

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol:	STOOL				
Number of Incontinent Bowel Movements				0	
Document	11/20/22 04:00	KC	(Rec: 11/20/22 04:47	KC	Desktop)
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				110	
Type of Tube Feeding/Supplement				Glucerna 1.2	
Tube Feeding Supplement Strength				Full	
Tube Feeding Rate (ml/hr)				55	
Gastric Output					
Gastric Content Description					Undigested Food
Residual Amount (ml)				5	
Urine I&O					
Urine Output					
Voiding Method					Indwelling Catheter
Output, Urine Amount (ml)				300	
Urine Color					Pale Yellow
I&O Stool Output					
Stool Output					
Protocol:	STOOL				
Number of Incontinent Bowel Movements				0	
Document	11/20/22 06:00	KC	(Rec: 11/20/22 06:50	KC	Desktop)
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				110	
Type of Tube Feeding/Supplement				Glucerna 1.2	
Tube Feeding Supplement Strength				Full	
Tube Feeding Rate (ml/hr)				55	
Urine I&O					

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Interventions - Continued

Number of Emeses		0	
Urine I&O			
Urine Output			
Voiding Method			Indwelling Catheter
Output, Urine Amount (ml)		175	
Number of Voids		1	
Urine Color			Pale Yellow
I&O Stool Output			
Stool Output			
Protocol:	STOOL		
Number of Bowel Movements		0	
Number of Incontinent Bowel Movements		0	
I&O Misc			
Misc Input			
Intake, Other Amount (ml)		10	
Intake, Other Description			NS FLUSH
Document	11/20/22 10:00 JMW	(Rec: 11/20/22 10:32 JMW Desktop)	
Feeding Assessment			
Diet			
Meal			NPO
Percent Meal Consumed			0%
I&O GI			
Oral Input			
Oral Intake Amount (ml)		0	
Gastric Input			
Mid Upper Abdomen			
Tube Feeding Intake Amount (ml)		110	
Tube Irrigant Intake Amount (ml)		60	
Type of Tube Feeding/Supplement			Glucerna 1.2
Tube Feeding Supplement Strength			Full
Tube Feeding Rate (ml/hr)		55	
Gastric Output			
Gastric Content Description			Undigested Food
Residual Amount (ml)		5	
Emesis Output			
Number of Emeses		0	
Urine I&O			

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Interventions - Continued

Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	
Gastric Content Description	Undigested Food
Residual Amount (ml)	5
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	300
Number of Voids	1
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
Stool Characteristics	None of the above
Stool Size	Large
Stool Color	Green
Stool Consistency	Soft
I&O Misc	
Misc Input	
Intake, Other Amount (ml)	10
Intake, Other Description	NS FLUSH
Document 11/20/22 12:00 JMV (Rec: 11/20/22 14:09 JMV Desktop)	
Intake and Output	
View IV eMAR Intake	
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252	
Intake, IV Amount (ml)	75
Document 11/20/22 13:00 JMV (Rec: 11/20/22 14:09 JMV Desktop)	
Intake and Output	
View IV eMAR Intake	
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252	
Intake, IV Amount (ml)	75
Document 11/20/22 14:00 JMV (Rec: 11/20/22 14:09 JMV Desktop)	

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Interventions - Continued

Feeding Assessment

Diet

Meal

Percent Meal Consumed

NPO
 0%

I&O GI

Oral Input

Oral Intake Amount (ml)

0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

110

Tube Irrigant Intake Amount (ml)

0

Type of Tube Feeding/Supplement

Glucerna 1.2

Tube Feeding Supplement Strength

Full

Tube Feeding Rate (ml/hr)

55

Gastric Output

Gastric Content Description

Undigested Food

Residual Amount (ml)

5

Emesis Output

Number of Emeses

0

Urine I&O

Urine Output

Voiding Method

Indwelling Catheter

Output, Urine Amount (ml)

150

Number of Voids

1

Urine Color

Pale Yellow

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Bowel Movements

0

Number of Incontinent Bowel Movements

0

I&O Misc

Misc Input

Intake, Other Amount (ml)

10

Intake, Other Description

NS FLUSH

Document 11/20/22 14:00 JMV

(Rec: 11/20/22 14:09 JMV

Desktop)

Intake and Output

View IV eMAR Intake

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Interventions - Continued

0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252
 Intake, IV Amount (ml) 75

Document 11/20/22 15:00 JMV (Rec: 11/20/22 16:38 JMV Desktop) 75

Intake and Output

View IV eMAR Intake

0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252

Intake, IV Amount (ml) 75

Document 11/20/22 16:00 JMV (Rec: 11/20/22 16:37 JMV Desktop)

Feeding Assessment

Diet

Meal NPO

Percent Meal Consumed 0%

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen 110

Tube Feeding Intake Amount (ml)

Tube Irrigant Intake Amount (ml) 0

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 55

Gastric Output

Gastric Content Description Undigested Food

Residual Amount (ml) 5

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method Indwelling Catheter

Output, Urine Amount (ml) 200

Number of Voids 1

Urine Color Pale Yellow

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Bowel Movements 0

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Interventions - Continued

I&O Misc	Number of Incontinent Bowel Movements	0
Misc Input		
Intake, Other Amount (ml)		10
Intake, Other Description		NS FLUSH
Document	11/20/22 16:00 JMV (Rec: 11/20/22 16:38 JMV Desktop)	
Intake and Output		
View IV eMAR Intake		
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252		
Intake, IV Amount (ml)		75
Document	11/20/22 17:00 JMV (Rec: 11/20/22 17:14 JMV Desktop)	
Intake and Output		
View IV eMAR Intake		
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252		
Intake, IV Amount (ml)		75
Document	11/20/22 18:00 JMV (Rec: 11/20/22 18:21 JMV Desktop)	
Feeding Assessment		
Diet		
Meal		NPO
Percent Meal Consumed		0%
I&O GI		
Oral Input		
Oral Intake Amount (ml)		0
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)		110
Tube Irrigant Intake Amount (ml)		0
Type of Tube Feeding/Supplement		Glucerna 1.2
Tube Feeding Supplement Strength		Full
Tube Feeding Rate (ml/hr)		55
Gastric Output		
Gastric Content Description		Undigested Food
Residual Amount (ml)		5
Emesis Output		
Number of Emeses		0
Urine I&O		
Urine Output		

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Interventions - Continued

Tube Feeding Rate (mL/hr)		55	
Gastric Output			
Gastric Content Description			Undigested Food
Residual Amount (mL)		10	
Emesis Output			
Number of Emeses		0	
Urine I&O			
Urine Output			
Voiding Method			Indwelling Catheter
Output, Urine Amount (ml)		150	
Number of Voids		1	
Urine Color			Pale Yellow
I&O Stool Output			
Stool Output			
Protocol: STOOL			
Number of Bowel Movements		0	
Number of Incontinent Bowel Movements		0	
I&O Misc			
Misc Input			
Intake, Other Amount (ml)		10	
Intake, Other Description			NS FLUSH
Document 11/20/22 20:00 KC	(Rec: 11/21/22 01:16 KC Desktop)		
Intake and Output			
View IV eMAR Intake			
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252			
Intake, IV Amount (ml)		75	
Document 11/20/22 21:00 KC	(Rec: 11/21/22 01:16 KC Desktop)		
Intake and Output			
View IV eMAR Intake			
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252			
Intake, IV Amount (ml)		75	
Document 11/20/22 22:00 KC	(Rec: 11/20/22 23:39 KC Desktop)		
Feeding Assessment			
Diet			
Meal			NPO
Percent Meal Consumed		0%	
I&O GI			

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Interventions - Continued

Oral Input					
Oral Intake Amount (ml)				0	
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				110	
Tube Irrigant Intake Amount (ml)				0	
Type of Tube Feeding/Supplement				Glucerna 1.2	
Tube Feeding Supplement Strength				Full	
Tube Feeding Rate (ml/hr)				55	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					
Voiding Method				Indwelling Catheter	
Output, Urine Amount (ml)				450	
Number of Voids				1	
Urine Color				Pale Yellow	
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Bowel Movements				0	
Number of Incontinent Bowel Movements				0	
Document 11/20/22 22:00	KC	(Rec: 11/21/22 01:16	KC	Desktop)	
Intake and Output					
View IV eMAR Intake					
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr	IV	.Q13H20M	SCH	Rx#:Q02268252	
Intake, IV Amount (ml)				75	
Document 11/20/22 22:20	KC	(Rec: 11/21/22 01:16	KC	Desktop)	
Intake and Output					
View IV eMAR Intake					
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr	IV	.Q13H20M	SCH	Rx#:Q02268252	
Intake, IV Amount (ml)				25	
Document 11/20/22 23:59	KC	(Rec: 11/21/22 01:09	KC	Desktop)	
Feeding Assessment					
Diet					
Meal				NPO	
Percent Meal Consumed				0%	

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Interventions - Continued

I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	0
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	235
Number of Voids	1
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
Document 11/21/22 02:00 KC (Rec: 11/21/22 03:48 KC Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
Percent Meal Consumed	0%
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	0
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full

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Interventions - Continued

Tube Feeding Rate (mL/hr)	55	
Emesis Output		
Number of Emeses	0	
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)	235	
Number of Voids	1	
Urine Color		Pale Yellow
I&O Stool Output		
Stool Output		
Protocol: STOOL		
Number of Bowel Movements	0	
Number of Incontinent Bowel Movements	0	
Document 11/21/22 04:00 KC (Rec: 11/21/22 04:25 KC Desktop)		
Feeding Assessment		
Diet		
Meal		NPO
Percent Meal Consumed	0%	
I&O GI		
Oral Input		
Oral Intake Amount (ml)	0	
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)	110	
Tube Irrigant Intake Amount (ml)	0	
Type of Tube Feeding/Supplement		Glucerna 1.2
Tube Feeding Supplement Strength		Full
Tube Feeding Rate (mL/hr)	55	
Emesis Output		
Number of Emeses	0	
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)	260	
Number of Voids	1	
Urine Color		Pale Yellow

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Interventions - Continued

I&O Stool Output			
Stool Output			
Protocol:	STOOL		
Number of Bowel Movements		0	
Number of Incontinent Bowel Movements		0	
Document	11/21/22 06:00 KC (Rec: 11/21/22 07:11 KC Desktop)		
Feeding Assessment			
Diet			
Meal			NPO
Percent Meal Consumed			0%
I&O GI			
Oral Input			
Oral Intake Amount (ml)		0	
Gastric Input			
Mid Upper Abdomen			
Tube Feeding Intake Amount (ml)		110	
Tube Irrigant Intake Amount (ml)		0	
Type of Tube Feeding/Supplement		Glucerna 1.2	
Tube Feeding Supplement Strength		Full	
Tube Feeding Rate (mL/hr)		55	
Emesis Output			
Number of Emeses		0	
Urine I&O			
Urine Output			
Voiding Method			Indwelling Catheter
Output, Urine Amount (ml)		335	
Number of Voids		1	
Urine Color			Pale Yellow
I&O Stool Output			
Stool Output			
Protocol:	STOOL		
Number of Bowel Movements		0	
Number of Incontinent Bowel Movements		0	
Document	11/21/22 07:00 JMV (Rec: 11/21/22 10:11 JMV Desktop)		
Intake and Output			
View IV eMAR Intake			
0.9% Sodium Chloride	1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252		

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Interventions - Continued

Intake, IV Amount (ml) 650
 Document 11/21/22 08:00 JMV (Rec: 11/21/22 10:00 JMV Desktop)

Feeding Assessment
 Diet

Meal NPO
 Percent Meal Consumed 0%

I&O GI

Oral Input 0
 Oral Intake Amount (ml)

Gastric Input
 Mid Upper Abdomen 110
 Tube Feeding Intake Amount (ml)

Tube Irrigant Intake Amount (ml) 60
 Type of Tube Feeding/Supplement

Tube Feeding Supplement Strength Full
 Tube Feeding Rate (ml/hr) 55

Gastric Output
 Gastric Content Description Undigested Food
 Residual Amount (ml) 10

Emesis Output
 Number of Emeses 0

Urine I&O

Urine Output
 Voiding Method Indwelling Catheter
 Output, Urine Amount (ml) 200

Number of Voids 1
 Urine Color Pale Yellow

I&O Stool Output
 Stool Output

Protocol: STOOL
 Number of Bowel Movements 0
 Number of Incontinent Bowel Movements 0

I&O Misc
 Misc Input 10
 Intake, Other Amount (ml)

Intake, Other Description NS FLUSH
 Document 11/21/22 08:00 JMV (Rec: 11/21/22 10:11 JMV Desktop)

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Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Interventions - Continued

Intake and Output

View IV eMAR Intake

0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252

Intake, IV Amount (ml) 75

Document 11/21/22 09:00 JMW (Rec: 11/21/22 10:11 JMW Desktop)

Intake and Output

View IV eMAR Intake

0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252

Intake, IV Amount (ml) 75

Document 11/21/22 10:00 JMW (Rec: 11/21/22 10:07 JMW Desktop)

Feeding Assessment

Diet

Meal

Percent Meal Consumed NPO
 0%

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen 110

Tube Feeding Intake Amount (ml) 0

Tube Irrigant Intake Amount (ml) Glucerna 1.2

Type of Tube Feeding/Supplement Full

Tube Feeding Supplement Strength 55

Tube Feeding Rate (mL/hr)

Gastric Output

Gastric Content Description Undigested Food

Residual Amount (ml) 10

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method Indwelling Catheter

Output, Urine Amount (ml) 125

Number of Voids 1

Urine Color Pale Yellow

I&O Stool Output

Stool Output

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Interventions - Continued

Protocol:	STOOL		
Number of Bowel Movements		0	
Number of Incontinent Bowel Movements		0	
I&O Misc			
Misc Input			
Intake, Other Amount (ml)		10	
Intake, Other Description		NS FLUSH	
Document	11/21/22 10:00 JMV	(Rec: 11/21/22 10:11 JMV Desktop)	
Intake and Output			
View IV eMAR Intake			
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252			
Intake, IV Amount (ml)		75	
Document	11/21/22 11:02 JMV	(Rec: 11/21/22 11:02 JMV Desktop)	
Intake and Output			
View IV eMAR Intake			
0.9% Sodium Chloride 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02268252			
Intake, IV Amount (ml)		77.5	
Document	11/21/22 12:00 JMV	(Rec: 11/21/22 12:24 JMV Desktop)	
Feeding Assessment			
Diet			
Meal		NPO	
Percent Meal Consumed		0%	
I&O GI			
Oral Input			
Oral Intake Amount (ml)		0	
Gastric Input			
Mid Upper Abdomen			
Tube Feeding Intake Amount (ml)		110	
Tube Irrigant Intake Amount (ml)		60	
Type of Tube Feeding/Supplement		Glucerna 1.2	
Tube Feeding Supplement Strength		Full	
Tube Feeding Rate (ml/hr)		55	
Gastric Output			
Gastric Content Description		Undigested Food	
Residual Amount (ml)		10	
Emesis Output			
Number of Emeses		0	

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Interventions - Continued

Urine I&O				
Urine Output				
Voiding Method				Indwelling Catheter
Output, Urine Amount (ml)				125
Number of Voids				1
Urine Color				Pale Yellow
I&O Stool Output				
Stool Output				
Protocol:	STOOL			
Number of Bowel Movements				0
Number of Incontinent Bowel Movements				0
I&O Misc				
Misc Input				
Intake, Other Amount (ml)				10
Intake, Other Description				NS FLUSH
Document	11/21/22 12:00	JMV	(Rec: 11/21/22 12:41	JMV Desktop)
Intake and Output				
View IV eMAR Intake				
0.9% Sodium Chloride	1,000 ml @ 75	mL/hr	IV .Q13H20M	SCH Rx#:Q02268252
Intake, IV Amount (ml)				1,000
Document	11/21/22 14:00	JMV	(Rec: 11/21/22 14:17	JMV Desktop)
Feeding Assessment				
Diet				
Meal				NPO
Percent Meal Consumed				0%
I&O GI				
Oral Input				
Oral Intake Amount (ml)				0
Gastric Input				
Mid Upper Abdomen				
Tube Feeding Intake Amount (ml)				110
Tube Irrigant Intake Amount (ml)				0
Type of Tube Feeding/Supplement				Glucerna 1.2
Tube Feeding Supplement Strength				Full
Tube Feeding Rate (mL/hr)				55
Gastric Output				
Gastric Content Description				Undigested Food

Lyons, Kathleen A

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Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Residual Amount (mL)	10	
Emesis Output		
Number of Emeses	0	
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)	125	
Number of Voids	1	
Urine Color		Pale Yellow
I&O Stool Output		
Stool Output		
Protocol: STOOL		
Number of Bowel Movements	0	
Number of Incontinent Bowel Movements	0	
I&O Misc		
Misc Input		
Intake, Other Amount (ml)	0	
Intake, Other Description		NS FLUSH
Document 11/21/22 16:00 JMV (Rec: 11/21/22 16:15 JMV Desktop)		
Feeding Assessment		
Diet		
Meal		NPO
Percent Meal Consumed		0%
I&O GI		
Oral Input		
Oral Intake Amount (ml)	0	
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)	110	
Tube Irrigant Intake Amount (ml)	60	
Type of Tube Feeding/Supplement		Glucerna 1.2
Tube Feeding Supplement Strength		Full
Tube Feeding Rate (mL/hr)	55	
Gastric Output		
Gastric Content Description		Undigested Food
Residual Amount (mL)	10	
Emesis Output		

Iyons, Kathleen A

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Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	125
Number of Voids	1
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
Stool Characteristics	None of the above
Stool Size	Large
Stool Color	Green
Stool Consistency	Soft
I&O Misc	
Misc Input	
Intake, Other Amount (ml)	0
Intake, Other Description	NS FLUSH
Document 11/21/22 18:00 JMW (Rec: 11/21/22 18:25 JMW Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
Percent Meal Consumed	0%
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	0
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	
Gastric Content Description	Undigested Food

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Residual Amount (mL)	10
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	
Output, Urine Amount (ml)	Indwelling Catheter
Number of Voids	500
Urine Color	1
I&O Stool Output	Pale Yellow
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
I&O Misc	
Misc Input	0
Intake, Other Amount (ml)	
Intake, Other Description	NS FLUSH
Document 11/21/22 20:00 KC (Rec: 11/21/22 21:20 KC Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
Percent Meal Consumed	0%
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	0
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (mL/hr)	55
Gastric Output	
Gastric Content Description	Undigested Food
Residual Amount (mL)	10
Emesis Output	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Number of Emeses	0	
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)	225	
Number of Voids	1	
Urine Color		Pale Yellow
I&O Stool Output		
Stool Output		
Protocol:	STOOL	
Number of Bowel Movements	0	
Number of Incontinent Bowel Movements	0	
I&O Misc		
Misc Input		
Intake, Other Amount (ml)	0	
Intake, Other Description		NS FLUSH
Document 11/21/22 22:00 KC	(Rec: 11/21/22 22:23 KC	Desktop)
Feeding Assessment		
Diet		
Meal		NPO
Percent Meal Consumed		0%
I&O GI		
Oral Input		
Oral Intake Amount (ml)	0	
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)	110	
Tube Irrigant Intake Amount (ml)	0	
Type of Tube Feeding/Supplement		Glucerna 1.2
Tube Feeding Supplement Strength		Full
Tube Feeding Rate (ml/hr)	55	
Emesis Output		
Number of Emeses	0	
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)	230	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Number of Voids	1
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol:	STOOL
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
I&O Misc	
Misc Input	
Intake, Other Amount (ml)	0
Intake, Other Description	NS FLUSH
Document	11/21/22 23:59 KC (Rec: 11/22/22 00:31 KC Desktop)
Feeding Assessment	
Diet	
Meal	
Percent Meal Consumed	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	0
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	220
Number of Voids	1
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol:	STOOL

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
I&O Misc	
Misc Input	
Intake, Other Amount (ml)	0
Intake, Other Description	NS FLUSH
Document 11/22/22 02:00 KC (Rec: 11/22/22 02:19 KC Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
Percent Meal Consumed	0%
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	0
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	190
Number of Voids	1
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
I&O Misc	
Misc Input	
Intake, Other Amount (ml)	0

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, Other Description NS FLUSH
 Document 11/22/22 04:00 KC (Rec: 11/22/22 05:17 KC Desktop)

Feeding Assessment

Diet NPO
 Meal 0%

I&O GI

Percent Meal Consumed

Oral Input 0
 Oral Intake Amount (ml)

Gastric Input 110
 Mid Upper Abdomen 0

Tube Feeding Intake Amount (ml)
 Tube Irrigant Intake Amount (ml) Glucerna 1.2
 Type of Tube Feeding/Supplement Full
 Tube Feeding Supplement Strength 55
 Tube Feeding Rate (ml/hr)

Emesis Output 0
 Number of Emeses

Urine I&O Indwelling Catheter
 Urine Output 125

Voiding Method 1
 Output, Urine Amount (ml)

Number of Voids Pale Yellow
 Urine Color

I&O Stool Output 0
 Stool Output 0

Protocol: STOOL
 Number of Bowel Movements
 Number of Incontinent Bowel Movements

I&O Misc 0
 Misc Input NS FLUSH

Intake, Other Amount (ml)
 Intake, Other Description NS FLUSH

Document 11/22/22 06:00 KC (Rec: 11/22/22 07:00 KC Desktop)
 Feeding Assessment

Diet NPO
 Meal

Iyons, Kathleen A

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Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Percent Meal Consumed	0%
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	0
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	125
Number of Voids	1
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
I&O Misc	
Misc Input	
Intake, Other Amount (ml)	0
Intake, Other Description	NS FLUSH
Document 11/22/22 08:00 JR (Rec: 11/22/22 09:24 JR Desktop)	
I&O GI	
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	100
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gastric Output					Partially Digested Food
Gastric Content Description					
Residual Amount (ml)				20	
Residual Discarded (ml)				0	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					Indwelling Catheter
Voiding Method				125	
Output, Urine Amount (ml)					Pale Yellow
Urine Color					
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Incontinent Bowel Movements				0	
Document 11/22/22 10:00 REG (Rec: 11/22/22 10:55 REG Desktop)					
Feeding Assessment					
Diet					
Meal					tube feeding.
I&O GI					
Oral Input					
Oral Intake Amount (ml)				0	
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				110	
Tube Irrigant Intake Amount (ml)				0	
Type of Tube Feeding/Supplement					Glucerna 1.2
Tube Feeding Supplement Strength					Full
Tube Feeding Rate (ml/hr)				55	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					Indwelling Catheter
Voiding Method				120	
Output, Urine Amount (ml)					Pale Yellow
Urine Color					
I&O Stool Output					

