Part 5 of accident investigation #980217CNES[illegible]

MONTEFIORE MEDICAL CENTER

SOCIAL WORK SERVICES
DISCHARGE PLANNING

EVERY ENTRY MUST BE DATED & SIGNED

HSP 610-8 0200540
TURNER, JONATHAN
KING, DIANA
M 10/2[illegible]/1996 P
2751 GRAND CONCOURSE 104
BRONX NY 718 584-44[illegible]
80460017 04/15/1997

If no plate, patient's name, adm. no., sex & Doctor

DATE	
5/12/97	Pt died around 3pm this afternoon. I telephoned the shelter to inform mother. She was not there. I spoke to Andrea Lact (584-4400) the assistant director. Mother was out running errands. She did not know where she was. I told Mrs Lact what happened and she is going to come to the hospital as soon as she can. I left a message to the pt's great grandmother. The only family-[illegible] mother gave me presently no one knows how to contact mother. I spoke to [illegible] at HCS and informed him what happened. I also telephoned Beatrice Light 590-[illegible] the officer on this case. Mr. Light asked to be notified when pt died. I notified Chris Wilkenia EK social worker about the case. If I am not here when mother arrives please contact him at X5605. Enclosed in chart is a listing of funeral information. Please speak to mother about her requests. I will follow up tomorrow.
	Hsa Adm (S)

Funeral Expenses – Public Assist 237-8441
350 Livingston St. Rm 320

Walter B. Cooke (718) 823-6200

Ortiz (718) 933-9800
2580 G. Concourse

LaPay (718) 585-0699
285 E. 149th

Rwsin (718) 294-7223
1908 Bathgate Ave

$1400 allowed – $800 reimbursed

MONTEFIORE MEDICAL CENTER
MOSES DIVISION
111 EAST 210TH ST. BRONX, N.Y. 10467

04149

CONSULTATION REQUEST & REPORT

PAGE 1

JOACHIN, JONATHAN
DOB: 10/28/96

If no plate, print patient's name, M.R. no., and location

TO: OPHTHALMOLOGY
SERVICE

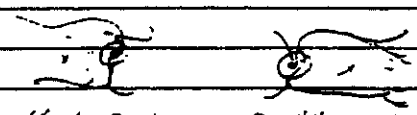
FROM: [illegible]
SERVICE

REASON FOR CONSULTATION 6 month old baby left in suction bath seat; was unattended for ? period of time; found face down in water blue; EMS called found baby in asystole. Baby resuscitated after multiple rounds of

REQUESTOR SIGNATURE | TITLE | BEEPER/TEL # | REQUEST DATE | TIME | A.M. P.M.

PLEASE PRINT OR WRITE LEGIBLY

[illegible] asked to evaluate fundus by Pedo Critical Care Team
PMH unkn. PCH unknown
Meds: [illegible]
PC ✓ cannot evaluate baby comatose ✗ ✗ cannot eval baby comatose
[illegible] flat
[illegible]
[illegible] clear - inferior exposure decatapathy OU
[illegible]
PC [illegible] OU
[illegible] 4mm fixed OU, NR
Baby dilated [illegible] mydrin / mydriacyl [illegible]
full peripheral exam



[illegible] flat [illegible]
[illegible] [illegible] [illegible]
✓ multiple small [illegible] [illegible] OD x OS
[illegible] at disc
[illegible] to mid [illegible] [illegible]

[illegible]: ① [illegible] decatapathy [illegible] [illegible] [illegible]
② [illegible] [illegible] [illegible] [illegible]

[illegible] | [illegible] | OPHTHALMOLOGY
PRINT NAME | TRAINING LEVEL | SERVICE

CONSULTATION REPORT

JOACHIN, [illegible] THAN
6 mon
Male Black

Room:11C
Loc:21

ID: 002005409

17-APR-199[illegible] :32 MONT[illegible]ORE MEDICAL CENTER-NW6PCU ROUT[illegible] RECORD

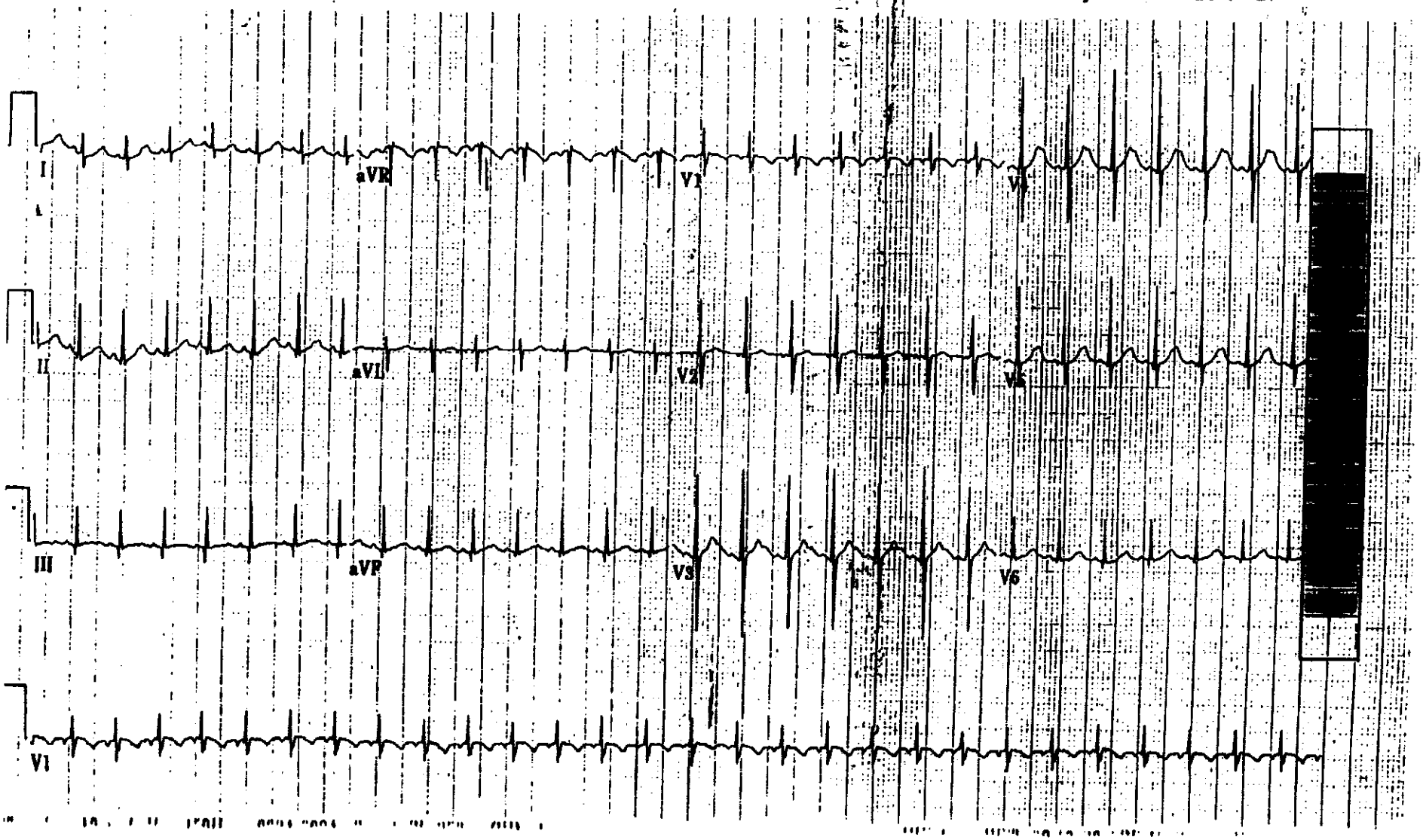
Vent. rate	[illegible]	BPM
PR interval	[illegible]	ms
QRS duration	48	ms
QT/QTc	246/417	ms
P-R-T axes	51 76	52

*** PO[illegible] DATA QUALITY, IN[illegible]ERPRETATION MAY BE ADVERSELY AFF[illegible]ED
** ** ** ** * PEDIATRIC ECG ANALYSIS * ** ** ** **
SINUS TACHYCARDIA

Technician: 22

Referred by: PED DIANA KING

Confirmed by: CARL STEEG M. D.



6mo
Male Black

Room: 11C
Loc: 21

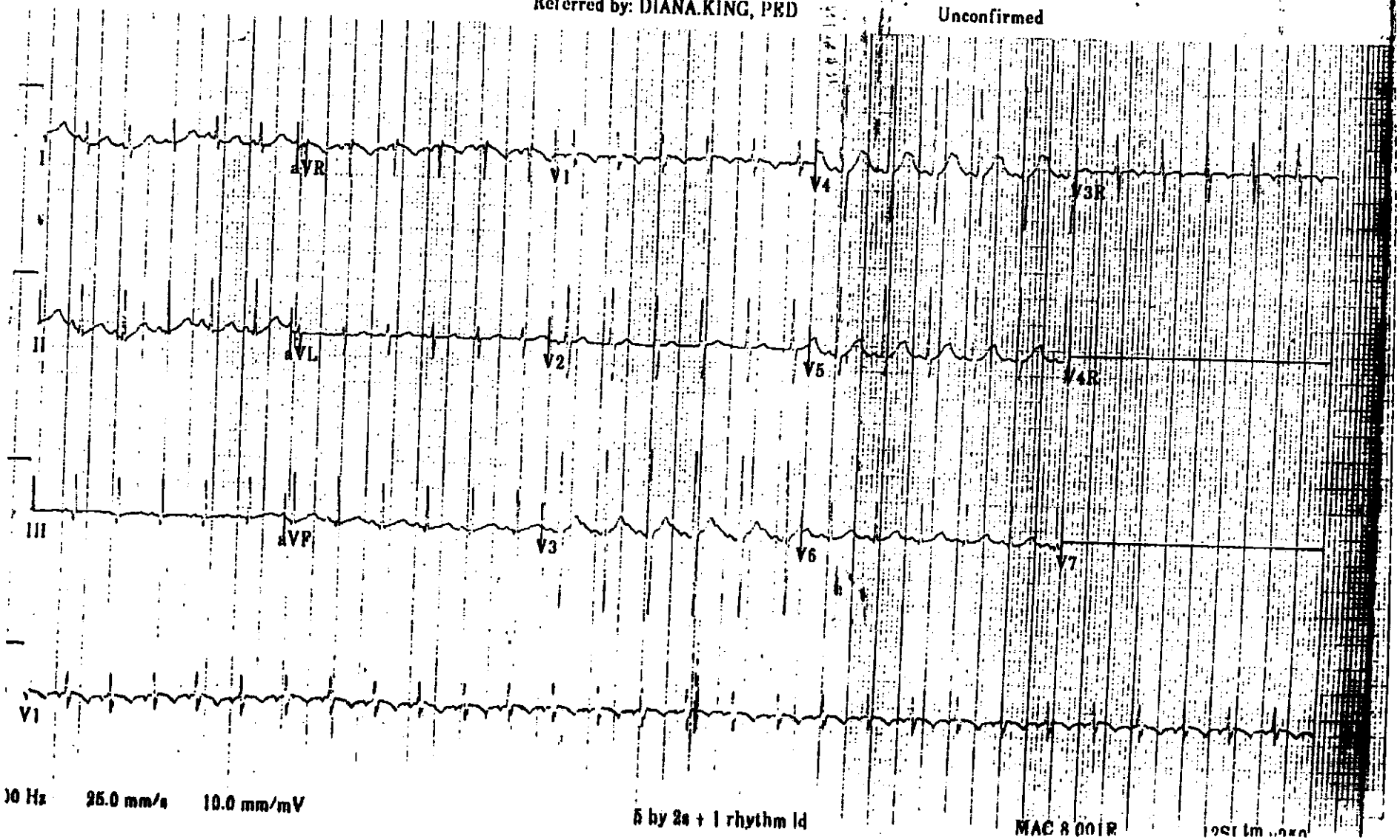
Vent. rate 173 bpm
PR interval 80 ms
QRS duration 48 ms
QT/QTc 246/417 ms
P-R-T axes 51 76 52

Technician: 22

pr-1997 9:32:54 MONTEFIORE MEDICAL CENTER

Referred by: DIANA.KING, PED

Unconfirmed



)0 Hz 25.0 mm/s 10.0 mm/mV

5 by 2s + 1 rhythm ld

MAC 8 001R

REPORT DATE
REPORT

Joachin, Jonathan
4/23/97
02005409
Brain scan

Diagnosis: Assess for brain death

Dr. Freeman was present for the reading and interpretation.

5 mCi of Tc-99m labeled GHA was injected intravenously and rapid sequential scintiimages of brain perfusion were obtained in the anterior projections for 60 seconds followed by static brain images in the anterior, posterior and lateral projections.

Scintigraphic findings: Flow is seen to the brain parenchyma. Uptake is noted within the brain. There is no evidence of brain death.

Impression: No evidence of brain death.

Thank you for the opportunity of assisting you and your patient. If you have any questions concerning the examination or the above results, please call Dr. Freeman at 718-920-5011 to discuss this case further.

