

7 ABA HILLEL ST, RAMAT GAN

רחוב אבא הלל 7 רמת גן (בית סילבר)

Tel 03-7412358, Fax 077-3180983

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15.1.26

לכבוד

ועדת זוהר

המרכז למחקר גרעיני שורק

יבנה 81800מ.ל.ב.

לצרכי מו"מ לפשרה בלבד

ועדה נכבדה שלום רב,

הנדון: עקיבא אנהוביץ, ת.ז. 51020683

הריני מתכבד לפנות בשם מרשי שבנדון בתביעה לקביעת זכאותו וגובה הפיצוי המגיע לו על פי הסדר ריבלין כדלקמן:

1. מרשי, יליד 25.12.1951, בין השנים 1971 – 1977 נמנה מרשי על עובדי הקמ"ג.
2. במסגרת עבודתו בקמ"ג, עבד בין היתר במעבדות קמ"ג, בתפקידי טכנאי ומפעיל.
3. עובר לפרישתו עבד בתחום המחשוב, אולם, מרבית שנותיו היו במכון בו מתבצעת פעילות ייחודית והוא בא במגע עם יסודות רלוונטיים לאופי מקום זה בו הועסק.
4. במספר הזדמנויות נאמר לקבוצת עובדים אשר הוא נמנה עליהם "לצאת" לצורך ביצוע עבודות משרדיות בלבד נוכח חשיפות.
5. מספר פעמים במהלך תקופת עבודתו נבדק והודגמה חשיפה העולה על סף המותר.
6. כמובן שמתוקף הדברים ותוכנם הדברים מוזכרים בלשון המעטה ורמיזא בלבד.
7. בחודש אוקטובר 2024 פנה לקבלת טיפול רפואי נוכח שינוי בגוון עורו וחולשה ובדיקות מעבדה שבוצעו לו הדגימו עליה בערכי תפקודי הכבד בעטיים פנה להמשך טיפול ומעקב.
8. בדיקת CT שבוצעה לו הדגימה תהליך תופס מקום בלבד והוא הופנה להמשך טיפול ומעקב אונקולוגי.

9. מחמת מצבו מצוי מרשי במעקב וטיפול והוא נזקק לאשפוזים ולקבלת טיפולים רפואיים דרך קבע.

10. למן מועד האבחנה נזקק מרשי למעקב רפואי אינטנסיבי, הוא נזקק לבדיקות שוטפות וטיפולים, לרבות שימוש במשככי כאבים.

11. אודה עבור קבלת תיקו האישי ותיקו הרפואי של מרשי לרשותי.

*רצ"ב יפוי כח וטופס ויתור על סודיות רפואית חתומים על ידי מרשי

בכבוד רב ובב"ח,
אריאל פרייברג, עו"ד

טופס בקשת מידע רפואי וויתור על סודיות רפואית

חלק א'

אני החתום מטה: (במקרה של קטין יירשמו פרטיו)

אנחוביץ	עקיבא	51020683	שם האב
שם משפחה	שם פרטי	תעודת זהות	
רחוב	מס'	עיר	מיקוד
		טלפון	

נותן בזה רשות לכל עובד רפואי ו/או מוסד רפואי לרבות קופת-החולים, רופאה, עובדיה ו/או מי מטעמן ו/או לכל עובד של המוסד לביטוח לאומי ו/או לצבא הגנה לישראל ו/או למשרד הבטחון ו/או לכל עובד בתחום הנפשי ו/או בתחום הסוציאלי ו/או הסיעודי ו/או למרכז למחקר גרעיני (ממ"ג) ו/או לקריה למחקר גרעיני (קמ"ג) למסור ל - _____ (להלן: "המבקשים") את כל הפרטים המצויים בידי נותני השירותים שיפורטו להלן ללא יוצא מן הכלל ובאופן שידרשו המבקשים על מצבי הבריאות ו/או הסוציאלי ו/או מצבי בתחום הסיעודי ו/או השיקומי ו/או כל מחלה שחליתי בה בעבר או שאני חולה בה כעת.

אני משחרר בזה את כל המוסדות לרבות קופת-החולים ו/או כל רופא מרופאיהם ו/או כל עובד מעובדיהם ו/או כל מוסד ממוסדיהם, כולל בתי-חולים כלליים ו/או פסיכיאטריים ו/או שיקומיים וכל סניף מסניפי מוסדותיהם, מחובת שמירה על סודיות בכל הנוגע למצבי הבריאות ו/או השיקומי ו/או הסוציאלי ו/או הסיעודי ומתיר להם בזאת מתן כל מידע מכל תיק שנפתח על שמי אצל נותני השירותים שיפורטו להלן לרבות המוסד לביטוח לאומי, כולל מידע על התשלומים שהמוסד לביטוח לאומי שילם ומשלם לי.

הנני מוותר על סודיות זו כלפי המבקשים ולא תהא לי אל כל המוסדות לרבות קופת-החולים ו/או למי מרופאיהם ו/או עובדיהם ו/או מי מטעמן ו/או נותני השירותים שלהלן, כל טענה או תביעה מסוג כלשהו בקשר למסירת מידע כאמור.

בקשתי זו יפה גם לפי חוק הגנת הפרטיות, התשמ"א – 1981 והיא חלה על כל מידע רפואי או אחר המצוי במאגרי המידע של כל המוסדות, לרבות קופת-החולים ו/או רופאיהם ו/או עובדיהם ו/או מי מטעמן ו/או נותני השירותים שיפורטו להלן.

למרות האמור לעיל לא יחול כתב ויתור על סודיות זה על המוסדות הבאים: _____
או על המידע המפורט להלן: _____

חלק ב'

שם קופ"ח: _____ סניף: _____ מס' חבר: _____ שם המוסד: _____

רופאים: _____ 1. _____ 2. _____ 3. _____ 4. _____
מכונים, מעבדות: _____ 1. _____ 2. _____ 3. _____ 4. _____

מס' אישי בצה"ל: _____ שם קופ"ח קודמת: _____

במקרה של קטין: שם האב _____ ת.ז. _____ שם האב _____

תאריך: 26.11.25 עד לחתימה ומס' ת.ז. _____ חתימה: X _____

יפוי כח
הריני מייפה את כוחו של: _____ לקבל את המידע הרפואי המפורט לעיל

תאריך	שם פרטי ושם משפחה	חתימה
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י פ ו י כ ח

אני הח"מ,

שם: עקביא אנוביץ, ת.ז. מס': 51020683.

ממנה בזה את עו"ד _____ עו"ד אריאל פרייברג
(כולם ביחד וכל אחד מהם לחוד) להיות באי כוחי ב _____ של _____ מבלי
לפגוע בכלליות המינוי הנ"ל יהיה בא כוחי רשאי לעשות ולפעול בשמי ובמקומי בכל הפעולות
הבאות, כולל ומקצתן, הכל בקשר לענין הנ"ל והנובע ממנו כדלקמן:

1. לחתום על ולהגיש כל תביעה או תביעה שכנגד, ו/או כל בקשה, הגנה, התנגדות, בקשה למתן
רשות לערער, ערעור, הודעה, טענה, תובענה או כל הליך אחר הנוגע או הנובע מהליך הנ"ל
ללא יוצא מן הכלל.

2. לבקש ולקבל חוות דעת רפואית מכל רופא או מוסד שבדק אותי או חוות דעת אחרת הנוגעת
לענין הנ"ל.

3. לבקש ולקבל מידע אודות חשיפתי (בין במהלך עבודתי ובין מבחינה סביבתית) לקרינה
לסוגיה השונים ו/או מידע מדו"חות ניטור מכל מאגר המחזיק במידע שכזה (לרבות: ממ"ג
וקמ"ג).

4. להופיע בקשר לכל אחת מהפעולות הנ"ל בפני כל בית משפט, בית דין או מוסד בו הוגש יפוי
הכח, בדרגה בה הוגש.

5. למסור כל ענין הנוגע או הנובע מהענין האמור לעיל לבוררות ולחתום על שטר בוררין כפי שבא
כוחי ימצא לנכון.

6. להזמין עדים, למנות מומחים ולעשות כל הפעולות הדרושות לפי תקנות סדרי הדין הקיימים.

7. להתפשר בכל ענין הנוגע או הנובע מהענינים האמורים לעיל לפי שיקול דעתו של בא כוחי
ולחתום על הסכם פשרה בבית המשפט או מחוצה לו.

8. לגבות את סכום התביעה או כל סכום אחר בכל ענין מהענינים הנ"ל, לרבות הוצאות בימ"ש
ושכר טרחת עו"ד, לקבל בשמי כל מסמך וחפץ ולתת קבלות ושחרורים כפי שבא כוחי ימצא
לנכון ולמתאים.

9. לנקוט בכל הפעולות ולחתום על כל מסמך או כתב בלי יוצא מן הכלל, אשר בא כוחי ימצא
לנכון בכל ענין הנובע מהענין הנ"ל.

10. להודות או לכפור באישום שלא בנוכחותי ו/או בהעדרי.

11. להעביר יפוי כח זה על כל הסמכויות שבו או חלק מהן לעו"ד אחר עם זכות העברה לאחרים,
לפטור ולמנות אחרים במקומם ולנהל את עניני הנ"ל לפי ראות עיניו ובכלל לעשות את כל
הצעדים שימצא לנכון ומועיל בקשר עם המשפט או עם עניני הנ"ל, והנני מאשר את מעשיו או
מעשי ממלאי המקום בתוקף יפוי כח זה מראש.

12. יובהר כי כל פעולה מהמנויות לעיל ו/או פעולה אחרת הכרוכה בהוצאה כספית ו/או תשלום כספי לא תבוצע, אלא, לאחר קבלת אישור בכתב של הלקוח.

המילים הבאות ביחיד תכלולנה את הרבים ולהיפך.

ולראיה באתי על החתום

היום 26 _____ לחודש 11 _____ שנה 2025 _____

חתימות: 

הנני מאשר את חתימת מרשי הנ"ל

אריאל שחר
מ.ר. 62254
עו"ד

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**Emergency Department Note
Signed**

Patient: Anachovich, Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: R-EDMED
Attending Dr: Eli M Fouerte DO
Referring Dr:

MR#: M1048066
Acct: V011921600
ADM Date: 10/22/24
Transcribed Dt/Tm: 10/22/24 1824
Dictating Dr: Lasorsa, Antonio G. DO
Date of Service: 10/22/24 1824

cc: ~

General Information

General Information

Time Seen by Provider: 10/22/24 17:50
Stated Complaint: "abnormal labs"
Chief Complaint: Abnormal Labs/Diagnostics
Triage Attestation:
Reviewed by on

HPI

History of Present Illness

HPI Narrative:

Medical records reviewed by myself

72-year-old male presents to the emergency department due to jaundice and elevated LFTs and bilirubin as outpatient. Patient admits to some mild mid abdominal discomfort. He states symptoms have been over the last few days. He has some nausea with no vomiting. No diarrhea. No fever or chills. No cough or shortness of breath. He had labs drawn at primary doctor's office yesterday and found to have abnormal LFTs and bilirubin and was referred to the ER for evaluation.

Review of systems negative except for as per HPI

Physical exam: Vital signs reviewed by myself, oxygen saturation is within normal range
CONSTITUTIONAL: Alert, oriented X 3, well-developed

SKIN: Jaundice

EYES: extraocular muscles intact, scleral icterus, conjunctiva and lids appear normal

HEAD: Normocephalic, atraumatic

ENT: Normal external appearance, mucous membranes moist jaundice

RESPIRATORY: No accessory muscle use, Clear bilaterally

CARDIOVASCULAR: Regular rate and rhythm, no lower extremity edema

ABDOMEN: Soft, mild tenderness to palpation in mid abdomen, nondistended

GENITO-URINARY: No CVA tenderness bilaterally

Emergency Department Note STATUS: Signed 1022-

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

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MUSCULOSKELETAL: No red/hot joints

NEUROLOGIC: Patient awake, alert, follows directions appropriately, speech normal, no gross motor or sensory deficit

PSYCHIATRIC: Cooperative, appropriate mood

Past Medical,Fam,Soc History

Past Medical History

Cardiac: Atrial Fibrillation

Respiratory: Sleep Apnea

Musculoskeletal: Fractures and Gout

Past Surgical History

Gastrointestinal: Colonoscopy

Musculoskeletal: Carpal Tunnel Surgery

Social History

Smoking Status: Never Smoker

Substance Use Type: None

Medications and Allergies - ED

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
naproxen 500 mg tablet	500 mg PO 2X/D ##10	04/04/19		Rx

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/22/24 15:37

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Sodium Chloride Sodium Chloride 0.9%	1,000 mls @ 999 mls/hr IV .Q1H1M ONE	10/22/24 17:52 10/22/24 18:52	10/22/24 18:12 999 mls/hr Administration

Exam

Emergency Department Note STATUS: Signed 1022-

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

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Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
37.1 C	61	20	161/93 H	99	Room Air
10/22/24 18:14	10/22/24 18:14	10/22/24 18:14	10/22/24 18:14	10/22/24 18:14	10/22/24 18:14

Constitutional

Height: 1.78 m
Weight: 85 kg
Body Mass Index (BMI): 26.9

Course/MDM

Medical Records

Medical records reviewed: Yes I reviewed the patient's medical records.

Lab Data

Lab results reviewed: Yes I reviewed the patient's lab results.

10/22/24 17:26

6.05 13.7L 97L
42.3

10/22/24 17:26

140 108H 14 98
4.1 26 0.87

Labs:

Lab Results

	10/22/24 17:26	Range/Units
WBC	6.05	(4.50-10.50) X10 ³
RBC	4.55	(4.00-6.00) X10 ⁶
Hgb	13.7 L	(14.0-18.0) g/dl
Hct	42.3	(42.0-54.0) %
MCV	93.0	(84.5-98.7) fl
MCH	30.1	(27.0-31.0) pg
MCHC	32.4	(31.0-35.0) g/dL
RDW	16.0 H	(11.6-14.4) %
Plt Count	97 L	(150-450) X10 ³
MPV	11.6	(9.4-12.4) fL
Absolute Nucleated RBC	0.00	X10 ³
Neutrophils %	55	%

Emergency Department Note STATUS: Signed 1022-

Patient name: Anachovich,Akiva
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Band Neutrophils %	7	(0-10) %
Lymphocytes %	19	%
Monocytes %	12	%
Eosinophils %	3	%
Basophils %	0	%
Neutrophils #	3.75	(2.03-7.35) X10 ³
Lymphocytes #	1.39	(0.90-4.20) K/MM3
Monocytes #	0.73	(0.05-1.05) K/MM3
Eosinophils #	0.18	(0.05-0.74) K/MM3
Basophils #	0.00	(0.00-0.21) K/MM3
Variant Lymphocytes	4	(0-10) %
Platelet Estimate	DECREASED L	
Poikilocytosis	1+	
Anisocytosis	2+	
Macrocytosis	2+	
Ovalocytes	1+	
Sodium	140	(136-145) mmol/L
Potassium	4.1	(3.5-5.1) mmol/L
Chloride	108 H	(98-107) mmol/L
Carbon Dioxide	26	(20-31) mmol/L
BUN	14	(9-23) mg/dL
Creatinine	0.87	(0.73-1.18) mg/dL
GFR Calculation	86	
Glucose	98	(74-106) mg/dL
Calcium	9.0	(8.3-10.6) mg/dL
Total Bilirubin	8.5 H	(0.3-1.2) mg/dL
Direct Bilirubin	7.0 H	(0.0-0.3) mg/dL
AST	100 H	(<34) U/L
ALT	163 H	(10-49) U/L
Alkaline Phosphatase	331 H	(45-117) U/L
Total Protein	7.0	(5.7-8.2) g/dL
Albumin	4.1	(3.2-4.8) g/dL
Lipase	30	(12-53) U/L

Labs reviewed with no leukocytosis or severe anemia. No renal failure. LFTs are elevated.

Radiology Data

Radiology results reviewed: Yes I reviewed the patient's radiology results.

Radiology results narrative:

CT abdomen pelvis: Reviewed and independently interpreted by myself with no free air, patient with likely biliary obstruction due to pancreatic mass

Chest x-ray reviewed and independently interpreted by myself with no focal infiltrate or pneumothorax

CT abdomen pelvis w con

Emergency Department Note STATUS: Signed 1022-

Signed

CLINICAL

HISTORY:

UPPER ABD PAIN AND JAUNDICE, NO ORAL CONTRAST

...

CT ABDOMEN AND PELVIS WITH CONTRAST

CT acquisition from the xiphoid through the symphysis pubis following intravenous contrast administration.

Dose reduction techniques were utilized (automated exposure control, mA/kV adjustment for patient size, iterative reconstruction).

COMPARISON:

CTA abdomen/pelvis 1/4/2017

FINDINGS:

LIVER: Scattered too small to characterize hepatic lesions.

SPLEEN: Splenomegaly measuring up to 14.3 cm.

PANCREAS: There is biliary and pancreatic ductal dilatation converging on an ill-defined region of low-attenuation within the pancreas measuring at least 3.5 x 3.0 cm favored to reflect a mass.

GALLBLADDER/BILIARY SYSTEM: There is distention of the gallbladder. There is intra and extrahepatic biliary ductal dilatation. There is narrowing of the adjacent vasculature.

ADRENAL GLANDS: Normal.

KIDNEYS: Left renal cyst. No hydronephrosis.

PELVIC ORGANS: Moderate prostatomegaly.

BOWEL: No bowel obstruction

PERITONEUM/RETROPERITONEUM: There are enlarged mesenteric nodes measuring up to 13 mm short axis. An enlarged portacaval node measures up to 14 mm short axis. Scattered peritoneal implants are seen, the largest of which measures up to 16 mm within the right mid abdomen.

VASCULATURE: Atherosclerotic aortoiliac calcification.

LUNG BASES: Basilar atelectasis/scarring.

BONES: Nonspecific small sclerotic densities within the L4 and L5 vertebral bodies.

IMPRESSION: <http://vhsprimordial.valleyhealth.com/PrimordialServer/mr/EmbedReportDispatcher.asp#>

Biliary and pancreatic ductal dilatation converging on an ill-defined region of low-attenuation within the pancreas favored to reflect neoplasm. Presumably metastatic adenopathy along with peritoneal carcinomatosis. Further evaluation with MRCP may be beneficial as clinically indicated.

Additional findings as detailed.

EKG Data

EKG attestation: Yes I reviewed and interpreted this EKG.

EKG results narrative:

EKG reviewed and independently interpreted by myself with sinus bradycardia 59 beats minute, no ST elevations, normal axis, normal intervals

Vitals

Vital Signs:

Vital Signs

Temperature	36.9 C	10/22/24 15:37
Pulse Rate	62	10/22/24 15:37
Respiratory Rate	18	10/22/24 15:37
Blood Pressure	154/88 H	10/22/24 15:37
O2 Sat by Pulse Oximetry	98	10/22/24 15:37
Oxygen Delivery Method	Room Air	10/22/24 15:37

Temperature	37.1 C	10/22/24 18:14
Pulse Rate	61	10/22/24 18:14
Respiratory Rate	20	10/22/24 18:14
Blood Pressure	161/93 H	10/22/24 18:14
O2 Sat by Pulse Oximetry	99	10/22/24 18:14
Oxygen Delivery Method	Room Air	10/22/24 18:14

Emergency Department Note STATUS: Signed 1022-

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

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Course

Course Narrative:

Impression: 72-year-old male with jaundice with elevated LFTs

Differential diagnose includes pancreatic mass, choledocholithiasis, acute cholecystitis, CBD obstruction

Labs

CT abdomen pelvis

IV fluid

Chest x-ray

EKG

Reeval

I reviewed the patient's prior medical records from visit to primary doctor's office yesterday in the Athena network.

I reviewed the patient's outpatient medication list.

Reevaluation(s)

Reevaluation #1:

Patient with pancreatic mass causing biliary ductal dilation.

I discussed the case with Dr. Fouerte of the hospitalist service and agrees with plan for admission.

Time: 20:53

Reevaluation #2:

I discussed the case with Dr. Pittman covering the patient's gastroenterologist and will arrange for surgical evaluation in the morning.

Time: 21:10

Discharge Plan

Prescriptions

Med Rec & Prescriptions:

No Action

naproxen 500 MG Tablet

500 mg PO 2X/D Qty: 10 ORF

Disposition

Time of Disposition: 20:54

Clinical Impression:

Biliary obstruction, Pancreatic mass

Patient Disposition: Admitted In (ED Use Only)

Emergency Department Note STATUS: Signed 1022-

VAH

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Patient name: Anachovich,Akiva

Account #: V011921600

Discharge Information

Referrals/Follow Up with (Timeframe)::

NotOnStaff,Doctor, MD [Primary Care Provider] -

Admission Information

Hospitalization Status: Admit as Inpatient

Level of Care: Med Surg

Unit Preference: Med-Surg

Attending Provider: Eli M Fouerte

Signed By:

<Electronically signed by Antonio G. Lasorsa DO>

10/22/24 2243

Emergency Department Note STATUS: Signed 1022-

**Anachovich, Akiva****Fac:** The Valley Hospital
72 M 12/25/1951**Loc:** West 5A: Bariatric/Surgical**Bed:** W5041-D**Med Rec Num:** M1048066**Visit:** V011921600**Attending:** Gazala Dave**Reg Date:** 10/22/24**Reason:** Dx: Other specified diseases of pancreas**Visit Data**

Last Name: Anachovich	Status:	Left Department
First Name: Akiva	Priority:	3-Urgent
Middle:	Condition:	Good
Birthdate: 12/25/1951	Arrival Date/Time:	10/22/24 14:57
Age: 72	Arrival Mode:	Family Vehicle
Birth Sex: M	Triaged At:	10/22/24 15:37
Language: English	Time Seen by Provider:	10/22/24 17:50

Stated Complaint: "abnormal labs"**Chief Complaint:** Abnormal Labs/Diagnostics**ED Location:** Alpha Pod**Area:****Station:****Group:****ED Provider:** Lasorsa, Antonio G.**ED Midlevel Provider:****ED Nurse:** Alvarez, Bryan**Primary Care Provider:** NotOnStaff, Doctor

Status/Phase	DtTm/Value	User/Action
Left Department	10/30/24 10:07:41	Holmes, Kalima
Referrals (Provider)	Levykh-Chase, Rena	Added
	10/28/24 14:14:55	Schneider, Brandon
Referrals (Provider)	Levine, Robert	Added
ADM IN	10/22/24 21:27:11	Loayza, Jhonatan
Attending Provider	Fouerte, Eli M	New
Admitting Provider	Fouerte, Eli M	New
HUM	10/22/24 20:01:29	Alvarez, Bryan
Ed Nurse	Alvarez, Bryan	Edit
	10/22/24 18:27:05	Lasorsa, Antonio G.
Referrals (Provider)	NotOnStaff, Doctor	Added
Physician	10/22/24 17:50:41	Lasorsa, Antonio G.
Ed Provider	Lasorsa, Antonio G.	Edit
Triaged	10/22/24 17:20:28	Taylor, Kayla
Ed Nurse	Taylor, Kayla	New
	10/22/24 17:07:00	Pansini, Kathryn M.
Ed Provider	NotOnStaff, Doctor	New
Received	10/22/24 15:41	Almain-Ocden, Dominga
Chief Complaint	Abnormal Labs/Diagnostics	New
	10/22/24 14:57:11	Quintana, Kelsie
Stated Complaint	"abnormal labs"	New

Call Backs**Current Call Details**

File Date/Time: 10/22/24 23:35

Edit Number: 1

Anachovich, Akiva

Fac: The Valley Hospital
72 M 12/25/1951

Loc: West 5A: Bariatric/Surgical
Med Rec Num: M1048066

Bed: W5041-D
Visit: V011921600

Call Backs - Continued

Call List Call Type	Scheduled Actual	Initiator Phone	Recipient Phone	Status Priority	Action
Clinical Trials Clinical Trials	10/22/24 23:35	<Auto-Generated>	Anachovich, Akiva 201-679-5063	Pending Medium	

Subject/Summary of Call:

Auto-Generated 10/22/24 23:35 EDT:

Complaint(s): Abnormal Labs/Diagnostics

Discharge Information

ED Provider: Lasorsa, Antonio G.
Status: Left Department
Time Seen by Provider: 10/22/24 17:50
Condition: Good
Triaged At: 10/22/24 15:37

Emergency Discharge Date/Time: 10/22/24 23:35
Emergency Discharge Disposition: Admitted In (ED Use Only)
Clinical Impression: Biliary obstruction
Pancreatic mass

Emergency Discharge Comment:

Admit Intervention Last Done
ED Discharge Assessment 10/22/24 23:33

Query	Result
Patient On Airborne Isolation	No
Activity Level with Vitals	At Rest
Temperature	36.8 C
Temperature Conversion	98.2
Temperature Source	Oral
Blood Pressure	150/90
Blood Pressure Mean	110
Pulse Rate	61
Respiratory Rate	17
O2 Sat by Pulse Oximetry	98
Oxygen Delivery Method	Room Air
Is there IV fluid running?	Stopped on MAR
IV status at DC/Transfer	Site Intact & Labeled
Department	Admission Unit
IV Status at Admission	Site Intact & Labeled
Ready for Transport	Ready for Transport
Transport Time	23:34
Teaching Recipient	Patient
Education Session	Admission
Barriers to Learning	None
Communication Tools Used	None Required
Methods	Discussion
Response to Teaching	Verbalized Understanding
Further Instruction Needed	N/A
Sensory Perception - Skin Risk Assessment Scale	No Impairment
Moisture - Skin Risk Assessment Scale	Rarely Moist
Activity - Skin Risk Assessment Scale	Walks Frequently

Anachovich, Akiva**Fac:** The Valley Hospital
72 M 12/25/1951**Loc:** West 5A: Bariatric/Surgical**Bed:** W5041-D**Med Rec Num:** M1048066**Visit:** V011921600

Discharge Information - Continued

Mobility - Skin Risk Assessment Scale	No Limitations
Nutrition - Skin Risk Assessment Scale	Adequate
Friction & Shear - Skin Risk Assessment Scale	No Apparent Problem
Total Score - Skin Risk Assessment	22

Patient Belongings

10/22/24 18:14

Query	Result
Belongings With Patient At Bedside	Upon Arrival
-Has all Medical Equipment Been Transferred with The patient?	No
-Patient Belongings List	Clothing Footwear Cell Phone

Transport

Universal Transfer Summary

Inpatient Discharge Date/Time: 10/29/24 13:07

Inpatient Discharge Disposition: Routine/Home

Inpatient Discharge Comment:

Instructions: Low Fiber Diet (DC)
 Stand-Alone Forms: Patient Portal Access Form
 Prescriptions: dicyclomine
 Dave, Gazala



Valley Health System

Discharge Medication List

Page: 1 of 2
Date: 10/29/24 12:33

Patient Name: Anachovich, Akiva
Account Number: V011921600

Birthdate: 12/25/1951

Medications to Take

If you have other prescriptions or over the counter medications at home that are not on this list, consult with your physician before taking them. Bring this list to your next physician visit!

allopurinol 300 mg

Take: 300 mg oral Daily

Next Dose Due: ☒ Today ☐ AM ☐ PM ☐ Bedtime ☐ As Needed

Last Taken: Prior to Current Visit
10/29/24

atorvastatin (Lipitor) 10 mg

Take: 10 mg oral Daily

Next Dose Due: ☒ Today ☐ AM ☒ PM ☐ Bedtime ☐ As Needed

Last Taken: Prior to Current Visit

losartan (Cozaar) 25 mg

Take: 25 mg oral Daily

Next Dose Due: ☒ Today ☐ AM ☐ PM ☐ Bedtime ☐ As Needed

Last Taken: 10/29/24 10:39

metoprolol succinate (Toprol XL) 50 mg

Take: 50 mg oral Daily

Next Dose Due: ☒ Today ☐ AM ☐ PM ☐ Bedtime ☐ As Needed

Last Taken: 10/29/24 10:39

tamsulosin (Flomax) 0.4 mg

Take: 0.4 mg oral Daily

Next Dose Due: ☒ Today ☐ AM ☒ PM ☐ Bedtime ☐ As Needed

Last Taken: 10/25/24 10:18

10/28/24

User: AC



Patient Name: Anachovich, Akiva
Account Number: V011921600

Birthdate: 12/25/1951

Medications to Take

These are your current and new medications to take at home.
If you have other prescriptions or over the counter medications at home that are not on this list, consult with your physician before taking them. Bring this list to your next physician visit!

dicyclomine 10 mg

Take: 10 mg Twice A Day * AS NEEDED

Prescribing Provider: Dave, Gazala

Next Dose Due:

☐ Today ☐ AM ☐ PM

☐ Tomorrow ☐ Other

Bedtime

☒ As Needed

for pain - up to 2x/day.

