

2015-03-12 11:18

KHS MS3

8565822718 >>

18566917105 P 1/12

*****ADMISSIONS FORM*****

DIVISION: WASHINGTON

NURS STAT: WMS3 BED: W303-1

PT NAME: DOWLING, CONSTANCE

PT AGE: 63 PT SEX: F

MED REC NO: 1148220

PT NO: 80086473 BIRTHDATE: 09/02/1951

PT TYPE: S HOSP SVC: ORT LOCATION: WASHINGTON

CLINIC:

ADM DATE/TIME: 03/10/15 05:00 SURGERY DATE/TIME:

COMPLAINT: 715.16

TOTAL Knee Replacement

ACCIDENT DATE/TIME: 03/10/15 00:00 TYPE: S ARRIVAL MODE:

MOTHER'S NAME:

MOTHER'S PT NO:

ADV DIR INFO PROV: N ADV DIR EXEC: N ISOLATION:

ADMITTING PHYSICIAN: 657270

DEIRMENGIAN, GREGORY

ATTENDING PHYSICIAN: 657270

DEIRMENGIAN, GREGORY

REFERRING PHYSICIAN: 000000

UNASSIGNED, DOCTOR

PRIM CARE PHYSICIAN: 151415

OLSON, AUBREY

PCP

GWA M/Mom

856-582-3122

-----PATIENT INFORMATION-----

1725 HYBRID PLACE

HOME PHONE: 513 - 200-5599

CLEMENTON

NJ 08021-

MARTIAL STATUS: S

OTHER PH: -

EXT:

RELIGION: OTHER

RACE: 2

-----EMERGENCY CONTACT-----

DANIELS

, GAYLE

REL: SI

1725 HYBRID PLACE

PHONE: 267 - 255-0734

CLEMENTON

NJ 08021-

COMMENT:

-----NEXT OF KIN-----

DANIELS

, GAYLE

REL: SI

1725 HYBRID PLACE

PHONE: 856 - 346-4585

CLEMENTON

NJ 08021-

COMMENT:

-----GUARANTOR INFORMATION-----

DOWLING, CONSTANCE

REL: SA DOB: 09/02/19 SEX: F

1725 HYBRID PLACE

SSN: 174-42-7911

PHONE: 513 - 200-5599

CLEMENTON

NJ 08021-

INSURANCE INFO:

INS CODE: C34

OTHER COMMERCIAL

POLICY NO: TW110VC

SUBSCR:

DOWLING, CONSTANCE

GROUP NO: 1-800-338-4114

INSURANCE INFO:

INS CODE:

POLICY NO:

SUBSCR:

GROUP NO:

INSURANCE INFO:

INS CODE:

POLICY NO:

SUBSCR:

GROUP NO:

INSURANCE INFO:

INS CODE:

POLICY NO:

SUBSCR:

GROUP NO:

KPY54868

11:40 03/10/15 FROM @03M, GOADMTF1

1-800-482-993

Patty E.

Mandy - 855-348-8994

Fox - 888-248-7184

A A O X3

H7 - 51911

WH - 280635

RN
PT

State of New Jersey
PRESCRIPTION BLANK

MARIA MORRIS RN, MSN, FNP-BC
435 HURFFVILLE CROSSKEYS ROAD
TURNERSVILLE, NJ 08012
TEL: 856-582-2500 • CELL: 609-315-2835
NPI#1033551742

CERTIFICATION # 28NJ00452100 DEA #
COLLABORATING PHYSICIAN
NAME FRITZ BECH, M.D. LICENSE # 25MA09037000
(Enter Address and Phone Number only if different from above)
ADDRESS _____ PHONE # 856-582-2500

PATIENT Dowling, Constance D.O.B. 9/02/1951
ADDRESS _____ DATE 3/11/15

☒ Rolling Walker
☐ 3 in 1 Bedside Commode
☐ Dc

*Skilled Nursing and
Physical Therapy at
Home*

SUBSTITUTION PERMISSIBLE _____ DO NOT SUBSTITUTE _____
DO NOT REFILL _____ SIGNATURE OF PRESCRIBER _____
REFILL _____ TIMES _____

Use a separate form for each controlled substance prescription.
THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY ARE CRIMES PUNISHABLE BY LAW.

