

Two: CareFirst Anesth. Tenders Part Maryland 2001

SHORT STAY SURGERY DISCHARGE INSTRUCTIONS FOR ENDOSCOPIC PROCEDURES

Circle appropriate procedure: EGD ERCP, Colonoscopy, other ✓

- A Today you received:
- | | |
|--|---|
| <input checked="" type="checkbox"/> General anesthesia | <input type="checkbox"/> Local anesthesia |
| <input checked="" type="checkbox"/> Local anesthesia with sedation | <input type="checkbox"/> Regional anesthesia |
| | <input type="checkbox"/> Intravenous sedation |

B General Instructions

- 1. Avoid alcohol for 24 hours after your procedure
- 2. Eat and drink normally unless instructed otherwise by your doctor
- 3. If your throat is sore, use throat lozenges or gargle with warm salt water or mouthwash
- 4. Mild abdominal pain and bloating -- drink warm liquids and rest
- 5. If you have SEVERE abdominal pain, fever, chills, chest pain, persistent nausea/vomiting, or signs of bleeding, call your doctor immediately
- 6. If rectal bleeding occurs, call your doctor.

C Because you have received the medication indicated above, for the remainder of today:

- 1. Do not drive
- 2. Do not operate any electrical appliances or high power equipment
- 3. Do not smoke
- 4. Do not drink alcoholic beverages
- 5. Go directly home and rest

Additional instructions:

Call Dr. KK: 212 at 301-691-6617 for a check-up appointment

If unable to reach your doctor, you may call the Washington Adventist Hospital, Emergency Department at: 301-851-5070

If your physician has checked this instruction, your procedure requires that you DO NOT take aspirin or aspirin products for _____ days

Special Instructions: _____

[Signature] Patient/Significant Other's Signature [Signature] RN Signature 10-25-07 Date/Time

[Signature]
M.D. Signature

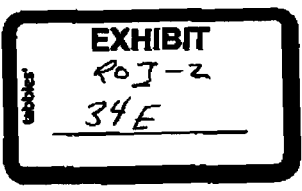
CareFirst BlueChoice HOWARD University and Hospital

CareFirst BlueChoice is an member health care plan of the Blue Cross of Maryland. It is a regulated insurance policy of the Blue Cross and Blue Shield Association. © Regulated by the Department of Insurance of Maryland, Inc.

MEMBER SERVICES
202-484-6313 800-246-5051
HOWARD UNIVERSITY

ID XIC240924510 [Barcode]

MEMBER NAME: FRANKLIN, JAMES CHARLES
ID: [Barcode]



Page 9
R01-2 Ex 34

WASHINGTON ADVENTIST HOSPITAL DRG WORKSHEET

PHYSICIAN PLEASE—

- Please fill in the principal diagnosis within 48 hours of admission.
 - When completing your discharge summary please be sure that the DRG worksheet accurately reflects your patient's hospitalization and sign the statement at the bottom.
 - Please make your corrections, additions, deletions as needed.
- * YOUR SIGNATURE ON THIS FORM WILL PREVENT AN EXTRA TRIP TO MEDICAL RECORDS TO SIGN THE DRG WORKSHEET.**

DIAGNOSIS

ADMITTING:

PRINCIPAL: (The condition established after study to be chiefly responsible for necessitating the admission of the patient.)

Seizure disorder - 1 week

OTHER:

(All conditions or complications that co-exist at the time of admission or have or subsequently which affect the treatment received and/or length of stay.)

Hypertension

phlebitis & cellulitis

*Left effusion completely - probably aspiration pneumonia
Hypomagnesemia
H/o migraines*

PROCEDURES

PRINCIPAL: (The procedure most related to the principal diagnosis and one which was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication.)

OTHER:

*29100 Lumbar puncture (w/ fluid)
61200 Cerebral angiography*

ICD-9-CM Codes	DRG	Length of Stay
		24
780.3	3	
401.9	3	
682.3	5	
507.0	3	
272.2		
03.31		

Anticipated Date of Discharge

CarFirst BlueChoice

HOWARD University and Hospital

CarFirst BlueChoice, Inc. is an equal opportunity provider of the Best Care and Blue Shield Access and is a Preferred Provider of the Blue Cross and Blue Shield Association. © Registered trademark of CarFirst of Maryland, Inc.