Last Taken: Prior to Current Visit

Last Activity: Prescription Printed

Take as Needed For: abdominal pain

User: AC

Patient: Akiva Anachovich
Acct Num: V011921600
Med Rec Num: M1048066
Location: West 5A: Bariatric/Surgical
Primary Provider: Dave, Gazala
Date: 10/22/24

Patient Signature Page

Patient Name: Akiva Anachovich
Guardian Name:

You were seen today for:

Biliary obstruction
Pancreatic mass

The above-named patient and/or guardian has received the following

Patient Instructions:

Received with this packet on 10/29/24 at 12:33
Low Fiber Diet

Activity Restrictions or Additional Instructions:

continue with chronic medications
follow up with gastroenterologist in the next one week

Follow-Ups:

Akiva Anachovich has been referred to the following clinics/specialists for follow-up care:

1. Doctor NotOnStaff , MD Date:

2. Robert Levine , MD Date:

466 Old Hook Road
Suite 1
Emerson, NJ 07630
201-967-8221

Prescriptions:

1. dicyclomine
10 mg oral twice a day as needed #14 cap
10 mg
capsule



Patient: Akiva Anachovich
Acct Num: V011921600
Med Rec Num: M1048066
Location: West 5A: Bariatric/Surgical
Primary Provider: Dave, Gazala
Date: 10/22/24

Refills: 0

Forms:

Patient Portal Access Form

Additional Documents Given:

Discharge Report
Home Medications List

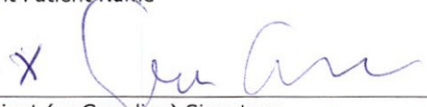
Discharge Information

Understanding of Discharge Instructions

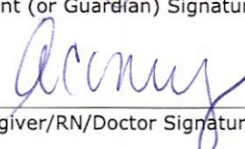
I understand all of the educational information provided throughout my visit and included in the discharge packet.

I have read and understand the instructions given to me by my caregivers.

Akiva Anachovich
Print Patient Name

X 
Patient (or Guardian) Signature

10/29/24 1300
Date/Time


Caregiver/RN/Doctor Signature

10/29/24 1300
Date/Time

Printed on 10/29/24 at 12:33

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**Discharge Summary
Signed**

Patient: Anachovich,Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W5A
Attending Dr: Gazala Dave MD
Referring Dr:

MR#: M1048066
Acct: V011921600
ADM Date: 10/22/24
Transcribed Dt/Tm: 10/29/24 1211
Dictating Dr: Dave,Gazala MD
Date of Service: 10/29/24 1211

cc: ~

Discharge Plan

Prescriptions

Med Rec & Prescriptions:

New

dicyclomine 10 mg capsule

10 mg PO BID PRN (Reason: abdominal pain) Qty: 14 ORF

Continued

atorvastatin 10 mg tablet

10 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

metoprolol succinate 50 mg tablet extended release 24 hr

50 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

tamsulosin 0.4 mg capsule

0.4 mg PO DAILY

Patient Comments:

TAKE 1 CAPSULE BY MOUTH EVERY DAY

losartan 25 mg tablet

25 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

allopurinol 300 mg tablet

300 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

Will Patient be on anticoag/anti-platelets?: No

Continue standard Coumadin Management: No

Disposition

Condition: Good

Patient Disposition: Routine/Home

Discharge Information

Instructions for Patient and Follow-up Providers:
continue with chronic medications

Discharge Summary STATUS: Signed 1029-00818

Page 1 of 7

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

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follow up with gastroenterologist in the next one week

Instruction Pamphlet(s):: Low Fiber Diet (DC)

Forms/Letters:: Patient Portal Access Form

Referrals/Follow Up with (Timeframe)::
NotOnStaff,Doctor, MD [Primary Care Provider] -
Levine,Robert, MD [Doctor of Medicine] -

Discharge Order

Discharge Orders:

Discharge (Routine); Ordered 10/29/24
Ordered By: Gazala Dave

Patient/Caregiver Discharge Instructions

Diet upon discharge: other

Other Diet:: low fiber diet

Activity upon discharge: increase activity as tolerated

Exam

Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
97.9 F	80	18	137/95 H	97	Room Air
10/29/24 04:37	10/29/24 04:37	10/29/24 06:00	10/29/24 04:37	10/29/24 06:00	10/29/24 08:00

Constitutional

Height: 1.78 m

Weight: 187 lb 6.287 oz

Body Mass Index (BMI): 26.9

Other

Additional findings:

General exam: AO x3, icteric

HEENT: EOMI, PERRLA, neck is supple

CVS: S1-S2 heard, regular rate and rhythm

Lungs: Clear to auscultation bilaterally, no rhonchi, no wheezing

Abdomen: Soft, nontender, nondistended, bowel sounds present

Extremities: No swelling, no edema was noted, Dorsalis pedis present bilaterally

Neurological: Cranial nerves 2-12 grossly intact, strength 5/5 in bilateral upper and lower extremities

Provider Information

Admission Info

Date of Admission:
October 22, 2024

Discharge Date: 10/29/24

Final Diagnoses::

Pancreatic mass

HPI/Hospital Course

HPI/Hospital Course::

72-year-old male with past medical history seen for hypertension, hyperlipidemia, gout, BPH presented with ongoing jaundice

In the ED, patient was noted to be hemodynamically stable.

CBC showed white count of 6K, H&H of 13.7/42.3, platelet count of 97K

BMP normal.. Total bilirubin 8.5 AST of 100 ALT of 163 alkaline phosphatase 331 CT abdomen and pelvis showed biliary and pancreatic ductal dilatation conversion to an ill-defined region of low-attenuation within the pancreas favored to reflect neoplasm presumably metastatic adenopathy along with peritoneal carcinomatosis.

Patient was treated for obstructive jaundice likely due to pancreatic neoplasm.

MRI of the abdomen suspicious for pancreatic adenocarcinoma

status post EUS/ERCP with stent placement to the CBD and FNA biopsy of the pancreatic head mass on 10/25/2024. Follow-up pathology report.

Patient developed ERCP induced pancreatitis. Managed conservatively. Low fiber diet. Lipase levels trending down.

Over the course of stay in the hospital patient's clinical condition remained fair subsequently was cleared from a discharge by GI with recommendation for close outpatient follow-up for further planning/review of pathology results. Oncology follow-up as outpatient. Bentyl was prescribed for abdominal cramping

Discharge diagnosis:

- 1: obstructive jaundice likely due to pancreatic neoplasm
- 2: Pancreatic neoplasm suspicion for pancreatic adenocarcinoma status post EUS/FNAB
- 3: ERCP induced pancreatitis
- 4: Transaminitis
- 5: Hypertension/hyperlipidemia
- 6: History of A-fib status post ablation
- 7 gout
- 8 BPH

Status post EUS/ERCP with stent placement to CBD and FNAB of pancreatic head mass done on 10/25.

Follow-up pathology results. GI on board

Lipase levels trending down. Seen by GI. Tolerating diet. Follow-up as outpatient with GI

Monitor LFTs. Follow-up with GI as outpatient

Continue losartan, beta-blocker.

Heart rate is currently controlled on beta-blocker statin on hold due to transaminitis

Continue allopurinol

Continue Flomax

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

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Code Status Upon Discharge:

10/22/24 23:58
Code Status Routine
Resuscitation Status: Full Code

Surgeries::

Operation Date: 10/25/24 12:15

Actual Procedures

p ERCP in OR(Not Applicable) - Anish Patel, MD
s EGD/Ultrasound/FNA in OR(Not Applicable) - Anish Patel, MD

Case Times

Procedure Start: 10/25/24 13:36

Recent Labs

Recent Labs:

Laboratory Last Values

WBC	14.31 X10 ³ (4.50-10.50) H	10/29/24 04:36
RBC	5.40 X10 ⁶ (4.00-6.00)	10/29/24 04:36
Hgb	15.7 g/dl (14.0-18.0)	10/29/24 04:36
Hct	48.1 % (42.0-54.0)	10/29/24 04:36
MCV	89.1 fl (84.5-98.7)	10/29/24 04:36
MCH	29.1 pg (27.0-31.0)	10/29/24 04:36
MCHC	32.6 g/dL (31.0-35.0)	10/29/24 04:36
RDW	15.8 % (11.6-14.4) H	10/29/24 04:36
Plt Count	160 X10 ³ (150-450)	10/29/24 04:36
MPV	11.2 fL (9.4-12.4)	10/29/24 04:36
Absolute Nucleated RBC	0.00 X10 ³	10/29/24 04:36
Neutrophils %	66 %	10/23/24 06:44
Band Neutrophils %	1 % (0-10)	10/23/24 06:44
Lymphocytes %	16 %	10/23/24 06:44
Monocytes %	10 %	10/23/24 06:44
Eosinophils %	3 %	10/23/24 06:44
Basophils %	1 %	10/23/24 06:44
Neutrophils #	3.48 X10 ³ (2.03-7.35)	10/23/24 06:44
Lymphocytes #	0.99 K/MM3 (0.90-4.20)	10/23/24 06:44
Monocytes #	0.52 K/MM3 (0.05-1.05)	10/23/24 06:44
Eosinophils #	0.16 K/MM3 (0.05-0.74)	10/23/24 06:44
Basophils #	0.05 K/MM3 (0.00-0.21)	10/23/24 06:44
Variant Lymphocytes	3 % (0-10)	10/23/24 06:44
Platelet Estimate	DECREASED L	10/23/24 06:44
Poikilocytosis	1+ _ _ _ _ _	10/22/24 17:26

Anisocytosis	1+	10/23/24 06:44
Macrocytosis	2+	10/22/24 17:26
Ovalocytes	1+	10/22/24 17:26
PT	13.9 Sec (12.0-14.2)	10/25/24 04:54
INR	1.1 (0.9-1.1)	10/25/24 04:54
APTT	30.0 Sec (24.5-33.7)	10/23/24 11:46
Sodium	132 mmol/L (136-145) L	10/29/24 04:36
Potassium	3.9 mmol/L (3.5-5.1)	10/29/24 04:36
Chloride	103 mmol/L (98-107)	10/29/24 04:36
Carbon Dioxide	24 mmol/L (20-31)	10/29/24 04:36
BUN	19 mg/dL (9-23)	10/29/24 04:36
Creatinine	0.75 mg/dL (0.73-1.18)	10/29/24 04:36
GFR Calculation	102	10/29/24 04:36
Glucose	106 mg/dL (74-106)	10/29/24 04:36
Calcium	9.1 mg/dL (8.3-10.6)	10/29/24 04:36
Total Bilirubin	3.6 mg/dL (0.3-1.2) H	10/29/24 04:36
Direct Bilirubin	7.0 mg/dL (0.0-0.3) H	10/22/24 17:26
AST	65 U/L (<34) H	10/29/24 04:36
ALT	101 U/L (10-49) H	10/29/24 04:36
Alkaline Phosphatase	220 U/L (45-117) H	10/29/24 04:36
Total Protein	7.0 g/dL (5.7-8.2)	10/29/24 04:36
Albumin	4.2 g/dL (3.2-4.8)	10/29/24 04:36
Lipase	174 U/L (12-53) H	10/29/24 04:36

Diagnostic Imaging

Radiology Impressions:

ITS Impressions

Chest X-Ray 10/22/24 17:51

FINDINGS/IMPRESSION:

The lungs are clear. There is no focal consolidation, pulmonary edema, pneumothorax, or pleural effusion. The cardiomeastinal silhouette is unremarkable. No acute osseous abnormality.

Electronically Signed by: Tara Helling, MD 10/22/2024 11:18 PM

Abdomen/Pelvis CT 10/22/24 17:52

IMPRESSION:

Biliary and pancreatic ductal dilatation converging on an ill-defined region of low-attenuation within the pancreas favored to reflect neoplasm. Presumably metastatic adenopathy along with peritoneal carcinomatosis. Further evaluation with MRCP may be beneficial as clinically indicated.

Additional findings as detailed.

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

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Electronically Signed by: Tara Helling, MD 10/22/2024 8:40 PM

Cholangiopancreatography MRI 10/23/24 04:00
IMPRESSION:

Poorly defined, infiltrative mass of the pancreatic head highly suspicious for pancreatic adenocarcinoma. Encasement of the portosplenic confluence, peripheral superior branches of the SMA, celiac trunk. Trace free fluid in the root of the mesentery, with carcinomatosis present in the right paracolic gutter. Prominent peripancreatic lymph nodes suspicious for metastases.

Electronically Signed by: Shannon Daniels MD 10/23/2024 9:04 AM

Chest CT 10/23/24 11:43
IMPRESSION:

No metastatic disease seen in the chest.

Electronically Signed by: Michael Lombino, MD 10/23/2024 4:11 PM

Endo Retro Cholangiopancreatogram 10/25/24 00:00
FINDINGS/IMPRESSION:

Fluoroscopy time 10 seconds. Dose 6.61 mGy. 6 spot images of the right hemiabdomen provided.

Contrast injected into the extrahepatic and central intrahepatic bile ducts with CBD stent placement. Stent shows narrowing in its central aspect. Correlate with real-time fluoroscopy/procedure note.

Electronically Signed by: Cheryl DeWitt 10/25/2024 3:13 PM

Consults

Consults:

Visit Care Team	Role	Provider Type
Doctor NotOnStaff, MD	Primary Care Provider	Doctor of Medicine
Specialty:		
Address:		
Phone:		
Fax:		

Antonio G. Lasorsa, DO	Emergency Provider	Doctor of Medicine
Specialty:	Emergency Medicine	
Address:	4 Valley Health Plaza, Paramus, NJ, 07652	

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

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Phone: (201) 447-8300
Fax: (201) 251-3467

Gazala Dave, MD

	Attending Provider	Doctor of Medicine
Specialty:	Family Practice	
Address:	4 Valley Health Plaza, Paramus, NJ, 07652	
Phone:	(201) 447-8618	
Fax:	(201) 251-3302	

Eli M Fouerte, DO

	Admit Provider	Doctor of Medicine
Specialty:	Internal Medicine	
Address:	4 Valley Health Plaza, Paramus, NJ, 07652	
Phone:	201-447-8618	
Fax:	201-251-3302	

Time Spent with Patient

Time:

Total time spent providing and/or coordinating discharge services: More than 35 minutes

Quality:

Select Quality Measure(s): Not Applicable

Signed By: <Electronically signed by Gazala Dave MD> 10/29/24 1232

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**Hospitalist History & Physical
Signed**

Patient: Anachovich, Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: AU
Attending Dr: Eli M Fouerte DO
Referring Dr:

MR#: M1048066
Acct: V011921600
ADM Date: 10/22/24
Transcribed Dt/Tm: 10/22/24 2337
Dictating Dr: Fouerte, Eli M DO
Date of Service: 10/22/24 2337

cc: ~

History of Present Illness

Chief complaint: jaundice

History of present illness:

Mr. Anachovich is a 72 year old male with PMH of with past medical history of hypertension, dyslipidemia, gout, BPH, presented to the ED with complaints of jaundice. He states that over the last 3 to 4 days he has noticed progressively worsening yellowing of his skin. He also endorses abdominal discomfort mostly on his right upper abdomen over the last several weeks, denies any pain however. Denies any fever or chills, chest pain, shortness of breath, diarrhea, dysuria, hematuria.

Labs reviewed showed WBC 6.05, hemoglobin 15.7, platelets 97. Sodium 140, potassium 4.1, chloride 108, BUN 14, creatinine 0.87. Total bilirubin 8.5, direct bilirubin 7.0. GGT 1141, AST 100, ALT 163, alk phos 331.

CT abdomen and pelvis shows biliary and pancreatic ductal dilatation consistent with an ill-defined region of low-attenuation within the pancreas favored to reflect neoplasm. Presumably metastatic adenopathy along with peritoneal carcinomatosis.

Constitutional: NAD, AAO x 3, +jaundice
HEENT: NCAT, EOMI
CVS: Normal S1, S2
RESP: Fair air entry b/l
ABD: Nontender, nondistended, soft, no rigidity or guarding
Musculoskeletal: No cyanosis or clubbing
Neuro: No focal deficits
Skin: No rashes

A/P:

Transaminitis/ hyperbilirubinemia. Obstructive pattern.
Likely due to obstructing pancreatic mass.
Afebrile, no leukocytosis.
GI consulted by ED. Dr. Pittman. Per ED, he will arrange for surgical evaluation in am.
MRCP pending.
Keep NPO in case will need ERCP/ surgery.

HTN. c/w Losartan, Metoprolol.

Hx of afibb s/p ablation.

OSA. On CPAP hs.

Hospitalist History & Physical STATUS: Signed 1022-

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

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DLP. Hold statin.

Gout. c/w Allopurinol.

BPH. c/w Flomax.

DVT ppx. SCD. No pharmacologic ppx as may need to undergo procedures in am.

Full Code.

HCP: Wife.

Medications and Allergies

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
atorvastatin 10 mg tablet	10 mg PO DAILY	10/22/24	10/22/24	History
losartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/22/24	History
metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/22/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/22/24	History

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/22/24 15:37

Exam

Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
36.8 C	61	17	150/90 H	98	Room Air
10/22/24 23:33	10/22/24 23:33	10/22/24 23:33	10/22/24 23:33	10/22/24 23:33	10/22/24 23:33

Constitutional

Height: 1.78 m

Weight: 85 kg

Body Mass Index (BMI): 26.9

Results

Labs

Hospitalist History & Physical STATUS: Signed 1022-

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

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10/22/24 17:26

6.05 13.7L 97L
42.3

10/22/24 17:26

140 108H 14 98
4.1 26 0.87

Labs:

Short CBC

	10/22/24 17:26
WBC	6.05
Hgb	13.7 L
Hct	42.3
Plt Count	97 L
Neutrophils #	3.75

BMP

	10/22/24 17:26
Sodium	140
Potassium	4.1
Chloride	108 H
Carbon Dioxide	26
BUN	14
Creatinine	0.87
Glucose	98
Calcium	9.0

Liver Function

	10/22/24 17:26
Total Bilirubin	8.5 H
Direct Bilirubin	7.0 H
AST	100 H
ALT	163 H
Alkaline Phosphatase	331 H
Albumin	4.1

Impressions ITS Impressions

Chest X-Ray 10/22/24 17:51
FINDINGS/IMPRESSION:

Hospitalist History & Physical STATUS: Signed 1022-

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

4

The lungs are clear. There is no focal consolidation, pulmonary edema, pneumothorax, or pleural effusion. The cardiomediastinal silhouette is unremarkable. No acute osseous abnormality.

Electronically Signed by: Tara Helling, MD 10/22/2024 11:18 PM

Abdomen/Pelvis CT 10/22/24 17:52

IMPRESSION:

Biliary and pancreatic ductal dilatation converging on an ill-defined region of low-attenuation within the pancreas favored to reflect neoplasm. Presumably metastatic adenopathy along with peritoneal carcinomatosis. Further evaluation with MRCP may be beneficial as clinically indicated.

Additional findings as detailed.

Electronically Signed by: Tara Helling, MD 10/22/2024 8:40 PM

Assessment/Plan

Assessment and plan

- (1) Biliary obstruction:
Status: Acute
- (2) Pancreatic mass:
Status: Acute
- (3) Hypertension:
Status: Acute
- (4) Gout:
Status: Acute
- (5) Dyslipidemia:
Status: Acute
- (6) BPH (benign prostatic hyperplasia):
Status: Acute

Signed By: <Electronically signed by Eli M Fouerte DO> 10/23/24 0001

Hospitalist History & Physical STATUS: Signed 1022-

The Valley Hospital in Paramus
GI

Patient Name:	Akiva Anachovich	Procedure Date:	10/25/2024 12:48 PM
MRN:	M1048066	Account Number:	V011921600
Date of Birth:	12/25/1951	Age:	72

Procedure: ERCP

Indications: Bile duct stricture

Providers: Anish Patel, MD, Henry Zhou, MD (Anesthesia Staff)

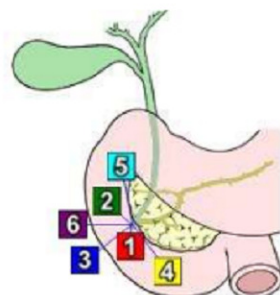
Procedure: Pre-Anesthesia Assessment:

- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient is competent. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified by the physician, the nurse and the anesthesiologist in the procedure room. Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: normal. Prophylactic Antibiotics: The patient does not require prophylactic antibiotics. Prior

Anticoagulants: The patient has taken no anticoagulant or antiplatelet agents. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use general anesthesia. Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure.

Prior to the procedure the risks, benefits, rationale and alternatives were explained to the patient. The risks including but not limited to perforation, bleeding and the need for emergency surgery were explained to the patient. In addition the limitations of ERCP were explained to the patient. Limitations that include the possibility of a missed lesion.

After obtaining informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Duodenoscope was introduced through the mouth, and advanced to the duodenum and used to inject contrast into the bile duct and ventral pancreatic duct. The ERCP was accomplished without difficulty. The patient tolerated the procedure well.



The Biliary Tree

Findings:

The scout film was normal. The esophagus was successfully intubated under direct vision. The scope was advanced to a normal major papilla in the descending duodenum without detailed examination of the pharynx, larynx and associated structures, and upper GI tract. The upper GI tract was grossly normal. The ventral pancreatic duct was inadvertently cannulated with the sphincterotome without any complications. Double-wire technique was utilized without success. The decision was made to perform a 6 mm biliary sphincterotomy was made with a monofilament needle knife over a pancreatic duct wire using ERBE electrocautery. There was no post-sphincterotomy bleeding. The bile duct was deeply cannulated with the sphincterotome. Contrast was injected. I personally interpreted the bile duct images. There was brisk flow of contrast through the ducts. Image quality was excellent. Contrast extended to the entire biliary tree. The lower third of the main bile duct contained a single severe stenosis. An extension 4 mm biliary sphincterotomy was made with a monofilament sphincterotome using ERBE electrocautery. There was no post-sphincterotomy bleeding. To discover objects, the biliary tree was swept with a 12 mm balloon starting at the upper third of the main bile duct. Minimal debris was swept from the duct. The inflated balloon was utilized to delineate the stricture. One 10 Fr by 6 cm covered metal stent was placed into the common bile duct. The stent was in good position, below the hepatic bifurcation. The PD wire was lost during the procedure, and therefore we did not attempt to recannulate the PD. Rectal Indomethacin was administered.

The Valley Hospital in Paramus
GI

Patient Name: Akiva Anachovich
MRN: M1048066
Date of Birth: 12/25/1951

Procedure Date: 10/25/2024 12:48 PM
Account Number: V011921600
Age: 72

Medicines: General Anesthesia

Complications: No immediate complications.

Add'l Images:



1 Area of Papilla in the Duodenum



2 Area of Papilla in the Duodenum



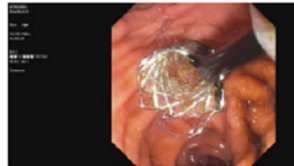
3 Area of Papilla in the Duodenum



4 Area of Papilla in the Duodenum



5 Area of Papilla in the Duodenum



6 Area of Papilla in the Duodenum

Impression:

- A single severe biliary stricture was found in the lower third of the main bile duct.
- A needle-knife biliary sphincterotomy was performed.
- A conventional, extension biliary sphincterotomy was performed.
- The biliary tree was swept and minimal debris was found.
- One covered metal stent was placed into the common bile duct.

Estimated Blood Loss:

Estimated blood loss was minimal.

Recommendation:

- Return patient to hospital ward for ongoing care.
- Clear liquid diet today. Advance diet tomorrow as tolerated.
- AM CBC + Hepatic Panel.
- Continue present medications.
- Observe patient's clinical course following today's ERCP with therapeutic intervention.
- Watch for pancreatitis, bleeding, perforation, and cholangitis.

Procedure Code(s): --- Professional ---
43274, Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent
43264, Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)
74328, Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation

Diagnosis Code(s): --- Professional ---
K83.1, Obstruction of bile duct

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The codes documented in this report are preliminary and upon coder review may be revised to meet current

The Valley Hospital in Paramus
GI

Patient Name: Akiva Anachovich
MRN: M1048066
Date of Birth: 12/25/1951

Procedure Date: 10/25/2024 12:48 PM
Account Number: V011921600
Age: 72

compliance requirements.

Attending Participation:

I personally performed the entire procedure.



Anish Patel, MD

Finalized Date: 10/25/2024 3:06:38 PM

This report has been electronically signed on the finalized date.

Number of Addenda: 0

Note Initiated On: 10/25/2024 12:48:36 PM

The Valley Hospital in Paramus
GI

Patient Name:	Akiva Anachovich	Procedure Date:	10/25/2024 12:45 PM
MRN:	M1048066	Account Number:	V011921600
Date of Birth:	12/25/1951	Age:	72

Procedure: Upper EUS

Indications: Suspected mass in pancreas on CT scan, Abnormal abdominal/pelvic CT scan

Providers: Anish Patel, MD, Henry Zhou, MD (Anesthesia Staff)

Procedure: Pre-Anesthesia Assessment:

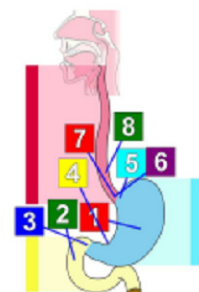
- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient is competent. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified by the physician, the nurse and the anesthesiologist in the procedure room. Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: normal. Prophylactic Antibiotics: The patient does not require prophylactic antibiotics. Prior

Anticoagulants: The patient has taken no anticoagulant or antiplatelet agents. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use general anesthesia. Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure.

Prior to the procedure the risks, benefits, rationale and alternatives were explained to the patient. The risks including but not limited to perforation, bleeding and the need for emergency surgery were explained to the patient. In addition the limitations of EUS were explained to the patient. Limitations that include the possibility of a missed lesion.

After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The was introduced through the mouth, and advanced to the second part of duodenum. The Endosonoscope was introduced through the mouth, and advanced to the second part of duodenum. Prior to the procedure the risks, benefits, rationale and alternatives were explained to the patient. The risks including but not limited to perforation, bleeding and the need for emergency surgery were explained to the patient. In addition the limitations of EUS were explained to the patient. Limitations that include the possibility of a missed lesion.

