


[About Us](#) | [Careers](#) | [Group Health Research Institute](#) | [Group Health Foundation](#) [LOG OUT](#)**Subject:** plan of care regarding labs and possible blood transfusion**To:**

Ivan C Doig

**From:**

Marilyn Houser, RN

**Received:**

12/3/2014 9:08 AM PST

---

Hello Ivan,

You will need to go to Northgate lab on 12/9/14 in the morning to have a CBC with Diff done and hold tube for possible crossmatch. They will also need to draw a confirmation tube because you have never received a blood transfusion. They should send your hold tube and confirmation tube to central Group Health Blood bank lab, because if you need a blood Transfusion it will be here at central.

I will call you the results of your hematocrit and tell you whether Dr. Chen wants you to have a blood transfusion.

Sincerely Yours,

Marilyn Houser RN

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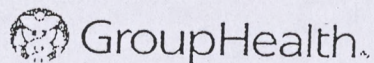
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### Tips to Prevent Falls

We would like your stay at Group Health Central Hospital to be as safe as possible. To decrease your chance of experiencing an accidental fall during this hospitalization, please review the following tips:

#### Tips for patients:

- Call a nurse for assistance by using the call light.
- If you feel weak or dizzy or have been instructed to call for assistance before getting up do NOT hesitate to call. Some medications may make you feel weak or dizzy, use your call light.
- Sit at the side of the bed for a few minutes before you get up. Get up slowly.
- If you use a walker, cane, or wheelchair at home, let the nurse know or bring yours to the hospital. Keep these devices within reach, and remember to use them.
- Wear properly fitting shoes or slippers when up.
- Pay close attention to any tubing that may interfere with walking, such as: oxygen or catheters. etc.
- The side rail at the bottom of the bed toward the door will be kept down unless you request that it be kept up. Please do not attempt to climb over or through the rails. Call the nurse for assistance.
- Do not use bedside tables for support as they have wheels and could roll away from you.
- Notify the nurse of any spills or wet areas on the floor so they may be cleaned up quickly.
- A bed alarm may be used to remind you to call for help when getting out of bed.





## Stay safe while you're in the hospital

### Double and triple checking for your safety

Members of your health care team will ask you the same questions several times. For your safety and to make sure the information is right, they may ask you these questions:

- What is your name?
- What kind of procedure or surgery are you having?
- What part of your body will be operated on?

### Preventing infection

The easiest way to keep from spreading infection is to regularly clean your hands. Wash with water and soap or use an alcohol-based hand sanitizer for at least 15 seconds. Clean between fingers and under fingernails.

### What's good for you is good for your health care team

Expect members of your care team to clean their hands before treating you. If they don't wash or sanitize their hands after entering your room or before touching you, ask them to clean their hands. Don't be afraid to ask – our first priority is keeping you healthy and safe.

Members of your health care team will wear gloves for exams involving body fluids or open wounds. Ask your care team about wearing gloves if you have any concerns.

### Don't share your cough or sneeze, please

Cover your mouth and nose when you cough and sneeze to avoid spreading germs. Use tissues and toss them in the trash after using them. Keep a pack of tissues handy at all times. If you don't have tissues, cover your mouth and nose with the bend of your elbow. Wash or sanitize your hands right away after coughing or sneezing. Ask your visitors with a cough to wear a mask.

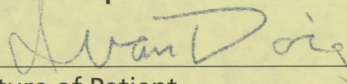
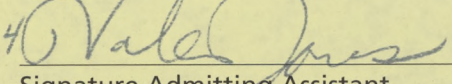


