	King,Alicia
5/31/2022 16:00 EDT	Yes	Marrongelli, Monna
5/31/2022 16:00 EDT	Yes	Marrongelli, Monna
5/31/2022 16:00 EDT	Yes	Marrongelli, Monna
5/31/2022 16:00 EDT	Yes	Marrongelli, Monna
5/31/2022 04:48 EDT	Yes	Turshinka, Kristina
5/31/2022 04:48 EDT	Yes	Turshinka, Kristina
5/31/2022 04:48 EDT	Yes	Turshinka, Kristina
5/31/2022 04:48 EDT	Yes	Turshinka, Kristina
5/31/2022 00:19 EDT	Yes	Smalls, RN, Sade
5/31/2022 00:19 EDT	Yes	Smalls, RN, Sade
5/31/2022 00:19 EDT	Yes	Smalls, RN, Sade
5/31/2022 00:19 EDT	Yes	Smalls, RN, Sade

Subjective Data

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Subjective

Recorded Date/Time	Annotation Title	Recorded By
6/1/2022 11:19 EDT	None	CURETON RN, Pamela Y
6/1/2022 11:19 EDT	None	CURETON RN, Pamela Y
6/1/2022 11:19 EDT	Abdominal tenderness	CURETON RN, Pamela Y
6/1/2022 11:19 EDT	None	CURETON RN, Pamela Y

MidHudson Regional Hospital

Patient Name: TOZZI SICARI, ESTHER S
 MRN: 1035402 Admit: 5/30/2022
 FIN: 1007197070 Disch: 6/1/2022
 DOB/Age: 9/2/1953 68 years Admitting: Phillip MD,D Roger
 Admin Sex: Female

Subjective Data

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Subjective

Recorded Date/Time	Annotation Title	Recorded By
6/1/2022 11:19 EDT	None	CURETON RN,Pamela Y
6/1/2022 11:19 EDT	None	CURETON RN,Pamela Y
5/31/2022 20:36 EDT	None	Lynch RN,Erik L
5/31/2022 20:36 EDT	None	Lynch RN,Erik L
5/31/2022 20:36 EDT	Abdominal tenderness	Lynch RN,Erik L
5/31/2022 20:36 EDT	None	Lynch RN,Erik L
5/31/2022 20:36 EDT	None	Lynch RN,Erik L
5/31/2022 20:36 EDT	None	Lynch RN,Erik L
5/31/2022 16:30 EDT	None	Marrongelli, Monna
5/31/2022 16:30 EDT	None	Marrongelli, Monna
5/30/2022 22:20 EDT	None ⁰²⁷	Smalls, RN, Sade
5/30/2022 22:20 EDT	None ⁰²⁷	Smalls, RN, Sade
5/30/2022 22:20 EDT	Abdominal pain ⁰²⁷	Smalls, RN, Sade
5/30/2022 22:20 EDT	None ⁰²⁷	Smalls, RN, Sade
5/30/2022 22:20 EDT	None ⁰²⁷	Smalls, RN, Sade

Order Comments

O27: Admission Assessment Adult
 Order entered secondary to inpatient admission.