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

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Interventions - Continued

Stool Output			
Protocol: STOOL			
Number of Bowel Movements		0	
Number of Incontinent Bowel Movements		0	
Document 11/22/22 12:00 REG (Rec: 11/22/22 12:41 REG Desktop)			
Feeding Assessment			
Diet			
Meal			tube feeding.
I&O GI			
Oral Input			
Oral Intake Amount (ml)		0	
Gastric Input			
Mid Upper Abdomen			
Tube Feeding Intake Amount (ml)		110	
Tube Irrigant Intake Amount (ml)		0	
Type of Tube Feeding/Supplement		Glucerna 1.2	
Tube Feeding Supplement Strength		Full	
Tube Feeding Rate (ml/hr)		55	
Gastric Output			
Gastric Content Description		Brown, Partially Digested Food	
Residual Amount (ml)		20	
Residual Discarded (ml)		0	
Emesis Output			
Number of Emeses		0	
Urine I&O			
Urine Output			
Voiding Method		Indwelling Catheter	
Output, Urine Amount (ml)		120	
Urine Color		Pale Yellow	
I&O Stool Output			
Stool Output			
Protocol: STOOL			
Number of Bowel Movements		0	
Number of Incontinent Bowel Movements		0	
Document 11/22/22 14:00 REG (Rec: 11/22/22 14:37 REG Desktop)			
Feeding Assessment			
Diet			

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Meal					tube feeding.
I&O GI					
Oral Input					
Oral Intake Amount (ml)				0	
Gastric Input					
Mid Upper Abdomen				110	
Tube Feeding Intake Amount (ml)				0	
Tube Irrigant Intake Amount (ml)				Glucerna 1.2	
Type of Tube Feeding/Supplement				Full	
Tube Feeding Supplement Strength				55	
Tube Feeding Rate (mL/hr)				0	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					
Voiding Method					Indwelling Catheter
Output, Urine Amount (ml)				60	
Urine Color					Pale Yellow
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Bowel Movements				0	
Number of Incontinent Bowel Movements				0	
Document	11/22/22	16:00	REG	(Rec: 11/22/22 16:13	REG Desktop)
Feeding Assessment					
Diet					
Meal					tube feeding.
I&O GI					
Oral Input					
Oral Intake Amount (ml)				0	
Gastric Input					
Mid Upper Abdomen				110	
Tube Feeding Intake Amount (ml)				60	
Tube Irrigant Intake Amount (ml)				Glucerna 1.2	
Type of Tube Feeding/Supplement				Full	
Tube Feeding Supplement Strength				55	
Tube Feeding Rate (mL/hr)					

Iyons, Kathleen A

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Room-Bed: QI007-A
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Interventions - Continued

Gastric Output					Partially Digested Food
Gastric Content Description					
Residual Amount (ml)				5	
Residual Discarded (ml)				0	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					Indwelling Catheter
Voiding Method				140	
Output, Urine Amount (ml)					Pale Yellow
Urine Color					
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Bowel Movements				0	
Number of Incontinent Bowel Movements				0	
Document	11/22/22	18:00	REG	(Rec: 11/22/22 18:18	REG Desktop)
Feeding Assessment					
Diet					
Meal					tube feeding.
I&O GI					
Oral Input					
Oral Intake Amount (ml)				0	
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				110	
Tube Irrigant Intake Amount (ml)				0	
Type of Tube Feeding/Supplement					Glucerna 1.2
Tube Feeding Supplement Strength					Full
Tube Feeding Rate (ml/hr)				55	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					Indwelling Catheter
Voiding Method				135	
Output, Urine Amount (ml)					Pale Yellow
Urine Color					

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Interventions - Continued

I&O Stool Output				
Stool Output				
Protocol: STOOL				
Number of Bowel Movements				0
Number of Incontinent Bowel Movements				0
Document	11/22/22 20:00	JAB	(Rec: 11/22/22 23:24)	JAB Desktop)
I&O GI				
Oral Input				
Oral Intake Amount (ml)				0
Gastric Input				
Mid Upper Abdomen				
Tube Feeding Intake Amount (ml)				110
Tube Irrigant Intake Amount (ml)				60
Type of Tube Feeding/Supplement				Glucerna 1.2
Tube Feeding Supplement Strength				Full
Tube Feeding Rate (ml/hr)				55
Emesis Output				
Number of Emeses				0
Urine I&O				
Urine Output				
Voiding Method				Indwelling Catheter
Output, Urine Amount (ml)				100
Urine Color				Pale Yellow
I&O Stool Output				
Stool Output				
Protocol: STOOL				
Number of Bowel Movements				0
Number of Incontinent Bowel Movements				0
Document	11/22/22 22:00	JAB	(Rec: 11/22/22 23:25)	JAB Desktop)
I&O GI				
Oral Input				
Oral Intake Amount (ml)				0
Gastric Input				
Mid Upper Abdomen				
Tube Feeding Intake Amount (ml)				110
Tube Irrigant Intake Amount (ml)				0
Type of Tube Feeding/Supplement				Glucerna 1.2

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Interventions - Continued

Tube Feeding Supplement Strength	Full
Tube Feeding Rate (mL/hr)	55
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	175
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
Document	11/22/22 23:59 JAB (Rec: 11/23/22 01:23 JAB Desktop)
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	30
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (mL/hr)	55
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	175
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document	11/23/22 02:00	JAB	(Rec: 11/23/22 07:08	JAB	Desktop)	
I&O GI						
Emesis Output						0
Number of Emeses						
Urine I&O						
Urine Output						
Voiding Method						Indwelling Catheter
Output, Urine Amount (ml)						175
Urine Color						Pale Yellow
I&O Stool Output						
Stool Output						
Protocol: STOOL						
Number of Bowel Movements						0
Number of Incontinent Bowel Movements						0
Document	11/23/22 06:00	JAB	(Rec: 11/23/22 07:09	JAB	Desktop)	
I&O GI						
Oral Input						
Oral Intake Amount (ml)						0
Emesis Output						
Number of Emeses						0
Urine I&O						
Urine Output						
Voiding Method						Indwelling Catheter
Output, Urine Amount (ml)						175
Urine Color						Pale Yellow
I&O Stool Output						
Stool Output						
Protocol: STOOL						
Number of Bowel Movements						0
Number of Incontinent Bowel Movements						0
Document	11/23/22 06:00	JAB	(Rec: 11/23/22 07:09	JAB	Desktop)	
I&O GI						
Oral Input						
Oral Intake Amount (ml)						0
Emesis Output						
Number of Emeses						0
Urine I&O						

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
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Interventions - Continued

Gastric Input				
Mid Upper Abdomen				
Tube Feeding Intake Amount (ml)			0	
Tube Irrigant Intake Amount (ml)			0	
Emesis Output				
Number of Emeses			0	
Urine I&O				
Urine Output				Indwelling Catheter
Voiding Method			150	
Output, Urine Amount (ml)				Pale Yellow
I&O Stool Output				
Stool Output				
Protocol: STOOL				
Number of Incontinent Bowel Movements			0	
Document	11/23/22	12:00	JR	(Rec: 11/23/22 12:25 JR Desktop)
Feeding Assessment				
Diet				
Meal				NPO
I&O GI				
Gastric Input				
Mid Upper Abdomen				
Tube Irrigant Intake Amount (ml)			100	
Type of Tube Feeding/Supplement				Glucerna 1.2
Tube Feeding Supplement Strength				Full
Tube Feeding Rate (ml/hr)			55	
Gastric Output				
Residual Amount (ml)			0	
Residual Discarded (ml)			0	
Emesis Output				
Number of Emeses			0	
Urine I&O				
Urine Output				Indwelling Catheter
Voiding Method			250	
Output, Urine Amount (ml)				Pale Yellow
Urine Color				
I&O Stool Output				

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Stool Output					
Protocol: STOOL					
Number of Incontinent Bowel Movements	11/23/22 14:00	JR	(Rec: 11/23/22 14:35	JR	Desktop)
0					
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)					110
Tube Irrigant Intake Amount (ml)					100
Type of Tube Feeding/Supplement					Glucerna 1.2
Tube Feeding Supplement Strength					Full
Tube Feeding Rate (ml/hr)					55
Emesis Output					
Number of Emeses					0
Urine I&O					
Urine Output					
Voiding Method					Indwelling Catheter
Output, Urine Amount (ml)					325
Urine Color					Pale Yellow
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Incontinent Bowel Movements					0
Document	11/23/22 15:33	JR	(Rec: 11/23/22 16:37	JR	Desktop)
Intake and Output					
View IV eMAR Intake					
cefAZolin 2 gm In Dextrose 5% 100 ml 100 ml @ 100 mls/hr IVPB Q8HR SCH Rx#:Q02283102					
Intake, IV Amount (ml)					100
Document	11/23/22 16:00	JR	(Rec: 11/23/22 16:32	JR	Desktop)
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Gastric Input					

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
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Interventions - Continued

Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				110	
Tube Irrigant Intake Amount (ml)				0	
Type of Tube Feeding/Supplement				Glucerna 1.2	
Tube Feeding Supplement Strength				Full	
Tube Feeding Rate (ml/hr)				55	
Gastric Output					
Residual Amount (ml)				0	
Residual Discarded (ml)				0	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					
Voiding Method				Indwelling Catheter	
Output, Urine Amount (ml)				350	
Urine Color				Pale Yellow	
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Incontinent Bowel Movements				0	
Document 11/23/22 18:00	JR	(Rec: 11/23/22 18:35)	JR	Desktop)	
Feeding Assessment					
Diet					
Meal				NPO	
I&O GI					
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				110	
Tube Irrigant Intake Amount (ml)				60	
Type of Tube Feeding/Supplement				Glucerna 1.2	
Tube Feeding Supplement Strength				Full	
Tube Feeding Rate (ml/hr)				55	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					
Voiding Method				Indwelling Catheter	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
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Interventions - Continued

Output, Urine Amount (ml)	265
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Incontinent Bowel Movements	0
Document 11/23/22 20:00 JAB (Rec: 11/24/22 02:43 JAB Desktop)	
I&O GI	
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	60
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	350
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Incontinent Bowel Movements	0
Document 11/23/22 22:00 JAB (Rec: 11/24/22 02:44 JAB Desktop)	
I&O GI	
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Emesis Output	
Number of Emeses	0
Urine I&O	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	500
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol:	STOOL
Number of Incontinent Bowel Movements	0
Document 11/24/22 00:00 JAB (Rec: 11/24/22 01:25 JAB Desktop)	
Intake and Output	
View IV EMAR Intake	
niCARDipine 25 mg In 0.9% Sodium Chloride 250 ml 240 ml @ 5 MG/HR 50 mls/hr IV TITRATE PRN R#:#:Q02284436	
Intake, IV Amount (ml)	11.667
Document 11/24/22 01:00 JAB (Rec: 11/24/22 01:25 JAB Desktop)	
Intake and Output	
View IV EMAR Intake	
niCARDipine 25 mg In 0.9% Sodium Chloride 250 ml 240 ml @ 5 MG/HR 50 mls/hr IV TITRATE PRN R#:#:Q02284436	
Intake, IV Amount (ml)	25
Document 11/24/22 02:00 JAB (Rec: 11/24/22 02:45 JAB Desktop)	
I&O GI	
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (mL/hr)	55
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	250
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: STOOL					
Document	Number of Incontinent Bowel Movements	11/24/22 02:00	JAB (Rec: 11/24/22 02:47	JAB Desktop)	0
	Intake and Output				
	View IV eMAR Intake				
Document	niCARdipine 25 mg In 0.9% Sodium Chloride 250 ml 240 ml @ 5 MG/HR 50 mls/hr IV TITRATE PRN R#:#:Q02284436	11/24/22 02:45	JAB (Rec: 11/24/22 02:47	JAB Desktop)	25
	Intake, IV Amount (ml)				
	Intake and Output				
	View IV eMAR Intake				
Document	niCARdipine 25 mg In 0.9% Sodium Chloride 250 ml 240 ml @ 5 MG/HR 50 mls/hr IV TITRATE PRN R#:#:Q02284436	11/24/22 04:00	JAB (Rec: 11/24/22 06:29	JAB Desktop)	18.75
	Intake, IV Amount (ml)				
I&O GI					
	Gastric Input				
	Mid Upper Abdomen				
	Tube Feeding Intake Amount (ml)				110
	Type of Tube Feeding/Supplement				Glucerna 1.2
	Tube Feeding Supplement Strength				Full
	Tube Feeding Rate (mL/hr)				55
	Emesis Output				
	Number of Emeses				0
	Urine I&O				
	Urine Output				
	Voiding Method				Indwelling Catheter
	Output, Urine Amount (ml)				450
	Urine Color				Pale Yellow
I&O Stool Output					
	Stool Output				
	Protocol: STOOL				
Document	Number of Incontinent Bowel Movements	11/24/22 06:00	JAB (Rec: 11/24/22 06:30	JAB Desktop)	0
I&O GI					
	Gastric Input				
	Mid Upper Abdomen				
	Tube Feeding Intake Amount (ml)				110
	Type of Tube Feeding/Supplement				Glucerna 1.2

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Supplement Strength Full
 Tube Feeding Rate (mL/hr) 55

Emesis Output
 Number of Emeses 0

Urine I&O
 Urine Output
 Voiding Method Indwelling Catheter
 Output, Urine Amount (ml) 500
 Urine Color Pale Yellow

I&O Stool Output
 Stool Output
 Protocol: STOOL

Number of Incontinent Bowel Movements 0
 Document 11/24/22 08:00 MT (Rec: 11/24/22 09:24 MT Desktop)

Feeding Assessment
 Diet
 Meal NPO

I&O GI
 Gastric Input
 Mid Upper Abdomen
 Tube Feeding Intake Amount (ml) 110
 Tube Irrigant Intake Amount (ml) 120
 Type of Tube Feeding/Supplement Glucerna 1.2
 Tube Feeding Supplement Strength Full
 Tube Feeding Rate (mL/hr) 55

Gastric Output
 Gastric Content Description None
 Emesis Output
 Number of Emeses 0

Urine I&O
 Urine Output
 Voiding Method Indwelling Catheter
 Output, Urine Amount (ml) 700
 Urine Color Pale Yellow

I&O Stool Output
 Stool Output
 Protocol: STOOL

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Number of Bowel Movements	0
Document 11/24/22 08:47 MT (Rec: 11/24/22 08:59 MT Desktop)	
Intake and Output	
View IV eMAR Intake	
levFTRAcetam 500 mg In 0.9% Sodium Chloride 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450	
Intake, IV Amount (ml)	105
Document 11/24/22 10:00 MT (Rec: 11/24/22 12:06 MT Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	
Gastric Content Description	None
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	450
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
Document 11/24/22 12:00 MT (Rec: 11/24/22 12:26 MT Desktop)	
Feeding Assessment	
Diet	
Meal	NPO

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

I&O GI			
Gastric Input			
Mid Upper Abdomen			
Tube Feeding Intake Amount (ml)		110	
Type of Tube Feeding/Supplement		Glucerna 1.2	
Tube Feeding Supplement Strength		Full	
Tube Feeding Rate (ml/hr)		55	
Gastric Output			
Gastric Content Description		None	
Emesis Output			
Number of Emeses		0	
Urine I&O			
Urine Output			
Voiding Method			
Output, Urine Amount (ml)		Indwelling Catheter	
Urine Color		450	
I&O Stool Output			
Stool Output		Pale Yellow	
Protocol: STOOL			
Number of Bowel Movements		0	
Number of Incontinent Bowel Movements		0	
Document 11/24/22 14:00 JEG (Rec: 11/24/22 14:23 JEG Desktop)			
Co-signed By Sharon S Cabana			
Intake and Output			
View IV eMAR Intake			
Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TITRATE PRN Rx#:Q02284983			
Intake, IV Amount (ml)		8.867	
Document 11/24/22 14:00 MT (Rec: 11/24/22 15:18 MT Desktop)			
Feeding Assessment			
Diet			
Meal		NPO	
I&O GI			
Gastric Input			
Mid Upper Abdomen			
Tube Feeding Intake Amount (ml)		110	
Type of Tube Feeding/Supplement		Glucerna 1.2	
Tube Feeding Supplement Strength		Full	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Rate (mL/hr)	55
Gastric Output	
Gastric Content Description	None
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	75
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
Document 11/24/22 14:01 MT (Rec: 11/24/22 14:03 MT Desktop)	
Intake and Output	
View IV eMAR Intake	
0.9% Sodium Chloride 500 ml 500 ml @ 999 mls/hr IV .Q31M ONE Rx#:Q02285271	
Intake, IV Amount (ml)	500
Document 11/24/22 14:32 REG(5) (Rec: 11/24/22 14:56 REG(5) Desktop)	
Intake and Output	
View IV eMAR Intake	
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 200 mls/hr IVPB NOW ONE Rx#:Q02285169	
Intake, IV Amount (ml)	100
Document 11/24/22 15:00 MT (Rec: 11/24/22 16:48 MT Desktop)	
Intake and Output	
View IV eMAR Intake	
0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274	
Intake, IV Amount (ml)	120.833
Document 11/24/22 15:00 MT (Rec: 11/24/22 16:48 MT Desktop)	
Intake and Output	
View IV eMAR Intake	
3% Sodium Chloride 500 ml @ 30 mls/hr IV .Q16H40M SCH Rx#:Q02285272	
Intake, IV Amount (ml)	14
Document 11/24/22 15:59 REG(5) (Rec: 11/24/22 16:00 REG(5) Desktop)	
Co-signed By Sharon S Cabana	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake and Output

View IV eMAR Intake

Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TITRATE PRN Rx#:Q02284983
 Intake, IV Amount (ml) 9.917

Document 11/24/22 16:00 MT (Rec: 11/24/22 16:43 MT Desktop)

Feeding Assessment

Diet

Meal

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 0

Gastric Output

Gastric Content Description None

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 75

Urine Color

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Bowel Movements

Number of Incontinent Bowel Movements 0

Document 11/24/22 16:00 MT (Rec: 11/24/22 16:48 MT Desktop)

Intake and Output

View IV eMAR Intake

0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274
 Intake, IV Amount (ml) 125

Document 11/24/22 16:00 MT (Rec: 11/24/22 16:48 MT Desktop)

Intake and Output

View IV eMAR Intake

3% Sodium Chloride 500 ml @ 30 mls/hr IV .Q16H40M SCH Rx#:Q02285272

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, IV Amount (ml)		30
Document 11/24/22 16:02 MT (Rec: 11/24/22 16:27 MT Desktop)		
Intake and Output		
View IV eMAR Intake		
Vancomycin 1,250 mg In Dextrose 5% 250 ml 250 ml @ 125 mls/hr IVPB Q24H SCH Rx#:Q02285215		
Intake, IV Amount (ml)		250
Document 11/24/22 17:00 MT (Rec: 11/24/22 18:48 MT Desktop)		
Intake and Output		
View IV eMAR Intake		
0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274		
Intake, IV Amount (ml)		125
Document 11/24/22 17:00 MT (Rec: 11/24/22 18:48 MT Desktop)		
Intake and Output		
View IV eMAR Intake		
3% Sodium Chloride 500 ml @ 30 mls/hr IV .Q16H40M SCH Rx#:Q02285272		
Intake, IV Amount (ml)		30
Document 11/24/22 18:00 MT (Rec: 11/24/22 18:46 MT Desktop)		
Feeding Assessment		
Diet		
Meal		NPO
I&O GI		
Oral Input		
Oral Intake Amount (ml)		0
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)		0
Gastric Output		
Gastric Content Description		None
Emesis Output		
Number of Emeses		0
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)		40
Urine Color		Pale Yellow
I&O Stool Output		
Stool Output		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: Q1007-A
Visit: QH0054940416

Interventions - Continued

Protocol:	STOOL				
Number of Bowel Movements					0
Number of Incontinent Bowel Movements					0
Document	11/24/22 18:00	MT	(Rec: 11/24/22 18:48	MT	Desktop)
Intake and Output					
View IV eMAR Intake					
0.9% Sodium Chloride	1,000 ml @ 125	mls/hr	IV .Q8H	SCH Rx#:	Q02285274
Intake, IV Amount (ml)					125
Document	11/24/22 18:00	MT	(Rec: 11/24/22 18:48	MT	Desktop)
Intake and Output					
View IV eMAR Intake					
3% Sodium Chloride	500 ml @ 30	mls/hr	IV .Q16H40M	SCH Rx#:	Q02285272
Intake, IV Amount (ml)					30
Document	11/24/22 18:00	MT	(Rec: 11/24/22 18:48	MT	Desktop)
Co-signed By	Michelle Lim				
Intake and Output					
View IV eMAR Intake					
Insulin *Regular*	100 unit In	0.9%	Sodium Chloride	100 ml	99 ml @ As Directed IV TITRATE PRN Rx#:
Intake, IV Amount (ml)					8.067
Document	11/24/22 18:49	MT	(Rec: 11/24/22 18:49	MT	Desktop)
Intake and Output					
View IV eMAR Intake					
0.9% Sodium Chloride	1,000 ml @ 125	mls/hr	IV .Q8H	SCH Rx#:	Q02285274
Intake, IV Amount (ml)					102.083
Document	11/24/22 19:00	LO	(Rec: 11/24/22 23:02	LO	Desktop)
Intake and Output					
View IV eMAR Intake					
0.9% Sodium Chloride	1,000 ml @ 125	mls/hr	IV .Q8H	SCH Rx#:	Q02285274
Intake, IV Amount (ml)					22.917
Document	11/24/22 19:00	LO	(Rec: 11/24/22 23:04	LO	Desktop)
Intake and Output					
View IV eMAR Intake					
3% Sodium Chloride	500 ml @ 30	mls/hr	IV .Q16H40M	SCH Rx#:	Q02285272
Intake, IV Amount (ml)					30
Document	11/24/22 20:00	LO	(Rec: 11/24/22 22:16	LO	Desktop)
Feeding Assessment					
Diet					

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	0
Gastric Output	
Gastric Content Description	None
Emesis Output	
Number of Emeses	0
Urine I&O	
Urine Output	
Voiding Method	
Output, Urine Amount (ml)	Indwelling Catheter
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Document 11/24/22 20:00 LO (Rec: 11/24/22 23:02 LO Desktop)	0
Intake and Output	
View IV eMAR Intake	
0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274	
Intake, IV Amount (ml)	125
Document 11/24/22 20:00 LO (Rec: 11/24/22 23:04 LO Desktop)	
Intake and Output	
View IV eMAR Intake	
3% Sodium Chloride 500 ml @ 30 mls/hr IV .Q16H40M SCH Rx#:Q02285272	
Intake, IV Amount (ml)	30
Document 11/24/22 20:00 LO (Rec: 11/24/22 23:04 LO Desktop)	
Co-signed By Henry Lamparero	
Intake and Output	
View IV eMAR Intake	
Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TITRATE PRN Rx#:Q02284983	
Intake, IV Amount (ml)	6
Document 11/24/22 21:00 LO (Rec: 11/24/22 23:02 LO Desktop)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake and Output

View IV eMAR Intake

0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274

Intake, IV Amount (ml) 125

Document 11/24/22 21:00 LO (Rec: 11/24/22 23:04 LO Desktop)

