

09/25/18 MEDICATION DISCHARGE SUMMARY			
Name	BLAYK, BONZE ANNE ROSE	Admit Date	09/19/18
Unit Num	M000597460	Discharge Date	09/24/18
Account Num	A00088518428	Status	DIS IN
Allergies	No Known Allergies		
ADMINISTRATION PERIOD:		START/	
0700 09/18/18 to 0659 09/19/18		STOP	

Ketamine HCL* (KETAMINE HCL* 50 MG/ML 10 ML VIAL) [09/19/18] 0451
 500 MG .ROUTE .STK-MED/ONE [09/19/18] DC 0452 STK MED
 RX #: 02502573 | | DM 0452 mhern

Ketamine HCL* (KETAMINE HCL* 50 MG/ML 10 ML VIAL) [09/19/18] 0456 MEL0095 at 0457 GAVE: 300 MG
 300 MG IM ONCE/ONE [09/19/18] NDC/DIN: (SOURCE: eMAR)
 Dose Ins: 150 mg in each thigh | | 0143950801 KETA50IN6 - KETAMINE HCL* 50 MG/ML 10 ML ..
 RX #: 02502574 | | Admin Queries
 | | IM Injection Site: 7 IM Injection Site (2nd Dose): 8
 | | Comments
 | | 150 mg each thigh
 | | DC 0457 PHABKGJOB
 | | ACK 0637 TH00010

Boostrix SYR* (Tetan/Diph/Pertus SYR(Tdap)* 0.5 ML SYR(BOOSTRIX) use SYR) [09/19/18] 0457 NAT0019 at 0844 PROVORD GAVE: 0.5 ML
 0.5 ML IM .ONCE/ONE [09/19/18] NDC/DIN: (SOURCE: eMAR)
 RX #: 02502575 | | 5816084243 TETA50IN7 - Tetan/Diph/Pertus SYR(Tdap)* ..
 | | IMMUNIZATION DATA
 | | COMPONENT EFF DOSE
 | | Tdap Y
 | | DOSE UNITS INJ SITE LOT NUMBER EXP DATE
 | | 0.5 ML LD 33c42 02/01/21
 | | REASON GIVEN PROVORD Provider Order
 | | INFORMED CONSENT Y
 | | VIS PUBLICATION DATE 02/24/15
 | | ASSOCIATED EVENT
 | | Admin Queries
 | | VIS (vaccine information statement) Given Date: 09/19/18 Vaccination Informed Consent Given:
 | | Y
 | | DC 0459 PHABKGJOB
 | | ACK 0637 TH00010

Geodon IM INJ* (Ziprasidone IM INJ* 20 MG/ML VIAL) [09/19/18] 0547 TH00010 at 0607 GAVE: 20 MG
 20 MG IM ED ONCE/ONE [09/19/18] NDC/DIN: (SOURCE: eMAR)
 Comments: NIOSH GROUP III = NON-REGULATED | | 0049392020 ZIPR20IN - Ziprasidone IM INJ* 20 MG/ML ..
 RX #: 02502597 | | Admin Queries
 | | IM Injection Site: 6
 | | DC 0548 PHABKGJOB
 | | ACK 0637 TH00010

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Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00080518428

ADMINISTRATION PERIOD: 0700 09/18/18 to 0659 09/19/18 (Continued) START/STOP

Rivan INJ* (LORazepam INJ* 2 MG/ML 1 ML VIAL) 09/19/18 | *0551 TH00010 at 0609 change in order
2 MG IM ED ONCE/ONE 09/19/18 | NDC/DIN: (SOURCE: eMAR)
RX #: 02502598 | | 0641604801 LORA2INJ7 - LORazepam INJ* 2 MG/ML 1 ML VIA
| | DC 0552 PHABKGJOB
| | ACK 0637 TH00010

Rivan INJ* (LORazepam INJ* 2 MG/ML 1 ML VIAL) 09/19/18 | 0609 TH00010 at 0609 GAVE: 2 MG
2 MG IV PUSH ED ONCE/ONE 09/19/18 | NDC/DIN: (SOURCE: eMAR)
RX #: 02502600 | | 0641604801 LORA2INJ7 - LORazepam INJ* 2 MG/ML 1 ML VIA
| | Admin Queries
| | Respiratory Rate: 26
| | DC 0610 PHABKGJOB
| | ACK 0637 TH00010