After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.



Upper Gastrointestinal Tract

Findings:

ENDOSCOPIC FINDING:

The examined esophagus was normal.

The gastroesophageal flap valve was visualized endoscopically and classified as Hill Grade II (fold present, opens with respiration).

The Valley Hospital in Paramus
GI

Patient Name: Akiva Anachovich
MRN: M1048066
Date of Birth: 12/25/1951

Procedure Date: 10/25/2024 12:45 PM
Account Number: V011921600
Age: 72

Patchy mild inflammation characterized by erythema was found in the stomach. Random biopsies were obtained with cold forceps for histology in the gastric body and in the gastric antrum.

The examined duodenum was normal.

ENDOSONOGRAPHIC FINDING:

There were a few venous collaterals present adjacent to the portal vein, based on endosonographic examination.

A mass was identified in the pancreatic head. The mass was heterogenous. The endosonographic borders were poorly-defined. It was extremely challenging to appreciate exact borders and delineate the mass. Fine needle biopsy was performed. Color Doppler imaging was utilized prior to needle puncture to confirm a lack of significant vascular structures within the needle path. Seven passes were made with the 22 gauge ultrasound biopsy needle using a transduodenal approach. Final cytology results are pending.

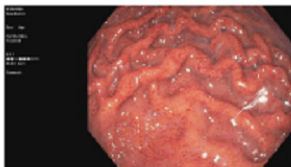
A few enlarged lymph nodes were visualized in the porta hepatis region. The nodes were oval, hypoechoic and had well defined margins. There was sitting beyond the dilated CBD, and therefore not amenable to core biopsy.

There was significant dilation in the gallbladder.

Medicines: General Anesthesia

Complications: No immediate complications.

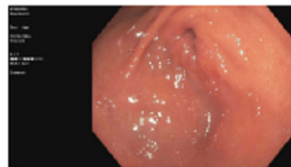
Add'l Images:



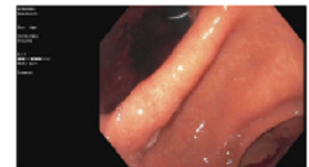
1 Gastric Body



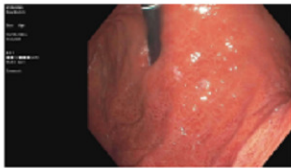
2 2nd Portion of the Duodenum



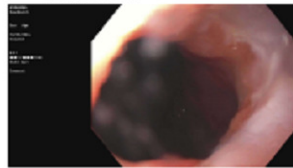
3 Pylorus



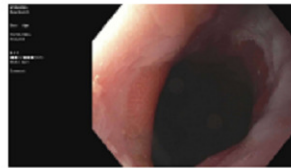
4 Incisura of the Stomach



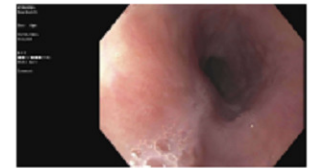
5 Gastric Cardia



6 Gastroesophageal Junction



7 Gastroesophageal Junction



8 Lower Third of the Esophagus

Impression:

- Normal esophagus.
- Gastroesophageal flap valve classified as Hill Grade II (fold present, opens with respiration).
- Gastritis.
- Normal examined duodenum.

The Valley Hospital in Paramus
GI

Patient Name:	Akiva Anachovich	Procedure Date:	10/25/2024 12:45 PM
MRN:	M1048066	Account Number:	V011921600
Date of Birth:	12/25/1951	Age:	72

- Endosonographic findings are consistent with cavernous transformation of the portal vein.
- A mass was identified in the pancreatic head. Fine needle biopsy performed.
- A few enlarged lymph nodes were visualized in the porta hepatis region.
- There was dilation in the gallbladder.
- Random biopsies were obtained in the gastric body and in the gastric antrum.

Due to technical issues, the EUS images could not be saved.

Estimated Blood Loss:

Estimated blood loss was minimal.

- Recommendation:**
- Await cytology results and await path results.
 - Perform an ERCP today.

Procedure Code(s): --- Professional ---
43238, Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)
43239, 59, Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple

Diagnosis Code(s): --- Professional ---
K29.70, Gastritis, unspecified, without bleeding
I87.8, Other specified disorders of veins
K86.89, Other specified diseases of pancreas
R59.0, Localized enlarged lymph nodes
K82.8, Other specified diseases of gallbladder
R93.3, Abnormal findings on diagnostic imaging of other parts of digestive tract
R93.5, Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum

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The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

Attending Participation:

I personally performed the entire procedure.



Anish Patel, MD

Finalized Date: 10/25/2024 3:01:47 PM

This report has been electronically signed on the finalized date.

Number of Addenda: 0

Note Initiated On: 10/25/2024 12:45:35 PM

The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652

**GI Consult
Signed**

Patient: Anachovich,Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: AU
Attending Dr: Brandon Schneider DO
Referring Dr:

MR#: M1048066
Acct: V011921600
ADM Date: 10/22/24
Transcribed Dt/Tm: 10/23/24 0947
Dictating Dr: DeLillo,Anthony MD
Date of Service: 10/23/24 0947

cc: ~

History of Present Illness

Data of Consult

Requesting Physician:
Brandon Schneider

Primary Care Provider:
Doctor NotOnStaff

Consult Narrative

Chief Complaint::

jaundice

History of present illness:

72M presented to VH ER with one week of painless jaundice. No nausea, abd pain, weight loss. No new medications. Also noted dark urine.

Past Medical,Fam,Soc History

Past Medical History

Cardiac: Atrial Fibrillation

Respiratory: Sleep Apnea

Musculoskeletal: Fractures and Gout

Past Surgical History

Gastrointestinal: Colonoscopy

Musculoskeletal: Carpal Tunnel Surgery

Social History

Smoking Status: Never Smoker

Substance Use Type: Alcohol

Consumption Amount: Occasionally

Lives With: Spouse

Medications and Allergies

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
atorvastatin 10 mg tablet	10 mg PO DAILY	10/22/24	10/23/24	History
losartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/23/24	History
metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/23/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/23/24	History

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Dextrose/Sodium Chloride Dextrose 5% 1/2 Ns	1,000 mls @ 50 mls/hr IV .Q20H SCH	10/22/24 23:45 10/23/24 19:44	10/23/24 00:37 50 mls/hr Administration
Losartan Potassium Losartan Potassium 25 Mg Tablet	25 mg PO DAILY SCH	10/23/24 10:00	10/23/24 08:15 25 mg Administration
Metoprolol Succinate Metoprolol Succinate 50 Mg Tab	50 mg PO DAILY SCH	10/23/24 10:00	10/23/24 08:15 50 mg Administration
Tamsulosin HCl Tamsulosin Hcl 0.4 Mg Capsule	0.4 mg PO DAILY SCH	10/23/24 10:00	10/23/24 08:16 0.4 mg Administration

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/22/24 15:37

Exam

Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
37.6 C H	61	18	151/92 H	97	Room Air
10/23/24 05:10	10/23/24 08:15	10/23/24 05:10	10/23/24 08:15	10/23/24 05:10	10/23/24 07:45

Constitutional

Height: 1.78 m

Weight: 85 kg

Body Mass Index (BMI): 26.9

Eye

Eye exam: Present scleral icterus

GI/Abdominal

GI/Abdominal exam: Present soft; Absent distended, firm, guarding, hernia, mass, rebound, rigid or tenderness

Neurological.

Neuro Mental Status: Normal: Alertness, Memory, Knowledge, Speech, Orientation, Concentration and Language

Assessment/Plan

(1) Biliary obstruction:

Status: Acute

(2) Pancreatic mass:

Status: Acute

Assessment and plan:

will contact Anish Patel to eval for EUS/ERCP and stent placement. appears to have advanced pancreatic cancer.

(3) Hypertension:

Status: Acute

(4) Gout:

Status: Acute

(5) Dyslipidemia:

Status: Acute

(6) BPH (benign prostatic hyperplasia):

Status: Acute

Time Spent with Provider

Total Time spent with Patient::

Total time (face-to-face and unit/floor) spent with patient was [] minutes, with more than 50% spent in counseling and coordination of care.

Results

Labs

5.20 13.7L 90L
 41.6L

10/23/24 06:44

140 111H 11 102
 3.5 23 0.70L

10/23/24 06:44

Labs:

Short CBC

	10/22/24 17:26	10/23/24 06:44
WBC	6.05	5.20
Hgb	13.7 L	13.7 L
Hct	42.3	41.6 L
Plt Count	97 L	90 L
Neutrophils #	3.75	3.48

BMP

	10/22/24 17:26	10/23/24 06:44

Sodium	140	140
Potassium	4.1	3.5
Chloride	108 H	111 H
Carbon Dioxide	26	23
BUN	14	11
Creatinine	0.87	0.70 L
Glucose	98	102
Calcium	9.0	8.2 L

Liver Function

	10/22/24 17:26	10/23/24 06:44
Total Bilirubin	8.5 H	9.0 H
Direct Bilirubin	7.0 H	
AST	100 H	87 H
ALT	163 H	150 H
Alkaline Phosphatase	331 H	316 H
Albumin	4.1	4.1

Impressions

Impression:

ITS Impressions

Chest X-Ray 10/22/24 17:51

FINDINGS/IMPRESSION:

The lungs are clear. There is no focal consolidation, pulmonary edema, pneumothorax, or pleural effusion. The cardiomediastinal silhouette is unremarkable. No acute osseous abnormality.

Electronically Signed by: Tara Helling, MD 10/22/2024 11:18 PM

Abdomen/Pelvis CT 10/22/24 17:52

IMPRESSION:

Biliary and pancreatic ductal dilatation converging on an ill-defined region of low-attenuation within the pancreas favored to reflect neoplasm. Presumably metastatic adenopathy along with peritoneal carcinomatosis. Further evaluation with MRCP may be beneficial as clinically indicated.

Additional findings as detailed.

Electronically Signed by: Tara Helling, MD 10/22/2024 8:40 PM

VAH
Patient name: Anachovich,Akiva
Account #: V011921600

5

Cholangiopancreatography MRI 10/23/24 04:00

IMPRESSION:

Poorly defined, infiltrative mass of the pancreatic head highly suspicious for pancreatic adenocarcinoma. Encasement of the portosplenic confluence, peripheral superior branches of the SMA, celiac trunk. Trace free fluid in the root of the mesentery, with carcinomatosis present in the right paracolic gutter. Prominent peripancreatic lymph nodes suspicious for metastases.

Electronically Signed by: Shannon Daniels MD 10/23/2024 9:04 AM

Signed By: <Electronically signed by Anthony DeLillo MD> 10/23/24 0949



PreOP

Patient: Akiva Anachovich		DOB: 12/25/1951
MRN: M1048066	Acct: V011921600	DOS: 10/25/2024

Person Providing Info:	Height: 1.78 m	Weight: 85.0kg	BMI: 26.9	Age: 72 Y	Gender: M
Allergies	NKDA				
Diagnosis	Dx: Other specified diseases of pancreas				
Procedure	ERCP in OR				
Past Medical History	CARDIOVASCULAR: Essential Hypertension, Hyperlipidemia RENAL: Benign Prostatic Hypertrophy HEPATO-BILIARY: Obstructive Jaundice, Other (see notes) (Pancreatic Mass) ENDOCRINE: Gout				
Past Surgical / Procedural History	PAST SURGICAL HISTORY: Refer to chart				
Anesthesia History	Patient History: No Anesthesia Complications				
Social History	Tobacco: Former smoker				
Home Medication(s)	Reviewed/Refer to EMR				
Inpatient Medication(s)	Reviewed/Refer to EMR				
Physical Exam	Systolic: 156 Diastolic: 90 Pulse: 60 Resp Rate: 18 SpO2: 97 Temp: 98.1 °C/°F				
Airway Exam	Mallampati: Class III Airway Difficulty: Possible				
Anes Evaluation Plan	Physical Status: ASA 3 Assessment Plan: General Postop Disposition: PACU I				
General Notes					

Diagnostic Studies

WBC: 4.50
10/25/2024 00:00

Hgb: 13.6
10/25/2024 00:00

Hct: 41.0
10/25/2024 00:00

Plt: 101
10/25/2024 00:00

Na: 141
10/25/2024 00:00

K+: 3.7
10/25/2024 00:00

Cl: 110
10/25/2024 00:00

CO2: 24
10/25/2024 00:00

BUN: 14
10/25/2024 00:00

Creat: 0.76
10/25/2024 00:00

Glucose: 111
10/25/2024 00:00

PT: 13.9
10/25/2024 00:00

PTT: 30.0
10/23/2024 00:00

INR: 1.1
10/25/2024 00:00

MCV: 90.3 fl
RefRange: [84.5 - 98.7 fl]
10/25/2024 00:00

MCH: 30.0 pg
RefRange: [27.0 - 31.0 pg]
10/25/2024 00:00

RDW: 16.0 %
RefRange: [11.6 - 14.4 %]
10/25/2024 00:00

MPV: 11.9 fL
RefRange: [9.4 - 12.4 fL]
10/25/2024 00:00

GFR: 101
10/25/2024 00:00

AST: 100 U/L
RefRange: [<34 - undefined U/L]
10/25/2024 00:00

ALT: 148 U/L
RefRange: [10 - 49 U/L]
10/25/2024 00:00

ALP: 318 U/L
RefRange: [45 - 117 U/L]
10/25/2024 00:00

RBC: 4.54 X10 6
RefRange: [4.00 - 6.00 X10 6]
10/25/2024 00:00

MCHC: 33.2 g/dL
RefRange: [31.0 - 35.0 g/dL]
10/25/2024 00:00

NRBC#: 0.00 X10 3
10/25/2024 00:00

CA: 8.6 mg/dL
RefRange: [8.3 - 10.6 mg/dL]
10/25/2024 00:00

BILIT: 10.5 mg/dL
RefRange: [0.3 - 1.2 mg/dL]
10/25/2024 00:00



PreOP

Patient: Akiva Anachovich		DOB: 12/25/1951
MRN: M1048066	Acct: V011921600	DOS: 10/25/2024

TP: 6.5 g/dL
RefRange: [5.7 - 8.2 g/dL]
10/25/2024 00:00
ALB: 4.1 g/dL
RefRange: [3.2 - 4.8 g/dL]
10/25/2024 00:00
Labs: Reviewed, Refer Chart

Preop Signature(s): Electronically Signed by Henry Zhou (Anesthesiologist) 10/25/2024 12:13

Day of Surgery Note
NPO solids greater than 8 hours
PONV Risk Factors: Current Non-Smoker
PONV Risk Score: 1
PreProcedure: All Completed, Pt examined and all questions answered
Agrees with the above mentioned Anesthesia Eval Plan
PreProcedure: PT Double Identified , H&P Reviewed , Chart Reviewed , Consent Signed

Preop MD Signature: Electronically Signed by Henry Zhou (Anesthesiologist) 10/25/2024 13:10

Preop Done Time: 10/25/2024 13:10



Anesthesia Record

Patient: Akiva Anachovich		DOB: 12/25/1951
MRN: M1048066	Acct: V011921600	DOS: 10/25/2024
Height: 177.8 cm	Weight: 85.0kg	PS: ASA 3
OR: TNVHOR23	Encounter Type: Outpatient	Surgeon: Anish Patel

Diagnosis: Dx: Other specified diseases of pancreas

Procedure(s): ERCP in OR

Allergies: NKDA

Anes Room In: 13:19 Time-Out: 13:26 Proc Start: 13:36 Proc End: 14:52 Care TRF: 15:09

Pre-Procedure HZ - PT Double Identified HZ - H&P Reviewed HZ - Chart Reviewed HZ - Consent Signed HZ - Patient Re-Evaluated Prior to Induction HZ - Pre-Induction Vitals are First Set of Vitals HZ - Time Out Performed Prior to Induction Pre-Anesthesia State HZ - Awake	HZ - WHO Check list used Pre-Induction Patient Safety EyeCare HZ - Taped HZ - Closed w/o pressure Position HZ - Position: Prone HZ - Pressure Points Checked/Padded RightArm HZ - Tucked LeftArm HZ - Tucked	Neck HZ - Neutral Monitors & Equipment Monitors HZ - Alarms On HZ - ASA Standard Monitors HZ - Temperature: Nasopharyngeal HZ - EKG: 3 Lead HZ - SaO2 HZ - EtCO2 HZ - NIBP: NIBP: Left UpperExt HZ - O2 analyzer	HZ - Gas Analyzer HZ - Machine Checked HZ - Equipment Checked HZ - Suction Checked HZ - Airway Humidifier HZ - Forced Air Warmer Anesthesia Techniques HZ - General Airway Management Airway HZ - Endotracheal Tube: 7.5 HZ - Pre-Oxygenation
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Time	13:10	13:15	13:20	13:25	13:30	13:35	13:40	13:45	13:50	13:55	14:00	14:05	14:10	14:15	14:20	14:25	14:30	14:35	
Air L/Min				0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	
Oxygen L/Min			10	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	
End Tidal Desflurane %				4.2	4.2	4.2	4.6	4.6	4.6	4.6	5.6	5.6	5.4	5.4	5.4	5.4	5.4	5.4	
Fentanyl [IV] mcg																			
Propofol [IV] mg			180																
Succinylcholine [IV] mg			100																
Lidocaine [IV] ml			40																
Zofran [IV] mg																		4	
Rocuronium [IV] mg																			
Reglan [IV] mg					10														
glucagon Injectable [IV] mg																			
Decadron [IV] mg						8													
Haloperidol [IV] mg																			
Levofloxacin [IV] mg			500																
Sodium Chloride 0.9% ml			400																
Urine ml																			
EBL ml																			
EKG			SR																
FiO2 %				62			54												
ET CO2 mmHg				33	33	33	33	33	33	30	30	30	30	30	30	30	30	30	
Temp C				36	36	36	35.9	35.9	35.9	35.9	35.8	35.8	35.8	35.8	35.8	35.8	35.8	35.8	
SpO2 %			98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98	
PNS (Train of Four)																			
Legend																			
● HR	220																		
▲ NIBP	200																		
▲ MAP	180																		
▲ A-Line	160																		
▲ MAP	140																		
▲ A-Line2	120																		
▲ MAP	100																		
	80																		
	60																		
	40																		
	20																		
Vent Mode	-			PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	PCV-VG	
Tidal Vol Setting ml				450	450	450	500	500	500	500	500	500	500	500	500	500	500	500	
Resp. Rate /min				16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	
PIP cmH2O				19	19	19	20	20	20	20	20	20	20	20	20	20	20	20	
PEEP	-			6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	

PACU Vitals

Systolic: 140/93 Pulse: 64/min SpO2: 97% Resp Rate: 16/min Temp: 97.6°C/F

Extubation/Disposition

HZ - Extubation criteria met TOF ratio>0.9
HZ - Suctioned, extubated (or LMA removed)
HZ - Transfer of Care: To PACU Phase 1 and report given
HZ - PACU In time: 10/25/2024 15:09
HZ - Patient assessed and plan prescribed for short term pain management

HZ - Score: 0
PACU
HZ - Awake/Responsive
HZ - Nasal Oxygen
HZ - VSS
HZ - Satisfactory Condition
HZ - Arousable



Anesthesia Record

				Patient: Akiva Anachovich		DOB: 12/25/1951
				MRN: M1048066	Acct: V011921600	DOS: 10/25/2024
Height: 177.8 cm	Weight: 85.0kg	PS: ASA 3	OR: TNVHOR23	Encounter Type: Outpatient	Surgeon: Anish Patel	
HZ - - Anesthetic care and concerns, medical history, medications, allergies, key issues and precautions discussed. Opportunity for questions given and understanding from receiving team acknowledged.						
Anesthesia Notes						
Anesthetic management and risks including but not limited to: temporary sore throats, aspiration, pneumonia, recall of sound/speech by others, positional nerve injury, allergic reaction, nausea/vomiting discussed in detail with the patient. All questions answered.						
Providers		Start - End				
HZ - Henry Zhou (Anesthesiologist)		10/25/2024 13:19 - 10/25/2024 15:09				
		Electronically Signed at: 10/25/2024 15:09				



Anesthesia Record

Patient: Akiva Anachovich	DOB: 12/25/1951
MRN: M1048066	Acct: V011921600
	DOS: 10/25/2024

Height: 177.8 cm	Weight: 85.0kg	PS: ASA 3	OR: TNVHOR23	Encounter Type: Outpatient	Surgeon: Anish Patel
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Diagnosis: Dx: Other specified diseases of pancreas

Procedure(s): ERCP in OR

Allergies: NKDA

Anes Room In: 13:19 Time-Out: 13:26 Proc Start: 13:36 Proc End: 14:52 Care TRF: 15:09

Pre-Procedure HZ - PT Double Identified HZ - H&P Reviewed HZ - Chart Reviewed HZ - Consent Signed HZ - Patient Re-Evaluated Prior to Induction HZ - Pre-Induction Vitals are First Set of Vitals HZ - Time Out Performed Prior to Induction Pre-Anesthesia State HZ - Awake	HZ - WHO Check list used Pre-Induction Patient Safety EyeCare HZ - Taped HZ - Closed w/o pressure Position HZ - Position: Prone HZ - Pressure Points Checked/Padded RightArm HZ - Tucked LeftArm HZ - Tucked	Neck HZ - Neutral Monitors & Equipment Monitors HZ - Alarms On HZ - ASA Standard Monitors HZ - Temperature: Nasopharyngeal HZ - EKG: 3 Lead HZ - SaO2 HZ - EtCO2 HZ - NIBP: NIBP: Left UpperExt HZ - O2 analyzer	HZ - Gas Analyzer HZ - Machine Checked HZ - Equipment Checked HZ - Suction Checked HZ - Airway Humidifier HZ - Forced Air Warmer Anesthesia Techniques HZ - General Airway Management Airway HZ - Endotracheal Tube: 7.5 HZ - Pre-Oxygenation
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Time	14:40	14:45	14:50	14:55	15:00	15:05	15:10	15:15	15:20								Total
Air	L/Min	0.5	0.5	0.5													
Oxygen	L/Min	0.5	0.5	0.5	15	15	15										
End Tidal Desflurane	%	5.4	5.4	5.4													
Fentanyl [IV]	mcg																
Propofol [IV]	mg																180 mg
Succinylcholine [IV]	mg																100 mg
Lidocaine [IV]	ml																40 ml
Zofran [IV]	mg																4 mg
Rocuronium [IV]	mg																
Reglan [IV]	mg																10 mg
glucagon Injectable [IV]	mg																
Decadron [IV]	mg																8 mg
Haloperidol [IV]	mg																
Levofloxacin [IV]	mg																500 mg
Sodium Chloride 0.9%	ml									stop							400 ml
Urine	ml																0 ml
EBL	ml																0 ml
EKG	-									stop							
FIO2	%									stop							
ET CO2	mmHg	30	30	30	30	30	30										
Temp	C	35.8	35.8	35.8	35.8	35.8	35.8										
SpO2	%	98	98	98	98	98	98										
PNS (Train of Four)	-																



Vent Mode	-	PCV-VG	PCV-VG	PCV-VG	SV	SV	SV										
Tidal Vol Setting	ml	500	500	500													
Resp. Rate	/min	16	16	16													
PIP	cmH2O	20	20	20													
PEEP	-	6	6	6													

PACU Vitals
Systolic: 140/93 Pulse: 64/min SpO2: 97% Resp Rate: 16/min Temp: 97.6°C/°F

Extubation/Disposition
HZ - Extubation criteria met TOF ratio>0.9
HZ - Suctioned, extubated (or LMA removed)
HZ - Transfer of Care: To PACU Phase 1 and report given
HZ - PACU In time: 10/25/2024 15:09
HZ - Patient assessed and plan prescribed for short term pain management

HZ - Score: 0
PACU
HZ - Awake/Responsive
HZ - Nasal Oxygen
HZ - VSS
HZ - Satisfactory Condition
HZ - Arousable

Anesthesia Notes

Providers Start - End
[See Last Page For More]



PostOP

Patient: Akiva Anachovich		DOB: 12/25/1951
MRN: M1048066	Acct: V011921600	DOS: 10/25/2024

Diagnosis: Dx: Other specified diseases of pancreas
Procedure(s): ERCP in OR
Surgeon: Anish Patel
BP: 139 / 90 Pulse: 65 /min Resp Rate: 14 /min SpO2: 97 %
Respiratory Function No Abnormalities (Respiratory rate within 20% of baseline unless mechanically ventilated) Airway Patent: Yes
Cardiovascular Function No instability (Blood pressure and Heart rate within 20% of baseline, unless abnormal pre-op values)
Mental Status No changes from baseline
Temperature Acceptable Temperature (Non-cardiac bypass patients within one degree of patient's baseline)
Pain Adequate (2 or less on Pain Scale or MINIMAL on Non-verbal Pain Scale)
Nausea / Vomiting No
Postop Hydration Appears Adequate
Recovery from Block Not applicable
Signature Electronically Signed by Henry Zhou (Anesthesiologist) 10/25/2024 15:12 PostOp Done Time: 10/25/2024 15:12

**The Valley Hospital
4 Valley Health Plaza
Paramus NJ 07652
(201) 447-8200
ECG 12 Lead EKG
Signed**

Patient Name: Anachovich,Akiva
Patient DOB: 12/25/1951
Patient Status: ADM IN
Service Date/Time: 10/22/24 1751
Procedure(s): ECG 12 Lead EKG
Procedure Performed: 10/22/24 1756

Unit Number: M1048066
Patient Location: AU /AU209-D
Account Number: V011921600
Report Number: 1022-00174 @ Signed
Ordering Doctor: Lasorsa,Antonio G. DO
Order # : 1022-0162

Test Reason :
Blood Pressure : */* mmHG
Vent. Rate : 59 BPM Atrial Rate : 59 BPM
P-R Int : 178 ms QRS Dur : 76 ms
QT Int : 430 ms P-R-T Axes : 73 37 20 degrees
QTcB Int : 425 ms

Sinus bradycardia
Low voltage QRS
Borderline ECG
No previous ECGs available

Referred By: Antonio Lasorsa Confirmed By: MARCUS WILLIAMS, MD

Electronically Signed By: Marcus L. Williams MD 10/23/24 1552
Created By: Marcus L. Williams MD
Report Date/Time: 10/22/24 1756

THE VALLEY HOSPITAL
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SUMMARY DISCHARGE REPORT

*** HEMATOLOGY ***

Date Time	10/29/24 0436	10/28/24 0539	10/27/24 0531	Reference	Units
WBC	14.31(*a) H	13.25(*a) H	13.40(*a) H	[4.50-10.50]	X10 ³
RBC	5.40(*a)	5.01(*a)	5.08(*a)	[4.00-6.00]	X10 ⁶
HGB	15.7(*a)	15.0(*a)	15.3(*a)	[14.0-18.0]	g/dl
HCT	48.1(*a)	44.5(*a)	45.4(*a)	[42.0-54.0]	%
MCV	89.1(*a)	88.8(*a)	89.4(*a)	[84.5-98.7]	fL
MCH	29.1(*a)	29.9(*a)	30.1(*a)	[27.0-31.0]	pg
MCHC	32.6(*a)	33.7(*a)	33.7(*a)	[31.0-35.0]	g/dL
RDW	15.8(*a) H	15.9(*a) H	16.2(*a) H	[11.6-14.4]	%
Plt	160(*a)	112(*a) L	127(*a) L	[150-450]	X10 ³
MPV	11.2(*a)	11.3(*a)	11.6(*a)	[9.4-12.4]	fL
NRBC#	0.00(*a)	0.00(*a)	0.00(*a)		X10 ³

