

HEMET VALLEY MEDICAL CENTER  
Patient Discharge Instructions

Patient Name: IVIE, DARRELL

Visit ID: 100347682

Discharged:

MR Number: 552280

DOB: 03/02/1931

Attending: HEMCHAND KOLLI



Allergies	Reaction	Date
No Known Drug Allergies		10/08/2016
Immunizations		Date
pneumococcal polysaccharide PPV23		

**Home Meds**

**Start taking these medications**

Ceftin 250 Milligram By Mouth 2 Times Per Day For 14 Dayss

Last Dose Taken: Unknown

**Take these medications**

Acidophilus Capsule 10 Milligram By Mouth Once

Last Dose Taken: Unknown

Note: administer with large glass of water;

Aspirin 81 Milligram By Mouth Every Day

Last Dose Taken: Unknown

Carisoprodol 350 Milligram By Mouth Every Evening

Last Dose Taken: Unknown

Coenzyme Q10 100 Milligram By Mouth Every Day

Last Dose Taken: Unknown

Colace 100 Milligram By Mouth Every Day

Last Dose Taken: 06/26/2018 08:00 am

Diclofenac 2 Grams Topically Every Day As Needed Apply To Affected Area

Last Dose Taken: Unknown

Reason for Taking: apply to affected area

Fiber 0.4 Gram By Mouth Every Day

Last Dose Taken: Unknown

Fish Oil 1000 Milligram By Mouth Every Day

Last Dose Taken:

Note: administer with food (meal or snack);

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**Home Meds**

**Take these medications**

Flomax Orally

Last Dose Taken: Unknown

Hydrocodone-acetaminophen 5 Mg-325 Mg 1 Tablet By Mouth Every 6 Hours As

Needed Pain

Last Dose Taken: Unknown

Reason for Taking: pain

Lactulose 10 Gram By Mouth Every Day As Needed Constipation

Last Dose Taken: Unknown

Reason for Taking: constipation

Levofloxacin 500 Milligram By Mouth Every 24 Hours For 10 Dayss

Last Dose Taken: Unknown

Lipitor 20 Milligram By Mouth Every Day At Bedtime

Last Dose Taken: Unknown

Magnesium Citrate 50 Milligram By Mouth Every Day At Bedtime

Last Dose Taken: Unknown

Note: ; Ordered Dose: as elemental magnesium

Metamucil 0.4 Gram By Mouth Every Day As Needed Constipation

Last Dose Taken: Unknown

Reason for Taking: constipation

Miralax 8.5 Gram By Mouth Every Day For 4 Weekss

Last Dose Taken: Unknown

Note: mix into 4-8 oz. of any hot/cold/room temp. beverage; use immediately;

Multivitamins 1 Capsule By Mouth Every Day

Last Dose Taken: Unknown

Ondansetron 4 Milligram By Mouth 4 Times Per Day As Needed Nausea For 4 Dayss

Last Dose Taken: Unknown

Reason for Taking: nausea

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**Home Meds**

**Take these medications**

Prednisone 5 Milligram By Mouth 2 Times Per Day

Last Dose Taken: 06/26/2018 08:00 am

Simvastatin' Orally

Last Dose Taken: Unknown

Temazepam 30 Milligram By Mouth Every Day At Bedtime As Needed Insomnia

Last Dose Taken: Unknown

Reason for Taking: insomnia

Tramadol 50 Milligram By Mouth 2 Times Per Day

Last Dose Taken: Unknown

Xtandi 160 Milligram By Mouth Every Day

Last Dose Taken: 06/26/2018 08:00 am

Note: swallow whole; do not chew/break/dissolve/open;

Zantac 150 Milligram By Mouth 2 Times Per Day

Last Dose Taken: Unknown

Note: administer after meal;

**Prescriptions**

The following prescription(s) have been submitted by NANCY TRAN, PGY2:

cefuroxime axetil 250 mg tablet

250 milligrams (1 tablet) orally 2 times per day

Quantity: 28 (twenty-eight) tablet(s)

Refills: 0

Levaquin 500 mg tablet

500 milligrams (1 tablet) orally every 24 hours

Quantity: 14 (fourteen) tablet(s)

Refills: 0

**Patient Education**

**STROKE**

Language: English Provided by: LUZ M. PHILLIPS, RN on 06/26/2018 03:43 pm

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**Patient Education**

HEMATURIA

Language: English Provided by: KAROLYN MILLAR, RN on 06/23/2018 11:43 am

URINARY RETENTION IN MEN

Language: English Provided by: KAROLYN MILLAR, RN on 06/23/2018 11:43 am

**Discharge Instructions**

Bring This Patient Discharge Instruction to Your Next Doctor Appointment      Informed

Carry Medication Information at All Times in the Event of Emergency Situations      Informed

Our Staff Strives to Provide You with a VERY GOOD Experience.      Informed

You May Receive a Survey in the Mail About Your Experience with Us at PHH      Informed

Your Survey Response is Important to Us. Thank You in Advance for Completing It.      Informed

Category Note: opened in error

Accompanied for Discharge

Activity

Consulting Physician Name Group Note: dr Most - oncologist pt appt already set for 06/27/2018

Consulting Physician Name

Consulting Physician Phone Number Group Note:

(951) 929-2800

Family member  
Activity as tolerated

Purohit -urologist

Office Address

1225 E. Latham Avenue, #B Hemet, CA 92543

Office Fax

(951) 929-2303

Consulting Physician Phone Number

(951) 929-2800

Diet

Cardiac

Discharge Disposition

Home

Follow Up Treatment / Tests Group Note: urinary catheter check/replacement

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**Discharge Instructions**

Follow Up Treatment / Tests

Other

Health Records Sent

No

Instruction for Seeking Immediate Medical Attention

Chest pain

Fever above 101

Cold, blue, numb, or painful extremities

Redness, swelling, pain, or warmth at IV site location

Medications

Prescription(s) given to patient

Mode of Transportation

Private auto

Primary Physician Name

Kolli

Primary Physician Phone Number Group Note:

(951) 925-6625

Office Address

1278 E. Latham Avenue Hemet, CA 92543

Office Fax

(888) 702-6846

Primary Physician Phone Number

(951) 925-6625

When to Follow Up with Your Consulting

1-Day

Physician

When to Follow Up with Your Primary Physician Group Note: thurs friday

When to Follow Up with Your Primary Physician

Call to make an appointment

**Discharge Education**

To Access Your Personal Health Information Online

Go to: [www.relayhealth.com](http://www.relayhealth.com) to register

For Customer Support to Register with Relay Health

Email: [relayhealth-support@RelayHealth.com](mailto:relayhealth-support@RelayHealth.com)

Acute Myocardial Infarction (AMI) Education Given to Patient

Does not apply

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**Discharge Education**

Discharge Instructions

Patient education provided

Heart Failure (HF) Education Given to Patient

Does not apply

Pneumonia Education Given to Patient

Does not apply

Stroke Education

Patient given written information

VTE / Warfarin Education

Does not apply

**TOBACCO**

Tobacco Treatment at Discharge Exclusion  
Criteria

Has not used tobacco within the past 30 days

SIGNATURE/DATE

Department:

Patient/Significant Other:

Caregiver:

Discharge Coordinator:

Physician: