

Winchester Hospital
41 Highland Avenue
Winchester, MA 01890

Patient Name: ZZCCDTEST,ED
Med Rec #: 0000000449
Date: 04/01/14

Patient Health Summary

Patient Name: ZZCCDTEST,ED
Address: 41 HIGHLAND AVE
WINCHESTER, MA 01890
Home Phone: 978880000
Other Phone:

Med Rec #: 0000000449
Date of Birth: 05/05/1955
Sex: M
Marital Status: SINGLE
Pregnant:
Race: NATIVE HAWAIIAN/PACIFIC ISLAND
Ethnicity: AMERCN
Language Spoken: Other
Religious Affiliation: CATHOLIC

Next of Kin

Next of Kin	Relationship	Address	Phone Number
ZZCCD,MOM	MOTHER	41 HIGHLAND AVE WINCHESTER, MA 01890	978-988-0000

Healthcare Providers

For your Inpatient visit 03/26/14

Role	Provider	Type	Phone	Organization
Primary Care	Pom,Md	Active		
Attending	Pom,Md	Active		
Admitting	Pom,Md	Active		

Visit Care Team

Role	Name	Primary Phone
Primary Care Physician	Pom,Md	

Admitting	Pom,Md	
Attending	Pom,Md	

Insurance Providers

Payer	Subscriber	Guarantor
Name: SELF-PAY	Insurance Type: S Subscriber Relationship: SELF	Name: ZZCCDTEST,ED Address: 41 HIGHLAND AVE WINCHESTER, MA 01890 Phone: 978880000

Allergies, Adverse Reactions, Alerts

Allergen	Type	Severity	Reaction	Last Updated
Penicillin V	Allergy	Severe	Anaphylaxis	02/07/14
Bee Venom	Allergy	Mild	Hives	02/07/14
HONEY	AdvReac	Mild	HIVES	01/14/14

Active Problems

Medical Problem	Status	Onset Date
CHF (congestive heart failure)		
Abdominal pain		
SOB (shortness of breath)		

Surgical Problem	Status	Onset Date	Recorded Date/Time
Hx of knee surgery			01/30/14 6:58pm

Medications

Medication:	Fluticasone/Salmeterol DISKUS 100/50* (Advair DISKUS 100/50*) 1 EACH INHAL
Dose:	1 DOSE
Route:	INHALATION

Frequency:	TWICE DAILY
Quantity:	60
Patient Instructions:	The Use by date is 1 month from date of opening the pouch.
Ordering Provider:	[Reported Med]
Order Date/Time:	01/30/14 6:54pm

Medication:	Lisinopril* (Zestril*) 10 MG TAB
Dose:	10 MILLIGRAM
Route:	BY MOUTH
Frequency:	DAILY
Ordering Provider:	[Reported Med]
Order Date/Time:	01/30/14 6:55pm

Medication:	Ranitidine* (Zantac*) 75 MG TAB
Dose:	75 MILLIGRAM
Route:	BY MOUTH
Frequency:	DAILY
Ordering Provider:	[Reported Med]
Order Date/Time:	01/30/14 6:56pm

Medication:	STAVUDINE (ZERIT, IC;) 20 MG CAP
Dose:	20 MILLIGRAM
Route:	BY MOUTH
Frequency:	EVERY 24 HOURS
Quantity:	40
Fills:	0
Ordering Provider:	Pom,Md
Order Date/Time:	02/07/14 12:23pm

Medication:	Hydrocodone/Acetamin 5/500 MG* (Vicodin 5/500 (Lortab 5/500)*) 5 MG/500 MG TAB
Dose:	1 TABLET
Route:	BY MOUTH
Frequency:	EVERY 4 HOURS as needed for MODERATE PAIN
Quantity:	30
Fills:	0
Ordering Provider:	Pom,Md
Order Date/Time:	02/07/14 12:23pm

Advance Directives

Directive	Response	Recorded Date/Time
Health Care Proxy	YES	03/26/14 4:34pm
Proxy Name	SP	03/26/14 4:34pm
Date Reviewed	09/12/13	03/26/14 4:34pm
Proxy Phone	9789880000	03/26/14 4:34pm
MOLST Form	NO	03/26/14 4:34pm
On File	NO	03/26/14 4:34pm

Immunizations

History of Immunizations	Response on file	Recorded Date
Pneumococcal	Yes	02/07/14

Vital Signs

For your Inpatient visit 03/26/14

[no VITAL SIGNS recorded]