4/25/97

Zinn Freeman
KZ

MOSES DIVISION
111 EAST 210 TH STREET
BRONX, NEW YORK 10467
DEPARTMENT OF RADIOLOGY

* REQUEST COPY *

DOS 04/15/97 REQ # 6021104
READ 04/17/97 TYPED 04/18/97
TYPED BY MB1
RADIOLOGIST PRITZKER, HENRY
RESIDENT BOXER, DOUGLAS , M. D.

MR# 002005409
PATIENT JOACHIN, Jonathan
DOB 10/28/96 SSN - -
REFERRED BY KING, DIANA

LOCATION NW6P12

CLINICAL INDICATIONS

PORTABLE CHEST:

IMPRESSION: IMPROVING PULMONARY EDEMA. ET TUBE IN RIGHT MAIN STEM BRONCHUS. LEFT SIDED PNEUMOTHORAX.

Comparison is made with prior study of same date.

An NG tube is in place with its distal end in the left upper quadrant. An ET tube is in place with its distal end in the right main stem bronchus. There is a left sided pneumothorax involving approximately 30% of the left lung. There has been interval improvement in the patient's pulmonary edema. The heart is not enlarged in size. Radiopaque tubing overlies the left neck and may be outside the patient or may represent a venous access device which is ascending into the neck.

THE IMAGES IN THIS CASE HAVE BEEN REVIEWED BY THE ABOVE ATTENDING RADIOLOGIST AND THE REPORT EDITED AS NECESSARY BEFORE APPROVAL.
##

APPROVED BY PRITZKER, HENRY , M. D.

KING, DIANA
MMC PEDS/CRITICAL CARE NW556
111 EAST 210TH ST
BRONX, NY 10467

kOS
11L

MOSES DIVISION
111 EAST 210 TH STREET
BRONX, NEW YORK 10467
DEPARTMENT OF RADIOLOGY

* REQUEST COPY *

DOS 04/16/97 REQ # 6021186
READ 04/17/97 TYPED 04/18/97
TYPED BY MB1
RADIOLOGIST PRITZKER, HENRY
RESIDENT BOXER, DOUGLAS , M. D.

MR# 002005409
PATIENT JOACHIN, Jonathan
DOB 10/28/96 SSN - -
REFERRED BY KING, DIANA

LOCATION NW6P12

CLINICAL INDICATIONS

PORTABLE CHEST:

IMPRESSION: IMPROVING PULMONARY EDEMA. RESOLVED PNEUMOTHORAX.

Comparison dated 4/15/97.

The NG tube is in place. The ET tube has been repositioned and is now above the carina. There has been interval resolution of the previously noted left sided pneumothorax. A central venous access line is now in place via a femoral approach with distal end of the line at approximately L2-3 level. There has been interval improvement in the patient's pulmonary edema.

THE IMAGES IN THIS CASE HAVE BEEN REVIEWED BY THE ABOVE ATTENDING RADIOLOGIST AND THE REPORT EDITED AS NECESSARY BEFORE APPROVAL.
##

APPROVED BY PRITZKER, HENRY , M. D.

KING, DIANA
MMC PEDS/CRITICAL CARE NW556
111 EAST 210TH ST
BRONX, NY 10467

CHEST

kOS
11L

MONTEFIORE MEDICAL CENTER
DEPARTMENT OF NEUROLOGY

ADDRESSOPLATE

REQUEST FOR ELECTROENCEPHALOGRAPHY

☒ MOSES ☐ WEILER

Request Date 4/16/97

Previous EEGs: ☐ Yes ☒ No

EEG Type: [redacted]

Patient Is: [redacted]

Patient Is: (Check One) [redacted]

☐ Cooperative [redacted]

Precautions/Allergies: _____

Clinical Diagnosis: _____

History and Neuro Exam: _____

Pertinent Lab Data: _____

Must patient be sedated? ☐ Yes ☒ No
Has order been written? ☐ Yes ☐ No

If yes, what medication and dose ∅ anticonvulsants

Current Medications: _____

Ordered By: [illegible] / putalik M.D.

Completed By: _____ E.E.G.T. Charge Date _____

[redacted]

MONTEFIORE MEDICAL CENTER
DEPARTMENT OF NUCLEAR MEDICINE
IN VIVO EXAMINATION

☐ MOSES DIVISION
☐ WHAECOM DIVISION

☐ IN-PATIENT ☐ OUTPATIENT ☐ Pyt. ☐ Clinic ☐ ER ☐ MG ☐ EHS ☐ Other _____

CHECK ☐ STRETCHER ☐ WHEELCHAIR PREVIOUS X-RAYS? ☐ Yes ☐ No PREVIOUS ISOTOPE STUDY? ☐ Yes ☐ No

EXAMINATION REQUESTED (PLEASE CHECK ONLY ONE PROCEDURE)

- ☐ 878 Abdominal - Stomach, G.I. Bleed, Meckels Scan
- ☐ 751 Abscess Localization (Gallium) Scan _____ Specify Area
- ☐ 752 Adrenal Scan
- ☐ 758 Bone Absorptiometry
- ☐ 753 Bone Marrow Scan
- ☐ 871 Bone Regional Scan (Specify Area) _____
- ☐ 754 Bone - Whole Body Survey
- ☐ 755 Bone - Survey of Joints
- ☐ 876 Brain - a) Dynamic (perfusion) & b) Static
- ☐ 873 Brain Static
- ☐ 500 Cerebral Spinal Fluid Shunt
- ☐ 882 Cisternogram
- ☐ 367 Cystography Reflux Study
- ☐ 759 Cystography Residual Urine Detection
- ☐ 820 Gastric Emptying Tinta
- ☐ 750 I - 131 Total Body Scan
- ☐ 902 Kidney Blood Clearance
- ☐ 892 Kidney Perfusion Scan
- ☐ 826 Kidney Morphology Scan
- ☐ 502 Kidney Excretion Scan
- ☐ 503 Kidney Excretion Scan with and without Lasix
- ☐ 895 Kidney Perfusion and Kidney Excretion Scan
- ☐ 896 Kidney Perfusion and Kidney Morphology Scan
- ☐ 894 Kidney Perfusion, Kidney Excretion and Kidney Morphology Scan
- ☐ 822 Liver - Spleen Morphology
- ☐ 821 Biliary Excretion (Hida) Scan
- ☐ 823 Lung Ventilation Scan
- ☐ 881 Lung Perfusion Scan
- ☐ 762 Dacrocystography
- ☐ 888 Pancreas Morphology & Function
- ☐ 781 Parathyroid Scan
- ☐ 763 Radionuclide Angiography (Specify Area) _____
- ☐ 764 Radionuclide Lymph Angiography (Specify Area) _____
- ☐ 765 Regional Blood Flow
- ☐ 766 Salivary Gland Scan
- ☐ 767 Scrotal Scan
- ☐ 768 Thrombus Detection Scan
- ☐ 802 Thyroid Uptake & Scan
- ☐ 800 Thyroid Uptake
- ☐ 801 Thyroid Uptake Perchlorate Washout Test
- ☐ 770 Tumor Localization (Gallium) Scan _____ Specify Area

HEMATOLOGICAL STUDIES

- ☐ 817 Hemoterrokinetic
- ☐ 850 Plasma Volume
- ☐ 853 Red Cell Survival
- ☐ 860 Red Cell Volume
- ☐ 760 Organ Counting
- ☐ 834 Schilling Test
- ☐ 835 Schilling Test with Intrinsic Factor

[illegible]
[illegible] DIANA
M 10/25/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

CHARGE DATE MO.	DAY	YR	28	HOSP. AMOUNT $	TECHNOLOGIST'S

HISTORY OF ALLERGIES _____ PATIENT'S AGE _____

DOES PATIENT HAVE INFECTIOUS-CONTAGIOUS DISEASES? ☐ Yes ☐ No ☐ Suspicion Precautions (Specify) _____

HISTORY, CLINICAL INFORMATION, PREVIOUS OPERATIONS AND L.M.P. AND REASON FOR REQUEST:

REQUESTED BY _____ DATE _____

SIGNATURE M.D. _____ PRINT NAME M.D. _____

CARDIAC STUDIES

- ☐ 401 Gated Ejection Fraction Wall Motion Study
- ☐ 402 Gated Ejection Fraction Wall Motion Study, with Stress
- ☐ 403 First Pass Ejection Fraction
- ☐ 411 Thallium Resting Perfusion Scan
- ☐ 412 Thallium Stress and Reperfusion Scan
- ☐ 917 Thallium Stress and Reperfusion Scan SPECT
- ☐ 918 Thallium Resting Perfusion Scan SPECT
- ☐ 417 First Pass Cardiac Shunt
- ☐ 757 Cardiac Infarct
- ☐ 900 Cardiac Regurgitant Index

TOMOGRAPHIC STUDIES

- ☐ 782 Liver Tomography
- ☐ 783 Bone Tomography
- ☐ 784 Brain Tomography
- ☐ 785 Kidney Tomography
- ☐ 786 Tumor Localization Tomography

THERAPIES

- ☐ 910 Hyperthyroidism
- ☐ 911 Thyroid Neoplasm
- ☐ 912 P - Vera
- ☐ 913 Intracavitary

MISCELLANEOUS

- ☐ 419 Portable
- ☐ 812 Consultation w/o Procedure I.P.
- ☐ 810 Consultation w/o Procedure O.P.
- ☐ 899 Insertion of a Catheter
- ☐ 919 Mediation
- ☐ Other _____
- ☐ 897 I - 123 Hippuran
- ☐ 413 Thallium Fee
- ☐ 916 Reboot's Medical Therapy Fee

REPORT DATE
REPORT

Joachin, Jonathan
4/19/97
0205409
80460017
Brain scan

Diagnosis: 6 month old-near drowning, clinically brain dead

Dr. Freeman was present for the reading and interpretation.

Dynamic and static images were obtained over the head after administration of 5 mCi of Tc-99m labeled GHA for the evaluation of brain death.

Scintigraphic findings: There is evidence of arterial flow promptly to the cerebral vessels. These findings demonstrate no evidence of brain death.

Impression: No evidence of brain death.

Thank you for the opportunity of assisting you and your patient. If you have any questions concerning the examination or the above results, please call Dr. Freeman at 718-920-5011 to discuss this case further.

4/22/97

Zinn/Freeman
(KZ)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER,JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING,DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

E L E C T R O L Y T E S / G L U C O S E / R E N A L

DATE TIME	10-26 mg/dL BUN	135-145 mEq/L Na	3.5-5.0 mEq/L K	24-30 mEq/L CO2	98-108 mEq/L Cl	70-115 mg/dL GLUCOSE	0.5-1.5 mg/dL CREAT.	8.5-10.5 mg/dL Ca
4/19R0652	13.	142.	4.1	20.L	111.H	95.	0.6	8.5
4/18R1623		144.	3.9		115.H	86.		
R0740	22.	143.	4.5	24.	111.H	84.	0.8	9.2
R0609		143.	4.0		111.H	97.		
4/17R2100		142.	3.9		114.H	81.		
R1532		140.	3.8		112.H	100.		
R1015		143.	3.9		108.	121.H		
R0737		140.	3.8	24.	106.	93.		8.0L
R0702		142.	2.9* (A)		109.H	82.		
1/16R2108		141.	2.9*		119.H	105.		
R1711	24.	141.	3.9	22.L	112.H	112.	0.9	
R1441		142.	3.6		113.H	85.		
R0813	18.	143.	3.9	24.	111.H	99.	0.8	7.5L
R0519	16.	141.	3.9	19.L	109.H	158.H	0.8	6.7L
R0349		142.	3.4L		119.H	155.H		
4/15R2213		139.	3.5		117.H	249.H		
R2034	12.	137.	4.7	16.L	106.	386.H	1.0	7.0L
R1957		141.	3.9		111.H	346.H		
R1712		135.	5.3H		91.L	156.H		
R1656		139.	5.2H		114.H	392.H		
R1641	7.L	142.	5.4H	6.* (B)	105.	431.H	0.8	8.3L

(A): ABNORMALLY LOW-QNS TO REPEAT
(B): RESULTS CONFIRMED - TEST REPEATED

DATE TIME	3.56-5.06 mg/dL IONIZED Ca	2.5-4.5 mg/dL PHOS	7.35-7.45 pH	35-45 mm Hg PCO2	80-100 mm Hg PO2	22-28 mmoles BICARBONATE	95-98 % CALC O2 SAT
4/19R0652		4.1					
R0548			7.417	32.6L	102.6H	21.1L	98.
4/18R2251			7.050L	101.0H	286.0H	28	100. H
R2249			7.137L	81.0H	283.0H	28	100. H
R2247			7.241L	61.0H	319.0H	26	100. H
R2245			7.400	38.0	125.0H	24	99. H
R1623	4.42		7.433	32.0L	140.9H	22	99. H

DP 2977 M
(PATIENT REPORT CONTINUED ON PAGE 2)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER,JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING,DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

