Resident Name: *Dorothy Jones* Rm#: *12B* MD: *Dr Smith*

Admit Date: *5/26/12* DX: *LRI, COPD, Rheumatoid Arthritis, Insomnia, Constipation*

GT: ____ Dialysis: ____ Hospice: ____ Cath: ____ DM: ____ Pacemaker: ____ CPR: *X* DNR: ____

Other: *Plans to discharge home to independent living, with husband*

Date	Resident Current Issues	C/P	NN	Order	IDT
5/26/12	*Admit Med A*	*X*	*X*	*X*	*X*
	LRI	*X*	*X*	*X*	
	ABO Cipro x 7 dys, last dose 6/2/12	*X*	*X*	*X*	
	PT	*X*		*X*	
	OT	*X*		*X*	
5/30/12	*-7# since admit*	*X*	*X*		*X*
6/1/12	*Order ST, and shakes w meals 60cc*	*X*	*X*	*X*	*X*
6/2/12	*RD – no order changes, wt variance note done*	*X*	*X*		*X*
6/2/12	*s/p ABO LRI*	*X*	*X*		
6/4/12	*F/U CXR*	*X*	*X*	*X*	
6/4/12	*F/U CXR negative*	*X*	*X*		
6/4/12	*PT dc'd – RNA amb 3xwk*	*X*	*X*	*X*	
8/15/12	*Fall w/c-bed self -transfer*	*X*	*X*		*X*
8/16/12	*R hip X ray r/t pain s/p fall Negative*	*X*	*X*	*X*	*X*