Date Time	10/26/24 0415	10/25/24 0454	10/24/24 0440	Reference	Units
WBC	8.46(*a) #	4.50(*a)	4.65(*a)	[4.50-10.50]	X10 ³
RBC	4.78(*a)	4.54(*a)	4.57(*a)	[4.00-6.00]	X10 ⁶
HGB	14.5(*a)	13.6(*a) L	13.7(*a) L	[14.0-18.0]	g/dl
HCT	42.3(*a)	41.0(*a) L	41.2(*a) L	[42.0-54.0]	%
MCV	88.5(*a)	90.3(*a)	90.2(*a)	[84.5-98.7]	fL
MCH	30.3(*a)	30.0(*a)	30.0(*a)	[27.0-31.0]	pg
MCHC	34.3(*a)	33.2(*a)	33.3(*a)	[31.0-35.0]	g/dL
RDW	15.6(*a) H	16.0(*a) H	15.9(*a) H	[11.6-14.4]	%
Plt	112(*a) L	101(*a) L	91(*a) L	[150-450]	X10 ³
MPV	11.6(*a)	11.9(*a)	11.2(*a)	[9.4-12.4]	fL
NRBC#	0.00(*a)	0.00(*a)	0.00(*a)		X10 ³

Date Time	10/23/24 0644	10/22/24 1726	Reference	Units
WBC	5.20(*a)	6.05(*a)	[4.50-10.50]	X10 ³
RBC	4.60(*a)	4.55(*a)	[4.00-6.00]	X10 ⁶

NOTES: (*a) Paramus Lab
Valley Hospital Laboratories
4 Valley Health Plaza, Paramus, NJ 07652

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011921600

MR# M1048066

THE VALLEY HOSPITAL
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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011921600		MR#: M1048066	Loc: W5A	(Cont'd)
*** HEMATOLOGY CONTINUED...***						
Date	10/23/24		10/22/24			
Time	0644		1726		Reference	Units
HGB	13.7(*b) L		13.7(*b) L		[14.0-18.0]	g/dl
HCT	41.6(*b) L		42.3(*b)		[42.0-54.0]	%
MCV	90.4(*b)		93.0(*b)		[84.5-98.7]	fL
MCH	29.8(*b)		30.1(*b)		[27.0-31.0]	pg
MCHC	32.9(*b)		32.4(*b)		[31.0-35.0]	g/dL
RDW	15.9(*b) H		16.0(*b) H		[11.6-14.4]	%
Plt	90(*b) L		97(*b) L		[150-450]	X10^3
MPV	11.5(*b)		11.6(*b)		[9.4-12.4]	fL
Neut %	66(*b)		55(*b)			%
Band%	1(*b)		7(*b)		[0-10]	%
Lymph %	16(*b)		19(*b)			%
Variant Lymphs	3(*b)		4(*b)		[0-10]	%
Mono %	10(*b)		12(*b)			%
Eos %	3(*b)		3(*b)			%
Baso %	1(*b)		0(*b)			%
NRBC#	0.00(*b)		0.00(*b)			X10^3
Neut #	3.48(*b)		3.75(*b)		[2.03-7.35]	X10^3
Lymph #	0.99(*b)		1.39(*b)		[0.90-4.20]	K/MM3
Mono #	0.52(*b)		0.73(*b)		[0.05-1.05]	K/MM3
Eos #	0.16(*b)		0.18(*b)		[0.05-0.74]	K/MM3
Baso #	0.05(*b)		0.00(*b)		[0.00-0.21]	K/MM3
Plt Est	DECREASED(A) L		DECREASED(C) L			
(A) See (B), (*b)						
(B) A Manual Differential has been performed.						
(C) See (B), (*b)						
Poikilocytosis			1+(*b)			
Anisocytosis	1+(*b)		2+(*b)			
Macrocytosis			2+(*b)			
Oval			1+(*b)			
NOTES: (*b) Paramus Lab						
Valley Hospital Laboratories						
4 Valley Health Plaza, Paramus, NJ 07652						

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011921600

MR# M1048066

THE VALLEY HOSPITAL
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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011921600		MR#: M1048066	Loc: W5A	(Cont'd)
*** COAGULATION ***						
Date	10/25/24	10/23/24			Reference	Units
Time	0454	1146				
PT	13.9(D)	14.7(F) H			[12.0-14.2]	Sec
	(D) See (E), (*c)					
	(E) ***** Please note change in reference range. *****					
	(F) See (E), (*c)					
INR	1.1(*c)	1.2(*c) H			[0.9-1.1]	
APTT		30.0(*c)			[24.5-33.7]	Sec
*** CHEMISTRY ***						
Date	10/29/24	10/28/24	10/27/24		Reference	Units
Time	0436	0539	0531			
NA	132(*c) L	132(*c) L	136(*c)		[136-145]	mmol/L
K	3.9(*c)	3.6(*c)	3.8(*c)		[3.5-5.1]	mmol/L
CL	103(*c)	101(*c)	105(*c)		[98-107]	mmol/L
CO2	24(*c)	26(*c)	24(*c)		[20-31]	mmol/L
BUN	19(*c)	14(*c)	16(*c)		[9-23]	mg/dL
NOTES: (*c) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652						

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Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011921600

MR# M1048066

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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011921600		MR#: M1048066		Loc: W5A		(Cont'd)	
*** CHEMISTRY CONTINUED ***									
Date	10/29/24		10/28/24		10/27/24				
Time	0436		0539		0531		Reference		Units
Creat		0.75(G)		0.66(I) L	0.69(J) L	[0.73-1.18]		mg/dL	
(G)	See (H), (*d)								
(H)	***Important Notification for Patients with Acetaminophen Toxicity***								
	NAPQI is a metabolite of acetaminophen.								
	Concentrations of approximately >8mg/L								
	(levels seen in acetaminophen toxicity).								
	may lead to falsely depressed results of creatinine.								
(I)	See (H), (*d)								
(J)	See (H), (*d)								
eGFR		102(K)		119(M)		113(N)			
(K)	See (L), (*d)								
(L)	**Multiply Result by 1.21 if African American**								
	Description				eGFR Value				
	Mild decrease to Normal eGFR				>60				
	Moderate decrease in eGFR				30-59				
	Severe decrease in eGFR				15-29				
	Kidney failure				<15				
	The eGFR is an MDRD study equation.								
(M)	See (L), (*d)								
(N)	See (L), (*d)								
Glu		106(*d)		112(*d) H	88(*d)		[74-106]	mg/dL	
CA		9.1(*d)		9.0(*d)		8.8(*d)		[8.3-10.6]	mg/dL
TBIL		3.6(*d) H	4.2(*d) H	5.3(*d) H	[0.3-1.2]		mg/dL		
AST		65(*d) H	50(*d) H	87(*d) H	[<34]		U/L		
NOTES: (*d) Paramus Lab									
Valley Hospital Laboratories									
4 Valley Health Plaza, Paramus, NJ 07652									

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Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011921600

MR# M1048066

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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011921600		MR#: M1048066		Loc: W5A		(Cont'd)	
*** CHEMISTRY CONTINUED ***									
Date		10/29/24		10/28/24		10/27/24			
Time		0436		0539		0531		Reference Units	
ALT		101(*e)	H	102(*e)	H	148(*e)	H	[10-49]	U/L
TP		7.0(*e)		6.7(*e)		7.0(*e)		[5.7-8.2]	g/dL
Alb		4.2(*e)		4.1(*e)		4.3(*e)		[3.2-4.8]	g/dL
Alk Phos		220(*e)	H	236(*e)	H	286(*e)	H	[45-117]	U/L
Lip		174(*e)	H			1352(*e)	H	[12-53]	U/L
Date		10/26/24		10/25/24		10/24/24			
Time		0415		0454		0440		Reference Units	
NA		137(*e)		141(*e)		138(*e)		[136-145]	mmol/L
K		3.9(*e)		3.7(*e)		3.6(*e)		[3.5-5.1]	mmol/L
CL		107(*e)		110(*e)	H	114(*e)	H	[98-107]	mmol/L
CO2		23(*e)		24(*e)		25(*e)		[20-31]	mmol/L
BUN		18(*e)		14(*e)		15(*e)		[9-23]	mg/dL
Creat		0.78(O)		0.76(Q)		0.82(R)		[0.73-1.18]	mg/dL
(O) See (P), (*e)									
(P)									
Important Notification for Patients with Acetaminophen Toxicity									
NAPQI is a metabolite of acetaminophen.									
Concentrations of approximately >8mg/L									
(levels seen in acetaminophen toxicity).									
may lead to falsely depressed results of creatinine.									
(Q) See (P), (*e)									
(R) See (P), (*e)									
NOTES: (*e) Paramus Lab									
Valley Hospital Laboratories									
4 Valley Health Plaza, Paramus, NJ 07652									

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011921600

MR# M1048066

THE VALLEY HOSPITAL
Dept of Pathology & Laboratory Medicine
201-447-8232

Page: 6

R. Mazziotta, M.D., FCAP, Director
M. Taskin, M.D., FCAP
D. Infantino, M.D., FCAP

S. Brandt, M.D., FCAP, Assoc. Director
E. Eapen, M.D., FCAP

SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011921600		MR#: M1048066		Loc: W5A		(Cont'd)	
*** CHEMISTRY CONTINUED ***									
Date	10/26/24		10/25/24		10/24/24				
Time	0415		0454		0440		Reference		Units
eGFR		98(S)		101(U)		92(V)			
(S)	See (T). (*f)								
(T)	**Multiply Result by 1.21 if African American**								
	Description				eGFR Value				
	Mild decrease to Normal eGFR				>60				
	Moderate decrease in eGFR				30-59				
	Severe decrease in eGFR				15-29				
	Kidney failure				<15				
	The eGFR is an MDRD study equation.								
(U)	See (T). (*f)								
(V)	See (T). (*f)								
Glu		133(*f)	H	111(*f)	H	100(*f)		[74-106]	mg/dL
CA		9.0(*f)		8.6(*f)		8.7(*f)		[8.3-10.6]	mg/dL
TBIL		6.7(*f)	H	10.5(*f)	H	9.8(*f)	H	[0.3-1.2]	mg/dL
AST		120(*f)	H	100(*f)	H	85(*f)	H	[<34]	U/L
ALT		174(*f)	H	148(*f)	H	137(*f)	H	[10-49]	U/L
TP		6.9(*f)		6.5(*f)		6.4(*f)		[5.7-8.2]	g/dL
Alb		4.3(*f)		4.1(*f)		4.1(*f)		[3.2-4.8]	g/dL
Alk Phos		324(*f)	H	318(*f)	H	315(*f)	H	[45-117]	U/L
Lip		2154(*f)	H					[12-53]	U/L
Date	10/23/24		10/22/24						
Time	0644		1726				Reference		Units
NA		140(*f)		140(*f)				[136-145]	mmol/L
K		3.5(*f)		4.1(*f)				[3.5-5.1]	mmol/L
CL		111(*f)	H	108(*f)	H			[98-107]	mmol/L
CO2		23(*f)		26(*f)				[20-31]	mmol/L
NOTES: (*f) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652									

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011921600

MR# M1048066

THE VALLEY HOSPITAL
Dept of Pathology & Laboratory Medicine
201-447-8232

Page: 7

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E. Eapen, M.D., FCAP

SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011921600		MR#: M1048066		Loc: W5A		(Cont'd)											
*** CHEMISTRY CONTINUED ***																			
Date	10/23/24		10/22/24																
Time	0644		1726				Reference		Units										
BUN		11(*g)		14(*g)			[9-23]	mg/dL											
Creat		0.70(W) L		0.87(Y)			[0.73-1.18]	mg/dL											
(W) See (X), (*g) (X) ***Important Notification for Patients with Acetaminophen Toxicity*** NAPQI is a metabolite of acetaminophen. Concentrations of approximately >8mg/L (levels seen in acetaminophen toxicity), may lead to falsely depressed results of creatinine. (Y) See (X), (*g)																			
eGFR		111(Z)		86(AB)															
(Z) See (AA), (*g) (AA) **Multiply Result by 1.21 if African American** <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Description</td> <td style="width: 40%;">eGFR Value</td> </tr> <tr> <td>Mild decrease to Normal eGFR</td> <td>>60</td> </tr> <tr> <td>Moderate decrease in eGFR</td> <td>30-59</td> </tr> <tr> <td>Severe decrease in eGFR</td> <td>15-29</td> </tr> <tr> <td>Kidney failure</td> <td><15</td> </tr> </table> The eGFR is an MDRD study equation. (AB) See (AA), (*g)										Description	eGFR Value	Mild decrease to Normal eGFR	>60	Moderate decrease in eGFR	30-59	Severe decrease in eGFR	15-29	Kidney failure	<15
Description	eGFR Value																		
Mild decrease to Normal eGFR	>60																		
Moderate decrease in eGFR	30-59																		
Severe decrease in eGFR	15-29																		
Kidney failure	<15																		
Glu		102(*g)		98(*g)			[74-106]	mg/dL											
CA		8.2(*g) L		9.0(*g)			[8.3-10.6]	mg/dL											
TBIL		9.0(*g) H		8.5(*g) H			[0.3-1.2]	mg/dL											
Direct Bili				7.0(*g) H			[0.0-0.3]	mg/dL											
AST		87(*g) H		100(*g) H			[<34]	U/L											
NOTES: (*g) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652																			

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011921600

MR# M1048066

THE VALLEY HOSPITAL
Dept of Pathology & Laboratory Medicine
201-447-8232

Page: 8

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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011921600		MR#: M1048066	Loc: W5A	(Cont'd)
*** CHEMISTRY CONTINUED ***						
Date	10/23/24		10/22/24			
Time	0644		1726		Reference	Units
ALT		150(*h)	H	163(*h)	H	[10-49] U/L
TP		6.4(*h)		7.0(*h)		[5.7-8.2] g/dL
Alb		4.1(*h)		4.1(*h)		[3.2-4.8] g/dL
Alk Phos		316(*h)	H	331(*h)	H	[45-117] U/L
Lip				30(*h)		[12-53] U/L
Test	Date	Time	Result	Reference	Units	
AOT	10/23/24	1126	(AC)			
	(AC)	Add on tests Added See also (*h)				
AOT	10/26/24	1002	(AD)			
	(AD)	Add on tests Added See also (*h)				
AOT	10/27/24	1000	(AE)			
	(AE)	Add on tests Added See also (*h)				
NOTES:	(*h) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652					

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011921600

MR# M1048066

Printed
10/30/24 0039

The Valley Hospital
Department of Pathology
223 North Van Dien Ave, Ridgewood NJ 07450-2736
Phone 201-447-8242
Fax 201-447-8657

Page 1 of 2

R. Mazziotta, MD, FCAP, Director
S. Brandt, MD, FCAP, Assoc. Director
M. Taskin, MD, FCAP
D. Infantino, MD, FCAP
E. Eapen, MD, FCAP
S. Gupta, MD, FCAP

Cytopathology Report

Name: Anachovich,Akiva	Age/Sex: 72/M	Attend Dr: Dave,Gazala MD
Acct#: V011921600	MR#: M1048066	DOB: 12/25/1951
Reg: 10/22/24	Disch: 10/29/24	Status: DIS IN
		Location: W5A

Received: 10/28/24-1121 **Subm. Dr:** Patel,Anish MD
Collection Date: 10/25/24

Spec#: C24-12398

~

Clinical Diagnosis

PANCREATIC HEAD MASS
TP/CB

Source of Specimen

A. FNA Other,NOS - PANCREAS HEAD MASS, 20ML RED FLUID

Diagnosis

FNA PANCREAS, HEAD MASS (THIN PREP AND CELL BLOCK): ATYPICAL COLUMNAR GLANDULAR CELLS PRESENT, SUSPICIOUS FOR ADENOCARCINOMA.

EE/cad

ICD10: *****
CPT: 88173, 88305
DICTATED: 10/29/24
TRANSCRIBED: 10/29/24
SLIDE COUNT: 2 sl, cb
Reported by:Elizabeth Eapen

Electronically signed by Elizabeth Eapen on 10/29/24 - 1734.

Microscopic Examination

Few strips and rare clusters of epithelial cells with enlarged irregular nuclei with vesicular chromatin and abundant cytoplasm seen.

Patient :Anachovich,Akiva

Acct#:V011921600

Spec #:C24-12398

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Page 2 of 2

Cytopathology Report Continued

Name: Anachovich, Akiya

Acct#: V011921600

Spec #: C24-12398

Cytotech Signature

URSZULA SZPERNOGA, CT(ASCP)

Patient: Anachovich, Akiya

Acct#: V011921600

Spec #: C24-12398

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10/30/24 0039

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Page 1 of 2

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S. Brandt, MD, FCAP, Assoc. Director	E. Eapen, MD, FCAP
M. Taskin, MD, FCAP	S. Gupta, MD, FCAP

Surgical Pathology Report

Name: Anachovich,Akiva	Age/Sex: 72/M	Attend Dr: Dave,Gazala MD
Acct#: V011921600	MR#: M1048066	DOB: 12/25/1951
Reg: 10/22/24	Disch: 10/29/24	Status: DIS IN
Location: W5A		

Received: 10/26/24-0825	Subm. Dr: Patel,Anish MD	Spec#: S24-16226
Collection Date: 10/25/24		

COPIES TO:

Patel,Anish MD
Schneider,Brandon DO

~

Clinical Diagnosis

Pancreatic mass with jaundice

Source of Specimen

A. Antrum
B. Gastric body
C. Pancreatic head mass

Diagnosis

A. ANTRUM, BIOPSY: CHRONIC GASTRITIS. NEGATIVE FOR INTESTINAL METAPLASIA. IMMUNOSTAIN FOR H. PYLORI IS NEGATIVE. SEE NOTE.

B. GASTRIC BODY, BIOPSY: CHRONIC GASTRITIS. NEGATIVE FOR INTESTINAL METAPLASIA. IMMUNOSTAIN FOR H.PYLORI IS NEGATIVE. SEE NOTE.

NOTE: (A & B) The morphologic findings in the gastric biopsy are nonspecific but they can be seen in H. pylori associated gastritis and gastritis with other causes. Although immunostain for H. pylori is negative in the specimen examined, serum studies to rule out/ in H. pylori infection is recommended if the patient had no history of H. pylori infection and treatment.

C. PANCREATIC HEAD MASS, BIOPSY: DETACHED STRIPS OF MARKEDLY ATYPICAL COLUMNAR

Patient :Anachovich,Akiva

Acct#:V011921600

Spec #:S24-16226

Surgical Pathology Report Continued

Name: Anachovich, Akiya

Acct#: V011921600

Spec #: S24-16226

GLANDULAR EPITHELIUM WITH RARE MINUTE FOCI OF ATYPICAL GLANDS IN FIBROTIC STROMA,
SUSPICIOUS FOR ADENOCARCINOMA.

CPT: 88305 x 3; 88342 x 2

Dictated: 10/28/2024 11:50:13 AM EE

Reported by: Elizabeth Eapen

Electronically signed by Elizabeth Eapen on 10/29/24 - 1615.

Macroscopic Examination

The case is received in three parts:

Part A is labeled with the patient's name, surgical number, and as "antrum" on the requisition slip and "1" on the container label. Received in formalin are 2 pale-tan fragments of soft tissue that each measures 0.2 cm in the greatest dimension. The specimen is entirely submitted in block A1.

Part B is labeled with the patient's name, surgical number, and as "gastric body" on the requisition slip and "2" on the container label. Received in formalin are 2 pale-tan fragments of soft tissue that each measure 0.2 cm in the greatest dimension. The specimen is entirely submitted in block B1.

Part C is labeled with the patient's name, surgical number, and as "pancreatic head mass" on the requisition slip and "3" on the container label. Received in formalin it consist of multiple fragments of tan to red-tan hemorrhagic core that measures 1.5 x 0.3 x 0.2 cm in aggregate. The entire specimen is submitted in cassette C1.

NS

Dictated: 10/26/2024 09:40:14 AM

DISCLAIMER

ANALYTE SPECIFIC REAGENT DISCLAIMER: Based on the antibody that was ordered, immunohistochemical evaluation was performed using Ultraview Universal DAB, and/or Optiview DAB detection kits on formalin-fixed paraffin-embedded tissue. Positive and negative controls (including internal controls) reviewed and deemed appropriate, all controls show appropriate reactivity.

This immunohistochemistry test was developed and its performance characteristics determined by the Pathology Department at The Valley Hospital. FDA clearance is not required for clinical use.

The Valley Hospital
4 Valley Health Plaza
Paramus NJ 07652
(201) 447-8200

DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich, Akiva

Patient DOB: 12/25/1951 Patient Sex: M

Patient Status: ADM IN

Date of Service: 10/25/24

Accession: A0003881390VAH

Modality: XR

Unit Number: M1048066

Patient Location: W5A /W5041-D

Account Number: V011921600

Report Number: 1025-00705 @ Signed

Ordering Doctor: Patel, Anish MD

Procedure(s): XR ERCP

Signed

EXAM: ERCP - BILIARY AND PANCREATIC (INTERPRETATION ONLY)

INDICATION: BILIARY OBSTRUCTION

COMPARISON: None.

FINDINGS/IMPRESSION:

Fluoroscopy time 10 seconds. Dose 6.61 mGy. 6 spot images of the right hemiabdomen provided.

Contrast injected into the extrahepatic and central intrahepatic bile ducts with CBD stent placement. Stent shows narrowing in its central aspect. Correlate with real-time fluoroscopy/procedure note.

Electronically Signed by: Cheryl DeWitt 10/25/2024 3:13 PM

Approved By: Cheryl DeWitt MD 10/25/24 1511

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Page 1 of 1

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DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich,Akiva

Patient DOB: 12/25/1951 Patient Sex: M

Patient Status: ADM IN

Date of Service: 10/22/24

Accession: A0003877892VAH

Modality: XR

Unit Number: M1048066

Patient Location: R-EDMED /EDMED-R05

Account Number: V011921600

Report Number: 1022-01081 @ Signed

Ordering Doctor: Lasorsa, Antonio G. DO

Procedure(s): XR Chest 1V Frontal Only

Signed

Reason for Procedure: Chest pain

Admitting Diagnosis: "abnormal labs"

.....
CHEST FRONTAL VIEW

Comparison: None available.

FINDINGS/IMPRESSION:

The lungs are clear. There is no focal consolidation, pulmonary edema, pneumothorax, or pleural effusion. The cardiomedial silhouette is unremarkable. No acute osseous abnormality.

Electronically Signed by: Tara Helling, MD 10/22/2024 11:18 PM

Approved By: Tara Helling MD 10/22/24 2318

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DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich, Akiva

Patient DOB: 12/25/1951 Patient Sex: M
Patient Status: ADM IN
Date of Service: 10/23/24
Accession: A0003879206VAH
Modality: CT

Unit Number: M1048066

Patient Location: AU /AU209-D
Account Number: V011921600
Report Number: 1023-00760 @ Signed
Ordering Doctor: Patel, Anish MD
Procedure(s): CT chest w con

Signed

STUDY: CT CHEST WITH CONTRAST

REASON FOR EXAM: Male, 72 years old. Staging

TECHNIQUE: Spiral CT acquisition was performed through the chest after the uneventful administration of IV contrast. Data was reconstructed into 2.5 mm thick axial sections. Coronal and sagittal reformatted images were also generated. This CT exam was performed using one or more of the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or kV according to patient size and use of iterative reconstruction technique.

COMPARISON: None.

FINDINGS:

Lymph nodes: No enlarged axillary, mediastinal, or hilar lymph nodes are noted applying CT size criteria.

Mediastinum: The visualized aspect of the thyroid shows no focal abnormality. The aorta and great vessels are unremarkable. The heart size is within normal limits. There are heavy coronary artery calcifications seen. No pericardial effusion is seen. The airway is patent without evidence of intraluminal lesion.

Lung/pleura: The lungs are clear with no air space process, nodular opacity or edema. No pneumothorax or pleural effusion is seen. Calcified granuloma seen in the right upper lobe. Nonspecific 4 mm right upper lobe nodule seen on image 142 of series 4.

Subdiaphragmatic viscera: Please see separate recently performed CT abdomen from October 22.

Bones/soft tissues: No blastic or lytic lesions are seen. No fracture is visible.

IMPRESSION:

No metastatic disease seen in the chest.

Electronically Signed by: Michael Lombino, MD 10/23/2024 4:11 PM

Approved By: Michael Lombino MD 10/23/24 1601

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DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich,Akiva

Patient DOB: 12/25/1951 Patient Sex: M

Patient Status: REG ER

Date of Service: 10/22/24

Accession: A0003877894VAH

Modality: CT

Unit Number: M1048066

Patient Location: ED.VH /

Account Number: V011921600

Report Number: 1022-01049 @ Signed

Ordering Doctor: Lasorsa, Antonio G. DO

Procedure(s): CT abdomen pelvis w con

Signed

CLINICAL HISTORY: UPPER ABD PAIN AND JAUNDICE, NO ORAL CONTRAST

CT ABDOMEN AND PELVIS WITH CONTRAST

CT acquisition from the xiphoid through the symphysis pubis following intravenous contrast administration. Dose reduction techniques were utilized (automated exposure control, mA/kV adjustment for patient size, iterative reconstruction).

COMPARISON: CTA abdomen/pelvis 1/4/2017

FINDINGS:

LIVER: Scattered too small to characterize hepatic lesions.

SPLEEN: Splenomegaly measuring up to 14.3 cm.

PANCREAS: There is biliary and pancreatic ductal dilatation converging on an ill-defined region of low-attenuation within the pancreas measuring at least 3.5 x 3.0 cm favored to reflect a mass.

GALLBLADDER/BILIARY SYSTEM: There is distention of the gallbladder. There is intra and extrahepatic biliary ductal dilatation. There is narrowing of the adjacent vasculature.

ADRENAL GLANDS: Normal.

KIDNEYS: Left renal cyst. No hydronephrosis.

PELVIC ORGANS: Moderate prostatomegaly.

BOWEL: No bowel obstruction

PERITONEUM/RETROPERITONEUM: There are enlarged mesenteric nodes measuring up to 13 mm short axis. An enlarged portacaval node measures up to 14 mm short axis. Scattered peritoneal implants are seen, the largest of which measures up to 16 mm within the right mid abdomen.

Copies to: LASOAN ~
Lasorsa, Antonio G. DO
Page 1 of 2

DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich, Akiva
Unit Number: M1048066
Report Number: 1022-01049
Account Number: V011921600
Patient Location: ED.VH

VASCULATURE: Atherosclerotic aortoiliac calcification.

LUNG BASES: Basilar atelectasis/scarring.

BONES: Nonspecific small sclerotic densities within the L4 and L5 vertebral bodies.

IMPRESSION:

Biliary and pancreatic ductal dilatation converging on an ill-defined region of low-attenuation within the pancreas favored to reflect neoplasm. Presumably metastatic adenopathy along with peritoneal carcinomatosis. Further evaluation with MRCP may be beneficial as clinically indicated.

Additional findings as detailed.