NS 0.9% 1000 ML* 1,000 ML 09/19/18 | 0614 TH00010 at 0708 GAVE: 1,000 MLS/HR
(NS 0.9% 1000 ML*IV.FLUID) 09/19/18 | NDC/DIN: (SOURCE: eMAR)
1,000 ML/HR IV ED ONCE/ONE | | 0409798309 SODI0.9I38 - NS 0.9% 1000 ML*IV.FLUID
RX #: 02502601 | | ACK 0637 TH00010

ADMINISTRATION PERIOD: 0700 09/19/18 to 0659 09/20/18 START/STOP

NS 0.9% 1000 ML* 1,000 ML 09/19/18 | DC 0713 PHABKGJOB
(NS 0.9% 1000 ML*IV.FLUID) 09/19/18 | 0738 REASSESS by NAT0019 at 0908
1,000 ML/HR IV ED ONCE/ONE | | Reassessment: MAR IV Stop Time - IV / IVPB
RX #: 02502601 | | IV Stop Date: 09/19/18
| | IV Stop Time: 0850
| | Intake, IV Amount: 1000
| | ACK 0905 ROS0014

ZYPREXA *ODT* (OLANzapine TAB*ODT* 10 MG TAB) 09/19/18 | ED 0834 CAR0070
10 MG PO EVERY DAY | | ED 0834 CAR0070
RX #: 02502767 | | *0900 RYL0009 at 1054 NPO
| | NDC/DIN: (SOURCE: Default NDCs)
| | 00002445485 OLAN10TA3 - OLANzapine TAB*ODT* 10 MG TAB
| | Comments
| | Patient drowsy/lethargic
| | ACK 0905 ROS0014

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ADMINISTRATION PERIOD: 0700 09/19/18 to 0659 09/20/18 (Continued) START/STOP

NS 0.9% 1000 ML* 1,000 ML (NS 0.9% 1000 ML*IV.FLUID)
 125 MLs/HR IV PER RATE
 Total Bags: 2 (2 of 2 Given)
 RX #: 02502924

09/19/18| ACK 0905 ROS0014
 09/20/18| ED 0922 CAR0070
 | | 0925 KYL0009 at 0925 GAVE: 125 MLs/HR
 | | NDC/DIN: (SOURCE: eMAR)
 | | 0409798309 SODI0.9I38 - NS 0.9% 1000 ML*IV.FLUID
 | | 1819 KYL0009 at 1819 GAVE: 125 MLs/HR
 | | NDC/DIN: (SOURCE: eMAR)
 | | 0409798309 SODI0.9I38 - NS 0.9% 1000 ML*IV.FLUID

Omnipaque 300* (CONTRAST) (Iohexol 300* (CONTRAST) 10 ML SDV)
 100 ML IV ONCE/ONE
 Comments: NIOSH=NON REGULATED
 RX #: 02503534

09/19/18| 1623 JOS0026 at 1704 GAVE: 100 ML
 09/19/18| NDC/DIN: (SOURCE: Default NDCs)
 | | 00407141310 IOHE300I - Iohexol 300* (CONTRAST) 10 ML..
 | | Admin Queries
 | | Expiration Date: 4/2021 IV gauge used for contrast injection: 20
 | | Injection Method: Injector Injection Rate: 2.5 Lot Number: 14147220
 | | Amount of Medication Wasted: 0
 | | ED 1633 OLG0051
 | | DC 1633 PHABKGJOB
 | | ACK 1719 ROS0014

fentaNYL* (fentaNYL* 50 MCG/ML 2 ML VIAL (100 MCG VIAL))
 100 MCG .ROUTE .STK-MED/ONE
 RX #: 02503635

09/19/18| 1820
 09/19/18| DC 1822 STK MED
 | | DM 1822 BRO
 | | TXN 0001 PHABKGJOB
 | | MEDI.WAST3 - MEDI.WASTE KB55716 6.7.17 (8)
 | | Description: Debit Svc Dt/Tm 09/19/18 1820: FENT100I2 Amount Wasted: 0 MCG; Drug
 | | Waste%: 0

