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|  |  |
| --- | --- |
|  | Timeline of Sparrow Hospital Events – Negligence, Misdiagnosis, Coding Errors, Medical documentation Errors. Wife Spreading False and Misleading Medical Information and no Past Medical History attempt to confirm by Sparrow Staff. |
|  |  |
| Start with Discharge Notes multiple errors. | #1 5/18/2023 From Dr. Erin Sarzynski – Sparrow HOSPICE Doctor - Hospice Intake Notes List of   1. Negligent Misdiagnosis by Michael Shafer PHD psychologist, Sparrow Hospital 2. Medical Documentation Errors – “Copy/Paste” issues that were ruled out 3. Medicare Up-coded “Tiny SAH” twice 4. No “Medical History” of Dementia just a negligent Primary Care Physician taking wild guesses based of my father’s obsession with “Memory Loss” 5. No orbit fracture - Again ruled out by CT Scan 5/13 yet “copy/pasted” into Discharge Notes   From Sparrow Hospital Record page #140    And  **#2 05/18/2023 Sparrow Hospital Trauma Unit Discharge Notes**  From Sparrow Hospital Record page #122    [S06.6X9](https://www.icd10data.com/ICD10CM/Codes/S00-T88/S00-S09/S06/S06.6-/S06.6X9) Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration  [S06.6X1](https://www.icd10data.com/ICD10CM/Codes/S00-T88/S00-S09/S06/S06.6-/S06.6X1) Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less    1st: I60 Diagnosis Code [I60  Nontraumatic subarachnoid hemorrhage](https://www.icd10data.com/ICD10CM/Codes/I00-I99/I60-I69/I60-/I60)  [2023 ICD-10-CM Diagnosis Code I60.9](https://www.icd10data.com/ICD10CM/Codes/I00-I99/I60-I69/I60-/I60.9) Nontraumatic subarachnoid hemorrhage, unspecified |
|  | Start of timeline on 05/09/2023 |
| 5/9/2023  7:15 pm | 05/09/2023 07:15 pm Sparrow Emergency Department Provider Note     Bike crash was at approximately 4:00 pm on 5/9/2023  At 7:15 pm my father’s wife gives Past Medical History 1st to Sparrow emergency Department:   1. Past medical history of dementia  (my father does not have a medical history of dementia, a 2020 attempt by Dr. Huffman a Neuropsychiatry and she was unsure and recommended ruling out all reversible causes) 2. Hyperlipidemia  (my father has been on statins for close to 40 years and his pcp never bothered to test for my father’s baseline cholesterol level. He just continued the tradition) 3. Hypothyroidism (based on 3 TSH results in 2003 see here) |
| 5/09/2023  7:45 pm | 05/09/2023 07:45 pm Brief Intervention Dr. Samat “Know of left orbital wall fracture. No entrapment on physical exam currently. Will discuss reaching out to Dr. Novelli.”  **RULED OUT ON 5/13 OFFICIALLY**    Medical Documentation Error  Per CT Scan Addendum on 5/13   1. Possibly a nondisplaced fracture if any 2. No Intraorbital Abnormality   This did not stop the Hospice Doctor from listing a full “Orbital Wall Fracture” as a reason for Hospice Placement (see here)  From Medical Record Page 163. 5/13 CT Scan Addendum |
| 5/9/2023  8:10pm  Adrienne C Shane, PA-C | 05/09/2023 08:10 pm Neurosurgery Consultation Note 1. His wife is at bedside and states that he has dementia al baseline.  2. Tiny L SAH  3. Glasgow Coma Scale Score: 14 (only a mild TBI/Concussion) see here    Per the American College of Surgeons “Best Practices in the Management of Traumatic Brain”  [From Page 3](https://www.facs.org/media/mkej5u3b/tbi_guidelines.pdf) Using the Glasgow Coma Scale  **A white text with red dots  Description automatically generated**  **ASSESSMENT**  Active Problems:  Mechanical Fall while riding bicycle  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  LSAH  IPH  **Plan:**  **Repeat CT in am –**  **Neuro checks 01 H**  **Notify neurosurgery with any decline in exam**  **No blood thinners –**  **PAS for DVT prophylaxis**  **SBP <140**  **Head-of-bed>30 degrees**  **Further recommendations to follow neurosurgery team Rounds** |
| 05/09/2023  09:03 pm  **Attending Trauma Surgeon** Dr. Munoz  Leah Babiarz, DO | 05/09/2023 07:03 pm Trauma History & Physical / Consult Note The patient is a 89 y.o. male with PMHx of dementia,  Per wife they were both riding their bicycles outside.  Shortly after patient was acting his baseline (note here that baseline on 5/9 during admittance was “riding his 2 wheel bike for 5 to 15 miles)  **Hospital Medications:**   |  |  |  |  | | --- | --- | --- | --- | | MEDICATION | DOSAGE | TIMES A DAY | TOTAL DAY | | clevidipine | 2 mg/hr |  | 5/9/2023 2103 | | Electrolyte-A |  |  |  | | Atorvastatin | 40 mg | Oral | Daily | | Levothyroxine | 50 mcg | Oral | Daily | | Cholecalciferol | 1000 Units | Oral | Daily | | Senna | 17.2 | Oral | Nightly | | Tiotropium | 2 puff | Inhalation | Daily per RT | | tranexamic acid | 1000 mg | Intravenous | Once | | acetaminophen, | 650 mg | Q6H PRN |  | | ondansetron HCI, | 4 mg | Q8H PRN |  | | ondansetron, | 4 mg | Q8H PRN |  |   **Active Problems:**  Facial trauma Left orbit fracture (HCC)  Mechanical Fall while riding bicycle  SAH (subarachnoid hemorrhage) (HCC)  History of dementia  Closed dislocation of left thumb  Secondary hypertension  **ASSESSMENT:**  Level 1 Trauma s/p fall from bicycle.  **PLAN:**  Diagnostics, laboratory work, IVF, and pain control per protocol  Maintain c-spine precautions until cleared  NPO until cleared by trauma  No entrapment of the left eye. EOMI. Can f/u outpatient for orbital fracture  No blood thinners  Neuro checks  TXA bolus completed. TXA infusion  Repeat CT in am |
| 5/10/2023  7:25am  Stephanie Brown, PA  Dr. Qahwash | 05/10/2023 07:25 am Neurosurgery Daily Progress Notes Neurosurgery Unit determined early morning 5/10 he had a mildTBI and cleared him for discharge with no need for intervention.  A note from a medical exam  Description automatically generated with medium confidence   |  |  |  |  | | --- | --- | --- | --- | | MEDICATION | DOSAGE | TIMES A DAY | TOTAL DAY | | Atorvastatin | 40 mg | Oral | Daily | | Levothyroxine | 50 mcg | Oral | Daily | | Cholecalciferol | 1000 Units | Oral | Daily | | Senna | 17.2 | Oral | Nightly | | tiotropium | 2 puff | Inhalation | Daily per RT | | tranexamic acid | 1000 mg | Intravenous | Once |   Continuous Infusions:  PRN Meds: hydralazine, acetaminophen, ondansetron HCL \*\*OR\*\* ondansetron  **Comorbidities identified by EMR data:**  Thrombocytopenia: The patient meets criteria for a diagnosis of thrombocytopenia based on a platelet level of 149 x 10"3/microliter or less, with evidence of monitoring (a subsequent platelet level during the same encounter).  **ASSESSMENT:**  Principal Problem:  Mechanical: Fall while riding bicycle  Active Problems**:**   * SAH (subarachnoid hemorrhage) (HCC) * Facial trauma * History of dementia * Left orbit fracture (HCC) * Subarachnoid hematoma with loss of consciousness, initial encounter (HCC) * Closed dislocation of left thumb * Secondary hypertension   **PLAN:**  Repeat am head CT stable  No blood thinners, none taken daily at home, okay to start blood thinners if needed per primary team in 2 weeks  DVT prophy with PAS, okay to start Lovenox if primary team wants it  Neuropsych eval recommended  Rec PT/OT/SLP eval  Activity as tolerated with assistance  No neurosurgical intervention warranted at this time  Continue neuromotor checks and contact our team if any changes  Outpatient f /u as needed  Discharge planning per primary |
| 05/10/2023 9:53 am  Valerie Collins, PT | 05/10/2023 09:53 am Physical Therapy Initial Evaluation Valerie Collins, PT      #1. Yesterday 5/9 my father’s wife at admission states he has “dementia” at baseline. Now today on 5/10 she changes it to “Advanced Dementia at Baseline.” Big difference.  #2. Why is a Physical Therapist evaluating my father for a memory unit while he is in the middle of a bout of hospital induced delirium. She misdiagnosed my father as “Grave” in rehab and because his wife once again spreading false and misleading medical data claiming he has “Advanced Dementia” at baseline. My father does not have Dementia or Alzheimer’s. His wife has been harming my father for years and the actions and events during this hospital stay prove how she tries to manipulate, change stories for some nefarious motive.  [From the American College of Surgeon](https://www.facs.org/media/mkej5u3b/tbi_guidelines.pdf) “Best Practices in the Management of Traumatic Brain Injury” Page 19 and 20  “It is extremely important for the patient that family and caregivers stay truthful and maintain consistency in describing. “  A screenshot of a medical report  Description automatically generated |
| 05/10/2023  11:39 am  Dawn M Doneth, OTR/L | 05/10/2023 11:39 am Occupational Therapy Initial Evaluation     #1. My father’s wife changes baseline again. How can he be at baseline at home while suffering from a bout of hospital induced delirium once again negligently misdiagnosed as something else based on my father’s wife spreading multiple false and misleading medical information.  Why are decisions being made on rehab while?  My father is suffering from delirium.  Delirium that got misdiagnosed as  Major Neurocognitive Disorder probable  Alzheimer's. My father does not have Dementia.  or Alzheimer's. |
| 05/10/2023  12:24 pm  Bethanie L McCullough, NP  **Rounding Attending:** Dr. Uitvlugt | 05/10/2023 12:24 pm Trauma/Surgical Critical Care Progress Note **Rounding Attending:** Dr. Uitvlugt  **INTERVAL HISTORY:**  5/9: 89 yo male that fell off his mechanical bike while unhelmeted and struck his head. Found to have a SAH at OSH and transferred to Sparrow Main. Admitted to NTICU for close monitoring  **SUBJECTIVE:**  Patient up in chair, wife at bedside. Pleasant in conversation, but disoriented to place, time.  **OBJECTIVE:**  Vitals:  5/10/2023 BP-130/101 Pulse-75 Resp:-22 SpO2-95% 5/10/2023 BP-134/63 Pulse-89 Resp:-21 SpO2-93% 5/10/2023 BP-116/66 Pulse-85 Resp:-19 SpO2-95% 5/10/2023 BP-102/59 Pulse-71 Resp:-18 SpO2-93%  **PHYSICAL EXAM:**  **Physical Exam**  Vitals and nursing note reviewed.  **HENT:**  Head: Normocephalic. Contusion and left periorbital erythema present.  Comments: Abrasion to left scalp  **Eyes:**  Pupils: Pupils are equal, round, and reactive to light.  **Cardiovascular:**  Rate and Rhythm: Normal rate and regular rhythm.  **Pulmonary:**  Effort: Pulmonary effort is normal.  Breath sounds: Normal breath sounds.  **Abdominal:**  General: Bowel sounds are normal.  Palpations: Abdomen is soft.  **Musculoskeletal:**  General: Normal range of motion.  Cervical back: Normal, normal range of motion and neck supple. No bony tenderness.  Thoracic back: Normal. No bony tenderness.  Lumbar back: Normal. No bony tenderness.  **Skin:**  General: Skin is warm and dry.  Findings: Abrasion present.  Comments: Abrasion to left elbow and left hand  **Neurological:**  Mental Status: He is alert. Mental status is at baseline.  GCS: GCS eye subscore is 4. GCS verbal subscore is 4. GCS motor subscore is 6.   |  |  |  | | --- | --- | --- | | Lab | 05/09/2023 1910 | 05/10/2023 0359 | | WBC | 12.6 | 7.7 | | HGB | 15.6 | 14.4 | | HCT | 47.4 | 42.6 | | PLT | 113 | 116 (L) | | MCV |  | 86 |  |  |  |  | | --- | --- | --- | | Lab | 05/09/2023 | 05/10/2023 | | NA | 140 | 138 | | K | 3.8 | 3.9 | | CL | 103 | 104 | | CO2 | 25.0 | 25.0 | | BUN | 14 | 10 | | Creatinine | .76 | .70 | | Glucose | **113** | **102** |   **Lactate:** Value-.9 ref range .2-1.8 mmol/L  **RADIOLOGY:**  See\* Order: CT Brain/Head wo Contrast Result Date: 5/10/2023  See\* Order: CT Brain/Head wo Contrast Result Date: 5/9/2023  See\* Order: CT Maxillofacial wo Contrast Result Date: 5/9/2023  See\* Order: CT Angiogram Head & Neck w Contrast Result Date: 5/9/2023  **Comorbidities identified by EMR data:**  Thrombocytopenia:  The patient meets criteria for a diagnosis of thrombocytopenia based on a platelet level of  149 x 10 OA3/microliter or less, with evidence of monitoring (a subsequent platelet level during the same encounter).  **ASSESSMENT:**  Robert Forbes Cromwell is 89 y.o. male. Hospital Day: 2.  **Principal Problem:**  Mechanical Fall while riding bicycle  **Active Problems:**  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC)  Closed dislocation of left thumb  Secondary hypertension  **PLAN:**  **NEURO:**  SAH  • Neurosurgery  o Hold thinners  o Goal SBP < 140  o Repeat head stable  Hx(history): dementia:  • Neuropsychology consult - per discussion with Dr Shafer, patient does not have capacity, wife brought in DPOA paperwork  • Will need second physician to write statement in agreement to activate DPOA  Hx(history): anxiety  • Restart home lexapro 10 mg nightly  **CV: HTN (hypertension)**  • Add amlodipine 5 mg daily to achieve goal SBP < 140  • Sinus rhythm  • Continue to monitor telemetry  **RESP:**  On RA  **RENAL:**  Voiding  1100 ml overnight  Creatinine: 0.7  **FENGI: (**Fluids, Electrolytes, Nutrition, gastrointestinal)  Fluids:None  Diet: General  Following critical care electrolyte protocol  Bowel regimen: Miralax daily  Last bowel movement: PTA  **ID:**  Afebrile, no leukocytosis  qSOFA: Quick Sepsis related Organ Failure Assessment  GCS≤13: 0  RR≥ 22: 0  BP systolic ≤ 100: 0  Total score: 0  **ENDOCRINE:**  Glucose stable 102  Hx: hypothyroidism Restart home med levothyroxine  **HEME:**  Hgb 14.4  • Stable, continue to monitor  **MSK/Skin**: Left orbital wall fracture  • Seen on review of imaging, will ask for addended read  • Likely non-operative, will plan to have Dr Novelli assess tomorrow when he is on call  **TUBES/LINES/DRAINS:**  PIV  **DVT prophylaxis:** PAS only  **PT/OT:** L TC/Memory Care  **SLP/Dysphagia:** Pending evaluation  **CODE** **STATUS: DNR -** discussed code status with patient and wife/dpoa who are in agreement that patient would like to be DNR/DNI  Bethanie L McCullough, NP  5/10/2023 12:28 PM  Trauma/Critical Care Resident Phone: 253-2331 |
| 05/10/2023  4:39 pm | 05/10/2023 04:39 pm SLP Speech Language Eval Note Audit by Clay B Mr. Cromwell seen for cognitive-linguistic evaluation. Pt presents w/ word-finding difficulties, very poor sustained attention and nearly absent divided attention, impaired delayed recall at -1 minute, temporal disorientation, significantly impaired sequencing and simple problem-solving. He is oriented to self and situation and "medical facility" as location. Discussed in detail w/ wife pt's cognitive-linguistic baseline PtA. He is reported to exhibit deficits observed during this evaluation at baseline. Wife in agreement that given his poor recall and reduced receptive ability, he is unlikely to benefit from cognitive-linguistic therapeutic intervention in the acute phase. Will sign off. RN aware. |
