

10/16/18				MEDICATION DISCHARGE SUMMARY	
Name	BLAYK, BONZE ANNE ROSE	Admit Date	09/24/18	Age	62
Unit Num	M000597460	Discharge Date	10/15/18	Sex	F
Account Num	A00088571823	Status	DIS IN		
Allergies	No Known Allergies				
ADMINISTRATION PERIOD:			START/		
0700 09/25/18 to 0659 09/26/18			STOP		

Norvasc TAB* (amlODIPine TAB* 5 MG) | 09/25/18 | *1100 ANN0115 at 1242 406149000
 10 MG PO EVERY DAY | | NDC/DIN: (SOURCE: Default NDCs)
 RX #: 02510219 | | 00904637061 | AML05TAB30 - amlODIPine TAB* 5 MG
 | | ED 1102 CLI0003
 | | ED 1104 RAC0053
 | | ACK 1355 SHA0063

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG) | 09/25/18 | *1100 ANN0115 at 1242 406149000
 25 MG PO TWICE DAILY | | NDC/DIN: (SOURCE: Default NDCs)
 RX #: 02510220 | | 51079025520 | METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 | | ED 1102 CLI0003
 | | ED 1104 RAC0053
 | | ACK 1355 SHA0063
 | | *2100 LAU0148 at 2200 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 51079025520 | METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER) | 09/25/18 | *1100 ANN0115 at 1243 406149000
 6 MG PO EVERY DAY | | NDC/DIN: (SOURCE: Default NDCs)
 Comments: NIOSH GROUP II = NON-REGULATED | | 50458055110 | PALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E
 DO NOT CRUSH | | ED 1102 CLI0003
 RX #: 02510221 | | ED 1104 RAC0053
 | | ACK 1355 SHA0063

Tylenol TAB* (Acetaminophen TAB* 325 MG) | 09/25/18 | ED 1104 RAC0053
 650 MG PO Q6H/PRN | | ACK 1355 SHA0063
 PRN Reason: PAIN | |
 Comments: MAXIMUM DAILY DOSE ACETAMINOPHEN: | |
 ADULTS = 4000 MG; CHILDREN < 12: 2600 MG | |
 DO NOT CRUSH | |
 RX #: 02510218 | |

ADMINISTRATION PERIOD:			START/		
0700 09/26/18 to 0659 09/27/18			STOP		

Norvasc TAB* (amlODIPine TAB* 5 MG) | 09/25/18 | *0900 ANN0115 at 0824 406149000
 10 MG PO EVERY DAY | | NDC/DIN: (SOURCE: Default NDCs)
 RX #: 02510219 | | 00904637061 | AML05TAB30 - amlODIPine TAB* 5 MG

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00088571823

ADMINISTRATION PERIOD:	START/STOP:
0700 09/26/18 to 0659 09/27/18 (Continued)	

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY [09/25/18] *0900 ANN0115 at 0824 406149000
 RX #: 02510220
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 *2100 MIC0258 at 2035 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invoga ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY [09/25/18] *0900 ANN0115 at 0824 406149000
 Comments: NIOSH GROUP II = NON-REGULATED
 DO NOT CRUSH
 RX #: 02510221
 NDC/DIN: (SOURCE: Default NDCs)
 50458055110 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.ER

Nicotine Mouth Piece* (Mouth Piece, Nicotine* 1 EACH CARTRIDGE)
 1 EACH INH .USE WITH NICOTROL/PRN [09/26/18] ED 1311 CAR0070
 PRN Reason: CRAVING
 Dose Ins: use with nicotine cartridge
 -- may keep in patient med bin --
 RX #: 02511947
 ACK 1316 JON0059

Nicotine GUM* (Nicotine GUM* 2 MG)
 2 MG PO Q2H/PRN [09/26/18] ED 1311 CAR0070
 PRN Reason: CRAVING
 Dose Ins: CHEW GUM
 Comments: WASTE SORT CODE - PBKC CHEW GUM SLOWLY UNTIL IT
 TINGLES, THEN PARK GUM BETWEEN CHEEK AND GUM UNTIL
 TINGLE IS GONE; REPEAT PROCESS UNTIL MOST OF TINGLE IS
 GONE (ABOUT 30 MINUTES)
 RX #: 02511948
 ACK 1316 JON0059

