



NIXON PEABODY LLP
ATTORNEYS AT LAW

NIXONPEABODY.COM
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Laurie T. Cohen
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677 Broadway, 10th Floor
Albany, NY 12207-2996
518-427-2650

February 21, 2018

Via E-Mail

Aline R. Flodr
Assistant U.S. Attorney/Commissioner
One St. Andrew's Plaza
New York, New York 100070

**RE: So Ordered Commissioner's Subpoena dated February 6, 2018
In re: Request from Israel for Legal Assistance (Landman)**

Dear Ms. Flodr:

Attached are the responsive documents identified thus far, which are labeled Landman0004 to Landman0340. NYU continues to review its records and will supplement this response if further responsive records are identified. As we have discussed, both HIPAA and New York law restrict disclosure of sensitive health information to third parties. When the requested health information pertains to mental health treatment, the court order must specifically include a finding by the court "that the interests of justice significantly outweigh the need for confidentiality."¹ The records sought here contain sensitive protected mental health information of the biological birth mother, which is not covered by the scope of the February 6, 2018 Subpoena and which accordingly have been redacted from the disclosure. Further, the requested records also contain confidential attorney communications which we have also redacted. The information which is withheld based on privilege and protected health information is reflected on the attached privilege log.

Please note that any information disclosed shall be used only for the purposes of the investigation outlined in the subpoena and should be kept confidential.

Thank you and please feel free to contact our office if you have any further questions.

Sincerely,

Laurie T. Cohen

LTC/cd

¹ Mental Hygiene Law § 33.13(c)(1).

FROM	TO	CC	SENT DATE	PRIVILEGE DESIGNATION	DOCUMENT DESCRIPTION
Tucker, Gail	Lowy, Lynn		11/17/2017	Attorney Client Communications	Email requesting legal advice regarding record request from US Attorney's Office.
Sklenar, Dennis	Lowy, Lynn	Sedgwick, Thomas	1/30/2017	Attorney Client Communications	Email chain requesting legal guidance.
Sklenar, Dennis	Lowy, Lynn		2/8/2016	Attorney Client Communications;	Email communication with internal counsel.
Lowy, Lynn	Sklenar, Dennis; Sedgwick, Thomas; Asuncion, Stevens		2/11/2016	Attorney Client Communications	Email chain regarding legal advice relating to discharge of infant.
Lowy, Lynn	Sklenar, Dennis;	Sedgwick, Thomas	2/9/2016 to 02/10/2016	Attorney Client Communications	Email chain regarding legal advice relating to visitation of infant.
Sklenar, Dennis	Lowy, Lynn	Sedgwick, Thomas	2/9/2016	Attorney Client Communications	Email chain regarding legal advice relating to visitation of infant.
Sklenar, Dennis	Lowy, Lynn	Sedgwick, Thomas	2/9/2016 to 2/10/2016	Attorney Client Communications; Mental Health Information	Email chain regarding legal advice relating to visitation of infant and mental health information of biological mother.
Lowy, Lynn	Sklenar, Dennis		2/12/2016	Attorney Client Communications; Mental Health Information	Email chain regarding legal advice relating to discharge of baby and care of biological mother.
Lowy, Lynn	Sklenar, Dennis; Sedgwick, Thomas;	Asuncion, Stevens	2/10/16 to 2/11/2016	Attorney Client Communications	Email chain regarding legal advice relating to discharge of infant.
Sklenar, Dennis	Lowy, Lynn; Sedgwick, Thomas	Asuncion, Stevens	2/9/2016	Attorney Client Communications	Email chain requesting legal advice relating to discharge of infant.
Lowy, Lynn	Johnson, Annette		2/9/2016	Attorney Client Communications;	Email chain between internal legal counsel relating to discharge of infant.
Sklenar, Dennis	Lowy, Lynn; Sedgwick, Thomas	Asuncion, Stevens	2/9/2016	Attorney Client Communications;	Email chain requesting legal advice relating to visitation of infant.
Medical Records				Attorney Client; Mental Health Information	Medical records of infant.

From: Mindy Fersel <mf@mflawyer.com>
To: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
Cc:
Bcc:
Subject: Yaffa Landman
Date: Mon Feb 08 2016 09:45:07 EST
Attachments: Rivka Segal Letter.pdf

Mr. Rosman:

Please find the letter from Rivka Segal (the Israeli court-appointed guardian for Yaffa Landman) attached.

Best regards,

Mindy Fersel

Document ID: 0.7.846.14130-000001

null

Last Modified: Mon Feb 08 09:45:07 EST 2016

February 7, 2016

I Rivka Segal a citizen of Israel being the court appointed guardian for Yaffa Landman (DOB 11/2/1993). Pursuant to the authority of my appointment, I am retaining the law firm of Martin Friedlander PC to assist Ms. Landman in attempting to put her unborn child up for adoption in New York where she will deliver the baby.

The terms of the retainer and hourly rate is annexed on a separate sheet which includes different rates.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'RS' or 'RSegal', enclosed within a large, sweeping, handwritten loop.

Rivka Segal

From: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
To: Mindy Fersel <mf@mflawyer.com>
Cc:
Bcc:
Subject: Re: Yaffa Landman
Date: Mon Feb 08 2016 09:46:29 EST
Attachments:

I need to get in touch with her lawyer ASAP.

Sent from my iPhone

On Feb 8, 2016, at 9:45 AM, Mindy Fersel <mf@mflawyer.com> wrote:

Mr. Rosman:

Please find the letter from Rivka Segal (the Israeli court-appointed guardian for Yaffa Landman) attached.

Best regards,

Mindy Fersel

<Rivka Segal Letter.pdf>

Document ID: 0.7.846.14135

From: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
To: Asuncion, Stevens </o=nyumc/ou=first
administrative group/cn=recipients/cn=asuncs01>
Cc:
Bcc:
Subject: Fwd: LANDMAN BABY BIRTHPLAN
Date: Mon Feb 08 2016 15:06:25 EST
Attachments: ATT00001.htm
landman baby birthplan.pdf

Sent from my iPhone

Begin forwarded message:

From: <rabbishtaubesq@verizon.net>
Date: February 8, 2016 at 2:06:32 PM EST
To: <Israel.rosman@nyumc.org>
Subject: LANDMAN BABY BIRTHPLAN

Shmuel D. Taub, PC
1466 60th Street
Suite 200
Brooklyn, NY 11219
Tel: (718) 633-5378

Document ID: 0.7.846.14135-000001

null

Last Modified: Mon Feb 08 15:06:25 EST 2016

Document ID: 0.7.846.14135-000002

null

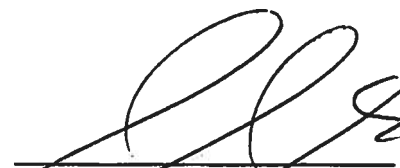
Last Modified: Mon Feb 08 15:06:25 EST 2016

BIRTHPLAN FOR BABY X LANDMAN

YAFFA LANDMAN, born November 2, 1993, biological mother of BABY X LANDMAN, born February 8, 2016, having an address of 34 Lamont Court, Brooklyn, New York 11235 and a phone number of 917-577-7349 has agreed to the following birthplan for BABY X LANDMAN with adoptive parents TZVI ADLER, born February 5, 1987 and RACHEL ADLER, born November 26, 1987, having an address of 12 Grosser Lane, Monsey, New York 10952, and a phone number of 845-481-0123 and having been approved for adoption:

YAFFA LANDMAN agrees that TZVI ADLER and RACHEL ADLER receive BABY X LANDMAN and will pick him up from the New York University Hospital on February 9, 2016.

Dated: New York, New York
February 8, 2016


SHMUEL D. TAUB, ESQ.

Document ID: 0.7.846.14131

From: rabbisdtaubesq@verizon.net
<rabbisdtaubesq@verizon.net>
To: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
Cc:
Bcc:
Subject: LANDMAN BABY BIRTHPLAN
Date: Mon Feb 08 2016 14:06:32 EST
Attachments: landman baby birthplan.pdf

Shmuel D. Taub, PC
1466 60th Street
Suite 200
Brooklyn, NY 11219
Tel: (718) 633-5378

Document ID: 0.7.846.14131-000001

null

Last Modified: Mon Feb 08 14:06:32 EST 2016

BIRTHPLAN FOR BABY X LANDMAN

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YAFFA LANDMAN agrees that TZVI ADLER and RACHEL ADLER receive BABY X LANDMAN and will pick him up from the New York University Hospital on February 9, 2016.

Dated: New York, New York
February 8, 2016


SHMUEL D. TAUB, ESQ.

Document ID: 0.7.846.14138

From: phil roberts <philrob1967@gmail.com>
To: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
Cc:
Bcc:
Subject: Segel v Landman I.pdf
Date: Mon Feb 08 2016 23:00:30 EST
Attachments: ATT00001.txt
Segel v Landman I.pdf

Hi,

I got a certified translation of the guardianship. As it is past business hours, the translator only sent me a pdf of the file but I can pick up the actual certified and notarized copy tomorrow in Manhattan at around 11. Give this for now and I will try to bring the physical copy to NYU myself.

Thank you so much!

Document ID: 0.7.846.14138-000001

null

Last Modified: Mon Feb 08 23:00:30 EST 2016

Document ID: 0.7.846.14138-000002

null

Last Modified: Mon Feb 08 23:00:30 EST 2016

AAA Translations 65 West 96th Street Suite 12-D New York, NY 10025 **2121864-3075**

(Logo)
Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Before: Judge Jamilia Jebaril Kalifa

The Petitioner Rivkah Segal, ID No. 52127784

vs.

The respondents 1. Yaffa Rivkah Landman (a ward) identity card 318075207
2. The legal counsel of the Welfare and Social Services Ministry - Haifa

ORDER TO APPOINT A GUARDIAN

As per the Law of Legal Capacity and Guardianship - 1962

1. Before me is an application to appoint a guardian.
2. According to the medical document attached, the ward is not able to care for her own affairs or to express her view to the application, therefore she needs a guardian appointed over her.
3. After I studied the request and the attached documents, the report and the response of the government legal counsel, and after weighing the full range of circumstances, facts and claims, I hereby appoint the applicant: Rivkah Segal, identity card no. 52127784 as the guardian over the body and property of the ward Yaffa Rivkah Landman, identity card 318075207.
4. This appointment is general over body and property, and is permanent.
5. The guardian will have to conduct herself according to the provisions of the law and the regulations so that she will have to go to the General Custodian office which is active next to this court, her information and reports according to its instructions and at dates stipulated by the law, according to the court or by the General Custodian, for each matter.
6. Likewise, I order the guardian to accept the court's authorization to represent the above-mentioned ward for the actions listed in clause 47 of the Law of Legal Capacity and Guardianship - 1962.

The office secretary will provide an appointment order for the parties and will close the file.

(Continued on the next page):

AAA Translations

65 West 96th Street Suite 12-D New York, NY 10025 (212) 864-3075

(Continued from the previous page):

(Logo)

Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Issued today, 23 of Iyar, 5775, May 12, 2015, in absence of the parties.

(Signature)

Jamilia Jebaril Kalifa, Judge

[stamp] Behind closed doors

[stamp] Family court, Nazareth 915 (illegible)]

2 of 2

AAA Translations hereby certifies that the above is a complete and correct translation of the attached document(s), and that the translator is competent to translate from Hebrew into English.

Sworn to before me on 2/8/2016:

AAA Translations

Steven S. Daniels

Notary Public, State of New York

No. 01-DA-6026576

Qualified in New York County

Commission expires: June 14, 2019



Steven S. Daniels

From: phil roberts <philrob1967@gmail.com>
To: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
Cc:
Bcc:
Subject: Segel v Landman I.pdf
Date: Mon Feb 08 2016 22:59:27 EST
Attachments: ATT00001.txt
Segel v Landman I.pdf

Hi,

I got a certified translation of the guardianship. As it is past business hours, the translator only sent me a pdf of the file but I can pick up the actual certified and notarized copy tomorrow in Manhattan at around 11. Give this for now and I will try to bring the physical copy to NYU myself.

Thank you so much!

Document ID: 0.7.846.14137-000001

null

Last Modified: Mon Feb 08 22:59:27 EST 2016

Document ID: 0.7.846.14137-000002

null

Last Modified: Mon Feb 08 22:59:27 EST 2016

AAA Translations 65 West 96th Street Suite 12-D New York, NY 10025 **2121864-3075**

(Logo)
Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Before: Judge Jamilia Jebaril Kalifa

The Petitioner Rivkah Segal, ID No. 52127784

vs.

The respondents 1. Yaffa Rivkah Landman (a ward) identity card 318075207
2. The legal counsel of the Welfare and Social Services Ministry - Haifa

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4. This appointment is general over body and property, and is permanent.
5. The guardian will have to conduct herself according to the provisions of the law and the regulations so that she will have to go to the General Custodian office which is active next to this court, her information and reports according to its instructions and at dates stipulated by the law, according to the court or by the General Custodian, for each matter.
6. Likewise, I order the guardian to accept the court's authorization to represent the above-mentioned ward for the actions listed in clause 47 of the Law of Legal Capacity and Guardianship - 1962.

The office secretary will provide an appointment order for the parties and will close the file.

1 of 2

(Continued on the next page):

AAA Translations 65 West 96th Street Suite 12-D New York, NY 10025 **2121864-3075**

(Continued from the previous page):

(Logo)
Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Issued today, 23 of Iyar, 5775, May 12, 2015, in absence of the parties.

(Signature)
Jamilia Jebaril Kalifa, Judge

[stamp] Behind closed doors

[stamp] Family court, Nazareth 915 (illegible)]

2 of 2

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Sworn to before me on 2/8/2016:

AAA Translations
Lic. No. C308846-2

Steven S. Daniels
Notary Public, State of New York
No. 01-DA-6026576
Qualified in New York County
Commission expires: June 14, 2019

Document ID: 0.7.846.14141

From: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
To: Asuncion, Stevens </o=nyumc/ou=first
administrative group/cn=recipients/cn=asuncs01>
Cc:
Bcc:
Subject: Landsman legal guardian.
Date: Tue Feb 09 2016 07:46:53 EST
Attachments: ATT00001.txt
Segel v Landman I.pdf

Document ID: 0.7.846.14141-000001

null

Last Modified: Tue Feb 09 07:46:53 EST 2016

Sent from my iPhone

Document ID: 0.7.846.14141-000002

null

Last Modified: Tue Feb 09 07:46:53 EST 2016

AAA Translations

65 West 96th Street Suite 12-D New York, NY 10025 (212) 864-3075

(Logo)

Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Before: Judge Jamilia Jebaril Kalifa

The Petitioner Rivkah Segal, ID No. 52127784

vs.

**The respondents 1. Yaffa Rivkah Landman (a ward) identity card 318075207
 2. The legal counsel of the Welfare and Social Services Ministry - Haifa**

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The office secretary will provide an appointment order for the parties and will close the file.

1 of 2

(Continued on the next page):

AAA Translations

65 West 96th Street Suite 12-D New York, NY 10025 **(212) 864-3075**

(Continued from the previous page):

(Logo)
Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Issued today, 23 of Iyar, 5775, May 12, 2015, in absence of the parties.

(Signature)
Jamilia Jebaril Kalifa, Judge

[stamp] Behind closed doors

[stamp] Family court, Nazareth 915 (illegible)]

2 of 2

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AAA Translations
Lic. No. C308846-2

Steven S. Daniels
Notary Public, State of New York
No. 01-DA-6026576
Qualified in New York County
Commission expires: June 14, 2019

From: Sklenar, Dennis </o=nyumc/ou=first administrative group/cn=recipients/cn=sklend01>
To: Asuncion, Stevens </o=nyumc/ou=first administrative group/cn=recipients/cn=asuncs01>
Cc: Rosman, Israel </o=nyumc/ou=first administrative group/cn=recipients/cn=rosmai01>
Bcc:
Subject: FW: Landsman legal guardian.
Date: Tue Feb 09 2016 07:54:07 EST
Attachments: ATT00001.htm
Segel v Landman I.pdf

I have forwarded this to Lynn Lowy and to Tom and asked for advice regarding who can legally sign the baby out of the hospital to the adoptive parents – the mother or Ms. Segal.

Steve: We will talk when you get in.

Thanks

Dennis Sklenar, LCSW
Assistant Director of Social Work
Social Work Department
NYU Langone Medical Center
212-263-0885
212-263-5018
dennis.sklenar@nyumc.org

From: Asuncion, Stevens
Sent: Tuesday, February 09, 2016 7:49 AM
To: Sklenar, Dennis
Subject: Fwd: Landsman legal guardian.

Begin forwarded message:

From: "Rosman, Israel" <Israel.Rosman@nyumc.org>
Date: February 9, 2016 at 7:46:53 AM EST
To: "Asuncion, Stevens" <Stevens.Asuncion@nyumc.org>
Subject: Landsman legal guardian.

Document ID: 0.7.846.14143-000001

null

Last Modified: Tue Feb 09 07:54:07 EST 2016

Sent from my iPhone

Document ID: 0.7.846.14143-000002

null

Last Modified: Tue Feb 09 07:54:07 EST 2016

AAA Translations

65 West 96th Street Suite 12-D New York, NY 10025 **2121864-3075**

(Logo)

Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Before: Judge Jamilia Jebaril Kalifa

The Petitioner Rivkah Segal, ID No. 52127784

vs.

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 2. The legal counsel of the Welfare and Social Services Ministry - Haifa**

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1 of 2

(Continued on the next page):

AAA Translations 65 West 96th Street Suite 12-D New York, NY 10025 (212) 864-3075

(Continued from the previous page):

(Logo)
Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Issued today, 23 of Iyar, 5775, May 12, 2015, in absence of the parties.

(Signature)
Jamilia Jebaril Kalifa, Judge

[stamp] Behind closed doors

[stamp] Family court, Nazareth 915 (illegible)]

2 of 2

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AAA Translations
Lic. No. C308846-2

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Notary Public, State of New York
No. 01-DA-6026576
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Commission expires: June 14, 2019

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administrative group/cn=recipients/cn=asuncs01>
To: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
Cc:
Bcc:
Subject: Re: LANDMAN BABY BIRTHPLAN
Date: Tue Feb 09 2016 07:45:15 EST
Attachments:

Hi Israel. We are still awaiting all legal documentation. Thanks for this.

On Feb 8, 2016, at 3:06 PM, Rosman, Israel <Israel.Rosman@nyumc.org> wrote:

Sent from my iPhone

Begin forwarded message:

From: <rabbishtaubesq@verizon.net>
Date: February 8, 2016 at 2:06:32 PM EST
To: <Israel.rosman@nyumc.org>
Subject: LANDMAN BABY BIRTHPLAN

Shmuel D. Taub, PC
1466 60th Street
Suite 200
Brooklyn, NY 11219
Tel: (718) 633-5378

<landman baby birthplan.pdf>

From: Asuncion, Stevens </o=nyumc/ou=first
administrative group/cn=recipients/cn=asuncs01>
To: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
Cc: Sklenar, Dennis </o=nyumc/ou=first
administrative group/cn=recipients/cn=sklend01>
Bcc:
Subject: Re: LANDMAN BABY BIRTHPLAN
Date: Tue Feb 09 2016 07:47:39 EST
Attachments:

Great! Once I review it with Dennis we can take the next appropriate steps.

On Feb 9, 2016, at 7:46 AM, Rosman, Israel <Israel.Rosman@nyumc.org> wrote:

I just got it. I will forward it now.

Sent from my iPhone

On Feb 9, 2016, at 7:45 AM, Asuncion, Stevens <Stevens.Asuncion@nyumc.org> wrote:

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Date: February 8, 2016 at 2:06:32 PM EST
To: <Israel.rosman@nyumc.org>
Subject: LANDMAN BABY BIRTHPLAN

Shmuel D. Taub, PC
1466 60th Street

Suite 200
Brooklyn, NY 11219
Tel: (718) 633-5378

<landman baby birthplan.pdf>

From: Rosman, Israel </o=nyumc/ou=first
administrative group/cn=recipients/cn=rosmai01>
To: Asuncion, Stevens </o=nyumc/ou=first
administrative group/cn=recipients/cn=asuncs01>
Cc:
Bcc:
Subject: Re: LANDMAN BABY BIRTHPLAN
Date: Tue Feb 09 2016 07:46:02 EST
Attachments:

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Sent from my iPhone

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Sent from my iPhone

Begin forwarded message:

From: <rabbisdtaubesq@verizon.net>
Date: February 8, 2016 at 2:06:32 PM EST
To: <Israel.rosman@nyumc.org>
Subject: LANDMAN BABY BIRTHPLAN

Shmuel D. Taub, PC
1466 60th Street
Suite 200
Brooklyn, NY 11219
Tel: (718) 633-5378

<landman baby birthplan.pdf>

From: Sklenar, Dennis
To: Leah Lang
Cc: Sogomoch, Thomas
Subject: FW: Info
Date: Monday, January 30, 2017 12:21:38 PM
Attachments: image001.png

[REDACTED]

From: יונית קליין - Yonit Klein [mailto:YonitK@molisa.gov.il]
Sent: Monday, January 30, 2017 6:46 AM
To: Sklenar, Dennis
Cc: אביגיל רמז - Avigyl Remes
Subject: RE: Info

Dear Dennis,

Thank you so much for responding to my referral.

It is important for me to know if there is any specific wording or text you require to have in the consent form? I assume you have different requirements than what we usually use here in Israel. Moreover, if you have a template that you can send to me of that kind of form, it would be helpful if you could please send it to me. It will help me guide the court with your request.

Furthermore, I would like to inform you that I will be away from the office for most of February. Avigyl Remes, my supervisor, is copied with this e-mail, will be available to you with any inquiry and will continue to handle this case until my return.

Thank you kindly for your assistance in this matter. It is greatly appreciated and we are hopeful that we will be successful in locating the baby. We look forward to hearing from you with regards to the wording of the waiver of confidentiality.

Have a great day.

Yonit

From: Sklenar, Dennis [mailto:Dennis.Sklenar@nyumc.org]
Sent: Thursday, January 26, 2017 11:26 PM
To: יונית קליין - Yonit Klein
Subject: Info

Ms. Klein,

We are in receipt of the information you are requesting. In order for us to provide you with any information we need a written consent from the patient or patient's guardian to speak with you or representative from your agency.

You can fax the consent to 212-263-3644.

Thank you,
Dennis Sklenar

1/26/2016

Hi Dennis,

I received a call from the Israeli Social Work of International Social Affairs, Yonit Klein. They stated that patient Landman, Yaffa DOB 11/3/1993 had a baby and pt stated that she was forced to sign up her baby for adoption. They are looking to speak with someone from Social Work Dept. You can reach Miss Klein at 972-02508-5435 or email: yonitk@molisa.gov.il

-Pat

Dennis Sklenar, LCSW
Assistant Director of Social Work
Social Work Department
NYU Langone Medical Center
212-263-0885
212-263-5018
dennis.sklenar@nyumc.org



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=====

From: [Sklenar, Dennis](#)
To: [Lowy, Lynn](#)
Subject: FW: LANDMAN BABY BIRTHPLAN
Date: Monday, February 08, 2016 3:34:59 PM
Attachments: [landman_baby_birthplan.pdf](#)
[ATT00001.htm](#)

Dennis Sklenar, LCSW
Assistant Director of Social Work
Social Work Department
NYU Langone Medical Center
212-263-0885
212-263-5018
dennis.sklenar@nyumc.org

From: Asuncion, Stevens
Sent: Monday, February 08, 2016 3:34 PM
To: Sklenar, Dennis
Subject: Fwd: LANDMAN BABY BIRTHPLAN

Hi Dennis. Here's what Israel sent.

Begin forwarded message:

From: "Rosman, Israel" <Israel.Rosman@nyumc.org>
Date: February 8, 2016 at 3:06:25 PM EST
To: "Asuncion, Stevens" <Stevens.Asuncion@nyumc.org>
Subject: Fwd: LANDMAN BABY BIRTHPLAN

Sent from my iPhone

Begin forwarded message:

From: <rabbisdtaubcsq@vcrizon.net>
Date: February 8, 2016 at 2:06:32 PM EST
To: <Israel.rosman@nyumc.org>
Subject: LANDMAN BABY BIRTHPLAN

Shmuel D. Taub, PC
1466 60th Street
Suite 200
Brooklyn, NY 11219
Tel: (718) 633-5378

From: [Lowy, Lynn](#)
To: [Sklenar, Dennis](#); [Sedgwick, Thomas](#); [Asuncion, Stevens](#)
Subject: Fwd: Letter regarding Israel/ Yafa Landman
Date: Thursday, February 11, 2016 9:59:55 PM
Attachments: [Letter to Lynn Lowy re Israel.pdf](#)
[ATT00001.htm](#)

[REDACTED]

Begin forwarded message:

From: Mindy Fersel <mf@mflawyer.com>
Date: February 11, 2016 at 6:34:46 PM EST
To: "lynn.lowy@nyumc.org" <lynn.lowy@nyumc.org>
Subject: Letter regarding Israel/ Yafa Landman

Dear Lynn:

Per our earlier discussion, please find our letter attached.

Best regards,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

This electronic mail message and any attached files contain information intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any viewing, copying, disclosure or distribution of this information may be subject to legal restriction or sanction. Please notify the sender, by electronic mail or telephone, of any unintended recipients and delete the original message without making any copies

From: [Mindy Fersel](#)
To: [Lowy, Lynn](#)
Subject: Letter regarding Israel/ Yafa Landman
Date: Thursday, February 11, 2016 6:34:55 PM
Attachments: [Letter to Lynn Lowy re Israel.pdf](#)

Dear Lynn:

Per our earlier discussion, please find our letter attached.

Best regards,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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From: Lowy, Lynn
To: Mindy Fersel
Cc: Sklenar, Dennis; Sedgwick, Thomas
Subject: RE: Yaffa Landman
Date: Wednesday, February 10, 2016 10:44:00 AM

I have advised the staff that if Ms. Landman does not object to the Adlers' visit, then they should be permitted to visit. However, in connection with the discharge plan, I am still eager to receive a statement from you or Mr. Friedlander identifying your firm's role and providing assurance that, pursuant to Israeli law, Ms. Segal is the legal guardian of Ms. Landman with authority to make decisions on her behalf, including decisions regarding the visitation, custody and adoption of her child.

Thank you,
Lynn

Lynn Feldman Lowy
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 3rd Floor
New York, NY 10016
Phone: 212-404-4072
Fax: 212-404-4092

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From: Mindy Fersel [mailto:mf@mflawyer.com]
Sent: Tuesday, February 09, 2016 3:02 PM
To: Lowy, Lynn
Subject: Yaffa Landman

Lynn:

Yaffa Landman's guardian, Rivka Segal, has been discussing Tzvi and Rachel Adler adopting Yaffa Landman's baby. There is no objection to them visiting the baby. Please find a letter attached stating the same.

Thank you,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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From: Lowy, Lynn
To: Sklenar, Dennis
Cc: Sedgwick, Thomas
Subject: RE: Yaffa Landman
Date: Wednesday, February 10, 2016 10:42:00 AM

[REDACTED]

Lynn Feldman Lowy
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 3rd Floor
New York, NY 10016
Phone: 212-404-4072
Fax: 212-404-4092

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From: Sklenar, Dennis
Sent: Tuesday, February 09, 2016 4:56 PM
To: Lowy, Lynn
Cc: Sedgwick, Thomas
Subject: RE: Yaffa Landman

[REDACTED]

[REDACTED]


Dennis Sklenar, LCSW
Assistant Director of Social Work
Social Work Department
NYU Langone Medical Center
212-263-0885
212-263-5018
dennis.sklenar@nyumc.org

From: Lowy, Lynn
Sent: Tuesday, February 09, 2016 3:23 PM
To: Mindy Fersel
Cc: Johnson, Annette; Sklenar, Dennis
Subject: RE: Yaffa Landman

Mindy,
I'm not sure I understand the attached letter. What is Martin Friedlander's role in connection with this matter? Is he writing "on behalf of the legal guardian of Yaffa Landman"? Is he the legal representative and or POA for Rivka Segal? Is he aware of and able to make any representation regarding whether or not Ms. Landman has any objection to the Adlers visiting the baby? I am still eager to receive a statement from you or Mr. Friedlander identifying your firm's role and providing assurance that, pursuant to Israeli law, Ms. Segal is the legal guardian of Ms. Landman with authority to make decisions on her behalf, including decisions regarding the visitation, custody and adoption of her child. If you have any questions about my request, please don't hesitate to contact me.

Thank you,
Lynn Lowy

Lynn Feldman Lowy
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 3rd Floor
New York, NY 10016
Phone: 212-404-4072
Fax: 212-404-4092

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From: Mindy Fersel [mailto:mf@mflawyer.com]
Sent: Tuesday, February 09, 2016 3:02 PM
To: Lowy, Lynn

Subject: Yaffa Landman

Lynn:

Yaffa Landman's guardian, Rivka Segal, has been discussing Tzvi and Rachel Adler adopting Yaffa Landman's baby. There is no objection to them visiting the baby. Please find a letter attached stating the same.

Thank you,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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From: Sklenar, Dennis
To: Lowy, Lynn
Cc: Sedgwick, Thomas
Subject: RE: Yaffa Landman
Date: Tuesday, February 09, 2016 4:56:00 PM

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Dennis Sklenar, LCSW
Assistant Director of Social Work
Social Work Department
NYU Langone Medical Center
212-263-0885
212-263-5018
dennis.sklenar@nyumc.org

From: Lowy, Lynn
Sent: Tuesday, February 09, 2016 3:23 PM
To: Mindy Fersel
Cc: Johnson, Annette; Sklenar, Dennis
Subject: RE: Yaffa Landman

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Thank you,
Lynn Lowy

Lynn Feldman Lowy
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 3rd Floor
New York, NY 10016
Phone: 212-404-4072
Fax: 212-404-4092

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From: Mindy Fersel [mailto:mf@mflawyer.com]
Sent: Tuesday, February 09, 2016 3:02 PM
To: Lowy, Lynn
Subject: Yaffa Landman

Lynn:

Yaffa Landman's guardian, Rivka Segal, has been discussing Tzvi and Rachel Adler adopting Yaffa Landman's baby. There is no objection to them visiting the baby. Please find a letter attached stating the same.

Thank you,

Mindy

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Martin Friedlander PC
212-321-7092 ext 5457

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From: [Mindy Fersel](#)
To: [Lowy, Lynn](#)
Subject: RE: Yaffa Landman
Date: Tuesday, February 09, 2016 4:36:38 PM
Attachments: [Certified Translation - Guardianship.pdf](#)

Attached, please find a certified translation of the guardianship arrangement, for reference.

From: Lowy, Lynn [<mailto:Lynn.Lowy@nyumc.org>]
Sent: Tuesday, February 09, 2016 3:23 PM
To: Mindy Fersel
Cc: Johnson, Annette; Sklenar, Dennis
Subject: RE: Yaffa Landman

Mindy,

I'm not sure I understand the attached letter. What is Martin Friedlander's role in connection with this matter? Is he writing "on behalf of the legal guardian of Yaffa Landman"? Is he the legal representative and or POA for Rivka Segal? Is he aware of and able to make any representation regarding whether or not Ms. Landman has any objection to the Adlers visiting the baby? I am still eager to receive a statement from you or Mr. Friedlander identifying your firm's role and providing assurance that, pursuant to Israeli law, Ms. Segal is the legal guardian of Ms. Landman with authority to make decisions on her behalf, including decisions regarding the visitation, custody and adoption of her child. If you have any questions about my request, please don't hesitate to contact me.

Thank you,
Lynn Lowy

Lynn Feldman Lowy
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 3rd Floor
New York, NY 10016
Phone: 212-404-4072
Fax: 212-404-4092

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From: Mindy Fersel [<mailto:mf@mflawyer.com>]
Sent: Tuesday, February 09, 2016 3:02 PM
To: Lowy, Lynn
Subject: Yaffa Landman

Lynn:

Yaffa Landman's guardian, Rivka Segal, has been discussing Tzvi and Rachel Adler adopting Yaffa Landman's baby. There is no objection to them visiting the baby. Please find a letter attached stating the same.

Thank you,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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=====

From: [Mindy Fersel](#)
To: [Lowy, Lynn](#)
Subject: RE: Yaffa Landman
Date: Tuesday, February 09, 2016 3:29:10 PM

Mr. Friedlander was retained by and is representing Yaffa Landman's legal guardian and is writing on behalf of the legal guardian.

From: Lowy, Lynn [<mailto:Lynn.Lowy@nyumc.org>]
Sent: Tuesday, February 09, 2016 3:23 PM
To: Mindy Fersel
Cc: Johnson, Annette; Sklenar, Dennis
Subject: RE: Yaffa Landman

Mindy,

I'm not sure I understand the attached letter. What is Martin Friedlander's role in connection with this matter? Is he writing "on behalf of the legal guardian of Yaffa Landman"? Is he the legal representative and or POA for Rivka Segal? Is he aware of and able to make any representation regarding whether or not Ms. Landman has any objection to the Adlers visiting the baby? I am still eager to receive a statement from you or Mr. Friedlander identifying your firm's role and providing assurance that, pursuant to Israeli law, Ms. Segal is the legal guardian of Ms. Landman with authority to make decisions on her behalf, including decisions regarding the visitation, custody and adoption of her child. If you have any questions about my request, please don't hesitate to contact me.

Thank you,
Lynn Lowy

Lynn Feldman Lowy
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 3rd Floor
New York, NY 10016
Phone: 212-404-4072
Fax: 212-404-4092

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From: Mindy Fersel [<mailto:mf@mflawyer.com>]
Sent: Tuesday, February 09, 2016 3:02 PM
To: Lowy, Lynn
Subject: Yaffa Landman

Lynn:

Yaffa Landman's guardian, Rivka Segal, has been discussing Tzvi and Rachel Adler adopting Yaffa Landman's baby. There is no objection to them visiting the baby. Please find a letter attached stating the same.

Thank you,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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=====

From: [Lowy, Lynn](#)
To: [Mindy Fersel](#)
Cc: [Johnson, Annette](#); [Sklenar, Dennis](#)
Subject: RE: Yaffa Landman
Date: Tuesday, February 09, 2016 3:22:00 PM
Attachments: [Letter to Lynn Lowy.pdf](#)

Mindy,

I'm not sure I understand the attached letter. What is Martin Friedlander's role in connection with this matter? Is he writing "on behalf of the legal guardian of Yaffa Landman"? Is he the legal representative and or POA for Rivka Segal? Is he aware of and able to make any representation regarding whether or not Ms. Landman has any objection to the Adlers visiting the baby? I am still eager to receive a statement from you or Mr. Friedlander identifying your firm's role and providing assurance that, pursuant to Israeli law, Ms. Segal is the legal guardian of Ms. Landman with authority to make decisions on her behalf, including decisions regarding the visitation, custody and adoption of her child. If you have any questions about my request, please don't hesitate to contact me.

Thank you,
Lynn Lowy

Lynn Feldman Lowy
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 3rd Floor
New York, NY 10016
Phone: 212-404-4072
Fax: 212-404-4092

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From: Mindy Fersel [<mailto:mf@mflawyer.com>]
Sent: Tuesday, February 09, 2016 3:02 PM
To: Lowy, Lynn
Subject: Yaffa Landman

Lynn:

Yaffa Landman's guardian, Rivka Segal, has been discussing Tzvi and Rachel Adler adopting Yaffa Landman's baby. There is no objection to them visiting the baby. Please find a letter attached stating the same.

Thank you,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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From: [Lowy, Lynn](#)
To: [Mindy Fersel](#)
Cc: [Sklenar, Dennis](#)
Subject: RE: Yaffa Landman - Israeli Guardianship
Date: Monday, February 08, 2016 6:58:00 PM

I need to see something that I can read and understand so that the hospital knows the extent to which the guardian has legal authority to make decisions on behalf of the patient – and to what extent the patient has authority to make decisions for herself.

I will be available to speak in the morning. Just write back and let me know when you are free.

Lynn Lowy

Lynn Feldman Lowy
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 3rd Floor
New York, NY 10016
Phone: 212-404-4072
Fax: 212-404-4092

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From: Mindy Fersel [<mailto:mf@mflawyer.com>]
Sent: Monday, February 08, 2016 6:42 PM
To: Sklenar, Dennis
Cc: Lowy, Lynn
Subject: Yaffa Landman - Israeli Guardianship

Dennis:

Regarding Yaffa Landman's guardianship arrangement from Israel – at the moment we only have a copy in Hebrew. Will you and your counsel require a certified translation?

Best,

Mindy Fersel

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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From: Sklenar, Dennis
To: Lowy, Lynn
Cc: Sedgwick, Thomas
Subject: RE: Yaffa Landman
Date: Wednesday, February 10, 2016 10:45:19 AM

[REDACTED]

[REDACTED]

[REDACTED]

Dennis Sklenar, LCSW
Assistant Director of Social Work
Social Work Department
NYU Langone Medical Center
212-263-0885
212-263-5018
dennis.sklenar@nyumc.org

From: Lowy, Lynn
Sent: Wednesday, February 10, 2016 10:43 AM
To: Sklenar, Dennis
Cc: Sedgwick, Thomas
Subject: RE: Yaffa Landman

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Lynn Feldman Lowy
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 3rd Floor
New York, NY 10016
Phone: 212-404-4072
Fax: 212-404-4092

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From: Sklenar, Dennis
Sent: Tuesday, February 09, 2016 4:56 PM
To: Lowy, Lynn
Cc: Sedgwick, Thomas
Subject: RE: Yaffa Landman

[REDACTED]

[REDACTED]

[REDACTED]

Dennis Sklenar, LCSW
Assistant Director of Social Work
Social Work Department
NYU Langone Medical Center
212-263-0885
212-263-5018
dennis.sklenar@nyumc.org

From: Lowy, Lynn
Sent: Tuesday, February 09, 2016 3:23 PM
To: Mindy Fersel
Cc: Johnson, Annette; Sklenar, Dennis
Subject: RE: Yaffa Landman

Mindy,

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Thank you,
Lynn Lowy

Lynn Feldman Lowy
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NYU Langone Medical Center
One Park Avenue, 3rd Floor
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Sent: Tuesday, February 09, 2016 3:02 PM
To: Lowy, Lynn
Subject: Yaffa Landman

Lynn:

Yaffa Landman's guardian, Rivka Segal, has been discussing Tzvi and Rachel Adler adopting Yaffa Landman's baby. There is no objection to them visiting the baby. Please find a letter attached stating the same.

Thank you,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
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From: [Lowy, Lynn](#)
To: [Mindy Fersel](#)
Subject: Re: Letter regarding Israel/ Yafa Landman
Date: Thursday, February 11, 2016 9:58:17 PM

Thank you.

On Feb 11, 2016, at 6:34 PM, Mindy Fersel <mf@mflawyer.com> wrote:

Dear Lynn:

Per our earlier discussion, please find our letter attached.

Best regards,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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<Letter to Lynn Lowy re Israel.pdf>

From: [Mindy Fersel](#)
To: [Sklenar, Dennis](#)
Cc: [Lowy, Lynn](#)
Subject: Yaffa Landman - Israeli Guardianship
Date: Monday, February 08, 2016 6:42:48 PM

Dennis:

Regarding Yaffa Landman's guardianship arrangement from Israel – at the moment we only have a copy in Hebrew. Will you and your counsel require a certified translation?

Best,

Mindy Fersel

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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From: [Mindy Fersel](#)
To: [Lowy, Lynn](#)
Subject: Yaffa Landman
Date: Tuesday, February 09, 2016 3:03:23 PM
Attachments: [Letter to Lynn Lowy.pdf](#)

Lynn:

Yaffa Landman's guardian, Rivka Segal, has been discussing Tzvi and Rachel Adler adopting Yaffa Landman's baby. There is no objection to them visiting the baby. Please find a letter attached stating the same.

Thank you,

Mindy

Mindy K. Fersel, Esq.
Martin Friedlander PC
212-321-7092 ext 5457

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CERTIFICATION

I, Nina Gore, Director of HIM Operations of NYU Hospitals Center hereby certify that the record attached is in the custody of and is the full, complete record of the condition, act, transaction, occurrence or event of this institution concerning:

HENRY ADLER

Name of Patient

I further certify that this record was made in the regular course of business of this institution and it is in the regular course of business that this institution to make such records, and such record was made at the time of the condition, act, transaction, occurrence or event, or within a reasonable time thereafter.

Date: 02-15-2018

A handwritten signature in black ink, appearing to read "Nina Gore", written over a horizontal line.

Signature

Patient Demographics

Name Adler, Henry	Patient ID 11449055	SSN 999-99-9999	Sex Male	Birth Date 02/08/16 (2 yrs)
Address 12 Grosser Lane MONSEY NY 10952	Phone 845-481-0123 (H) 845-481-0123 (M)	Email	Employer	
Reg Status ELAPSED	PCP	Date Last Verified 03/25/16	Next Review Date 04/24/16	
Emergency Contact 1 Rachel Adler (FOSTER PAREN) 843-371-5199 (M)	Emergency Contact 2 Tzvi Adler (FOSTER PAREN) 845-481-0123 (M)	Emergency Contact 3 Rachel Adler (FOSTER PAREN) 843-371-5199 (M)		

Events

Admission at 2/8/2016 0310

Unit: Tisch Hospital - 8 West Patient class: Inpatient	Room: POOL Service: Nursery	Bed: NONE

Transfer Out at 2/8/2016 2219

Unit: Tisch Hospital - Nursery Patient class: Inpatient	Room: POOL Service: Nursery	Bed: NONE

Transfer In at 2/8/2016 2219

Unit: Tisch Hospital - 9 NICU Patient class: Inpatient	Room: TH902 Service: NICU	Bed: 01

Transfer Out at 2/9/2016 0007

Unit: Tisch Hospital - 9 NICU Patient class: Inpatient	Room: TH902 Service: NICU	Bed: 01

Transfer In at 2/9/2016 0007

Unit: Tisch Hospital - 9 NICU Patient class: Inpatient	Room: TH901 Service: NICU	Bed: 04

Transfer Out at 2/10/2016 1706

Unit: Tisch Hospital - 9 NICU Patient class: Inpatient	Room: TH901 Service: NICU	Bed: 04

Transfer In at 2/10/2016 1706

Unit: Tisch Hospital - Nursery Patient class: Inpatient	Room: POOL Service: Nursery	Bed: NONE

Discharge at 2/12/2016 1600

Unit: Tisch Hospital - Nursery Patient class: Inpatient	Room: POOL Service: Nursery	Bed: NONE

Allergies as of 2/12/2016

No Known Allergies

Verified On: 2/10/2016 By: Chelsea Kadish, MD

Medical History

Medical as of 2/12/2016

None

Medical History: Pertinent Negatives

Medical as of 2/12/2016

None

**NYU Langone Health
System**

TH 13 NURSERY
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 2/8/2016, D/C: 2/12/2016

Socioeconomic History

Occupational as of 2/12/2016

None

Socioeconomic as of 2/12/2016

Marital Status	Spouse Name	Number of Children	Years Education	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	English	Unknown	White	—

Problem List as of 2/12/2016

Reviewed: 2/10/2016 5:02 PM by Chelsea Kadish, MD

Single liveborn, born in hospital, delivered by cesarean section

Noted - Resolved
2/11/2016 - Present
Entered by Debra F Friedman,
MD

Health check for newborn under 8 days old

2/11/2016 - Present
Entered by Debra F Friedman,
MD

* (Principal)RESOLVED: Respiratory distress

2/9/2016 - 2/10/2016
Entered by Tanya Stolper, MD
Resolved by Michael Maramba
Espiritu, MD

RESOLVED: Need for observation and evaluation of newborn for sepsis

2/9/2016 - 2/10/2016
Entered by Michael Maramba
Espiritu, MD
Resolved by Chelsea Kadish, MD

DISCHARGE RECORDS

Discharge Narrative by Debra F Friedman, MD at 2/12/2016 12:55 PM

Author: Debra F Friedman, MD

Service: Nursery

Author Type: Physician

Filed: 2/12/2016 2:49 PM

Creation Time: 2/12/2016 12:55 PM

Status: Addendum

Editor: Debra F Friedman, MD (Physician)

Related Notes: Original Note by Debra F Friedman, MD (Physician) filed at 2/12/2016 1:12 PM

Nursery Attending Discharge Note BB Landman

Date of Delivery: 2/8/2016

Time of Delivery: 310 AM

Date of Discharge: 2/12/2016

Maternal History: Labs: maternal blood type B pos; hepatitis B negative; HIV negative; rubella NI; GBS negative

Prenatal care: good.

Pregnancy complications: none

Maternal medical problems:

As per home health aid, mother was definitively taking medication for the past three weeks, but unable to account for prior to that. Mother herself states that she did not take medication earlier in pregnancy. Was living with boyfriend who was abusive at the time. Is from Israel and came to US to have baby.

Maternal medications: as above

Delivery course:

Gestational Age: 41w2d. AROM 0 hours prior to delivery. Fluid: Clear. Delivery method: C-Section, Low Transverse 2/2 decels Complications: none. Antibiotics: none. Routine newborn care. Resuscitation involved: Patient born cyanotic without spontaneous cry, and limp. Received from Obstetric team, and taken to radiant warmer.

Discharge Narrative by Debra F Friedman, MD at 2/12/2016 12:55 PM (continued)

Resuscitation involved bag and mask for 1 minute, CPAP, deep suction, bulb suction, and tactile stimulation. Apgars 5 (2 tone, -1 color, -1 reflex, -1 respiratory) and 8 at 1 and 5 minutes.

Immediate postnatal course routine.

Discussed case with adult psych, peds psych, and NICU. TO watch for extrapyramidal side effects, as well as baby being generally unwell. To monitor for rigidity, dyskinesia, and tremors. Will also monitor baby for NAS scores, q4h. If score >6, will notify the NICU.

Maternal utox +benzos.

Nursery Course: At approx 18 HOL grunting was noted with dusky appearance and associated desaturation to 52%. NICU was called to assess the baby, he was given blow by O2 and saturations improved to 96%, HR 106, RR32. Infant was transferred to NICU on blow by O2. Admitted for respiratory distress.

NICU course detailed below:

RESP:

- NC 2L 21%, weaned to RA

CV: No active issues

HEME: MBT: B+/- BBT: AB+/-

FEN/GI:

- Sim19 ad lib

ID: 48h ROS, I:T 2/8 0.01

- Ampicillin 100mg/kg q12hr x2 days

- Gentamicin 4mg/kg q24hr x2 days

bcx NGTD

CRP 29, but CBC stable.

Pain: NAS scores 0-3.

Social:

- [REDACTED]

RESP:

- NC 2L 21%

CV: No active issues

HEME: MBT: B+/- BBT: AB+/-

- TsB 7.2, trend tmrw AM

FEN/GI:

- Sim19 ad lib

Discharge Narrative by Debra F Friedman, MD at 2/12/2016 12:55 PM (continued)

ID: 48h ROS, I:T 2/8 0.01

- Ampicillin 100mg/kg q12hr (2/8-
- Gentamicin 4mg/kg q24hr (2/8-

Social:

-

Per notes, mother plans to give the child up for adoption, SW aware

Nursery course:

CRP repeated, downtrending from 29 to 24 to 15. On DOL4, irregular HR auscultated, EKG done which showed Normal sinus rhythm with sinus arrhythmia
Normal ECG. Utox negative. NAS scores have remained 0.

Otherwise routine course.

NBS Done: Yes
HEP B Vaccine: pending
Hearing Screen Right Ear: PASS
Hearing Screen Left Ear: PASS
Congenital Heart Disease Screen: PASS
BM: Yes
Voids: Yes
Discharge bili: 7.1- 107 HOL-LR

Feeding method: bottle -

Infant Blood Type: AB Positive

Discharge Exam:

Birth Weight: 3654 gms, Discharge Weight: 3515 gms, Weight change: -4%

General: Appears well, alert, vigorous
Skin: acrocyanosis, no jaundice
HEENT: Normocephalic, anterior fontanelle open and flat, no cleft, no dysmorphic features
Lungs: symmetric chest rise, clear to auscultation bilaterally
CV: Regular rate and rhythm, no murmur appreciated, **+sinus arrhythmia**
Abd: soft, nontender, nondistended, no masses. Umbilicus clamped
Ext: warm, well perfused, 2+ fem pulses
GU: tanner 1 m, testes descended b/l, no hypospadias
Back: no tuft or dimple
Anus: appears patent
Hips: symmetric with full range of motion, negative Barlow and ortolani
Neuro: normal tone, suck, grasp, and moro

Plan:

Well newborn, exposed to multiple maternal psych medications, s/p NICU stay for sepsis r/o, stable for discharge home with adoptive parents.

Discharge Narrative by Debra F Friedman, MD at 2/12/2016 12:55 PM (continued)

Follow-up:

Follow up Appt Date: 1-2 days

Physician: PMD

Special Instructions: Call pediatrician for yellow eyes or skin, no urine for 8 hrs, temperature greater than 100.4, or other issues.

I spent < 30 minutes assessing this patient and planning for discharge today. The plan was discussed with nursing and parents. All questions were answered.

Signed by Debra F Friedman, MD on 2/12/2016 2:49 PM

Discharge Instructions

Adler, Henry (MR # 11449055)

Date 02/12/16 1455 Note:	Status Pended	User Melissa Fava, RN	User Type Registered Nurse	Discharge Note Original

Breast-Feeding: After Your Visit

Your Care Instructions



Football position



Cradle position

Breast-feeding has many benefits. It may lower your baby's chances of getting an infection. It also may prevent your baby from having problems such as diabetes and high cholesterol later in life. Breast-feeding also helps you bond with your baby.

The American Academy of Pediatrics recommends breast-feeding for at least a year. That may be very hard for many women to do, but breast-feeding even for a shorter period of time is a health benefit to you and your baby. In the first days after birth, your breasts make a thick, yellow liquid called colostrum. This liquid gives your baby nutrients and antibodies against infection. It is all that babies need in the first days after birth. Your breasts will fill with milk a few days after the birth.

Breast-feeding is a skill that gets better with practice. It is normal to have some problems. Some women have sore or cracked nipples, blocked milk ducts, or a breast infection (mastitis). But if you feed your baby every 1 to 2 hours during the day and use good breast-feeding methods, you may not have these problems. You can treat these problems if they happen and continue breast-feeding.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your

Generated on 2/15/18 11:05 AM

Page 5

doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Breast-feed your baby whenever he or she is hungry. In the first 2 weeks, your baby will feed about every 1 to 3 hours. This will help you keep up your supply of milk.
- Put a bed pillow or a nursing pillow on your lap to support your arms and your baby.
- Hold your baby in a comfortable position.
 1. You can hold your baby in several ways. One of the most common positions is the cradle hold. One arm supports your baby, with his or her head in the bend of your elbow. Your open hand supports your baby's bottom or back. Your baby's belly lies against yours.
 2. If you had your baby by cesarean, or C-section, try the football hold. This position keeps your baby off your belly. Tuck your baby under your arm, with his or her body along the side you will be feeding on. Support your baby's upper body with your arm. With that hand you can control your baby's head to bring his or her mouth to your breast.
 3. Try different positions with each feeding. If you are having problems, ask for help from your doctor or a lactation consultant.
- To get your baby to latch on:
 1. Support and narrow your breast with one hand using a "U hold," with your thumb on the outer side of your breast and your fingers on the inner side. You can also use a "C hold," with all your fingers below the nipple and your thumb above it. Try the different holds to get the deepest latch for whichever breast-feeding position you use. Your other arm is behind your baby's back, with your hand supporting the base of the baby's head. Position your fingers and thumb to point toward your baby's ears.
 2. You can touch your baby's lower lip with your nipple to get your baby to open his or her mouth. Wait until your baby opens up really wide, like a big yawn. Then be sure to bring the baby quickly to your breast—not your breast to the baby. As you bring your baby toward your breast, use your other hand to support the breast and guide it into his or her mouth.
 3. Both the nipple and a large portion of the darker area around the nipple (areola) should be in the baby's mouth. The baby's lips should be flared outward, not folded in (inverted).
 4. Listen for a regular sucking and swallowing pattern while the baby is feeding. If you cannot see or hear a swallowing pattern, watch the baby's ears, which will wiggle slightly when the baby swallows. If the baby's nose appears to be blocked by your breast, tilt the baby's head back slightly, so just the edge of one nostril is clear for breathing.
 5. When your baby is latched, you can usually remove your hand from supporting your breast and bring it under your baby to cradle him or her. Now just relax and breast-feed your baby.
- You will know that your baby is feeding well when:
 1. His or her mouth covers a lot of the areola, and the lips are flared out.
 2. His or her chin and nose rest against your breast.
 3. Sucking is deep and rhythmic, with short pauses.
 4. You are able to see and hear your baby swallowing.
 5. You do not feel pain in your nipple.
- If your baby takes only one breast at a feeding, start the next feeding on the other breast.
- Anytime you need to remove your baby from the breast, put one finger in the corner of his or her mouth. Push your finger between your baby's gums to gently break the seal. If you do not break the tight seal before you remove your baby, your nipples can become sore, cracked, or bruised.
- After feeding your baby, gently pat his or her back to let out any swallowed air. After your baby burps, offer the breast again, or offer the other breast. Sometimes a baby will want to keep feeding after being burped.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- You have problems with breast-feeding, such as:
 1. Sore, red nipples.
 2. Stabbing or burning breast pain.
 3. A hard lump in your breast.
 4. A fever, chills, or flu-like symptoms.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your baby has trouble latching on to your breast.
- You continue to have pain or discomfort when breast-feeding.
- Your baby wets fewer than 4 diapers a day.
- You have other questions or concerns.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **P492** in the search box to learn more about **Breast-Feeding: After Your Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 9.4.94723; Last Revised: February 10, 2012

After Your Delivery (the Postpartum Period): After Your Visit

Your Care Instructions

Congratulations on the birth of your baby. Like pregnancy, the newborn period can be a time of excitement, joy, and exhaustion. You may look at your wondrous little baby and feel happy. You may also be overwhelmed by your new sleep hours and new responsibilities.

At first, babies often sleep during the days and are awake at night. They do not have a pattern or routine. They may make sudden gasps, jerk themselves awake, or look like they have crossed eyes. These are all normal, and they may even make you smile.

In these first weeks after delivery, try to take good care of yourself. It may take 4 to 6 weeks to feel like yourself again, and possibly longer if you had a Cesarean birth. You will likely feel very tired for several weeks. Your days will be full of ups and downs, but lots of joy as well.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

Take care of your body after delivery

- Use pads instead of tampons for the bloody flow that may last as long as 2 weeks.
- Ease cramps with ibuprofen (Advil, Motrin).
- Ease soreness of hemorrhoids and the area between your vagina and rectum with ice compresses or witch hazel pads.
- Ease constipation by drinking lots of fluid and eating high-fiber foods. Ask your doctor about over-the-counter stool softeners.

-
- Cleanse yourself with a gentle squeeze of warm water from a bottle instead of wiping with toilet paper.
 - Take a sitz bath in warm water several times a day.
 - Wear a good nursing bra. Ease sore and swollen breasts with warm, wet washcloths.
 - If you are not breast-feeding, use ice rather than heat for breast soreness.
 - Your period may not start for several months if you are breast-feeding. You may bleed more, and longer at first, than you did before you got pregnant.
 - Wait until you are healed (about 4 to 6 weeks) before you have sexual intercourse. Your doctor will tell you when it is okay to have sex.
 - Try not to travel with your baby for 5 or 6 weeks. If you take a long car trip, make frequent stops to walk around and stretch.

Avoid exhaustion

- Rest every day. Try to nap when your baby naps.
- Ask another adult to be with you for a few days after delivery.
- Plan for child care if you have other children.
- Stay flexible so you can eat at odd hours and sleep when you need to. Both you and your baby are making new schedules.
- Plan small trips to get out of the house. Change can make you feel less tired.
- Ask for help with housework, cooking, and shopping. Remind yourself that your job is to care for your baby.

Know about help for postpartum depression

- "Baby blues" are common for the first 1 to 2 weeks after birth. You may cry or feel sad or irritable for no reason.
- Rest whenever you can. Being tired makes it harder to handle your emotions.
- Go for walks with your baby.
- Talk to your partner, friends, and family about your feelings.
- If your symptoms last for more than a few weeks, or if you feel very depressed, ask your doctor for help.
- Postpartum depression can be treated. Support groups and counseling can help. Sometimes medicine can also help.

Stay healthy

- Eat healthy foods so you have more energy, make good breast milk, and lose extra baby pounds.
- If you breast-feed, avoid alcohol and drugs. Stay smoke-free. If you quit during pregnancy, congratulations.
- Start daily exercise after 4 to 6 weeks, but rest when you feel tired.
- Learn exercises to tone your belly. Do Kegel exercises to regain strength in your pelvic muscles. You can do these exercises while you stand or sit.
 1. Squeeze the same muscles you would use to stop your urine. Your belly and rear end (buttocks) should not move.
 2. Hold the squeeze for 3 seconds, then relax for 3 seconds.
 3. Repeat the exercise 10 to 15 times for each session. Do three or more sessions each day.
- Find a class for new mothers and new babies that has an exercise time.
- If you had a Cesarean birth, give yourself a bit more time before you exercise, and be careful.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).

Call your doctor now or seek immediate medical care if:

- You have severe vaginal bleeding. This means you are passing blood clots and soaking through a pad each hour for 2 or more hours.
- You are dizzy or lightheaded, or you feel like you may faint.
- You have a fever.
- You have new belly pain, or your pain gets worse.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your vaginal bleeding seems to be getting heavier.
- You have new or worse vaginal discharge.
- You feel sad, anxious, or hopeless for more than a few days.
- You do not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **A461** in the search box to learn more about **After Your Delivery (the Postpartum Period): After Your Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 9.4.94723; Last Revised: March 20, 2012

Hearing Screening:

I have been given information regarding my baby's hearing test.

Shaken Baby Syndrome:

I understand that the purpose of viewing Portrait of a Promise: Preventing Shaken Baby Syndrome is to make parents aware of the dangers of shaking infants and young children, and the symptoms of Shaken Baby Syndrome. I understand it is important for both parents to watch this video.

I confirm that I have:

- ☐ watched the video provided by the NYU Langone Medical Center on the danger of shaking infants and young children and the symptoms of Shaken Baby Syndrome.
- ☐ declined to watch the video provided by the NYU Langone Medical Center on the danger of shaking infants and young children and the symptoms of Shaken Baby Syndrome.
- ☐ not had the opportunity to watch the video, but read the pamphlet provided by the NYU Langone Medical Center on the dangers of shaking infant and young children and the symptoms of Shaken Baby Syndrome.

Signature: _____ Date: _____

At Home:

We have discussed the importance of arranging help at home with either a family member, friend, doula or baby nurse.

Expect a phone call from one of our nurses one to two days after discharge to answer any questions you might have about you or your baby's care and recovery.

Weekly opportunities to meet other new mothers:

New Mother's Group - Thursdays, 1:30 PM - 3:00 PM, 660 1st Avenue, 4th Floor, Parent Ed. Room
Relaxed environment to meet, learn from, and share with others.

Breastfeeding Cafe - Mondays, 12:00 PM - 1:30 PM, 660 1st Avenue, 4th Floor, Parent Ed. Room
Help and guidance from a lactation consultant and other mothers. Breast pump products available.

Warmline - 212.263.BABY

Contact us via this phone number if you have any questions or concerns about breastfeeding.

The New Mother's Group, Breastfeeding Cafe and Warmline help are free through our Parent Education Department. For further information, contact us directly via phone at 212.236.7201 or email at victoria.masterson@nyumc.org.

Stay in touch with us:

Facebook - facebook.com/nyubaby

Check our page for upcoming special events for new parents. Also feel free to question and comment about our services.

Web - www.NYUBaby.org

Learn more about who we are and what programs we have available. Also, find in depth advice and info

Newborn Care: After Your Child's Visit

Your Care Instructions

During your baby's first few weeks, you will spend most of your time feeding, diapering, and comforting your baby. You may feel overwhelmed at times. It is normal to wonder if you know what you are doing, especially if you are first-time parents. Newborn care gets easier with every day. Soon you will know what each cry means and be able to figure out what your baby needs and wants.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

Feeding

- Feed your baby on demand. This means that you should breast-feed or bottle-feed your baby whenever he or she seems hungry. Do not set a schedule.
- During the first few days or weeks, breast-fed babies need to be fed every 1 to 3 hours (10 to 12 times in 24 hours) or whenever the baby is hungry. Formula-fed babies may need fewer feedings, about 6 to 10 every 24 hours.
- These early feedings often are short. Sometimes, a newborn nurses or drinks from a bottle only for a few minutes. Feedings gradually will last longer.
- You may have to wake your sleepy baby to feed in the first few days after birth.

Sleeping

- Always put your baby to sleep on his or her back, not the stomach. This lowers the risk of sudden infant death

syndrome (SIDS).

- Most babies sleep for a total of 18 hours each day. They wake for a short time at least every 2 to 3 hours.
- Newborns have some moments of active sleep. The baby may make sounds or seem restless. This happens about every 50 to 60 minutes and usually lasts a few minutes.
- At first, your baby may sleep through loud noises. Later, noises may wake your baby.
- When your newborn wakes up, he or she usually will be hungry and will need to be fed.

Diaper changing and bowel habits

- The number of diaper changes in a day depends on your baby. You can tell whether your baby gets enough breast milk or formula based on the number of wet diapers in a day. During the first few days, your baby should have at least 3 wet diapers a day. Later, he or she will have at least 6 to 8 wet diapers a day.
- It can be hard to tell when a diaper is wet if you use disposable diapers. If you cannot tell, put a piece of tissue in the diaper. It will be wet when your baby urinates.
- Normally, newborns who are breast-fed have 5 to 10 bowel movements a day. They may have as few as 1 or 2. Bottle-fed babies usually have 1 or 2 fewer bowel movements a day than breast-fed babies. Babies older than 2 weeks can go 2 days or longer between bowel movements. This usually is not a problem, as long as the baby seems comfortable.

Umbilical cord care

- Gently clean your baby's umbilical cord stump and the skin around it at least one time a day. You also can clean it during diaper changes. Your baby's doctor may suggest that you use rubbing alcohol instead of soap and water. If you use alcohol, first apply a gentle lotion around the stump to protect your baby's sensitive skin.
- Gently pat dry the area with a soft cloth. You can help your baby's umbilical cord stump fall off and heal faster by keeping it dry between cleanings.
- The stump should fall off within a week or two. After the stump falls off, keep cleaning around the belly button at least one time a day until it has healed.

Circumcision care

- Gently rinse the penis with warm water after every diaper change. Soap is not recommended. Do not try to remove the film that forms on the penis. This film will go away on its own. Pat dry.
- Put petroleum jelly, such as Vaseline, on the raw areas of the penis during each diaper change. This will keep the diaper from sticking to your baby.
- Ask the doctor about giving your baby acetaminophen (Tylenol) for pain.

When should you call for help?

Call your baby's doctor now or seek immediate medical care if:

- Your baby has a rectal temperature that is less than 97.8°F or is 100.4°F or higher. Call if you cannot take your baby's temperature but he or she seems hot.
- Your baby has not urinated at least 4 times in 24 hours or shows signs of dehydration, such as strong-smelling urine with a dark yellow color.
- Your baby has not passed urine within 12 hours after the circumcision.
- Your baby's skin or whites of the eyes gets a brighter or deeper yellow.
- You see pus or red skin on or around the umbilical cord stump. These are signs of infection.
- Your baby develops signs of infection in or around the circumcision site, such as:
 - ◆ Swelling, warmth, or redness.
 - ◆ A red streak on the shaft of the penis.
 - ◆ A thick, yellow discharge from the penis.
- You see a lot of bleeding at the circumcision site or you see a bloody area larger than a 2-inch circle on his diaper.
- Your circumcised baby acts extremely fussy, has a high-pitched cry, or refuses to eat.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- Your baby is not having regular bowel movements based on his or her age.
- Your baby cries in an unusual way or for an unusual length of time.
- Your baby is rarely awake and does not wake up for feedings, is very fussy, seems too tired to eat, or is not

interested in eating.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **G069** in the search box to learn more about **Newborn Care: After Your Child's Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 9.4.94723; Last Revised: September 28, 2011

Fever, 0 to 3 Months: After Your Child's Visit

Your Care Instructions



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A fever is a high body temperature. It is one way the body

fights illness.

Babies with a fever often have an infection caused by a virus, such as a cold or the flu. Infections caused by bacteria, such as a urinary infection or bacterial pneumonia, also can cause a fever. Babies younger than 3 months should be seen by a doctor anytime they have a fever.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Look at how your baby acts, rather than using temperature alone, to see how sick your baby is. If your baby is comfortable and alert, is eating well and drinking enough fluids, is urinating normally, and seems to be getting better, care at home may be all that is needed.
- Dress your baby in light clothes or pajamas. Don't wrap your baby in blankets.

When should you call for help?

Call 911 anytime you think your child may need emergency care. For example, call if:

- Your baby seems very sick or is hard to wake up.

Call your doctor now or seek immediate medical care if:

- Your baby seems to be getting sicker.
- The fever gets much higher.
- There are new or worse symptoms along with the fever, such as a cough, a rash, or vomiting.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- The fever hasn't gone down after 48 hours.
- Your child does not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **P881** in the search box to learn more about **Fever, 0 to 3 Months: After Your Child's Visit**.

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Content Version: 9.4.94723; Last Revised: August 24, 2010

Learning About Taking Your Baby's Temperature

How do you take a baby's temperature?



© Healthwise, Incorporated **To take a rectal temperature**

1. Apply a lubricant jelly or petroleum jelly, such as Vaseline, on the bulb of the thermometer so that you can insert it easily.
2. Choose a quiet place so that the child won't be distracted or move around too much.

- ◆ Place your child faceup with legs bent toward the chest with your hand on the back of the thighs or holding the feet as if you were changing a diaper.
- ◆ Or place the child facedown on your lap or on a flat covered or padded surface, such as a bed.
- 3. Gently insert the bulb end of the rectal thermometer about ½ to 1 inch into the rectum. Don't force it. Hold the thermometer in place with two fingers close to the rectum (not near the end of the thermometer).
- 4. Leave the thermometer in place for the required amount of time, usually a minute. Some digital thermometers give a series of short beeps when the reading is done. Or you can time yourself with a watch or clock.
- 5. Remove the thermometer and read it. A rectal temperature reading may be as much as 1°F higher than an oral temperature reading. A child has a fever when the rectal temperature is 100.4°F or higher.
- 6. Clean the thermometer with cool, soapy water, and rinse it off before putting it away. After a thermometer has been used to take a rectal temperature, do not use it to take an oral temperature.

To take an ear temperature

Ear temperatures are not as accurate as rectal temperatures. Don't use ear probe thermometers on babies younger than 3 months.

1. Check that the ear probe is clean. If it is dirty, wipe it gently with a clean cloth. Do not put the thermometer in water.
2. To keep the probe clean, use a disposable probe cover. Use a new probe cover each time you take an ear temperature. Attach the disposable cover to the probe.
3. Turn the thermometer on.
4. Pull the earlobe back. This will help place the probe in the ear canal. Center the probe tip in the ear, and push gently inward toward the eardrum. Press the "on" button to display the temperature reading. Remove the thermometer, and throw away the used probe cover.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **D448** in the search box to learn more about **Learning About Taking Your Baby's Temperature**.

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Content Version: 9.4.94723; Last Revised: September 30, 2010

Newborn Jaundice: After Your Child's Visit

Your Care Instructions

Many newborn babies have a yellow tint to their skin and the whites of their eyes. This is called jaundice. While you are pregnant, your liver gets rid of a substance called bilirubin for your baby. Once your baby is born, his or her liver must take over this job. However, many newborns cannot get rid of bilirubin as fast as they make it, and it can build up, causing jaundice.

In healthy babies, some jaundice almost always appears by 2 to 4 days of age. It usually gets better or goes away on its own within a week or two without causing problems. If you are nursing, it may be normal for your baby to have very mild jaundice throughout breast-feeding.

In rare cases, jaundice gets worse and can cause brain damage. That is why it is important to call your doctor if you notice signs that jaundice is getting worse. Your doctor can treat your baby to get rid of the extra bilirubin. You may be able to

treat your baby at home with a special type of light called phototherapy.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Watch your newborn for signs that jaundice is getting worse.
 - ◆ Undress your baby and look at his or her skin closely two times a day. For dark-skinned babies, look at the white part of the eyes to check for jaundice.
 - ◆ If you think that your baby's skin is getting more yellow, call your doctor.
- Breast-feed your baby frequently (about 8 to 12 times or more in a 24-hour period). Extra fluids will help your baby's liver get rid of the extra bilirubin. If you are feeding your baby from a bottle, stay on your schedule (usually about 6 to 10 feedings every 24 hours).
- If you are using phototherapy to treat your baby at home, be sure that your doctor shows you how to use all the equipment.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- Your baby's yellow tint gets brighter or deeper.
- Your baby is arching his or her back and has a shrill, high-pitched cry.
- Your baby seems very sleepy, is not eating or nursing well, or does not act normally.
- Your baby does not pass 1 or 2 stools or wet 2 diapers in 24 hours, or your baby shows signs of dehydration, such as strong-smelling urine with a dark yellow color.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- Your baby does not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **T092** in the search box to learn more about **Newborn Jaundice: After Your Child's Visit**.

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Content Version: 9.4.94723; Last Revised: September 28, 2011

Newborn Screening: About Your Child's Test

What is it?

Screening tests help your doctor look for a certain disease or condition before any symptoms appear. All states require newborn screening, although the tests required vary from state to state. They may include:

- Galactosemia test.
- Phenylketonuria (PKU) screen.
- Sickle cell disease test.
- Thyroid hormone tests (for thyroid problems that are present at birth).

Why is this test done?

This test is done to find out whether your baby has certain diseases that could eventually cause problems. When discovered early, these diseases can be treated to improve the child's health.

How can you prepare for the test?

- In general, you don't need to prepare your baby for this test.

What happens during the test?

- Your baby's heel is pricked to get a tiny sample of blood.

What else should you know about the test?

- If the test result is abnormal, remember that this is only a screening test. An abnormal result only means that further testing is needed.
- Newborn screening is required in the United States, but states vary on which tests they offer.
- Your baby may also have other screening tests, such as a hearing test.

How long does the test take?

- The test will take a few minutes.

When should you call for help?

Watch closely for changes in your child's health, and be sure to contact your doctor if you have questions.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to keep a list of the medicines your child takes. Ask your doctor when you can expect to have your child's test results.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **W885** in the search box to learn more about **Newborn Screening: About Your Child's Test**.

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Content Version: 9.4.94723; Last Revised: May 5, 2011

Hearing Screening:

I have been given information regarding my baby's hearing test.

Shaken Baby Syndrome Commitment Statement:

In coordination with Safe Babies New York/ NYS DOH, we are committed to keeping infants safe. We are requesting that all parents view a video on Shaken Baby Syndrome/ Abusive Head Trauma.

Please check one (1) of the following:

☐ **Commitment Statement:** I have watched the video(s) and am aware of the dangers of shaking infants and young children and the symptoms of Shaken Baby Syndrome/Abusive Head Trauma. I will use my best efforts to share this information with others.

☐ **Video Waiver:** The hospital has requested that I watch the video on the dangers of shaking infants and young children, and the symptoms of Shaken Baby Syndrome/Abusive Head Trauma. I decline to watch this video.

☐ **Video Waiver/ Written Acknowledgement:** The hospital has requested that I watch the video but I have not had the opportunity. I read the information provided by the NYU Langone Medical Center on the dangers of shaking infants and young children and the symptoms of Shaken Baby Syndrome/Abusive Head Trauma.

At Home:

We have discussed the importance of arranging help at home with either a family member, friend, doula or baby nurse.

Expect a phone call from one of our nurses one to two days after discharge to answer any questions you might have about you or your baby's care and recovery.

Weekly opportunities to meet other new mothers:

New Mother's Group - Thursdays, 1:30 PM - 3:00 PM, 660 1st Avenue, 4th Floor, Parent Ed. Room
Relaxed environment to meet, learn from, and share with others.

Breastfeeding Cafe -Mondays, 12:00 PM - 1:30 PM, 660 1st Avenue, 4th Floor, Parent Ed. Room
Help and guidance from a lactation consultant and other mothers. Breast pump products available.

Warmline - 212.263.BABY

Contact us via this phone number if you have any questions or concerns about breastfeeding.

The New Mother's Group, Breastfeeding Cafe and Warmline help are free through our Parent Education Department. For further information, contact us directly via phone at 212.236.7201 or email at victoria.masterson@nyumc.org.

Stay in touch with us:

Facebook - facebook.com/nyubaby

Check our page for upcoming special events for new parents. Also feel free to question and comment about our services.

Web - www.NYUBaby.org

Learn more about who we are and what programs we have available. Also, find in depth advise and information about parenting.

