

NAME

Address, Home Phone, Cell Phone, Email

DOB 5/24/73

SS# 289-XX-XXXX

ALLERGY: Sulfa Drugs, Adhesive Tape

- High intelligence (130 IQ), compliant patient, high tolerance to pain
- Incomplete Quad (has sensation), only movement left index finger 10 cm
- Need to explain EVERY procedure, when possible, ask for consent prior to doing
- If unable to talk => one blink = yes / two blinks = no - Read his lips - OR - letter/word board to direct his care.

**PRIMARY DIAGNOSIS      AGE: 30      HEIGHT 4'3" (51inches)      WEIGHT 80lbs approx**

- NEURO/MUSCULAR** Spinal Muscular Atrophy Type 2 (Severe Anterior Horn Cell disease, 3/74)  
359 Muscular Dystr/335.1 SMA incomplete quad (has full sensation), no functional movement
- RESPIRATORY** Respiratory failure - trach and vent (9/01), Chronic RLL Atelectasis,  
V44 Trach, 518.81 Respir Failure Recurrent pneumonia (last hospitalization, 9/01)  
486, Pneumo Org NOS Respiratory insufficiency, poor residual functions and reserved capacities
- GASTRO** Decreased esophageal motility, s/p feeding gastrostomy tube (7/83)  
V44.1 Gastro Status
- ORTHOPEDIC** Severe deformities: thoracic, pelvic obliquity, bilateral dislocated hips  
737.4, 754.89, 754.81 flexion contractures, spinal fusion (3/82 Lueke Rod), pectus excavatum
- UROLOGICAL** Undescended L testicle (since birth), intermittent cath (10/01), cath: 10 Fr,  
752.51 Cystoscopy/left ureteral stent (10/01), IVP (6/90)
- BLOOD TYPE** A + (positive)
- SPECIAL NOTES** IV: Porta Cath (10/24/01) RIS right clavicle (PC 0603880 - lot 36HI124)

**MEDICAL**

<b>ACUPUNCTURE PHYSICIAN</b> Barbara XXXXX RN, AP, Ocala, FL O: 352- xxx -xxxx	<b>HOSPITAL</b> North FL Regional Medical Center, Gainesville, FL 4/95, 1/97, 5/01, 9-10/01
<b>INTENSIVIST:</b> Melvin XXXX, MD, Ocala, FL O: 352-622-xxxx	<b>IMMUNIZATIONS</b> Flu 02      Pneumo 79, 01      Tetanus 85 DPT 73, 79      Measles 74      Mumps 74 TB 78, 87
<b>PULMONOLOGIST:</b> Robert xxx MD, Gainesville, FL O: 352- xxx -xxxx Bpr: 352- xxx -xxxx	<b>ENTERAL</b> Pulmocare (237ml) x 2 cans, nocturnal 70 ml/hr

MEDICATIONS	HERBS / DROPS	VENT / TRACH / O2
<u>Rx DAILY</u> 1. Alprazolam (xanax) 0.5 mg QID anxiety 2. Aspirin-Child 81 mg 1 x prevent clots 3. Temazepam 15 mg H S sleeping pill 4. DuoNeb 1 vial QID nebulizer (Ipratropium, Bromide & Albuterol)	1. Lymphatic 5 2X 2. Flu Balancing 10 2X 3. Respiratory 7 2X 4. Allertox –airborne 5 2X 5. " " Aleer-Total 3 3x 6. " " Allerdrain 10 4x 7. Immune 6 2X 8. Acute Rescue 5 2X 9. Urinary 8 2X 10. Digestive 3 2X 11. Mucous 5 2X 12. Cell 7 2x 13. Muscular 4 2x 14. Integumentary 8 2x 15. Er Cheng Tang 1 tsp 2X	VENT - Pulmonetic LTV 900  Breaths 05 Tidal Volume 310 Inspiration 1.1 Pressure Support 13 Sensitivity 02 High 40 Low 02  TRACH: Shiley 6 cuffed (deflated)  SPEAKING VALVE: Passy-Muir PMV007  OXYGEN 1.5 liters
<u>Rx MONTHLY</u> 1. Thiamine 100 mg monthly vitamin 2. Cyanocobalamin 1000 mcg/ml monthly (B12) vitamin		
<u>Rx PRN</u> 1. Darvocet-N pain 2. Zithromax SUS PFIZ 200/5ml 45ml antibiotic 3. Diphnoxyllate/atropine 1-2 tablets diarrhea		

**INSURANCE**

<b>BlueCross BlueShield of Massachusetts</b>  <i>Primary Subscriber:</i> xxxxx xxxxx BC/BS PPO Plan Code 200 Customer service: 800-296-xxxx XXP XXXXXXXX 10 PPO	<b>BlueCross BlueShield of Massachusetts</b>  <i>Secondary Subscriber:</i> xxxxx xxxxx BC/BS Blue Choice Plan 2, POS Code 200 Customer service: 800-222-xxxx XX XXXXXXXX 10
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**HEALTH SURROGATE      P H (mother)      c 352-xxx-xxxx      h 352-xxx-xxxx**

<b>BC/BS Case Manager</b>	Debra XXXXXXXX	800-392-xxxx	ext. xx	
<b>Health Vendor</b>	Option Care	800-825-xxxx	352-373-xxxx	acc't. # xxxxx
<b>Home Nursing Agency</b>	House Calls	352- xxx-xxxx		acc't. # xxxxx
<b>Pharmacy</b>	Bitting's	352-732-xxxx		