Nicotine Inhaler* (Nicotine Inhaler* 10 MG AMP)
 10 MG INH Q2H/PRN [09/26/18] ED 1311 CAR0070
 PRN Reason: CRAVING
 Comments: WASTE SORT CODE - PBKC
 RX #: 02511949
 ACK 1316 JON0059

ADMINISTRATION PERIOD:	START/STOP:
0700 09/27/18 to 0659 09/28/18	

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY [09/25/18] *0900 IYL0001 at 1034 406149000
 RX #: 02510219
 NDC/DIN: (SOURCE: Default NDCs)
 00904637061 AMLO5TAB30 - amlODIPine TAB* 5 MG

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00080571823

ADMINISTRATION PERIOD: 0700 09/27/18 to 0659 09/28/18 (Continued) START/STOP

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG) 25 MG PO TWICE DAILY
 RX #: 02510220
 09/25/18 *0900 LYL0001 at 1035 406149000
 NDC/DIN: (SOURCE: Default NDCs) 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 *2100 MIC0258 at 2133 406149000
 NDC/DIN: (SOURCE: Default NDCs) 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER) 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED DO NOT CRUSH
 RX #: 02510221
 09/25/18 *0900 LYL0001 at 1035 406149000
 NDC/DIN: (SOURCE: Default NDCs) 50458055110 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

ADMINISTRATION PERIOD: 0700 09/28/18 to 0659 09/29/18 START/STOP

Norvasc TAB* (amlODIPine TAB* 5 MG) 10 MG PO EVERY DAY
 RX #: 02510219
 09/25/18 *0900 NAT0065 at 0854 406149000
 NDC/DIN: (SOURCE: eMAR) 0904637061 AML05TAB30 - amlODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG) 25 MG PO TWICE DAILY
 RX #: 02510220
 09/25/18 *0900 NAT0065 at 0854 406149000
 NDC/DIN: (SOURCE: eMAR) 0904634061 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 *2100 LYN0010 at 2230 406149000
 NDC/DIN: (SOURCE: Default NDCs) 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER) 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED DO NOT CRUSH
 RX #: 02510221
 09/25/18 *0900 NAT0065 at 0854 406149000
 NDC/DIN: (SOURCE: eMAR) 00378398093 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

ADMINISTRATION PERIOD: 0700 09/29/18 to 0659 09/30/18 START/STOP

Norvasc TAB* (amlODIPine TAB* 5 MG) 10 MG PO EVERY DAY
 RX #: 02510219
 09/25/18 *0900 SHA0063 at 0933 406149000
 NDC/DIN: (SOURCE: Default NDCs) 00904637061 AML05TAB30 - amlODIPine TAB* 5 MG

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00088571823

ADMINISTRATION PERIOD:	START/STOP
0700 09/29/18 to 0659 09/30/18 (Continued)	

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)	09/25/18	*0900 SHA0063 at 0933 406149000	
25 MG PO TWICE DAILY		NDC/DIN: (SOURCE: Default NDCs)	
RX #: 02510220		51079025520	MET025TA22 - Metoprolol Tartrate TAB* 25 MG
		*2100 ROB0100 at 1953 406149000	
		NDC/DIN: (SOURCE: Default NDCs)	
		51079025520	MET025TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)	09/25/18	*0900 SHA0063 at 0933 406149000	
6 MG PO EVERY DAY		NDC/DIN: (SOURCE: Default NDCs)	
Comments: NIOSH GROUP II = NON-REGULATED		50458055110	FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E
DO NOT CRUSH			
RX #: 02510221			

ADMINISTRATION PERIOD:	START/STOP
0700 09/30/18 to 0659 10/01/18	

Norvasc TAB* (amlODIPine TAB* 5 MG)	09/25/18	*0900 JON0059 at 0827 406149000	
10 MG PO EVERY DAY		NDC/DIN: (SOURCE: Default NDCs)	
RX #: 02510219		00904637061	AMLO5TAB30 - amlODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)	09/25/18	*0900 JON0059 at 0828 406149000	
25 MG PO TWICE DAILY		NDC/DIN: (SOURCE: Default NDCs)	
RX #: 02510220		51079025520	MET025TA22 - Metoprolol Tartrate TAB* 25 MG
		*2100 ROB0100 at 2004 406149000	
		NDC/DIN: (SOURCE: Default NDCs)	
		51079025520	MET025TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)	09/25/18	*0900 JON0059 at 0828 406149000	
6 MG PO EVERY DAY		NDC/DIN: (SOURCE: Default NDCs)	
Comments: NIOSH GROUP II = NON-REGULATED		50458055110	FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E
DO NOT CRUSH			
RX #: 02510221			