| 05/10/2023  4:40 pm  Clay Boersma, MS,CCC-SLP/L | 05/10/2023 04:40 pm Speech Language Evaluation **Background Information**  Robert Forbes Cromwell is a 89 y.o. male, who was admitted to Sparrow Health System secondary to The encounter diagnosis was SAH (Subarachnoid hemorrhage) (HCC)  Past Medical History see above\*  **Subjective:**  Pain Assessment  Ability to Self-Report: Able to self-report  Pain Screening: Patient states no pain present  Prior Function  IADLS: Med Management  IADL Comments: Per wife med management w intermittent supervision  Employment Status: Retired Comments: Retired civil engineer for state of MI  Hearing: Hard of Hearing despite device  Patient stated goal#1: None stated  Comment: Pt alert and cooperative. No visitor present for evaluation. Spoke with wife regarding baseline before evaluation  **Objective:**  Orientation: Person; Situation  Orientation Comment: Stated "a medical facility" for location, disoriented to all elements of time. Oriented to bicycle fall without helmet as situation.  Behavior/Cognition: Alert; Cooperative; Reduced insight  Pragmatics: Cooperative and pleasant  Auditory Comprehension  Simple Yes/No (% correct): 100  1 Step Commands (% correct): 100  Verbal Expression  Sentence Repetition (% correct): 0 %  Verbal Expression Comment: Occasional phonetic paraphasia. Wife reports semantic paraphasias observed at baseline.  Automatics Days (% correct): 100  Episodic Memory  Delayed Recall (% ): 0 %  Episodic Memory Comment: 0/4 for pt recalling the question he was attempting to answer  Intelligibility/Voice  Intelligibility: Intelligible  Clock Drawing Clock Drawing Severity Range: Severe (Missing many numbers and hour and minute hand set incorrectly with no self-correction)  Summary and Impression:  Mr. Cromwell seen for cognitive-linguistic evaluation. Pt presents w/ word-finding difficulties, very poor sustained attention and nearly absent divided attention, impaired delayed recall at -1 minute, temporal disorientation, significantly impaired sequencing and simple problem-solving. He is oriented to self and situation and "medical facility" as location. Discussed in detail w/ wife pt's cognitive-linguistic baseline PtA. He is reported to exhibit deficits observed during this evaluation at baseline. Wife in agreement that given his poor recall and reduced receptive ability, he is unlikely to benefit from cognitive-linguistic therapeutic intervention in the acute phase. Will sign off. RN aware.  Assessment:  Call light in reach, RN aware: Yes  TABS/Bed Alarm Intact: Yes  Speech Therapy Prognosis  Prognosis: Guarded  Prognosis Considerations: Co-Morbidities; Severity of Impairments  Tolerance  Patient Tolerance for Therapy Session: Adequate level of alertness; Decreased attention  Plan: Cognition Frequency: Cognition Discharge from Services  SLP Discharge Recommendations: Home with 24 hour supervision/assist, Long-term nursing home placement  Charges SLP Time Duration SLP Start Time: 1540 SLP Stop Time: 1610 SLP Total Time: 30 Minutes SLP Evaluations $$ Eval of Language Comprehension/Expression (92523): 1 Procedure  Clay Boersma, MS,CCC-SLP/L  May 10, 2023 4:40 PM |
| 05/10/23 9:38 pm  Rebekah Geiger, RN | 05/10/2023 09:38 pm Plan of Care by Rebekah Geiger, RN Rebekah Geiger, RN  **Problem: Fall Prevention**  **Goal: Identify risk factors for falls**  Description: Identify risk factors for falls on admission and every shift and as needed  Outcome: Ongoing  **Goal: Ability to state ways to decrease risk of falls supported**  Description: Ability to state ways to decrease risk of falls will be supported  Outcome: Ongoing  **Goal: Implement fall bundle protocol**  Outcome: Ongoing  **Problem: General and/or Acute Pain**  Goal: Pain will be safely and adequately managed throughout hospitalization  Description: Please see associated flowsheet rows for the assessment.  Outcome: Ongoing Flowsheets (Taken 5/10/2023 2050)  Ability to Self-Report Able to self-report  **Problem: Stroke Education**  Goal: Knowledge of disease will improve prior to discharge  Outcome: Ongoing  **Goal: Ability to identify and develop coping behaviors will improve prior to discharge**  Outcome: Ongoing  **Goal: Knowledge of diagnosis risk factors will improve prior to discharge**  Outcome: Ongoing  **Problem: Tissue Perfusion**  Goal: Ability to maintain intracranial pressure will stabilize during hospitalization  Outcome: Ongoing  **Problem: Activity Intolerance/Impaired Mobility**  Goal: Patient will return to baseline or improved mobility by discharge  Outcome: Ongoing  **Problem: Safety**  Goal: Ability to remain free from injury will be supported throughout hospitalization  Outcome: Ongoing  **Problem: Acute Confusion**  Goal: Patient will return to baseline mentation prior to discharge  Outcome: Ongoing  **Problem: Risk for healthcare acquired conditions**  Goal: Minimize the risk for acquiring healthcare acquired conditions throughout hospitalization Outcome: Ongoing  Note: This care plan reflects last filed documentation at the time of this note. For further review of documentation, see associated flowsheet rows.  **Intervention: Hospital Acquired Pneumonia Interventions**  Recent Flowsheet Documentation  Taken 5/10/2023 2050 by Rebekah Geiger, RN  Head of Bed Elevated: HOB 30  **Intervention: Skin Interventions**  Recent Flowsheet Documentation  Taken 5/10/2023 2050 by Rebekah Geiger, RN  Medical Device Off Loaded: Telemetry/Oximetry wires  **Repositioning Interventions: Turns self**  Head of Bed Elevated: HOB 30  Sleep Surface: Pressure redistribution mattress  Patient Position: Semi-Fowlers |
| 05/11/23 2:53 am  Rebekah Geiger, RN | 05/11/2023 02:53 am Nursing Note by Rebekah Geiger, RN Patient making frequent attempts to get out of bed, setting bed alarm off. Patient oriented to self only. Patient redirectable back to bed or to bathroom (when needed) but persistently attempting to get out of bed despite redirection. |
| 05/11/2023  3:16 am  Rebekah Geiger, RN | 05/11/2023 03:16 am Significant Event by Rebekah Geiger, RN Patient restless, frequently attempting to get out of bed and unsteady. Safety attendant now at bedside. MD paged for BP medication.  181/87 |
| 05/11/2023  4:08 am  Rebekah Geiger, RN | 05/11/2023 04:08 am Nursing Note by Rebekah Geiger, RN Patient becoming paranoid (first saying we took his daughter, then his wife). Initially not allowing RN to give BP medication. Frequent attempts at reorienting without success. Patient not redirectable by safety attendant or RN. Patient out of bed in hallway, unsteady, refusing to go back in room and shouting for the police. Charge RN called code BERT. Patient grabbed RN's hand but did release it when she said ouch. Security assisted patient back to room, where he sat on the edge of the bed. |
| 05/11/2023  4:44 am  Peter A. Collings, MD | 05/11/2023 04:44 am Brief Intervention by Peter Collings, MD Paged by RN regarding patient becoming increasingly agitated. Per RN, patient was hallucinating and was increasingly paranoid. He was becoming both verbally and physically aggressive towards staff. Patient seen and examined at bedside. He is not oriented to person, place, or time. Significant expressive aphasia noted. No other focal neurologic deficits appreciated on examination. Given no documentation of previous expressive aphasia, concern at this time is for worsening hemorrhage. This may be due to delirium versus dementia, however cannot exclude an acute intracranial process.  -CT head stat  -Zyprexa IM for agitation  0500: patient physically aggressive toward staff. Attempted to punch and kick RNs multiple times. Ultimately the decision was made to place 4-point soft restraints in order to protect patient and staff well-being.  Peter A. Collings, MD  General Surgery Resident,  PGY-1 Pager: 226-3340 |
| 05/11/2023  6:22 am  Rebekah Geiger, RN | 05/11/2023 06:22 am Nursing Note by Rebekah Geiger, RN Patient continues to be restless. Safety attendant at bedside. Patient declined offered beverages. RN attempted called spouse with an update and left a voicemail to return the call. |
| 05/11/2023  7:21 am  Michael Shafer, PhD | 05/11/2023 07:21 am Hospice Informed Consent by Michael Shafer, PhD Active Ambulatory Problems  Diagnosis  • Osteoarthritis of right knee 08/17/2021  Resolved Ambulatory Problems  Diagnosis:  No Resolved Ambulatory Problems  Past Medical History:  Diagnosis   * Arthritis * Cancer (HCC) * Dementia * Hearing loss * Hyperlipidemia * Inguinal hernia * Murmur * Thyroid disease   (Actual Screenshot of individual medical record with no explanation why Prostrate was left out of cancer.) Very Suspect for Hospice Fraud |
| 05/11/2023  7:27 am  Michael Shafer, PhD | 05/11/2023 07:27 am Neuropsych - Impressions by Michael Shafer, PhD The patient was evaluated in the morning with family (wife) present. The patient was observed sitting up in a chair. Throughout the evaluation the patient exhibited a consistent propensity for confusion marked by poor memory capacity, impaired speech/language, and impaired executive functioning, including awareness and insight. According to family, the patient has been diagnosed with Alzheimer's Disease (advanced), which has become exacerbated by acute head injury. At this time, due to an aggregate of processes the patient does not demonstrate the capacity to make informed medical decisions. He will require assistance from his DPOA. |
| 05/11/2023  7:29 am  Michael Shafer, PhD | 05/11/2023 07:29 am SMG Neuropsychology Consult Michael Shafer, PhD  Recommendations:  Capacity and Decision Making The patient does not demonstrate the cognitive capacity to make informed medical decisions (The patient has a DPOA)  TBI Management NA  TBI Management – Return to Physical Activity/Exercise Sport  TBI Management – Return to School NA  Additional Recommendations SMG Neuropsychology will continue to follow the patient while they remain in the hospital Psychiatric Recommendations Defer opinion Functional Neurological Disorder (FND) NA  Psychological Functioning  NA  Impressions: The patient was evaluated in the morning with family (wife) present. The patient was observed sitting up in a chair. Throughout the evaluation the patient exhibited a consistent propensity for confusion marked by poor memory capacity, impaired speech/language, and impaired executive functioning, including awareness and insight. According to family, the patient has been diagnosed with Alzheimer's Disease (advanced), which has become exacerbated by acute head injury. At this time, due to an aggregate of processes the patient does not demonstrate the capacity to make informed medical decisions. He will require assistance from his DPOA.  Diagnostic Impressions:  1: mild complicated Traumatic Brain Injury (mTBI)  2: Major Neurocognitive Disorder (NCO) due to probable Alzheimer's Disease    The patient has a positive medical history for the following: Past Medical History:  **Past Medical History:**  Diagnosis  • Arthritis osteoarthritis in both hands  • Cancer (HCC) prostate  • Dementia  • Hearing loss aids in both ears  • Hyperlipidemia  • Inguinal hernia  • Murmur  • Thyroid disease  **Past Surgical History: see above\***  Objective:  General Information  Consulting Psychologist: Michael Shafer, PhD  Reason for Consult:   * Concussion, * Suspected dementia, * Decision making capacity, * Need for 24/7 supervision.   **Mental Status Evaluation**  Appearance: Congruent with medical condition  Behavior: Cooperative, Disinhibited  Speech: Clear, Poverty of speech, Poverty of content Mood: Anxious, Labile  Affect: Mood-congruent  Thought Process: Slowed, Tangential, Rambling  Thought Content: Unable to assess  Attention: Fluctuating  Concentration: Decreased  Intelligence: Estimated average  Knowledge: Poor  Memory Immediate: Poor  Memory Remote: Poor  Orientation: Alert  Cognition: Impaired, Impaired due to Alzheimer’s  Insight: Limited  Judgment: Limited  Screenshot of “Imaging:” actual inputs into the Neuropsychology Consult  Dr. Shafer and Dr. Sarzynski (hospice Dr.) are the only 2 doctors who left out the full results of the SAH CT Findings/Dementia literally ruling out Neurodegenerative disease including Alzheimer’s and Dementia.    Physical Therapy:  Occupational Therapy:  Speech Therapy:  Speech Summary and Impression: No notes on file  Dysphagia Summary and impression: No notes on file  Time Spent  Time Spent: 96116 (NBSE) (55 min)  Michael Shafer, PhD  5/11/2023  7:29AM |
| 05/11/2023  1:12 pm  Dr. Ansari | 05/11/2023 01:12 pm Progress Notes by Dr. Ansari I believe that the patient does not have cognitive mental capacity to make his own informed medical decisions. Per his wife, the patient has had advancing Alzheimer's dementia for multiple years. He has had a significant subarachnoid hemorrhage related to his recent bike riding accident. He has had a concussion related to this. Last night he required multiple doses of Zyprexa to help with his agitated state. Today he is more somnolent, however is requiring soft restraints and a one-to-one sitter. The patient has a wife who states she is willing to be his DPOA and provide paperwork. I believe her acting as his DPOA is most appropriate. |