PS7160914000273

3/10/2015 10:06 AM

Home Health Order

DOWLING, CONSTANCE

Female 63Y

WMS3

W303-1

Pt#: 80086473

Attn Dr: Gregory K. Deirmengian, MD

Mr#: 1148220

Adm Dt: 3/10/2015 5:00:00 AM

Isol: Standard Precautions

Pt Ht: 1.7526m

Pt Wt: 128.82kg

Home Care Evaluation

Reason for Request:

Home PT

Other/Comments:

Start

Repeat

Stop

Priority Routine

After

On 3/10/2015 10:04:00 AM

Every

On 3/10/2015 10:04:00 AM

When

When

History & Physical Results Report

Pt Name:	DOWLING, CONSTANCE	MRN:	1148220
Pt ID:	101176307	Acct No:	80086473
DOB:	09/02/1951	Age/Sex:	63Y/F
Adm DTime:	03/10/2015 05:00	Atn Dr:	Doirmongian, Gregory MD
Nurse Sta:	WMS3	Rm/Bed:	W303-1
Dx:			
Alrg:	ACE Inhibitors		

Order Name:		Observation Dtime:	02/23/2015 10:47
Result Name:	History & Physical	Result Status:	Final Result

Gina Mariani, APN, ADMISSION DATE: 03/10/2015

ACCOUNT #: 80086473

HISTORY OF PRESENT ILLNESS: This is a 63-year-old female with left knee pain for approximately 9 years, which has gotten progressively worse and unrelieved with nonsurgical therapy.

ADVANCE DIRECTIVES: The patient does not have an advance directive.

CODE STATUS: Full.

PAST MEDICAL HISTORY: Hypertension, supraventricular ventricular tachycardia, osteoarthritis, and hyperlipidemia.

PAST SURGICAL HISTORY: In August 2014, right total knee arthroplasty and right ovarian cystectomy.

SOCIAL HISTORY: She lives with her sister. She is retired. She does not drink alcohol and is a nonsmoker.

FAMILY HISTORY: Significant for coronary artery disease and diabetes.

REVIEW OF SYSTEMS: Musculoskeletal: Left knee pain, which is worse with prolonged weightbearing and stairs. Cardiovascular: Has a history of supraventricular tachycardia. Has had intermittent episodes where she is hospitalized and receives IV medication for treatment. Denies any episode recently. Denies chest pain, palpitations, or arrhythmia. Respiratory: Denies cough, wheezing, shortness of breath, or sleep apnea. GI: Denies nausea, vomiting, diarrhea, or constipation. Genitourinary: Denies urgency or frequency. Has nocturia x2. She is postmenopausal, gravida 2, para 0. Neuropsych: Denies headaches, seizures, vertigo, depression, or anxiety. Endocrine: Denies symptoms of thyroid disease or diabetes. Hematologic: Denies easy bruising, bleeding, or anemia. HEENT: Denies any vision or ENT disorder. Has a history of allergic rhinitis, which causes intermittent postnasal drip.

Pt Name: DOWLING, CONSTANCE

MRN: 1148220

Rm/Bed: W303-1

Page 1 of 3

History & Physical Results Report

History & Physical Results Report

Pt Name: DOWLING, CONSTANCE
Pt ID: 101176307
DOB: 09/02/1951
Adm DTime: 03/10/2015 05:00
Nurse Sta: WMS3
Dx:
A1rg: ACE Inhibitors

MRN: 1148220
Acct No: 80086473
Age/Sex: 63Y/F
Atn Dr: Deirmengian, Gregory MD
Rm/Bed: W303-1

Order Name:
Result Name: History & Physical

Observation Dtime: 02/23/2015 10:47
Result Status: Final Result

PHYSICAL EXAMINATION: Vital Signs: Temperature 97, pulse 89, respirations 18, blood pressure 132/83, height is 145.26 cm and weight is 131.5 kg. General Appearance: Pleasant, in no distress. HEENT: Normocephalic, atraumatic. Pupils are equal and reactive to light. Oropharynx benign. Neck: Supple. No cervical adenopathy noted. Chest: Heart rate regular. Lungs: Clear to auscultation bilaterally. Positive +2 pitting edema in bilateral ankles. Abdomen: Soft, nontender, and nondistended. Normoactive bowel sounds. Skin: Warm, dry, and intact. No rashes or lesions noted. Musculoskeletal: Crepitus with range of motion of left knee. Ambulates with a walker. Neuro: Alert and oriented x3. Cranial nerves II through XII grossly intact.