ADMINISTRATION PERIOD:	START/STOP
0700 10/01/18 to 0659 10/02/18	

Norvasc TAB* (amlODIPine TAB* 5 MG)	09/25/18	*0900 NAT0065 at 1002 406149000	
10 MG PO EVERY DAY		NDC/DIN: (SOURCE: Default NDCs)	
RX #: 02510219		00904637061	AMLO5TAB30 - amlODIPine TAB* 5 MG

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00080571823

ADMINISTRATION PERIOD: 0700 10/01/18 to 0659 10/02/18 (Continued) START/STOP

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG) 25 MG PO TWICE DAILY
 RX #: 02510220
 09/25/18 *0900 NAT0065 at 1002 406149000
 NDC/DIN: (SOURCE: Default NDCs) 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 *2100 LYN0010 at 2112 406149000
 NDC/DIN: (SOURCE: Default NDCs) 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER) 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED DO NOT CRUSH
 RX #: 02510221
 09/25/18 *0900 NAT0065 at 1002 406149000
 NDC/DIN: (SOURCE: Default NDCs) 50458055110 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

ADMINISTRATION PERIOD: 0700 10/02/18 to 0659 10/03/18 START/STOP

Norvasc TAB* (amlODIPine TAB* 5 MG) 10 MG PO EVERY DAY
 RX #: 02510219
 09/25/18 *0900 SEL0001 at 0932 406149000
 NDC/DIN: (SOURCE: Default NDCs) 00904637061 AML05TAB30 - amlODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG) 25 MG PO TWICE DAILY
 RX #: 02510220
 09/25/18 *0900 SEL0001 at 0932 406149000
 NDC/DIN: (SOURCE: Default NDCs) 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 *2100 MIC0258 at 2102 406149000
 NDC/DIN: (SOURCE: Default NDCs) 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER) 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED DO NOT CRUSH
 RX #: 02510221
 09/25/18 *0900 SEL0001 at 0932 406149000
 NDC/DIN: (SOURCE: Default NDCs) 50458055110 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

ADMINISTRATION PERIOD: 0700 10/03/18 to 0659 10/04/18 START/STOP

Norvasc TAB* (amlODIPine TAB* 5 MG) 10 MG PO EVERY DAY
 RX #: 02510219
 09/25/18 *0900 ANN0115 at 0915 406149000
 NDC/DIN: (SOURCE: Default NDCs) 00904637061 AML05TAB30 - amlODIPine TAB* 5 MG

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00088571823

ADMINISTRATION PERIOD:	START/STOP
0700 10/03/18 to 0659 10/04/18 (Continued)	

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY
 RX #: 02510220

START/STOP	DESCRIPTION	UNIT
09/25/18	*0900 ANN0115 at 0915 406149000	
	NDC/DIN: (SOURCE: Default NDCs)	
	51079025520	MET025TA22 - Metoprolol Tartrate TAB* 25 MG
	*2100 MIC0258 at 2104 406149000	
	NDC/DIN: (SOURCE: Default NDCs)	
	51079025520	MET025TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED
 DO NOT CRUSH
 RX #: 02510221

START/STOP	DESCRIPTION	UNIT
09/25/18	*0900 ANN0115 at 0915 406149000	
	NDC/DIN: (SOURCE: Default NDCs)	
	50458055110	PALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

ADMINISTRATION PERIOD:	START/STOP
0700 10/04/18 to 0659 10/05/18	

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY
 RX #: 02510219

START/STOP	DESCRIPTION	UNIT
09/25/18	*0900 LYL0001 at 0837 406149000	
	NDC/DIN: (SOURCE: Default NDCs)	
	00904637061	AMLO5TAB30 - amlODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY
 RX #: 02510220