Intake and Output

View IV eMAR Intake

3% Sodium Chloride 500 ml @ 30 mls/hr IV .Q16H40M SCH Rx#:Q02285272

Intake, IV Amount (ml) 30

Document 11/24/22 21:01 LO (Rec: 11/25/22 03:20 LO Desktop)

Intake and Output

View IV eMAR Intake

levETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450

Intake, IV Amount (ml) 105

Document 11/24/22 21:42 LO (Rec: 11/25/22 03:17 LO Desktop)

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml) 100

Document 11/24/22 22:00 LO (Rec: 11/24/22 22:16 LO Desktop)

Feeding Assessment

Diet

Meal NPO

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen 0

Tube Feeding Intake Amount (ml)

Tube Irrigant Intake Amount (ml) 120

Gastric Output

Gastric Content Description None

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method Indwelling Catheter

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Output, Urine Amount (ml)					0
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Bowel Movements					0
Number of Incontinent Bowel Movements					0
Document	11/24/22 22:00	LO (Rec: 11/24/22 23:02	LO Desktop)		
Intake and Output					
View IV eMAR Intake					
0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274					125
Intake, IV Amount (ml)					
Document	11/24/22 22:00	LO (Rec: 11/24/22 23:04	LO Desktop)		
Intake and Output					
View IV eMAR Intake					
3% Sodium Chloride 500 ml @ 30 mls/hr IV .Q16H40M SCH Rx#:Q02285272					30
Intake, IV Amount (ml)					
Document	11/24/22 22:00	LO (Rec: 11/24/22 23:04	LO Desktop)		
Co-signed By Henry Lamparero					
Intake and Output					
View IV eMAR Intake					
Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TITRATE PRN Rx#:Q02284983					4
Intake, IV Amount (ml)					
Document	11/24/22 23:00	LO (Rec: 11/24/22 23:02	LO Desktop)		
Intake and Output					
View IV eMAR Intake					
0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274					125
Intake, IV Amount (ml)					
Document	11/24/22 23:00	LO (Rec: 11/24/22 23:04	LO Desktop)		
Intake and Output					
View IV eMAR Intake					
3% Sodium Chloride 500 ml @ 30 mls/hr IV .Q16H40M SCH Rx#:Q02285272					30
Intake, IV Amount (ml)					
Document	11/25/22 00:00	LO (Rec: 11/25/22 01:28	LO Desktop)		
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Oral Input					
Oral Intake Amount (ml)				0	
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				0	
Gastric Output					
Gastric Content Description				None	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					
Voiding Method					
Output, Urine Amount (ml)				Indwelling Catheter	
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Bowel Movements				0	
Number of Incontinent Bowel Movements				0	
Document 11/25/22 00:00	LO	(Rec: 11/25/22 02:35	LO	Desktop)	
Intake and Output					
View IV eMAR Intake					
0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274				125	
Intake, IV Amount (ml)					
Document 11/25/22 00:00	LO	(Rec: 11/25/22 02:35	LO	Desktop)	
Co-signed By Henry Lamparero					
Intake and Output					
View IV eMAR Intake					
Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TITRATE PRN Rx#:Q02284983				4	
Intake, IV Amount (ml)					
Document 11/25/22 01:00	LO	(Rec: 11/25/22 02:35	LO	Desktop)	
Intake and Output					
View IV eMAR Intake					
0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274				125	
Intake, IV Amount (ml)					
Document 11/25/22 02:00	LO	(Rec: 11/25/22 02:35	LO	Desktop)	
Intake and Output					
View IV eMAR Intake					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274
 Intake, IV Amount (ml) 125

Document 11/25/22 02:00 LO (Rec: 11/25/22 02:35 LO Desktop)

Co-signed By Henry Lamparero

Intake and Output

View IV eMAR Intake

Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TITRATE PRN Rx#:Q02284983

Intake, IV Amount (ml) 2

Document 11/25/22 02:00 LO (Rec: 11/25/22 06:18 LO Desktop)

Feeding Assessment

Diet

Meal NPO

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 0

Gastric Output

Gastric Content Description None

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 50

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Bowel Movements 0

Number of Incontinent Bowel Movements 0

Document 11/25/22 03:00 LO (Rec: 11/25/22 03:15 LO Desktop)

Intake and Output

View IV eMAR Intake

0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274

Intake, IV Amount (ml) 102.083

Document 11/25/22 04:00 LO (Rec: 11/25/22 05:55 LO Desktop)

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Intake and Output

View IV eMAR Intake

Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TITRATE PRN Rx#:Q02284983
 Intake, IV Amount (ml) 4

Document 11/25/22 04:00 LO (Rec: 11/25/22 06:14 LO Desktop)

Intake and Output

View IV eMAR Intake

0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274
 Intake, IV Amount (ml) 125

Document 11/25/22 04:00 LO (Rec: 11/25/22 06:18 LO Desktop)

Feeding Assessment

Diet

Meal

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 0

Gastric Output

Gastric Content Description None

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 50

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Bowel Movements 0

Number of Incontinent Bowel Movements 0

Document 11/25/22 05:00 LO (Rec: 11/25/22 06:01 LO Desktop)

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170
 Intake, IV Amount (ml) 100

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Document	11/25/22 05:00	LO	(Rec: 11/25/22 06:14	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
0.9% Sodium Chloride	1,000 ml @ 125	mls/hr	IV .Q8H	SCH	Rx#:Q02285274	
Intake, IV Amount (ml)						125
Document	11/25/22 06:00	LO	(Rec: 11/25/22 06:14	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
0.9% Sodium Chloride	1,000 ml @ 125	mls/hr	IV .Q8H	SCH	Rx#:Q02285274	
Intake, IV Amount (ml)						125
Document	11/25/22 06:00	LO	(Rec: 11/25/22 06:14	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
Insulin *Regular*	100 unit	In	0.9% Sodium Chloride	100 ml	99 ml @ As Directed	IV TITRATE PRN Rx#:Q02284983
Intake, IV Amount (ml)						4
Document	11/25/22 06:00	LO	(Rec: 11/25/22 06:18	LO	Desktop)	
Feeding Assessment						
Diet						
Meal						NPO
I&O GI						
Oral Input						
Oral Intake Amount (ml)						0
Gastric Input						
Mid Upper Abdomen						
Tube Feeding Intake Amount (ml)						0
Gastric Output						
Gastric Content Description						None
Emesis Output						
Number of Emeses						0
Urine I&O						
Urine Output						
Voiding Method						Indwelling Catheter
Output, Urine Amount (ml)						125
I&O Stool Output						
Stool Output						
Protocol: STOOL						
Number of Bowel Movements						0

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Number of Incontinent Bowel Movements		0
Document 11/25/22 07:14 SAV (Rec: 11/25/22 07:15 SAV QICUK102)		
Intake and Output		
View IV eMAR Intake		
3% Sodium Chloride 500 ml @ 30 mls/hr IV .Q16H40M SCH Rx#:Q02285272		
Intake, IV Amount (ml)		246
Document 11/25/22 08:00 SAV (Rec: 11/25/22 12:21 SAV Desktop)		
Intake and Output		
View IV eMAR Intake		
Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TITRATE PRN Rx#:Q02284983		
Intake, IV Amount (ml)		4
Document 11/25/22 08:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)		
Feeding Assessment		
Diet		
Meal		NPO
I&O GI		
Oral Input		
Oral Intake Amount (ml)		0
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)		0
Gastric Output		
Gastric Content Description		None
Emesis Output		
Number of Emeses		0
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)		50
I&O Stool Output		
Stool Output		
Protocol: STOOL		
Number of Bowel Movements		0
Number of Incontinent Bowel Movements		0
Document 11/25/22 09:00 SAV (Rec: 11/25/22 09:00 SAV Desktop)		
Intake and Output		
View IV eMAR Intake		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170
 Intake, IV Amount (ml) 100

Document 11/25/22 09:52 SAV (Rec: 11/25/22 09:52 SAV Desktop)

Intake and Output

View IV eMAR Intake

0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274
 Intake, IV Amount (ml) 483.333

Document 11/25/22 10:00 SAV (Rec: 11/25/22 12:21 SAV Desktop)

Intake and Output

View IV eMAR Intake

Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TITRATE PRN Rx#:Q02284983
 Intake, IV Amount (ml) 4

Document 11/25/22 10:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)

Feeding Assessment

Diet

Meal NPO

I&O GI

Oral Input Oral Intake Amount (ml) 0

Gastric Input Gastric Intake Amount (ml) 0

Mid Upper Abdomen Tube Feeding Intake Amount (ml) 0

Gastric Output Gastric Content Description None

Emesis Output Number of Emeses 0

Urine I&O Urine Output Indwelling Catheter

Voiding Method Output, Urine Amount (ml) 50

I&O Stool Output Stool Output

Protocol: STOOL

Number of Bowel Movements 0

Number of Incontinent Bowel Movements 0

Document 11/25/22 10:16 SAV (Rec: 11/25/22 10:17 SAV Desktop)

Intake and Output

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

View IV eMAR Intake

levETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450
 Intake, IV Amount (ml) 105

Document 11/25/22 10:16 SAV (Rec: 11/25/22 10:17 SAV Desktop)

Intake and Output

View IV eMAR Intake

0.9% Sodium Chloride 1,000 ml @ 125 mls/hr IV .Q8H SCH Rx#:Q02285274
 Intake, IV Amount (ml) 0

Document 11/25/22 12:00 SAV (Rec: 11/25/22 12:21 SAV Desktop)

Intake and Output

View IV eMAR Intake

Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TTTRATE PRN Rx#:Q02284983
 Intake, IV Amount (ml) 4

Document 11/25/22 12:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)

Feeding Assessment

Diet

Meal

NPO

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 0

Gastric Output

Gastric Content Description None

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 75

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Bowel Movements 0

Number of Incontinent Bowel Movements 0

Document 11/25/22 12:22 SAV (Rec: 11/25/22 12:22 SAV Desktop)

Indwelling Catheter

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake and Output

View IV eMAR Intake

Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TTTRATE PRN Rx#:Q02284983
 Intake, IV Amount (ml) 0

Document 11/25/22 12:26 SAV (Rec: 11/25/22 12:26 SAV Desktop)
 Intake and Output

View IV eMAR Intake

Insulin *Regular* 100 unit In 0.9% Sodium Chloride 100 ml 99 ml @ As Directed IV TTTRATE PRN Rx#:Q02284983
 Intake, IV Amount (ml) 0

Document 11/25/22 14:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)
 Feeding Assessment

Diet

Meal

NPO

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 0

Gastric Output

Gastric Content Description None

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 25

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Bowel Movements 0

Number of Incontinent Bowel Movements 0

Document 11/25/22 16:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)

Feeding Assessment

Diet

Meal

NPO

I&O GI

Indwelling Catheter

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Oral Input					
Oral Intake Amount (ml)				0	
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				0	
Gastric Output					
Gastric Content Description				None	
Emesis Output					
Number of Emeses				0	
Urine I&O					
Urine Output					
Voiding Method					Indwelling Catheter
Output, Urine Amount (ml)				25	
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Bowel Movements				0	
Number of Incontinent Bowel Movements				0	
Document 11/25/22 17:04 SAV (Rec: 11/25/22 17:04 SAV Desktop)					
Intake and Output					
View IV eMAR Intake					
Vancomycin 1,250 mg In Dextrose 5% 250 ml 250 ml @ 125 mls/hr IVPB Q24H SCH Rx#:Q02285215					
Intake, IV Amount (ml)				250	
Document 11/25/22 18:00 SAV (Rec: 11/25/22 18:59 SAV Desktop)					
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Oral Input					
Oral Intake Amount (ml)				0	
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				0	
Gastric Output					
Gastric Content Description				None	
Emesis Output					
Number of Emeses				0	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Urine I&O							
Urine Output							
Voiding Method							Indwelling Catheter
Output, Urine Amount (ml)							10
I&O Stool Output							
Stool Output							
Protocol: STOOL							
Number of Bowel Movements							0
Number of Incontinent Bowel Movements							0
Document 11/25/22 18:00	SAV	(Rec: 11/25/22 19:14	SAV	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN							IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)							2.286
Document 11/25/22 18:15	SAV	(Rec: 11/25/22 19:15	SAV	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN							IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)							4.899
Document 11/25/22 18:30	SAV	(Rec: 11/25/22 19:15	SAV	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN							IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)							4.409
Document 11/25/22 18:45	SAV	(Rec: 11/25/22 19:15	SAV	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN							IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)							3.919
Document 11/25/22 19:00	SAV	(Rec: 11/25/22 19:15	SAV	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN							IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)							3.919
Document 11/25/22 20:00	LO	(Rec: 11/25/22 20:49	LO	Desktop)			
Feeding Assessment							
Diet							

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Meal		NPO
I&O GI		
Oral Input		
Oral Intake Amount (ml)		0
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)		0
Tube Irrigant Intake Amount (ml)		55
Type of Tube Feeding/Supplement		Glucerna 1.2
Tube Feeding Supplement Strength		Full
Tube Feeding Rate (ml/hr)		55
Gastric Output		
Gastric Content Description		None
Emesis Output		
Number of Emeses		20
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
I&O Stool Output		
Stool Output		
Protocol: STOOL		
Number of Bowel Movements		0
Number of Incontinent Bowel Movements		0
Document 11/25/22 20:00	LO (Rec: 11/25/22 21:57	LO Desktop)
Intake and Output		
View IV eMAR Intake		
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593		
Intake, IV Amount (ml)		507.5
Document 11/25/22 20:00	LO (Rec: 11/25/22 21:57	LO Desktop)
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		15.675
Document 11/25/22 20:08	LO (Rec: 11/25/22 20:47	LO Desktop)
Intake and Output		
View IV eMAR Intake		
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINT-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170		

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Intake, IV Amount (ml)					100
Document	11/25/22 21:00	LO (Rec: 11/25/22 21:57	LO	Desktop)	
Intake and Output					
View IV eMAR Intake					
0.45% Sodium Chloride	1,000 ml @ 50 mls/hr	IV .Q20H	SCH	Rx#:Q02286593	
Document	11/25/22 21:00	LO (Rec: 11/25/22 21:57	LO	Desktop)	50
Intake and Output					
View IV eMAR Intake					
Norepinephrine	8 mg in D5W	8 mg In 250 ml @ 0.1 MCG/KG/MIN	19.594 mls/hr	IV TITRATE	PRN Rx#:Q02287536
Document	11/25/22 21:22	LO (Rec: 11/25/22 23:45	LO	Desktop)	15.675
Intake and Output					
View IV eMAR Intake					
levETIRAcetam	500 mg In 0.9% Sodium Chloride	100 ml 100 ml @ 420 mls/hr	IVPB	Q12HRN	SCH Rx#:Q02284450
Document	11/25/22 22:00	LO (Rec: 11/25/22 22:15	LO	Desktop)	105
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Oral Input					
Oral Intake Amount (ml)					0
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)					110
Tube Irrigant Intake Amount (ml)					55
Type of Tube Feeding/Supplement					Glucerna 1.2
Tube Feeding Supplement Strength					Full
Tube Feeding Rate (ml/hr)					55
Gastric Output					
Gastric Content Description					None
Emesis Output					
Number of Emeses					20
Urine I&O					
Urine Output					
Voiding Method					Indwelling Catheter

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

I&O Stool Output				
Stool Output				
Protocol: STOOL				
Number of Bowel Movements			0	
Number of Incontinent Bowel Movements			0	
Document 11/25/22 22:00	LO (Rec: 11/25/22 23:44	LO Desktop)		
Intake and Output				
View IV eMAR Intake				
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593				
Intake, IV Amount (ml)			50	
Document 11/25/22 22:00	LO (Rec: 11/25/22 23:44	LO Desktop)		
Intake and Output				
View IV eMAR Intake				
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536				
Intake, IV Amount (ml)			15.675	
Document 11/25/22 23:00	LO (Rec: 11/25/22 23:44	LO Desktop)		
Intake and Output				
View IV eMAR Intake				
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593				
Intake, IV Amount (ml)			50	
Document 11/25/22 23:00	LO (Rec: 11/25/22 23:44	LO Desktop)		
Intake and Output				
View IV eMAR Intake				
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536				
Intake, IV Amount (ml)			15.675	
Document 11/26/22 00:00	LO (Rec: 11/26/22 00:30	LO Desktop)		
Feeding Assessment				
Diet				
Meal			NPO	
I&O GI				
Oral Input				
Oral Intake Amount (ml)			0	
Gastric Input				
Mid Upper Abdomen				
Tube Feeding Intake Amount (ml)			110	
Tube Irrigant Intake Amount (ml)			55	
Type of Tube Feeding/Supplement			Glucerna 1.2	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	
Gastric Content Description	None
Emesis Output	
Number of Emeses	20
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Bowel Movements	0
Number of Incontinent Bowel Movements	0
Document 11/26/22 00:00 LO (Rec: 11/26/22 03:13 LO Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	
Intake, IV Amount (ml)	50
Document 11/26/22 00:00 LO (Rec: 11/26/22 03:13 LO Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.675
Document 11/26/22 01:00 LO (Rec: 11/26/22 03:13 LO Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	
Intake, IV Amount (ml)	50
Document 11/26/22 01:00 LO (Rec: 11/26/22 03:13 LO Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.675
Document 11/26/22 02:00 LO (Rec: 11/26/22 03:06 LO Desktop)	
Feeding Assessment	
Diet	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Meal					NPO
I&O GI					
Oral Input					
Oral Intake Amount (ml)					0
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)					110
Tube Irrigant Intake Amount (ml)					55
Type of Tube Feeding/Supplement					Glucerna 1.2
Tube Feeding Supplement Strength					Full
Tube Feeding Rate (ml/hr)					55
Gastric Output					
Gastric Content Description					None
Emesis Output					
Number of Emeses					20
Urine I&O					
Urine Output					
Voiding Method					Indwelling Catheter
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Bowel Movements					0
Number of Incontinent Bowel Movements					0
Document 11/26/22 02:00	LO	(Rec: 11/26/22 03:13	LO	Desktop)	
Intake and Output					
View IV eMAR Intake					
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593					
Intake, IV Amount (ml)					50
Document 11/26/22 02:00	LO	(Rec: 11/26/22 03:13	LO	Desktop)	
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536					
Intake, IV Amount (ml)					15.675
Document 11/26/22 03:00	LO	(Rec: 11/26/22 03:13	LO	Desktop)	
Intake and Output					
View IV eMAR Intake					
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593					

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Intake, IV Amount (ml)				50
Document	11/26/22 03:00	LO (Rec: 11/26/22 03:13	LO Desktop)	
Intake and Output				
View IV eMAR Intake				
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536				
Intake, IV Amount (ml)				15.675
Document	11/26/22 04:00	LO (Rec: 11/26/22 06:40	LO Desktop)	
Feeding Assessment				
Diet				
Meal				NPO
I&O GI				
Oral Input				
Oral Intake Amount (ml)				0
Gastric Input				
Mid Upper Abdomen				
Tube Feeding Intake Amount (ml)				110
Tube Irrigant Intake Amount (ml)				55
Type of Tube Feeding/Supplement				Glucerna 1.2
Tube Feeding Supplement Strength				Full
Tube Feeding Rate (ml/hr)				55
Gastric Output				
Gastric Content Description				None
Emesis Output				
Number of Emeses				20
Urine I&O				
Urine Output				
Voiding Method				Indwelling Catheter
I&O Stool Output				
Stool Output				
Protocol:	STOOL			
Number of Bowel Movements				0
Number of Incontinent Bowel Movements				0
Document	11/26/22 04:00	LO (Rec: 11/26/22 06:50	LO Desktop)	
Intake and Output				
View IV eMAR Intake				
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593				
Intake, IV Amount (ml)				50

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Document	11/26/22 04:00	LO	(Rec: 11/26/22 06:50	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine	8 mg in D5W	8 mg In	250 ml @ 0.1 MCG/KG/MIN	19.594 mls/hr	IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)				15.675		
Document	11/26/22 04:49	LO	(Rec: 11/26/22 06:55	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
Piperacillin/Tazobactam	4.5 gm In	NS 100 ml MINI-Bag	100 ml @ 25 mls/hr	IVPB Q8H	SCH Rx#:Q02285170	
Intake, IV Amount (ml)				100		
Document	11/26/22 05:00	LO	(Rec: 11/26/22 06:50	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
0.45% Sodium Chloride	1,000 ml @ 50 mls/hr	IV .Q20H	SCH Rx#:Q02286593			
Intake, IV Amount (ml)				50		
Document	11/26/22 05:00	LO	(Rec: 11/26/22 06:50	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine	8 mg in D5W	8 mg In	250 ml @ 0.1 MCG/KG/MIN	19.594 mls/hr	IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)				15.675		
Document	11/26/22 06:00	LO	(Rec: 11/26/22 06:40	LO	Desktop)	
Feeding Assessment						
Diet						
Meal						
NPO						
I&O GI						
Oral Input						
Oral Intake Amount (ml)				0		
Gastric Input						
Mid Upper Abdomen						
Tube Feeding Intake Amount (ml)				110		
Tube Irrigant Intake Amount (ml)				55		
Type of Tube Feeding/Supplement				Glucerna	1.2	
Tube Feeding Supplement Strength				Full		
Tube Feeding Rate (ml/hr)				55		
Gastric Output						
Gastric Content Description						
None						
Emesis Output						

Iyons, Kathleen A

Facility: Queen of the Valley Hospital Location: Q 1 Intensive Care Unit
 61 F 07/13/1961 Med Rec Num: MR01483046

Room-Bed: QI007-A
 Visit: QH0054940416

Interventions - Continued

Number of Emeses				30
Urine I&O				
Urine Output				
Voiding Method				Indwelling Catheter
I&O Stool Output				
Stool Output				
Protocol: STOOL				
Number of Bowel Movements				0
Number of Incontinent Bowel Movements				0
Document 11/26/22 06:00	LO	(Rec: 11/26/22 06:50	LO Desktop)	
Intake and Output				
View IV eMAR Intake				
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593				
Intake, IV Amount (ml)				42.5
Document 11/26/22 06:00	LO	(Rec: 11/26/22 06:50	LO Desktop)	
Intake and Output				
View IV eMAR Intake				
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536				
Intake, IV Amount (ml)				15.675
Document 11/26/22 07:00	LH	(Rec: 11/26/22 09:09	LH Phone)	
Intake and Output				
View IV eMAR Intake				
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536				
Intake, IV Amount (ml)				15.675
Document 11/26/22 08:00	LH	(Rec: 11/26/22 09:09	LH Phone)	
Intake and Output				
View IV eMAR Intake				
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536				
Intake, IV Amount (ml)				15.675
Document 11/26/22 08:00	LH	(Rec: 11/26/22 09:16	LH Phone)	
Feeding Assessment				
Diet				
Meal				NPO
I&O GI				
Oral Input				
Oral Intake Amount (ml)				0
Gastric Input				