DIAGNOSTIC IMPRESSION: Osteoarthritis of the left knee.

TREATMENT PLAN: Left total knee arthroplasty scheduled for 03/10/2015.

DICT BY: Gina Mariani, APN
PROVIDER ID: 349365

DICT FOR:
DICT FOR ID:

MEDQ/ Job # 069423/Doc # 645039079
DD: 02/23/2015 TD: 10:47 AM
DT: 02/23/2015 TT: 11:01 AM

Edited By: Mariani, Gina APN 2/23/2015 11:16:13 AM
Electronically Signed By: Gina Mariani, APN Feb 23 2015 11:16AM

Comments

Result Comments:

Requisition Comments:

Pt Name: DOWLING, CONSTANCE

MRN: 1148220

Rm/Bed: W303-1

Page 2 of 3

History & Physical Results Report

History & Physical Results Report

Pt Name: DOWLING, CONSTANCE
Pt ID: 101176307
DOB: 09/02/1951
Adm DTmo: 03/10/2015 05:00
Nurse Sta: WMS3
Dx:
Atrg: ACE Inhibitors

MRN: 1148220
Acct No: 80086473
Age/Sex: 63Y/F
Attn Dr: Deirmengian, Gregory MD
Rm/Bed: W303-1

Ordering Dr:

Order Date/Time:

Ord#/Occurrence#: /

Pt Name: DOWLING, CONSTANCE

MRN: 1148220

Rm/Bed: W303-1

Page 3 of 3

History & Physical Results Report

Kennedy University Hospital

☐ Cherry Hill ☐ Stratford ☒ Washington Township

OPERATIVE RECORD

O.R. RM # 3 Time In 0741 Time Out 0959 DATE 3/10/15

Total Time 2° 18'

R. 1000 Time In 1000 Time Out 1200

Total Time 2°

ANESTHESIA

☐ General ☒ Spinal

☐ Local/MAC ☐ Epidural

☐ IV Sed.

DOWLING, CONSTANCE
80086473 DEIRMENGIAN, GR
1148220 09/02/1951 63F
C34 OTHER COMMERCIAL
TW110VC SUR 03/10/15

PATIENT PLATE

OPERATIVE RECORD

☐ SDS ☐ INPATIENT ☒ AM ADMIT ☒ ELECTIVE ☐ URGENT ☐ EMERGENT

Allergies: NKDA

Supportive System to OR

Foley ☐ ET ☐ O₂ ☐ A-line ☐ Drain ☐ Swan ☐ Other IV

Hair removal w/ clippers: Yes ☐ No ☒ Done By: Alcohol

Surgical Prep: X3
Chloromex
Botadine Scrub
Botadine Solution
Duraprop
Other
Alcohol

Surgeon: Procedure D.G. Deirmengian Time In 0741 Time Out 0959 Surgeon: Procedure 2: _____ Time In: _____ Time Out: _____

1st Assistant Procedure Dum Ghor Time In 0745 Time Out 0958 1st Assistant Procedure 2: _____ Time In: _____ Time Out: _____

2nd Assistant _____ Time In: _____ Time Out: _____ 2nd Assistant _____ Time In: _____ Time Out: _____

ANESTHESIOLOGIST:			Scrub Person			Circulating Nurse				
Time	IN	OUT	Init	IN	OUT	Init	IN	OUT		
#1 <u>D. D. Cypel</u>			<u>P. Thompson ST</u>	<u>PT</u>	<u>0741</u>	<u>0959</u>	<u>D. Lafrance RN</u>	<u>DL</u>	<u>0741</u>	<u>0959</u>
#2			<u>T. Forts ST</u>	<u>TF</u>	<u>0741</u>	<u>0907</u>	<u>R. Schick RN</u>	<u>RS</u>	<u>0825</u>	<u>0840</u>
#3							<u>D. Lafrance RN</u>	<u>DL</u>	<u>0840</u>	<u>1000</u>

