



Kennedy Krieger Institute

ADMISSION ORDER SHEET 1 of 3

KKI 12-19-03
AL YASIN, HAYA
JHH

1477710017

Page No. _____

Patient's Name and History No. 7/1/08 832

ORDERED		USE BALLPOINT PEN - PRESS FIRMLY ORDER	NOTED BY	ORDER COMPLETED		Initials
Date	Time			Date	Time	
7/1/08	2pm	0 Admit to KKI/Admission Weight <u>22.4</u> (kg) Height <u>106</u> (cm)				
		Diagnosis: <u>Seizure disorder</u>				
		1 <u>Astronomy slip resection and VP shunt</u>				
		Protocol: <u>per routine</u>				
		2 Drug Allergies: <u>NKDA/rxm</u>				
		Reactions:				
		3 Food Allergies: <u>none</u>				
		Reactions:				
		4 Condition: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Other				
		Vital Signs: <input type="checkbox"/> q Day <input checked="" type="checkbox"/> Other <u>q4h</u>				
		5 NHO for: Temp > <u>38.0</u> HR > <u>140</u> or < <u>60</u>				
		RR > <u>30</u> or < <u>12</u> BP > <u>sys 110</u> or < <u>sys 90</u>				
		6 Weigh: <input checked="" type="checkbox"/> Per Protocol <input type="checkbox"/> Other				
		Activity: <input type="checkbox"/> Regular <input type="checkbox"/> Other <u>Fall precautions</u>				
		7 <input checked="" type="checkbox"/> Obtain MRSA Nares Culture Upon Admission				
		<input type="checkbox"/> No Need to Obtain MRSA Nares Culture as Indicated Below:				
		8 <input type="checkbox"/> Admitted From Home and Culture Done Within Last Month				
		<input type="checkbox"/> Transferred From Another Facility and Culture Done Within Last Week				
		9 <input type="checkbox"/> Readmitted Within 72 Hours of Discharge From KKI				
		Nutrition Risk Assessment Screen:				
		10 <input type="checkbox"/> Inadequate Weight Gain/Loss				
		<input type="checkbox"/> Special/Restricted Diet/Formular				

7/1/08 1550 Dwanita Jordan 100 Admission MDP Kle 1229a



Kennedy Krieger Institute

ADMISSION ORDER SHEET 2 of 3

RKI 12-19-03
AL YASIN, HAYA
JHH

14797100

6/09/03 X F 001
P 7/07/09 B32

Page No. 2 Weight _____

Patient's Name and History No. _____

ORDERED		USE BALLPOINT PEN - PRESS FIRMLY ORDER	NOTED BY	ORDER COMPLETED		Initials
Date	Time			Date	Time	
7/7/09	2pm	0 <input type="checkbox"/> Difficulty Swallowing				
		<input type="checkbox"/> Tube Feeding <input type="checkbox"/> Other/ _____				
		1 <input checked="" type="checkbox"/> Not at Nutritional Risk				
		<input type="checkbox"/> At Nutritional Risk/Obtain Nutrition Consult				
		2 Diet Orders: <u>Regular</u>				
		Solids: Regular <input checked="" type="checkbox"/> Chopped Fine <input type="checkbox"/>				
		3 Ground <input type="checkbox"/> Puree (table) <input type="checkbox"/> Puree (stage II) <input type="checkbox"/>				
		Liquids: Thin <input type="checkbox"/>				
		4 Nectar <input type="checkbox"/> Thickened <input type="checkbox"/>				
		Oral Supplementation:				
5 Formula - <u>None</u>						
Volume -						
6 Time of Feeding -						
Enteral Supplementation: Route						
7 Formula -						
Volume per feed -						
8 Time of Feeding - <u>Regular schedule.</u>						
9 Consults:						
10						

Handwritten signature
T2599

7/10/09 1550 Juwanda Sorda we noted



Kennedy Krieger Institute

ADMISSION ORDER SHEET 3 of 3

KKI 12-19-03
AL YASIN. HATA
JAH
0103/03 X F
F 1107/00 B32

Page No. 3 Weight _____

Patient's Name and History No. _____

ORDERED		USE BALLPOINT PEN - PRESS FIRMLY ORDER	NOTED BY	ORDER COMPLETED		Initials
Date	Time			Date	Time	
		0 Medications and Indications for Use				
7/7/03	2pm	1) Tegretol 10mg (0.45mg/kg/dose) PO BID				
		2) Diazepam 2.5mg PR PRN prolonged seizure				
		(over 5 minute seizure)				
		N/A for seizure activity please.				
		3 <i>M. Hata</i>				
		4				
7/10/03	1350	5 <i>Quanda order we noted</i>				
7/10/03	0400	240 chart	<i>Mack</i>			<i>EM RN</i>
		6				
		7				
		8				
		9				
		10				



KRI 12-19-05
AL TASHIR, MD
JHR
6/29/05 1 F 0010
P 7707108 032

1479919019

Page No. 4

Patient's Name and History No. _____

ORDERED		USE BALLPOINT PEN - PRESS FIRMLY ORDER	NOTED BY	ORDER COMPLETED		Initials
Date	Time			Date	Time	
7/7/08		0 Weight: 22.4kg Allergies: NKDA				
7/7/08	16:20	1 D/C Tegretol Tegretol 200mg PO BID (8mg/kg/dose)				
		2 MKL 72295				
7/7/08	18:30	3 Please draw Tegretol level prior to next dose, as well as CBC, CMP.				
		4 Thanks! MKL 12545				
7/7/08	8:07 am	5 1/2 L O ₂ via Nasal Canula PRN OK to titrate. NHC of 22 L O ₂				
		6 M. Jones, MD				
7/7/08	15:16	7 Clarification of Diazepam 2.5mg PR PRN prolonged seizure (>5 mins).				
		8 May repeat dose x10 minutes after 1st dose if seizures persist.				
		9 M. Jones, MD				