ELECTROLYTES / GLUCOSE / RENAL

DATE TIME	3.56-5.06 mg/dL IONIZED Ca	2.5-4.5 mg/dL PHOS	7.35-7.45 pH	35-45 mm Hg PCO2	80-100 mm Hg PO2	22-28 mmoles BICARBONATE	95-98 % CALC O2 SAT
4/18R0609	4.71		7.421	36.4	136.0H	23.8	99. H
4/17R2100	4.02		7.454H	37.0	117.0H	26*	99. H
R1532	3.95		7.469H	36.0	156.1H	26.3	100. H
R1015	4.19		7.453H	38.4	134.4H	27.0	99. H
R0702	3.45L		7.476H	30.7L	207.5H	22.8	100. H
4/16R2108	3.32*		7.332L	37.0	115.0H	20 L	98.
R1721			7.183L	53.0H	119.0H	19 L	98.
R1441	3.43L		7.265L	53.9H	63.3L	24.6	88. L
R0728			7.350	41.5	164.0H	22.3	99. H
R0349	3.31*		7.301L	46.2H	161.6H	22.9	99. H
4/15R2213	3.86		7.202L	47.3H	145.1H	18.6L	99. H
R1957	3.59		7.103L	63.3H	122.9H	19.9L	97.
R1712	3.83		7.535H	49.3H	51.8L	41.9H	89. L
R1656	4.50		6.959L	56.7H	326.6H	12.8L	100. H

DATE TIME	-3 TO -2 mmoles BASE EXCESS	42-52 HEMATOCRIT
4/19R0548	-2.0	
4/18R2251	-4.8	
R2249	-3.5	
R2247	-1.8	
R2245	-0.3	
R1623	-1.4	37 L
R0609	0.2	28 L
4/17R2100	3.0	27 L
R1532	3.2	21 L
R1015	3.6	19 L
R0702	0.1	20 L
4/16R2108	-4.8	21 L
R1721	-8.7	
R1441	-1.6	19 L
R0728	-2.5	
R0349	-2.8	29 L
4/15R2213	-8.4	32 L
R1957	-9.3	32 L

DP 2977 M

(PATIENT REPORT CONTINUED ON PAGE: 3)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER,JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING,DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

ELECTROLYTES / GLUCOSE / RENAL

DATE TIME	-3 TO -2 mmoles BASE EXCESS	42-52 HEMATOCRIT
4/15R1712	-17	50
R1656	-15.8	42

LIVER PANEL / ENZYMES

DATE TIME	0.2-1.2 mg/dL TOTAL BILI.	3.5-5.5 g/dL ALBUMIN	30-115 U/L ALK. PHOS.	5-40 U/L SGOT	5-40 U/L SGPT	10-100 U/L CPK	120-240 mg/dL CHOL.	16-108 U/L AMYLASE
4/19R0652	0.4	2.7L	144.H	166 H	94 H			
4/18R0740	0.3	2.7L	149.H	240 H	101 H			
4/17R0737	0.3	2.7L	165.H	297 H	110 H	9140.H (A)	40.L	
4/16R0813	0.4	2.9L	235.H	314 H	95 H			
4/15R1641	0.5	3.2L	446.H	228 H	69 H	684.H		(B)

(A): RESULTS CONFIRMED - TEST REPEATED
(B): QNS, PLEASE RESUBMIT

CARDIAC ENZYMES

DATE TIME	5-40 U/L SGPT	10-100 U/L CPK	0.0-4.0 ng/mL CK-MB (IMMU)	% CK-MB %
4/17R0737	110 H	9140.H (A)	71.0H	0.8
4/15R1641	69 H		39.1H	5.7

(A): RESULTS CONFIRMED - TEST REPEATED

PATIENT REPORT CONTINUED ON PAGE: 4)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER,JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING,DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

M I S C . C H E M I S T R Y

DATE TIME	1- 2 mmol LACTIC ACID	1.4-2.3 mEq/L MAGN- ESIUM	0.90-1.36 mEq/L IONIZED MAGNESIUM
4/19R0652		1.6	
4/18R1623	3.1H		
R0609	2.6H		
4/17R2100	2.8H		
R1532	3.6H		
R1015	4.1H		
R0702	2.6H		0.80L
4/16R2108	2.2		
R1441	2.1		
R0813		1.7	
R0349	3.7H		
4/15R2213	5.4* (A)		
R1957	6.9* (A)		
R1712	1.5		
R1656	14.4* (A)		

(A): RESULTS CONFIRMED - TEST REPEATED

T H E R A P E U T I C D R U G M O N I T O R I N G

DATE TIME	15-40 ug/mL PHENO- BARBITAL
4/16R1456	<1.2

(PATIENT REPORT CONTINUED ON PAGE: 5)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER,JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING,DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

L I P I D P A N E L

DATE TIME	120-240 mg/dL CHOL	50-200 mg/dL TRIG	35-55 mg/dL HDL-CHOL	0-160 mg/dL LDL-CHOL	CHOL/HDL RATIO
4/17R0737	40 L	64.	17.L	10.	2.0

R O U T I N E U R I N A L Y S I S

DATE TIME	ROUTINE URINALYSIS	COLOR	APPEAR	1.015-1.025 SP/GR	5.0-6.0 pH
4/16R1151		AMBER	CLOUDY	1.020	8.5
1/15R2039		YELLOW	HAZY	1.015	5.0

DATE TIME	mg/dL PROT	mg/dL GLUC	mg/dL KETO	BILIRUBIN	OCCULT BLOOD
4/16R1151	>300	NEG	TRACE	NEG	MOD
4/15R2039	100	500	NEG	NEG	LARGE

DATE TIME	mg/dL UROBILINOGEN	NITRITE	LEUCOCYTE	MICROSCOPIC URINALYSIS	WBC
4/16R1151	0.2	NEG	NEG		MANY
4/15R2039	0.2	NEG	NEG		5-10

DATE TIME	RBC	SQ EPI /LPF	BACTERIA	AMORPHOUS PHOS	GRANULAR CAST
4/16R1151	MANY	RARE	NONE	MANY	3-5
4/15R2039	15-20	FEW	FEW		0-1

DATE TIME	FINELU GRAN CAST
4/16R1151	0-1

OP 2977 M

(PATIENT REPORT CONTINUED ON PAGE: 6)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER,JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING,DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

ROUTINE CBC

DATE TIME	14-18 g/ HGB	42-52 % HCT	4.6-6.2 MIL/uL RBC	78-96 fL MCV	27-31 pg MCH	32-37 g/dL MCHC	7.4-10.4 CU UM MPV	180-400 k/uL PLATELET
4/18R0843	10.5L	31.0L	3.94L	79.0	26.6L	33.5	9.7	142. L
4/17R0852	7.7L	23.0L	3.02L	76.0L	25.5L	33.5	9.7	164. L
4/16R2110	7.8L	24.0L	3.09L	76.0L	25.2L	33.1	9.1	165. L
R0930	9.4L	28.0L	3.68L	75.0L	25.5L	33.9	9.3	225.
4/15R1715	12.8L	39.0L	4.94	78.0	25.9L	33.0	9.6	429. H

DATE TIME	RDW	PLATELET ESTIMATE	WORKSHEET STORAGE
4/18R0843	14.7		19
4/17R0852	14.2		25
4/16R2110	14.0		49
R0930	13.8	NORMAL	36
4/15R1715	13.6	SLIGHTLY INCREASED	43

WBC + MACHINE DIFF

DATE TIME	4.8-10. k/uL WBC	% LYMPH	% MONO	% GRAN	% ESO	k/uL LYMPH	k/uL MONO	k/uL GRAN	EOS	BASO
4/18R0843	9.7	30	14H	52	4	2.9	1.3	5.1	0.4	0.0
4/17R0852	9.4	28	17H	55		2.6	1.6	5.2	0.0	
4/16R2110	12.3H									
R0930	9.6	16L	21H	63		1.5	2.0	6.1	0.0	
4/15R1715	20.3H									

(PATIENT REPORT CONTINUED ON PAGE: 7)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER, JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING, DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

MANUAL DIFF

DATE TIME	40-70 % SEG	0-3 % BAND	20-50 % LYMPH	1-8 % MONO	0-5 % EOSIN	WBC MORPH
4/18R0843	25L	29H	31	13H	4	TOXIC GRANULATION PRESENT; DOHLE BODIES PRESENT
4/16R0930	47	24H	14L	14H	1	

DATE TIME	RBC MORPH
4/18R0843	NORMAL

(PATIENT REPORT CONTINUED ON PAGE: 8)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER,JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING,DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1425

ROUTINE COAGULATION

DATE TIME	9.0-11.5 Seconds PT	23-33 Seconds APTT	TIME DRAWN	INR	200-400 mg/dL FIBRINOGEN	***-*** ug/mL D-DIMER
4/19R0550			530			
4/16R2340	(A) 18.0H	(A) 47 H			(A) 404 H	(A) >2.0
R2110			2030			
4/15R1714	(A) 15.2H	(A) 68 H		1.5	(A) 197 L	(A) >2.0

(A): QNS, PLEASE RESUBMIT

ADVANCED COAGULATION

DATE TIME	9.0-11.5 Seconds PT	23-33 Seconds APTT
4/19R0550		
4/16R2110	(A)	(A)
	(A)	(A)

(A): QNS, PLEASE RESUBMIT

URINE CULTURES

4/18/97 R 2308 18604
URINE CULTURE
REPORTED RESULT NO GROWTH IN 2 DAYS

4/15/97 R 2324 13977
URINE CULTURE

(PATIENT REPORT CONTINUED ON PAGE: 9)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER, JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING, DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

URINE CULTURES

4/15/97 R 2324 13977
REPORTED RESULT NO GROWTH

RESPIRATORY CULTURES

4/18/97 R 2308 18609
RESPIRATORY CULTURE
SPECIMEN TYPE TRACHEAL ASPIRATE
GRAM STAIN 3+ POLYS
NO ORGANISMS SEEN
PRELIM ISOLATE 1 MANY YEAST
FINAL ISOLATE 1 CANDIDA ALBICANS

4/15/97 R 2303 13949
RESPIRATORY CULTURE
SPECIMEN TYPE TRACHEAL ASPIRATE
GRAM STAIN 4+ POLYS
1+ GRAM POSITIVE COCCI IN PAIRS.
PRELIM ISOLATE 1 FEW YEAST
FINAL ISOLATE 1 CANDIDA ALBICANS

SEROLOGY

DATE TIME	ANTIGEN DETECTION
4/15R2310	

DATE TIME	H.INFLUENZAE TYPE
4/15R2310	NONREACTIVE

(PATIENT REPORT CONTINUED ON PAGE: 10)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER,JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING,DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

S E R O L O G Y

	STREP PNEUMONIAE
DATE TIME	
4/15R2310	NONREACTIVE

	BETA STREP GROUP B
DATE TIME	
4/15R2310	NONREACTIVE

	N. MENINGITIDIS
DATE TIME	
4/15R2310	NONREACTIVE

(PATIENT REPORT CONTINUED ON PAGE: 11)

MONTEFIORE MEDICAL CENTER
BRONX, NEW YORK 10467

AGE: <1

PATIENT NAME : TURNER,JONATHAN
MED REC NUMBER : 2005409
LOCATION : NW6P 609D
PHYSICIAN : KING,DIANA
SOC SEC NUMBER :

DATE: 5/01/97 TIME: 1426

B L O O D B A N K R O U T I N E T E S T S

TEST NAME	4/17/97	4/15/97
BLOOD TYPE	C(1201) MOSES	
TYPE AND SCREEN		C(2105) MOSES
ABO TYPE	C(1201) B	C(2105) B
RH TYPE	NEG	NEG
Ab SCREEN-P.E.G.		POS
DIRECT AHG IgG		NEG
ANTIBODY ID P.E.G.		M

FORM MSG-1603

041497

MONTEFIORE MEDICAL CENTER

LABORATORY REPORTS

NL P 612-A
J CHI, JONATHAN
CIANA
N 10/25/19
CRANG CONCOURSE
NY 718 594-4

INSTRUCTIONS: STAPLE WITH TWO STAPLES ALONG LEFT MARGIN. REP ...RE TO BE STAPLED ONE ABOVE THE OTHER STARTING FROM THE BOTTOM IN CHRONOLOGICAL ORDER. CARE MUST ...ED TO INSURE THAT LABORATORY NAME AND NUMBER ARE VISIBLE.