CRNA:

#1 K. Weavers Sur Anesth Recd

#2

#3

Observer/Other: C. Burt (Zimmer Rep)

Pre-Op Diagnosis: Degenerative Joint Disease Left Knee ☒ Clean ☐ Clin Contam ☐ Contam ☐ D & J

Inclusion Time 0812 Closure Time 0955 ASA 2

Operative Procedure: Left Total Knee Arthroplasty

Post-Op Diagnosis: Same

Complications: None as Per Physician

MEDICATIONS / IRRIGATION SOLUTIONS

0.9% NSS Irrigation

0.5% Bupivacaine with Buprenorphine and Epinephrine 0.5mg - 26.5 total used

LOT 62894145 EDI: 00596403214 REF 5964-32-14

NexGen® Complete Knee Solution
Legacy® Knee-Posterior Stabilized
LPS-Flex Articular Surface
Size E F 14 mm Height



2022-12



LOT 62849243 EDI: 00598003702 REF 5980-37-02

NexGen® Complete Knee Solution
Stemmed Tibial Component Precoat
Size 4



2024-10

LOT 62928486 EDI: 00599801551 REF 5998-15-51

NexGen® Complete Knee Solution
Legacy® Knee - Posterior Stabilized (LPS)
Femoral Component Option
Size E Left



2024-12-31



LOT 62813684 EDI: 00597206535 REF 5972-65-35

NexGen® Complete Knee Solution
All Poly Patella Standard
Size 35 9.0 mm Thickness



2022-08



Physician Signature

IMPLANTS

lot # _____ Catalog # _____ Lot # _____ Site _____

Antibiotic Simplex® P

Antibiotic Bone Cement

Distributed By:

Stryker®

Orthopaedics

Tobra Full Dose USA

REF 6197-9-001

LOT MLV092

2016-06

**UNIT SECRETARY: THESE ARE MEDICATION ORDERS
FAX THIS FORM TO PHARMACY,
THEN PLACE ON CHART**

☐ **Faxed to Pharmacy**

Time: _____

Date: _____

Transfer Level of Care Medication Reconciliation Report

Pt Name:	DOWLING, CONSTANCE	MRN:	1148220
Acct#:	80086473	Age/Sex:	63Y/Female
DOB:	09/02/1951	Attn Dr:	Doirmongian Gregory K.
Adm Date:	03/10/2015 5:00	Rm/Bed:	W303-1
Nurs Sta:	WMS3		
Dx:			
Allrg:	No Known Drug Allergies		

Reconciliation Period : 03/10/2015 00:00 TO 03/10/2015 23:59

Active Hospital Medications



Order ID	Medication Name	Dose	Route	Frequency	Start	Stop	DOCTOR CIRCLE ONE:		
							C (continue)	DC (discontinue)	R (revise)
22863407	ACETAMINOPHEN (TYLENOL)	975 mg	PO	ONCE	03/10/2015 07:05	03/10/2015 07:05 <Expired>	C	DC	R
22857607	ACETAMINOPHEN (TYLENOL)	650 mg	PO	Q6	03/10/2015 12:00	03/12/2015 06:00	C	DC	R
22869760	ASPIRIN	325 mg	PO	BID	03/10/2015 17:00	04/09/2015 09:00	C	DC	R
22863408	CELECOXIB (CELEBREX)	400 mg	PO	ONCE	03/10/2015 07:05	03/10/2015 07:05 <Expired>	C	DC	R
22863410	DEXAMETHASONE (DECADRON)	6 mg	IV	ONCE	03/10/2015 07:05	03/10/2015 07:05 <Expired>	C	DC	R
22854499	DOCUSATE (COLACE)	100 mg	PO	BID	03/10/2015 17:00	04/09/2015 09:00	C	DC	R
22857668	KETOROLAC (TORADOL)	15 mg	IV	Q6	03/10/2015 12:00	03/12/2015 06:00	C	DC	R
22863414	KETOROLAC (TORADOL)	30 mg	IV	ONCE	03/10/2015 07:06	03/10/2015 07:06 <Expired>	C	DC	R
22863411	METOCLOPRAMIDE (REGLAN)	10 mg	IV	ONCE	03/10/2015 07:05	03/10/2015 07:05 <Expired>	C	DC	R

