

Cardinal Health System Access Services
2401 W. University Ave.
Muncie, IN 47303
(765) 741-1073

Wednesday, August 6, 2003

Norma Robbins
8400 W. 400S
Yorktown, IN 47396
(765) 759-9331

Dear Norma Robbins:

Thank you for calling Cardinal Health System Access Services.

Registering for the following classes is a step toward a healthier life! This letter confirms registration in the classes listed on the following page.

Please call us at the number listed above with questions about the classes or if you are unable to attend your class. We will be happy to transfer you to another class or refund your enrollment fee if requested two or more working days prior to class. If you have needs that require special accommodations please let us know.

Good luck in your pursuit toward a healthier life. We look forward to seeing you in class.

Sincerely,
Pamela
Cardinal Health System Access Services

Class Information

Enrollee: Robbins, Norma

Class Name: Take Charge-A pre-renal education process

Balance Due:

Q

Instructor: Pickering, Rn, Karen

Materials: None needed

Location: Outpatient Medical Pavilion

Room Number: OMP 1

2401 W. University Ave

Muncie, IN 47303

Location Information: This room is located on the ground floor of BMH

Class Date and Times

Begin

End

08/12/03 4:00 PM

08/12/2003 5:00 PM

Fresenius
1 800-323-5188
ext 6617

January 2002

Ball Memorial Hospital
Department of Nephrology

CAPD Unit

Someone is available 24 hours a day to assist you should the need arise.

CAPD Unit Phone Number: (765) 747-3210

If calling Long Distance: 1-800-458-2255; ask to be transferred to the CAPD Unit.

If the CAPD answering machine answers your call, please listen carefully to the message and follow the instructions.

Hemodialysis Unit (765) 747-3020

Ball Memorial Hospital Switchboard (765) 747-3111 *ask for dialysis nurse on call.*

Dr. Breitenfield's office (765) 287-0248

Dr. Haslitt's office (765) 287-0248

Dr. Sarin's office (765) 287-0248

Dr. Joseph's office (765) 287-0248

Renal Biller (765) 741-1592

Dietitian (765) 741-1809

Social Worker (765) 747-3462
741-2910

Vendors:

Baxter 1-800-284-4060, extension 2222.
Customer Service Representative, Pat Zotos

Fresenius - *(Boggs)* 1-800-323-5188 extension 6617
Customer Service Representative, Michelle Loeper

CAPD/phone numbers



Dana Gurney, MS, RD, CD
Renal Dietitian
Dietetics Department

Ball Memorial Hospital
Outpatient Dialysis Building
2705 W. North St., Muncie, IN 47303
Office: (765) 741-1802
Fax: (765) 741-1588
E-Mail: dgurney@chs.cami3.com

Cardinal Health System. The System Works. For You.

BALL MEMORIAL HOSPITAL
MUNCIE, IN 47303

Written 4/17/89
Reviewed 1/97
Page 1 of 1

Dx : CHRONIC RENAL FAILURE
Alg: SULFA/ACTIFED/CEFTIN-/FLOXIN-
Iso: Smk: UNK
Sgy: 08/13/03 INSERT CAPD CATH-CW=J
Type: TOB
7105-2 009226 03225-00047
Adm : 08/13/03 Dob: 10/13/19 83Y
Phys: BURRELL, MICHAEL J Level:
ROBBINS, NORMA L Sex: F

INSTRUCTIONS ABOUT HOW TO CARE FOR YOUR INCISION AT HOME

An incision is an open area anywhere on the body, caused by surgery or injury, causing a tear in the skin. Some incisions may require sutures, skin staples, or bandages to heal.