15	
14	
13	
12	
11	
10	
9	

LB1816M/E REV

BLOOD COMPONENT AND DERIVATIVE TRANSFUSION

TOP COPY - PATIENT'S COPY CARBON - BLOOD BAN

MONTEFIORE MEDICAL CENTER

EINSTEIN DIVISION
1825 EAST CHESTER RD.
BRONX, N.Y. 10461

MOSES DIVISION
111 EAST 210TH STREET
BRONX, N.Y. 10467

PRETRANSFUSION: I checked this form with the unit label and patient's wristband and started transf

Sue Adams MD/RN Date 4/17/97 Time 350pm

(BLOOD OR BLOOD COMPONENT) I confirmed patient and unit identification [signature] M

POSTTRANSFUSION:

VITAL SIGNS	TIME	T	P	R	B/P	SIGNATURE
PRE-TRANS						
15 MIN.						
POST-TRANS.	8pm	34.2	176	[illegible]	111/52	Jane Jones RN

DO NOT STORE BLOOD/COMPONENTS ON WARD

Return to BB if not started within 15 min

COMPLETE TRANSFUSION WITHIN 4 HRS

RECIPIENT : JOACHIN, JONATHAN
[illegible]
BLOOD GRP : [illegible]
SAMPLE # : [illegible]
UNIT # : [illegible]
COMPONENT : [illegible]
BLOOD GRP : [illegible]
[illegible]
VOLUME : [illegible]
[illegible]
DATE OF [illegible]
[illegible]
NOTES : [illegible]

IN CASE OF TRANSFUSION REACTI OR ACTUAL/SUSPECTED ERROR:

1. Stop transfusion at once.
2. Send completed carbon copy of this form to blood bank with:
   A. Remainder of unit with recipient set
   B. Red top and lavender top venous blood specimens from patient
   C. Post transfusion urine sample
3. Check type of reaction:
   ☐ Urticaria ☐ Chill ☐ Fever
   ☐ Hemolytic ☐ Other_____

Vol. Transfused_____ m

Completed by_____ M

Date_____ Time_____

NEW YORK 041497

DOCTOR'S ORDER SHEET	PEDIATRIC ADMISSION	DRUG SENSITIVITIES:	NONE KNOWN ☐

1

Admit to NW: PCCU
Dx: S/P
Condition: GUARDED
Frequency of Vital Signs: Q1°
B.P. Q Routine Q1°
DOCTOR'S SIGNATURE: Amy | DATE/TIME: 4/15/97 A.M. P.M. | NOTED BY:

Medication: DS¼NS 120 mg KCl
Dose & Route: @ 20 cc/hr
Frequency: ERROR
M.D. Signature: Amy
Date: 4/15/97 | Time of Order: 5:40 pm
Comments: (x 1 hr total fluids)
New / Renew / Change / Stat. / Secy.

NW6PC 02005409
NW6P 642-A. 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

2

Diet: NPO
Allergies: ☐ None ☐ (Specify)
Admission Weight: 8.12 Kg.
Weights: ☐ weekly ☐ twice weekly ☐ daily ☐ _____
DOCTOR'S SIGNATURE: [signature] | DATE/TIME: 4/15/97 A.M. P.M. | NOTED BY:

Medication: DOBUTAMINE
Dose & Route: 250 mg in 100 cc DSW
Frequency: @ 2 cc/h
M.D. Signature: Amy
Date: 4 | Time of Order: 5:00 pm
Comments: 10 µg/kg/min
New / Renew / Change / Stat. / Secy.

NW6P 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

3

Isolation: ☒ None ☐ Contact Strict ☐ Airborne Respiratory ☐ Enteric
☐ Drainage & Secretions ☐ Wound & Skin ☐ Modified Protective ☐ Blood & Body Fluids
Activities: IN CRIB
Input/Output ☐ Routine ☒ Accurate
DOCTOR'S SIGNATURE: Amy | DATE/TIME: 4/15/97 A.M. P.M. | NOTED BY:

Medication: TYLENOL
Dose & Route: 120 mg PR
Frequency: pm. T > 101.5
M.D. Signature: Amy
Date: 4/15/97 | Time of Order: 5:00 pm
Comments:
New / Renew / Change / Stat. / Secy.

NW6P 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

Lab Ordered: ☐ CBC ☒ Urinalysis ☐ IPPD
☐ Other (Specify):
☐ X-ray (Specify):
Urine ☐ to M.D. ☒ to Lab
DOCTOR'S SIGNATURE | DATE/TIME | NOTED BY

Medication: NS Bolus of Albumin
Dose & Route: 80 cc (5% Albumin)
Frequency: over 30 mins
M.D. Signature: Amy
Date: 4/15/97 | Time of Order: 5:00 pm
Comments:
New / Renew / Change / Stat. / Secy.

NW6P 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041497 NONE KNOWN ☐

1

↑ SIMV to 20

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments
Zantac	5mg IV	4 8°	[signature]	4/15	6:30 pm	

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 4/15/97 6:30 A.M. P.M. NOTED BY: [signature]

NW6PC Joachin Johnathan
NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

2

Please sent ETT resp Cx+S; Gram stain, Urine Cx and Urine 2/E
Plo

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments
Epinephrine	@ 0.16		VOID			0.1mcg/kg/min

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 4/15/97 A.M. P.M. NOTED BY: [signature]

Turner Jonathan
NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

3

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments
Epinephrine drip		@ 0.6cc/hr	VOID			0.1mcg/kg/min

DOCTOR'S SIGNATURE: DATE/TIME: A.M. P.M. NOTED BY:

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497
Johnathan

4

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments
Epinephrine drip	5mg in 100cc D5W	@ 4cc/hr	[signature] Jolentino, MD	4/15/97	6:45 pm	

DOCTOR'S SIGNATURE: DATE/TIME: A.M. NOTED BY:

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
Joachin, Johnathan

MONTEFIORE MEDICAL CENTER
MOSES DIVISION
BRONX, NEW YORK 10467

PARENTERAL ANTIBIOTIC ORDER FORM

INSTRUCTIONS TO PHYSICIANS

DRUG SENSITIVITIES
NONE KNOWN ☑

ALL PARENTERAL ANTIBIOTICS MUST BE ORDERED ON THIS FORM.

YOU MUST COMPLETE SECTIONS I, II AND III IN ORDER FOR ANTIBIOTIC TO BE DISPENSED.

[redacted]

CATEGORY I

☐ SURGICAL PROPHYLAXIS

(NO ACTIVE SIGNS OF INFECTION PRESENT; PREVENTIVE USE ONLY)

AUTOMATIC STOP DATE-24 HRS

CATEGORY II

☐ DOCUMENTED PATHOGEN

(INFECTION PRESENT; THERAPY BASED ON CULTURE RESULTS)

☐ BLOOD ☐ URINE
☐ CSF ☐ WOUND
☐ SPUTUM ☐ OTHER _____

AUTOMATIC STOP DATE-10 DAYS

CATEGORY III

☐ EMPIRIC THERAPY, INITIAL

(INFECTION PRESENT OR SUSPECTED; PATHOGEN UNKNOWN)

GRAM STAIN
☐ DONE. RESULTS _____
☐ NOT DONE

CULTURES OBTAINED
☐ YES ☐ NO
☐ BLOOD
☐ CSF
☐ SPUTUM
☐ URINE
☐ WOUND
☐ _____

AUTOMATIC STOP DATE-3 DAYS

☐ EMPIRIC THERAPY CONTINUED

(CULTURE,NEGATIVE; INFECTION PRESENT OR SUSPECTED; SITE AND/OR PATHOGEN UNKNOWN)

AUTOMATIC STOP DATE-CONTINUE THERAPY FOR A TOTAL OF 10 DAYS

Medications: Ceftriaxone	New ✓
Dose & Route: 200mg IVSS	Renew
Frequency: 9-12° (1st dose at 12 MN)	Change
M.D. Signature: [signature], MD	Stat
Date: 4/15/97 Time of Order: 7:15 pm	Secy
Comments: 50mg/kg/dose	Dose/24 Hrs. R Ph

ADDRESSOPLATE
NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
Joachin Turner

PENICILLINS
☐ AMPICILLIN
☐ OXACILLIN OR NAFCILLIN
☐ PENICILLIN G
☐ PIPERACILLIN
☐ TICARCILLIN/CLAVULANATE *

CEPHALOSPORINS
FIRST GENERATION
☐ CEFAZOLIN

SECOND GENERATION
☐ CEFOXITIN
☐ CEFUROXIME

THIRD GENERATION
☐ CEFTIZOXIME * OR CEFTRIAXONE * OR CEFOTAXIME *
NOTE: CEFTRIAXONE DOSES OF 1 GRAM OR LESS PER DAY DO NOT REQUIRE APPROVAL.
☐ CEFTAZIDIME *

AMINOGLYCOSIDES
☐ AMIKACIN *
☐ GENTAMICIN
☐ TOBRAMYCIN

OTHERS
☐ ACYCLOVIR **
☐ AMPHOTERICIN B *
☐ AZTREONAM *
☐ CHLORAMPHENICOL
☐ CIPROFLOXACIN IV
☐ CLINDAMYCIN
☐ ERYTHROMYCIN
☐ FOSCARNET **
☐ FLUCONAZOLE IV *
☐ GANCYCLOVIR **
☐ IMIPENAM/CILASTATIN *
☐ METRONIDAZOLE
☐ PENTAMIDINE **
☐ CO-TRIMOXAZOLE (SMX-TMP)
☐ DOXYCYCLINE
☐ VANCOMYCIN
☐ _____
☐ _____
☐ _____

* REQUIRES APPROVAL FROM THE DIVISION OF INFECTIOUS DISEASES (ID). PLEASE PAGE ID FELLOW AND DISCUSS PRIOR TO WRITING ORDER.
** MAY ALSO BE APPROVED BY AN AIDS

Medications	New
Dose & Route	Renew
Frequency	Change
M.D. Signature	Stat
Date Time of Order	Secy
Comments Dose/24 Hrs.	R Ph

ADDRESSOPLATE
NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
Joachin Turner

Medications	New
Dose & Route	Renew
Frequency	Change
M.D. Signature	Stat
Date Time of Order	Secy
Comments Dose/24 Hrs.	R Ph

ADDRESSOPLATE
NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 04149 NONE KNOWN ☐

1

Medication	D. 1/4 NS + 50mg/L
Dose & Route	NaHCO3 at 18 cc/hr
Frequency	
M.D. Signature	H Baser
Date	4/15/97
Time of Order	7PM
Comments	TF = 2/3

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW6PE

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
Joachin Jonathan
2751 GRAND CONCOURSE 104
BRONX NY 718 584-44
80460017 04/15/1997 P

2

Medication	Lasix
Dose & Route	10mg IVP
Frequency	x1
M.D. Signature	H Baser
Date	4/15/97
Time of Order	7PM
Comments	Given 6:30 PEB

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
Joachin Jonathan
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

3

Medication	Lacrolube oint
Dose & Route	OU
Frequency	98°
M.D. Signature	A. Tolentino MD
Date	4/15/97
Time of Order	7pm
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
Joachin, Johnathan

4

Medication	Lactated Ringer
Dose & Route	200 cc one
Frequency	1
M.D. Signature	[illegible]
Date	4/15/97
Time of Order	7:35pm
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. | NOTED BY

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
Joachin Johnathan
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK 041441

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN ☐

1

Dextrosticks q 4°

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments	New	Renew	Change	Stat.	Sexy
CaCl 160 mg	IV q 60 gtt	Δ 1d	[signature]	4/15/97	8:10 pm						

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 4/15/97 8 A.M. P.M. NOTED BY:

NW6PC 02005409
NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
Joachim / Johnathan
M 10/28/1996 P
2751 GRAND CONCOURSE 104
BRONX NY 718 584-440
80460017 04/15/1997 P

2

CVP intermittent reading

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments	New	Renew	Change	Stat.	Sexy
D/C D5 1/2 NS + Ca gluc	IVFS		J. Tolentino, MD	4/15/97	9:30 pm						

DOCTOR'S SIGNATURE: J. Tolentino, MD DATE/TIME: 4/15/97 9:30 A.M. P.M. NOTED BY:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

3

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments	New	Renew	Change	Stat.	Sexy
Arterial line	Heparin 500 u in 500cc NS	@ 3cc/hr	J. Tolentino, MD	4/15/97	9:30 pm				✓		

DOCTOR'S SIGNATURE: [signature] DATE/TIME: A.M. P.M. NOTED BY:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

4

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments	New	Renew	Change	Stat.	Sexy
ΔIVFS: D5 1/4 NS + 50meq/L	NaHCO3 + 20meq/L KCL	@ 1.8cc/hr	J. Tolentino, MD	4/15/97	11 pm				✓		

DOCTOR'S SIGNATURE: DATE/TIME: A.M. NOTED BY:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

MONTEFIORE MEDICAL CENTER NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041497 NONE KNOWN ☐

1

Medication	Vitamin K
Dose & Route	2mg IV
Frequency	X 1 dose
M.D. Signature	A. Tolentino, MD
Date	4/16/97
Time of Order	12 am
Comments	2mg/dose
New	X
Renew	
Change	
Stat.	X
Secy	

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

2

Medication	Vitamin K
Dose & Route	2mg IV
Frequency	QD
M.D. Signature	A. Tolentino
Date	4/16/97
Time of Order	12 am
Comments	2mg/dose
New	✓
Renew	
Change	
Stat.	
Secy	

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

3

Medication	Dopamine Drip
Dose & Route	300mg Dopamine in
Frequency	100cc DSW(@) 1cc/hr
M.D. Signature	A. Tolentino, MD
Date	4/16/97
Time of Order	12 am
Comments	
New	
Renew	
Change	
Stat.	
Secy	

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

4

Medication	Dopamine Drip
Dose & Route	150mg Dopa in
Frequency	100cc DSW(@) 1cc/hr
M.D. Signature	A. Tolentino, MD
Date	4/16/97
Time of Order	3:15 Am
Comments	
New	
Renew	
Change	✓
Stat.	
Secy	

041497

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400

DOCTOR'S SIGNATURE | DATE/TIME A.M. | NOTED BY

NEW YORK

041497

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN ☐

1

↑ TV 90 ↓ FIO2 35

Please send ABG c̄ Nova lytes.