I have reconciled hospital medications with patient's home medications

10-Mar-2015 11:41

PROVIDER SIGNATURE

Pt Name : DOWLING, CONSTANCE

MRN:1148220

Transfer Level of Care Medication Reconciliation Report

Rm/Bed : W303-1

Page 1 of 5

Printed On:10-Mar-2015 11:41

Mod. Rec Performed By: :Maloney, Gina LPN

Transfer Level of Care Medication Reconciliation Report

Pt Name: DOWLING, CONSTANCE Acct#: 80086473 DOB: 09/02/1951 Adm Date: 03/10/2015 5:00 Nurs Sta: WMS3 Dx: Alrg: No Known Drug Allergies	MRN: 1148220 Age/Sex: 63Y/Female Attn Dr: Dairmongian Gregory K. Rm/Bed: W303-1
---	--

Reconciliation Period : 03/10/2015 00:00 TO 03/10/2015 23:59

Active Hospital Medications



Order ID	Medication Name	Dose	Route	Frequency	Start	Stop	DOCTOR CIRCLE ONE: C (continue) DC (discontinue) R (revise)		
22863417	BUPIVACAINE 0.5% (MARCAINE 0.5%) KETOROLAC (TORADOL) EPINEPHRINE 1:1000 (ADRENALIN)	Complex Drug	INF	ONCE	03/10/2015 07:07	03/10/2015 07:07 <Expired>	C	DC	R
22863409	D5W with CEFAZOLIN (ANCEF)	100 mL/hr	IV	ONCE	03/10/2015 07:05	03/10/2015 07:05 <Expired>	C	DC	R
22865022	D5W with CEFAZOLIN (ANCEF)	100 mL/hr	IV	Q8H	03/10/2015 16:00	03/11/2015 00:00	C	DC	R
22863412	NSS with FAMOTIDINE (PEPCID)	200 mL/hr	IV	ONCE	03/10/2015 07:06	03/10/2015 07:06 <Expired>	C	DC	R
22863413	NSS with TRANEXAMIC ACID	100 mL/hr	IV	ONCE	03/10/2015 07:06	03/10/2015 07:06 <Expired>	C	DC	R
22866046	LACTATED RINGERS	100 mL/hr	IV	CONTINUOUS IV	03/10/2015 10:04	03/17/2015 02:04	C	DC	R
22871833	LACTATED RINGERS	150 mL/hr	IV	CONTINUOUS IV	03/10/2015 10:09	03/10/2015 16:09	C	DC	R

Active PRN Meds / Infusions



Order ID	Medication Name	Dose	Route	Frequency	Start	Stop	DOCTOR CIRCLE ONE: C (continue) DC (discontinue) R (revise)		

I have reconciled hospital medications with patient's home medications

10-Mar-2015 11:41

PROVIDER SIGNATURE

Pt Name : DOWLING, CONSTANCE

MRN: 1148220

Transfer Level of Care Medication Reconciliation Report

Rm/Bed : W303-1

Page 2 of 5

Printed On: 10-Mar-2015 11:41

Med. Rec Performed By: :Maloney, Gina LPN

Transfer Level of Care Medication Reconciliation Report

Pt Name: DOWLING, CONSTANCE Acct#: 80086473 DOB: 09/02/1951 Adm Date: 03/10/2015 5:00 Nurs Sta: WMS3 Dx: Allrg: No Known Drug Allergies	MRN: 1148220 Age/Sex: 63Y/Female Attn Dr: Dairmangian Gragory K. Rm/Bed: W303-1
--	--