Versed 2mg/2ml* (midazolam* 1 MG/ML 2 ML VIAL (2 MG))
 2 MG .ROUTE .STK-MED/ONE
 RX #: 02503636

09/19/18| 1820
 09/19/18| DM 1822 BRO
 | | DC 1822 STK MED
 | | TXN 0001 PHABKGJOB
 | | MEDI.WAST3 - MEDI.WASTE KB55716 6.7.17 (8)
 | | Description: Debit Svc Dt/Tm 09/19/18 1820: MIDALINJ3 Amount Wasted: 0 MG; Drug Waste%:
 | | 0

Diprivan* (Propofol* 10 MG/ML 20 ML BTL)
 400 MG IV PUSH .STK-MED/ONE
 RX #: 02503726

09/19/18| 2006
 09/19/18| DC 2007 STK MED
 | | DM 2007 BRO

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ADMINISTRATION PERIOD: 0700 09/19/18 to 0659 09/20/18 (Continued) START/STOP

NS 0.9% 1000 ML* 1,000 ML (NS 0.9% 1000 ML*IV.FLUID)
 75 ML/HR IV PER RATE
 RX #: 02503920
 [09/19/18] ACK 2340 KIM0006
 | | 2350 KIM0006 at 2350 GAVE: 75 ML/HR
 | | NDC/DIN: (SOURCE: eMAR)
 | | 0409798309
 | | ED 0027 GRE0012
 SODI0.9I38 - NS 0.9% 1000 ML*IV.FLUID

Haldol INJ IV/IM* (Haloperidol INJ IV/IM* 5 MG/ML AMP)
 5 MG IV SLOW FU Q2H/PRN
 PRN Reason: AGITATION/ANXIETY/INSOMNIA
 Total Doses: Max 4 (1 of 4 Given)
 RX #: 02502763
 [09/19/18] ED 0832 CAR0070
 | | ED 0832 CAR0070
 | | ACK 0905 ROS0014
 | | 2351 KIM0006 at 2351 GAVE: 5 MG
 | | NDC/DIN: (SOURCE: eMAR)
 | | 6745742600
 HALO5INJ - Haloperidol INJ IV/IM* 5 MG/M...

Rtivan INJ* (LORazepam INJ* 2 MG/ML 1 ML VIAL)
 2 MG IV PUSH Q4H/PRN
 PRN Reason: AGITATION
 Total Doses: Max 4 (0 of 4 Given)
 RX #: 02502764
 [09/19/18] ED 0832 CAR0070
 | | ED 0832 CAR0070
 | | ACK 0905 ROS0014

Dilaudid INJ1S* (HYDRomorphone INJ1* 1 MG/ML SYRINGE)
 0.5 MG IV SLOW FU Q6H/PRN
 PRN Reason: PAIN
 Dose Ins: Hold for sedation and/or RR<10
 Comments: Hold for sedation and/or RR<10
 RX #: 02502765
 [09/19/18] ED 0832 CAR0070
 | | ED 0832 CAR0070
 | | ACK 0905 ROS0014
 | | 1214 KYL0009 at 1214 GAVE: 0.5 MG
 | | NDC/DIN: (SOURCE: eMAR)
 | | 7604500910
 | | Admin Queries
 | | Respiratory Rate: 20
 HYDR1INJ54 - HYERomorphone INJ1* 1 MG/ML S..