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mid Upper Abdomen							
Tube Feeding Intake Amount (ml)						110	
Type of Tube Feeding/Supplement						Glucerna 1.2	
Tube Feeding Supplement Strength						Full	
Tube Feeding Rate (ml/hr)						55	
Gastric Output							
Gastric Content Description						None	
Urine I&O							
Urine Output							
Voiding Method						Indwelling Catheter	
Output, Urine Amount (ml)						125	
Urine Color						Bright Yellow	
Document 11/26/22 09:00 LH (Rec: 11/26/22 09:09 LH Phone)							
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536							
Intake, IV Amount (ml)						15.675	
Document 11/26/22 09:09 LH (Rec: 11/26/22 09:09 LH Phone)							
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536							
Intake, IV Amount (ml)						2.351	
Document 11/26/22 09:50 LH (Rec: 11/26/22 11:48 LH Phone)							
Intake and Output							
View IV eMAR Intake							
levETIRacetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450							
Intake, IV Amount (ml)						105	
Document 11/26/22 10:00 LH (Rec: 11/26/22 10:26 LH Phone)							
Feeding Assessment							
Diet							
Meal						NPO	
I&O GI							
Oral Input							
Oral Intake Amount (ml)						0	
Gastric Input							
Mid Upper Abdomen							
Tube Feeding Intake Amount (ml)						110	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (mL/hr)	55
Gastric Output	None
Gastric Content Description	
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	50
Urine Color	Bright Yellow
Document 11/26/22 10:00 LH (Rec: 11/26/22 11:50 LH Phone)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	13.324
Document 11/26/22 11:00 LH (Rec: 11/26/22 11:50 LH Phone)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.675
Document 11/26/22 12:00 LH (Rec: 11/26/22 14:05 LH Phone)	
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (mL/hr)	55
Gastric Output	
Gastric Content Description	None
Urine I&O	
Urine Output	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)		25
Urine Color		Bright Yellow
Document 11/26/22 12:00 LH (Rec: 11/26/22 14:07 LH Phone)		
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		15.675
Document 11/26/22 13:00 LH (Rec: 11/26/22 14:07 LH Phone)		
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		17.634
Document 11/26/22 14:00 LH (Rec: 11/26/22 14:05 LH Phone)		
Feeding Assessment		
Diet		
Meal		NPO
I&O GI		
Oral Input		
Oral Intake Amount (ml)		0
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)		110
Type of Tube Feeding/Supplement		Glucerna 1.2
Tube Feeding Supplement Strength		Full
Tube Feeding Rate (ml/hr)		55
Gastric Output		
Gastric Content Description		None
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)		50
Urine Color		Bright Yellow
Document 11/26/22 14:00 LH (Rec: 11/26/22 14:07 LH Phone)		
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, IV Amount (ml)		17.634	
Document 11/26/22 14:19 LH (Rec: 11/26/22 14:19 LH Phone)			
Intake and Output			
View IV eMAR Intake			
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170		100	
Intake, IV Amount (ml)			
Document 11/26/22 15:00 LH (Rec: 11/26/22 17:21 LH Phone)			
Intake and Output			
View IV eMAR Intake			
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		17.634	
Intake, IV Amount (ml)			
Document 11/26/22 16:00 LH (Rec: 11/26/22 16:12 LH Phone)			
Feeding Assessment			
Diet			
Meal			NPO
I&O GI			
Oral Input			
Oral Intake Amount (ml)		0	
Gastric Input			
Mid Upper Abdomen			
Tube Feeding Intake Amount (ml)		110	
Type of Tube Feeding/Supplement		Glucerna 1.2	
Tube Feeding Supplement Strength		Full	
Tube Feeding Rate (ml/hr)		55	
Gastric Output			
Gastric Content Description			None
Urine I&O			
Urine Output			
Voiding Method			Indwelling Catheter
Output, Urine Amount (ml)		75	
Urine Color			Bright Yellow
Document 11/26/22 16:00 LH (Rec: 11/26/22 17:21 LH Phone)			
Intake and Output			
View IV eMAR Intake			
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		17.634	
Intake, IV Amount (ml)			
Document 11/26/22 16:10 LH (Rec: 11/26/22 17:09 LH Phone)			

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Intake and Output					
View IV eMAR Intake					
Vancomycin 1,250 mg In Dextrose 5% 250 ml 250 ml @ 125 mls/hr IVPB Q24H SCH Rx#:Q02285215					
Intake, IV Amount (ml)					250
Document 11/26/22 17:00 LH (Rec: 11/26/22 17:21 LH Phone)					
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536					
Intake, IV Amount (ml)					17.634
Document 11/26/22 17:00 LH (Rec: 11/26/22 17:49 LH Phone)					
Intake and Output					
View IV eMAR Intake					
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593					
Intake, IV Amount (ml)					550
Document 11/26/22 17:15 LH (Rec: 11/26/22 17:51 LH Phone)					
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536					
Intake, IV Amount (ml)					4.899
Document 11/26/22 17:30 LH (Rec: 11/26/22 17:51 LH Phone)					
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536					
Intake, IV Amount (ml)					5.388
Document 11/26/22 18:00 LH (Rec: 11/26/22 18:06 LH Phone)					
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Oral Input					
Oral Intake Amount (ml)					0
Gastric Input					
Mid Upper Abdomen					110
Tube Feeding Intake Amount (ml)					Glucerna 1.2
Type of Tube Feeding/Supplement					Full
Tube Feeding Supplement Strength					
Tube Feeding Rate (ml/hr)					55

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/26/22 20:00 LO (Rec: 11/26/22 21:07 LO Desktop)
 Intake and Output
 View IV eMAR Intake
 0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593
 Document 11/26/22 20:00 LO (Rec: 11/26/22 21:07 LO Desktop) 150
 Intake, IV Amount (ml)
 Intake and Output
 View IV eMAR Intake
 Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
 Document 11/26/22 21:00 LO (Rec: 11/26/22 21:07 LO Desktop) 23.513
 Intake, IV Amount (ml)
 Intake and Output
 View IV eMAR Intake
 0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593
 Document 11/26/22 21:00 LO (Rec: 11/26/22 21:07 LO Desktop) 50
 Intake, IV Amount (ml)
 Intake and Output
 View IV eMAR Intake
 Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
 Document 11/26/22 21:10 LO (Rec: 11/26/22 22:38 LO Desktop) 23.513
 Intake, IV Amount (ml)
 Intake and Output
 View IV eMAR Intake
 Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170
 Document 11/26/22 21:54 LO (Rec: 11/26/22 22:39 LO Desktop) 100
 Intake, IV Amount (ml)
 Intake and Output
 View IV eMAR Intake
 LevETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450
 Document 11/26/22 22:00 LO (Rec: 11/26/22 22:39 LO Desktop) 105
 Intake, IV Amount (ml)
 Intake and Output
 View IV eMAR Intake
 0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593
 Document 11/26/22 22:00 LO (Rec: 11/26/22 22:39 LO Desktop) 50
 Intake, IV Amount (ml)
 Intake and Output

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	23.513
Intake, IV Amount (ml)	
Document 11/26/22 22:00 LO (Rec: 11/26/22 22:41 LO Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	
Gastric Content Description	None
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	100
Urine Color	Bright Yellow
Document 11/26/22 22:03 LO (Rec: 11/26/22 22:40 LO Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	1.06
Intake, IV Amount (ml)	
Document 11/26/22 23:00 LO (Rec: 11/27/22 03:26 LO Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	50
Intake, IV Amount (ml)	
Document 11/26/22 23:00 LO (Rec: 11/27/22 03:26 LO Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Intake, IV Amount (ml)					7.838	
Document	11/27/22 00:00	LO	(Rec: 11/27/22 03:14	LO	Desktop)	
Feeding Assessment						
Diet						
Meal						NPO
I&O GI						
Oral Input						
Oral Intake Amount (ml)						0
Gastric Input						
Mid Upper Abdomen						
Tube Feeding Intake Amount (ml)						110
Type of Tube Feeding/Supplement						Glucerna 1.2
Tube Feeding Supplement Strength						Full
Tube Feeding Rate (ml/hr)						55
Gastric Output						
Gastric Content Description						None
Urine I&O						
Urine Output						
Voiding Method						Indwelling Catheter
Output, Urine Amount (ml)						100
Urine Color						Bright Yellow
Document	11/27/22 00:00	LO	(Rec: 11/27/22 03:26	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593						50
Intake, IV Amount (ml)						
Document	11/27/22 00:00	LO	(Rec: 11/27/22 03:26	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536						23.513
Intake, IV Amount (ml)						
Document	11/27/22 01:00	LO	(Rec: 11/27/22 03:26	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593						50
Intake, IV Amount (ml)						
Document	11/27/22 01:00	LO	(Rec: 11/27/22 03:26	LO	Desktop)	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
 Intake, IV Amount (ml) 23.513

Document 11/27/22 02:00 LO (Rec: 11/27/22 03:14 LO Desktop)

Feeding Assessment

Diet

Meal

I&O GI

Oral Input

Oral Intake Amount (ml)

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

Type of Tube Feeding/Supplement

Tube Feeding Supplement Strength

Tube Feeding Rate (ml/hr)

Gastric Output

Gastric Content Description

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml)

Urine Color

Document 11/27/22 02:00 LO (Rec: 11/27/22 03:26 LO Desktop)

Intake and Output

View IV eMAR Intake

0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593

Intake, IV Amount (ml)

Document 11/27/22 02:00 LO (Rec: 11/27/22 03:26 LO Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536

Intake, IV Amount (ml)

Document 11/27/22 03:00 LO (Rec: 11/27/22 03:26 LO Desktop)

Intake and Output

View IV eMAR Intake

Intake

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: Q1007-A
Visit: QH0054940416

Interventions - Continued

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
 Intake, IV Amount (ml) 23.513
 Document 11/27/22 03:00 LO (Rec: 11/27/22 03:31 LO Desktop)
 Intake and Output
 View IV eMAR Intake
 0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593
 Intake, IV Amount (ml) 50
 Document 11/27/22 04:00 LO (Rec: 11/27/22 04:54 LO Desktop)
 Feeding Assessment
 Diet
 Meal
 NPO
 I&O GI
 Oral Input
 Oral Intake Amount (ml) 0
 Gastric Input
 Mid Upper Abdomen
 Tube Feeding Intake Amount (ml) 110
 Type of Tube Feeding/Supplement Glucerna 1.2
 Tube Feeding Supplement Strength Full
 Tube Feeding Rate (mL/hr) 55
 Gastric Output
 Gastric Content Description None
 Urine I&O
 Urine Output
 Voiding Method Indwelling Catheter
 Output, Urine Amount (ml) 100
 Urine Color Bright Yellow
 Document 11/27/22 04:00 LO (Rec: 11/27/22 04:59 LO Desktop)
 Intake and Output
 View IV eMAR Intake
 0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593
 Intake, IV Amount (ml) 50
 Document 11/27/22 04:00 LO (Rec: 11/27/22 04:59 LO Desktop)
 Intake and Output
 View IV eMAR Intake
 Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
 Intake, IV Amount (ml) 21.553

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Document	11/27/22 05:00	LO	(Rec: 11/27/22 05:00	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
0.45% Sodium Chloride	1,000 ml @ 50 mls/hr	IV	.Q20H SCH	Rx#:	Q02286593	
Intake, IV Amount (ml)						50
Document	11/27/22 05:00	LO	(Rec: 11/27/22 05:00	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine	8 mg in D5W	8 mg In	250 ml @ 0.1 MCG/KG/MIN	19.594 mls/hr	IV TITRATE	PRN Rx#: Q02287536
Intake, IV Amount (ml)						21.553
Document	11/27/22 05:00	LO	(Rec: 11/27/22 05:01	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
Piperacillin/Tazobactam	4.5 gm In	NS	100 ml MINI-Bag	100 ml @ 25 mls/hr	IVPB Q8H	SCH Rx#: Q02285170
Intake, IV Amount (ml)						100
Document	11/27/22 06:00	LO	(Rec: 11/27/22 07:08	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
0.45% Sodium Chloride	1,000 ml @ 50 mls/hr	IV	.Q20H SCH	Rx#:	Q02286593	
Intake, IV Amount (ml)						50
Document	11/27/22 06:00	LO	(Rec: 11/27/22 07:08	LO	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine	8 mg in D5W	8 mg In	250 ml @ 0.1 MCG/KG/MIN	19.594 mls/hr	IV TITRATE	PRN Rx#: Q02287536
Intake, IV Amount (ml)						21.553
Document	11/27/22 06:00	LO	(Rec: 11/27/22 07:22	LO	Desktop)	
Feeding Assessment						
Diet						
Meal						NPO
I&O GI						
Oral Input						
Oral Intake Amount (ml)						0
Gastric Input						
Mid Upper Abdomen						
Tube Feeding Intake Amount (ml)						110
Type of Tube Feeding/Supplement						Glucerna 1.2
Tube Feeding Supplement Strength						Full

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Rate (mL/hr)		55	
Gastric Output			
Gastric Content Description		None	
Urine I&O			
Urine Output			
Voiding Method		Indwelling Catheter	
Output, Urine Amount (ml)		100	
Urine Color		Bright Yellow	
Document 11/27/22 07:00	LO (Rec: 11/27/22 07:08	LO Desktop)	
Intake and Output			
View IV eMAR Intake			
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593			
Intake, IV Amount (ml)		50	
Document 11/27/22 07:00	LO (Rec: 11/27/22 07:08	LO Desktop)	
Intake and Output			
View IV eMAR Intake			
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536			
Intake, IV Amount (ml)		21.553	
Document 11/27/22 08:00	LH (Rec: 11/27/22 09:12	LH Phone)	
Intake and Output			
View IV eMAR Intake			
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593			
Intake, IV Amount (ml)		50	
Document 11/27/22 08:00	LH (Rec: 11/27/22 09:12	LH Phone)	
Intake and Output			
View IV eMAR Intake			
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536			
Intake, IV Amount (ml)		21.553	
Document 11/27/22 08:00	LH (Rec: 11/27/22 09:31	LH Phone)	
Feeding Assessment			
Diet			
Meal		NPO	
I&O GI			
Oral Input			
Oral Intake Amount (ml)		0	
Gastric Input			
Mid Upper Abdomen			

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	None
Gastric Content Description	
Urine I&O	
Urine Output	Indwelling Catheter
Voiding Method	325
Output, Urine Amount (ml)	Bright Yellow
Urine Color	
Document 11/27/22 09:12 LH (Rec: 11/27/22 09:13 LH Phone)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	25.864
Document 11/27/22 10:00 LH (Rec: 11/27/22 11:34 LH Phone)	
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	
Gastric Content Description	None
Urine I&O	
Urine Output	Indwelling Catheter
Voiding Method	150
Output, Urine Amount (ml)	Bright Yellow
Urine Color	
Document 11/27/22 10:00 LH (Rec: 11/27/22 14:19 LH Phone)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
 Intake, IV Amount (ml) 17.242

Document 11/27/22 11:00 LH (Rec: 11/27/22 14:19 LH Phone)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
 Intake, IV Amount (ml) 21.553

Document 11/27/22 11:37 LH (Rec: 11/27/22 13:38 LH Phone)

Intake and Output

View IV eMAR Intake

levETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450
 Intake, IV Amount (ml) 105

Document 11/27/22 12:00 LH (Rec: 11/27/22 14:11 LH Phone)

Feeding Assessment

Diet

Meal

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 110

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 55

Gastric Output

Gastric Content Description

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 300

Urine Color

Document 11/27/22 12:00 LH (Rec: 11/27/22 14:19 LH Phone)

Intake and Output

View IV eMAR Intake

Indwelling Catheter

300

Bright Yellow

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	21.553
Document 11/27/22 13:00 LH (Rec: 11/27/22 14:19 LH Phone)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	21.553
Document 11/27/22 13:38 LH (Rec: 11/27/22 13:38 LH Phone)	
Intake and Output	
View IV eMAR Intake	
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170	
Intake, IV Amount (ml)	100
Document 11/27/22 13:45 LH (Rec: 11/27/22 14:19 LH Phone)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	16.165
Document 11/27/22 13:50 LH (Rec: 11/27/22 14:19 LH Phone)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	1.633
Document 11/27/22 14:00 LH (Rec: 11/27/22 14:11 LH Phone)	
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	
Gastric Content Description	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Urine I&O					
Urine Output					Indwelling Catheter
Voiding Method					100
Output, Urine Amount (ml)					Bright Yellow
Urine Color					
Document 11/27/22 14:00	LH	(Rec: 11/27/22 14:19	LH	Phone)	
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536					
Document 11/27/22 14:20	LH	(Rec: 11/27/22 14:20	LH	Phone)	2.939
Intake and Output					
View IV eMAR Intake					
Vancomycin 1,250 mg In Dextrose 5% 250 ml 250 ml @ 125 mls/hr IVPB Q24H SCH Rx#:Q02285215					
Document 11/27/22 15:00	LH	(Rec: 11/27/22 15:45	LH	Phone)	81.25
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536					
Document 11/27/22 16:00	LH	(Rec: 11/27/22 17:02	LH	Phone)	17.634
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Oral Input					
Oral Intake Amount (ml)					0
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)					110
Type of Tube Feeding/Supplement					Glucerna 1.2
Tube Feeding Supplement Strength					Full
Tube Feeding Rate (ml/hr)					55
Gastric Output					
Gastric Content Description					None
Urine I&O					
Urine Output					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)		275
Urine Color		Bright Yellow
Document 11/27/22 16:00 LH (Rec: 11/27/22 17:05 LH Phone)		
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		17.634
Document 11/27/22 17:00 LH (Rec: 11/27/22 17:05 LH Phone)		
Intake and Output		
View IV eMAR Intake		
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593		
Intake, IV Amount (ml)		450
Document 11/27/22 17:00 LH (Rec: 11/27/22 17:05 LH Phone)		
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		17.634
Document 11/27/22 17:18 LH (Rec: 11/27/22 17:18 LH Phone)		
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		5.29
Document 11/27/22 18:00 LH (Rec: 11/27/22 18:37 LH Phone)		
Feeding Assessment		
Diet		
Meal		NPO
I&O GI		
Oral Input		
Oral Intake Amount (ml)		0
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)		110
Type of Tube Feeding/Supplement		Glucerna 1.2
Tube Feeding Supplement Strength		Full
Tube Feeding Rate (mL/hr)		55
Gastric Output		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gastric Content Description	None
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	200
Urine Color	Bright Yellow
Document 11/27/22 18:00 LH (Rec: 11/27/22 18:38 LH Phone)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	50
Document 11/27/22 18:00 LH (Rec: 11/27/22 18:38 LH Phone)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	10.973
Document 11/27/22 19:00 LH (Rec: 11/27/22 19:30 LH Phone)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.675
Document 11/27/22 20:00 JAB (Rec: 11/27/22 20:24 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	
Intake, IV Amount (ml)	100
Document 11/27/22 20:00 JAB (Rec: 11/27/22 20:24 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.675
Document 11/27/22 20:00 JAB (Rec: 11/27/22 21:46 JAB Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	110
Tube Feeding Intake Amount (ml)	30
Tube Irrigant Intake Amount (ml)	Glucerna 1.2
Type of Tube Feeding/Supplement	Full
Tube Feeding Supplement Strength	55
Tube Feeding Rate (ml/hr)	
Gastric Output	
Gastric Content Description	None
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	200
Urine Color	Bright Yellow
Document 11/27/22 21:00 JAB (Rec: 11/27/22 22:03 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.675
Document 11/27/22 21:00 JAB (Rec: 11/27/22 22:03 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	
Intake, IV Amount (ml)	50
Document 11/27/22 21:07 JAB (Rec: 11/27/22 22:02 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
levETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450	
Intake, IV Amount (ml)	105
Document 11/27/22 21:13 JAB (Rec: 11/27/22 22:02 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINT-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170	
Intake, IV Amount (ml)	100
Document 11/27/22 22:00 JAB (Rec: 11/27/22 22:03 JAB Desktop)	
Intake and Output	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.675
Document 11/27/22 22:00 JAB (Rec: 11/27/22 22:04 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	
Intake, IV Amount (ml)	50
Document 11/27/22 22:00 JAB (Rec: 11/28/22 02:47 JAB Desktop)	
Feeding Assessment	
Diet	
Meal	
NPO	
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	110
Tube Feeding Intake Amount (ml)	Glucerna 1.2
Type of Tube Feeding/Supplement	Full
Tube Feeding Supplement Strength	55
Tube Feeding Rate (ml/hr)	
Gastric Output	
Gastric Content Description	None
Urine I&O	
Urine Output	
Voiding Method	
Output, Urine Amount (ml)	Indwelling Catheter
325	
Urine Color	Bright Yellow
Document 11/27/22 23:00 JAB (Rec: 11/28/22 00:16 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.497
Document 11/27/22 23:00 JAB (Rec: 11/28/22 06:30 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, IV Amount (ml)				50	
Document	11/27/22 23:59	JAB	(Rec: 11/28/22 02:48	JAB	Desktop)
Feeding Assessment					
Diet					
Meal				NPO	
I&O GI					
Oral Input					
Oral Intake Amount (ml)				0	
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				110	
Type of Tube Feeding/Supplement				Glucerna 1.2	
Tube Feeding Supplement Strength				Full	
Tube Feeding Rate (ml/hr)				55	
Gastric Output					
Gastric Content Description				None	
Urine I&O					
Urine Output					
Voiding Method				Indwelling Catheter	
Output, Urine Amount (ml)				275	
Urine Color				Bright Yellow	
Document	11/28/22 00:00	JAB	(Rec: 11/28/22 06:29	JAB	Desktop)
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN				19.594 mls/hr	IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)				15.675	
Document	11/28/22 00:00	JAB	(Rec: 11/28/22 06:30	JAB	Desktop)
Intake and Output					
View IV eMAR Intake					
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593				50	
Intake, IV Amount (ml)					
Document	11/28/22 01:00	JAB	(Rec: 11/28/22 06:29	JAB	Desktop)
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN				19.594 mls/hr	IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)				15.675	
Document	11/28/22 01:00	JAB	(Rec: 11/28/22 06:30	JAB	Desktop)

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Intake and Output

View IV eMAR Intake

0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593

Intake, IV Amount (ml) 50

Document 11/28/22 02:00 JAB (Rec: 11/28/22 02:57 JAB Desktop)

Feeding Assessment

Diet

Meal NPO

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 110

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 55

Gastric Output

Gastric Content Description None

Urine I&O

Urine Output

Voiding Method Indwelling Catheter

Output, Urine Amount (ml) 375

Urine Color Bright Yellow

Document 11/28/22 02:00 JAB (Rec: 11/28/22 06:29 JAB Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536

Intake, IV Amount (ml) 15.675

Document 11/28/22 03:00 JAB (Rec: 11/28/22 06:29 JAB Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536