ED RECORDS

ED Arrival Information

Patient not seen in ED

Chief Complaint

None

Diagnoses

Diagnosis

Health check for newborn under 8 days old

Comment

Single liveborn, born in hospital, delivered by
cesarean section

Respiratory distress

Need for observation and evaluation of newborn for
sepsis

ED Disposition

None

ED Notes

No notes of this type exist for this encounter.

CONSULTS

Orders/Results - Order Type: Consult

IP CONSULT TO SOCIAL WORK [117916396]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Status: **Discontinued**

Ordering user: **Amanda Schneider, MD 02/08/16 2227**

Ordering provider: **Amanda Schneider, MD**

Authorized by: **Debra F Friedman, MD**

Frequency: **1 Time 02/08/16 2230 - 1 Occurrences**

Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]**

Questionnaire

Question

Reason for Consult:

Answer

Other (specify)

Order comments: **apnea monitoring training**

Consult Notes

No notes of this type exist for this encounter.

HOSPITAL ENCOUNTER NOTES

Encounter Notes

Progress Notes by Jamila Williams, MD at 2/8/2016 3:33 AM

Author: **Jamila Williams, MD**

Service: **NICU**

Author Type: **Resident**

Filed: **2/8/2016 4:11 AM**

Creation Time: **2/8/2016 3:33 AM**

Status: **Signed**

Editor: **Jamila Williams, MD (Resident)**

Cosigner: **Sean Michael Bailey, MD at 2/8/2016 1:02 PM**

NICU Delivery Note

Delivering clinician: BERG, ROBERT E

History:

Indication: **Stat c-section, antipsychotic medications**

Pediatrics called to a delivery of a 41+2 week infant born via stat c-section to a 22 year old G2P1 mother with [REDACTED]. Fluid clear. Patient born cyanotic without spontaneous cry, and limp. Received from Obstetric team, and taken to radiant warmer. Resuscitation involved bag and mask for 1 minute, CPAP, deep suction, bulb suction, and tactile stimulation. APGARs 5 (-2 tone, -1 color, -1 reflex, -1 respiratory) and 8 (-1 tone, -1 color) at 1 and 5 minutes.

Maternal [REDACTED]

Rupture: **AROM during delivery**

GBS: **Negative**

Prophylaxis: **None**

Prenatal Labs: **Hepatitis B Negative, HIV Negative, Rubella Immune, RPR Negative, PPD Negative**

Physical Examination:

Time of Birth: **3:10 AM**

Birth Weight: **3654 g**

Encounter Notes (continued)

Progress Notes by Jamila Williams, MD at 2/8/2016 3:33 AM (continued)

General: Well appearing, spontaneous cry, no dysmorphic features noted
HEENT: No cephalohematoma, anterior fontanelle open and flat, no cleft lip or palate, no neck masses, no clavicular deformity
Heart: Regular rate and rhythm, +S1/S2, no murmurs, 2+ femoral pulses
Lungs: Breath sounds equal bilaterally
Abdomen: Soft, nondistended, no organomegaly, 3-vessel umbilical cord
GU: + hydrocele, normal male genitalia, testes descended bilaterally
Extremities: Moving all extremities, warm and well perfused
Hips: Negative Barlow/Ortolani
Back: No sacral tuft/dimple
Skin: No mongolian spots
Neuro: Normal suck, grasp, moro, and Babinski reflexes

Assessment/Plan:

Delivery of a newborn complicated by maternal history of antipsychotic use and general anesthesia during pregnancy. Risk for extrapyramidal side effects due to maternal medications. Infant is otherwise stable. Please call NICU with any concerns.

- Admit to newborn nursery
- Routine infant care
- Follow up with primary pediatrician

Jamila Williams, MD
PGY-1, Pediatrics
2/8/2016, 3:33 AM

Electronically signed by Sean Michael Bailey, MD on 2/8/2016 1:02 PM

Progress Notes by Dina B Goldstein, RN at 2/8/2016 4:40 AM

Author: Dina B Goldstein, RN

Filed: 2/8/2016 4:41 AM

Editor: Dina B Goldstein, RN (Registered Nurse)

Service: Nursery

Creation Time: 2/8/2016 4:40 AM

Author Type: Registered Nurse

Status: Signed

MD Espiritu's office notified of NOA admission. Left a voicemail message.

Electronically signed by Dina B Goldstein, RN on 2/8/2016 4:41 AM

H&P by Debra F Friedman, MD at 2/8/2016 3:10 PM

Author: Debra F Friedman, MD

Filed: 2/10/2016 3:43 PM

Editor: Debra F Friedman, MD (Physician)

Related Notes: Original Note by Debra F Friedman, MD (Physician) filed at 2/8/2016 3:22 PM

Service: Nursery

Creation Time: 2/8/2016 3:10 PM

Author Type: Physician

Status: Addendum

Subjective:

Nursery Attending Newborn H+P

This is an Ex Gestational Age: 41w2d AGA newborn male born via C-Section, Low Transverse to a 22 y/o G2P1 mom.

Encounter Notes (continued)

H&P by Debra F Friedman, MD at 2/8/2016 3:10 PM (continued)

Maternal History:

Labs: maternal blood type B pos; hepatitis B negative; HIV negative; rubella NI; GBS negative

Prenatal care: good.

Pregnancy complications: none

Maternal medical problems:

As per home health aid, mother was definitively taking medication for the past three weeks, but unable to account for prior to that. Mother herself states that she did not take medication earlier in pregnancy. Was living with boyfriend who was abusive at the time. Is from Israel and came to US to have baby.

Maternal medications: as above

Delivery course:

AROM 0 hours prior to delivery. Fluid: Clear. Delivery method: C-Section, Low Transverse 2/2 decels Complications: none. Antibiotics: none. Routine newborn care. Resuscitation involved: Patient born cyanotic without spontaneous cry, and limp. Received from Obstetric team, and taken to radiant warmer. Resuscitation involved bag and mask for 1 minute, CPAP, deep suction, bulb suction, and tactile stimulation. Apgars 5 (2 tone, -1 color, -1 reflex, -1 respiratory) and 8 at 1 and 5 minutes.

Immediate postnatal course routine.

Discussed case with adult psych, peds psych, and NICU. TO watch for extrapyramidal side effects, as well as baby being generally unwell. To monitor for rigidity, dyskinesia, and tremors. Will also monitor baby for NAS scores, q4h. If score >6, will notify the NICU.

Maternal utox +benzos.

Objective:

Birth weight: 3654 gms

Wt Change Current weight not on file

VS Patient Vitals for the past 8 hrs:

	Temp	Temp src	Pulse	Resp
02/08/16 1500	37 °C (98.6 °F)	Axillary	132	40
02/08/16 1215	36.8 °C (98.2 °F)	Axillary	130	38
02/08/16 1000	36.7 °C (98 °F)	-	-	-
02/08/16 0940	36.5 °C (97.7 °F)	Axillary	136	44
02/08/16 0804	36.6 °C (97.8 °F)	Axillary	106	52

Physical Exam:

General: Appears well, alert, vigorous

Skin: acrocyanosis, no jaundice

HEENT: Normocephalic, anterior fontanelle open and flat, no cleft, no dysmorphic features

Lungs: symmetric chest rise, clear to auscultation bilaterally

CV: Regular rate and rhythm, no murmur appreciated

Encounter Notes (continued)

H&P by Debra F Friedman, MD at 2/8/2016 3:10 PM (continued)

Abd: soft, nontender, nondistended, no masses. Umbilicus clamped

Ext: warm, well perfused, 2+ fem pulses

GU: tanner 1 m, testes descended b/l, no hypospadias

Back: no tuft or dimple

Anus: appears patent

Hips: symmetric with full range of motion, negative Barlow and ortolani

Neuro: normal tone, suck, grasp, and moro

Lab Results:

Baby blood type: AB Positive

Results for orders placed or performed during the hospital encounter of 02/08/16 (from the past 24 hour(s))

BLOOD GAS, VENOUS, CORD BLOOD

Collection Time: 02/08/16 3:13 AM

Result	Value
PH VENOUS	7.274
PCO2 VENOUS	53.0
PO2, VBG	31.1
HCO3, VBG	23.8
BASE DEFICIT (VBG)	3.5
SODIUM, VBG	134 (L)
POTASSIUM, VBG	4.5
CALCIUM VBG	1.48 (H)
GLUCOSE, VBG	86
HEMATOCRIT, VBG	49.3
OXYGEN SATURATION, VBG	60.0
TEMPERATURE, VBG	37.0
OXYGEN %, VBG	21.0

BLOOD GAS, ARTERIAL, CORD BLOOD

Collection Time: 02/08/16 3:13 AM

Result	Value
PH ARTERIAL	7.249
PCO2 ARTERIAL	64.7
PO2, ABG	16.7
HCO3, ABG	27.4
BASE DEFICIT, ABG	1.5
SODIUM, ABG	134 (L)
POTASSIUM, ABG	4.4
CALCIUM, ABG	1.46 (H)
GLUCOSE, ABG	76
HEMATOCRIT, ABG	49.6
OXYGEN SATURATION, ABG	22.1 (L)
TEMPERATURE, ABG	37.0
OXYGEN PERCENT, ABG	21.0

CORD BLOOD EVALUATION

Collection Time: 02/08/16 3:44 AM

Result	Value
ABO AND RH	AB Positive
DAT IGG	Negative

RPR MONITOR REFLEX TITER

Collection Time: 02/08/16 3:44 AM

Encounter Notes (continued)

H&P by Debra F Friedman, MD at 2/8/2016 3:10 PM (continued)

Result	Value
RPR	Non-Reactive

Assessment:

This is a 0 days day old, AGA well newborn exposed to maternal antipsychotics, to be placed for adoption.

Plan:

Continue routine newborn care. Encouraged breast feeding.
To closely observe for extrapyramidal side effects, and vitals.
NAS scores to be done q4h. To f/u with NICU if score >6.
SW c/s.

Electronically signed by Debra F Friedman, MD on 2/10/2016 3:43 PM

Progress Notes by Kewala Budhram, RN at 2/8/2016 7:03 PM

Author: Kewala Budhram, RN	Service: Nursery	Author Type: Registered Nurse
Filed: 2/8/2016 7:13 PM	Creation Time: 2/8/2016 7:03 PM	Status: Addendum
Editor: Kewala Budhram, RN (Registered Nurse)		
Related Notes: Original Note by Kewala Budhram, RN (Registered Nurse) filed at 2/8/2016 7:11 PM		

Infant has been in the nursery throughout the entire shift. VSS, per MD Friedman will monitor VS and NAS Q4hrs. Infant did not show any signs or symptoms of withdrawal or extrapyramidal side effects due to maternal medications. Will continue routine newborn care.

Electronically signed by Kewala Budhram, RN on 2/8/2016 7:13 PM

Progress Notes by Dina B Goldstein, RN at 2/8/2016 9:30 PM

Author: Dina B Goldstein, RN	Service: Nursery	Author Type: Registered Nurse
Filed: 2/8/2016 10:03 PM	Creation Time: 2/8/2016 9:57 PM	Status: Signed
Editor: Dina B Goldstein, RN (Registered Nurse)		

Grunting heard coming from infant. Upon visual assessment of infant, infant noted to be dusky. Infant stimulated and placed under radiant warmer and pulse ox applied to right hand. Oxygen saturation 52%. Peds paged. Blow by oxygen given to infant and oxygen saturation increased to 96%. Heart rate 106 and respiratory rate 32. Infant without grunting or respiratory distress. Medyuk, PA came to see infant. Infant transferred to the NICU via transporter.

Electronically signed by Dina B Goldstein, RN on 2/8/2016 10:03 PM

H&P by Shelly Joseph, MD at 2/8/2016 11:00 PM

Author: Shelly Joseph, MD	Service: Pediatrics, PICU	Author Type: Resident
Filed: 2/9/2016 7:49 AM	Creation Time: 2/9/2016 12:52 AM	Status: Attested
Editor: Shelly Joseph, MD (Resident)		
Related Notes: Original Note by Shelly Joseph, MD (Resident) filed at 2/9/2016 2:40 AM		
Cosigner: Michael Maramba Espiritu, MD at 2/9/2016 1:28 PM		

Attestation signed by Michael Maramba Espiritu, MD at 2/9/2016 1:28 PM

NICU Attending Attestation

I have performed a history and physical examination of the patient and have discussed management with the NICU fellow and team. I reviewed the house officer's admission note and agree with the documented findings and management plan.

Michael Espiritu, MD

Encounter Notes (continued)

H&P by Shelly Joseph, MD at 2/8/2016 11:00 PM (continued)

Problem List

Respiratory distress

Need for observation and evaluation of newborn for sepsis

NICU FULL-TERM HISTORY AND PHYSICAL

21 hour old Ex- Gestational Age: 41w2d male infant born via C-Section, Low Transverse to a 22 year old G2 P1 mother with [REDACTED]. ROM was AROM and occurred at delivery. Fluid: Clear. NICU was present at delivery due to hx of maternal medications and this was a stat c/s. Delivery room care involved involved bag and mask for 1 minute, CPAP, deep suction, bulb suction, and tactile stimulation because infant was initially cyanotic and limp without spontaneous cry. Apgars were 5 and 8 (-2 tone, -1 color, -1 reflex, -1 respiratory) and 8 (-1 tone, -1 color) at 1 and 5 minutes. Infant then admitted to nursery for routine newborn care. At approx 18 HOL grunting was noted with dusky appearance and associated desaturation to 52%. NICU was called to assess the baby, he was given blow by O2 and saturations improved to 96%, HR 106, RR32. Infant was transferred to NICU on blow by O2. Admitted for respiratory distress.

Maternal Serologies: Hepatitis B Negative, HIV Negative, Rubella Immune, RPR Negative, PPD Negative
Information for the patient's mother: Landman, Yaffa Rivka [11395229]

GROUP B STREP ANTIGEN (no units)

Date	Value	Status
01/15/2016	negative	Final

Information for the patient's mother:

Landman, Yaffa Rivka [11395229]

HEPATITIS B SURFACE ANTIGEN

Date	Value	Ref Range	Status
01/15/2016	negative		Final

RUBELLA IGG SCREEN

Date	Value	Ref Range	Status
01/15/2016	non immune		Final

Maternal Blood Type:

Information for the patient's mother:

Landman, Yaffa Rivka [11395229]

ABO AND RH

Date	Value	Ref Range	Status
02/07/2016	B Positive		Final

Encounter Notes (continued)

H&P by Shelly Joseph, MD at 2/8/2016 11:00 PM (continued)

Physical Exam

Vitals:

Vital Signs:

02/08/16 2217

Pulse: 141

Temp: 36.9 °C (98.5 °F)

Resp: 36

Weight: Weight - Scale: 3.66 kg (8 lb 1.1 oz)

Length: Birth Length: 53.3 cm (1' 9")

Head Circumference: Head Cir: 35.5 cm

General: Well appearing , spontaneous cry, no dysmorphic features noted

HEENT: No cephalohematoma, anterior fontanelle open and flat, no cleft lip or palate, no neck masses, no clavicular deformity

Heart: Regular rate and rhythm, +S1/S2, no murmurs. 2+ femoral pulses

Lungs: Breath sounds equal bilaterally, no increased work of breathing

Abdomen: Soft, nondistended, no organomegaly

GU: normal male genitalia, testes descended bilaterally

Extremities: moving all extremities, warm and well perfused

Hips: Negative Barlow/Ortolani

Back: No sacral tuft/dimple

Skin: No mongolian spots, 1 mm nevus on left back

Neuro: Normal suck, grasp, moro, babinski reflexes

Right PVL in place

Labs:

Results for orders placed or performed during the hospital encounter of 02/08/16 (from the past 24 hour(s))

BLOOD GAS, VENOUS, CORD BLOOD

Collection Time: 02/08/16 3:13 AM

Result	Value
PH VENOUS	7.274
PCO2 VENOUS	53.0
PO2, VBG	31.1
HCO3, VBG	23.8
BASE DEFICIT (VBG)	3.5
SODIUM, VBG	134 (L)
POTASSIUM, VBG	4.5
CALCIUM VBG	1.48 (H)
GLUCOSE, VBG	86
HEMATOCRIT, VBG	49.3
OXYGEN SATURATION, VBG	60.0
TEMPERATURE, VBG	37.0
OXYGEN %, VBG	21.0

BLOOD GAS, ARTERIAL, CORD BLOOD

Collection Time: 02/08/16 3:13 AM

Encounter Notes (continued)

H&P by Shelly Joseph, MD at 2/8/2016 11:00 PM (continued)

Result	Value
PH ARTERIAL	7.249
PCO2 ARTERIAL	64.7
PO2, ABG	16.7
HCO3, ABG	27.4
BASE DEFICIT, ABG	1.5
SODIUM, ABG	134 (L)
POTASSIUM, ABG	4.4
CALCIUM, ABG	1.46 (H)
GLUCOSE, ABG	76
HEMATOCRIT, ABG	49.6
OXYGEN SATURATION, ABG	22.1 (L)
TEMPERATURE, ABG	37.0
OXYGEN PERCENT, ABG	21.0

CORD BLOOD EVALUATION

Collection Time: 02/08/16 3:44 AM

Result	Value
ABO AND RH	AB Positive
DAT IGG	Negative

RPR MONITOR REFLEX TITER

Collection Time: 02/08/16 3:44 AM

Result	Value
RPR	Non-Reactive

POCT GLUCOSE

Collection Time: 02/08/16 9:59 PM

Result	Value
GLUCOSE, POC	77

CBC WITH DIFFERENTIAL

Collection Time: 02/08/16 10:07 PM

Result	Value
WHITE BLOOD CELL COUNT	19.7
NUCLEATED RED BLOOD CELLS	1
RED BLOOD CELL COUNT	5.03
HEMOGLOBIN	17.4
HEMATOCRIT	50.9
MEAN CORPUSCULAR VOLUME	101.0
MEAN CORPUSCULAR HEMOGLOBIN	34.6
MEAN CORPUSCULAR HEMOGLOBIN CONC	34.2
RED CELL DISTRIBUTION WIDTH	16.3 (H)
PLATELET COUNT	203
MEAN PLATELET VOLUME	7.70
NEUTROPHILS, SEGMENTED %	76 (H)
BANDS %	1
LYMPHOCYTES %	16 (L)
MONOCYTES %	6
EOSINOPHILS %	1
NEUTROPHILS SEGMENTED ABSOLUTE	15.0
BANDS, ABSOLUTE	0.2
LYMPHOCYTES ABSOLUTE	3.2

Encounter Notes (continued)

H&P by Shelly Joseph, MD at 2/8/2016 11:00 PM (continued)

MONOCYTES ABSOLUTE	1.2
EOSINOPHILS, ABSOLUTE	0.20
MORPHOLOGY, RBC	1+ Macro, 1+ Polychromasia,
RETICULOCYTE COUNT	
Collection Time: 02/08/16 10:07 PM	
Result	Value
RETICULOCYTE COUNT PERCENT	4.5
RETICULOCYTE ABSOLUTE COUNT	225.0
IMMATURE RETIC FRACTION	0.58
C-REACTIVE PROTEIN	
Collection Time: 02/08/16 10:07 PM	
Result	Value
C-REACTIVE PROTEIN	30 (H)
POCT ARTERIAL BLOOD GAS WITH LACTATE	
Collection Time: 02/08/16 11:07 PM	
Result	Value
ARTERIAL LACTATE, POC	2.43 (H)
ARTERIAL PH, POC	7.479 (H)
ARTERIAL PCO2, POC	34.9 (L)
ARTERIAL PO2, POC	92
ARTERIAL TCO2 CALCULATED, POC	27
ARTERIAL HCO3 CALCULATED, POC	25.8
ARTERIAL BASE EXCESS CALCULATED, POC	2
ARTERIAL SO2 CALCULATED, POC	98

ASSESSMENT: Ex- Gestational Age: 41w2d newborn admitted for rule out sepsis in the setting of respiratory distress and hx of multiple maternal medications for [REDACTED].

PLAN:

Resp:

- Nasal cannula 2L, 21%

ID: rule out sepsis

- Will f/u blood cultures

- CBC sent

- Ampicillin 100mg/kg q12hr (2/8-)

- Gentamicin 4mg/kg q12hr (2/8-)

CV:

- Stable

Encounter Notes (continued)

H&P by Shelly Joseph, MD at 2/8/2016 11:00 PM (continued)

Heme:

- Stable, no active issues

F/E/N/GI:

- Sim19 ad lib

- D10 @ 9cc/hr

Social:

- [REDACTED]
[REDACTED] Per prior notes, mother plans to give the child up for adoption.

- [REDACTED]

Discussed with interdisciplinary NICU team, agrees with above plan. NICU fellow discussed the plan of care and indication for transfer with the patient's mother, unclear if she understood.

Shelly Joseph, MD
Pediatrics, PGY-1

Electronically signed by Michael Maramba Espiritu, MD on 2/9/2016 1:28 PM

Progress Notes by Rishi M. Lumba, MD at 2/8/2016 11:46 PM

Author: Rishi M. Lumba, MD

Service: NICU

Author Type: Fellow

Filed: 2/9/2016 7:47 AM

Creation Time: 2/9/2016 7:42 AM

Status: Signed

Editor: Rishi M. Lumba, MD (Fellow)

Related Notes: Original Note by Rishi M. Lumba, MD (Fellow) filed at 2/9/2016 7:47 AM

Cosigner: Michael Maramba Espiritu, MD at 2/9/2016 8:32 AM

NICU FELLOW ADMISSION NOTE

21 hour old Ex- Gestational Age: 41w2d male infant born via C-Section, Low Transverse to a 22 year old G2 P1 mother with [REDACTED]. ROM was AROM and occurred at delivery. Fluid: Clear. NICU was present at delivery due to hx of maternal medications and this was a stat c/s. Delivery room care involved bag and mask for 1 minute, CPAP, deep suction, bulb suction, and tactile stimulation because infant was initially cyanotic and limp without spontaneous cry. Apgars were 5 and 8 (-2 tone, -1 color, -1 reflex, -1 respiratory) and 8 (-1 tone, -1 color) at 1 and 5 minutes. Infant then admitted to nursery for routine newborn care. At approx 18 HOL grunting was noted with dusky appearance and associated desaturation to 52%. NICU was called to assess the baby, he was given blow by O2 and saturations improved to 96%, HR 106, RR32. Infant was transferred to NICU on blow by O2. Admitted for respiratory distress presumed sepsis.

Encounter Notes (continued)

Progress Notes by Rishi M. Lumba, MD at 2/8/2016 11:46 PM (continued)

Maternal Serologies: Hepatitis B Negative, HIV Negative, Rubella Immune, RPR Negative, PPD Negative

Information for the patient's mother:

Landman, Yaffa Rivka [11395229]

GROUP B STREP ANTIGEN (no units)

Date	Value	Status
01/15/2016	negative	Final

Information for the patient's mother:

Landman, Yaffa Rivka [11395229]

HEPATITIS B SURFACE ANTIGEN

Date	Value	Ref Range	Status
01/15/2016	negative		Final

RUBELLA IGG SCREEN

Date	Value	Ref Range	Status
01/15/2016	non immune		Final

Maternal Blood Type:

Information for the patient's mother:

Landman, Yaffa Rivka [11395229]

ABO AND RH

Date	Value	Ref Range	Status
02/07/2016	B Positive		Final

Physical Exam

Vitals:

Vital Signs:

02/08/16 2217
Pulse: 141
Temp: 36.9 °C (98.5 °F)
Resp: 36

Weight: Weight - Scale: 3.66 kg (8 lb 1.1 oz)

Length: Birth Length: 53.3 cm (1' 9")

Head Circumference: Head Cir: 35.5 cm

General: Well appearing , spontaneous cry, no dysmorphic features noted

HEENT: No cephalohematoma, anterior fontanelle open and flat, no cleft lip or palate, no neck masses, no clavicular deformity

Generated on 2/15/18 11:05 AM

Encounter Notes (continued)

Progress Notes by Rishi M. Lumba, MD at 2/8/2016 11:46 PM (continued)

Heart: Regular rate and rhythm, +S1/S2, no murmurs. 2+ femoral pulses
Lungs: Breath sounds equal bilaterally, no increased work of breathing
Abdomen: Soft, nondistended, no organomegaly
GU: normal male genitalia, testes descended bilaterally
Extremities: moving all extremities, warm and well perfused
Hips: Negative Barlow/Ortolani
Back: No sacral tuft/dimple
Skin: No mongolian spots, 1 mm nevus on left back
Neuro: Normal suck, grasp, moro, babinski reflexes

Right PVL in place

Labs:

Results for orders placed or performed during the hospital encounter of 02/08/16 (from the past 24 hour(s))

BLOOD GAS, VENOUS, CORD BLOOD

Collection Time: 02/08/16 3:13 AM

Result	Value
PH VENOUS	7.274
PCO2 VENOUS	53.0
PO2, VBG	31.1
HCO3, VBG	23.8
BASE DEFICIT (VBG)	3.5
SODIUM, VBG	134 (L)
POTASSIUM, VBG	4.5
CALCIUM VBG	1.48 (H)
GLUCOSE, VBG	86
HEMATOCRIT, VBG	49.3
OXYGEN SATURATION, VBG	60.0
TEMPERATURE, VBG	37.0
OXYGEN %, VBG	21.0

BLOOD GAS, ARTERIAL, CORD BLOOD

Collection Time: 02/08/16 3:13 AM

Result	Value
PH ARTERIAL	7.249
PCO2 ARTERIAL	64.7
PO2, ABG	16.7
HCO3, ABG	27.4
BASE DEFICIT, ABG	1.5
SODIUM, ABG	134 (L)
POTASSIUM, ABG	4.4
CALCIUM, ABG	1.46 (H)
GLUCOSE, ABG	76
HEMATOCRIT, ABG	49.6
OXYGEN SATURATION, ABG	22.1 (L)

Encounter Notes (continued)

Progress Notes by Rishi M. Lumba, MD at 2/8/2016 11:46 PM (continued)

TEMPERATURE, ABG	37.0
OXYGEN PERCENT, ABG	21.0
CORD BLOOD EVALUATION	
Collection Time: 02/08/16 3:44 AM	
Result	Value
ABO AND RH	AB Positive
DAT IGG	Negative
RPR MONITOR REFLEX TITER	
Collection Time: 02/08/16 3:44 AM	
Result	Value
RPR	Non-Reactive
POCT GLUCOSE	
Collection Time: 02/08/16 9:59 PM	
Result	Value
GLUCOSE, POC	77
CBC WITH DIFFERENTIAL	
Collection Time: 02/08/16 10:07 PM	
Result	Value
WHITE BLOOD CELL COUNT	19.7
NUCLEATED RED BLOOD CELLS	1
RED BLOOD CELL COUNT	5.03
HEMOGLOBIN	17.4
HEMATOCRIT	50.9
MEAN CORPUSCULAR VOLUME	101.0
MEAN CORPUSCULAR HEMOGLOBIN	34.6
MEAN CORPUSCULAR HEMOGLOBIN CONC	34.2
RED CELL DISTRIBUTION WIDTH	16.3 (H)
PLATELET COUNT	203
MEAN PLATELET VOLUME	7.70
NEUTROPHILS, SEGMENTED %	76 (H)
BANDS %	1
LYMPHOCYTES %	16 (L)
MONOCYTES %	6
EOSINOPHILS %	1
NEUTROPHILS SEGMENTED ABSOLUTE	15.0
BANDS, ABSOLUTE	0.2
LYMPHOCYTES ABSOLUTE	3.2
MONOCYTES ABSOLUTE	1.2
EOSINOPHILS, ABSOLUTE	0.20
MORPHOLOGY, RBC	1+ Macro, 1+ Polychromasia,
RETICULOCTE COUNT	
Collection Time: 02/08/16 10:07 PM	
Result	Value

Encounter Notes (continued)

Progress Notes by Rishi M. Lumba, MD at 2/8/2016 11:46 PM (continued)

RETICULOCYTE COUNT PERCENT	4.5
RETICULOCYTE ABSOLUTE COUNT	225.0
IMMATURE RETIC FRACTION	0.58

C-REACTIVE PROTEIN

Collection Time: 02/08/16 10:07 PM

Result	Value
C-REACTIVE PROTEIN	30 (H)

POCT ARTERIAL BLOOD GAS WITH LACTATE

Collection Time: 02/08/16 11:07 PM

Result	Value
ARTERIAL LACTATE, POC	2.43 (H)
ARTERIAL PH, POC	7.479 (H)
ARTERIAL PCO2, POC	34.9 (L)
ARTERIAL PO2, POC	92
ARTERIAL TCO2 CALCULATED, POC	27
ARTERIAL HCO3 CALCULATED, POC	25.8
ARTERIAL BASE EXCESS CALCULATED, POC	2
ARTERIAL SO2 CALCULATED, POC	98

ASSESSMENT: Ex- Gestational Age: 41w2d newborn admitted for rule out sepsis in the setting of respiratory distress and hx of multiple maternal medications for [REDACTED].

PLAN:

Resp:

- Nasal cannula 2L, 21%
- CXR and ABG now

ID: rule out sepsis

- Will f/u blood cultures
- CBC sent
- Ampicillin 100mg/kg q12hr (2/8-)
- Gentamicin 4mg/kg q12hr (2/8-)

CV:

- Stable

Heme:

- Stable, no active issues
- ccb now

F/E/N/GI:

- Sim19 ad lib

Neuro

NAS scoring

Encounter Notes (continued)

Progress Notes by Rishi M. Lumba, MD at 2/8/2016 11:46 PM (continued)

Social:

- [REDACTED]
- [REDACTED] Per prior notes, mother plans to give the child up for adoption.
- [REDACTED]

I spoke with the Mother regarding the infant's condition, reason for admission, and plan of care. NBN attending informed of transfer to NICU

Rishi Lumba, MD
Neonatology Fellow

Electronically signed by Michael Maramba Espiritu, MD on 2/9/2016 8:32 AM

Progress Notes by Stevens Asuncion V, LCSW at 2/9/2016 9:02 AM

Author: Stevens Asuncion V, LCSW	Service: Pediatrics, Social Work	Author Type: Social Worker
Filed: 2/10/2016 12:59 PM	Creation Time: 2/9/2016 9:02 AM	Status: Addendum
Editor: Stevens Asuncion V, LCSW (Social Worker)		
Related Notes: Original Note by Stevens Asuncion V, LCSW (Social Worker) filed at 2/9/2016 9:09 AM		

21 hour old Ex- Gestational Age: 41w2d male infant born via C-Section, Low Transverse to a 22 year old G2 P1 mother with P [REDACTED] Patient was admitted to the NICU due to respiratory distress. The following note was entered into the chart of the patient's mother on 2/08/16 while on 8E. Social work will continue to follow this case and remain available to assist with identified needs and services.

"This 22 year old was admitted to Tisch for a c-section. She delivered a baby boy early morning of 2/8/2016. Social work asked to become involved with this case due to mother's request of wanting the baby adopted. [REDACTED] since the age of 19. The patient lives in Israel and was brought to the US a few weeks ago to deliver the baby. Prior to this admission she was living with a family in Brooklyn having a private pay companion/aide (Shira Ezckorya). According to papers that were presented to us by the law firm of Martin Friedlander PC, this law firm has been engaged by the patient's court appointed guardian to facilitate the baby's adoption to a couple in NY. Social work has spoken with Mindy Fersel an attorney at the law firm who faxed us a copy of a [REDACTED] and a copy of a statement from the patient's guardian; Rivka Segal (972 544 255 960) who remains in Israel at this time. This social worker attempted to see the patient twice today but she was not available and resting. I conferred with Dennis Sklenar, LCSW Asst. Director of Social Work, with the nursing staff, and with the psych liaison who evaluated the patient this AM. Please refer to [REDACTED] for more detailed evaluation. Social Work has also conferred with Lynn Lowy (medical center counsel) and we have requested that a copy of the original court appointed guardianship papers from Israel be faxed to us for review before moving forward with any adoption proceedings. Adoptive parents have reached out to social work, and told them we cannot provide with any with information at this time and we would be working through the attorney's. Social work will continue to be involved with this situation, continue to confer with interdisciplinary staff including psychiatry, legal counsel, and social work administrative staff."

Steve Asuncion, LCSW

Encounter Notes (continued)

Progress Notes by Stevens Asuncion V, LCSW at 2/9/2016 9:02 AM (continued)

Pager 2210

Electronically signed by Stevens Asuncion V, LCSW on 2/10/2016 12:59 PM

Progress Notes by Tanya Stolper, MD at 2/9/2016 11:37 AM

Author: Tanya Stolper, MD

Filed: 2/9/2016 11:55 AM

Editor: Tanya Stolper, MD (Resident)

Service: Pediatrics, PICU

Creation Time: 2/9/2016 11:37 AM

Author Type: Resident

Status: Attested

Cosigner: Michael Maramba Espiritu, MD at
2/9/2016 1:28 PM

Attestation signed by Michael Maramba Espiritu, MD at 2/9/2016 1:28 PM

NICU Attending Attestation:

I saw and evaluated the infant on the day noted in the attested note. Interval history and findings reviewed. Discussed with NICU fellow and team during rounds. I agree with the findings and management plan as documented by the house officer.

Michael Espiritu, MD

Active Problem List:

Respiratory distress

Need for observation and evaluation of newborn for sepsis

NICU PGY-1 PROGRESS NOTE

BB Landman is a 1 day old baby, ex-41w2d born to a mother with [REDACTED], transferred from NBN for respiratory distress.

Current Problems:

Patient Active Problem List

Diagnosis

- Single liveborn, born in hospital, delivered by cesarean section
- Respiratory distress

Interval History: No acute events overnight, NAS scores 0 - 0.

Objective:

Vitals:

BP Min: 52/32 Max: 67/43

Temp Min: 36.8 °C (98.2 °F) Max: 37.8 °C (100 °F)

Pulse Min: 108 Max: 163

Resp Min: 28 Max: 67

SpO2 Min: 92 % Max: 100 %

Intake/Output Summary (Last 24 hours) at 02/09/16 1141

Last data filed at 02/09/16 1000

	Gross per 24 hour

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/9/2016 11:37 AM (continued)

Intake	312.5 ml
Output	0 ml
Net	312.5 ml

Total Fluids: 65.2mL/kg/day

Urine Output: urine x3

Stool x3

Weight - Scale: 3.66 kg (8 lb 1.1 oz), Weight change:

Head Cir: 35.5 cm

Labs:

Results for orders placed or performed during the hospital encounter of 02/08/16 (from the past 24 hour(s))

POCT GLUCOSE

Collection Time: 02/08/16 9:59 PM

Result	Value
GLUCOSE, POC	77

CBC WITH DIFFERENTIAL

Collection Time: 02/08/16 10:07 PM

Result	Value
WHITE BLOOD CELL COUNT	19.7
NUCLEATED RED BLOOD CELLS	1
RED BLOOD CELL COUNT	5.03
HEMOGLOBIN	17.4
HEMATOCRIT	50.9
MEAN CORPUSCULAR VOLUME	101.0
MEAN CORPUSCULAR HEMOGLOBIN	34.6
MEAN CORPUSCULAR HEMOGLOBIN CONC	34.2
RED CELL DISTRIBUTION WIDTH	16.3 (H)
PLATELET COUNT	203
MEAN PLATELET VOLUME	7.70
NEUTROPHILS, SEGMENTED %	76 (H)
BANDS %	1
LYMPHOCYTES %	16 (L)
MONOCYTES %	6
EOSINOPHILS %	1
NEUTROPHILS SEGMENTED ABSOLUTE	15.0
BANDS, ABSOLUTE	0.2
LYMPHOCYTES ABSOLUTE	3.2
MONOCYTES ABSOLUTE	1.2
EOSINOPHILS, ABSOLUTE	0.20
MORPHOLOGY, RBC	1+ Macro, 1+ Polychromasia,

RETICULOCYTE COUNT

Collection Time: 02/08/16 10:07 PM

Result	Value
RETICULOCYTE COUNT PERCENT	4.5
RETICULOCYTE ABSOLUTE COUNT	225.0
IMMATURE RETIC FRACTION	0.58

C-REACTIVE PROTEIN

Collection Time: 02/08/16 10:07 PM

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/9/2016 11:37 AM (continued)

Result	Value
C-REACTIVE PROTEIN	30 (H)

POCT ARTERIAL BLOOD GAS WITH LACTATE
Collection Time: 02/08/16 11:07 PM

Result	Value
ARTERIAL LACTATE, POC	2.43 (H)
ARTERIAL PH, POC	7.479 (H)
ARTERIAL PCO2, POC	34.9 (L)
ARTERIAL PO2, POC	92
ARTERIAL TCO2 CALCULATED, POC	27
ARTERIAL HCO3 CALCULATED, POC	25.8
ARTERIAL BASE EXCESS CALCULATED, POC	2
ARTERIAL SO2 CALCULATED, POC	98

POCT GLUCOSE
Collection Time: 02/09/16 6:47 AM

Result	Value
GLUCOSE, POC	71

POCT ARTERIAL BLOOD GAS WITH LACTATE
Collection Time: 02/09/16 6:48 AM

Result	Value
ARTERIAL LACTATE, POC	1.47 (H)
ARTERIAL PH, POC	7.467 (H)
ARTERIAL PCO2, POC	35.3
ARTERIAL PO2, POC	66 (L)
ARTERIAL TCO2 CALCULATED, POC	26
ARTERIAL HCO3 CALCULATED, POC	25.4
ARTERIAL BASE EXCESS CALCULATED, POC	2
ARTERIAL SO2 CALCULATED, POC	94 (L)

BILIRUBIN, PEDIATRIC
Collection Time: 02/09/16 7:00 AM

Result	Value
BILIRUBIN, PEDIATRIC	7.2

BILIRUBIN, CONJUGATED, PEDIATRIC
Collection Time: 02/09/16 7:00 AM

Result	Value
BILIRUBIN, CONJUGATED, PEDIATRIC	0.0

Glucose: Patient Vitals for the past 24 hrs:

POCT Glucose (mg/dL)
02/08/16 2158 77 mg/dL

Imaging:

CHAB 2/8: Minimal perihilar streaky opacification which may be secondary to retained fetal fluid. Normal bowel gas pattern.

Physical Exam:

General: Well appearing , spontaneous cry, no dysmorphic features noted

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/9/2016 11:37 AM (continued)

HEENT: No cephalohematoma, anterior fontanelle open and flat, no cleft lip or palate, no neck masses, no clavicular deformity
Heart: Regular rate and rhythm, +S1/S2, no murmurs. 2+ femoral pulses
Lungs: Breath sounds equal bilaterally, no increased work of breathing
Abdomen: Soft, nondistended, no organomegaly
GU: normal male genitalia, testes descended bilaterally
Extremities: moving all extremities, warm and well perfused
Hips: Negative Barlow/Ortolani
Back: No sacral tuft/dimple
Skin: No mongolian spots, 1 mm nevus on left back
Neuro: Normal suck, grasp, moro, babinski reflexes

Assessment and Plan:

1 day old ex- 41w2d BB admitted for rule out sepsis in the setting of respiratory distress and hx of multiple maternal medications for [REDACTED], currently being treated for:

Patient Active Problem List

Diagnosis

- Single liveborn, born in hospital, delivered by cesarean section
- Respiratory distress

Currently in stable condition.

PLAN:

RESP:

- NC 2L 21%

CV: No active issues

HEME: MBT: B+/- BBT: AB+/-

- TsB 7.2, trend tmrw AM

FEN/GI:

- Sim19 ad lib

ID: 48h ROS, I:T 2/8 0.01

- Ampicillin 100mg/kg q12hr (2/8-
- Gentamicin 4mg/kg q24hr (2/8-

Social:

- [REDACTED]
[REDACTED] Per notes, mother plans to give the child up for adoption, SW aware
- [REDACTED]

Discussed with NICU Attending and team. Interdisciplinary rounds completed and discussion incorporated into the plan as written above.

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/9/2016 11:37 AM (continued)

Signed:
Tanya Stolper, MD
PGY-1, Pediatrics
2/9/2016

Electronically signed by Michael Maramba Espiritu, MD on 2/9/2016 1:28 PM

Progress Notes by Stevens Asuncion V, LCSW at 2/9/2016 5:02 PM

Author: Stevens Asuncion V, LCSW
Filed: 2/9/2016 5:08 PM

Service: Pediatrics, Social Work
Creation Time: 2/9/2016 5:02 PM

Author Type: Social Worker
Status: Signed

Editor: Stevens Asuncion V, LCSW (Social Worker)

Social work continues to work with our legal counsel regarding clarification of some legal issues regarding the patient's adoption proceedings. Adoptive father has called social work inquiring when they can visit the baby. We informed him that at this time we are still awaiting some information from the mother's attorney before any visitation can occur. He is understandably frustrated and anxious because he and his wife want to see the baby. Social work provided supportive counseling around this issue and advised him to speak with his attorney who can then try and expedite the information our legal counsel needs. Mother remains on the 11th floor with private paying aide at bedside. We were informed that the patient's legal guardian from Israel - Rivka Segal will be arriving tomorrow. We have conferred with the interdisciplinary staff and will continue to be involved with this case communicating with the hospital's legal counsel.

Steve Asuncion, LCSW
Pager 2210

Electronically signed by Stevens Asuncion V, LCSW on 2/9/2016 5:08 PM

Progress Notes by Stevens Asuncion V, LCSW at 2/10/2016 4:09 PM

Author: Stevens Asuncion V, LCSW
Filed: 2/10/2016 4:12 PM

Service: Pediatrics, Social Work
Creation Time: 2/10/2016 4:09 PM

Author Type: Social Worker
Status: Signed

Editor: Stevens Asuncion V, LCSW (Social Worker)

Lynn Lowy, legal counsel for the medical center continues to work with the law firm in the community to obtain verification of the adoption arrangements. In the meantime, I spoke with the baby's mother who did not object to the adoptive parents (Tzvia and Rachel Adler) to visit the baby in the hospital. [REDACTED] This was related to the adoptive parents who were pleased. SW alerted the NICU team of the visitation and they visited today along with the legal guardian, Rivka Segal who arrived from Israel. They presented the appropriate picture ID and were allowed to visit the baby in the NICU. They are not to participate in care of the baby until Ms. Lowy obtains the information she needs from the law firm. I have conferred with adult psychiatry. The baby is going to be moved to the nursery on 13W. Adoptive parents were informed that they would not be able to enter the nursery to visit the baby since they are not legally attached to the baby at this time. They understood this. SW Supervisor and Asst. Director, Dennis Sklenar, LCSW has notified nursing leadership (K. DeMarco and E. Defrisco) of the above. SW will continue to confer with legal counsel around issues involving the adoption process.

Steve Asuncion, LCSW
Beeper 2210

Electronically signed by Stevens Asuncion V, LCSW on 2/10/2016 4:12 PM

Progress Notes by Tanya Stolper, MD at 2/10/2016 5:09 PM

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/10/2016 5:09 PM (continued)

Author: Tanya Stolper, MD
Filed: 2/10/2016 5:27 PM
Editor: Tanya Stolper, MD (Resident)

Service: Pediatrics, PICU
Creation Time: 2/10/2016 5:09 PM

Author Type: Resident
Status: Attested
Cosigner: Michael Maramba Espiritu, MD at
2/11/2016 3:06 PM

Attestation signed by Michael Maramba Espiritu, MD at 2/11/2016 3:06 PM

NICU Attending Attestation:

I saw and evaluated the infant on the day noted in the attested note. Interval history and findings reviewed. Discussed with NICU fellow and team during rounds. I agree with the findings and management plan as documented by the house officer.

Michael Espiritu, MD

Active Problem List:

Single liveborn, born in hospital, delivered by cesarean section
Health check for newborn under 8 days old

NICU to NURSERY TRANSFER NOTE

NAME: BB Landman
DOB: 2/8/2016 @ 3:10AM BW: 3654g

Age: 2 days
Gestational Age: 41w2d

BIRTH HX:

Ex- Gestational Age: 41w2d male infant born via C-Section, Low Transverse to a 22 year old G2 P1 mother with [REDACTED]. ROM was AROM and occurred at delivery. Fluid: Clear. NICU was present at delivery due to hx of maternal medications and this was a stat c/s. Delivery room care involved bag and mask for 1 minute, CPAP, deep suction, bulb suction, and tactile stimulation because infant was initially cyanotic and limp without spontaneous cry. Apgars were 5 and 8 (-2 tone, -1 color, -1 reflex, -1 respiratory) and 8 (-1 tone, -1 color) at 1 and 5 minutes. Infant then admitted to nursery for routine newborn care. At approx 18 HOL grunting was noted with dusky appearance and associated desaturation to 52%. NICU was called to assess the baby, he was given blow by O2 and saturations improved to 96%, HR 106, RR32. Infant was transferred to NICU on blow by O2. Admitted for respiratory distress.

Maternal Serologies: Hepatitis B Negative, HIV Negative, Rubella Immune, RPR Negative, PPD Negative
Information for the patient's mother: Landman, Yaffa Rivka [11395229]

GROUP B STREP ANTIGEN (no units)

Date	Value	Status
01/15/2016	negative	Final

Information for the patient's mother: Landman, Yaffa Rivka [11395229]

HEPATITIS B SURFACE ANTIGEN

Date	Value	Ref Range	Status

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/10/2016 5:09 PM (continued)

01/15/2016	negative	Final

RUBELLA IGG SCREEN

Date	Value	Ref Range	Status
01/15/2016	non immune		Final

Maternal Blood Type:

Information for the patient's mother:

Landman, Yaffa Rivka [11395229]

ABO AND RH

Date	Value	Ref Range	Status
02/07/2016	B Positive		Final

NICU Course(2/8 - 2/10):

Resp: started on 2L NC for respiratory distress, weaned as tolerated to RA. At time of transfer has been on RA for over 24 hours

CV: stable throughout course

ID: 2/8 CBC with I/T= 0.01, completed 48hr ROS with Amp/Gent, BCx showing NGTD. CRP trended, 30 at day 1 of life, 29 at day 2 of life.

Heme: initial TsB in HIR, trended bilis, repeat TsB 9.8 @ 51 HOL in LIR

FEN/GI: took Sim19 ad lib throughout course

Tox: NAS scores trended, 0-3 throughout course (mostly 0s)

Transfer Physical Exam:

General: Well appearing , spontaneous cry, no dysmorphic features noted

HEENT: No cephalohematoma, anterior fontanelle open and flat, no cleft lip or palate, no neck masses, no clavicular deformity

Heart: Regular rate and rhythm, +S1/S2, no murmurs. 2+ femoral pulses

Lungs: Breath sounds equal bilaterally, no increased work of breathing

Abdomen: Soft, nondistended, no organomegaly

GU: normal male genitalia, testes descended bilaterally

Extremities: moving all extremities, warm and well perfused

Hips: Negative Barlow/Ortolani

Back: No sacral tuft/dimple

Skin: No mongolian spots, 1 mm nevus on left back

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/10/2016 5:09 PM (continued)

Neuro: Normal suck, grasp, moro, babinski reflexes

Lab Results - Last 72 Hours

Procedure	Component	Value	Units	Date/Time
BILIRUBIN, CONJUGATED, PEDIATRIC [117917041]				Collected: 02/09/16 0700
Order Status: Completed		Specimen Information:		Updated: 02/09/16 0809
	BILIRUBIN, CONJUGATED, PEDIATRIC	0.0	mg/dL	
BILIRUBIN, PEDIATRIC [117917060]				Collected: 02/10/16 0530
Order Status: Completed		Specimen Information:		Updated: 02/10/16 0605
	BILIRUBIN, PEDIATRIC	9.8	mg/dL	
	Comment: Specimen hemolyzed, results may be questionable.			
BILIRUBIN, PEDIATRIC [117917040]				Collected: 02/09/16 0700
Order Status: Completed		Specimen Information:		Updated: 02/09/16 0809
	BILIRUBIN, PEDIATRIC	7.2	mg/dL	
BLOOD GAS, ARTERIAL, CORD BLOOD [117775254] (Abnormal)				Collected: 02/08/16 0313
Order Status: Completed		Specimen Information:		Updated: 02/08/16 0328
	PH ARTERIAL	7.249	pH Units	
	PCO2 ARTERIAL	64.7	mmHG	
	PO2, ABG	16.7	mmHG	
	HCO3, ABG	27.4	mmol/L	
	BASE DEFICIT, ABG	1.5	mmol/L	
	SODIUM, ABG	134 (L)	mmol/L	
	POTASSIUM, ABG	4.4	mmol/L	
	CALCIUM, ABG	1.46 (H)	mmol/L	
	GLUCOSE, ABG	76	mg/dL	
	HEMATOCRIT, ABG	49.6	%	
	OXYGEN SATURATION, ABG	22.1 (L)	%	
	TEMPERATURE, ABG	37.0	F	
	OXYGEN PERCENT, ABG	21.0	%	
BLOOD GAS, VENOUS, CORD BLOOD [117775253] (Abnormal)				Collected: 02/08/16 0313
Order Status: Completed		Specimen Information:		Updated: 02/08/16 0328
	PH VENOUS	7.274	pH Units	
	PCO2 VENOUS	53.0	mmHG	
	PO2, VBG	31.1	mmHG	
	HCO3, VBG	23.8	mmol/L	
	BASE DEFICIT (VBG)	3.5	mmol/L	
	SODIUM, VBG	134 (L)	mmol/L	
	POTASSIUM, VBG	4.5	mmol/L	
	CALCIUM VBG	1.48 (H)	mmol/L	
	GLUCOSE, VBG	86	mg/dl	
	HEMATOCRIT, VBG	49.3	%	
	OXYGEN SATURATION, VBG	60.0	%	
	TEMPERATURE, VBG	37.0	F	

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/10/2016 5:09 PM (continued)

Procedure	Component	Value	Units	Date/Time
OXYGEN %, VBG		21.0	%	
C-REACTIVE PROTEIN [117917061] (Abnormal)				Collected: 02/10/16 0530
Order Status: Completed		Specimen Information:		Updated: 02/10/16 0605
		Blood / Peripheral vein		
C-REACTIVE PROTEIN	29 (H)	mg/L		
	Comment: Specimen hemolyzed, results may be questionable.			
C-REACTIVE PROTEIN [117916369] (Abnormal)				Collected: 02/08/16 2207
Order Status: Completed		Specimen Information:		Updated: 02/09/16 0032
		Blood / Peripheral artery		
C-REACTIVE PROTEIN	30 (H)	mg/L		
	Comment: Specimen hemolyzed, results may be questionable.			
CBC WITH DIFFERENTIAL [117916366] (Abnormal)				Collected: 02/08/16 2207
Order Status: Completed		Specimen Information:		Updated: 02/09/16 0103
		Blood / Peripheral artery		
WHITE BLOOD CELL COUNT	19.7	K/uL		
NUCLEATED RED BLOOD CELLS	1	/100WBC		
RED BLOOD CELL COUNT	5.03	M/uL		
HEMOGLOBIN	17.4	g/dL		
HEMATOCRIT	50.9	%		
MEAN CORPUSCULAR VOLUME	101.0	FL		
MEAN CORPUSCULAR HEMOGLOBIN	34.6	pg		
MEAN CORPUSCULAR HEMOGLOBIN CONC	34.2	g/dL		
RED CELL DISTRIBUTION WIDTH	16.3 (H)	%		
PLATELET COUNT	203	K/uL		
MEAN PLATELET VOLUME	7.70	FL		
NEUTROPHILS, SEGMENTED %	76 (H)	%		
BANDS %	1	%		
LYMPHOCYTES %	16 (L)	%		
MONOCYTES %	6	%		
EOSINOPHILS %	1	%		
NEUTROPHILS SEGMENTED ABSOLUTE	15.0	K/uL		
BANDS, ABSOLUTE	0.2	K/uL		
LYMPHOCYTES ABSOLUTE	3.2	K/uL		
MONOCYTES ABSOLUTE	1.2	K/uL		
EOSINOPHILS, ABSOLUTE	0.20	K/uL		
MORPHOLOGY, RBC	1+ Macro, 1+ Polychromasia,			
MISCELLANEOUS LAB TEST [117917049]				Collected: 02/09/16 1626

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/10/2016 5:09 PM (continued)

Procedure	Component	Value	Units	Date/Time
Order Status: Completed		Specimen Information:		Updated: 02/09/16 2308
	TEST NAME	Other		
		MECONIUM TOX		
		ARUP(0092516)		
	RESULTS	PENDING		
POCT ARTERIAL BLOOD GAS WITH LACTATE [117916365] (Abnormal)				Collected: 02/09/16 0648
Order Status: Completed				Updated: 02/09/16 0652
	ARTERIAL LACTATE, POC	1.47 (H)	mmol/L	
	ARTERIAL PH, POC	7.467 (H)	pH	
	ARTERIAL PCO2, POC	35.3	mmHg	
	ARTERIAL PO2, POC	66 (L)	mmHg	
	ARTERIAL TCO2	26	mmol/L	
	CALCULATED, POC			
	ARTERIAL HCO3	25.4	mmol/L	
	CALCULATED, POC			
	ARTERIAL BASE	2	mmol/L	
	EXCESS CALCULATED, POC			
	ARTERIAL SO2	94 (L)	%	
	CALCULATED, POC			
POCT ARTERIAL BLOOD GAS WITH LACTATE [117917026] (Abnormal)				Collected: 02/08/16 2307
Order Status: Completed				Updated: 02/08/16 2311
	ARTERIAL LACTATE, POC	2.43 (H)	mmol/L	
	ARTERIAL PH, POC	7.479 (H)	pH	
	ARTERIAL PCO2, POC	34.9 (L)	mmHg	
	ARTERIAL PO2, POC	92	mmHg	
	ARTERIAL TCO2	27	mmol/L	
	CALCULATED, POC			
	ARTERIAL HCO3	25.8	mmol/L	
	CALCULATED, POC			
	ARTERIAL BASE	2	mmol/L	
	EXCESS CALCULATED, POC			
	ARTERIAL SO2	98	%	
	CALCULATED, POC			
POCT GLUCOSE [117917045]				Collected: 02/09/16 0647
Order Status: Completed				Updated: 02/09/16 0659
	GLUCOSE, POC	71	mg/dL	
POCT Glucose [117916405]				Collected: 02/08/16 2159
Order Status: Completed		Specimen Information:		Updated: 02/09/16 0029
		Blood		
	GLUCOSE, POC	77	mg/dL	
RETICULOCYTE COUNT [117916367]				Collected: 02/08/16 2207
Order Status: Completed		Specimen Information:		Updated: 02/09/16 0006
		Blood / Peripheral artery		
	RETICULOCYTE COUNT PERCENT	4.5	%	
	RETICULOCYTE ABSOLUTE COUNT	225.0	K/uL	
	IMMATURE RETIC	0.58		

Encounter Notes (continued)

Progress Notes by Tanya Stolper, MD at 2/10/2016 5:09 PM (continued)

Procedure	Component	Value	Units	Date/Time
FRACTION				
RPR Monitor Reflex Titer [117775250]				Collected: 02/08/16 0344
Order Status: Completed		Specimen Information:		Updated: 02/08/16 1048
	RPR	Blood / Umbilical Vein		
		Non-Reactive		

Assessment and Plan:

2 day old ex- 41w2d BB admitted for rule out sepsis in the setting of respiratory distress and hx of multiple maternal medications for [REDACTED]. Clinically stable, tolerating RA, completed 48hr ROS. At this time he is stable for transfer to the newborn nursery.

RESP:

- RA (2/9-

CV: No active issues

HEME: MBT: B+/- BBT: AB+/-

- TsB 9.8 @ 51 HOL, LIR

FEN/GI:

- Sim19 ad lib

ID:

- s/p 48hrs Amp/Gent

Tox:

- continue to trend trend NAS scores

- f/u Utox, Mectox

Social:

- Per notes, adoptive parents have been found

Discussed with NICU Attending and team. Interdisciplinary rounds completed and discussion incorporated into the plan as written above.

Signed:

Tanya Stolper, MD

PGY-1, Pediatrics

2/10/16

Electronically signed by Michael Maramba Espiritu, MD on 2/11/2016 3:06 PM

Encounter Notes (continued)

Progress Notes by Marin Grace Skariah, RN at 2/10/2016 5:35 PM

Author: Marin Grace Skariah, RN	Service: Nursery	Author Type: Registered Nurse
Filed: 2/10/2016 5:50 PM	Creation Time: 2/10/2016 5:42 PM	Status: Addendum
Editor: Marin Grace Skariah, RN (Registered Nurse)		
Related Notes: Original Note by Marin Grace Skariah, RN (Registered Nurse) filed at 2/10/2016 5:44 PM		

Infant transferred from NICu to Noa. Vital signs stable. urine tox sent. Will continue to monitor.

Electronically signed by Marin Grace Skariah, RN on 2/10/2016 5:50 PM

Progress Notes by Debra F Friedman, MD at 2/11/2016 2:04 PM

Author: Debra F Friedman, MD	Service: Nursery	Author Type: Physician
Filed: 2/11/2016 2:17 PM	Creation Time: 2/11/2016 2:04 PM	Status: Addendum
Editor: Debra F Friedman, MD (Physician)		
Related Notes: Original Note by Debra F Friedman, MD (Physician) filed at 2/11/2016 2:11 PM		

Subjective:

Nursery Attending Progress Note

3 day old, full term newborn. Alert and vigorous.
Stable, no events noted overnight. No significant weight loss or jaundice.
Feeding: bottle -
Adequate urine and stool output in last 24 hours.
Parental concerns: n/a

Baby transferred from the NICU yesterday afternoon. Course notable for 1 day on NC for respiratory distress, has been stable on RA for an hour. S/p sepsis r/o and amp and gent x2 days with bcx NGTD. Labwork notable to elevated CRP of 29-- however decision made to transfer to nursery because baby remains clinically stable, CBC WNL, bcx NGTD. NAS scores monitored which have been 0-3.
Utox negative, awaiting mec tox.
Bili 78 HOL-8.2- LR.

Discussed case with SW, awaiting on paperwork pertaining to legal guardianship and adoption.

Objective:

Afebrile, VSS. Weight change: -2%

Physical exam notable for General: Appears well, alert, vigorous

Skin: acrocyanosis, no jaundice

HEENT: Normocephalic, anterior fontanelle open and flat, no cleft, no dysmorphic features, + RR b/l

Lungs: symmetric chest rise, clear to auscultation bilaterally

CV: Regular rate and rhythm, no murmur appreciated

Abd: soft, nontender, nondistended, no masses. Umbilicus clamped

Ext: warm, well perfused, 2+ fem pulses

GU: tanner 1m, testes descended b/l no hypospadias

Anus: appears patent

Hips: symmetric with full range of motion, negative Barlow and ortolani

Encounter Notes (continued)

Progress Notes by Debra F Friedman, MD at 2/11/2016 2:04 PM (continued)

Neuro: normal tone, suck, grasp, and moro

Results for orders placed or performed during the hospital encounter of 02/08/16 (from the past 24 hour(s))

DRUG SCREEN, URINE

Collection Time: 02/10/16 5:30 PM

Result	Value
AMPHETAMINE SCREEN, URINE	Negative
METHAMPHETAMINE	Negative
BARBITURATES SCREEN, URINE	Negative
BENZODIAZEPINE QUANT, UR	Negative
COCAINE SCREEN, URINE	Negative
METHADONE URINE	Negative
OPIATES SCREEN, URINE	Negative
PHENCYCLIDINE	Negative
THC, URINE	Negative
TRICYCLIC ANTIDEPRESSANTS SCREEN	Negative

C-REACTIVE PROTEIN

Collection Time: 02/11/16 9:21 AM

Result	Value
C-REACTIVE PROTEIN	23 (H)

CBC WITH DIFFERENTIAL

Collection Time: 02/11/16 12:11 PM

Result	Value
WHITE BLOOD CELL COUNT	8.1 (L)
NUCLEATED RED BLOOD CELLS	0
RED BLOOD CELL COUNT	5.36
HEMOGLOBIN	17.9
HEMATOCRIT	54.1
MEAN CORPUSCULAR VOLUME	101.0
MEAN CORPUSCULAR HEMOGLOBIN	33.4
MEAN CORPUSCULAR HEMOGLOBIN CONC	33.1
RED CELL DISTRIBUTION WIDTH	15.9 (H)
PLATELET COUNT	177
MEAN PLATELET VOLUME	7.80
NEUTROPHILS, SEGMENTED %	47
BANDS %	2
LYMPHOCYTES %	41
MONOCYTES %	9
EOSINOPHILS %	1
NEUTROPHILS ABSOLUTE	4.0
NEUTROPHILS SEGMENTED ABSOLUTE	3.8
BANDS, ABSOLUTE	0.2
LYMPHOCYTES ABSOLUTE	3.3 (L)
MONOCYTES ABSOLUTE	0.7
EOSINOPHILS, ABSOLUTE	0.08

Encounter Notes (continued)

Progress Notes by Debra F Friedman, MD at 2/11/2016 2:04 PM (continued)

Assessment:

3 days old newborn, s/p NICU stay for sepsis r/o, with hx of exposure to multiple maternal medications for [REDACTED]. Baby currently on social hold awaiting adoption.

Plan:

Plan:

Will f/u bcx. CBC today reassuring, downtrending CRP from 29 to 24. Will continue to closely monitor. Utox negative, will f/u mec tox. Until mec tox results return, will continue NAS scores q4h, and possibly afterwards to monitor for extrapyramidal adverse effects.

SW closely involved-- mother and mother's legal guardian not allowed to obtain any information as baby, adoptive parents to be are not allowed to visit until legal paperwork completed.

Electronically signed by Debra F Friedman, MD on 2/11/2016 2:17 PM

Progress Notes by Raquel Aponte, RN at 2/11/2016 6:00 PM

Author: Raquel Aponte, RN	Service: (none)	Author Type: Registered Nurse
Filed: 2/11/2016 8:15 PM	Creation Time: 2/11/2016 8:02 PM	Status: Addendum
Editor: Raquel Aponte, RN (Registered Nurse)		
Related Notes: Original Note by Raquel Aponte, RN (Registered Nurse) filed at 2/11/2016 8:07 PM		

9am CRP resent. Infant is well. As per MD Friedman NAS score can be done q 4hrs. Repeat CBC WNL. As per MD Friedman infant cleared for discharge. Social work involved with discharge planning

Electronically signed by Raquel Aponte, RN on 2/11/2016 8:15 PM

Progress Notes by Misug Yi, RN at 2/12/2016 3:30 PM

Author: Misug Yi, RN	Service: (none)	Author Type: Registered Nurse
Filed: 2/12/2016 8:14 PM	Creation Time: 2/12/2016 8:07 PM	Status: Signed
Editor: Misug Yi, RN (Registered Nurse)		

Infant discharged to adoptive parents (Mr./Mrs. Adler); social work present. Infant vital signs stable upon discharge and cleared by pediatrician. Discharge teaching instructions explained to parents by pediatrician/RN and all necessary paperwork signed/submitted.

Electronically signed by Misug Yi, RN on 2/12/2016 8:14 PM

Progress Notes by Stevens Asuncion V, LCSW at 2/12/2016 5:12 PM

Author: Stevens Asuncion V, LCSW	Service: Pediatrics, Social Work	Author Type: Social Worker
Filed: 2/12/2016 5:35 PM	Creation Time: 2/12/2016 5:12 PM	Status: Signed
Editor: Stevens Asuncion V, LCSW (Social Worker)		

All legal documentation related to guardianship and decision making for the patient's biological mother were submitted and satisfactorily reviewed by the NYULMC legal department. The Legal Guardian along with the biological mother signed the NYULMC's "Authorization for Discharge of Child/Infant to Someone Other than Parent/Legal Guardian." The adoptive parents Tzvi Adler and Rachel Adler provided passport identification and signed the same document under the, "Acknowledgement of Receipt of Child/Infant." This clinician served as the signatory witness to the aforementioned documents. The newborn was discharged into adoptive parents custody. Please refer to Media section in chart to review all signed documents.

Steve Asuncion, LCSW
Pager 2210

Electronically signed by Stevens Asuncion V, LCSW on 2/12/2016 5:35 PM

SURGERY RECORDS

Procedure Notes

No notes of this type exist for this encounter.

Operative Notes

No notes of this type exist for this encounter.

DELIVERY INFORMATION

Delivery Note

No notes of this type exist for this encounter.

Lactation Notes

No notes of this type exist for this encounter.

Delivery Summary

Mother: Landman, Yaffa Rivka #11395229

[Link to Mother's Chart](#)

OB History as of 01/03/17

Gravida	Para	Term	Preterm	AB	Living
2	1				1
SAB	TAB	Ectopic	Multiple	Live Births	

#	Outcome	Date	GA	Labor/2nd	Weight	Sex	Delivery	Anes	P	Li	Name	Location	Delivering
1	Para				3.5 kg (7 lb 11.5 oz)		Vag-Spont		L	vi			Clinician
2	Gravida												

Dating Summary

Working EDD: 01/30/16 set by Sendi Minassian, RN on 02/01/16 based on Other Basis

Based On	EDD	GA Dif	GA	User	Date
Other Basis	01/30/16	Working		Sendi Minassian, RN	02/01/16

Prenatal Results

1st Trimester

Test	Value	Reference Range	Date	Time
ABO/Rh	B Positive		02/07/16	2052
Blood Grouping				
Rh Factor				
Antibody	Negative		02/07/16	2052
Hep B S. Antigen	negative		01/15/16	
HCT				
HGB				
HGB Electrophoresis (Ext)				
Urine Culture				
TSH				
HIV Aq/Ab	negative		01/15/16	
GC				
Chlamydia				
Pap (Ext)				
PPD Induration (mm)				

Titers

Test	Value	Reference Range	Date	Time
Rubella IgG	non immune		01/15/16	
RPR	non reactive		01/15/16	
Syphilis IGG w/rfx RPR titer				
Rubeola IgG	immune		01/15/16	
Parvovirus B19 IGG				

Delivery Summary (continued)

Mother: Landman, Yaffa Rivka #11395229

Parvovirus B19 IGM

Varicella IgG

CMV IgG

Toxoplasma IgG

2nd Trimester

Test	Value	Reference Range	Date	Time
Antibody				
HCT				
HGB				
GCT				

3rd Trimester

Test	Value	Reference Range	Date	Time
HCT	41.4 %	36.0 - 47.0 %	02/18/16	0610
HGB	14.0 g/dL	12.5 - 15.5 g/dL	02/18/16	0610
GBS	(See Report)		01/15/16	

GBS (EXT)

Genetic Screening

Test	Value	Reference Range	Date	Time
Cystic Fibrosis (Ext)				
Fragile X (Ext)				
SMA Screen (Ext)				
Tay Sachs (Ext)				
Genetic Screening (Other)				

[Link to Mother's Chart](#)

Mother: Landman, Yaffa Rivka #11395229

Adler, Henry [11449055]

Labor Event Times

No data filed

Labor Events

Cervical Ripening

Cervical ripening date/time: Document a rupture identifier for this baby. Now

Rupture date/time:

Document a rupture identifier for this baby.

Rea
dOnl
y

Edit in Flowsheets

Induction/Augmentation

Induction date/time:

Now

Augmentation date/time:

Now

Delivery (Maternal)

All counts accurate?: Yes

Est. blood loss (mL): 600

Delivery (Newborn)

Time head delivered: 2/8/2016 3:08 AM

Birth date and time: 2/8/2016 3:10 AM

Delivery type: C-Section, Low Transverse

Operative Delivery

Forceps attempted?: No

Vacuum extractor attempted?: No

Forceps Details

Vacuum Details

Shoulder Dystocia

Adler, Henry [11449055] (continued)

Shoulder dystocia present?: No

Shoulder Dystocia

Sholder dystocia present: No

Delivery of
posterior arm:
Fetal clavicular
fracture:
Gaskin
maneuver:
McRoberts
maneuver:
Rubin
maneuver:
Suprapubic
pressure:
Symphysiotomy
:
Woods screw
maneuver:
Zavanelli
maneuver:

Delivery Providers

Delivering clinician: **Robert E Berg, MD**
Other personnel: **Provider**
Kirsten Prins, RN
Maria Alciviades, RN
Konstantin Medyuk, PA
Jamila Williams, MD
Jessie Zhao Young, MD
Christine Foley, MD

Role
Delivery Nurse
Delivery Assist
Physician Assistant
Resident
Resident
Resident

Cord

Vessels: **3 Vessels**
Complications: **None**

Resuscitation

Method: **PPV, Bulb Suction**

Birth History

Birth Information

Birth Length: **53.3 cm (1' 9")**
Birth Weight: **3.654 kg (8 lb 0.9 oz)**
Gestational Age: **41 2/7 weeks**
Delivery Method: **C-Section, Low Transverse**

APGARs

1 Minute: **5**
5 Minute: **8**

Placenta

Date and time: **2/8/2016 3:11 AM**
Removal: **Manual Removal**
Appearance: **Intact**
Disposition: **Pathology**

Title

Newborn Assessment

Living status: **Living**

Apgar Scoring

Key:		0	1	2
	Skin color	Blue or pale	Acrocyanotic	Complete ly pink
	Heart rate	Absent	<100 bpm	>100 bpm
	Reflex irritability	No	Grimace	Cry or

**NYU Langone Health
System**

TH 13 NURSERY
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 2/8/2016, D/C: 2/12/2016

Adler, Henry [11449055] (continued)

	response	active withdrawal			
Muscle tone	Limp	Some flexion	Active motion		
Respiratory effort	Absent	Weak cry; hypoventi- lation	Good, crying		
	1 Minute:	5 Minute:	1	1	2
Skin color:	1	1	0	5	0
Heart rate:	2	2	M	M	M
Reflex irritability:	1	2	i	i	i
Muscle tone:	0	1	n	n	n
Respiratory effort:	1	2	u	u	u
Total:	5	8	t	t	t
			e	e	e
			:	:	:

ORDERS AND RESULTS

Result date and time is equivalent to report date and time.