Tylenol TAB* (Acetaminophen TAB* 325 MG)
 650 MG PO ONCE/PRN
 PRN Reason: PAIN - MILD
 Total Doses: Max 1 (0 of 1 Given)
 Dose Ins: Do not exceed total of 4 gm/24 hrs
 Call Anesthesiologist for unrelieved pain
 Comments: FOR PACU USE ONLY
 RX #: 02504002
 [09/19/18] ACK 2124 KIM0006
 | | ED 0521 SYSTEM
 | | DC 0521 GRE0012
 | | ACK 0536 KIM0006

Dramamine IV* (DIMENhydrinate IV* 50 MG/ML VIAL)
 25 MG IV PUSH ONCE/PRN
 PRN Reason: NAUSEA/VOMITING
 Total Doses: Max 1 (0 of 1 Given)
 Dose Ins: FOR PACU USE ONLY
 RX #: 02504003
 [09/19/18] ACK 2124 KIM0006
 | | DC 0521 GRE0012
 | | ED 0521 SYSTEM
 | | ACK 0536 KIM0006

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ADMINISTRATION PERIOD: 0700 09/19/18 to 0659 09/20/18 (Continued) START/STOP

fentaNYL* (fentaNYL* 50 MCG/ML 2 ML VIAL (100 MCG VIAL))
 25 MCG IV Q2M/PRN | 09/19/18 | ACK 2124 | KIM0006
 PRN Reason: PAIN - MODERATE | | DC 0521 | GRE0012
 Total Doses: Max 5 (0 of 5 Given) | | ED 0521 | SYSTEM
 Dose Ins: FOR PACU USE ONLY | | ACK 0536 | KIM0006
 Comments: Maximum total dose 125 mcg
 RX #: 02504004

Norco 5-325 TAB* (HYDROcodone/ACETAMIN 5-325 MG* 1 TAB)
 2 TAB PO ONCE/PRN | 09/19/18 | ACK 2124 | KIM0006
 PRN Reason: PAIN - MODERATE | | DC 0522 | GRE0012
 Total Doses: Max 1 (0 of 1 Given) | | ED 0522 | SYSTEM
 Dose Ins: FOR PACU USE ONLY | | ACK 0536 | KIM0006
 Comments: Call anesthesiologist for unrelieved pain
 RX #: 02504005

Morphine Inj ((Syringe))* (Morphine INJ* 2 MG/ML 1 ML SYRINGE (TWO MG - NEW SYRINGE VERS
 2 MG IV Q10M/PRN | 09/19/18 | ACK 2124 | KIM0006
 PRN Reason: PAIN | | DC 0522 | SYSTEM
 Total Doses: Max 2 (0 of 2 Given) | | DC 0522 | GRE0012
 Dose Ins: FOR PACU USE ONLY | | ACK 0536 | KIM0006
 Comments: Maximum total dose 4 mg
 RX #: 02504006

Narcan* (Naloxone* 0.4 MG/ML 1 ML VIAL)
 0.08 MG IV Q2M/PRN | 09/19/18 | ACK 2124 | KIM0006
 PRN Reason: severe induced resp depression | | DC 0522 | GRE0012
 Dose Ins: For PACU use only | | ED 0522 | SYSTEM
 Comments: Note: dilute 0.4 mg/mL (1 mL) ampul into 9 mL of normal saline for a total volume of 10 mL to achieve a 0.04 mg/mL (40 mcg/mL) concentration
 0.04 mg = 1 mL diluted Narcan
 0.08 mg IV every 2 minutes until patient respiratory rate > 12
 - UP TO 0.4 mg Naloxone TOTAL
 RX #: 02504007

Zofran INJ* (Ondansetron INJ* 2 MG/ML VIAL)
 4 MG IV ONCE/PRN | 09/19/18 | ACK 2124 | KIM0006
 PRN Reason: NAUSEA/VOMITING | | DC 0522 | GRE0012
 Total Doses: Max 1 (0 of 1 Given) | | ED 0522 | SYSTEM
 Dose Ins: FOR PACU USE ONLY | | ACK 0536 | KIM0006
 RX #: 02504008

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ADMINISTRATION PERIOD:	START/STOP
0700 09/20/18 to 0659 09/21/18	

ZYPREXA *ODT* (OLANzapine TAB*ODT* 10 MG TAB) [09/19/18] *0900 ANI0051 at 1635 406149000
 10 MG PO EVERY DAY | | NDC/DIN: (SOURCE: Default NDCs)
 RX #: 02502767 | | 00002445485 OLAN10TA3 - OLANzapine TAB*ODT* 10 MG TAB

