

Date: 09/19/18

Time: 11:00

Medication Name	Dose	Route	Frequency	PRN?	Indication (required for PRN) Include parameters if applicable
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	

Tests and Labs	Reason

All Other Orders

<u>FSBB x1 now</u>

Telephone Order     Verbal Order

Provider	Taken & Read Back By
Name: (Print) <u>Dr. Caballes</u>	Name: (Print) <u>Karen Potrel</u>
Orders will be electronically signed by the provider. One set of telephone orders per order form. Cross off unused lines.	Signature / Title: <u>KPotrel RN</u>
	Telephone Number: _____

Orders entered by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Chart checked by: Cornell

Date: 9/19/18 Time: ROD

White - Chart    Canary - Pharmacy



BLAYK, BONZE ANNE ROSE  
A00088518428 M000597460  
05/01/1956 62 F  
Caballes, Freder ICU ICU06-0

Date: 9/19/18

Time: 2110

Medication Name	Dose	Route	Frequency	PRN?		Indication (required for PRN) Include parameters if applicable
				<input type="checkbox"/> Y	<input type="checkbox"/> N	
				<input type="checkbox"/> Y	<input type="checkbox"/> N	
				<input type="checkbox"/> Y	<input type="checkbox"/> N	
				<input type="checkbox"/> Y	<input type="checkbox"/> N	
				<input type="checkbox"/> Y	<input type="checkbox"/> N	
				<input type="checkbox"/> Y	<input type="checkbox"/> N	

Tests and Labs	Reason

**All Other Orders**

<u>Bedside Dysphagia Screening</u>

Telephone Order     Verbal Order

Provider	Taken & Read Back By
Name: (Print) <u>Dr. Rooth</u>	Name: (Print) <u>Kimberly Soeung</u>
<i>Orders will be electronically signed by the provider. One set of telephone orders per order form. Cross off unused lines.</i>	Signature / Title: <u>[Signature]</u>
	Telephone Number: <u>4466</u>

Orders entered by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Chart checked by: [Signature]

Date: 9/20/18 Time: 1800

White - Chart    Canary - Pharmacy



Cayuga Medical Center  
101 Dates Drive  
Ithaca, New York 14850  
(607)274-4011

**Cayuga Medical Center**  
**Transfer Medication And Order Profile**

Page: 1  
Date/Time: 09/19/18 19:47  
User: Hunt,Katelyn

**Patient:** BLAYK,BONZE ANNE ROSE      **Acct:** A00088518428      **Age/Sex:** 62 F  
**Location:** ICU      **Room:** ICU06-01      **MRN:** M000597460      **Ht:** 5 ft 6 in  
**Physician:** Frederick Ryan Cabal      **Admit Date:** 09/19/18      **DOB:** 05/01/1956      **Wt:** 166. lbs  
**Diagnosis:** RHABDOMYOLYSIS WITH REACTIVE LEUKOCYTOSIS AND NASA  
**Allergies:** No Known Allergies

**Reason For Transfer Order**

Post-Op       Level Of Care Change  
 In/Out ICU  
 Admit To PMRU       Transfer To The Service Of

**Current Diet Orders**

Continue    Discontinue

**NPO Except Meds with Sips of H2O**

  

**Start:** 09/19/18 16:30

**Current Laboratory Orders**

Continue    Discontinue

**CBC Auto Diff**

  

**Start:** 09/20/18 06:00

**Comprehensive Metabolic Panel**

  

**Start:** 09/20/18 06:00

**Magnesium**

  

**Start:** 09/20/18 06:00

**Phosphorus**

  

**Start:** 09/20/18 06:00

**Active/Current Medications, Scheduled**

Continue    Discontinue

**ZYPREXA \*ODT\* [OLANzapine TAB\*ODT\*]**

  

10 MG PO EVERY DAY

**Start:** 09/19/18 09:00

**Active/Current Medications, IV Fluids**

Continue    Discontinue

**NS 0.9% 1000 ML\* [NS 0.9% 1000 ML\*] in NS 0.9% 1000 ML\***

  

ML IV PER RATE 125 MLS/HR

**Start:** 09/19/18 08:45

**Stop:** 09/20/18 16:44

**Last Given:** 09/19/18 18:19

**Active/Current Medications, PRN**

Continue    Discontinue

**Ativan INJ\* [LORazepam INJ\*]**

  

2 MG IV PUSH Q4H PRN for Agitation

**Start:** 09/19/18 08:26

**Dilaudid INJ1S\* [HYDROmorphone INJ1\*]**

  

0.5 MG IV SLOW PU Q6H PRN for Pain

**Start:** 09/19/18 08:29

**Last Given:** 09/19/18 12:14

Dose Instruction    Hold for sedation and/or RR<10

Hold for sedation and/or RR<10

**Haldol INJ IV/IM\* [Haloperidol INJ IV/IM\*]**

  