Electronically Signed by: Tara Helling, MD 10/22/2024 8:40 PM

Approved By: Tara Helling MD 10/22/24 2027

The Valley Hospital
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Paramus NJ 07652
(201) 447-8200

DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich, Akiva

Patient DOB: 12/25/1951 Patient Sex: M
Patient Status: ADM IN
Date of Service: 10/23/24
Accession: A0003878725VAH
Modality: MR

Unit Number: M1048066

Patient Location: AU /AU209-D
Account Number: V011921600
Report Number: 1023-00136 @ Signed
Ordering Doctor: Lasorsa, Antonio G. DO
Procedure(s): MRI cholangiography wo/w con

Signed

EXAM: MRI CHOLANGIOGRAM (ABDOMEN WITHOUT AND WITH CONTRAST)

INDICATION: biliary obstruction due to pancreatic mass

TECHNIQUE: A multiplanar MRI of the abdomen was performed without and with IV contrast.

COMPARISON: CT 10/22/2024, 1/5/2017

FINDINGS:

LOWER CHEST: No significant abnormality.

LIVER: No suspicious focal hepatic lesion that would suggest metastasis. Several small nonenhancing cysts are present in the left lobe.

GALLBLADDER AND BILE DUCTS: There is intrahepatic and extrahepatic biliary dilatation. No gallstones.

PANCREAS: There is a poorly defined mass of the pancreatic head highly suspicious for adenocarcinoma. The area of involvement is best estimated on precontrast T1 images, approximately 3.8 x 3.8 cm (image 43 series 48). Tumor encases the origin of the celiac (note made of a replaced right hepatic artery from the SMA). Tumor encases the portosplenic confluence, significantly narrowing it. No definitive encasement of the SMA near its origin but branches of the SMA do appear encased superiorly. There is upstream atrophy of the pancreas with associated pancreatic ductal dilatation.

SPLEEN: No splenomegaly.

ADRENALS: No significant abnormality.

KIDNEYS: No significant abnormality.

VISUALIZED BOWEL/PERITONEUM: The visualized small and large bowel show no abnormal dilatation.

LYMPH NODES: Peripancreatic lymph nodes suspicious for metastases, this includes posterior to the pancreatic head/uncinate process measuring 2 x 1.1 cm (image 46 series 33).

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DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich, Akiva
Unit Number: M1048066
Report Number: 1023-00136
Account Number: V011921600
Patient Location: AU

VESSELS: Tumor encasing vessels described above.

MISCELLANEOUS: Desmoplastic reaction appreciated best on coronal images (series 40 images 13 through 19). Enhancing soft tissue mesenteric mass 1.9 cm adjacent to the hepatic flexure (image 55 series 49 compatible with carcinomatosis).

IMPRESSION:

Poorly defined, infiltrative mass of the pancreatic head highly suspicious for pancreatic adenocarcinoma. Encasement of the portosplenic confluence, peripheral superior branches of the SMA, celiac trunk. Trace free fluid in the root of the mesentery, with carcinomatosis present in the right paracolic gutter. Prominent peripancreatic lymph nodes suspicious for metastases.

Electronically Signed by: Shannon Daniels MD 10/23/2024 9:04 AM

Approved By: Shannon Daniels MD 10/23/24 0821

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DATE: 10/30/24 @ 0014
USER: PHABRJOB

Valley Hospital *Live* PHA
Medication Discharge Summary Report

PAGE 1

10/30/24

MEDICATION DISCHARGE SUMMARY

Name Anachovich, Akiva
Unit Num M1048066
Account Num V011921600
Allergies No Known Allergies
Admit Date 10/22/24
Discharge Date 10/29/24
Status DIS IN

Age 72
Sex M

ADMINISTRATIVE PERIOD:
0700 10/22/24 to 0659 10/29/24

START/
STOP

SODIUM CHLORIDE 0.9% 1,000 ML
(SODIUM CHLORIDE 0.9% 1,000 ML BKG)
999 ML/HR IV Q1H/ONE
RX #: 19004357

10/22/24 1752 RTAYLOR3 at 1812 GAVE: 999 ML/HR
10/22/24 Barcode Medication: SODIUM CHLORIDE 0.9%
NDC/DIN: 0338004904 (SOURCE: eMAR)

Admit Queries

Increase/Decrease: Started Cumulative Dose: Not Applicable Container Volume: 1000
Elapsed Time: 0m Infusion Rate: 999 Waste/Volume Adjustment: 0 End Date: 10/22/24

Start Date: 10/22/24

ACK 1759 RTAYLOR3

INFUSION 1812 RTAYLOR3: Started, Dose Rate: / Rate: 999 ML/HR
Intake: / Cumulative Intake: / Container Volume: 1000 mls, Site:

Queries

Increase/Decrease: Started Cumulative Dose: Not Applicable Container Volume: 1000
Elapsed Time: 0m Infusion Rate: 999 Waste/Volume Adjustment: 0 End Date: 10/22/24

Start Date: 10/22/24

DC 1852 PHABRJOB

INFUSION 1903 BALVARE2: Infused, Dose Rate: / Rate: 0 ML/HR
Intake: 1000 mls, Cumulative Intake: 1000 mls, Container Volume: 0 mls, Site:

Queries

Increase/Decrease: Infused Cumulative Dose: Not Applicable Cumulative Intake (bag): 1000
Cumulative Intake (Rx): 1000 Container Volume: 0 Elapsed Time: 5m Infusion Intake: 1000

Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/22/24 Start Date: 10/22/24

EDINURATION 1903 BALVARE2 Action - From: Paused To: Infused

Intake - From: 849.15 mls To: 1000 mls
Cumulative Intake - From: 849.15 mls To: 1000 mls

Container Volume - From: 150.85 mls To: 0 mls

Old Orders:
Increase/Decrease: Paused
Cumulative Intake (bag): 849.15
Cumulative Intake (Rx): 849.15
Container Volume: 150.85

Infusion Intake: 849.15

New Orders:
Increase/Decrease: Infused
Cumulative Intake (bag): 1000
Cumulative Intake (Rx): 1000
Container Volume: 0

Infusion Intake: 1000

DATE: 10/30/24 @ 0014
USER: PHARJOB

Valley Hospital +Live+ EHA
Medication Discharge Summary Report

10/30/24

Name **Rumchovich, Alva**

Unit Num **M104B066**

Medication Discharge Summary

Account Num **V011921600**

ADMINISTRATION PERIOD:		START/	STOP
0700 10/22/24 to 0659 10/23/24 (continued)			

OMITRAXONE 300 (IDEXOL (300 MG/ML) 100 ML VIAL)
100 ML . ROUTE . STR-NED/ONE
RX #: 19004489

10/22/24 1633
10/22/24 DC 1638 STR NED
IM 1638 Area

CEFTRIAXONE 1 GM/D5W 50 ML
(CEFTRIAXONE 1 GM/D5W 50 ML PIGGYBACK)
150 MLS/HR IVPB 1x/day: One Time only/ONE
RX #: 19004696

10/22/24 2100 BALVARE2 at 2115 GAVE: 150 MLS/HR
10/22/24 Barcode Medication: ceftriaxone 1 gm/d5w
NDC/DIN: 00399500241 (SOURCE: Default NDCs)
Admin Queries
Increase/Decrease: started Container Volume: 50 Elapsed Time: 0m Infusion Rate: 150
Waste/Volume Adjustment: 0 End Date: 10/22/24 Start Date: 10/22/24
INFUSION 2115 BALVARE2: started, Dose Rate: / Rate: 150 MLS/HR
Intake: / Cumulative Intake: / Container Volume: 50 mls, site:
Queries
Increase/Decrease: started Container Volume: 50 Elapsed Time: 0m Infusion Rate: 150
Waste/Volume Adjustment: 0 End Date: 10/22/24 Start Date: 10/22/24
DC 2119 PHARJOB
ACK 2126 BALVARE2
INFUSION 2137 BALVARE2: Infused, Dose Rate: / Rate: 0 MLS/HR
Intake: 50 mls, Cumulative Intake: 50 mls, Container Volume: 0 mls, site:
Queries
Increase/Decrease: Infused Cumulative Dose: 1 Cumulative Intake (bag): 50
Cumulative Intake (RX): 50 Container Volume: 0 Elapsed Time: 22m Infusion Intake: 50
Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/22/24 Start Date: 10/22/24

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Unit Num M104B065

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Medication Discharge Summary

ADMINISTRATION PERIOD:		START/STOP
0700 10/22/24 to 0659 10/23/24 (continued)		

FLAGYL IVEB 100 ML
(DEXTRODIAZOLE IVEB 500 MG/100 ML PIGGYBACK)
200 MLs/HR IVEB 1x/day: One Time only/ONE
Comments: DO NOT REPERFUSE
RX #: 19004697

10/22/24	2100 BALVARE2 at 2142 GAVE: 200 MLs/HR Barcode Medication: FLAGYL IVEB NDC/DIN: 0039105946 (SOURCE: Default NDCs)
	Admin Queries
	Increase/Decrease: started Container Volume: 100 Elapsed Time: 0m Infusion Rate: 200
	Waste/Volume Adjustment: 0 End Date: 10/22/24 Start Date: 10/22/24
	DC 2129 PHARMJOB
	ACK 2142 BALVARE2
	INFUSION 2142 BALVARE2: started, Dose Rate: / Rate: 200 MLs/HR
	Intake: / Cumulative Intake: / Container Volume: 100 mLs, Site:
	Queries
	Increase/Decrease: started Container Volume: 100 Elapsed Time: 0m Infusion Rate: 200
	Waste/Volume Adjustment: 0 End Date: 10/22/24 Start Date: 10/22/24
	INFUSION 2324 MRIN3: Infused, Dose Rate: / Rate: 0 MLs/HR
	Intake: 100 mLs, Cumulative Intake: 100 mLs, Container Volume: 0 mLs, Site:
	Queries
	Increase/Decrease: Infused Cumulative Dose: 500 Cumulative Intake (bag): 100
	Cumulative Intake (Rx): 100 Container Volume: 0 Elapsed Time: 1h 42m Infusion Intake: 100
	Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/22/24 Start Date: 10/22/24

DEXTROSE 5% 1/2 NS 1,000 ML
(DEXTROSE 5% 1/2 NS 1,000 ML BAG)
50 MLs/HR IV .Q20H
Total Volume to Infuse: 1,000 mLs
Total Bags: 1
RX #: 19005302

10/22/24	2345 KERR at 10/23/24 - 0037 GAVE: 50 MLs/HR Barcode Medication: DEXTROSE 5% 1/2 NS NDC/DIN: 039008504 (SOURCE: eMAR)
10/23/24	Admin Queries
	Increase/Decrease: started Cumulative Dose: Not Applicable Container Volume: 1000
	Elapsed Time: 0m Infusion Rate: 50 Waste/Volume Adjustment: 0 End Date: 10/23/24
	Start Date: 10/23/24
	ED 0003 IMALDET
	ACK 0016 KERR
	INFUSION 0037 KERR: started, Dose Rate: / Rate: 50 MLs/HR
	Intake: / Cumulative Intake: / Container Volume: 1000 mLs, Site:
	Queries
	Increase/Decrease: started Cumulative Dose: Not Applicable Container Volume: 1000
	Elapsed Time: 0m Infusion Rate: 50 Waste/Volume Adjustment: 0 End Date: 10/23/24
	Start Date: 10/23/24

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)
25 MG PO Daily
RX #: 19005337

10/23/24	ED 0021 SIRONAS11
	ED 0021 SIRONAS11
	ACK 0023 KERR

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ADMINISTRATION PERIOD:

0700 10/22/24 to 0659 10/23/24 (CONTINUED)

Toprol XL (METOPROLOL SUCCINATE 50 MG TAB)

50 MG PO Daily

Comments: DO NOT CRUSH

Rx #: 19005338

TRANSUDOSIN HCL (TRANSUDOSIN HCL 0.4 MG CAPSULE)
0.4 MG PO Daily
Comments: DO NOT OPEN CAPSULE
Rx #: 19005339

GADAVIST (gadobutrol 10 ML VIAL)

10 ML IV . STR-MED/ONE

Rx #: 19005525

ADMINISTRATION PERIOD:

0700 10/23/24 to 0659 10/24/24

DEXTROSE 5% 1/2 NS 1,000 ML

{DEXTROSE 5% 1/2 NS 1,000 ML BAG}

50 Mls/HR IV .Q20H

Total Volume to Infuse: 1,000 mls

Total Bags: 1

Rx #: 19005302

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)

25 MG PO Daily

Rx #: 19005337

Toprol XL (METOPROLOL SUCCINATE 50 MG TAB)

50 MG PO Daily

Comments: DO NOT CRUSH

Rx #: 19005338

10/23/24	1000	JROJECR2 at 0815 GAVE: 50 MG
		Barcode Medication: Toprol XL
		NDC/DIN: 0904632361 (SOURCE: eMAR)
		Admin Queries
		Blood Pressure: 151/92 Pulse Rate: 61

10/22/24	DC 1944	PHABRGJOB
10/23/24	INURION 2110	ROESR08: Infused, Dose Rate: / Rate: 0 Mls/HR
		Intake: 1000 mls, Cumulative Intake: 1000 mls, Container Volume: 0 mls, Site:
		Queries
		Increase/Decrease: Infused Cumulative Intake (bag): 1000
		Cumulative Intake (Rx): 1000 Container Volume: 0 Elapsed Time: 20h 33m Infusion Intake:
		1000 Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/23/24 Start Date: 10/23/24

10/23/24	1000	JROJECR2 at 0815 GAVE: 25 MG
		Barcode Medication: LOSARTAN POTASSIUM
		NDC/DIN: 5026850411 (SOURCE: eMAR)
		Admin Queries
		Blood Pressure: 151/92 Pulse Rate: 61

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ADMINISTRATION PERIOD:

0700 10/23/24 to 0659 10/24/24 (continued)

TAMBULOSIN HCL (TAMBULOSIN HCL 0.4 MG CAPSULE)

0.4 MG PO Daily

Comments: DO NOT OPEN CAPSULE

Rx #: 19005339

10/23/24	REACK 0815 JPROJECT2
	Change time to 10 pm
	ACK 0816 JPROJECT2
	1000 JPROJECT2 at 0816 GAVE: 0.4 MG
	Barcode Medication: TAMBULOSIN HCL
	NDC/DIN: 6373956710 (SOURCE: eMAR)

OMITROQUE 300 (OMITROQUE 300 MG/ML) 100 ML VIAL

100 ML ROUTE STR-NED/ONE

Rx #: 19007444

10/23/24	1336
10/23/24	DC 1341 STR NED
	DM 1341 Blanche

ADMINISTRATION PERIOD:

0700 10/24/24 to 0659 10/25/24

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)

25 MG PO Daily

Rx #: 19005337

10/23/24	1000 ZROSEN at 1024 GAVE: 25 MG
	Barcode Medication: LOSARTAN POTASSIUM
	NDC/DIN: 5026850411 (SOURCE: eMAR)
	Admin Queries
	Blood Pressure: 147/84 Pulse Rate: 61

TOPROL XL (METOPROLOL SUCCINATE 50 MG TAB)

50 MG PO Daily

Comments: DO NOT CRUSH

Rx #: 19005338

10/23/24	1000 ZROSEN at 1023 GAVE: 50 MG
	Barcode Medication: Toprol XL
	NDC/DIN: 0904632361 (SOURCE: eMAR)
	Admin Queries
	Blood Pressure: 147/84 Pulse Rate: 61

TAMBULOSIN HCL (TAMBULOSIN HCL 0.4 MG CAPSULE)

0.4 MG PO Daily

Comments: DO NOT OPEN CAPSULE

Rx #: 19005339

10/23/24	1000 ZROSEN at 1024 GAVE: 0.4 MG
	Barcode Medication: TAMBULOSIN HCL
	NDC/DIN: 6373956710 (SOURCE: eMAR)

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ADMINISTRATION PERIOD:

0700 10/24/24 to 0659 10/25/24 (continued)

START/
STOP

ZILOPREM (allipantol 300 MG TABLET)

300 MG PO Daily
Rx #: 19010533

10/24/24 | ED 0935 | FAHMA02
| ACK 0944 | JZINGAR
| 1000 ZROSEN at 1024 GAVE: 300 MG
| Barcode Medication: ZILOPREM
| NDC/DIN: 0904657261 (SOURCE: eMAR)
| Rule: MAR.FIRST - MAR: First Admin Education
| Rule: MAR.FIRST - MAR: First Admin Education

ADMINISTRATION PERIOD:

0700 10/25/24 to 0659 10/26/24

START/
STOP

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)

25 MG PO Daily
Rx #: 19005337

10/23/24 | 1000 TWERRIL at 1018 GAVE: 25 MG
| Barcode Medication: LOSARTAN POTASSIUM
| NDC/DIN: 5026050411 (SOURCE: eMAR)

Toprol XL (metoprolol succinate 50 MG TAB)

50 MG PO Daily
Comments: DO NOT CRUSH
Rx #: 19005338

10/23/24 | 1000 TWERRIL at 1018 GAVE: 50 MG
| Barcode Medication: Toprol XL
| NDC/DIN: 0904632361 (SOURCE: eMAR)

TRANSUDOSIN HCL (TRANSUDOSIN HCL 0.4 MG CAPSULE)

0.4 MG PO Daily
Comments: DO NOT OPEN CAPSULE
Rx #: 19005339

10/23/24 | 1000 TWERRIL at 1018 GAVE: 0.4 MG
| Barcode Medication: TRANSUDOSIN HCL
| NDC/DIN: 6373956710 (SOURCE: eMAR)
| DC 0228 | AADENOD
| ACK 0319 | MCHOR063

ZILOPREM (allipantol 300 MG TABLET)

300 MG PO Daily
Rx #: 19010533

10/24/24 | 1000 TWERRIL at 1018 GAVE: 300 MG
| Barcode Medication: ZILOPREM
| NDC/DIN: 0904657261 (SOURCE: eMAR)

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ADMINISTRATION PERIOD:		START/	
0700 10/25/24 to 0659 10/26/24 (continued)		STOP	

INDOCIN SUPP (INDOMETHCIN 50 MG SUPP)
100 MG PR 1x/day: One Time only/ONR
Rx #: 19015417

10/25/24 1328 DCASIRO at 1455 GAVE: 100 MG
Barcode Medication: INDOCIN SUPP
NDC/DIN: 69344010233 (SOURCE: Default NDCs)
Admin Queries
Activity: Lying Quietly/ Moves Basal: Cry: No Cry (Awake or Asleep) Face:
No Expression or Smile Legs: Position Relaxed Consolability: Content/Relaxed
Total Pain Score: 0 Scale: FLACC (0 - 10)
Rule: MAR.FIRST - MAR: First Admin Education
ED 1338 AKZARY
DC 1338 PHABRJOB
ACK 1503 DCASIRO
1545 REASSES by THERRL at 1545 Not Done: giving in Endo

LEVOPLOXACIN 500 MG/100 ML-D5W 100 ML
{Levofloxacin 500 MG/100 ML IPFB}
100 MG/HR IVPB 1x/day: One Time only/ONR
Comments: DEVAQUIN
Rx #: 19015418

10/25/24 INFUSION 1320 DCASIRO: Started, Dose Rate: / Rate: 100 ML/HR
Intake: / Cumulative Intake: / Container Volume: 100 mLs, Site:
10/25/24
Queries
Increase/Decrease: Started Container Volume: 100 Elapsed Time: 0m Infusion Rate: 100
Waste/Volume Adjustment: 0 End Date: 10/25/24 Start Date: 10/25/24
Infusion/Titration Comment:
1328 DCASIRO at 1320 GAVE: 100 ML/HR
Barcode Medication: LEVOPLOXACIN 500 MG/100 ML-D5W
NDC/DIN: 00143972124 (SOURCE: Default NDCs)
Admin Queries
Increase/Decrease: Started Container Volume: 100 Elapsed Time: 0m Infusion Rate: 100
Waste/Volume Adjustment: 0 End Date: 10/25/24 Start Date: 10/25/24
Infusion/Titration Comment:
Rule: MAR.FIRST - MAR: First Admin Education
ED 1338 AKZARY
DC 1427 PHABRJOB
ACK 1443 DCASIRO
INFUSION 1548 THERRL: Infused, Dose Rate: / Rate: 100 ML/HR
Intake: 100 mLs, Cumulative Intake: 100 mLs, Container Volume: 0 mLs, Site:
Queries
Increase/Decrease: Infused Cumulative Dose: 500 Cumulative Intake (mg): 100
Cumulative Intake (Rx): 100 Container Volume: 0 Elapsed Time: 2h 28m Infusion Intake: 100
Infusion Rate: 100 Waste/Volume Adjustment: 0 End Date: 10/25/24 Start Date: 10/25/24

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ADMINISTRATION PERIOD:

0700 10/25/24 TO 0659 10/26/24 (CONTINUED)

START/
STOP

LACTATED RINGERS 1,000 ML
{LACTATED RINGERS 1,000 ML BAG}
125 ML8/HR IV .QOH
Comments: FOR PACU USE ONLY
RX #: 19015807

10/25/24 | *1330 THERMIL ac 1631 for PACU use only
10/26/24 | Admin Queries
| End Date: 10/25/24 Start Date: 10/25/24
| ED 1529 BTHARKA
| ED 1529 BTHARKA
| ACK 1547 THERMIL
| INFUSION 1631 THERMIL: Not Given, Dose Rate: / Rate:
| Intake: / Cumulative Intake: / Container Volume: / Site:
| Queries
| End Date: 10/25/24 Start Date: 10/25/24
| ACK 1934 MCOORC3
| ACK 1934 MCOORC3
| INFUSION 1934 MCOORC3: Not Given, Dose Rate: / Rate:
| Intake: / Cumulative Intake: / Container Volume: / Site:
| Queries
| End Date: 10/25/24 Start Date: 10/25/24
| DC 1934 MCOORC3
| *2130 MCOORC3 ac 1934 QANC
| Admin Queries
| End Date: 10/25/24 Start Date: 10/25/24

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Name **Rumchovich, Alva**

Unit Num **M104B065**

Medication Discharge Summary

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ADMINISTRATION PERIOD:

0700 10/25/24 TO 0659 10/26/24 (CONTINUED)

START/
STOP

TYLENOL (ACETAMINOPHEN 325 MG TABLET)
650 MG PO 1x/day: One Time only/ONR
Comments: DO NOT EXCEED 4 GM (4000 MG) TOTAL DOSE/DAY
Rx #: 19016597

10/25/24 2000 MCOORC3 at 2026 GAVE: 650 MG
10/25/24 Barcode Medication: Tylenol
NDC/DIN: 0904677361 (SOURCE: eMAR)
Barcode Medication: Tylenol
NDC/DIN: 0904677361 (SOURCE: eMAR)
Admin Queries
Medication Given For Pain/Respirations: Pain Pain Management Techniques:
Medication Administration Functional Pain Level: 4 - Distracts Me, can do Pain Frequency:
Intermittent Pain Description: Soreness Acceptable Pain level 1-10: 3 Scale:
Functional (0-10) Functional Pain score: 1 - 4 Mild NEURO. ELL: ABDOMEN
Pain Location Modifier 1: Upper
ED 2002 MZERRNE
DC 2002 PHABRJOB
ACK 2023 MCOORC3
2116 REASSESS by MCOORC3 at 2116
Reassessment: Pain Assessment
Indication of Pain Relief:
1
2
6
Functional Pain level: 3
Acceptable Pain level 1-10: 3
Scale: 1
Functional Pain score: 1 - 4 Mild
Reassessment: Reason for Medication Administ
Medication Given For Pain/Respirations: 1

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Medication Discharge Summary

ADMINISTRATION PERIOD:		START/	STOP
0700 10/25/24 to 0659 10/26/24 (CONTINUED)			

TYLENOL (ACETAMINOPHEN 325 MG TABLET)
650 MG PO 1xDay: One Time only/ONR
Comments: DO NOT EXCEED 4 GM (4000 MG) TOTAL DOSE/DAY
RX #: 19017264

10/26/24 0227 MCORCOR3 at 0233 GAVE: 650 MG
10/26/24 Barcode Medication: Tylenol
NDC/DIN: 0904677361 (SOURCE: eMAR)
Barcode Medication: Tylenol
NDC/DIN: 0904677361 (SOURCE: eMAR)
Admin Queries
Medication Given For Pain/Respirations: Pain Pain Management Techniques:
Medication Administration Functional Pain Level: 4 - Distracts Me, can do Pain Description:
Discomfort Score: Acceptable Pain Level 1-10: 3 Scale: Functional (0-10) Pain Type:
Acute Functional Pain Score: 1 - 4 Mild NEURO.EMI. ABDOMEN Pain Location Modifier 1: Upper
ED 0228 ADENOD
DC 0228 PHARJOB
ACK 0233 MCORCOR3
0323 RASBESS by MCORCOR3 at 0323
Reassessment: Pain Assessment
Indication of Pain Relief:
1
6
Functional Pain Level: 3
Acceptable Pain Level 1-10: 3
Scale: 1
Functional Pain Score: 1 - 4 Mild
Reassessment: Reason for Medication Administ
Medication Given For Pain/Respirations: 1

TRAMADOLIN HCL (TRAMADOLIN HCL 0.4 MG CAPSULE)
0.4 MG PO 1xDay: Daily at 1800
Comments: DO NOT OPEN CAPSULE
RX #: 19017265

10/26/24 ENTER 0228 ADENOD
ACK 0319 MCORCOR3

LACTATED RINGERS 500 ML
(LACTATED RINGERS 1,000 ML BAG)
999 NIB/HR IVES Bolus/ERN
ERN Reason: Blood Pressure - Low
Total Bags: Max 1 (0 of 1 Given)
Comments: FOR PACU USE ONLY
FOR SBP <80
RX #: 19015808

10/25/24 ED 1529 BHAKKA
ED 1529 BHAKKA
ACK 1547 THEREL

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Medication Discharge Summary

Account Num **V011921600**

ADMINISTRATION PERIOD:

0700 10/25/24 to 0659 10/26/24 (continued)

START/STOP

HYDROMORPHONE INJ (HYDROMORPHONE INJ 0.5 MG/0.5 ML SYRINGE)

0.2 MG IVP PACU ONLY Q5W/PRN**

PRN Reason: Pain, Mild (1-4)

Total Doses: Max 4 (0 of 4 given)

Dose Ins: For IVP, must be given slowly over at least 2 to 3 minutes.

Comments: FOR PACU ONLY

Maximum Total IV Hydromorphone Dosage: 1.5

mg, then call Anesthesiologist

Rx #: 19015809

HYDROMORPHONE INJ (HYDROMORPHONE INJ 0.5 MG/0.5 ML SYRINGE)

0.3 MG IVP PACU ONLY Q5W/PRN**

PRN Reason: Pain, Moderate (5-6)

Total Doses: Max 3 (0 of 3 given)

Dose Ins: For IVP, must be given slowly over at least 2 to 3 minutes.

Comments: FOR PACU ONLY

Maximum Total IV Hydromorphone Dosage: 1.5

mg, then call Anesthesiologist

Rx #: 19015810

HYDROMORPHONE INJ (HYDROMORPHONE INJ 0.5 MG/0.5 ML SYRINGE)

0.4 MG IVP PACU ONLY Q5W/PRN**

PRN Reason: Pain, Severe (7-10)

Total Doses: Max 3 (0 of 3 given)

Dose Ins: For IVP, must be given slowly over at least 2 to 3 minutes.