NS 0.9% 1000 ML* 1,000 ML [09/19/18] DC 1616 FRE0001
 (NS 0.9% 1000 ML*IV.FLUID) [09/20/18] ACK 1620 ANI0051
 125 MLs/HR IV PER RATE | |
 Total Bags: 2 (2 of 2 Given) | |
 RX #: 02502924 | |

Apresoline IV* (hydrALAZINE IV* 20 MG/ML VIAL) [09/20/18] ACK 1721 CON0001
 10 MG IV SLOW PU Q6H/PRN | | ED 1721 EVA0055
 PRN Reason: BLOOD PRESSURE | |
 Dose Ins: PRN for BP>=160/90 | |
 Comments: IV push over 1 to 2 minutes | |
 RX #: 02504949 | |

ADMINISTRATION PERIOD:	START/STOP
0700 09/21/18 to 0659 09/22/18	

ZYPREXA *ODT* (OLANzapine TAB*ODT* 10 MG TAB) [09/19/18] *0900 CON0001 at 0925 406149000
 10 MG PO EVERY DAY | | NDC/DIN: (SOURCE: Default NDCs)
 RX #: 02502767 | | 00002445485 OLAN10TA3 - OLANzapine TAB*ODT* 10 MG TAB

NS 0.9% 1000 ML* 1,000 ML [09/19/18] DC 1134 FRE0001
 (NS 0.9% 1000 ML*IV.FLUID) | | ACK 1214 CON0001
 75 MLs/HR IV PER RATE | |
 RX #: 02503920 | |

Levaquin TAB* (Levofloxacin TAB* 500 MG) [09/21/18] ED 1028 EVA0055
 500 MG PO Q24H | | ED 1028 EVA0055
 RX #: 02505740 | | ACK 1034 CON0001
 | | *1100 CON0001 at 1110 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 68084048201 LEW500T31 - Levofloxacin TAB* 500 MG

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ADMINISTRATION PERIOD:	START/STOP:
0700: 09/21/18 to 0659: 09/22/18 (Continued)	

Tylenol TAB* (Acetaminophen TAB* 325 MG)
 975 MG PO TWICE DAILY
 Comments: MAXIMUM DAILY DOSE ACETAMINOPHEN:
 ADULTS = 4000 MG; CHILDREN < 12: 2600 MG
 DO NOT CRUSH
 RX #: 02505959

09/21/18	ACK 1232	CON0001	
	ED 1232	EVA0055	
	ED 1232	EVA0055	
		*2100 MEG0025 at 2116 Pt refused	
		NDC/DIN: (SOURCE: Default NDCs)	
		00904198261	ACET-755 - Acetaminophen TAB* 325 MG

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY
 RX #: 02506115

09/21/18	ED 1358	FRE0001	
		*1400 CON0001 at 1507 406149000	
		NDC/DIN: (SOURCE: Default NDCs)	
		00904637061	AMLO5TAB30 - amlODIPine TAB* 5 MG
	ED 1402	EVA0055	
	ACK 1424	CON0001	

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY
 RX #: 02506116

09/21/18	ED 1402	EVA0055	
	ED 1402	EVA0055	
	ACK 1424	CON0001	
		*2100 MEG0025 at 2117 Pt refused	
		NDC/DIN: (SOURCE: Default NDCs)	
		51079025520	MET025TA22 - Metoprolol Tartrate TAB* 25 MG

Percocet 5/325 TAB* (oxyCODONE/Acetamin 5/325 MG* TAB)
 1 TAB PO Q6H/PRN
 PRN Reason: PAIN
 Dose Ins: Hold for sedation and/or RR<10
 Comments: MAXIMUM DAILY DOSE ACETAMINOPHEN:
 ADULTS = 4000 MG; CHILDREN < 12: 2600 MG
 RX #: 02505960