ADT Orders

ADMIT TO [11775255]

Electronically signed by: **Debra F Friedman, MD on 02/08/16 0847**

Status: **Completed**

Ordering user: Debra F Friedman, MD 02/08/16 0847

Ordering provider: Debra F Friedman, MD

Authorized by: Debra F Friedman, MD

Frequency: 1 Time 02/08/16 0845 - 1 Occurrences

Questionnaire

Question	Answer
Patient Class:	Inpatient
Admitting Physician:	FRIEDMAN, DEBRA F

TRANSFER PATIENT [117916375]

Electronically signed by: **Konstantin Medyuk, PA on 02/08/16 2225**

Status: **Completed**

Ordering user: Konstantin Medyuk, PA 02/08/16 2225

Ordering provider: Konstantin Medyuk, PA

Authorized by: Konstantin Medyuk, PA

Frequency: 1 Time 02/08/16 2230 - 1 Occurrences

Questionnaire

Question	Answer
Patient Class:	Inpatient
Level of Care:	Intensive Care
Future Attending Provider:	DESAI, PURNAHAMS

TRANSFER PATIENT [117917066]

Electronically signed by: **Chelsea Kadish, MD on 02/10/16 1702**

Status: **Completed**

Ordering user: Chelsea Kadish, MD 02/10/16 1702

Ordering provider: Chelsea Kadish, MD

Authorized by: Purnahamsi Desai, MD

Frequency: 1 Time 02/10/16 1715 - 1 Occurrences

Questionnaire

Question	Answer
Patient Class:	Inpatient
Level of Care:	Nursery

DISCHARGE PATIENT [118224033]

Electronically signed by: **Debra F Friedman, MD on 02/12/16 1459**

Status: **Discontinued**

Ordering user: Debra F Friedman, MD 02/12/16 1459

Ordering provider: Debra F Friedman, MD

Authorized by: Debra F Friedman, MD

Frequency: 1 Time 02/12/16 1500 - 1 Occurrences

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

Questionnaire

Question	Answer

**NYU Langone Health
System**

TH 13 NURSERY
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 2/8/2016, D/C: 2/12/2016

ADT Orders (continued)

DISCHARGE PATIENT [118224033] (continued)

Discharge Disposition

Home / Self Care

Orders/Results - Order Type: Blood Bank

CORD BLOOD EVALUATION [117775229]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117**
Ordering user: Christine Foley, MD 02/08/16 0117
Authorized by: Robert E Berg, MD
Frequency: 1 Time 02/08/16 0130 - 1 Occurrences

Ordering provider: Christine Foley, MD

Status: **Completed**

CORD BLOOD EVALUATION [117775248]

Resulted: 02/08/16 1227, Result status: Final result

Ordering provider: Christine Foley, MD 02/08/16 0117

Resulting lab: NYU LAB BLOOD BANK

Specimen Information

Type	Source	Collected On
Blood	Umbilical Vein	02/08/16 0344

Components

Component	Value	Reference Range	Flag	Lab
ABO AND RH	AB Positive	—	—	HCLL
DAT IGG	Negative	—	—	HCLL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
132 - HCLL	NYU LAB BLOOD BANK	Unknown	Unknown	06/01/10 2104 - Present

Orders/Results - Order Type: Code Status

FULL CODE [117916397]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Continuous 02/08/16 2230 - Until Specified
Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]
Order comments: Full code

Ordering provider: Amanda Schneider, MD

Code status: Full Code

Status: **Discontinued**

FULL CODE [117775207]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117**
Ordering user: Christine Foley, MD 02/08/16 0117
Authorized by: Debra F Friedman, MD
Frequency: Continuous 02/08/16 0130 - Until Specified
Discontinued by: Amanda Schneider, MD 02/08/16 2227

Ordering provider: Christine Foley, MD

Code status: Full Code

Status: **Discontinued**

Orders/Results - Order Type: Consult

IP CONSULT TO SOCIAL WORK [117916396]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 2230 - 1 Occurrences

Ordering provider: Amanda Schneider, MD

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

Status: **Discontinued**

Questionnaire

Question	Answer
Reason for Consult:	Other (specify)

Order comments: apnea monitoring training

Orders/Results - Order Type: Diet

DIET PEDIATRIC [117917023]

Generated on 2/15/18 11:05 AM

Orders/Results - Order Type: Diet (continued)

DIET PEDIATRIC [117917023] (continued)

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2230** Status: **Discontinued**
Ordering user: Amanda Schneider, MD 02/08/16 2230 Ordering provider: Amanda Schneider, MD
Authorized by: Debra F Friedman, MD
Frequency: Effective Now 02/08/16 2245 - Until Specified Diet: General
Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

Questionnaire

Question	Answer
Diet Age Group	Infant (<1 year old)
Diet type / consistency:	Infant - Breastfeeding Infant - Formula

Order comments: Sim19 ad lib

DIET PEDIATRIC [117775222]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117** Status: **Discontinued**
Ordering user: Christine Foley, MD 02/08/16 0117 Ordering provider: Christine Foley, MD
Authorized by: Debra F Friedman, MD
Frequency: Effective Now 02/08/16 0130 - Until Specified Diet: General
Discontinued by: Amanda Schneider, MD 02/08/16 2230

Questionnaire

Question	Answer
Diet Age Group	Infant (<1 year old)
Diet type / consistency:	Infant - Breastfeeding

Orders/Results - Order Type: General Supply

LYPHOCHEK URINE TOXICOLOGY PMM: 182794 [117917062]

Electronically signed by: **Tanya Stolper, MD on 02/10/16 1114** Status: **Active**
Ordering user: Tanya Stolper, MD 02/10/16 1114 Ordering provider: Tanya Stolper, MD
Authorized by: Purnahamsi Desai, MD
Frequency: 1 Time 02/10/16 1115 - 1 Occurrences

LYPHOCHEK URINE TOXICOLOGY PMM: 182794 [117916376]

Electronically signed by: **Konstantin Medyuk, PA on 02/08/16 2225** Status: **Active**
Ordering user: Konstantin Medyuk, PA 02/08/16 2225 Ordering provider: Konstantin Medyuk, PA
Authorized by: Konstantin Medyuk, PA
Frequency: 1 Time 02/08/16 2230 - 1 Occurrences

Orders/Results - Order Type: Imaging

XR CHEST AND ABDOMEN PED PORTABLE [117916370]

Electronically signed by: **Konstantin Medyuk, PA on 02/08/16 2207** Status: **Completed**
Ordering user: Konstantin Medyuk, PA 02/08/16 2207 Ordering provider: Konstantin Medyuk, PA
Authorized by: Debra F Friedman, MD
Frequency: Once 02/08/16 2215 - 1 Occurrences

Questionnaire

Question	Answer
Reason for exam:	respiratory distress
Ordering Provider's Contact Information:	35790
Do you want an expedited read?	Yes

XR CHEST AND ABDOMEN PED PORTABLE [117916371]

Resulted: 02/09/16 0855, Result status: Final result

Ordering provider: Konstantin Medyuk, PA 02/08/16 2207 Resulted by: Shailee Lala V, MD
Performed: 02/08/16 2236 - 02/08/16 2243 Accession number: 11128873
Resulting lab: NYU RADIOLOGY SWF
Narrative:
History: Respiratory distress.

Orders/Results - Order Type: Imaging (continued)

Single AP view of the chest and abdomen

COMPARISON: None

FINDINGS:

Enteric tube tip projects over the left upper quadrant.

The patient is rotated to the right. Heart size is normal for technique. Very minimal perihilar streaky opacification without pleural effusion or pneumothorax.

Bowel gas pattern is normal.

IMPRESSION:

Minimal perihilar streaky opacification which may be secondary to retained fetal fluid.

Normal bowel gas pattern.

Final Report: Dictated by and Signed by Attending Shailee Lala MD 2/9/2016 8:55 AM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
133 - NYU Rad Syngo	NYU RADIOLOGY SWF	Unknown	Unknown	07/06/10 1226 - Present

Orders/Results - Order Type: Lab

BILIRUBIN, PEDIATRIC [118224031]

Electronically signed by: **Interface, Sunquest In on 02/12/16 1310**

Ordering user: Interface, Sunquest In 02/12/16 1310

Authorized by: Debra F Friedman, MD

Frequency: 1 Time 02/12/16 1315 - 1 Occurrences

Ordering provider: Debra F Friedman, MD

Status: **Completed**

Received by:

Received by Date:
2/12/2016

Received by Time:
13:17

BILIRUBIN, PEDIATRIC [118224032]

Resulted: 02/12/16 1357, Result status: Final result

Ordering provider: Debra F Friedman, MD 02/12/16 1310

Resulting lab: NYU LAB

Components

Component	Value	Reference Range	Flag	Lab
BILIRUBIN, PEDIATRIC	7.1	mg/dL	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

C-REACTIVE PROTEIN [118224029]

Electronically signed by: **Debra F Friedman, MD on 02/12/16 1300**

Ordering user: Debra F Friedman, MD 02/12/16 1300

Authorized by: Debra F Friedman, MD

Frequency: 1 Time 02/12/16 1315 - 1 Occurrences

Ordering provider: Debra F Friedman, MD

Status: **Completed**

Received by:

Orders/Results - Order Type: Lab (continued)

Received by: (continued)

Received by Date:
2/12/2016

Received by Time:
13:17

C-REACTIVE PROTEIN [118224030] (Abnormal)

Resulted: 02/12/16 1357, Result status: Final result

Ordering provider: Debra F Friedman, MD 02/12/16 1300

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	02/12/16 1310

Components

Component	Value	Reference Range	Flag	Lab
C-REACTIVE PROTEIN	15	0 - 9 mg/L	H	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

CBC WITH DIFFERENTIAL [118224017]

Electronically signed by: Debra F Friedman, MD on 02/11/16 1205

Status: Completed

Ordering user: Debra F Friedman, MD 02/11/16 1205

Ordering provider: Debra F Friedman, MD

Authorized by: Debra F Friedman, MD

Frequency: 1 Time 02/11/16 1215 - 1 Occurrences

Received by:

Received by Date:
2/11/2016

Received by Time:
12:47

CBC WITH DIFFERENTIAL [118224018] (Abnormal)

Resulted: 02/11/16 1353, Result status: Final result

Ordering provider: Debra F Friedman, MD 02/11/16 1205

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Heel stick	02/11/16 1211

Components

Component	Value	Reference Range	Flag	Lab
WHITE BLOOD CELL COUNT	8.1	9.0 - 30.0 K/uL	L	NYU LAB
NUCLEATED RED BLOOD CELLS	0	0 - 1 /100WBC	—	NYU LAB
RED BLOOD CELL COUNT	5.36	4.70 - 5.50 M/uL	—	NYU LAB
HEMOGLOBIN	17.9	14.5 - 22.0 g/dL	—	NYU LAB
HEMATOCRIT	54.1	45.0 - 65.0 %	—	NYU LAB
MEAN CORPUSCULAR VOLUME	101.0	95.0 - 121.0 FL	—	NYU LAB
MEAN CORPUSCULAR HEMOGLOBIN	33.4	30.8 - 38.1 pg	—	NYU LAB
MEAN CORPUSCULAR HEMOGLOBIN CONC	33.1	29.0 - 37.0 g/dL	—	NYU LAB
RED CELL DISTRIBUTION WIDTH	15.9	11.5 - 14.5 %	H	NYU LAB
PLATELET COUNT	177	120 - 350 K/uL	—	NYU LAB
MEAN PLATELET VOLUME	7.80	6.0 - 11.0 FL	—	NYU LAB
SEGMENTED NEUTROPHILS %	47	25 - 57 %	—	NYU LAB
BANDS %	2	0 - 4 %	—	NYU LAB
LYMPHOCYTES %	41	41 - 71 %	—	NYU LAB
MONOCYTES %	9	3 - 12 %	—	NYU LAB
EOSINOPHILS %	1	0 - 5 %	—	NYU LAB
NEUTROPHILS ABSOLUTE	4.0	3.5 - 25.2 K/uL	—	NYU LAB
NEUTROPHILS SEGMENTED ABSOLUTE	3.8	2.5 - 20.0 K/uL	—	NYU LAB
BANDS ABSOLUTE	0.2	0 - 1.20 K/uL	—	NYU LAB
LYMPHOCYTES ABSOLUTE	3.3	3.7 - 24.1 K/uL	L	NYU LAB
MONOCYTES ABSOLUTE	0.7	0.2 - 3.1 K/uL	—	NYU LAB

**NYU Langone Health
System**TH 13 NURSERY
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient RecordAdler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 2/8/2016, D/C: 2/12/2016**Orders/Results - Order Type: Lab (continued)**

EOSINOPHILS, ABSOLUTE	0.08	0 - 1.7 K/uL	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

CBC WITH DIFFERENTIAL [118224013]Electronically signed by: **Debra F Friedman, MD on 02/11/16 0857**Ordering user: **Debra F Friedman, MD 02/11/16 0857**Authorized by: **Debra F Friedman, MD**Frequency: **1 Time 02/11/16 0900 - 1 Occurrences**Ordering provider: **Debra F Friedman, MD**Status: **Discontinued**Discontinued by: **Interface, Sunquest In 02/11/16 1148 [Other (Specimen clotted Reported to: NURSE)]****Received by:**Received by Date:
2/11/2016Received by Time:
11:42CBC WITH DIFFERENTIAL [118224015]

Resulted: 02/11/16 1142, Result status: In process

Ordering provider: **Debra F Friedman, MD 02/11/16 0857**Resulting lab: **NYU LAB**Specimen Information

Type	Source	Collected On
Blood	Heel stick	02/11/16 0921

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

C-REACTIVE PROTEIN [118224014]Electronically signed by: **Debra F Friedman, MD on 02/11/16 0857**Ordering user: **Debra F Friedman, MD 02/11/16 0857**Authorized by: **Debra F Friedman, MD**Frequency: **1 Time 02/11/16 0900 - 1 Occurrences**Ordering provider: **Debra F Friedman, MD**Status: **Completed****Received by:**Received by Date:
2/11/2016Received by Time:
10:07C-REACTIVE PROTEIN [118224016] (Abnormal)

Resulted: 02/11/16 1045, Result status: Final result

Ordering provider: **Debra F Friedman, MD 02/11/16 0857**Resulting lab: **NYU LAB**Specimen Information

Type	Source	Collected On
Blood	Heel stick	02/11/16 0921

Components

Component	Value	Reference Range	Flag	Lab
C-REACTIVE PROTEIN	23	0 - 9 mg/L	H	NYU LAB

Comment: Specimen hemolyzed, results may be questionable.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

Orders/Results - Order Type: Lab (continued)

DRUG SCREEN, URINE [117917064]

Electronically signed by: **Tanya Stolper, MD on 02/10/16 1115**
Ordering user: **Tanya Stolper, MD 02/10/16 1115**
Authorized by: **Purnahamsi Desai, MD**
Frequency: **1 Time 02/10/16 1130 - 1 Occurrences**

Ordering provider: **Tanya Stolper, MD**

Status: **Completed**

Received by:

Received by Date:
2/10/2016

Received by Time:
17:42

DRUG SCREEN, URINE [117917065]

Resulted: 02/10/16 2126, Result status: Final result

Ordering provider: **Tanya Stolper, MD 02/10/16 1115**

Resulting lab: **NYU LAB**

Specimen Information

Type	Source	Collected On
Urine	Void	02/10/16 1730

Components

Component	Value	Reference Range	Flag	Lab
AMPHETAMINE SCREEN, URINE	Negative	Negative ng/mL	—	NYU LAB
METHAMPHETAMINE	Negative	Negative ng/mL	—	NYU LAB
BARBITURATES SCREEN, URINE	Negative	Negative ng/mL	—	NYU LAB
BENZODIAZEPINE QUANT, UR	Negative	Negative ng/mL	—	NYU LAB
COCAINE SCREEN, URINE	Negative	Negative ng/mL	—	NYU LAB
METHADONE URINE	Negative	Negative ng/mL	—	NYU LAB
OPIATES SCREEN, URINE	Negative	Negative ng/mL	—	NYU LAB
PHENCYCLIDINE	Negative	Negative ng/mL	—	NYU LAB
THC, URINE	Negative	Negative ng/mL	—	NYU LAB
TRICYCLIC ANTIDEPRESSANTS SCREEN	Negative	Negative ng/mL	—	NYU LAB

Comment:

Drug Screen Positive Cutoff Concentrations:

Amphetamines: 1000ng/mL
Methamphetamines: 1000ng/mL
Barbiturates: 300ng/mL
Benzodiazepines: 300ng/mL
Cocaine: 300ng/mL
Methadone: 300ng/mL
Opiates: 300ng/mL
Phencyclidine/PCP: 25ng/mL
Tetrahydrocannabinol/THC: 50ng/mL
Tricyclic Antidepressants: 1000ng/mL

This is a screening test - false positive and false negative results can occur. Confirmation of positive results by GC/MS and/or LC/MS/MS must be requested separately.

Unconfirmed screening results should only be used for medical (i.e., treatment) purposes. Results should not be used for non-medical purposes (e.g., employment testing, legal testing).

The absence of expected drug(s)/drug metabolite(s) may indicate non-compliance, inappropriate timing of specimen collection relative to drug administration, poor drug absorption, diluted or adulterated urine, or limitations of testing. NOTE: THIS DRUG SCREEN DOES NOT TYPICALLY DETECT OXYCODONE/OXYMORPHONE.

The concentration at which the screening test can detect a drug or metabolite varies within a drug class. The concentration value must be greater than or equal to the cutoff to be reported as positive.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

Orders/Results - Order Type: Lab (continued)

11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

BILIRUBIN, PEDIATRIC [117917046]

Electronically signed by: **Chelsea Kadish, MD on 02/09/16 1027**
Ordering user: Chelsea Kadish, MD 02/09/16 1027
Authorized by: Purnahamsi Desai, MD
Frequency: 1 Time 02/10/16 0600 - 1 Occurrences

Ordering provider: Chelsea Kadish, MD

Status: **Completed**

Received by:

Received by Date:
2/10/2016

Received by Time:
05:40

BILIRUBIN, PEDIATRIC [117917060]

Resulted: 02/10/16 0605, Result status: Final result

Ordering provider: Chelsea Kadish, MD 02/10/16 0405

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	02/10/16 0530

Components

Component	Value	Reference Range	Flag	Lab
BILIRUBIN, PEDIATRIC	9.8	mg/dL	—	NYU LAB
Comment: Specimen hemolyzed, results may be questionable.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

C-REACTIVE PROTEIN [117917047]

Electronically signed by: **Chelsea Kadish, MD on 02/09/16 1027**
Ordering user: Chelsea Kadish, MD 02/09/16 1027
Authorized by: Purnahamsi Desai, MD
Frequency: 1 Time 02/10/16 0600 - 1 Occurrences

Ordering provider: Chelsea Kadish, MD

Status: **Completed**

Received by:

Received by Date:
2/10/2016

Received by Time:
05:40

C-REACTIVE PROTEIN [117917061] (Abnormal)

Resulted: 02/10/16 0605, Result status: Final result

Ordering provider: Chelsea Kadish, MD 02/10/16 0405

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	02/10/16 0530

Components

Component	Value	Reference Range	Flag	Lab
C-REACTIVE PROTEIN	29	0 - 9 mg/L	H	NYU LAB
Comment: Specimen hemolyzed, results may be questionable.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

Orders/Results - Order Type: Lab (continued)

DRUG SCREEN, URINE [117917050]

Electronically signed by: **Tanya Stolper, MD on 02/09/16 1621**
Ordering user: Tanya Stolper, MD 02/09/16 1621
Authorized by: Purnahamsi Desai, MD
Frequency: 1 Time 02/09/16 1630 - 1 Occurrences

Ordering provider: Tanya Stolper, MD

Status: **Discontinued**

Discontinued by: Interface, Sunquest In 02/13/16 0336 [Other
(UNRECEIVED TEST CANCELLED BY LAB)]

Received by:

Received by Date:
2/13/2016

Received by Time:
03:34

MISCELLANEOUS LAB TEST [117917048]

Electronically signed by: **Tanya Stolper, MD on 02/09/16 1518**
Ordering user: Tanya Stolper, MD 02/09/16 1518
Authorized by: Purnahamsi Desai, MD
Frequency: 1 Time 02/09/16 1530 - 1 Occurrences

Ordering provider: Tanya Stolper, MD

Status: **Completed**

Questionnaire

Question
Test Name

Answer
Meconium Tox ARUP # 0092516

Order comments: Meconium tox, Arup# 0092516

Received by:

Received by Date:
2/9/2016

Received by Time:
16:43

MISCELLANEOUS LAB TEST [117917049]

Resulted: 02/13/16 2320, Result status: Final result

Ordering provider: Tanya Stolper, MD 02/09/16 1518

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Other	—	02/09/16 1626

Components

Component TEST NAME	Value MECONIUM TOX ARUP(009251 6)	Reference Range —	Flag —	Lab NYU LAB
RESULTS	SEE NOTE	—	—	NYU LAB

Comment:
(NOTE)

Test name Result Flag Units RefIntvl

Amphetamines, Meconium Negative
Barbiturates, Meconium Negative
Benzodiazepines, Meconium Positive
Confirmed POSITIVE by LC-MS/MS for the following benzodiazepine(s):

Lorazepam = 181 ng/g
Alpha-hydroxymidazolam = 103 ng/g

Methodology: LC-MS/MS

Drugs covered: alprazolam, alpha-hydroxyalprazolam, clonazepam,
7-aminoclonazepam, diazepam, chlorthalidone, lorazepam,
midazolam, alpha-hydroxymidazolam, nordiazepam, oxazepam, and
temazepam. Identification of specific drug(s) taken is problematic
due to common metabolites, some of which are prescription drugs
themselves.

Buprenorphine, Meconium Negative
Marijuana, Meconium Negative
Cocaine, Meconium Negative
Methadone, Meconium Negative
Opiates, Meconium Negative

Orders/Results - Order Type: Lab (continued)

Phencyclidine, Meconium Negative

Meconium Comments

See Note

INTERPRETIVE INFORMATION: Drug Panel, Mec,
Screen w/Rflx to Conf

1. Drugs Covered and Cutoff Concentrations

Drugs/Drug Classes	Screen	Confirmation
Amphetamines	30 ng/g	20 ng/g
Barbiturates	75 ng/g	50 ng/g
Benzodiazepines	75 ng/g	20 ng/g
Buprenorphine	40 ng/g	20 ng/g
Cocaine	30 ng/g	20 ng/g
Marijuana	30 ng/g	5 ng/g
Methadone	40 ng/g	10 ng/g
Opiates	30 ng/g	20 ng/g
Phencyclidine	15 ng/g	10 ng/g

2. Meconium begins to form between the 12th and 16th week of gestation. Meconium drug testing can detect maternal drug use during the last 4 to 5 months of pregnancy. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drug use depends on the quantity and quality of the specimen tested as well as the pattern and frequency of drug(s) used by the mother. Although not likely, drugs administered during labor and delivery may be detected in meconium. Interpretive questions should be directed to the laboratory.

3. The concentration at which the screening test can detect a drug or metabolite varies within a drug class. The concentration value must be greater than or equal to the cutoff to be reported as positive.

4. For medical purposes only; not valid for forensic use.

Test developed and characteristics determined by ARUP Laboratories. See Compliance Statement B: aruplab.com/CS

Performed by ARUP Laboratories,

500 Chipeta Way, SLC, UT 84108 800-522-2787

www.aruplab.com, Jerry W. Hussong, MD, Lab. Director

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

BILIRUBIN, CONJUGATED, PEDIATRIC [117917038]

Electronically signed by: **Shelly Joseph, MD on 02/09/16 0135**

Ordering user: Shelly Joseph, MD 02/09/16 0135

Authorized by: Purnahamsi Desai, MD

Frequency: 1 Time 02/09/16 0600 - 1 Occurrences

Ordering provider: Shelly Joseph, MD

Status: **Completed**

Received by:

Received by Date:
2/9/2016

Received by Time:
07:39

BILIRUBIN, CONJUGATED, PEDIATRIC [117917041]

Resulted: 02/09/16 0809. Result status: Final result

Ordering provider: Shelly Joseph, MD 02/09/16 0405

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	02/09/16 0700

Components

Orders/Results - Order Type: Lab (continued)

Component	Value	Reference Range	Flag	Lab
BILIRUBIN, CONJUGATED, PEDIATRIC	0.0	0.0 - 0.3 mg/dL	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

BILIRUBIN, PEDIATRIC [117917037]

Electronically signed by: **Shelly Joseph, MD on 02/09/16 0135**
Ordering user: Shelly Joseph, MD 02/09/16 0135
Authorized by: Purnahamsi Desai, MD
Frequency: 1 Time 02/09/16 0600 - 1 Occurrences

Ordering provider: Shelly Joseph, MD

Status: **Completed**

Received by:

Received by Date:
2/9/2016

Received by Time:
07:39

BILIRUBIN, PEDIATRIC [117917040]

Resulted: 02/09/16 0809, Result status: Final result

Ordering provider: Shelly Joseph, MD 02/09/16 0405

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	02/09/16 0700

Components

Component	Value	Reference Range	Flag	Lab
BILIRUBIN, PEDIATRIC	7.2	mg/dL	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

DRUG SCREEN, URINE [117917021]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2228**
Ordering user: Amanda Schneider, MD 02/08/16 2228
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 2230 - 1 Occurrences

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Tanya Stolper, MD 02/09/16 1621

CBC WITH DIFFERENTIAL [117916361]

Electronically signed by: **Konstantin Medyuk, PA on 02/08/16 2207**
Ordering user: Konstantin Medyuk, PA 02/08/16 2207
Authorized by: Konstantin Medyuk, PA
Frequency: 1 Time 02/08/16 2215 - 1 Occurrences

Ordering provider: Konstantin Medyuk, PA

Status: **Completed**

Received by:

Received by Date:
2/8/2016

Received by Time:
23:27

CBC WITH DIFFERENTIAL [117916366] (Abnormal)

Resulted: 02/09/16 0103, Result status: Final result

Ordering provider: Konstantin Medyuk, PA 02/08/16 2207

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral artery	02/08/16 2207

Orders/Results - Order Type: Lab (continued)

Components

Component	Value	Reference Range	Flag	Lab
WHITE BLOOD CELL COUNT	19.7	9.0 - 30.0 K/uL	—	NYU LAB
NUCLEATED RED BLOOD CELLS	1	0 - 1 /100WBC	—	NYU LAB
RED BLOOD CELL COUNT	5.03	4.70 - 5.50 M/uL	—	NYU LAB
HEMOGLOBIN	17.4	14.5 - 22.0 g/dL	—	NYU LAB
HEMATOCRIT	50.9	45.0 - 65.0 %	—	NYU LAB
MEAN CORPUSCULAR VOLUME	101.0	95.0 - 121.0 FL	—	NYU LAB
MEAN CORPUSCULAR HEMOGLOBIN	34.6	30.8 - 38.1 pg	—	NYU LAB
MEAN CORPUSCULAR HEMOGLOBIN CONC	34.2	29.0 - 37.0 g/dL	—	NYU LAB
RED CELL DISTRIBUTION WIDTH	16.3	11.5 - 14.5 %	H	NYU LAB
PLATELET COUNT	203	120 - 350 K/uL	—	NYU LAB
MEAN PLATELET VOLUME	7.70	6.0 - 11.0 FL	—	NYU LAB
SEGMENTED NEUTROPHILS %	76	25 - 57 %	H	NYU LAB
BANDS %	1	0 - 4 %	—	NYU LAB
LYMPHOCYTES %	16	26 - 36 %	L	NYU LAB
MONOCYTES %	6	3 - 12 %	—	NYU LAB
EOSINOPHILS %	1	0 - 5 %	—	NYU LAB
NEUTROPHILS SEGMENTED ABSOLUTE	15.0	2.5 - 20.0 K/uL	—	NYU LAB
BANDS, ABSOLUTE	0.2	0 - 1.20 K/uL	—	NYU LAB
LYMPHOCYTES ABSOLUTE	3.2	2.4 - 12.2 K/uL	—	NYU LAB
MONOCYTES ABSOLUTE	1.2	0.2 - 3.1 K/uL	—	NYU LAB
EOSINOPHILS, ABSOLUTE	0.20	0 - 1.7 K/uL	—	NYU LAB
MORPHOLOGY, RBC	1+ Macro, 1+ Polychromasi a,	—	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

RETICULOCYTE COUNT [117916362]

Electronically signed by: **Konstantin Medyuk, PA on 02/08/16 2207**

Ordering user: Konstantin Medyuk, PA 02/08/16 2207

Authorized by: Konstantin Medyuk, PA

Frequency: 1 Time 02/08/16 2215 - 1 Occurrences

Ordering provider: Konstantin Medyuk, PA

Status: **Completed**

Received by:

Received by Date:
2/8/2016

Received by Time:
23:27

RETICULOCYTE COUNT [117916367]

Resulted: 02/09/16 0006, Result status: Final result

Ordering provider: Konstantin Medyuk, PA 02/08/16 2207

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral artery	02/08/16 2207

Components

Component	Value	Reference Range	Flag	Lab
RETICULOCYTE COUNT PERCENT	4.5	2.0 - 6.0 %	—	NYU LAB
RETICULOCYTE ABSOLUTE COUNT	225.0	K/uL	—	NYU LAB
IMMATURE RETIC FRACTION	0.58	—	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av	02/12/10 0310 - Present

Orders/Results - Order Type: Lab (continued)

NEW YORK NY 10016

C-REACTIVE PROTEIN [117916364]

Electronically signed by: **Konstantin Medyuk, PA on 02/08/16 2207**
Ordering user: Konstantin Medyuk, PA 02/08/16 2207
Authorized by: Konstantin Medyuk, PA
Frequency: 1 Time 02/08/16 2215 - 1 Occurrences

Ordering provider: Konstantin Medyuk, PA

Status: **Completed**

Received by:

Received by Date:
2/8/2016

Received by Time:
23:23

C-REACTIVE PROTEIN [117916369] (Abnormal)

Resulted: 02/09/16 0032, Result status: Final result

Ordering provider: Konstantin Medyuk, PA 02/08/16 2207

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral artery	02/08/16 2207

Components

Component	Value	Reference Range	Flag	Lab
C-REACTIVE PROTEIN	30	0 - 9 mg/L	H	NYU LAB
Comment: Specimen hemolyzed, results may be questionable.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

BLOOD GAS, VENOUS, CORD BLOOD [117775251]

Electronically signed by: **Christine Foley, MD on 02/08/16 0254**
Ordering user: Christine Foley, MD 02/08/16 0254
Authorized by: Robert E Berg, MD
Frequency: 1 Time 02/08/16 0300 - 1 Occurrences

Ordering provider: Christine Foley, MD

Status: **Completed**

Received by:

Received by Date:
2/8/2016

Received by Time:
03:26

BLOOD GAS, VENOUS, CORD BLOOD [117775253] (Abnormal)

Resulted: 02/08/16 0328, Result status: Final result

Ordering provider: Christine Foley, MD 02/08/16 0254

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	—	02/08/16 0313

Components

Component	Value	Reference Range	Flag	Lab
PH VENOUS	7.274	7.22 - 7.44 pH Units	—	NYU LAB
PCO2 VENOUS	53.0	30 - 63 mmHG	—	NYU LAB
PO2, VBG	31.1	12 - 43 mmHG	—	NYU LAB
HCO3, VBG	23.8	20 - 28 mmol/L	—	NYU LAB
BASE DEFICIT (VBG)	3.5	mmol/L	—	NYU LAB
SODIUM, VBG	134	138 - 145 mmol/L	L	NYU LAB
POTASSIUM, VBG	4.5	3.6 - 4.7 mmol/L	—	NYU LAB
CALCIUM VBG	1.48	1.07 - 1.41 mmol/L	H	NYU LAB
GLUCOSE, VBG	86	mg/dl	—	NYU LAB
HEMATOCRIT, VBG	49.3	%	—	NYU LAB
OXYGEN SATURATION, VBG	60.0	%	—	NYU LAB

**NYU Langone Health
System**

TH 13 NURSERY
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 2/8/2016, D/C: 2/12/2016

Orders/Results - Order Type: Lab (continued)

TEMPERATURE, VBG	37.0	F	—	NYU LAB
OXYGEN %, VBG	21.0	%	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

BLOOD GAS, ARTERIAL, CORD BLOOD [117775252]

Electronically signed by: **Christine Foley, MD on 02/08/16 0254**
Ordering user: Christine Foley, MD 02/08/16 0254
Authorized by: Robert E Berg, MD
Frequency: 1 Time 02/08/16 0300 - 1 Occurrences

Ordering provider: Christine Foley, MD

Status: **Completed**

Received by:

Received by Date:
2/8/2016

Received by Time:
03:25

BLOOD GAS, ARTERIAL, CORD BLOOD [117775254] (Abnormal)

Resulted: 02/08/16 0328, Result status: Final result

Ordering provider: Christine Foley, MD 02/08/16 0254

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	—	02/08/16 0313

Components

Component	Value	Reference Range	Flag	Lab
PH ARTERIAL	7.249	7.14 - 7.42 pH Units	—	NYU LAB
PCO2 ARTERIAL	64.7	34 - 78 mmHG	—	NYU LAB
PO2, ABG	16.7	3 - 40 mmHG	—	NYU LAB
HCO3, ABG	27.4	21 - 29 mmol/L	—	NYU LAB
BASE DEFICIT, ABG	1.5	mmol/L	—	NYU LAB
SODIUM, ABG	134	138 - 148 mmol/L	L	NYU LAB
POTASSIUM, ABG	4.4	4.0 - 5.4 mmol/L	—	NYU LAB
CALCIUM, ABG	1.46	1.15 - 1.33 mmol/L	H	NYU LAB
GLUCOSE, ABG	76	70 - 100 mg/dL	—	NYU LAB
HEMATOCRIT, ABG	49.6	42 - 52 %	—	NYU LAB
OXYGEN SATURATION, ABG	22.1	95 - 100 %	L	NYU LAB
TEMPERATURE, ABG	37.0	F	—	NYU LAB
OXYGEN PERCENT, ABG	21.0	%	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

RPR MONITOR REFLEX TITER [117775231]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117**
Ordering user: Christine Foley, MD 02/08/16 0117
Authorized by: Robert E Berg, MD
Frequency: 1 Time 02/08/16 0130 - 1 Occurrences

Ordering provider: Christine Foley, MD

Status: **Completed**

Received by:

Received by Date:
2/8/2016

Received by Time:
04:05

Orders/Results - Order Type: Lab (continued)

RPR MONITOR REFLEX TITER [117775250]

Resulted: 02/08/16 1048, Result status: Final result

Ordering provider: Christine Foley, MD 02/08/16 0117

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Umbilical Vein	02/08/16 0344

Components

Component	Value	Reference Range	Flag	Lab
RPR	Non-Reactive	Non-Reactive	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

Orders/Results - Order Type: Medications

ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe [117916373]

Electronically signed by: Konstantin Medyuk, PA on 02/08/16 2222

Status: **Completed**

Ordering user: Konstantin Medyuk, PA 02/08/16 2222

Ordering provider: Amanda Schneider, MD

Authorized by: Amanda Schneider, MD

Frequency: Q12H 02/08/16 2230 - 4 Occurrences

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
ampicillin (OMNIPEN)	100 mg/kg	366 mg
sterile water for injection	3.66 mL	3.66 mL

gentamicin (PF) (GARAMYCIN) IV syringe 14.6 mg [117916374]

Electronically signed by: Konstantin Medyuk, PA on 02/08/16 2222

Status: **Discontinued**

Ordering user: Konstantin Medyuk, PA 02/08/16 2222

Ordering provider: Amanda Schneider, MD

Authorized by: Amanda Schneider, MD

Frequency: Q24H 02/08/16 2230 - 4 Occurrences

Discontinued by: Chelsea Kadish, MD 02/10/16 1032 [Provider Decision]

dextrose 10 % infusion [117916372]

Electronically signed by: Konstantin Medyuk, PA on 02/08/16 2208

Status: **Discontinued**

Ordering user: Konstantin Medyuk, PA 02/08/16 2208

Ordering provider: Konstantin Medyuk, PA

Authorized by: Amanda Schneider, MD

Frequency: Continuous 02/08/16 2215 - 30 Days

Discontinued by: Chelsea Kadish, MD 02/09/16 1026 [Provider Decision]

phytonadione (vitamin K1) (VITAMIN-K) injection 1 mg [117775227]

Electronically signed by: Christine Foley, MD on 02/08/16 0117

Status: **Completed**

Ordering user: Christine Foley, MD 02/08/16 0117

Ordering provider: Christine Foley, MD

Authorized by: Christine Foley, MD

Frequency: Once 02/08/16 0130 - 1 Occurrences

vitamin A & D-white petrolatum-lanolin (DESITIN) ointment [117775228]

Electronically signed by: Christine Foley, MD on 02/08/16 0117

Status: **Discontinued**

Ordering user: Christine Foley, MD 02/08/16 0117

Ordering provider: Christine Foley, MD

Authorized by: Amanda Schneider, MD

PRN reasons: Other

PRN Comment: Diaper Rash

Additional signing events

Awaiting signature from Debra F Friedman, MD, for Discontinuing in Per protocol: cosign required mode, Communicator - Melissa Fava, RN

Frequency: Q2H PRN 02/08/16 0116 - 30 Days

Discontinued by: Melissa Fava, RN 02/12/16 1457 [Therapy completed]

expressed breast milk [117775223]

Orders/Results - Order Type: Medications (continued)

expressed breast milk [117775223] (continued)

Electronically signed by: **Christine Foley, MD on 02/08/16 0117**
Ordering user: Christine Foley, MD 02/08/16 0117
Authorized by: Christine Foley, MD
PRN reasons: Other
Frequency: Q1H PRN 02/08/16 0116 - 30 Days

Ordering provider: Christine Foley, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

Mixture Ingredients

Medication
expressed breast milk

Ordered Dose
—

Calculated Dose
—

erythromycin (ROMYCIN) ophthalmic ointment 0.75 Inch [117775224]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117**
Ordering user: Christine Foley, MD 02/08/16 0117
Authorized by: Christine Foley, MD
Frequency: Once 02/08/16 0130 - 1 Occurrences

Ordering provider: Christine Foley, MD

Status: **Completed**

lidocaine (LMX) 4 % cream [117775225]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117**
Ordering user: Christine Foley, MD 02/08/16 0117
Authorized by: Amanda Schneider, MD
PRN reasons: Other
PRN Comment: Procedures including phlebotomy, IV start, and lumbar punctures
Additional signing events
Awaiting signature from Debra F Friedman, MD, for Discontinuing in Per protocol: cosign required mode, Communicator - Melissa Fava, RN
Frequency: Q6H PRN 02/08/16 0116 - 30 Days

Ordering provider: Christine Foley, MD

Status: **Discontinued**

Discontinued by: Melissa Fava, RN 02/12/16 1457 [Therapy completed]

hepatitis B vaccine (PF) (ENGRIX-B) 10 mcg/0.5 mL injection 0.5 mL [117775226]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117**
Ordering user: Christine Foley, MD 02/08/16 0117
Authorized by: Christine Foley, MD
Additional signing events
Awaiting signature from Debra F Friedman, MD, for Discontinuing in Per protocol: cosign required mode, Communicator - Melissa Fava, RN
Frequency: Once 02/08/16 0130 - 1 Occurrences

Ordering provider: Christine Foley, MD

Status: **Discontinued**

Discontinued by: Melissa Fava, RN 02/12/16 1459 [Therapy completed]

Orders/Results - Order Type: Microbiology

BLOOD CULTURE (AEROBIC) WITH FUNGAL (PEDS) [117916363]

Electronically signed by: **Konstantin Medyuk, PA on 02/08/16 2207**
Ordering user: Konstantin Medyuk, PA 02/08/16 2207
Authorized by: Konstantin Medyuk, PA
Frequency: 1 Time 02/08/16 2215 - 1 Occurrences

Ordering provider: Konstantin Medyuk, PA

Status: **Completed**

Received by:

Received by Date:
2/8/2016

Received by Time:
23:36

BLOOD CULTURE (AEROBIC) WITH FUNGAL (PEDS) [117916368]

Resulted: 02/22/16 1351, Result status: Final result

Ordering provider: Konstantin Medyuk, PA 02/08/16 2207

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	02/08/16 2208

Components

Component	Value	Reference Range	Flag	Lab
SPECIMEN DESCRIPTION	Blood (Peripheral)	—	—	NYU LAB
COMMENTS/TECH ID	None	—	—	NYU LAB
CULTURE	No Growth	—	—	NYU LAB

Orders/Results - Order Type: Microbiology (continued)

STATUS	after 2 weeks			
	02/22/2016	—	—	NYU LAB
	FINAL			

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

Orders/Results - Order Type: Nursing

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227** Status: **Discontinued**
 Ordering user: Amanda Schneider, MD 02/08/16 2227 Ordering provider: Amanda Schneider, MD
 Authorized by: Debra F Friedman, MD
 Frequency: Q3H 02/09/16 - Until Specified Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227** Status: **Discontinued**
 Ordering user: Amanda Schneider, MD 02/08/16 2227 Ordering provider: Amanda Schneider, MD
 Authorized by: Debra F Friedman, MD
 Frequency: Q3H 02/09/16 - Until Specified Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227** Status: **Discontinued**
 Ordering user: Amanda Schneider, MD 02/08/16 2227 Ordering provider: Amanda Schneider, MD
 Authorized by: Debra F Friedman, MD
 Frequency: Q3H 02/09/16 - Until Specified Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227** Status: **Discontinued**
 Ordering user: Amanda Schneider, MD 02/08/16 2227 Ordering provider: Amanda Schneider, MD
 Authorized by: Debra F Friedman, MD
 Frequency: Q3H 02/09/16 - Until Specified Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227** Status: **Discontinued**
 Ordering user: Amanda Schneider, MD 02/08/16 2227 Ordering provider: Amanda Schneider, MD
 Authorized by: Debra F Friedman, MD
 Frequency: Q3H 02/09/16 - Until Specified Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227** Status: **Discontinued**
 Ordering user: Amanda Schneider, MD 02/08/16 2227 Ordering provider: Amanda Schneider, MD
 Authorized by: Debra F Friedman, MD
 Frequency: Q3H 02/09/16 - Until Specified Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227** Status: **Discontinued**
 Ordering user: Amanda Schneider, MD 02/08/16 2227 Ordering provider: Amanda Schneider, MD
 Authorized by: Debra F Friedman, MD

Orders/Results - Order Type: Nursing (continued)

INTAKE AND OUTPUT [117916383] (continued)

Frequency: Q3H 02/09/16 - Until Specified

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

Orders/Results - Order Type: Nursing (continued)**INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Q3H 02/09/16 - Until Specified**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Q3H 02/09/16 - Until Specified**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Q3H 02/09/16 - Until Specified**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Q3H 02/09/16 - Until Specified**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Q3H 02/09/16 - Until Specified**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Q3H 02/09/16 - Until Specified**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Q3H 02/09/16 - Until Specified**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Q3H 02/09/16 - Until Specified**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**

Orders/Results - Order Type: Nursing (continued)

INTAKE AND OUTPUT [117916383] (continued)

Frequency: Q3H 02/09/16 - Until Specified

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Authorized by: Debra F Friedman, MD

Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

Orders/Results - Order Type: Nursing (continued)**NURSING COMMUNICATION [117917042]**

Electronically signed by: **Amanda Schneider, MD on 02/09/16 0634**
Ordering user: Amanda Schneider, MD 02/09/16 0634
Authorized by: Purnahamsi Desai, MD
Frequency: Ongoing 02/09/16 0645 - Until Specified
Order comments: Please do NAS scoring every 3hr

Ordering provider: Amanda Schneider, MD

Status: **Completed****INTAKE AND OUTPUT [117916383]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

Orders/Results - Order Type: Nursing (continued)**INTAKE AND OUTPUT [117916383] (continued)**

Discharge]

MEASURE WEIGHT [117916388]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q AM 02/09/16 0800 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient
Discharge]

VITAL SIGNS PER PROTOCOL [117916379]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Ongoing 02/08/16 2230 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient
Discharge]

BP CHECK ON SPECIFIC SIDE/AREA [117916380]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 2230 - 1 Occurrences

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient
Discharge]

CRITICAL CONGENITAL HEART DEFECT SCREENING [117916381]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 2230 - 1 Occurrences

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient
Discharge]

Order comments: perform at least 24 hours post delivery, may repeat (as per protocol algorithm) every 1 hour for 2 additional occurrences until pass or fail requiring evaluation by pediatric service

NEWBORN HEARING TEST [117916382]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 2230 - 1 Occurrences

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient
Discharge]

INTAKE AND OUTPUT [117916383]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Q3H 02/09/16 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient
Discharge]

NURSING COMMUNICATION [117916384]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 2230 - 1 Occurrences
Order comments: gestational age assessment within 24 hours of birth

Ordering provider: Amanda Schneider, MD

Status: **Completed****PULSE OXIMETRY, CONTINUOUS - NURSING [117916387]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: Amanda Schneider, MD 02/08/16 2227
Authorized by: Debra F Friedman, MD
Frequency: Continuous 02/08/16 2230 - Until Specified

Ordering provider: Amanda Schneider, MD

Status: **Discontinued**

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient
Discharge]

Orders/Results - Order Type: Nursing (continued)**MEASURE HEAD CIRCUMFERENCE [117916389]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Q Week 02/08/16 2230 - Until Specified**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]**Order comments: **and on admission****MEASURE LENGTH [117916390]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **1 Time 02/08/16 2230 - 1 Occurrences**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]**Order comments: **on admission and discharge****NURSING COMMUNICATION [117916391]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **1 Time 02/08/16 2230 - 1 Occurrences**
Order comments: **offer feeding at 4 hours of age**

Ordering provider: **Amanda Schneider, MD**Status: **Completed****NURSING COMMUNICATION [117916392]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Ongoing 02/08/16 2230 - Until Specified**
Order comments: **Eye exam between 4-6 weeks of age for any infant less than 1500 grams or equal to or less than 32 weeks gestation at birth; or any infant 1500 grams to 2000 grams at birth with an unstable clinical course. Exam to be done at 1 month chronological age or 31-33 weeks post-conceptual age, whichever is later**

Ordering provider: **Amanda Schneider, MD**Status: **Completed****NOTIFY PHYSICIAN/NP/PA [117916393]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **Ongoing 02/08/16 2230 - Until Specified**
Order comments: **for change in clinical status or vital signs**

Ordering provider: **Amanda Schneider, MD**Status: **Completed****TOBACCO CESSATION EDUCATION [117916394]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **1 Time 02/08/16 2230 - 1 Occurrences**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****PATIENT EDUCATION (SPECIFY) [117916395]**

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**
Ordering user: **Amanda Schneider, MD 02/08/16 2227**
Authorized by: **Debra F Friedman, MD**
Frequency: **1 Time 02/08/16 2230 - 1 Occurrences**

Ordering provider: **Amanda Schneider, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]****VITAL SIGNS PER PROTOCOL [11775208]**

Electronically signed by: **Christine Foley, MD on 02/08/16 0117**
Ordering user: **Christine Foley, MD 02/08/16 0117**
Authorized by: **Debra F Friedman, MD**
Frequency: **Ongoing 02/08/16 0130 - Until Specified**

Ordering provider: **Christine Foley, MD**Status: **Discontinued**Discontinued by: **Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]**

Order comments: **FOR ALL BUT LATE PRETERM: EVERY 30 minutes for 2 hours or until stable, followed by EVERY 6 hours FOR LATE PRETERM (35-36.6 WEEKS): EVERY 30 minutes for 2 hours or until stable, followed by EVERY 4 hours until 24 hours old, followed by EVERY 6**

Orders/Results - Order Type: Nursing (continued)**VITAL SIGNS PER PROTOCOL [117775208] (continued)**

hours FOR ALL GBS POSITIVE OR UNKNOWN MOTHERS WHO WERE INADEQUATELY TREATED: EVERY 30 minutes for 2 hours or until stable, followed by EVERY 4 hours until discharge

CRITICAL CONGENITAL HEART DEFECT SCREENING [117775209]Electronically signed by: **Christine Foley, MD on 02/08/16 0117**Status: **Discontinued**

Ordering user: Christine Foley, MD 02/08/16 0117

Ordering provider: Christine Foley, MD

Authorized by: Debra F Friedman, MD

Frequency: 1 Time 02/08/16 0130 - 1 Occurrences

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

Order comments: perform at least 24 hours post delivery, may repeat (as per protocol algorithm) every 1 hour for 2 additional occurrences until pass or fail requiring evaluation by pediatric service

NEWBORN HEARING TEST [117775210]Electronically signed by: **Christine Foley, MD on 02/08/16 0117**Status: **Discontinued**

Ordering user: Christine Foley, MD 02/08/16 0117

Ordering provider: Christine Foley, MD

Authorized by: Debra F Friedman, MD

Frequency: 1 Time 02/08/16 0130 - 1 Occurrences

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

Order comments: perform at least 24 hours post delivery, may repeat every shift until resulted

MEASURE WEIGHT [117775211]Electronically signed by: **Christine Foley, MD on 02/08/16 0117**Status: **Discontinued**

Ordering user: Christine Foley, MD 02/08/16 0117

Ordering provider: Christine Foley, MD

Authorized by: Debra F Friedman, MD

Frequency: Now Then Q24H 02/08/16 0130 - Until Specified

Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

NURSING COMMUNICATION [117775212]Electronically signed by: **Christine Foley, MD on 02/08/16 0117**Status: **Completed**

Ordering user: Christine Foley, MD 02/08/16 0117

Ordering provider: Christine Foley, MD

Authorized by: Debra F Friedman, MD

Frequency: 1 Time 02/08/16 0130 - 1 Occurrences

Order comments: if baby is direct antibody positive, place Contingency Orders for CBC and Reticulocyte Count, Total Serum Bilirubin, and Direct Bilirubin to be drawn within 24 hours of birth

NURSING COMMUNICATION [117775213]Electronically signed by: **Christine Foley, MD on 02/08/16 0117**Status: **Completed**

Ordering user: Christine Foley, MD 02/08/16 0117

Ordering provider: Christine Foley, MD

Authorized by: Debra F Friedman, MD

Frequency: Ongoing 02/08/16 0130 - Until Specified

Order comments: place Contingency Order for POCT Bilirubin Transcutaneous, per Protocol, under the following conditions: 1. Upon clinical visualization of jaundice 2. Every 24 hours for late preterm infant 3. Within 6 hours of anticipated discharge 4. On Day 3 if born via Cesarean Section Notify Pediatrician when transcutaneous bilirubin is High Intermediate Risk or High Risk

NURSING COMMUNICATION [117775214]Electronically signed by: **Christine Foley, MD on 02/08/16 0117**Status: **Completed**

Ordering user: Christine Foley, MD 02/08/16 0117

Ordering provider: Christine Foley, MD

Authorized by: Debra F Friedman, MD

Frequency: Ongoing 02/08/16 0130 - Until Specified

Order comments: place Contingency Order for serum bilirubin in all infants if transcutaneous bilirubin is High Intermediate Risk or High Risk

NURSING COMMUNICATION [117775215]Electronically signed by: **Christine Foley, MD on 02/08/16 0117**Status: **Completed**

Ordering user: Christine Foley, MD 02/08/16 0117

Ordering provider: Christine Foley, MD

Authorized by: Debra F Friedman, MD

Frequency: Ongoing 02/08/16 0130 - Until Specified

Order comments: place Contingency Order for and obtain POCT Glucose for SGA and late preterm infants: Chemstick a half hour after first feeding completed, and continue every 2-3 hours prior to feedings; continue for minimum of 24 hours; discontinue glucose series only if the last 3 readings are within normal limits.

Orders/Results - Order Type: Nursing (continued)

NURSING COMMUNICATION [117775216]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117** Status: **Completed**
Ordering user: Christine Foley, MD 02/08/16 0117 Ordering provider: Christine Foley, MD
Authorized by: Debra F Friedman, MD
Frequency: Ongoing 02/08/16 0130 - Until Specified
Order comments: place Contingency Order for and obtain POCT Glucose for LGA infants and infants of diabetic mothers : Chemstick a half hour after first feeding completed, and continue every 2-3 hours prior to feedings; continue for 12 hours with a minimum of 4 readings; discontinue glucose series only if the last 3 readings are within normal limits.

NURSING COMMUNICATION [117775217]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117** Status: **Completed**
Ordering user: Christine Foley, MD 02/08/16 0117 Ordering provider: Christine Foley, MD
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 0130 - 1 Occurrences
Order comments: for infant born to HBsAg positive mother, place Contingency Orders for and administer hepatitis B PF vaccine and hepatitis B immune globulin within 12 hours of birth, at different injection sites

NURSING COMMUNICATION [117775218]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117** Status: **Completed**
Ordering user: Christine Foley, MD 02/08/16 0117 Ordering provider: Christine Foley, MD
Authorized by: Debra F Friedman, MD
Frequency: Ongoing 02/08/16 0130 - Until Specified
Order comments: observe neonate for 48 hours after birth

TOBACCO CESSATION EDUCATION [117775219]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117** Status: **Discontinued**
Ordering user: Christine Foley, MD 02/08/16 0117 Ordering provider: Christine Foley, MD
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 0130 - 1 Occurrences
Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

PATIENT EDUCATION (SPECIFY) [117775220]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117** Status: **Discontinued**
Ordering user: Christine Foley, MD 02/08/16 0117 Ordering provider: Christine Foley, MD
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 0130 - 1 Occurrences
Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

PATIENT EDUCATION (SPECIFY) [117775221]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117** Status: **Discontinued**
Ordering user: Christine Foley, MD 02/08/16 0117 Ordering provider: Christine Foley, MD
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 0130 - 1 Occurrences
Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]

INITIATE STATE NEWBORN SCREEN [117775230]

Electronically signed by: **Christine Foley, MD on 02/08/16 0117** Status: **Discontinued**
Ordering user: Christine Foley, MD 02/08/16 0117 Ordering provider: Christine Foley, MD
Authorized by: Debra F Friedman, MD
Frequency: 1 Time 02/08/16 0130 - 1 Occurrences
Discontinued by: Automatic Discharge Provider 02/13/16 1405 [Patient Discharge]
Order comments: before discharge (per state regulations)

Orders/Results - Order Type: Point of Care Testing

POCT GLUCOSE [117917044]

Electronically signed by: **Interface, Sunquest In on 02/09/16 0647** Status: **Completed**
Ordering user: Interface, Sunquest In 02/09/16 0647 Ordering provider: Purnahamsi Desai, MD
Authorized by: Purnahamsi Desai, MD
Frequency: 1 Time 02/09/16 0700 - 1 Occurrences

Orders/Results - Order Type: Point of Care Testing (continued)

Received by:

Received by Date:
2/9/2016

Received by Time:
06:59

POCT GLUCOSE [117917045]

Resulted: 02/09/16 0659, Result status: Final result

Ordering provider: Purnahamsi Desai, MD 02/09/16 0647

Resulting lab: NYU LAB

Components

Component	Value	Reference Range	Flag	Lab
GLUCOSE, POC	71	40 - 150 mg/dL	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

POCT CAPILLARY BLOOD GAS WITH LACTATE [117917036]

Electronically signed by: Shelly Joseph, MD on 02/09/16 0135

Status: **Discontinued**

Ordering user: Shelly Joseph, MD 02/09/16 0135

Ordering provider: Shelly Joseph, MD

Authorized by: Purnahamsi Desai, MD

Frequency: 1 Time 02/09/16 0600 - 1 Occurrences

Discontinued by: Chelsea Kadish, MD 02/09/16 1121 [Provider Decision]

POCT ARTERIAL BLOOD GAS WITH LACTATE [117917025]

Electronically signed by: Konstantin Medyuk, PA on 02/08/16 2237

Status: **Completed**

Ordering user: Konstantin Medyuk, PA 02/08/16 2237

Ordering provider: Konstantin Medyuk, PA

Authorized by: Konstantin Medyuk, PA

Frequency: 1 Time 02/08/16 2245 - 1 Occurrences

Received by:

Received by Date:
2/8/2016

Received by Time:
23:11

POCT ARTERIAL BLOOD GAS WITH LACTATE [117917026] (Abnormal)

Resulted: 02/08/16 2311, Result status: Final result

Ordering provider: Konstantin Medyuk, PA 02/08/16 2237

Resulting lab: NYU LAB

Components

Component	Value	Reference Range	Flag	Lab
ARTERIAL LACTATE, POC	2.43	0.36 - 1.25 mmol/L	H	NYU LAB
ARTERIAL PH, POC	7.479	7.35 - 7.45 pH	H	NYU LAB
ARTERIAL PCO2, POC	34.9	35 - 45 mmHg	L	NYU LAB
ARTERIAL PO2, POC	92	80 - 105 mmHg	—	NYU LAB
ARTERIAL TCO2 CALCULATED, POC	27	23 - 27 mmol/L	—	NYU LAB
ARTERIAL HCO3 CALCULATED, POC	25.8	22 - 26 mmol/L	—	NYU LAB
ARTERIAL BASE EXCESS CALCULATED, POC	2	0 - 3 mmol/L	—	NYU LAB
ARTERIAL SO2 CALCULATED, POC	98	95 - 98 %	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

POCT BILIRUBIN TRANSCUTANEOUS [117916385]

Electronically signed by: Amanda Schneider, MD on 02/08/16 2227

Status: **Discontinued**

Ordering user: Amanda Schneider, MD 02/08/16 2227

Ordering provider: Amanda Schneider, MD

Authorized by: Debra F Friedman, MD

Frequency: 1 Time 02/08/16 2230 - 1 Occurrences

Discontinued by: Amanda Schneider, MD 02/09/16 1833 [Provider

Orders/Results - Order Type: Point of Care Testing (continued)

POCT BILIRUBIN TRANSCUTANEOUS [117916385] (continued)

Decision]

POCT GLUCOSE [117916386]

Electronically signed by: **Amanda Schneider, MD on 02/08/16 2227**

Status: **Completed**

Ordering user: **Amanda Schneider, MD 02/08/16 2227**

Ordering provider: **Amanda Schneider, MD**

Authorized by: **Debra F Friedman, MD**

Frequency: **1 Time 02/08/16 2230 - 1 Occurrences**

Received by:

Received by Date:
2/9/2016

Received by Time:
00:28

POCT GLUCOSE [117916405]

Resulted: 02/09/16 0029, Result status: Final result

Ordering provider: **Amanda Schneider, MD 02/08/16 2227**

Resulting lab: **NYU LAB**

Specimen Information

Type	Source	Collected On
Blood	—	02/08/16 2159

Components

Component	Value	Reference Range	Flag	Lab
GLUCOSE, POC	77	40 - 150 mg/dL	—	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

POCT ARTERIAL BLOOD GAS WITH LACTATE [117775257]

Electronically signed by: **Konstantin Medyuk, PA on 02/08/16 2207**

Status: **Completed**

Ordering user: **Konstantin Medyuk, PA 02/08/16 2207**

Ordering provider: **Konstantin Medyuk, PA**

Authorized by: **Debra F Friedman, MD**

Frequency: **1 Time 02/08/16 2215 - 1 Occurrences**

Received by:

Received by Date:
2/9/2016

Received by Time:
06:52

POCT ARTERIAL BLOOD GAS WITH LACTATE [117916365] (Abnormal)

Resulted: 02/09/16 0652, Result status: Final result

Ordering provider: **Konstantin Medyuk, PA 02/08/16 2207**

Resulting lab: **NYU LAB**

Components

Component	Value	Reference Range	Flag	Lab
ARTERIAL LACTATE, POC	1.47	0.36 - 1.25 mmol/L	H	NYU LAB
ARTERIAL PH, POC	7.467	7.35 - 7.45 pH	H	NYU LAB
ARTERIAL PCO2, POC	35.3	35 - 45 mmHg	—	NYU LAB
ARTERIAL PO2, POC	66	80 - 105 mmHg	L	NYU LAB
ARTERIAL TCO2 CALCULATED, POC	26	23 - 27 mmol/L	—	NYU LAB
ARTERIAL HCO3 CALCULATED, POC	25.4	22 - 26 mmol/L	—	NYU LAB
ARTERIAL BASE EXCESS CALCULATED, POC	2	0 - 3 mmol/L	—	NYU LAB
ARTERIAL SO2 CALCULATED, POC	94	95 - 98 %	L	NYU LAB

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

Orders/Results - Order Type: Point of Care Testing (continued)

Orders/Results - Order Type: ECG

SCANNED EKG [118224043]

Electronically signed by: **Interface, Onbase In on 02/17/16 0803**

Status: **Completed**

Ordering user: **Interface, Onbase In 02/17/16 0803**

Ordering provider: **Provider Not In System/Unknown**

Authorized by: **Provider Not In System/Unknown**

Frequency: -

SCANNED EKG [118224043]

Resulted: 02/17/16 0803, Result status: Final result

Ordering provider: **Provider Not In System/Unknown 02/17/16 0803**

EKG 12-LEAD [118224027]

Electronically signed by: **Debra F Friedman, MD on 02/12/16 1150**

Status: **Completed**

Ordering user: **Debra F Friedman, MD 02/12/16 1150**

Ordering provider: **Debra F Friedman, MD**

Authorized by: **Debra F Friedman, MD**

Frequency: **1 Time 02/12/16 1200 - 1 Occurrences**

Questionnaire

Question

Answer

Indication:

Other (specify)

Order comments: **irreg hr**

Billing Provider

Colin Phoon, MD

EKG 12-LEAD [118224028]

Resulted: 02/12/16 1436, Result status: Final result

Ordering provider: **Debra F Friedman, MD 02/12/16 1150**

Resulting lab: **MUSE**

Components

Component
EKG 12-LEAD

Value

Reference Range

Flag

Lab
Muse-EKG

Result:

Ventricular Rate: 112 BPM

Atrial Rate: 112 BPM

P-R Interval: 82 ms

QRS Duration: 52 ms

Q-T Interval: 294 ms

QTC Calculation(Bezet): 401 ms

P Axis: 77 degrees

R Axis: 111 degrees

T Axis: 70 degrees

**** * Pediatric ECG Analysis * ****

Normal sinus rhythm with sinus arrhythmia

Normal ECG

No previous ECGs available

Testing Performed By

Lab - Abbreviation

Name

Director

Address

Valid Date Range

14 - Muse-EKG

MUSE

Unknown

Unknown

05/27/09 1356 - Present

**NURSING RECORDS
CARE PLAN**

Care Plan Notes

No notes of this type exist for this encounter.

Multidisciplinary Problems (Active)

Problem: Infant General Plan of Care

Dates: Start: 02/09/16
Disciplines: Nurse, Interdisciplinary
Goal: Plan of Care Review

Dates: Start: 02/09/16
Disciplines: Nurse, Interdisciplinary

Flowsheet:

Taken at 02/10/16 1131

RETIRED Progress

improving by Kayla Guarneri Halvey, RN

Goal: Infant Individualization and Mutuality

Dates: Start: 02/09/16
Disciplines: Nurse, Interdisciplinary

Goal: Discharge Planning

Dates: Start: 02/09/16
Disciplines: Nurse, Interdisciplinary

Problem: Newborn (NICU, Newborn, Pediatric)

Dates: Start: 02/08/16
Description: Prevent and manage potential problems including:
Disciplines: Nurse, Interdisciplinary

Goal: Signs and symptoms of listed potential problems will be absent or manageable (reference (Newborn (NICU, Newborn, Pediatric) CPG)

Dates: Start: 02/08/16
Description: Signs and symptoms of listed potential problems will be absent or manageable (reference Newborn (NICU, Newborn, Pediatric) CPG)
Disciplines: Nurse, Interdisciplinary

Flowsheet:

Taken at 02/12/16 0100

RETIRED Problems Assessed (Newborn)
RETIRED Problems Present (Newborn)

all by Melissa Ceron, RN
none by Melissa Ceron, RN

Taken at 02/10/16 1131

RETIRED Problems Assessed (Newborn)
RETIRED Problems Present (Newborn)

all by Kayla Guarneri Halvey, RN
none by Kayla Guarneri Halvey, RN

Taken at 02/08/16 0434

RETIRED Problems Assessed (Newborn)
RETIRED Problems Present (Newborn)

all by Dina B Goldstein, RN
none by Dina B Goldstein, RN

Intervention: Aspiration Precautions

Frequency: Per CPG
Dates: Start: 02/08/16
Description: *** Aspiration Precautions (Infant) ***

Intervention: O2 Consumption Minimization

Frequency: Per CPG
Dates: Start: 02/08/16
Description: *** O2 Consumption Minimization ***

Flowsheet:

Taken at 02/09/16 2130

O2 Consumption Minimization

sleep/rest promoted;small frequent feedings/meals provided;position adjusted passive ROM;cue-based care (infant) low stimulation maintained;activity scheduled care clustered by Christine Mock, RN

Taken at 02/09/16 1000

O2 Consumption Minimization

activity adjusted to patient tolerance;activity scheduled care clustered;activity assistance provided;cue-based care (infant) low stimulation maintained;relaxation techniques promoted;sleep/rest promoted by Stephany Amendola, RN

Taken at 02/08/16 2200

O2 Consumption Minimization

activity adjusted to patient tolerance;activity scheduled care clustered;cue-based care (infant) low stimulation maintained;position adjusted passive ROM;sleep/rest promoted by Christine Mock, RN

Intervention: Thermoregulation Maintenance

Frequency: Per CPG
Dates: Start: 02/08/16
Description: *** Warming Thermoregulation Maintenance (Infant) ***

Problem: Newborn (NICU, Newborn, Pediatric) (continued)

***** Cooling Thermoregulation Maintenance (Infant) *****

Flowsheet:

Taken at 02/10/16 1730 Warming Thermoregulation Maintenance (Infant)	head covering maintained by Marin Grace Skariah, RN
Taken at 02/10/16 0900 Warming Thermoregulation Maintenance (Infant)	head covering maintained by Kayla Guarneri Halvey, RN
Taken at 02/09/16 2130 Warming Thermoregulation Maintenance (Infant)	head covering maintained by Christine Mock, RN
Taken at 02/09/16 1000 Warming Thermoregulation Maintenance (Infant)	warm blankets applied by Stephany Amendola, RN
Taken at 02/08/16 2200 Warming Thermoregulation Maintenance (Infant)	double-walled incubator utilized;external heat source regulated by Christine Mock, RN

Intervention: Sleep/Rest Enhancement

Frequency: Per CPG
Dates: Start: 02/08/16
Description: *** Sleep/Rest Enhancement (Infant) ***

Flowsheet:

Taken at 02/10/16 1730 RETIRED Sleep/Rest Enhancement (Infant)	care clustered to minimize awakenings by Marin Grace Skariah, RN
Taken at 02/10/16 0900 RETIRED Sleep/Rest Enhancement (Infant)	swaddling promoted;calming techniques promoted;care clustered to minimize awakenings by Kayla Guarneri Halvey, RN
Taken at 02/09/16 2130 RETIRED Sleep/Rest Enhancement (Infant)	care clustered to minimize awakenings;environment adjusted;flexed position maintained;nesting promoted;sleep/rest pattern promoted;stimuli timed with sleep state;swaddling promoted;touch utilized by Christine Mock, RN
Taken at 02/09/16 1000 RETIRED Sleep/Rest Enhancement (Infant)	calming techniques promoted;care clustered to minimize awakenings;environment adjusted;sleep/rest pattern promoted;touch utilized by Stephany Amendola, RN
Taken at 02/08/16 2200 RETIRED Sleep/Rest Enhancement (Infant)	calming techniques promoted;care clustered to minimize awakenings;sleep/rest pattern promoted;stimuli timed with sleep state;touch utilized by Christine Mock, RN

Intervention: Oral Nutrition Promotion

Frequency: Per CPG
Dates: Start: 02/08/16
Description: *** Oral Nutrition Promotion (Infant) ***

Flowsheet:

Taken at 02/10/16 1730 RETIRED Oral Nutrition Promotion (Infant)	aroused to alert state for feedings by Marin Grace Skariah, RN
Taken at 02/10/16 0900 RETIRED Oral Nutrition Promotion (Infant)	aroused to alert state for feedings;burping during feeding promoted;cue-based feedings promoted;positioned for feeding by Kayla Guarneri Halvey, RN

Intervention: Feeding Techniques

Frequency: Per CPG
Dates: Start: 02/08/16
Description: *** Feeding Techniques (Infant) ***

Flowsheet:

Taken at 02/10/16 1730 Feeding Techniques (Infant)	aroused to alert state for feedings by Marin Grace Skariah, RN
Taken at 02/10/16 0900 Feeding Techniques (Infant)	aroused to alert state for feedings;developmental burping promoted;oral stimulation/pacifier offered by Kayla Guarneri Halvey, RN
Taken at 02/09/16 2130 Feeding Techniques (Infant)	developmental burping promoted;jaw/cheek support provided;positioned on side after oral feeding;rest periods with feedings provided;oral stimulation/pacifier offered;aware of feeding stress cues by Christine Mock, RN

Problem: Newborn (NICU, Newborn, Pediatric) (continued)

Taken at 02/09/16 1000

Feeding Techniques (Infant)

aroused to alert state for feedings;developmental burping promoted;aware of feeding stress cues;environmental stimuli modified;jaw/cheek support provided;rest periods with feedings provided;positioned on back after oral feeding by Stephany Amendola, RN

Taken at 02/09/16 0100

Feeding Techniques (Infant)

aroused to alert state for feedings;aware of feeding stress cues;developmental burping promoted;environmental stimuli modified;jaw/cheek support provided;positioned on side after oral feeding;rest periods with feedings provided;oral stimulation/pacifier offered by Christine Mock, RN

Intervention: Hypoglycemia Management

Frequency:

Per CPG

Dates:

Start: 02/08/16

Description:

*** Hypoglycemia Management (Infant) ***

Flowsheet:

Taken at 02/10/16 1730

RETIRED Hypoglycemia Management (Infant)

formula feeding promoted by Marin Grace Skariah, RN

Taken at 02/10/16 0900

RETIRED Hypoglycemia Management (Infant)

formula feeding promoted by Kayla Guarneri Halvey, RN

Taken at 02/08/16 2200

RETIRED Hypoglycemia Management (Infant)

blood glucose monitoring by Christine Mock, RN

Intervention: Skin/Mucous Membrane Protection

Frequency:

Per CPG

Dates:

Start: 02/08/16

Description:

*** Skin/Mucous Membrane Protection (Infant) ***

Flowsheet:

Taken at 02/10/16 0900

RETIRED Skin Protection (Infant)

adhesive use limited;age appropriate skin cleansing provided;age appropriate use of preservative free emollients;clothing/pad/diaper changed;electrode site changed;oral hygiene provided;pulse oximeter probe site changed;skin sealant/moisture barrier applied by Kayla Guarneri Halvey, RN

Taken at 02/09/16 2130

RETIRED Skin Protection (Infant)

adhesive use limited;clothing/pad/diaper changed;electrode site changed;pulse oximeter probe site changed;oral hygiene provided by Christine Mock, RN

Taken at 02/09/16 1000

RETIRED Skin Protection (Infant)

adhesive use limited;age appropriate skin cleansing provided;clothing/pad/diaper changed;pulse oximeter probe site changed;electrode site changed;oral hygiene provided by Melissa A O'Meara, RN

Taken at 02/08/16 2200

RETIRED Skin Protection (Infant)

adhesive use limited;clothing/pad/diaper changed;electrode site changed;oral hygiene provided;pulse oximeter probe site changed;age appropriate skin cleansing provided by Christine Mock, RN

Intervention: Family Process Support

Frequency:

Per CPG

Dates:

Start: 02/08/16

Description:

*** Family Process Support ***

Problem: Skin Integrity Impairment, Risk/Actual (NICU, Newborn, Pediatric)

Dates:

Start: 02/09/16

Disciplines:

Nurse, Interdisciplinary

Goal: Identify Signs and Symptoms and Related Risk Factors

Dates:

Start: 02/09/16

Description:

Signs and symptoms and related risk factors are identified upon initiation of Human Response Clinical Practice Guideline (CPG)

Disciplines:

Nurse, Interdisciplinary

Goal: Skin Integrity/Wound Healing (Skin Integrity Impairment, Risk/Actual)

Dates:

Start: 02/09/16

Description:

Patient will demonstrate the desired outcomes.

Disciplines:

Nurse, Interdisciplinary

Problem: Skin Integrity Impairment, Risk/Actual (NICU, Newborn, Pediatric) (continued)

Goal: Wound Healing

Dates: Start: 02/09/16
Description: Patient will demonstrate the desired outcomes.
Disciplines: Nurse, Interdisciplinary

Intervention: Pressure Reduction Techniques

Frequency: Per CPG
Dates: Start: 02/09/16
Description: * * * Pressure Reduction Techniques (Infant) * * *

Flowsheet:

Taken at 02/10/16 1500 RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned;tubing/devices lifted off infant by Kayla Guarneri Halvey, RN
Taken at 02/10/16 1200 RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned;tubing/devices lifted off infant by Kayla Guarneri Halvey, RN
Taken at 02/10/16 0900 RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned;tubing/devices lifted off infant by Kayla Guarneri Halvey, RN
Taken at 02/10/16 0600 RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned by Christine Mock, RN
Taken at 02/10/16 0330 RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned by Christine Mock, RN
Taken at 02/10/16 0030 RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned;tubing/devices lifted off infant by Christine Mock, RN
Taken at 02/09/16 2130 RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned;tubing/devices lifted off infant by Christine Mock, RN
Taken at 02/09/16 1900 RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned by Melissa A O'Meara, RN
Taken at 02/09/16 1600 RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned by Melissa A O'Meara, RN
Taken at 02/09/16 1300 RETIRED Pressure Reduction Techniques (Infant)	tubing/devices lifted off infant;turned/repositioned by Stephany Amendola, RN
Taken at 02/09/16 1000 RETIRED Pressure Reduction Techniques (Infant)	tubing/devices lifted off infant;turned/repositioned by Melissa A O'Meara, RN

Intervention: Pressure Reduction Devices

Frequency: Per CPG
Dates: Start: 02/09/16
Description: * * * Pressure Reduction Devices (Infant) * * *

Flowsheet:

Taken at 02/09/16 2130 RETIRED Pressure Reduction Devices (Infant)	positioning supports utilized by Christine Mock, RN

Intervention: Skin/Mucous Membrane Protection

Frequency: Per CPG
Dates: Start: 02/09/16
Description: * * * Skin/Mucous Membrane Protection (Infant) * * *

Flowsheet:

Taken at 02/10/16 0900 RETIRED Skin Protection (Infant)	adhesive use limited;age appropriate skin cleansing provided;age appropriate use of preservative free emollients;clothing/pad/diaper changed;electrode site changed;oral hygiene provided;pulse oximeter probe site changed;skin sealant/moisture barrier applied by Kayla Guarneri Halvey, RN
Taken at 02/09/16 2130 RETIRED Skin Protection (Infant)	adhesive use limited;clothing/pad/diaper changed;electrode site changed;pulse oximeter probe site changed;oral hygiene provided by Christine Mock, RN

Problem: Skin Integrity Impairment, Risk/Actual (NICU, Newborn, Pediatric) (continued)

Taken at 02/09/16 1000

RETIRED Skin Protection (Infant)

adhesive use limited; age appropriate skin cleansing provided; clothing/pad/diaper changed; pulse oximeter probe site changed; electrode site changed; oral hygiene provided by Melissa A O'Meara, RN

Taken at 02/08/16 2200

RETIRED Skin Protection (Infant)

adhesive use limited; clothing/pad/diaper changed; electrode site changed; oral hygiene provided; pulse oximeter probe site changed; age appropriate skin cleansing provided by Christine Mock, RN

Intervention: Promote Effective Wound Healing

Frequency: Per CPG
Dates: Start: 02/09/16
Description: *** Wound Healing Promotion ***

Multidisciplinary Problems (Resolved)

There are no resolved problems.