7/7/08 01:00
 ① Caus B. Baker
 ② MKL 12545
 7/7/08 16:30
 7/7/08 18:30

M. Jones, MD
 7/18/08 0525



KEI 12-10-01
AL TARIK, RITE
JAN
6701/01 1 F 6610
7/07/08 832

Page No. S

Patient's Name and History No. _____

ORDERED		USE BALLPOINT PEN - PRESS FIRMLY ORDER	NOTED BY	ORDER COMPLETED		Initials
Date	Time			Date	Time	
		0 Weight: Allergies:				
7/8/08	0640	1 chart _____	Mach	LR	RN	
7/8/08	0400	chart _____	Chanel	St	Chanel	
7/8/08	9:30	2 Neurology consult please re seizure disorder. MKeller T2549				
7/8/08		3 chart _____	Chanel	St	Chanel	
7/8/08	1:45pm	4 1) Dilc Tegretol 2) Tegretol 250mg PO BID (10mg/kg/dose) MKeller T2549				
7/8/08		5 chart _____	Chanel	St	Chanel	
7/8/08		6 17w chart _____	Chanel	St	Chanel	
7/8/08		1830 chart _____	Chanel	St	Chanel	
7/8/08	2300	7 chart _____	Justin	M	Marshall	
7/9/08	0100	24 chart _____	Rosalyn		Allen	
7/9/08	0610	8 chart _____	RAllen		RN	
7/9/08	0815	chart _____	Chanel	St	Chanel	
7/9/08	12:00	9 Tylenol 275mg PO q 6h PRN pain/irritation. Please NHD for pain/irritation MKeller np	Chanel	St	Chanel	



Kennedy Krieger Institute

ORDER SHEET

EXF 12-12-88 1479710012
AL TASHIR, HEYE
JAN
2/09/03 X F 0010
P 7/17/08 032

Page No. 6

Patient's Name and History No. _____

ORDERED		USE BALLPOINT PEN - PRESS FIRMLY ORDER	NOTED BY	ORDER COMPLETED		Initials
Date	Time			Date	Time	
		0 Weight: Allergies:				
7/9/08	2pm	1) D/C Tegretol 2) Tegretol 300mg PO BID (27mg/kg/day) MKilh				MSW 7/9/08
		3				
		4				
		5				
		6				
		7				
		8				
		9				



Page No. 7

Patient's Name and History No. _____

ORDERED		USE BALLPOINT PEN - PRESS FIRMLY ORDER	NOTED BY	ORDER COMPLETED		Initials
Date	Time			Date	Time	
		0 Weight: 22.4kg Allergies: NKDA				
7/9/08	1700	1 ✓ Discharge to home, Condition Stable Diagnosis: Seizure disorder				
		2 Developmental Delay Activity: As tolerated,				
		3 ambulate with assistance ✓ Fall precautions in bed.				
		4 ✓ Clear to participate in outpatient therapies.				
		5 ✓ Diet: Regular Medications:				
		6 ✓ Tegretol (100mg/5ml) 300mg = 15ml by mouth twice a day. (13mg/kg/dose)				
		Diastat 2.5mg PR as needed for prolonged seizure (over 5 minutes)				
		8 (0.1mg/kg/dose) ✓ Prevacid (Lansoprazole) (3mg/1ml)				
		9 Take 15mg = 5ml by mouth once a day. (standard dose)				



Page No. 8

Patient's Name and History No. _____

ORDERED		USE BALLPOINT PEN - PRESS FIRMLY ORDER	NOTED BY	ORDER COMPLETED		Initials
Date	Time			Date	Time	
7/9/08	1700	0 Weight: Allergies:				
		1 Follow-up appointments: * EEG on 7/10/08 @ 9am				
		2 at KKI * Check Tegretol level and				
		3 BMP on Tuesday 7/15/08 @ 1 pm. at Express testing				
		4 at Hopkins. Run STAT. * See Neurology at KKI				
		5 Dr. Johnston on Tuesday 7/15/08 at 2:30 pm				
		6 phone # 443-923-9315. * Outpatient Audiology Evaluation				
		7 at Kennedy Krieger Fairmont Office. July 17th @ 10am.				
		8 * Outpatient Ophthalmology eval at Wilmer Eye Institute @ JHH				
		9 Call 410-955-8314 for appointment. * PT/OT/speech will call you with appt.				



RECEIVED
KIDNEY & TRANSPLANT
CLINIC
7-22-09

Page No. 9

Patient's Name and History No. _____

ORDERED		USE BALLPOINT PEN - PRESS FIRMLY ORDER	NOTED BY	ORDER COMPLETED		Initials
Date	Time			Date	Time	
		0 Weight:				
		Allergies:				
		1 Call Doctor if patient has temperature				
		2 over 38.5°C or 100.4 °F, seizures greater than				
		3 40 5 minutes, turns blue, Does				
		4 not return to baseline after seizure or				
		5 any other concerns.				
		6 <i>[Signature]</i>				
		7				
		8				
		9				