| 05/11/2023  3:35 pm  Garrett D Smigelski, PA-C  Attestation:  Dr. Ansari | 05/11/2023 03:35 pm Sparrow Trauma Daily Progress Note Progress Notes by G Smigelski    **Problem List:**  **Principal Problem:**  Mehcanical Fall while riding bicycle  **Active Problems:**  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC)  Closed dislocation of left thumb  Secondary hypertension  Fall from bicycle  Major neurocognitive disorder due to traumatic brain injury (HCC)  Confusion  **Interval History:**  Pt seen in AM and again in afternoon, wife at bedside both times. Received Zyprexa x agitation overnight, now comfortably sleeping, will trial out of restraints today and start Seroquel.  **Focused Physical Exam:**  **Vitals (Range for last 24 hrs):**  Temp: [97.7 °F (36.5 °C)-98 °F (36.7 °C)] 97.7 °F  (36.5 °C)  Pulse: [69-109] 89  Resp: [12-27] 22  BP: (121-181)/(68-98) 121/69  **Physical Exam**  Constitutional:  General: He is not in acute distress.  Appearance: Normal appearance. He is normal weight. He is not ill-appearing or toxic-appearing.  Comments: Pleasant pt laying in bed  HENT:  Head: Normocephalic and atraumatic. (normal head) (minimal tissue injury)  Right Ear: External ear normal.  Left Ear: External ear normal.  Nose: Nose normal.  Mouth/Throat: Mouth: Mucous membranes are moist.  Pharynx: Oropharynx is clear.  Eyes:  Extraocular Movements: Extraocular movements intact.  Pupils: Pupils are equal, round, and reactive to light.  Cardiovascular:  Rate and Rhythm: Normal rate and regular rhythm.  Pulses: Normal pulses.  Heart sounds: Normal heart sounds. No murmur heard.  Pulmonary:  Effort: Pulmonary effort is normal. No respiratory distress.  Breath sounds: Normal breath sounds.  Abdominal:  Palpations: Abdomen is soft.  Tenderness: There is no abdominal tenderness.  Musculoskeletal:  General: Normal range of motion.  Skin:  General: Skin is warm and dry.  Capillary Refill: Capillary refill takes less than 2 seconds.  Neurological:  General: No focal deficit present.  Mental Status: He is alert. Mental status is at baseline.  GCS: GCS eye subscore is 3. GCS verbal subscore is 3. GCS motor subscore is 6.  Psychiatric:  Mood and Affect: Mood normal.  Behavior: Behavior normal.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | MEDICATION | DOSAGE |  |  |  | | QUEtiapine | 12.5 mg | Oral | Nightly | schizophrenia, acute manic episodes | | hydrALAZINE |  | Continuous Infusions | PRN | direct vasodilator used orally to treat essential hypertension | | ondansetron HCI \*\*OR\*\* ondansetron |  | Continuous Infusions | PRN | Antiemetic  It can prevent nausea and vomiting | | acetaminophen, |  | Continuous Infusions | PRN |  | | enoxaparin (LOVENOX) injection | 40 mg | Subcutaneous | Daily | prevent blood clots in the leg  DVT prophylaxis | | escitalopram | 10 mg | Oral | Nightly | (SSRI) approved for the acute and maintenance treatment of major depressive disorder | | levETI RAcetam | 500 mg | Oral | BID | Seizures | | Tiotropium (SPIRIVA RESPIMAT) | 2 puff | Inhalation | Daily per RT | bronchodilators  Long-acting muscarinic antagonist medication (COPD) | | cholecalciferol | 1,000 Units | Oral | Daily | vitamin D3 | | polyethylene glycol laxative | 17 g | Oral | Daily | laxative | | Senna | 17.2 | Oral | Nightly | stimulant laxatives | | amLODIPine | 5 mg | Oral | Daily | Calcium channel blocker | | Atorvastatin | 40 mg | Oral | Daily | Lipitor, cholesterol | | Levothyroxine | 50 mcg | Oral | Daily | thyroid |   **Comorbidities identified by EMR data:**  Thrombocytopenia: The patient meets criteria for a diagnosis of thrombocytopenia based on a platelet level of 149 x 10∧3/microliter or less, with evidence of monitoring (a subsequent platelet level during the same encounter).  **Assessment/Plan:**  Benzodiazepines: no  IV opiates: no  -overnight pt had agitation that required restraints, Zyprexa IM x2. Since early AM behavior has improved  -start seroquel (Quetiapine) and trial out of restraints  Neuropsych:  The patient does not demonstrate the cognitive capacity to make informed medical decisions (The patient has a DPOA)  L orbital fx (left orbital fracture)  -consult plastics, Novelli, page sent and on treatment team.  -await formal recs (recommendations)  -DPOA activated today 5/11  -of note repeat CT head was ordered at time of agitation was noted "Significant expressive aphasia noted. No other focal neurologic deficits appreciated on examination. Given no documentation of previous expressive aphasia, concern at this time is for worsening hemorrhage."  --after further review pt has expressive aphasia at baseline per SLP note 5/10 "Occasional phonetic paraphasia. Wife reports semantic paraphasias observed at baseline."  verified w/ wife at bedside pt does have baseline aphasia, d/w day team trauma colleague that aphasia is baseline as well.  Discontinued CT head ordered overnight given baseline aphasia, with current recent behavior unlikely to complete CT at this time.  Repeat CT head already 5/10 w/ no significant interval changes from CT head 5/9 and reviewed per neuroSx team. –  will continue to monitor and if any change from baseline consider repeat CT  SBP > 150 or r <90: yes HTN in AM during times of agitation s/p norvasc and improved behavior BP 121/69.  Continue norvasc and continue to monitor. (NORVASC tablets are a prescription medicine to treat high blood pressure)  Lactate >2.0: no  Supplemental oxygen: no. Encourage IS ( Incentive spirometry)  Electrolytes abnormal (NA+, K+, C02-): no monitor w/ AM labs  IV fluids: yes Maintenance fluids given poor PO intake today  Oral nutrition: yes  Last bowel movement: 5/10; Smoothlax and Pericolace daily.  Urine output< 720 ml/24 h: yes  Foley: no.  Renal fxn at baseline w/ 5/9 labs. Monitor w/ AM labs  qSOFA:  GCS ≤ 13: yes  RR≥ 22: no  BP systolic ≤ 100: no  Total score: 1  Antibiotics: n/a  DVT prophylaxis: lovenox  Last dose: 5/11  PT/OT: LTC  Estimated discharge date and location; 5/16 LTC, pending behavior  Garrett D Smigelski, PA-C  5/11 /2023, 3:35 PM  Trauma Team Pager: 226-3350    AVSS Afebrile, Vital Signs Stable · / SIRS Systemic inflammatory response syndrome / Urinary output |
| 05/12/2023  7:21 am  Natalie M Fox, PA-C  Attestation:  Dr. Munoz  NAD (no abnormality detected)  Assessment: SAH  Plan: Placement Pending | 05/12/2023 07:21 am Sparrow Trauma Daily Progress Note Natalie M Fox, PA-C  **Problem List:**  **Principal Problem:**  Mehcanical Fall while riding bicycle  **Active Problems:**  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC)  Closed dislocation of left thumb  Secondary hypertension  Fall from bicycle  Major neurocognitive disorder due to traumatic brain injury (HCC)  Confusion  **Interval History:**  No acute events overnight. No further reports of agitation or aggression. Will trial off of sitter.  Family is hoping for subacute rehabilitation facility, will have PT/OT re-evaluate.  **Focused Physical Exam:**  Vitals (Range for Last 24 hrs):  Temp: [97 °F (36.1 °C)-97.7 °F (36.5 °C)] 97.7 °F  (36.5 °C)  Pulse: [70-108] 108  Resp: [16-20] 18  BP: (110-157)/(69-99) 120/69  **Physical Exam**  Constitutional:  Appearance: Normal appearance.  Comments: Resting comfortably in bed in no acute distress Son is present at bedside  HENT:  Head: Normocephalic. (normal head)  Comments: Left periorbital ecchymosis Abrasions and ecchymosis to left scalp  Mouth/Throat: Mouth: Mucous membranes are moist.  Pharynx: Oropharynx is clear.  Eyes:  Extraocular Movements: Extraocular movements intact.  Pupils: Pupils are equal, round, and reactive to light.  Cardiovascular:  Rate and Rhythm: Normal rate and regular rhythm.  Pulses:  Radial pulses are 2+ on the right side and 2+ on the left side.  Dorsalis pedis pulses are 2+ on the right side and 2+ on the left side.  Heart sounds: Murmur heard.  Systolic murmur is present  Pulmonary:  Effort: Pulmonary effort is normal. No respiratory distress.  Breath sounds: Normal breath sounds.  Comments: **On room air (why was this bolded? Of course he is not that sick)**  Abdominal:  General: Abdomen is flat.  Palpations: Abdomen is soft.  Tenderness: There is no abdominal tenderness.  Musculoskeletal:  General: Normal range of motion.  Cervical back: Normal range of motion and neck supple. No tenderness.  Neurological:  General: No focal deficit present.  Mental Status: He is alert. He is confused.  GCS: GCS eye subscore is 3. GCS verbal subscore is 3. GCS motor subscore is 6.  Sensory: Sensation is intact.  Motor: Motor function is intact  Psychiatric:  Mood and Affect: Mood normal.  Behavior: Behavior normal.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Scheduled Meds: |  |  |  |  | | QUEtiapine | 12.5 mg | Oral | Nightly | schizophrenia, acute manic episodes | | hydrALAZINE |  | Continuous Infusions | PRN | direct vasodilator used orally to treat essential hypertension | | ondansetron HCI \*\*OR\*\* ondansetron |  | Continuous Infusions | PRN | Antiemetic  It can prevent nausea and vomiting | | acetaminophen, |  | Continuous Infusions | PRN |  | | enoxaparin (LOVENOX) injection | 40 mg | Subcutaneous | Daily | prevent blood clots in the leg  DVT prophylaxis | | escitalopram | 10 mg | Oral | Nightly | (SSRI) approved for the acute and maintenance treatment of major depressive disorder | | levETI RAcetam | 500 mg | Oral | BID | Seizures | | Tiotropium (SPIRIVA RESPIMAT) | 2 puff | Inhalation | Daily per RT | bronchodilators  Long-acting muscarinic antagonist medication (COPD) | | cholecalciferol | 1,000 Units | Oral | Daily | vitamin D3 | | polyethylene glycol laxative | 17 g | Oral | Daily | laxative | | Senna | 17.2 | Oral | Nightly | stimulant laxatives | | amLODIPine | 5 mg | Oral | Daily | Calcium channel blocker | | Atorvastatin | 40 mg | Oral | Daily | Lipitor, cholesterol | | Levothyroxine | 50 mcg | Oral | Daily | thyroid |   **Comorbidities identified by EMR data:**  Thrombocytopenia: The patient meets criteria for a diagnosis of thrombocytopenia based on a platelet level of 149 x 10∧3/microliter or less, with evidence of monitoring (a subsequent platelet level during the same encounter).  **Assessment/Plan:**  Benzodiazepines: no  IV opiates: no  SAH  • Neurosurgery  o Repeat head stable  o OK to start Lovenox for DVT ppx, though no blood thinners for 2 weeks  o Outpatient follow-up as needed  Dementia with behavioral disturbance   * Neuropsychology   o Does not demonstrate the cognitive capacity to make informed medical decisions (Patient's wife, Mary Ellen, activated DPOA)   * • Trial Seroquel (QUEtiapine)   **SBP > 150** or <90 yes intermittently hypertensive, will increase amlodipine to 10 mg daily 5/13  Lactate >2.0: no  Supplemental oxygen: no. Encourage IS.  Electrolytes abnormal (NA+, K+, C02-): no  IV fluids: no  Oral nutrition: yes, House  Last bowel movement: 5/1 O;  Smoothlax and Pericolace daily.  Urine output< 720 ml/24 h: no  Foley: no.  qSOFA:  GCS ≤ 13: no  RR≥ 22: no  BP systolic ≤ 100: no  Total score: 0  Antibiotics: none  DVT prophylaxis: Lovenox 40 mg daily  Last dose: 5/11  Left orbital wall fracture  • Dr. Novelli consult 5/11, appreciate recommendations  PT/OT: LTC/memory care facility.  As patient with stable behaviors over past 24/hr, will ask for repeat PT/OT evaluations.  Estimated discharge date and location; Medically stable for placement, appreciate repeat therapy evaluations and CM assistance.  Natalie M Fox, PA-C  5/12/2023, 7:04 PM  Trauma Team Pager: 226-3350 |
| 05/12/2023  9:10 pm | 05/12/2023 09:10 pm Plan of Care by Torri K **Problem: Fall Prevention**  **Goal: Identify risk factors for falls**  Description: Identify risk factors for falls on admission and every shift and as needed  Outcome: Ongoing  **Goal: Ability to state ways to decrease risk of falls supported**  Description: Ability to state ways to decrease risk of falls will be supported  Outcome: Ongoing  **Goal: Implement fall bundle protocol**  Outcome: Ongoing  **Problem: General and/or Acute Pain**  Goal: Pain will be safely and adequately managed throughout hospitalization  Description: Please see associated flowsheet rows for the assessment.  Outcome: Ongoing  ~~Ability to Self-Report Able to self-report~~  **Problem: Stroke Education**  Goal: Knowledge of disease will improve prior to discharge  Outcome: Ongoing  **Goal: Ability to identify and develop coping behaviors will improve prior to discharge**  Outcome: Ongoing  **Goal: Knowledge of diagnosis risk factors will improve prior to discharge**  Outcome: Ongoing  **Problem: Tissue Perfusion**  Goal: Ability to maintain intracranial pressure will stabilize during hospitalization  Outcome: Ongoing  **~~Problem: Activity Intolerance/Impaired Mobility~~**  ~~Goal: Patient will return to baseline or improved mobility by discharge~~  ~~Outcome: Ongoing~~  **~~Problem: Safety~~**  ~~Goal: Ability to remain free from injury will be supported throughout hospitalization~~  ~~Outcome: Ongoing~~  **~~Problem: Acute Confusion~~**  ~~Goal: Patient will return to baseline mentation prior to discharge~~  ~~Outcome: Ongoing~~  **Problem: Risk for healthcare acquired conditions**  Goal: Minimize the risk for acquiring healthcare acquired conditions throughout hospitalization Outcome: Ongoing  ~~Note: This care plan reflects last filed documentation at the time of this note. For further review of documentation, see associated flowsheet rows.~~  **~~Intervention: Hospital Acquired Pneumonia Interventions~~**  ~~Recent Flowsheet Documentation~~  ~~Taken 5/10/2023 2050 by Rebekah Geiger, RN~~  ~~Head of Bed Elevated: HOB 30~~  **Intervention: Skin Interventions**  Recent Flowsheet Documentation  Taken 5/10/2023 2050 by Rebekah Geiger, RN  Medical Device Off Loaded: Telemetry/Oximetry wires  **~~Repositioning Interventions: Turns self~~**  ~~Head of Bed Elevated: HOB 30~~  ~~Sleep Surface: Pressure redistribution mattress~~  ~~Patient Position: Semi-Fowlers~~ |
| 05/12/2023  10:42 pm  Torri Kat | 05/12/2023 10:42 pm Nursing Note by Torri Kat Patient is very agitated and wanting to go out the door. |
| 05/13/2023  8:36 am  Rhonda S | 05/13/2023 08:36 am Therapy Note by Rhonda S OT reordered, however evaluation of 5/10 remains current and relevant. Pt does not qualify for skilled OT intervention due to major neurocognitive disorder. OT continues to recommend L TC/memory unit. Refer to evaluation of 5/10 for specifics. |
| 05/13/2023  12:16 am  Bethanie L McCullough, NP  Attestation:  Benjamin Mosher, MD  L Orbital Fx | 05/13/2023 12:16 am Sparrow Trauma Daily Progress Note **Problem List:**  **Principal Problem:**  Mehcanical Fall while riding bicycle  **Active Problems:**  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC)  Closed dislocation of left thumb  Secondary hypertension  Fall from bicycle  Major neurocognitive disorder due to traumatic brain injury (HCC)  Confusion  **Interval History:**  Patient was agitated overnight, able to be redirected.  **Focused Physical Exam:**  **Vitals (Range for Last 24 hrs):**  Temp: [97.3 °F (36.3 °C)-98.2 °F (36.8 °C)] 97.8 °F (36.6 °C)  Pulse: [74-108] 87  Resp: [18-22] 22  BP: (120-157)/(69-80) 151/72  **Physical Exam**  Constitutional:  Appearance: Normal appearance.  HENT:  Head: Normocephalic. (normal head)  Comments: Left periorbital ecchymosis Abrasions and ecchymosis to left scalp  Mouth/Throat:  Mouth: Mucous membranes are moist.  Pharynx: Oropharynx is clear.  Eyes:  Extraocular Movements: Extraocular movements intact.  Pupils: Pupils are equal, round, and reactive to light.  Cardiovascular:  Rate and Rhythm: Normal rate and regular rhythm.  Pulses:  Radial pulses are 2+ on the right side and 2+ on the left side.  Dorsalis pedis pulses are 2+ on the right side and 2+ on the left side.  Heart sounds: Murmur heard.  Systolic murmur is present  Pulmonary:  Effort: Pulmonary effort is normal. No respiratory distress.  Breath sounds: Normal breath sounds.  Comments: **On room air (why was this bolded? Of course he is not that sick)**  Abdominal:  General: Abdomen is flat.  Palpations: Abdomen is soft.  Tenderness: There is no abdominal tenderness.  Musculoskeletal:  General: Normal range of motion.  Cervical back: Normal range of motion and neck supple. No tenderness.  Neurological:  General: No focal deficit present.  Mental Status: He is lethargic, disoriented and confused.  GCS: GCS eye subscore is 4. GCS verbal subscore is 4. GCS motor subscore is 6  Sensory: Sensation is intact.  Motor: Motor function is intact  Psychiatric:  Mood and Affect: Mood normal.  Behavior: Behavior normal.