09/21/18	ED 1232	EVA0055	
	ED 1232	EVA0055	
	ACK 1243	CON0001	

ADMINISTRATION PERIOD:	START/STOP:
0700: 09/22/18 to 0659: 09/23/18	

ZyPREXA *ODT* (OLANzapine TAB*ODT* 10 MG TAB)
 10 MG PO EVERY DAY
 RX #: 02502767

09/19/18	*0900 MEG0025 at 0935 pt refused	
	NDC/DIN: (SOURCE: Default NDCs)	
	00002445485	OLAN10TA3 - OLANzapine TAB*ODT* 10 MG TAB

Levaquin TAB* (Levofloxacin TAB* 500 MG)
 500 MG PO Q24H
 RX #: 02505740

09/21/18	*1100 MOR0002 at 1117 406149000	
	NDC/DIN: (SOURCE: Default NDCs)	
	68084048201	LEVO500T31 - Levofloxacin TAB* 500 MG
	DC 1237	FRE0001
	ACK 1248	MEL0026

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ADMINISTRATION PERIOD: 0700 09/22/18 to 0659 09/23/18 (Continued) START/STOP

Tylenol TAB* (Acetaminophen TAB* 325 MG)
 975 MG PO TWICE DAILY | 09/21/18 | *0900 MEG0025 at 0934 pt refused
 Comments: MAXIMUM DAILY DOSE ACETAMINOPHEN: | | NDC/DIN: (SOURCE: Default NDCs)
 ADULTS = 4000 MG; CHILDREN < 12: 2600 MG | | 00904198261 ACET-755 - Acetaminophen TAB* 325 MG
 | | *2100 SOP0051 at 2146 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 DO NOT CRUSH | | 00904198261 ACET-755 - Acetaminophen TAB* 325 MG
 RX #: 02505959 | |

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY | 09/21/18 | *0900 MEG0025 at 0935 pt refused
 RX #: 02506115 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 00904637061 AML05TAB30 - amlODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY | 09/21/18 | *0900 MEG0025 at 0935 pt refused
 RX #: 02506116 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 | | *2100 SOP0051 at 2146 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

ADMINISTRATION PERIOD: 0700 09/23/18 to 0659 09/24/18 START/STOP

ZyPREXA *ODT* (OLANzapine TAB*ODT* 10 MG TAB)
 10 MG PO EVERY DAY | 09/19/18 | *0900 STA0017 at 0945 REFPG
 RX #: 02502767 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 00002445485 OLAN10TA3 - OLANzapine TAB*ODT* 10 MG TAB

Tylenol TAB* (Acetaminophen TAB* 325 MG)
 975 MG PO TWICE DAILY | 09/21/18 | *0900 STA0017 at 0945 406149000
 Comments: MAXIMUM DAILY DOSE ACETAMINOPHEN: | | NDC/DIN: (SOURCE: Default NDCs)
 ADULTS = 4000 MG; CHILDREN < 12: 2600 MG | | 00904198261 ACET-755 - Acetaminophen TAB* 325 MG
 | | *2100 RAY0005 at 1905 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 DO NOT CRUSH | | 00904198261 ACET-755 - Acetaminophen TAB* 325 MG
 RX #: 02505959 | |

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY | 09/21/18 | *0900 STA0017 at 0945 406149000
 RX #: 02506115 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 00904637061 AML05TAB30 - amlODIPine TAB* 5 MG

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ADMINISTRATION PERIOD: 0700 09/23/18 to 0659 09/24/18 (Continued) START/STOP

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
25 MG PO TWICE DAILY
RX #: 02506116
[09/21/18] *0900 STA0017 at 0945 406149000
NDC/DIN: (SOURCE: Default NDCs)
51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
*2100 RAY0005 at 1906 406149000
NDC/DIN: (SOURCE: Default NDCs)
51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

ADMINISTRATION PERIOD: 0700 09/24/18 to 0659 09/25/18 START/STOP

ZYPREXA *ODT* (OLANzapine TAB*ODT* 10 MG TAB)
10 MG PO EVERY DAY
RX #: 02502767
[09/19/18] *0900 MAC0003 at 0806 406149000
NDC/DIN: (SOURCE: Default NDCs)
00002445485 OLAN10TA3 - OLANzapine TAB*ODT* 10 MG TAB
DC 1814 DISCHARGE
ACK 1817 MAC0003