MEMBER SERVICES

202-494-6318 800-256-5555
HOWARD UNIVERSITY

ID XIC240904510 GRP: UF77 ADM CST: PRE-SET

MEMBER: NORMA WATKINS
FRANKLIN, JR., CHARLES L.
FIC # 1212040
58 198 8020
LICENSED TO: 11

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES REPORTED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

ATTENDING PHYSICIAN

DATE OF PREPARATION

ROI-2 EX 34
Page 10

**WAS STON ADVENTIST HOSPITAL
SHORT STAY UNIT
POST-OPERATIVE DISCHARGE INSTRUCTIONS**

Due to the residual effects of the medicines you received during your procedure, you should take the following precautions:

- 1) DO NOT drink alcohol for at least 24 hours, or during the time you are taking pain medication.
- 2) DO NOT make important personal or business decisions or sign legal documents for 24 hours.
- 3) Limit your activities for 24 hours. DO NOT engage in sports, heavy work, or heavy lifting until your Doctor gives you permission.
- 4) Get plenty of rest to give your body time to repair itself.
- 5) DO NOT drive or operate any appliance or machine that requires good reaction time for 24 hours after surgery or while taking pain medications.
- 6) DO NOT go home alone. You MUST be accompanied by an adult.
- 7) DO NOT smoke for 24 hours. DO NOT smoke alone during the time you are taking pain medication.
- 8) If you have prescriptions to be filled, follow the directions carefully.
- 9) If your Doctor has not prescribed anything for pain, you may take a non-prescription, non-aspirin pain medication. Follow the directions on the label.
- 10) If you have a surgical incision, keep the area dry and DO NOT change the dressing until instructed to do so by your Doctor.
- 11) If you have had surgery on your arm, leg, or head, elevate your incision above the level of your heart whenever you're sitting, resting or sleeping. This will reduce the swelling and ease the pain.
- 12) Breathe deeply and cough several times each day. This will enhance circulation, clear your lungs, and reduce your risk of developing pneumonia.

DIET: Begin with liquids and easily digested foods (jello, soup, toast, crackers, gingerale, etc.). If you are not nauseated, progress to your usual diet unless otherwise instructed by your Doctor. Avoid "spicy", "greasy", or "heavy" foods today.

SPECIFIC INSTRUCTIONS

FOLLOW UP CARE: You should see DR E. DAVIS
Call 8415111 for an appointment.

WHEN TO CALL YOUR DOCTOR

- If your surgical site shows signs of:
 - separation or opening up
 - increased redness or swelling
 - smelly discharge
 - increased bleeding or the passing of blood clots
- If after taking pain medicine you:
 - obtain no relief after a reasonable amount of time
 - feel very sleepy, dizzy or groggy
 - experience nausea, vomiting, itching, or a skin rash
- If you:
 - develop a fever
 - have prolonged nausea and vomiting
 - do not fully understand every aspect of your post-operative care
 - notice numbness, tingling, or a bluish color developing in an extremity



HOWARD University and Hospital

CareFirst BlueChoice, Inc. is an Equal Opportunity Employer of the Blue Cross and Blue Shield Association. Registered member of the Blue Cross and Blue Shield Association. Equal Opportunity Employer of CareFirst or Maryland, Inc.

MEMBER SERVICES

202-484-6318 800-296-5555

HOWARD UNIVERSITY

ID	XIC240904510	GROUP	UH77	ADM CERT	PRE-CERT
-----------	--------------	--------------	------	-----------------	----------

MEMBER NORMA WATKINS SHORT
PO FRANKLIN, JR., CHARLES L.
CO-OP P10 S10 IPO ER4C
P5 S5 IPO ER20
IDC005295 01/00 www.carefirst.com

ROL Ex 34
 Page 11

THESE DISCHARGE INSTRUCTIONS HAVE BEEN EXPLAINED TO THE PATIENT AND OR SIGNIFICANT OTHER PARTY HAS BEEN ADVISED OF THE CONTENT AND OF ANY SIGNIFICANT CHANGES.

[Handwritten signatures and notes]

DISABILITY CERTIFICATE

CHARLES L. FRANKLIN, JR., M.D.
FAMILY PRACTICE
11120 NEW HAMPSHIRE AVENUE, SUITE 408
SILVER SPRING, MARYLAND 20904-2833
TELEPHONE (301) 681-6854
FAX (301) 681-2607

Date 7/3/02

This is to certify that

George Short

has been under my professional care and was totally
incapacitated from 7/3/02 to 7/18/02

As of this date he/she is

- Still unable to return to work/school
- Sufficiently recovered to resume a normal workload

Sufficiently recovered to return to work/school with the following limitations:

D. Charles Franklin

EXHIBIT
B1-2
34 F

ROI-2 Ex 34
Page 12