START/STOP	DESCRIPTION	UNIT
09/25/18	*0900 LYL0001 at 0837 406149000	
	NDC/DIN: (SOURCE: Default NDCs)	
	51079025520	MET025TA22 - Metoprolol Tartrate TAB* 25 MG
	*2100 MAT0034 at 2150 406149000	
	NDC/DIN: (SOURCE: Default NDCs)	
	51079025520	MET025TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED
 DO NOT CRUSH
 RX #: 02510221

START/STOP	DESCRIPTION	UNIT
09/25/18	*0900 LYL0001 at 0838 406149000	
	NDC/DIN: (SOURCE: Default NDCs)	
	50458055110	PALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

ADMINISTRATION PERIOD:	START/STOP
0700 10/05/18 to 0659 10/06/18	

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY
 RX #: 02510219

START/STOP	DESCRIPTION	UNIT
09/25/18	*0900 SEL0001 at 0850 406149000	
	NDC/DIN: (SOURCE: Default NDCs)	
	00904637061	AMLO5TAB30 - amlODIPine TAB* 5 MG

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00080571823

ADMINISTRATION PERIOD: 0700 10/05/18 to 0659 10/06/18 (Continued) START/STOP

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY
 RX #: 02510220
 [09/25/18] *0900 SEL0001 at 0850 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 | | *2100 LYN0010 at 2141 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED
 DO NOT CRUSH
 RX #: 02510221
 [09/25/18] *0900 SEL0001 at 0850 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 50458055110 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

Invega Sustenna* (Paliperidone SUSTENNA* 234 MG/1.5 ML)
 234 MG IM ONCE/ONE
 Comments: NOTE: THE INITIAL 2 INJECTIONS SHOULD BE ADMINISTERED
 IN DELTOID MUSCLE TO ATTAIN THERAPEUTIC CONCENTRATIONS
 MORE RAPIDLY. IM ROUTE ONLY AS SINGLE INJECTION
 NIOSH GROUP II = NON-REGULATED
 RX #: 02523558
 [10/05/18] ED 1420 OLG0051
 [10/05/18] ED 1420 OLG0051
 | | ACK 1433 JON0059
 | | DC 1459 OLG0051
 | | ACK 1510 MEG0009

Invega Sustenna* (Paliperidone SUSTENNA* 234 MG/1.5 ML)
 234 MG IM ONCE@0900/ONE
 Comments: NOTE: THE INITIAL 2 INJECTIONS SHOULD BE ADMINISTERED
 IN DELTOID MUSCLE TO ATTAIN THERAPEUTIC CONCENTRATIONS
 MORE RAPIDLY. IM ROUTE ONLY AS SINGLE INJECTION
 NIOSH GROUP II = NON-REGULATED
 RX #: 02523631
 [10/06/18] ENTER 1459 OLG0051
 [10/06/18] ACK 1510 MEG0009

ADMINISTRATION PERIOD: 0700 10/06/18 to 0659 10/07/18 START/STOP

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY
 RX #: 02510219
 [09/25/18] *0900 LYL0001 at 0859 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 00904637061 AMLO5TAB30 - amlODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY
 RX #: 02510220
 [09/25/18] *0900 LYL0001 at 0859 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 | | *2100 LYN0010 at 2136 406149000
 | | NDC/DIN: (SOURCE: Default NDCs)
 | | 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00080571823

ADMINISTRATION PERIOD: 0700 10/06/18 to 0659 10/07/18 (Continued) START/STOP

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY [09/25/18] 0900 LYL0001 at 1528 GAVE: 6 MG
 Comments: NIOSH GROUP II = NON-REGULATED NDC/DIN: (SOURCE: Default NDCs)
 DO NOT CRUSH 50458055110 PALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E
 RX #: 02510221

Invega Sustenna* (Paliperidone SUSTENNA* 234 MG/1.5 ML)
 234 MG IM ONCE80900/ONE [10/06/18] 0900 LYL0001 at 10/08/18 - 1414 GAVE: 234 MG
 Comments: NOTE: THE INITIAL 2 INJECTIONS SHOULD BE ADMINISTERED IN DELTOID MUSCLE TO ATTAIN THERAPEUTIC CONCENTRATIONS NDC/DIN: (SOURCE: eMAR)
 MORE RAPIDLY. IM ROUTE ONLY AS SINGLE INJECTION 50458056401 PALI234I - Paliperidone SUSTENNA* 234 MG..
 NIOSH GROUP II = NON-REGULATED Admin Queries IM Injection Site: 6
 DC 0901 PHABKGJOB
 ACK 0902 MEG0009
 RX #: 02523631

