Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13031

8 - OTHER

[redacted]

PHYSICIAN ATTESTATION FORM

[redacted]

Date of Adm. 6-2-98

Date of Disch. 6-5-98

Physician [redacted]

DR.
DR.

PLEASE LIST PRINCIPAL & SECONDARY DIAGNOSIS and PROCEDURES BELOW.
(The PRINCIPAL DIAGNOSIS is the condition established after study to be chiefly responsible for occasioning the admission to the hospital. SECONDARY DIAGNOSES are complications and/or comorbid conditions that affect the treatment and/or length of stay).

ABBREVIATIONS ARE NOT ACCEPTABLE ON THIS FORM

DIAGNOSIS	CODES
PRINCIPAL Ventricular fibrillation	[redacted]
status post cardiac arrest.	
SECONDARY	

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PROCEDURES	CODES
Left + right heart catheterization	[redacted]
Primary electrophysiologic study	
Implantable cardioverter/defibrillation insertion	
Cardioverter/defibrillator check	

I certify that the narr[redacted] principal and secondary diagnoses and the major procedures performed are accura[redacted] best of my knowledge.

000002

7/9/98

Full Legal Signature [redacted]

Date [redacted]

[redacted] ADMISSION RECORD

PATIENT: [redacted] TITLE:
ILLING# [redacted] ROOM/BD: [redacted] ISOL: [redacted] MR NO: [redacted]

INF SOURCE: [redacted] RELIGION: [redacted] ADM CL/TYPE: 5
REGISTRAR: [redacted] ADM DATE: 06/02/98 ADM TIME: 12:06 PAT: N [redacted]
SOC SEC#: [redacted] PREV ADM TO HMC: N PREV ADM DATE:
PT ADDRESS: [redacted] [redacted] RES CD: [redacted]
PHONE # [redacted] BIRTH DATE: [redacted] AGE: 28
RACE: 1 SEX: F MARITAL STATUS: S HEIGHT: 5F 9.00 WEIGHT: 230

DRUG ALLERGY: NKA/SOME ANIMALS

ADM PHYSICIAN/DENTIST: [redacted] #: [redacted]
OTHER PHYSICIAN: #:
PERSONAL PHYSICIAN: #:
PRIM CARE PHYSICIAN: PHYSICIAN NOT ON STA #: [redacted]
ADM DIAGNOSIS: ANGINA

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SERV CD: [redacted] AUTO ACC: N JOB INJ: N
NEXT OF KIN: [redacted] RELATION TO PT: MOTHER
HOME PHONE: [redacted] WORK PHONE:
ADDRESS: [redacted] [redacted] [redacted]
OTHER EMERGENCY CONTACT: [redacted] RELAT TO PATIENT: MOTHER
HOME PHONE: [redacted] WORK PHONE:
EMPLOYER OF PT: [redacted] WORK PHONE: [redacted]
ADDRESS: [redacted] [redacted] [redacted]

ADM SOURCE: [redacted] TRANSFERED FROM: [redacted]

ID FORM: N INS CARDS: N SELF PAY: N MED ASST: N O I&A: N O
COPIED: A COPIED: B DEPOSIT: N O CH CA: N O

GUARANTOR: [redacted] SOC SEC #: [redacted]
ADDRESS OF GUAR: [redacted] [redacted] [redacted]
HOME PHONE: [redacted] RELATION TO PT: SELF

1ST INS PLAN NAME: [redacted] FC: H VERIFIED: N PRIORITY: 1
PLAN #: POLICY #: [redacted] GROUP:
NAME OF INSURED: [redacted] RELATION: SELF
SOC SEC #: [redacted] BIRTHDT: [redacted] PRECERT#
EMPLOYER: [redacted] RETIRED FROM:
ADDRESS OF INSURED:

2ND INS PLAN NAME: VERIFIED: PRIORITY:
PLAN #: POLICY #: GROUP:
NAME OF INSURED: RELATION:
SOC SEC #: BIRTHDT: PRECERT#
EMPLOYER: RETIRED FROM:
ADDRESS OF INSURED:

3RD INS PLAN NAME: VERIFIED: PRIORITY:
PLAN #: POLICY #: GROUP:
NAME OF INSURED: RELATION:
SOC SEC #: BIRTHDT: PRECERT#
EMPLOYER: RETIRED FROM:
ADDRESS OF INSURED:

DC DATE: 6/5/98 FROM: CHOUR: TO: DC CLERK [redacted]
ASSEMBLY: 6/9/98 ANALYSIS: [redacted] CODING [redacted] PNC:
[redacted] 6/25/98 6/11 12:06 06/02/98 FROM [redacted]

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[redacted] Year: 19 98

MEDICATION ADMINISTRATION RECORD 1

PAGE ____ OF ____
RECOPIED BY: DATE:
NAME

[redacted]

[redacted]

SCHEDULED MEDICATIONS

OR DATE INITIALS	EXP. DATE TIME	MEDICATION - DOSAGE - FREQUENCY RT. OF ADM.	HR.	6/2	6/3	6/4	6/5	6/6	6/7	6/8
[redacted]		Silvadine cream to burns	11-7	X	[redacted]			X	X	X
		[redacted] 6/4	7-3	X			X	X	X	X
			3-11	X			X	X	X	X
		Kef 2gm IVSS q8h	2A	X	X	X	[redacted]	X	X	X
		x3days.	10A	X	X	X		X	X	X
			6P	X	X	[redacted]	X	X	X	X

CODE
O = Omitted / = Outdated
Cut = Discontinued
1 = Upper Outer Quadrant R Buttock
2 = Upper Outer Quadrant L Buttock
3 = Rt. Deltoid
4 = Lt. Deltoid
5 = Rt. Mid Anterior Thigh
6 = Lt. Mid Anterior Thigh
7 = Rt. Lateral Thigh
8 = Lt. Lateral Thigh
9 = Rt. Ventroglutaeal Area
10 = Lt. Ventroglutaeal Area
11 = Abdomen

SINGLE ORDERS - PRE-OPERATIVES STAT-MEDS

OR DATE INITIALS	MEDICATION - DOSAGE - ROUTE	DATE	ADM. TIME	TIME GIVEN	SITE	NURSE INITIALS
	Valium 5mg PO	6/2		3:10	PO	[redacted]
	Benadryl 0.25mg PO	6/2		3:10	PO	
	Versed 0.5mg IVP			3:45	IV	
6/2	Valium 5mg PO on call	on call	11:20A	11:20A	PO	
6/3	Valium 10mg PO on call	6/3	on call	9:45A	PO	
	Nyfol 1gm IVSS	6/4	on call	9:45A	PO	
6/4	Versed 1mg IV	6/4	10:53A	10:53A	IV	
6/4	Versed 1mg IV	6/4	11A	11A	IV	

FULL SIGNATURE	TITLE	INITIAL	FULL SIGNATURE	TITLE	INITIAL
[redacted]			[redacted]		

DIAGNOSIS

ALLERGIC TO (RECORD IN RED)
NKDA

PATIENT NAME [redacted] ROOM # [redacted]

[redacted] MEDICATION ADMINISTRATION RECORD [redacted]

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N-M-02

Year: 19 98

MEDICATION ADMINISTRATION RECORD 2

RECOPIED BY
NAME
DATE
PAGE OF

[redacted]

PRN MEDICATIONS

OR DATE INITIALS	STOP DATE	MEDICATION - DOSAGE - FREQUENCY RT. OF ADM	PRN MEDICATIONS - DOSES GIVEN															
6/2		Tyl[redacted] 325 q 4h [redacted] PRN [redacted]	DATE															
			TIME															
6/3		[redacted]	INIT.															
			SITE															
6/3/98		Tylenol 650mg P.O. q 4h PRN	DATE															
			TIME															
[redacted]			INIT.															
			SITE															
6/4		Percocet 1 Tab P.O. q 4h PRN	DATE	6/4														
			TIME	3:00														
			INIT.	[redacted]														
			SITE	DU														
6/4		Silvadene cream to chest wall tid PRN	DATE															
			TIME															
			INIT.															
			SITE															
			DATE															
			TIME															
			INIT.															
			SITE															
			DATE															
			TIME															
			INIT.															
			SITE															
			DATE															
			TIME															
			INIT.															
			SITE															