5 MG IV SLOW PU Q2H PRN for Agitation/Anxiety/Insomnia

**Start:** 09/19/18 08:22

**Nursing Care Orders And Other Miscellaneous Orders**

Continue    Discontinue

**Admit**

  

**Start:** 09/19/18 08:16

**Blood Glucose Monitoring POC ONCE**

  

**Start:** 09/19/18 11:30

**Consult to Provider**

  

**Start:** 09/19/18 08:31

Consulting Provider    Ashu Ruparelia, MD

CDS OM.CATCONSC.MDCON does not exist



BLAYK, BONZE ANNE ROSE  
A00088518428      M000597460  
05/01/1956 62      F  
Caballes, Freder MEDT 436-01

Cayuga Medical Center  
101 Dates Drive  
Ithaca, New York 14850  
(607)274-4011

**Cayuga Medical Center**  
**Transfer Medication And Order Profile**

Page: 2  
Date/Time: 09/19/18 19:47  
User: Hunt,Katelyn

**Patient:** BLAYK,BONZE ANNE ROSE **Acct:** A00088518428 **Age/Sex:** 62 F  
**Location:** ICU **Room:** ICU06-01 **MRN:** M000597460 **Ht:** 5 ft 6 in  
**Physician:** Frederick Ryan Cabal **Admit Date:** 09/19/18 **DOB:** 05/01/1956 **Wt:** 166. lbs  
**Diagnosis:** RHABDOMYOLYSIS WITH REACTIVE LEUKOCYTOSIS AND NASA

**Nursing Care Orders And Other Miscellaneous Orders** Continue  Discontinue

<b>Consult to Provider</b> Start: 09/19/18 08:34 Consulting Provider CDS OM.CATCONSC.MDCON does not exist.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Foley Catheter with Urometer .ONCE</b> Start: 09/19/18 17:48	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>May Go to Tests off Telemetry .PRN</b> Start: 09/19/18 08:20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health Gown ONCE ***Status: On Hold***</b> Start: 09/19/18 04:55	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>MRSA NasalSwab if Criteria Met ONCE</b> Start: 09/19/18 08:19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Safety Monitor .PRN</b> Start: 09/19/18 17:49	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Sequential Compression Device QSHIFT</b> Start: 09/19/18 08:57	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Social Worker Consult</b> Start: 09/19/18 Comment: UTA patient's living status/needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Straight Catheterization ONCE</b> Start: 09/19/18 04:55 Physician Instructions: for UA specimen if unable to void in 1hr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Telemetry Monitor Notification .PRN</b> Start: 09/19/18 08:19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Telemetry Monitor: Continuous Q8H</b> Start: 09/19/18 08:19	<input checked="" type="checkbox"/>	<input type="checkbox"/>

  
BLAYK, BONZE ANNE ROSE  
A00088518428  
05/01/1956 62 M000597460  
Caballes, Freder MEDT 436-01 F

**Patient:** BLAYK,BONZE ANNE ROSE      **Acct:** A00088518428      **Age/Sex:** 62 F  
**Location:** ICU      **Room:** ICU06-01      **MRN:** M000597460      **Ht:** 5 ft 6 in  
**Physician:** Frederick Ryan Cabal      **Admit Date:** 09/19/18      **DOB:** 05/01/1956      **Wt:** 166. lbs  
**Diagnosis:** RHABDOMYOLYSIS WITH REACTIVE LEUKOCYTOSIS AND NASA

**Other Optional Orders**      (May or may not be currently ordered on this patient)

- Diet: ADAT to Regular
- Weights: (Frequency) \_\_\_\_\_
- I & O's: q shift
- Saline Lock: \_\_\_\_\_
- Vital Signs: \_\_\_\_\_
- Activity: LOE - no lifting, no sleep at all times
- Oxygen: \_\_\_\_\_
- Physical Therapy: \_\_\_\_\_
- Occupational Therapy: \_\_\_\_\_
- Speech Therapy: \_\_\_\_\_
- Resuscitation Status: \_\_\_\_\_
- Fingertick Glucose: (Frequency) \_\_\_\_\_
- Swing Bed Required Orders Order Set: \_\_\_\_\_
- Nutrition Consult \_\_\_\_\_
- Social Work Consult \_\_\_\_\_
- Swing Bed Rec Therapy Assessment \_\_\_\_\_

**New Medication Order**



BLAYK,BONZE ANNE ROSE  
A00088518428      M000597460  
05/01/1956      62      F  
Caballes, Freder MEDT 436-01