ADMINISTRATION PERIOD: 0700 10/07/18 to 0659 10/08/18 START/STOP

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY [09/25/18] *0900 NAT0065 at 0833 406149000
 Comments: NIOSH GROUP II = NON-REGULATED NDC/DIN: (SOURCE: eMAR)
 DO NOT CRUSH 0904637061 AML05TAB30 - amlODIPine TAB* 5 MG
 RX #: 02510219

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY [09/25/18] *0900 NAT0065 at 0834 406149000
 Comments: NIOSH GROUP II = NON-REGULATED NDC/DIN: (SOURCE: eMAR)
 DO NOT CRUSH 0904634061 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 *2100 MIC0258 at 2059 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 RX #: 02510220

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY [09/25/18] 0900 NAT0065 at 0834 GAVE: 6 MG
 Comments: NIOSH GROUP II = NON-REGULATED NDC/DIN: (SOURCE: eMAR)
 DO NOT CRUSH 00378398093 PALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E
 RX #: 02510221

ADMINISTRATION PERIOD: 0700 10/08/18 to 0659 10/09/18 START/STOP

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY [09/25/18] *0900 LYN0010 at 0836 406149000
 Comments: NIOSH GROUP II = NON-REGULATED NDC/DIN: (SOURCE: Default NDCs)
 DO NOT CRUSH 00904637061 AML05TAB30 - amlODIPine TAB* 5 MG
 RX #: 02510219

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00088571823

ADMINISTRATION PERIOD: 0700 10/08/18 to 0659 10/09/18 (Continued) START/STOP

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG) 25 MG PO TWICE DAILY
 RX #: 02510220
 09/25/18 *0900 LYN0010 at 0836 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 *2100 MIC0258 at 2056 PTSLEEP
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER) 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED
 DO NOT CRUSH
 RX #: 02510221
 09/25/18 0900 LYN0010 at 0835 GAVE: 6 MG
 NDC/DIN: (SOURCE: eMAR)
 00378398093 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

ADMINISTRATION PERIOD: 0700 10/09/18 to 0659 10/10/18 START/STOP

Norvasc TAB* (amlODIPine TAB* 5 MG) 10 MG PO EVERY DAY
 RX #: 02510219
 09/25/18 *0900 NAT0065 at 0907 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 00904637061 AML05TAB30 - amlODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG) 25 MG PO TWICE DAILY
 RX #: 02510220
 09/25/18 *0900 NAT0065 at 0907 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 *2100 ROW0001 at 2017 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER) 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED
 DO NOT CRUSH
 RX #: 02510221
 09/25/18 0900 NAT0065 at 0906 GAVE: 6 MG
 NDC/DIN: (SOURCE: eMAR)
 00378398093 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

ADMINISTRATION PERIOD: 0700 10/10/18 to 0659 10/11/18 START/STOP

Norvasc TAB* (amlODIPine TAB* 5 MG) 10 MG PO EVERY DAY
 RX #: 02510219
 09/25/18 *0900 LYL0001 at 0924 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 00904637061 AML05TAB30 - amlODIPine TAB* 5 MG

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00088571823

ADMINISTRATION PERIOD:	START/STOP:
0700 10/10/18 to 0659 10/11/18 (Continued)	

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY
 RX #: 02510220

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED
 DO NOT CRUSH
 RX #: 02510221

Invega Sustenna* (Paliperidone SUSTENNA* 156 MG/1 ML)
 156 MG IM ONCE/ONE
 Comments: NOTE: THE INITIAL 2 INJECTIONS SHOULD BE ADMINISTERED
 IN DELTOID MUSCLE TO ATTAIN THERAPEUTIC CONCENTRATIONS
 MORE RAPIDLY. IM ROUTE ONLY AS SINGLE INJECTION
 NIOSH GROUP II = NON-REGULATED
 RX #: 02529129

ADMINISTRATION PERIOD:	START/STOP:
0700 10/11/18 to 0659 10/12/18	

Norvasc TAB* (amlodipine TAB* 5 MG)
 10 MG PO EVERY DAY
 RX #: 02510219

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY
 RX #: 02510220

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED
 DO NOT CRUSH
 RX #: 02510221