PATIENT EDUCATION

Education

Title: Generic Teaching Goals/Outcomes (Active)

Points For This Title

Point: Communication of Patient Safety Concerns (Active)

Description: Educate patient/family that if they have questions they should speak to their nurse. Inform patient/family they can also contact the Nurse Manager or Patient Relations Representative. If there is a concern about a change in the patient's condition they should call their nurse right away or if urgent that can use a hospital phone to call "33911" and tell the operator that the Rapid Response Team is needed and give your room number.
Summary: Learning progress - not on file.

Point: Hand Hygiene (Active)

Description: Hand Hygiene
Summary: Learning progress - not on file.

Point: Fall Prevention (Active)

Description: Fall Prevention
Summary: Learning progress - not on file.

Point: Contact Precautions (Active)

Description: Contact Precautions
Summary: Learning progress - not on file.

Point: Preventing Surgical Site Infections (Active)

Description: Preventing Surgical Site Infections
Summary: Learning progress - not on file.

Point: Palliative Care (Active)

Description: Palliative Care Information
New York State passed a law called the Palliative Care Information Act requiring doctors and nurse practitioners to offer information and counseling concerning palliative care and end-of-life options to patients with serious and/or life-limiting illness. This law is intended to ensure that patients are fully informed of all options so they can make treatment choices consistent with their goals of care to optimize their quality of life.
Summary: Learning progress - not on file.

Point: Medical Equipment/Supplies (Active)

Description: Medical Equipment/Supplies
Summary: Learning progress - not on file.

Point: Resources for Support (Active)

Description: Resources for Support
Summary: Learning progress - not on file.

Point: Pain and Pain Management (Active)

Description: Pain and Pain Management
Summary: Learning progress - not on file.

Education (continued)

Point: Diagnostic Tests/Procedures (Active)

Description: Diagnostic Tests/Procedures
Summary: Learning progress - not on file.

Point: Dietary Modifications (Active)

Description: Dietary Modifications
Summary: Learning progress - not on file.

Point: Medications (Active)

Description: Medications
Summary: Learning progress - not on file.

Point: Tobacco Cessation (Active)

Description: Tobacco Cessation
Summary: Learning progress - not on file.

Point: Rehabilitation (Active)

Description: Rehabilitation
Summary: Learning progress - not on file.

Point: Room/Orientation (Active)

Description: Room/Orientation
Summary: Learning progress - not on file.

Point: Hygiene/Infection Prevention (Active)

Description: Hygiene/Infection Prevention
Summary: Learning progress - not on file.

Title: Skin Integrity Impairment, Risk/Actual (Infant) (Active)

Points For This Title

Point: Personal Risk Factors and Signs/Symptoms Related to Impaired Skin Integrity and Wound Healing (Active)

Description: Personal Risk Factors and Signs/Symptoms Related to Impaired Skin Integrity and Wound Healing
Summary: Learning progress - not on file.

Point: Treatment Plan (Active)

Description: Treatment Plan [e.g., MEDICATIONS: analgesics; DIET: adequate protein and calories, fluids, vitamins/minerals; ACTIVITY: frequent position changes, friction and shear reduction, pressure redistribution/reducing surfaces (gel pads/pillows); adequate sleep/rest; TREATMENTS: frequent skin inspection, skin care, perineal care, excessive moisture management (urine, stool, secretions), protective barriers, moisturizing, temperature management, infection prevention, glycemic control]
Summary: Learning progress - not on file.

Point: Self-Management (Active)

Description: Self-Management [e.g., skin injury prevention measures, regular skin assessment, avoid massaging reddened areas, frequent position changes, pressure redistribution/reducing surfaces, bathing methods, appropriate skin care products, hygiene/skin and oral care, cord care, diaper dermatitis care, use of emollients for dry skin, adequate sleep/rest, adequate nutrition/fluids (breastfeeding, supplements, feeding pattern)]
Summary: Learning progress - not on file.

Point: When to Seek Medical Attention (Active)

Description: When to Seek Medical Attention [e.g., poor feeding pattern/tolerance, presence/persistence of skin breakdown, signs/symptoms of infection (redness, tenderness, warmth, swelling, drainage, fever/temperature instability), persistent pain]
Summary: Learning progress - not on file.

Title: Newborn (Newborn, NICU) (Active)

Topic: Newborn Overview (Active)

Point: Adjustment to Extrauterine Life (Active)

Description: Adjustment to Extrauterine Life
Summary: Learning progress - not on file.

Point: Apgar Score (Active)

Description: Apgar Score
Summary: Learning progress - not on file.

Education (continued)

Point: Attachment (Active)

Description: Attachment

Summary: Learning progress - not on file.

Topic: Treatment Plan (Active)

Point: Medication: Vitamin K (Active)

Description: Medication: Vitamin K

Summary: Learning progress - not on file.

Point: Medication: Antimicrobial Eye Ointment (Active)

Description: Medication: Antimicrobial Eye Ointment

Summary: Learning progress - not on file.

Point: Diet: Breast Milk (Active)

Description: Diet: Breast Milk

Summary: Learning progress - not on file.

Point: Diet: Formula (Active)

Description: Diet: Formula

Summary: Learning progress - not on file.

Point: Treatment: Hepatitis B Vaccine (Active)

Description: Treatment: Hepatitis B Vaccine

Summary: Learning progress - not on file.

Point: Procedure: Metabolic Screening (Active)

Description: Procedure: Metabolic Screening

Summary: Learning progress - not on file.

Point: Procedure: Hearing Test (Active)

Description: Procedure: Hearing Test

Summary: Learning progress - not on file.

Point: Procedure: Heel Prick Blood Test (Active)

Description: Procedure: Heel Prick Blood Test

Summary: Learning progress - not on file.

Topic: Modifiable Risk Factors/Triggers (Active)

Point: Parenting Classes, Lack of (Active)

Description: Parenting Classes, Lack of

Summary: Learning progress - not on file.

Point: Resources, Lack of (Active)

Description: Resources, Lack of

Summary: Learning progress - not on file.

Topic: Self-Management (Active)

Point: Recognition of Infant Behavioral/Feeding Cues (Active)

Description: Recognition of Infant Behavioral/Feeding Cues

Summary: Learning progress - not on file.

Point: Awareness of Safety Measures: CPR (Active)

Description: Awareness of Safety Measures: CPR

Summary: Learning progress - not on file.

Point: Well-Baby Follow-Up Visits (Active)

Description: Well-Baby Follow-Up Visits

Summary: Learning progress - not on file.

Point: Regular Follow-Up Appointments (Well-Baby Checks) (Active)

Description: Regular Follow-Up Appointments (Well-Baby Checks)

Summary: Learning progress - not on file.

Education (continued)

Topic: When to Seek Medical Attention (Active)

Point: Persistent Crying (Active)

Description: Persistent Crying

Summary: Learning progress - not on file.

Point: Decreased Feeding Tolerance (Active)

Description: Decreased Feeding Tolerance

Summary: Learning progress - not on file.

Point: No Weight Gain (Active)

Description: No Weight Gain

Summary: Learning progress - not on file.

MEDICATIONS

All Meds and Administrations

All Meds and Administrations (continued)

expressed breast milk [117775223]

Ordering Provider: Christine Foley, MD
Ordered On: 02/08/16 0117
Dose (Remaining/Total): — (—/—)
Frequency: Every 1 Hour PRN

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge
Starts/Ends: 02/08/16 0116 - 02/13/16 1405
Route: Oral
Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

erythromycin (ROMYCIN) ophthalmic ointment 0.75 Inch [117775224]

Ordering Provider: Christine Foley, MD
Ordered On: 02/08/16 0117
Dose (Remaining/Total): 0.75 Inch (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 02/08/16 0130 - 02/08/16 0330
Route: Both Eyes
Rate/Duration: — / —

Timestamps	Action	Dose	Route	Other Information
02/08/16 0330	Given	0.75 Inch	Both Eyes	Performed by: Maria Alciviades, RN

lidocaine (LMX) 4 % cream [117775225]

Ordering Provider: Christine Foley, MD
Ordered On: 02/08/16 0117
Dose (Remaining/Total): — (—/—)
Frequency: Every 6 Hours PRN
Admin Instructions: Apply Lidocaine (LMX) to intact, uncleaned skin 20-30 minutes prior to procedures

Status: Discontinued (Past End Date/Time), Reason: Therapy completed
Starts/Ends: 02/08/16 0116 - 02/12/16 1457
Route: Topical
Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

hepatitis B vaccine (PF) (ENGRIX-B) 10 mcg/0.5 mL injection 0.5 mL [117775226]

Ordering Provider: Christine Foley, MD
Ordered On: 02/08/16 0117
Dose (Remaining/Total): 0.5 mL (1/1)
Frequency: Once
Admin Instructions: when giving Hep B vaccine and HBIG, do so within 12 hours of birth, at different injection sites.

Status: Discontinued (Past End Date/Time), Reason: Therapy completed
Starts/Ends: 02/08/16 0130 - 02/12/16 1459
Route: IntraMuscular
Rate/Duration: — / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
02/08/16 0130	Due	—	—	—

phytonadione (vitamin K1) (VITAMIN-K) injection 1 mg [117775227]

Ordering Provider: Christine Foley, MD
Ordered On: 02/08/16 0117
Dose (Remaining/Total): 1 mg (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 02/08/16 0130 - 02/08/16 0330
Route: IntraMuscular
Rate/Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
02/08/16 0330	Given	1 mg	IntraMuscular Left Anterior Thigh	Performed by: Maria Alciviades, RN

vitamin A & D-white petrolatum-lanolin (DESITIN) ointment [117775228]

Ordering Provider: Christine Foley, MD
Ordered On: 02/08/16 0117
Dose (Remaining/Total): — (—/—)
Frequency: Every 2 Hours PRN
Admin Instructions: Apply to affected area (diaper rash)

Status: Discontinued (Past End Date/Time), Reason: Therapy completed
Starts/Ends: 02/08/16 0116 - 02/12/16 1457
Route: Topical
Rate/Duration: — / —

(No admins scheduled or recorded for this medication)

All Meds and Administrations (continued)

dextrose 10 % infusion [117916372]

Ordering Provider: Konstantin Medyuk, PA
Ordered On: 02/08/16 2208
Dose (Remaining/Total): — (—/—)
Frequency: Continuous

Status: Discontinued (Past End Date/Time), Reason: Provider Decision
Starts/Ends: 02/08/16 2215 - 02/09/16 1026
Route: Intravenous
Rate/Duration: 9 mL/hr / —

Timestamps	Action	Dose / Rate	Route	Other Information
02/09/16 0659	Rate/Dose Verify	— 9 mL/hr	Intravenous	Performed by: Christine Mock, RN
02/09/16 0559	Rate/Dose Verify	— 9 mL/hr	Intravenous	Performed by: Christine Mock, RN
02/09/16 0459	Rate/Dose Verify	— 9 mL/hr	Intravenous	Performed by: Christine Mock, RN
02/09/16 0359	Rate/Dose Verify	— 9 mL/hr	Intravenous	Performed by: Christine Mock, RN
02/09/16 0259	Rate/Dose Verify	— 9 mL/hr	Intravenous	Performed by: Christine Mock, RN
02/09/16 0159	Rate/Dose Verify	— 9 mL/hr	Intravenous	Performed by: Christine Mock, RN
02/09/16 0059	Rate/Dose Verify	— 9 mL/hr	Intravenous	Performed by: Christine Mock, RN
02/08/16 2359	Rate/Dose Verify	— 9 mL/hr	Intravenous	Performed by: Christine Mock, RN
02/08/16 2329	New Bag	9 mL 9 mL/hr	Intravenous	Performed by: Christine Mock, RN

ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe [117916373]

Ordering Provider: Amanda Schneider, MD
Ordered On: 02/08/16 2222
Dose (Remaining/Total): 100 mg/kg (0/4)
Frequency: Every 12 Hours

Status: Completed (Past End Date/Time)
Starts/Ends: 02/08/16 2230 - 02/10/16 0933
Route: Intravenous
Rate/Duration: 73.2 mL/hr / 3 Minutes

Admin Instructions: Approved for Pediatric IV Push administration at NYULMC - consult Nursing Practice guidelines. RN: Dilute to final concentration of 100 mg/mL with SWFI immediately prior to administration, and administer prescribed volume.

Line	Med Link Info	Comment
Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge	02/10/16 0930 by Kayla Guarneri Halvey, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
02/10/16 0930	New Bag	366 mg 73.2 mL/hr 3 Minutes	Intravenous	Performed by: Kayla Guarneri Halvey, RN
02/09/16 2222	New Bag	366 mg 73.2 mL/hr 3 Minutes	Intravenous	Performed by: Christine Mock, RN
02/09/16 1118	New Bag	366 mg 73.2 mL/hr 3 Minutes	Intravenous	Performed by: Stephany Amendola, RN
02/08/16 2330	New Bag	366 mg 73.2 mL/hr 3 Minutes	Intravenous	Performed by: Christine Mock, RN

All Meds and Administrations (continued)

gentamicin (PF) (GARAMYCIN) IV syringe 14.6 mg [117916374]

Ordering Provider: Amanda Schneider, MD

Ordered On: 02/08/16 2222

Dose (Remaining/Total): 4 mg/kg (2/4)

Frequency: Every 24 Hours

Status: Discontinued (Past End Date/Time), Reason: Provider Decision

Starts/Ends: 02/08/16 2230 - 02/10/16 1032

Route: Intravenous

Rate/Duration: 2.92 mL/hr / 30 Minutes

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
02/09/16 2226	New Bag	14.6 mg 2.92 mL/hr 30 Minutes	Intravenous	Performed by: Christine Mock, RN
02/08/16 2330	New Bag	14.6 mg 2.92 mL/hr 30 Minutes	Intravenous	Performed by: Christine Mock, RN

Flowsheets (all recorded)

CARE PLAN MINI-FLOWSHEET DATA - Mon February 08, 2016

Row Name	0434
RETIRED Newborn	
RETIRED Problems Assessed (Newborn)	all -DG
RETIRED Problems Present (Newborn)	none -DG

Custom Formula Data - Mon February 08, 2016

Row Name	0330	0410	0804	0940	1215
Relevant Labs and Vitals					
Temp (in Celsius)	37.6 -MA	37.6 -DG	37.6 -DG	37.5 -KB	37.8 -KB
Row Name	1500	1745	2147		
Relevant Labs and Vitals					
Temp (in Celsius)	38 -KB	37.8 -KB	37.9 -AI		
Vitals					
Pct Birth Wt	—	—	100.16 % -AI		
Protein (gm/kg)					
0.6 Gm Protein (gm)	—	—	2.2 -AI		
0.7 Gm Protein (gm)	—	—	2.57 -AI		
0.8 Gm Protein (gm)	—	—	2.93 -AI		
0.9 Gm Protein (gm)	—	—	3.3 -AI		
1.0 Gm Protein (gm)	—	—	3.67 -AI		
1.1 Gm Protein (gm)	—	—	4.03 -AI		
1.2 Gm Protein (gm)	—	—	4.4 -AI		
1.3 Gm Protein (gm)	—	—	4.77 -AI		
1.4 Gm Protein (gm)	—	—	5.13 -AI		
1.5 Gm Protein (gm)	—	—	5.5 -AI		
1.6 Gm Protein (gm)	—	—	5.87 -AI		
1.7 Gm Protein (gm)	—	—	6.23 -AI		
1.8 Gm Protein (gm)	—	—	6.6 -AI		
1.9 Gm Protein (gm)	—	—	6.97 -AI		
2.0 Gm Protein (gm)	—	—	7.34 -AI		
2.1 Gm Protein (gm)	—	—	7.7 -AI		
2.2 Gm Protein (gm)	—	—	8.07 -AI		
2.3 Gm Protein (gm)	—	—	8.44 -AI		
2.4 Gm Protein (gm)	—	—	8.8 -AI		
2.5 Gm Protein (gm)	—	—	9.17 -AI		
kcal/kg					
RETIRED 20 Kcal/Kg (kcal)	—	—	73.35 -AI		
RETIRED 25 Kcal/Kg (kcal)	—	—	91.69 -AI		
RETIRED 30 Kcal/Kg (kcal)	—	—	110.03 -AI		
RETIRED 35 Kcal/Kg (kcal)	—	—	128.37 -AI		
RETIRED 40 Kcal/Kg (kcal)	—	—	146.7 -AI		
RETIRED 45 Kcal/Kg (kcal)	—	—	165.04 -AI		
RETIRED 50 Kcal/Kg (kcal)	—	—	183.38 -AI		
RETIRED Caloric Needs for Pregnancy					
24 Kcal/Kg (kcal)	—	—	88.02 -AI		
30 Kcal/Kg (kcal)	—	—	110.03 -AI		
36 Kcal/Kg (kcal)	—	—	132.03 -AI		

Flowsheets (all recorded) (continued)

Custom Formula Data - Mon February 08, 2016 (continued)

Row Name	1500	1745	2147
38 Kcal/Kg (kcal)	—	—	139.37 -AI
40 Kcal/Kg (kcal)	—	—	146.7 -AI
Owen Equation			
Energy Expenditure, Male	—	—	916.41 -AI
Energy Expenditure, Female	—	—	821.33 -AI
RETIRED Fluid Requirements			
30 mL/kg (Fluid Requirements)	—	—	110.03 -AI
35 mL/kg (Fluid Requirements)	—	—	128.37 -AI
40 mL/kg (Fluid Requirements)	—	—	146.7 -AI
OTHER			
RETIRED - Percent Weight Change Since Birth	—	—	0.2 -AI
BMI	—	—	11.7 -AI
IBW	—	—	-37.29 -AI
BMI	—	—	11.7 -AI
BMI (Calculated)	—	—	11.7 -AI
BMI-Based Weight Status	—	—	Underweight (BMI<19) -AI
IBW/kg (Calculated) Male	—	—	-37.29 kg -AI
Low Range Vt 6cc/kg MALE	—	—	-223.74 mL -AI
Adult Moderate Range Vt 8cc/kg MA	—	—	-298.32 mL -AI
Adult High Range Vt 10cc/kg MALE	—	—	-372.9 mL -AI
IBW/kg (Calculated) FEMALE	—	—	-41.79 kg -AI
Low Range Vt 6cc/kg FEMALE	—	—	-250.74 mL -AI
Adult Moderate Range vt 8cc/kg FEMALE	—	—	-334.32 mL -AI
IBW/kg (Calculated)	—	—	-37.29 -AI
Low Range Vt 6cc/kg	—	—	-223.74 mL -AI
Adult Moderate Range Vt 8cc/kg	—	—	-298.32 mL -AI
Adult High Range Vt 10cc/kg	—	—	-372.9 mL -AI
RETIRED - Measurements (Adult/Pediatric)			
RETIRED - BMI (kg/m2)	—	—	11.7 -AI
Harris-Benedict Equation			
BEE (Male) (kcal/d) (Harris-Benedict Equation)	—	—	397 -AI
BEE (Female) (kcal/d) (Harris-Benedict Equation)	—	—	796.63 -AI

RETIRED - NICU Patient Care Summary - Mon February 08, 2016

Row Name	2147	2200
Cognitive/Behavioral/Neuro Assessments		
Cognitive Behavioral	—	WDL -CM

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Mon February 08, 2016 (continued)

Row Name	2147	2200
Nonstimulation WDL		
Cognitive Behavioral Stimulation WDL	—	WDL -CM
Attention/Interaction Stimulation WDL	—	WDL -CM
Neonatal Abstinence Score		
Excoriation (Central Nervous System Disturbances)	—	0-->indicator not present -CM
Increased Muscle Tone (Central Nervous System Disturbances)	—	0-->indicator not present -CM
Myoclonic Jerks (Central Nervous System Disturbances)	—	0-->indicator not present -CM
Generalized Convulsions (Central Nervous System Disturbances)	—	0-->indicator not present -CM
Cry (Central Nervous System Disturbances)	—	0-->indicator not present -CM
Sleep (Central Nervous System Disturbances)	—	0-->indicator not present -CM
Moro Reflex (Central Nervous System Disturbances)	—	0-->indicator not present -CM
Tremors (Central Nervous System Disturbances)	—	0-->indicator not present -CM
Sweating (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -CM
Yawning (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -CM
Mottling (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -CM
Nasal Stuffiness (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -CM
Sneezing (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -CM
Nasal Flaring (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -CM
Fever (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -CM
Respiratory Rate (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -CM
Feeding (Gastrointestinal)	—	0-->indicator not present -CM

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Mon February 08, 2016 (continued)

Row Name	2147	2200
<u>Disturbances)</u>		
Regurgitation/Projectile Vomiting (Gastrointestinal Disturbances)	—	0-->indicator not present -CM
Stools (Gastrointestinal Disturbances)	—	0-->indicator not present -CM
Score (Neonatal Abstinence Scale)	—	0 -CM
<u>Developmental Care (Infant)</u>		
RETIRED Environmental Modifications	—	decreased lighting;decreased noise;slow, gentle handling;cycled lighting;clustered care -CM
RETIRED Positioning, Head	—	midline -CM
RETIRED Positioning, Extremities	—	upper extremities flexed/midline;lower extremities flexed/adducted to midline -CM
RETIRED Positioning, Body	—	HOB elevated;contained repositioning utilized;supine;chest/trunk flexed -CM
RETIRED Passive Range of Motion	—	all areas -CM
RETIRED Active Range of Motion	—	all areas -CM
RETIRED Stability/Consolability Measures	—	caregiver touch containment provided;cluster care;consoled by caregiver;cue-based care promoted;non-nutritive sucking;position changed;sleep/rest enhanced;verbally consoled -CM
RETIRED Attention/Interaction	—	sleep/wake cycle promoted;auditory stimulation provided;stimulation adjusted to infant cues -CM
<u>Pain Assessment</u>		
Pain Assessment Scale	—	N-PASS -CM
<u>N-PASS (Neonatal Pain, Agitation and Sedation)</u>		
Pain/Agitation - Crying/Irritability	—	0 -CM
Pain/Agitation - Behavior State	—	0 -CM
Pain/Agitation - Facial Expression	—	0 -CM
Pain/Agitation - Extremities Tone	—	0 -CM
Pain/Agitation - Vital	—	0 -CM

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Mon February 08, 2016 (continued)

Row Name	2147	2200
Signs		
Pain/Agitation - Premature Pain Assessment	—	0 -CM
N-PASS Pain/Agitation Score	—	0 -CM
Sedation - Crying/Irritability	—	0 -CM
Sedation - Behavior State	—	0 -CM
Sedation - Facial Expression	—	0 -CM
Sedation - Extremities	—	0 -CM
Sedation - Vital Signs (HR, RR, BP, SaO2)	—	0 -CM
N-PASS Sedation Score	—	0 -CM
Pain/Comfort Interventions		
Pain Interventions	—	position changed;reduction of stimuli;coordinate/cluster care activities;activity/handling minimized;nonnutritive sucking/pacifier;painful/noxious stimuli minimized;therapeutic/healing touch -CM
Sleep/Rest/Relaxation Assessments		
Sleep/Rest WDL	—	WDL -CM
RETIRED Sleep States (Brazelton & Nugent)	—	crying (intense crying/motor activity high) -CM
Sleep/Rest/Relaxation Interventions		
RETIRED Sleep/Rest Enhancement (Infant)	—	calming techniques promoted;care clustered to minimize awakenings;sleep/rest pattern promoted;stimuli timed with sleep state;touch utilized -CM
Safety Assessments		
Safety WDL (NICU)	—	WDL -CM
Safety Interventions		
RETIRED Infection Prevention	—	screen/restrict visitors;rest/sleep promoted;personal protective equipment utilized;hydration promoted;hand washing prompted;glycemic control management;equipment surfaces disinfected;environmental surveillance;bronchial hygiene promoted;barrier

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Mon February 08, 2016 (continued)

Row Name	2147	2200 precautions utilized -CM
Oral Assessment Tool		
Teeth	—	0--> No Teeth -CM
Lips	—	1--> Smooth, pink, moist, intact -CM
Tongue	—	1--> Smooth, Pink, moist, intact -CM
Oral Mucosa	—	1--> Smooth, pink, moist, intact -CM
Saliva	—	1--> Thin, watery, plentiful -CM
Score for Oral Dysfunction	—	4 -CM
HEENT Assessments		
Head WDL	—	WDL -CM
Eyes/Ears/Nose/Throat WDL	—	WDL -CM
Eye WDL	—	WDL -CM
Ear WDL	—	WDL -CM
Nose WDL	—	WDL -CM
Mouth WDL	—	WDL -CM
RETIRED Mouth Care	—	gums moistened;lips moistened;tongue moistened -CM
Cardiac Assessments		
Cardiac	—	WDL -CM
Nonstimulation WDL	—	WDL -CM
Cardiac WDL	—	WDL -CM
Cardiac Interventions		
O2 Consumption Minimization	—	activity adjusted to patient tolerance;activity scheduled care clustered;cue-based care (infant) low stimulation maintained;position adjusted passive ROM;sleep/rest promoted -CM
Warming Thermoregulation Maintenance (Infant)	—	double-walled incubator utilized;external heat source regulated -CM
Peripheral Neurovascular Assessments		
Peripheral Neurovascular WDL (less than or equal to 48 hrs)	—	WDL -CM
Respiratory Assessments		
Respiratory	—	ex
Nonstimulation WDL	—	NC -CM
Respiratory	—	ex
Stimulation WDL	—	NC -CM
RETIRED Chest Circumference		
RETIRED Chest Circumference	0.33 m (1' 0.99") -AI	—
Nutrition Interventions		

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Mon February 08, 2016 (continued)

Row Name	2147	2200
RETIRED	—	blood glucose
Hypoglycemia Management (Infant)		monitoring -CM
Gastrointestinal Assessments		
GI Nonstimulation WDL	—	WDL -CM
GI Stimulation WDL	—	WDL -CM
RETIRED Last Bowel Movement	—	02/08/16 -CM
RETIRED Abdomen Circumference		
RETIRED Abdomen Circumference	0.29 m (11.42") -AI	—
[REMOVED] Naso/Oral Tube 02/08/16 2200 6.5 mouth, center		
Naso/Oral Tube - Properties Group	Placement Date: 02/08/16 -CM Placement Time: 2200 -CM Type: oroenteric -CM Size (Fr): 6.5 -CM Length (cm): 24 -CM Location: mouth, center -CM Destination: stomach -CM Additional Comments: Removal time unknown -SA Removal Date: 02/08/16 -SA Removal Time: 2300 -SA	
Genitourinary Assessments		
Genitourinary	—	WDL -CM
Male Genitalia WDL	—	WDL -CM
Musculoskeletal Assessments		
Musculoskeletal WDL	—	WDL -CM
Neck/Clavicles WDL	—	WDL -CM
Musculoskeletal Interventions		
General Positioning	—	HOB elevated;supine;upper extremities flexed;lower extremities flexed;hands midline;head midline -CM
Skin Assessments		
Skin Stimulation WDL	—	WDL -CM
Umbilical Cord WDL	—	WDL -CM
RETIRED Neonatal Skin Condition Score (NSCS)		
Dryness (Neonatal Skin Condition Score)	—	1-->normal, no sign of dry skin -CM
Erythema (Neonatal Skin Condition Score)	—	1-->no evidence of erythema -CM
Breakdown (Neonatal Skin Condition Score)	—	1-->none evident -CM
Total Score (Neonatal Skin Condition)	—	3 -CM
Skin Interventions		
RETIRED Type Of Infant Bed/Device	—	double walled incubator;servo controlled mode -CM
RETIRED Skin Protection (Infant)	—	adhesive use limited;clothing/pad/di aper changed;electrode site changed;oral hygiene provided;pulse oximeter probe site changed;age appropriate skin cleansing provided -CM

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Mon February 08, 2016

Row Name	0410	2100
Cognitive/Behavioral/Neuro Assessments		
Cognitive Behavioral WDL	-DG	—
Neonatal Abstinence Score		
Excoriation (Central Nervous System Disturbances)	—	0-->indicator not present -DB
Increased Muscle Tone (Central Nervous System Disturbances)	—	0-->indicator not present -DB
Myoclonic Jerks (Central Nervous System Disturbances)	—	0-->indicator not present -DB
Generalized Convulsions (Central Nervous System Disturbances)	—	0-->indicator not present -DB
Cry (Central Nervous System Disturbances)	—	0-->indicator not present -DB
Sleep (Central Nervous System Disturbances)	—	0-->indicator not present -DB
Moro Reflex (Central Nervous System Disturbances)	—	0-->indicator not present -DB
Tremors (Central Nervous System Disturbances)	—	0-->indicator not present -DB
Sweating (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -DB
Yawning (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -DB
Mottling (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -DB
Nasal Stuffiness (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -DB
Sneezing (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -DB
Nasal Flaring (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -DB
Fever (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -DB
Respiratory Rate (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -DB
Feeding (Gastrointestinal Disturbances)	—	0-->indicator not present -DB
Regurgitation/Projectile	—	0-->indicator not present -DB

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Mon February 08, 2016 (continued)

Row Name	0410	2100
e Vomiting (Gastrointestinal Disturbances)		present -DB
Stools (Gastrointestinal Disturbances)	—	0-->indicator not present -DB
Score (Neonatal Abstinence Scale)	—	0 -DB
Pain Assessment		
Pain Assessment Scale	N-PASS -DG	—
N-PASS (Neonatal Pain, Agitation and Sedation)		
Pain/Agitation - Crying/Irritability	0 -DG	—
Pain/Agitation - Behavior State	0 -DG	—
Pain/Agitation - Facial Expression	0 -DG	—
Pain/Agitation - Extremities Tone	0 -DG	—
Pain/Agitation - Vital Signs	0 -DG	—
Pain/Agitation - Premature Pain Assessment	0 -DG	—
N-PASS Pain/Agitation Score	0 -DG	—
Safety Assessments		
Safety WDL (Nursery)	WDL -DG	—
HEENT Assessments		
Head WDL	WDL -DG	—
Eyes/Ears/Nose/Throat WDL	WDL -DG	—
Eye WDL	WDL -DG	—
Ear WDL	WDL -DG	—
Nose WDL	WDL -DG	—
Mouth WDL	WDL -DG	—
Cardiac Assessments		
Cardiac WDL	WDL -DG	—
Peripheral Neurovascular Assessments		
Peripheral Neurovascular WDL (less than or equal to 48 hrs)	WDL -DG	—
Respiratory Assessments		
Respiratory WDL	WDL -DG	—
Gastrointestinal Assessments		
GI WDL	WDL -DG	—
Genitourinary Assessments		
Gu WDL	— dtv -DG	—
Male Genitalia WDL	WDL -DG	—
Musculoskeletal Assessments		
Musculoskeletal WDL	WDL -DG	—
Neck/Clavicles WDL	WDL -DG	—
Skin Assessments		
Skin WDL	WDL -DG	—

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Mon February 08, 2016 (continued)

Row Name	0410	2100
Umbilical Cord WDL	WDL -DG	—
Skin Interventions		
RETIRED Bath	given by healthcare provider;hair shampooed -DG	—

Retired - Newborn/NICU Patient Profile - Mon February 08, 2016

Row Name	0410
Infant General Information	
Infant location	Newborn observation area -DG
Initial Post-Birth Assessment	
Cognitive Behavioral Neuro Assessment	alert;responsive to touch;audible cry;symmetrical/coordinated movements;smooth movements -DG
Cardiac Assessment	regular rhythm -DG
Peripheral Neurovascular Assessment	warm -DG
RETIRED Chest, Infant	symmetrical expansion;round, symmetrical shape -DG
RETIRED Extremities (Initial Assessment)	movement symmetrical;joints with full ROM;10 toes;10 fingers -DG
RETIRED Back (Initial Assessment)	spinal column aligned;spinal column intact: without dimples, tracts, hair tufts noted;sides symmetrical;scapula positioned symmetrically -DG
Head Assessment	skin intact -DG
Face Assessment	symmetrical with sucking;symmetrical at rest;symmetrical with crying -DG
Clavicle Assessment	smooth;symmetrical;no edema;no crepitus -DG
Breast Assessment	breast/nipple per gestational age;nipples evenly spaced -DG
Neck Assessment	no edema;no rigidity;no mass;full range of motion -DG
Eye Assessment	eyelashes/brows per gestational age;symmetrically spaced -DG
Nose Assessment	nostril(s) patent;symmetrical;no positional deformities -DG
Lip Assessment	no

Flowsheets (all recorded) (continued)

Retired - Newborn/NICU Patient Profile - Mon February 08, 2016 (continued)

Row Name	0410
	abnormality/deformity; pink;moist;intact -DG
Tongue Assessment	pink;moist;intact -DG
Gum Assessment	pink;moist;intact -DG
Palate Assessment	no cleft;pink;moist;intact -DG
Oral Mucosa Assessment	intact;moist;pink -DG
Ear Assessment	symmetrical;no abnormality/deformity -DG
Respiratory Assessment	respiratory movements unlabored -DG
Umbilical Cord	3 vessels (2 arteries, 1 vein);moist -DG
Genitalia Assessment (Male)	penis straight;testes palpable -DG
Skin Assessment	nevus 25cm nevus noted on left mid back -DG
Anus Assessment	anal opening patent;anal opening midline position -DG
Reflex Assessment (Present)	Babinski;grasp;Moro;r ooting;suck -DG
Gestational Age	
Alterations in Growth	average for gestational age -DG
Neuromuscular Maturity: Posture	3-->Legs flexed and abducted, arms slightly flexed -DG
Neuromuscular Maturity: Square Window	3-->30 degrees -DG
Neuromuscular Maturity: Arm Recoil	3-->90-110 degrees -DG
Neuromuscular Maturity: Popliteal Angle	4-->90 degrees -DG
Neuromuscular Maturity: Scarf Sign	3-->ipsilateral nipple line -DG
Neuromuscular Maturity: Heel To Ear	3-->umbilical area -DG
Physical Maturity: Skin	2-->superficial peeling and/or rash, few veins -DG
Physical Maturity: Lanugo	4-->mostly bald -DG
Physical Maturity: Plantar Surface	3-->creases anterior 2/3 -DG
Physical Maturity: Breast	2-->stippled areola, 1- 2 mm bud -DG
Physical Maturity: Eye/Ear	2-->well-curved pinna: soft but ready recoil -DG
Physical Maturity: Genitals (Male)	3-->testes down, good rugae -DG
Physical Maturity: Genitals (Female)	0-->not applicable -DG
Total Neuromuscular Maturity Score	19 -DG
Total Physical Maturity	16 -DG

Flowsheets (all recorded) (continued)

Retired - Newborn/NICU Patient Profile - Mon February 08, 2016 (continued)

Row Name	0410
Score	
New Ballard Total Score	35 -DG
Safety Concerns/Parent/Caregiver Education	
Safety Comment	hugs 892 -DG

Anthropometrics - Mon February 08, 2016

Row Name	2147
Anthropometrics	
Weight Change	0 -AI

Labor - Mon February 08, 2016

Row Name	0310	2329	2330	2359
dextrose 10 % infusion				
Rate	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe				
Dose	—	—	*366 mg -CM	—
Rate	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—
gentamicin (PF) (GARAMYCIN) IV syringe 14.6 mg				
Dose	—	—	*14.6 mg -CM	—
Rate	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—
Delivery Summary				
Birthweight	3.654 kg (8 lb 0.9 oz) Filed from Delivery Summary -KP	—	—	—

Palliative Care - Mandatory (Surprise) Question Pediatric - Mon February 08, 2016

Row Name	2223
Mandatory (Surprise) Question	
Would you be surprised if this patient died within the next 6 months?	Yes -AS

POCT Results - Mon February 08, 2016

Row Name	2158
POCT Blood Results	
POCT Glucose (mg/dL)	77 mg/dL -AI

Peds Handheld I/O - Mon February 08, 2016

Row Name	1200
Intake	
P.O.	40 mL -AO
Reason for	Separation of mother

Flowsheets (all recorded) (continued)

Peds Handheld I/O - Mon February 08, 2016 (continued)

Row Name	1200
Supplementation	and infant, no EBM -AO
Feeding Method	bottle feeding -AO

VS - Mon February 08, 2016

Row Name	0330	1745
Vital Signs		
Temp	36.6 °C (97.9 °F) -MA	36.8 °C (98.2 °F) -KB
Temp Source	Axillary -MA	Axillary -KB
Heart Rate	138 -MA	128 -KB
Heart Rate Source	Apical -MA	Apical -KB
Resp	52 -MA	46 -KB

I/O - Mon February 08, 2016

Row Name	0337	1407	2329	2330	2359
dextrose 10 % infusion					
Rate	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe					
Dose	—	—	—	*366 mg -CM	—
Rate	—	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—
gentamicin (PF) (GARAMYCIN) IV syringe 14.6 mg					
Dose	—	—	—	*14.6 mg -CM	—
Rate	—	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—
Unmeasured Output					
Urine Occurrence	—	1 -KB	—	—	—
Stool Occurrence	1 -MA	—	—	—	—

I/O-Peds - Mon February 08, 2016

Row Name	0410	0455	1407	1440	1500
Intake					
P.O.	—	20 mL -DG	25 mL -KB	—	—
Reason for Supplementation	—	Separation of mother and infant, no EBM;Maternal request -DG	Separation of mother and infant, no EBM -KB	—	—
Feeding Method	—	bottle feeding -DG	bottle feeding -KB	—	—
Unmeasured					
Urine Occurrence	—	—	—	—	— -KS
Stool Occurrence	1 -DG	—	—	1 -LD	—
Row Name	1604	1954	2200	2329	2330
Intake					
P.O.	40 mL -KS	25 mL -KB	—	—	—
Reason for Supplementation	Separation of mother and infant, no EBM -KB	Separation of mother and infant, no EBM -KB	—	—	—

Flowsheets (all recorded) (continued)

I/O-Peds - Mon February 08, 2016 (continued)

Row Name	1604	1954	2200	2329	2330
Feeding Method	bottle feeding -KB	bottle feeding -KB	—	—	—
dextrose 10 % infusion					
Rate	—	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe					
Dose	—	—	—	—	*366 mg -CM
Rate	—	—	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM
gentamicin (PF) (GARAMYCIN) IV syringe 14.6 mg					
Dose	—	—	—	—	*14.6 mg -CM
Rate	—	—	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM
Unmeasured					
Stool Occurrence	1 -KS	—	—	—	—
[REMOVED] Naso/Oral Tube 02/08/16 2200 6.5 mouth, center					
Naso/Oral Tube - Properties Group	Placement Date: 02/08/16 -CM Placement Time: 2200 -CM Type: oroenteric -CM Size (Fr): 6.5 -CM Length (cm): 24 -CM Location: mouth, center -CM Destination: stomach -CM Additional Comments: Removal time unknown -SA Removal Date: 02/08/16 -SA Removal Time: 2300 -SA				
Type	—	—	indwelling;oroenteric -CM	—	—
Indication	—	—	gastric decompression -CM	—	—
Advancement	—	—	advanced manually -CM	—	—
Tube Advanced (cm)	—	—	24 -CM	—	—
Placement Check	—	—	verified by distal tube length measurement;verified by audible air injection -CM	—	—
Tolerance	—	—	no adverse signs/symptoms -CM	—	—
Securement	—	—	taped to chin -CM	—	—
Clamp Status/Tolerance	—	—	no abdominal distention;no emesis;no residual;no restlessness -CM	—	—
Insertion Site Appearance	—	—	no drainage;no redness;no skin breakdown;no tenderness;no warmth -CM	—	—
Row Name	2359				
dextrose 10 % infusion					
Rate	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM				
Volume (mL)	4.5 mL -CM				

Flowsheets (all recorded) (continued)

VS-PEDS - Mon February 08, 2016

Row Name	0410	0804	0940	1000	1215
Height and Weight					
Birth Length	0.533 m (1' 9") -DG	—	—	—	—
Head Circumference	35.5 cm -DG	—	—	—	—
Vital Signs					
Temp	36.6 °C (97.9 °F) -DG	36.6 °C (97.8 °F) -DG	36.5 °C (97.7 °F) -KB	36.7 °C (98 °F) -KB	36.8 °C (98.2 °F) -KB
Temp Source	Axillary -DG	Axillary -DG	Axillary -KB	—	Axillary -KB
Heart Rate	136 -DG	106 -DG	136 -KB	—	130 -KB
Heart Rate Source	Apical -DG	Apical -DG	Apical -KB	—	Apical -KB
Resp	36 -DG	52 -DG	44 -KB	—	38 -KB
Pain Assessment					
Pain Assessment Scale	—	—	N-PASS -KB	—	—
N-PASS (Neonatal Pain, Agitation and Sedation)					
Pain/Agitation - Crying/Irritability	—	—	0 -KB	—	—
Pain/Agitation - Behavior State	—	—	0 -KB	—	—
Pain/Agitation - Facial Expression	—	—	0 -KB	—	—
Pain/Agitation - Extremities Tone	—	—	0 -KB	—	—
Pain/Agitation - Vital Signs	—	—	0 -KB	—	—
Pain/Agitation - Premature Pain Assessment	—	—	0 -KB	—	—
N-PASS Pain/Agitation Score	—	—	0 -KB	—	—

Row Name	1500
Vital Signs	
Temp	37 °C (98.6 °F) -KB
Temp Source	Axillary -KB
Heart Rate	132 -KB
Heart Rate Source	Apical -KB
Resp	40 -KB

VS-PICU/NICU - Mon February 08, 2016

Row Name	2147	2149	2200	2215	2300
Height and Weight					
Height	56 cm (1' 10.05") -AI	—	—	—	—
Weight - Scale	3.66 kg (8 lb 1.1 oz) -AI	—	—	—	—
Weight Method	Warmer (Giraffe/Panda Warmer) -AI	—	—	—	—
Pct Wt Change	0.16 % -AI	—	—	—	—
BSA (Calculated - sq m)	0.24 sq meters -AI	—	—	—	—
Head Circumference	35.5 cm -AI	—	—	—	—
Vitals					
Temp	36.9 °C (98.5 °F) -AI	—	—	—	—
Temp Source	Axillary -AI	—	—	—	—
Heart Rate	163 -AI	162 -AI	137 -AI	141 -AI	138 -CM
Heart Rate Source	Monitor -AI	Monitor -AI	Monitor -AI	Monitor -AI	Monitor -CM
Resp	35 -AI	(I) 33 -AI	36 -AI	36 -AI	(I) 30 -CM
Four Limbs BP					
Right Arm BP	62/39 map=47 -AI	—	—	—	—

Flowsheets (all recorded) (continued)

VS-PICU/NICU - Mon February 08, 2016 (continued)

Row Name	2147	2149	2200	2215	2300
Left Arm BP	77/44 map=56 -AI	—	—	—	—
Right Leg BP	57/40 map=45 -AI	—	—	—	—
Left Leg BP	65/34 map=45 -AI	—	—	—	—
Temperature					
Skin Temperature (Degrees C)	36.2 °C (97.2 °F) -AI	—	—	—	—
RETIRED Set Temperature	36.5 °C (97.7 °F) -AI	—	—	—	—
Oxygen Therapy					
SpO2	96 % -AI	92 % -AI	96 % -AI	96 % -AI	99 % -CM
O2 Device	None (Room air) -AI	Nasal cannula -AI	Nasal cannula -AI	Nasal cannula -AI	Nasal cannula -CM
FiO2 (%)	—	30 % -AI	40 % -AI	40 % -AI	30 % -CM
O2 Flow Rate (L/min)	—	2 L/min -AI	2 L/min -AI	2 L/min -AI	2 L/min -CM
Pulse Oximetry Type	Continuous -AI	Continuous -AI	Continuous -AI	Continuous -AI	Continuous -CM
Provider Notification/ Significant Shift Event					
Reason for Communication	Evaluate -CM	—	—	—	—
Provider Name	Irace -CM	—	—	—	—
Provider Role	Nurse -CM	—	—	—	—
Method of Communication	Face to face -CM	—	—	—	—
Response	At bedside -CM	—	—	—	—
Notification Time	2147 -CM	—	—	—	—
Significant Event Type	Other (Comment) dual skin check complete -CM	—	—	—	—

RETIRED-Newborn/NICU Patient Profile - Mon February 08, 2016

Row Name	0940
Safety Concerns/Parent/Caregiver Education	
Safety Comment	hugs#892 -KB

RETIRED-Newborn Head to Toe - Mon February 08, 2016

Row Name	0940	1407	1648
Cognitive/Behavioral/Neuro Assessments			
Cognitive Behavioral WDL	WDL -KB	—	—
Neonatal Abstinence Score			
Excoriation (Central Nervous System Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Increased Muscle Tone (Central Nervous System Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Myoclonic Jerks (Central Nervous System Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Generalized Convulsions (Central Nervous System Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Cry (Central Nervous System Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Sleep (Central Nervous System Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Moro Reflex (Central Nervous System Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB

Flowsheets (all recorded) (continued)

RETIRED-Newborn Head to Toe - Mon February 08, 2016 (continued)

Row Name	0940	1407	1648
Nervous System Disturbances)	present -KB	present -KB	present -KB
Tremors (Central Nervous System Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Sweating (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Yawning (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Mottling (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Nasal Stuffiness (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Sneezing (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Nasal Flaring (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Fever (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Respiratory Rate (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Feeding (Gastrointestinal Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Regurgitation/Projectile Vomiting (Gastrointestinal Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Stools (Gastrointestinal Disturbances)	0-->indicator not present -KB	0-->indicator not present -KB	0-->indicator not present -KB
Score (Neonatal Abstinence Scale)	0 -KB	0 -KB	0 -KB
Safety Assessments			
Safety WDL (Nursery)	WDL -KB	—	—
Safety Interventions			
RETIRED Infection Prevention	nutrition promoted -KB	—	—
HEENT Assessments			
Head WDL	WDL -KB	—	—
Eyes/Ears/Nose/Throat WDL	WDL -KB	—	—
Eye WDL	WDL -KB	—	—
Ear WDL	WDL -KB	—	—
Nose WDL	WDL -KB	—	—
Mouth WDL	WDL -KB	—	—

Flowsheets (all recorded) (continued)

RETIRED-Newborn Head to Toe - Mon February 08, 2016 (continued)

Row Name	0940	1407	1648
Cardiac Assessments			
Cardiac WDL	WDL -KB	—	—
Peripheral Neurovascular Assessments			
Peripheral Neurovascular WDL (less than or equal to 48 hrs)	WDL -KB	—	—
Respiratory Assessments			
Respiratory WDL	WDL -KB	—	—
Nutrition Assessments			
Feeding Method	bottle feeding -KB	—	—
Gastrointestinal Assessments			
GI WDL	WDL -KB	—	—
Genitourinary Assessments			
Gu WDL	WDL -KB	—	—
Male Genitalia WDL	WDL -KB	—	—
Musculoskeletal Assessments			
Musculoskeletal WDL	WDL -KB	—	—
Neck/Clavicles WDL	WDL -KB	—	—
Skin Assessments			
Skin WDL	WDL -KB	—	—
Umbilical Cord WDL	WDL -KB	—	—
RETIRED Neonatal Skin Condition Score (NSCS)			
Dryness (Neonatal Skin Condition Score)	1-->normal, no sign of dry skin -KB	—	—
Erythema (Neonatal Skin Condition Score)	1-->no evidence of erythema -KB	—	—
Breakdown (Neonatal Skin Condition Score)	1-->none evident -KB	—	—
Total Score (Neonatal Skin Condition)	3 -KB	—	—

Custom Formula Data - Tue February 09, 2016

Row Name	0100	0400	0700	1000	1330
Relevant Labs and Vitals					
Temp (in Celsius)	38.4 -CM	38 -CM	38.3 -CM	38.8 -SA	38.6 -MO
Vitals					
Pct Birth Wt	100.16 % -CM	—	—	—	—
Protein (gm/kg)					
0.6 Gm Protein (qm)	2.2 -CM	—	—	—	—
0.7 Gm Protein (qm)	2.57 -CM	—	—	—	—
0.8 Gm Protein (qm)	2.93 -CM	—	—	—	—
0.9 Gm Protein (qm)	3.3 -CM	—	—	—	—
1.0 Gm Protein (qm)	3.67 -CM	—	—	—	—
1.1 Gm Protein (qm)	4.03 -CM	—	—	—	—
1.2 Gm Protein (qm)	4.4 -CM	—	—	—	—
1.3 Gm Protein (qm)	4.77 -CM	—	—	—	—
1.4 Gm Protein (qm)	5.13 -CM	—	—	—	—
1.5 Gm Protein (qm)	5.5 -CM	—	—	—	—
1.6 Gm Protein (qm)	5.87 -CM	—	—	—	—
1.7 Gm Protein (qm)	6.23 -CM	—	—	—	—
1.8 Gm Protein (qm)	6.6 -CM	—	—	—	—
1.9 Gm Protein (qm)	6.97 -CM	—	—	—	—
2.0 Gm Protein (qm)	7.34 -CM	—	—	—	—
2.1 Gm Protein (qm)	7.7 -CM	—	—	—	—
2.2 Gm Protein (gm)	8.07 -CM	—	—	—	—

Flowsheets (all recorded) (continued)

Custom Formula Data - Tue February 09, 2016 (continued)

Row Name	0100	0400	0700	1000	1330
2.3 Gm Protein (gm)	8.44 -CM	—	—	—	—
2.4 Gm Protein (gm)	8.8 -CM	—	—	—	—
2.5 Gm Protein (gm)	9.17 -CM	—	—	—	—
kcal/kg					
RETIRED 20 Kcal/Kg (kcal)	73.35 -CM	—	—	—	—
RETIRED 25 Kcal/Kg (kcal)	91.69 -CM	—	—	—	—
RETIRED 30 Kcal/Kg (kcal)	110.03 -CM	—	—	—	—
RETIRED 35 Kcal/Kg (kcal)	128.37 -CM	—	—	—	—
RETIRED 40 Kcal/Kg (kcal)	146.7 -CM	—	—	—	—
RETIRED 45 Kcal/Kg (kcal)	165.04 -CM	—	—	—	—
RETIRED 50 Kcal/Kg (kcal)	183.38 -CM	—	—	—	—
RETIRED Caloric Needs for Pregnancy					
24 Kcal/Kg (kcal)	88.02 -CM	—	—	—	—
30 Kcal/Kg (kcal)	110.03 -CM	—	—	—	—
36 Kcal/Kg (kcal)	132.03 -CM	—	—	—	—
38 Kcal/Kg (kcal)	139.37 -CM	—	—	—	—
40 Kcal/Kg (kcal)	146.7 -CM	—	—	—	—
Owen Equation					
Energy Expenditure, Male	916.41 -CM	—	—	—	—
Energy Expenditure, Female	821.33 -CM	—	—	—	—
RETIRED Fluid Requirements					
30 mL/kg (Fluid Requirements)	110.03 -CM	—	—	—	—
35 mL/kg (Fluid Requirements)	128.37 -CM	—	—	—	—
40 mL/kg (Fluid Requirements)	146.7 -CM	—	—	—	—
Row Name	1600	1900	2130		
Relevant Labs and Vitals					
Temp (in Celsius)	37.9 -MO	38.3 -MO	38.1 -CM		

RETIRED - NICU Patient Care Summary - Tue February 09, 2016

Row Name	0100	0400	0700	1000	1100
Cognitive/Behavioral/Neuro Assessments					
Cognitive Behavioral Nonstimulation WDL	—	—	—	WDL -SA	—
Cognitive Behavioral Stimulation WDL	—	—	—	WDL -SA	—
Attention/Interaction Stimulation WDL	—	—	—	WDL -SA	—
Neonatal Abstinence Score					
Excoriation (Central Nervous System Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Increased Muscle Tone (Central Nervous System Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Myoclonic Jerks (Central Nervous System Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	0100	0400	0700	1000	1100
Generalized Convulsions (Central Nervous System Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Cry (Central Nervous System Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Sleep (Central Nervous System Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Moro Reflex (Central Nervous System Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Tremors (Central Nervous System Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Sweating (Metabolic/Vasomotor/ Respiratory Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Yawning (Metabolic/Vasomotor/ Respiratory Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Mottling (Metabolic/Vasomotor/ Respiratory Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Nasal Stuffiness (Metabolic/Vasomotor/ Respiratory Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Sneezing (Metabolic/Vasomotor/ Respiratory Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Nasal Flaring (Metabolic/Vasomotor/ Respiratory Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Fever (Metabolic/Vasomotor/ Respiratory Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Respiratory Rate (Metabolic/Vasomotor/ Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Feeding (Gastrointestinal Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Regurgitation/Projectil e Vomiting (Gastrointestinal Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Stools (Gastrointestinal Disturbances)	—	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -SA	—
Score (Neonatal Abstinence Scale)	—	0 -CM	0 -CM	0 -SA	—
Developmental Care (Infant)					
RETIRED Environmental Modifications	—	—	—	decreased noise;decreased lighting;slow, gentle handling;clustered	—

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	0100	0400	0700	1000	1100
RETIRED Positioning Aids	—	—	—	care -SA nesting devices -SA	—
RETIRED Positioning Head	—	—	—	midline -SA	—
RETIRED Positioning Extremities	—	—	—	upper extremities flexed/midline;lower extremities flexed/adducted to midline -SA	—
RETIRED Positioning Body	—	—	—	supine;HOB elevated -SA	—
RETIRED Passive Range of Motion	—	—	—	all areas -SA	—
RETIRED Active Range of Motion	—	—	—	all areas -SA	—
RETIRED Stability/Consolability Measures	—	—	—	cluster care;consoles self;cue-based care promoted;position changed;sleep/rest enhanced -SA	—
RETIRED Attention/Interaction	—	—	—	stimulation adjusted to infant cues;sleep/wake cycle promoted -SA	—
Pain Assessment					
Pain Assessment Scale	—	—	—	N-PASS -SA	—
N-PASS (Neonatal Pain, Agitation and Sedation)					
Pain/Agitation - Crying/Irritability	—	—	—	0 -SA	—
Pain/Agitation - Behavior State	—	—	—	0 -SA	—
Pain/Agitation - Facial Expression	—	—	—	0 -SA	—
Pain/Agitation - Extremities Tone	—	—	—	0 -SA	—
Pain/Agitation - Vital Signs	—	—	—	0 -SA	—
Pain/Agitation - Premature Pain Assessment	—	—	—	0 -SA	—
N-PASS Pain/Agitation Score	—	—	—	0 -SA	—
Pain/Comfort Interventions					
Pain Interventions	—	—	—	position changed;reduction of stimuli;coordinate/clust er care activities -SA	—
Sleep/Rest/Relaxation Assessments					
Sleep/Rest WDL	—	—	—	WDL -SA	—
RETIRED Sleep States (Brazelton & Nugent)	—	—	—	active alert (eyes open/considerable activity/brief vocalizations) -SA	—
Sleep/Rest/Relaxation Interventions					
RETIRED Sleep/Rest Enhancement (Infant)	—	—	—	calming techniques promoted;care clustered to minimize awakenings;environm ent adjusted;sleep/rest pattern	—

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	0100	0400	0700	1000 promoted;touch utilized -SA	1100
Safety Assessments					
Safety WDL (NICU)	—	—	—	WDL -SA	—
Safety Interventions					
RETIRED Infection Prevention	—	—	—	environmental surveillance;equipment surfaces disinfected;hand washing prompted;nutrition promoted;rest/sleep promoted -SA	—
Oral Assessment Tool					
Teeth	—	—	—	0--> No Teeth -SA	—
Lips	—	—	—	1--> Smooth, pink, moist, intact -SA	—
Tongue	—	—	—	1--> Smooth, Pink, moist, intact -SA	—
Oral Mucosa	—	—	—	1--> Smooth, pink, moist, intact -SA	—
Saliva	—	—	—	1--> Thin, watery, plentiful -SA	—
Score for Oral Dysfunction	—	—	—	4 -SA	—
HEENT Assessments					
Head WDL	—	—	—	WDL -SA	—
Eyes/Ears/Nose/Throat WDL	—	—	—	WDL -SA	—
Eye WDL	—	—	—	WDL -SA	—
Ear WDL	—	—	—	WDL -SA	—
Nose WDL	—	—	—	WDL -SA	—
Mouth WDL	—	—	—	WDL -SA	—
RETIRED Mouth Care	—	—	—	gums moistened;lips moistened;tongue moistened -SA	—
Cardiac Assessments					
Cardiac Nonstimulation WDL	—	—	—	WDL -SA	—
Cardiac WDL	—	—	—	WDL -SA	—
Cardiac Interventions					
O2 Consumption Minimization	—	—	—	activity adjusted to patient tolerance;activity scheduled care clustered;activity assistance provided;cue-based care (infant) low stimulation maintained;relaxation techniques promoted;sleep/rest promoted -SA	—
Warming Thermoregulation Maintenance (Infant)	—	—	—	warm blankets applied -SA	—
Peripheral Neurovascular Assessments					
Peripheral Neurovascular WDL	—	—	—	WDL -SA	—

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name (less than or equal to 48 hrs)	0100	0400	0700	1000	1100
Peripheral Neurovascular WDL (greater than 48 hrs)	—	—	—	WDL -SA	—
[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge					
Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH				
Indication/Daily Review of Necessity	—	—	—	—	medication therapy, intermittent -SA
Site Preparation/Maintenan ce	—	—	—	—	site cleansed: 70% alcohol;dressing: dry and intact;dressing: transparent semipermeable applied -SA
Securement	—	—	—	—	arm board, secured to;sterile tape strips, secured with -SA
Patency/Maintenance	—	—	—	—	flushed without difficulty -SA
Respiratory Assessments					
Respiratory Nonstimulation WDL	—	—	—	ex nasal cannula -SA	—
Respiratory Stimulation WDL	—	—	—	ex nasal cannula -SA	—
Nutrition Assessments (Infant)					
Nutrition WDL	WDL -CM	—	—	WDL -SA	—
Infant-Driven Feeding Scales® (IDFS) - Readiness	2 -CM	2 -CM	1 -CM	2 -SA	—
Infant-Driven Feeding Scales® (IDFS) - Quality	1 -CM	1 -CM	1 -CM	1 -SA	—
RETIRED Nutrition Risk Screen	—	—	—	no indicators present -SA	—
RETIRED Person Feeding Infant	RN -CM	RN -CM	RN -CM	RN -SA	—
Nutrition Interventions					
Feeding Techniques (Infant)	aroused to alert state for feedings;aware of feeding stress cues;developmental burping promoted;environment al stimuli modified;jaw/cheek support provided;positioned on side after oral feeding;rest periods with feedings provided;oral stimulation/pacifier offered -CM	—	—	aroused to alert state for feedings;development al burping promoted;aware of feeding stress cues;environmental stimuli modified;jaw/cheek support provided;rest periods with feedings provided;positioned on back after oral feeding -SA	—
Gastrointestinal Assessments					
GI Nonstimulation WDL	—	—	—	WDL -SA	—
GI Stimulation WDL	—	—	—	WDL -SA	—
RETIRED Abdomen Circumference					

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	0100	0400	0700	1000	1100
RETIRED Abdomen Circumference	—	—	—	0.3 m (11.81") -SA	—
Genitourinary Assessments					
Genitourinary	—	—	—	WDL -SA	—
Male Genitalia WDL	—	—	—	WDL -SA	—
Musculoskeletal Assessments					
Musculoskeletal WDL	—	—	—	WDL -SA	—
Neck/Clavicles WDL	—	—	—	WDL -SA	—
Musculoskeletal Interventions					
General Positioning	—	—	—	HOB elevated;supine;nested -SA	—
Skin Assessments					
Skin Stimulation WDL	—	—	—	WDL -SA	—
Umbilical Cord WDL	—	—	—	WDL -SA	—
RETIRED Neonatal Skin Condition Score (NSCS)					
Dryness (Neonatal Skin Condition Score)	—	—	—	1-->normal, no sign of dry skin -SA	—
Erythema (Neonatal Skin Condition Score)	—	—	—	1-->no evidence of erythema -SA	—
Breakdown (Neonatal Skin Condition Score)	—	—	—	1-->none evident -SA	—
Total Score (Neonatal Skin Condition)	—	—	—	3 -SA	—
Skin Interventions					
RETIRED Type Of Infant Bed/Device	—	—	—	crib, with siderails -SA	—
RETIRED Skin Protection (Infant)	—	—	—	adhesive use limited;age appropriate skin cleansing provided;clothing/pad/diaper changed;pulse oximeter probe site changed;electrode site changed;oral hygiene provided -MO	—
RETIRED Pressure Reduction Techniques (Infant)	—	—	—	tubing/devices lifted off infant;turned/repositioned -MO	—
Provider Notification/ Significant Shift Event					
Reason for Communication	—	—	—	Evaluate -SA	—
Provider Name	—	—	—	Melissa Omeara -SA	—
Provider Role	—	—	—	Nurse -SA	—
Method of Communication	—	—	—	Face to face -SA	—
Response	—	—	—	At bedside -SA	—
Notification Time	—	—	—	1000 -SA	—
Significant Event Type	—	—	—	Other (Comment) two person skin check complete -SA	—
Row Name	1130	1300	1600	1900	2130
Cognitive/Behavioral/Neuro Assessments					
Cognitive Behavioral Nonstimulation WDL	—	—	—	—	WDL -CM
Cognitive Behavioral Stimulation WDL	—	—	—	—	WDL -CM
Attention/Interaction Stimulation WDL	—	—	—	—	WDL -CM

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	1130	1300	1600	1900	2130
Neonatal Abstinence Score					
Excoriation (Central Nervous System Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Increased Muscle Tone (Central Nervous System Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Myoclonic Jerks (Central Nervous System Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Generalized Convulsions (Central Nervous System Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Cry (Central Nervous System Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Sleep (Central Nervous System Disturbances)	—	1-->sleeps less than 3 hrs after feeding -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Moro Reflex (Central Nervous System Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Tremors (Central Nervous System Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Sweating (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Yawning (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Mottling (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Nasal Stuffiness (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Sneezing (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Nasal Flaring (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Fever (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Respiratory Rate (Metabolic/Vasomotor/Respiratory Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Feeding (Gastrointestinal Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Regurgitation/Projectile Vomiting (Gastrointestinal Disturbances)	—	0-->indicator not present -SA	0-->indicator not present -MO	0-->indicator not present -MO	0-->indicator not present -CM
Stools	—	2-->loose stools -SA	2-->loose stools -MO	0-->indicator not present	0-->indicator not present

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	1130	1300	1600	1900	2130
(Gastrointestinal Disturbances)				present -MO	present -CM
Score (Neonatal Abstinence Scale)	—	3 -SA	2 -MO	0 -MO	0 -CM
Developmental Care (Infant)					
RETIRED Environmental Modifications	—	—	—	—	decreased lighting;decreased noise;slow, gentle handling;clustered care -CM
RETIRED Positioning Aids	—	—	—	—	blanket rolls;nesting devices;positioning support(s) -CM
RETIRED Positioning. Head	—	—	—	—	midline -CM
RETIRED Positioning. Extremities	—	—	—	—	upper extremities flexed/midline;lower extremities flexed/adducted to midline -CM
RETIRED Positioning. Body	—	—	—	—	chest/trunk flexed;contained repositioning utilized;HOB elevated;side lying left;side lying right;supine -CM
RETIRED Passive Range of Motion	—	—	—	—	all areas -CM
RETIRED Active Range of Motion	—	—	—	—	all areas -CM
RETIRED Stability/Consolability Measures	—	—	—	—	caregiver touch containment provided;cluster care;consoled by caregiver;consoles self;containment/boundaries provided;cue-based care promoted;facilitated tucking;non-nutritive sucking;position changed;sleep/rest enhanced;swaddling;verbally consoled -CM
RETIRED Attention/Interaction	—	—	—	—	sleep/wake cycle promoted;auditory stimulation provided;stimulation adjusted to infant cues;visual stimulation provided -CM
Pain/Comfort Interventions					
Pain Interventions	—	—	—	—	hand containment;position changed;reduction of stimuli;facilitated tucking;coordinate/cluster care activities;activity/handling minimized;nonnutritive sucking/pacifier;nesting;holding/cuddling;oral

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	1130	1300	1600	1900	2130
					sucrose/sucrose pacifier;painful/noxious stimuli minimized;positioned;s waddled;therapeutic/h ealing touch -CM
Sleep/Rest/Relaxation Assessments					
Sleep/Rest WDL	—	—	—	—	WDL -CM
RETIRED Sleep States (Brazelton & Nugent)	—	—	—	—	active alert (eyes open/considerable activity/brief vocalizations) -CM
Sleep/Rest/Relaxation Interventions					
RETIRED Sleep/Rest Enhancement (Infant)	—	—	—	—	care clustered to minimize awakenings;environm ent adjusted;flexed position maintained;nesting promoted;sleep/rest pattern promoted;stimuli timed with sleep state;swaddling promoted;touch utilized -CM
Safety Assessments					
Safety WDL (NICU)	—	—	—	—	WDL -CM
Safety Interventions					
RETIRED Infection Prevention	—	—	—	—	barrier precautions utilized;bronchial hygiene promoted;environmen tal surveillance;equipmen t surfaces disinfected;glycemic control management;hand washing prompted;hydration promoted;nutrition promoted;personal protective equipment utilized;rest/sleep promoted;screen/restri ct visitors -CM
Oral Assessment Tool					
Teeth	—	—	—	—	0--> No Teeth -CM
Lips	—	—	—	—	1--> Smooth, pink, moist, intact -CM
Tongue	—	—	—	—	1--> Smooth, Pink, moist, intact -CM
Oral Mucosa	—	—	—	—	1--> Smooth, pink, moist, intact -CM
Saliva	—	—	—	—	1--> Thin, watery, plentiful -CM
Score for Oral Dysfunction	—	—	—	—	4 -CM
HEENT Assessments					
Head WDL	—	—	—	—	WDL -CM

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	1130	1300	1600	1900	2130
Eyes/Ears/Nose/Throat WDL	—	—	—	—	WDL -CM
Eye WDL	—	—	—	—	WDL -CM
Ear WDL	—	—	—	—	WDL -CM
Nose WDL	—	—	—	—	WDL -CM
Mouth WDL	—	—	—	—	WDL -CM
RETIRED Mouth Care	—	—	—	—	gums moistened;lips moistened;tongue moistened -CM
Cardiac Assessments					
Cardiac Nonstimulation WDL	—	—	—	—	WDL -CM
Cardiac WDL	—	—	—	—	WDL -CM
Cardiac Interventions					
O2 Consumption Minimization	—	—	—	—	sleep/rest promoted;small frequent feedings/meals provided;position adjusted passive ROM;cue-based care (infant) low stimulation maintained;activity scheduled care clustered -CM
Warming Thermoregulation Maintenance (Infant)	—	—	—	—	head covering maintained -CM
Peripheral Neurovascular Assessments					
Peripheral Neurovascular WDL (less than or equal to 48 hrs)	—	—	—	—	WDL -CM
Peripheral Neurovascular WDL (greater than 48 hrs)	—	—	—	—	WDL -CM
[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge					
Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH				
Respiratory Assessments					
Respiratory Nonstimulation WDL	—	—	—	—	WDL -CM
Respiratory Stimulation WDL	—	—	—	—	WDL -CM
Nutrition Assessments (Infant)					
Nutrition WDL	WDL -SA	—	—	—	WDL -CM
Infant-Driven Feeding Scales® (IDFS) - Readiness	1 -SA	—	—	—	1 -CM
Infant-Driven Feeding Scales® (IDFS) - Quality	1 -SA	—	—	—	1 -CM
RETIRED Nutrition Risk Screen	no indicators present -SA	—	—	—	—
RETIRED Person Feeding Infant	RN -SA	—	—	—	RN -CM
Nutrition Interventions					
Feeding Techniques (Infant)	—	—	—	—	developmental burping promoted;jaw/cheek

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	1130	1300	1600	1900	2130
					support provided;positioned on side after oral feeding;rest periods with feedings provided;oral stimulation/pacifier offered;aware of feeding stress cues -CM
Gastrointestinal Assessments					
GI Nonstimulation WDL	—	—	—	—	WDL -CM
GI Stimulation WDL	—	—	—	—	WDL -CM
RETIRED Last Bowel Movement	—	02/09/16 -SA	—	—	—
RETIRED Abdomen Circumference					
RETIRED Abdomen Circumference	—	—	—	—	0.3 m (11.81") -CM
Genitourinary Assessments					
Genitourinary	—	—	—	—	WDL -CM
Male Genitalia WDL	—	—	—	—	WDL -CM
Musculoskeletal Assessments					
Musculoskeletal WDL	—	—	—	—	WDL -CM
Neck/Clavicles WDL	—	—	—	—	WDL -CM
Musculoskeletal Interventions					
General Positioning	—	—	—	—	HOB elevated;side lying, left;side lying, right;supine;upper extremities flexed;lower extremities flexed;hands midline;head midline;supported with positioning aids;blanket rolls/boundaries in place;nested -CM
Skin Assessments					
Skin Stimulation WDL	—	—	—	—	WDL -CM
Umbilical Cord WDL	—	—	—	—	WDL -CM
RETIRED Neonatal Skin Condition Score (NSCS)					
Dryness (Neonatal Skin Condition Score)	—	—	—	—	1-->normal, no sign of dry skin -CM
Erythema (Neonatal Skin Condition Score)	—	—	—	—	1-->no evidence of erythema -CM
Breakdown (Neonatal Skin Condition Score)	—	—	—	—	1-->none evident -CM
Total Score (Neonatal Skin Condition)	—	—	—	—	3 -CM
Skin Interventions					
RETIRED Type Of Infant Bed/Device	—	—	—	—	double walled incubator open -CM
RETIRED Skin Protection (Infant)	—	—	—	—	adhesive use limited;clothing/pad/diaper changed;electrode site changed;pulse

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Tue February 09, 2016 (continued)

Row Name	1130	1300	1600	1900	2130
RETIRE Pressure Reduction Devices (Infant)	—	—	—	—	oximeter probe site changed; oral hygiene provided -CM
RETIRE Pressure Reduction Techniques (Infant)	—	tubing/devices lifted off infant; turned/repositioned -SA	turned/repositioned -MO	turned/repositioned -MO	turned/repositioned; tubing/devices lifted off infant -CM

RETIRED - Newborn Patient Care Summary - Tue February 09, 2016

Row Name	
[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge	
Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH

Anthropometrics - Tue February 09, 2016

Row Name	0100
Anthropometrics	
Weight Change	0 -CM

Labor - Tue February 09, 2016

Row Name	0059	0159	0259	0359	0459
dextrose 10 % infusion					
Rate	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM
Row Name	0559	0659	1118	2222	2226
dextrose 10 % infusion					
Rate	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—	—	—
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe					
Dose	—	—	*366 mg -SA	*366 mg -CM	—
Rate	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -SA	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—
gentamicin (PF) (GARAMYCIN) IV syringe 14.6 mg					
Dose	—	—	—	—	*14.6 mg -CM
Rate	—	—	—	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM

I/O - Tue February 09, 2016

Row Name	0059	0159	0259	0359	0459
dextrose 10 % infusion					
Rate	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM

Flowsheets (all recorded) (continued)

I/O - Tue February 09, 2016 (continued)

Row Name	0059	0159	0259	0359	0459
	time. Please see the MAR for detailed information. -CM	time. Please see the MAR for detailed information. -CM	time. Please see the MAR for detailed information. -CM	time. Please see the MAR for detailed information. -CM	time. Please see the MAR for detailed information. -CM
Row Name	0559	0659	1118	2222	2226
dextrose 10 % infusion					
Rate	*	*	—	—	—
	There are multiple administrations at this time. Please see the MAR for detailed information. -CM	There are multiple administrations at this time. Please see the MAR for detailed information. -CM			
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe					
Dose	—	—	*366 mg -SA	*366 mg -CM	—
Rate	—	—	*	*	—
			There are multiple administrations at this time. Please see the MAR for detailed information. -SA	There are multiple administrations at this time. Please see the MAR for detailed information. -CM	
gentamicin (PF) (GARAMYCIN) IV syringe 14.6 mg					
Dose	—	—	—	—	*14.6 mg -CM
Rate	—	—	—	—	*
					There are multiple administrations at this time. Please see the MAR for detailed information. -CM