Intake, IV Amount (ml) 15.675

Document 11/28/22 03:00 JAB (Rec: 11/28/22 06:30 JAB Desktop)

Intake and Output

View IV eMAR Intake

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	100
Intake, IV Amount (ml)	
Document 11/28/22 04:00 JAB (Rec: 11/28/22 04:55 JAB Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	
Gastric Content Description	None
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	300
Urine Color	Bright Yellow
Document 11/28/22 04:00 JAB (Rec: 11/28/22 06:29 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.675
Document 11/28/22 04:00 JAB (Rec: 11/28/22 06:30 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	
Intake, IV Amount (ml)	50
Document 11/28/22 04:58 JAB (Rec: 11/28/22 05:15 JAB Desktop)	
Intake and Output	
View IV eMAR Intake	
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170	
Intake, IV Amount (ml)	100

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document	11/28/22 05:00	JAB	(Rec: 11/28/22 06:29	JAB	Desktop)
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536					
Document	11/28/22 05:00	JAB	(Rec: 11/28/22 06:30	JAB	Desktop)
Intake, IV Amount (ml)					
					15.675
Intake and Output					
View IV eMAR Intake					
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593					
Document	11/28/22 06:00	JAB	(Rec: 11/28/22 06:26	JAB	Desktop)
Intake, IV Amount (ml)					
					50
Feeding Assessment					
Diet					
Meal					
NPO					
I&O GI					
Oral Input					
Oral Intake Amount (ml)					
					0
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)					
					110
Type of Tube Feeding/Supplement					
Tube Feeding Supplement Strength					
					Full
Tube Feeding Rate (ml/hr)					
					55
Gastric Output					
Gastric Content Description					
					None
Urine I&O					
Urine Output					
Voiding Method					
Output, Urine Amount (ml)					
					Indwelling Catheter
					250
Urine Color					
					Bright Yellow
Document	11/28/22 06:00	JAB	(Rec: 11/28/22 06:29	JAB	Desktop)
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536					
Document	11/28/22 06:00	JAB	(Rec: 11/28/22 06:30	JAB	Desktop)
Intake, IV Amount (ml)					
					15.675
Intake and Output					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	
Intake, IV Amount (ml)	50
Document 11/28/22 07:00 UG (Rec: 11/28/22 08:50 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	
Intake, IV Amount (ml)	50
Document 11/28/22 07:00 UG (Rec: 11/28/22 18:18 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	15.675
Document 11/28/22 08:00 UG (Rec: 11/28/22 08:50 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593	
Intake, IV Amount (ml)	50
Document 11/28/22 08:00 UG (Rec: 11/28/22 15:20 UG Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Gastric Output	
Gastric Content Description	Undigested Food
Residual Amount (ml)	740
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Output, Urine Amount (ml)		430
Urine Color		Pale Yellow
Document 11/28/22 08:00	UG (Rec: 11/28/22 18:18	UG Desktop)
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		15.675
Document 11/28/22 08:40	UG (Rec: 11/28/22 08:50	UG Desktop)
Intake and Output		
View IV eMAR Intake		
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593		
Intake, IV Amount (ml)		33.333
Document 11/28/22 09:00	UG (Rec: 11/28/22 18:18	UG Desktop)
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		47.025
Document 11/28/22 09:30	UG (Rec: 11/28/22 10:25	UG Desktop)
Intake and Output		
View IV eMAR Intake		
Dextrose 5% 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02291621		
Intake, IV Amount (ml)		30
Document 11/28/22 10:00	UG (Rec: 11/28/22 15:20	UG Desktop)
Feeding Assessment		
Diet		
Meal		NPO
I&O GI		
Oral Input		
Oral Intake Amount (ml)		0
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)		0
Type of Tube Feeding/Supplement		Glucerna 1.2
Tube Feeding Supplement Strength		Full
Tube Feeding Rate (mL/hr)		55
Urine I&O		
Urine Output		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)		360
Urine Color		Pale Yellow
Document 11/28/22 10:00	UG (Rec: 11/28/22 18:18	UG Desktop)
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN		19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)		15.675
Document 11/28/22 10:15	UG (Rec: 11/28/22 18:18	UG Desktop)
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN		19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)		3.919
Document 11/28/22 10:44	UG (Rec: 11/28/22 11:33	UG Desktop)
Intake and Output		
View IV eMAR Intake		
1eVETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH		Rx#:Q02284450
Intake, IV Amount (ml)		105
Document 11/28/22 10:45	UG (Rec: 11/28/22 18:18	UG Desktop)
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN		19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)		6.858
Document 11/28/22 11:00	UG (Rec: 11/28/22 18:18	UG Desktop)
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN		19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)		2.939
Document 11/28/22 11:15	UG (Rec: 11/28/22 18:18	UG Desktop)
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN		19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)		2.939
Document 11/28/22 12:00	UG (Rec: 11/28/22 15:20	UG Desktop)
Feeding Assessment		
Diet		
Meal		NPO

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

I&O GI

Oral Input									
Oral Intake Amount (ml)						0			
Gastric Input									
Mid Upper Abdomen									
Type of Tube Feeding/Supplement								Glucerna 1.2	
Tube Feeding Supplement Strength								Full	
Tube Feeding Rate (ml/hr)								55	
Gastric Output									
Gastric Content Description								Undigested Food	
Residual Amount (ml)								110	
Urine I&O									
Urine Output									
Voiding Method								Indwelling Catheter	
Output, Urine Amount (ml)								320	
Urine Color								Pale Yellow	
Document 11/28/22 12:00	UG	(Rec: 11/28/22 18:18	UG	Desktop)					
Intake and Output									
View IV eMAR Intake									
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536								7.348	
Intake, IV Amount (ml)									
Document 11/28/22 13:00	UG	(Rec: 11/28/22 18:18	UG	Desktop)					
Intake and Output									
View IV eMAR Intake									
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536								9.797	
Intake, IV Amount (ml)									
Document 11/28/22 14:00	UG	(Rec: 11/28/22 15:20	UG	Desktop)					
Feeding Assessment									
Diet									
Meal								NPO	
I&O GI									
Oral Input									
Oral Intake Amount (ml)								0	
Gastric Input									
Mid Upper Abdomen									
Tube Feeding Intake Amount (ml)								110	
Type of Tube Feeding/Supplement								Glucerna 1.2	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Supplement Strength		Full
Tube Feeding Rate (mL/hr)		55
Urine I&O		
Urine Output		
Voiding Method		Indwelling Catheter
Output, Urine Amount (ml)		340
Urine Color		Pale Yellow
Document 11/28/22 14:00 UG (Rec: 11/28/22 18:18 UG Desktop)		
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		9.797
Document 11/28/22 15:00 UG (Rec: 11/28/22 18:18 UG Desktop)		
Intake and Output		
View IV eMAR Intake		
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536		
Intake, IV Amount (ml)		9.797
Document 11/28/22 15:31 UG (Rec: 11/28/22 16:44 UG Desktop)		
Intake and Output		
View IV eMAR Intake		
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINT-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170		
Intake, IV Amount (ml)		100
Document 11/28/22 16:00 UG (Rec: 11/28/22 16:42 UG Desktop)		
Feeding Assessment		
Diet		
Meal		NPO
I&O GI		
Oral Input		
Oral Intake Amount (ml)		0
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)		110
Type of Tube Feeding/Supplement		Glucerna 1.2
Tube Feeding Supplement Strength		Full
Tube Feeding Rate (mL/hr)		55
Gastric Output		
Gastric Content Description		Undigested Food

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Residual Amount (ml)	110
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	380
Urine Color	Pale Yellow
Document 11/28/22 16:00 UG (Rec: 11/28/22 18:18 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	9.797
Document 11/28/22 17:00 UG (Rec: 11/28/22 18:18 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	7.838
Document 11/28/22 17:51 UG (Rec: 11/28/22 18:19 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	6.546
Document 11/28/22 18:00 UG (Rec: 11/28/22 18:19 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	1.176
Document 11/28/22 18:00 UG (Rec: 11/28/22 18:24 UG Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110
Type of Tube Feeding/Supplement	Glucerna 1.2

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Supplement Strength	Full
Tube Feeding Rate (mL/hr)	55
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	310
Urine Color	Pale Yellow
Document 11/28/22 19:00	XD (Rec: 11/28/22 20:13 XD Desktop)
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN	19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)	7.838
Document 11/28/22 19:00	XD (Rec: 11/28/22 20:13 XD Desktop)
Intake and Output	
View IV eMAR Intake	
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag	100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170
Intake, IV Amount (ml)	34.167
Document 11/28/22 20:00	XD (Rec: 11/28/22 20:13 XD Desktop)
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN	19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
Intake, IV Amount (ml)	7.838
Document 11/28/22 20:00	XD (Rec: 11/28/22 20:13 XD Desktop)
Intake and Output	
View IV eMAR Intake	
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag	100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170
Intake, IV Amount (ml)	25
Document 11/28/22 20:00	XD (Rec: 11/28/22 20:58 XD Desktop)
Feeding Assessment	
Diet	
Meal	NPO
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	110

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Irrigant Intake Amount (ml)	100
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	55
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	175
Urine Color	Pale Yellow
Document 11/28/22 20:26 XD (Rec: 11/28/22 20:26 XD Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	3.396
Document 11/28/22 21:00 XD (Rec: 11/28/22 21:11 XD Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	3.331
Document 11/28/22 21:00 XD (Rec: 11/28/22 21:11 XD Desktop)	
Intake and Output	
View IV eMAR Intake	
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170	
Intake, IV Amount (ml)	25
Document 11/28/22 21:10 XD (Rec: 11/28/22 21:59 XD Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	0.653
Document 11/28/22 22:00 XD (Rec: 11/28/22 22:08 XD Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MIN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536	
Intake, IV Amount (ml)	4.898
Document 11/28/22 22:00 XD (Rec: 11/28/22 22:08 XD Desktop)	
Intake and Output	
View IV eMAR Intake	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINT-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170
 Intake, IV Amount (ml) 15.833

Document 11/28/22 22:00 XD (Rec: 11/28/22 22:08 XD Desktop)

Intake and Output

View IV eMAR Intake

levETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450
 Intake, IV Amount (ml) 105

Document 11/28/22 22:00 XD (Rec: 11/28/22 22:25 XD Desktop)

Feeding Assessment
 Diet

Meal

I&O GI

NPO

Oral Input

Oral Intake Amount (ml)

0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

110

Type of Tube Feeding/Supplement

Glucerna 1.2

Tube Feeding Supplement Strength

Full

Tube Feeding Rate (mL/hr)

55

Urine I&O

Urine Output

Voiding Method

Indwelling Catheter

Output, Urine Amount (ml)

100

Urine Color

Pale Yellow

Document 11/28/22 23:00 XD (Rec: 11/28/22 23:24 XD Desktop)

View IV eMAR Intake

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
 Intake, IV Amount (ml) 5.878

Document 11/28/22 23:25 XD (Rec: 11/28/22 23:26 XD Desktop)

View IV eMAR Intake

Norepinephrine 8 mg in D5W 8 mg In 250 ml @ 0.1 MCG/KG/MTN 19.594 mls/hr IV TITRATE PRN Rx#:Q02287536
 Intake, IV Amount (ml) 1.992

Document 11/28/22 23:59 XD (Rec: 11/29/22 01:18 XD Desktop)

Feeding Assessment

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, IV Amount (ml)					5.906
Document	11/29/22 02:00	XD	(Rec: 11/29/22 02:40	XD	Desktop)
Intake and Output					
View IV eMAR Intake					
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170					25
Document	11/29/22 02:00	XD	(Rec: 11/29/22 02:42	XD	Desktop)
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Oral Input					
Oral Intake Amount (ml)					0
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)					110
Type of Tube Feeding/Supplement					Glucerna 1.2
Tube Feeding Supplement Strength					Full
Tube Feeding Rate (ml/hr)					0
Urine I&O					
Urine Output					
Voiding Method					Indwelling Catheter
Output, Urine Amount (ml)					175
Urine Color					Pale Yellow
Document	11/29/22 03:00	XD	(Rec: 11/29/22 03:01	XD	Desktop)
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN					
Px#:Q02293108					
Intake, IV Amount (ml)					5.906
Document	11/29/22 03:00	XD	(Rec: 11/29/22 03:01	XD	Desktop)
Intake and Output					
View IV eMAR Intake					
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170					25
Document	11/29/22 04:00	XD	(Rec: 11/29/22 04:24	XD	Desktop)
Intake and Output					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Rx#:Q02293108

Intake, IV Amount (ml) 5.906

Document 11/29/22 04:00 XD (Rec: 11/29/22 04:24 XD Desktop)

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINT-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml) 25

Document 11/29/22 04:00 XD (Rec: 11/29/22 04:29 XD Desktop)

Feeding Assessment

Diet

Meal

NPO

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 0

Tube Irrigant Intake Amount (ml) 100

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 0

Gastric Output

Gastric Content Description Undigested Food

Residual Amount (ml) 440

Urine I&O

Urine Output

Voiding Method Indwelling Catheter

Output, Urine Amount (ml) 100

Urine Color Pale Yellow

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Bowel Movements 1

Stool Characteristics None of the above

Stool Size Large

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Stool Color						Brown
Stool Consistency						Loose
Document	11/29/22 04:20	XD	(Rec: 11/29/22 04:43	XD	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine 8 mg In	0.9%	Sodium Chloride 250 ml	242 ml @ 0.1	MCg/Kg/Min	19.688	mls/hr IV TITRATE PRN
Rx#:Q02293108						
Intake, IV Amount (ml)						1.969
Document	11/29/22 04:25	XD	(Rec: 11/29/22 04:43	XD	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine 8 mg In	0.9%	Sodium Chloride 250 ml	242 ml @ 0.1	MCg/Kg/Min	19.688	mls/hr IV TITRATE PRN
Rx#:Q02293108						
Intake, IV Amount (ml)						0.656
Document	11/29/22 04:30	XD	(Rec: 11/29/22 04:43	XD	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine 8 mg In	0.9%	Sodium Chloride 250 ml	242 ml @ 0.1	MCg/Kg/Min	19.688	mls/hr IV TITRATE PRN
Rx#:Q02293108						
Intake, IV Amount (ml)						0.82
Document	11/29/22 04:35	XD	(Rec: 11/29/22 04:43	XD	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine 8 mg In	0.9%	Sodium Chloride 250 ml	242 ml @ 0.1	MCg/Kg/Min	19.688	mls/hr IV TITRATE PRN
Rx#:Q02293108						
Intake, IV Amount (ml)						0.984
Document	11/29/22 04:40	XD	(Rec: 11/29/22 04:43	XD	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine 8 mg In	0.9%	Sodium Chloride 250 ml	242 ml @ 0.1	MCg/Kg/Min	19.688	mls/hr IV TITRATE PRN
Rx#:Q02293108						
Intake, IV Amount (ml)						1.148
Document	11/29/22 04:45	XD	(Rec: 11/29/22 04:55	XD	Desktop)	
Intake and Output						
View IV eMAR Intake						
Norepinephrine 8 mg In	0.9%	Sodium Chloride 250 ml	242 ml @ 0.1	MCg/Kg/Min	19.688	mls/hr IV TITRATE PRN
Rx#:Q02293108						

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, IV Amount (ml)					0.984
Document	11/29/22 04:50	XD	(Rec: 11/29/22 04:55	XD Desktop)	
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN					
Rx#:Q02293108					
Intake, IV Amount (ml)					0.82
Document	11/29/22 04:55	XD	(Rec: 11/29/22 04:55	XD Desktop)	
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN					
Rx#:Q02293108					
Intake, IV Amount (ml)					0.656
Document	11/29/22 05:00	XD	(Rec: 11/29/22 05:03	XD Desktop)	
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN					
Rx#:Q02293108					
Intake, IV Amount (ml)					0.492
Document	11/29/22 05:00	XD	(Rec: 11/29/22 05:03	XD Desktop)	
Intake and Output					
View IV eMAR Intake					
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170					
Intake, IV Amount (ml)					25
Document	11/29/22 06:00	XD	(Rec: 11/29/22 06:14	XD Desktop)	
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN					
Rx#:Q02293108					
Intake, IV Amount (ml)					5.906
Document	11/29/22 06:00	XD	(Rec: 11/29/22 06:42	XD Desktop)	
Feeding Assessment					
Diet					
Meal					NPO
I&O GI					
Oral Input					
Oral Intake Amount (ml)					0

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gastric Input							
Mid Upper Abdomen							
Tube Feeding Intake Amount (ml)				0			
Tube Irrigant Intake Amount (ml)				100			
Type of Tube Feeding/Supplement				Glucerna 1.2			
Tube Feeding Supplement Strength				Full			
Tube Feeding Rate (ml/hr)				55			
Gastric Output							
Gastric Content Description				Undigested Food			
Residual Amount (ml)				300			
Urine I&O							
Urine Output							
Voiding Method				Indwelling Catheter			
Output, Urine Amount (ml)				100			
Urine Color				Pale Yellow			
Document 11/29/22 07:00	XD	(Rec: 11/29/22 07:14	XD	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN							
Rx#:Q02293108							
Intake, IV Amount (ml)				5.906			
Document 11/29/22 07:45	UG	(Rec: 11/29/22 19:03	UG	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN							
Rx#:Q02293108							
Intake, IV Amount (ml)				4.43			
Document 11/29/22 08:00	UG	(Rec: 11/29/22 09:47	UG	Desktop)			
Feeding Assessment							
Diet							
Meal							
Nourishment Type				NPO			
I&O GI				TUBE			
Oral Input				FEEDING			
Oral Intake Amount (ml)				0			
Gastric Input							
Mid Upper Abdomen							

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Intake Amount (ml)	110
Tube Irrigant Intake Amount (ml)	250
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	20
Gastric Output	
Gastric Content Description	Undigested Food
Residual Amount (ml)	290
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	125
Urine Color	Pale Yellow
Document 11/29/22 08:00 UG (Rec: 11/29/22 19:03 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN	
Rx#:Q02293108	
Intake, IV Amount (ml)	0.985
Document 11/29/22 09:00 UG (Rec: 11/29/22 19:03 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN	
Rx#:Q02293108	
Intake, IV Amount (ml)	3.938
Document 11/29/22 09:30 UG (Rec: 11/29/22 19:03 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN	
Rx#:Q02293108	
Intake, IV Amount (ml)	1.969
Document 11/29/22 09:50 UG (Rec: 11/29/22 10:25 UG Desktop)	
Intake and Output	
View IV eMAR Intake	
LevETIRacetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450	
Intake, IV Amount (ml)	105
Document 11/29/22 10:00 UG (Rec: 11/29/22 15:52 UG Desktop)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Feeding Assessment

Diet

Meal

Nourishment Type

NPO
 TUBE FEEDING

I&O GI

Oral Input

Oral Intake Amount (ml)

0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

40

Tube Irrigant Intake Amount (ml)

250

Type of Tube Feeding/Supplement

Glucerna 1.2

Tube Feeding Supplement Strength

Full

Tube Feeding Rate (ml/hr)

20

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml)

Indwelling Catheter
 125

Urine Color

Pale Yellow

Document 11/29/22 10:00 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

View IV eMAR Intake

Rx#:Q02293108 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Intake, IV Amount (ml)

2.953

Document 11/29/22 10:30 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

View IV eMAR Intake

Rx#:Q02293108 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Intake, IV Amount (ml)

2.953

Document 11/29/22 11:00 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

View IV eMAR Intake

Rx#:Q02293108 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Intake, IV Amount (ml)

3.938

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Document 11/29/22 12:00 UG (Rec: 11/29/22 15:52 UG Desktop)
 Feeding Assessment

Diet

Meal NPO
 Nourishment Type TUBE FEEDING

I&O GI

Oral Input 0
 Oral Intake Amount (ml)

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 40

Tube Irrigant Intake Amount (ml) 250

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 20

Gastric Output

Gastric Content Description Undigested Food

Residual Amount (ml) 245

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) Indwelling Catheter

Urine Color 85

Document 11/29/22 12:00 UG (Rec: 11/29/22 19:03 UG Desktop) Pale Yellow

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Rx#:Q02293108

Intake, IV Amount (ml) 7.875

Document 11/29/22 13:00 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Rx#:Q02293108

Intake, IV Amount (ml) 7.875

Document 11/29/22 13:15 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml) 1.969

Document 11/29/22 14:00 UG (Rec: 11/29/22 15:52 UG Desktop)

Feeding Assessment

Diet

Meal

Nourishment Type

NPO
 TUBE FEEDING

I&O GI

Oral Input

Oral Intake Amount (ml)

0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

40

Tube Irrigant Intake Amount (ml)

250

Type of Tube Feeding/Supplement

Glucerna 1.2

Tube Feeding Supplement Strength

Full

Tube Feeding Rate (ml/hr)

20

Urine I&O

Urine Output

Voiding Method

Indwelling Catheter

Output, Urine Amount (ml)

110

Urine Color

Pale Yellow

Document 11/29/22 14:00 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Rx#:Q02293108

Intake, IV Amount (ml)

7.383

Document 11/29/22 14:04 UG (Rec: 11/29/22 15:57 UG Desktop)

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINT-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml)

100

Document 11/29/22 14:31 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml) 5.086
 Document 11/29/22 15:00 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml) 5.71
 Document 11/29/22 16:00 UG (Rec: 11/29/22 17:15 UG Desktop)

Feeding Assessment

Diet

Meal

Nourishment Type

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 40

Tube Irrigant Intake Amount (ml) 250

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Gastric Output

Gastric Content Description Undigested Food

Residual Amount (ml) 445

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 120

Urine Color Pale Yellow

Document 11/29/22 16:00 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Rx#:Q02293108

Indwelling Catheter

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, IV Amount (ml) 11.813

Document 11/29/22 17:00 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

View IV eMAR Intake

Rx#:Q02293108 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Intake, IV Amount (ml) 11.813

Document 11/29/22 18:00 UG (Rec: 11/29/22 18:45 UG Desktop)

Feeding Assessment

Diet

Meal

Nourishment Type

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Irrigant Intake Amount (ml) 250

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Gastric Output

Gastric Content Description Undigested Food

Residual Amount (ml) 445

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 120

Urine Color Pale Yellow

Document 11/29/22 18:00 UG (Rec: 11/29/22 19:03 UG Desktop)

Intake and Output

View IV eMAR Intake

Rx#:Q02293108 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Intake, IV Amount (ml) 11.813

Document 11/29/22 19:00 XD (Rec: 11/29/22 19:46 XD Desktop)

Intake and Output

View IV eMAR Intake

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml) 11.813

Document 11/29/22 19:00 XD (Rec: 11/29/22 19:46 XD Desktop)

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml) 32.917

Document 11/29/22 19:30 XD (Rec: 11/29/22 19:46 XD Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml) 5.907

Document 11/29/22 20:00 XD (Rec: 11/29/22 20:08 XD Desktop)