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Scheduled Meds: |  |  |  |  | | QUEtiapine | 12.5 mg | Oral | Nightly | schizophrenia, acute manic episodes | | hydrALAZINE |  | Continuous Infusions | PRN | direct vasodilator used orally to treat essential hypertension | | ondansetron HCI \*\*OR\*\* ondansetron |  | Continuous Infusions | PRN | Antiemetic  It can prevent nausea and vomiting | | acetaminophen, |  | Continuous Infusions | PRN |  | | enoxaparin (LOVENOX) injection | 40 mg | Subcutaneous | Daily | prevent blood clots in the leg  DVT prophylaxis | | escitalopram | 10 mg | Oral | Nightly | (SSRI) approved for the acute and maintenance treatment of major depressive disorder | | levETI RAcetam | 500 mg | Oral | BID | Seizures | | Tiotropium (SPIRIVA RESPIMAT) | 2 puff | Inhalation | Daily per RT | bronchodilators  Long-acting muscarinic antagonist medication (COPD) | | cholecalciferol | 1,000 Units | Oral | Daily | vitamin D3 | | polyethylene glycol laxative | 17 g | Oral | Daily | laxative | | Senna | 17.2 | Oral | Nightly | stimulant laxatives | | amLODIPine | 5 mg | Oral | Daily | Calcium channel blocker | | Atorvastatin | 40 mg | Oral | Daily | Lipitor, cholesterol | | Levothyroxine | 50 mcg | Oral | Daily | thyroid |   **Comorbidities identified by EMR data:**  Thrombocytopenia: The patient meets criteria for a diagnosis of thrombocytopenia based on a platelet level of 149 x 10∧3/microliter or less, with evidence of monitoring (a subsequent platelet level during the same encounter).  **Assessment/Plan:**  Benzodiazepines: no  IV opiates: no  SAH  • Neurosurgery  o Repeat head stable  o OK to start Lovenox for DVT ppx, though no blood thinners for 2 weeks  o Outpatient follow-up as needed  Dementia with behavioral disturbance   * Neuropsychology   o Does not demonstrate the cognitive capacity to make informed medical decisions (Patient's wife, Mary Ellen, activated DPOA)   * Trial Seroquel 12.5 nightly (started 5/12/23) (QUEtiapine)   **SBP > 150** or <90 yes intermittently hypertensive, will increase amlodipine to 10 mg daily 5/13, still elevated, added 5mg lisinopril  Lactate >2.0: no  Supplemental oxygen: no. Encourage IS.  Electrolytes abnormal (NA+, K+, C02-): no  IV fluids: no  Oral nutrition: yes, House  Last bowel movement: 5/10  Smoothlax and Pericolace daily.  Urine output< 720 ml/24 h: no  Foley: no.  qSOFA:  GCS ≤ 13: no  RR≥ 22: no  BP systolic ≤ 100: no  Total score: 0  Antibiotics: none  DVT prophylaxis: Lovenox 40 mg daily  Last dose: 5/13  Left orbital wall fracture  • Non-operative management, follow up outpatient with Dr Novelli  PT/OT: LTC/memory care facility.  Pt does not qualify for skilled OT/PT intervention due to major neurocognitive disorder. He will not qualify for subacute rehabilitation facility.  Estimated discharge date and location; Medically stable for placement, appreciate repeat therapy evaluations and CM assistance.  Bethanie L McCullough, NP  5/13/2023, 12:16 PM  Trauma Team Pager: 226-3350 |
| 05/13/2023  2:48 pm | 05/13/2023 02:48 pm Plan of Care by Kelcey Baker, RN **Problem: Fall Prevention**  **Goal: Identify risk factors for falls**  Description: Identify risk factors for falls on admission and every shift and as needed  Outcome: Ongoing  **Goal: Ability to state ways to decrease risk of falls supported**  Description: Ability to state ways to decrease risk of falls will be supported  Outcome: Progressing  **Goal: Implement fall bundle protocol**  Outcome: Progressing  **Problem: General and/or Acute Pain**  Goal: Pain will be safely and adequately managed throughout hospitalization  Description: Please see associated flowsheet rows for the assessment.  Outcome: Progressing  Flowsheets (Taken 5/13/2023 1005)  Ability to Self-Report  **Problem: Stroke Education**  Goal: Knowledge of disease will improve prior to discharge  Outcome: Progressing  **Goal: Ability to identify and develop coping behaviors will improve prior to discharge**  Outcome: Progressing  **Goal: Knowledge of diagnosis risk factors will improve prior to discharge**  Outcome: Progressing  **Problem: Tissue Perfusion**  Goal: Ability to maintain intracranial pressure will stabilize during hospitalization  Outcome: Ongoing  **Problem: Activity Intolerance/Impaired Mobility**  Goal: Patient will return to baseline or improved mobility by discharge  Outcome: Progressing  **Problem: Safety**  Goal: Ability to remain free from injury will be supported throughout hospitalization  Outcome: Progressing  **Problem: Acute Confusion**  Goal: Patient will return to baseline mentation prior to discharge  Outcome: Progressing  **Problem: Risk for healthcare acquired conditions**  Goal: Minimize the risk for acquiring healthcare acquired conditions throughout hospitalization Outcome: Ongoing  Note: This care plan reflects last filed documentation at the time of this note. For further review of documentation, see associated flowsheet rows.  **Intervention: Hospital Acquired Pneumonia Interventions**  Recent Flowsheet Documentation  Taken 5/13/2023 1100 by Kelcey Baker, RN  Oral Care: Teeth brushed  **Intervention: CAUTI Interventions - Applicable only for patients with an indwelling catheter**  Recent Flowsheet Documentation  Taken 5/13/2023 1100 by Kelcey Baker, RN  Hygiene:  • Disposable bed bath  • Hair care  **Intervention: Skin Interventions**  Recent Flowsheet Documentation  Taken 5/13/2023 1352 by Kelcey Baker, RN  Heels/Feet:   * Pillows * Heels elevated off bed   Patient Position: Semi-Fowlers  Taken 5/13/2023 1154 by Kelcey Baker, RN Heels/Feet:  • Pillows  • Heels elevated off bed  Taken 5/13/2023 1149 by Kelcey Baker, RN  Patient Position: Supine  Taken 5/13/2023 1100 by Kelcey Baker, RN  Medical Device Off Loaded:  • Telemetry/Oximetry wires  • SCD tubing  Moisture Management:  • Incontinent Barrier Wipes  • Linen Change Full  Repositioning Interventions: Up in chair  Patient Position: Sitting  Taken 5/13/2023 1005 by Kelcey Baker, RN  Patient Position: Supine  **Problem: Limited Knowledge of techniques/recommendations related to speech therapy**  Goal: Patient/Caregiver understands techniques/recommendations related to speech therapy  Outcome: Progressing  **Problem:** **Risk for injury secondary to restraint usage**  **Goal:** Identify and treat underlying cause for behaviors necessitating restraints and mitigate risk of injury from restraints  Outcome: Progressing  **Problem: Risk for Violence**  Goal: Risk for violence is minimized throughout hospitalization  Outcome: Progressing  **Intervention: Risk for Violence Interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation  Taken 5/13/2023 1149 by Kelcey Baker, RN  Hourly Rounding: Yes  Taken 5/13/2023 1005 by Kelcey Baker, RN  Hourly Rounding: Yes  **Problem:** Fall Risk  **Goal:** Patient will remain free of falls  **Outcome:** Progressing |
| 05/13/2023  11:30 pm | 05/13/2023 11:30 pm Plan of Care by Claire E Scavarda, RN **Problem: Fall Prevention**  **Goal: Identify risk factors for falls**  Description: Identify risk factors for falls on admission and every shift and as needed  Outcome: Progressing  **Goal: Ability to state ways to decrease risk of falls supported**  Description: Ability to state ways to decrease risk of falls will be supported  Outcome: Progressing  **Goal: Implement fall bundle protocol**  Outcome: Progressing  **Problem: General and/or Acute Pain**  **Goal: Pain will be safely and adequately managed throughout hospitalization**  Description: Please see associated flowsheet rows for the assessment.  Outcome: Progressing  Flowsheets (Taken 5/13/2023 2130)  Ability to Self-Report: Able to self-report  **Problem: Stroke Education**  **Goal: Knowledge of disease will improve prior to discharge**  Outcome: Progressing  **Goal: Ability to identify and develop coping behaviors will improve prior to discharge**  Outcome: Progressing  **Goal: Knowledge of diagnosis risk factors will improve prior to discharge**  Outcome: Progressing  **Problem: Tissue Perfusion**  **Goal: Ability to maintain intracranial pressure will stabilize during hospitalization**  Outcome: Progressing  **Problem: Activity Intolerance/Impaired Mobility**  **Goal: Patient will return to baseline or improved mobility by discharge**  Outcome: Progressing  **Problem: Safety**  **Goal: Ability to remain free from injury will be supported throughout hospitalization**  Outcome: Progressing  **Problem: Acute Confusion**  **Goal: Patient will return to baseline mentation prior to discharge**  Outcome: Progressing  **Intervention: Delirium addressed with the following interventions**  Recent Flowsheet Documentation  Taken 5/13/2023 2130 by Claire E Scavarda, RN  Delirium Interventions:  • Reoriented patient  • Provided reassurance  **Problem: Risk for healthcare acquired conditions**  **Goal: Minimize the risk for acquiring healthcare acquired conditions throughout hospitalization**  Outcome: Progressing  Note: This care plan reflects last filed documentation at the time of this note. For further review of documentation, see associated flowsheet rows.  Intervention: Skin Interventions  Recent Flowsheet Documentation  Taken 5/13/2023 2207 by Claire E Scavarda, RN  Heels/Feet: Pillows  Patient Position: Semi-Fowlers Taken 5/13/2023 2130 by Claire E Scavarda, RN  Patient Position: Sitting Taken 5/13/2023 2007 by Claire E Scavarda, RN Heels/Feet: (In chair)  Other (Comment) Patient Position: Sitting  **Problem: Limited Knowledge of techniques/recommendations related to speech therapy**  Goal: Patient/Caregiver understands techniques/recommendations related to speech therapy  Outcome: Progressing  **Problem: Risk for injury secondary to restraint usage**  Goal: Identify and treat underlying cause for behaviors necessitating restraints and mitigate risk of injury from restraints  Outcome: Progressing  **Problem: Risk for Violence**  Goal: Risk for violence is minimized throughout hospitalization  Outcome: Progressing  **Intervention: Risk for Violence Interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation  Taken 5/13/2023 2130 by Claire E Scavarda, RN  Hourly Rounding: Yes Taken 5/13/2023 2000 by Claire E Scavarda, RN  Hourly Rounding: Yes  **Problem: Fall Risk**  Goal: Patient will remain free of falls  Outcome: Progressing |
| 05/14/2023  7:19 am  Bethanie L McCullough, NP  Attestation:  Benjamin Mosher MD | 05/14/2023 07:19 am Sparrow Trauma Daily Progress Note Bethanie L McCullough, NP  **Problem List:**  **Principal Problem:**  Mehcanical Fall while riding bicycle  **Active Problems:**  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC)  Closed dislocation of left thumb  Secondary hypertension  Fall from bicycle  Major neurocognitive disorder due to traumatic brain injury (HCC)  Confusion  **Interval History:**  Patient slept better overnight. Remains mostly lethargic throughout day.  **Focused Physical Exam: Vitals (Range for Last 24 hrs):**  Temp: [97.7 °F (36.5 °C)-98.2 °F (36.8 °C)] 98.2 °F (36.8 °C)  Pulse: [81-100] 87  Resp: [18-22] 18  BP: (107-151)/(51-80) 109/65  **Physical Exam**  Vitals and nursing note reviewed.  Constitutional:  Appearance: Normal appearance.  HENT:  Head: Normocephalic. (normal head)  Comments: Left periorbital ecchymosis Abrasions and ecchymosis to left scalp  Mouth/Throat:  Mouth: Mucous membranes are moist.  Pharynx: Oropharynx is clear.  Eyes:  Extraocular Movements: Extraocular movements intact.  Pupils: Pupils are equal, round, and reactive to light.  Cardiovascular:  Rate and Rhythm: Normal rate and regular rhythm.  Pulses:  Radial pulses are 2+ on the right side and 2+ on the left side.  Dorsalis pedis pulses are 2+ on the right side and 2+ on the left side.  Heart sounds: Murmur heard.  Systolic murmur is present  Pulmonary:  Effort: Pulmonary effort is normal. No respiratory distress.  Breath sounds: Normal breath sounds.  Comments: **On room air (why was this bolded? Of course he is not that sick)**  Abdominal:  General: Abdomen is flat.  Palpations: Abdomen is soft.  Tenderness: There is no abdominal tenderness.  Musculoskeletal:  General: Normal range of motion.  Cervical back: Normal range of motion and neck supple. No tenderness.  Neurological:  General: No focal deficit present.  Mental Status: He is lethargic, disoriented and confused.  GCS: GCS eye subscore is 4. GCS verbal subscore is 4. GCS motor subscore is 6  Sensory: Sensation is intact.  Motor: Motor function is intact  Psychiatric:  Mood and Affect: Mood normal.  Behavior: Behavior normal.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Scheduled Meds: |  |  |  |  | | QUEtiapine | 12.5 mg | Oral | Nightly | schizophrenia, acute manic episodes | | lisinopril | 5 mg |  | Daily | ACE inhibitor | | ondansetron HCI \*\*OR\*\* ondansetron |  | Continuous Infusions | PRN | Antiemetic  It can prevent nausea and vomiting | | acetaminophen, |  | Continuous Infusions | PRN |  | | enoxaparin (LOVENOX) injection | 40 mg | Subcutaneous | Daily | prevent blood clots in the leg  DVT prophylaxis | | escitalopram | 10 mg | Oral | Nightly | (SSRI) approved for the acute and maintenance treatment of major depressive disorder | | levETI RAcetam | 500 mg | Oral | BID | Seizures | | Tiotropium (SPIRIVA RESPIMAT) | 2 puff | Inhalation | Daily per RT | bronchodilators  Long-acting muscarinic antagonist medication (COPD) | | cholecalciferol | 1,000 Units | Oral | Daily | vitamin D3 | | polyethylene glycol laxative | 17 g | Oral | Daily | laxative | | Senna | 17.2 | Oral | Nightly | stimulant laxatives | | amLODIPine | 5 mg | Oral | Daily | Calcium channel blocker | | Atorvastatin | 40 mg | Oral | Daily | Lipitor, cholesterol | | Levothyroxine | 50 mcg | Oral | Daily | thyroid |   **Comorbidities identified by EMR data:**  Thrombocytopenia: The patient meets criteria for a diagnosis of thrombocytopenia based on a platelet level of 149 x 10∧3/microliter or less, with evidence of monitoring (a subsequent platelet level during the same encounter).  **Assessment/Plan:**  Benzodiazepines: no  IV opiates: no  SAH  • Neurosurgery  o Repeat head stable  o OK to start Lovenox for DVT ppx, though no blood thinners for 2 weeks  o Outpatient follow-up as needed  Dementia with behavioral disturbance   * Neuropsychology   o Does not demonstrate the cognitive capacity to make informed medical decisions (Patient's wife, Mary Ellen, activated DPOA)   * Trial Seroquel 12.5 nightly (started 5/12/23) (QUEtiapine)   **SBP > 150** or <90 yes intermittently hypertensive, will increase amlodipine to 10 mg daily 5/13, still elevated, added 5mg lisinopril  Lactate >2.0: no  Supplemental oxygen: no. Encourage IS.  Electrolytes abnormal (NA+, K+, C02-): no  IV fluids: no  Oral nutrition: yes, House  Last bowel movement: 5/14  Smoothlax and Pericolace daily.  Urine output< 720 ml/24 h: no  Foley: no.  qSOFA:  GCS ≤ 13: no  RR≥ 22: no  BP systolic ≤ 100: no  Total score: 0  Antibiotics: none  DVT prophylaxis: Lovenox 40 mg daily  Last dose: 5/13  Left orbital wall fracture  • Non-operative management, follow up outpatient with Dr Novelli  PT/OT: LTC/memory care facility.  Pt does not qualify for skilled OT/PT intervention due to major neurocognitive disorder. He will not qualify for subacute rehabilitation facility.  Estimated discharge date and location; Medically stable for placement, appreciate repeat therapy evaluations and CM assistance.  Bethanie L McCullough, NP  5/14/2023, 7: 19 AM  Trauma Team Pager: 226-3350 |