IMPORTANT POINTS IN TREATMENT

- DIET: As specified by your doctor.
Drink plenty of fluids, especially water, to prevent dehydration.
- ACTIVITY: Do not lift over 10 lbs. or drive as directed by your doctor. Walk as tolerated with frequent rest periods.
- WOUND CARE: Keep your incision clean and dry unless specified by your doctor. Notify your doctor if signs or symptoms of an infection occur:
1. Odor
 2. Drainage
 3. Redness
 4. Intolerable Pain
 5. Temperature greater than 100.5 degrees F for over 24 hours
 6. Edema (swelling)
- BATHING: You should sponge bathe until your doctor gives you permission to shower or tub bathe.
- ELIMINATION: If you have not had a bowel movement by the 3rd day after your surgery drink plenty of fluids. You can take a mild laxative as needed if you have not had bowel surgery. If you have no results call your doctor.
- FOLLOW- UP APPOINTMENT: You will need to call your doctor's office to arrange an appointment.
- MEDICATIONS: Medications must be fitted to your own particular needs. Do not take any medication (not even medicine you buy without prescription) without telling your doctor. If medication is prescribed for you, follow the instructions on the label carefully.

END OF DOCUMENT #1106

THIS DOCUMENT IS NOT PART OF THE PATIENT'S PERMANENT MEDICAL RECORD.
(Remember to document teaching on the Patient/Family Teaching Form)

BALL MEMORIAL HOSPITAL
MUNCIE, IN 47303

Written 4/2000
Page 1 of 1

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7105-2 009226 03225-00047
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Phys: BURRELL, MICHAEL J Level:
ROBBINS, NORMA L Sex: F

Patient Discharge Instructions

Signs and Symptoms Of Post-Infusion Phlebitis

During your hospital stay you received medicine(s) and/or fluid(s) through your IV. Most patients do not have problems with this. Rarely, some patients may develop phlebitis which is an irritation of the vein. This may occur any place where you have had an IV or blood sample taken. This can happen even if you have not had any problems with your IV or having a blood sample taken.

Please watch any site(s) and/or area(s) where you have had an IV or a vein was used to draw blood. You should watch these areas for 3-4 days. Redness, swelling, heat, pain or hardness (feels like a cord) at the IV site should be reported to your doctor. One or more of these symptoms may mean you have an irritation of the vein. This is called phlebitis. Your doctor will know what treatment is best for you.

END OF INSTRUCTIONS



MUNCIE SURGICAL ASSOCIATES, INC.

2525 UNIVERSITY AVE.

SUITE 403

MUNCIE, INDIANA 47303-3409

PHONE (765) 289-6381

FAX (765) 289-3883

JOHN P. DURBIN, MD FACS
MICHAEL J. BURRELL, MD FACS
KURT W. SPRUNGER, MD FACS
PAUL B. STEWART, MD

AFTER SURGERY INSTRUCTIONS

1. A prescription for Danacet is enclosed. Pain is expected around the incisions. Tylenol or Ibuprofen may be all that is necessary for pain relief.
2. Keep incision clean and dry for 7 days.
3. Call the office before 5:00 p.m. today or tomorrow at 289-6381 to make an appointment for a post-op check up with your surgeon.

APPOINTMENT CARD	
My surgeon wants to see me in <u>?</u> weeks/ <u>days</u>	
after surgery.	
Date: _____	Time: _____

*As instructed w
discharge*

4. No driving today. You may resume driving as tolerated.
5. Eat a light diet today: no milk or greasy foods. You should begin with something like chicken noodle soup, 7Up, crackers, dry toast or Jell-O.
6. You may shower beginning 7 days.
7. If you go 48 hours without a bowel movement, you should take a tablespoon or two of Milk of Magnesia once or twice a day until your bowels move.
8. Avoid lifting until it is approved by your surgeon.
9. Moderate walking is advisable unless you are instructed differently.
10. ~~If you have had breast surgery, you may be more comfortable wearing a bra night and day for a week after surgery.~~
11. If you have white support hose on after surgery, please wear them for at least 48 hours.
12. ~~If you have had inguinal hernia surgery, you may be more comfortable wearing briefs or an athletic supporter for a couple of days after surgery.~~
13. Call the office if you experience fever over 101, excessive pain, warmth or pus from the wound. Please call with any other questions or concerns.