Encounters

Encounter	Location	Date/Time
Discharged Inpatient	WINCHESTER HOSPITAL	02/24/14 3:54pm
Admitted Inpatient	WINCHESTER HOSPITAL	03/04/14 1:25pm
Discharged Inpatient	WINCHESTER HOSPITAL	03/28/14 8:29am
Discharged Inpatient	WINCHESTER HOSPITAL	03/27/14 11:21am

Encounter Diagnosis

[no ENCOUNTER DIAGNOSIS recorded]

Procedures

Procedure	Date
LAPAROSCOP APPENDECTOMY	01/31/14
APPL/ADMIN OF AN ADHESION BARRIER SUBSTANCE	01/31/14
FIBER-OPTIC BRONCHOSCOPY	02/06/14
CONTINUOUS INVASIVE MECHANICAL VENTILATION <96 CONSEC HRS	02/06/14

Diagnostic Lab Results

Test Name	Result/Comment	Unit	Reference	Date/Time
Mean Corpuscular Hemoglobin	33	PG	26 - 34	02/07/14 12:12pm
Mean Corpuscular Hemoglobin Concent	29	G/DL	30 - 36	02/07/14 12:12pm
Mean Corpuscular Volume	88	UM3	80 - 98	02/07/14 12:12pm
Mean Platelet Volume	8	UM3	7.4 - 10.4	02/07/14 12:12pm
Platelet Count	200	x1000ul	150 - 400	02/07/14 12:12pm
Red Blood Count	4.60	mill/ul	4.50 - 5.90	02/07/14 12:12pm
Red Cell Distribution Width	11	%	11.5 - 14.5	02/07/14 12:12pm
White Blood Count	4.4	x1000/ul	4.5 - 11.0	02/07/14 12:12pm
Alanine Aminotransferase (ALT/SGPT)	44	U/L	0 - 55	02/07/14 12:12pm
Albumin	3.6	g/dl	3.4 - 5.0	02/07/14 12:12pm
Albumin/Globulin Ratio	1.2		0.7 - 1.6	02/07/14 12:12pm
Alkaline Phosphatase	44	U/L	40 - 150	02/07/14 12:12pm
Aspartate Amino Transf (AST/SGOT)	33	U/L	15 - 37	02/07/14 12:12pm

Blood Urea Nitrogen	22	mg/dl	9 - 26	02/07/14 12:12pm
Calcium Level	8.8	mg/dl	8.5 - 10.5	02/07/14 12:12pm
Carbon Dioxide Level	27.8	mmol/l	20.0 - 32.0	02/07/14 12:12pm
Chloride Level	99	mmol/l	97 - 109	02/07/14 12:12pm
Creatinine	0.8	mg/dl	0.7 - 1.3	02/07/14 12:12pm
Globulin	3.1	g/dl	2.5 - 4.3	02/07/14 12:12pm
Glomerular Filtration Rate Calc	120	calc		02/07/14 12:12pm
Potassium Level	3.6	mmol/l	3.2 - 5.1	02/07/14 12:12pm
Random Glucose	400	mg/dl	70 - 110	02/07/14 12:12pm
Sodium Level	143	mmol/l	134 - 144	02/07/14 12:12pm
Total Bilirubin	0.7	mg/dl	0.2 - 1.2	02/07/14 12:12pm
Total Protein	6.7	g/dl	6.1 - 8.2	02/07/14 12:12pm
Hematocrit	19	%	41 - 53	02/14/14 10:00am
Hemoglobin	19.0	G/DL	13.5 - 17.5	02/14/14 10:00am

Microbiology Results

Source/Description	Procedure	Date/Time
urine / cc	Urine Culture	02/07/14 12:16pm

Radiology Procedures

Exam	Date/Time	Status
Chest X-Ray	02/07/14 12:19pm	Signed

Social History

[no SOCIAL HISTORY recorded]

Family History

[no FAMILY HISTORY recorded]

Plan of Care

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Discharge Date:	03/27/14 11:21am
Disposition:	HOME
Reason for Visit:	TEST
Forms Provided:	Face 2 Face Form
Prescriptions:	See Medication Section

Discharge Instructions:
Diet Diabetic Activity: Unrestricted May return work/school in days 3 Follow Up with BEVERLY, LIN in number of days in 5-7 Days Restrict Activity Yes

Discharge Summary

[no DISCHARGE SUMMARY available]