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CODE
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6 = Lt. Mid Anterior Thigh
7 = Rt. Lateral Thigh
8 = Lt. Lateral Thigh
9 = Rt. Ventroglutetal Area
10 = Lt. Ventroglutetal Area
11 = Abdomen

FULL SIGNATURE | TITLE | IN

[redacted]

PATIENT NAME [redacted] ROOM [redacted] DIAGNOSIS [redacted] ALLERGIC TO (RECORD IN RED) NKDA

[redacted]

[redacted]

PROGRESS RECORD

[redacted]

Date	Note progress in case, complications, consultations, change in diagnosis, condition on discharge, instructions to patient	Date	DR.
6/5/98			

[redacted]

Printed on 05-JUN-98 14:26
Patient [redacted]
Institution
CPI Programmer:
Model [redacted]
Serial
CPI Application:
Model 2840
Version 3.2

CPI Pulse Generator:
Model 1782
Serial 500949
RAM Version 1.1
ROM Version 0.4.3

Parameters Report

PG Configuration	
Tachy Mode	Monitor+Therapy
Tachy Zones	1
Last Programmed	04-JUN-98 11:42

Final

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VF Zone	
Initial Detection	
Rate Range	≥ 185 bpm
Interval	≤ 324 ms
Duration	1.0 sec
Redetection	
Redetect Duration	1.0 sec
Post-shock Duration	1.0 sec
Shock Therapy	
Shock 1 Energy	17 J
Shock 2 Energy	31 J
Max Shock Energy	31 J

Therapy Features	
Shocks	
Waveform	Biphasic
Polarity	Initial
Committed Shock	NO
[redacted]TP	
Amplitude	7.5 V
Enable Magnet Use	ON
Change Tachy Mode with Magnet	OFF
Beep During Capacitor Charge	OFF
Beep on Sensed Events and Paced Events	OFF
Beep when ERI is Reached	ON
Electrogram Storage	ON
Source	Shock
Onset	ON

Sensitivity Adjustment	
Ventricular Sensitivity	Nominal

* All energies reported as stored.
End of Report
[redacted]

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[redacted] [redacted]

[redacted]

PG Configuration	
Tachy Mode	Monitor+Therapy
Tachy Zones	1
Last Programmed	04-JUN-98 11:42

Final

VF Zone	
Initial Detection	
Rate Range	≥ 185 bpm
Interval	≤ 324 ms
Duration	1.0 sec
Redetection	
Redetect Duration	1.0 sec
Post-shock Duration	1.0 sec
Shock Therapy	
Shock 1 Energy	17 J
Shock 2 Energy	31 J
Max Shock Energy	31 J

Date

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6/5

Therapy Features	
Shocks	
Waveform	Biphasic
Polarity	Initial
Committed Shock	NO
[redacted]TP	
Amplitude	7.5 V
Pulse Width	1.0 ms

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Brady Pacing	
Normal Brady Pacing:	
Mode	VVI
Rate	40 ppm
Interval	1500 ms
Amplitude	4.0 V
Pulse Width	0.50 ms
Paced Refractory	320 ms
Noise Response	INH
Hysteresis Rate	OFF ppm
Interval	OFF ms
Post-shock Brady Pacing:	
Mode	VVI
Rate	50 ppm
Interval	1199 ms
Amplitude	7.5 V
Pulse Width	1.00 ms
Paced Refractory	320 ms
Pacing Delay	3.0 sec
Pacing Period	00:30 min:sec

Magnet/Beeper/EGM Functions	
Enable Magnet Use	ON
Change Tachy Mode with Magnet	OFF
Beep During Capacitor Charge	OFF
Beep on Sensed Events and Paced Events	OFF
Beep when ERI is Reached	ON
Electrogram Storage	ON
Source	Shock
Onset	ON

Sensitivity Adjustment	
Ventricular Sensitivity	Nominal

* All energies reported as stored.
End of Report

[redacted]

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[redacted]