I/O-Peds - Tue February 09, 2016

Row Name	0059	0100	0159	0259	0359
Intake					
P.O.	—	20 mL -CM	—	—	—
Appetite	—	Fair -CM	—	—	—
Reason for Supplementation	—	Separation of mother and infant, no EBM -CM	—	—	—
Nutrition	—	PO -CM	—	—	—
Feeding Method	—	bottle feeding -CM	—	—	—
RETIRED Oral Supplement	—	other (see comments) sim 19 -CM	—	—	—
dextrose 10 % infusion					
Rate	*	—	*	*	*
	There are multiple administrations at this time. Please see the MAR for detailed information. -CM		There are multiple administrations at this time. Please see the MAR for detailed information. -CM	There are multiple administrations at this time. Please see the MAR for detailed information. -CM	There are multiple administrations at this time. Please see the MAR for detailed information. -CM
Volume (mL)	9 mL -CM	—	9 mL -CM	9 mL -CM	9 mL -CM
Unmeasured					
Urine Occurrence	—	1 -CM	—	—	—
Stool Occurrence	—	1 -CM	—	—	—
Emesis Occurrence	—	0 -CM	—	—	—
Row Name	0400	0459	0559	0659	0700
Intake					
P.O.	30 mL -CM	—	—	—	30 mL -CM
Appetite	Good -CM	—	—	—	Good -CM
Reason for Supplementation	Separation of mother and infant, no EBM -CM	—	—	—	Separation of mother and infant, no EBM -CM
Nutrition	PO -CM	—	—	—	PO -CM
Feeding Method	bottle feeding -CM	—	—	—	bottle feeding -CM
RETIRED Length Of	10 -CM	—	—	—	10 -CM

Flowsheets (all recorded) (continued)

I/O-Peds - Tue February 09, 2016 (continued)

Row Name	0400	0459	0559	0659	0700
Feeding (Min)					
RETIRED Oral Supplement	other (see comments) sim 19 -CM	—	—	—	other (see comments) sim 19 -CM
dextrose 10 % infusion					
Rate	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	* There are multiple administrations at this time. Please see the MAR for detailed information. -CM	—
Volume (mL)	—	9 mL -CM	9 mL -CM	9 mL -CM	—
Unmeasured					
Urine Occurrence	1 -CM	—	—	—	1 -CM
Stool Occurrence	0 -CM	—	—	—	0 -CM
Emesis Occurrence	0 -CM	—	—	—	0 -CM
Row Name	1000	1118	1130	1300	1600
Intake					
P.O.	35 mL -SA	—	10 mL -SA	30 mL -MO	40 mL -MO
Appetite	Good -SA	—	Good -SA	Good -MO	Good -MO
Reason for Supplementation	Separation of mother and infant, no EBM -SA	—	Separation of mother and infant, no EBM -SA	Separation of mother and infant, no EBM -MO	Separation of mother and infant, no EBM -MO
Nutrition	PO -SA	—	PO -SA	PO -MO	—
Feeding Method	bottle feeding -SA	—	bottle feeding -SA	bottle feeding -MO	bottle feeding -MO
RETIRED Length Of Feeding (Min)	10 -SA	—	5 -SA	10 -MO	15 -MO
RETIRED Oral Supplement	other (see comments) Sim 19 -SA	—	other (see comments) Sim 19 -SA	— sim 10 -MO	— sim 19 -MO
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe					
Dose	—	*366 mg -SA	—	—	—
Rate	—	* There are multiple administrations at this time. Please see the MAR for detailed information. -SA	—	—	—
[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge					
Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH				
Output					
Urine	—	—	—	60 mL -MO	—
Unmeasured					
Urine Occurrence	1 -SA	—	—	1 -SA	1 -MO
Stool Occurrence	0 -SA	—	—	1 -SA	1 -MO
Emesis Occurrence	0 -SA	—	—	0 -SA	—
Row Name	1900	2130	2222	2226	
Intake					
P.O.	40 mL -MO	40 mL -CM	—	—	
Appetite	Good -MO	Good -CM	—	—	
Reason for Supplementation	Separation of mother and infant, no EBM -MO	Separation of mother and infant, no EBM -CM	—	—	
Nutrition	PO -MO	PO -CM	—	—	
Feeding Method	bottle feeding -MO	bottle feeding -CM	—	—	
RETIRED Length Of Feeding (Min)	20 -MO	15 -CM	—	—	
RETIRED Oral Supplement	— sim 19 -MO	— sim 19 -CM	—	—	

Flowsheets (all recorded) (continued)

I/O-Peds - Tue February 09, 2016 (continued)

Row Name	1900	2130	2222	2226
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe				
Dose	—	—	*366 mg -CM	—
Rate	—	—	*	—
			There are multiple administrations at this time. Please see the MAR for detailed information. -CM	
gentamicin (PF) (GARAMYCIN) IV syringe 14.6 mg				
Dose	—	—	—	*14.6 mg -CM
Rate	—	—	—	*
				There are multiple administrations at this time. Please see the MAR for detailed information. -CM
[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge				
Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH			
Indication/Daily Review of Necessity	—	medication therapy, intermittent -CM	—	—
Site	—	dressing: dry and intact -CM	—	—
Preparation/Maintenance	—	—	—	—
Securement	—	arm board, secured to -CM	—	—
Patency/Maintenance	—	flushed without difficulty -CM	—	—
Output				
Urine	50 mL -MO	—	—	—
Unmeasured				
Urine Occurrence	—	1 -CM	—	—
Stool Occurrence	—	1 -CM	—	—
Emesis Occurrence	—	0 -CM	—	—

VS-PICU/NICU - Tue February 09, 2016

Row Name	0000	0100	0200	0300	0400
Height and Weight					
Weight - Scale	—	3.66 kg (8 lb 1.1 oz) -CM	—	—	—
Weight Method	—	Incubator (Isolette) -CM	—	—	—
RETIRED - Percent Weight Change Since Birth	—	0.2 -CM	—	—	—
Pct Wt Change	—	0.16 % -CM	—	—	—
Vitals					
Temp	—	37.4 °C (99.4 °F) -CM	—	—	37 °C (98.6 °F) -CM
Temp Source	—	Axillary -CM	—	—	Axillary -CM
Heart Rate	123 -CM	137 -CM	120 -CM	108 -CM	150 -CM
Heart Rate Source	Monitor -CM	Monitor -CM	Monitor -CM	Monitor -CM	Monitor -CM
Resp	44 -CM	67 -CM	(I) 28 -CM	(I) 30 -CM	35 -CM
BP	—	(I) 52/32 -CM	—	—	(I) 58/34 -CM
MAP (mmHg)	—	40 -CM	—	—	43 -CM
BP Location	—	Left leg -CM	—	—	Right leg -CM
BP Method	—	Manual -CM	—	—	Manual -CM
Patient Position	—	Lying -CM	—	—	Lying -CM
Oxygen Therapy					
SpO2	96 % -CM	99 % -CM	100 % -CM	99 % -CM	100 % -CM

Flowsheets (all recorded) (continued)
VS-PICU/NICU - Tue February 09, 2016 (continued)

Row Name	0000	0100	0200	0300	0400
O2 Device	Nasal cannula -CM	Nasal cannula -CM	Nasal cannula -CM	Nasal cannula -CM	Nasal cannula -CM
FiO2 (%)	30 % -CM	30 % -CM	30 % -CM	30 % -CM	30 % -CM
O2 Flow Rate (L/min)	2 L/min -CM	2 L/min -CM	2 L/min -CM	2 L/min -CM	2 L/min -CM
Pulse Oximetry Type	Continuous -CM	Continuous -CM	Continuous -CM	Continuous -CM	Continuous -CM
Row Name	0500	0600	0700	1000	1330
Vitals					
Temp	—	—	37.3 °C (99.1 °F) -CM	37.8 °C (100 °F) -SA	37.6 °C (99.7 °F) -MO
Temp Source	—	—	Axillary -CM	Axillary -SA	Axillary -MO
Heart Rate	118 -CM	119 -CM	141 -CM	132 -SA	104 -MO
Heart Rate Source	Monitor -CM	Monitor -CM	Monitor -CM	Monitor -SA	Monitor -MO
Resp	(!) 30 -CM	(!) 31 -CM	(!) 32 -CM	41 -SA	47 -MO
BP	—	—	67/43 -CM	63/37 -MO	75/50 -MO
MAP (mmHg)	—	—	53 -CM	46 -MO	59 -MO
BP Location	—	—	Left leg -CM	Right leg -SA	Right leg -MO
BP Method	—	—	Manual -CM	Automatic -SA	Automatic -MO
Patient Position	—	—	Lying -CM	Lying -SA	Lying -MO
Additional Vitals					
Cardiac Rhythm	—	—	—	NSR -SA	NSR -MO
Oxygen Therapy					
SpO2	98 % -CM	95 % -CM	100 % -CM	99 % -SA	100 % -MO
O2 Device	Nasal cannula -CM	Nasal cannula -CM	Nasal cannula -CM	Nasal cannula -SA	None (Room air) -MO
FiO2 (%)	30 % -CM	30 % -CM	30 % -CM	21 % -SA	— placed on room air from nasal cannula -MO
O2 Flow Rate (L/min)	2 L/min -CM	2 L/min -CM	2 L/min -CM	2 L/min -SA	—
Pulse Oximetry Type	Continuous -CM	Continuous -CM	Continuous -CM	Continuous -SA	—
Row Name	1600	1900	2130		
Vitals					
Temp	36.9 °C (98.4 °F) -MO	37.3 °C (99.1 °F) -MO	37.1 °C (98.8 °F) -CM		
Temp Source	Axillary -MO	Axillary -MO	Axillary -CM		
Heart Rate	(!) 94 -MO	113 -MO	150 -CM		
Heart Rate Source	Monitor -MO	Monitor -MO	Monitor -CM		
Resp	59 -MO	54 -MO	37 -CM		
BP	58/35 -MO	(!) 59/33 -MO	66/45 -CM		
MAP (mmHg)	42 -MO	41 -MO	51 -CM		
BP Location	Right leg -MO	Right leg -MO	Right leg -CM		
BP Method	Automatic -MO	Automatic -MO	Manual -CM		
Patient Position	Lying -MO	Lying -MO	Lying -CM		
Additional Vitals					
Cardiac Rhythm	—	NSR -MO	—		
Oxygen Therapy					
SpO2	97 % -MO	99 % -MO	100 % -CM		
O2 Device	None (Room air) -MO	None (Room air) -MO	None (Room air) -CM		
Pain Assessment					
Pain Assessment Scale	—	—	N-PASS -CM		
N-PASS (Neonatal Pain, Agitation and Sedation)					
Pain/Agitation - Crying/Irritability	—	—	0 -CM		
Pain/Agitation - Behavior State	—	—	0 -CM		
Pain/Agitation - Facial Expression	—	—	0 -CM		
Pain/Agitation - Extremities Tone	—	—	0 -CM		
Pain/Agitation - Vital Signs	—	—	0 -CM		

Flowsheets (all recorded) (continued)

VS-PICU/NICU - Tue February 09, 2016 (continued)

Row Name	1600	1900	2130
Pain/Agitation - Premature Pain Assessment	—	—	0 -CM
N-PASS Pain/Agitation Score	—	—	0 -CM
Sedation - Crying/Irritability	—	—	0 -CM
Sedation - Behavior State	—	—	0 -CM
Sedation - Facial Expression	—	—	0 -CM
Sedation - Extremities	—	—	0 -CM
Sedation - Vital Signs (HR, RR, BP, SaO2)	—	—	0 -CM
N-PASS Sedation Score	—	—	0 -CM
Provider Notification/ Significant Shift Event			
Reason for Communication	—	—	Evaluate -CM
Provider Name	—	—	Flores -CM
Provider Role	—	—	Nurse -CM
Method of Communication	—	—	Face to face -CM
Response	—	—	At bedside -CM
Notification Time	—	—	2130 -CM
Significant Event Type	—	—	Other (Comment) dual skin check -CM

RETIRED-Newborn Head to Toe - Tue February 09, 2016

Row Name	
[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge	
Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH

CARE PLAN MINI-FLOWSHEET DATA - Wed February 10, 2016

Row Name	1131
RETIRED Newborn	
RETIRED Problems Assessed (Newborn)	all -KH
RETIRED Problems Present (Newborn)	none -KH
RETIRED Plan of Care Review	
RETIRED Progress	improving -KH
Plan of Care	
Individualize the Plan of Care:	ongoing (interventions implemented as appropriate) -KH
RETIRED Discharge Needs Assessment	
RETIRED Concerns To Be Addressed	no discharge needs identified -KH

Custom Formula Data - Wed February 10, 2016

Row Name	0000	0030	0330	0600	0900
Relevant Labs and Vitals					
Temp (in Celsius)	—	38.3 -CM	38.4 -CM	38.4 -CM	38.1 -KH
Vitals					
Pct Birth Wt	97.42 % -CM	—	—	—	—

Flowsheets (all recorded) (continued)

Custom Formula Data - Wed February 10, 2016 (continued)

Row Name	0000	0030	0330	0600	0900
Protein (gm/kg)					
0.6 Gm Protein (gm)	2.14 -CM	—	—	—	—
0.7 Gm Protein (gm)	2.5 -CM	—	—	—	—
0.8 Gm Protein (gm)	2.85 -CM	—	—	—	—
0.9 Gm Protein (gm)	3.21 -CM	—	—	—	—
1.0 Gm Protein (gm)	3.57 -CM	—	—	—	—
1.1 Gm Protein (gm)	3.92 -CM	—	—	—	—
1.2 Gm Protein (gm)	4.28 -CM	—	—	—	—
1.3 Gm Protein (gm)	4.64 -CM	—	—	—	—
1.4 Gm Protein (gm)	4.99 -CM	—	—	—	—
1.5 Gm Protein (gm)	5.35 -CM	—	—	—	—
1.6 Gm Protein (gm)	5.71 -CM	—	—	—	—
1.7 Gm Protein (gm)	6.06 -CM	—	—	—	—
1.8 Gm Protein (gm)	6.42 -CM	—	—	—	—
1.9 Gm Protein (gm)	6.78 -CM	—	—	—	—
2.0 Gm Protein (gm)	7.13 -CM	—	—	—	—
2.1 Gm Protein (gm)	7.49 -CM	—	—	—	—
2.2 Gm Protein (gm)	7.85 -CM	—	—	—	—
2.3 Gm Protein (gm)	8.2 -CM	—	—	—	—
2.4 Gm Protein (gm)	8.56 -CM	—	—	—	—
2.5 Gm Protein (gm)	8.92 -CM	—	—	—	—
kcal/kg					
RETIRED 20 Kcal/Kg (kcal)	71.35 -CM	—	—	—	—
RETIRED 25 Kcal/Kg (kcal)	89.18 -CM	—	—	—	—
RETIRED 30 Kcal/Kg (kcal)	107.02 -CM	—	—	—	—
RETIRED 35 Kcal/Kg (kcal)	124.86 -CM	—	—	—	—
RETIRED 40 Kcal/Kg (kcal)	142.69 -CM	—	—	—	—
RETIRED 45 Kcal/Kg (kcal)	160.53 -CM	—	—	—	—
RETIRED 50 Kcal/Kg (kcal)	178.37 -CM	—	—	—	—
RETIRED Caloric Needs for Pregnancy					
24 Kcal/Kg (kcal)	85.62 -CM	—	—	—	—
30 Kcal/Kg (kcal)	107.02 -CM	—	—	—	—
36 Kcal/Kg (kcal)	128.42 -CM	—	—	—	—
38 Kcal/Kg (kcal)	135.56 -CM	—	—	—	—
40 Kcal/Kg (kcal)	142.69 -CM	—	—	—	—
Owen Equation					
Energy Expenditure, Male	915.39 -CM	—	—	—	—
Energy Expenditure, Female	820.61 -CM	—	—	—	—
RETIRED Fluid Requirements					
30 mL/kg (Fluid Requirements)	107.02 -CM	—	—	—	—
35 mL/kg (Fluid Requirements)	124.86 -CM	—	—	—	—
40 mL/kg (Fluid Requirements)	142.69 -CM	—	—	—	—
Row Name	1200	1500	1730	2000	
Relevant Labs and Vitals					
Temp (in Celsius)	37.8 -KH	38.1 -KH	37.7 -MS	37.9 -MB	

RETIRED - NICU Patient Care Summary - Wed February 10, 2016

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Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Wed February 10, 2016 (continued)

Row Name	0030	0330	0600	0900	1200
Cognitive/Behavioral/Neuro Assessments					
Cognitive Behavioral Nonstimulation WDL	—	—	—	WDL -KH	—
Cognitive Behavioral Stimulation WDL	—	—	—	WDL -KH	—
Attention/Interaction Stimulation WDL	—	—	—	WDL -KH	—
Neonatal Abstinence Score					
Excoriation (Central Nervous System Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Increased Muscle Tone (Central Nervous System Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Myoclonic Jerks (Central Nervous System Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Generalized Convulsions (Central Nervous System Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Cry (Central Nervous System Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Sleep (Central Nervous System Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Moro Reflex (Central Nervous System Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Tremors (Central Nervous System Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Sweating (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Yawning (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Mottling (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Nasal Stuffiness (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Sneezing (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Nasal Flaring (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Fever (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Respiratory Rate (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Wed February 10, 2016 (continued)

Row Name	0030	0330	0600	0900	1200
Feeding (Gastrointestinal Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Regurgitation/Projectil e Vomiting (Gastrointestinal Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Stools (Gastrointestinal Disturbances)	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -CM	0-->indicator not present -KH	0-->indicator not present -KH
Score (Neonatal Abstinence Scale)	0 -CM	0 -CM	0 -CM	0 -KH	0 -KH
Developmental Care (Infant)					
RETIRED Environmental Modifications	—	—	—	clustered care -KH	—
RETIRED Positioning, Head	—	—	—	midline -KH	—
RETIRED Positioning, Extremities	—	—	—	upper extremities flexed/midline;lower extremities flexed/adducted to midline -KH	—
RETIRED Positioning, Body	—	—	—	supine -KH	—
RETIRED Passive Range of Motion	—	—	—	all areas -KH	—
RETIRED Active Range of Motion	—	—	—	all areas -KH	—
RETIRED Stability/Consolability Measures	—	—	—	swaddling -KH	—
RETIRED Attention/Interaction	—	—	—	stimulation adjusted to infant cues -KH	—
Sleep/Rest/Relaxation Assessments					
Sleep/Rest WDL	—	—	—	WDL -KH	—
Sleep/Rest/Relaxation Interventions					
RETIRED Sleep/Rest Enhancement (Infant)	—	—	—	swaddling promoted;calming techniques promoted;care clustered to minimize awakenings -KH	—
Safety Assessments					
Safety WDL (Nursery)	—	—	—	WDL -KH	—
Safety WDL (NICU)	—	—	—	WDL -KH	—
Safety Interventions					
RETIRED Infection Prevention	—	—	—	bronchial hygiene promoted;co-horting patients utilized;environmental surveillance;equipmen t surfaces disinfected;glycemic control management;hand washing prompted;hydration promoted;nutrition promoted;rest/sleep promoted -KH	—

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Wed February 10, 2016 (continued)

Row Name	0030	0330	0600	0900	1200
Oral Assessment Tool					
Teeth	—	—	—	0--> No Teeth -KH	—
Lips	—	—	—	1--> Smooth, pink, moist, intact -KH	—
Tongue	—	—	—	1--> Smooth, Pink, moist, intact -KH	—
Oral Mucosa	—	—	—	1--> Smooth, pink, moist, intact -KH	—
Saliva	—	—	—	1--> Thin, watery, plentiful -KH	—
Score for Oral Dysfunction	—	—	—	4 -KH	—
HEENT Assessments					
Head WDL	—	—	—	WDL -KH	—
Eyes/Ears/Nose/Throat WDL	—	—	—	WDL -KH	—
Eye WDL	—	—	—	WDL -KH	—
Ear WDL	—	—	—	WDL -KH	—
Nose WDL	—	—	—	WDL -KH	—
Mouth WDL	—	—	—	WDL -KH	—
RETIRED Mouth Care	—	—	—	gums moistened;lips moistened;tongue moistened -KH	—
Cardiac Assessments					
Cardiac Nonstimulation WDL	—	—	—	WDL -KH	—
Cardiac WDL	—	—	—	WDL -KH	—
Cardiac Interventions					
Warming Thermoregulation Maintenance (Infant)	—	—	—	head covering maintained -KH	—
Peripheral Neurovascular Assessments					
Peripheral Neurovascular WDL (less than or equal to 48 hrs)	—	—	—	WDL -KH	—
Peripheral Neurovascular WDL (greater than 48 hrs)	—	—	—	WDL -KH	—
[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge					
Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH				
Respiratory Assessments					
Respiratory Nonstimulation WDL	—	—	—	WDL -KH	—
Respiratory Stimulation WDL	—	—	—	WDL -KH	—
Nutrition Assessments (Infant)					
Nutrition WDL	WDL -CM	WDL -CM	WDL -CM	WDL -KH	—
Infant-Driven Feeding Scales© (IDFS) - Readiness	1 -CM	1 -CM	1 -CM	1 -KH	—
Infant-Driven Feeding Scales© (IDFS) - Quality	1 -CM	1 -CM	1 -CM	1 -KH	—
RETIRED Nutrition Risk Screen	—	—	—	no indicators present -KH	—
RETIRED Person	RN -CM	RN -CM	RN -CM	RN -KH	—

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Wed February 10, 2016 (continued)

Row Name	0030	0330	0600	0900	1200
Feeding Infant					
Nutrition Interventions					
Feeding Techniques (Infant)	—	—	—	aroused to alert state for feedings;developmental burping promoted;oral stimulation/pacifier offered -KH	—
RETIRED Hypoglycemia Management (Infant)	—	—	—	formula feeding promoted -KH	—
RETIRED Oral Nutrition Promotion (Infant)	—	—	—	aroused to alert state for feedings;burping during feeding promoted;cue-based feedings promoted;positioned for feeding -KH	—
Gastrointestinal Assessments					
GI Nonstimulation WDL	—	—	—	WDL -KH	WDL -KH
GI Stimulation WDL	—	—	—	WDL -KH	—
RETIRED Last Bowel Movement	—	—	—	02/10/16 -KH	—
RETIRED Abdomen Circumference					
RETIRED Abdomen Circumference	0.295 m (11.61") -CM	0.29 m (11.42") -CM	0.29 m (11.42") -CM	0.3 m (11.81") -KH	—
Genitourinary Assessments					
Genitourinary	—	—	—	WDL -KH	—
Male Genitalia WDL	—	—	—	WDL -KH	—
Musculoskeletal Assessments					
Musculoskeletal WDL	—	—	—	WDL -KH	—
Neck/Clavicles WDL	—	—	—	WDL -KH	—
Musculoskeletal Interventions					
General Positioning	—	—	—	HOB elevated;supine;upper extremities flexed;lower extremities flexed;hands midline;head midline -KH	—
Skin Assessments					
Skin Stimulation WDL	—	—	—	WDL -KH	—
Umbilical Cord WDL	—	—	—	WDL -KH	—
RETIRED Neonatal Skin Condition Score (NSCS)					
Dryness (Neonatal Skin Condition Score)	—	—	—	1-->normal, no sign of dry skin -KH	—
Erythema (Neonatal Skin Condition Score)	—	—	—	1-->no evidence of erythema -KH	—
Breakdown (Neonatal Skin Condition Score)	—	—	—	1-->none evident -KH	—
Total Score (Neonatal Skin Condition)	—	—	—	3 -KH	—
Skin Interventions					
RETIRED Type Of Infant Bed/Device	—	—	—	double walled incubator;nonwarming -KH	—

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Wed February 10, 2016 (continued)

Row Name	0030	0330	0600	0900	1200
RETIRED Skin Protection (Infant)	—	—	—	adhesive use limited;age appropriate skin cleansing provided;age appropriate use of preservative free emollients;clothing/pad/diaper changed;electrode site changed;oral hygiene provided;pulse oximeter probe site changed;skin sealant/moisture barrier applied -KH	—
RETIRED Pressure Reduction Techniques (Infant)	turned/repositioned; tubing/devices lifted off infant -CM	turned/repositioned -CM	turned/repositioned -CM	turned/repositioned; tubing/devices lifted off infant -KH	turned/repositioned; tubing/devices lifted off infant -KH
Row Name	1500				
Neonatal Abstinence Score					
Excoriation (Central Nervous System Disturbances)	0-->indicator not present -KH				
Increased Muscle Tone (Central Nervous System Disturbances)	0-->indicator not present -KH				
Myoclonic Jerks (Central Nervous System Disturbances)	0-->indicator not present -KH				
Generalized Convulsions (Central Nervous System Disturbances)	0-->indicator not present -KH				
Cry (Central Nervous System Disturbances)	0-->indicator not present -KH				
Sleep (Central Nervous System Disturbances)	0-->indicator not present -KH				
Moro Reflex (Central Nervous System Disturbances)	0-->indicator not present -KH				
Tremors (Central Nervous System Disturbances)	0-->indicator not present -KH				
Sweating (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KH				
Yawning (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KH				
Mottling (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KH				
Nasal Stuffiness (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KH				
Sneezing (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -KH				

Flowsheets (all recorded) (continued)

RETIRED - NICU Patient Care Summary - Wed February 10, 2016 (continued)

Row Name	1500
Disturbances)	
Nasal Flaring (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -KH
Fever (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -KH
Respiratory Rate (Metabolic/Vasomotor/ Disturbances)	0-->indicator not present -KH
Feeding (Gastrointestinal Disturbances)	0-->indicator not present -KH
Regurgitation/Projectile Vomiting (Gastrointestinal Disturbances)	0-->indicator not present -KH
Stools (Gastrointestinal Disturbances)	0-->indicator not present -KH
Score (Neonatal Abstinence Scale)	0 -KH

[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge

Peripheral IV Device - Properties Group Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH

Gastrointestinal Assessments

GI Nonstimulation WDL -KH
WDL

Skin Interventions

RETIRED Pressure turned/repositioned;tu
Reduction Techniques bing/devices lifted off
(Infant) infant -KH

RETIRED - Newborn Patient Care Summary - Wed February 10, 2016

Row Name	1730	2130
Cognitive/Behavioral/Neuro Assessments		
Cognitive Behavioral WDL	-MS	WDL -AG
Neonatal Abstinence Score		
Excoriation (Central Nervous System Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Increased Muscle Tone (Central Nervous System Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Myoclonic Jerks (Central Nervous System Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Generalized Convulsions (Central Nervous System Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Cry (Central Nervous System Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Sleep (Central Nervous System Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Moro Reflex (Central	0-->indicator not	0-->indicator not

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Wed February 10, 2016 (continued)

Row Name	1730	2130
Nervous System Disturbances)	present -MS	present -AG
Tremors (Central Nervous System Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Sweating (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Yawning (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Mottling (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Nasal Stuffiness (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Sneezing (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Nasal Flaring (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Fever (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Respiratory Rate (Metabolic/Vasomotor/ Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Feeding (Gastrointestinal Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Regurgitation/Projectile Vomiting (Gastrointestinal Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Stools (Gastrointestinal Disturbances)	0-->indicator not present -MS	0-->indicator not present -AG
Score (Neonatal Abstinence Scale)	0 -MS	0 -AG
Developmental Care (Infant)		
RETIRED Environmental Modifications	clustered care -MS	—
Pain Assessment		
Pain Assessment Scale	N-PASS -MS	—
N-PASS (Neonatal Pain, Agitation and Sedation)		
Pain/Agitation - Crying/Irritability	0 -MS	—
Pain/Agitation - Behavior State	0 -MS	—
Pain/Agitation - Facial Expression	0 -MS	—

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Wed February 10, 2016 (continued)

Row Name	1730	2130
Pain/Agitation - Extremities Tone	0 -MS	—
Pain/Agitation - Vital Signs	0 -MS	—
Pain/Agitation - Premature Pain Assessment	0 -MS	—
N-PASS Pain/Agitation Score	0 -MS	—
Sleep/Rest/Relaxation Assessments		
Sleep/Rest WDL	WDL -MS	—
Sleep/Rest/Relaxation Interventions		
RETIRED Sleep/Rest Enhancement (Infant)	care clustered to minimize awakenings -MS	—
Safety Assessments		
Safety WDL (Nursery)	WDL -MS	—
Safety WDL (NICU)	WDL -MS	—
HEENT Assessments		
Head WDL	WDL -MS	—
Eyes/Ears/Nose/Throat WDL	WDL -MS	—
Eye WDL	WDL -MS	—
Ear WDL	WDL -MS	—
Nose WDL	WDL -MS	—
Mouth WDL	WDL -MS	—
Cardiac Assessments		
Cardiac WDL	WDL -MS	—
Cardiac Interventions		
Warming Thermoregulation Maintenance (Infant)	head covering maintained -MS	—
Peripheral Neurovascular Assessments		
Peripheral Neurovascular WDL (less than or equal to 48 hrs)	WDL -MS	—
Peripheral Neurovascular WDL (greater than 48 hrs)	WDL -MS	—
[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge		
Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH	
Respiratory Assessments		
Respiratory WDL	WDL -MS	—
Nutrition Assessments		
Feeding Method	bottle feeding -MS	—
Nutrition Interventions		
Feeding Techniques (Infant)	aroused to alert state for feedings -MS	—
RETIRED Hypoglycemia Management (Infant)	formula feeding promoted -MS	—
RETIRED Oral Nutrition Promotion (Infant)	aroused to alert state for feedings -MS	—

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Wed February 10, 2016 (continued)

Row Name	1730	2130
Gastrointestinal Assessments		
GI WDL	WDL -MS	—
Genitourinary Assessments		
Gu WDL	WDL -MS	—
Male Genitalia WDL	WDL -MS	—
Musculoskeletal Assessments		
Musculoskeletal WDL	WDL -MS	—
Neck/Clavicles WDL	WDL -MS	—
Skin Assessments		
Skin WDL	WDL -MS	—
Umbilical Cord WDL	WDL -MS	—
RETIRED Neonatal Skin Condition Score (NSCS)		
Dryness (Neonatal Skin Condition Score)	1-->normal, no sign of dry skin -MS	—
Erythema (Neonatal Skin Condition Score)	1-->no evidence of erythema -MS	—
Breakdown (Neonatal Skin Condition Score)	1-->none evident -MS	—
Total Score (Neonatal Skin Condition)	3 -MS	—

Retired - Newborn/NICU Patient Profile - Wed February 10, 2016

Row Name	1740
Infant Screens	
Critical Congen Heart Defect Test Result	pass -MS
RETIRED Metabolic Screen Date	02/10/16 -MS

Anthropometrics - Wed February 10, 2016

Row Name	0000
Anthropometrics	
Weight Change	-2.73 -CM

Labor - Wed February 10, 2016

Row Name	0930
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe	
Dose	*366 mg -KH
Rate	*
There are multiple administrations at this time. Please see the MAR for detailed information. -KH	

PCT VS - Wed February 10, 2016

Row Name	2000
Vital Signs	
Temp	36.9 °C (98.5 °F) -MB
Temp Source	Axillary -MB
Heart Rate	122 -MB
Heart Rate Source	Apical -MB
Resp	45 -MB

Peds Handheld I/O - Wed February 10, 2016

Row Name	1830
Intake	

Flowsheets (all recorded) (continued)

Peds Handheld I/O - Wed February 10, 2016 (continued)

Row Name	1830
P.O.	45 mL -MB

Transfer Note - Wed February 10, 2016

Row Name	1659
Transfer Note	
Patient Received by:	Hospitalist, Newborn Nursery -KH
RETIRED - Report Given to:	Marin Skarah, mother-baby RN -KH
Transfer Note:	Baby cleared for transfer by MD Espiritu. Brought to NBN with ID bands x 2. Accepted by mother-baby RN in nursery. ID verified. -KH

VS - Wed February 10, 2016

Row Name	1730	1731
Vital Signs		
Temp	36.7 °C (98.1 °F) -MS	—
Temp Source	Axillary -MS	—
Heart Rate	128 -MS	—
Heart Rate Source	Apical -MS	—
Resp	48 -MS	—
Oxygen Therapy		
SpO2	100 % right foot -MS	98 % right hand -MS
O2 Device	None (Room air) -MS	None (Room air) -MS

I/O - Wed February 10, 2016

Row Name	0930	1830
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe		
Dose	*366 mg -KH	—
Rate	*	—
	There are multiple administrations at this time. Please see the MAR for detailed information -KH	
Unmeasured Output		
Urine Occurrence	—	1 -MB

I/O-Peds - Wed February 10, 2016

Row Name	0030	0330	0600	0900	0930
Intake					
P.O.	30 mL -CM	35 mL -CM	35 mL -CM	40 mL -KH	—
Appetite	Good -CM	Good -CM	Good -CM	Good -KH	—
Reason for Supplementation	Separation of mother and infant, no EBM -CM	Separation of mother and infant, no EBM -CM	Separation of mother and infant, no EBM -CM	Separation of mother and infant, no EBM -KH	—
Nutrition	PO -CM	PO -CM	PO -CM	Parenteral -KH	—
Feeding Method	bottle feeding -CM	bottle feeding -CM	bottle feeding -CM	bottle feeding -KH	—
RETIRED Length Of Feeding (Min)	15 -CM	15 -CM	15 -CM	15 -KH	—
RETIRED Oral Supplement	— sim 19 -CM	— sim 19 -CM	— sim 19 -CM	20 Cal formula Sim19 -KH	—
ampicillin (OMNIPEN) 366 mg in sterile water for injection IV syringe					

Flowsheets (all recorded) (continued)

I/O-Peds - Wed February 10, 2016 (continued)

Row Name	0030	0330	0600	0900	0930
Dose	—	—	—	—	*366 mg -KH
Rate	—	—	—	—	*
					There are multiple administrations at this time. Please see the MAR for detailed information. -KH

[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge

Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH				
Indication/Daily Review of Necessity	—	—	—	medication therapy, intermittent -KH	—
Site Preparation/Maintenance	—	—	—	dressing: dry and intact -KH	—
Securement	—	—	—	hand board, secured to -KH	—
Patency/Maintenance	—	—	—	flushed without difficulty -KH	—
Site Signs/Symptoms	—	—	—	no drainage;no streak formation;no redness;no swelling;no warmth -KH	—

Unmeasured

Urine Occurrence	1 -CM	1 -CM	1 -CM	1 -KH	—
Stool Occurrence	1 -CM	1 -CM	1 -CM	1 -KH	—
Emesis Occurrence	0 -CM	0 -CM	0 -CM	—	—

Row Name	1200	1500	1700	2130	

Intake

P.O.	40 mL -KH	45 mL -KH	45 mL -CS	35 mL -ID	
Appetite	Good -KH	Good -KH	Good -CS	Good -ID	
Reason for Supplementation	—	—	Separation of mother and infant, no EBM -CS	—	
Feeding Method	bottle feeding -KH	bottle feeding -KH	bottle feeding -CS	bottle feeding -ID	
RETIRED Length Of Feeding (Min)	15 -KH	10 -KH	—	—	
RETIRED Oral Supplement	—	—	20 Cal formula -CS	—	

[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge

Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH				
Site Signs/Symptoms	no drainage;no redness;no streak formation;no swelling;no warmth -KH	no drainage;no redness;no streak formation;no swelling;no warmth -KH	—	—	

Unmeasured

Urine Occurrence	1 -KH	1 -KH	1 -CS	1 -ID	
Stool Occurrence	1 -KH	0 -KH	1 -CS	—	

VS-PICU/NICU - Wed February 10, 2016

Row Name	0000	0030	0330	0600	0900
Height and Weight					
Weight - Scale	3.56 kg (7 lb 13.6 oz) -CM	—	—	—	—
Weight Method	Incubator (Isolette) -CM	—	—	—	—
RETIRED - Percent	-2.6 -CM	—	—	—	—

Flowsheets (all recorded) (continued)

VS-PICU/NICU - Wed February 10, 2016 (continued)

Row Name	0000	0030	0330	0600	0900
Weight Change Since Birth					
Pct Wt Change	-2.58 % -CM	—	—	—	—
Vitals					
Temp	—	37.3 °C (99.2 °F) -CM	37.4 °C (99.3 °F) -CM	37.4 °C (99.3 °F) -CM	37.1 °C (98.7 °F) -KH
Temp Source	—	Axillary -CM	Axillary -CM	Axillary -CM	Axillary -KH
Heart Rate	—	120 -CM	(I) 173 -CM	130 -CM	141 -KH
Heart Rate Source	—	Monitor -CM	Monitor -CM	Monitor -CM	Monitor -KH
Resp	—	35 -CM	38 -CM	52 -CM	(I) 27 -KH
BP	—	55/40 -CM	67/43 -CM	58/39 -CM	68/40 -KH
MAP (mmHg)	—	45 -CM	53 -CM	47 -CM	48 -KH
BP Location	—	Left leg -CM	Right leg -CM	Right leg -CM	Right leg -KH
BP Method	—	Manual -CM	Manual -CM	Manual -CM	Automatic -KH
Patient Position	—	Lying -CM	Lying -CM	Lying -CM	Lying -KH
Additional Vitals					
Cardiac Rhythm	—	—	—	—	NSR -KH
Oxygen Therapy					
SpO2	—	100 % -CM	99 % -CM	100 % -CM	100 % -KH
O2 Device	—	None (Room air) -CM	None (Room air) -CM	None (Room air) -CM	None (Room air) -KH
Pain Assessment					
Pain Assessment Scale	—	—	—	—	N-PASS -KH
N-PASS (Neonatal Pain, Agitation and Sedation)					
Pain/Agitation - Crying/Irritability	—	—	—	—	0 -KH
Pain/Agitation - Behavior State	—	—	—	—	0 -KH
Pain/Agitation - Facial Expression	—	—	—	—	0 -KH
Pain/Agitation - Extremities Tone	—	—	—	—	0 -KH
Pain/Agitation - Vital Signs	—	—	—	—	0 -KH
Pain/Agitation - Premature Pain Assessment	—	—	—	—	0 -KH
N-PASS Pain/Agitation Score	—	—	—	—	0 -KH
Sedation - Crying/Irritability	—	—	—	—	0 -KH
Sedation - Behavior State	—	—	—	—	0 -KH
Sedation - Facial Expression	—	—	—	—	0 -KH
Sedation - Extremities	—	—	—	—	0 -KH
Sedation - Vital Signs (HR, RR, BP, SaO2)	—	—	—	—	0 -KH
N-PASS Sedation Score	—	—	—	—	0 -KH
Pain Treatment Modalities					
Pain Interventions	—	—	—	—	hand containment;position changed;reduction of stimuli;nonnutritive sucking/pacifier;positioned;swaddled -KH
Provider Notification/ Significant Shift Event					
Reason for Communication	—	—	—	—	Evaluate -KH

Flowsheets (all recorded) (continued)

VS-PICU/NICU - Wed February 10, 2016 (continued)

Row Name	0000	0030	0330	0600	0900
Provider Name	—	—	—	—	Quintana -KH
Provider Role	—	—	—	—	Nurse -KH
Method of Communication	—	—	—	—	Face to face -KH
Response	—	—	—	—	At bedside -KH
Notification Time	—	—	—	—	0900 -KH
Significant Event Type	—	—	—	—	Other (Comment) 2 person skin check done -KH
Row Name	1200	1500			
Vitals					
Temp	36.8 °C (98.3 °F) -KH	37.1 °C (98.8 °F) -KH			
Temp Source	Axillary -KH	Axillary -KH			
Heart Rate	151 -KH	117 -KH			
Heart Rate Source	Monitor -KH	Monitor -KH			
Resp	(!) 34 -KH	55 -KH			
BP	62/40 -KH	(!) 87/55 -KH			
MAP (mmHg)	48 -KH	69 -KH			
BP Location	Right leg -KH	Right leg -KH			
BP Method	Automatic -KH	Automatic -KH			
Patient Position	Lying -KH	Lying -KH			
Additional Vitals					
Cardiac Rhythm	NSR -KH	NSR -KH			
Oxygen Therapy					
SpO2	100 % -KH	99 % -KH			
O2 Device	None (Room air) -KH	None (Room air) -KH			

RETIRED-Newborn Head to Toe - Wed February 10, 2016

Row Name	
[REMOVED] Peripheral IV Device - Single Lumen 02/09/16 1100 dorsal arch vein (top of hand), left 24 gauge	
Peripheral IV Device - Properties Group	Placement Date: 02/09/16 -SA Placement Time: 1100 -SA Location: dorsal arch vein (top of hand), left -SA Device/Lot Number: over-the-needle catheter system -SA Gauge/Length: 24 gauge -SA Pain Prevention/Patient Tolerance: oral sucrose -SA Removal Date: 02/10/16 -KH Removal Time: 1500 -KH

Flowsheets (all recorded)

Custom Formula Data - Thu February 11, 2016

Row Name	0200	0730	0841	1350	1800
Relevant Labs and Vitals					
Temp (in Celsius)	37.3 -FK	38.2 -KV	—	37.8 -RA	38 -MB
Vitals					
Pct Birth Wt	—	—	97.56 % -AO	—	—
Pct Wt Change	—	—	-2.44 % -AO	—	—
Protein (gm/kg)					
0.6 Gm Protein (gm)	—	—	2.14 -AO	—	—
0.7 Gm Protein (gm)	—	—	2.5 -AO	—	—
0.8 Gm Protein (gm)	—	—	2.86 -AO	—	—
0.9 Gm Protein (gm)	—	—	3.22 -AO	—	—
1.0 Gm Protein (gm)	—	—	3.57 -AO	—	—
1.1 Gm Protein (gm)	—	—	3.93 -AO	—	—
1.2 Gm Protein (gm)	—	—	4.29 -AO	—	—
1.3 Gm Protein (gm)	—	—	4.64 -AO	—	—
1.4 Gm Protein (gm)	—	—	5 -AO	—	—
1.5 Gm Protein (gm)	—	—	5.36 -AO	—	—
1.6 Gm Protein (gm)	—	—	5.72 -AO	—	—
1.7 Gm Protein (gm)	—	—	6.07 -AO	—	—
1.8 Gm Protein (gm)	—	—	6.43 -AO	—	—
1.9 Gm Protein (gm)	—	—	6.79 -AO	—	—
2.0 Gm Protein (gm)	—	—	7.14 -AO	—	—
2.1 Gm Protein (gm)	—	—	7.5 -AO	—	—
2.2 Gm Protein (gm)	—	—	7.86 -AO	—	—
2.3 Gm Protein (gm)	—	—	8.22 -AO	—	—
2.4 Gm Protein (gm)	—	—	8.57 -AO	—	—
2.5 Gm Protein (gm)	—	—	8.93 -AO	—	—
kcal/kg					
RETIRED 20 Kcal/Kg (kcal)	—	—	71.45 -AO	—	—
RETIRED 25 Kcal/Kg (kcal)	—	—	89.31 -AO	—	—
RETIRED 30 Kcal/Kg (kcal)	—	—	107.17 -AO	—	—
RETIRED 35 Kcal/Kg (kcal)	—	—	125.04 -AO	—	—
RETIRED 40 Kcal/Kg (kcal)	—	—	142.9 -AO	—	—
RETIRED 45 Kcal/Kg (kcal)	—	—	160.76 -AO	—	—
RETIRED 50 Kcal/Kg (kcal)	—	—	178.62 -AO	—	—
RETIRED Caloric Needs for Pregnancy					
24 Kcal/Kg (kcal)	—	—	85.74 -AO	—	—
30 Kcal/Kg (kcal)	—	—	107.17 -AO	—	—
36 Kcal/Kg (kcal)	—	—	128.61 -AO	—	—
38 Kcal/Kg (kcal)	—	—	135.75 -AO	—	—
40 Kcal/Kg (kcal)	—	—	142.9 -AO	—	—
Owen Equation					
Energy Expenditure, Male	—	—	915.44 -AO	—	—
Energy Expenditure, Female	—	—	820.65 -AO	—	—
RETIRED Fluid Requirements					
30 mL/kg (Fluid Requirements)	—	—	107.17 -AO	—	—
35 mL/kg (Fluid Requirements)	—	—	125.04 -AO	—	—
40 mL/kg (Fluid Requirements)	—	—	142.9 -AO	—	—

Flowsheets (all recorded) (continued)

Custom Formula Data - Thu February 11, 2016 (continued)

Row Name	0200	0730	0841	1350	1800
Requirements)					
OTHER					
RETIRED - Percent Weight Change Since Birth	—	—	-2.4 -AO	—	—

RETIRED - Newborn Patient Care Summary - Thu February 11, 2016

Row Name	0100	0400	0700	1000	1300
Cognitive/Behavioral/Neuro Assessments					
Cognitive Behavioral WDL	WDL -AG	WDL -AG	WDL -AG	—	—
Neonatal Abstinence Score					
Excoriation (Central Nervous System Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Increased Muscle Tone (Central Nervous System Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Myoclonic Jerks (Central Nervous System Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Generalized Convulsions (Central Nervous System Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Cry (Central Nervous System Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Sleep (Central Nervous System Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Moro Reflex (Central Nervous System Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Tremors (Central Nervous System Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Sweating (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Yawning (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Mottling (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Nasal Stuffiness (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Sneezing (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Nasal Flaring (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Fever (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Thu February 11, 2016 (continued)

Row Name	0100	0400	0700	1000	1300
Respiratory Disturbances)					
Respiratory Rate (Metabolic/Vasomotor/ Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Feeding (Gastrointestinal Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Regurgitation/Projectile Vomiting (Gastrointestinal Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Stools (Gastrointestinal Disturbances)	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -AG	0-->indicator not present -RA	0-->indicator not present -RA
Score (Neonatal Abstinence Scale)	0 -AG	0 -AG	0 -AG	0 -RA	0 -RA
Row Name	1600	2200			
Cognitive/Behavioral/Neuro Assessments					
Cognitive Behavioral WDL	—	WDL -MC			
Neonatal Abstinence Score					
Excoriation (Central Nervous System Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Increased Muscle Tone (Central Nervous System Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Myoclonic Jerks (Central Nervous System Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Generalized Convulsions (Central Nervous System Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Cry (Central Nervous System Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Sleep (Central Nervous System Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Moro Reflex (Central Nervous System Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Tremors (Central Nervous System Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Sweating (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Yawning (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Mottling (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Nasal Stuffiness (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC			
Sneezing	0-->indicator not present -RA	0-->indicator not present -MC			

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Thu February 11, 2016 (continued)

Row Name	1600	2200
(Metabolic/Vasomotor/ Respiratory Disturbances)	present -RA	present -MC
Nasal Flaring (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC
Fever (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC
Respiratory Rate (Metabolic/Vasomotor/ Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC
Feeding (Gastrointestinal Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC
Regurgitation/Projectil e Vomiting (Gastrointestinal Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC
Stools (Gastrointestinal Disturbances)	0-->indicator not present -RA	0-->indicator not present -MC
Score (Neonatal Abstinence Scale)	0 -RA	0 -MC
Pain Assessment		
Pain Assessment Scale	---	N-PASS -MC
N-PASS (Neonatal Pain, Agitation and Sedation)		
Pain/Agitation - Crying/Irritability	---	0 -MC
Pain/Agitation - Behavior State	---	0 -MC
Pain/Agitation - Facial Expression	---	0 -MC
Pain/Agitation - Extremities Tone	---	0 -MC
Pain/Agitation - Vital Signs	---	0 -MC
Pain/Agitation - Premature Pain Assessment	---	0 -MC
N-PASS Pain/Agitation Score	---	0 -MC
Sleep/Rest/Relaxation Assessments		
Sleep/Rest WDL	---	WDL -MC
Safety Assessments		
Safety WDL (Nursery)	---	WDL -MC
HEENT Assessments		
Head WDL	---	WDL -MC
Eyes/Ears/Nose/Throa t WDL	---	WDL -MC
Eye WDL	---	WDL -MC
Ear WDL	---	WDL -MC
Nose WDL	---	WDL -MC
Mouth WDL	---	WDL -MC
Cardiac Assessments		
Cardiac WDL	---	WDL -MC

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Thu February 11, 2016 (continued)

Row Name	1600	2200
Peripheral Neurovascular Assessments		
Peripheral Neurovascular WDL (less than or equal to 48 hrs)	—	WDL -MC
Respiratory Assessments		
Respiratory WDL	—	WDL -MC
Gastrointestinal Assessments		
GI WDL	—	WDL -MC
Genitourinary Assessments		
Gu WDL	—	WDL -MC
Male Genitalia WDL	—	WDL -MC
Musculoskeletal Assessments		
Musculoskeletal WDL	—	WDL -MC
Neck/Clavicles WDL	—	WDL -MC
Skin Assessments		
Skin WDL	—	WDL -MC
Umbilical Cord WDL	—	WDL -MC
RETIRED Neonatal Skin Condition Score (NSCS)		
Dryness (Neonatal Skin Condition Score)	—	1-->normal, no sign of dry skin -MC
Erythema (Neonatal Skin Condition Score)	—	1-->no evidence of erythema -MC
Breakdown (Neonatal Skin Condition Score)	—	1-->none evident -MC
Total Score (Neonatal Skin Condition)	—	3 -MC

Retired - Newborn/NICU Patient Profile - Thu February 11, 2016

Row Name	0900
Safety Concerns/Parent/Caregiver Education	
Safety Comment	Hugs 892 -RA

Anthropometrics - Thu February 11, 2016

Row Name	0841
Anthropometrics	
Weight Change	0.14 -AO

POCT Results - Thu February 11, 2016

Row Name	0920
POCT Blood Results	
POCT Bilirubin Transcutaneous	8.2 -RA

PCT VS - Thu February 11, 2016

Row Name	0200	0841	1800
Vital Signs			
Temp	36.3 °C (97.4 °F) -FK	—	37 °C (98.6 °F) -MB
Temp Source	Axillary -FK	—	Axillary -MB
Heart Rate	140 -FK	—	131 -MB
Heart Rate Source	Apical -FK	—	Apical -MB
Resp	40 -FK	—	56 -MB
Height and Weight			
Weight - Scale	—	3.565 kg (7 lb 13.8 oz) -AO	—

Flowsheets (all recorded) (continued)
Peds Handheld I/O - Thu February 11, 2016

Row Name	0200	0841	1800	1953	2000
Intake					
P.O.	15 mL -FK	—	60 mL -MB	—	—
Reason for Supplementation	Separation of mother and infant, no EBM -FK	—	—	—	—
Feeding Method	bottle feeding -FK	—	bottle feeding -MB	—	—
Unmeasured					
Urine Occurrence	—	1 -AO	1 -MB	1 -MB	1 -MB
Stool Occurrence	1 -FK	—	1 -MB	1 -MB	—
Row Name	2048				
Intake					
P.O.	60 mL -MB				
Unmeasured					
Stool Occurrence	1 -MB				

Newborn Hearing - Thu February 11, 2016

Row Name	1512
RETIRED Newborn Screening	
Hearing Screen Left Ear Abr (Auditory Brainstem Response)	passed -NN
Hearing Screen Right Ear Abr (Auditory Brainstem Response)	passed -NN
RETIRED Hearing Screen Date	02/11/16 -NN

VS - Thu February 11, 2016

Row Name	0730
Vital Signs	
Temp	37.2 °C (99 °F) -KV
Temp Source	Axillary -KV
Heart Rate	130 -KV
Heart Rate Source	Apical -KV
Resp	60 -KV
Pain Assessment	
Pain Assessment Scale	N-PASS -KV
N-PASS (Neonatal Pain, Agitation and Sedation)	
Pain/Agitation - Crying/Irritability	0 -KV
Pain/Agitation - Behavior State	0 -KV
Pain/Agitation - Facial Expression	0 -KV
Pain/Agitation - Extremities Tone	0 -KV
Pain/Agitation - Vital Signs	0 -KV
Pain/Agitation - Premature Pain Assessment	0 -KV
N-PASS Pain/Agitation Score	0 -KV

I/O-Peds - Thu February 11, 2016

Row Name	0005	0700	0900	1030	1416

Flowsheets (all recorded) (continued)
I/O-Peds - Thu February 11, 2016 (continued)

Row Name	0005	0700	0900	1030	1416
Intake					
P.O.	35 mL -KV	35 mL -KV	—	60 mL cc formula -SP	80 mL -RA
Reason for Supplementation	Separation of mother and infant, no EBM -KV	Separation of mother and infant, no EBM -KV	—	—	—
Feeding Method	bottle feeding -KV	bottle feeding -KV	—	bottle feeding -SP	bottle feeding -RA
Unmeasured					
Urine Occurrence	1 -KV	1 -KV	1 -RA	—	1 -RA
Stool Occurrence	1 -KV	—	—	—	1 -RA
Row Name	1900	2200	2300	2316	
Intake					
P.O.	—	20 mL -MC	10 mL -MC	—	
Unmeasured					
Urine Occurrence	1 -SP	—	1 -MC	1 -ZG	
Stool Occurrence	1 -SP	—	—	—	

VS-PEDS - Thu February 11, 2016

Row Name	1350	1800
Vital Signs		
Temp	36.8 °C (98.3 °F) -RA	—
Temp Source	Axillary -RA	—
Heart Rate	136 -RA	—
Heart Rate Source	Apical -RA	—
Resp	42 -RA	—
Pain Assessment		
Pain Assessment Scale	N-PASS -RA	N-PASS -RA
N-PASS (Neonatal Pain, Agitation and Sedation)		
Pain/Agitation - Crying/Irritability	0 -RA	0 -RA
Pain/Agitation - Behavior State	0 -RA	0 -RA
Pain/Agitation - Facial Expression	0 -RA	0 -RA
Pain/Agitation - Extremities Tone	0 -RA	0 -RA
Pain/Agitation - Vital Signs	0 -RA	0 -RA
Pain/Agitation - Premature Pain Assessment	0 -RA	0 -RA
N-PASS Pain/Agitation Score	0 -RA	0 -RA

RETIRED-Newborn Head to Toe - Thu February 11, 2016

Row Name	0900
Cognitive/Behavioral/Neuro Assessments	
Cognitive Behavioral WDL	WDL -SP
Pain Assessment	
Pain Assessment Scale	N-PASS -SP
N-PASS (Neonatal Pain, Agitation and Sedation)	
Pain/Agitation - Crying/Irritability	0 -SP
Pain/Agitation - Behavior State	0 -SP

Flowsheets (all recorded) (continued)

RETIRED-Newborn Head to Toe - Thu February 11, 2016 (continued)

Row Name	0900
Pain/Agitation - Facial Expression	0 -SP
Pain/Agitation - Extremities Tone	0 -SP
Pain/Agitation - Vital Signs	0 -SP
Pain/Agitation - Premature Pain Assessment	0 -SP
N-PASS Pain/Agitation Score	0 -SP
Sleep/Rest/Relaxation Assessments	
Sleep/Rest WDL	WDL -SP
Safety Assessments	
Safety WDL (Nursery)	WDL -SP
HEENT Assessments	
Head WDL	WDL -SP
Eyes/Ears/Nose/Throat WDL	WDL -SP
Eye WDL	WDL -SP
Ear WDL	WDL -SP
Nose WDL	WDL -SP
Mouth WDL	WDL -SP
Cardiac Assessments	
Cardiac WDL	WDL -SP
Peripheral Neurovascular Assessments	
Peripheral Neurovascular WDL (less than or equal to 48 hrs)	WDL -SP
Respiratory Assessments	
Respiratory WDL	WDL -SP
Nutrition Assessments	
Nutrition WDL	WDL -SP
Feeding Method	bottle feeding -SP
Gastrointestinal Assessments	
GI WDL	WDL -SP
Genitourinary Assessments	
Gu WDL	WDL -SP
Male Genitalia WDL	WDL -SP
Musculoskeletal Assessments	
Musculoskeletal WDL	WDL -SP
Skin Assessments	
Skin WDL	WDL -SP
Umbilical Cord WDL	WDL -SP
RETIRED Neonatal Skin Condition Score (NSCS)	
Dryness (Neonatal Skin Condition Score)	1-->normal, no sign of dry skin -SP
Erythema (Neonatal Skin Condition Score)	1-->no evidence of erythema -SP
Breakdown (Neonatal Skin Condition Score)	1-->none evident -SP
Total Score (Neonatal Skin Condition)	3 -SP

CARE PLAN MINI-FLOWSHEET DATA - Fri February 12, 2016

Flowsheets (all recorded) (continued)

CARE PLAN MINI-FLOWSHEET DATA - Fri February 12, 2016 (continued)

Row Name	0100
RETIRED Newborn	
RETIRED Problems Assessed (Newborn)	all -MC
RETIRED Problems Present (Newborn)	none -MC

Custom Formula Data - Fri February 12, 2016

Row Name	0038	0249	0600	0930
Relevant Labs and Vitals				
Temp (in Celsius)	38.1 -FK	—	37.6 -FK	37.8 -MY
Vitals				
Pct Birth Wt	—	96.19 % -FK	—	—
Pct Wt Change	—	-3.81 % -FK	—	—
Protein (gm/kg)				
0.6 Gm Protein (gm)	—	2.11 -FK	—	—
0.7 Gm Protein (gm)	—	2.47 -FK	—	—
0.8 Gm Protein (gm)	—	2.82 -FK	—	—
0.9 Gm Protein (gm)	—	3.17 -FK	—	—
1.0 Gm Protein (gm)	—	3.52 -FK	—	—
1.1 Gm Protein (gm)	—	3.87 -FK	—	—
1.2 Gm Protein (gm)	—	4.23 -FK	—	—
1.3 Gm Protein (gm)	—	4.58 -FK	—	—
1.4 Gm Protein (gm)	—	4.93 -FK	—	—
1.5 Gm Protein (gm)	—	5.28 -FK	—	—
1.6 Gm Protein (gm)	—	5.64 -FK	—	—
1.7 Gm Protein (gm)	—	5.99 -FK	—	—
1.8 Gm Protein (gm)	—	6.34 -FK	—	—
1.9 Gm Protein (gm)	—	6.69 -FK	—	—
2.0 Gm Protein (gm)	—	7.04 -FK	—	—
2.1 Gm Protein (gm)	—	7.4 -FK	—	—
2.2 Gm Protein (gm)	—	7.75 -FK	—	—
2.3 Gm Protein (gm)	—	8.1 -FK	—	—
2.4 Gm Protein (gm)	—	8.45 -FK	—	—
2.5 Gm Protein (gm)	—	8.81 -FK	—	—
kcal/kg				
RETIRED 20 Kcal/Kg (kcal)	—	70.45 -FK	—	—
RETIRED 25 Kcal/Kg (kcal)	—	88.06 -FK	—	—
RETIRED 30 Kcal/Kg (kcal)	—	105.67 -FK	—	—
RETIRED 35 Kcal/Kg (kcal)	—	123.29 -FK	—	—
RETIRED 40 Kcal/Kg (kcal)	—	140.9 -FK	—	—
RETIRED 45 Kcal/Kg (kcal)	—	158.51 -FK	—	—
RETIRED 50 Kcal/Kg (kcal)	—	176.12 -FK	—	—
RETIRED Caloric Needs for Pregnancy				
24 Kcal/Kg (kcal)	—	84.54 -FK	—	—
30 Kcal/Kg (kcal)	—	105.67 -FK	—	—
36 Kcal/Kg (kcal)	—	126.81 -FK	—	—
38 Kcal/Kg (kcal)	—	133.85 -FK	—	—
40 Kcal/Kg (kcal)	—	140.9 -FK	—	—
Owen Equation				
Energy Expenditure, Male	—	914.93 -FK	—	—

Flowsheets (all recorded) (continued)

Custom Formula Data - Fri February 12, 2016 (continued)

Row Name	0038	0249	0600	0930
Energy Expenditure, Female	—	820.29 -FK	—	—
RETIRED Fluid Requirements				
30 mL/kg (Fluid Requirements)	—	105.67 -FK	—	—
35 mL/kg (Fluid Requirements)	—	123.29 -FK	—	—
40 mL/kg (Fluid Requirements)	—	140.9 -FK	—	—
OTHER				
RETIRED - Percent Weight Change Since Birth	—	-3.8 -FK	—	—

RETIRED - Newborn Patient Care Summary - Fri February 12, 2016

Row Name	0200	0600	0947
Cognitive/Behavioral/Neuro Assessments			
Cognitive Behavioral WDL	—	—	WDL -MY
Neonatal Abstinence Score			
Excoriation (Central Nervous System Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Increased Muscle Tone (Central Nervous System Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Myoclonic Jerks (Central Nervous System Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Generalized Convulsions (Central Nervous System Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Cry (Central Nervous System Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Sleep (Central Nervous System Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Moro Reflex (Central Nervous System Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Tremors (Central Nervous System Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Sweating (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Yawning (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Mottling (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Nasal Stuffiness (Metabolic/Vasomotor/Respiratory Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Sneezing	0-->indicator not present	0-->indicator not present	0-->indicator not present

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Fri February 12, 2016 (continued)

Row Name	0200	0600	0947
(Metabolic/Vasomotor/ Respiratory Disturbances)	present -MC	present -MC	present -MY
Nasal Flaring (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Fever (Metabolic/Vasomotor/ Respiratory Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Respiratory Rate (Metabolic/Vasomotor/ Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Feeding (Gastrointestinal Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Regurgitation/Projectile Vomiting (Gastrointestinal Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Stools (Gastrointestinal Disturbances)	0-->indicator not present -MC	0-->indicator not present -MC	0-->indicator not present -MY
Score (Neonatal Abstinence Scale)	0 -MC	0 -MC	0 -MY
Pain Assessment			
Pain Assessment Scale	—	—	N-PASS -MY
N-PASS (Neonatal Pain, Agitation and Sedation)			
Pain/Agitation - Crying/Irritability	—	—	0 -MY
Pain/Agitation - Behavior State	—	—	0 -MY
Pain/Agitation - Facial Expression	—	—	0 -MY
Pain/Agitation - Extremities Tone	—	—	0 -MY
Pain/Agitation - Vital Signs	—	—	0 -MY
Pain/Agitation - Premature Pain Assessment	—	—	0 -MY
N-PASS Pain/Agitation Score	—	—	0 -MY
Sleep/Rest/Relaxation Assessments			
Sleep/Rest WDL	—	—	WDL -MY
Safety Assessments			
Safety WDL (Nursery)	—	—	WDL -MY
Safety Interventions			
RETIRED Infection Prevention	—	—	hand washing prompted -MY
HEENT Assessments			
Head WDL	—	—	WDL -MY
Eyes/Ears/Nose/Throat WDL	—	—	WDL -MY
Eye WDL	—	—	WDL -MY
Ear WDL	—	—	WDL -MY
Nose WDL	—	—	WDL -MY
Mouth WDL	—	—	WDL -MY

Flowsheets (all recorded) (continued)

RETIRED - Newborn Patient Care Summary - Fri February 12, 2016 (continued)

Row Name	0200	0600	0947
Cardiac Assessments			
Cardiac WDL	—	—	WDL -MY
Peripheral Neurovascular Assessments			
Peripheral Neurovascular WDL (greater than 48 hrs)	—	—	WDL -MY
Respiratory Assessments			
Respiratory WDL	—	—	WDL -MY
Gastrointestinal Assessments			
GI WDL	—	—	WDL -MY
Genitourinary Assessments			
Gu WDL	—	—	WDL -MY
Male Genitalia WDL	—	—	WDL -MY
Musculoskeletal Assessments			
Musculoskeletal WDL	—	—	WDL -MY
Neck/Clavicles WDL	—	—	WDL -MY
Skin Assessments			
Skin WDL	—	—	WDL -MY
Umbilical Cord WDL	—	—	WDL -MY
RETIRED Neonatal Skin Condition Score (NSCS)			
Dryness (Neonatal Skin Condition Score)	—	—	1-->normal, no sign of dry skin -MY
Erythema (Neonatal Skin Condition Score)	—	—	1-->no evidence of erythema -MY
Breakdown (Neonatal Skin Condition Score)	—	—	1-->none evident -MY
Total Score (Neonatal Skin Condition)	—	—	3 -MY

Retired - Newborn/NICU Patient Profile - Fri February 12, 2016

Row Name	0946
Safety Concerns/Parent/Caregiver Education	
Safety Comment	HUGS 772 -MY

Anthropometrics - Fri February 12, 2016

Row Name	0249
Anthropometrics	
Weight Change	-1.4 -FK

POCT Results - Fri February 12, 2016

Row Name	0944
POCT Blood Results	
POCT Bilirubin Transcutaneous	7.8 -MY

PCT VS - Fri February 12, 2016

Row Name	0038	0249	0600
Vital Signs			
Temp	37.1 °C (98.7 °F) -FK	—	36.6 °C (97.8 °F) -FK
Temp Source	Axillary -FK	—	Axillary -FK
Heart Rate	120 -FK	—	140 -FK
Heart Rate Source	Apical -FK	—	Apical -FK
Resp	55 -FK	—	55 -FK
Height and Weight			
Weight - Scale	—	3.515 kg (7 lb 12 oz)	—

Flowsheets (all recorded) (continued)

PCT VS - Fri February 12, 2016 (continued)

Row Name	0038	0249 -FK	0600
Weight Method	—	Infant Scale -FK	—

Peds Handheld I/O - Fri February 12, 2016

Row Name	0130	0249	0415	0600
Intake				
Reason for Supplementation	—	—	Separation of mother and infant, no EBM -FK	—
Unmeasured				
Urine Occurrence	1 -FK	1 -FK	—	1 -FK
Stool Occurrence	—	1 -FK	—	1 -FK

I/O-Peds - Fri February 12, 2016

Row Name	0415	0715	0947	1153	1230
Intake					
P.O.	45 mL -CSA	35 mL -AOA	55 mL -MY	—	75 mL -MY
Reason for Supplementation	—	—	Separation of mother and infant, no EBM -MY	—	Separation of mother and infant, no EBM -MY
Feeding Method	bottle feeding -CSA	—	bottle feeding -MY	—	bottle feeding -MY
Unmeasured					
Urine Occurrence	—	—	1 -MY	1 -MY	—
Stool Occurrence	—	—	1 -MY	1 -MY	—

VS-PEDS - Fri February 12, 2016

Row Name	0930
Vital Signs	
Temp	36.8 °C (98.2 °F) -MY
Temp Source	Axillary -MY
Heart Rate	115 -MY
Heart Rate Source	Apical -MY
Resp	48 -MY

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
AOA	Antoinette Ortiz, RN	01/24/14 -
RA	Raquel Aponte, RN	11/27/12 -
MB	Martha Beauvais	11/26/12 -
KB	Kewala Budhram, RN	11/27/12 -
DB	Damaris Burqos, RN	11/27/12 -
MC	Melissa Ceron, RN	11/27/12 -
CSA	Christin Leigh Scott, RN	08/21/15 -
CM	Christine Mock, RN	09/25/14 -
LD	Lindsey Downing, RN	01/20/13 -
MO	Melissa A O'Meara, RN	11/27/12 -
DG	Dina B Goldstein, RN	01/20/13 -
ZG	Zoey Gross, RN	05/04/15 -
KH	Kayla Guarneri Halvey, RN	11/27/12 -
AI	Ana Irace, RN	11/27/12 -
FK	Frank Kelly	12/20/12 -
CS	Cheryl Southern, RN	11/27/12 -
MA	Maria Alciviades, RN	11/27/12 -
SP	Sarah E Puccio, RN	01/20/13 -
NN	Nila Noqueira	02/10/15 -
AO	Afua Osei-Mensah	11/26/12 -
KP	Kirsten Prins, RN	05/04/15 -
ID	Ieda Delos Reyes, RN	01/12/13 -

Flowsheets (all recorded) (continued)

User Key (continued)

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
KV	Katrina Vigo, RN	01/13/15 -
AS	Amanda Schneider, MD	06/11/14 -
MS	Marin Grace Skariah, RN	01/20/13 -
KS	Katherine H Strafer, RN	11/27/12 -
SA	Stephany Amendola, RN	01/11/16 -
MY	Misug Yi, RN	01/20/13 -
AG	Angela Gavrielow, RN	12/07/12 -

Flowsheets (all recorded)

PT Charges - Fri February 12, 2016

No documentation.

Adult IRF PCS Body System - Fri February 12, 2016

Row Name	0947
Pain Assessment	
Pain Assessment Scale	N-PASS -MY at 02/12/16 1020
N-PASS (Neonatal Pain, Agitation and Sedation)	
Pain/Agitation - Crying/Irritability	0 -MY at 02/12/16 1020
Pain/Agitation - Behavior State	0 -MY at 02/12/16 1020
Pain/Agitation - Facial Expression	0 -MY at 02/12/16 1020
Pain/Agitation - Extremities Tone	0 -MY at 02/12/16 1020
Pain/Agitation - Vital Signs	0 -MY at 02/12/16 1020
Pain/Agitation - Premature Pain Assessment	0 -MY at 02/12/16 1020
N-PASS Pain/Agitation Score	0 -MY at 02/12/16 1020

Adult Patient Profile - Fri February 12, 2016

No documentation.

PT Charges - Thu February 11, 2016

No documentation.

Adult IRF PCS Body System - Thu February 11, 2016

Row Name	2200	1800	1350	0900	0730
Pain Assessment					
Pain Assessment Scale	N-PASS -MC at 02/12/16 0027	N-PASS -RA at 02/11/16 1850	N-PASS -RA at 02/11/16 1357	N-PASS -SP at 02/11/16 0917	N-PASS -KV at 02/11/16 0720
N-PASS (Neonatal Pain, Agitation and Sedation)					
Pain/Agitation - Crying/Irritability	0 -MC at 02/12/16 0027	0 -RA at 02/11/16 1850	0 -RA at 02/11/16 1357	0 -SP at 02/11/16 0917	0 -KV at 02/11/16 0720
Pain/Agitation - Behavior State	0 -MC at 02/12/16 0027	0 -RA at 02/11/16 1850	0 -RA at 02/11/16 1357	0 -SP at 02/11/16 0917	0 -KV at 02/11/16 0720
Pain/Agitation - Facial Expression	0 -MC at 02/12/16 0027	0 -RA at 02/11/16 1850	0 -RA at 02/11/16 1357	0 -SP at 02/11/16 0917	0 -KV at 02/11/16 0720
Pain/Agitation - Extremities Tone	0 -MC at 02/12/16 0027	0 -RA at 02/11/16 1850	0 -RA at 02/11/16 1357	0 -SP at 02/11/16 0917	0 -KV at 02/11/16 0720
Pain/Agitation - Vital Signs	0 -MC at 02/12/16 0027	0 -RA at 02/11/16 1850	0 -RA at 02/11/16 1357	0 -SP at 02/11/16 0917	0 -KV at 02/11/16 0720
Pain/Agitation - Premature Pain Assessment	0 -MC at 02/12/16 0027	0 -RA at 02/11/16 1850	0 -RA at 02/11/16 1357	0 -SP at 02/11/16 0917	0 -KV at 02/11/16 0720
N-PASS Pain/Agitation Score	0 -MC at 02/12/16 0027	0 -RA at 02/11/16 1850	0 -RA at 02/11/16 1357	0 -SP at 02/11/16 0917	0 -KV at 02/11/16 0720

Adult Patient Profile - Thu February 11, 2016

No documentation.

PT Charges - Wed February 10, 2016

No documentation.