| 05/14/2023  11:30 am | 05/14/2023 11:30 am PT Misc. Treatment Note Received new PT orders. Pt was evaluated on 5/10/2023 and was discharged from therapies as pt was at baseline level of function, and demonstrated poor carryover and retention secondary to cognition.  Pt sleeping on arrival and difficult to awaken. Oriented only to his name. Assisted pt to EOB with Min assist. Pt returned self to supine and closed eyes, refused further activity. Pts spouse arrived and encouraged pt to participate, however he declined.  Discussed discharge with pt spouse. She reports she cannot manage pt at home. Pt is not demonstrating active participation or carryover/learning in order to participate in skilled therapies and is at baseline level of functional mobility. Recommend LTC/memory care placement. PT will sign off. Thank you.  Kelly A Aubry, PT  05/14/2023 11:30 am |
| 05/14/2023  2:25 pm  Bethanie L McCullough, NP  Attestation: Benjamin Mosher, MD  SAH Facial Fx Dementia | 05/14/2023 02:25 pm Progress Notes by Bethanie L McCullough, NP I met with patient's wife, Mary Ellen, his activated DPOA. She reports that patient has two adult children from a previous relationship. His son Glen lives in California and is involved in Bob's life. He usually visits 2-3 times a year and just flew back to California this morning after being here to visit. Bob's other child is an adult daughter who is not very involved in their lives. She lives locally, but has mental illness and also cares full time for Bob's ex-wife who is disabled from a stroke. They have been unable to establish contact with her despite multiple attempts since the patient has been hospitalized.  Mary Ellen shared that Bob was diagnosed with dementia approximately ten years ago and has been slowly declining since that time with a more rapid progression in the last few years. Even prior to his hospitalization, it was becoming difficult for her to care for him at home due to his dementia. Riding his bike was one of the few things he had left that he enjoyed doing. He previously was an avid skier and they liked to go out on their boat together. She and his doctor had told him that he should wear a helmet when riding his bike, but Bob didn't want to do that. Mary Ellen said she was present when Bob fell as she would go out with him when he rode, but she couldn't stop him from riding.  She and Bob have had lengthy discussions in the past about his wishes regarding end of life. They had  previously filled out DPOA paperwork and DNR paperwork. Bob believed in enjoying life and not extending it needlessly if he wasn't able to do the things he enjoyed. She shared that even during this hospitalization during moments of clarity Bob has told her that she should just leave and get on with her life because he is dying and she shouldn't be wasting all this time and money on him.  Based on this discussion, Mary Ellen in keeping with the wishes Bob had previously shared with her decided to proceed with comfort care measures with the goal of keeping him comfortable and keeping him out of the hospital. She would like to pursue possible hospice placement at Burcham Hills as it is close to her home (about a 5 minute drive).  Orders placed to reflect comfort care status. Non-urgent consult placed to hospice to help with coordination. This discussion was also shared with Case Manager, Laura, in order to help facilitate placement.  Bethanie L McCullough, NP  May 14, 2023  3:17 PM |
| 05/14/2023  3:09 pm | 05/14/2023 03:09 pm Plan of Care by Kelcey B **Problem: Fall Prevention**  **Goal: Identify risk factors for falls**  Description: Identify risk factors for falls on admission and every shift and as needed  Outcome: Adequate for Discharge  **Goal: Ability to state ways to decrease risk of falls supported**  Description: Ability to state ways to decrease risk of falls will be supported  Outcome: Adequate for Discharge  **Goal: Implement fall bundle protocol**  Outcome: Adequate for Discharge  **Problem: Fall Prevention**  **Goal: Identify risk factors for falls**  Description: Identify risk factors for falls on admission and every shift and as needed  Outcome: Adequate for Discharge  **Goal: Ability to state ways to decrease risk of falls supported**  Description: Ability to state ways to decrease risk of falls will be supported  Outcome: Adequate for Discharge  **Goal: Implement fall bundle protocol**  Outcome: Adequate for Discharge  **Problem: General and/or Acute Pain**  **Goal: Pain will be safely and adequately managed throughout hospitalization**  Description: Please see associated flowsheet rows for the assessment.  Outcome: Adequate for Discharge  Flowsheets (Taken 5/14/2023 0811)  Ability to Self-Report: Able to self-report  **Problem: Stroke Education**  **Goal: Knowledge of disease will improve prior to discharge**  Outcome: Adequate for Discharge  **Goal: Ability to identify and develop coping behaviors will improve prior to discharge**  Outcome: Adequate for Discharge  **Goal: Knowledge of diagnosis risk factors will improve prior to discharge**  Outcome: Adequate for Discharge  **Problem: Tissue Perfusion**  Goal: Ability to maintain intracranial pressure will stabilize during hospitalization  Outcome: Adequate for Discharge  **Problem: Activity Intolerance/Impaired Mobility**  **Goal: Patient will return to baseline or improved mobility by discharge**  Outcome: Adequate for Discharge  **Problem: Safety**  **Goal: Ability to remain free from injury will be supported throughout hospitalization**  Outcome: Adequate for Discharge  **Problem: Acute Confusion**  **Goal: Patient will return to baseline mentation prior to discharge**  Outcome: Adequate for Discharge  **Problem: Risk for healthcare acquired conditions**  **Goal: Minimize the risk for acquiring healthcare acquired conditions throughout hospitalization**  Outcome: Adequate for Discharge  Note: This care plan reflects last filed documentation at the time of this note. For further review of documentation, see associated flowsheet rows.  **Intervention: Skin Interventions**  Recent Flowsheet Documentation  Taken 5/14/2023 1149 by Kelcey Baker, RN  Patient Position: Supine  Taken 5/14/2023 0811 by Kelcey Baker, RN  Medical Device Off Loaded: Telemetry/Oximetry wires  Moisture Management: Incontinent Barrier Wipes  Patient Position: Supine  Taken 5/14/2023 0807 by Kelcey Baker, RN  Heels/Feet: Pillows  **Problem: Limited Knowledge of techniques/recommendations related to speech therapy**  Goal: Patient/Caregiver understands techniques/recommendations related to speech therapy  Outcome: Adequate for Discharge  **Problem: Risk for injury secondary to restraint usage**  Goal: Identify and treat underlying cause for behaviors necessitating restraints and mitigate risk of injury from restraints  Outcome: Adequate for Discharge  **Problem: Risk for Violence**  Goal: Risk for violence is minimized throughout hospitalization  Outcome: Adequate for Discharge  **Intervention: Risk for Violence Interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation  Taken 5/14/2023 1149 by Kelcey Baker, RN  Hourly Rounding: Yes  Taken 5/14/2023 0811 by Kelcey Baker, RN  Safety Sitter Present?: No longer needed  Hourly Rounding: Yes  **Problem: Fall Risk**  **Goal: Patient will remain free of falls**  Outcome: Adequate for Discharge |
| 05/14/2023  9:35 pm  Rebekah Geiger, RN | 05/14/2023 09:35 pm Plan of Care by Rebekah Geiger, RN **Problem: General and/or Acute Pain**  **Goal: Pain will be safely and adequately managed throughout hospitalization**  Description: Please see associated flowsheet rows for the assessment.  Outcome: Adequate for Discharge  Flowsheets Taken 5/14/2023 2020 by Rebekah Geiger, RN  Ability to Self-Report: Able to self-report  **Problem: Risk for healthcare acquired conditions**  **Goal: Minimize the risk for acquiring healthcare acquired conditions throughout hospitalization**  **Intervention: Hospital Acquired Pneumonia Interventions**  Recent Flowsheet Documentation  Taken 5/14/2023 2020 by Rebekah Geiger, RN  Head of Bed Elevated: HOB 30  **Intervention: Skin Interventions**  Recent Flowsheet Documentation  Taken 5/14/2023 2020 by Rebekah Geiger, RN  Repositioning Interventions: Turns self  Head of Bed Elevated: HOB 30  Sleep Surface: Pressure redistribution mattress  Patient Position: Semi-Fowlers  **Problem: Risk for Violence**  Goal: Risk for violence is minimized throughout hospitalization  Outcome: Adequate for Discharge  **Intervention: Risk for Violence Interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation  Taken 5/14/2023 2132 by Rebekah Geiger,  Hourly Rounding: Yes  Taken 5/14/2023 2020 by Rebekah Geiger,  Hourly Rounding: Yes  **Problem: Risk for Falls**  **Goal: No falls during hospitalization**  Description: Patient will not fall during hospitalization.  Outcome: Ongoing  **Problem: Knowledge Deficit**  Description: Patient requires education regarding causes and prevention of falls during hospitalization.  **Goal: Knowledge - personal safety**  Description: Patient will verbalize understanding of fall prevention.  Outcome: Ongoing |
| 05/15/2023  8:13 am | 05/15/2023 08:13 am Consults by Kathleen N, RN Consult Orders 1. Inpatient consult to Hospice [263182444] ordered by Bethanie L McCullough, NP at 05/14/23 1414 +++++PATIENT NOT SEEN+++++  HOSPICE TRIAGE NOTE  Diagnosis: 89 year old male admitted to Trauma after suffering a SAH from a fall from his bike. He has a history of dementia, hypothyroidism and depression. Hospice is consulted  Consulted by: Bethanie NP of trauma service  Palliative care history: First consult  Recommendation:  Priority: Non-urgent (24+ hours)  No bill generated.  Kathleen N, RN 5/15/2023 8:14AM  There are no questions and answers to display. |
| 05/15/2023  9:36 am | 05/15/2023 09:36 am Plan of Care by Abigail Vat Inpatient consult for hospice received. Placed call to patient's wife Mary Ellen to discuss hospice. No answer,  message left requesting call back  11:37 am -Received call back from Mary Ellen who reports that she will be available to meet tomorrow afternoon, she is requesting a 1 pm hospice info share time. |
| 05/15/2023  1:01 pm | 05/15/2023 01:01 pm Sparrow Trauma Daily Progress Note **Problem List:**  **Principal Problem:**  Mehcanical Fall while riding bicycle  **Active Problems:**  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC)  Closed dislocation of left thumb  Secondary hypertension  Fall from bicycle  Major neurocognitive disorder due to traumatic brain injury (HCC)  Confusion  **Interval History:**  Wife at bedside reinforces desire for comfort care.  Continue comfort care, appreciate palliative team assistance.    **Focused Physical Exam: Vitals (Range for Last 24 hrs):**  Temp: [98 °F (36. 7 °C)-98.1 °F (36. 7 °C)] 98 °F (36.7 °C)  Pulse[70-75] 75  Resp: [18-20] 18  BP: (127-133)/(73-74) 133/73  **Physical Exam**  Vitals and nursing note reviewed.  Constitutional:  General: He is not in acute distress.  Appearance: Normal appearance. He is normal weight. He is not ill-appearing or toxic-appearing. Comments: **Wife at bedside, pt comfortably resting**  HENT:  Right Ear: External ear normal.  Left Ear: External ear normal.  Cardiovascular:  Rate and Rhythm: Normal rate and regular rhythm.  Heart sounds: Murmur ( systolic murmur present) heard.  Pulmonary:  Effort: Pulmonary effort is normal. No respiratory distress.  Breath sounds: Normal breath sounds.  Abdominal:  General: Abdomen is flat. Bowel sounds are normal.  Palpations: Abdomen is soft.  Musculoskeletal:  General: Normal range of motion.  Skin:  General: Skin is warm and dry.  Capillary Refill: Capillary refill takes less than 2 seconds.  Neurological:  Mental Status: He is alert.  GCS: GCS eye subscore is 3. GCS verbal subscore is 4. GCS motor subscore is 6  Psychiatric:  Mood and Affect: Mood normal.  Behavior: Behavior normal.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Scheduled Meds: |  |  |  |  | | diclofenac sodium | 2g | Topical | 4x Daily while awake | used to reduce pain, swelling (inflammation), and joint stiffness from arthritis | | glycopyrrolate | 0.2 mg | Intravenous | Q4H | muscarinic anticholinergic group | | lisinopril | 5 mg |  | Daily | ACE inhibitor | | amLODIPine | 10 mg | Oral | Daily | Calcium channel blocker | | QUEtiapine | 12.5 mg | Oral | Nightly | schizophrenia, acute manic episodes | | escitalopram | 10 mg | Oral | Nightly | (SSRI) approved for the acute and maintenance treatment of major depressive disorder | | levETI RAcetam | 500 mg | Oral | BID | Seizures | | polyethylene glycol laxative | 17 g | Oral | Daily | laxative | | Atorvastatin | 40 mg | Oral | Daily | Lipitor, cholesterol | | Levothyroxine | 50 mcg | Oral | Daily | thyroid | | Senna | 17.2 | Oral | Nightly | stimulant laxatives | | Tiotropium (SPIRIVA RESPIMAT) | 2 puff | Inhalation | Daily per RT | bronchodilators  Long-acting muscarinic antagonist medication (COPD) | |  |  |  |  |  | | dextran 70-hypromellose (PF) |  | PRN | Continuous Infusions | used to relieve dry, irritated eyes | | haloperidol lactate \*\*OR\*\* haloperidol \*\*OR\*\* haloperidol, |  | PRN | Continuous Infusions | Haloperidol is a first-generation (typical) antipsychotic medication used widely around the world. | | hyoscyamine |  | PRN | Continuous Infusions | Gut antispasmodic and Anti-Tremor | | prochlorperazine \*\*OR\*\* prochlorperazine, |  | PRN | Continuous Infusions | Prochlorperazine is used to treat nervous, emotional, and mental conditions (eg, schizophrenia) and non-psychotic anxiety. It is also used to control severe nausea and vomiting. This medicine should not be used to treat behavioral problems in older adult patients who have dementia. | | acetaminophen |  | PRN | Continuous Infusions |  |   **Comorbidities identified by EMR data:**  Thrombocytopenia: The patient meets criteria for a diagnosis of thrombocytopenia based on a platelet level of 149 x 10∧3/microliter or less, with evidence of monitoring (a subsequent platelet level during the same encounter).  **Assessment/Plan:**  Benzodiazepines: no  IV opiates: no  SAH  • Neurosurgery  o Repeat head stable  o OK to start Lovenox for DVT ppx, though no blood thinners for 2 weeks  o Outpatient follow-up as needed  Dementia with behavioral disturbance   * Neuropsychology   o Does not demonstrate the cognitive capacity to make informed medical decisions (Patient's wife, Mary Ellen, activated DPOA)   * Trial Seroquel 12.5 nightly (started 5/12/23) (QUEtiapine)   SBP > 150 or <90  Lactate >2.0: no  Supplemental oxygen: no. Encourage IS.  Electrolytes abnormal (NA+, K+, C02-): no  IV fluids: no  Oral nutrition: yes, House  Last bowel movement: 5/14  Smoothlax and Pericolace daily.  Urine output< 720 ml/24 h: no  Foley: no.  qSOFA:  GCS ≤ 13: no  RR≥ 22: no  BP systolic ≤ 100: no  Total score: 0  Antibiotics: none  DVT prophylaxis: n/a, pt is comfort care  Last dose: 5/14  Left orbital wall fracture  • Non-operative management, follow up outpatient with Dr Novelli  PT/OT: LTC/memory care facility.  Pt does not qualify for skilled OT/PT intervention due to major neurocognitive disorder. He will not qualify for subacute rehabilitation facility.  Estimated discharge date and location; Medically stable for placement, appreciate repeat therapy evaluations and CM assistance.  Garrett D Smigelski, PA-C  5/15/2023, 1 :01 PM  **Trauma Team Pager: 226-3350** |