Comments: FOR PACU ONLY

Maximum Total IV Hydromorphone Dosage: 1.5

mg, then call Anesthesiologist

Rx #: 19015811

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Name Ruchovich, Alva

Unit Num M1040065

Medication Discharge Summary

Account Num V011921600

ADMINISTRATION PERIOD:

0700 10/25/24 to 0659 10/26/24 (continued)

LABETALOL IMJ (LABETALOL IMJ 100 MG/20 ML VIAL)

5 MG IVP PACU ONLY** Q5H/PRN

PRN Reason: Sustained Hypertension

Total Doses: Max 8 (0 of 8 given)

Dose Ins: GIVE FOR SBP > 160

GIVE FOR DBP > 85

HOLD FOR HR < 60

MAXIMUM NUMBER OF DOSES: 8

Comments: FOR PACU USE ONLY - PHASE 1 ORDER

First-Line Anti-Hypertension treatment

Restricted IV Push Medication: Refer to PCS

Policy 38:00 before administration.

Bolus dose of 10 mg may be administered IV

push at a rate of 10 mg/minute; bolus doses

of >=20 mg may be administered IV push over 2

minutes.

Rx #: 19015812

ATROPINE SULFATE IMJ (ATROPINE SULFATE IMJ 1 MG/10 ML SYRINGE)

0.5 MG IVP PACU ONLY** 1TIME/PRN

PRN Reason: Bradycardia

Total Doses: Max 1 (0 of 1 given)

Dose Ins: Administer undiluted by rapid IV injection; slow injection

may result in paradoxical bradycardia.

Comments: FOR PACU USE ONLY

PHASE 1 ORDER

Rx #: 19015814

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Name **Rumchovich, Alva**

Unit Num **M104B065**

Medication Discharge Summary

Account Num **V011921600**

ADMINISTRATION PERIOD:

0700 10/25/24 to 0659 10/26/24 (continued)

COMPRAZINE IMJ (PROCHLOPERAZINE IMJ 10 MG/2 ML VIAL)

5 MG IVF PACU ONLY** Q20H/PRN

PRN Reason: Nausea

Total Doses: Max 2 (0 of 2 given)

Dose Ins: May be administered diluted with normal saline or undiluted by slow IV push or by IV infusion at a maximum rate of 5 mg/minute. To reduce the risk of hypotension, patients receiving IV prochlorperazine must remain lying down and be observed for at least 30 minutes following administration.

Comments: FOR PACU USE ONLY - PHASE 1 AND 2 ORDER

FIRST LINE ANTI NAUSEA TREATMENT

ALLOW 10 MINUTES BETWEEN NAUSEA INTERVENTIONS

MAX NUMBER OF DOSES: 2

Rx #: 19015815

ZOPRAN IMJ (ONDANSETRON IMJ 4 MG/2 ML VIAL)

4 MG IVF PACU ONLY** Q20H/PRN

PRN Reason: Nausea

Total Doses: Max 2 (0 of 2 given)

Dose Ins: Single doses may be administered IV injection as undiluted solution over at least 30 seconds but preferably over 2 to 5 minutes

Comments: FOR PACU USE ONLY - PHASE 1 AND 2 ORDER

USE AS FIRST LINE AGENT IF ONDANSETRON NOT GIVEN INTRA-OP

ALLOW 10 MINUTES BETWEEN NAUSEA INTERVENTIONS

Rx #: 19015816

ADMINISTRATION PERIOD:

0700 10/25/24 to 0659 10/27/24

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)

25 MG PO Daily

Rx #: 19005337

10/23/24	1000	DEPREK at 1003 GAVE: 25 MG
		Barcode Medication: LOSARTAN POTASSIUM
		NDC/DIN: 5026850411 (SOURCE: eMAR)
		Admin Queues
		Blood Pressure: 180/95 Pulse Rate: 64

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Name **Ramchovich, Akiva**

Unit Num **M104B066**

Medication Discharge Summary

Account Num **V011921600**

ADMINISTRATION PERIOD:		START/	
		STOP	
0700 10/26/24 to 0659 10/27/24 (CONTINUED)			

TOPROL XL (METOPROLOL SUCCINATE 50 MG TAB)
50 MG PO Daily
Comments: DO NOT CRUSH
Rx #: 19005338

10/23/24	1000	DEPREX at 1003 GAVE: 50 MG
		Barcode Medication: Toprol XL
		NDC/DIN: 0904632361 (SOURCE: eMAR)
		Admin Queues
		Blood Pressure: 180/96 Pulse Rate: 64

ZYLOPREM (allipartinol 300 MG TABLET)
300 MG PO Daily
Rx #: 19010533

10/24/24	1000	DEPREX at 0955 GAVE: 300 MG
		Barcode Medication: ZYLOPREM
		NDC/DIN: 0904657261 (SOURCE: eMAR)

TRANSUDORIN HCL (TRANSUDORIN HCL 0.4 MG CAPSULE)
0.4 MG PO 1xDay: Daily at 1800
Comments: DO NOT OPEN CAPSULE
Rx #: 19017265

10/26/24	1800	DEPREX at 1828 GAVE: 0.4 MG
		Barcode Medication: TRANSUDORIN HCL
		NDC/DIN: 6373956710 (SOURCE: eMAR)
		Rule: MAR.FIRST - MAR: First Admin Education
		Rule: MAR.FIRST - MAR: First Admin Education

DATE: 10/30/24 @ 0014
USER: PHABGJOB

Valley Hospital *Live* EHA
Medication Discharge Summary Report

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10/30/24

Name Ruchovich, Alva

Unit Num M104B065

Account Num V011921600

Medication Discharge Summary

ADMINISTRATION PERIOD:		START/	STOP
0700 10/26/24 to 0659 10/27/24 (continued)			

KETAMINOGEN 100 MG
(ACETAMINOGEN 1,000 MG/100 ML PIGGYBACK)
400 MLS/HR IVPB 1xDay: One time only/ONE
Comments: IT MUST BE USED WITHIN 6 HOURS.
Rx #: 1901746

10/26/24 0936 DEPRETR at 0954 GAVE: 400 MLS/HR
10/26/24 Barcode Medication: ACETAMINOGEN
NDC/DIN: 633234341 (SOURCE: eMAR)
Admin Queries
Increase/Decrease: started Container Volume: 100 Elapsed Time: 0m Infusion Rate: 400
Waste/Volume Adjustment: 0 End Date: 10/26/24 Start Date: 10/26/24
Medication Given For Pain/Respirations: Pain Pain Management Techniques:
Medication Administration Discuss Pain Med Options Re-Positioning Relaxation Techniques
Functional Pain Level: 7 - Focus of Attention, P Pain Description: Aching
Acceptable Pain Level 1-10: 3 Scale: Functional (0-10) Pain Type: Acute
Functional Pain Score: 7 - 10 Severe NEURO.PLI: ABDOMEN Pain Location Modifier 1: Upper
Rule: MAR.FIRST - MAR: First Admin Education
Rule: MAR.FIRST - MAR: First Admin Education
ED 0941 ONINT2
DC 0950 PHABGJOB
ACK 0954 DEPRETR
INFUSION 0954 DEPRETR: Started, Dose Rate: , Rate: 400 MLS/HR
Intake: , Cumulative Intake: , Container Volume: 100 mls, Site:
Queries
Increase/Decrease: Started Container Volume: 100 Elapsed Time: 0m Infusion Rate: 400
Waste/Volume Adjustment: 0 End Date: 10/26/24 Start Date: 10/26/24
INFUSION 1026 DEPRETR: Infused, Dose Rate: , Rate: 0 MLS/HR
Intake: 100 mls, Cumulative Intake: 100 mls, Container Volume: 0 mls, Site:
Queries
Increase/Decrease: Infused Cumulative Dose: 1000 Cumulative Intake (bag): 100
Cumulative Intake (RX): 100 Container Volume: 0 Elapsed Time: 32m Infusion Intake: 100
Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/26/24 Start Date: 10/26/24
1044 RBA38283 by DEPRETR at 1044
Reassessment: Pain Assessment
Indication of Pain Relief:
1
2
6
Pain Management Techniques:
2
13
Functional Pain Level: 6
Pain Description:
26
8
Acceptable Pain Level 1-10: 5
Scale: 1
Functional Pain Score: 5 - 6 Moderate

DATE: 10/30/24 @ 0014
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Valley Hospital *Live* EHA
Medication Discharge Summary Report

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10/30/24

Name Ruchovich, Alva

Unit Num M104B066

Account Num V011921600

Medication Discharge Summary

ADMINISTRATION PERIOD:		START/STOP
0700 10/26/24 to 0659 10/27/24 (Continued)		

NEURO, P/L: ABDOMEN
Pain Location Modifier 1:
4
Response to Discussion:
1
Reassessment: Reason for Medication Administ
Medication Given For Pain/Respirations: 1

LACTATED RINGERS 1,000 ML
(LACTATED RINGERS 1,000 ML BAG)
150 MLS/HR IV .06H40M
Rx #: 19018032

10/26/24 ED 1206 JHINTZ
ACK 1211 DERREIR
1215 DERREIR at 1318 GAVE: 150 MLS/HR
Barcode Medication: LACTATED RINGERS
NDC/DIN: 0338011704 (SOURCE: eMAR)
Admin Queries
Increase/Decrease: Started Cumulative Dose: Not Applicable Container Volume: 1000
Elapsed Time: 0m Infusion Rate: 150 Waste/Volume Adjustment: 0 End Date: 10/26/24
Start Date: 10/26/24
INFUSION 1318 DERREIR: Started, Dose Rate: 150 MLS/HR
Intake: / Cumulative Intake: / Container Volume: 1000 mls, Site:
Queries
Increase/Decrease: Started Cumulative Dose: Not Applicable Container Volume: 1000
Elapsed Time: 0m Infusion Rate: 150 Waste/Volume Adjustment: 0 End Date: 10/26/24
Start Date: 10/26/24
*1855 MCOORC03 at 2050 PER
Admin Queries
End Date: 10/26/24 Start Date: 10/26/24
DC 2045 MCOORC03
ACK 2046 MCOORC03
INFUSION 2050 MCOORC03: Infused, Dose Rate: / Rate: 0 MLS/HR
Intake: 1000 mls, Cumulative Intake: 1000 mls, Container Volume: 0 mls, Site:
Queries
Increase/Decrease: Infused Cumulative Dose: Not Applicable Cumulative Intake (bag): 1000
Cumulative Intake (RX): 1000 Container Volume: 0 Elapsed Time: 7h 32m Infusion Intake:
1000 Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/26/24 Start Date: 10/26/24
INFUSION 2050 MCOORC03: Not Given, Dose Rate: / Rate:
Intake: / Cumulative Intake: / Container Volume: / Site:
Queries
End Date: 10/26/24 Start Date: 10/26/24

DATE: 10/30/24 @ 0014
USER: PHABGJOB

Valley Hospital +Live+ EHA
Medication Discharge Summary Report

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10/30/24

Name **Rumchovich, Alva**

Unit Num **M104B066**

Account Num **V011921600**

Medication Discharge Summary

ADMINISTRATION PERIOD:		START/	STOP
0700 10/26/24 to 0659 10/27/24 (continued)			

SODIUM CHLORIDE 0.9% 1,000 ML
{SODIUM CHLORIDE 0.9% 1,000 ML BRG}
150 MLs/HR IV .Q6HqW
Rx #: 19018977

10/26/24	2045	MOORCOR3 at 2050 GAVE: 150 MLs/HR
10/27/24		Barcode Medication: SODIUM CHLORIDE 0.9%
		NDC/DIN: 4923030010 (SOURCE: eMAR)
		Admin Queries
		Increase/Decrease: started Cumulative Dose: Not Applicable Container Volume: 1000
		Elapsed Time: 0m Infusion Rate: 150 Waste/Volume Adjustment: 0 End Date: 10/26/24
		Start Date: 10/26/24
		ED 2045 ALBIS
		ACK 2046 MOORCOR3
		INFUSION 2050 MOORCOR3: started, Dose Rate: / Rate: 150 MLs/HR
		Intake: / Cumulative Intake: / Container Volume: 1000 mls, Site:
		Queries
		Increase/Decrease: started Cumulative Dose: Not Applicable Container Volume: 1000
		Elapsed Time: 0m Infusion Rate: 150 Waste/Volume Adjustment: 0 End Date: 10/26/24
		Start Date: 10/26/24
		0325 MOORCOR3 at 0330 GAVE: 150 MLs/HR
		Barcode Medication: SODIUM CHLORIDE 0.9%
		NDC/DIN: 4923030010 (SOURCE: eMAR)
		Admin Queries
		Increase/Decrease: started/Running Cumulative Dose: Not Applicable Cumulative Intake (Rx):
		1000 Container Volume: 1000 Elapsed Time: 6h 40m Infusion Rate: 150
		Waste/Volume Adjustment: 0 End Date: 10/27/24 Start Date: 10/27/24
		INFUSION 0330 MOORCOR3: Infused, Dose Rate: / Rate: 0 MLs/HR
		Intake: 1000 mls, Cumulative Intake: 1000 mls, Container Volume: 0 mls, Site:
		Queries
		Increase/Decrease: Infused Cumulative Dose: Not Applicable Cumulative Intake (bag): 1000
		Cumulative Intake (Rx): 1000 Container Volume: 0 Elapsed time: 6h 40m Infusion Intake:
		1000 Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/27/24 Start Date: 10/27/24
		EDINFUSION 0330 MOORCOR3 Action - From: Infused To: Infused
		Old Queries:
		Elapsed Time: 6h 11m
		New Queries:
		Elapsed Time: 6h 40m
		INFUSION 0330 MOORCOR3: started/Running, Dose Rate: / Rate: 150 MLs/HR
		Intake: / Cumulative Intake: / Container Volume: 1000 mls, Site:
		Queries
		Increase/Decrease: started/Running Cumulative Dose: Not Applicable Cumulative Intake (Rx):
		1000 Container Volume: 1000 Elapsed Time: 6h 40m Infusion Rate: 150
		Waste/Volume Adjustment: 0 End Date: 10/27/24 Start Date: 10/27/24
		DC 0600 PHABGJOB
		INFUSION 0623 MOORCOR3: Infused, Dose Rate: / Rate: 0 MLs/HR
		Intake: 432.5 mls, Cumulative Intake: 432.5 mls, Container Volume: 0 mls, Site:
		Queries

DATE: 10/30/24 @ 0014
USER: PHARCOJOB

Valley Hospital *Live* PHA
Medication Discharge Summary Report

10/30/24

Name **Rumchovich, Alva**

Unit Num **M104B065**

Medication Discharge Summary

Account Num **V011921600**

ADMINISTRATION PERIOD:

0700 10/26/24 TO 0659 10/27/24 (CONTINUED)

START/STOP	
	Increase/Decrease: Infused Cumulative Dose: Not Applicable Cumulative Intake (bag): 432.5
	Cumulative Intake (RX): 1432.5 Container Volume: 0 Elapsed Time: 9h 33m Infusion Intake:
	432.5 Infusion Rate: 0 Waste/Volume Adjustment: 567.5 End Date: 10/27/24 Start Date:
	10/27/24

ALPRAZOLAM (ALPRAZOLAM 0.5 MG TABLET)

0.5 MG PO Daily/PRN

PRN Reason: Anxiety

Rx #: 19018044

	10/26/24	ACK 1213	DPRETR
		ED 1213	JHINT2
		ED 1213	JHINT2
		2209	MOORCOR3 ac 2209 GAVE: 0.5 MG
			Barcode Medication: ALPRAZOLAM
			NDC/DIN: 0028202910 (SOURCE: eMAR)
			Rule: MAR.FIRST - MAR: First Admin Education
			Rule: MAR.FIRST - MAR: First Admin Education

DATE: 10/30/24 @ 0014
USER: PHARJOB

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Valley Hospital +Live+ EHR
Medication Discharge Summary Report

10/30/24

Medication Discharge Summary

Name Ruchovich, Alva

Unit Num M104B065

Account Num V011921600

ADMINISTRATION PERIOD:
0700 10/26/24 to 0659 10/27/24 (continued)

START/
STOP

ACETAMINOPHEN 100 MG
(ACETAMINOPHEN 1,000 MG/100 ML PIGGYBACK)
400 MG/HR IVPB Q6H/PRN
PRN Reason: Pain, Moderate (5-6)
Comments: ONCE THE OPIMBY STOPPER HAS BEEN DEMONSTRATED
IT MUST BE USED WITHIN 6 HOURS.
Rx #: 19018228

10/26/24 ED 1326 SKIN4
ED 1326 SKIN4
ACK 1349 DPEREIR
1630 DPEREIR at 1630 GAVE: 400 MG/HR
Barcode Medication: ACETAMINOPHEN
NDC/DIN: 633234341 (SOURCE: eMAR)
Admin Queries
Increase/Decrease: Started Container Volume: 100 Elapsed Time: 0m Infusion Rate: 400
Waste/Volume Adjustment: 0 End Date: 10/26/24 Start Date: 10/26/24
Medication Given For Pain/Respirations: Pain Pain Management Techniques:
Medication Administration Re-positioning Functional Pain Level: 7 - Focus of Attention, P
Pain Description: Aching Acceptable Pain Level 1-10: 5 Scale: Functional (0-10)
Functional Pain Score: 7 - 10 Severe NEURO.PLI: ABDOMEN Pain Location Modifier 1: Upper
Rule: MAR.FIRST - MAR: First Admin Education
Rule: MAR.FIRST - MAR: First Admin Education
INFECTION 1630 DPEREIR: Started, Dose Rate: / Rate: 400 MG/HR
Intake: / Cumulative Intake: / Container Volume: 100 mLs, Site:
Queries
Increase/Decrease: Started Container Volume: 100 Elapsed Time: 0m Infusion Rate: 400
Waste/Volume Adjustment: 0 End Date: 10/26/24 Start Date: 10/26/24
INFECTION 1704 DPEREIR: Infused, Dose Rate: / Rate: 0 MG/HR
Intake: 100 mLs, Cumulative Intake: 100 mLs, Container Volume: 0 mLs, Site:
Queries
Increase/Decrease: Infused Cumulative Dose: 1000 Cumulative Intake (bag): 100
Cumulative Intake (RX): 100 Container Volume: 0 Elapsed Time: 34m Infusion Intake: 100
Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/26/24 Start Date: 10/26/24
1720 RBASERS by DPEREIR at 1720
Reassessment: Pain Assessment
Indication of Pain Relief:
1
2
6
Pain Management Techniques:
2
13
Functional Pain Level: 6
Pain Description:
6
Acceptable Pain Level 1-10: 5
Scale: 1
Functional Pain Score: 5 - 6 Moderate
NEURO.PLI: ABDOMEN
Pain Location Modifier 1:

DATE: 10/30/24 @ 0014
USER: PHARCOJOB

Valley Hospital +Live+ EHR
Medication Discharge Summary Report

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10/30/24

Name Ruchovich, Alva

Unit Num M104B065

Account Num V011921600

Medication Discharge Summary

ADMINISTRATION PERIOD:		START/	STOP
0700 10/26/24 to 0659 10/27/24 (continued)			

4	Reassessment: Reason for Medication Administ
	Medication Given For Pain/Respirations: 1
	2210 MOORCOR3 at 2210 GAVE: 400 mLs/HR
	Barcode Medication: ACETAMINOPHEN
	NDC/DIN: 6332343441 (SOURCE: eMAR)
	Admin Queries
	Increase/Decrease: Started/Running Cumulative Dose: 1000 Cumulative Intake (Rx): 100
	Container Volume: 100 Elapsed Time: 34m Infusion Rate: 400 Waste/Volume Adjustment: 0
	End Date: 10/26/24 Start Date: 10/26/24 Medication Given For Pain/Respirations: Pain
	Pain Management Techniques: Medication Administration Functional Pain Level:
	4 - Distracts Mr. can do Acceptable Pain Level 1-10: 5 Scale: Functional (0-10)
	Functional Pain Score: 1 - 4 Mild NEURO.PIL: ABDOMEN Pain Location Modifier 1: Upper
	INFUSION 2210 MOORCOR3: Started/Running, Dose Rate: / Rate: 400 mLs/HR
	Intake: / Cumulative Intake: / Container Volume: 100 mLs, Site:
	Queries
	Increase/Decrease: Started/Running Cumulative Dose: 1000 Cumulative Intake (Rx): 100
	Container Volume: 100 Elapsed Time: 34m Infusion Rate: 400 Waste/Volume Adjustment: 0
	End Date: 10/26/24 Start Date: 10/26/24
	INFUSION 2254 MOORCOR3: Infused, Dose Rate: / Rate: 0 mLs/HR
	Intake: 100 mLs, Cumulative Intake: 100 mLs, Container Volume: 0 mLs, Site:
	Queries
	Increase/Decrease: Infused Cumulative Dose: 2000 Cumulative Intake (bag): 100
	Cumulative Intake (Rx): 200 Container Volume: 0 Elapsed Time: 1h 16m Infusion Intake: 100
	Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/26/24 Start Date: 10/26/24
	2300 RBA88883 by MOORCOR3 at 2300
	Reassessment: Pain Assessment
	Indication of Pain Relief:
	1
	6
	Functional Pain Level: 4
	Acceptable Pain Level 1-10: 5
	Scale: 1
	Functional Pain Score: 1 - 4 Mild
	Reassessment: Reason for Medication Administ
	Medication Given For Pain/Respirations: 1
	0300 MOORCOR3 at 0300 GAVE: 400 mLs/HR
	Barcode Medication: ACETAMINOPHEN
	NDC/DIN: 6332343441 (SOURCE: eMAR)
	Admin Queries
	Increase/Decrease: Started/Running Cumulative Dose: 2000 Cumulative Intake (Rx): 200
	Container Volume: 100 Elapsed Time: 1h 16m Infusion Rate: 400 Waste/Volume Adjustment: 0
	End Date: 10/27/24 Start Date: 10/27/24 Medication Given For Pain/Respirations: Pain
	Pain Management Techniques: Medication Administration Functional Pain Level:

DATE: 10/30/24 @ 0014
USER: PHARCOJOB

Valley Hospital *Live* EHA
Medication Discharge Summary Report

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10/30/24

Name **Ramchovich, Akiva**

Unit Num **M104B066**

Medication Discharge Summary

Account Num **V011921600**

ADMINISTRATION PERIOD:

0700 10/26/24 to 0659 10/27/24 (Continued)

START/STOP	
	4 - Distracts Mr. can do Acceptable Pain Level 1-10: 5 Scale: Functional (0-10)
	Functional Pain Score: 1 - 4 Mild
	INFUSION 0300 MORCOR3: Started/Running, Dose Rate: / Rate: 400 mLs/HR
	Intake: / Cumulative Intake: / Container Volume: 100 mLs, Site:
	Quiet
	Increase/Decrease: Started/Running Cumulative Dose: 2000 Cumulative Intake (Rx): 200
	Container Volume: 100 Elapsed Time: 1h 16m Infusion Rate: 400 Waste/Volume Adjustment: 0
	End Date: 10/27/24 Start Date: 10/27/24
	INFUSION 0318 MORCOR3: Infused, Dose Rate: / Rate: 0 mLs/HR
	Intake: 100 mLs, Cumulative Intake: 100 mLs, Container Volume: 0 mLs, Site:
	Quiet
	Increase/Decrease: Infused Cumulative Dose: 3000 Cumulative Intake (Rx): 100
	Cumulative Intake (Rx): 300 Container Volume: 0 Elapsed Time: 1h 36m Infusion Intake: 100
	Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/27/24 Start Date: 10/27/24
	0350 RAS8883 by HCONCOR3 at 0350
	Reassessment: Pain Assessment
	Indication of Pain Relief:
	1
	5
	6
	Functional Pain Level: 4
	Acceptable Pain Level 1-10: 5
	Scale: 1
	Functional Pain Score: 1 - 4 Mild
	Reassessment: Reason for Medication Administ
	Medication Given For Pain/Respirations: 1

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**Emergency Department Note
Signed**

Patient: Anachovich,Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Ellenjane G. Tarife APN
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 10/30/24 1806
Dictating Dr: Felsenstein,Bruce MD
Date of Service: 10/30/24 1806

cc: ~

General Information

General Information

Time Seen by Provider: 10/30/24 17:39
Stated Complaint: Fever
Chief Complaint: Post-op Complaint
Triage Attestation:
Reviewed by on

HPI

History of Present Illness

HPI Narrative:

72-year-old male with fever today status post CBD stent placement on 10/25/2024. He had an ultrasound-guided biopsy of pancreatic mass performed during endoscopy. He was discharged from the hospital yesterday. The patient had a pancreatic mass and biliary dilatation. There is presumed pancreatic adenocarcinoma. He was given ibuprofen at 1 PM for fever of 101.5. He denies chest pain, nausea, cough, or urinary symptoms.

Past Medical,Fam,Soc History

Past Medical History

Cardiac: Atrial Fibrillation
Respiratory: Sleep Apnea
Musculoskeletal: Fractures and Gout
Endocrine: Other

Past Surgical History

Gastrointestinal: Colonoscopy and Other
Musculoskeletal: Carpal Tunnel Surgery

Social History

Smoking Status: Never Smoker
Substance Use Type: Alcohol
Consumption Amount: Occasionally

Marital Status

Marital Status: married

Medications and Allergies - ED

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
Iosartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/30/24	History

Emergency Department Note STATUS: Signed 1030-

VAH
 Patient name: Anachovich,Akiva
 Account #: V011930464

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metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/30/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/30/24	History
allopurinol 300 mg tablet	300 mg PO DAILY	10/24/24	10/30/24	History
dicyclomine 10 mg capsule	10 mg PO BID PRN abdominal pain #14 caps	10/29/24	10/30/24	Rx
ibuprofen 400 mg tablet	400 mg PO Q6H PRN moderate pain #30 tabs	11/01/24		Rx

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/30/24 16:35

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Dextrose Dextrose 50% Inj 50 MI Syringe	50 ml IVP 1TIME PRN Blood Sugar - Low	10/30/24 16:37	
Acetaminophen Acetaminophen	1,000 mg in 100 mls @ 400 mls/hr IVPB 1TIME PRN Fever 100.4 or greater Protocol	10/30/24 16:37	

Exam

Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
38.7 C H	79	18	142/87 H	96	Room Air

Emergency Department Note STATUS: Signed 1030-

VAH
Patient name: Anachovich,Akiva
Account #: V011930464

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10/30/24 16:31	10/30/24 16:31	10/30/24 16:31	10/30/24 16:31	10/30/24 16:31	10/30/24 16:31
-------------------	-------------------	-------------------	-------------------	-------------------	-------------------

Constitutional

Height: 1.78 m

Weight: 82.7 kg

Body Mass Index (BMI): 26.2

Development: normally developed

Age range: senior

Appearance/Distress: no acute distress

Skin

Skin exam: Absent rash

Head

Head exam: Present normocephalic

ENT

ENT exam: Present mucous membranes moist

Eye

Eye exam: Present EOMI and PERRL

Neck

Neck exam: Present supple

Respiratory

Respiratory exam: Present clear to auscultation

Cardiovascular

Cardiovascular exam: Present +S1 and +S2; Absent murmur

GI/Abdominal

GI/Abdominal exam: Present normal bowel sounds and soft; Absent tenderness

Back

Back: normal

Extremities Exam

Extremities exam: Absent edema

Neurological.