Feeding Assessment

Diet

Meal

Nourishment Type

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 0

Tube Irrigant Intake Amount (ml) 250

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 20

Gastric Output

Gastric Content Description Undigested Food

Residual Amount (ml) 50

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 75

Urine Color

Pale Yellow

Indwelling Catheter

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/29/22 20:00 XD (Rec: 11/29/22 20:17 XD Desktop)
 Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml)

4.922

Document 11/29/22 20:00 XD (Rec: 11/29/22 20:17 XD Desktop)
 Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml)

25

Document 11/29/22 21:00 XD (Rec: 11/29/22 21:07 XD Desktop)
 Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml)

11.813

Document 11/29/22 21:00 XD (Rec: 11/29/22 21:07 XD Desktop)
 Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml)

25

Document 11/29/22 21:50 XD (Rec: 11/29/22 21:51 XD Desktop)
 Intake and Output

View IV eMAR Intake

levETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450

Intake, IV Amount (ml)

105

Document 11/29/22 21:50 XD (Rec: 11/29/22 21:51 XD Desktop)
 Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml)

17.083

Document 11/29/22 22:00 XD (Rec: 11/29/22 22:19 XD Desktop)
 Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Intake, IV Amount (ml)	11/29/22 22:00	XD	(Rec: 11/30/22 00:38	XD	Desktop)	11.813	
Feeding Assessment							
Diet							
Meal							
Nourishment Type							NPO TUBE FEEDING
I&O GI							
Oral Input							
Oral Intake Amount (ml)							0
Gastric Input							
Mid Upper Abdomen							
Tube Feeding Intake Amount (ml)						40	
Tube Irrigant Intake Amount (ml)						0	
Type of Tube Feeding/Supplement						Glucerna 1.2	
Tube Feeding Supplement Strength						Full	
Tube Feeding Rate (ml/hr)						20	
Gastric Output							
Gastric Content Description						Undigested Food	
Urine I&O							
Urine Output							
Voiding Method						Indwelling Catheter	
Output, Urine Amount (ml)						100	
Urine Color						Pale Yellow	
Document	11/29/22 23:00	XD	(Rec: 11/30/22 00:31	XD	Desktop)		
Intake and Output							
View IV EMAR Intake							
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN							
Rx#:Q02293108							
Intake, IV Amount (ml)						11.813	
Document	11/29/22 23:59	XD	(Rec: 11/30/22 00:38	XD	Desktop)		
Feeding Assessment							
Diet							
Meal							
Nourishment Type							NPO TUBE FEEDING
I&O GI							
Oral Input							
Oral Intake Amount (ml)							0

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gastric Input							
Mid Upper Abdomen							
Tube Feeding Intake Amount (ml)						40	
Type of Tube Feeding/Supplement						Glucerna 1.2	
Tube Feeding Supplement Strength						Full	
Tube Feeding Rate (mL/hr)						0	
Gastric Output							
Gastric Content Description						Undigested Food	
Residual Amount (ml)						400	
Urine I&O							
Urine Output							
Voiding Method						Indwelling Catheter	
Output, Urine Amount (ml)						75	
Urine Color						Pale Yellow	
Document 11/30/22 00:00	XD	(Rec: 11/30/22 00:31	XD	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN							
Px#:Q02293108						11.813	
Intake, IV Amount (ml)							
Document 11/30/22 01:00	XD	(Rec: 11/30/22 01:24	XD	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN							
Px#:Q02293108						11.813	
Intake, IV Amount (ml)							
Document 11/30/22 01:22	XD	(Rec: 11/30/22 01:24	XD	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN							
Px#:Q02293108						4.331	
Intake, IV Amount (ml)							
Document 11/30/22 02:00	XD	(Rec: 11/30/22 02:26	XD	Desktop)			
Intake and Output							
View IV eMAR Intake							
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN							
Px#:Q02293108							

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, IV Amount (ml) 6.235

Document 11/30/22 02:00 XD (Rec: 11/30/22 02:26 XD Desktop)

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml) 15.833

Document 11/30/22 02:00 XD (Rec: 11/30/22 04:39 XD Desktop)

Feeding Assessment

Diet

Meal

Nourishment Type

I&O GI

Oral Input

Oral Intake Amount (ml)

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

Type of Tube Feeding/Supplement

Tube Feeding Supplement Strength

Tube Feeding Rate (ml/hr)

Gastric Output

Gastric Content Description

Residual Amount (ml)

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml)

Urine Color

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Bowel Movements

Stool Characteristics

Stool Size

Stool Color

Stool Consistency

Document 11/30/22 02:26 XD (Rec: 11/30/22 02:26 XD Desktop)

Indwelling Catheter 1

50 None of the above

Pale Yellow Small

Brown

Loose

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml)

4.266

Document 11/30/22 02:26 XD (Rec: 11/30/22 02:27 XD Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml)

0

Document 11/30/22 03:00 XD (Rec: 11/30/22 03:08 XD Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml)

4.463

Document 11/30/22 03:00 XD (Rec: 11/30/22 03:08 XD Desktop)

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml)

25

Document 11/30/22 04:00 XD (Rec: 11/30/22 04:11 XD Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml)

7.875

Document 11/30/22 04:00 XD (Rec: 11/30/22 04:11 XD Desktop)

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml)

25

Document 11/30/22 04:00 XD (Rec: 11/30/22 04:39 XD Desktop)

Feeding Assessment

Diet

Meal

NPO

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Nourishment Type	TUBE FEEDING
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	40
Tube Irrigant Intake Amount (ml)	250
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	20
Gastric Output	
Gastric Content Description	Undigested Food
Residual Discarded (ml)	500
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	50
Urine Color	Pale Yellow
Document 11/30/22 05:00 XD (Rec: 11/30/22 05:04 XD Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN	
Rx#:Q02293108	
Intake, IV Amount (ml)	7.875
Document 11/30/22 05:00 XD (Rec: 11/30/22 05:04 XD Desktop)	
Intake and Output	
View IV eMAR Intake	
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINT-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170	
Intake, IV Amount (ml)	25
Document 11/30/22 06:00 XD (Rec: 11/30/22 06:02 XD Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN	
Rx#:Q02293108	
Intake, IV Amount (ml)	5.906
Document 11/30/22 06:00 XD (Rec: 11/30/22 06:02 XD Desktop)	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml) 9.167

Document 11/30/22 06:00 XD (Rec: 11/30/22 06:05 XD Desktop)

Feeding Assessment

Diet

Meal

Nourishment Type

NPO
TUBE FEEDING

I&O GI

Oral Input

Oral Intake Amount (ml)

0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

40

Type of Tube Feeding/Supplement

Glucerna 1.2

Tube Feeding Supplement Strength

Full

Tube Feeding Rate (ml/hr)

20

Gastric Output

Gastric Content Description

Undigested Food

Residual Amount (ml)

300

Urine I&O

Urine Output

Voiding Method

Indwelling Catheter

Output, Urine Amount (ml)

50

Urine Color

Pale Yellow

Document 11/30/22 06:31 XD (Rec: 11/30/22 06:31 XD Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Rx#:Q02293108

Intake, IV Amount (ml)

3.051

Document 11/30/22 07:00 XD (Rec: 11/30/22 07:00 XD Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Rx#:Q02293108

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, IV Amount (ml) 3.806

Document 11/30/22 07:30 JM (Rec: 11/30/22 12:34 JM Desktop)

Intake and Output

View IV eMAR Intake

Rx#:Q02293108 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN

Intake, IV Amount (ml) 3.938

Document 11/30/22 08:00 JM (Rec: 11/30/22 09:42 JM Desktop)

Feeding Assessment

Diet

Meal

Nourishment Type

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 40

Type of Tube Feeding/Supplement

Tube Feeding Supplement Strength

Tube Feeding Rate (ml/hr) 20

Gastric Output

Gastric Content Description

Residual Amount (ml) 200

Residual Discarded (ml) 150

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml)

Urine Color

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Incontinent Bowel Movements 0

Document 11/30/22 08:00 JM (Rec: 11/30/22 12:34 JM Desktop)

Intake and Output

View IV eMAR Intake

Indwelling Catheter

50

Pale Yellow

0

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml) 3.938

Document 11/30/22 09:00 JM (Rec: 11/30/22 12:34 JM Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml) 7.875

Document 11/30/22 09:19 JM (Rec: 11/30/22 11:07 JM Desktop)

Intake and Output

View IV eMAR Intake

levETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450
 Intake, IV Amount (ml) 105

Document 11/30/22 10:00 JM (Rec: 11/30/22 11:06 JM Desktop)

Feeding Assessment

Diet

Meal

Nourishment Type

I&O GI

Oral Input

Oral Intake Amount (ml) 0

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 40

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (mL/hr) 20

Gastric Output

Gastric Content Description Undigested Food

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 0

Urine Color

I&O Stool Output

Stool Output

Indwelling Catheter

Pale Yellow

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Urine I&O					
Urine Output					
Voiding Method					Indwelling Catheter
Output, Urine Amount (ml)					0
Urine Color					Pale Yellow
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Incontinent Bowel Movements					0
Document 11/30/22 12:00 JM (Rec: 11/30/22 12:34 JM Desktop)					
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN					
Rx#:Q02293108					
Intake, IV Amount (ml)					7.875
Document 11/30/22 13:05 JM (Rec: 11/30/22 13:17 JM Desktop)					
Intake and Output					
View IV eMAR Intake					
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170					100
Intake, IV Amount (ml)					
Document 11/30/22 14:00 JM (Rec: 11/30/22 14:51 JM Desktop)					
Feeding Assessment					
Diet					
Meal					NPO
Nourishment Type					TUBE FEEDING
I&O GI					
Oral Input					
Oral Intake Amount (ml)					0
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)					40
Type of Tube Feeding/Supplement					Glucerna 1.2
Tube Feeding Supplement Strength					Full
Tube Feeding Rate (ml/hr)					20
Gastric Output					
Gastric Content Description					Undigested Food
Urine I&O					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Residual Discarded (ml) 150

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml)

Urine Color

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Incontinent Bowel Movements

Document 11/30/22 16:00 JM (Rec: 11/30/22 18:11 JM Desktop) 0

Intake and Output

View IV eMAR Intake

Rx#:Q02296175 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN

Intake, IV Amount (ml)

Document 11/30/22 17:00 JM (Rec: 11/30/22 18:11 JM Desktop) 7.875

Intake and Output

View IV eMAR Intake

Rx#:Q02296175 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN

Intake, IV Amount (ml)

Document 11/30/22 18:00 JM (Rec: 11/30/22 18:02 JM Desktop) 7.875

Feeding Assessment

Diet

Meal

Nourishment Type

I&O GI

Oral Input

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

Type of Tube Feeding/Supplement

Tube Feeding Supplement Strength

Tube Feeding Rate (mL/hr)

Gastric Output

NPO

TUBE FEEDING

0

40

Glucerna 1.2

Full

20

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gastric Content Description	Undigested Food
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	30
Urine Color	Pale Yellow
I&O Stool Output	
Stool Output	
Protocol: STOOL	
Number of Incontinent Bowel Movements	1
Stool Characteristics	None of the above
Stool Size	Small
Stool Color	Brown
Stool Consistency	Loose
Document 11/30/22 18:00 JM (Rec: 11/30/22 18:11 JM Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN	
Px#:Q02296175	
Intake, IV Amount (ml)	7.875
Document 11/30/22 19:00 JM (Rec: 11/30/22 19:02 JM Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN	
Px#:Q02296175	
Intake, IV Amount (ml)	7.875
Document 11/30/22 20:00 HL (Rec: 11/30/22 23:56 HL Desktop)	
Feeding Assessment	
Diet	
Meal	NPO
Nourishment Type	TUBE FEEDING
I&O GI	
Oral Input	
Oral Intake Amount (ml)	0
Gastric Input	
Mid Upper Abdomen	
Tube Feeding Intake Amount (ml)	40

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Tube Irrigant Intake Amount (ml)	200
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	20
Gastric Output	Undigested Food
Gastric Content Description	350
Residual Amount (ml)	
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	30
Urine Color	Pale Yellow
Document 11/30/22 20:00 HL (Rec: 12/01/22 20:45 HL Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN	
Rx#:Q02296175	
Intake, IV Amount (ml)	7.875
Document 11/30/22 21:00 HL (Rec: 12/01/22 20:45 HL Desktop)	
Intake and Output	
View IV eMAR Intake	
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN	
Rx#:Q02296175	
Intake, IV Amount (ml)	7.875
Document 11/30/22 21:13 HL (Rec: 11/30/22 21:14 HL Desktop)	
Intake and Output	
View IV eMAR Intake	
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170	
Document 11/30/22 22:00 HL (Rec: 12/01/22 00:02 HL Desktop)	
Intake, IV Amount (ml)	100
Feeding Assessment	
Diet	
Meal	NPO
Nourishment Type	TUBE FEEDING
Urine I&O	
Urine Output	
Voiding Method	Indwelling Catheter

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Output, Urine Amount (ml)		0	
Urine Color		Pale Yellow	
Document	11/30/22 22:00	HL (Rec: 12/01/22 20:45	HL Desktop)
Intake and Output			
View IV eMAR Intake			
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN			
Rx#:Q02296175			
Intake, IV Amount (ml)		7.875	
Document	11/30/22 23:00	HL (Rec: 12/01/22 20:45	HL Desktop)
Intake and Output			
View IV eMAR Intake			
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN			
Rx#:Q02296175			
Intake, IV Amount (ml)		7.875	
Document	11/30/22 23:03	HL (Rec: 11/30/22 23:03	HL Desktop)
Intake and Output			
View IV eMAR Intake			
LevFIRacetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450			
Intake, IV Amount (ml)		105	
Document	11/30/22 23:59	HL (Rec: 12/01/22 01:00	HL Desktop)
Feeding Assessment			
Diet			
Meal			
Urine I&O			NPO
Urine Output			
Voiding Method			Indwelling Catheter
Urine Color			Pale Yellow
Document	12/01/22 00:00	HL (Rec: 12/01/22 20:47	HL Desktop)
Intake and Output			
View IV eMAR Intake			
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN			
Rx#:Q02296175			
Intake, IV Amount (ml)		7.875	
Document	12/01/22 01:00	HL (Rec: 12/01/22 20:45	HL Desktop)
Intake and Output			
View IV eMAR Intake			
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN			
Rx#:Q02296175			

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intake, IV Amount (ml) 7.875

Document 12/01/22 02:00 HL (Rec: 12/01/22 04:34 HL Desktop)

Feeding Assessment

Diet

Meal

NPO

I&O GI

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

Tube Irrigant Intake Amount (ml)

Type of Tube Feeding/Supplement

Tube Feeding Supplement Strength

Tube Feeding Rate (ml/hr)

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml)

Urine Color

Document 12/01/22 02:00 HL (Rec: 12/01/22 20:45 HL Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN

Rx#:Q02296175

Intake, IV Amount (ml)

Document 12/01/22 03:00 HL (Rec: 12/01/22 20:45 HL Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN

Rx#:Q02296175

Intake, IV Amount (ml)

Document 12/01/22 04:00 HL (Rec: 12/01/22 04:36 HL Desktop)

Feeding Assessment

Diet

Meal

NPO

I&O GI

Gastric Input

Mid Upper Abdomen

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Intake Amount (ml)	20
Type of Tube Feeding/Supplement	Glucerna 1.2
Tube Feeding Supplement Strength	Full
Tube Feeding Rate (ml/hr)	10

Urine I&O

Urine Output	
Voiding Method	Indwelling Catheter
Output, Urine Amount (ml)	15
Number of voids	1
Urine Color	Pale Yellow

Document 12/01/22 04:00 HL (Rec: 12/01/22 20:45 HL Desktop)
 Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN
 Rx#:Q02296175

Intake, IV Amount (ml) 7.875
 Document 12/01/22 05:00 HL (Rec: 12/01/22 20:45 HL Desktop)
 Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN
 Rx#:Q02296175

Intake, IV Amount (ml) 7.875
 Document 12/01/22 05:34 HL (Rec: 12/01/22 05:34 HL Desktop)
 Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170

Intake, IV Amount (ml) 100
 Document 12/01/22 05:48 HL (Rec: 12/01/22 06:15 HL Desktop)
 Intake and Output

View IV eMAR Intake

Dextrose 5% 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02295751
 Intake, IV Amount (ml) 1,000

Document 12/01/22 06:00 HL (Rec: 12/01/22 06:48 HL Desktop)
 Feeding Assessment

Diet

Meal

I&O GI

NPO

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)				20	
Tube Irrigant Intake Amount (ml)				200	
Type of Tube Feeding/Supplement				Glucerna 1.2	
Tube Feeding Supplement Strength				Full	
Tube Feeding Rate (ml/hr)				10	
Document	12/01/22 06:00	HL	(Rec: 12/01/22 20:45	HL	Desktop)
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN					
Rx#:Q02296175					
Intake, IV Amount (ml)				7.875	
Document	12/01/22 07:00	JR	(Rec: 12/01/22 09:52	JR	Desktop)
Intake and Output					
View IV eMAR Intake					
Dextrose 5% 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02295751					
Intake, IV Amount (ml)				37.5	
Document	12/01/22 07:00	JR	(Rec: 12/01/22 09:52	JR	Desktop)
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN					
Rx#:Q02296175					
Intake, IV Amount (ml)				7.875	
Document	12/01/22 07:56	JR	(Rec: 12/01/22 07:57	JR	Desktop)
Intake and Output					
View IV eMAR Intake					
Dextrose 5% 1,000 ml @ 75 mls/hr IV .Q13H20M SCH Rx#:Q02291621					
Intake, IV Amount (ml)				970	
Document	12/01/22 07:58	JR	(Rec: 12/01/22 07:59	JR	Desktop)
Intake and Output					
View IV eMAR Intake					
0.45% Sodium Chloride 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02286593					
Intake, IV Amount (ml)				466.667	
Document	12/01/22 07:59	JR	(Rec: 12/01/22 07:59	JR	Desktop)
Intake and Output					
View IV eMAR Intake					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.1 MCG/KG/MIN 19.688 mls/hr IV TITRATE PRN
 Rx#:Q02293108

Intake, IV Amount (ml) 177.648

Document 12/01/22 08:00 JR (Rec: 12/01/22 09:32 JR Desktop)

I&O GI

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 20

Tube Irrigant Intake Amount (ml) 0

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 10

Gastric Output

Gastric Content Description Partially Digested Food

Residual Amount (ml) 250

Residual Discarded (ml) 250

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml)

Indwelling Catheter

0

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Incontinent Bowel Movements

Document 12/01/22 08:00 JR (Rec: 12/01/22 09:52 JR Desktop)

0

Intake and Output

View IV eMAR Intake

Dextrose 5% 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02295751

Intake, IV Amount (ml) 50

Document 12/01/22 08:00 JR (Rec: 12/01/22 09:52 JR Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN

Rx#:Q02296175

Intake, IV Amount (ml) 7.875

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 12/01/22 08:50 JR (Rec: 12/01/22 09:22 JR Desktop)
 Intake and Output

View IV eMAR Intake

levETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450
 Intake, IV Amount (ml) 105

Document 12/01/22 09:00 JR (Rec: 12/01/22 09:52 JR Desktop)
 Intake and Output

View IV eMAR Intake

Dextrose 5% 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02295751
 Intake, IV Amount (ml) 50

Document 12/01/22 09:00 JR (Rec: 12/01/22 09:52 JR Desktop)
 Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN
 Rx#:Q02296175
 Intake, IV Amount (ml) 7.875

Document 12/01/22 10:00 JR (Rec: 12/01/22 10:26 JR Desktop)
 I&O GI

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 20

Tube Irrigant Intake Amount (ml) 250

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 10

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 0

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Incontinent Bowel Movements 0

Document 12/01/22 10:00 JR (Rec: 12/01/22 12:28 JR Desktop)
 Intake and Output

Indwelling Catheter

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN

Rx#:Q02296175

Intake, IV Amount (ml) 7.875

Document 12/01/22 10:25 JR (Rec: 12/01/22 10:25 JR Desktop)

Intake and Output

View IV eMAR Intake

Dextrose 5% 1,000 ml @ 50 mls/hr IV .Q20H SCH Rx#:Q02295751

Intake, IV Amount (ml) 862.5

Document 12/01/22 11:00 JR (Rec: 12/01/22 12:28 JR Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN

Rx#:Q02296175

Intake, IV Amount (ml) 7.875

Document 12/01/22 12:00 JR (Rec: 12/01/22 12:23 JR Desktop)

I&O GI

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 20

Tube Irrigant Intake Amount (ml) 0

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 10

Gastric Output

Gastric Content Description Partially Digested Food

Residual Amount (ml) 300

Residual Discarded (ml) 300

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method Indwelling Catheter

Output, Urine Amount (ml) 0

I&O Stool Output

Stool Output

Protocol: STOOL

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Number of Incontinent Bowel Movements					0
Document	12/01/22 12:00	JR	(Rec: 12/01/22 12:28	JR	Desktop)
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN					
Rx#:Q02296175					
Intake, IV Amount (ml)					7.875
Document	12/01/22 12:40	JR	(Rec: 12/01/22 12:40	JR	Desktop)
Intake and Output					
View IV eMAR Intake					
Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINI-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02285170					
Intake, IV Amount (ml)					100
Document	12/01/22 13:00	JR	(Rec: 12/01/22 16:38	JR	Desktop)
Intake and Output					
View IV eMAR Intake					
Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN					
Rx#:Q02296175					
Intake, IV Amount (ml)					7.875
Document	12/01/22 14:00	JR	(Rec: 12/01/22 14:17	JR	Desktop)
I&O GI					
Gastric Input					
Mid Upper Abdomen					
Tube Feeding Intake Amount (ml)					20
Tube Irrigant Intake Amount (ml)					0
Type of Tube Feeding/Supplement					Glucerna 1.2
Tube Feeding Supplement Strength					Full
Tube Feeding Rate (ml/hr)					10
Emesis Output					
Number of Emeses					0
Urine I&O					
Urine Output					
Voiding Method					Indwelling Catheter
Output, Urine Amount (ml)					0
I&O Stool Output					
Stool Output					
Protocol: STOOL					
Number of Incontinent Bowel Movements					0

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 12/01/22 14:00 JR (Rec: 12/01/22 16:38 JR Desktop)
 Intake and Output

View IV eMAR Intake

Rx#:Q02296175
 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN

Intake, IV Amount (ml)

7.875

Document 12/01/22 15:00 JR (Rec: 12/01/22 16:38 JR Desktop)
 Intake and Output

View IV eMAR Intake

Rx#:Q02296175
 Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN

Intake, IV Amount (ml)

7.875

Document 12/01/22 16:00 JR (Rec: 12/01/22 16:36 JR Desktop)
 I&O GI

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

20

Tube Irrigant Intake Amount (ml)

250

Type of Tube Feeding/Supplement

Glucerna 1.2

Tube Feeding Supplement Strength

Full

Tube Feeding Rate (ml/hr)

10

Gastric Output

Gastric Content Description

Partially Digested Food

Residual Amount (ml)

275

Residual Discarded (ml)

275

Emesis Output

Number of Emeses

0

Urine I&O

Urine Output

Voiding Method

Indwelling Catheter

Output, Urine Amount (ml)

0

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Incontinent Bowel Movements

0

Document 12/01/22 16:00 JR (Rec: 12/01/22 16:38 JR Desktop)

Intake and Output

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN
 Rx#:Q02296175

Intake, IV Amount (ml) 7.875

Document 12/01/22 17:00 JR (Rec: 12/01/22 17:12 JR Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN
 Rx#:Q02296175

Intake, IV Amount (ml) 7.875

Document 12/01/22 18:00 JR (Rec: 12/01/22 18:08 JR Desktop)

I&O GI

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 20

Tube Irrigant Intake Amount (ml) 0

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 10

Emesis Output

Number of Emeses 0

Urine I&O

Urine Output

Voiding Method Indwelling Catheter

Output, Urine Amount (ml) 0

I&O Stool Output

Stool Output

Protocol: STOOL

Number of Incontinent Bowel Movements 0

Document 12/01/22 18:00 JR (Rec: 12/01/22 18:09 JR Desktop)

Intake and Output

View IV eMAR Intake

Norepinephrine 8 mg In 0.9% Sodium Chloride 250 ml 242 ml @ 0.04 MCG/KG/MIN 7.875 mls/hr IV TITRATE PRN
 Rx#:Q02296175

Intake, IV Amount (ml) 6.431

Document 12/01/22 18:00 JR (Rec: 12/01/22 18:09 JR Desktop)

Intake and Output

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

View IV eMAR Intake

niCARDipine 25 mg In 0.9% Sodium Chloride 250 ml 240 ml @ 5 MG/HR 50 mls/hr IV TITRATE PRN Rx#:Q02284436
 Intake, IV Amount (ml) 167.916

Document 12/01/22 20:00 HL (Rec: 12/01/22 20:48 HL Desktop)

Feeding Assessment

Diet

Meal

I&O GI

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml) 20

Tube Irrigant Intake Amount (ml) 0

Type of Tube Feeding/Supplement Glucerna 1.2

Tube Feeding Supplement Strength Full

Tube Feeding Rate (ml/hr) 10

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml) 30

Urine Color Indwelling Catheter
 Pale Yellow

Document 12/01/22 21:32 HL (Rec: 12/01/22 21:32 HL Desktop)

Intake and Output

View IV eMAR Intake

levETIRAcetam 500 mg In 0.9% Sodium Chloride 100 ml 100 ml @ 420 mls/hr IVPB Q12HRN SCH Rx#:Q02284450
 Intake, IV Amount (ml) 105

Document 12/01/22 21:46 HL (Rec: 12/01/22 21:46 HL Desktop)

Intake and Output

View IV eMAR Intake

Piperacillin/Tazobactam 4.5 gm In NS 100 ml MINT-Bag 100 ml @ 25 mls/hr IVPB Q8H SCH Rx#:Q02298710
 Intake, IV Amount (ml) 100

Document 12/01/22 22:00 HL (Rec: 12/01/22 22:19 HL Desktop)

Feeding Assessment

Diet

Meal

I&O GI

Gastric Input

Mid Upper Abdomen

NPO

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Intake Amount (ml)	20	
Tube Irrigant Intake Amount (ml)	250	
Type of Tube Feeding/Supplement	Glucerna 1.2	
Tube Feeding Supplement Strength	Full	
Tube Feeding Rate (ml/hr)	10	
Urine I&O		
Urine Output		
Voiding Method	Indwelling Catheter	
Output, Urine Amount (ml)	45	
Urine Color	Pale Yellow	
Document 12/01/22 23:59 HL (Rec: 12/02/22 00:19 HL Desktop)		
Feeding Assessment		
Diet		
Meal	NPO	
I&O GI		
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)	20	
Tube Irrigant Intake Amount (ml)	250	
Type of Tube Feeding/Supplement	Glucerna 1.2	
Tube Feeding Supplement Strength	Full	
Tube Feeding Rate (ml/hr)	10	
Urine I&O		
Urine Output		
Voiding Method	Indwelling Catheter	
Output, Urine Amount (ml)	30	
Urine Color	Pale Yellow	
Document 12/02/22 02:00 HL (Rec: 12/02/22 04:46 HL Desktop)		
Feeding Assessment		
Diet		
Meal	NPO	
I&O GI		
Gastric Input		
Mid Upper Abdomen		
Tube Feeding Intake Amount (ml)	20	
Type of Tube Feeding/Supplement	Glucerna 1.2	
Tube Feeding Supplement Strength	Full	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tube Feeding Rate (mL/hr) 10

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml)

Urine Color

Document 12/02/22 04:00 HL (Rec: 12/02/22 04:47 HL Desktop)

Feeding Assessment

Diet

Meal

I&O GI

Gastric Input

Mid Upper Abdomen

Tube Feeding Intake Amount (ml)

Tube Irrigant Intake Amount (ml)

Type of Tube Feeding/Supplement

Tube Feeding Supplement Strength

Tube Feeding Rate (mL/hr)

Urine I&O

Urine Output

Voiding Method

Output, Urine Amount (ml)

Urine Color

Document 10/24/22 10:00 LZ (Rec: 10/24/22 12:51 LZ Desktop)

Document 10/25/22 10:00 BP (Rec: 10/25/22 14:09 BP Other)

Document 10/26/22 10:00 SK (Rec: 10/26/22 10:02 SK Desktop)

Modified Rankin Score (Discharge)

Freq:

Protocol: DAILY Start: 11/30/22 12:23 Status: Discharge

Document 12/02/22 05:05 BM (Rec: 12/02/22 09:42 BM Q2MS101)

Modified Rankin Score (mRS)

Allowable Values

Modified Rankin Score (mRS)

Modified Rankin Score (In Hospital) 6 = Dead

Start: 11/30/22 12:23

Status: Discharge

Start: 11/30/22 12:23

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Status: Discharge

Freq:

Document 11/30/22 12:23 JLM (Rec: 11/30/22 12:23 JLM QSP102)

Modified Rankin Score (mRS)

Allowable Values

Modified Rankin Score (mRS)

Modified Rankin Score (PRE-STROKE)

Start: 11/30/22 12:23
 Status: Discharge

Freq:

Document 11/30/22 12:23 JLM (Rec: 11/30/22 12:23 JLM QSP102)

Pre-Stroke Modified Rankin Score

Allowable Values

Pre Stroke Modified Rankin Score (mRS)

Start: 10/18/22 23:09
 Status: Complete

Freq: QSHIFF

Protocol:

Document 10/18/22 23:54 REG(2) (Rec: 10/19/22 00:18 REG(2) Desktop)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Ambulatory Aid

IV or Saline Lock

Gait/Transferring

Mental Status

Score

Score

Risk Level/Action

Risk Level

Action

Query Text: *For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

35

Moderate Fall Risk

Implement Moderate Fall Risk

Precautions

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intervention

Copyright Permission				
Morse JM, Morse RM, Tyliko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8:366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.				
Fall Prevention Interventions				
Handout Provided				Yes
'Call Don't Fall' in Room				Yes
Fall Risk Armband On				Yes
Fall Risk Magnet on Doorframe				Yes
Provide non-skid slippers or socks				Yes
No More Than Three (3) Side Rails Up				Yes
Bed in Low Position and Wheels Locked				Yes
Instruct Patient to Call for Assistance to Get Out of Bed				Not Applicable
Patient and Family Educated on Fall Risk Strategies				Yes
Frequent Orientation Provided				No
All Belongings and Necessary Items Within Reach				Yes
Frequent Rounding to Provide Assistance				Yes
Bed and Room Free of Obstacles and Tripping Hazards				Yes
Fall Prevention Education				
Fall Risk, Precautions Reviewed For				Moderate Risk Level
Teaching Recipient				Patient
Teaching Methods				Discussion
Response to Teaching				Patient Verbalizes Understanding
Document 10/19/22 08:00 LZ (Rec: 10/19/22 09:40 LZ Desktop)				
Morse Fall Scale				
Assessment				
Protocol: MFS				
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.				
History of falling; immediate or within 3 months				No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)				Yes
Ambulatory Aid				None/Bed Rest/Nurse Assist
IV or Saline Lock				Yes
Gait/Transferring				Weak, may need assist
Mental Status				Oriented To Own Ability
Score				45
Risk Level/Action				

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Risk Level	Moderate Fall Risk
Action	Implement Moderate Fall Risk Precautions/Precautions
Query Text: *For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
Copyright Permission	
Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	No
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	Moderate Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Verbalizes Understanding
Teaching Comment	CALL LIGHT IN REACH, BED LOWEST POSITION, WHEELS LOCKED.
Document	10/19/22 19:36 REG(3) (Rec: 10/19/22 20:09 REG(3) Desktop)
Morse Fall Scale Assessment	
Protocol: MFS	

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Oriented To Own Ability
Score	35
Risk Level/Action	Moderate Fall Risk
Risk Level	Implement Moderate Fall Risk
Action	Precautions/Precautions
Query Text:*For No to Low Risk: Universal Fall	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
Copyright Permission	
Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Unable/Not Needed
Companion/Family Member at Bedside as Much as Possible	No

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	Moderate Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Verbalizes Understanding
Document 10/20/22 08:00 LZ (Rec: 10/20/22 12:45 LZ Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Oriented To Own Ability
Score	35
Risk Level/Action	Moderate Fall Risk
Action	Implement Moderate Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
Copyright Permission	
Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	Moderate Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Verbalizes Understanding
Document 10/20/22 20:00 REG(4)	(Rec: 10/21/22 00:06 REG(4) Desktop)
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Oriented To Own Ability
Score	35
Risk Level/Action	Moderate Fall Risk
Risk Level	Implement Moderate Fall Risk
Action	Precautions/Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

1989#8;366-7. Morse, J.M. (2009) . Preventing patient falls. (2nd ed) . New York: Springer.

Fall Prevention Interventions

- Handout Provided Yes
- 'Call Don't Fall' in Room Yes
- Fall Risk Armband On Yes
- Fall Risk Magnet on Doorframe Yes
- Provide non-skid slippers or socks Yes
- No More Than Three (3) Side Rails Up Yes
- Bed in Low Position and Wheels Locked Yes
- Instruct Patient to Call for Assistance to Get Out of Bed Yes
- Patient and Family Educated on Fall Risk Strategies Yes
- Frequent Orientation Provided Yes
- All Belongings and Necessary Items Within Reach Yes
- Frequent Rounding to Provide Assistance Yes
- Bed and Room Free of Obstacles and Tripping Hazards Yes

Fall Prevention Education

Fall Risk, Precautions Reviewed For

Moderate Risk Level

Teaching Recipient

Patient

Teaching Methods

Discussion

Response to Teaching

Patient Verbalizes Understanding

Document 10/21/22 08:00 KL (Rec: 10/21/22 10:44 KL Desktop)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Oriented To Own Ability

Score

35

Score

Risk Level/Action

Risk Level

Moderate Fall Risk

Action

Implement Moderate Fall Risk

Query Text:*For No to Low Risk: Universal Fall Precautions/Precautions

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Good Nursing Care		
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions		
*For High Fall Risk: Implement High-Risk Prevention Intervention		
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Fall Prevention Interventions		
Handout Provided	Yes	
'Call Don't Fall' in Room	Yes	
Fall Risk Armband On	Yes	
Fall Risk Magnet on Doorframe	Yes	
Provide non-skid slippers or socks	Yes	
No More Than Three (3) Side Rails Up	Yes	
Bed in Low Position and Wheels Locked	Yes	
Instruct Patient to Call for Assistance to Get Out of Bed	Yes	
Patient and Family Educated on Fall Risk Strategies	Yes	
Frequent Orientation Provided	Yes	
All Belongings and Necessary Items Within Reach	Yes	
Frequent Rounding to Provide Assistance	Yes	
Bed and Room Free of Obstacles and Tripping Hazards	Yes	
Fall Prevention Education		
Fall Risk, Precautions Reviewed For	Moderate Risk Level	
Teaching Recipient	Patient	
Teaching Methods	Discussion	
Response to Teaching	Patient Verbalizes Understanding	
Document 10/21/22 20:00 JU (Rec: 10/21/22 21:47 JU Desktop)		
Morse Fall Scale		
Assessment		
Protocol: MFS		
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	No	
History of falling; immediate or within 3 months	No	
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes	
Ambulatory Aid	None/Bed Rest/Nurse Assist	
IV or Saline Lock	Yes	
Gait/Transferring	Normal/Bedrest/Immobile	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mental Status	Oriented To Own Ability
Score	35
Risk Level/Action	Moderate Fall Risk
Risk Level	Implement Moderate Fall Risk
Action	Precautions/Precautions
Query Text: *For No to Low Risk: Universal Fall	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Unable/Not Needed
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	Moderate Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Response to Teaching Patient Verbalizes Understanding

Document 10/22/22 08:00 LZ (Rec: 10/22/22 10:11 LZ Desktop)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Oriented To Own Ability

Score 35

Risk Level/Action Moderate Fall Risk

Risk Level Implement Moderate Fall Risk

Action Query Text:*For No to Low Risk: Universal Fall Precautions/Precautions

Good Nursing Care *For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions *For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided Yes

*Call Don't Fall' in Room Yes

Fall Risk Armband On Yes

Fall Risk Magnet on Doorframe Yes

Provide non-skid slippers or socks Yes

No More Than Three (3) Side Rails Up Yes

Bed in Low Position and Wheels Locked Yes

Instruct Patient to Call for Assistance to Get Out of Bed Yes

Patient and Family Educated on Fall Risk Strategies Yes

Frequent Orientation Provided Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Fall Prevention Education	Moderate Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Verbalizes Understanding
Response to Teaching	
Document 10/22/22 20:00 JU (Rec: 10/22/22 23:16 JU Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Oriented To Own Ability
Score	35
Risk Level/Action	Moderate Fall Risk
Risk Level	Implement Moderate Fall Risk
Action	Precautions/
Query Text:*For No to Low Risk: Universal Fall Precautions/	Precautions
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	Moderate Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Verbalizes Understanding
Document 10/23/22 08:00 SL (Rec: 10/23/22 08:24 SL Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Oriented To Own Ability
Score	35
Score	
Risk Level/Action	Moderate Fall Risk
Risk Level	Implement Moderate Fall Risk
Action	Precautions/
Query Text:**For No to Low Risk: Universal Fall	Precautions/
Good Nursing Care	Precautions
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

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Fall Prevention Interventions

Handout Provided		No
'Call Don't Fall' in Room		No
Fall Risk Armband On		No
Fall Risk Magnet on Doorframe		No
Provide non-skid slippers or socks		Yes
No More Than Three (3) Side Rails Up		Yes
Bed in Low Position and Wheels Locked		Yes
Instruct Patient to Call for Assistance to Get Out of Bed		Not Applicable
Patient and Family Educated on Fall Risk Strategies		No
Frequent Orientation Provided		Not Applicable
All Belongings and Necessary Items Within Reach		Yes
Frequent Rounding to Provide Assistance		Yes
Bed and Room Free of Obstacles and Tripping Hazards		Yes
Use Bed Alarms if Available		No
Place Patient in Room Close to Nurses Station		Unable/Not Needed
Companion/Family Member at Bedside as Much as Possible		No
Sitter Present		No
Fall Prevention Education		Patient
Teaching Recipient		Discussion
Teaching Methods		Patient Actively Involved, Patient
Response to Teaching		Verbalizes Understanding

Document 10/23/22 20:00 JU (Rec: 10/23/22 22:54 JU Desktop)
 Morse Fall Scale Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Amputatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gaitt/Transferring	Normal/Bedrest/Immibile
Mental Status	Oriented To Own Ability

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Score		
35	Risk Level/Action	Moderate Fall Risk
	Risk Level	Implement Moderate Fall Risk
	Action	Precautions/ Precautions
	Query Text: *For No to Low Risk: Universal Fall	Precautions/
	Good Nursing Care	Precautions
	*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
	Interventions	
	*For High Fall Risk: Implement High-Risk Prevention	
	Intervention	
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	Fall Prevention Interventions	
	Handout Provided	Yes
	*Call Don't Fall' in Room	Yes
	Fall Risk Armband On	Yes
	Fall Risk Magnet on Doorframe	Yes
	Provide non-skid slippers or socks	Yes
	No More Than Three (3) Side Rails Up	No
	Bed in Low Position and Wheels Locked	Yes
	Instruct Patient to Call for Assistance to Get Out of Bed	Yes
	Patient and Family Educated on Fall Risk Strategies	Yes
	Frequent Orientation Provided	Yes
	All Belongings and Necessary Items Within Reach	Yes
	Frequent Rounding to Provide Assistance	Yes
	Bed and Room Free of Obstacles and Tripping Hazards	Yes
	Fall Prevention Education	
	Fall Risk, Precautions Reviewed For	Moderate Risk Level
	Teaching Recipient	Patient
	Teaching Methods	Discussion
	Response to Teaching	Patient Verbalizes Understanding
	Document 10/24/22 08:00 LZ (Rec: 10/24/22 12:50 LZ Desktop)	
	Morse Fall Scale	
	Assessment	
	Protocol: MFS	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Oriented To Own Ability

Score 35

Risk Level/Action Moderate Fall Risk

Action Implement Moderate Fall Risk

Query Text:*For No to Low Risk: Universal Fall Precautions/Precautions

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided

'Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Patient and Family Educated on Fall Risk Strategies

Frequent Orientation Provided

All Belongings and Necessary Items Within Reach

Frequent Rounding to Provide Assistance

Bed and Room Free of Obstacles and Tripping Hazards

Fall Prevention Education

Fall Risk, Precautions Reviewed For

Moderate Risk Level

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Verbalizes Understanding
Teaching Comment	Call light in reach, personal belongings in reach, bed in lowest position

Document 10/24/22 20:00 LM (Rec: 10/24/22 23:18 LM QNSUK104)
 Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Ambulatory Aid

IV or Saline Lock

Gait/Transferring

Mental Status

Score

Score

Risk Level/Action

Risk Level

Action

Query Text:*For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided

*Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	Moderate Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Actively Involved
Document 10/25/22 08:00 BP (Rec: 10/25/22 14:08 BP Other)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Oriented To Own Ability
Score	35
Score	
Risk Level/Action	Moderate Fall Risk
Risk Level	Implement Moderate Fall Risk
Action	Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

1989#8;366-7. Morse, J.M. (2009) . Preventing patient falls. (2nd ed) . New York: Springer.

Fall Prevention Interventions

Handout Provided

'Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Patient and Family Educated on Fall Risk Strategies

Frequent Orientation Provided

All Belongings and Necessary Items Within Reach

Frequent Rounding to Provide Assistance

Bed and Room Free of Obstacles and Tripping Hazards

Fall Prevention Education

Fall Risk, Precautions Reviewed For

Teaching Recipient

Teaching Methods

Response to Teaching

Document 10/25/22 20:00 JDM (Rec: 10/25/22 22:34 JDM QNSUK104)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Ambulatory Aid

IV or Saline Lock

Gait/Transferring

Mental Status

Score

Score

Risk Level/Action

Risk Level

Action

Query Text:*For No to Low Risk: Universal Fall Precautions/ Precautions/ Precautions

Moderate Fall Risk
 Implement Moderate Fall Risk

35

Yes

Normal/Bedrest/Immobile

Oriented To Own Ability

Yes

None/Bed Rest/Nurse Assist

Yes

Moderate Fall Risk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Good Nursing Care			
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions			
*For High Fall Risk: Implement High-Risk Prevention Intervention			
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Fall Prevention Interventions			
Handout Provided		Yes	
'Call Don't Fall' in Room		Yes	
Fall Risk Armband On		Yes	
Fall Risk Magnet on Doorframe		Yes	
Provide non-skid slippers or socks		Yes	
No More Than Three (3) Side Rails Up		Yes	
Bed in Low Position and Wheels Locked		Yes	
Instruct Patient to Call for Assistance to Get Out of Bed		Yes	
Patient and Family Educated on Fall Risk Strategies		Yes	
Frequent Orientation Provided		Yes	
All Belongings and Necessary Items Within Reach		Yes	
Frequent Rounding to Provide Assistance		Yes	
Bed and Room Free of Obstacles and Tripping Hazards		Yes	
Fall Prevention Education			
Fall Risk, Precautions Reviewed For		Moderate Risk Level	
Teaching Recipient		Patient	
Teaching Methods		Discussion	
Response to Teaching		Patient Actively Involved	
Document 10/26/22 08:00 SK (Rec: 10/26/22 09:01 SK Desktop)			
Morse Fall Scale Assessment			
Protocol: MFS			
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.		No	
History of falling; immediate or within 3 months		Yes	
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)		None/Bed Rest/Nurse Assist	
Ambulatory Aid		Yes	
IV or Saline Lock		Normal/Bedrest/Immobile	
Gait/Transferring			

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mental Status	Oriented To Own Ability
Score	35
Risk Level/Action	Moderate Fall Risk
Risk Level	Implement Moderate Fall Risk
Action	Precautions/
Query Text: *For No to Low Risk: Universal Fall	Precautions/
Good Nursing Care	Precautions
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	Moderate Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Actively Involved
Teaching Comment	Call light in reach, personal belongings in reach, bed in lowest position

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Morse Fall Scale Start: 10/26/22 21:20
 Freq: QSHIFF Status: Discharge

Protocol: 10/27/22 02:51 XD (Rec: 10/27/22 02:52 XD Desktop)
 Morse Fall Scale
 Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobilie
 Mental Status Forgets Limitations

Score 50

Risk Level/Action High Fall Risk
 Risk Level Implement High Fall Risk Precautions

Action Query Text: *For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided

'Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Yes
 Yes
 Yes
 Yes
 Yes
 Yes
 Yes
 Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Unable/Doesn't Understand
Document 10/27/22 08:00 LH (Rec: 10/27/22 13:00 LH Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Morse JM, Morse RM, Tyliko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Handout Provided

'Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Patient and Family Educated on Fall Risk Strategies

Frequent Orientation Provided

All Belongings and Necessary Items Within Reach

Frequent Rounding to Provide Assistance

Bed and Room Free of Obstacles and Tripping Hazards

Use Bed Alarms if Available

Place Patient in Room Close to Nurses Station

Companion/Family Member at Bedside as Much as Possible

Sitter Present

Fall Prevention Education

Fall Risk, Precautions Reviewed For

Teaching Recipient

Teaching Methods

Response to Teaching

Document 10/27/22 20:00 JAB (Rec: 10/27/22 23:49 JAB Desktop) Unable/Doesn't Understand

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Ambulatory Aid

IV or Saline Lock

Gait/Transferring

Mental Status

Score

High Risk Level

Patient Discussion

None/Bed Rest/Nurse Assist

Yes Normal/Bedrest/Immobilize

Forgets Limitations

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Unable/Doesn't Understand
Document 10/28/22 08:00 GH (Rec: 10/28/22 08:05 GH Other)	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Forgets Limitations

Score 50

Risk Level/Action High Fall Risk

Risk Level Implement High Fall Risk Precautions

Action Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention
 Interventions

*For High Fall Risk: Implement High-Risk Prevention
 Intervention

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Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Handout Provided Yes

'Call Don't Fall' in Room Yes

Fall Risk Armband On Yes

Fall Risk Magnet on Doorframe Yes

Provide non-skid slippers or socks Yes

No More Than Three (3) Side Rails Up Yes

Bed in Low Position and Wheels Locked Yes

Instruct Patient to Call for Assistance to Get Out of Bed Yes

Patient and Family Educated on Fall Risk Strategies Yes

Frequent Orientation Provided Yes

All Belongings and Necessary Items Within Reach Yes

Frequent Rounding to Provide Assistance Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Unable/Doesn't Understand
Document 10/28/22 20:00 ML (Rec: 10/28/22 20:32 ML Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Unable/Doesn't Understand
Response to Teaching	
Document 10/29/22 08:00 LH (Rec: 10/29/22 09:42 LH Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Score	
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Unable/Doesn't Understand
Document 10/29/22 20:00 XD (Rec: 10/29/22 21:28 XD Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
Copyright Permission Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Unable/Doesn't Understand
Document 10/30/22 08:00 LH (Rec: 10/30/22 09:56 LH Laptop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Unable/Doesn't Understand
Document 10/30/22 20:00 XD (Rec: 10/30/22 20:26 XD Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	50
Score	
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

*For High Fall Risk: Implement High-Risk Prevention Intervention

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Morse JM, Morse RM, TyLko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Unable/Doesn't Understand
Response to Teaching	
Document 10/31/22 08:00 CO (Rec: 10/31/22 08:16 CO Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	No
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	None/Bed Rest/Nurse Assist
Ambulatory Aid	Yes
IV or Saline Lock	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teaching Methods

Response to Teaching

Document 10/31/22 20:00 ST (Rec: 10/31/22 21:41 ST Desktop)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Ambulatory Aid

IV or Saline Lock

Gait/Transferring

Mental Status

Score

50

Risk Level/Action

Risk Level

Action

Query Text:*For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided

'Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Patient and Family Educated on Fall Risk Strategies

Discussion

Unable/Doesn't Understand

No

Yes

None/Bed Rest/Nurse Assist

Yes

Normal/Bedrest/Immobilie

Forgets Limitations

High Fall Risk

Implement High Fall Risk Precautions

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/01/22 08:00 RD (Rec: 11/01/22 08:56 RD Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of Falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

1989#8;366-7. Morse, J.M. (2009) . Preventing patient falls. (2nd ed) . New York: Springer.