ROBBINS, NORMA L
03225-00047 009226 F 83Y MC
08/13/03 DOB: 10/13/19 -
SAU BURRELL, MICHAEL J
REF PHY: HAZLETT, GARY R

Discharge Diagnosis:

Insertion Jockoff cath

CAPD cath

Please check all applicable

DISCHARGE EDUCATION

DIET

- ☒ Previous diet Instruction
- ☐ General
- ☐ Soft/Mechanical Soft
- ☐ Sodium Restriction: ☐ 2 gm ☐ 4 gm
- ☐ Diabetic ☐ ADA
- ☐ Low Cholesterol
- ☐ Renal
- ☐ Refer to handout
- ☐ Other

SERVICES / EQUIPMENT ARRANGED

SIGNATURE

DATE

FOLLOW-UP APPOINTMENTS

Physicians *Burrell* Call *289-6381* for
 with Dr. *Monday - Aug 21st*
 Phone # *219-261-1140*
 with Dr. *219-261-1140*
 Phone # *219-261-1140* Date/Time *1:40*
 Others *5*
 Phone # *219-261-1140* Date/Time *1:40*
 Phone # *219-261-1140* Date/Time *3:00*

PRECAUTIONS

- ☐ Movement
- ☐ Lifting
- ☐ Activity
 - ☐ As tolerated / as able or
 - ☐ Restrictions: *shown in 7 days*
- ☐ Other
- ☐ Refer to handout

PAIN CONTROL

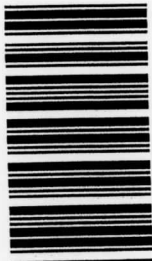
- ☐ See Medication Section
- ☐ Elevation
- ☐ Heat / Cold
- ☐ Other
- ☐ Refer to handout

WOUND CARE

Keep incision clean + dry for 7 days

HANDOUTS GIVEN AT DISCHARGE

SIGNATURE / TITLE / DATE		SIGNATURE / TITLE / DATE	
1) <i>Discharge call - On Burrell's office</i>		6)	
2)		7)	
3)		8)	
4)		9)	
5)		10)	



2269

BALL MEMORIAL HOSPITAL, INC.
 2401 W. University Avenue
 Muncie, Indiana 47303-3499

Discharge Instructions

Admission / Discharge Education
 CH-34 pg. 1 of 2
 (01/03)

ROBBINS, NORMA L
 03225-00047 009226 F 83Y MC
 08/13/03 DOB: 10/13/19
 SAU BURRELL, MICHAEL J
 REF PHY: HAZLETT, GARY R *7105-2*

OR / PROCEDURE REPORTS

HISTORY & SCREEN

EDUC/DISCHARGE PLAN OF CARE

SOCIAL SERV DISCHARGE PLAN

MISCELLANEOUS NURSING

ADMISSION PAPERS

MISCELLANEOUS

[illegible][illegible]

Norma Robbins
PATIENT / CAREGIVER

7/14/03
DATE OF DISCHARGE

PHYSICIAN AND/OR

If you have any questions about the discharge instructions, please feel free to call

CH-34 pg. 2 of 2 (01/03)

PHYSICIAN AND/OR

ROBBINS, NORMA L
03225-00047 009226 F 83Y MC
08/13/03 DOB: 10/13/19
SAU BURRELL, MICHAEL J
REF PHY: HAZLETT, GARY R

7105-2

RENAL PROGRESS REPORT

Name: Norma Robbins

October 2 / 2003

Results	Good Range	Your current labs	Last visit's labs
	☺	<u>10 120 103</u>	
Albumin <i>protein</i>	3.8 to 5.0	<u>3.4</u>	
Potassium	3.5 to 5.5	<u>3.8</u>	
Phosphorus	3.5 to 5.5	<u>4.4</u>	
Calcium	8.5 to 10.5	<u>8.6</u>	

NUTRITION PLAN

1. *stress meats, eggs, egg substitutes*
2. *can increase potassium food.*
- 3.