Neuro Mental Status: Normal: Alertness, Speech and Orientation

Neuro Motor: absent: weakness

Psychiatric

Attitude: Is cooperative

Course/MDM

Lab Data

6.30# 12.9L 140L
37.7L

11/01/24 03:56

137 104 18
3.6 26 0.75 117H

11/01/24 03:56

Emergency Department Note STATUS: Signed 1030-

VAH
 Patient name: Anachovich,Akiva
 Account #: V011930464

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Labs:

Lab Results

	10/30/24 16:44	Range/Units
WBC	13.56 H	(4.50-10.50) X10 ³
RBC	5.08	(4.00-6.00) X10 ⁶
Hgb	15.2	(14.0-18.0) g/dl
Hct	44.9	(42.0-54.0) %
MCV	88.4	(84.5-98.7) fl
MCH	29.9	(27.0-31.0) pg
MCHC	33.9	(31.0-35.0) g/dL
RDW	15.6 H	(11.6-14.4) %
Plt Count	203	(150-450) X10 ³
MPV	10.9	(9.4-12.4) fL
Absolute Nucleated RBC	0.00	X10 ³
Neutrophils %	80	%
Band Neutrophils %	5	(0-10) %
Lymphocytes %	10	%
Monocytes %	4	%
Eosinophils %	0	%
Basophils %	1	%
Neutrophils #	11.53 H	(2.03-7.35) X10 ³
Lymphocytes #	1.36	(0.90-4.20) K/MM3
Monocytes #	0.54	(0.05-1.05) K/MM3
Eosinophils #	0.00 L	(0.05-0.74) K/MM3
Basophils #	0.14	(0.00-0.21) K/MM3
Platelet Estimate	ADEQUATE	
Polychromasia	1+	
Anisocytosis	2+	
Macrocytosis	1+	
Ovalocytes	1+	
Acanthocytes (Spur)	1+	
Sodium	131 L	(136-145) mmol/L
Potassium	3.9	(3.5-5.1) mmol/L
Chloride	100	(98-107) mmol/L
Carbon Dioxide	25	(20-31) mmol/L
BUN	23	(9-23) mg/dL
Creatinine	0.80	(0.73-1.18) mg/dL
GFR Calculation	95	
Glucose	100	(74-106) mg/dL
Lactic Acid	0.71	(0.5-2.00) mmol/L
Calcium	9.2	(8.3-10.6) mg/dL
Total Bilirubin	3.6 H	(0.3-1.2) mg/dL
AST	330 H	(<34) U/L
ALT	368 H	(10-49) U/L
Alkaline Phosphatase	671 H	(45-117) U/L
Total Protein	6.7	(5.7-8.2) g/dL
Albumin	4.2	(3.2-4.8) g/dL

Emergency Department Note STATUS: Signed 1030-

VAH

Patient name: Anachovich,Akiva

Account #: V011930464

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Influenza A (RT-PCR)	Negative	(Negative)
Influenza B (RT-PCR)	Negative	(Negative)
RSV (RT-PCR)	Negative	(Negative)
SARS-CoV-2 (PCR)	Not Detected	(Not Detect)

Radiology Data

Radiology results narrative:

Chest x-ray (1 view) no infiltrate as independently interpreted by me

EKG Data

EKG attestation: Yes I reviewed and interpreted this EKG.

EKG results narrative:

Normal sinus rhythm, 76/min, axis 20 degrees, no ischemic changes; similar 10/22/2024

Vitals

Vital Signs:

Vital Signs

Temperature	38.7 C H	10/30/24 16:31
Pulse Rate	79	10/30/24 16:31
Respiratory Rate	18	10/30/24 16:31
Blood Pressure	142/87 H	10/30/24 16:31
O2 Sat by Pulse Oximetry	96	10/30/24 16:31
Oxygen Delivery Method	Room Air	10/30/24 16:31

Temperature	38.7 C H	10/30/24 16:31
Pulse Rate	79	10/30/24 16:31
Respiratory Rate	18	10/30/24 16:31
Blood Pressure	142/87 H	10/30/24 16:31
O2 Sat by Pulse Oximetry	96	10/30/24 16:31
Oxygen Delivery Method	Room Air	10/30/24 16:31

Medical Decision Making

Medical decision making narrative:

72 y/o male S/P endoscopic pancreatic biopsy 5 days ago has a fever today. Uncertain but may be related to complication from procedure. Initially Blood and urine testing respiratory pathogen p[anel, and chest xray will be done.

WBC 13.56 with 80 neutrophils and 5 bands, Na 131

AST/ALT/ALP 330/368/671 (120/174/324 on 10/26/24), T. Bili 6.7 (10.5 on 10/26/24), Lipase 76 (2154 on 10/26/24)

UA normal

Cxray normal.

A CT abd/pel ordered to R/O intraabdominal complication or infection due to the previous biopsy.

Emergency Department Note STATUS: Signed 1030-

VAH
Patient name: Anachovich,Akiva
Account #: V011930464

6

Discussed with Dr. Micco who will admit.

Discharge Plan

Prescriptions

Will Patient be on anticoag/anti-platelets?: No

Disposition

Clinical Impression:

Fever, Mass of pancreas

Patient Disposition: Admitted In (ED Use Only)

Admission Information

Hospitalization Status: Admit as Inpatient

Level of Care: Oncology

Unit Preference: Oncology

Attending Provider: Matthew J Micco

Discharge Order

Discharge Orders:

Discharge (Routine); Ordered 11/01/24

Ordered By: Ellenjane G. Tarife

Signed By: <Electronically signed by Bruce Felsenstein MD>

11/01/24 1405

Emergency Department Note STATUS: Signed 1030-

**Anachovich, Akiva****Fac:** The Valley Hospital
72 M 12/25/1951**Loc:** West 6A: Oncology
Med Rec Num: M1048066**Bed:** W6064-D
Visit: V011930464
Reg Date: 10/30/24**Attending:** Ellenjane G. Tarife
Reason: Mass of Pancreas**Visit Data**

Last Name: Anachovich	Status:	Left Department
First Name: Akiva	Priority:	2-Emergent
Middle:	Condition:	Good
Birthdate: 12/25/1951	Arrival Date/Time:	10/30/24 16:07
Age: 72	Arrival Mode:	Walk-In
Birth Sex: M	Triaged At:	10/30/24 16:31
Language: English	Time Seen by Provider:	10/30/24 17:39

Stated Complaint: Fever**Chief Complaint:** Post-op Complaint**ED Location:** Charlie Pod**Area:****Station:****Group:****ED Provider:** Felsenstein, Bruce**ED Midlevel Provider:****ED Nurse:** Kim, Michelle**Primary Care Provider:** NotOnStaff, Doctor**Other Provider:** Klavan, Heather Laura; Frank, Michele B.; Gaffin, Neil

Status/Phase	DtTm/Value	User/Action
Left Department	11/01/24 13:45:54	Tarife, Ellenjane G.
Referrals (Provider)	Wood, Kevin C.	Added
Referrals (Provider)	Levykh-Chase, Rena	Added
ADM IN	10/30/24 21:48:20	Allah, Natoshia
Attending Provider	Micco, Matthew J	New
Admitting Provider	Micco, Matthew J	New
Physician	10/30/24 19:15:43	Kim, Michelle
Ed Nurse	Kim, Michelle	Edit
	10/30/24 18:06:18	Felsenstein, Bruce
Referrals (Provider)	NotOnStaff, Doctor	Added
	10/30/24 17:40:51	Imbriani, Matthew
Midlevel Provider	Imbriani, Matthew	Deleted
	10/30/24 17:39:40	Felsenstein, Bruce
Ed Provider	Felsenstein, Bruce	Edit
With Midlevel	10/30/24 17:39:38	Imbriani, Matthew
Midlevel Provider	Imbriani, Matthew	New
Triaged	10/30/24 17:23:08	DelToro, Tracey
Ed Provider	NotOnStaff, Doctor	New
	10/30/24 17:17:34	Balin, Kathleen
Ed Nurse	Balin, Kathleen	New
Received	10/30/24 16:35	Kohles, Linda
Chief Complaint	Post-op Complaint	New
	10/30/24 16:07:29	Geier, Adam
Stated Complaint	Fever	New

Anachovich, Akiva

Fac: The Valley Hospital
72 M 12/25/1951

Loc: West 6A: Oncology
Med Rec Num: M1048066

Bed: W6064-D
Visit: V011930464

Visit Data - Continued

Call Backs

Current Call Details

File Date/Time: 10/31/24 00:08

Edit Number: 1

Call List Call Type	Scheduled Actual	Initiator Phone	Recipient Phone	Status Priority	Action
Clinical Trials Clinical Trials	10/31/24 00:08	<Auto-Generated>	Anachovich, Akiva 201-679-5063	Pending Medium	

Subject/Summary of Call:

Auto-Generated 10/31/24 00:08 EDT:

Complaint(s): Post-op Complaint

Discharge Information

ED Provider: Felsenstein, Bruce
Status: Left Department
Time Seen by Provider: 10/30/24 17:39
Condition: Good
Tried At: 10/30/24 16:31
Other ED Providers: Klavan, Heather Laura
Frank, Michele B.
Gaffin, Neil

Emergency Discharge Date/Time: 10/31/24 00:08
Emergency Discharge Disposition: Admitted In (ED Use Only)
Clinical Impression: Fever
Mass of pancreas
Emergency Discharge Comment:

Admit Intervention Last Done
ED Discharge Assessment 10/30/24 22:49

Query	Result
Patient On Airborne Isolation	No
Temperature	37.7 C
Temperature Conversion	99.9
Temperature Source	Oral
Blood Pressure	124/67
Blood Pressure Mean	86
Pulse Rate	90
Respiratory Rate	17
O2 Sat by Pulse Oximetry	95
Oxygen Delivery Method	Room Air
Is there IV fluid running?	N/A
IV status at DC/Transfer	Site Intact & Labeled
Department	West 6A: Oncology
Teaching Recipient	Patient
Education Session	Admission
Barriers to Learning	None
Communication Tools Used	None Required
Methods	Discussion
Response to Teaching	Verbalized Understanding
Further Instruction Needed	na

Anachovich, Akiva**Fac:** The Valley Hospital
72 M 12/25/1951**Loc:** West 6A: Oncology**Med Rec Num:** M1048066**Bed:** W6064-D**Visit:** V011930464

Discharge Information - Continued

Sensory Perception - Skin Risk Assessment Scale	No Impairment
Moisture - Skin Risk Assessment Scale	Rarely Moist
Activity - Skin Risk Assessment Scale	Walks Frequently
Mobility - Skin Risk Assessment Scale	No Limitations
Nutrition - Skin Risk Assessment Scale	Adequate
Friction & Shear - Skin Risk Assessment Scale	No Apparent Problem
Total Score - Skin Risk Assessment	22

Patient Belongings

10/30/24 17:35

Query	Result
Belongings With Patient At Bedside	Upon Arrival
-Has all Medical Equipment Been Transferred with The patient?	Not Applicable
-Patient Belongings List	Clothing Footwear

Transport

Universal Transfer Summary

Inpatient Discharge Date/Time: 11/01/24 14:56

Inpatient Discharge Disposition: Routine/Home

Inpatient Discharge Comment:

Instructions:

Stand-Alone Forms: Patient Portal Access Form

Prescriptions: ibuprofen

Tarife, Ellenjane G.

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**HEM/ONC Consult
Signed**

Patient: Anachovich,Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Ellenjane G. Tarife APN
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 10/31/24 1027
Dictating Dr: Depierro,Elisa M. APN
Date of Service: 10/31/24 1027

cc: ~

History of Present Illness

Data of Consult

Requesting Physician:
Ellenjane G. Tarife

Primary Care Provider:
Doctor NotOnStaff

Consult Narrative

Chief Complaint:

pnacreas mass

History of present illness:

Mr. Anachovich is a 72 year old male with PMHx of HTN, HLD, Gout, and BPH, and newly diagnosed pancreatic neoplasm who presents to the hospital complaining of fever. The patient and his wife report that the fever started shortly after he got home from the hospital. Fever was into the 101's. The patient came back to the hospital for evaluation. Of note, patient was just discharged on 10/29/24. On that admission, presented with obstructive jaundice. The patient had EUS and ERCP with stent placement and biopsy of the pancreatic head mass on 10/25/2024. Admission was complicated by ERCP induced pancreatitis. FNA pancreatic head mass DETACHED STRIPS OF MARKEDLY ATYPICAL COLUMNAR GLANDULAR EPITHELIUM WITH RARE MINUTE FOCI OF ATYPICAL GLANDS IN FIBROTIC STROMA,SUSPICIOUS FOR ADENOCARCINOMA. CT Chest was clean and CT A/P showed evidence of peritoneal carcinomatosis.

ROS: feeling better, denies n/v/d/c or abd pain. decreased appetite, but eating. denies weakness/fatigue.

Physical Exam:

Constitutional: Well Appearing, sitting up in chair

HEENT: Normocephalic ; Atraumatic ; PERRLA ; EOMI; **sclera icteric** Moist Mucous Membranes

Cardiovascular: RRR ; Normal S1 S2

Respiratory: CTA, no rhonchi, wheeze

GI: Bowel Sounds Normal ; No Tenderness ; No Distension

Skin: **pale, jaundice**

MSK: No Tenderness ; No Deformity

Neurologic: CN grossly intact AA0x4

Psychiatric: normal behavior, calm

Past Medical,Fam,Soc History

Past Medical History

VAH
Patient name: Anachovich,Akiva
Account #: V011930464

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Cardiac: Atrial Fibrillation
Respiratory: Sleep Apnea
Musculoskeletal: Fractures and Gout
Endocrine: Other

Past Surgical History

Gastrointestinal: Colonoscopy and Other
Musculoskeletal: Carpal Tunnel Surgery

Social History

Smoking Status: Never Smoker
Substance Use Type: Alcohol
Consumption Amount: Occasionally
Lives With: Alone

Marital Status

Marital Status: married

Medications and Allergies

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
atorvastatin 10 mg tablet	10 mg PO DAILY	10/22/24	10/30/24	History
losartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/30/24	History
metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/30/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/30/24	History
allopurinol 300 mg tablet	300 mg PO DAILY	10/24/24	10/30/24	History
dicyclomine 10 mg capsule	10 mg PO BID PRN abdominal pain #14 caps	10/29/24	10/30/24	Rx

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Allopurinol Allopurinol 300 Mg Tablet	300 mg PO DAILY SCH Protocol	10/31/24 10:00	10/31/24 08:59 300 mg Administration
Atorvastatin Calcium Atorvastatin Calcium 10 Mg Tablet	10 mg PO 1TIME ONE	10/31/24 21:00 10/31/24 21:01	

Dextrose Dextrose 50% Inj 50 MI Syringe	50 ml IVP 1TIME PRN Blood Sugar - Low	10/30/24 16:37	
Famotidine Famotidine 40 Mg Tablet	40 mg PO DAILY SCH	10/31/24 10:00	10/31/24 08:59 40 mg Administration
Heparin Sodium (Porcine) Heparin (Porcine) 5,000 Unit/ MI Vial	5,000 unit SUB-Q Q8HR SCH	10/31/24 06:00	10/31/24 05:26 5,000 unit Administration
Acetaminophen Acetaminophen	1,000 mg in 100 mls @ 400 mls/hr IVPB 1TIME PRN Fever 100.4 or greater Protocol	10/30/24 16:37	
Ibuprofen Ibuprofen 400 Mg Tablet	400 mg PO Q6H PRN moderate pain	10/31/24 08:53	10/31/24 09:00 400 mg Administration
Losartan Potassium Losartan Potassium 25 Mg Tablet	25 mg PO DAILY SCH	10/31/24 09:30	
Metoprolol Succinate Metoprolol Succinate 50 Mg Tab	50 mg PO DAILY SCH	10/31/24 09:30	
Tamsulosin HCl Tamsulosin Hcl 0.4 Mg Capsule	0.4 mg PO DAILY SCH	10/31/24 10:00	10/31/24 08:59 0.4 mg Administration

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/30/24 16:35

Exam

VAH
 Patient name: Anachovich,Akiva
 Account #: V011930464

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Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
38.3 C H	91	20	137/68 H	98	Room Air
10/31/24 09:01	10/31/24 09:05	10/31/24 03:43	10/31/24 09:05	10/31/24 03:43	10/31/24 07:39

Constitutional

Height: 1.78 m

Weight: 82.7 kg

Body Mass Index (BMI): 26.2

Results

Labs

14.60H 13.9L 40.7L 150

10/31/24 03:44

132L 100 17 175H
3.6 26 0.75

10/31/24 03:44

Labs:

Short CBC

	10/30/24 16:44	10/31/24 03:44
WBC	13.56 H	14.60 H
Hgb	15.2	13.9 L
Hct	44.9	40.7 L
Plt Count	203	150
Neutrophils #	11.53 H	12.70 H

BMP

	10/30/24 16:44	10/31/24 03:44
Sodium	131 L	132 L
Potassium	3.9	3.6
Chloride	100	100
Carbon Dioxide	25	26
BUN	23	17
Creatinine	0.80	0.75
Glucose	100	175 H
Calcium	9.2	8.7

Liver Function

	10/30/24 16:44
Total Bilirubin	3.6 H
AST	330 H
ALT	368 H
Alkaline Phosphatase	671 H
Albumin	4.2

Urine

	10/30/24 17:52
Urine Color	Yellow
Urine Clarity	Clear
Urine pH	6.0
Ur Specific Gravity	1.027
Urine Protein	Trace
Urine Glucose (UA)	Negative

Impressions

Impression:

ITS Impressions

Chest X-Ray 10/30/24 18:10

IMPRESSION:

1. No acute cardiopulmonary process.

Electronically Signed by: Gary E Geil, MD 10/30/2024 8:34 PM

Abdomen/Pelvis CT 10/30/24 20:25

IMPRESSION:

1. Acute pancreatitis likely secondary to recent biopsy.
2. Scattered peritoneal implants noted again.
3. Mesenteric adenopathy presumably related to pancreatic neoplastic disease.

Electronically Signed by: Gary E Geil, MD 10/30/2024 10:53 PM

Assessment/Plan

- (1) Mass of pancreas:
Status: Acute

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**Discharge Summary
Signed**

Patient: Anachovich, Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Ellenjane G. Tarife APN
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 11/01/24 1342
Dictating Dr: Ellen-Jane Tarife, APN
Date of Service: 11/01/24 1342

cc: Levykh-Chase, Rena MD~

<Statement entered by Gazala Dave, MD - 11/01/24 16:18>

Chart reviewed, case discussed with PA, Agree with assessment and recommendations.

Discharge Plan

Prescriptions

Med Rec & Prescriptions:

New

ibuprofen 400 mg Tablet

400 mg PO Q6H PRN (Reason: moderate pain) Qty: 30 ORF

Continued

metoprolol succinate 50 mg tablet extended release 24 hr

50 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

tamsulosin 0.4 mg capsule

0.4 mg PO DAILY

Patient Comments:

TAKE 1 CAPSULE BY MOUTH EVERY DAY

losartan 25 mg tablet

25 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

allopurinol 300 mg tablet

300 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

dicyclomine 10 mg capsule

10 mg PO BID PRN (Reason: abdominal pain) Qty: 14 ORF

Discontinued

atorvastatin 10 mg tablet

10 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

Will Patient be on anticoag/anti-platelets?: No

Disposition

Condition: Good

Patient name: Anachovich,Akiva
Account #: V011930464

Patient Disposition: Routine/Home

Discharge Information

Instructions for Patient and Follow-up Providers:

Continue medications as listed above.

As your liver enzymes are elevated, please hold Atorvastatin for now.

Follow up with PCP Dr. Chase post discharge.

Follow up with oncology Dr. Wood in 7-10 days to review final pathology and treatment planning.

If you develop persistent fevers, chills, uncontrolled pain, intractable nausea/vomiting, return to the ER for further evaluation.

Forms/Letters:: Patient Portal Access Form

Referrals/Follow Up with (Timeframe)::

NotOnStaff,Doctor, MD [Primary Care Provider] -

Levykh-Chase,Rena, MD [Doctor of Medicine] -

Wood,Kevin C., MD [Doctor of Medicine] - 1 week (follow up 7-10 days)

Discharge Order

Discharge Orders:

Discharge (Routine); Ordered 11/01/24

Ordered By: Ellenjane G. Tarife

Final Diagnosis: Fever

Patient/Caregiver Discharge Instructions

Diet upon discharge: advance to your usual diet

Activity upon discharge: resume usual activities as tolerated

Exam**Vital Signs**

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
36.8 C	61	16	146/92 H	99	Room Air
11/01/24 08:35	11/01/24 12:40	11/01/24 12:40	11/01/24 12:40	11/01/24 12:40	11/01/24 12:40

Exam Findings

Exam Findings:

Physical exam:

Constitutional: overweight nontoxic male in bed

Integumentary: warm, dry, intact, normal color and turgor without lesions, jaundice

HEENT: normocephalic, atraumatic

Cardiovascular: normal S1,S2, no murmur, no rubs, clicks, thrills, or gallops. No edema, capillary refill

Patient name: Anachovich, Akiva
Account #: V011930464

< 2 secs, neck supple, no JVD. No clubbing or cyanosis noted.

Respiratory: nonlabored breathing. Lung sounds clear to auscultation bilaterally with normal diaphragmatic excursion. Trachea midline. No wheezes or rales noted.

Gastrointestinal: abdomen soft, nontender, nondistended and without masses. Normal bowel sounds present in all 4 quadrants. No organomegaly or hernia.

Genitourinary: no CVA tenderness. no suprapubic pain or tenderness

Neurological: awake, alert, and oriented x3, nonfocal

Psychiatric: normal mood, cooperative, no memory loss

Musculoskeletal: normal ROM in all extremities. No joint enlargement or tenderness. Motor power and strength 5/5 in both upper and lower extremities. Normal gait. Spine normal without deformity or tenderness.

Extremities: no cyanosis, clubbing or edema. Peripheral pulses intact, no calf pain or tenderness

Constitutional

Height: 1.78 m

Weight: 82.7 kg

Body Mass Index (BMI): 26.2

Provider Information

Admission Info

Date of Admission:

October 30, 2024

Discharge Date: 11/01/24

Final Diagnoses::

Fever

Pancreatic Adenocarcinoma

HTN

HLD

Gout

BPH

HPI/Hospital Course

HPI/Hospital Course::

Mr. Anachovich is a 72 year old male with medical history of HTN, HLD, Gout, BPH, newly diagnosed pancreatic neoplasm who presents to the Valley Hospital 10/30/2024 complaining of fever with T max 101 F.

He denies any new infectious symptoms such as burning with urination, cough, shortness of breath, any new skin rashes, any new diarrhea. He was recently discharged from Valley Hospital on 10/29/2024. At this time, he initially presented with jaundice. This was found to be obstructive jaundice secondary to suspected pancreatic neoplasm. MRI was performed which was suspicious for pancreatic duct. The patient had EUS and ERCP with stent placement and biopsy of the pancreatic head mass on 10/25/2024. Admission was complicated by ERCP induced pancreatitis. Lipase and liver enzymes downtrending, and the patient was ultimately cleared for discharge with plan for close follow-up with

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**Consult Note
Signed**

Patient: Anachovich, Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Ellenjane G. Tarife APN
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 11/01/24 1123
Dictating Dr: Gaffin, Neil MD
Date of Service: 11/01/24 1123

cc: ~

History of Present Illness

Data of Consult

Requesting Physician:
Ellenjane G. Tarife

Primary Care Provider:
Doctor NotOnStaff

Consult Narrative

Chief Complaint::

None when I saw him

History of present illness:

72-year-old gentleman recently diagnosed pancreatic cancer recent biliary stent complicated by pancreatitis came in with fever blood cultures are negative when I saw him he had no complaints whatsoever he was given a dose of ceftriaxone. He is eager to go home no joint pain no shortness of breath chest pain no abdominal pain no diarrhea no dysuria

Past medical history as noted

Home meds reviewed

No known antibiotic allergies

Social family review of system per chart

Physical awake alert appears comfortable answers questions appropriately

Vital signs blood pressure 140/80 heart rate 63 temperature 98.2

Eyes anicteric sclera conjunctive clear and extremities moist

Neck supple

Chest clear

Cardiac regular

Abdomen soft nontender

Extremities no edema no IV phlebitis

No skin rash

Labs radiology reviewed

Impression metastatic pancreatic cancer transient fever no positive cultures

At this point can be discharged home from my standpoint with outpatient follow-up discussed with hospitalist

Past Medical, Fam, Soc History

Past Medical History

Cardiac: Atrial Fibrillation

Respiratory: Sleep Apnea

Musculoskeletal: Fractures and Gout

Endocrine: Other

Past Surgical History

Gastrointestinal: Colonoscopy and Other
Musculoskeletal: Carpal Tunnel Surgery

Social History

Smoking Status: Never Smoker
Substance Use Type: Alcohol
Consumption Amount: Occasionally
Lives With: Spouse

Marital Status

Marital Status: married

Medications and Allergies

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
atorvastatin 10 mg tablet	10 mg PO DAILY	10/22/24	10/30/24	History
losartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/30/24	History
metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/30/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/30/24	History
allopurinol 300 mg tablet	300 mg PO DAILY	10/24/24	10/30/24	History
dicyclomine 10 mg capsule	10 mg PO BID PRN abdominal pain #14 caps	10/29/24	10/30/24	Rx

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Allopurinol Allopurinol 300 Mg Tablet	300 mg PO DAILY SCH Protocol	10/31/24 10:00	11/01/24 08:30 300 mg Administration
Dextrose Dextrose 50% Inj 50 ML Syringe	50 ml IVP 1TIME PRN Blood Sugar - Low	10/30/24 16:37	
Famotidine Famotidine 40 Mg Tablet	40 mg PO DAILY SCH	10/31/24 10:00	11/01/24 08:30 40 mg Administration

DATE: 10/30/24 @ 0014
USER: PHARJOB

Valley Hospital +Live+ EMA
Medication Discharge Summary Report

10/30/24

Medication Discharge Summary

Name Ruchovich, Alva

Unit Num M104B066

Account Num V011921600

ADMINISTRATION PERIOD:

0700 10/26/24 to 0659 10/27/24 (Continued)

START/
STOP

KETOROLAC INJ (KETOROLAC INJ 30 MG/ML VIAL)

15 MG IV BID: One Time Only/ERN
ERN Reason: Pain, Mild (1-4)
Total Doses: Max 1 (1 of 1 Given)
Dose Ins: Administer IV bolus over a
minimum of 15 seconds.
Rx #: 19018230

10/26/24 ED 1327 SKIN4
ED 1327 SKIN4
ACK 1331 DEPREH
1331 DEPREH at 1331 GAVE: 15 MG
Barcode Medication: KETOROLAC INJ
NDC/DIN: 6332316223 (SOURCE: eMAR)
Admin Queries
Indication of Pain Relief: Verbalizes Pain Improve Verbalizes Tolerating Resting Comfortably
Pain Management Techniques: Medication Administration Discuss Pain Med Options Re-Positioning
Functional Pain Level: 7 - Focus of Attention, P Pain Description: Discomfort Dull
Acceptable Pain Level 1-10: 5 Scale: Functional (0-10) Functional Pain Score:
7 - 10 Severe NEURO, PII: ABDOMEN Pain Location Modifier 1: Upper Response to Discussion:
Verbalized Understanding
Rule: MAR.FIRST - MAR: First Admin Education
Rule: MAR.FIRST - MAR: First Admin Education
DC 1331 PHARJOB
1421 REASSES by DEPREH at 1421
Reassessment: Pain Assessment
Indication of Pain Relief:
1
2
Functional Pain Level: 6
Acceptable Pain Level 1-10: 5
Scale: 1
Functional Pain Score: 5 - 6 Moderate

