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|------------------|------------------------------------|-----------|---|
| INSURANCE | BlueCross BlueShield of Mass | Primary | Subscriber Name and # XXX-XX-XXXX BC/BS PPO Plan Code 200 Customer Service: 800-296-xxxx |
| | | Secondary | Subscriber Name and # XXX-XX-XXXX BC/BS Blue Choice Plan 2, POS Code 200, Customer service: 800-222-xxxx |

| | | | | | |
|---------------------------|------|--------------|----------------|----------------|----------------|
| Legal Health POA * | Name | Relationship | C XXX-XXX-XXXX | W XXX-XXX-XXXX | H XXX-XXX-XXXX |
| | Name | Name | C XXX-XXX-XXXX | H XXX-XXX-XXXX | W XXX-XXX-XXXX |

DOB 05-24-1973 **HEIGHT/WEIGHT:** 4' 3", 80 lbs **DNR SIGNED:** No **ORGAN DONOR:** No
SS# XXX-XX-XXXX **BLOOD TYPE:** A positive **ADVANCED DIRECTIVES:** Yes

- **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.

ALLERGY: Sulfa, Adhesive Tape

| HEALTH ISSUES | | |
|-----------------------|--|---|
| Neuro Muscular | ICD-9 359 MD 335.1 SMA | Spinal Muscular Atrophy Type 2, dx age 9mos, 3/74 (Severe Anterior Horn Cell disease/Werdnig-Hoffman) Incomplete quad (has full sensation), no functional movement |
| Pulmonary | ICD-9 V44 Trach 518.81_Resp Failure 486 Pneumo Org NOS | Respiratory failure - trach and vent (9/01), Chronic RLL Atelectasis Recurrent pneumonia, Respiratory insufficiency, poor residual functions/reserved capacities, Elective Trach 3/82 for Ortho Surgery |

| MEDICATIONS | HERBS / DROPS | VENT - Pulmonetic LTV 900 |
|---|---|---|
| <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 x2 2. Flu Balancing 10 x2 3. Respiratory 7 x2 4. Allertox -airborne 5 x2 5. " " Aleeer-Total 3 x3 6. " " Allerdrain 10 x4 7. Immune 6 x2 8. Acute Rescue 5 x2 9. Urinary 8 x2 10. Digestive 3 x2 11. Mucous 5 x2 12. Cell 7 x2 13. Muscular 4 x2 14. Integumentary 8 x2 15. Er Cheng Tang 1 tsp x2 | 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) | | |
| <u>Rx PRN</u> 1. Darvocet-N pain 2. Zithromax SUS PFIZ 200/5ml 45ml antibiotic 3. Diphnoxylate/atropine 1-2 tablets diarrhea | | |

| MEDICAL HISTORY | | |
|-------------------|---|---|
| GI | | Decreased esophageal motility, s/p feeding |
| | SURGERY | |
| | ICD-9 V44.1 | Gastrostomy tube, Foley 24Fr Age 10, 7/83, Cincinnati Children's Hospital: Dr. Martin |
| Ortho | ICD-9 737.4 ICD-9 754.89 ICD-9 754.81 | Severe deformities: thoracic, pelvic obliquity, bilateral dislocated hips, flexion contractures, pectus excavatum |
| | SURGERY | |
| | ICD9- 81.0 | Spinal fusion /Lueke Rod Age 9, 3/82, Cincinnati Children's Hospital: Dr. Alvin Crawford |
| Urological | ICD-9 752.51 753.3, V13.02 | Undescended L testicle (since birth), Kidney Stones (3/79, 6/90); IVP (6/90) Intermittent cath: Age 28, 10/01, cath: 10 Fr |
| | SURGERY | |
| | ICD9- 752.51 | Cystoscopy/left ureteral stent, Age 28, 10/01 |
| Other | SURGERY | IV: Porta Cath (10/24/01) RIS right clavicle (PC 0603880 - lot 36HI124) |

| IMMUNIZATIONS | | | | | | |
|---------------|-------------|-------------------------------|---------|-----------|-------------|--------------|
| Tetanus '85 | TB '78, '87 | Pneumococcal vaccine '79, '01 | Flu '02 | Mumps '74 | Measles '74 | DPT '73, '79 |

| PHYSICIANS | | | |
|---------------|----------------------|--------------|---------------------------------|
| INTENSIVIST | Melvin XXXX, MD | XXX-XXX-XXXX | XXXXXXXX, Ocala, FL 34482 |
| ACUPUNCTURE | Barbara XXXXX RN, AP | XXX-XXX-XXXX | XXXXXXXX, Ocala, FL 34482 |
| PULMONOLOGIST | Robert xxx XXXXX MD | XXX-XXX-XXXX | XXXXXXXX, Gainesville, FL 32608 |

| OTHER | | | |
|--------------------|-------------------|--------------|---------------------------|
| BC/BS Case Manager | Debra XXXXXXXX | 800-392-xxxx | XXXXXXXX, Ocala, FL 34482 |
| Rx -Pharmacy | Bitting's | 352-732-xxxx | XXXXXXXX, Ocala, FL 34482 |
| Dental | Yvette Gaya , DMD | 352-xxx-xxxx | XXXXXXXX, Ocala, FL 34482 |