## Conditions of Admission

Date: \_\_\_\_\_

1. **Assignment of Insurance Benefits:** I hereby assign any benefits due me under the terms of any insurance policy or policies and/or under Title XVIII of the Social Security Act that may cover my hospitalization, or disability to Group Health Cooperative for medical services and hospitalization, but not to exceed Group Health Cooperative's regular charges.
2. **Release of Information:** I authorize Group Health Cooperative to release such information from \_\_\_\_\_ medical record as is necessary for the proper completion of insurance claims and/or public assistance reports.  
PATIENT'S NAME
3. **Consent to Hospital and Medical Treatment:** The undersigned hereby consents to routine X-ray examination, laboratory procedures, medical treatment, and other hospital services as may be rendered under the general and special instructions of the attending physician and his/her assistant or designees. I understand that Group Health Hospitals participate in the training of new physicians, and that my care may be rendered by these resident physicians under the general supervision of the attending medical staff. In addition, I acknowledge Group Health Cooperative's responsibility to maintain a safe hospital environment for the benefit of patients and health care workers, including the prevention of disease transmission within the hospital. If I am involved in an event with substantial risk of disease transmission within the hospital (for example, injuries that result in contact with blood), I hereby consent to such testing procedures as may be necessary to evaluate such risk in the opinion of the attending physician and his/her assistant or designees.
4. **Advance Directives:** Group Health Cooperative complies with state and federal law related to advance directives and will comply with such directives to the extent allowed by existing law. If you provide a copy of your advance directive to the facility, your practitioner will consider this directive as your treatment plan is developed. He or she will inform you if there appears to be any conflict between the wishes expressed in your advance directive and the care and treatment planned. For example, in the event that sedation or anesthesia is planned, resuscitation is a natural sequence to anesthesia recovery. Your physician or anesthesiologist will provide you with the information that you need to make an informed consent regarding your plan of care.
5. **Personal Valuables:** The hospital has procedures for depositing money and other personal property for safekeeping. I understand that the hospital maintains a safe for the deposit of small articles of value and I agree that Group Health Cooperative shall not be liable for loss or damage to any other personal property unless deposited with the hospital for safekeeping.

I certify that I have read the foregoing, have received a copy thereof and that I am the patient or am a duly authorized representative of the patient.

	12/12/14		12-12-14
Signature of Patient	Date	Signature Admitting Assistant	Date

_____ Signature of Parent/Legal Guardian if Minor	_____ Date	_____ Signature Admitting Assistant	_____ Date
--	---------------	--	---------------

_____ Signature of other Legally Responsible Person	_____ Date	_____ Reason Patient is Unable to Sign	
--	---------------	---	--



## After Visit Summary - Group Health Cooperative

This document contains confidential information about your health and care. It is provided directly to you for your personal, private use only.

**Doig, Ivan C #00215848 (75 year old M) (Adm:  
12/12/14)**

**EOS-A409**

### About your hospitalization

You were admitted on: December 12, 2014

You last received care in the: Capitol Hill  
Extended Observation Service

You were discharged on: December 12, 2014

Main Hospital Number: 206-326-3000

### Discharge Instructions

#### PATIENT DISCHARGE INSTRUCTIONS FOR BLOOD TRANSFUSION

You have received the following type of blood product today Packed Red Blood Cells.

Although most reactions occur at the time blood is being given, occasionally symptoms may occur later. Please **notify your doctor** if any of the following symptoms occur:

- a. Fever or chills
- b. Coughing, hoarseness, difficulty breathing or shortness of breath
- c. Headache or flushing of the face
- d. Hives, rash or itching
- e. Low back pain
- f. Chest pain or tightness or palpitations
- g. Nausea or vomiting
- h. Weakness, dizziness, or fainting
- i. Blood in the urine
- j. Decreased amounts of urine
- k. Persistent pain or oozing of blood from the IV needle site

If you are unable to reach your physician or if it is the weekend or after business hours call the Consulting Nurse toll free at 1-800-297-6877.

## Medication List

### ASK your doctor about these medications

**calcium carbonate 1,500 mg (600 mg elemental) tablet**

Refills: 0

**cyclophosphamide 50 mg capsule**

Commonly known as: CYTOXAN

Instructions: TAKE 8 CAPSULES (400MG) BY MOUTH ONCE A WEEK AND DAY 1,8 AND 15  
OF 28 DAY CHEMOTHERAPY CYCLE.

Quantity: 24

Refills: 0

For diagnoses: Multiple Myeloma, Without Mention Of Having Achieved Remission(203.00)

Signed by: Chen, Eric Y



## Medication List (continued)

### ASK your doctor about these medications (continued)

---

#### **Fortical 200 unit/actuation nasal spray**

Instructions: 1 SPRAY IN ONE NOSTRIL DAILY , ALTERNATE NOSTRILS EACH DAY

Quantity: 4

Refills: 0

For diagnoses: Closed Fracture Of Lumbar Vertebra Without Mention Of Spinal Cord Injury

Signed by: Kato, Patricia E

Generic drug: calcitonin (salmon)

---

#### **furosemide 20 mg tablet**

Commonly known as: LASIX

Instructions: TAKE 3 TABLETS IN THE MORNING AND 2 TABLETS IN THE AFTERNOON FOR SWELLING.