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00088571823

ADMINISTRATION PERIOD:	START/STOP
0700 10/12/18 to 0659 10/13/18	

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY
 RX #: 02510219

09/25/18 *0900 SEL0001 at 0828 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 00904637061
 AML05TAB30 - amlODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY
 RX #: 02510220

09/25/18 *0900 SEL0001 at 0828 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520
 *2100 LYN0010 at 2050 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520
 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY
 Comments: NIOSH GROUP II = NON-REGULATED
 DO NOT CRUSH
 RX #: 02510221

09/25/18 0900 SEL0001 at 0826 GAVE: 6 MG
 NDC/DIN: (SOURCE: eMAR)
 00378398093
 PALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E

Invega Sustenna* (Paliperidone SUSTENNA* 156 MG/1 ML)
 156 MG IM ONCE/ONE
 Comments: NOTE: THE INITIAL 2 INJECTIONS SHOULD BE ADMINISTERED
 IN DELTOID MUSCLE TO ATTAIN THERAPEUTIC CONCENTRATIONS
 MORE RAPIDLY. IM ROUTE ONLY AS SINGLE INJECTION
 NIOSH GROUP II = NON-REGULATED
 RX #: 02529129

10/12/18 1000 SEL0001 at 1131 GAVE: 156 MG
 NDC/DIN: (SOURCE: eMAR)
 50458056301
 Admin Queries
 IM Injection Site: 6
 DC 1001 PHABKGJOB
 ACK 1006 SEL0001
 PALI156I - Paliperidone SUSTENNA* 156 MG..

ADMINISTRATION PERIOD:	START/STOP
0700 10/13/18 to 0659 10/14/18	

Norvasc TAB* (amlODIPine TAB* 5 MG)
 10 MG PO EVERY DAY
 RX #: 02510219

09/25/18 *0900 ANN0115 at 0752 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 00904637061
 AML05TAB30 - amlODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY
 RX #: 02510220

09/25/18 *0900 ANN0115 at 0752 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520
 *2100 REL0019 at 2040 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520
 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00088571823

ADMINISTRATION PERIOD: 0700 10/13/18 to 0659 10/14/18 (Continued) START/STOP

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY [09/25/18] *0900 ANN0115 at 0752 406149000
 Comments: NIOSH GROUP II = NON-REGULATED NDC/DIN: (SOURCE: Default NDCs)
 DO NOT CRUSH 50458055110 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E
 RX #: 02510221

Ativan TAB* (LORazepam TAB* 0.5 MG)
 0.5 MG PO TWICE DAILY [10/13/18] ENTER 1652 EVA0055
 Total Doses: 6 (2 of 6 Given) [10/16/18] ACK 1704 KEL0019
 RX #: 02533984 2100 KEL0019 at 2001 GAVE: 0.5 MG
 NDC/DIN: (SOURCE: eMAR) LORA0.5T45 - LORazepam TAB* 0.5 MG
 5107941701 Admin Queries Respiratory Rate: 16
 Agitation/Sedation Score: (1) Restless
 2201 REASSESS by KEL0019 at 2247 Stopped: RASSNREQ
 Reassessment: Richmond Agitation Sed Scale
 Agitation/Sedation Score: (-1) Drowsy
 Respiratory Rate: 16

ADMINISTRATION PERIOD: 0700 10/14/18 to 0659 10/15/18 START/STOP

Norvasc TAB* (amLODIPine TAB* 5 MG)
 10 MG PO EVERY DAY [09/25/18] *0900 LAU0148 at 1035 406149000
 RX #: 02510219 NDC/DIN: (SOURCE: Default NDCs)
 00904637061 AMLO5TAB30 - amLODIPine TAB* 5 MG

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
 25 MG PO TWICE DAILY [09/25/18] *0900 LAU0148 at 1035 406149000
 RX #: 02510220 NDC/DIN: (SOURCE: Default NDCs)
 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG
 *2100 LYN0010 at 2002 406149000
 NDC/DIN: (SOURCE: Default NDCs)
 51079025520 METO25TA22 - Metoprolol Tartrate TAB* 25 MG

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
 6 MG PO EVERY DAY [09/25/18] *0900 LAU0148 at 1035 406149000
 Comments: NIOSH GROUP II = NON-REGULATED NDC/DIN: (SOURCE: Default NDCs)
 DO NOT CRUSH 50458055110 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E
 RX #: 02510221