| 05/15/2023  8:23 pm | 05/15/2023 08:23 pm Plan of Care by Rebekah Geiger, RN **Problem: General and/or Acute Pain**  **Goal: Pain will be safely and adequately managed throughout hospitalization**  Description: Please see associated flowsheet rows for the assessment.  Recent Flowsheet Documentation  Taken 5/15/2023 2010 by Rebekah Geiger, RN  Ability to Self-Report: Able to self-report  **Problem: Risk for healthcare acquired conditions**  **Goal: Minimize the risk for acquiring healthcare acquired conditions throughout hospitalization**  **Intervention: Hospital Acquired Pneumonia Interventions**  Recent Flowsheet Documentation  Taken 5/15/2023 2010 by Rebekah Geiger, RN  Head of Bed Elevated: HOB 90  **Intervention: Skin Interventions**  Recent Flowsheet Documentation Taken 5/15/2023 2010 by Rebekah Geiger, RN  Repositioning Interventions: Turns self  Head of Bed Elevated: HOB 90  Sleep Surface: Pressure redistribution mattress  Patient Position: Sitting  **Problem: Risk for Violence**  **Goal: Risk for violence is minimized throughout hospitalization**  **Intervention: Risk for Violence Interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation  Taken 5/15/2023 2010 by Rebekah Geiger, RN  Hourly Rounding: Yes Taken 5/15/2023 0631 by Rebekah Geiger, RN  Hourly Rounding: Yes  **Problem: Risk for Falls**  **Goal: No falls during hospitalization**  Description: Patient will not fall during hospitalization.  Outcome: Ongoing  **Problem: Knowledge Deficit**  Description: Patient requires education regarding causes and prevention of falls during hospitalization. **Goal: Knowledge - personal safety**  Description: Patient will verbalize understanding of fall prevention.  **Outcome: Ongoing**  **Problem: Risk for or alteration in neurologic status**  **Goal: Neurologic status is maintained and maximized throughout hospitalization**  Outcome: Ongoing  **Intervention: Neurological interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation  Taken 5/15/2023 2010 by Rebekah Geiger, RN  Precautions:  • Fall risk  • Aspiration  **Focused Neurological Pertinent Findings:**  • Follows commands  • PERRLA (Pupils, Equal, Round, Reactive to, Light, Accommodation)  • Strength symmetrical  **Problem: Risk for or alteration in psychosocial status and ineffective coping**  **Goal: Psychosocial status and coping are supported and maintained throughout hospitalization**  Outcome: Ongoing  **Intervention: Psychosocial Interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation Taken 5/15/2023 2010 by Rebekah Geiger, RN  Cognition:  • Poor safety awareness  • Short term memory loss  • Poor judgement  • Poor attention/concentration  • Unaware of deficits  Patient Behaviors:  • Confused with plan of care  • Overwhelmed and/or unable to participate in decision-making  • History of disruptive behavior  **Problem: Risk for or alteration in musculoskeletal status**  Goal: Musculoskeletal mobility status maximized or maintained throughout hospitalization  Outcome: Ongoing  **Intervention: Musculoskeletal Interventions**  Description: See associated flowsheet rows and documentation as applicable  See Imagining results as applicable  Recent Flowsheet Documentation  Taken 5/15/2023 2010 by Rebekah Geiger, RN  Assistive Device: Gait Belt  Mobility Activity Intervention: Ambulating  **Problem: Risk for or alteration in cardiac status**  Goal: Hemodynamic stability and cardiac status maximized or maintained throughout hospitalization Outcome: Ongoing  **Intervention: Cardiac Interventions**  Description: See associated flowsheet rows and documentation as applicable  See laboratory results as applicable  Recent Flowsheet Documentation  Taken 5/15/2023 2010 by Rebekah Geiger, RN  BP: 128/80  Pulse: 89  MAP (mmHg): 99  **Problem: Risk for or alteration in genitourinary function**  Goal: Genitourinary status will be maintained or optimized throughout hospitalization  Outcome: Ongoing  **Intervention: Genitourinary Interventions**  Description: See associated flowsheet rows and associated orders  See MARs for additional documentation  Recent Flowsheet Documentation  Taken 5/15/2023 2010 by Rebekah Geiger, RN  GU Interventions/Devices: Urinal/collection container  Genitourinary Symptoms: Urgency |
| 05/16/2023  10:12 am | 05/16/2023 10:12 am Palliative Care / Hospice Consult Note Chief Complaint  “I hit the ground with my face…..”  Code Status at time of consult: COMFORT  **Reason for consult** There are no questions and answers to display.  Advance Directive document on chart at time of consult? Yes  Surrogate Decsion Maker name: spouse Mary Ellen Cromewell is NoK and DPoA-HA  Surrogate Decision Maker activated: Yes concur with NeuroPsych evaluation 5/11/2023 – Patient requires assistance for medical decision-making  HPI  This consultation was requested by Trauma service for assistance with hospice. History obtained from multiple sources, including patient(limited by cognitive impairment), RN Mikela, and chart review.  Briefly, Robert Forbes Cromwell is a 89 y.o. male with history of dementia NOS who was admitted to the hospital on 5/9/2023 1903 for evaluation of SAH following a fall off of his bike (transfer from McLaren ED). NOT wearing helmet, NOT on blood thinners. Brief loss of consciousness. Comorbid hypothyroidism, depression, osteoarthritis, murmur NOS and remote prostate cancer. Hospital work-up confirmed small SAH, small IPH of L-frontal and R-temporal lobes, and L-orbital fracture, which was managed non-operatively with BP management, levetiracetam prophylaxis, and serial imagine per collaboration with Neurosurgery.  His hospital course was complicated by delirium and concern for traumatic brain injury, which prompted NeuroPsych evaluation and activation of healthcare proxy. Upon discussion with Trauma service re: cognitive decline PTA (Post-traumatic amnesia) spouse elected to forgo additional aggressive measures in favor of comfort-focused care. Trauma service placed CMO orders on 5/14/23. Consideration for facility-based hospice, with previous consideration for Burcham Hills prior to current admission.  Since admission, patient denies pain or discomfort. He spends much of his time in bed, although he ambulates to room to /from bathroom. Discharged from PT/OT services upon returning to baseline functional status. No reports of incontinence. Hospice liaison to obtain additional history during hospice informational schedule later today.  Prior to admission patient resided at home with spouse in Okemos, MI. History of dementia dates back to mid-2010’s.  Pain: No – used Tylenol 650mg PO x 1 in past 24 hour  Dyspnea: No  **Wt Readings from Last 5 Encounters:**  05/10/23 173 lb 4.5 oz (78.6 kg)  08/17/21 170 lb (77.1 kg)  04/12/17 170 lb 9.6 oz (77.4 kg)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Scheduled Meds: |  |  |  |  | | diclofenac sodium | 2g | Topical | 4x Daily while awake | used to reduce pain, swelling (inflammation), and joint stiffness from arthritis | | glycopyrrolate | 0.2 mg | Intravenous | Q4H | muscarinic anticholinergic group | | lisinopril | 5 mg |  | Daily | ACE inhibitor | | amLODIPine | 10 mg | Oral | Daily | Calcium channel blocker | | QUEtiapine | 12.5 mg | Oral | Nightly | schizophrenia, acute manic episodes | | escitalopram | 10 mg | Oral | Nightly | (SSRI) approved for the acute and maintenance treatment of major depressive disorder | | levETI RAcetam | 500 mg | Oral | BID | Seizures | | polyethylene glycol laxative | 17 g | Oral | Daily | laxative | | Atorvastatin | 40 mg | Oral | Daily | Lipitor, cholesterol | | Levothyroxine | 50 mcg | Oral | Daily | thyroid | | Senna | 17.2 | Oral | Nightly | stimulant laxatives | | Tiotropium (SPIRIVA RESPIMAT) | 2 puff | Inhalation | Daily per RT | bronchodilators  Long-acting muscarinic antagonist medication (COPD) | |  |  |  |  |  | | dextran 70-hypromellose (PF) |  | PRN | Continuous Infusions | used to relieve dry, irritated eyes | | haloperidol lactate \*\*OR\*\* haloperidol \*\*OR\*\* haloperidol, |  | PRN | Continuous Infusions | Haloperidol is a first-generation (typical) antipsychotic medication used widely around the world. | | hyoscyamine |  | PRN | Continuous Infusions | Gut antispasmodic and Anti-Tremor | | prochlorperazine \*\*OR\*\* prochlorperazine, |  | PRN | Continuous Infusions | Prochlorperazine is used to treat nervous, emotional, and mental conditions (eg, schizophrenia) and non-psychotic anxiety. It is also used to control severe nausea and vomiting. This medicine should not be used to treat behavioral problems in older adult patients who have dementia. | | acetaminophen |  | PRN | Continuous Infusions |  |   **Patient Active Problem List**  Diagnosis  Major neurocognitive disorder due to traumatic brain injury (HCC)  Confusion  Fall from bicycle  Mehcanical Fall while riding bicycle  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC)  Closed dislocation of left thumb  Secondary hypertension  Osteoarthritis of right knee 8/17/2021  Past Medical History see above\*  Past Surgical History: See above\*  **Review of Systems**  Constitutional: Negative for malaise/fatigue and weight loss.  HENT: Positive for hearing loss.  Eyes: Positive for blurred vision. Negative for double vision.  Respiratory: Negative for cough and shortness of breath.  Cardiovascular: Negative for chest pain and leg swelling.  Gastrointestinal: Negative for nausea and vomiting.  Genitourinary: Negative for frequency and urgency.  Musculoskeletal: Positive for falls. Negative for myalgias.  Skin: Bruising, abrasions of head and L-knee  Neurological: Negative for focal weakness and headaches.  Psychiatric/Behavioral: Positive for depression and memory loss.  **Objective:**  **Vitals:** Patient Vitals for the past 8 hrs:  05/16/2023 10:04 am BP 140/72 Temp 97.4 °F Pulse 67 Resp: 18 SpO2 92%  Intake/Output:  1/0 last 2 completed shifts:  In: 400 [P.0.:400]  Out: -  **Physical Exam**  Vitals and nursing note reviewed.  Constitutional:  General: He is not in acute distress.  Appearance: He is ill-appearing.  Comments: Sleeping, arouses easily to voice  HENT:  Head:  Comments: L-scalp abrasion and large L-sided periorbital ecchymosis  Ears: Comments: Hearing impaired to normal tone of voice  Nose: No rhinorrhea.  Mouth/Throat: Mouth: Mucous membranes are dry.  Pharynx: No oropharyngeal exudate .  Eyes:  General: No scleral icterus.  Extraocular Movements: Extraocular movements intact.  Cardiovascular:  Rate and Rhythm: Normal rate and regular rhythm.  Heart sounds: Murmur heard.  Comments: Abdominal aorta bruit  Pulmonary:  Effort: Pulmonary effort is normal.  Breath sounds: No wheezing, rhonchi or rales.  Comments: **Appears comfortable on room air (why would he not be? He only had a tiny SAH)**  Abdominal:  General: Bowel sounds are normal.  Palpations: Abdomen is soft.  Musculoskeletal:  General: Signs of injury **(L-knee abrasion with occlusive dressing intact)** present.  Cervical back: No rigidity or tenderness.  Right lower leg: No edema.  Left lower leg: No edema.  Skin:  General: Skin is warm and dry.  Findings: Bruising present.  Comments: Facial ecchymoses/abrasion as above  Neurological:  GCS: GCS eye subscore is 4. GCS verbal subscore is 5. GCS motor subscore is 5.  Cranial Nerves: Cranial nerves 2-12 are intact.  Sensory: Sensation is intact.  Comments: Oriented to self, answers simple questions with variably appropriate responses, poor ST memory, poor insight re: illness severity, intermittently follows 1-step commands, grossly moves all 4 extremities  **Pertinent Labs (past 24 hours):**  No results found for this or any previous visit (from the past 24 hour(s)).    **Assessment & Plan**  Fall off bike with head trauma on 5/9/2023  Trauma on 5/9/2023 Traumatic SAH and IPHs  Traumatic brain injury  L-sided periorbital fracture  Dementia NOS at baseline (FAST ?)   * Non-operative management (was NOT on blood thinners) * Decision to forgo additional aggressive interventions in favor of comfort-focused care/hospice * Spouse Mary Ellen is activated DPoA-HC * Trauma service placed CMO orders on 5/14/23 * Modified CMO orders to optimize comfort at end-of-life * Hospice liaison to meet with spouse/DPoA-HC later today 5/16/23 at 1pm * Prognosis appears months? * Flagged chart as ME case   **Multiple comorbid conditions**  • Hypothyroidism, depression, osteoarthritis, murmur NOS, remote prostate cancer  **Disposition**  • Prognosis appears months?  • Suspect LTC + home hospice more appropriate than inpatient hospice facility at this time  • Await hospice liaison discussion with spouse  **Palliative Performance (PPS) at time of consult**: 60% Reduced ambulation; Unable to do hobby/housework, significant disease; Occasional assistance necessary for self care; Normal or reduced intake; Level of consciousness is full or confusion  **Hospice Information:** Meets Hospice Criteria for traumatic SAH with decision to forgo further aggressive interventions + comorbid conditions  +++ ADDENDUM 1500 +++  • Informed of plan for hospital discharge tomorrow 5/17/23 morning to Burcham Hills with Sparrow home hospice services  • Completed discharge medication reconciliation and ordered rescue pack medications from respective pharmacies  • Sent AMB referral for Sparrow home hospice  • See separated documentation per A. Vashaw RN for details of hospice informed consent, etc.  Thank you for allowing us to assist in the care of this patient. Please contact Palliative Care with any additional questions.  Time: 86 minutes (total) for tasks related to encounter.  Erin M Sarzynski, MD  5/16/2023  10:13 AM |