Quantity: 150

Refills: 11

For diagnoses: Edema

Signed by: Kato, Patricia E

---

#### **gabapentin 300 mg capsule**

Commonly known as: NEURONTIN

Instructions: Take 1 capsule in the morning and 3 capsules in the evening.

Quantity: 360 capsule

Refills: 3

For diagnoses: Polyneuropathy Due To Drugs(357.6)

Signed by: Kato, Patricia E

---

#### **glucosamine-chondroitin 500-400 mg capsule**

Refills: 0

---

#### **HYDROcodone-acetaminophen 5-325 mg tablet**

Commonly known as: NORCO

Instructions: Take 0.5-1 tablets by mouth every 8 hours as needed for pain

Quantity: 30 tablet

Refills: 0

For diagnoses: Hip Pain

Signed by: Kato, Patricia E

---

#### **K-TAB 10 mEq extended release tablet**

Instructions: TAKE 3 TABLETS IN THE MORNING AND 2 TABLETS IN THE AFTERNOON WITH FUROSEMIDE.

Quantity: 150

Refills: 11

For diagnoses: Edema

Signed by: Kato, Patricia E

Generic drug: potassium chloride

---

#### **oxyCODONE-acetaminophen 5-325 mg tablet**

Commonly known as: PERCOCET

Instructions: TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN

Quantity: 40

Refills: 0

For diagnoses: Low Back Pain

Signed by: Kato, Patricia E

---



## Medication List (continued)

### ASK your doctor about these medications (continued)

---

**pomalidomide 4 mg capsule**

Commonly known as: POMALYST

Instructions: Take 1 capsule (4 mg) by mouth daily for 21 days , then stop for 7 days

Quantity: 21 capsule

Refills: 0

For diagnoses: Myeloma, Multiple Myeloma, Without Mention Of Having Achieved Remission(203.00)

Signed by: Chen, Eric Y

---

**prochlorperazine 10 mg tablet**

Commonly known as: COMPAZINE

Instructions: Take 1 tablet (10 mg) by mouth every 6 hours as needed

Quantity: 30 tablet

Refills: 0

For diagnoses: Myeloma

Signed by: Chen, Eric Y

---

**senna 8.6 mg tablet**

Commonly known as: SENNA

Instructions: Take 1 tablet (8.6 mg) by mouth daily

Quantity: 100 tablet

Refills: 0

For diagnoses: Unspecified Constipation

Signed by: Kato, Patricia E

---

**temazepam 15 mg capsule**

Commonly known as: RESTORIL

Instructions: TAKE 1 CAPSULE (15 MG) BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP

Quantity: 50

Refills: 0

For diagnoses: Insomnia, Unspecified

Signed by: Kato, Patricia E

---

**VITAMIN D 1,000 unit capsule**

Refills: 0

Generic drug: cholecalciferol

---

## Patient Information and Follow-up

Future Appointments	Provider	Department	Dept Phone
1/6/2015 2:45 PM	Shors, Andrew R, MD	capitol Hill	206-326-3000
1/14/2015 4:20 PM	Chen, Eric Y, MD	Dermatology	
		Bellevue	425-502-3690
		Oncology/Hematology	

---

### Allergies

---

Thalidomide  
neuropathy

Other



**Subject:** RE: plan of care regarding labs and possible blood transfusion**To:**

Ivan C Doig

**From:**

Marilyn Houser, RN

**Received:**

12/4/2014 9:44 AM PST

Hello Ivan,

EOS stands for extended observation service. It is here at capitol hill campus in the main building  
On the 4th floor. One floor below the oncology clinic.

Sincerely Yours,  
Marilyn Houser RN

----- Message -----

From: DOIG,IVAN C

Sent: 12/4/2014 8:54 AM PST

To: Marilyn Houser, RN

Subject: RE: plan of care regarding labs and possible blood transfusion

Marilyn, thanks for the email re 12/12 possible transfusion schedule.  
A clarification, please--I can't decipher the EOS. What is it, and where in the building?