Adult IRF PCS Body System - Wed February 10, 2016

Row Name	1731	1730	1500	1200	0900
Pain Assessment					

Flowsheets (all recorded) (continued)

Adult IRF PCS Body System - Wed February 10, 2016 (continued)

Row Name	1731	1730	1500	1200	0900
Pain Assessment Scale	—	N-PASS -MS at 02/10/16 1758	—	—	N-PASS -KH at 02/10/16 1127
N-PASS (Neonatal Pain, Agitation and Sedation)					
Pain/Agitation - Crying/Irritability	—	0 -MS at 02/10/16 1758	—	—	0 -KH at 02/10/16 1127
Pain/Agitation - Behavior State	—	0 -MS at 02/10/16 1758	—	—	0 -KH at 02/10/16 1127
Pain/Agitation - Facial Expression	—	0 -MS at 02/10/16 1758	—	—	0 -KH at 02/10/16 1127
Pain/Agitation - Extremities Tone	—	0 -MS at 02/10/16 1758	—	—	0 -KH at 02/10/16 1127
Pain/Agitation - Vital Signs	—	0 -MS at 02/10/16 1758	—	—	0 -KH at 02/10/16 1127
Pain/Agitation - Premature Pain Assessment	—	0 -MS at 02/10/16 1758	—	—	0 -KH at 02/10/16 1127
N-PASS Pain/Agitation Score	—	0 -MS at 02/10/16 1758	—	—	0 -KH at 02/10/16 1127
Sedation - Crying/Irritability	—	—	—	—	0 -KH at 02/10/16 1127
Sedation - Behavior State	—	—	—	—	0 -KH at 02/10/16 1127
Sedation - Facial Expression	—	—	—	—	0 -KH at 02/10/16 1127
Sedation - Extremities	—	—	—	—	0 -KH at 02/10/16 1127
Sedation - Vital Signs (HR, RR, BP, SaO2)	—	—	—	—	0 -KH at 02/10/16 1127
N-PASS Sedation Score	—	—	—	—	0 -KH at 02/10/16 1127
Pain Treatment Modalities					
Pain Interventions	—	—	—	—	hand containment;position changed;reduction of stimuli;nonnutritive sucking/pacifier;positioned;swaddled -KH at 02/10/16 1127
Oral Assessment Tool					
Teeth	—	—	—	—	0--> No Teeth -KH at 02/10/16 1131
Lips	—	—	—	—	1--> Smooth, pink, moist, intact -KH at 02/10/16 1131
Tongue	—	—	—	—	1--> Smooth, Pink, moist, intact -KH at 02/10/16 1131
Oral Mucosa	—	—	—	—	1--> Smooth, pink, moist, intact -KH at 02/10/16 1131
Saliva	—	—	—	—	1--> Thin, watery, plentiful -KH at 02/10/16 1131
Score for Oral Dysfunction	—	—	—	—	4 -KH at 02/10/16 1131
Oxygen Therapy					
SpO2	98 % right hand -MS at 02/10/16 1739	100 % right foot -MS at 02/10/16 1739	99 % -KH at 02/10/16 1614	100 % -KH at 02/10/16 1212	100 % -KH at 02/10/16 0922
O2 Device	None (Room air) -MS at 02/10/16 1739	None (Room air) -MS at 02/10/16 1739	None (Room air) -KH at 02/10/16 1614	None (Room air) -KH at 02/10/16 1212	None (Room air) -KH at 02/10/16 1126
Provider Notification/ Significant Shift Event					

Flowsheets (all recorded) (continued)

Adult IRF PCS Body System - Wed February 10, 2016 (continued)

Row Name	1731	1730	1500	1200	0900
Reason for Communication	—	—	—	—	Evaluate -KH at 02/10/16 1127
Provider Name	—	—	—	—	Quintana -KH at 02/10/16 1127
Provider Role	—	—	—	—	Nurse -KH at 02/10/16 1127
Method of Communication	—	—	—	—	Face to face -KH at 02/10/16 1127
Response	—	—	—	—	At bedside -KH at 02/10/16 1127
Notification Time	—	—	—	—	0900 -KH at 02/10/16 1127
Significant Event Type	—	—	—	—	Other (Comment) 2 person skin check done -KH at 02/10/16 1127
Row Name	0600	0330	0030		
Oxygen Therapy					
SpO2	100 % -CM at 02/10/16 0602	99 % -CM at 02/10/16 0334	100 % -CM at 02/10/16 0025		
O2 Device	None (Room air) -CM at 02/10/16 0602	None (Room air) -CM at 02/10/16 0334	None (Room air) -CM at 02/10/16 0025		

Adult Patient Profile - Wed February 10, 2016

Row Name	0900
Provider Notification/ Significant Shift Event	
Reason for Communication	Evaluate -KH at 02/10/16 1127
Provider Name	Quintana -KH at 02/10/16 1127
Provider Role	Nurse -KH at 02/10/16 1127
Method of Communication	Face to face -KH at 02/10/16 1127
Response	At bedside -KH at 02/10/16 1127
Notification Time	0900 -KH at 02/10/16 1127
Significant Event Type	Other (Comment) 2 person skin check done -KH at 02/10/16 1127

Flowsheets (all recorded)

PT Charges - Tue February 09, 2016

No documentation.

Adult IRF PCS Body System - Tue February 09, 2016

Row Name	2130	1900	1600	1330	1000
Pain Assessment					
Pain Assessment Scale	N-PASS -CM at 02/09/16 2128	—	—	—	N-PASS -SA at 02/09/16 1203
N-PASS (Neonatal Pain, Agitation and Sedation)					
Pain/Agitation - Crying/Irritability	0 -CM at 02/09/16 2128	—	—	—	0 -SA at 02/09/16 1203
Pain/Agitation - Behavior State	0 -CM at 02/09/16 2128	—	—	—	0 -SA at 02/09/16 1203
Pain/Agitation - Facial Expression	0 -CM at 02/09/16 2128	—	—	—	0 -SA at 02/09/16 1203
Pain/Agitation - Extremities Tone	0 -CM at 02/09/16 2128	—	—	—	0 -SA at 02/09/16 1203
Pain/Agitation - Vital Signs	0 -CM at 02/09/16 2128	—	—	—	0 -SA at 02/09/16 1203
Pain/Agitation - Premature Pain Assessment	0 -CM at 02/09/16 2128	—	—	—	0 -SA at 02/09/16 1203
N-PASS Pain/Agitation Score	0 -CM at 02/09/16 2128	—	—	—	0 -SA at 02/09/16 1203
Sedation - Crying/Irritability	0 -CM at 02/09/16 2128	—	—	—	—
Sedation - Behavior State	0 -CM at 02/09/16 2128	—	—	—	—
Sedation - Facial Expression	0 -CM at 02/09/16 2128	—	—	—	—
Sedation - Extremities	0 -CM at 02/09/16 2128	—	—	—	—
Sedation - Vital Signs (HR, RR, BP, SaO2)	0 -CM at 02/09/16 2128	—	—	—	—
N-PASS Sedation Score	0 -CM at 02/09/16 2128	—	—	—	—
Pain Treatment Modalities					
Pain Interventions	hand containment;position changed;reduction of stimuli;facilitated tucking;coordinate/cluster care activities;activity/handling minimized;nonnutritive sucking/pacifier;nesting;holding/cuddling;oral sucrose/sucrose pacifier;painful/noxious stimuli minimized;positioned;s waddled;therapeutic/healing touch -CM at 02/09/16 2359	—	—	—	position changed;reduction of stimuli;coordinate/cluster care activities -SA at 02/09/16 1203
Oral Assessment Tool					
Teeth	0--> No Teeth -CM at 02/09/16 2359	—	—	—	0--> No Teeth -SA at 02/09/16 1203
Lips	1--> Smooth, pink, moist, intact -CM at 02/09/16 2359	—	—	—	1--> Smooth, pink, moist, intact -SA at 02/09/16 1203
Tongue	1--> Smooth, Pink, moist, intact -CM at 02/09/16 2359	—	—	—	1--> Smooth, Pink, moist, intact -SA at 02/09/16 1203

Flowsheets (all recorded) (continued)

Adult IRF PCS Body System - Tue February 09, 2016 (continued)

Row Name	2130	1900	1600	1330	1000
Oral Mucosa	1--> Smooth, pink, moist, intact -CM at 02/09/16 2359	—	—	—	1--> Smooth, pink, moist, intact -SA at 02/09/16 1203
Saliva	1--> Thin, watery, plentiful -CM at 02/09/16 2359	—	—	—	1--> Thin, watery, plentiful -SA at 02/09/16 1203
Score for Oral Dysfunction	4 -CM at 02/09/16 2359	—	—	—	4 -SA at 02/09/16 1203
Oxygen Therapy					
SpO2	100 % -CM at 02/09/16 2127	99 % -MO at 02/09/16 1941	97 % -MO at 02/09/16 1757	100 % -MO at 02/09/16 1758	99 % -SA at 02/09/16 1034
O2 Device	None (Room air) -CM at 02/09/16 2127	None (Room air) -MO at 02/09/16 1941	None (Room air) -MO at 02/09/16 1759	None (Room air) -MO at 02/09/16 1759	Nasal cannula -SA at 02/09/16 1034
FiO2 (%)	—	—	—	— placed on room air from nasal cannula -MO at 02/09/16 1759	21 % -SA at 02/09/16 1034
O2 Flow Rate (L/min)	—	—	—	—	2 L/min -SA at 02/09/16 1034
Pulse Oximetry Type	—	—	—	—	Continuous -SA at 02/09/16 1034
Provider Notification/ Significant Shift Event					
Reason for Communication	Evaluate -CM at 02/09/16 2128	—	—	—	Evaluate -SA at 02/09/16 1203
Provider Name	Flores -CM at 02/09/16 2128	—	—	—	Melissa Omeara -SA at 02/09/16 1203
Provider Role	Nurse -CM at 02/09/16 2128	—	—	—	Nurse -SA at 02/09/16 1203
Method of Communication	Face to face -CM at 02/09/16 2128	—	—	—	Face to face -SA at 02/09/16 1203
Response	At bedside -CM at 02/09/16 2128	—	—	—	At bedside -SA at 02/09/16 1203
Notification Time	2130 -CM at 02/09/16 2128	—	—	—	1000 -SA at 02/09/16 1203
Significant Event Type	Other (Comment) dual skin check -CM at 02/09/16 2128	—	—	—	Other (Comment) two person skin check complete -SA at 02/09/16 1203
Row Name	0700	0600	0500	0400	0300
Oxygen Therapy					
SpO2	100 % -CM at 02/09/16 0708	95 % -CM at 02/09/16 0708	98 % -CM at 02/09/16 0508	100 % -CM at 02/09/16 0351	99 % -CM at 02/09/16 0336
O2 Device	Nasal cannula -CM at 02/09/16 0708	Nasal cannula -CM at 02/09/16 0708	Nasal cannula -CM at 02/09/16 0508	Nasal cannula -CM at 02/09/16 0351	Nasal cannula -CM at 02/09/16 0336
FiO2 (%)	30 % -CM at 02/09/16 0708	30 % -CM at 02/09/16 0708	30 % -CM at 02/09/16 0508	30 % -CM at 02/09/16 0351	30 % -CM at 02/09/16 0336
O2 Flow Rate (L/min)	2 L/min -CM at 02/09/16 0708	2 L/min -CM at 02/09/16 0708	2 L/min -CM at 02/09/16 0508	2 L/min -CM at 02/09/16 0351	2 L/min -CM at 02/09/16 0336
Pulse Oximetry Type	Continuous -CM at 02/09/16 0708	Continuous -CM at 02/09/16 0708	Continuous -CM at 02/09/16 0508	Continuous -CM at 02/09/16 0351	Continuous -CM at 02/09/16 0336
Row Name	0200	0100	0000		
Oxygen Therapy					
SpO2	100 % -CM at 02/09/16 0336	99 % -CM at 02/09/16 0102	96 % -CM at 02/09/16 0336		
O2 Device	Nasal cannula -CM at 02/09/16 0336	Nasal cannula -CM at 02/09/16 0102	Nasal cannula -CM at 02/09/16 0336		
FiO2 (%)	30 % -CM at 02/09/16 0336	30 % -CM at 02/09/16 0131	30 % -CM at 02/09/16 0336		
O2 Flow Rate (L/min)	2 L/min -CM at 02/09/16 0336	2 L/min -CM at 02/09/16 0102	2 L/min -CM at 02/09/16 0336		
Pulse Oximetry Type	Continuous -CM at 02/09/16 0336	Continuous -CM at 02/09/16 0102	Continuous -CM at 02/09/16 0336		

Adult Patient Profile - Tue February 09, 2016

Flowsheets (all recorded) (continued)

Adult Patient Profile - Tue February 09, 2016 (continued)

Row Name	2130	1000
Provider Notification/ Significant Shift Event		
Reason for Communication	Evaluate -CM at 02/09/16 2128	Evaluate -SA at 02/09/16 1203
Provider Name	Flores -CM at 02/09/16 2128	Melissa Omeara -SA at 02/09/16 1203
Provider Role	Nurse -CM at 02/09/16 2128	Nurse -SA at 02/09/16 1203
Method of Communication	Face to face -CM at 02/09/16 2128	Face to face -SA at 02/09/16 1203
Response	At bedside -CM at 02/09/16 2128	At bedside -SA at 02/09/16 1203
Notification Time	2130 -CM at 02/09/16 2128	1000 -SA at 02/09/16 1203
Significant Event Type	Other (Comment) dual skin check -CM at 02/09/16 2128	Other (Comment) two person skin check complete -SA at 02/09/16 1203

PT Charges - Mon February 08, 2016

No documentation.

Adult IRF PCS Body System - Mon February 08, 2016

Row Name	2300	2215	2200	2149	2147
Pain Assessment					
Pain Assessment Scale	—	—	N-PASS -CM at 02/09/16 0343	—	—
N-PASS (Neonatal Pain, Agitation and Sedation)					
Pain/Agitation - Crying/Irritability	—	—	0 -CM at 02/09/16 0343	—	—
Pain/Agitation - Behavior State	—	—	0 -CM at 02/09/16 0343	—	—
Pain/Agitation - Facial Expression	—	—	0 -CM at 02/09/16 0343	—	—
Pain/Agitation - Extremities Tone	—	—	0 -CM at 02/09/16 0343	—	—
Pain/Agitation - Vital Signs	—	—	0 -CM at 02/09/16 0343	—	—
Pain/Agitation - Premature Pain Assessment	—	—	0 -CM at 02/09/16 0343	—	—
N-PASS Pain/Agitation Score	—	—	0 -CM at 02/09/16 0343	—	—
Sedation - Crying/Irritability	—	—	0 -CM at 02/09/16 0343	—	—
Sedation - Behavior State	—	—	0 -CM at 02/09/16 0343	—	—
Sedation - Facial Expression	—	—	0 -CM at 02/09/16 0343	—	—
Sedation - Extremities	—	—	0 -CM at 02/09/16 0343	—	—
Sedation - Vital Signs (HR, RR, BP, SaO2)	—	—	0 -CM at 02/09/16 0343	—	—
N-PASS Sedation Score	—	—	0 -CM at 02/09/16 0343	—	—
Pain Treatment Modalities					
Pain Interventions	—	—	position changed;reduction of stimuli;coordinate/cluster care activities;activity/handling minimized;nonnutritive	—	—

Flowsheets (all recorded) (continued)

Adult IRF PCS Body System - Mon February 08, 2016 (continued)

Row Name	2300	2215	2200 sucking/pacifier;painful /noxious stimuli minimized;therapeutic/ healing touch -CM at 02/09/16 0343	2149	2147
Oral Assessment Tool					
Teeth	—	—	0--> No Teeth -CM at 02/09/16 0343	—	—
Lips	—	—	1--> Smooth, pink, moist, intact -CM at 02/09/16 0343	—	—
Tongue	—	—	1--> Smooth, Pink, moist, intact -CM at 02/09/16 0343	—	—
Oral Mucosa	—	—	1--> Smooth, pink, moist, intact -CM at 02/09/16 0343	—	—
Saliva	—	—	1--> Thin, watery, plentiful -CM at 02/09/16 0343	—	—
Score for Oral Dysfunction	—	—	4 -CM at 02/09/16 0343	—	—
Neuro					
Head Circumference	—	—	—	—	35.5 cm -AI at 02/08/16 2152
Oxygen Therapy					
SpO2	99 % -CM at 02/09/16 0336	96 % -AI at 02/08/16 2217	96 % -AI at 02/08/16 2202	92 % -AI at 02/08/16 2149	96 % -AI at 02/08/16 2149
O2 Device	Nasal cannula -CM at 02/09/16 0336	Nasal cannula -AI at 02/08/16 2217	Nasal cannula -AI at 02/08/16 2202	Nasal cannula -AI at 02/08/16 2149	None (Room air) -AI at 02/08/16 2149
FiO2 (%)	30 % -CM at 02/09/16 0336	40 % -AI at 02/08/16 2217	40 % -AI at 02/08/16 2202	30 % -AI at 02/08/16 2149	—
O2 Flow Rate (L/min)	2 L/min -CM at 02/09/16 0336	2 L/min -AI at 02/08/16 2217	2 L/min -AI at 02/08/16 2202	2 L/min -AI at 02/08/16 2149	—
Pulse Oximetry Type	Continuous -CM at 02/09/16 0336	Continuous -AI at 02/08/16 2217	Continuous -AI at 02/08/16 2202	Continuous -AI at 02/08/16 2149	Continuous -AI at 02/08/16 2149
Provider Notification/ Significant Shift Event					
Reason for Communication	—	—	—	—	Evaluate -CM at 02/09/16 0434
Provider Name	—	—	—	—	Irace -CM at 02/09/16 0434
Provider Role	—	—	—	—	Nurse -CM at 02/09/16 0434
Method of Communication	—	—	—	—	Face to face -CM at 02/09/16 0434
Response	—	—	—	—	At bedside -CM at 02/09/16 0434
Notification Time	—	—	—	—	2147 -CM at 02/09/16 0434
Significant Event Type	—	—	—	—	Other (Comment) dual skin check complete -CM at 02/09/16 0434
Row Name	0940	0410			
Pain Assessment					
Pain Assessment Scale	N-PASS -KB at 02/08/16 0944	N-PASS -DG at 02/08/16 0439			
N-PASS (Neonatal Pain, Agitation and Sedation)					
Pain/Agitation - Crying/Irritability	0 -KB at 02/08/16 0944	0 -DG at 02/08/16 0439			
Pain/Agitation - Behavior State	0 -KB at 02/08/16 0944	0 -DG at 02/08/16 0439			
Pain/Agitation - Facial	0	0			

Flowsheets (all recorded) (continued)

Adult IRF PCS Body System - Mon February 08, 2016 (continued)

Row Name	0940	0410
Expression	-KB at 02/08/16 0944	-DG at 02/08/16 0439
Pain/Agitation - Extremities Tone	0 -KB at 02/08/16 0944	0 -DG at 02/08/16 0439
Pain/Agitation - Vital Signs	0 -KB at 02/08/16 0944	0 -DG at 02/08/16 0439
Pain/Agitation - Premature Pain Assessment	0 -KB at 02/08/16 0944	0 -DG at 02/08/16 0439
N-PASS Pain/Agitation Score	0 -KB at 02/08/16 0944	0 -DG at 02/08/16 0439
Neuro		
Head Circumference	—	35.5 cm -DG at 02/08/16 0434

Adult Patient Profile - Mon February 08, 2016

Row Name	2147
Provider Notification/ Significant Shift Event	
Reason for Communication	Evaluate -CM at 02/09/16 0434
Provider Name	Irace -CM at 02/09/16 0434
Provider Role	Nurse -CM at 02/09/16 0434
Method of Communication	Face to face -CM at 02/09/16 0434
Response	At bedside -CM at 02/09/16 0434
Notification Time	2147 -CM at 02/09/16 0434
Significant Event Type	Other (Comment) dual skin check complete -CM at 02/09/16 0434

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
RA	Raquel Aponte, RN	11/27/12 -
KB	Kewala Budhram, RN	11/27/12 -
MC	Melissa Ceron, RN	11/27/12 -
CM	Christine Mock, RN	09/25/14 -
MO	Melissa A O'Meara, RN	11/27/12 -
DG	Dina B Goldstein, RN	01/20/13 -
KH	Kayla Guarneri Halvey, RN	11/27/12 -
AI	Ana Irace, RN	11/27/12 -
SP	Sarah E Puccio, RN	01/20/13 -
KV	Katrina Vigo, RN	01/13/15 -
MS	Marin Grace Skariah, RN	01/20/13 -
SA	Stephany Amendola, RN	01/11/16 -
MY	Misug Yi, RN	01/20/13 -

TIME CALCULATION BY THERAPIES (all recorded)

PT Charges

No documentation.

SCANNED RECORDS

Encounter-Level Documents - 02/08/2016:

NYSDOH Newborn Screening Result - Scan on 4/5/2016 6:55 AM (below)

NEW YORK STATE DEPARTMENT OF HEALTH
Newborn Screening Program - Wadsworth Center, 120 New Scotland Ave, Albany, NY 12208, Phone: (518) 473-7552, Fax: (518) 474-0405

Infant: ADLER	Lab ID.: 472464445	Submitter Code: 001463
Gender: MALE	Accession No.: 20160431493	Hospital: New York University Langone Medical
Birth Date: 02/08/2016	Prior Accession No:	City: New York
Mother: ADLER, RACHEL	Specimen Date: 02/10/2016	Med. Rec. No.: 11449055
Address: 12 GROSSER LANE	Date Received: 02/12/2016	Physician: WURZBURGER, MD, ISAAC
MONSEY, NY10952	Date Reported: 03/16/2016	
Telephone: (845) 481-0123	Multiple Birth: Single	

**ALL TESTS SCREEN-NEGATIVE
NO FOLLOW-UP ACTION REQUESTED**

SEE REVERSE SIDE FOR SCREENED DISORDERS AND REFERENCE RANGES

Garbriela Grygus
Medical Records
New York University Langone Medical
560 First Avenue
New York, NY 10016
II

ISAAC WURZBURGER, MD,
8 DOVER TERRACE
MONSEY, NY 10952
II

DISORDER	ANALYTE / PRIMARY MARKER	REFERENCE RANGE
Amino Acid Disorders		
HCY • HMet	Methionine	< 1.25 mg/dL
MSUD	Leucine	< 4.00 mg/dL
PKU • HyperPhe	Phenylalanine	< 2.50 mg/dL
TYR-II, III	Tyrosine	< 7.50 mg/dL
TYR-I	Succinylacetone	< 3.00 umole/L
Endocrine Disorders		
CAH	17-OHP	< 35 ng/mL *Based on birthweight of ≥ 1751 gms
CH	Thyroxine	10-28 ug/dL *Based on normal birthweight & < 14 days of age
Fatty Acid Oxidation Disorders		
CUD	Free Carnitine (C0)	> 10.0 umole/L
	Total Acylcarnitines (SUM AC)	> 7.50 umole/L
CPT-I	C0/(C16 + C18)	< 50.0 *Based on age of ≤ 7 days
CAT • CPT-II	Hexadecanoylcarnitine (C16)	< 8.00 umole/L or C0/(C16+C18) > 3.00
	Octadecenoylcarnitine (C18:1)	< 2.50 umole/L or C0/(C16+C18) > 3.00
2,4Di	Decadienoylcarnitine (C10:2)	< 0.10 umole/L
LCHAD • TFP	Hydroxyhexadecanoylcarnitine (C16OH)	< 0.10 umole/L
	Hydroxyoctadecenoylcarnitine (C18:1OH)	< 0.10 umole/L
MADD (GA-II) • MCAD • MCKAT	Hexanoylcarnitine (C6)	< 0.30 umole/L
	Octanoylcarnitine (C8)	< 0.35 umole/L
SCAD	Butyrylcarnitine (C4)	< 1.20 umole/L
VLCAD	Tetradecanoylcarnitine (C14)	< 0.75 umole/L
	Tetradecenoylcarnitine (C14:1)	< 0.65 umole/L
M/SCHAD	Hydroxybutyrylcarnitine (C4OH)	< 1.00 umole/L
	Hydroxyhexanoylcarnitine (C6OH)	< 0.15 umole/L
Hemoglobin Disorders		
Disease S/S	Hemoglobin S	Hemoglobin F>A, No other Hemoglobin Variants Present
	Hemoglobin SC	Hemoglobin F>A, No other Hemoglobin Variants Present
	Hemoglobin C	Hemoglobin F>A, No other Hemoglobin Variants Present
Other Hemoglobinopathies	Variant Hemoglobins	Hemoglobin F>A, No other Hemoglobin Variants Present
Carrier A/S	Hemoglobin AS	Hemoglobin F>A, No other Hemoglobin Variants Present
	Hemoglobin AC	Hemoglobin F>A, No other Hemoglobin Variants Present
A/Other	Hemoglobin A/Other	Hemoglobin F>A, No other Hemoglobin Variants Present
Infectious Diseases		
HIV-1	HIV-1 Antibodies	non-reactive
Organic Acid Disorders		
BKT • MHBD	Tiglylcarnitine (C5:1)	< 0.07 umole/L
GA-I	Glutarylarnitine (C5DC)	< 0.15 umole/L
IBCD	Butyrylcarnitine (C4)	< 1.20 umole/L
IYA • 2-MBCD	Isovalerylcarnitine (C5)	< 0.80 umole/L
HMG • 3-MCC • 3-MGA	Hydroxyisovalerylcarnitine (C5OH)	< 0.60 or ≥ 0.60 and < 0.80 umole/L and C5OH/C8 < 10.00
MA	Malonylcarnitine (C3DC)	< 0.15 umole/L
MCD • MUT • Cbl A,B • Cbl C,D • MMA • PA	Propionylcarnitine (C3)	< 7.0 umole/L
	Methylmalonylcarnitine (C4DC)	< 1.00 umole/L
Other Genetic Conditions		
BIOT	Biotinidase	activity present
CF	IRT	< Top 5%
GALT	Galactose Transferase	activity present
Krabbe	Galactocerebrosidase	activity present
Pompe	Alpha-glucosidase deficiency	enzyme activity present
SCID	T Cell Receptor Excision Circles	> 200 TRECs/uL, blond
ALD	C26:0 Lysophosphatidylcholine (C26:0 LPC)	< 0.40 umole/L Screening or < 0.24 umole/L Selective HPLC
Urea Cycle Disorders		
ASA • CIT	Citrulline	< 0.90 mg/dL
ARG	Arginine	< 0.90 mg/dL

Attention Health Care Provider: Newborn screening tests are intended to provide an early opportunity to detect disorders before symptoms appear. These tests are not diagnostic. Regardless of screening test results, a physician should immediately evaluate any infant who exhibits findings consistent with the targeted disorders noted above. This information has been disclosed to you from confidential records which are protected by state law. State law prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

9/29/2014

#590#

NEW YORK STATE DEPARTMENT OF HEALTH

Newborn Screening Program - Wadsworth Center, 120 New Scotland Ave, Albany, NY 12208, Phone: (518) 473-7552, Fax: (518) 474-0405

Infant: LANDMAN	Lab ID: 472464445	Submitter Code: 001463
Gender: MALE	Accession No: 20160431493	Hospital: New York University Langone Medical
Birth Date: 2/8/2016	Prior Accession No:	City: New York
Mother: LANDMAN, YAFFARIVKA	Specimen Date: 2/10/2016	Med Rec No: 11449055
Address: 34 LAMONT CT	Date Received: 2/12/2016	Physician: Busovsky-McNeal, MD, Melissa
BROOKLYN, NY 11225	Date Reported: 2/18/2016	
Telephone: (770) 548-9048	Multiple Birth: Single	

**ALL TESTS SCREEN-NEGATIVE
NO FOLLOW-UP ACTION REQUESTED**

SEE REVERSE SIDE FOR SCREENED DISORDERS AND REFERENCE RANGES

Garbriela Grygus
Medical Records
New York University Langone Medical
560 First Avenue
New York, NY 10016

||

Melissa Busovsky-McNeal, MD,
New York University Langone Medical
560 First Avenue, Pediatric Cardiol
New York, NY 10016

||

DISORDER	ANALYTE / PRIMARY MARKER	REFERENCE RANGE
Ammonia Add Disorders		
HKY • HMA	Methionine	< 1.25 mg/dL
MSUD	Leucine	< 4.00 mg/dL
PKU • HyperPhe	Phenylalanine	< 2.50 mg/dL
TYR-IL III	Tyrosine	< 7.50 mg/dL
TYR-I	Succinylacetone	< 3.00 umole/L
Endocrine Disorders		
CAH	17-OHP	< 35 ng/mL. *Based on birthweight of ≥ 1751 gms
CH	Thyroxine	10-28 ug/dL. *Based on normal birthweight & < 14 days of age
Fatty Acid Oxidation Disorders		
CVD	Free Carnitine (C0)	> 10.0 umole/L
	Total Acylcarnitine (SUM AC)	> 7.50 umole/L
CPT-I	CD(C16 + C18)	< 50.0 *Based on age of ≥ 7 days
CAT • CPT-II	Hexadecanoylcarnitine (C16)	< 8.00 umole/L or CD(C16+C18) > 3.00
	Octadecanoylcarnitine (C18:1)	< 2.50 umole/L or CD(C16+C18) > 3.00
24th	Decanoylcarnitine (C10:2)	< 0.10 umole/L
LCIAD • TFP	Hydroxyhexadecanoylcarnitine (C16OH)	< 0.10 umole/L
	Hydroxyoctadecanoylcarnitine (C18:1OH)	< 0.10 umole/L
MADD (GA-II) • MCAD • MCKAT	Hexanoylcarnitine (C6)	< 0.30 umole/L
	Octanoylcarnitine (C8)	< 0.35 umole/L
SCAD	Butyrylcarnitine (C4)	< 1.20 umole/L
VLAD	Tetradecanoylcarnitine (C14)	< 0.75 umole/L
	Tetradecanoylcarnitine (C14:1)	< 0.05 umole/L
MSCHAD	Hydroxybutyrylcarnitine (C4OH)	< 1.00 umole/L
	Hydroxyhexanoylcarnitine (C6OH)	< 0.15 umole/L
Hemoglobin Disorders		
Disease S/S	Hemoglobin S	Hemoglobin F>A, No other Hemoglobin Variants Present
SC	Hemoglobin SC	Hemoglobin F>A, No other Hemoglobin Variants Present
CC	Hemoglobin C	Hemoglobin F>A, No other Hemoglobin Variants Present
Other Hemoglobinopathies	Variant Hemoglobins	Hemoglobin F>A, No other Hemoglobin Variants Present
Carrier		
A/S	Hemoglobin AS	Hemoglobin F>A, No other Hemoglobin Variants Present
A/C	Hemoglobin AC	Hemoglobin F>A, No other Hemoglobin Variants Present
A/Other	Hemoglobin A/Other	Hemoglobin F>A, No other Hemoglobin Variants Present
Infectious Diseases		
IBV-I	IBV-I Antibodies	non-reactive
Organic Acid Disorders		
DNT • MIBD	Tiglylcarnitine (C3:1)	< 0.07 umole/L
GA-I	Gluconylcarnitine (C5DC)	< 0.15 umole/L
BCD	Butyrylcarnitine (C4)	< 1.20 umole/L
IVA • 2-MBCD	Isobutyrylcarnitine (C3)	< 0.80 umole/L
HMG • 3-MCC • 3-MGA	Hydroxyisovalerylcarnitine (C5OH)	< 0.60 or ≥ 0.60 and < 0.80 umole/L and C5OH+C3 < 10.00
MA	Malonylcarnitine (C3DC)	< 0.15 umole/L
MCD • MUT • CH A,B • CH C,D • MMA • PA	Propionylcarnitine (C3)	< 7.0 umole/L
	Methylmalonylcarnitine (C4DC)	< 1.00 umole/L
Other Genetic Conditions		
BRU	Biotinidase	activity present
CF	(RT)	< Top 5%
GALT	Galfactase Transfrase	activity present
Kribbe	Galactosyltransferase	activity present
Pompe	Alpha-glucosidase deficiency	enzyme activity present
SCID	T-Cell Receptor Excision Cycles	> 200 TREC#/mL blood
AJD	C26:0 Lysophosphatidylcholine (C26 0 LPC)	< 0.40 umole/L. Screening or < 0.24 umole/L. Selective HPLC
Urea Cycle Disorders		
ASA • CIT	Citrulline	< 0.80 mg/dL
ARG	Arginine	< 0.90 mg/dL

Afterbirth Birth Care Provider: Newborn screening tests are intended to provide an early opportunity to detect disorders before symptoms appear. These tests are not diagnostic. Regardless of screening test results, a physician should immediately evaluate any infant who exhibits findings consistent with the targeted disorders noted above. This information has been disclosed to you from confidential records which are protected by state law. State law prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains, or an otherwise permitted by law.

02/02/16

Encounter-Level Documents - 02/08/2016: (continued)

MRN, Name, DOB: 11449055 LANDMAN, BB 02/08/2016

NYU HOSPITALS CENTER

**Authorization for Discharge of
Child/Infant to Someone Other than
Parent/Legal Guardian**

Acknowledgement of Receipt of Child/Infant

I, TZVI ADLER, being authorized by the parent(s) to receive their child,
acknowledge receipt from NYU Hospitals Center of BB Landman
(Name of Child/Infant)

<u>Authorized Individual Signature:</u> <u>TZVI ADLER</u> 	
<u>Print Name:</u> <u>TZVI ADLER</u>	
<u>Address:</u> <u>17 GRASSER LANE</u> <u>MONSEY NY 10952</u>	
<u>Date:</u> <u>2/12/16</u>	<u>Time:</u> <u>2:30</u> <u>AM</u> <u>PM</u>
<u>Witness' Statement:</u> I have witnessed the parent or legal guardian and authorized individual voluntarily sign this form.	
<u>Signature:</u> 	<u>Print Name:</u> <u>STEVEN ASUNOW, LCSW</u> <u>Date:</u> <u>2/12/2016</u>
<u>Interpretation Services (if necessary):</u> The interpreter provided a (check one): ☐ sight translation OR ☐ interpretation of an explanation/discussion of this consent between the health care provider(s) and patient or person authorized to consent for the patient, in _____ language. I conveyed the content of the original information expressed by and for both parties.	
<u>Interpreter Signature:</u> _____	
<u>Name of Interpreter:</u> _____	<u>ID Number (telephone only):</u> _____
<u>Date:</u> _____	<u>Time:</u> _____ <u>AM/PM</u>
☐ Check here if a telephone interpreter was used. (All information in this box except signature should be completed.)	

Encounter-Level Documents - 02/08/2016: (continued)

MRN, Name, DOB: 11449055 LANDMAN, BB 02/08/2016

NYU HOSPITALS CENTER

**Authorization for Discharge of
Child/Infant to Someone Other than
Parent/Legal Guardian**

Acknowledgement of Receipt of Child/Infant

I, Rachel Adler, being authorized by the parent(s) to receive their child,
acknowledge receipt from NYU Hospitals Center of BB Landman
(Name of Child/Infant)

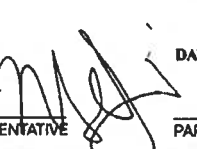
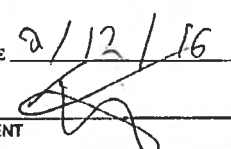
Authorized Individual Signature: <u>RACHEL ADLER Rachel Adler</u>	
Print Name: <u>RACHEL ADLER</u>	
Address: <u>12 GROSSER LANE, MONSEY, NY, 10952</u>	
Date: <u>2/12/16</u>	Time: <u>2:30</u> <u>AM</u> <u>(PM)</u>
Witness' Statement: I have witnessed the parent or legal guardian and authorized individual voluntarily sign this form.	
Signature: <u>[Signature]</u>	Print Name: <u>STEVEN ASUNCION, LCSW</u> Date: <u>2/12/2016</u>
Interpretation Services (if necessary): The interpreter provided a (check one): ☐ sight translation OR ☐ interpretation of an explanation/discussion of this consent between the health care provider(s) and patient or person authorized to consent for the patient, in _____ language. I conveyed the content of the original information expressed by and for both parties.	
Interpreter Signature: _____	
Name of Interpreter: _____ ID Number (telephone only): _____	
Date: _____ Time: _____ AM/PM	
☐ Check here if a telephone interpreter was used. (All information in this box except signature should be completed.)	

Encounter-Level Documents - 02/08/2016: (continued)

New York University Hospitals Center		LANDMAN, BB 11449055		DOB: 2/8/2016 (0 dy) Male MD: DESAI, PURNAHANSI	TISCH PDN A-2/8/2016
11395229 NEWBORN IDENTIFICATION		CSN: K7R777166			
MOTHER'S NAME <u>Landman Yaffa Rivka</u>		MOTHER'S UNIT NO. <u>11449055</u>		RELIGION	
INFANT'S NAME <u>Landman Yaffa Rivka</u>		INFANT'S UNIT NO.		IDENT-A-BAND NO. <u>49499 FDI</u>	
DATE OF BIRTH <u>2/8/16</u>		TIME OF BIRTH <u>3:10</u>		☒ AM ☐ PM	
SEX <u>Boy</u>		WEIGHT <u>3655 gram</u>		LENGTH	
COLOR		SEX		1. PHYSICIAN <u>Berg</u> M.D.	
				2. DELIVERY ROOM <u>Prins Alcividy</u> R.N.	
				3. NURSERY <u>Oboodier</u> R.N.	

I hereby acknowledge that I have checked the ident-a-band parts sealed on the baby and on me and found that they were identically numbered and contained the correct identifying information and that I am taking my baby home.

Adoptive Case

WITNESS 		HOSPITAL REPRESENTATIVE 		DATE <u>2/12/16</u> PARENT 	

BABY'S LEFT FOOT PRINT	MOTHER'S RIGHT INDEX FINGER	BABY'S RIGHT FOOT PRINT
		
PRINTS TAKEN BY: NAME <u>M Alcividy RN</u>		

NEWBORN IDENTIFICATION

NN0409 (11/10)

After Visit Summary signed - Scan on 2/17/2016 8:03 AM (below)



Doc Type: 200151



Encounter #/CSN: 678777366



After Visit Summary Report

BB Landman

2/8/2016 3:10 AM Admission

MRN: 11449055

Description: 0 day old male

Department: Nursery

Basic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language
2/8/2016	Male	White	Unknown	English

Admission Date and Other Admission Information

Admission Date	Provider	Department	Dept Phone
2/8/2016	Debra F Friedman, MD	Th 13 Nursery	212-263-5545

Vitals

BP	Pulse	Temp(Src)	Resp	Ht	Wt
87/55 mmHg	115	36.8 °C (98.2 °F) (Axillary)	48	0.56 m (1' 10.05")	3.515 kg (7 lb 12 oz)
BMI	HC	SpO2			
11.21 kg/m2	35.5 cm	98%			

Allergies as of 2/12/2016

No Known Allergies

NYU Referral Center

If you are seeking a referral to an NYU physician, our registered nurses are available to speak with you Monday - Friday, 8:30 AM - 6:30PM.

Call our toll-free numbers, (888) 7-NYU-MED (888-769-8633) or for Hospital for Joint Diseases, (888) HJD-DOCS (888-453-3627).

NYU Financial Counseling Service

Patient Financial Counselors are available to discuss any outstanding financial responsibilities not covered by insurance. Financial Counselors can assist you in applying for Government-sponsored programs or NYU Hospitals Center's Financial Assistance program.

Location: Skirball Institute lobby, across from the cashier, Tisch Hospital
Hours: Monday - Friday, 9:00 AM - 5:00 PM
Toll Free Telephone: 1-866-486-9847

Reviewed: 2/10/2016 5:02 PM by Chelsea
Kadish, MD

Visit Health Issues and Problem List as of 2/12/2016

1. Single liveborn, born in hospital, delivered by cesarean section
2. Health check for newborn under 8 days old

Codes
ICD-10-CM:
Z38.01
ICD-9-CM:
V30.01
ICD-10-CM:
Z00.110
ICD-9-CM:
V20.31

Medication List

Notice

You have not been prescribed any medications.

Information About Medication Safety

It is important to keep an updated record of the medications you are taking, and to bring this updated list of medications every time you visit your Health Care Provider and when you come to the hospital. We want to help you in managing your medications safely after your visit or discharge. This includes the potential side effects of your medications. If you have any questions regarding the medications you are taking, please speak to your Health Care Provider or Pharmacist.

Immunizations Administered for This Admission

None

Critical Results Last 24 Hours

** No results found for the last 24 hours. **

Unresulted Tests

Component	Value	Units
DRUG SCREEN, URINE [117917051]		Collected: 02/09/16 1626

Order Status: Sent
Specimen Type: Urine
Specimen Source: Void

If you feel that any of the information in this summary is inaccurate, please talk with your healthcare provider.

Discharge Instructions

Breast-Feeding: After Your Visit

Your Care Instructions



Football position



Cradle position

Breast-feeding has many benefits. It may lower your baby's chances of getting an infection. It also may prevent your baby from having problems such as diabetes and high cholesterol later in life. Breast-feeding also helps you bond with your baby.

The American Academy of Pediatrics recommends breast-feeding for at least a year. That may be very hard for many women to do, but breast-feeding even for a shorter period of time is a health benefit to you and your baby. In the first days after birth, your breasts make a thick, yellow liquid called colostrum. This liquid gives your baby nutrients and antibodies against infection. It is all that babies need in the first days after birth. Your breasts will fill with milk a few days after the birth.

Breast-feeding is a skill that gets better with practice. It is normal to have some problems. Some women have sore or cracked nipples, blocked milk ducts, or a breast infection (mastitis). But if you feed your baby every 1 to 2 hours during the day and use good breast-feeding methods, you may not have these problems. You can treat these problems if they happen and continue breast-feeding.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Breast-feed your baby whenever he or she is hungry. In the first 2 weeks, your baby will feed about every 1 to 3 hours. This will help you keep up your supply of milk.
- Put a bed pillow or a nursing pillow on your lap to support your arms and your baby.
- Hold your baby in a comfortable position.
 1. You can hold your baby in several ways. One of the most common positions is the cradle hold. One arm supports your baby, with his or her head in the bend of your elbow. Your open hand supports your baby's bottom or back. Your baby's belly lies against yours.
 2. If you had your baby by cesarean, or C-section, try the football hold. This position keeps your baby off your belly. Tuck your baby under your arm, with his or her body along the side you will be feeding on. Support your baby's upper body with your arm. With that hand you can control your baby's head to bring his or her mouth to your breast.
 3. Try different positions with each feeding. If you are having problems, ask for help from your doctor or a lactation consultant.
- To get your baby to latch on:
 1. Support and narrow your breast with one hand using a "U hold," with your thumb on the outer side of your breast and your fingers on the inner side. You can also use a "C hold," with all your fingers below the nipple and your thumb above it. Try the different holds to get the deepest latch for whichever breast-feeding position you use. Your other arm is behind your baby's back, with your hand supporting the base of the baby's head. Position your fingers and thumb to point toward your baby's ears.
 2. You can touch your baby's lower lip with your nipple to get your baby to open his or her mouth. Wait until your baby opens up really wide, like a big yawn. Then be sure to bring the baby quickly

to your breast—not your breast to the baby. As you bring your baby toward your breast, use your other hand to support the breast and guide it into his or her mouth.

3. Both the nipple and a large portion of the darker area around the nipple (areola) should be in the baby's mouth. The baby's lips should be flared outward, not folded in (inverted).
 4. Listen for a regular sucking and swallowing pattern while the baby is feeding. If you cannot see or hear a swallowing pattern, watch the baby's ears, which will wiggle slightly when the baby swallows. If the baby's nose appears to be blocked by your breast, tilt the baby's head back slightly, so just the edge of one nostril is clear for breathing.
 5. When your baby is latched, you can usually remove your hand from supporting your breast and bring it under your baby to cradle him or her. Now just relax and breast-feed your baby.
- You will know that your baby is feeding well when:
 1. His or her mouth covers a lot of the areola, and the lips are flared out.
 2. His or her chin and nose rest against your breast.
 3. Sucking is deep and rhythmic, with short pauses.
 4. You are able to see and hear your baby swallowing.
 5. You do not feel pain in your nipple.
 - If your baby takes only one breast at a feeding, start the next feeding on the other breast.
 - Anytime you need to remove your baby from the breast, put one finger in the corner of his or her mouth. Push your finger between your baby's gums to gently break the seal. If you do not break the tight seal before you remove your baby, your nipples can become sore, cracked, or bruised.
 - After feeding your baby, gently pat his or her back to let out any swallowed air. After your baby burps, offer the breast again, or offer the other breast. Sometimes a baby will want to keep feeding after being burped.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- You have problems with breast-feeding, such as:
 1. Sore, red nipples.
 2. Stabbing or burning breast pain.
 3. A hard lump in your breast.
 4. A fever, chills, or flu-like symptoms.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your baby has trouble latching on to your breast.
- You continue to have pain or discomfort when breast-feeding.
- Your baby wets fewer than 4 diapers a day.
- You have other questions or concerns.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **P492** in the search box to learn more about **Breast-Feeding: After Your Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 9.4.94723; Last Revised: February 10, 2012

After Your Delivery (the Postpartum Period): After Your Visit

Your Care Instructions

Congratulations on the birth of your baby. Like pregnancy, the newborn period can be a time of excitement, joy, and exhaustion. You may look at your wondrous little baby and feel happy. You may also be overwhelmed by your new sleep hours and new responsibilities.

At first, babies often sleep during the days and are awake at night. They do not have a pattern or routine. They may make sudden gasps, jerk themselves awake, or look like they have crossed eyes. These are all normal, and they may even make you smile.

In these first weeks after delivery, try to take good care of yourself. It may take 4 to 6 weeks to feel like yourself again, and possibly longer if you had a Cesarean birth. You will likely feel very tired for several weeks. Your days will be full of ups and downs, but lots of joy as well.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

Take care of your body after delivery

- Use pads instead of tampons for the bloody flow that may last as long as 2 weeks.
- Ease cramps with ibuprofen (Advil, Motrin).
- Ease soreness of hemorrhoids and the area between your vagina and rectum with ice compresses or witch hazel pads.
- Ease constipation by drinking lots of fluid and eating high-fiber foods. Ask your doctor about over-the-counter stool softeners.
- Cleanse yourself with a gentle squeeze of warm water from a bottle instead of wiping with toilet paper.
- Take a sitz bath in warm water several times a day.
- Wear a good nursing bra. Ease sore and swollen breasts with warm, wet washcloths.
- If you are not breast-feeding, use ice rather than heat for breast soreness.
- Your period may not start for several months if you are breast-feeding. You may bleed more, and longer at first, than you did before you got pregnant.
- Wait until you are healed (about 4 to 6 weeks) before you have sexual intercourse. Your doctor will tell you when it is okay to have sex.
- Try not to travel with your baby for 5 or 6 weeks. If you take a long car trip, make frequent stops to walk around and stretch.

Avoid exhaustion

- Rest every day. Try to nap when your baby naps.
- Ask another adult to be with you for a few days after delivery.
- Plan for child care if you have other children.
- Stay flexible so you can eat at odd hours and sleep when you need to. Both you and your baby are making new schedules.
- Plan small trips to get out of the house. Change can make you feel less tired.
- Ask for help with housework, cooking, and shopping. Remind yourself that your job is to care for your baby.

Know about help for postpartum depression

- "Baby blues" are common for the first 1 to 2 weeks after birth. You may cry or feel sad or irritable for no reason.
- Rest whenever you can. Being tired makes it harder to handle your emotions.
- Go for walks with your baby.

- Talk to your partner, friends, and family about your feelings.
- If your symptoms last for more than a few weeks, or if you feel very depressed, ask your doctor for help.
- Postpartum depression can be treated. Support groups and counseling can help. Sometimes medicine can also help.

Stay healthy

- Eat healthy foods so you have more energy, make good breast milk, and lose extra baby pounds.
- If you breast-feed, avoid alcohol and drugs. Stay smoke-free. If you quit during pregnancy, congratulations.
- Start daily exercise after 4 to 6 weeks, but rest when you feel tired.
- Learn exercises to tone your belly. Do Kegel exercises to regain strength in your pelvic muscles. You can do these exercises while you stand or sit.
 1. Squeeze the same muscles you would use to stop your urine. Your belly and rear end (buttocks) should not move.
 2. Hold the squeeze for 3 seconds, then relax for 3 seconds.
 3. Repeat the exercise 10 to 15 times for each session. Do three or more sessions each day.
- Find a class for new mothers and new babies that has an exercise time.
- If you had a Cesarean birth, give yourself a bit more time before you exercise, and be careful.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).

Call your doctor now or seek immediate medical care if:

- You have severe vaginal bleeding. This means you are passing blood clots and soaking through a pad each hour for 2 or more hours.
- You are dizzy or lightheaded, or you feel like you may faint.
- You have a fever.
- You have new belly pain, or your pain gets worse.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your vaginal bleeding seems to be getting heavier.
- You have new or worse vaginal discharge.
- You feel sad, anxious, or hopeless for more than a few days.
- You do not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter A461 in the search box to learn more about **After Your Delivery (the Postpartum Period): After Your Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 9.4.94723; Last Revised: March 20, 2012

Hearing Screening:

I have been given information regarding my baby's hearing test.

Shaken Baby Syndrome:

I understand that the purpose of viewing Portrait of a Promise: Preventing Shaken Baby Syndrome is to make parents aware of the dangers of shaking infants and young children, and the symptoms of Shaken Baby Syndrome. I understand it is important for both parents to watch this video.

I confirm that I have:

☐ watched the video provided by the NYU Langone Medical Center on the danger of shaking infants and young children and the symptoms of Shaken Baby Syndrome.

☐ declined to watch the video provided by the NYU Langone Medical Center on the danger of shaking infants and young children and the symptoms of Shaken Baby Syndrome.

☐ not had the opportunity to watch the video, but read the pamphlet provided by the NYU Langone Medical Center on the dangers of shaking infant and young children and the symptoms of Shaken Baby Syndrome.

Signature: _____ Date: _____

At Home:

We have discussed the importance of arranging help at home with either a family member, friend, doula or baby nurse.

Expect a phone call from one of our nurses one to two days after discharge to answer any questions you might have about you or your baby's care and recovery.

Weekly opportunities to meet other new mothers:

New Mother's Group - Thursdays, 1:30 PM - 3:00 PM, 660 1st Avenue, 4th Floor, Parent Ed. Room

Relaxed environment to meet, learn from, and share with others.

Breastfeeding Cafe - Mondays, 12:00 PM - 1:30 PM, 660 1st Avenue, 4th Floor, Parent Ed. Room

Help and guidance from a lactation consultant and other mothers. Breast pump products available.

Warmline - 212.263.BABY

Contact us via this phone number if you have any questions or concerns about breastfeeding.

The New Mother's Group, Breastfeeding Cafe and Warmline help are free through our Parent Education Department. For further information, contact us directly via phone at 212.236.7201 or email at victoria.masterson@nyumc.org.

Stay in touch with us:

Facebook - facebook.com/nyubaby

Check our page for upcoming special events for new parents. Also feel free to question and comment about our services.

Web - www.NYUBaby.org

Learn more about who we are and what programs we have available. Also, find in depth advise and info

Newborn Care: After Your Child's Visit

Your Care Instructions

During your baby's first few weeks, you will spend most of your time feeding, diapering, and comforting your baby. You may feel overwhelmed at times. It is normal to wonder if you know what you are doing, especially if you are first-time parents. Newborn care gets easier with every day. Soon you will know what each cry means and be able to figure out what your baby needs and wants.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

Feeding

- Feed your baby on demand. This means that you should breast-feed or bottle-feed your baby whenever he or she seems hungry. Do not set a schedule.
- During the first few days or weeks, breast-fed babies need to be fed every 1 to 3 hours (10 to 12 times in 24 hours) or whenever the baby is hungry. Formula-fed babies may need fewer feedings, about 6 to 10 every 24 hours.
- These early feedings often are short. Sometimes, a newborn nurses or drinks from a bottle only for a few minutes. Feedings gradually will last longer.
- You may have to wake your sleepy baby to feed in the first few days after birth.

Sleeping

- Always put your baby to sleep on his or her back, not the stomach. This lowers the risk of sudden infant death syndrome (SIDS).
- Most babies sleep for a total of 18 hours each day. They wake for a short time at least every 2 to 3 hours.
- Newborns have some moments of active sleep. The baby may make sounds or seem restless. This happens about every 50 to 60 minutes and usually lasts a few minutes.
- At first, your baby may sleep through loud noises. Later, noises may wake your baby.
- When your newborn wakes up, he or she usually will be hungry and will need to be fed.

Diaper changing and bowel habits

- The number of diaper changes in a day depends on your baby. You can tell whether your baby gets enough breast milk or formula based on the number of wet diapers in a day. During the first few days, your baby should have at least 3 wet diapers a day. Later, he or she will have at least 6 to 8 wet diapers a day.
- It can be hard to tell when a diaper is wet if you use disposable diapers. If you cannot tell, put a piece of tissue in the diaper. It will be wet when your baby urinates.
- Normally, newborns who are breast-fed have 5 to 10 bowel movements a day. They may have as few as 1 or 2. Bottle-fed babies usually have 1 or 2 fewer bowel movements a day than breast-fed babies. Babies older than 2 weeks can go 2 days or longer between bowel movements. This usually is not a problem, as long as the baby seems comfortable.

Umbilical cord care

- Gently clean your baby's umbilical cord stump and the skin around it at least one time a day. You also can clean it during diaper changes. Your baby's doctor may suggest that you use rubbing alcohol instead of soap and water. If you use alcohol, first apply a gentle lotion around the stump to protect your baby's sensitive skin.

- Gently pat dry the area with a soft cloth. You can help your baby's umbilical cord stump fall off and heal faster by keeping it dry between cleanings.
- The stump should fall off within a week or two. After the stump falls off, keep cleaning around the belly button at least one time a day until it has healed.

Circumcision care

- Gently rinse the penis with warm water after every diaper change. Soap is not recommended. Do not try to remove the film that forms on the penis. This film will go away on its own. Pat dry.
- Put petroleum jelly, such as Vaseline, on the raw areas of the penis during each diaper change. This will keep the diaper from sticking to your baby.
- Ask the doctor about giving your baby acetaminophen (Tylenol) for pain.

When should you call for help?

Call your baby's doctor now or seek immediate medical care if:

- Your baby has a rectal temperature that is less than 97.8°F or is 100.4°F or higher. Call if you cannot take your baby's temperature but he or she seems hot.
- Your baby has not urinated at least 4 times in 24 hours or shows signs of dehydration, such as strong-smelling urine with a dark yellow color.
- Your baby has not passed urine within 12 hours after the circumcision.
- Your baby's skin or whites of the eyes gets a brighter or deeper yellow.
- You see pus or red skin on or around the umbilical cord stump. These are signs of infection.
- Your baby develops signs of infection in or around the circumcision site, such as:
 - Swelling, warmth, or redness.
 - A red streak on the shaft of the penis.
 - A thick, yellow discharge from the penis.
- You see a lot of bleeding at the circumcision site or you see a bloody area larger than a 2-inch circle on his diaper.
- Your circumcised baby acts extremely fussy, has a high-pitched cry, or refuses to eat.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- Your baby is not having regular bowel movements based on his or her age.
- Your baby cries in an unusual way or for an unusual length of time.
- Your baby is rarely awake and does not wake up for feedings, is very fussy, seems too tired to eat, or is not interested in eating.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **G069** in the search box to learn more about **Newborn Care: After Your Child's Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 9.4.94723; Last Revised: September 28, 2011

Fever, 0 to 3 Months: After Your Child's Visit

Your Care Instructions



© Healthwise, Incorporated A fever is a high body temperature. It is one

way the body fights illness.

Babies with a fever often have an infection caused by a virus, such as a cold or the flu. Infections caused by bacteria, such as a urinary infection or bacterial pneumonia, also can cause a fever. Babies younger than 3 months should be seen by a doctor anytime they have a fever.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Look at how your baby acts, rather than using temperature alone, to see how sick your baby is. If your baby is comfortable and alert, is eating well and drinking enough fluids, is urinating normally, and seems to be getting better, care at home may be all that is needed.
- Dress your baby in light clothes or pajamas. Don't wrap your baby in blankets.

When should you call for help?

Call 911 anytime you think your child may need emergency care. For example, call if:

- Your baby seems very sick or is hard to wake up.

Call your doctor now or seek immediate medical care if:

- Your baby seems to be getting sicker.
- The fever gets much higher.
- There are new or worse symptoms along with the fever, such as a cough, a rash, or vomiting.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- The fever hasn't gone down after 48 hours.
- Your child does not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **P881** in the search box to learn more about **Fever, 0 to 3 Months: After Your Child's Visit**.

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Content Version: 9.4.94723; Last Revised: August 24, 2010

Learning About Taking Your Baby's Temperature

How do you take a baby's temperature?



© Healthwise, Incorporated To take a rectal temperature

1. Apply a lubricant jelly or petroleum jelly, such as Vaseline, on the bulb of the thermometer so that you can insert it easily.
2. Choose a quiet place so that the child won't be distracted or move around too much.
 - Place your child faceup with legs bent toward the chest with your hand on the back of the thighs or holding the feet as if you were changing a diaper.
 - Or place the child facedown on your lap or on a flat covered or padded surface, such as a bed.
3. Gently insert the bulb end of the rectal thermometer about $\frac{1}{2}$ to 1 inch into the rectum. Don't force it. Hold the thermometer in place with two fingers close to the rectum (not near the end of the thermometer).
4. Leave the thermometer in place for the required amount of time, usually a minute. Some digital thermometers give a series of short beeps when the reading is done. Or you can time yourself with a watch or clock.
5. Remove the thermometer and read it. A rectal temperature reading may be as much as 1°F higher than an oral temperature reading. A child has a fever when the rectal temperature is 100.4°F or higher.
6. Clean the thermometer with cool, soapy water, and rinse it off before putting it away. After a thermometer has been used to take a rectal temperature, do not use it to take an oral temperature.

To take an ear temperature

Ear temperatures are not as accurate as rectal temperatures. Don't use ear probe thermometers on babies younger than 3 months.

1. Check that the ear probe is clean. If it is dirty, wipe it gently with a clean cloth. Do not put the thermometer in water.
2. To keep the probe clean, use a disposable probe cover. Use a new probe cover each time you take an ear temperature. Attach the disposable cover to the probe.
3. Turn the thermometer on.

4. Pull the earlobe back. This will help place the probe in the ear canal. Center the probe tip in the ear, and push gently inward toward the eardrum. Press the "on" button to display the temperature reading. Remove the thermometer, and throw away the used probe cover.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **D448** in the search box to learn more about **Learning About Taking Your Baby's Temperature**.

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Content Version: 9.4.94723; Last Revised: September 30, 2010

Newborn Jaundice: After Your Child's Visit

Your Care Instructions

Many newborn babies have a yellow tint to their skin and the whites of their eyes. This is called jaundice. While you are pregnant, your liver gets rid of a substance called bilirubin for your baby. Once your baby is born, his or her liver must take over this job. However, many newborns cannot get rid of bilirubin as fast as they make it, and it can build up, causing jaundice.

In healthy babies, some jaundice almost always appears by 2 to 4 days of age. It usually gets better or goes away on its own within a week or two without causing problems. If you are nursing, it may be normal for your baby to have very mild jaundice throughout breast-feeding.

In rare cases, jaundice gets worse and can cause brain damage. That is why it is important to call your doctor if you notice signs that jaundice is getting worse. Your doctor can treat your baby to get rid of the extra bilirubin. You may be able to treat your baby at home with a special type of light called phototherapy.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Watch your newborn for signs that jaundice is getting worse.
 - Undress your baby and look at his or her skin closely two times a day. For dark-skinned babies, look at the white part of the eyes to check for jaundice.
 - If you think that your baby's skin is getting more yellow, call your doctor.
- Breast-feed your baby frequently (about 8 to 12 times or more in a 24-hour period). Extra fluids will help your baby's liver get rid of the extra bilirubin. If you are feeding your baby from a bottle, stay on your schedule (usually about 6 to 10 feedings every 24 hours).
- If you are using phototherapy to treat your baby at home, be sure that your doctor shows you how to use all the equipment.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- Your baby's yellow tint gets brighter or deeper.
- Your baby is arching his or her back and has a shrill, high-pitched cry.
- Your baby seems very sleepy, is not eating or nursing well, or does not act normally.
- Your baby does not pass 1 or 2 stools or wet 2 diapers in 24 hours, or your baby shows signs of dehydration, such as strong-smelling urine with a dark yellow color.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- Your baby does not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **T092** in the search box to learn more about **Newborn Jaundice: After Your Child's Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 9.4.94723; Last Revised: September 28, 2011

Newborn Screening: About Your Child's Test

What is it?

Screening tests help your doctor look for a certain disease or condition before any symptoms appear. All states require newborn screening, although the tests required vary from state to state. They may include:

- Galactosemia test.
- Phenylketonuria (PKU) screen.
- Sickle cell disease test.
- Thyroid hormone tests (for thyroid problems that are present at birth).

Why is this test done?

This test is done to find out whether your baby has certain diseases that could eventually cause problems. When discovered early, these diseases can be treated to improve the child's health.

How can you prepare for the test?

- In general, you don't need to prepare your baby for this test.

What happens during the test?

- Your baby's heel is pricked to get a tiny sample of blood.

What else should you know about the test?

- If the test result is abnormal, remember that this is only a screening test. An abnormal result only means that further testing is needed.
- Newborn screening is required in the United States, but states vary on which tests they offer.
- Your baby may also have other screening tests, such as a hearing test.

How long does the test take?

- The test will take a few minutes.

When should you call for help?

Watch closely for changes in your child's health, and be sure to contact your doctor if you have questions.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to keep a list of the medicines your child takes. Ask your doctor when you can expect to have your child's test results.



Where can you learn more?

Go to the "Patient Resource" box on www.nyulangonehealth.com or your My NYU Langone Health account and enter **W885** in the search box to learn more about **Newborn Screening: About Your Child's Test**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 9.4.94723; Last Revised: May 5, 2011

Hearing Screening:

I have been given information regarding my baby's hearing test.

Shaken Baby Syndrome Commitment Statement:

In coordination with Safe Babies New York/ NYS DOH, we are committed to keeping infants safe. We are requesting that all parents view a video on Shaken Baby Syndrome/ Abusive Head Trauma.

Please check one (1) of the following:

☐ **Commitment Statement:** I have watched the video(s) and am aware of the dangers of shaking infants and young children and the symptoms of Shaken Baby Syndrome/Abusive Head Trauma. I will use my best efforts to share this information with others.

☐ **Video Waiver:** The hospital has requested that I watch the video on the dangers of shaking infants and young children, and the symptoms of Shaken Baby Syndrome/Abusive Head Trauma. I decline to watch this video.

☐ **Video Waiver/ Written Acknowledgement:** The hospital has requested that I watch the video but I have not had the opportunity. I read the information provided by the NYU Langone Medical Center on the dangers of shaking infants and young children and the symptoms of Shaken Baby Syndrome/Abusive Head Trauma.

At Home:

We have discussed the importance of arranging help at home with either a family member, friend, doula or baby nurse.

Expect a phone call from one of our nurses one to two days after discharge to answer any questions you might have about you or your baby's care and recovery.

Weekly opportunities to meet other new mothers:

New Mother's Group - Thursdays, 1:30 PM - 3:00 PM, 660 1st Avenue, 4th Floor, Parent Ed. Room

Relaxed environment to meet, learn from, and share with others.

Breastfeeding Cafe - Mondays, 12:00 PM - 1:30 PM, 660 1st Avenue, 4th Floor, Parent Ed. Room

Help and guidance from a lactation consultant and other mothers. Breast pump products available.

Warmline - 212.263.BABY

Contact us via this phone number if you have any questions or concerns about breastfeeding.

The New Mother's Group, Breastfeeding Cafe and Warmline help are free through our Parent Education Department. For further information, contact us directly via phone at 212.236.7201 or email at victoria.masterson@nyumc.org.

Stay in touch with us:

Facebook - [facebook.com/nyubaby](https://www.facebook.com/nyubaby)

Check our page for upcoming special events for new parents. Also feel free to question and comment about our services.

Web - www.NYUBaby.org

Learn more about who we are and what programs we have available. Also, find in depth advice and information about parenting.

To access your health information and test results online, go to
<https://mychart.nyulmc.org>.

Smoking Status

No data on file

Information About Smoking Cessation

If you or a loved one use tobacco or smoke cigarettes, please consider quitting as these products may pose serious health risks. There are a variety of programs and medications to help you. We recommend that you talk to your doctor or healthcare provider about quitting. You can also contact the **New York State Smoker's Quitline** at 1-866-NY-QUITS (1-866-697-8487) to receive telephone coaching, or **The National Smokers' Quitline** at 1-800-QUIT-NOW (1-800-784-8669) if you live outside of New York State, or the **New York University Hospitals Center Smokers' Quitline** at 1-866-NYU-QUIT (1-866-698-7848) if you would like to be referred to an NYULMC smoking cessation provider.

Information About Weight Management

If one is overweight, losing even 10% of one's weight can reduce the likelihood that you will be readmitted to the hospital in the future. Explore the most updated options - both medical and surgical - available to help you lose weight safely and effectively
www.nyulmc.org/weightloss

Sign Up for MyChart at NYU Langone

MyChart at NYU Langone offers patients personalized and secure online access to portions of their medical records. MyChart at NYU Langone allows you to securely message your physician's office, view your test results, renew prescriptions, schedule appointments, pay bills and more.

To enroll, please visit <http://nyulmc.org/mychart-activation> and complete the MyChart Account Verification Form. You will then receive an e-mail with instructions to activate your account.

For technical support, please call us at 866-262-6458.

Signatures

Patient Signature: _____

Date: _____

Time: _____

Signature of Discharging Clinician _____

Printed Name of Discharging Clinician _____

Date: _____

Time: _____

Landman, BB (MR # 11449055) Printed by Melissa Fava, RN [BOTTIM01] at 2/12/16... Page 16 of 16

Newborn Hearing Screening Results Form - Scan on 2/17/2016 8:03 AM (below)



ABR Newborn Hearing Screening Results

Institution: NYU Langone Medical Center

Birth Location: WBN

Name: Landman, Baby Boy

DOB: 8-FEB-2016

Gender: M

Birth Type: CS

ID: 11449055

Report: 11-Feb-2016 16:09:02

Physician: Desai

SysID: IHS5740-20162B07

Test#	Type	Date	Time	Last Results:	Left: Pass	35 dB nHL	Right: Pass	35 dB nHL
1	Dual Ear	Feb 11, 2016	15:12:29 - 15:14:54 (02:25)	Level: 35 dB nHL	Swps: 80	Art: 4	Screeners: Nogueira	Left: Pass Right: Pass

IHS Screener: IHS5740

The following are auditory risk indicators for use as a resource by the primary care physician from Appendix 2 of "Principles & Guidelines for Early Hearing Detection & Intervention Programs. Joint Committee on Infant Hearing 2007 Position Statement," Pediatrics, October 2007, Vol. 120 No. 4.

Risk indicators that are marked with a * are of greater concern for delayed-onset hearing loss.

- ♦ Caregiver concerns regarding hearing, speech, language, or developmental delay.
- ♦ Family history of permanent childhood hearing loss.
- ♦ Neonatal intensive care of more than 5 days or any of the following regardless of length of stay: ECMO, assisted ventilation, exposure to ototoxic medications (gentamicin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion.
- ♦ In utero infections, such as CMV, herpes, rubella, syphilis, and toxoplasmosis.
- ♦ Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies.
- ♦ Physical findings, such as white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss.
- ♦ Syndromes associated with hearing loss or progressive or late-onset hearing loss, such as neurofibromatosis, osteopetrosis, and Usher syndrome; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielsen.
- ♦ Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome.
- ♦ Culture-positive postnatal infections associated with sensorineural hearing loss, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis.
- ♦ Head trauma, especially basal skull/temporal bone fracture that requires hospitalization.
- ♦ Chemotherapy.

Recommendations:

- ☒ **Pass:** No further evaluation needed unless additional risk factors are identified by the primary care physician.
- ☐ **Refer:** Schedule further audiological evaluation for 2-4 weeks following screening.