Tylenol TAB* (Acetaminophen TAB* 325 MG)
975 MG PO TWICE DAILY
Comments: MAXIMUM DAILY DOSE ACETAMINOPHEN:
ADULTS = 4000 MG; CHILDREN < 12: 2600 MG
DO NOT CRUSH
RX #: 02505959
[09/21/18] *0900 MAC0003 at 0806 406149000
NDC/DIN: (SOURCE: Default NDCs)
00904198261 ACET-755 - Acetaminophen TAB* 325 MG
DC 1814 DISCHARGE
ACK 1817 MAC0003

Norvasc TAB* (amLODIPine TAB* 5 MG)
10 MG PO EVERY DAY
RX #: 02506115
[09/21/18] *0900 MAC0003 at 0806 406149000
NDC/DIN: (SOURCE: Default NDCs)
00904637061 AMLO5TAB30 - amLODIPine TAB* 5 MG
DC 1814 DISCHARGE
ACK 1817 MAC0003

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
25 MG PO TWICE DAILY
RX #: 02506116
[09/21/18] *0900 MAC0003 at 0806 406149000
NDC/DIN: (SOURCE: Default NDCs)
51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
DC 1814 DISCHARGE
ACK 1817 MAC0003

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ADMINISTRATION PERIOD: 0700 09/24/18 to 0659 09/25/18 (Continued) START/STOP

NS 0.9% 100 ML* 100 ML (NS 0.9% 100 ML* 100 ML IV.FLUID)
 Magnesium Sulfate IV* 3 GM (Magnesium Sulfate IV* 0.5 GM/ML 2 ML VIAL (1 GM))
 53 MLs/HR IVPB ONCE/ONE
 RX #: 02508608

[09/24/18] ACK 1029 MAC0003
 [09/24/18] ACK 1030 MAC0003
 | | ED 1030 EVA0055
 | | ED 1030 EVA0055
 | | DC 1031 FRE0001
 | | ACK 1032 MAC0003
 | | *1100 MAC0003 at 1031 med d/c
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 00409798411 SODI0.9155 - NS 0.9% 100 ML* 100 ML IV.FLUID
 | | 63323006402 MAGN50IN10 - Magnesium Sulfate IV* 0.5 GM/...
 | | TXN 0000 PHABKGJOB
 | | MEDI.WAST3 - MEDI.WASTE KB55716 6.7.17 (8)
 | | Description: Debit Svc Dt/Tm 09/24/18 1100: MAGN50IN10 Amount Wasted: 0 GM; Drug
 | | Waste%: 0
 | | TXN 0000 PHABKGJOB
 | | MEDI.WAST3 - MEDI.WASTE KB55716 6.7.17 (8)
 | | Description: Credit Svc Dt/Tm 09/24/18 1100: MAGN50IN10 Amount Wasted: 0 GM; Drug
 | | Waste%: 0

MagOx 400 TAB* (Magnesium Oxide TAB* 400 MG)
 800 MG PO ONCE/STA
 RX #: 02508617

[09/24/18] *1030 MAC0003 at 1112 406149000
 [09/24/18] NDC/DIN: (SOURCE: Default NDCs)
 | | 68585000612 MAGN400T - Magnesium Oxide TAB* 400 MG
 | | ACK 1032 MAC0003
 | | ED 1034 CAR0070
 | | DC 1034 PHABKGJOB
 | | ACK 1035 MAC0003

Haldol INJ IV/IM* (Haloperidol INJ IV/IM* 5 MG/ML AMP)
 5 MG IV SLOW FU Q2H/PRN
 PRN Reason: AGITATION/ANXIETY/INSOMNIA
 Total Doses: Max 4 (1 of 4 Given)
 RX #: 02502763

[09/19/18] DC 1814 DISCHARGE
 | | ACK 1817 MAC0003
 | |
 | |

Ativan INJ* (LORazepam INJ* 2 MG/ML 1 ML VIAL)
 2 MG IV PUSH Q4H/PRN
 PRN Reason: AGITATION
 Total Doses: Max 4 (0 of 4 Given)
 RX #: 02502764