10/16/18	Medication Discharge Summary
Name BLAYK,BONZE ANNE ROSE	Unit Num M000597460 Account Num A00080571823

ADMINISTRATION PERIOD: 0700 10/14/18 to 0659 10/15/18 (Continued)	START/ STOP
----------------------------------------------------------------------	----------------

```

Ativan TAB* (LORazepam TAB*) 0.5 MG
0.5 MG PO TWICE DAILY
Total Doses: 6 (2 of 6 Given)
RX #: 02533984

|10/13/18| UNADM *0900 LAU0148 at 1035 BPE
|10/16/18| NDC/DIN: (SOURCE: Default NDCs)
| | 51079041720 LORA0.5T45 - LORazepam TAB* 0.5 MG
| | Admin Queries
| | Agitation/Sedation Score: (0) Alert/Calm
| | 10/14/18-1035 by LAU0148
| | UNADM 10/14/18-1037 by LAU0148
| | UNADM *0900 LAU0148 at 1038 ENTRYERROR
| | NDC/DIN: (SOURCE: Default NDCs)
| | 51079041720 LORA0.5T45 - LORazepam TAB* 0.5 MG
| | 10/14/18-1038 by LAU0148
| | UNADM 10/14/18-1038 by LAU0148
| | *0900 LAU0148 at 1038 406149000
| | NDC/DIN: (SOURCE: Default NDCs)
| | 51079041720 LORA0.5T45 - LORazepam TAB* 0.5 MG
| | 2100 LYN0010 at 1959 GAVE: 0.5 MG
| | NDC/DIN: (SOURCE: eMAR)
| | 5107941701 LORA0.5T45 - LORazepam TAB* 0.5 MG
| | Admin Queries
| | Agitation/Sedation Score: (0) Alert/Calm Respiratory Rate: 16
| | 2159 REASSESS by LYN0010 at 2152 Stopped: RASPNREQ
| | Reassessment: Richmond Agitation Sed Scale
| | Agitation/Sedation Score: (0) Alert/Calm
| | Respiratory Rate: 16
  
```

ADMINISTRATION PERIOD: 0700 10/15/18 to 0659 10/16/18	START/ STOP
----------------------------------------------------------	----------------

```

Norvasc TAB* (amLODIPine TAB* 5 MG)
10 MG PO EVERY DAY
RX #: 02510219

|09/25/18| *0900 NAT0065 at 0956 406149000
| | NDC/DIN: (SOURCE: Default NDCs)
| | 00904637061 AML05TAB30 - amLODIPine TAB* 5 MG
| | DC 1322 DISCHARGE
  
```

```

Lopressor TAB* (Metoprolol Tartrate TAB* 25 MG)
25 MG PO TWICE DAILY
RX #: 02510220

|09/25/18| *0900 NAT0065 at 0957 406149000
| | NDC/DIN: (SOURCE: Default NDCs)
| | 51079025520 MET025TA22 - Metoprolol Tartrate TAB* 25 MG
| | DC 1322 DISCHARGE
  
```

```

Invega ER TAB* (Paliperidone ER TAB* 6 MG TAB.ER)
6 MG PO EVERY DAY
Comments: NIOSH GROUP II = NON-REGULATED
DO NOT CRUSH
RX #: 02510221

|09/25/18| *0900 NAT0065 at 0957 406149000
| | NDC/DIN: (SOURCE: Default NDCs)
| | 50458055110 FALI6TAB4 - Paliperidone ER TAB* 6 MG TAB.E
| | DC 1322 DISCHARGE
  
```

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00080571823

ADMINISTRATION PERIOD:	START/STOP:
0700 10/15/18 to 0659 10/16/18 (Continued)	

Ativan TAB(*) (LORazepam TAB(*) 0.5 MG) |10/13/18| *0900 NAT0065 at 0957 406149000
 0.5 MG PO TWICE DAILY |10/16/18| NDC/DIN: (SOURCE: Default NDCs)
 Total Doses: 6 (2 of 6 Given) | | 51079041720 LORA0.5T45 - LORazepam TAB(*) 0.5 MG
 RX #: 02533984 | | DC 1322 DISCHARGE

