

MIL-*, DORIS F**

SSN: 000-01-1406

DOB: 4/26/1933

MRN: E002035313

Date Registered: 8/13/2013

Treating Physician: THOMPSON, J SPENCER

Requesting Physician: MANNEL, ROBERT

Primary ICD9: 182.0 - Malignant Neoplasm - Carcinoma
Endometrium - Myometrium

Secondary ICD9:

Radiation Therapy Patient Care Record - Pelvis, Female - 9/4/2013**Cancer Information**

STAGING : T2 N0 M0, Stage II.

Assessment

ALLERGIES : No Known Drug Allergies.

OUTSIDE MEDICATIONS : tramadol (tramadol) tablet 50 mg : 1 tablet by mouth as directed as needed for pain

Synthroid (levothyroxine) tablet 100 mcg : 1 tablet by mouth once a day

multivitamin (multivitamin) tablet : 1 tablet by mouth once a day

Senokot-S (sennosides-docusate sodium) tablet 8.6-50 mg : 1 tablet by mouth twice a day

Norco (hydrocodone-acetaminophen) tablet 5-325 mg : 1-2 tablet by mouth every six hours as needed for pain

Lyrica (pregabalin) capsule 50 mg : 2 capsule by mouth three times a day

Zocor (simvastatin) tablet 20 mg : 1 tablet by mouth at bedtime

Aggrenox (dipyridamole-aspirin) capsule, ER multiphase 12 hr 200-25 mg : 1 capsule by mouth twice a day

Calcium Citrate + D (calcium citrate-vitamin d3) tablet 315-200 mg-unit : 3 tablet by mouth once a day

acetaminophen-codeine (acetaminophen-codeine) tablet 300-15 mg : 1 tablet by mouth every six hours as needed for pain

Tenex (guanfacine) tablet 2 mg : 1 tablet by mouth at bedtime

KARNOFSKY PERFORMANCE SCALE : 90% - Can perform normal activities, minor signs of disease.

QUALITY OF LIFE ASSESSMENT : Many factors have been considered including the patient's own personal assessment and a weighted average of these factors assigns the patient an age and treatment status adjusted quality of life factor of 90.

PAIN WITHOUT MEDICATION : The patient reports no pain without the use of pain medication.

PAIN INTERVENTION : No pain intervention at this time.

PAIN WITH MEDICATION : The patient reports no pain with the use of pain medication.

CAUSE OF WEIGHT CHANGE : The patient attributes the weight change to cancer.

URGENCY : No complaints of urinary urgency are reported.

AT RISK FOR FALL : This patient is at risk for fall.

HISTORY OF FALLING : The patient has not fallen during the present evaluation period and has no recent history of physiological falls.

MEDICAL DIAGNOSIS : The patient has multiple medical diagnoses listed for this encounter.

AMBULATORY AIDES : Walks without a walking aide, but requires assistance by caregiver.

INTRAVENOUS THERAPY : The patient does not have an active intravenous access.

GAIT : The patient walks without losing balance but steps may be short and shuffling.

MENTAL STATUS : Using a combination of the patient's self-assessment with interpretation by the nursing staff, the patient's mental status is rated at normal.

TOTAL MORSE FALL RISK ASSESSMENT : The total Morse Fall Risk Assessment for this patient is 35. The Morse fall scale is a method of assessing a patient's likelihood of falling utilizing these six variables. The Morse fall scale has been shown to have predictive validity and interrater reliability. A score of 24 or less indicates minimal to no risk of fall. A score of 25 to 50 indicates a low risk of fall and requires implementation of fall prevention interventions. A score of greater than 50 indicates a high risk of fall and requires close supervision and fall prevention interventions.

SMOKING STATUS : smoked at least 100 cigarettes during his/her lifetime but does not currently smoke

TEMPERATURE FAHRENHEIT : This patient's temperature is 97.5 degrees Fahrenheit.

PULSE SITTING : 70
RESPIRATIONS : 20
OXYGEN SATURATION : 94 %
SYSTOLIC BP SITTING : 133
DIASTOLIC BP SITTING : 62
WEIGHT POUNDS : The patient's weight today is 132.5 lbs.
WEIGHT METHOD : standing scale
CLINICAL COMMENTS : Patient enrolled into RTOG 1203 and randomized to the IMRT arm. She will receive 4500cGy to pelvis and HDR 600x2 to the vaginal surface as a boost.

8/28/2013 Fraction 3/25

Patient seen for routine OTV. She is tolerating her treatment well and reports no side effects at this time. The plan is to continue as scheduled.

NURSING COMMENTS : 08-13-13: Consult visit for radiation therapy to pelvis following hysterectomy with BSO. Education materials and instruction provided to patient and family. Questions answered as they arose. Dr. Sabater and Dr. Thompson met with patient. sjg

8/28/13 Here for OTV. arrived in w/c daughter present. States doing better today. Has left arm wrapped, from fall yesterday. Teaching done about current visit. Questions answered. Dr. Sabater in to see. gg

9/4/13 Here for OTV. States no problems with bowel or bladder. States eating well. Encouraged lotion use to treated area. Daughter present. Dr. Sabater in to see. gg.

Advance Directives

HEALTHCARE PROXY : It is unknown if the patient has appointed a healthcare proxy.

LIVING WILL : It is unknown if the patient has a Living Will.

ADVISED OF LIVING WILL INFORMATION : Advising the patient about the availability of information regarding Living Wills was not applicable in this situation.

ADVISED OF HEALTHCARE PROXY INFORMATION : Advising the patient about Healthcare Proxy information was not applicable in this situation.

ADVISED RIGHT TO RESUSCITATION DECISION : Advising the patient about information regarding the right to have a resuscitation decision was not applicable in this situation.

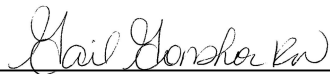
Signature :



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9/4/2013 at 10:44 AM