| 05/16/2023  11:10 am  Garrett D Smigelski, PA-C  Attestation:  Jennifer L Uitvlugt, DO | 05/16/2023 11:10 am Sparrow Trauma Daily Progress Note Garrett D **Problem List:**  **Principal Problem:**  Mehcanical Fall while riding bicycle  **Active Problems:**  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC)  Closed dislocation of left thumb  Secondary hypertension  Fall from bicycle  Major neurocognitive disorder due to traumatic brain injury (HCC)  Confusion  **Interval History:**  Pt states he is comfortable right now.  Continue comfort care, appreciate palliative team assistance, meeting planned for 1300 today.    **Focused Physical Exam: Vitals (Range for Last 24 hrs):**  Temp: [97.4 °F (36.3 °C)-98.2 °F (36.8 °C)] 97.4 °F (36.3 °C)  Pulse[67-89] 67  Resp: (128-140)/(72-80) 140/72  **Physical Exam**  Vitals and nursing note reviewed.  Constitutional:  General: He is not in acute distress.  Appearance: Normal appearance. He is normal weight. He is not ill-appearing or toxic-appearing. Comments: **pt comfortably resting**  HENT:  Right Ear: External ear normal.  Left Ear: External ear normal.  Cardiovascular:  Rate and Rhythm: Normal rate and regular rhythm.  Heart sounds: Murmur (**systolic murmur present**) heard.  Pulmonary:  Effort: Pulmonary effort is normal. No respiratory distress.  Breath sounds: Normal breath sounds.  Abdominal:  General: Abdomen is flat. Bowel sounds are normal.  Palpations: Abdomen is soft.  Musculoskeletal:  General: Normal range of motion.  Skin:  General: Skin is warm and dry.  Capillary Refill: Capillary refill takes less than 2 seconds.  Neurological:  Mental Status: He is alert.  GCS: GCS eye subscore is 3. GCS verbal subscore is 4. GCS motor subscore is 6  Psychiatric:  Mood and Affect: Mood normal.  Behavior: Behavior normal.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Scheduled Meds: |  |  |  |  | | diclofenac sodium | 2g | Topical | 4x Daily while awake | used to reduce pain, swelling (inflammation), and joint stiffness from arthritis | | glycopyrrolate | 0.2 mg | Intravenous | Q4H | muscarinic anticholinergic group | | lisinopril | 5 mg |  | Daily | ACE inhibitor | | amLODIPine | 10 mg | Oral | Daily | Calcium channel blocker | | QUEtiapine | 12.5 mg | Oral | Nightly | schizophrenia, acute manic episodes | | escitalopram | 10 mg | Oral | Nightly | (SSRI) approved for the acute and maintenance treatment of major depressive disorder | | levETI RAcetam | 500 mg | Oral | BID | Seizures | | polyethylene glycol laxative | 17 g | Oral | Daily | laxative | | Atorvastatin | 40 mg | Oral | Daily | Lipitor, cholesterol | | Levothyroxine | 50 mcg | Oral | Daily | thyroid | | Senna | 17.2 | Oral | Nightly | stimulant laxatives | | Tiotropium (SPIRIVA RESPIMAT) | 2 puff | Inhalation | Daily per RT | bronchodilators  Long-acting muscarinic antagonist medication (COPD) | |  |  |  |  |  | | dextran 70-hypromellose (PF) |  | PRN | Continuous Infusions | used to relieve dry, irritated eyes | | haloperidol lactate \*\*OR\*\* haloperidol \*\*OR\*\* haloperidol, |  | PRN | Continuous Infusions | Haloperidol is a first-generation (typical) antipsychotic medication used widely around the world. | | hyoscyamine |  | PRN | Continuous Infusions | Gut antispasmodic and Anti-Tremor | | prochlorperazine \*\*OR\*\* prochlorperazine, |  | PRN | Continuous Infusions | Prochlorperazine is used to treat nervous, emotional, and mental conditions (eg, schizophrenia) and non-psychotic anxiety. It is also used to control severe nausea and vomiting. This medicine should not be used to treat behavioral problems in older adult patients who have dementia. | | acetaminophen |  | PRN | Continuous Infusions |  |   **Comorbidities identified by EMR data:**  Thrombocytopenia: The patient meets criteria for a diagnosis of thrombocytopenia based on a platelet level of 149 x 10∧3/microliter or less, with evidence of monitoring (a subsequent platelet level during the same encounter).  **Assessment/Plan:**  Benzodiazepines: no  IV opiates: no  SAH  • Neurosurgery  o Repeat head stable  o OK to start Lovenox for DVT ppx, though no blood thinners for 2 weeks  o Outpatient follow-up as needed  Dementia with behavioral disturbance   * Neuropsychology   o Does not demonstrate the cognitive capacity to make informed medical decisions (Patient's wife, Mary Ellen, activated DPOA)   * Trial Seroquel 12.5 nightly (started 5/12/23) (QUEtiapine)   SBP > 150 or <90  Lactate >2.0: no  Supplemental oxygen: no. Encourage IS.  Electrolytes abnormal (NA+, K+, C02-): no  IV fluids: no  Oral nutrition: yes, House  Last bowel movement: 5/15  Smoothlax and Pericolace daily.  Urine output< 720 ml/24 h: no  Foley: no.  qSOFA:  GCS ≤ 13: no  RR≥ 22: no  BP systolic ≤ 100: no  Total score: 0  Antibiotics: none  DVT prophylaxis: n/a, pt is comfort care  Last dose: 5/14  Left orbital wall fracture  • Non-operative management  PT/OT: LTC/memory care facility.  Pt does not qualify for skilled OT/PT intervention due to major neurocognitive disorder. He will not qualify for subacute rehabilitation facility.  Estimated discharge date and location; 5/16 hospice, continue comfort care, awaiting palliative team recs and likely hospice placement  Garrett D Smigelski, PA-C  5/16/2023, 11: 11 AM  Trauma Team Pager: 226-3350 |
| 05/16/2023  1:06 pm | 05/16/2023 01:06 pm Hospice Informed Consent Patient’s Name: Robert Forbes Cromwell  Location of Informed Consent: Done at bedside with patient and his spouse Mary Ellen Admission to: home hospice  Address where patient receiving care: Patient is currently at SMH with a plan to transfer to Burcham hills assisted living memory care unit with sparrow hospice support  Primary Caregiver: DENNIS PERRY, MD    Patient is able to make his/her own decisions: Patient is relying on his wife to help him make decisions  Interpreting/translation services needed? No  Hospice philosophy of care discussed: Yes  Care Options discussed (home hospice vs. In-pt care): Yes  Reason for selecting In-Patient care/Hospice: Patient’s spouse is unable to provide 24 hour care that is necessary  Four levels of care explained: Yes  **Review Advance Directives:**  **@[FLOW400000@**  Does the patient/responsible party have a preference for cardiopulmonary resuscitation? Yes and discussion occurred  Does the patient/responsible party have a preference regarding hospitalization? Yes and discussion occurred  Does the patient/responsible party have a preference for life sustaining treatments other than CPR (Advanced Directive)? Yes and discussion occurred  Code Status:DNR  Hydration and Nutrition discussed: Yes  Hospice Team, IDT members and services, bereavement services explained: Yes  Primary Insurance: MEDICARE  Is patient a U.S. Military veteran? Did not discuss at time of visit  Does patient have Room and Board coverage? No  Patient/family responsible for services not covered by insurance: Yes  Discussed transportation not covered by hospice benefit: Yes  Medication coverage and formulary discussed: Yes  Equipment discussed: Yes  Informed of Financial Contract (Hospice House): NA  Patient/family/caregiver verbalize understanding/expectations of Hospice Care: Yes  Patient/family agree on need for hospice care: Yes  Does patient have special care needs?  Yes If yes, indicate: dementia/delirium and falls  Hospice is able to provide services to address these needs: Yes  Are there other issues that could impact the course of hospice care? No (Ex: family struggling with DNR, family and DPOA disagree, family psycho-social issues, anger, etc)  Which physician does patient/family want to manage the patient's hospice care?  patient's physician, hospice physician if Dr. Perry declines to manage  Physician's name: Dennis Perry Phone#: 517-975-9475  Notified: Dr. Office closed at time of call, unable to leave message. Will contact tomorrow  By: Abigail Vashaw, RN  (Physician must be contacted on same business day that Informed Consent completed)  Physician agrees to follow? Awaiting clarification  Do patient/family wish another physician to be notified of hospice admission? No  Narrative/Additional Comments: Explanation of hospice benefit provided to patient's wife Mary Ellen at bedside. She verbalized understanding and is in agreement that goals of care are aligned with hospice philosophy. Patient pleasantly confused throughout visit, engaging in conversation but making nonsensical statements. Mary Ellen is working with Burcham hills assisted living memory care unit for placement, they are expected to accept patient in the next couple days. Did not discuss final arrangements at time of visit.  Patient/Family's statement of goals of care: Comfort care only desired at this time. Wife expressed she is considering hiring therapists privately for patient to helping with mobility. No further aggressive or invasive treatments desired at this time.  Plan/Next Steps: Equipment ordered for delivery to facility: Hospital bed with 1 /2 rails, walker, wheelchair and bedside commode. Home medications ordered for delivery to facility through facility pharmacy. Rescue pack medications ordered for spouse to pick up from sparrow pharmacy plus 7. PSS to set up transport once facility confirms day they are able to accept patient.  Abigail V, RN  5/16/2023  1 :06 PM |
| 05/16/23 4:10 pm | 05/16/2023 04:10 pm Progress Notes by Virginia CHAPLAIN NOTE Chaplain-initiated visit after noting pt listed in Epic as comfort care. Routine pastoral care consult was not included with comfort care order set.  Assessment  Mr Cromwell reports doing well, enjoying TV. TV is muted; he declines to have sound turned on for it. No immediate needs expressed.  Desired Contributing Outcomes  Experiencing supportive presence  Interventions Brief supportive dialogue.  Progress/Plans  Outcome largely achieved. May follow up if time allows, probably in 1-2 days. Emotional/spiritual support also available on request (see below).  Virginia Schiefelbein, staff chaplain |
| 05/16/2023  9:22 pm  Alaina Q Miner, RN | 05/16/2023 09:22 pm Plan of Care by Alaina Q Miner, RN **Problem: General and/or Acute Pain**  **Goal: Pain will be safely and adequately managed throughout hospitalization**  Description: Please see associated flowsheet rows for the assessment.  Recent Flowsheet Documentation  Taken 5/16/2023 2011 by Alaina Q Miner, RN  Ability to Self-Report: Able to self-report  **Problem: Risk for healthcare acquired conditions Goal: Minimize the risk for acquiring healthcare acquired conditions throughout hospitalization**  **Intervention: Hospital Acquired Pneumonia Interventions**  Recent Flowsheet Documentation  Taken 5/16/2023 2011 by Alaina Q Miner, RN  Head of Bed Elevated: HOB 60  **Intervention: Skin Interventions**  Recent Flowsheet Documentation  Taken 5/16/2023 2011 by Alaina Q Miner, RN  Repositioning Interventions: Turns self  Head of Bed Elevated: HOB 60  Sleep Surface: Pressure redistribution mattress  Taken 5/16/2023 2007 by Alaina Q Miner, RN  Patient Position: Sitting  **Problem: Risk for Violence**  Goal: Risk for violence is minimized throughout hospitalization  **Intervention: Risk for Violence Interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation  Taken 5/16/2023 2011 by Alaina Q Miner, RN  Hourly Rounding: Yes  **Problem: Risk for Falls**  Goal: No falls during hospitalization  Description: Patient will not fall during hospitalization.  Outcome: Ongoing  **Problem: Knowledge Deficit**  Description: Patient requires education regarding causes and prevention of falls during hospitalization. **Goal: Knowledge - personal safety**  Description: Patient will verbalize understanding of fall prevention.  Outcome: Ongoing  **Problem: Risk for or alteration in neurologic status Goal: Neurologic status is maintained and maximized throughout hospitalization**  Outcome: Ongoing  **Intervention: Neurological interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation  Taken 5/16/2023 2011 by Alaina Q Miner, RN  Precautions: Fall risk  **Problem: Risk for or alteration in psychosocial status and ineffective coping**  Goal: Psychosocial status and coping are supported and maintained throughout hospitalization  Outcome: Ongoing  **Intervention: Psychosocial Interventions**  Description: See associated flowsheet rows and documentation as applicable.  Recent Flowsheet Documentation  Taken 5/16/2023 2011 by Alaina Q Miner, RN  Cognition:  • Poor safety awareness  • Short term memory loss  • Poor judgement  • Poor attention/concentration  • Unaware of deficits  Patient Behaviors:  • Confused with plan of care  • History of disruptive behavior  **Problem: Risk for or alteration in musculoskeletal status**  **Goal: Musculoskeletal mobility status maximized or maintained throughout hospitalization**  Outcome: Ongoing  Intervention: Musculoskeletal Interventions  Description: See associated flowsheet rows and documentation as applicable  See Imagining results as applicable  Recent Flowsheet Documentation  Taken 5/16/2023 2011 by Alaina Q Miner, RN  Assistive Device: Gait Belt  **Problem: Risk for or alteration in cardiac status**  Goal: Hemodynamic stability and cardiac status maximized or maintained throughout hospitalization Outcome: Ongoing  **Problem: Risk for or alteration in genitourinary function**  Goal: Genitourinary status will be maintained or optimized throughout hospitalization  Outcome: Ongoing  **Intervention: Genitourinary Interventions**  Description: See associated flowsheet rows and associated orders  See MARs for additional documentation |