Invega Sustenna* (Paliperidone SUSTENNA* 234 MG/1.5 ML) |11/09/18| ED 1058 JAC0010
 234 MG IM ONCE/ONE |11/09/18| ED 1058 JAC0010
 Comments: NOTE: THE INITIAL 2 INJECTIONS SHOULD BE ADMINISTERED | | ACK 1146 SHA0063
 IN DELTOID MUSCLE TO ATTAIN THERAPEUTIC CONCENTRATIONS | | DC 1322 DISCHARGE
 MORE RAPIDLY. IM ROUTE ONLY AS SINGLE INJECTION | |
 NIOSH GROUP II = NON-REGULATED | |
 RX #: 02535378 | |

Tylenol TAB* (Acetaminophen TAB* 325 MG) |09/25/18| DC 1322 DISCHARGE
 650 MG PO Q6H/PRN | |
 PRN Reason: PAIN | |
 Comments: MAXIMUM DAILY DOSE ACETAMINOPHEN: | |
 ADULTS = 4000 MG; CHILDREN < 12: 2600 MG | |
 DO NOT CRUSH | |
 RX #: 02510218 | |

Nicotine Mouth Piece* (Mouth Piece, Nicotine* 1 EACH CARTRIDGE) |09/26/18| DC 1322 DISCHARGE
 1 EACH INH .USE WITH NICOTROL/PRN | |
 PRN Reason: CRAVING | |
 Dose Ins: use with nicotine cartridge | |
 -- may keep in patient med bin -- | |
 RX #: 02511947 | |

Nicotine GUM* (Nicotine GUM* 2 MG) |09/26/18| DC 1322 DISCHARGE
 2 MG PO Q2H/PRN | |
 PRN Reason: CRAVING | |
 Dose Ins: CHEW GUM | |
 Comments: WASTE SORT CODE - PBKC CHEW GUM SLOWLY UNTIL IT | |
 TINGLES, THEN PARK GUM BETWEEN CHEEK AND GUM UNTIL | |
 TINGLE IS GONE; REPEAT PROCESS UNTIL MOST OF TINGLE IS | |
 GONE (ABOUT 30 MINUTES) | |
 RX #: 02511948 | |

10/16/18	Medication Discharge Summary	
Name BLAYK, BONZE ANNE ROSE	Unit Num M000597460	Account Num A00088571823

ADMINISTRATION PERIOD:	START/STOP
0700 10/15/18 to 0659 10/16/18 (Continued)	

Nicotine Inhaler* (Nicotine Inhaler* 10 MG AMP)	09/26/18 DC 1322 DISCHARGE
10 MG INH Q2H/ERN	
PRN Reason: CRAVING	
Comments: WASTE SORT CODE - PBKC	
RX #: 02511949	

10/16/18 Medication Discharge Summary
 Name BLAYK, BONZE ANNE ROSE Unit Num M000597460 Account Num A00088571823

Legends

Activity Codes

* - Not Administered
 ACK - Acknowledged Order
 DC - Discontinue
 ED - Edit or Verification
 ENTER - Order Entry
 REASSESS - Reassessment
 UNADM - Undo Administration

Reason Codes

BPE - ELEVATED BLOOD PRESSURE
 RASPNREQ -
 RASSNREQ -

Site Codes

Administered By

User: ANN0115 - Anne Hewitt	User: JCN0059 - Joni Lynn Powers, RN	User: KEL0019 - Kelly Jolly, RN	User: LAU0148 - Laura Kovac, RN
User: LYL0001 - Lyle Cohen, RN	User: LYN0010 - Lynne Luxmer, RN	User: MAT0034 - Matthew Barrington, RN	User: MEG0009 - Megan L Smith, RN
User: MIC0258 - Michele Brown, RN	User: NAT0065 - Nathaniel Barton, RN	User: ROB0100 - Roberta E Parseghian, RN	User: ROW0001 - Rowen Diano, RN
User: SEL0001 - Selina Lenetsky, RN	User: SHA0063 - Shannon Esme Aether, RN		

Pharmacy

User: CAR0070 - Carlynn Smith-Thomas	User: CLI0003 - Clifford Ehmke, MD	User: DAV0048 - David McEntee	User: EVA0055 - Eva Ackerman
User: JAC0010 - Jacqueline Yaggie	User: OLG0051 - Olga Naumenko	User: RAC0053 - Rachael L Hutchinson	

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.			