ADMINISTRATION PERIOD:

0700 10/27/24 to 0659 10/28/24

START/
STOP

LOBARTAN POTASSIUM (LOBARTAN POTASSIUM 25 MG TABLET)

25 MG PO Daily
Rx #: 19005337

10/23/24 1000 CRAL at 0911 GAVE: 25 MG
Barcode Medication: LOBARTAN POTASSIUM
NDC/DIN: 5026950411 (SOURCE: eMAR)
Admin Queries
Blood Pressure: 165/106

DATE: 10/30/24 @ 0014
USER: PHARJOB

Valley Hospital +Live+ EMA
Medication Discharge Summary Report

PAGE 23

10/30/24

Name Ruchovich, Alva

Unit Num M1040065

Medication Discharge Summary

Account Num V011921600

ADMINISTRATION PERIOD:

0700 10/27/24 to 0659 10/28/24 (Continued)

START/STOP

Toprol XL (NITROGLICOL SUCCINATE 50 MG TAB)

50 MG PO Daily

Comments: DO NOT CRUSH

Rx #: 19005338

10/23/24| 1000 CRRAL at 0910 GAVE: 50 MG

| | Barcode Medication: Toprol XL

| | NDC/DIN: 0904632361 (SOURCE: eMAR)

| | Admin Quetles

| | Blood Pressure: 165/106 Pulse Rate: 73

ZYLOPREM (ZILICAPICUMOL 300 MG TABLET)

300 MG PO Daily

Rx #: 19010533

10/24/24| 1000 CRRAL at 0910 GAVE: 300 MG

| | Barcode Medication: ZYLOPREM

| | NDC/DIN: 0904657261 (SOURCE: eMAR)

TRANSUDORIN HCL (TRANSUDORIN HCL 0.4 MG CAPSULE)

0.4 MG PO 1xDay: Daily at 1800

Comments: DO NOT OPEN CAPSULE

Rx #: 19017265

10/26/24| 1800 CRRAL at 1816 GAVE: 0.4 MG

| | Barcode Medication: TRANSUDORIN HCL

| | NDC/DIN: 6373956710 (SOURCE: eMAR)

| | Rule: MAR.TEACH - MAR: Day 2 & 3 Education

| | Rule: MAR.TEACH - MAR: Day 2 & 3 Education

LACTATED RINGERS 500 ML

(LACTATED RINGERS 1,000 ML BAG)

999 ML/HR IVPB Bolus/PRN

PRN Reason: Blood Pressure - Low

Total Bags: Max 1 (0 of 1 Given)

Comments: FOR PACU USE ONLY

FOR SBP <80

Rx #: 19015808

10/26/24| ACK 0350 MCOHOCR3

| | CAN 0350 MCOHOCR3

| |

| |

| |

| |

| |

| |

ALPRAZOLAM (ALPRAZOLAM 0.5 MG TABLET)

0.5 MG PO Daily/PRN

PRN Reason: Anxiety

Rx #: 19018044

10/26/24| 2249 MCOHOCR3 at 2249 GAVE: 0.5 MG

| | Barcode Medication: ALPRAZOLAM

| | NDC/DIN: 00280202910 (SOURCE: eMAR)

*** Continued on Page 24 ***

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Medication Discharge Summary Report

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Name Ruchovich, Alva

Unit Num M104B065

Medication Discharge Summary

Account Num V011921600

ADMINISTRATION PERIOD:		START/STOP
0700 10/27/24 to 0659 10/28/24 (continued)		

ACETAMINOPHEN 100 MG
(ACETAMINOPHEN 1,000 MG/100 ML PIGGYBACK)
400 MLS/HR IVPB Q6H/PRN
PRN Reason: Pain, Moderate (5-6)
Comments: ONCE THE OTHER IV STOPPER HAS BEEN DEMONSTRATED
IT MUST BE USED WITHIN 6 HOURS.
RX #: 19018228

10/26/24	1018 CRAL at 1018 GAVE: 400 MLS/HR	
	Barcode Medication: ACETAMINOPHEN	
	NDC/DIN: 3600030660 (SOURCE: Default NDCs)	
	Admin Queries	
	Increase/Decrease: Started/Running Cumulative Dose: 3000 Cumulative Intake (Rx): 300	
	Container Volume: 100 Elapsed Time: 1h 36m Infusion Rate: 400 Waste/Volume Adjustment: 0	
	End Date: 10/27/24 Start Date: 10/27/24 Medication Given For Pain/Respirations: Pain	
	Functional Pain Level: 4 - Distracts Me, can do Pain Description: Discomfort	
	Acceptable Pain Level 1-10: 5 Scale: Functional (0-10) Functional Pain Score: 1 - 4 Mild	
	NEURO, PII: ABDOMEN	
	INFUSION 1018 CRAL: Started/Running, Dose Rate: / Rate: 400 MLS/HR	
	Intake: / Cumulative Intake: / Container Volume: 100 mls, Site:	
	Queries	
	Increase/Decrease: Started/Running Cumulative Dose: 3000 Cumulative Intake (Rx): 300	
	Container Volume: 100 Elapsed Time: 1h 36m Infusion Rate: 400 Waste/Volume Adjustment: 0	
	End Date: 10/27/24 Start Date: 10/27/24	
	INFUSION 1037 CRAL: Infused, Dose Rate: / Rate: 0 MLS/HR	
	Intake: 100 mls, Cumulative Intake: 100 mls, Container Volume: 0 mls, Site:	
	Queries	
	Increase/Decrease: Infused Cumulative Dose: 4000 Cumulative Intake (bag): 100	
	Cumulative Intake (Rx): 400 Container Volume: 0 Elapsed Time: 1h 55m Infusion Intake: 100	
	Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/27/24 Start Date: 10/27/24	
	1108 RBAS8833 by CRAL at 1108	
	Reassessment: Pain Assessment	
	Functional Pain Level: 2	
	Acceptable Pain Level 1-10: 4	
	Scale: 1	
	Functional Pain Score: 1 - 4 Mild	
	Reassessment: Reason For Medication Administ	
	Medication Given For Pain/Respirations: 1	
	1616 CNA616 at 1616 GAVE: 400 MLS/HR	
	Barcode Medication: ACETAMINOPHEN	
	NDC/DIN: 633234341 (SOURCE: eMAR)	
	Admin Queries	
	Increase/Decrease: Started/Running Cumulative Dose: 4000 Cumulative Intake (Rx): 400	
	Container Volume: 100 Elapsed Time: 1h 55m Infusion Rate: 400 Waste/Volume Adjustment: 0	
	End Date: 10/27/24 Start Date: 10/27/24 Medication Given For Pain/Respirations: Pain	
	Functional Pain Level: 5 - Interrupts some Activ Acceptable Pain Level 1-10: 5 Scale:	
	Functional (0-10) Functional Pain Score: 5 - 6 Moderate	
	INFUSION 1616 CNA616: Started/Running, Dose Rate: / Rate: 400 MLS/HR	
	Intake: / Cumulative Intake: / Container Volume: 100 mls, Site:	
	Queries	
	Increase/Decrease: Started/Running Cumulative Dose: 4000 Cumulative Intake (Rx): 400	

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Medication Discharge Summary

Name Ruchovich, Alva

Unit Num M104B065

Account Num V011921600

ADMINISTRATION PERIOD:	
0700 10/27/24 to 0659 10/28/24 (continued)	

START/STOP	
	Container Volume: 100 Elapsed Time: 1h 55m Infusion Rate: 400 Waste/Volume Adjustment: 0
	End Date: 10/27/24 Start Date: 10/27/24
	1706 RBAS888 by CRAL at 1706
	Reassessment: Pain Assessment
	Functional Pain Level: 2
	Acceptable Pain Level 1-10: 4
	Scale: 1
	Functional Pain Score: 1 - 4 Mild
	Reassessment: Reason for Medication Administ
	Medication Given For Pain/Respirations: 1
	INFUSION 1718 CRAL: Infused, Dose Rate: / Rate: 0 mLs/HR
	Intake: 100 mLs, Cumulative Intake: 100 mLs, Container Volume: 0 mLs, Site:
	Queries
	Increase/Decrease: Infused Cumulative Dose: 5000 Cumulative Intake (bag): 100
	Cumulative Intake (Rx): 500 Container Volume: 0 Elapsed Time: 2h 57m Infusion Intake: 100
	Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/27/24 Start Date: 10/27/24
	2104 MOORCOR3 at 2104 GAVE: 400 mLs/HR
	Barcode Medication: ACETAMINOHEN
	NDC/DIN: 633234341 (SOURCE: eMAR)
	Admin Queries
	Increase/Decrease: Started/Running Cumulative Dose: 5000 Cumulative Intake (Rx): 500
	Container Volume: 100 Elapsed Time: 2h 57m Infusion Rate: 400 Waste/Volume Adjustment: 0
	End Date: 10/27/24 Start Date: 10/27/24 Medication Given For Pain/Respirations: Pain
	Pain Management Techniques: Medication Administration Functional Pain Level:
	3 - Sometimes Distracts m Acceptable Pain Level 1-10: 4 Scale: Functional (0-10)
	Pain Type: Acute Functional Pain Score: 1 - 4 Mild NEURO.PLI: ABOREN
	Pain Location Modifier 1: Lower
	INFUSION 2104 MOORCOR3: started/Running, Dose Rate: / Rate: 400 mLs/HR
	Intake: / Cumulative Intake: / Container Volume: 100 mLs, Site:
	Queries
	Increase/Decrease: Started/Running Cumulative Dose: 5000 Cumulative Intake (Rx): 500
	Container Volume: 100 Elapsed Time: 2h 57m Infusion Rate: 400 Waste/Volume Adjustment: 0
	End Date: 10/27/24 Start Date: 10/27/24
	INFUSION 2120 MOORCOR3: Infused, Dose Rate: / Rate: 0 mLs/HR
	Intake: 100 mLs, Cumulative Intake: 100 mLs, Container Volume: 0 mLs, Site:
	Queries
	Increase/Decrease: Infused Cumulative Dose: 6000 Cumulative Intake (bag): 100
	Cumulative Intake (Rx): 600 Container Volume: 0 Elapsed Time: 3h 13m Infusion Intake: 100
	Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/27/24 Start Date: 10/27/24
	2154 RBAS888 by MOORCOR3 at 2154
	Reassessment: Pain Assessment
	Indication of Pain Relief:
	1
	6

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Medication Discharge Summary Report

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Name **Rumchovich, Alva**

Unit Num **M104B066**

Medication Discharge Summary

Account Num **V011921600**

ADMINISTRATION PERIOD:		START/	
0700 10/27/24 to 0659 10/28/24 (continued)		STOP	

Functional Pain Level: 3	
Acceptable Pain Level 1-10: 4	
Scale: 1	
Functional Pain Score: 1 - 4 Mild	
Reassessment: Reason for Medication Administ	
Medication Given For Pain/Respirations: 1	
EDADM 0330 MOCORC03 at 0330 GAVE: 400 mLs/HR	
Barcode Medication: ACETMINOHEM	
NDC/DIN: 6332343441 (SOURCE: eMAR)	
Admin Queries	
Increase/Decrease: Started/Running Cumulative Dose: 6000 Cumulative Intake (Rx): 600	
Container Volume: 100 Elapsed Time: 3h 13m Infusion Rate: 400 Waste/Volume Adjustment: 0	
End Date: 10/28/24 Start Date: 10/28/24 Medication Given For Pain/Respirations: Pain	
Pain Management Techniques: Medication Administration Functional Pain Level:	
5 - Interrupts some Activ Pain Frequency: Constant Pain Description: Aching Cramping Pull	
Acceptable Pain Level 1-10: 3 Scale: Functional (0-10) Pain Type: Acute	
Functional Pain Score: 5 - 6 Moderate NEURO. ELL: ABDOMEN Pain Location Modifier 1: Lower	
10/28/24-0315 by MOCORC03	
EDADM 10/28/24-0331 by MOCORC03	
TIME changed from: 0314 to: 0330	
INFUSION 0330 MOCORC03: Started/Running, Dose Rate: / Rate: 400 mLs/HR	
Intake: / Cumulative Intake: / Container Volume: 100 mLs, Site:	
Queries	
Increase/Decrease: Started/Running Cumulative Dose: 6000 Cumulative Intake (Rx): 600	
Container Volume: 100 Elapsed Time: 3h 13m Infusion Rate: 400 Waste/Volume Adjustment: 0	
End Date: 10/28/24 Start Date: 10/28/24	
EDINFUSION 0330 MOCORC03 Action - From: Started/Running To: Started/Running	
INFUSION 0349 MOCORC03: Infused, Dose Rate: / Rate: 0 mLs/HR	
Intake: 100 mLs, Cumulative Intake: 100 mLs, Container Volume: 0 mLs, Site:	
Queries	
Increase/Decrease: Infused Cumulative Dose: 7000 Cumulative Intake (beg): 100	
Cumulative Intake (Rx): 700 Container Volume: 0 Elapsed Time: 3h 32m Infusion Intake: 100	
Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/29/24 Start Date: 10/28/24	
0420 REASSESS by MOCORC03 at 0420	
Reassessment: Pain Assessment	
Indication of Pain Relief:	
1	
6	
Functional Pain Level: 4	
Acceptable Pain Level 1-10: 3	
Scale: 1	
Functional Pain Score: 1 - 4 Mild	
Reassessment: Reason for Medication Administ	
Medication Given For Pain/Respirations: 1	

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Medication Discharge Summary Report

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Name RANCHOVICH, ALVA

Unit Num M104B066

Account Num V011921600

Medication Discharge Summary

ADMINISTRATION PERIOD:

0700 10/28/24 to 0659 10/29/24

START/
#108

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)
25 MG PO Daily
Rx #: 19005337

10/23/24	1000	86B0R6E2 at 0951 GAVE: 25 MG
		Barcode Medication: LOSARTAN POTASSIUM
		NDC/DIN: 5026950411 (SOURCE: eMAR)
		Admin Queues
		Blood Pressure: 145/80 Pulse Rate: 103

Toprol XL (NEBOPROLOL SUCCINATE 50 MG TAB)
50 MG PO Daily
Comments: DO NOT CRUSH
Rx #: 19005338

10/23/24	1000	86B0R6E2 at 0950 GAVE: 50 MG
		Barcode Medication: Toprol XL
		NDC/DIN: 0904632361 (SOURCE: eMAR)
		Admin Queues
		Blood Pressure: 145/80 Pulse Rate: 103

ZYLOPREM (ZILCRIPTINOL 300 MG TABLET)
300 MG PO Daily
Rx #: 19010533

10/24/24	1000	86B0R6E2 at 0951 GAVE: 300 MG
		Barcode Medication: ZYLOPREM
		NDC/DIN: 0904637261 (SOURCE: eMAR)

TRANSUDON HCL (TRANSUDON HCL 0.4 MG CAPSULE)
0.4 MG PO 1x/day: Daily at 1800
Comments: DO NOT OPEN CAPSULE
Rx #: 19017265

10/26/24	1600	KLASERN at 1755 GAVE: 0.4 MG
		Barcode Medication: TRANSUDON HCL
		NDC/DIN: 6373956710 (SOURCE: eMAR)
		Rule: MAR.TEACH - MAR: Day 2 & 3 Education
		Rule: MAR.TEACH - MAR: Day 2 & 3 Education

DULCOLAX suppe (BISACODYL SUPP 10 MG SUPP)
10 MG PR 1x/day: One Time only/ONE
Rx #: 19024653

10/28/24	1614	KLASERN at 1755 GAVE: 10 MG
		Barcode Medication: DULCOLAX SUPP
		NDC/DIN: 0574705012 (SOURCE: eMAR)
		Rule: MAR.FIRST - MAR: First Admin Education
		Rule: MAR.FIRST - MAR: First Admin Education
		ED 1616 BPHAKKA
		ED 1616 BPHAKKA
		DC 1616 PHAKKGOB
		ACK 1659 86B0R6E2

ALPRAZOLAM (ALPRAZOLAM 0.5 MG TABLET)
0.5 MG PO Daily/PRN
PRN Reason: Anxiety
Rx #: 19018044

10/26/24	2302	PHARMN at 2302 GAVE: 0.5 MG
		Barcode Medication: ALPRAZOLAM
		NDC/DIN: 00280202910 (SOURCE: eMAR)

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Medication Discharge Summary Report

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Name Ruchovich, Alva

Unit Num M104B065

Account Num V011921600

ADMINISTRATION PERIOD:

0700 10/28/24 TO 0659 10/29/24 (CONTINUED)

START/STOP

ACETAMINOHEN 100 MG
(ACETAMINOHEN 1,000 MG/100 ML PIGGYBACK)
400 ML/HR IYER Q6H/PRN
PRN Reason: Pain, Moderate (5-6)
Comments: ONCE THE OTHERBY STOPPER HAS BEEN DEMONSTRATED
IT MUST BE USED WITHIN 6 HOURS.
RX #: 19018228

10/26/24 ACK 0841 KLASERN
1621 SSBORER2 at 1621 GAVE: 400 ML/HR
Barcode Medication: ACETAMINOHEN
NDC/DIN: 2420110001 (SOURCE: eMAR)
Admin Queries
Increase/Decrease: Started/Running Cumulative Dose: 7000 Cumulative Intake (Rx): 700
Container Volume: 100 Elapsed Time: 3h 32m Infusion Rate: 400 Waste/Volume Adjustment: 0
End Date: 10/26/24 Start Date: 10/26/24 Medication Given For Pain/Respirations: Pain
Pain Management Techniques: Medication Administration Functional Pain Level:
5 - Interrupts some Active Pain Description: Pressure Acceptable Pain Level 1-10: 3 Scale:
Functional (0-10) Pain Type: Acute Functional Pain Score: 5 - 6 Moderate NEURO, PNI:
ABDOMEN Pain Location Modifier 1: Upper Response to Discussion: Verbalized Understanding
INFUSION 1621 SSBORER2: Started/Running, Dose Rate: , Rate: 400 ML/HR
Intake: , Cumulative Intake: , Container Volume: 100 mls, Site:
Queries
Increase/Decrease: Started/Running Cumulative Dose: 7000 Cumulative Intake (Rx): 700
Container Volume: 100 Elapsed Time: 3h 32m Infusion Rate: 400 Waste/Volume Adjustment: 0
End Date: 10/26/24 Start Date: 10/26/24
INFUSION 1656 KLASERN: Infused, Dose Rate: , Rate: 0 ML/HR
Intake: 100 mls, Cumulative Intake: 100 mls, Container Volume: 0 mls, Site:
Queries
Increase/Decrease: Infused Cumulative Dose: 6000 Cumulative Intake (bag): 100
Cumulative Intake (Rx): 600 Container Volume: 0 Elapsed Time: 4h 7m Infusion Intake: 100
Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/26/24 Start Date: 10/26/24
1711 RBA88883 by KLASERN at 1711
Reassessment: Pain Assessment
Functional Pain Level: 5
Acceptable Pain Level 1-10: 3
Scale: 1
Functional Pain Score: 1 - 4 Mild
Reassessment: Reason for Medication Administ
Medication Given For Pain/Respirations: 1
0021 PBR00MT at 0021 GAVE: 400 ML/HR
Barcode Medication: ACETAMINOHEN
NDC/DIN: 633234341 (SOURCE: eMAR)
Admin Queries
Increase/Decrease: Started/Running Cumulative Dose: 6000 Cumulative Intake (Rx): 600
Container Volume: 100 Elapsed Time: 4h 7m Infusion Rate: 400 Waste/Volume Adjustment: 0
End Date: 10/29/24 Start Date: 10/29/24 Medication Given For Pain/Respirations: Pain
Functional Pain Level: 5 - Interrupts some Active Acceptable Pain Level 1-10: 0 Scale:
Functional (0-10) Functional Pain Score: 5 - 6 Moderate NEURO, PNI:
Pain Location Modifier 1: Upper
INFUSION 0021 PBR00MT: Started/Running, Dose Rate: , Rate: 400 ML/HR

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Medication Discharge Summary Report

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Name Rancovich, Alva

Unit Num M104B066

Account Num V011921600

Medication Discharge Summary

ADMINISTRATION PERIOD:		START/STOP	
0700 10/28/24 to 0659 10/29/24 (CONTINUED)		STOP	

Intake: / Cumulative Intake: / Container Volume: 100 mLs, Site:

Quetles

Increase/Decrease: Started/Running Cumulative Dose: 8000 Cumulative Intake (Rx): 800

Container Volume: 100 Elapsed Time: 4h 7m Infusion Rate: 400 Waste/Volume Adjustment: 0

End Date: 10/29/24 Start Date: 10/29/24

INFUSION 0108 EPRONNU: Infused, Dose Rate: / Rate: 0 mLs/HR

Intake: 100 mLs, Cumulative Intake: 100 mLs, Container Volume: 0 mLs, Site:

Quetles

Increase/Decrease: Infused Cumulative Dose: 9000 Cumulative Intake (bag): 100

Cumulative Intake (Rx): 900 Container Volume: 0 Elapsed Time: 4h 54m Infusion Intake: 100

Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/29/24 Start Date: 10/29/24

0111 RAS8883 by EPRONNU at 0111

Reassessment: Pain Assessment

Functional Pain Level: 1

Acceptable Pain Level 1-10: 0

Scale: 1

Functional Pain Score: 0 - No Pain

Reassessment: Reason for Medication Administ

Medication Given For Pain/Respirations: 1

ADMINISTRATION PERIOD:		START/STOP	
0700 10/29/24 to 0659 10/30/24		STOP	

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)

25 MG PO Daily
Rx #: 19005337

10/23/24 1000 CRRAL at 1039 GAVE: 25 MG
Barcode Medication: LOSARTAN POTASSIUM
NDC/DIN: 5026850411 (SOURCE: eMAR)
DC 1308 DISCHARGE

Toprol XL (NEBIVOLOL SUCCINATE 50 MG TAB)

50 MG PO Daily
Comments: DO NOT CRUSH
Rx #: 19005338

10/23/24 1000 CRRAL at 1039 GAVE: 50 MG
Barcode Medication: Toprol XL
NDC/DIN: 0904632361 (SOURCE: eMAR)
DC 1308 DISCHARGE

ZYLOERIN (allipaurinol 300 MG TABLET)

300 MG PO Daily
Rx #: 19010533

10/24/24 1000 CRRAL at 1039 GAVE: 300 MG
Barcode Medication: ZYLOERIN
NDC/DIN: 0904657261 (SOURCE: eMAR)
DC 1308 DISCHARGE

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Name **Rumchovich, Akiva**

Unit Num **M104B065**

Medication Discharge Summary

Account Num **V011921600**

ADMINISTRATION PERIOD:

0700 10/29/24 TO 0659 10/30/24 (CONTINUED)

START/STOP

TRAMADOLIN HCL (TRAMADOLIN HCL 0.4 MG CAPSULE)

0.4 MG PO 1x/day: Daily at 1900

Comments: DO NOT OPEN CAPSULE

Rx #: 19017265

10/26/24 DC 1308 DISCHARGE

10/26/24 DC 1308 DISCHARGE

10/26/24 DC 1308 DISCHARGE

ALPRAZOLAM (ALPRAZOLAM 0.5 MG TABLET)

0.5 MG PO Daily/PRN

PRN Reason: Anxiety

Rx #: 19018044

10/26/24 DC 1308 DISCHARGE

10/26/24 DC 1308 DISCHARGE

10/26/24 DC 1308 DISCHARGE

ACETAMINOPHEN 100 ML

(ACETAMINOPHEN 1,000 MG/100 ML PIGGYBACK)

400 MG/HR IVPB Q6H/PRN

PRN Reason: Pain, Moderate (5-6)

Comments: ONCE THE OPIMNEY STOPPER HAS BEEN PENETRATED IT MUST BE USED WITHIN 6 HOURS.

Rx #: 19018226

10/26/24 DC 1308 DISCHARGE

10/26/24 DC 1308 DISCHARGE

10/26/24 DC 1308 DISCHARGE

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Medication Discharge Summary Report

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10/30/24

Name **Ramchovich, Alva**

Unit Num **M104B065**

Medication Discharge Summary

Account Num **V011921600**

Legends

Activity Codes

* - Not Administered
ACK - Acknowledged Order
CAN - Cancel
DC - Discontinue
DM - Dispensing Machine
EO - Edit or Verification
EOADM - Edit Administration
EOINFUSION - Edit Infusion
ENTER - Order Entry
INFUSION - Infusion In Progress
REASSESS - Reassessment
REJACK - Reject Acknowledgement

Reason Codes

CANC - ITP Cancelled
PER - Per Orders
giving in Endo -

Site Codes

Administered By

User User Name/Type
BALVAR2 - Bryan Alvarez RN
DEBERR - Denise Pereira RN
KLABBN - Kathleen Laserna RN
PEROMU - Patricia Brown-Unewani RN
ZROBNN - Zackary Rosen RN

User User Name/Type
CRRAL - Carlie Kral RN
JROJCK2 - Jessica Rojecki RN
KTALON3 - Kayla Taylor RN
RDEBROS - Robert Desrosiers RN

User User Name/Type
CNGGLE - Cara Ngile RN
JZINAR - Jessica Zingaro RN
MOORON3 - Mara Corcoran RN
SEORGR2 - Stephy S George RN

User User Name/Type
DCASRO - Deborah A. Castro RN
KREBR - Reille-Ann Kerr RN
MKIN3 - Michelle Kim RN
THERELL - Tonya Merrill RN

Pharmacy

User User Name/Type
AADENOD - Adedolapo Ademodi-Gbogodo RPh
FAHMA2 - Falza Ahmad
MEERENE - Martin Zeener RPh

User User Name/Type
AAATARY - Anna Katarzyniak RPh
CHIR72 - Jonathan Mintz RPh
SKIR4 - Sang Kim RPh

User User Name/Type
ALRE3 - Agnes Lee RPh
IMALBT - Luke V. Mallet RPh
STHOMAS11 - Susan Thomas RPh

User User Name/Type
ETHAKTA - Bhonak Thakur
MOORON3 - Mara Corcoran RN

Allergy History

Date Time User Name
01/04/17 2030 Lynn Montanez
NEW: Type: Allergy
Status: Verified
04/04/19 1905 Marlene A. Gomez
OLO: Status: Verified
NEW: Status: Verified
10/04/20 0636 Marlene A. Gomez
OLO: Status: Verified
10/22/24 1537 Dominga Almain-Ocaden
NEW: Status: Verified
10/22/24 2333 Luke V. Mallet

Date Time Type
01/04/17 2030 PCN New
04/04/17 2030 PCN
04/04/19 1905 PCN
04/04/19 1905 PCN
10/22/24 1537 PHA.VAH
Allergy
New
No Known Allergies
Verify
No Known Allergies
Confirm
No Known Allergies
Verify
Acknowledge

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10/30/24

Name *Amachovich, Akiva*

Unit Num *M104B065*

Medication Discharge Summary

Account Num *V011921600*

NEW: COMMENTS:

User acknowledged allergy record in EHA.