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
J. Tolentino, MD	4/15/97 4:15 A.M. P.M.	MS

Medication: D5 1/4 NS + 30 mcg/L KCl
Dose & Route: @ 18cc/hr
Frequency:
M.D. Signature: J. Tolentino, MD
Date: 4/15/97 Time of Order: 4:15 Am
Comments:

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

2

Please add Red top ~3-4cc to blood draw mfol Blood Bank to next ABG.

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
J. Tolentino, MD	4/16/97 A.M. P.M.	KS

Medication: Tylenol
Dose & Route: 120 mg PO/NG PR
Frequency: q4 PRN T>100.5
M.D. Signature: J. Tolentino, MD
Date: 4/16/97 Time of Order: 4:15 Am
Comments:

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

3

pressure 8 SIMV=20 TV=91
FIO2 35%

Please send U/A

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
Eputalil/putalik	4/16/97 A.M. P.M.	[illegible]

Medication: Dobutamine
Dose & Route: ↓ 1cc/0
Frequency: IV
M.D. Signature: Eputalil/putalik
Date: 4/16/97 Time of Order:
Comments: 5 mcg/kg/hr

NW6P 612-A 02005404
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY

Medication: NF
Dose & Route: @ 18cc/0
Frequency:
M.D. Signature: Eputalil/putalik
Date: 4/16/97 Time of Order: 9a
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041497 NONE KNOWN

1

√ Electrolytes, Lft's, Alb, Protein
Ca/Mg/Phos in a.m. 4/17/97

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments
25% Albumin	30 cc IV	x 1 dose	[signature]	4/16/97		over 30 minutes

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 4/16/97 A.M. P.M. NOTED BY: [signature]

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

2

~~CBCD & SMA8 now please~~ am
albo
SMA20, CBCD, gas in am with magnesium
4/17/97

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 4/16/97 A.M. P.M. NOTED BY: [signature]

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
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041497

3

↑ peep to 10, ↑ FIO_2 to 45%

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments
↑ Lacrilube	Oint to OU	24° + PBP	[signature]	4/16/97		

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 4/16/97 A.M. P.M. NOTED BY: [signature]

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

Current vent settings → SIIW mode, peep 10, TV 91, TW = 20, Insp time = 50%, 45%
Obtain Phenobarbital level

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments

DOCTOR'S SIGNATURE: DATE/TIME: AM NOTED BY:

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041497 NONE KNOWN

NEW YORK

ADMITTING

1

IVF NS @ 83

DOCTOR'S SIGNATURE | DATE/TIME 4/16/97 1730 A.M. P.M. | NOTED BY

Medication: NS @ 83
Dose & Route: 5 cc Fluid bolus over
Frequency: 1 hr
M.D. Signature:
Date: 4/16/97 Time of Order: 1730
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

2

Place send ABG, PT/PTT, Fibrinogen, D-Dimer @ 7pm
↓F.O. to 40 cc/hr ↑IVF to 124

DOCTOR'S SIGNATURE | DATE/TIME 4/16/97 6 A.M. P.M. | NOTED BY

Medication: ↓ Ephedrine to 0.5 mcg/kg/hr
Dose & Route:
Frequency:
M.D. Signature:
Date: 4/16/97 Time of Order: 6 pm
Comments: .08 mg/kg/hr

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

3

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

Medication: D10W + 40 meq NaAcetate/L
Dose & Route: 18 cc/hr + 30 meq K Acetate/L + Calcium Gluconate 1.5 g/L
Frequency: IV
M.D. Signature:
Date: 4/16/97 Time of Order: 6 pm
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

DOCTOR'S SIGNATURE | DATE/TIME | NOTED BY

Medication: 1/2 D5 1/4 NS + KCl
Dose & Route:
Frequency: 1"
M.D. Signature:
Date: 4/16/97 Time of Order: 6 pm
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041497 NONE KNOWN ☐

1

Medication: D/c CaCl2 p 7pm dose
Dose & Route:
Frequency:
M.D. Signature: [signature] 4/16/97
Date: 4/16/97 Time of Order: 6 pm
Comments:

New / Renew / Change / Stat. / Sacy

NWGP 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

041497

2

Medication: KCl
Dose & Route: 4 mEq IV bolus x1
Frequency:
M.D. Signature: [signature]
Date: 4/16/97 Time of Order: 10:50 pm
Comments:

New / Renew / Change / Stat. / Sacy

NWGP 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PE
2751 GRAND CONCOURSE 1046
BRONX NY 718 584-440
80460017 04/15/1997 P

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

041497

3

Medication: Epinephrine drip
Dose & Route: to 0.6 c/o
Frequency:
M.D. Signature: [signature]
Date: 4/16/97 Time of Order: 1050 pm
Comments:

New / Renew / Change / Stat. / Sacy

NWGP 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996
2751 GRAND CONCOURSE 10
BRONX NY 718 584-44
80460017 04/15/1997

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

041497

4

Medication: Epinephrine
Dose & Route: drip to [illegible]
Frequency:
M.D. Signature: [signature]
Date: 4/17 Time of Order: [illegible]
Comments:

New / Renew / Change / Stat. / Sacy

NWGP 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996
2751 GRAND CONCOURSE 10

DOCTOR'S SIGNATURE | DATE/TIME A.M. | NOTED BY

CHART COPY

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

CHART COPY

1

SIMV = 20
FIO_2 = 30
TV = 93
Peep 10

7:30
DOCTOR'S SIGNATURE: M Mitchell Mitalik, MD | DATE/TIME: 4/17/97 A.M. P.M. | NOTED BY

Medication: KAC 4 meq bolus IV
Dose & Route: 20cc of Mannitol
Frequency: to run over 1 Hr 4 x (qid)
M.D. Signature: Mitchell Mitalik, MD
Date: 4/17/97 Time of Order: 7:30
Comments: 0.5 meq/kg bolus

NWGP 612-A 02005404
JOACHIN, JONATHAN
KING, DIANA
DOB 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400

2

4/17/97 (R) S. Adams, RN
med Renewal:
SIMV - 20 FIO_2 - 30 TV 93 Peep 8
Please send Nova lytes and ABG
Red Imp - 5cc to MD

DOCTOR'S SIGNATURE: A Valentino, MD | DATE/TIME: 4/17/97 8:30 A.M. P.M. | NOTED BY

Medication: ΔNF to 40 meq No Cl/L + 30 Cl
Dose & Route: 60 meq KAc/L in D5 1/2 NS
Frequency: to run at 18cc/Hr
M.D. Signature: A Valentino, MD
Date: Time of Order:
Comments: change after KAc bolus

NWGP 612-A 02005404
JOACHIN, JONATHAN
KING, DIANA
DOB 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400

3

Please admit to NW6 PCCU
Dx: Near Drowning
Cond: fair guarded
Acc: D
Diet: NPO

DOCTOR'S SIGNATURE: A Valentino, MD | DATE/TIME: 4/17/97 8:30 A.M. P.M. | NOTED BY

Medication: Epinephrine Drip
Dose & Route: d/c
Frequency:
M.D. Signature: A Valentino, MD
Date: 4/17/97 Time of Order: 8:30
Comments: 4/17/97

NWGP 612-A 02005404
JOACHIN, JONATHAN
KING, DIANA
DOB 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400

4

International CVP reading
D/S q 4°
V/S q 2°
Actively bed

Medication: Dobutamine Drip
Dose & Route: 250 mg in 100cc D5W
Frequency: @ 1cc/hr
M.D. Signature: A Valentino, MD
Date: 4/17/97 Time of Order: 8:30

NWGP 612-A 02005404
JOACHIN, JONATHAN
KING, DIANA
DOB 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400

DOCTOR'S SIGNATURE | DATE/TIME | NOTED BY

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN (X)

CHART COPY

1

N-G to straight drainage
Foley cath to straight drainage

DOCTOR'S SIGNATURE: A. Tolentino, MD | DATE/TIME: 4/17/97 8:30 A.M. P.M. | NOTED BY: YS

Medication: IVF's: 40meq NaCl/L +
Dose & Route: 60meq KCl in D5 1/2 NS
Frequency: + 3gm Caglue/L @ 80cc/hr
M.D. Signature: A. Tolentino, MD
Date: 4/17/97 Time of Order: 8:30 am
Comments:

New / Renew / Change / Stat / Auth (MD) / Init (YS)

NWGP 612-A 02005406
JOACHIM, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE, 10468
BRONX NY 718 584-4400
8046001 04/15/1997 P
041497 Joachim, Jonathan

2

DOCTOR'S SIGNATURE: | DATE/TIME: A.M. P.M. | NOTED BY: N

Medication: Vitamin K
Dose & Route: 5mg IV
Frequency: q D
M.D. Signature: A. Tolentino, MD
Date: 4/17/97 Time of Order: 8 am
Comments:

New / Renew ✓ / Change / Stat / Auth (MD) / Init (YS)

NWGP 612-A 02005409
JOACHIM, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
8046001 04/15/1997 P
041497 Joachim, Jonathan

3

DOCTOR'S SIGNATURE: | DATE/TIME: A.M. P.M. | NOTED BY:

Medication: Ceftriaxone
Dose & Route: 200mg IVSS
Frequency: q 12°
M.D. Signature: A. Tolentino, MD
Date: 4/17/97 Time of Order: 8:30 am
Comments: 50mg/kg/day

New / Renew ✓ / Change / Stat / Auth (MD) / Init (YS)

NWGP 612-A 02005407
JOACHIM, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
8046001 04/15/1997 P
041497 Joachim, Jonathan

4

DOCTOR'S SIGNATURE: | DATE/TIME: A.M. | NOTED BY:

Medication: Lacrilube ointment
Dose & Route: One q 4° 1 PRN
Frequency:
M.D. Signature: A. Tolentino, MD
Date: 4/17/97 Time of Order: 8:30am
Comments:

New / Renew ✓ / Change / Stat / Auth (MD) / Init (YS)

NWGP 612-A 02005409
JOACHIM, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
8046001 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

041497

1

Medication: Hold maintenance
Dose & Route: fluids ↓ lytes
Frequency: PRBCs are running
M.D. Signature: cepstable / pulatk
Date: 4/17/97 Time of Order: 2:20 Stop

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY | Comments

NWGP 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

2

Medication: A-line - Heparinized
Dose & Route: 0.9% NS @ 10 Heparin/1cc
Frequency: @ 3cc/hr
M.D. Signature: Δ Pt.
Date: 4/17/97 Time of Order: 8:30A Stop

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY | Comments

NWGP 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

3

Medication: Zantac
Dose & Route: 50mg IV
Frequency: q8h Δ Pt
M.D. Signature:
Date: 4/17/97 Time of Order: 8:30A Stop

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY | Comments

NWGP 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

Please send ABGs (4/18 1m).
Lytes, BUN/Cr, Na+, K+, CO2, Ca++, Mg++
H&H, and post transfusion CBC.
Nova Lytes also at 7 pm & ABGs today

Medication: D5W flush
Dose & Route: 10cc IV Bolus
Frequency: K now please
M.D. Signature: Lopatka
Date: 4/17/97 Time of Order: 7:15P Stop

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY | Comments

NWGP 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK
041497

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

1

Medication	D10W + 40Na Cl/L
Dose & Route	60KCl/L + 3g Ca Gluconate/L
Frequency	@ 18cc/h
M.D. Signature	Cpuhalil / putalil
Date	4/17/97
Time of Order	7:15p
Comments	17 mail

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

2

Medication	Zantac
Dose & Route	5mg IV
Frequency	8sh
M.D. Signature	Chichan
Date	4/17
Time of Order	1030p
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

3

↓ [illegible] 10/18
↓ PEEP to 7.