| 05/17/2023  8:39 am  Natalie M Fox, PA-C | 05/17/2023 08:39 am Sparrow Trauma Daily Progress Note **Natalie M Fox, PA-C**  **Problem List:**  Principal Problem:  Mehcanical Fall while riding bicycle  **Active Problems:**  SAH (subarachnoid hemorrhage) (HCC)  Facial trauma  History of dementia  Left orbit fracture (HCC)  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC)  Closed dislocation of left thumb  Secondary hypertension  Fall from bicycle  Major neurocognitive disorder due to traumatic brain injury (HCC)  Confusion  Encounter for palliative care  Goals of care, counseling/discussion  **Interval History:**  Comfort care measures only. Plan for discharge to Burcham tomorrow 5/18 with Sparrow Hospice.  **Focused Physical Exam: Vitals (Range for Last 24 hrs):**  Temp: [97.5 °F (36.4 °C)] 97.5 °F (36.4 °C)  Pulse: [73] 73  Resp: [20] 20  BP: (131 )/(71) 131/71  **Physical Exam**  Vitals and nursing note reviewed.  Constitutional:  General: He is not in acute distress.  Appearance: Normal appearance. He is normal weight. He is not ill-appearing or toxic-appearing. Comments: **Resting comfortably in bed eating blueberry pancakes and sausage**  **Wife and daughter present at bedside**  HENT:  Right Ear: External ear normal.  Left Ear: External ear normal.  Cardiovascular:  Rate and Rhythm: Normal rate and regular rhythm.  Heart sounds: Murmur (**systolic murmur present**) heard.  Pulmonary:  Effort: Pulmonary effort is normal. No respiratory distress.  Breath sounds: Normal breath sounds.  Abdominal:  General: Abdomen is flat. Bowel sounds are normal.  Palpations: Abdomen is soft.  Musculoskeletal:  General: Normal range of motion.  Skin:  General: Skin is warm and dry.  Capillary Refill: Capillary refill takes less than 2 seconds.  Neurological:  Mental Status: He is alert.  GCS: GCS eye subscore is 3. GCS verbal subscore is 4. GCS motor subscore is 6  Psychiatric:  Mood and Affect: Mood normal.  Behavior: Behavior normal.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Scheduled Meds: |  |  |  |  | | diclofenac sodium | 2g | Topical | 4x Daily while awake | used to reduce pain, swelling (inflammation), and joint stiffness from arthritis | | ~~glycopyrrolate~~ | ~~0.2 mg~~ | ~~Intravenous~~ | ~~Q4H~~ | ~~muscarinic anticholinergic group~~ | | lisinopril | 5 mg |  | Daily | ACE inhibitor | | amLODIPine | 10 mg | Oral | Daily | Calcium channel blocker | | QUEtiapine | 12.5 mg | Oral | Nightly | schizophrenia, acute manic episodes | | escitalopram | 10 mg | Oral | Nightly | (SSRI) approved for the acute and maintenance treatment of major depressive disorder | | ~~levETI RAcetam~~ | ~~500 mg~~ | ~~Oral~~ | ~~BID~~ | ~~Seizures~~ | | polyethylene glycol laxative | 17 g | Oral | Daily | laxative | | ~~Atorvastatin~~ | ~~40 mg~~ | ~~Oral~~ | ~~Daily~~ | ~~Lipitor, cholesterol~~ | | Levothyroxine | 50 mcg | Oral | Daily | thyroid | | Senna | 17.2 | Oral | Nightly | stimulant laxatives | | Tiotropium (SPIRIVA RESPIMAT) | 2 puff | Inhalation | Daily per RT | bronchodilators  Long-acting muscarinic antagonist medication (COPD) | |  |  |  |  |  | | dextran 70-hypromellose (PF) |  | PRN | Continuous Infusions | used to relieve dry, irritated eyes | | haloperidol lactate \*\*OR\*\* haloperidol \*\*OR\*\* haloperidol, |  | PRN | Continuous Infusions | Haloperidol is a first-generation (typical) antipsychotic medication used widely around the world. | | hyoscyamine |  | PRN | Continuous Infusions | Gut antispasmodic and Anti-Tremor | | prochlorperazine \*\*OR\*\* prochlorperazine, |  | PRN | Continuous Infusions | Prochlorperazine is used to treat nervous, emotional, and mental conditions (eg, schizophrenia) and non-psychotic anxiety. It is also used to control severe nausea and vomiting. This medicine should not be used to treat behavioral problems in older adult patients who have dementia. | | acetaminophen |  | PRN | Continuous Infusions |  |   **Comorbidities identified by EMR data:**  Thrombocytopenia: The patient meets criteria for a diagnosis of thrombocytopenia based on a platelet level of 149 x 10∧3/microliter or less, with evidence of monitoring (a subsequent platelet level during the same encounter).  **Assessment/Plan:**  Benzodiazepines: no  IV opiates: no  Comfort care measures only  Palliative care following  SAH  • Neurosurgery  o Repeat head stable  o OK to start Lovenox for DVT ppx, though no blood thinners for 2 weeks  o Outpatient follow-up as needed  Dementia with behavioral disturbance   * Neuropsychology   o Does not demonstrate the cognitive capacity to make informed medical decisions (Patient's wife, Mary Ellen, activated DPOA)   * Trial Seroquel 12.5 nightly (started 5/12/23) (QUEtiapine)   SBP > 150 or <90  Lactate >2.0: no  Supplemental oxygen: no. Encourage IS.  Electrolytes abnormal (NA+, K+, C02-): no  IV fluids: no  Oral nutrition: yes, House  Last bowel movement: 5/16  Smoothlax and Pericolace daily.  Urine output< 720 ml/24 h: no  Foley: no.  qSOFA:  GCS ≤ 13: no  RR≥ 22: no  BP systolic ≤ 100: no  Total score: 0  Antibiotics: none  DVT prophylaxis: n/a, pt is comfort care  Last dose: 5/14  Left orbital wall fracture  • Non-operative management  PT/OT: LTC/memory care facility.  Pt does not qualify for skilled OT/PT intervention due to major neurocognitive disorder. He will not qualify for subacute rehabilitation facility.  Estimated discharge date and location; Plan for discharge to Burcham tomorrow 5/18 with Sparrow Hospice.  Natalie M Fox, PA-C  5/17/2023, 4:11 PM  Trauma Team Pager: 226-3350 |
| 05/17/2023  2:28 pm  Erin M Sarzynski, MD | 05/17/2023 02:28 pm Palliative Care Progress Note **Subjective :**  **Symptoms:** Stable **Activity Level:** Impaired due to weakness **Pain:** He reports no pain  **Interval History:** denies pain, dyspnea, or other concerns, patient and spouse Mary Ellen meeting with Mallory from Burcham Hills during encounter – plan for discharge to Burcham tomorrow 5/18 morning with Sparrow home hospice.  Vitals:  Patient Vitals for the past 8 hrs:  05/17/23 0902 BP 131/71 Temp 97.5 F Pulse 73 Resp 20 SpO2 94%  **Objective:**  General Appearance: Comfortable, ill-appearing and in no acute distress (sitting up in bed unassisted, answers questions with brief responses).  Vital signs: (most recent): above  HEENT: (L-scalp abrasion and extensive L-periobital ecchymosis)  Lungs: Normal effort and normal respiratory rate. (Appears comfortable on room air)  Neurological: Patient is alert. (Poor ST memory, limited insight re: illness severity.) (BECAUSE HE IS NOT SICK)  Skin: There is ecchymosis. (L-knee abrasion with occlusive dressing intact)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Scheduled Meds: |  |  |  |  | | diclofenac sodium | 2g | Topical | 4x Daily while awake | used to reduce pain, swelling (inflammation), and joint stiffness from arthritis | | glycopyrrolate | 0.2 mg | Intravenous | Q4H | muscarinic anticholinergic group | | lisinopril | 5 mg |  | Daily | ACE inhibitor | | amLODIPine | 10 mg | Oral | Daily | Calcium channel blocker | | QUEtiapine | 12.5 mg | Oral | Nightly | schizophrenia, acute manic episodes | | escitalopram | 10 mg | Oral | Nightly | (SSRI) approved for the acute and maintenance treatment of major depressive disorder | | ~~levETI RAcetam~~ | ~~500 mg~~ | ~~Oral~~ | ~~BID~~ | ~~Seizures~~ | | polyethylene glycol laxative | 17 g | Oral | Daily | laxative | | ~~Atorvastatin~~ | ~~40 mg~~ | ~~Oral~~ | ~~Daily~~ | ~~Lipitor, cholesterol~~ | | Levothyroxine | 50 mcg | Oral | Daily | thyroid | | Senna | 17.2 | Oral | Nightly | stimulant laxatives | | Tiotropium (SPIRIVA RESPIMAT) | 2 puff | Inhalation | Daily per RT | bronchodilators  Long-acting muscarinic antagonist medication (COPD) | |  |  |  |  |  | | dextran 70-hypromellose (PF) |  | PRN | Continuous Infusions | used to relieve dry, irritated eyes | | haloperidol lactate \*\*OR\*\* haloperidol \*\*OR\*\* haloperidol, |  | PRN | Continuous Infusions | Haloperidol is a first-generation (typical) antipsychotic medication used widely around the world. | | hyoscyamine |  | PRN | Continuous Infusions | Gut antispasmodic and Anti-Tremor | | prochlorperazine \*\*OR\*\* prochlorperazine, |  | PRN | Continuous Infusions | Prochlorperazine is used to treat nervous, emotional, and mental conditions (eg, schizophrenia) and non-psychotic anxiety. It is also used to control severe nausea and vomiting. This medicine should not be used to treat behavioral problems in older adult patients who have dementia. | | acetaminophen |  | PRN | Continuous Infusions |  |   **Assessment & Plan**  Fall off bike with head trauma on 5/9/2023  Traumatic SAH and IPHs  Traumatic brain injury  L-sided periorbital fracture  Dementia NOS at baseline (FAST ?)   * Non-operative management (was NOT on blood thinners) * Decision to forgo additional aggressive interventions in favor of comfort-focused care/hospice * Spouse Mary Ellen is activated DPoA-HC * Trauma service placed CMO orders on 5/14/23 * Modified CMO orders to optimize comfort at end-of-life * Prognosis appears months? * Plan for hospital discharge to Burcham Hills tomorrow 5/18/23 with Sparrow Hospice * Flagged chart as ME case   **Multiple comorbid conditions**  • Hypothyroidism, depression, osteoarthritis, murmur NOS, remote prostate cancer  **Disposition**  • Burcham Hills tomorrow 5/18/23 with Sparrow Hospice  • Completed med rec I ordered rescue pack yesterday  Discussed with: hospice liaison Abigail RN, patient, spouse Mary Ellen and Mallory from Burcham Hills (at bedside)  Erin M Sarzynski, MD  5/17/2023  2:28 PM |
| 5/18/2023  8:37 am  Natalie M Fox, PA-C | 0**5/18/2023 08:37 am Trauma Services Discharge Summary** **Date of Discharge:** 05/18/23  **Admitting Physician**: Lynn Munoz, MD  **Discharging Physician:** Jennifer Uitvlugt, DM  **Admission Diagnoses:**  SAH (subarachnoid hemorrhage) (HCC) [160.9]  Fall [W19.XXXA]  Subarachnoid hematoma with loss of consciousness, initial encounter (HCC) [S06.6X9A]  **Discharge Diagnoses**:  Principal Problem: Mechanical Fall while riding bicycle  Active Problems:   * SAH (subarachnoid hemorrhage) (HCC) * Facial trauma * History of dementia * Left orbit fracture (HCC) * Subarachnoid hematoma with loss of consciousness, initial encounter (HCC) * Closed dislocation of left thumb * Secondary hypertension * Fall from bicycle * Major neurocognitive disorder due to traumatic brain injury (HCC) * Confusion * Encounter for palliative care * Goals of care, counseling/discussion   **Indication for Admission:**  Robert Forbes Cromwell is 89 y.o. male that initially presented to Mclaren ED after a fall from his bike. CT brain revealed a left SAH with left orbital and frontal bone fractures. He was transferred to SMH for further neurosurgical evaluation.  **Hospital Course:**  Robert Forbes Cromwell was admitted to the Trauma service.  Neurosurgery was consulted for the left SAH. Repeat head CT showed small areas of IPH in the left frontal and posterior right temporoparietal regions with a tiny left SAH. Repeat head imaging the following AM was stable. Neurosurgery recommended no blood thinners for 2 weeks. OK for Lovenox for DVT ppx. Activity as tolerated with assistance. No neurosurgical intervention warranted at this time. Outpatient follow-up as needed.  Patient with traumatic brain injury in setting of underlying major neurocognitive disorder due to probable Alzheimer's disease. Patient was evaluated by neuropsychology on 5/11, patient does not demonstrate the cognitive capacity to make informed medical decisions. Patient's wife, Mary Ellen Cromwell, was activated as patient's DPOA.  Palliative care was consulted, and decision was made to forgo additional aggressive interventions in favor of comfort-focused care/hospice. Comfort care measures only were placed on 5/14.  Discharged to Burcham Hills for long-term care with Sparrow home hospice services on 5/18.  The patient is tolerating a diet. Pain is well controlled with oral medications. Medically stable for discharge today.  Discharge Condition: Good  **Physical Exam:** BP 119/73 (BP Location: Left arm, Patient Position: Sitting) I Pulse 79 I Temp 97.1 °F (36.2 °C) (Oral) I Resp 17 I Ht 68" (172.7 cm) I Wt 173 lb 4.5 oz (78.6 kg) I Sp02 95% I BMI 26.35 kg/m2  **Physical Exam**  Vitals and nursing note reviewed.  Constitutional:  Appearance: Normal appearance.  Comments: **Resting comfortably in bed in no acute distress**  HENT:  Head: Normocephalic and atraumatic.  Mouth/Throat:  Mouth: Mucous membranes are moist.  Pharynx: Oropharynx is clear .  Eyes:  Extraocular Movements: Extraocular movements intact.  Pupils: Pupils are equal, round, and reactive to light.  Cardiovascular:  Rate and Rhythm: Normal rate and regular rhythm.  Pulses: Normal pulses.  Heart sounds: Normal heart sounds.  Pulmonary:  Effort: Pulmonary effort is normal. No respiratory distress.  Breath sounds: Normal breath sounds.  Comments: **On room air**  Abdominal:  General: Abdomen is flat.  Palpations: Abdomen is soft.  Tenderness: There is no abdominal tenderness.  Musculoskeletal:  General: Normal range of motion.  Cervical back: Normal range of motion and neck supple.  Skin:  General: Skin is warm and dry.  Capillary Refill: Capillary refill takes less than 2 seconds.  Neurological:  General: No focal deficit present.  Mental Status: He is alert. He is confused.  GCS: GCS eye subscore is 4. GCS verbal subscore is 4. GCS motor subscore is 6.  Psychiatric:  Mood and Affect: Mood normal.  Behavior: Behavior normal.  **Disposition:**  Skilled nursing facility  I am prescribing a controlled substance medication in a quantity that DOES NOT exceed a 3-day supply. Obtaining and reviewing a MAPS report is not required by law.  **A controlled substance is a drug or other substance that the United States Drug Enforcement**  **Administration has identified as having a potential for abuse. My provider shared the following:**  a. The risks of substance use disorder and overdose associated with the controlled substance containing an opioid.  b. Individuals with mental illness and substance use disorders may have an increased risk of addiction to a controlled substance.  c. Mixing opioids with benzodiazepines, alcohol, muscle relaxers, or any other drug that may depress the central nervous system can cause serious health risks, including death or disability.  d. For a female who is pregnant or is of reproductive age, the heightened risk of short and long-term effects of opioids, including but not limited to neonatal abstinence syndrome.  e. Any other information necessary for patients to use the drug safely and effectively as found in the patient counseling information section of the labeling for the controlled substance.  f. Safe disposal of opioids has shown to reduce injury and death in family members. Proper disposal of expired, unused or unwanted controlled substances may be done through community take-back programs, local pharmacies, or local law enforcement agencies. Information on where to return your prescription drugs can be found at: <http://www.michigan.gov/deqdrugdisposal>  g. It is a felony to illegally deliver, distribute, or share a controlled substance without a prescription properly issued by a licensed health care prescriber. D  Diet: Regular Diet (House/General)  Natalie M Fox, PA-C  5/18/2023,  11 :24 AM  CC: DENNIS PERRY, MD |
| 05/18/2023  9:45 am  Rochelle R Smith, RN | 05/18/2023 09:45 am Patient Support Services Case Manager Discharge Note Discharge arranged to Hospice Facility Burcham Hills Memory Care Assisted Living.  Patient to transport to Facility via MMR Ambulance  Schedule pick up time is 11:30 .  Discussed with Natalie Fox PA trauma, bedside RN, Abigail RN Hospice RN, Kyle Buckholz Burcham.  Facility: Burcham Hills Memory Care AL Phone Hospice Agency: Sparrow Home Hospice Phone  Hospice Liaison: Abigail  For discharge to HOSPICE FACILITY, patient will need:  PHYSICIAN:  Discharge orders Discharge Summary  Home Hospice Order  Order Comfort Medications  RN:  Call Report to:  DNR/Comfort orders on packet transport  Add to packet:  Discharge Summary After Visit Summary  Rochelle R Smith, RN  5/18/2023  9:45 AM |
| 05/18/2023  10:00 am | 05/18/2023 10:00 am Informed consent completed with Abigial in hospital Dr. Perry agrees to follow. |