Dana Gurney, R.D. *DG*
Ball Memorial Hospital Renal Dietitian
765-741-1802

Homemade Baked Apples

4 medium delicious apples or other tart apple, cored

Cinnamon

4 teaspoons sugar or 4 packets of Equal or other sugar substitute

4 teaspoons margarine

Preheat oven to 350 degrees. Peel the top area of the cored apples. Place the apples in a small pan for baking. Put the sugar and margarine down into the cored apple. Top with cinnamon. Bake uncovered about 45 minutes. Serve warm. May add a spoon full of Cool Whip. Serves 4. Adapted from ikidney.com.



Colette Cooper, MSW, LSW
Renal Social Worker

Ball Memorial Hospital, Inc.
Outpatient Dialysis Unit
2705 W. North St., Muncie, IN 47303
Office: (765) 741-2910
Fax: (765) 741-1588
E-Mail: ccooper@chs.cami3.com

Cardinal Health System. The System Works. For You.

RENAL PROGRESS REPORT

Name: Norma Robbins

November 2003

Results	Good Range	Your current labs	Last visit's labs
	☺	<u>11 / 17 / 03</u>	
Albumin	3.8 to 5.0	<u>2.7</u>	<u>3.4</u>
Potassium	3.5 to 5.5	<u>3.8</u>	<u>3.8</u>
Phosphorus	3.5 to 5.5	<u>6.0</u>	<u>4.4</u>
Calcium	8.5 to 10.5	<u>8.3</u>	<u>8.6</u>
Fluid gain	1 kg. or 2 lbs. per day	<u> </u>	

NUTRITION PLAN

1. Eat more eggs/meat to increase Albumin level.
2. Avoid high phosphorus foods - take Tums.
3. Have one source of high calcium foods each day to increase a little.

Dana Gurney, R.D.

Ball Memorial Hospital Renal Dietitian
765-741-1802

PINEAPPLE CORNISH HENS or TURKEY LEGS

2 Cornish hens (1 to 1 1/2 lbs. each) or turkey legs

1/2 c. honey

1/2 c. pineapple juice

1 T. yellow mustard

1/2 t. curry powder

1/2 t. ginger

Rinse hens and place breast side up in shallow pan. Mix together remaining ingredients and pour over the hens. Bake loosely covered at 350 degrees for about 45 minutes. Remove cover, baste with natural juices and continue cooking uncovered for additional 45 minutes or until done. Serve with natural juices as gravy. Yields several servings; use 3-4 ounces of meat or per your meal plan. Adapted from ikidney.com web site

**NATIONAL BENEFIT CENTER
Medicare Verification Center
P.O. Box 14685
Lexington, KY 40512-4685
1-800-828-9236
FAX (908) 547-2325
TELECOMMUNICATIONS DEVICE FOR THE DEAF
TDD: 1-800-872-8682**

October 14, 2003

Dear WALTER ROBBINS:

We were recently notified that NORMA is a Medicare beneficiary due to End Stage Renal Disease (chronic kidney failure). We are asking for your cooperation in supplying us with the following documentation:

- ☐ Copy of the Medicare card
- ☒ Copy of the Medical Evidence Report (Form 2728). This form can be obtained from the physician performing dialysis or the dialysis treatment center
- ☐ A letter from your doctor or health care provider stating the transplant date
- ☐ A letter from Social Security Administration stating the date Medicare entitlement ended

Please return the requested documents in the enclosed envelope and include your social security number.

This will enable us to update your health care records and will assist the various health care carriers in the proper and timely payment of claims. If you have any questions, or are not a dialysis patient, please call the toll-free number listed above.

Sincerely,

KERI CHEEK
Benefit Administrator
National Retiree Servicing Center