Reconciliation Period : 03/10/2015 00:00 TO 03/10/2015 23:59

Active PRN Meds / Infusions



Order ID	Medication Name	Dose	Route	Frequency	Start	Stop	DOCTOR CIRCLE ONE:		
							C (continue)	DC (discontinue)	R (revise)
22869467	FENTANYL	50 mcg	IV	PRN	03/10/2015 10:06	03/10/2015 16:06	☒	☐	☐
22854498	ONDANSETRON (ZOFRAN)	4 mg	IV	Q6PRN	03/10/2015 10:04	03/13/2015 10:03	☒	☐	☐
22872635	oxyCODONE (OXYCODONE IMMEDIATE RELEASE)	5 mg	PO	Q4PRN	03/10/2015 10:08	03/17/2015 10:07	☒	☐	☐
22872636	oxyCODONE (OXYCODONE IMMEDIATE RELEASE)	10 mg	PO	Q4PRN	03/10/2015 10:08	03/17/2015 10:07	☒	☐	☐
22872634	TRAMADOL (ULTRAM)	100 mg	PO	Q4PRN	03/10/2015 10:07	04/09/2015 10:06	☒	☐	☐

I have reconciled hospital medications with patient's home medications

10-Mar-2015 11:41

PROVIDER SIGNATURE

Pt Name : DOWLING, CONSTANCE
Rm/Bed : W303-1

MRN: 1148220
 Page 3 of 5

Transfer Level of Care Medication Reconciliation Report
 Printed On: 10-Mar-2015 11:41

Med. Rec Performed By : Maloney, Gina LPN

Transfer Level of Care Medication Reconciliation Report

Pt Name: DOWLING, CONSTANCE Acct#: 80086473 DOB: 09/02/1951 Adm Date: 03/10/2015 5:00 Nurs Sta: WMS3 Dx: Allrg: No Known Drug Allergies	MRN: 1148220 Age/Sex: 63Y/Female Atn Dr: Dairmangian Gregory K. Rm/Bed: W303-1
--	---

Reconciliation Period : 03/10/2015 00:00 TO 03/10/2015 23:59

Home Medication List Status: Complete

This is not a medication order form

Home Medication Collection List

	Medication Name Strength Dose Form	Dose	Route	Frequency Timing PRN?	Last Taken	Compliant?
1	metoprolol succinate (ToPROL XL) 100 mg Tablet Extended Release 24 h	1 tablet	oral	daily		
2	traMADol 50 mg Tablet	1-2	oral	every four hours PRN		
3	aspirin 325 mg Tablet	1 tablet	oral	twice a day		
4	maxide 75-50 daily					

Total Home Medications: 4

I have reconciled hospital medications with patient's home medications

10-Mar-2015 11:41

PROVIDER SIGNATURE

Pt Name : DOWLING, CONSTANCE
Rm/Bed : W303-1

MRN: 1148220
 Page 4 of 5

Transfer Level of Care Medication Reconciliation Report
 Printed On: 10-Mar-2015 11:41

Med. Rec Performed By: :Maloney, Gina LPN

State of New Jersey
PRESCRIPTION BLANK

MARIA MORRIS, RN, MSN, FNP-BC
435 HURFVILLE - CROSSKEYS ROAD
TURNERSVILLE, NJ 08012
TEL: 856-582-2500 • CELL: 609-315-2935
NPI#1033551742

CERTIFICATION # 26NJ00452100 DEA #

COLLABORATING PHYSICIAN

NAME **FRITZ BECH, M.D.** LICENSE # 25MA09037000
(Enter Address and Phone Number only if different from above)

ADDRESS
DOWLING, CONSTANCE
80086473 **DEIRMENGIAN, GRONE** # 856-582-2500
1148220 09/02/1951 63F
C34 OTHER COMMERCIAL DOB **9/02/1951**
TW110VC SUR 03/10/15 DATE **3/10/15**

☒ Rolling Walker
☐ 3 in. 1 Bedside Commode

**② TOTAL KNEE
ARTHROPLASTY**

PS7160914000049

SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE

DO NOT REFILL SIGNATURE OF PRESCRIBER
REFILL _____ TIMES *[Signature]*

Use a separate form for each controlled substance prescription.
THEY, UNLAWFUL POSSESSION AND USE OF THIS FORM IS A VIOLATION OF FEDERAL LAWS AND IS PROHIBITED BY THE

* Need rolling walker
advised to hospital
ASAP - please call me
regarding this. Thanks!