

HEMET VALLEY MEDICAL CENTER
Patient Discharge Instructions

Patient Name: IVIE, DARRELL

Visit ID: 100347682

MR Number: 552280

DOB: 03/02/1931

Discharged:

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 Days

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);

HEMET VALLEY MEDICAL CENTER**Patient Discharge Instructions**Patient Name: **IVIE, DARRELL**Visit ID: **100347682**MR Number: **552280**DOB: **03/02/1931**

Discharged:

Attending: **HEMCHAND KOLLI****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

HEMET VALLEY MEDICAL CENTER
Patient Discharge Instructions

Patient Name: **IVIE, DARRELL**

Visit ID: **100347682**

MR Number: **552280**

DOB: **03/02/1931**

Discharged:

Attending: **HEMCHAND KOLLI**



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

HEMET VALLEY MEDICAL CENTER
Patient Discharge Instructions

Patient Name: IVIE, DARRELL

Visit ID: 100347682

MR Number: 552280

DOB: 03/02/1931

Discharged:

Attending: HEMCHAND KOLLI



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

Family member

Activity as tolerated

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

Consulting Physician Name

Purohit -urologist

Consulting Physician Phone Number Group Note: (951) 929-2800

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

HEMET VALLEY MEDICAL CENTER
Patient Discharge Instructions

Patient Name: IVIE, DARRELL

Visit ID: 100347682

MR Number: 552280

DOB: 03/02/1931

Discharged:

Attending: HEMCHAND KOLLI



Discharge Instructions

Follow Up Treatment / Tests

Health Records Sent

Instruction for Seeking Immediate Medical
Attention

Other

No

Chest pain

Fever above 101

Cold, blue, numb, or painful extremities

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

Medications

Mode of Transportation

Primary Physician Name

Primary Physician Phone Number Group Note:

(951) 925-6625

Office Address

1278 E. Latham Avenue Hemet, CA 92543

Prescription(s) given to patient

Private auto

Kolli

Office Fax

(888) 702-6846

Primary Physician Phone Number

(951) 925-6625

When to Follow Up with Your Consulting
Physician

1 Day

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 to register

For Customer Support to Register with Relay
Health

Email: relayhealth-support@RelayHealth.com

Acute Myocardial Infarction (AMI) Education
Given to Patient

Does not apply

HEMET VALLEY MEDICAL CENTER
Patient Discharge Instructions

Patient Name: IVIE, DARRELL

Visit ID: 100347682

Discharged:

MR Number: 552280

Attending: HEMCHAND KOLLI

DOB: 03/02/1931



Discharge Education

Discharge Instructions

Heart Failure (HF) Education Given to Patient

Pneumonia Education Given to Patient

Stroke Education

VTE / Warfarin Education

Patient education provided

Does not apply

Does not apply

Patient given written information

Does not apply

TOBACCO

Tobacco Treatment at Discharge Exclusion
Criteria

Has not used tobacco within the past 30 days

SIGNATURE/DATE

Department: _____

Caregiver: _____

Physician: _____

Patient/Significant Other: _____

Discharge Coordinator: _____