Screener Signature: [Signature]
Print Name: Nogueira Date: 02-11-16

Patient Label/Addressograph	
LANDMAN, BB	TISCH
11449055	DOB: 2/8/2016 (2 dys) Male OBW
MD: FRIEDMAN, DEBRA F	A-2/8/2016
CSN: 67877366	

Encounter-Level Documents - 02/08/2016: (continued)

LANDMAN, BB
11449055 DOB: 2/8/2016 (2 dys) Male
MD: FRIEDMAN, DEBRA F
CSN: 678777366

TISCH
OBW
A-2/8/2016



NEWBORN SCREENING BLOOD COLLECTION FORM
DO NOT USE AFTER JANUARY 2018

PRINT CLEARLY DO NOT WRITE IN OR COVER SHADED AREA

Infant's Last Name: Landman

Infant's First Name:

AKA:

Date of Birth: 02/08/2016 Time of Birth: 08:10 Gestational Age: 41/1

Date of Specimen: 02/10/2016 Time of Collection: 17:15 Infant's Age When Collected: Less Than 24 hours

Infant's Medical Record #: 11449055 Birth Weight (Grams): 3654

Mother's Name and Address:
Last: Landman First: Yaffa Rivka
Address: 510 1st Ave Apt #: 1125
City: Brooklyn State: NY Zip: 11225
Tel #: (718) 548-9048

Mother's Date of Birth: 03/11/1993

Hospital Name and Address: NYU LMC Hospital PF Code: 1463
City: NY State: NY Zip: 10016

Infant's Primary Care Physician:
Name: DR. Friedman Print initials: MS
Address: 510 1st Ave
City: NY State: NY Zip: 10016

Form Completed By: MS

Specimen Drawn By: MS

Previous Lab ID #:

Lab ID: SN 472464445

Notes:

NBS LAB COPY

(SEE REVERSE OF
FORM FOR BLOOD
COLLECTION
INSTRUCTIONS)

③ COLLECT BLOOD

② TEAR OUT AND
KEEP GREEN
COPY AS YOUR
PROOF OF
SPECIMEN
COLLECTION

① ACCURATELY
FILL OUT
INFORMATION
ON FORM

SUBMITTER
COPY
KEEP THIS COPY
FOR YOUR RECORDS

Order-Level Documents - 02/08/2016:

EKG Scan - Scan on 2/17/2016 8:03 AM (below)

LANDMAN, BB

ID: 011449055

12-Feb-2016 14:08:54

New York Medical Center

8-Feb-2016

Male

Room: NUR

Loc: 12

Vent. rate 112 bpm

PR interval 82 ms

QRS duration 52 ms

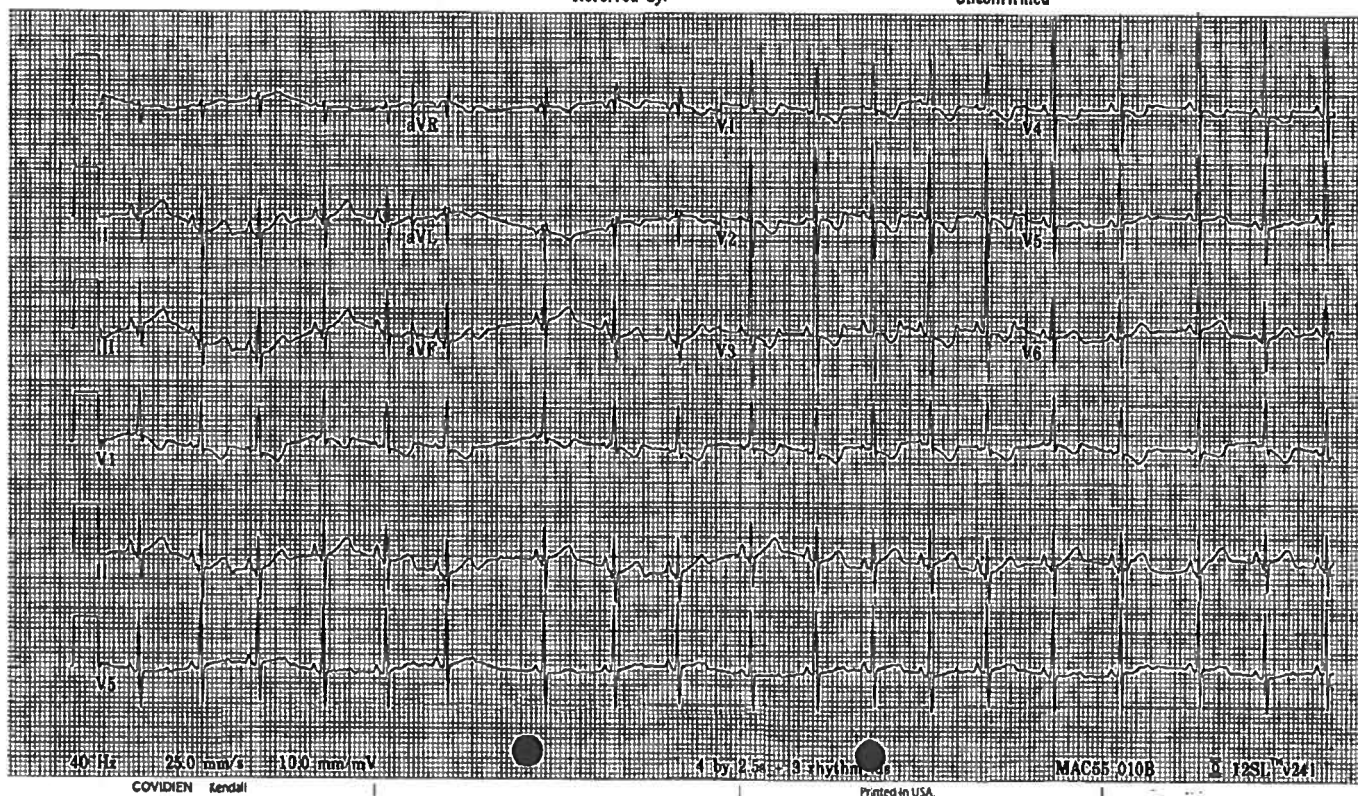
QT/QTc 294/401 ms

P-R-T axes 77 111 70

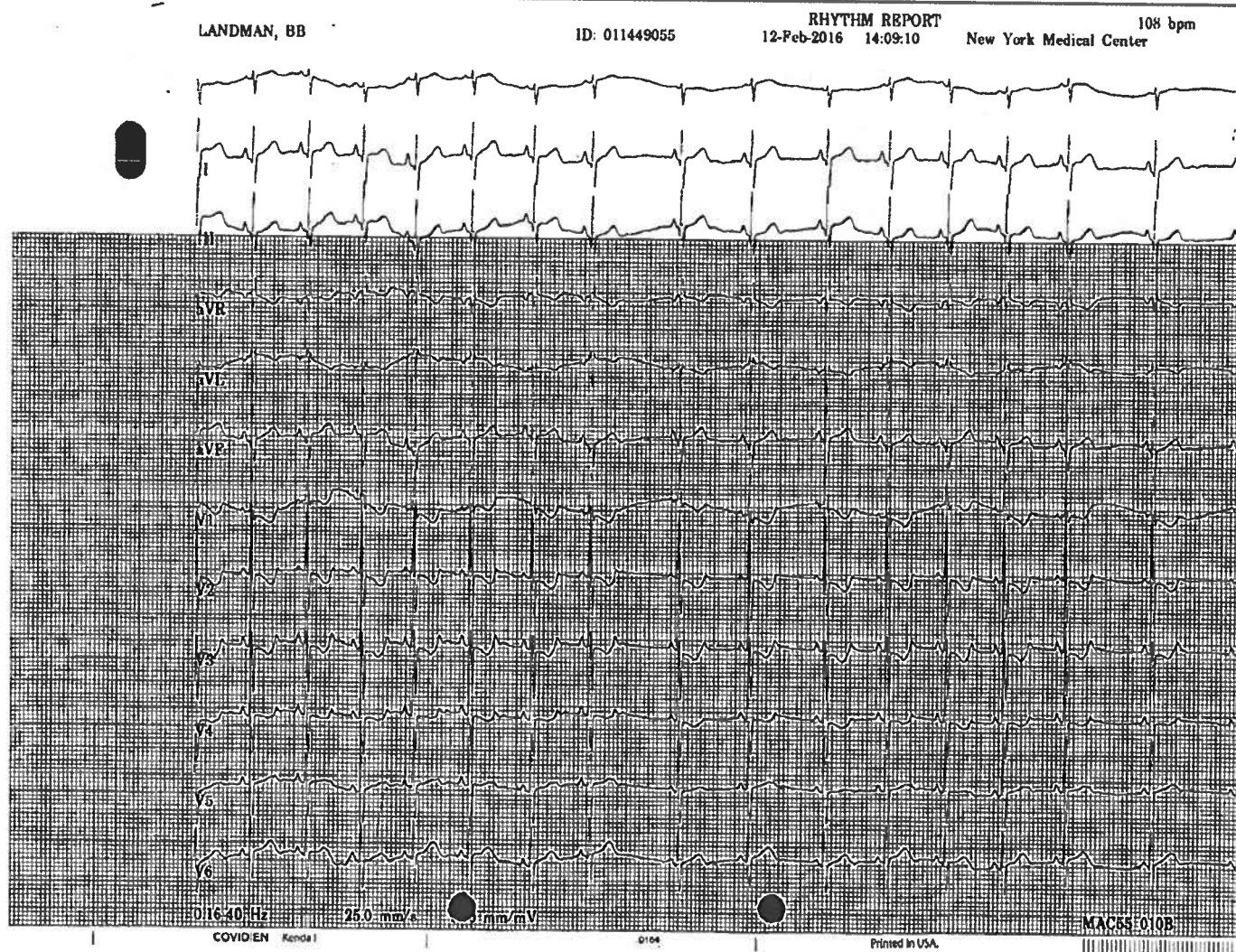
*** Pediatric ECG analysis ***
Normal sinus rhythm with sinus arrhythmia
Normal ECG

Referred by:

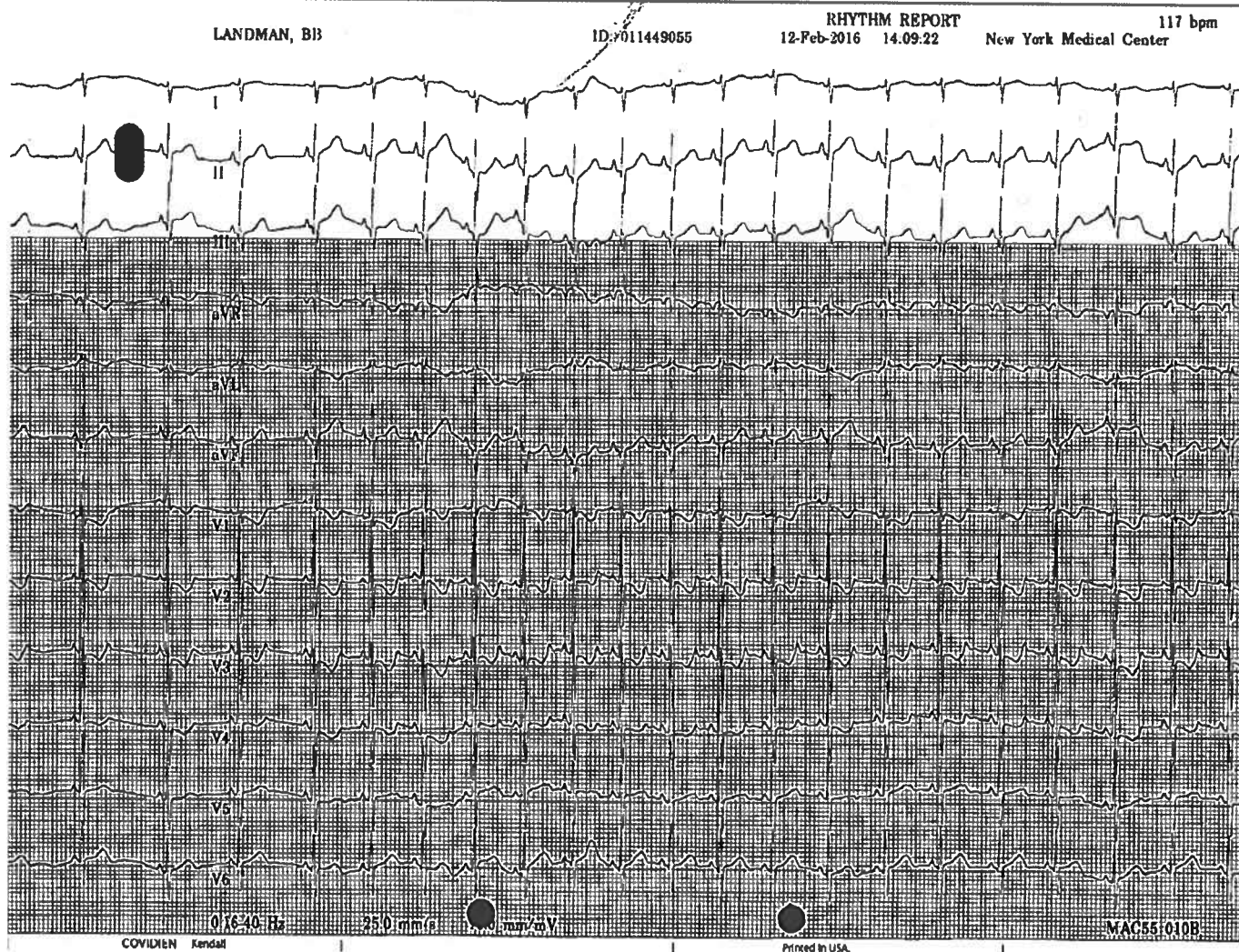
Unconfirmed



Order-Level Documents - 02/08/2016: (continued)



Order-Level Documents - 02/08/2016: (continued)



**NYU Langone Health
System**TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient RecordAdler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016**Events**ED Arrival at 3/25/2016 1145

Unit: Tisch Hospital - Perelman Emergency Department

ED Roomed at 3/25/2016 1153

Unit: Tisch Hospital - Perelman Emergency Department	Room: THG22	Bed: 22
Patient class: Emergency	Service: Emergency Medicine	

ED Transfer at 3/25/2016 1205

Unit: Tisch Hospital - Perelman Emergency Department	Room: THGHLD	Bed: 01
Patient class: Emergency	Service: Emergency Medicine	

ED Transfer at 3/25/2016 1205

Unit: Tisch Hospital - Perelman Emergency Department	Room: THG22	Bed: 22
Patient class: Emergency	Service: Emergency Medicine	

Transfer Out at 3/25/2016 1322

Unit: Tisch Hospital - Perelman Emergency Department	Room: THG22	Bed: 22
Patient class: Emergency	Service: Emergency Medicine	

Transfer In at 3/25/2016 1322

Unit: Tisch Hospital - Perelman Emergency Department	Room: THG22	Bed: 22
Patient class: Emergency	Service: Emergency Medicine	

Discharge at 3/25/2016 1749

Unit: Tisch Hospital - Perelman Emergency Department	Room: THG22	Bed: 22
Patient class: Emergency	Service: Emergency Medicine	

Allergies as of 3/25/2016

No Known Allergies

Verified On: 3/25/2016 By: Maria Quero, RN

Medical History**Medical as of 3/25/2016**

None

Medical History: Pertinent Negatives**Medical as of 3/25/2016**

None

Socioeconomic History**Occupational as of 3/25/2016**

None

Socioeconomic as of 3/25/2016

Marital Status	Spouse Name	Number of Children	Years Education	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	English	Unknown	White	—

Generated on 2/15/18 11:06 AM

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**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Socioeconomic as of 3/25/2016 (continued)

Problem List as of 3/25/2016

Reviewed: 2/10/2016 5:02 PM by Chelsea Kadish, MD

Single liveborn, born in hospital, delivered by cesarean section

Noted - Resolved
2/11/2016 - Present
Entered by Debra F Friedman,
MD

Health check for newborn under 8 days old

2/11/2016 - Present
Entered by Debra F Friedman,
MD

RESOLVED: Respiratory distress

2/9/2016 - 2/10/2016
Entered by Tanya Stolper, MD
Resolved by Michael Maramba
Espiritu, MD

RESOLVED: Need for observation and evaluation of newborn for sepsis

2/9/2016 - 2/10/2016
Entered by Michael Maramba
Espiritu, MD
Resolved by Chelsea Kadish, MD

DISCHARGE RECORDS

Discharge Instructions

Adler, Henry (MR # 11449055)

Date	Status	User	User Type	Discharge Note
03/25/16 1740	Pended	Inna Elikashvili, DO	Physician	Original

Note:

Vomiting, 0 to 3 Months: After Your Child's Visit

Your Care Instructions

Most of the time, it is not serious when babies vomit. It often is caused by a viral stomach flu. A baby with the stomach flu also may have other symptoms. These may include diarrhea, fever, and stomach cramps. With home treatment, the vomiting will likely stop within 12 hours. Diarrhea may last for a few days or more.

In most cases, home treatment will ease the vomiting.

With babies, vomiting should not be confused with spitting up. Vomiting is forceful. Spitting up may seem forceful. But it often occurs shortly after feeding. And it doesn't continue like vomiting does. Spitting up is effortless.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Be sure to watch your baby closely for dehydration. Signs include sunken eyes with few tears and a dry mouth with little or no spit.
- Don't give your baby plain water.
- If your baby is breast-fed, keep breast-feeding. Offer each breast to your baby for 1 to 2 minutes every 10 minutes.
- If your baby still isn't getting enough fluids from the breast or from formula, ask your doctor if you need to use an oral rehydration solution (ORS).
- The amount of ORS your baby needs depends on your baby's age and size. You can give the

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ORS in a dropper, spoon, or bottle.

- Do not give your child over-the-counter antidiarrhea or upset-stomach medicines without talking to your doctor first. Do not give Pepto-Bismol or other medicines that contain salicylates (a form of aspirin) or aspirin. Aspirin has been linked to Reye syndrome, a serious illness.

When should you call for help?

Call 911 anytime you think your child may need emergency care. For example, call if:

- Your child seems very sick or is hard to wake up.

Call your doctor now or seek immediate medical care if:

- Your child seems to be getting sicker, gets new symptoms (like a new fever), or has a fever of 100.4° F or more.
- Your child seems to have new or worse belly pain.
- Your child has signs of needing more fluids. These signs include sunken eyes with few tears, a dry mouth with little or no spit, and no wet diapers for 6 hours.
- Your child seems to be in pain.
- Vomit shoots out in large amounts, or your child vomits blood or what looks like coffee grounds.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- Your child does not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on <https://mychart.nyulmc.org/mychart/> or your My NYU Langone Health account and enter **H109** in the search box to learn more about **Vomiting, 0 to 3 Months: After Your Child's Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 10.4.390249; Current as of: June 26, 2014

ED RECORDS

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
3/25/2016 11:35	3/25/2016 11:45	(3)	Walk In	Family	Emergency Medicine	Emergency
Arrival Complaint Emesis						

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Chief Complaint

Complaint
Emesis [120]

Comment

Diagnosis

Diagnosis
Vomiting alone

Comment

ED Disposition

ED Disposition
Discharge

Condition

Comment

Henry Adler is discharged to home/self care.

Patient Vitals in the past 24 hrs:

03/25/16 1530, Temp:36.4 °C (97.5 °F), Temp src:Oral, Pulse:163, Resp:36, SpO2:96 %

03/25/16 1526, Pulse:163, Resp:36, SpO2:96 %

03/25/16 1220, Temp:37.2 °C (98.9 °F), Temp src:Rectal

03/25/16 1149, BP:99/45 mmHg, Temp:37.4 °C (99.3 °F), Temp src:TEMPORAL, Pulse:139, Resp:36, SpO2:100 %, Weight:5.2 kg (11 lb 7.4 oz)

Reassessment: The patient was reassessed at 5:40 PM by Inna Elikashvili.
Condition at discharge: Stable

The written discharge plan has been verbally discussed with the patient, the parents, or other medical decision-makers in a manner that ensures that they understand the information provided to make appropriate decisions. This discussion included all critical value results of lab oratory or other diagnostic tests ordered during the patient's stay and identified any other tests with results pending. The patient, parent, or medical decision-maker has voiced understanding of the discharge instructions and plan.

ED Notes

ERS Attestation by Jessica Foltin, MD at 3/25/2016 12:04 PM

Author: Jessica Foltin, MD

Service: (none)

Author Type: Physician

Filed: 3/25/2016 2:03 PM

Creation Time: 3/25/2016 12:04 PM

Status: Signed

Editor: Jessica Foltin, MD (Physician)

I performed a history and physical examination of BB Landman and discussed his management with the resident on the treatment team.

I agree with the history, physical, assessment, and plan of care, with the following exceptions and additions:
6 week old ex full term born at NYU who comes in with vomiting after feeds beginning after feed. Patient was placed on pedialyte yesterday by pmd dr. wurzbürger but patient was persisting in emesis though keeping small amounts down as per mother.

Emesis is projectile

Patient had diarrhea, but mostly a bit constipated.

Patient is more fussy as well. No fever

Saw pmd for evaluation this morning and referred to the emergency dept.

pmh none, psh none, nkda iutd, pmd as above

Medications none

On physical examination the patient is fussy but is well appearing

HEENT with MMM

Neck supple with from

Lungs clear

Heart RRR no MRG

Abdomen soft with mild tenderness to palpation, no rebound or guarding appreciated

Extremities warm and well perfused

Neuro alert and awake

Skin no rash

**NYU Langone Health
System**

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Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

ED Notes (continued)

ERS Attestation by Jessica Foltin, MD at 3/25/2016 12:04 PM (continued)

A/p

6 week old with persistent emesis over two weeks that is worsening

Filed Vitals:

03/25/16 1220

BP:

Pulse:

Temp: 37.2 °C (98.9 °F)

Resp:

. I directly supervised all documented procedures. Please also see resident's note.

Critical Care Time: 0 minutes; minus separately billable procedures .

Jessica Foltin

Electronically signed by Jessica Foltin, MD on 3/25/2016 2:03 PM

ED Notes by Kelly Jing Yi Carter, RN at 3/25/2016 12:05 PM

Author: Kelly Jing Yi Carter, RN

Service: (none)

Author Type: Registered Nurse

Filed: 3/25/2016 12:05 PM

Creation Time: 3/25/2016 12:05 PM

Status: Signed

Editor: Kelly Jing Yi Carter, RN (Registered Nurse)

Bed: 01

Expected date: 3/25/16

Expected time: 11:35 AM

Means of arrival: Other

Comments:

11:35 AM

Team: pecc Name: Adler, Henry

DOB: 2-8-2016

CC: vomiting x week, sent by PMD here for blood works

Gender: male

Patient Acuity: Urgent

Kelly Jingyi Carter

Electronically signed by Kelly Jing Yi Carter, RN on 3/25/2016 12:05 PM

ERS Update Note by Jessica Foltin, MD at 3/25/2016 2:07 PM

Author: Jessica Foltin, MD

Service: (none)

Author Type: Physician

Filed: 3/25/2016 2:08 PM

Creation Time: 3/25/2016 2:07 PM

Status: Signed

Editor: Jessica Foltin, MD (Physician)

Pediatric surgery has been made aware of the patient who is waiting for ultrasound to be performed, and is receiving iv fluids with labs returned.

Filed Vitals:

03/25/16 1220

BP:

Pulse:

Temp: 37.2 °C (98.9 °F)

Resp:

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

ED Notes (continued)

ERS Update Note by Jessica Foltin, MD at 3/25/2016 2:07 PM (continued)

Electronically signed by Jessica Foltin, MD on 3/25/2016 2:08 PM

ED Notes by Maria Quero, RN at 3/25/2016 3:32 PM

Author: Maria Quero, RN	Service: (none)	Author Type: Registered Nurse
Filed: 3/25/2016 3:33 PM	Creation Time: 3/25/2016 3:33 PM	Status: Signed
Editor: Maria Quero, RN (Registered Nurse)		

Awaken and crying, to U/S with Mom via w/c

Electronically signed by Maria Quero, RN on 3/25/2016 3:33 PM

ED Provider Notes by Jessica Foltin, MD at 3/25/2016 3:55 PM

Author: Jessica Foltin, MD	Service: (none)	Author Type: Physician
Filed: 3/25/2016 3:58 PM	Creation Time: 3/25/2016 3:55 PM	Status: Signed
Editor: Jessica Foltin, MD (Physician)		

Triage Chief Complaint:

Patient presents with:

Emesis

History:

Patient is a 6 wk.o. male presenting with vomiting. The history is provided by the mother. No language interpreter was used.

Emesis

Associated symptoms: **no diarrhea**

History reviewed. No pertinent past medical history.

History reviewed. No pertinent past surgical history.

Patient Active Problem List:

Single liveborn, born in hospital, delivered by cesarean section

Health check for newborn under 8 days old

No family history on file.

Tobacco/Alcohol use not on file

Review of Systems

Constitutional: Negative.

HENT: Negative.

Eyes: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Positive for vomiting. Negative for diarrhea, constipation, blood in stool, abdominal distention and anal bleeding.

Genitourinary: Negative.

Musculoskeletal: Negative.

Skin: Negative.

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ED Notes (continued)

ED Provider Notes by Jessica Foltin, MD at 3/25/2016 3:55 PM (continued)

Allergic/Immunologic: Negative.

Neurological: Negative.

Hematological: Negative.

ED Triage Vitals		
Vital Signs Group		
Temp	03/25/16 1149	37.4 °C (99.3 °F)
Temp Source	03/25/16 1149	TEMPORAL
Heart Rate	03/25/16 1149	139
Heart Rate Source	03/25/16 1149	Monitor
Resp	03/25/16 1149	36
BP	03/25/16 1149	99/45 mmHg
BP Location	--	
BP Method	--	
Patient Position	--	
SpO2	03/25/16 1149	100 %

Pain Score: (not recorded)

Physical Exam

Constitutional: He appears well-developed and well-nourished. He is active. He has a strong cry. No distress. HENT:

Head: Anterior fontanelle is flat. No cranial deformity or facial anomaly.

Right Ear: Tympanic membrane normal.

Left Ear: Tympanic membrane normal.

Nose: No nasal discharge.

Mouth/Throat: Mucous membranes are moist. Dentition is normal. Oropharynx is clear. Pharynx is normal.

Eyes: Conjunctivae and EOM are normal. Red reflex is present bilaterally. Pupils are equal, round, and reactive to light. Right eye exhibits no discharge. Left eye exhibits no discharge.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, S1 normal and S2 normal. Pulses are strong.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No nasal flaring or stridor. Tachypnea noted. No respiratory distress. He has no wheezes. He has no rhonchi. He has no rales. He exhibits no retraction.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no hepatosplenomegaly. There is no tenderness. There is no rebound and no guarding. No hernia.

Musculoskeletal: He exhibits no edema, tenderness, deformity or signs of injury.

Lymphadenopathy: No occipital adenopathy is present.

He has no cervical adenopathy.

Neurological: He is alert. He has normal strength. He displays normal reflexes. He exhibits normal muscle tone. Suck normal. Symmetric Moro.

Skin: Skin is warm and moist. Capillary refill takes less than 3 seconds. Turgor is turgor normal. No petechiae, no purpura and no rash noted. He is not diaphoretic. No cyanosis. No mottling, jaundice or pallor.

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

ED Notes (continued)

ED Provider Notes by Jessica Foltin, MD at 3/25/2016 3:55 PM (continued)

I have reviewed the following clinical documentation: Nursing Notes and Vital Signs.

Assessment/Plan: 6 week old with persistent worsening emesis for two weeks here for evaluation and pyloric stenosis

The current pain management plan is: patient denies pain at this time.

The patient's PCP has not been contacted at this time.

Critical Care Time: 0 minutes

Jessica Foltin, MD
03/25/16 1558

Electronically signed by Jessica Foltin, MD on 3/25/2016 3:58 PM

ED Notes by Maria Quero, RN at 3/25/2016 5:14 PM

Author: Maria Quero, RN

Service: (none)

Author Type: Registered Nurse

Filed: 3/25/2016 5:16 PM

Creation Time: 3/25/2016 5:16 PM

Status: Signed

Editor: Maria Quero, RN (Registered Nurse)

Drank 2oz Pedialyte at U/S place + 2.5 oz Pedialyte, spitted x1 per Mom

Electronically signed by Maria Quero, RN on 3/25/2016 5:16 PM

ED Notes by Maria Quero, RN at 3/25/2016 5:15 PM

Author: Maria Quero, RN

Service: (none)

Author Type: Registered Nurse

Filed: 3/25/2016 5:33 PM

Creation Time: 3/25/2016 5:33 PM

Status: Signed

Editor: Maria Quero, RN (Registered Nurse)

Hold blood drawn per Dr Elikashvili

Electronically signed by Maria Quero, RN on 3/25/2016 5:33 PM

ERS Update Note by Inna Elikashvili, DO at 3/25/2016 5:43 PM

Author: Inna Elikashvili, DO

Service: (none)

Author Type: Physician

Filed: 3/25/2016 5:45 PM

Creation Time: 3/25/2016 5:43 PM

Status: Signed

Editor: Inna Elikashvili, DO (Physician)

Pt tolerated 6 oz of pedialyte here no vomiting, labs and US reviewed. Ok for dc home to f/u with PMD. Mother understands reasons to return. IV came out after US. Will not rpt BMP at this time, as pt with no emesis, well appearing and tolerated po in the ED

Electronically signed by Inna Elikashvili, DO on 3/25/2016 5:45 PM

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

CONSULTS

Orders/Results - Order Type: Consult

IP CONSULT TO PEDIATRIC SURGERY [118224047]

Electronically signed by: **Jessica Foltin, MD on 03/25/16 1209**

Ordering user: **Jessica Foltin, MD 03/25/16 1209**

Authorized by: **Jessica Foltin, MD**

Frequency: **1 Time 03/25/16 1215 - 1 Occurrences**

Ordering provider: **Jessica Foltin, MD**

Status: **Completed**

Questionnaire

Question

Reason for Consult:

Answer

for evaluation of persistent emesis

Consult Notes

No notes of this type exist for this encounter.

HOSPITAL ENCOUNTER NOTES

Encounter Notes

H&P by Elizabeth Warnack, MD at 3/25/2016 5:07 PM

Author: **Elizabeth Warnack, MD**

Filed: **3/25/2016 5:23 PM**

Editor: **Elizabeth Warnack, MD (Resident)**

Service: **Surgery, General**

Creation Time: **3/25/2016 5:07 PM**

Author Type: **Resident**

Status: **Signed**

Cosigner: **Jason C Fisher, MD at 3/26/2016
2:38 PM**

**NYU Langone Medical Center
Division of Pediatric Surgery
Inpatient Consultation Note**

530 First Ave, Suite 10W
New York, NY 10016
(212) 263-7391

**Howard B. Ginsburg, MD
Arnold G. Coran, MD
Sandra S. Tomita, MD
Keith A. Kuenzler, MD
Jason C. Fisher, MD**

Patient Name: Henry Adler

Birth Date: 2/8/2016

MRN#: 11449055

CSN Account#: 685110397

Date of Consultation: 3/25/2016

Consulting Attending: Jason C. Fisher, MD

Referring Service: Emergency Room

Reason for Consultation: R/o pyloric stenosis

History of Present Illness: Henry Adler is a 6 wk.o. male child who presents for evaluation of possible pyloric stenosis. Per parents, pt has had intermittent vomiting for the last three weeks, but worsened within the last day. Parents describe vomiting after feeds and says vomiting is sometimes projectile. Pt having bms but does have intermittent constipation. Making adequate urine. No fevers or chills. No sick contacts at home.

Past Medical History: History reviewed. No pertinent past medical history.

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Encounter Notes (continued)

H&P by Elizabeth Warnack, MD at 3/25/2016 5:07 PM (continued)

Past Surgical History: History reviewed. No pertinent past surgical history.

Medications:

No current facility-administered medications for this encounter.

No current outpatient prescriptions on file.

Immunizations: There is no immunization history for the selected administration types on file for this patient.

Allergies: *Review of patient's allergies indicates no known allergies.*

Review of Systems:

Constitutional: negative

Eyes: no visual changes, eye pain, nor photophobia

Head & Neck: no ear pain, hearing loss, mouth lesions, voice changes, nor sore throat

Respiratory: no cough, shortness of breath, nor wheezing

Cardiovascular: no chest pain, dyspnea, palpitations, nor syncope

Gastrointestinal: nausea/vomiting and no abdominal pain, nausea, emesis, constipation, nor diarrhea

Genitourinary: no urinary symptoms, discharge, nor groin bulges

Skin: no rash, pruritis, hair changes, nor skin lesions

Musculoskeletal: no weakness, joint pain, nor muscle aches

Neurological: negative

Vital Signs: BP 99/45 mmHg | Pulse 163 | Temp(Src) 36.4 °C (97.5 °F) (Oral) | Resp 36 | Wt 5.2 kg (11 lb 7.4 oz) | SpO2 96%

Physical Examination:

General: alert, cooperative and no distress

Skin: normal and no rash or abnormalities

Eyes: conjunctivae/corneas clear

Mouth: MMM no lesions

Lymph Nodes: Cervical, supraclavicular, and axillary nodes normal.

Lungs: clear to auscultation bilaterally

Heart: regular rate and rhythm, S1, S2 normal, no murmur, click, rub or gallop

Abdomen: soft, non-tender; bowel sounds normal; no masses, no organomegaly

CVA: absent

Genitourinary: genitalia not examined

Extremities: extremities normal, atraumatic, no cyanosis or edema

Neurologic: negative

Psychiatric: non focal, n/a

Laboratory Studies:

**NYU Langone Health
System**

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550 1st Avenue
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Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Encounter Notes (continued)

H&P by Elizabeth Warnack, MD at 3/25/2016 5:07 PM (continued)

Results for orders placed or performed during the hospital encounter of 03/25/16 (from the past 24 hour(s))

TYPE AND SCREEN

Collection Time: 03/25/16 12:49 PM

Result

ANTIBODY SCREEN

Value

Negative

SAMPLE EXPIRES ON

06/07/2016 23:59

ABO AND RH

AB Positive

DAT IGG

Negative

BASIC METABOLIC PANEL

Collection Time: 03/25/16 12:50 PM

Result

SODIUM

Value

137

POTASSIUM

6.2 (HH)

CHLORIDE

104

CARBON DIOXIDE

20 (L)

BLOOD UREA NITROGEN

8 (L)

CREATININE

0.3 (L)

GLUCOSE

70

CALCIUM

10.6 (H)

EGFR MDRD NON AFRICAN AMERICAN

NOT CALCULATED

EGFR MDRD AFRICAN AMERICAN

NOT CALCULATED

ANION GAP

13

CBC WITH DIFFERENTIAL

Collection Time: 03/25/16 12:50 PM

Result

WHITE BLOOD CELL COUNT

Value

10.9

NUCLEATED RED BLOOD CELLS

0

RED BLOOD CELL COUNT

5.22 (H)

HEMOGLOBIN

13.4 (H)

HEMATOCRIT

46.8 (H)

MEAN CORPUSCULAR VOLUME

89.7

MEAN CORPUSCULAR HEMOGLOBIN

25.6 (L)

MEAN CORPUSCULAR HEMOGLOBIN

28.5

CONC

RED CELL DISTRIBUTION WIDTH

14.4

PLATELET COUNT

413 (H)

MEAN PLATELET VOLUME

6.90

NEUTROPHILS %

17 (L)

LYMPHOCYTES %

71

MONOCYTES %

10

EOSINOPHILS %

1

BASOPHILS %

1

NEUTROPHILS ABSOLUTE

1.8

LYMPHOCYTES ABSOLUTE

7.8

MONOCYTES ABSOLUTE

1.1

EOSINOPHILS, ABSOLUTE

0.10

BASOPHILS ABSOLUTE

0.07

HEPATIC PANEL

Collection Time: 03/25/16 12:50 PM

Result

Value

**NYU Langone Health
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550 1st Avenue
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Adler, Henry
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Adm: 3/25/2016, D/C: 3/25/2016

Encounter Notes (continued)

H&P by Elizabeth Warnack, MD at 3/25/2016 5:07 PM (continued)

BILIRUBIN TOTAL	1.0
BILIRUBIN, CONJUGATED	0.0
ALKALINE PHOSPHATASE	250
AST	67 (H)
ALT	64 (H)
ALBUMIN	3.6
PROTEIN, TOTAL	5.6 (L)

COMPLETE URINALYSIS WITH MICROSCOPY

Collection Time: 03/25/16 2:15 PM

Result	Value
COLOR, URINE	Yellow
CLARITY, URINE	Cloudy (A)
GLUCOSE, URINE	Negative
BILIRUBIN, URINE	Negative
KETONES, URINE	Negative
SPECIFIC GRAVITY, URINE	1.017
BLOOD, URINE	Trace (A)
PH, URINE	7.5
PROTEIN, URINE	30 (A)
UROBILINOGEN, URINE	0.2
NITRITE, URINE	Negative
LEUKOCYTE ESTERASE, URINE	Moderate (A)
RED BLOOD CELLS, URINE	2
WHITE BLOOD CELLS, URINE	8 (H)
SQUAMOUS EPITHELIAL, URINE	2
HYALINE CASTS	0
BACTERIA	Negative

TOTAL REDUCING SUBSTANCES, URINE

Collection Time: 03/25/16 2:15 PM

Result	Value
REDUCING SUBSTANCES URINE	Negative

Radiology Studies:

Abd U/S 3/25:

IMPRESSION:

No evidence of pyloric stenosis. A mild pylorospasm may have been present at the beginning of the examination. Otherwise, normal ultrasound of the abdomen.

Assessment:

Henry Adler is a 6 wk.o. male with chronic vomiting, worsened in last day, concerning for pyloric stenosis. However, labs without metabolic changes expected for classic pyloric stenosis (hypochloremic metabolic alkalosis w/ hypokalemia.) K noted to be high, but hemolyzed. In addition abd U/S shows no evidence for pyloric stenosis.

Plan:

**NYU Langone Health
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Adm: 3/25/2016, D/C: 3/25/2016

Encounter Notes (continued)

H&P by Elizabeth Warnack, MD at 3/25/2016 5:07 PM (continued)

- Sx possibly 2/2 viral syndrome vs reflux
- No acute indication for surgery as U/S negative for pyloric stenosis
- Surgery signing off, appreciate care per ED

-- Elizabeth Warnack, MD

Electronically signed by Jason C Fisher, MD on 3/26/2016 2:38 PM

**NYU Langone Health
System**

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Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

SURGERY RECORDS

Procedure Notes

No notes of this type exist for this encounter.

Operative Notes

No notes of this type exist for this encounter.

DELIVERY INFORMATION

Delivery Note

No notes of this type exist for this encounter.

Lactation Notes

No notes of this type exist for this encounter.

Delivery Summary

Mother: Landman, Yaffa Rivka #11395229

[Link to Mother's Chart](#)

OB History as of 01/03/17

Gravida	Para	Term	Preterm	AB	Living
2	1				1
SAB	TAB	Ectopic	Multiple	Live Births	

#	Outcome	Date	GA	Labor/2nd	Weight	Sex	Delivery	Anes	P	Li	Name	Location	Delivering
1	Para				3.5 kg (7 lb 11.5 oz)		Vag-Spont		L	vi			Clinician
2	Gravida												

Dating Summary

Working EDD: 01/30/16 set by Sendi Minassian, RN on 02/01/16 based on Other Basis

Based On	EDD	GA Dif	GA	User	Date
Other Basis	01/30/16	Working		Sendi Minassian, RN	02/01/16

Prenatal Results

1st Trimester

Test	Value	Reference Range	Date	Time
ABO/Rh	B Positive		02/07/16	2052
Blood Grouping				
Rh Factor				
Antibody	Negative		02/07/16	2052
Hep B S. Antigen	negative		01/15/16	
HCT				
HGB				
HGB Electrophoresis (Ext)				
Urine Culture				
TSH				
HIV Ag/Ab	negative		01/15/16	
GC				
Chlamydia				
Pap (Ext)				
PPD Induration (mm)				

Titers

Test	Value	Reference Range	Date	Time
Rubella IgG	non immune		01/15/16	
RPR	non reactive		01/15/16	
Syphilis IGG w/rfx RPR titer				
Rubeola IgG	immune		01/15/16	
Parvovirus B19 IGG				

**NYU Langone Health
System**TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient RecordAdler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016**Delivery Summary (continued)**

Mother: Landman, Yaffa Rivka #11395229

Parvovirus B19 IGM
Varicella IgG
CMV IgG
Toxoplasma IgG**2nd Trimester**

Test	Value	Reference Range	Date	Time
Antibody				
HCT				
HGB				
GCT				

3rd Trimester

Test	Value	Reference Range	Date	Time
HCT	41.4 %	36.0 - 47.0 %	02/18/16	0610
HGB	14.0 g/dL	12.5 - 15.5 g/dL	02/18/16	0610
GBS	(See Report)		01/15/16	

GBS (EXT)

Genetic Screening

Test	Value	Reference Range	Date	Time
Cystic Fibrosis (Extl)				
Fragile X (Extl)				
SMA Screen (Extl)				
Tay Sachs (Extl)				
Genetic Screening (Other)				

[Link to Mother's Chart](#)

Mother: Landman, Yaffa Rivka #11395229

Adler, Henry [11449055]**Labor Event Times**

No data filed

Labor Events**Cervical Ripening**

Cervical ripening date/time: Document a rupture identifier for this baby. Now

Rupture date/time: Rea
dOnl
y Edit in Flowsheets**Induction/Augmentation**

Induction date/time: Now

Augmentation date/time: Now

Delivery (Maternal)

All counts accurate?: Yes

Est. blood loss (mL): 600

Delivery (Newborn)

Time head delivered: 2/8/2016 3:08 AM

Birth date and time: 2/8/2016 3:10 AM

Delivery type: C-Section, Low Transverse

Operative Delivery

Forceps attempted?: No

Vacuum extractor attempted?: No

Forceps Details

Vacuum Details

Shoulder Dystocia

Generated on 2/15/18 11:06 AM

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**NYU Langone Health
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Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Adler, Henry [11449055] (continued)

Shoulder dystocia present?: **No**

Shoulder Dystocia

Sholder dystocia present: **No**

Delivery of
posterior arm:
Fetal clavicular
fracture:
Gaskin
maneuver:
McRoberts
maneuver:
Rubin
maneuver:
Suprapubic
pressure:
Symphysiotomy
:
Woods screw
maneuver:
Zavanelli
maneuver:

Delivery Providers

Delivering clinician: **Robert E Berg, MD**

Other personnel:

Provider
Kirsten Prins, RN
Maria Alciviades, RN
Konstantin Medyuk, PA
Jamila Williams, MD
Jessie Zhao Young, MD
Christine Foley, MD

Role
Delivery Nurse
Delivery Assist
Physician Assistant
Resident
Resident
Resident

Cord

Vessels: **3 Vessels**

Complications: **None**

Resuscitation

Method: **PPV, Bulb Suction**

Birth History

Birth Information

Birth Length: **53.3 cm (1' 9")**

Birth Weight: **3.654 kg (8 lb 0.9 oz)**

Gestational Age: **41 2/7 weeks**

Delivery Method: **C-Section, Low Transverse**

APGARs

1 Minute: **5**

5 Minute: **8**

Placenta

Date and time: **2/8/2016 3:11 AM**

Removal: **Manual Removal**

Appearance: **Intact**

Disposition: **Pathology**

Title

Newborn Assessment

Living status: **Living**

Apgar Scoring

Key:

Skin color

Heart rate

Reflex irritability

0

Blue or

pale

Absent

No

1

Acrocyan

otic

<100 bpm

Grimace

2

Complete

ly pink

>100 bpm

Cry or

**NYU Langone Health
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Adm: 3/25/2016, D/C: 3/25/2016

Adler, Henry [11449055] (continued)

	response		active withdrawal		
	Muscle tone	Limp	Some flexion	Active motion	
	Respiratory effort	Absent	Weak cry; hypoventilation	Good, crying	
	1 Minute:	5 Minute:	1	1	2
Skin color:	1	1	0	5	0
Heart rate:	2	2	M	M	M
Reflex irritability:	1	2	i	i	i
Muscle tone:	0	1	n	n	n
Respiratory effort:	1	2	u	u	u
Total:	5	8	t	t	t
			e	e	e
			:	:	:

ORDERS AND RESULTS

Result date and time is equivalent to report date and time.

ADT Orders

No orders found

Orders/Results - Order Type: Blood Bank

TYPE AND SCREEN [123364134]

Electronically signed by: **Jessica Foltin, MD on 03/25/16 1401**

Status: **Discontinued**

Mode: Ordering in Per protocol: cosign required mode

Ordering user: Maria Quero, RN 03/25/16 1248

Communicated by: Maria Quero, RN

Ordering provider: Jessica Foltin, MD

Authorized by: Jessica Foltin, MD

Frequency: 1 Time 03/25/16 1300 - 1 Occurrences

Discontinued by: Interface, Hcll In 03/25/16 1429

Questionnaire

Question	Answer
Has the patient been transfused within the past 90 days?	Unknown
Does the patient have a condition that may require frequent transfusion such as Sickle Cell Ds, Thalassemia or Malignancy?	No
Has the patient been transfused at another hospital?	No

TYPE AND SCREEN [123364139]

Resulted: 03/25/16 1548, Result status: Final result

Ordering provider: Jessica Foltin, MD 03/25/16 1248

Resulting lab: NYU LAB BLOOD BANK

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	03/25/16 1249

Components

Component	Value	Reference Range	Flag	Lab
ANTIBODY SCREEN	Negative	—	—	HCLL
SAMPLE EXPIRES ON	06/07/2016 23:59	—	—	HCLL
ABO AND RH	AB Positive	—	—	HCLL
DAT IGG	Negative	—	—	HCLL

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
132 - HCLL	NYU LAB BLOOD BANK	Unknown	Unknown	06/01/10 2104 - Present

TYPE AND SCREEN [123364123]

Electronically signed by: **Jessica Foltin, MD on 03/25/16 1401**

Status: **Discontinued**

Mode: Ordering in Per protocol: cosign required mode

Ordering user: Maria Quero, RN 03/25/16 1238

Communicated by: Maria Quero, RN

Ordering provider: Jessica Foltin, MD

Authorized by: Jessica Foltin, MD

Additional signing events

Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN

Frequency: 1 Time 03/25/16 1245 - 1 Occurrences

Discontinued by: Interface, Hcll In 03/28/16 1251

Questionnaire

Question	Answer
Has the patient been transfused within the past 90 days?	Unknown
Does the patient have a condition that may require frequent transfusion such as Sickle Cell Ds, Thalassemia or Malignancy?	No
Has the patient been transfused at another hospital?	No

TYPE AND SCREEN [123364128]

Resulted: 03/28/16 1250, Result status: In process

Ordering provider: Jessica Foltin, MD 03/25/16 1238

Resulting lab: NYU LAB BLOOD BANK

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	03/25/16 1239

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
132 - HCLL	NYU LAB BLOOD	Unknown	Unknown	06/01/10 2104 - Present

**NYU Langone Health
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550 1st Avenue
NEW YORK NY 10016-6402
Inpatient RecordAdler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016**Orders/Results - Order Type: Blood Bank (continued)**

BANK

TYPE AND SCREEN [118224046]Electronically signed by: **Jessica Foltin, MD on 03/25/16 1209**Status: **Discontinued**Ordering user: **Jessica Foltin, MD 03/25/16 1209**Ordering provider: **Jessica Foltin, MD**Authorized by: **Jessica Foltin, MD**

Additional signing events

Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN

Frequency: 1 Time 03/25/16 1215 - 1 Occurrences

Discontinued by: **Interface, HcII In 03/28/16 1251****Questionnaire**

Question	Answer
Has the patient been transfused within the past 90 days?	No
Does the patient have a condition that may require frequent transfusion such as Sickle Cell Ds, Thalassemia or Malignancy?	No
Has the patient been transfused at another hospital?	No

TYPE AND SCREEN [118224052]

Resulted: 03/28/16 1250, Result status: In process

Ordering provider: **Jessica Foltin, MD 03/25/16 1209**Resulting lab: **NYU LAB BLOOD BANK****Specimen Information**

Type	Source	Collected On
Blood	Peripheral vein	03/25/16 1210

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
132 - HCLL	NYU LAB BLOOD BANK	Unknown	Unknown	06/01/10 2104 - Present

Orders/Results - Order Type: Consult**IP CONSULT TO PEDIATRIC SURGERY [118224047]**Electronically signed by: **Jessica Foltin, MD on 03/25/16 1209**Status: **Completed**Ordering user: **Jessica Foltin, MD 03/25/16 1209**Ordering provider: **Jessica Foltin, MD**Authorized by: **Jessica Foltin, MD**

Frequency: 1 Time 03/25/16 1215 - 1 Occurrences

Questionnaire

Question	Answer
Reason for Consult:	for evaluation of persistent emesis

Orders/Results - Order Type: Imaging**US ABDOMEN PED [123364140]**Electronically signed by: **Jessica Foltin, MD on 03/25/16 1354**Status: **Completed**Ordering user: **Jessica Foltin, MD 03/25/16 1354**Ordering provider: **Jessica Foltin, MD**Authorized by: **Jessica Foltin, MD**

Frequency: Once 03/25/16 1400 - 1 Occurrences

Questionnaire

Question	Answer
Reason for exam:	vomiting rule out pyloric stenosis
Ordering Provider's Contact Information:	646-341-2470
Do you want an expedited read?	Yes

US ABDOMEN PED [123364141]

Resulted: 03/25/16 1706, Result status: Final result

Ordering provider: **Jessica Foltin, MD 03/25/16 1354**

Resulted by:

Orders/Results - Order Type: Imaging (continued)

Performed: 03/25/16 1537 - 03/25/16 1613
Resulting lab: NYU RADIOLOGY SWF
Narrative:
EXAMINATION: Abdominal Ultrasound

Nancy R Fefferman, MD
Jeremiah Pack, MD
Accession number: 11330661

CLINICAL HISTORY: Projectile vomiting.

IMAGING TECHNIQUE: Multiple longitudinal and transverse grey scale and color Doppler images of the abdomen and color and spectral Doppler of the main portal vein and hepatic veins were obtained.

COMPARISON: None

FINDINGS:

Initial images of the region of the pylorus with demonstrated mild thickening, however this resolved upon further imaging and most likely represent pylorospasm. The baby was given oral Pedialyte and cine images in transverse demonstrate passage of fluid through the expected region of the pylorus which is slightly shadowed by superimposed gas, however this region appears normal in length and thickness.

Liver: The liver is normal in size and echotexture without evidence of focal mass. The main portal vein is patent with hepatopetal flow. The hepatic veins are patent.

Gallbladder/Biliary ducts: The gallbladder is normally distended without evidence for shadowing echogenic foci, wall thickening or pericholecystic fluid. No intra or extrahepatic biliary ductal dilatation is identified. The common bile duct is normal in caliber and measures 1 mm.

Pancreas: Visualized portions of the pancreas are normal.

Spleen: The spleen is normal in echogenicity and size, measuring 4.1 cm in length.

Kidneys: The kidneys are normal in size, contour, and echogenicity with normal corticomedullary differentiation. The right kidney measures 4.8 cm in length. The left kidney measures 4.7 cm in length. There is no focal abnormality or hydronephrosis.

Great vessels: Grayscale images of the proximal abdominal aorta and intrahepatic inferior vena cava are within normal limits.

Peritoneum: No free fluid in the upper abdomen or pelvis posterior to bladder.

IMPRESSION:

No evidence of pyloric stenosis. A mild pylorospasm may have been present at the beginning of the examination. Otherwise, normal ultrasound of the abdomen.

Final Report: Dictated by Resident Jeremiah Pack MD and Signed by Attending Nancy Fefferman MD 3/25/2016 5:06 PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
133 - NYU Rad Syngo	NYU RADIOLOGY SWF	Unknown	Unknown	07/06/10 1226 - Present

Orders/Results - Order Type: Lab

BASIC METABOLIC PANEL [123364144]

Electronically signed by: **Jessica Foltin, MD on 03/25/16 1555**

Ordering user: Jessica Foltin, MD 03/25/16 1555

Authorized by: Jessica Foltin, MD

Frequency: 1 Time 03/25/16 1600 - 1 Occurrences

Ordering provider: Jessica Foltin, MD

Status: **Discontinued**

Discontinued by: Interface, Sunquest In 03/29/16 0322 [Other (UNRECEIVED TEST CANCELLED BY LAB)]

Received by:

Received by Date:
3/29/2016

Received by Time:
03:22

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Orders/Results - Order Type: Lab (continued)

TOTAL REDUCING SUBSTANCES, URINE [123364142]

Electronically signed by: **Interface, Sunquest In on 03/25/16 1415**
Ordering user: **Interface, Sunquest In 03/25/16 1415**
Authorized by: **Jessica Foltin, MD**
Frequency: **1 Time 03/25/16 1415 - 1 Occurrences**

Ordering provider: **Jessica Foltin, MD**

Status: **Completed**

Received by:

Received by Date:
3/25/2016

Received by Time:
14:48

TOTAL REDUCING SUBSTANCES, URINE [123364143]

Resulted: 03/25/16 1515, Result status: Final result

Ordering provider: **Jessica Foltin, MD 03/25/16 1415**

Resulting lab: **NYU LAB**

Components

Component	Value	Reference Range	Flag	Lab
REDUCING SUBSTANCES URINE	Negative	Negative %	—	NYU LAB

Comment:

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY
10016. Director: Mark S. Lifshitz MD.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

BASIC METABOLIC PANEL [123364130]

Electronically signed by: **Jessica Foltin, MD on 03/25/16 1401**
Mode: **Ordering in Per protocol: cosign required mode**
Ordering user: **Maria Quero, RN 03/25/16 1248**
Authorized by: **Jessica Foltin, MD**
Frequency: **1 Time 03/25/16 1300 - 1 Occurrences**

Communicated by: **Maria Quero, RN**
Ordering provider: **Jessica Foltin, MD**

Status: **Completed**

Received by:

Received by Date:
3/25/2016

Received by Time:
13:10

BASIC METABOLIC PANEL [123364135] (Abnormal)

Resulted: 03/25/16 1402, Result status: Final result

Ordering provider: **Jessica Foltin, MD 03/25/16 1248**

Resulting lab: **NYU LAB**

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	03/25/16 1250

Components

Component	Value	Reference Range	Flag	Lab
SODIUM	137	134 - 146 mmol/L	—	NYU LAB
POTASSIUM	6.2	3.6 - 5.2 mmol/L	HH	NYU LAB
Comment: Serum Not Hemolyzed				
CHLORIDE	104	98 - 108 mmol/L	—	NYU LAB
CARBON DIOXIDE	20	25 - 32 mmol/L	L	NYU LAB
BLOOD UREA NITROGEN	8	10 - 26 mg/dL	L	NYU LAB
CREATININE	0.3	0.7 - 1.3 mg/dL	L	NYU LAB
GLUCOSE	70	70 - 100 mg/dL	—	NYU LAB
CALCIUM	10.6	8.3 - 10.3 mg/dL	H	NYU LAB
EGFR MDRD NON AFRICAN AMERICAN	NOT CALCULATE	>60 mL/min/1.73m2	—	NYU LAB
EGFR MDRD AFRICAN AMERICAN	NOT CALCULATE	>60 mL/min/1.73m2	—	NYU LAB

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Orders/Results - Order Type: Lab (continued)

ANION GAP	D	13	6 - 14 mmol/L	—	NYU LAB
Comment:					
Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.					

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

CBC WITH DIFFERENTIAL [123364131]

Electronically signed by: **Jessica Foltin, MD on 03/25/16 1401**
Mode: Ordering in Per protocol: cosign required mode
Ordering user: Maria Quero, RN 03/25/16 1248
Authorized by: Jessica Foltin, MD
Frequency: 1 Time 03/25/16 1300 - 1 Occurrences

Communicated by: Maria Quero, RN
Ordering provider: Jessica Foltin, MD

Status: **Completed**

Received by:

Received by Date:
3/25/2016

Received by Time:
13:10

CBC WITH DIFFERENTIAL [123364136] (Abnormal)

Resulted: 03/25/16 1354, Result status: Final result

Ordering provider: Jessica Foltin, MD 03/25/16 1248

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	03/25/16 1250

Components

Component	Value	Reference Range	Flag	Lab
WHITE BLOOD CELL COUNT	10.9	5.0 - 20.0 K/uL	—	NYU LAB
NUCLEATED RED BLOOD CELLS	0	0 /100WBC	—	NYU LAB
RED BLOOD CELL COUNT	5.22	3.30 - 4.00 M/uL	H	NYU LAB
HEMOGLOBIN	13.4	9.4 - 13.0 g/dL	H	NYU LAB
HEMATOCRIT	46.8	28.0 - 42.0 %	H	NYU LAB
MEAN CORPUSCULAR VOLUME	89.7	84.0 - 106.0 FL	—	NYU LAB
MEAN CORPUSCULAR HEMOGLOBIN	25.6	28.4 - 32.5 pg	L	NYU LAB
MEAN CORPUSCULAR HEMOGLOBIN CONC	28.5	28.3 - 35.3 g/dL	—	NYU LAB
RED CELL DISTRIBUTION WIDTH	14.4	11.5 - 14.5 %	—	NYU LAB
PLATELET COUNT	413	120 - 350 K/uL	H	NYU LAB
MEAN PLATELET VOLUME	6.90	6.0 - 11.0 FL	—	NYU LAB
NEUTROPHILS %	17	20 - 46 %	L	NYU LAB
LYMPHOCYTES %	71	41 - 71 %	—	NYU LAB
MONOCYTES %	10	3 - 12 %	—	NYU LAB
EOSINOPHILS %	1	0 - 5 %	—	NYU LAB
BASOPHILS %	1	0 - 2 %	—	NYU LAB
NEUTROPHILS ABSOLUTE	1.8	1.2 - 6.4 K/uL	—	NYU LAB
LYMPHOCYTES ABSOLUTE	7.8	2.5 - 9.9 K/uL	—	NYU LAB
MONOCYTES ABSOLUTE	1.1	0.1 - 1.3 K/uL	—	NYU LAB
EOSINOPHILS, ABSOLUTE	0.10	0 - 0.6 K/uL	—	NYU LAB
BASOPHILS ABSOLUTE	0.07	0 - 0.80 K/uL	—	NYU LAB

Comment:

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

Testing Performed By

NYU Langone Health System

TH EMERGENCY DEPT
550 1st Avenue
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Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Orders/Results - Order Type: Lab (continued)

Lab - Abbreviation 11 - NYU LAB	Name NYU LAB	Director Mark S. Lifshitz, MD	Address Clinical laboratories, 560 1st Av NEW YORK NY 10016	Valid Date Range 02/12/10 0310 - Present

COMPLETE URINALYSIS WITH MICROSCOPY [123364132]

Electronically signed by: **Jessica Foltin, MD on 03/25/16 1401**

Status: **Completed**

Mode: Ordering in Per protocol: cosign required mode

Communicated by: **Maria Quero, RN**

Ordering user: **Maria Quero, RN 03/25/16 1248**

Ordering provider: **Jessica Foltin, MD**

Authorized by: **Jessica Foltin, MD**

Frequency: 1 Time 03/25/16 1300 - 1 Occurrences

Received by:

Received by Date:
3/25/2016

Received by Time:
14:48

COMPLETE URINALYSIS WITH MICROSCOPY [123364137] (Abnormal)

Resulted: 03/25/16 1513. Result status: Final result

Ordering provider: **Jessica Foltin, MD 03/25/16 1248**

Resulting lab: **NYU LAB**

Specimen Information

Type Urine	Source Void	Collected On 03/25/16 1415

Components

Component	Value	Reference Range	Flag	Lab
COLOR, URINE	Yellow	Yellow	—	NYU LAB
CLARITY, URINE	Cloudy	Clear	A	NYU LAB
GLUCOSE, URINE	Negative	Negative	—	NYU LAB
BILIRUBIN, URINE	Negative	Negative	—	NYU LAB
KETONES, URINE	Negative	Negative	—	NYU LAB
SPECIFIC GRAVITY, URINE	1.017	1.003 - 1.030	—	NYU LAB
BLOOD, URINE	Trace	Negative	A	NYU LAB
PH, URINE	7.5	5.0 - 8.0	—	NYU LAB
PROTEIN, URINE	30	Negative	A	NYU LAB
UROBILINOGEN, URINE	0.2	0.2 - 1.0 EU/dL	—	NYU LAB
NITRITE, URINE	Negative	Negative	—	NYU LAB
LEUKOCYTE ESTERASE, URINE	Moderate	Negative	A	NYU LAB
RED BLOOD CELLS, URINE	2	0 - 5 /hpf	—	NYU LAB
WHITE BLOOD CELLS, URINE	8	0 - 3 /hpf	H	NYU LAB
SQUAMOUS EPITHELIAL, URINE	2	0 - 5 /hpf	—	NYU LAB
HYALINE CASTS	0	0 - 5 /lpf	—	NYU LAB
BACTERIA	Negative	Negative /uL	—	NYU LAB

Comment:

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY
10016. Director: Mark S. Lifshitz MD.

Testing Performed By

Lab - Abbreviation 11 - NYU LAB	Name NYU LAB	Director Mark S. Lifshitz, MD	Address Clinical laboratories, 560 1st Av NEW YORK NY 10016	Valid Date Range 02/12/10 0310 - Present

HEPATIC PANEL [123364133]

Electronically signed by: **Jessica Foltin, MD on 03/25/16 1401**

Status: **Completed**

Mode: Ordering in Per protocol: cosign required mode

Communicated by: **Maria Quero, RN**

Ordering user: **Maria Quero, RN 03/25/16 1248**

Ordering provider: **Jessica Foltin, MD**

Authorized by: **Jessica Foltin, MD**

Frequency: 1 Time 03/25/16 1300 - 1 Occurrences

Generated on 2/15/18 11:06 AM

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**NYU Langone Health
System**TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient RecordAdler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Orders/Results - Order Type: Lab (continued)

Received by:Received by Date:
3/25/2016Received by Time:
13:10**HEPATIC PANEL [123364138] (Abnormal)**

Resulted: 03/25/16 1402, Result status: Final result

Ordering provider: Jessica Foltin, MD 03/25/16 1248

Resulting lab: NYU LAB

Specimen Information

Type	Source	Collected On
Blood	Peripheral vein	03/25/16 1250

Components

Component	Value	Reference Range	Flag	Lab
BILIRUBIN TOTAL	1.0	0.0 - 1.0 mg/dL	—	NYU LAB
BILIRUBIN, CONJUGATED	0.0	0.0 - 0.3 mg/dL	—	NYU LAB
ALKALINE PHOSPHATASE	250	U/L	—	NYU LAB
AST	67	15 - 56 U/L	H	NYU LAB
ALT	64	15 - 58 U/L	H	NYU LAB
ALBUMIN	3.6	3.5 - 5.0 gm/dL	—	NYU LAB
PROTEIN, TOTAL	5.6	6.3 - 8.2 gm/dL	L	NYU LAB

Comment:Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY
10016. Director: Mark S. Lifshitz MD.**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - NYU LAB	NYU LAB	Mark S. Lifshitz, MD	Clinical laboratories, 560 1st Av NEW YORK NY 10016	02/12/10 0310 - Present

CBC WITH DIFFERENTIAL [123364120]

Electronically signed by: Jessica Foltin, MD on 03/25/16 1401

Status: **Discontinued**

Mode: Ordering in Per protocol: cosign required mode

Communicated by: Maria Quero, RN

Ordering user: Maria Quero, RN 03/25/16 1238

Ordering provider: Jessica Foltin, MD

Authorized by: Jessica Foltin, MD

Additional signing events

Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN

Frequency: 1 Time 03/25/16 1245 - 1 Occurrences

Discontinued by: Maria Quero, RN 03/25/16 1248

BASIC METABOLIC PANEL [123364121]

Electronically signed by: Jessica Foltin, MD on 03/25/16 1401

Status: **Discontinued**

Mode: Ordering in Per protocol: cosign required mode

Communicated by: Maria Quero, RN

Ordering user: Maria Quero, RN 03/25/16 1238

Ordering provider: Jessica Foltin, MD

Authorized by: Jessica Foltin, MD

Additional signing events

Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN

Frequency: 1 Time 03/25/16 1245 - 1 Occurrences

Discontinued by: Maria Quero, RN 03/25/16 1248

HEPATIC PANEL [123364122]

Electronically signed by: Jessica Foltin, MD on 03/25/16 1401

Status: **Discontinued**

Mode: Ordering in Per protocol: cosign required mode

Communicated by: Maria Quero, RN

Ordering user: Maria Quero, RN 03/25/16 1238

Ordering provider: Jessica Foltin, MD

Authorized by: Jessica Foltin, MD

Additional signing events

Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN

Frequency: 1 Time 03/25/16 1245 - 1 Occurrences

Discontinued by: Maria Quero, RN 03/25/16 1248

COMPLETE URINALYSIS WITH MICROSCOPY [123364124]

Electronically signed by: Jessica Foltin, MD on 03/25/16 1401

Status: **Discontinued**

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**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Orders/Results - Order Type: Lab (continued)

COMPLETE URINALYSIS WITH MICROSCOPY [123364124] (continued)

Mode: Ordering in Per protocol: cosign required mode
Ordering user: Maria Quero, RN 03/25/16 1238
Authorized by: Jessica Foltin, MD
Additional signing events
Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN
Frequency: 1 Time 03/25/16 1245 - 1 Occurrences
Communicated by: Maria Quero, RN
Ordering provider: Jessica Foltin, MD
Discontinued by: Maria Quero, RN 03/25/16 1248

CBC WITH DIFFERENTIAL [118224044]

Electronically signed by: Jessica Foltin, MD on 03/25/16 1209
Ordering user: Jessica Foltin, MD 03/25/16 1209
Authorized by: Jessica Foltin, MD
Additional signing events
Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN
Frequency: 1 Time 03/25/16 1215 - 1 Occurrences
Ordering provider: Jessica Foltin, MD
Status: **Discontinued**
Discontinued by: Maria Quero, RN 03/25/16 1237

BASIC METABOLIC PANEL [118224045]

Electronically signed by: Jessica Foltin, MD on 03/25/16 1209
Ordering user: Jessica Foltin, MD 03/25/16 1209
Authorized by: Jessica Foltin, MD
Additional signing events
Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN
Frequency: 1 Time 03/25/16 1215 - 1 Occurrences
Ordering provider: Jessica Foltin, MD
Status: **Discontinued**
Discontinued by: Maria Quero, RN 03/25/16 1237

HEPATIC PANEL [118224048]

Electronically signed by: Jessica Foltin, MD on 03/25/16 1209
Ordering user: Jessica Foltin, MD 03/25/16 1209
Authorized by: Jessica Foltin, MD
Additional signing events
Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN
Frequency: 1 Time 03/25/16 1215 - 1 Occurrences
Ordering provider: Jessica Foltin, MD
Status: **Discontinued**
Discontinued by: Maria Quero, RN 03/25/16 1237

COMPLETE URINALYSIS WITH MICROSCOPY [118224049]

Electronically signed by: Jessica Foltin, MD on 03/25/16 1209
Ordering user: Jessica Foltin, MD 03/25/16 1209
Authorized by: Jessica Foltin, MD
Additional signing events
Jessica Foltin, MD 03/25/16 1401, for Discontinuing in Per protocol: cosign required mode, Communicator - Maria Quero, RN
Frequency: 1 Time 03/25/16 1215 - 1 Occurrences
Ordering provider: Jessica Foltin, MD
Status: **Discontinued**
Discontinued by: Maria Quero, RN 03/25/16 1237

Orders/Results - Order Type: Medications

sodium chloride 0.9 % bolus 100 mL [123364119]

Electronically signed by: Jessica Foltin, MD on 03/25/16 1214
Ordering user: Jessica Foltin, MD 03/25/16 1214
Authorized by: Jessica Foltin, MD
Frequency: Once 03/25/16 1215 - 1 Occurrences
Ordering provider: Jessica Foltin, MD
Status: **Completed**

**NURSING RECORDS
CARE PLAN**

Care Plan Notes

No notes of this type exist for this encounter.

PATIENT EDUCATION

Education

Title: Generic Teaching Goals/Outcomes (Active)

Points For This Title

Point: Communication of Patient Safety Concerns (Active)

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Education (continued)

Description: Educate patient/family that if they have questions they should speak to their nurse. Inform patient/family they can also contact the Nurse Manager or Patient Relations Representative. If there is a concern about a change in the patient's condition they should call their nurse right away or if urgent that can use a hospital phone to call "33911" and tell the operator that the Rapid Response Team is needed and give your room number.
Summary: Learning progress - not on file.

Point: Hand Hygiene (Active)

Description: Hand Hygiene
Summary: Learning progress - not on file.

Point: Fall Prevention (Active)

Description: Fall Prevention
Summary: Learning progress - not on file.

Point: Contact Precautions (Active)

Description: Contact Precautions
Summary: Learning progress - not on file.

Point: Preventing Surgical Site Infections (Active)

Description: Preventing Surgical Site Infections
Summary: Learning progress - not on file.

Point: Palliative Care (Active)

Description: Palliative Care Information
New York State passed a law called the Palliative Care Information Act requiring doctors and nurse practitioners to offer information and counseling concerning palliative care and end-of-life options to patients with serious and/or life-limiting illness. This law is intended to ensure that patients are fully informed of all options so they can make treatment choices consistent with their goals of care to optimize their quality of life.
Summary: Learning progress - not on file.

Point: Medical Equipment/Supplies (Active)

Description: Medical Equipment/Supplies
Summary: Learning progress - not on file.

Point: Resources for Support (Active)

Description: Resources for Support
Summary: Learning progress - not on file.

Point: Pain and Pain Management (Active)

Description: Pain and Pain Management
Summary: Learning progress - not on file.

Point: Diagnostic Tests/Procedures (Active)

Description: Diagnostic Tests/Procedures
Summary: Learning progress - not on file.

Point: Dietary Modifications (Active)

Description: Dietary Modifications
Summary: Learning progress - not on file.

Point: Medications (Active)

Description: Medications
Summary: Learning progress - not on file.

Point: Tobacco Cessation (Active)

Description: Tobacco Cessation
Summary: Learning progress - not on file.

Point: Rehabilitation (Active)

Description: Rehabilitation
Summary: Learning progress - not on file.

Point: Room/Orientation (Active)

Description: Room/Orientation
Summary: Learning progress - not on file.

Point: Hygiene/Infection Prevention (Active)

Education (continued)

Description: Hygiene/Infection Prevention
Summary: Learning progress - not on file.

Title: Skin Integrity Impairment, Risk/Actual (Infant) (Active)

Points For This Title

Point: Personal Risk Factors and Signs/Symptoms Related to Impaired Skin Integrity and Wound Healing (Active)

Description: Personal Risk Factors and Signs/Symptoms Related to Impaired Skin Integrity and Wound Healing
Summary: Learning progress - not on file.

Point: Treatment Plan (Active)

Description: Treatment Plan [e.g., MEDICATIONS: analgesics; DIET: adequate protein and calories, fluids, vitamins/minerals; ACTIVITY: frequent position changes, friction and shear reduction, pressure redistribution/reducing surfaces (gel pads/pillows); adequate sleep/rest; TREATMENTS: frequent skin inspection, skin care, perineal care, excessive moisture management (urine, stool, secretions), protective barriers, moisturizing, temperature management, infection prevention, glycemic control]
Summary: Learning progress - not on file.

Point: Self-Management (Active)

Description: Self-Management [e.g., skin injury prevention measures, regular skin assessment, avoid massaging reddened areas, frequent position changes, pressure redistribution/reducing surfaces, bathing methods, appropriate skin care products, hygiene/skin and oral care, cord care, diaper dermatitis care, use of emollients for dry skin, adequate sleep/rest, adequate nutrition/fluids (breastfeeding, supplements, feeding pattern)]
Summary: Learning progress - not on file.

Point: When to Seek Medical Attention (Active)

Description: When to Seek Medical Attention [e.g., poor feeding pattern/tolerance, presence/persistence of skin breakdown, signs/symptoms of infection (redness, tenderness, warmth, swelling, drainage, fever/temperature instability), persistent pain]
Summary: Learning progress - not on file.

Title: Newborn (Newborn, NICU) (Active)

Topic: Newborn Overview (Active)

Point: Adjustment to Extrauterine Life (Active)

Description: Adjustment to Extrauterine Life
Summary: Learning progress - not on file.

Point: Apgar Score (Active)

Description: Apgar Score
Summary: Learning progress - not on file.

Point: Attachment (Active)

Description: Attachment
Summary: Learning progress - not on file.

Topic: Treatment Plan (Active)

Point: Medication: Vitamin K (Active)

Description: Medication: Vitamin K
Summary: Learning progress - not on file.

Point: Medication: Antimicrobial Eye Ointment (Active)

Description: Medication: Antimicrobial Eye Ointment
Summary: Learning progress - not on file.

Point: Diet: Breast Milk (Active)

Description: Diet: Breast Milk
Summary: Learning progress - not on file.

Point: Diet: Formula (Active)

Description: Diet: Formula
Summary: Learning progress - not on file.

Point: Treatment: Hepatitis B Vaccine (Active)

Description: Treatment: Hepatitis B Vaccine

Education (continued)

Summary: Learning progress - not on file.

Point: Procedure: Metabolic Screening (Active)

Description: Procedure: Metabolic Screening

Summary: Learning progress - not on file.

Point: Procedure: Hearing Test (Active)

Description: Procedure: Hearing Test

Summary: Learning progress - not on file.

Point: Procedure: Heel Prick Blood Test (Active)

Description: Procedure: Heel Prick Blood Test

Summary: Learning progress - not on file.

Topic: Modifiable Risk Factors/Triggers (Active)

Point: Parenting Classes, Lack of (Active)

Description: Parenting Classes, Lack of

Summary: Learning progress - not on file.

Point: Resources, Lack of (Active)

Description: Resources, Lack of

Summary: Learning progress - not on file.

Topic: Self-Management (Active)

Point: Recognition of Infant Behavioral/Feeding Cues (Active)

Description: Recognition of Infant Behavioral/Feeding Cues

Summary: Learning progress - not on file.

Point: Awareness of Safety Measures: CPR (Active)

Description: Awareness of Safety Measures: CPR

Summary: Learning progress - not on file.

Point: Well-Baby Follow-Up Visits (Active)

Description: Well-Baby Follow-Up Visits

Summary: Learning progress - not on file.

Point: Regular Follow-Up Appointments (Well-Baby Checks) (Active)

Description: Regular Follow-Up Appointments (Well-Baby Checks)

Summary: Learning progress - not on file.

Topic: When to Seek Medical Attention (Active)

Point: Persistent Crying (Active)

Description: Persistent Crying

Summary: Learning progress - not on file.

Point: Decreased Feeding Tolerance (Active)

Description: Decreased Feeding Tolerance

Summary: Learning progress - not on file.

Point: No Weight Gain (Active)

Description: No Weight Gain

Summary: Learning progress - not on file.

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

MEDICATIONS

All Meds and Administrations

sodium chloride 0.9 % bolus 100 mL [123364119]

Ordering Provider: Jessica Foltin, MD
Ordered On: 03/25/16 1214
Dose (Remaining/Total): 100 mL (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 03/25/16 1215 - 03/25/16 1415
Route: Intravenous
Rate/Duration: 100 mL/hr / 1 Hours

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
03/25/16 1415	Stopped	0 mL 0 mL/hr 1 Hours	Intravenous	Performed by: Maria Quero, RN
03/25/16 1240	New Bag	100 mL 100 mL/hr 1 Hours	Intravenous	Performed by: Maria Quero, RN

Flowsheets (all recorded)

Custom Formula Data - Fri March 25, 2016

Row Name	1149	1220	1530
Vitals			
Pct Birth Wt	142.3 % -MQ	—	—
Protein (gm/kg)			
0.6 Gm Protein (gm)	3.13 -MQ	—	—
0.7 Gm Protein (gm)	3.65 -MQ	—	—
0.8 Gm Protein (gm)	4.17 -MQ	—	—
0.9 Gm Protein (gm)	4.69 -MQ	—	—
1.0 Gm Protein (gm)	5.21 -MQ	—	—
1.1 Gm Protein (gm)	5.73 -MQ	—	—
1.2 Gm Protein (gm)	6.25 -MQ	—	—
1.3 Gm Protein (gm)	6.77 -MQ	—	—
1.4 Gm Protein (gm)	7.3 -MQ	—	—
1.5 Gm Protein (gm)	7.82 -MQ	—	—
1.6 Gm Protein (gm)	8.34 -MQ	—	—
1.7 Gm Protein (gm)	8.86 -MQ	—	—
1.8 Gm Protein (gm)	9.38 -MQ	—	—
1.9 Gm Protein (gm)	9.9 -MQ	—	—
2.0 Gm Protein (gm)	10.42 -MQ	—	—
2.1 Gm Protein (gm)	10.94 -MQ	—	—
2.2 Gm Protein (gm)	11.46 -MQ	—	—
2.3 Gm Protein (gm)	11.98 -MQ	—	—
2.4 Gm Protein (gm)	12.51 -MQ	—	—
2.5 Gm Protein (gm)	13.03 -MQ	—	—
kcal/kg			
RETIRED 20 Kcal/Kg (kcal)	104.22 -MQ	—	—
RETIRED 25 Kcal/Kg (kcal)	130.27 -MQ	—	—
RETIRED 30 Kcal/Kg (kcal)	156.32 -MQ	—	—
RETIRED 35 Kcal/Kg (kcal)	182.38 -MQ	—	—
RETIRED 40 Kcal/Kg (kcal)	208.43 -MQ	—	—
RETIRED 45 Kcal/Kg (kcal)	234.49 -MQ	—	—
RETIRED 50 Kcal/Kg (kcal)	260.54 -MQ	—	—
RETIRED Caloric Needs for Pregnancy			
24 Kcal/Kg (kcal)	125.06 -MQ	—	—
30 Kcal/Kg (kcal)	156.32 -MQ	—	—
36 Kcal/Kg (kcal)	187.59 -MQ	—	—
38 Kcal/Kg (kcal)	198.01 -MQ	—	—
40 Kcal/Kg (kcal)	208.43 -MQ	—	—
Owen Equation			
Energy Expenditure, Male	932.15 -MQ	—	—
Energy Expenditure, Female	832.41 -MQ	—	—
RETIRED Fluid Requirements			
30 mL/kg (Fluid Requirements)	156.32 -MQ	—	—
35 mL/kg (Fluid Requirements)	182.38 -MQ	—	—
40 mL/kg (Fluid Requirements)	208.43 -MQ	—	—

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Flowsheets (all recorded) (continued)

Custom Formula Data - Fri March 25, 2016 (continued)

Row Name	1149	1220	1530
OTHER			
RETIRED - Percent Weight Change Since Birth	42.3 -MQ	—	—
Relevant Labs and Vitals			
Temp (in Celsius)	37.4 -MQ	37.2 -AL	36.4 -SM

Calls & Consults - Fri March 25, 2016

Row Name	1211	1214
Consults		
Surgery	Called Ped surg called at 1211 -KG	—
Other (Comment)	—	Responded -KG

Acuity - Fri March 25, 2016

Row Name	1151
OTHER	
Acuity	3 -MQ
Triage Complete	Triage complete -MQ

All CPM/NYU LDAs - Fri March 25, 2016

Row Name	1243
[REMOVED] Peripheral IV - Single Lumen 03/25/16 1242 dorsal arch vein (top of foot), left 24 gauge	
Peripheral IV - Properties Group	Placement Date: 03/25/16 -MQ Placement Time: 1242 -MQ Location: dorsal arch vein (top of foot), left -MQ Gauge/Length: 24 gauge -MQ Unsuccessful Insertion Attempts: 0 -MQ Removal Date: 03/25/16 -MQ Removal Time: 1746 -MQ
Patency/Maintenance	flushed without difficulty -MQ

Goal/Outcome Evaluation (Adult) - Fri March 25, 2016

Row Name	1747
Goal/Outcome Evaluation (Adult)	
Prevent/Manage S/Sx of Impairment	signs/symptoms of serious physical impairment are absent -MQ
RETIRED Person Taught	parent -MQ
RETIRED Teaching Method	verbal instruction;written material -MQ
RETIRED Goal: Acute Signs/Symptoms are Managed	met -MQ
RETIRED Goal: Acceptable Pain Level Achieved	met -MQ
RETIRED Discharge Instructions	discharge instructions, able to teach back;patient education handouts given -MQ
RETIRED Participants in Discharge Teaching	parent -MQ

Emesis Assessments (Pediatric) - Fri March 25, 2016

Row Name	1152
Gastrointestinal WDL	
Additional	abdominal

Flowsheets (all recorded) (continued)

Emesis Assessments (Pediatric) - Fri March 25, 2016 (continued)

Row Name	1152
Assessments	appearance;abdomina l palpation;bowel sounds -MQ
RETIRED Abdominal Appearance	rounded -MQ
Palpation	All Quadrants -MQ
Bowel Sounds	All Quadrants -MQ
RETIRED All Quadrants Palpation	soft/nontender -MQ
RETIRED All Quadrants Bowel Sounds	audible and active in all quadrants -MQ
Skin WDL	
Skin WDL	WDL -MQ

HPI (Adult) - Fri March 25, 2016

Row Name	1147
HPI (Adult)	
Stated Reason for Visit	per Mother, baby is vomiting x one week, diarrhea x1 yesterday, vomited x1 this morning, no fever -MQ
RETIRED History Obtained From	family/friend parents -MQ

Pain Assessment - Fri March 25, 2016

Row Name	1746
Pain Assessment	
Pain Assessment Scale	Wong-Baker FACES -MQ
Wong-Baker FACES Pain Rating	0 -MQ

Results Review - Fri March 25, 2016

Row Name	1740
Results Review	
Results Reviewed?	Yes -IE
Allow Discharge Prior to Obtaining All Results?	I am aware of the results of diagnostic testing that are currently pending - the benefits outweigh the risks of discharge at this time -IE
Comments (Mandatory to Bypass Pending Results Check)	-IE

Anthropometrics - Fri March 25, 2016

Row Name	1149
Anthropometrics	
Weight Change	0 -MQ

Immunization Status - Fri March 25, 2016

Row Name	1151
Immunization Status	
Immunizations up to date?	Yes -MQ

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Flowsheets (all recorded) (continued)

Immunization Status - Fri March 25, 2016 (continued)

Arrival Documentation - Fri March 25, 2016

Row Name	1147
Triage Call	
Triage Call	Call 1x -MQ
General Information	
Deaf and Hard of Hearing Services needed	No -MQ
Triage Start	
Triage Start	Start -MQ
Triage Destination	
Team	Peds -MQ
General Information	
Language Assistance	no -MQ

Vital Signs - Fri March 25, 2016

Row Name	1220
Vitals Assessment	
Restart Vitals Timer	Yes -AL
Vital Signs	
Temp	37.2 °C (98.9 °F) -AL
Temp Source	Rectal -AL

ERS Vital Signs - Fri March 25, 2016

Row Name	1526	1530	1742
Vitals Assessment			
Restart Vitals Timer	Yes -MQ	Yes -SM	Yes -MQ
Vital Signs			
Temp	—	36.4 °C (97.5 °F) -SM	—
Temp Source	—	Oral -SM	—
Heart Rate	163 crying -MQ	163 -SM	—
Heart Rate Source	Monitor -MQ	Monitor -SM	—
Resp	36 -MQ	36 -SM	36 -MQ
Oxygen Therapy			
SpO2	96 % -MQ	96 % -SM	—
O2 Device	None (Room air) -MQ	None (Room air) -SM	—
Pain Assessment			
Pain Assessment Scale	Wong-Baker FACES -MQ	—	—
Wong-Baker FACES Pain Rating	6 -MQ	—	—
Pain Intervention(s)	Rest;Emotional support -MQ	—	—

ERS Vital Signs - Fri March 25, 2016

Row Name	1149
Vital Signs	
Temp	37.4 °C (99.3 °F) -MQ
Temp Source	TEMPORAL -MQ
BP	(I) 99/45 -MQ

Departure Condition - Fri March 25, 2016

Row Name	1742	1748
Departure Condition		

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Flowsheets (all recorded) (continued)

Departure Condition - Fri March 25, 2016 (continued)

Row Name	1742	1748
Departure Condition	—	Stable -MQ
Mobility at Departure	—	Stroller -MQ
Departure Mode/Means of Departure	—	With family/ -MQ

Vital Signs

BP	—	—
	Mother refused V/S/BP taken -MQ	

Pain Assessment

Pain Assessment Scale	Wong-Baker FACES -MQ	—
Wong-Baker FACES Pain Rating	0 -MQ	—

Patient Observation

Observations	parents want to go home hurriedly d/t Sabbath, baby asleep in stroller, color good -MQ	—

VS-PEDS - Fri March 25, 2016

Row Name	1149
Height and Weight	
Weight - Scale	5.2 kg (11 lb 7.4 oz) -MQ
Pct Wt Change	42.3 % -MQ

Vital Signs

Heart Rate	139 -MQ
Heart Rate Source	Monitor -MQ
Resp	36 -MQ
Restart Vitals Timer	Yes -MQ

Oxygen Therapy

SpO2	100 % -MQ
O2 Device	None (Room air) -MQ

Pain Assessment

Pain Assessment Scale	Wong-Baker FACES -MQ
Wong-Baker FACES Pain Rating	0 -MQ

Neonate Respiratory Assessment - Fri March 25, 2016

Row Name	1152
Respiratory Assessments	
Respiratory WDL	WDL -MQ

Neonate Neurological Assessment - Fri March 25, 2016

Row Name	1152
Cognitive/Behavioral/Neuro Assessments	
Cognitive Behavioral WDL	WDL -MQ

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
KG	Karen Lisa Gary	01/14/13 -
IE	Inna Elikashvili, DO	08/01/13 -
AL	Atanaqilda N Lorenzo	11/09/12 -
SM	Sasha Kassie Magloire	11/09/12 -

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**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Flowsheets (all recorded) (continued)

User Key (continued)

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
MQ	Maria Quero, RN	12/04/12 -

**NYU Langone Health
System**TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient RecordAdler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016**Flowsheets (all recorded)****PT Charges - Fri March 25, 2016**

No documentation.

Adult IRF PCS Body System - Fri March 25, 2016

Row Name	1746	1742	1530	1526	1149
Pain Assessment					
Pain Assessment Scale	Wong-Baker FACES -MQ at 03/25/16 1746	Wong-Baker FACES -MQ at 03/25/16 1747	—	Wong-Baker FACES -MQ at 03/25/16 1532	Wong-Baker FACES -MQ at 03/25/16 1150
Wong-Baker FACES Pain Rating	0 -MQ at 03/25/16 1746	0 -MQ at 03/25/16 1747	—	6 -MQ at 03/25/16 1532	0 -MQ at 03/25/16 1150
Pain Intervention(s)	—	—	—	Rest;Emotional support -MQ at 03/25/16 1532	—
Oxygen Therapy					
SpO2	—	—	96 % -SM at 03/25/16 1531	96 % -MQ at 03/25/16 1532	100 % -MQ at 03/25/16 1150
O2 Device	—	—	None (Room air) -SM at 03/25/16 1531	None (Room air) -MQ at 03/25/16 1532	None (Room air) -MQ at 03/25/16 1150

Adult Patient Profile - Fri March 25, 2016

Row Name	1147
General Information	
Deaf and Hard of Hearing Services needed	No -MQ at 03/25/16 1147

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
SM	Sasha Kassie Maqloire	11/09/12 -
MQ	Maria Quero, RN	12/04/12 -

TIME CALCULATION BY THERAPIES (all recorded)**PT Charges**

No documentation.

SCANNED RECORDS**Encounter-Level Documents - 03/25/2016:**

After Visit Summary signed - Scan on 3/30/2016 11:51 AM (below)

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Encounter-Level Documents - 03/25/2016: (continued)

Page 1 of 7



Doc Type: 200151



Encounter #/CSN: 685110397



NYU School of Medicine & NYU Hospitals
Center
550 First Avenue | New York, NY 10016
www.med.nyu.edu

Emergency Dept. Follow-up Center
212-263-6695

Emergency Department
212-263-0250

NYU Referral Line
888-769-8633

To access your health information and
test results online, go to
<https://mychart.nyuimc.org>.

Henry Adler
MRN: 11449055

Department: **Emergency Dept**
Date of Visit: **3/25/2016**

Patient Demographics

Address	Phone
12 Grosser Lane	845-481-0123 (Home)
MONSEY NY 10952	845-481-0123 (Mobile)

Diagnoses this visit
VOMITING ALONE

Treatment Team

1. Jessica Follin, MD
2. Alexandra Leon Guerrero, MD
3. Elizabeth Warnack, MD

Follow up Plan

Follow up with Isaac D Wurzbarger, MD. Call in 2 days.
Specialty: Family Medicine
Contact information:
8 Dover Ter
Monsey NY 10952-2107
845-425-4488

ED Medication Administration from 03/25/2016 1145 to 03/25/2016 1743

Date/Time	Order	Dose	Route	Action	Action by
03/25/2016 1415	sodium chloride 0.9 % bolus 100 mL	0 mL	Intravenous	Stopped	Maria Quero, RN
03/25/2016 1240	sodium chloride 0.9 % bolus 100 mL	100 mL	Intravenous	New Bag	Maria Quero, RN

Medication Summary

Notice

You have not been prescribed any medications.

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN [QUEROM01] at 3/25/16 5:.... Page 1 of 7

Information About Medication Safety

It is important to keep an updated record of the medications you are taking, and to bring this updated list of medications every time you visit your Health Care Provider and when you come to the hospital. We want to help you in managing your medications safely after your visit or discharge. This includes the potential side effects of your medications. If you have any questions regarding the medications you are taking, please speak to your Health Care Provider or Pharmacist.

Sign Up for MyChart at NYU Langone

MyChart at NYU Langone offers patients personalized and secure online access to portions of their medical records. MyChart at NYU Langone allows you to securely message your physician's office, view your test results, renew prescriptions, schedule appointments, pay bills and more.

To enroll, please visit <http://nyulmc.org/mychart-activation> and complete the MyChart Account Verification Form. You will then receive an e-mail with instructions to activate your account.

For technical support, please call us at 866-262-6458.

Follow Up Call

You will be receiving a call from our Follow-up team to discuss your visit. If you have not heard from us please call us between 9 am and 9 pm at 212-263-6696 or 212-263-6695.

NYU Referral Center

If you are seeking a referral to an NYU physician, our registered nurses are available to speak with you Monday - Friday, 8:30 AM - 6:30PM.

Call our toll-free numbers, (888) 7-NYU-MED (888-769-8633) or for Hospital for Joint Diseases, (888) HJD-DOCS (888-453-3627).

NYU Financial Counseling Service

Patient Financial Counselors are available to discuss any outstanding financial responsibilities not covered by insurance. Financial Counselors can assist you in applying for Government-sponsored programs or NYU Hospitals Center's Financial Assistance program.

Location: Skirball Institute lobby, across from the cashier, Tisch
Hospital
Hours: Monday - Friday, 9:00 AM - 5:00 PM
Toll Free Telephone: 1-866-486-9847

If you feel that any of the information in this summary is inaccurate, please talk with your healthcare provider.

Discharge Instructions

Vomiting, 0 to 3 Months: After Your Child's Visit

Your Care Instructions

Most of the time, it is not serious when babies vomit. It often is caused by a viral stomach flu. A baby with the stomach flu also may have other symptoms. These may include diarrhea, fever, and stomach cramps. With home treatment, the vomiting will likely stop within 12 hours. Diarrhea may last for a few days or more.

In most cases, home treatment will ease the vomiting.

With babies, vomiting should not be confused with spitting up. Vomiting is forceful. Spitting up may seem forceful. But it often occurs shortly after feeding. And it doesn't continue like vomiting does. Spitting up is effortless.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Be sure to watch your baby closely for dehydration. Signs include sunken eyes with few tears and a dry mouth with little or no spit.
- Don't give your baby plain water.
- If your baby is breast-fed, keep breast-feeding. Offer each breast to your baby for 1 to 2 minutes every 10 minutes.
- If your baby still isn't getting enough fluids from the breast or from formula, ask your doctor if you need to use an oral rehydration solution (ORS).
- The amount of ORS your baby needs depends on your baby's age and size. You can give the ORS in a dropper, spoon, or bottle.
- Do not give your child over-the-counter antidiarrhea or upset-stomach medicines without talking to your doctor first. Do not give Pepto-Bismol or other medicines that contain salicylates (a form of aspirin) or aspirin. Aspirin has been linked to Reye syndrome, a serious illness.

When should you call for help?

Call 911 anytime you think your child may need emergency care. For example, call if:

- Your child seems very sick or is hard to wake up.

Call your doctor now or seek immediate medical care if:

- Your child seems to be getting sicker, gets new symptoms (like a new fever), or has a fever of 100.4° F or more.
- Your child seems to have new or worse belly pain.
- Your child has signs of needing more fluids. These signs include sunken eyes with few tears, a dry mouth with little or no spit, and no wet diapers for 6 hours.
- Your child seems to be in pain.
- Vomit shoots out in large amounts, or your child vomits blood or what looks like coffee grounds.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- Your child does not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on <https://mychart.nyuimc.org/mychart/> or your My NYU Langone Health account and enter **H109** in the search box to learn more about **Vomiting, 0 to 3 Months: After Your Child's Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 10.4.390249; Current as of: June 26, 2014

Unresulted Tests

Component	Value	Units
BASIC METABOLIC PANEL [123364145]		
Order Status: Sent		
Specimen Type: Blood		
Specimen Source: Peripheral vein		

Results

BASIC METABOLIC PANEL		
Component	Value	Standard Range & Units
SODIUM	137	134 - 146 mmol/L
POTASSIUM	6.2	3.6 - 5.2 mmol/L
Serum Not Hemolyzed		
CHLORIDE	104	98 - 108 mmol/L
CARBON DIOXIDE	20	25 - 32 mmol/L
BLOOD UREA NITROGEN	8	10 - 26 mg/dL
CREATININE	0.3	0.7 - 1.3 mg/dL
GLUCOSE	70	70 - 100 mg/dL
CALCIUM	10.6	8.3 - 10.3 mg/dL
EGFR MDRD NON AFRICAN AMERICAN	NOT CALCULATED	>60 mL/min/1.73m2
EGFR MDRD AFRICAN AMERICAN	NOT CALCULATED	>60 mL/min/1.73m2
ANION GAP	13	6 - 14 mmol/L
Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.		

CBC WITH DIFFERENTIAL

Component	Value	Standard Range & Units
WHITE BLOOD CELL COUNT	10.9	5.0 - 20.0 K/uL

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN [QUEROM01] at 3/25/16 5:... Page 4 of 7

NUCLEATED RED BLOOD CELLS	0	0/100WBC
RED BLOOD CELL COUNT	5.22	3.30 - 4.00 M/uL
HEMOGLOBIN	13.4	9.4 - 13.0 g/dL
HEMATOCRIT	46.8	28.0 - 42.0 %
MEAN CORPUSCULAR VOLUME	89.7	84.0 - 106.0 FL
MEAN CORPUSCULAR HEMOGLOBIN	25.6	28.4 - 32.5 pg
MEAN CORPUSCULAR HEMOGLOBIN CONC	28.5	28.3 - 35.3 g/dL
RED CELL DISTRIBUTION WIDTH	14.4	11.5 - 14.5 %
PLATELET COUNT	413	120 - 350 K/uL
MEAN PLATELET VOLUME	6.90	6.0 - 11.0 FL
NEUTROPHILS %	17	20 - 46 %
LYMPHOCYTES %	71	41 - 71 %
MONOCYTES %	10	3 - 12 %
EOSINOPHILS %	1	0 - 5 %
BASOPHILS %	1	0 - 2 %
NEUTROPHILS ABSOLUTE	1.8	1.2 - 8.4 K/uL
LYMPHOCYTES ABSOLUTE	7.8	2.5 - 9.9 K/uL
MONOCYTES ABSOLUTE	1.1	0.1 - 1.3 K/uL
EOSINOPHILS ABSOLUTE	0.10	0 - 0.6 K/uL
BASOPHILS ABSOLUTE	0.07	0 - 0.80 K/uL

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY

10016. Director: Mark S. Lifshitz MD.

COMPLETE URINALYSIS WITH MICROSCOPY

Component	Value	Standard Range & Units
COLOR, URINE	Yellow	Yellow
CLARITY, URINE	Cloudy	Clear
GLUCOSE, URINE	Negative	Negative
BILIRUBIN, URINE	Negative	Negative
KETONES, URINE	Negative	Negative
SPECIFIC GRAVITY, URINE	1.017	1.003 - 1.030
BLOOD, URINE	Trace	Negative
PH, URINE	7.5	5.0 - 8.0
PROTEIN, URINE	30	Negative
UROBILINOGEN, URINE	0.2	0.2 - 1.0 EU/dL
NITRITE, URINE	Negative	Negative
LEUKOCYTE ESTERASE, URINE	Moderate	Negative
RED BLOOD CELLS, URINE	2	0 - 5 /hpf
WHITE BLOOD CELLS, URINE	8	0 - 3 /hpf
SQUAMOUS EPITHELIAL, URINE	2	0 - 5 /hpf
HYALINE CASTS	0	0 - 5 /lpf
BACTERIA	Negative	Negative /uL

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY

10016. Director: Mark S. Lifshitz MD.

HEPATIC PANEL

Component	Value	Standard Range & Units
BILIRUBIN TOTAL	1.0	0.0 - 1.0 mg/dL

BILIRUBIN, CONJUGATED	0.0	0.0 - 0.3 mg/dL
ALKALINE PHOSPHATASE	250	U/L
AST	67	15 - 58 U/L
ALT	64	15 - 58 U/L
ALBUMIN	3.6	3.5 - 5.0 gm/dL
PROTEIN, TOTAL	5.8	6.3 - 8.2 gm/dL

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY
10016. Director: Mark S. Lifshitz MD.

TYPE AND SCREEN

Component
ANTIBODY SCREEN
Negative

SAMPLE EXPIRES ON
08/07/2016 23:59

ABO AND RH
AB: Positive

DAT IGG
Negative

US ABDOMEN PED

TOTAL REDUCING SUBSTANCES, URINE

Component	Value	Standard Range & Units
REDUCING SUBSTANCES URINE	Negative	Negative %

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY
10016. Director: Mark S. Lifshitz MD.

Smoking Status

Free Quitting Tobacco Group Sessions

A weekly session for patients and caregivers. New topic each week.
Tuesdays - 12:00 - 1:00 p.m. NYU Langone Medical Center, 560 First Avenue, NY, NY 10016.

For location and more information, call Integrative Health and Care Transitions at 212-263-0966 or email MindBody@nyumc.org.

Information About Smoking Cessation

If you or a loved one use tobacco or smoke cigarettes, please consider quitting as these products may pose serious health risks. There are a variety of programs and medications to help you. We recommend that you talk to your doctor or healthcare provider about quitting. You can also contact the **New York State Smoker's Quitline at 1-866-NY-QUITS (1-866-697-8487)** to receive telephone coaching, or **The National Smokers' Quitline at 1-800-QUIT-NOW (1-800-784-8689)** if you live outside of New York State, or the **New York University Hospitals Center Smokers' Quitline at 1-855-NYU-QUIT (1-855-698-7848)** if you would like to be referred to an NYULMC smoking cessation provider.

Information About Weight Management

If one is overweight, losing even 10% of one's weight can reduce the likelihood that you will be readmitted to the hospital in the future. Explore the most updated options - both medical

and surgical - available to help you lose weight safely and effectively
www.nyuweightloss.org

Please come back to the Urgent Care or the Emergency Department if:

- You do not feel better
- You feel worse
- You have any other medical concerns
- Please make sure you follow-up with your regular physician

NYU Medical Center | (212) 263-7300

Billing Issues:

For hospital bill, please call: (800) 237-6977

For ERS (Emergency Response Services) physician bill, please call: (877) 648-2964

Suicide Hotline 1-800 Life-Net (543-3638)

Signatures

Patient Signature: _____

Date: _____

Time: _____

Signature of Discharging Clinician _____

Printed Name of Discharging Clinician _____

Date: _____

Time: _____

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN [QUEROM01] at 3/25/16 5:.... Page 7 of 7

Ticket to Ride Form - Scan on 3/30/2016 11:51 AM (below)

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Encounter-Level Documents - 03/25/2016: (continued)

Page 1 of 1

NYU - Transport Ticket to Ride

Adler, Henry MRN: 11449055 (CSN: 885110397) (8 wk o M)

THG22-22

Attending Provider: Jessica Fotin, MD

Allergies: No Known Allergies

Isolation: None
Infection: None
Code Status: Prior

Ht: --
Wt: 5.2 kg (11 lb 7.4 oz)

Language
English [22]

Interpreter

DOB
Feb 8, 2016

Oxygen Device and Rate

O2 Device

Most Recent Value

O2 Flow Rate (L/min)

None (Room air) filed at 03/25/2016 1149

Diet Order

None

Mental Status

Level of Consciousness

Most Recent Value

Activity Level

Activity Level

Most Recent Value

Transport Information (Job ID: 776886)

Origin: TH EMERGENCY DEPT THG22 22

Destination: TH 2 RAD US

Drop-off time: 3/25/2016 2:53 PM

Transporter: Valmont, Jermie

Transport mode: STRETCHER

Priority: Stat

Transport requirements: (None on file)

Comments:

Pre Trip Transfer Status

☒ Patient ID Verified by Transporter and Wrist ID in Place

Special Considerations:

Post Procedure Status

☐ Patient ID Verified and Wrist ID in Place

☐ Procedure completed without unanticipated event

☐ Mental status same as above

☐ Unable to complete procedure

☐ Change in mental status documented (See documentation in Epic)

RN/Tech Signature: 

Title: USI

Ext. 35225

SINGLE USE ONLY

Printed by QUERO, MARIA [QUEROM01] at 3/25/2016 3:21:55 PM

Patient Property Advisory - Scan on 3/28/2016 2:31 PM (below)

Generated on 2/15/18 11:06 AM

Page 235

Adler, Henry (MR # 11449055)

Page 1 of 1



Doc Type 100135

Encounter #/CSN: 685110397

Your Personal Property

You might need a personal aid to help you eat, communicate, or move around. A personal aid might be dentures, glasses, hearing aids, a cane or a walker. You should keep them with you. Tell the Nursing staff on your unit that you have them and need them.

Don't keep any other property with you unless you or your family can always keep it safe. There may be times you leave your room for tests or a move to a different bed. You might be in an operating or procedure room. You or your family will still have to keep your property safe. The hospital will not be responsible for any loss of property unless we take control of it by storing it or transporting it for you.

You may need a credit card or checkbook to make any payments during admission. Send it home or deposit it in a hospital safe in a Valuables Envelope after you have paid.

PERSONAL AIDS Make sure you put any hearing aids, dentures, glasses, or other personal aids in a container with your name on it. Keep the container in a safe place. Never leave any items on your food tray or in your bed.

Please be sure that Nursing on your patient care unit knows if you have any personal aids. They will note them on a form in your electronic health record. Unless you tell them about each personal aid you have, they cannot make a note of them. Remember to tell Nursing if you bring any personal aids after admission. We can't accept a report of lost property if it is not listed. Be sure we put up a sign to tell any staff who comes into your room to help you that you have a personal aid at your bedside.

PERSONAL PROPERTY

The hospital cannot accept any responsibility for

- cash greater than \$25 unless you have deposited it in a safe kept in a secure hospital office
- Any property we have not accepted for safekeeping
- Jewelry
- electronic devices
- fur or leather items

I understand I must ask Nursing to list any personal aids I own and keep with me. They will list them in my electronic health record. I understand that the hospital is not responsible for any personal aid of mine if I have not asked them to list it in my record.

I understand that I have been advised to send all my other property home. I understand that the hospital is not responsible for any property I keep with me.

We will give you an unsigned copy of this form on admission. You can ask for a signed copy.

Patient Signature _____	Date: _____ Time: _____
Print Name and Relationship if not the patient _____	
Interpreter Signature : I provided a (check one): ☐ sight translation OR ☐ interpretation of an explanation/discussion of this consent between the health care provider(s) and patient or person authorized to consent for the patient, in _____ language. I conveyed the content of the original information expressed by and for both parties.	
Signature _____	Date: _____ Time: _____
Print Name _____	
☐ Check here if a telephone interpreter was used. (All information in this box except signature should be completed.)	

Adler, Henry (MR # 11449055)



Doc Type: 100133



Encounter #/CSN: 685110397

Page 1 of 1

PATIENT VISITORS

You have the right to choose who visits you.

We know that family, friends and loved ones are important to your health and healing. We want them to be here with you if that is what you want. You decide who may visit. You also decide who you want to be a part of decisions and plans for your care. You may change your mind about who may visit and their participation in decision making at any time.

You have the right to choose when you have visitors.

Most areas welcome visitors from 10:00am to 8:00pm. These hours allow for visiting while still giving you time to rest and recover. Though we prefer for visitors to come during regular visiting hours, we understand that this is not always possible. We offer "open" visiting hours (24 hours a day, 7 days a week). This allows visitors to come at times that meet your needs and the needs of your family and loved ones.

Note: Your health care team may change or limit visiting hours for your health and safety (or the health and safety of others). You may also choose to limit the times that people can visit or how long they can stay.

You have other visitor rights as well.

- You have the right to choose who may visit you. You can also choose who may not visit you. You can change your mind at any time about who may and may not visit.
- The hospital will not restrict, limit, or deny visitation privileges on the basis of age, race, ethnicity, language, national origin, socioeconomic status, mental or physical disability, religion, sex, sexual orientation, gender identity or expression.
Note: Children under the age of 16 must be accompanied by an adult and may NEVER be left alone with a patient.
- The hospital will do its best to make sure all patients enjoy all visiting rights equally while considering each patient's preferences.
Note: It is preferred for privacy and comfort that you have no more than 2 visitors at a time unless you have a private room (no roommates).
- You have the right to have someone with you at all times. Speak with your health care team to arrange for an overnight visitor.
Note: Visitors may be asked to leave the room when the health care team is caring for you or your roommate.

I understand all of the information above. It has been explained to me and all of my questions have been answered.

Signature of Patient (or Representative)

Relationship to Patient

Date

Adler, Henry (MR # 11449055)

Page 1 of 1



Doc Type 100125

Encounter #/CSN 685110397

ACKNOWLEDGMENT OF PATIENT RIGHTS INFORMATION RECEIVED

FOR ALL PATIENTS:

☐ **LANGUAGE, CULTURAL, and DISABILITY SERVICES**

NYU Hospitals Center does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact our Director of Language, Cultural & Disability Services, Section 504 Coordinator, Phone: 263-0101 (V/TTY) Fax: 263-6640 dhhp@nyumc.org

☐ **ORGAN DONATION**

Have you made any decision about organ donation? Have you completed an Organ Donor Card or included your decision on your driver's license?

☐ Yes, I have decided to be a donor

☐ No, I have not decided to be a donor or prefer not to discuss this

VETERAN STATUS – only check box if you are a veteran as described

☐ I am a veteran of the United States Military, who was not dishonorably discharged or released. I understand that services may be available to me at a Department of Veterans' Affairs hospital. The cost of these services, if any, will depend on a financial assessment and other conditions as determined by the VA.

FOR ALL OUTPATIENTS:

☐ I have received a copy of the New York State Patient Bill of Rights, and understand my rights.

☐ **DECIDING ABOUT HEALTH CARE**

This is for New York State patients and for those who will make health care decisions for patients. It contains information about how you can document what kind of care you want and don't want. This protects you if a time comes when you can't make or communicate decisions about your care. It includes information about how to do this in hospitals and nursing homes. It talks about written Advance Directives. It also explains how doctors will make decisions if you have no Advance Directive. Advance Directives include Health Care Proxies, Living Wills, and Do Not Resuscitate (DNR) orders.

FOR INPATIENTS:

☐ I've received a copy of **YOUR RIGHTS AS A HOSPITAL PATIENT IN NEW YORK STATE**. It tells about:

- My right to have interpreters or other help so I can understand my rights and this booklet
- The Patient's Bill of Rights
- How to ask questions or make a complaint about my care or discharge plan, my bill or insurance
- My right to appeal decisions made by my doctor, hospital or insurance plan
- Information for Medicare patients about your right to appeal your discharge plan
- How to plan for my medical treatment. It tells me how to explain what kind of care I want and don't want if I become unable to tell you or my family (Health Care Proxy, Do Not Resuscitate, Living Will)
- Information we must send to New York State about each hospital admission
- My rights if I have been beaten or abused by someone in my home or someone close to me
- Information for Maternity patients
- How I can see or get a copy of my medical records, or give someone else permission to see or get a copy of them.

FOR PEDIATRIC INPATIENTS (Younger than 18) & THEIR FAMILIES

☐ I have received the Pediatric Bill of Rights

I have also received the Statement of Patient Responsibilities. I understand them, and all the CHECKED information listed above. They have been fully explained to me.

Signature of Patient

Relationship to Patient

Date/Time

Adler, Henry (MR # 11449055)

Page 1 of 1



2275

Encounter #/CSN: 685110397

Doc Type: 100136

VERIFY YOUR INFORMATION					
This is the information we have about you and this admission. We want to be sure everything is correct. Please make any corrections or additions and sign it when you're done. Thanks.					
Name: Adler, Henry			DOB: 2/8/2016 (6 wks)		
Sex: Male	Race: White		Ethnicity: Not of spanish/hispanic *		
Marital Status: Single	Religion: Jewish		E-mail Address: No e-mail address on record		
Preferred Language: English			Interpreter Needed:		
Permanent Address: 12 Grosser Lane Monsey, NY 10952					
Temporary Address: .					
Home Phone: 845-481-0123		Work Phone:		Mobile: 845-481-0123	
Employment Status: Not Employed		Retired? YES NO		Retirement Date:	
Do you have an Advance Directive?				I have decided that I want to be an organ donor: YES NO	
Primary Physician (PCP): Issac D Wurzbarger, MD			Admitting Physician:		
PCP Phone Number: 845-425-4488			Admitting Service: Emergency Medicine		
PCP Address: 8 Dover Ter					
Emergency Contacts					
Please make sure we have your next of kin, and contacts to call in an emergency or to help reach you for clinical follow-up					
Contact Type	Contact Name	Relationship To Patient	Home Phone	Work	Mobile
Emergency contact		Mother			
Clinical info follow-up	Landman, Yaffa Rifka	Mother	770-548-9048		
Clinical info follow-up	Landman, Yaffa Rifka	Mother			
Guarantor (who will pay any bill not covered by insurance)					
Guarantor Name: Landman, Yaffa Rivka			Guarantor Date of Birth: 3/11/1993		
Sex: Female			Relationship to Patient: Mother		
Home Address: 12 Grosser Lane Monsey, NY 10952					
Home Phone: 845-481-0123			Work Phone:		
Insurance					
PRIMARY Insurance:			SECONDARY Insurance:		
Patient Signature					
The information at registration is correct, with any changes I made					
Print Name: Adler, Henry			Date: March 25, 2016		
Signature:			Relationship to Patient:		

American Plan.

Printed by JOSEPH, JAMIE (JOSEPJ12) Workstation: WOWEDREG07 (62472) Printer: EDPRT12PL (14907) Date/Time: 3/25/16 12:46
Patient Encounter Department: TH EMERGENCY DEPT (10500016) Login Context Department: TH EMERGENCY DEPT (10500016)

*ED 127722456 GmptH
18 Heyward St.
11249
718 625 718 8341-1259*

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Encounter-Level Documents - 03/25/2016: (continued)

After Visit Summary - Document on 3/25/2016 5:43 PM : AVS (below)

Doc Type: 200151



Encounter #/CSN: 685110397



NYU School of Medicine & NYU Hospitals Center
550 First Avenue | New York, NY 10016
www.med.nyu.edu

Emergency Dept. Follow-up Center
212-263-6695

Emergency Department
212-263-0250

NYU Referral Line
888-769-8633

To access your health information and test results online, go to <https://mychart.nyuimc.org>.

Henry Adler
MRN: 11449055

Department: **Emergency Dept**
Date of Visit: **3/25/2016**

Patient Demographics

Address
12 Grosser Lane
MONSEY NY 10952

Phone
845-481-0123 (Home)
845-481-0123 (Mobile)

Diagnoses this visit

VOMITING ALONE

Treatment Team

1. Jessica Foltin, MD
2. Alexandra Leon Guerrero, MD
3. Elizabeth Warnack, MD

Follow up Plan

Follow up with Issac D Wurzbarger, MD. Call in 2 days.
Specialty: Family Medicine
Contact information:
8 Dover Ter
Monsey NY 10952-2107
845-425-4488

ED Medication Administration from 03/25/2016 1145 to 03/25/2016 1743

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

Page 1 of 9



Doc Type: 200151

Encounter #/CSN: 685110397



ED Medication Administration from 03/25/2016 1145 to 03/25/2016 1743 (continued)

Date/Time	Order	Dose	Route	Action	Action by
03/25/2016 1415	sodium chloride 0.9 % bolus 100 mL	0 mL	Intravenous	Stopped	Maria Quero, RN
03/25/2016 1240	sodium chloride 0.9 % bolus 100 mL	100 mL	Intravenous	New Bag	Maria Quero, RN

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You have not been prescribed any medications.

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It is important to keep an updated record of the medications you are taking, and to bring this updated list of medications every time you visit your Health Care Provider and when you come to the hospital. We want to help you in managing your medications safely after your visit or discharge. This includes the potential side effects of your medications. If you have any questions regarding the medications you are taking, please speak to your Health Care Provider or Pharmacist.

Sign Up for MyChart at NYU Langone

MyChart at NYU Langone offers patients personalized and secure online access to portions of their medical records. MyChart at NYU Langone allows you to securely message your physician's office, view your test results, renew prescriptions, schedule appointments, pay bills and more.

To enroll, please visit <http://nyulmc.org/mychart-activation> and complete the MyChart Account Verification Form. You will then receive an e-mail with instructions to activate your account.

For technical support, please call us at 866-262-6458.

Follow Up Call

You will be receiving a call from our Follow-up team to discuss your visit. If you have not heard from us please call us between 9 am and 9 pm at **212-263-6696** or **212-263-6695**.

NYU Referral Center

If you are seeking a referral to an NYU physician, our registered nurses are available to speak with you Monday - Friday, 8:30 AM - 6:30PM.

Call our toll-free numbers, (888) 7-NYU-MED (888-769-8633) or for Hospital for Joint Diseases, (888) HJD-DOCS (888-453-3627).

NYU Financial Counseling Service

Patient Financial Counselors are available to discuss any outstanding financial responsibilities not covered by insurance. Financial Counselors can assist you in applying for Government-sponsored programs or NYU Hospitals Center's Financial Assistance program.

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

Page 2 of 9

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Encounter-Level Documents - 03/25/2016: (continued)

Doc Type: 200151



Encounter #/CSN: 685110397



NYU Financial Counseling Service (continued)

Location: Skirball Institute lobby, across from the cashier, Tisch
Hospital
Hours: Monday - Friday, 9:00 AM - 5:00 PM
Toll Free Telephone: 1-866-486-9847

**If you feel that any of the information in this summary is inaccurate, please talk with your
healthcare provider.**

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

Page 3 of 9

Doc Type: 200151

Encounter #/CSN: 685110397

Discharge Instructions

Vomiting, 0 to 3 Months: After Your Child's Visit

Your Care Instructions

Most of the time, it is not serious when babies vomit. It often is caused by a viral stomach flu. A baby with the stomach flu also may have other symptoms. These may include diarrhea, fever, and stomach cramps. With home treatment, the vomiting will likely stop within 12 hours. Diarrhea may last for a few days or more.

In most cases, home treatment will ease the vomiting.

With babies, vomiting should not be confused with spitting up. Vomiting is forceful. Spitting up may seem forceful. But it often occurs shortly after feeding. And it doesn't continue like vomiting does. Spitting up is effortless.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Be sure to watch your baby closely for dehydration. Signs include sunken eyes with few tears and a dry mouth with little or no spit.
- Don't give your baby plain water.
- If your baby is breast-fed, keep breast-feeding. Offer each breast to your baby for 1 to 2 minutes every 10 minutes.
- If your baby still isn't getting enough fluids from the breast or from formula, ask your doctor if you need to use an oral rehydration solution (ORS).
- The amount of ORS your baby needs depends on your baby's age and size. You can give the ORS in a dropper, spoon, or bottle.
- Do not give your child over-the-counter antidiarrhea or upset-stomach medicines without talking to your doctor first. Do not give Pepto-Bismol or other medicines that contain salicylates (a form of aspirin) or aspirin. Aspirin has been linked to Reye syndrome, a serious illness.

When should you call for help?

Call 911 anytime you think your child may need emergency care. For example, call if:

- Your child seems very sick or is hard to wake up.

Call your doctor now or seek immediate medical care if:

- Your child seems to be getting sicker, gets new symptoms (like a new fever), or has a fever of 100.4° F or more.

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

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Doc Type: 200151



Encounter #/CSN: 685110397



- Your child seems to have new or worse belly pain.
- Your child has signs of needing more fluids. These signs include sunken eyes with few tears, a dry mouth with little or no spit, and no wet diapers for 6 hours.
- Your child seems to be in pain.
- Vomit shoots out in large amounts, or your child vomits blood or what looks like coffee grounds.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- Your child does not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on <https://mychart.nyulmc.org/mychart/> or your My NYU Langone Health account and enter **H109** in the search box to learn more about **Vomiting, 0 to 3 Months: After Your Child's Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 10.4.390249; Current as of: June 26, 2014

Doc Type: 200151

Encounter #/CSN: 685110397

Unresulted Tests

Component	Value	Units
BASIC METABOLIC PANEL [123364145]		
Order Status: Sent		
Specimen Type: Blood		
Specimen Source: Peripheral vein		

Results

BASIC METABOLIC PANEL		
Component	Value	Standard Range & Units
SODIUM	137	134 - 146 mmol/L
POTASSIUM	6.2	3.6 - 5.2 mmol/L
Serum Not Hemolyzed		
CHLORIDE	104	98 - 108 mmol/L
CARBON DIOXIDE	20	25 - 32 mmol/L
BLOOD UREA NITROGEN	8	10 - 26 mg/dL
CREATININE	0.3	0.7 - 1.3 mg/dL
GLUCOSE	70	70 - 100 mg/dL
CALCIUM	10.6	8.3 - 10.3 mg/dL
EGFR MDRD NON AFRICAN AMERICAN	NOT CALCULATED	>60 mL/min/1.73m2
EGFR MDRD AFRICAN AMERICAN	NOT CALCULATED	>60 mL/min/1.73m2
ANION GAP	13	6 - 14 mmol/L

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

CBC WITH DIFFERENTIAL

Component	Value	Standard Range & Units
WHITE BLOOD CELL COUNT	10.9	5.0 - 20.0 K/uL
NUCLEATED RED BLOOD CELLS	0	0 /100WBC
RED BLOOD CELL COUNT	5.22	3.30 - 4.00 M/uL
HEMOGLOBIN	13.4	9.4 - 13.0 g/dL
HEMATOCRIT	46.8	28.0 - 42.0 %
MEAN CORPUSCULAR VOLUME	89.7	84.0 - 106.0 FL
MEAN CORPUSCULAR HEMOGLOBIN	25.6	28.4 - 32.5 pg
MEAN CORPUSCULAR HEMOGLOBIN CONC	28.5	28.3 - 35.3 g/dL
RED CELL DISTRIBUTION WIDTH	14.4	11.5 - 14.5 %
PLATELET COUNT	413	120 - 350 K/uL
MEAN PLATELET VOLUME	6.90	6.0 - 11.0 FL
NEUTROPHILS %	17	20 - 46 %
LYMPHOCYTES %	71	41 - 71 %
MONOCYTES %	10	3 - 12 %
EOSINOPHILS %	1	0 - 5 %
BASOPHILS %	1	0 - 2 %
NEUTROPHILS ABSOLUTE	1.8	1.2 - 6.4 K/uL
LYMPHOCYTES ABSOLUTE	7.8	2.5 - 9.9 K/uL
MONOCYTES ABSOLUTE	1.1	0.1 - 1.3 K/uL

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN [QUEROM01] at 3/25/16 5:43 PM

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Doc Type: 200151

Encounter #/CSN: 685110397

Results (continued)

EOSINOPHILS, ABSOLUTE	0.10	0 - 0.6 K/uL
BASOPHILS ABSOLUTE	0.07	0 - 0.80 K/uL

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

COMPLETE URINALYSIS WITH MICROSCOPY

Component	Value	Standard Range & Units
COLOR, URINE	Yellow	Yellow
CLARITY, URINE	Cloudy	Clear
GLUCOSE, URINE	Negative	Negative
BILIRUBIN, URINE	Negative	Negative
KETONES, URINE	Negative	Negative
SPECIFIC GRAVITY, URINE	1.017	1.003 - 1.030
BLOOD, URINE	Trace	Negative
PH, URINE	7.5	5.0 - 8.0
PROTEIN, URINE	30	Negative
UROBILINOGEN, URINE	0.2	0.2 - 1.0 EU/dL
NITRITE, URINE	Negative	Negative
LEUKOCYTE ESTERASE, URINE	Moderate	Negative
RED BLOOD CELLS, URINE	2	0 - 5 /hpf
WHITE BLOOD CELLS, URINE	8	0 - 3 /hpf
SQUAMOUS EPITHELIAL, URINE	2	0 - 5 /hpf
HYALINE CASTS	0	0 - 5 /pf
BACTERIA	Negative	Negative /uL

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

HEPATIC PANEL

Component	Value	Standard Range & Units
BILIRUBIN TOTAL	1.0	0.0 - 1.0 mg/dL
BILIRUBIN, CONJUGATED	0.0	0.0 - 0.3 mg/dL
ALKALINE PHOSPHATASE	250	U/L
AST	67	15 - 56 U/L
ALT	64	15 - 58 U/L
ALBUMIN	3.6	3.5 - 5.0 gm/dL
PROTEIN, TOTAL	5.6	6.3 - 8.2 gm/dL

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

TYPE AND SCREEN

Component
ANTIBODY SCREEN
Negative

SAMPLE EXPIRES ON

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

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Encounter-Level Documents - 03/25/2016: (continued)

Doc Type: 200151

Encounter #/CSN: 685110397

Results (continued)

06/07/2016 23:59

ABO AND RH

AB Positive

DAT IGG

Negative

US ABDOMEN PED

TOTAL REDUCING SUBSTANCES, URINE

Component

REDUCING SUBSTANCES URINE

Value

Negative

Standard Range & Units

Negative %

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

Smoking Status

Free Quitting Tobacco Group Sessions

A weekly session for patients and caregivers. New topic each week.

Tuesdays - 12:00 - 1:00 p.m. NYU Langone Medical Center, 560 First Avenue, NY, NY 10016.

For location and more information, call Integrative Health and Care Transitions at 212-263-0966 or email MindBody@nyumc.org.

Information About Smoking Cessation

If you or a loved one use tobacco or smoke cigarettes, please consider quitting as these products may pose serious health risks. There are a variety of programs and medications to help you. We recommend that you talk to your doctor or healthcare provider about quitting. You can also contact the **New York State Smoker's Quitline** at **1-866-NY-QUITS (1-866-697-8487)** to receive telephone coaching, or **The National Smokers' Quitline** at **1-800-QUIT-NOW (1-800-784-8669)** if you live outside of New York State, or the **New York University Hospitals Center Smokers' Quitline** at **1-855-NYU-QUIT (1-855-698-7848)** if you would like to be referred to an NYULMC smoking cessation provider.

Information About Weight Management

If one is overweight, losing even 10% of one's weight can reduce the likelihood that you will be readmitted to the hospital in the future. Explore the most updated options - both medical and surgical - available to help you lose weight safely and effectively www.nyuweightloss.org

Please come back to the Urgent Care or the Emergency Department if:

- You do not feel better
- You feel worse
- You have any other medical concerns

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

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**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Encounter-Level Documents - 03/25/2016: (continued)

Doc Type: 200151



Encounter #/CSN: 685110397



Please come back to the Urgent Care or the Emergency Department if: (continued)

- Please make sure you follow-up with your regular physician

NYU Medical Center | (212) 263-7300

Billing Issues:

For hospital bill, please call: (800) 237-6977

For ERS (Emergency Response Services) physician bill, please call: (877) 648-2964

Suicide Hotline 1-800 Life-Net (543-3638)

Signatures

Patient Signature: _____

Date: _____ Time: _____

Signature of Discharging Clinician _____ Title: _____

Printed Name of Discharging Clinician _____

Date: _____ Time: _____

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

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**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Encounter-Level Documents - 03/25/2016: (continued)

After Visit Summary - Document on 3/25/2016 5:43 PM : AVS (below)

Doc Type: 200151



Encounter #/CSN: 685110397



NYU School of Medicine & NYU Hospitals Center
550 First Avenue | New York, NY 10016
www.med.nyu.edu

Emergency Dept. Follow-up Center
212-263-6695

Emergency Department
212-263-0250

NYU Referral Line
888-769-8633

To access your health information and test results online, go to <https://mychart.nyuimc.org>.

Henry Adler
MRN: 11449055

Department: **Emergency Dept**
Date of Visit: **3/25/2016**

Patient Demographics

Address
12 Grosser Lane
MONSEY NY 10952

Phone
845-481-0123 (Home)
845-481-0123 (Mobile)

Diagnoses this visit
VOMITING ALONE

Treatment Team

1. Jessica Foltin, MD
2. Alexandra Leon Guerrero, MD
3. Elizabeth Warnack, MD

Follow up Plan

Follow up with Issac D Wurzbarger, MD. Call in 2 days.
Specialty: Family Medicine
Contact information:
8 Dover Ter
Monsey NY 10952-2107
845-425-4488

ED Medication Administration from 03/25/2016 1145 to 03/25/2016 1743

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

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Doc Type: 200151

Encounter #/CSN: 685110397

ED Medication Administration from 03/25/2016 1145 to 03/25/2016 1743 (continued)

Date/Time	Order	Dose	Route	Action	Action by
03/25/2016 1415	sodium chloride 0.9 % bolus 100 mL	0 mL	Intravenous	Stopped	Maria Quero, RN
03/25/2016 1240	sodium chloride 0.9 % bolus 100 mL	100 mL	Intravenous	New Bag	Maria Quero, RN

Medication Summary

Notice

You have not been prescribed any medications.

Information About Medication Safety

It is important to keep an updated record of the medications you are taking, and to bring this updated list of medications every time you visit your Health Care Provider and when you come to the hospital. We want to help you in managing your medications safely after your visit or discharge. This includes the potential side effects of your medications. If you have any questions regarding the medications you are taking, please speak to your Health Care Provider or Pharmacist.

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NYU Referral Center

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NYU Financial Counseling Service

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Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

Page 2 of 9

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Encounter-Level Documents - 03/25/2016: (continued)

Doc Type: 200151



Encounter #/CSN: 685110397



NYU Financial Counseling Service (continued)

Location: Skirball Institute lobby, across from the cashier, Tisch
Hospital
Hours: Monday - Friday, 9:00 AM - 5:00 PM
Toll Free Telephone: 1-866-486-9847

**If you feel that any of the information in this summary is inaccurate, please talk with your
healthcare provider.**

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

Page 3 of 9

Doc Type: 200151



Encounter #/CSN: 685110397



Discharge Instructions

Vomiting, 0 to 3 Months: After Your Child's Visit

Your Care Instructions

Most of the time, it is not serious when babies vomit. It often is caused by a viral stomach flu. A baby with the stomach flu also may have other symptoms. These may include diarrhea, fever, and stomach cramps. With home treatment, the vomiting will likely stop within 12 hours. Diarrhea may last for a few days or more.

In most cases, home treatment will ease the vomiting.

With babies, vomiting should not be confused with spitting up. Vomiting is forceful. Spitting up may seem forceful. But it often occurs shortly after feeding. And it doesn't continue like vomiting does. Spitting up is effortless.

Follow-up care is a key part of your child's treatment and safety. Be sure to make and go to all appointments, and call your doctor if your child is having problems. It's also a good idea to know your child's test results and keep a list of the medicines your child takes.

How can you care for your child at home?

- Be sure to watch your baby closely for dehydration. Signs include sunken eyes with few tears and a dry mouth with little or no spit.
- Don't give your baby plain water.
- If your baby is breast-fed, keep breast-feeding. Offer each breast to your baby for 1 to 2 minutes every 10 minutes.
- If your baby still isn't getting enough fluids from the breast or from formula, ask your doctor if you need to use an oral rehydration solution (ORS).
- The amount of ORS your baby needs depends on your baby's age and size. You can give the ORS in a dropper, spoon, or bottle.
- Do not give your child over-the-counter antidiarrhea or upset-stomach medicines without talking to your doctor first. Do not give Pepto-Bismol or other medicines that contain salicylates (a form of aspirin) or aspirin. Aspirin has been linked to Reye syndrome, a serious illness.

When should you call for help?

Call 911 anytime you think your child may need emergency care. For example, call if:

- Your child seems very sick or is hard to wake up.

Call your doctor now or seek immediate medical care if:

- Your child seems to be getting sicker, gets new symptoms (like a new fever), or has a fever of 100.4° F or more.

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

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Doc Type: 200151



Encounter #/CSN: 685110397



- Your child seems to have new or worse belly pain.
- Your child has signs of needing more fluids. These signs include sunken eyes with few tears, a dry mouth with little or no spit, and no wet diapers for 6 hours.
- Your child seems to be in pain.
- Vomit shoots out in large amounts, or your child vomits blood or what looks like coffee grounds.

Watch closely for changes in your child's health, and be sure to contact your doctor if:

- Your child does not get better as expected.



Where can you learn more?

Go to the "Patient Resource" box on <https://mychart.nyulmc.org/mychart/> or your My NYU Langone Health account and enter **H109** in the search box to learn more about **Vomiting, 0 to 3 Months: After Your Child's Visit**.

Not on My NYU Langone Health? Speak to your Provider today!

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Content Version: 10.4.390249; Current as of: June 26, 2014

Doc Type: 200151

Encounter #/CSN: 685110397

Unresulted Tests

Component	Value	Units
BASIC METABOLIC PANEL [123364145]		
Order Status: Sent		
Specimen Type: Blood		
Specimen Source: Peripheral vein		

Results

BASIC METABOLIC PANEL

Component	Value	Standard Range & Units
SODIUM	137	134 - 146 mmol/L
POTASSIUM	6.2	3.6 - 5.2 mmol/L
Serum Not Hemolyzed		
CHLORIDE	104	98 - 108 mmol/L
CARBON DIOXIDE	20	25 - 32 mmol/L
BLOOD UREA NITROGEN	8	10 - 26 mg/dL
CREATININE	0.3	0.7 - 1.3 mg/dL
GLUCOSE	70	70 - 100 mg/dL
CALCIUM	10.6	8.3 - 10.3 mg/dL
EGFR MDRD NON AFRICAN AMERICAN	NOT CALCULATED	>60 mL/min/1.73m2
EGFR MDRD AFRICAN AMERICAN	NOT CALCULATED	>60 mL/min/1.73m2
ANION GAP	13	6 - 14 mmol/L

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

CBC WITH DIFFERENTIAL

Component	Value	Standard Range & Units
WHITE BLOOD CELL COUNT	10.9	5.0 - 20.0 K/uL
NUCLEATED RED BLOOD CELLS	0	0 /100WBC
RED BLOOD CELL COUNT	5.22	3.30 - 4.00 M/uL
HEMOGLOBIN	13.4	9.4 - 13.0 g/dL
HEMATOCRIT	46.8	28.0 - 42.0 %
MEAN CORPUSCULAR VOLUME	89.7	84.0 - 106.0 FL
MEAN CORPUSCULAR HEMOGLOBIN	25.6	28.4 - 32.5 pg
MEAN CORPUSCULAR HEMOGLOBIN CONC	28.5	28.3 - 35.3 g/dL
RED CELL DISTRIBUTION WIDTH	14.4	11.5 - 14.5 %
PLATELET COUNT	413	120 - 350 K/uL
MEAN PLATELET VOLUME	6.90	6.0 - 11.0 FL
NEUTROPHILS %	17	20 - 46 %
LYMPHOCYTES %	71	41 - 71 %
MONOCYTES %	10	3 - 12 %
EOSINOPHILS %	1	0 - 5 %
BASOPHILS %	1	0 - 2 %
NEUTROPHILS ABSOLUTE	1.8	1.2 - 6.4 K/uL
LYMPHOCYTES ABSOLUTE	7.8	2.5 - 9.9 K/uL
MONOCYTES ABSOLUTE	1.1	0.1 - 1.3 K/uL

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

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Doc Type: 200151

Encounter #/CSN: 685110397

Results (continued)

EOSINOPHILS, ABSOLUTE	0.10	0 - 0.6 K/uL
BASOPHILS ABSOLUTE	0.07	0 - 0.80 K/uL

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

COMPLETE URINALYSIS WITH MICROSCOPY

Component	Value	Standard Range & Units
COLOR, URINE	Yellow	Yellow
CLARITY, URINE	Cloudy	Clear
GLUCOSE, URINE	Negative	Negative
BILIRUBIN, URINE	Negative	Negative
KETONES, URINE	Negative	Negative
SPECIFIC GRAVITY, URINE	1.017	1.003 - 1.030
BLOOD, URINE	Trace	Negative
PH, URINE	7.5	5.0 - 8.0
PROTEIN, URINE	30	Negative
UROBILINOGEN, URINE	0.2	0.2 - 1.0 EU/dL
NITRITE, URINE	Negative	Negative
LEUKOCYTE ESTERASE, URINE	Moderate	Negative
RED BLOOD CELLS, URINE	2	0 - 5 /hpf
WHITE BLOOD CELLS, URINE	8	0 - 3 /hpf
SQUAMOUS EPITHELIAL, URINE	2	0 - 5 /hpf
HYALINE CASTS	0	0 - 5 /pf
BACTERIA	Negative	Negative /uL

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

HEPATIC PANEL

Component	Value	Standard Range & Units
BILIRUBIN TOTAL	1.0	0.0 - 1.0 mg/dL
BILIRUBIN, CONJUGATED	0.0	0.0 - 0.3 mg/dL
ALKALINE PHOSPHATASE	250	U/L
AST	67	15 - 56 U/L
ALT	64	15 - 58 U/L
ALBUMIN	3.6	3.5 - 5.0 gm/dL
PROTEIN, TOTAL	5.6	6.3 - 8.2 gm/dL

Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.

TYPE AND SCREEN

Component
ANTIBODY SCREEN
Negative

SAMPLE EXPIRES ON

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

Page 7 of 9

Doc Type: 200151

Encounter #/CSN: 685110397

Results (continued)

06/07/2016 23:59

ABO AND RH

AB Positive

DAT IGG

Negative

US ABDOMEN PED

TOTAL REDUCING SUBSTANCES, URINE

Component	Value	Standard Range & Units
REDUCING SUBSTANCES URINE	Negative	Negative %
Performed by NYU Hospital Center Clinical Labs, 560 First Avenue, New York, NY 10016. Director: Mark S. Lifshitz MD.		

Smoking Status

Free Quitting Tobacco Group Sessions

A weekly session for patients and caregivers. New topic each week.
Tuesdays - 12:00 - 1:00 p.m. NYU Langone Medical Center, 560 First Avenue, NY, NY 10016.
For location and more information, call Integrative Health and Care Transitions at 212-263-0966 or email MindBody@nyumc.org.

Information About Smoking Cessation

If you or a loved one use tobacco or smoke cigarettes, please consider quitting as these products may pose serious health risks. There are a variety of programs and medications to help you. We recommend that you talk to your doctor or healthcare provider about quitting. You can also contact the **New York State Smoker's Quitline** at 1-866-NY-QUITS (1-866-697-8487) to receive telephone coaching, or **The National Smokers' Quitline** at 1-800-QUIT-NOW (1-800-784-8669) if you live outside of New York State, or the **New York University Hospitals Center Smokers' Quitline** at 1-855-NYU-QUIT (1-855-698-7848) if you would like to be referred to an NYULMC smoking cessation provider.

Information About Weight Management

If one is overweight, losing even 10% of one's weight can reduce the likelihood that you will be readmitted to the hospital in the future. Explore the most updated options - both medical and surgical - available to help you lose weight safely and effectively www.nyuweightloss.org

Please come back to the Urgent Care or the Emergency Department if:

- You do not feel better
- You feel worse
- You have any other medical concerns

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

Page 8 of 9

**NYU Langone Health
System**

TH EMERGENCY DEPT
550 1st Avenue
NEW YORK NY 10016-6402
Inpatient Record

Adler, Henry
MRN: 11449055, DOB: 2/8/2016, Sex: M
Adm: 3/25/2016, D/C: 3/25/2016

Encounter-Level Documents - 03/25/2016: (continued)

Doc Type: 200151



Encounter #/CSN: 685110397



Please come back to the Urgent Care or the Emergency Department if: (continued)

- Please make sure you follow-up with your regular physician

NYU Medical Center | (212) 263-7300

Billing Issues:

For hospital bill, please call: (800) 237-6977

For ERS (Emergency Response Services) physician bill, please call: (877) 648-2964

Suicide Hotline 1-800 Life-Net (543-3638)

Signatures

Patient Signature: _____

Date: _____ Time: _____

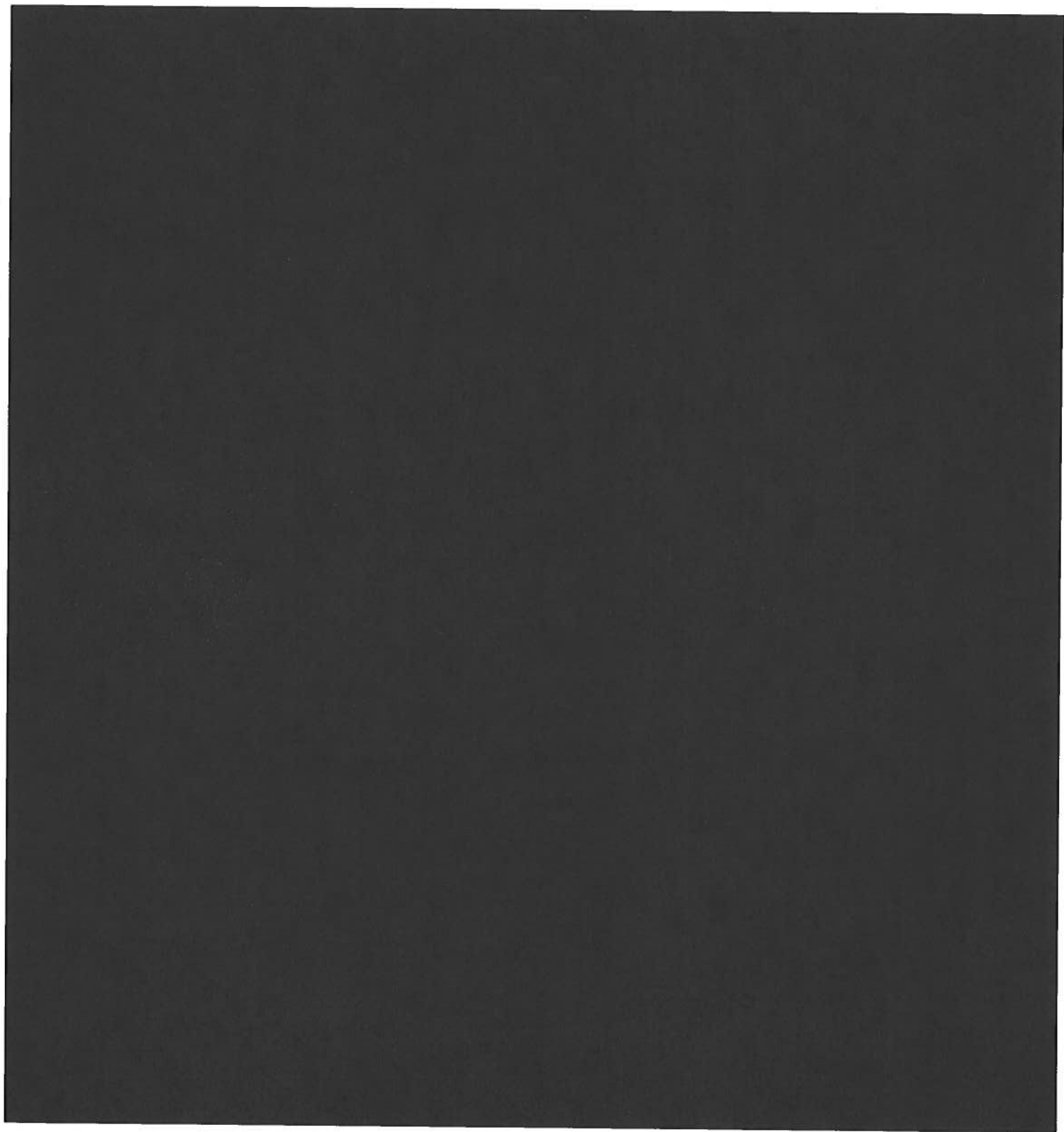
Signature of Discharging Clinician _____ Title: _____

Printed Name of Discharging Clinician _____

Date: _____ Time: _____

Adler, Henry (MR # 11449055) Printed by Maria Quero, RN
[QUEROM01] at 3/25/16 5:43 PM

Page 9 of 9



NYU HOSPITALS CENTER
Authorization for Discharge of
Child/Infant to Someone Other than
Parent/Legal Guardian

Lastname LANDMAN Firstname BB
MRN 11449055 Sex M DOB 02/08/2016
ACCT 678777366 Pt Type

I authorize NYU Hospitals Center to discharge my child, BB Landman
(Name of Child/Infant)
to: Tzivi and Rachel Adler
(Name of Individual and Relationship to Child)

Parent or Guardian Signature: <u>[Signature]</u>	
Print Name: <u>[Signature]</u>	Date: <u>2/12/2016</u> Time: <u>1:50</u> AM/PM <u>(PM)</u>
Witness' Statement: I have witnessed the parent or legal guardian and authorized individual voluntarily sign this form.	
Signature: <u>[Signature]</u>	Print Name: <u>Steve Asuncion, LCSW</u> Date: <u>2/12/2016</u>
Interpretation Services (if necessary): The interpreter provided a (check one): ☐ sight translation OR ☐ interpretation of an explanation/discussion of this consent between the health care provider(s) and patient or person authorized to consent for the patient, in _____ language. The interpreter conveyed the content of the original information expressed by and for both parties.	
Interpreter Signature: _____	
Name of Interpreter: _____ ID Number (telephone-only): _____	
Date: _____ Time: _____ AM/PM	
☐ Check here if a telephone interpreter was used. (All information in this box except signature should be completed.)	

Please retain copy of government-issued identification for the patient chart.

MRN, Name, DOB: 11449055 LANDMAN, BB 02/08/2016

NYU HOSPITALS CENTER

**Authorization for Discharge of
Child/Infant to Someone Other than
Parent/Legal Guardian**

Acknowledgement of Receipt of Child/Infant

I, Rachel Adler, being authorized by the parent(s) to receive their child,
acknowledge receipt from NYU Hospitals Center of BB Landman
(Name of Child/Infant)

Authorized Individual Signature: <u>RACHEL ADLER</u> <i>Rachel Adler</i>	
Print Name: <u>RACHEL ADLER</u>	
Address: <u>12 GROSSER LANE, MONSEY, NY, 10952</u>	
Date: <u>2/12/16</u>	Time: <u>2:30</u> AM/PM <u>(PM)</u>
Witness' Statement: I have witnessed the parent or legal guardian and authorized individual voluntarily sign this form.	
Signature: <i>[Signature]</i>	Print Name: <u>STEVEN ASUNCION, LCSW</u> Date: <u>2/12/2016</u>
Interpretation Services (if necessary): The interpreter provided a (check one): ☐ sight translation OR ☐ interpretation of an explanation/discussion of this consent between the health care provider(s) and patient or person authorized to consent for the patient, in _____ language. I conveyed the content of the original information expressed by and for both parties.	
Interpreter Signature: _____	
Name of Interpreter: _____ ID Number (telephone only): _____	
Date: _____ Time: _____ AM/PM _____	
☐ Check here if a telephone interpreter was used. (All information in this box except signature should be completed.)	

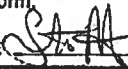
MRN, Name, DOB: 11449055 LANDMAN, BB 02/08/2016

NYU HOSPITALS CENTER

**Authorization for Discharge of
Child/Infant to Someone Other than
Parent/Legal Guardian**

Acknowledgement of Receipt of Child/Infant

I, Tzvi Adler, being authorized by the parent(s) to receive their child,
acknowledge receipt from NYU Hospitals Center of BB Landman
(Name of Child/Infant)

Authorized Individual Signature: <u>TZVI ADLER</u> 	
Print Name: <u>TZVI ADLER</u>	
Address: <u>17 GROSSER LANE MORSEY NY 10982</u>	
Date: <u>2/12/16</u> Time: <u>2:30</u> AM/PM: <u>PM</u>	
Witness' Statement: I have witnessed the parent or legal guardian and authorized individual voluntarily sign this form.	
Signature: 	Print Name: <u>Steven Asunon, LCSW</u> Date: <u>2/12/2016</u>
Interpretation Services (if necessary): The interpreter provided a (check one): ☐ sight translation OR ☐ interpretation of an explanation/discussion of this consent between the health care provider(s) and patient or person authorized to consent for the patient, in _____ language. I conveyed the content of the original information expressed by and for both parties.	
Interpreter Signature: _____	
Name of Interpreter: _____ ID Number (telephone only): _____	
Date: _____ Time: _____ AM/PM: _____	
☐ Check here if a telephone interpreter was used. (All information in this box except signature should be completed.)	



AAA Translations

65 West 96th Street Suite 12-D New York, NY 10025 (212) 884-3075

(Logo)

Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Before: Judge Jamilia Jebaril Kalifa

The Petitioner Rivkah Segal, ID No. 52127784

vs.

The respondents 1. Yaffa Rivkah Landman (a ward) identity card 318075207
2. The legal counsel of the Welfare and Social Services Ministry - Halifa

ORDER TO APPOINT A GUARDIAN

As per the Law of Legal Capacity and Guardianship - 1962

1. Before me is an application to appoint a guardian.
2. According to the medical document attached, the ward is not able to care for her own affairs or to express her view to the application, therefore she needs a guardian appointed over her.
3. After I studied the request and the attached documents, the report and the response of the government legal counsel, and after weighing the full range of circumstances, facts and claims, I hereby appoint the applicant: Rivkah Segal, identity card no. 52127784 as the guardian over the body and property of the ward Yaffa Rivkah Landman, identity card 318075207.
4. This appointment is general over body and property, and is permanent.
5. The guardian will have to conduct herself according to the provisions of the law and the regulations so that she will have to go to the General Custodian office which is active next to this court, her information and reports according to its instructions and at dates stipulated by the law, according to the court or by the General Custodian, for each matter.
6. Likewise, I order the guardian to accept the court's authorization to represent the above-mentioned ward for the actions listed in clause 47 of the Law of Legal Capacity and Guardianship - 1962.

The office secretary will provide an appointment order for the parties and will close the file.

1 of 2

(Continued on the next page):

AAA Translations

65 West 90th Street Suite 12-D New York, NY 10025 (212) 864-3075

(Continued from the previous page):

(Logo)

Family Court in Nazareth

File 13355-02-15 Segal v. Landman (under protection) and others

External file

Issued today, 23 of Iyar, 5775, May 12, 2015, in absence of the parties.

(Signature)

Jamilia Jebaril Kalifa, Judge

[stamp] Behind closed doors

[stamp] Family court, Nazareth 915 (illegible)]

2 of 2

AAA Translations hereby certifies that the above is a complete and correct translation of the attached document(s), and that the translator is competent to translate from Hebrew into English.

AAA Translations
Lic. No. C308846-2

Sworn to before me on 2/8/2016:



Steven S. Daniels
Notary Public, State of New York
No. 01-DA-6026576
Qualified in New York County
Commission expires: June 14, 2019

MARTIN FRIEDLANDER P.C.

845 Third Avenue,
11th floor
New York, N.Y. 10022

ATTORNEYS AT LAW

Tel: 212-321-7092
*Fax: 212-202-4461
* not for service of papers

February 11, 2016

Lynn Lowy, Esq.
Associate General Counsel
NYU Langone Medical Center
One Park Avenue, 10th Floor
New York, NY 10016

RE: COVER LETTER

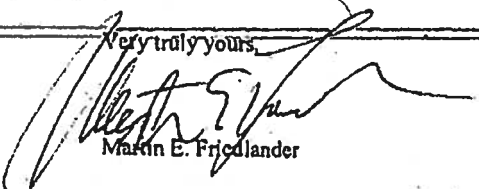
Dear Ms. Lowy:

Enclosed, please find a letter that my firm received from Moshe Roth regarding the powers of a guardian pursuant to Israeli law. Our client, Rivka Segal (legal guardian appointed for Yafa Rivka Landman by the State of Israel) has represented to us that Moshe Roth is her Israeli attorney on the matter of the adoption of Yafa Landman's baby.

Enclosure

MEF/mf

Very truly yours,


Martin E. Friedlander

Moshe Roth - law office משה רוט - משור עורך דין
14b Hadmor Mgur St. 5152533 Bnei Brak Israel
Tel. (972) 50 - 4113068 Fax. (972) 3 - 6186092
E-mail: msrothlaw@gmail.com

February 11, 2016

To whom this may concern,

This is to confirm that Rivkah Segal, as guardian of Yaffa Rivkah Landman, has full rights to act in any capacity instead of said ward, Yaffa Rivkah Landman.

Israeli law gives a guardian full custody of their ward, who, by definition, is unable to manage their own affairs.

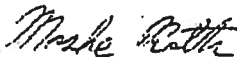
The guardian is able to sign or act on the behalf of their ward on all matters and act as a full representative of their ward.

The guardian can do the same when their ward is not working under Israeli law. Thus, when the ward is abroad and needs to render decisions, sign any legal papers or the like, their guardian is fully able, and required, to act on their behalf, in keeping with the local law that would bind the ward, even if not under a guardianship.

In the present case, Israeli law entitles Rivkah Segal to act on behalf of Yaffa Rivkah Landman, regardless of the fact that she is operating outside Israel. Rivkah Segal is therefore empowered over adoption, custody and visitation issues concerning the child of Yaffa Rivkah Landman.

Rivka Segal can sign all and any adoption papers required in the United States.

Sincerely,


Moshe S. Roth

Cc: Rabbi Shmuel Paretz

08/02/2016 13:18
08/02/16 10:44 HPFAX Page 1

(FAX)

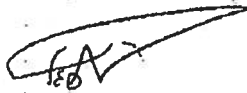
P.001/001

February 7, 2016

I Rivka Segal a citizen of Israel being the court appointed guardian for Yaffa Landman (DOB 11/2/1993). Pursuant to the authority of my appointment, I am retaining the law firm of Martin Friedlander PC to assist Ms. Landman in attempting to put her unborn child up for adoption in New York where she will deliver the baby.

The terms of the retainer and hourly rate is annexed on a separate sheet which includes different rates.

Sincerely yours,



Rivka Segal

BIRTHPLAN FOR BABY X LANDMAN

YAFFA LANDMAN, born November 2, 1993, biological mother of BABY X LANDMAN, born February 8, 2016, having an address of 34 Lamont Court, Brooklyn, New York 11235 and a phone number of 917-577-7349 has agreed to the following birthplan for BABY X LANDMAN with adoptive parents TZVI ADLER, born February 5, 1987 and RACHEL ADLER, born November 26, 1987, having an address of 12 Grosser Lane, Monsey, New York 10952, and a phone number of 845-481-0123 and having been approved for adoption: YAFFA LANDMAN agrees that TZVI ADLER and RACHEL ADLER receive BABY X LANDMAN and will pick him up from the New York University Hospital on February 9, 2016.

Dated: New York, New York
February 8, 2016



SHMUEL D. TAUB, ESQ.

END OF REPORT