Medication	
Dose & Route	
Frequency	
M.D. Signature	
Date	
Time of Order	
Comments	

DOCTOR'S SIGNATURE: Chichan | DATE/TIME: 4/17 11:30 A.M. P.M. | NOTED BY: [illegible]

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
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4

↓ PEEP 5
Vent 1's q 2°

1/18/97
[illegible]

Medication	
Dose & Route	
Frequency	
M.D. Signature	
Date	
Time of Order	
Comments	

DOCTOR'S SIGNATURE | DATE/TIME | NOTED BY

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

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DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

PEEP 5 IMV 18 FIO_2 30%

1

Medication	LVF + DmW + 40meq/L
Dose & Route	NaCl + 3g caglu/L + 60meq/L KCl
Frequency	@ 18cc/hr
M.D. Signature	[illegible]
Date	4/18/97
Time of Order	8am
Comments	

DOCTOR'S SIGNATURE: [illegible] MD | DATE/TIME: 4/18/97 8 A.M. P.M. | NOTED BY: [illegible]

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497
Joachin, Jonathan

2

Medication	P/C IVF fluids
Dose & Route	while Blood is
Frequency	running
M.D. Signature	[illegible] / [illegible]
Date	4/18/97
Time of Order	11am
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497
Joachin, Jonathan

3

Medication	DmW + 40meq/L NaCl +
Dose & Route	60meq KCl/L + 3g caglunate/L
Frequency	@ 18cc/h
M.D. Signature	[illegible] / [illegible]
Date	4/18/97
Time of Order	11am
Comments	after blood transfusion [illegible]

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

Medication	DmW
Dose & Route	16cc IVF fluids
Frequency	KI
M.D. Signature	[illegible] / [illegible]
Date	4/18/97
Time of Order	11am
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. | NOTED BY

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041497 NONE KNOWN

1	Medication: PRBC	New	NWCP 612-A 02005404 JOACHIN, JONATHAN KING, DIANA M 10/28/1996 P 2751 GRAND CONCOURSE 10468 BRONX NY 718 584-4400 80460017 04/15/1997 041497
	Dose & Route: 120 cc/dal	Renew	
	Frequency: ~~Q~~ N over 4 hrs.	Change	
	M.D. Signature: Putalik / putalik	Stat.	
	Date: 4/18/97 Time of Order: 10A		
	Comments: 15 cc/kg/VE		
DOCTOR'S SIGNATURE / DATE/TIME A.M. P.M. / NOTED BY			
2	Medication: Hold IVF	New	NWCP 612-A 02005404 JOACHIN, JONATHAN KING, DIANA M 10/28/1996 PED 2751 GRAND CONCOURSE 10468 BRONX NY 718 584-4400 80460017 04/15/1997 P 041497
	Dose & Route: while Blood	Renew	
	Frequency: is running	Change	
	M.D. Signature: Putalik / putalik	Stat.	
	Date: 4/18/97 Time of Order: 10A		
	Comments:		
DOCTOR'S SIGNATURE / DATE/TIME A.M. P.M. / NOTED BY			
3	Medication: Please start Dio Wt 40mg Cl/L	New	NWCP 612-A 02005404 JOACHIN, JONATHAN KING, DIANA M 10/28/1996 PED 2751 GRAND CONCOURSE 10468 BRONX NY 718 584-4400 80460017 04/15/1997 P 041497
	Dose & Route: +60mg KCl/L 1.3g Ca gluconate/L	Renew	
	Frequency: @ 9cc/while Blood is running	Change	
	M.D. Signature: Putalik / putalik	Stat.	
	Date: 4/18/97 Time of Order: 12:7		
	Comments: at ½ main while blood is running		
DOCTOR'S SIGNATURE / DATE/TIME A.M. P.M. / NOTED BY			
4	Medication: 10 cc/C dopatamine	New	NWCP 612-A 02005404 JOACHIN, JONATHAN KING, DIANA M 10/28/1996 PED 2751 GRAND CONCOURSE 10468 BRONX NY 718 584-4400
	Dose & Route:	Renew	
	Frequency:	Change	
	M.D. Signature: Putalik / putalik	Stat.	
	Date: 4/18/97 Time of Order: 11:30a		
	Comments:		
DOCTOR'S SIGNATURE / DATE/TIME / NOTED BY			

CHART COPY

8/18/97 15 pm

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041497 NONE KNOWN

CHART COPY

1

alg + Nova Ytes now please

fat

SMNO (Na+K+, Cl, CO2, Bun, Cr, SGOT, SGPT, Alb, LDH, Alk, PT, PIT, fibrinogen, dodimer,) CBCP in am 4/19/97

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 4/18/97 4P A.M. P.M. NOTED BY: [initials]

Medication: Lasix
Dose & Route: 8mg IV x1
Frequency: now please
M.D. Signature: [signature]
Date: 4/18/97 Time of Order: 4pm
Comments: 1mg/kg/x1

NWGP 612-A 02005404
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

2

↓ SIMV to 15, ↓ FiO2 to 25%
~~Please also obtain cardiac enzymes with 4/19 an blood draw~~ error

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 4/18/97 6 A.M. P.M. NOTED BY: [initials]

Medication:
Dose & Route:
Frequency:
M.D. Signature:
Date: Time of Order:
Comments:

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

3

Please send urine and tracheal aspirate for culture

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 4/18/97 6 30 A.M. P.M. NOTED BY: [initials]

Medication:
Dose & Route:
Frequency:
M.D. Signature:
Date: Time of Order:
Comments:

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

DOCTOR'S SIGNATURE: DATE/TIME: A.M. NOTED BY:

Medication: d/c dopamine
Dose & Route:
Frequency:
M.D. Signature: [signature]
Date: 4/18/97 Time of Order: 10 [initials]
Comments:

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041497 NONE KNOWN

CHART COPY

1

Vent setting IMV 15
[illegible] 25

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
[illegible]	4/19/97 10 P.M.	[illegible]

Medication: [illegible]
Dose & Route: 150 [illegible] DSW
Frequency: [illegible]
M.D. Signature: [illegible]
Date: 4/19/97 Time of Order: 10:00 Am
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PE
2751 GRAND CONCOURSE 1046
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

2

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
	A.M. P.M.	

Medication: [illegible]
Dose & Route: 250 [illegible] DSW
Frequency: [illegible]
M.D. Signature: [illegible]
Date: 4/19/97 Time of Order: 10:00
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PE
2751 GRAND CONCOURSE 1046
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

3

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
	A.M. P.M.	

Medication: D10W + 4 [illegible] KCl
Dose & Route: [illegible] KCl
Frequency: [illegible]
M.D. Signature: [illegible]
Date: 4/19/97 Time of Order: 10:00 Am
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
	A.M.	

Medication: D10W + 4 [illegible] KCl
Dose & Route: 60 [illegible] KCl
Frequency: [illegible] At [illegible]
M.D. Signature: [illegible]
Date: 4/19/97 Time of Order: 10:00 Am
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

1

Medication	D/C Cyftriaxone
Dose & Route	
Frequency	
M.D. Signature	Shenelle Willey
Date	4/19/97
Time of Order	10:40
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW&P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041491

2

D/C foley

Medication	D/C A-line
Dose & Route	
Frequency	
M.D. Signature	A. Tolentino, MD
Date	4/19/97
Time of Order	3:30 pm
Comments	

DOCTOR'S SIGNATURE: A. Tolentino, MD | DATE/TIME: 4/19/97 3:30 A.M. P.M. | NOTED BY

NW&P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

3

Medication	D/C CVP
Dose & Route	
Frequency	
M.D. Signature	A. Tolentino, MD
Date	4/19/97
Time of Order	3:30
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW&P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

4

Δ V/S to q 4°
Vent ~~settings~~ ~~prior~~ V's q 4°
Similar C Fe continuous NG feeds
to start after Pedialyte

Medication	
Dose & Route	
Frequency	
M.D. Signature	
Date	
Time of Order	
Comments	

DOCTOR'S SIGNATURE | DATE/TIME 3:30 A.M. | NOTED BY

NW&P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

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DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 04/14/97 NONE KNOWN

CHART COPY

1

Pedialyte @ 5cc/hr and
↑ as tolerated

DOCTOR'S SIGNATURE: A Tolentino, MD | DATE/TIME: 4/20/97 3:30 A.M. P.M. | NOTED BY: MX

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

2

Start similac ē Fe, 20cc/hr
and ↑ as tolerated
↓ for residuals.

DOCTOR'S SIGNATURE: A Tolentino | DATE/TIME: 4/20/97 3:30 A.M. P.M. | NOTED BY: MX

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

3

D/c IVF

M.D. Signature: J Weingarten
Date: 4/20/97 Time of Order: 9 am

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

D/c Ranitidine (2nd dose)

M.D. Signature: J Weingarten
Date: 4/21/97 Time of Order: 9 am

DOCTOR'S SIGNATURE | DATE/TIME | NOTED BY

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK
041497

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

1

Medication	Fenwood
Dose & Route	0.5 cc NG
Frequency	bid
M.D. Signature	J. Weingarten
Date	4/20/97
Time of Order	9P
Comments	(3 mcg/kg/day)
New	
Renew	
Change	
Stat.	
Sent	WK

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

2

↓ CiO_2 100.21 612A
JOACHIN

Medication	
Dose & Route	
Frequency	
M.D. Signature	
Date	
Time of Order	
Comments	
New	
Renew	
Change	
Stat.	
Sent	

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

DOCTOR'S SIGNATURE: J. Weingarten | DATE/TIME: 4/20/97 A.M. P.M. | NOTED BY: WK

3

Medication	NYSTATIN CREAM
Dose & Route	TO DIAPER AREA
Frequency	
M.D. Signature	Anna
Date	4/20/97
Time of Order	4:45 p
Comments	
New	
Renew	
Change	
Stat.	
Sent	WK

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

4

1MV 15 PEEP 5 TV 92 FIO_2 0.25

Medication	Natural tear
Dose & Route	1DY gtt OU
Frequency	Q4P
M.D. Signature	Opitalil / Opitalil
Date	4/21/97
Time of Order	10:40
Comments	
New	
Renew	
Change	
Stat.	
Sent	

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

DOCTOR'S SIGNATURE | DATE/TIME | NOTED BY

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DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041497 NONE KNOWN

1

MEDICATION	DOSE & ROUTE	FREQUENCY	M.D. SIGNATURE	DATE	TIME OF ORDER	NOTES
q c						
Tylenol while						
under warmer						
Opitalik/pitalik				4/21/97	10AM	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NWGP 612-A 02005407
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

2

MEDICATION	DOSE & ROUTE	FREQUENCY	M.D. SIGNATURE	DATE	TIME OF ORDER	NOTES
Vitals q 12°						
Vent checks q 12°						
D/C warmer				4/21/97	11 20AM	

DOCTOR'S SIGNATURE | DATE/TIME 4/21/97 3:30 P.M. | NOTED BY

NWGP 612-A 02005406
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

3

MEDICATION	DOSE & ROUTE	FREQUENCY	M.D. SIGNATURE	DATE	TIME OF ORDER	NOTES
D. 5 mg KCl Bolus						
Lasix q.d. CNG Bolus	IV 7 over 1/2 hr)					
Fe (to Correct)						
11:00am d.t. 4/23/97						
7:45						
Opitalik/pitalik				4/22/97	9:20	

DOCTOR'S SIGNATURE | DATE/TIME 4/22/97 A.M. P.M. | NOTED BY

NWGP 612-A 02005404
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

MEDICATION	DOSE & ROUTE	FREQUENCY	M.D. SIGNATURE	DATE	TIME OF ORDER	NOTES

DOCTOR'S SIGNATURE | DATE/TIME | NOTED BY

NWGP 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

admit to PICCU
dx: S/P near drowning
condition: ~~gen~~ stable
vitals: Q120

1

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
[illegible] / putalil	4/24/97 A.M. P.M.	12 Mid

Medication: IV Heplock
Dose & Route: 3cc IVP
Frequency: Q8°
M.D. Signature: [illegible] / putalil
Date: 4/24/97 Time of Order: 12:30 p
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PE
2751 GRAND CONCOURSE 1046
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

---

diet: 20cc/0 Sim 20

2

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
[illegible] / putalil	4/24/97 A.M. P.M.	12 Mid

Medication:
Dose & Route:
Frequency:
M.D. Signature:
Date: Time of Order:
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PE
2751 GRAND CONCOURSE 1046
BRONX NY 718 584-4400
80460017 04/15/1997 P

97

3

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
	A.M. P.M.	

Medication:
Dose & Route:
Frequency:
M.D. Signature:
Date: Time of Order:
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PE
2751 GRAND CONCOURSE 1046
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

4

DOCTOR'S SIGNATURE	DATE/TIME	NOTED BY
	A.M.	