--Ivan

----- Message -----

From: Marilyn Houser, RN

Sent: 12/3/2014 4:01 PM PST

To: Ivan C Doig

Subject: RE: plan of care regarding labs and possible blood transfusion

Hello Ivan,

You are tentatively set up for a blood transfusion in EOS on 12/12/14 at 2pm. We will decide on Tuesday based on your labs if we need to keep that date.

Sincerely Yours,  
Marilyn Houser Rn

----- Message -----

From: DOIG,IVAN C

Sent: 12/3/2014 3:20 PM PST

To: Marilyn Houser, RN

Subject: RE: plan of care regarding labs and possible blood transfusion

Marilyn, many thanks for the message. I'll get the job done accordingly 12/9. I'll also turn in the urine sample then that Dr. K wanted.

If there is to be a transfusion, Carol and I really want it to be Friday afternoon, 12/12, when she has a 2 pm Cap Hill appointment anyway, I must pick up Pomalyst at the pharmacy, and have my monthly blood test for Dr. K. We live about an hour away from Cap Hill and it's really hard on us to make repeated trips. We'd appreciate anything you can do to influence the scheduling.

Regards, Ivan

----- Message -----


From: Marilyn Houser, RN

Sent: 12/3/2014 9:08 AM PST

To: Ivan C Doig

Subject: plan of care regarding labs and possible blood transfusion



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**To:**  
Ivan C Doig

**From:**  
Marilyn Houser, RN

**Received:**  
12/3/2014 4:01 PM PST

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From: DOIG,IVAN C  
Sent: 12/3/2014 3:20 PM PST  
To: Marilyn Houser, RN  
Subject: RE:plan of care regarding labs and possible blood transfusion

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Regards, Ivan

----- Message -----  
From: Marilyn Houser, RN  
Sent: 12/3/2014 9:08 AM PST  
To: Ivan C Doig  
Subject: plan of care regarding labs and possible blood transfusion

Hello Ivan,

You will need to go to Northgate lab on 12/9/14 in the morning to have a CBC with Diff done and hold tube for possible crossmatch. They will also need to draw a confirmation tube because you have never received a blood transfusion. They should send your hold tube and confirmation tube to central Group Health Blood bank lab, because if you need a blood Transfusion it will be here at central.

I will call you the results of your hematocrit and tell you whether Dr. Chen wants you to have a blood transfusion.

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
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**Time limit:** When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

**From:**  
Ivan C Doig [00215848]

**To the office of:**  
Marilyn Houser, RN

**Subject:**  
**RE:plan of care regarding labs and possible**

**Message:**

Marilyn, many thanks for the message. I'll get the job done accordingly 12/9. I'll also turn in the urine sample then that Dr. K wanted.

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Regards, Ivan

**The original message below will be attached to your reply message.**

----- Message -----

From: Marilyn Houser, RN  
Sent: 12/3/2014 9:08 AM PST  
To: Ivan C Doig  
Subject: plan of care regarding labs and possible blood transfusion

Hello Ivan,

You will need to go to Northgate lab on 12/9/14 in the morning to have a CBC with

Your message will be answered as soon as possible, usually by the end of the next business day. If you have an urgent health concern or require a more immediate response, call your physician's office or the Consulting Nurse Service:

**Western Washington:** 206-901-2244, 253-596-3400, or toll-free 1-800-297- 6877


**Central Washington, Eastern Washington or North Idaho:** 1-800-826-3620

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Marilyn Houser RN

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**Chen's nurse Marilyn, Dec, 2 '14**

My hematocrit reading today was so low--23--that I may need a blood transfusion.

Accordingly:

Next Tues., at 8 when N'gate lab opens, I am to get a CBC blood draw to measure the hematocrit again, and a hold tube for possible cross match transfusion. Tell the tech I've never had a transfusion before, and the draw is to be held for confirmation for the possible cross match transfusion, W-Th-or more likely Fri.

On way to transfusion, I'm to stop by the oncology desk and ask for Marilyn.

Meanwhile I'm to be watched for shortness of breath or lightheadedness, and taken to the emergency room if it looks necessary.

Marilyn's phone #326-3111 option 3.