[09/19/18] DC 1814 DISCHARGE
 | | ACK 1817 MAC0003
 | |
 | |

09/25/18 Medication Discharge Summary
 Name **BLAYK, BONZE ANNE ROSE** Unit Num **M000597460** Account Num **A00080518428**

ADMINISTRATION PERIOD:	START/STOP
0700 09/24/18 to 0659 09/25/18 (Continued)	

Dilaudid INJ1S* (HYDROMORPHONE INJ1* 1 MG/ML SYRINGE)
0.5 MG IV SLOW FU Q6H/PRN | 09/19/18 | DC 1814 | DISCHARGE
 PRN Reason: PAIN | | ACK 1817 | MAC0003
 Dose Ins: Hold for sedation and/or RR<10 | | | |
 Comments: Hold for sedation and/or RR<10 | | | |
 RX #: 02502765 | | | |

Apresoline IV* (hydrALAZINE IV* 20 MG/ML VIAL)
10 MG IV SLOW FU Q6H/PRN | 09/20/18 | DC 1814 | DISCHARGE
 PRN Reason: BLOOD PRESSURE | | ACK 1817 | MAC0003
 Dose Ins: PRN for BP>=160/90 | | | |
 Comments: IV push over 1 to 2 minutes | | | |
 RX #: 02504949 | | | |

Percocet 5/325 TAB* (oxyCODONE/Acetamin 5/325 MG* TAB)
1 TAB PO Q6H/PRN | 09/21/18 | DC 1814 | DISCHARGE
 PRN Reason: PAIN | | ACK 1817 | MAC0003
 Dose Ins: Hold for sedation and/or RR<10 | | | |
 Comments: MAXIMUM DAILY DOSE ACETAMINOPHEN: | | | |
 ADULTS = 4000 MG; CHILDREN < 12: 2600 MG | | | |
 RX #: 02505960 | | | |

09/25/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00080518428

Legends

Activity Codes

* - Not Administered
 ACK - Acknowledged Order
 DC - Discontinue
 DM - Dispensing Machine
 ED - Edit or Verification
 REASSESS - Reassessment
 TXN - Transaction Rule

Reason Codes

Site Codes

Administered By

User User Name/Type	User User Name/Type	User User Name/Type	User User Name/Type
ANI0051 - Anita Tourville-Knapp, RN	CON0001 - Connor O'Hare	JOS0026 - Joseph Switzer, RT	KIM0006 - Kimberly Soeung, RN
KYL0009 - Kyle Moore, RN	MAC0003 - Mackenzie Marsh, RN	MEG0025 - Megan Harrington, RN	MEL0026 - Melissa Goldsmith, RN
MEL0095 - Melissa L. Hern, RN	MOR0002 - Morgan Downing, RN	NAT0019 - Nathan Smith, RN	RAY0005 - Rayanna Harmon, RN
ROS0014 - Rosika Frank, RN	SOP0051 - Sophany Soeung, RN	STA0017 - Stacy Shelley, RN	THO0010 - Thomas Stelick, RN

Pharmacy

User User Name	User User Name	User User Name	User User Name
CAR0070 - Carlynn Smith-Thomas	EVA0055 - Eva Ackerman	FRE0001 - Frederick Ryan Caballes, MD	GRE0012 - Gregory Tompkins
OLG0051 - Olga Naumenko			

Allergy History

Date	Time	User Name	Database	Type	Allergy
12/25/16	0036	Rebecca Cunningham, RN	PCM	New	No Known Allergies
		NEW: Type: Allergy			
		Status: Verified	12/25/16 0036		
12/25/16	0535	Timothy Sidle	PHA.TOC	Acknowledge	
		NEW: Comments:			
		User acknowledged allergy record in PHA.			
01/14/17	1602	Amanda Fritsche, RN	PCM	Confirm	No Known Allergies
		OLD: Status: Verified	12/25/16 0036		
		NEW: Status: Verified	01/14/17 1602		
01/17/17	1344	David A Keyser	PHA.TOC	Acknowledge	
		NEW: Comments:			
		User acknowledged allergy record in PHA.			