Medication:
Dose & Route:
Frequency:
M.D. Signature:
Date: Time of Order:
Comments:

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PE
2751 GRAND CONCOURSE 1046
BRONX NY 718 584-4400
80460017 04/15/1997 P

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

IMV 15 Peep 5 TV-92 FIO_2 0.25

1

Medication	VZIG
Dose & Route	125 units IM
Frequency	X 1 dose
M.D. Signature	G. Tolentino, MD
Date	4/27/97
Time of Order	9:30 pm
Comments	
New	✓
Renew	
Change	
Stat.	
Sony	

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

DOCTOR'S SIGNATURE: G. Tolentino, MD | DATE/TIME: 4/27/97 9:30 A.M. P.M. | NOTED BY:

2

Medication	Natural tears
Dose & Route	1 g VOID
Frequency	9 4°
M.D. Signature	G. Tolentino, MD
Date	4/27/97
Time of Order	9:30 pm
Comments	
New	
Renew	✓
Change	
Stat.	
Sony	

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

DOCTOR'S SIGNATURE | DATE/TIME: 4/24/97 A.M. P.M. | NOTED BY

3

Medication	Ferinsol
Dose & Route	0.5 cc NG
Frequency	BID
M.D. Signature	G. Tolentino, MD
Date	4/27/97
Time of Order	9:30 pm
Comments	
New	
Renew	✓
Change	
Stat.	
Sony	

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 P
2751 GRAND CONCOURSE 104
BRONX NY 718 584-440
80460017 04/15/1997

DOCTOR'S SIGNATURE | DATE/TIME: A.M. P.M. | NOTED BY

4

Medication	Natural tears
Dose & Route	1 gtt OU
Frequency	9 4°
M.D. Signature	G. Tolentino, MD
Date	4/27/97
Time of Order	9:30 pm
Comments	
New	
Renew	✓
Change	
Stat.	
Sony	

NW6P 612-A 02005409
JOACHIN, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

DOCTOR'S SIGNATURE | DATE/TIME | NOTED BY

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U41497

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: [redacted] ONE KNOWN

1

Medication	Zinc Oxide
Dose & Route	apply to diaper
Frequency	area of diaper Δ
M.D. Signature	A. Tolentino, MD
Date	4/27/97
Time of Order	9:30 pm
Comments	
New	
Renew	✓
Change	
Stat.	
Date	
Time of Order	
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

2

Please weigh qpt 2x/wk.
[illegible]

Medication	
Dose & Route	
Frequency	
M.D. Signature	[illegible]
Date	4/21/97 11:00 PM
Time of Order	
Comments	
New	
Renew	
Change	
Stat.	
Date	
Time of Order	
Comments	

DOCTOR'S SIGNATURE: A. Tolentino, MD | DATE/TIME: 4/26/97 10:40 A.M. P.M. | NOTED BY

NW6P 612-A 0206540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P
041497

3

IMV 15 Peep 5 TV = 92 FIO2 0.25

[illegible] 4/27/97

Medication	
Dose & Route	
Frequency	
M.D. Signature	
Date	
Time of Order	
Comments	
New	
Renew	
Change	
Stat.	
Date	
Time of Order	
Comments	

DOCTOR'S SIGNATURE: A. Tolentino, MD | DATE/TIME: 4/29/97 A.M. P.M. | NOTED BY

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 P

4

Medication	Tetraimine
Dose & Route	0.5cc IM
Frequency	X1
M.D. Signature	Putalik / putalik
Date	4/29/97
Time of Order	11A
Comments	
New	
Renew	
Change	
Stat.	
Date	
Time of Order	
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. | NOTED BY

NW6P 612-A 0200540
JOACHIN, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400

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DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES:

NONE KNOWN

1

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments
IPV	0.5cc IM	x1	Putalik / putalik	4/29/97	11A	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW&P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

2

IMV15 Peep 5 TV-92 FIO2 0.25

DOCTOR'S SIGNATURE: [illegible] | DATE/TIME: 4/30/97 8 AM P.M. | NOTED BY

NW&P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

3

Admitt to PCCU
dy S/P near drowning
condition Stable
Vitals Q12°
Allergies NKDA 6A

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments
Fevinsol	0.5cc NG	BID	Putalik / putalik	5/1/97	6A	

DOCTOR'S SIGNATURE: Putalik / putalik | DATE/TIME: 5/1/97 A.M. P.M. | NOTED BY

NW&P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
84149

4

diet 5 cm 20 180cc/°
Weigh 2x/week
IMV-15 peep 5 TV-92 FIO2=25% 6A

Medication	Dose & Route	Frequency	M.D. Signature	Date	Time of Order	Comments
Natural Feeds	1 gtt OU	Q4°	Putalik / putalik	5/1/97	6A	

DOCTOR'S SIGNATURE: [illegible] | DATE/TIME: [illegible] AM | NOTED BY

NW&P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

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DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: 041491 [redacted]

1

Vent settings: ~~Peep 6 FS-5~~ ~~TV=105 IMV=16 FiO2=40%~~ Peep-5 FiO2 25% IMV=15 TV=93

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 5/3/97 10 AM/PM NOTED BY: CC

Medication / Dose & Route / Frequency / M.D. Signature / Date / Time of Order / Comments / Stat. / Sony / Renew / Change

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

2

Vent settings:
Peep 5 FiO2 25% IMV-15 TV-93

DOCTOR'S SIGNATURE: [signature] DATE/TIME: 5/5/97 9 AM/PM NOTED BY: [signature]

Medication / Dose & Route / Frequency / M.D. Signature / Date / Time of Order / Comments / Stat. / Sony / Renew / Change

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
041491

3

Vent settings: Peep 5 FiO2 25% IMV 15 TV 93

DOCTOR'S SIGNATURE: DATE/TIME: AM/PM NOTED BY: [signature]

Medication / Dose & Route / Frequency / M.D. Signature / Date / Time of Order / Comments / Stat. / Sony / Renew / Change

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
041491

4

PCCV admit
Dx near drowning
allergies NKDA activ: crib-vent
vitals/BP Q120
diet Sim 20 30cc/° PO. 18A

DOCTOR'S SIGNATURE: DATE/TIME: NOTED BY:

Medication: Ferinsol
Dose & Route: 0.5cc NG
Frequency: BID
M.D. Signature: Cefutalil/putalik
Date: 5/7/97 Time of Order: 10:30 AM

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

CHART COPY

1

Ventilator Settings:
SIMV
IMV = 15 FI_{O_2} = 25%
Psy =
TV = 90

DOCTOR'S SIGNATURE | DATE/TIME 5/11/97 7 AM PM | NOTED BY

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
041497

2

Vent:
SIMV Rate 15 PEEP 5
TV 400 FI_{O_2} 25%

DOCTOR'S SIGNATURE | DATE/TIME 5/12 9 AM PM | NOTED BY

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
041497

3

CNG feeds Similac 20
at 30cc/hr

DOCTOR'S SIGNATURE | DATE/TIME 5/12 9 AM | NOTED BY

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
041497

4

D/C feeds

Medication: Ativan
Dose & Route: 0.1 cc mg
Frequency: EKT
M.D. Signature: [signature]
Date: 5/12/97

DOCTOR'S SIGNATURE | DATE/TIME | NOTED BY

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

1

Medication	Epinephrine
Dose & Route	0.8 cc 1:1000
Frequency	IV
M.D. Signature	J. Weingarten
Date	5/12/97
Time of Order	12:59
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
041497

2

Medication	NaHCO3
Dose & Route	12 meq
Frequency	IV x 1
M.D. Signature	J. Weingarten
Date	5/12/97
Time of Order	3:00
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
041497

3

Medication	CaCl2
Dose & Route	100 mg
Frequency	IV x 1
M.D. Signature	J. Weingarten
Date	5/12/97
Time of Order	3:02
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. P.M. | NOTED BY

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

4

Medication	Epinephrine
Dose & Route	0.8 cc 1:1000
Frequency	IV x 1
M.D. Signature	J. Weingarten
Date	5/12/97
Time of Order	3:04
Comments	

DOCTOR'S SIGNATURE | DATE/TIME A.M. | NOTED BY

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
N 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

CHART COPY

NEW YORK

DOCTOR'S ORDER SHEET

DRUG SENSITIVITIES: NONE KNOWN

1

Medication	Epinephrine
Dose & Route	0.8 cc 1:1000
Frequency	via EIT
M.D. Signature	J. Weingarten
Date	5/12/97
Time of Order	2:51
Comments	
DOCTOR'S SIGNATURE	
DATE/TIME	A.M. P.M.
NOTED BY	

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
041497

2

Medication	Atropine
Dose & Route	0.16 mg
Frequency	IV x 1
M.D. Signature	J. Weingarten
Date	5/12/97
Time of Order	2:53
Comments	
DOCTOR'S SIGNATURE	
DATE/TIME	A.M. P.M.
NOTED BY	

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

3

Medication	Epinephrine
Dose & Route	0.8 cc 1:1000
Frequency	IV
M.D. Signature	J. Weingarten
Date	5/12/97
Time of Order	2:55
Comments	
DOCTOR'S SIGNATURE	
DATE/TIME	A.M. P.M.
NOTED BY	

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A
041497

4

Medication	Atropine
Dose & Route	0.16 mg
Frequency	IV x 1
M.D. Signature	J. Weingarten
Date	5/12/97
Time of Order	2:57
Comments	
DOCTOR'S SIGNATURE	
DATE/TIME	A.M.
NOTED BY	

NW6P 609-A 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

CHART COPY

041497

525 Rev. 7/92

MONTEFIORE MEDICAL CENTER
CHILDREN'S MEDICAL CENTER
PEDIATRIC CRITICAL CARE NURSING FLOW SHEET

DATE	4.28.97
NAME and TITLE	
7a - 3p	[illegible]
3p - 7p	
7p - 11p	[illegible]
11p - 7a	

NOSIS	Vein Drawing
CEDURE/DATE	
G ALLERGY	
TODAY'S WT.	
PREVIOUS WT.	8 lb
MEASUREMENT	

NW6P 609-D 02005409
TURNER, JONATHAN
KING, DIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
8046[illegible] 04/15/1997 Turner, Jonathan

	9A	12N	9P
P.	38	97.8	36.9
	172	136	130
240-			
230-			
220-			
210-			
200-			
190-			
180-			
170-			
160-			
150-			
140-			
130-			
120-			
110-			
100-			
90-			
80-	102		68
70-			
60-	77		
50-			38
40-			
30-			
SP. RATE	15		15
ESS			
WP			
rial BP			

ALARMS
8" LIMITS ☑ U L
EKG 150/100
RESP
PRES
PRES
8" LIMITS ☐ U L
EKG
RESP
PRES
PRES

INTAKE SHEET

IV SOLUTION/RATE	IV SOLUTION/RATE Δ	IV SOLUTION/RATE	IV SOLUTION/RATE Δ
		7.	
		8.	
		9.	
		10.	
		11.	
		12.	

IV Site: ✓= No Redness/No Edema * = See Nurse's Notes Δ = Change Tubings changed per standard ☐ ✓ If Done Colloids

Time	Feeds/Route	Amt. Taken	Residual	IV Site(s)	1	2	3	4	5	6	7	8	9	10	11	12	Type	Amt. Inf
8^	Similac cal				30													
9					60													
10					90													
11					120													
12					150													
1^					180													
2					000													
3					535													
4																		
5																		
6																		
7																		
8																		
9					415													
10					445													
11					475													
12					506													
1^					535													
2					566													
3					596													
4					615													
5					645													
6																		
7																		
TOTAL ORAL/NG-GT				TOTAL IV'S				TOTAL COLLOID				TOTAL INTAKE						

OUTPUT - LABORATORY DATA

OUTPUT									BLOOD GLUCOSE	LABORATORY DATA							LABORATORY DATA - BLOOD							
TIME	URINE	EMESIS	Drains/Tubes					Stool		URINE					Gastric	Stool	Time →							
			N/G		C/T					SpGR	PHs	Ketone	Protein	Blood	rRH	Blood								
8A	WD																							
9																	HGB							
10	WD																HCT							
11																	WBC							
12	WD																Platelets							
1P																	P.T.							
2	WD																P.T.T.							
3																	BUN							
4	WD																Sodium							
5																	Potassium							
6	WD																Chloride							
7																	CO_2							
8																	Glucose							
9								T									Calcium							
10	WD																Creatinine							
11																	Phosphor							
12	WD							T									Uric Acid							
1A																	T. Protein							
2	WD																Albumin							
3																	Bili Total							
4																	Bili D							
5																	Alk Phos							
6	WD																SGOT							
7																	SGPT							
	TOTAL URINE		TOTAL DRAINAGE				TOTAL OUTPUT										LDH							
																	Amylase							

Tube Type: IT
Size: 4.0
Cuffed: Yes
Tube Position: 16 @ nare

Date: 4/27/17

VENTILATOR RECORD

Ventilator: Siemens 900C

Time: Ventilator Tubing Changed _____

TIME	Mode	Peep/Press. /Support	Preset Insp min vol	Breaths Min	Insp Tidal Vol	Insp Time Pause Time		Exp Tidal Vol	Exp Min Vol	Pressure R	MAP	IMV Rate	PT Respiration	FLOW	Pressure Limit	Exp Min Vol U/L Limits		Temp S/R	FiO_2	End Tidal CO_2	Analyzed O_2	Pulse Oximeter O_2 Saturation	Arterial Blood Gasses: pH	$PaCO_2$	PaO_2	O_2 Saturation	Base Excess	Cuff Pressure	CC in Cuff	
8^	SIMV	5	2.8	30	92	50		105	1.6	23	7.3	15	10		34	F_1		34	.21			102								
9																														
10																														
11																														
12																														
1P																														
2																														
3																														
4																														
5																														
6																														
7																														
8																														
9																														
10	SIMV	5	2.9	30	91	80		106	1.6	25	7.7	15	15		34	F_1		30	.21			98								
11																														
12																														
1^																														
2																														
3																														
4																														
5																														
6																														
7																														