**Physician Signature**

*[Handwritten Signature]*  
Deirdre N. Blalock

**Date/Time**

9/19/18  
2015

**Nurse Signature**

**Date/Time**

**PNEUMOCOCCAL AND INFLUENZA VACCINE  
STANDING ORDER AND ADMINISTRATION RECORD**



BLAYK, BONZE ANNE ROSE  
A00088518428 M000597460  
05/01/1956 62 F  
Caballes, Freder MEDT 436-01

**Patient Consent / Refusal**

I have been informed about the vaccines and wish to **receive**  PNEUMOCOCCAL  INFLUENZA  BOTH  
**refuse**  PNEUMOCOCCAL  INFLUENZA  BOTH

Patient: X [Signature] Date: 9/20/18 Time: 15:05  
 Patient unable to sign for vaccine

Screened by: [Signature] Date: 9/20/18 Time: 15:05

Vaccine Information Statement (VIS) given at time of consent:  Yes  No

**Vaccine Order (if patient is eligible and consents)**

- Pneumococcal Vaccine indicated - no contraindications
  - Administer vaccine 0.5 mL IM deltoid
- Influenza Vaccine indicated - no contraindications
  - Administer 0.5mL IM Deltoid
  - Administer 0.1mL Intradermal Deltoid

**Vaccine Administration Record - Patient Copy (Document vaccine administration on MAR)**

Pneumococcal Vaccine	Influenza Vaccine
0.5mL IM Site: _____	Route: <input type="checkbox"/> IM <input type="checkbox"/> Intradermal
Date: _____ Time: _____	Dosage: <input type="checkbox"/> 0.5mL <input type="checkbox"/> 0.1mL
Lot#: _____ Manufacturer: _____	Site: <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Left Deltoid
Signature: _____ RN	Date: _____ Time: _____
	Lot#: _____ Manufacturer: _____
	Signature: _____ RN

White - Chart Canary - Patient Pink - Pharmacy



BLAYK, BONZE ANNE ROSE  
A00088518428 M000597460  
05/01/1956 62 F  
Caballes, Freder MEDT 436-01

Date: 9/22/18

Time: 1200

Medication Name	Dose	Route	Frequency	PRN?	Indication (required for PRN) Include parameters if applicable
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> Y <input type="checkbox"/> N	

Tests and Labs	Reason

All Other Orders

MD to Nurse -> Patient OK to have no IV access.

Telephone Order  Verbal Order

Provider	Taken & Read Back By
Name: (Print) <u>Dr. Caballes</u>	Name: (Print) <u>Morgan Downing</u>
Orders will be electronically signed by the provider. One set of telephone orders per order form. Cross off unused lines.	Signature / Title: <u>Morgan Downing RN</u>
	Telephone Number: <u>3823</u>

Orders entered by: Melissa Gordon Smith RN

Date: 9/22/18 Time: 1200

Chart checked by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

White - Chart Canary - Pharmacy

*[Handwritten signature and notes]*  
9/22/18 1200



**PHYSICIAN ORDERS**

 BLAYK, BONZE ANNE ROSE  
 A00088518428 M000597460  
 05/01/1956 62 F  
 Caballes, Freder ICU ICU06-0

HGT	WGT	DIAGNOSIS:	SENSITIVITIES:
ATTENDING MD:		DIET:	<b>CODE STATUS:</b> <input type="checkbox"/> FULL CODE <input type="checkbox"/> DNR / MOLST <input type="checkbox"/> MOLST E <input type="checkbox"/> DNR
PRIMARY CARE MD:		ACTIVITY:	
CONDITION:		VITAL SIGNS:	

**MEDICATIONS PER FORMULARY UNLESS OTHERWISE SPECIFIED**

DATE	TIME	ORDERS	INDICATION/REASON
		<input type="checkbox"/> OBV / Outpatient <input type="checkbox"/> Admit Inpatient <input type="checkbox"/> See DVT Prophylaxis Form <input type="checkbox"/> See Anti-Coagulation Treatment Form <input checked="" type="checkbox"/> See Medication Reconciliation Sheet Call Physician if HR > _____ or < _____, SBP > _____ or < _____ Temp > _____, O <sub>2</sub> Sat < _____	
9/20/18	0700	Shift A ✓ gm	
9/20/18	1515	Shift A ✓ gm	
9/20/18	1800	12hr chart ✓ complete	
9/21/18	1800	12hr chart ✓	
9/22/18	0500	12 hr chart ✓ complete	Morgan Doherty RN
9/22/18	1800	12° Chart Check	Morgan Doherty RN
9/23/18	0417	24° chart ✓ complete	
9/24/18	00:55	24 hr chart ✓ complete	Ryanne Warren RN

Physician Signature: \_\_\_\_\_ Date / Time: \_\_\_\_\_