041497

525 Rev. 7/92

MONTEFIORE MEDICAL CENTER
CHILDREN'S MEDICAL CENTER
PEDIATRIC CRITICAL CARE NURSING FLOW SHEET

DATE 4/27/99		
NAME and TITLE		
INOSIS ear Drowning	TODAY'S WT.	7a - 3p N Wielle
CEDURE/DATE	PREVIOUS WT. 8 Kg	3p - 7p
G ALLERGY	MEASUREMENT	7p - 11p
		11p - 7a

NWCP 609-A 02005409
TURNER, JONATHAN
KING, LIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-4400
80460017 04/15/1997 A

	8am	10p	8p
P.	36	37	
	125	130	
240			
230			
220			
210			
200			
190			
180			
170			
160			
150			
140			
130			
120			
110			
100			
90			
80			
70	69	81	
60			
50			
40			
30	33	31	
P. RATE	15	15	
SS			
/P			
ial BP			

ALARMS
8A LIMITS U L
EKG 180 100
RES 60 15
PRES
PRES

8P LIMITS U L
EKG 180 100
RES 150
PRES
PRES 100 40

INTAKE SHEET

IV SOLUTION/RATE	IV SOLUTION/RATE Δ	IV SOLUTION/RATE	IV SOLUTION/RATE Δ
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

IV Site: ✓ = No Redness/No Edema * = See Nurse's Notes Δ = Change Tubings changed per standard ☐ ✓ If Done Colloids

Time	Feeds/Route	Amt. Taken	Residual	IV Site(s)	1	2	3	4	5	6	7	8	9	10	11	12	Type	Amt. Inf
8^	Similac 20 cal	30																
9		60																
10		30																
11		60																
12		90																
1^		110																
2		140																
3		170																
4		210																
5		240																
6		270																
7		300																
8	N/F	320	1															
9		390																
10		390																
11		410																
12		440	2															
1^		470																
2		500																
3		520																
4		560																
5		590																
6		620																
7		650																
TOTAL ORAL/NG-GT		650		TOTAL IV'S	5			TOTAL COLLOID	0		TOTAL INTAKE	650						

OUTPUT - LABORATORY DATA

OUTPUT									BLOOD GLUCOSE	LABORATORY DATA							LABORATORY DATA - BLOOD						
TIME	URINE	EMESIS	Drians/Tubes					Stool		URINE					Gastric	Stool	Time →						
			N/G		C/T					SpGR	PHs	Ketone	Protein	Blood	PH	Blood							
8A	WD																						
9																	HGB						
10	WD																HCT						
11																	WBC						
12	WD	ESTOOL															Platelets						
1P																	P.T.						
2	WD																P.T.T.						
3																	BUN						
4	WD																Sodium						
5																	Potassium						
6	WD																Chloride						
7																	CO_2						
8	WD							Smear	Stool								Glucose						
9																	Calcium						
10																	Creatinine						
11																	Phosphor						
12	WD																Uric Acid						
1A																	T. Protein						
2																	Albumin						
3																	BILI Total						
4	WD							Stool									Bill D						
5																	Alk Phos						
6																	SGOT						
7																	SGPT						
	TOTAL URINE			TOTAL DRAINAGE			TOTAL OUTPUT										LDH						
	X9							X4									Amylase						

VENTILATOR RECORD

Tube Type: ETT
Size: 4.0
Cuffed: Yes
Tube Position: 15 at (L) Nare

Date: 4/26/97

Ventilator: Servo900C

Time: Ventilator Tubing Changed _____

TIME	Mode	Peep/Press. /Support	Preset Insp min vol	Breaths Min	Insp Tidal Vol	Insp Time Pause Time		Exp Tidal Vol	Exp Min Vol	Pressure R	MAP	IMV Rate	PT Respiration	FLOW	Pressure Limit	Exp Min Vol U/L Limits		Temp S/R	FiO_2	End Tidal CO_2	Analyzed O_2	Pulse Oximeter O_2 Saturation	Arterial Blood Gases: pH	$PaCO_2$	PaO_2	O_2 Saturation	Base Excess	Cuff Pressure	CC in Cuff	
8A	SIMV	5	2.8	30	92	96		102	1.6	24	7.2	15	15		36	4		34	21			97								
9																														
10																														
11																														
12																														
1P																														
2																														
3																														
4																														
5																														
6																														
7																														
8	SIMV	5	2.8	30	93			111	1.6	24	7.1	15	15		36	4		34	21	15										
9																														
10																														
11																														
12																														
1A																														
2																														
3																														
4																														
5																														
6																														
7																														

041497

4525 Rev. 7/92

MONTEFIORE MEDICAL CENTER
CHILDREN'S MEDICAL CENTER
PEDIATRIC CRITICAL CARE NURSING FLOW SHEET

DATE	4/26/97
NAME and TITLE	
7a - 3p	Sue Adams RN
3p - 7p	Sue Adams RN
7p - 11p	[illegible]
11p - 7a	

AGNOSIS: Near Drowning

TODAY'S WT.:

ROCEDURE/DATE:

PREVIOUS WT.: 8kg

RUG ALLERGY: NKA

MEASUREMENT:

NWLP 609-A 02005409
TURNER, JONATHAN
KING, DIANA
N 10/29/1996 PL
2751 GRAND CONCOURSE 104L
BRONX NY 718 584-4400
80460017 04/15/1997 A
Joachin, J

ME	84	10
EMP.	37	37.2
	119	126
240		
230		
220		
210		
200		
190		
180		
170		
160		
150		
140		
130		
120		
110		
100		
90	84	86
80		
70		
60		
50		
40	31	30
30		
ESP. RATE	15	15
VP		
RESS		
CWP		
terial BP		
pils	4NR	4NR
burner	35°C	35°C

240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30

ALARMS
8A LIMITS ☐ U L
EKG 150 80
RESP 30
PRES 90
8P LIMITS ☑ U L
EKG 150 80
RESP 30
PRES 70

INTAKE SHEET

IV SOLUTION/RATE	IV SOLUTION/RATE Δ	IV SOLUTION/RATE	IV SOLUTION/RATE Δ
		7.	
		8.	
		9.	
		10.	
		11.	
		12.	

IV Site: ✓= No Redness/No Edema * = See Nurse's Notes Δ = Change Tubings changed per standard ☐ ✓ if Done Colloids

Time	Feeds/Route	Amt. Taken	Residual	IV Site(s)	1	2	3	4	5	6	7	8	9	10	11	12	Type	Amt. Inf
8A	Similac 20cal/oz	30																
9		60	4cc															
10		90																
11		120																
12		150																
1P		180																
2		210																
3		240																
4		270																
5		300																
6		330																
7		360																
8		390																
9		420																
10		450																
11		480																
12		510																
1A		540																
2		570																
3		600																
4		630																
5		660																
6																		
7																		
TOTAL ORAL/NG-GT				TOTAL IV'S				TOTAL COLLOID				TOTAL INTAKE						

OUTPUT - LABORATORY DATA

OUTPUT									BLOOD GLUCOSE	LABORATORY DATA							LABORATORY DATA - BLOOD							
TIME	URINE	EMESIS	Drians/Tubes					Stool		URINE					Gastric	Stool	Time →							
			N/G		C/T					SpGR	PHs	Ketone	Protein	Blood	PH	Blood								
8A	WD																							
9																	HGB							
10																	HCT							
11																	WBC							
12	WD																Platelets							
1P																	P.T.							
2																	P.T.T.							
3	WD																BUN							
4																	Sodium							
5																	Potassium							
6																	Chloride							
7																	CO_2							
8	WD																Glucose							
9																	Calcium							
10																	Creatinine							
11																	Phosphor							
12	WD																Uric Acid							
1A																	T. Protein							
2																	Albumin							
3																	Bili Total							
4	WD																Bili D							
5																	Alk Phos							
6																	SGOT							
7	WD																SGPT							
	TOTAL URINE 7X		TOTAL DRAINAGE						TOTAL OUTPUT 0 7X								LDH							
																	Amylase							

VENTILAT / RECORD

Tube Type: [illegible]
Size: 4.0
Cuffed: [illegible]
Tube Position: [illegible]

Date: 5/1/17

Ventilator: [illegible]

Time: Ventilator Tubing Changed ____

TIME	Mode	Peep/Press. /Support	Preset Insp min vol	Breaths Min	Insp Tidal Vol	Insp Time Pause Time		Exp Tidal Vol	Exp Min Vol	Pressure R	MAP	IMV Rate	PT Respiration	FLOW	Pressure Limit	Exp Min Vol U/L Limits		Temp S/R	FiO_2	End Tidal CO_2	Analyzed O_2	Pulse Oximeter O_2 Saturation	Arterial Blood Gasses: pH	$PaCO_2$	PaO_2	O_2 Saturation	Base Excess	Cuff Pressure	CC in Cuff	
8^	[illegible]	6	2.[illegible]	30	92	30			1.5	24	20	16	15	30	40	2		[illegible]	25			96								
9																														
10																														
11																														
12																														
1^																														
2^																														
3																														
4																														
5																														
6																														
7																														
8	SIMV	5	2.4	30	92	50			1.4	27	0	15	15		[illegible]			30[illegible]	25			95								
9																														
10																														
11																														
12																														
1^																														
2																														
3																														
4																														
5																														
6																														
7																														

OUTPUT - LABORATORY DATA

OUTPUT									BLOOD GLUCOSE	LABORATORY DATA							LABORATORY DATA - BLOOD							
TIME	URINE	EMESIS	Drains/Tubes					Stool		URINE					Gastric	Stool	Time →							
			N/G		C/T					SpGR	PHs	Ketone	Protein	Blood	PH	Blood								
8A	√ Stool							+ brown FH card		Here (P)														
9																	HGB							
10																	HCT							
11																	WBC							
12	√ Stool							+ brown thick bloody		Here (P)							Platelets							
1P																	P.T.							
2																	P.T.T.							
3	√ Stool							+ yellow thick bloody		Here (P)							BUN							
4																	Sodium							
5	√ Stool							+ yellow bloody									Potassium							
6																	Chloride							
7	√ Stool							+ soft									CO_2							
8	Ref Urine + Hyperal																Glucose							
9																	Calcium							
10																	Creatinine							
11																	Phosphor							
12	Ref U																Uric Acid							
1A																	T. Protein							
2																	Albumin							
3																	Bil I Total							
4	W.U																Bil D							
5																	Alk Phos							
6	W.U																SGOT							
7																	SGPT							
	TOTAL URINE		TOTAL DRAINAGE					TOTAL OUTPUT									LDH							
																	Amylase							

VENTILATOI .ECORD

Tube Type: 1 TT
Size: 4.0
Cuffed: yes
Tube Position: 15 at (L) Nare

Date: 4/24/97

Ventilator: Servo 900C

Time: Ventilator Tubing Changed _____

TIME	Mode	Peep/Press. /Support	Preset Insp min vol	Breaths Min	Insp Tidal Vol	Insp Time Pause Time		Exp Tidal Vol	Exp Min Vol	Pressure R	MAP	IMV Rate	PT Respiration	FLOW	Pressure Limit	Exp Min Vol U/L Limits		Temp S/R	FiO_2	End Tidal CO_2	Analyzed O_2	Pulse Oximeter O_2 Saturation	Arterial Blood Gasses: pH	$PaCO_2$	PaO_2	O_2 Saturation	Base Excess	Cuff Pressure	CC in Cuff	
8A	SIMV	5	2.8	30	[illegible]	50%		96	1.4	24	7.4	15	15		36	7/1		38	21			96								
9																														
10																														
11																														
12																														
1P																														
2																														
3																														
4																														
5																														
6																														
7																														
8	SIMV	5	2.5	30	92	50%		100	1.5	24	7.5	15	15		36	7/1		34	21			96								
9																														
10																														
11																														
12																														
1A																														
2																														
3																														
4																														
5																														
6																														
7																														

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D 4525 Rev. 7/92

MONTEFIORE MEDICAL CENTER
CHILDREN'S MEDICAL CENTER
PEDIATRIC CRITICAL CARE NURSING FLOW SHEET

DIAGNOSIS: Near Drowning

TODAY'S WT.:

PROCEDURE/DATE: ø

PREVIOUS WT.: 8Kg

DRUG ALLERGY: NKA

MEASUREMENT: ø

DATE: 4/24/97

NAME and TITLE
- 7a - 3p: Sue Adams RN
- 3p - 7p: Sue Adams RN
- 7p - 11p: [illegible] RN
- 11p - 7a: C. McVey RN

NRCP 609-A 02005404
TURNER, JONATHAN
[illegible], CIANA
M 10/28/1996 PED
2751 GRAND CONCOURSE 10468
BRONX NY 718 584-44[illegible]
Jocchung [illegible] /15/1997 A

TIME	8A		8P																						
TEMP.	36.[illegible]		36.4																						
P	120		122																						
BLOOD PRESSURE (240–30)	93/37		91/40																						
RESP. RATE	10		15																						
CVP																									
PA																									
PRESS																									
PCWP																									
Arterial BP																									

ALARMS
1° LIMITS
- EKG 60/80
- RESP 60/80
- PRES [illegible]/90

2° LIMITS
U L
- EKG
- RESP
- PRES
- PRES