Fall Prevention Interventions

Handout Provided

Yes

'Call Don't Fall' in Room

Yes

Fall Risk Armband On

Yes

Fall Risk Magnet on Doorframe

Yes

Provide non-skid slippers or socks

Yes

No More Than Three (3) Side Rails Up

Yes

Bed in Low Position and Wheels Locked

Yes

Instruct Patient to Call for Assistance to Get Out of Bed

Yes

Patient and Family Educated on Fall Risk Strategies

Yes

Frequent Orientation Provided

Yes

All Belongings and Necessary Items Within Reach

Yes

Frequent Rounding to Provide Assistance

Yes

Bed and Room Free of Obstacles and Tripping Hazards

Yes

Use Bed Alarms if Available

Yes

Place Patient in Room Close to Nurses Station

Yes

Companion/Family Member at Bedside as Much as Possible

Yes

Sitter Present

No

Comment

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Fall Prevention Education

Fall Risk, Precautions Reviewed For

High Risk Level Patient, Family

Teaching Recipient

Discussion

Teaching Methods

Patient Unable/Doesn't Understand

Response to Teaching

Document 11/01/22 20:00 ST (Rec: 11/01/22 22:56 ST Desktop)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months

No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Yes

Ambulatory Aid

None/Bed Rest/Nurse Assist

IV or Saline Lock

Yes

Gait/Transferring

Normal/Bedrest/Immobilie

Mental Status

Forgets Limitations

Score

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/02/22 08:00 EC (Rec: 11/02/22 10:00 EC Desktop)	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Forgets Limitations

Score 50

Risk Level/Action High Fall Risk

Risk Level Implement High Fall Risk Precautions

Action Query Text: *For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention
 Interventions

*For High Fall Risk: Implement High-Risk Prevention
 Intervention

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Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Handout Provided Yes

'Call Don't Fall' in Room Yes

Fall Risk Armband On Yes

Fall Risk Magnet on Doorframe Yes

Provide non-skid slippers or socks Yes

No More Than Three (3) Side Rails Up Yes

Bed in Low Position and Wheels Locked Yes

Instruct Patient to Call for Assistance to Get Out of Bed Yes

Patient and Family Educated on Fall Risk Strategies Yes

Frequent Orientation Provided Yes

All Belongings and Necessary Items Within Reach Yes

Frequent Rounding to Provide Assistance Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bed and Room Free of Obstacles and Tripping Hazards
 Use Bed Alarms if Available
 Place Patient in Room Close to Nurses Station
 Companion/Family Member at Bedside as Much as Possible
 Sitter Present

Comment

Fall Prevention Education

Fall Risk, Precautions Reviewed For

Teaching Recipient

Teaching Methods

Response to Teaching

Document 11/02/22 20:00 HL (Rec: 11/02/22 20:36 HL Other)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Ambulatory Aid

IV or Saline Lock

Gait/Transferring

Mental Status

Score

Risk Level/Action

Risk Level

Action

Query Text:*For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

50

High Fall Risk

Implement High Fall Risk Precautions

No

Yes

None/Bed Rest/Nurse Assist

Yes

Normal/Bedrest/Immobile

Forgets Limitations

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Stutter Present	No
Comment	INTJUBATED
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient, Family
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/03/22 08:00	CO (Rec: 11/03/22 08:18
Morse Fall Scale	CO Desktop)
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Risk Level	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text: *For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	
Fall Risk, Precautions Reviewed For Teaching Recipient	High Risk Level Patient, Family Discussion
Teaching Methods	
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/03/22 20:00 HL (Rec: 11/03/22 20:28 HL Desktop)	
Morse Fall Scale	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care *For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions *For High Fall Risk: Implement High-Risk Prevention Intervention	
Copyright Permission Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient, Family
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/04/22 08:00	CO (Rec: 11/04/22 08:26 CO Desktop)
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care *For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions *For High Fall Risk: Implement High-Risk Prevention Intervention	
Copyright Permission Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer. Fall Prevention Interventions Handout Provided	
	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTJUBATED
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient, Family
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/04/22 20:00 KC (Rec: 11/04/22 21:17 KC Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Score	
Risk Level/Action	High Fall Risk
Risk Level	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
*Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient, Family
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/05/22 08:00 JM (Rec: 11/05/22 10:45 JM Desktop)	
Morse Fall Scale	
Assessment	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Protocol: MFS
 If patient/family are not able to provide information regarding history of falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobile
 Mental Status Forgets Limitations
 Score 50
 Risk Level/Action High Fall Risk
 Risk Level Implement High Fall Risk Precautions
 Action Implement High Fall Risk Precautions
 Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care
 *For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions
 *For High Fall Risk: Implement High-Risk Prevention Intervention
 Intervention
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 Morse JM, Morse RM, TyLko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.
 Fall Prevention Interventions
 Handout Provided Yes
 *Call Don't Fall' in Room Yes
 Fall Risk Armband On Yes
 Fall Risk Magnet on Doorframe Yes
 Provide non-skid slippers or socks Yes
 No More Than Three (3) Side Rails Up Yes
 Bed in Low Position and Wheels Locked Yes
 Instruct Patient to Call for Assistance to Get Out of Bed Yes
 Patient and Family Educated on Fall Risk Strategies Yes
 Frequent Orientation Provided Yes
 All Belongings and Necessary Items Within Reach Yes
 Frequent Rounding to Provide Assistance Yes
 Bed and Room Free of Obstacles and Tripping Hazards Yes
 Use Bed Alarms if Available Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Needs Reinforcement, Patient
Response to Teaching	Unable/Doesn't Understand

Document 11/05/22 20:00 KC (Rec: 11/05/22 21:14 KC Desktop)
 Morse Fall Scale Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Galt/Transferring Normal/Bedrest/Immobilie
 Mental Status Forgets Limitations

Score 50

Risk Level/Action High Fall Risk

Action Implement High Fall Risk Precautions

Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions
 Handout Provided Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	INTJUBATED
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Needs Reinforcement, Patient
Response to Teaching	Unable/Doesn't Understand
Document 11/06/22 08:00 JM (Rec: 11/06/22 10:36 JM Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Risk Level	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Needs Reinforcement, Patient Unable/Doesn't Understand
Document	
11/06/22 20:00 KC (Rec: 11/06/22 21:18 KC Desktop)	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months

No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Yes

Ambulatory Aid

None/Bed Rest/Nurse Assist

IV or Saline Lock

Yes

Gait/Transferring

Normal/Bedrest/Immobile

Mental Status

Forgets Limitations

Score

Risk Level/Action

50

Risk Level

High Fall Risk

Action

Implement High Fall Risk Precautions

Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Yes

Handout Provided

Yes

'Call Don't Fall' in Room

Yes

Fall Risk Armband On

Yes

Fall Risk Magnet on Doorframe

Yes

Provide non-skid slippers or socks

Yes

No More Than Three (3) Side Rails Up

Yes

Bed in Low Position and Wheels Locked

Yes

Instruct Patient to Call for Assistance to Get Out of Bed

Yes

Patient and Family Educated on Fall Risk Strategies

Yes

Frequent Orientation Provided

Yes

All Belongings and Necessary Items Within Reach

Yes

Frequent Rounding to Provide Assistance

Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bed and Room Free of Obstacles and Tripping Hazards
 Use Bed Alarms if Available
 Place Patient in Room Close to Nurses Station
 Companion/Family Member at Bedside as Much as Possible
 Sitter Present

Comment

Yes
 Yes
 Yes
 No
 No
 INTUBATED

Fall Prevention Education

Fall Risk, Precautions Reviewed For
 Teaching Recipient
 Teaching Methods
 Response to Teaching

High Risk Level
 Patient
 Discussion
 Patient Needs Reinforcement, Patient
 Unable/Doesn't Understand

Document 11/07/22 08:00 RD (Rec: 11/07/22 09:25 RD Desktop)
 Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months
 Yes

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)
 Yes

Ambulatory Aid
 None/Bed Rest/Nurse Assist

IV or Saline Lock
 Yes

Gait/Transferring
 Normal/Bedrest/Immobile

Mental Status
 Forgets Limitations

Score

Score

75

Risk Level/Action

Risk Level

High Fall Risk

Action
 Implement High Fall Risk Precautions

Query Text: *For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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 1989;8:366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Fall Prevention Interventions

Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTUBATED

Fall Prevention Education

Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/07/22 20:00	CMS (Rec: 11/07/22 20:07 CMS Desktop)
Morse Fall Scale	

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.
 History of falling; immediate or within 3 months Yes
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobile
 Mental Status Forgets Limitations

Score 75

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text: *For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Starter Present	No
Comment	INTUBATED
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/08/22 08:00 JD (Rec: 11/08/22 08:52 JD Desktop)	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months Yes

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Forgets Limitations

Score 75

Risk Level/Action

Risk Level High Fall Risk

Action Implement High Fall Risk Precautions

Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided

*Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Patient and Family Educated on Fall Risk Strategies

Frequent Orientation Provided

All Belongings and Necessary Items Within Reach

Frequent Rounding to Provide Assistance

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bed and Room Free of Obstacles and Tripping Hazards Yes
 Use Bed Alarms if Available Yes
 Place Patient in Room Close to Nurses Station Yes
 Companion/Family Member at Bedside as Much as Possible Yes
 Sitter Present No

Comment INTUATED

Fall Prevention Education

Fall Risk, Precautions Reviewed For High Risk Level
 Teaching Recipient Patient
 Teaching Methods Discussion

Response to Teaching Patient Unable/Doesn't Understand
 Document 11/08/22 20:00 CMS (Rec: 11/08/22 20:17 CMS Desktop)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.
 History of falling; immediate or within 3 months Yes
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobilie
 Mental Status Forgets Limitations

Score 75

Risk Level/Action

Risk Level High Fall Risk

Action Implement High Fall Risk Precautions

Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Stitter Present	No
Comment	INTJUBATED
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/09/22 08:00 JD (Rec: 11/09/22 08:13 JD Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Risk Level	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/09/22 20:00 MA (Rec: 11/09/22 21:49 MA Desktop)	
Morse Fall Scale	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/10/22 08:00 MN (Rec: 11/10/22 09:01 MN Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care *For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions *For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTJUBATED
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/10/22 20:00 AV (Rec: 11/10/22 20:32 AV Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	High Fall Risk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
*Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/11/22 08:00 MN (Rec: 11/11/22 10:12 MN Desktop)	
Morse Fall Scale	
Assessment	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months Yes

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Forgets Limitations

Score 75

Risk Level/Action High Fall Risk

Risk Level Implement High Fall Risk Precautions

Action

Query Text:*For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Handout Provided Yes

*Call Don't Fall' in Room Yes

Fall Risk Armband On Yes

Fall Risk Magnet on Doorframe Yes

Provide non-skid slippers or socks Yes

No More Than Three (3) Side Rails Up Yes

Bed in Low Position and Wheels Locked Yes

Instruct Patient to Call for Assistance to Get Out of Bed Yes

Patient and Family Educated on Fall Risk Strategies Yes

Frequent Orientation Provided Yes

All Belongings and Necessary Items Within Reach Yes

Frequent Rounding to Provide Assistance Yes

Bed and Room Free of Obstacles and Tripping Hazards Yes

Use Bed Alarms if Available Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/11/22 20:00 CMS (Rec: 11/11/22 20:29 CMS Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
*Call Don't Fall' in Room	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Comment	INTUBATED
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/12/22 08:00 CO (Rec: 11/12/22 08:16 CO Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care			
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions			
*For High Fall Risk: Implement High-Risk Prevention Intervention			
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Fall Prevention Interventions			
Handout Provided		Yes	
'Call Don't Fall' in Room		Yes	
Fall Risk Armband On		Yes	
Fall Risk Magnet on Doorframe		Yes	
Provide non-skid slippers or socks		Yes	
No More Than Three (3) Side Rails Up		Yes	
Bed in Low Position and Wheels Locked		Yes	
Instruct Patient to Call for Assistance to Get Out of Bed		Yes	
Patient and Family Educated on Fall Risk Strategies		Yes	
Frequent Orientation Provided		Yes	
All Belongings and Necessary Items Within Reach		Yes	
Frequent Rounding to Provide Assistance		Yes	
Bed and Room Free of Obstacles and Tripping Hazards		Yes	
Use Bed Alarms if Available		Yes	
Place Patient in Room Close to Nurses Station		Yes	
Companion/Family Member at Bedside as Much as Possible		No	
Sitter Present		No	
Fall Prevention Education			
Fall Risk, Precautions Reviewed For		High Risk Level	
Teaching Recipient		Patient	
Teaching Methods		Discussion	
Response to Teaching		Patient Unable/Doesn't Understand	
Document 11/12/22 20:00 JAB (Rec: 11/12/22 20:24 JAB Desktop)			
Morse Fall Scale			
Assessment			
Protocol: MFS			

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sitter Present	No
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/13/22 08:00	CO (Rec: 11/13/22 08:26 CO Desktop)
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	Yes
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	No
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/13/22 20:00 HL (Rec: 11/13/22 20:32 HL Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

*For High Fall Risk: Implement High-Risk Prevention Intervention

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Fall Prevention Interventions

Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/14/22 08:00 JM (Rec: 11/14/22 09:30 JM Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	Yes
History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	75
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teaching Methods	Discussion
Response to Teaching	Patient Needs Reinforcement, Patient Unable/Doesn't Understand

Document 11/14/22 20:00 MA (Rec: 11/14/22 20:58 MA Desktop)
 Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.
 History of falling; immediate or within 3 months Yes
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobilie
 Mental Status Forgets Limitations

Score 75

Risk Level/Action High Fall Risk
 Risk Level Implement High Fall Risk Precautions

Action Query Text: *For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided

'Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Yes
 Yes
 Yes
 Yes
 Yes
 Yes
 Yes
 Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	No
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Needs Reinforcement, Patient Unable/Doesn't Understand

Document 11/15/22 08:00 RD (Rec: 11/15/22 10:40 RD Desktop)
 Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations

Score

Score

75

Risk Level/Action

Risk Level

High Fall Risk

Action

Implement High Fall Risk Precautions

Query Text:**For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care
 *For Moderate Risk: Implement Moderate Fall-Risk Prevention
 Interventions
 *For High Fall Risk: Implement High-Risk Prevention
 Intervention

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

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Fall Prevention Interventions			
Handout Provided			Yes
'Call Don't Fall' in Room			Yes
Fall Risk Armband On			Yes
Fall Risk Magnet on Doorframe			Yes
Provide non-skid slippers or socks			Yes
No More Than Three (3) Side Rails Up			Yes
Bed in Low Position and Wheels Locked			Yes
Instruct Patient to Call for Assistance to Get Out of Bed			Yes
Patient and Family Educated on Fall Risk Strategies			Yes
Frequent Orientation Provided			Yes
All Belongings and Necessary Items Within Reach			Yes
Frequent Rounding to Provide Assistance			Yes
Bed and Room Free of Obstacles and Tripping Hazards			Yes
Use Bed Alarms if Available			Yes
Place Patient in Room Close to Nurses Station			Yes
Companion/Family Member at Bedside as Much as Possible			Yes
Sitter Present			No
Fall Prevention Education			
Fall Risk, Precautions Reviewed For			High Risk Level
Teaching Recipient			Patient
Teaching Methods			Discussion
Response to Teaching			Patient Unable/Doesn't Understand
Document 11/15/22 20:00 KC (Rec: 11/15/22 20:08 KC Desktop)			
Morse Fall Scale			
Assessment			
Protocol: MFS			
If patient/family are not able to provide information regarding history of falls, please answer, Yes.			Yes
History of falling; immediate or within 3 months			Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)			Yes
Ambulatory Aid			None/Bed Rest/Nurse Assist
IV or Saline Lock			Yes
Gait/Transferring			Normal/Bedrest/Immobilie
Mental Status			Forgets Limitations

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Score		
75		
Risk Level/Action	High Fall Risk	
Risk Level	Implement High Fall Risk Precautions	
Action		
Query Text:	*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care *For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions *For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions		
Handout Provided	Yes	
*Call Don't Fall' in Room	Yes	
Fall Risk Armband On	Yes	
Fall Risk Magnet on Doorframe	Yes	
Provide non-skid slippers or socks	Yes	
No More Than Three (3) Side Rails Up	Yes	
Bed in Low Position and Wheels Locked	Yes	
Instruct Patient to Call for Assistance to Get Out of Bed	Yes	
Patient and Family Educated on Fall Risk Strategies	Yes	
Frequent Orientation Provided	Yes	
All Belongings and Necessary Items Within Reach	Yes	
Frequent Rounding to Provide Assistance	Yes	
Bed and Room Free of Obstacles and Tripping Hazards	Yes	
Use Bed Alarms if Available	Yes	
Place Patient in Room Close to Nurses Station	Yes	
Companion/Family Member at Bedside as Much as Possible	Yes	
Sitter Present	No	
Fall Prevention Education		
Fall Risk, Precautions Reviewed For	High Risk Level	
Teaching Recipient	Patient	
Teaching Methods	Discussion	
Response to Teaching	Patient Unable/Doesn't Understand	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/16/22 08:00 JM (Rec: 11/16/22 09:08 JM Desktop)
 Morse Fall Scale

Assessment
 Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.
 History of falling; immediate or within 3 months Yes
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immibile
 Mental Status Forgets Limitations

Score 75

Risk Level/Action

Risk Level High Fall Risk
 Action Implement High Fall Risk Precautions

Query Text: *For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention
 Interventions
 *For High Fall Risk: Implement High-Risk Prevention
 Intervention

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 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.
 Fall Prevention Interventions

- Handout Provided Yes
- 'Call Don't Fall' in Room Yes
- Fall Risk Armband On Yes
- Fall Risk Magnet on Doorframe Yes
- Provide non-skid slippers or socks Yes
- No More Than Three (3) Side Rails Up Yes
- Bed in Low Position and Wheels Locked Yes
- Instruct Patient to Call for Assistance to Get Out of Bed Yes
- Patient and Family Educated on Fall Risk Strategies Yes
- Frequent Orientation Provided Yes
- All Belongings and Necessary Items Within Reach Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Needs Reinforcement, Patient Unable/Doesn't Understand

Document 11/16/22 20:00 CMS (Rec: 11/16/22 20:06 CMS Desktop)
 Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months	Yes
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations

Score

Score

75

Risk Level/Action

Risk Level

High Fall Risk

Action

Implement High Fall Risk Precautions

Query Text:*For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Fall Prevention Interventions

Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Needs Reinforcement, Patient
Response to Teaching	Unable/Doesn't Understand

Document 11/17/22 08:00 JMW (Rec: 11/17/22 11:43 JMW Desktop)
 Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text: *For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	Yes
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Family
Teaching Methods	Discussion
Response to Teaching	Actively Involved
Document 11/17/22 20:00	CMS (Rec: 11/17/22 22:21 CMS Desktop)
Morse Fall Scale	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Forgets Limitations

Score 50

Risk Level/Action

Risk Level High Fall Risk

Action Implement High Fall Risk Precautions

Query Text:*For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided

*Call Don't Fall' in Room Yes

Fall Risk Armband On Yes

Fall Risk Magnet on Doorframe Yes

Provide non-skid slippers or socks Yes

No More Than Three (3) Side Rails Up No

Bed in Low Position and Wheels Locked Yes

Instruct Patient to Call for Assistance to Get Out of Bed Yes

Patient and Family Educated on Fall Risk Strategies Yes

Frequent Orientation Provided Yes

All Belongings and Necessary Items Within Reach Yes

Frequent Rounding to Provide Assistance Yes

Bed and Room Free of Obstacles and Tripping Hazards Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	Yes
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Family
Teaching Recipient	Discussion
Teaching Methods	Actively Involved
Response to Teaching	
Document 11/18/22 08:00 MT (Rec: 11/18/22 09:22 MT Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gaitt/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
*Call Don't Fall' in Room	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Fall Risk Armband On Yes
 Fall Risk Magnet on Doorframe Yes
 Provide non-skid slippers or socks Yes
 No More Than Three (3) Side Rails Up No
 Bed in Low Position and Wheels Locked Yes
 Instruct Patient to Call for Assistance to Get Out of Bed Yes
 Patient and Family Educated on Fall Risk Strategies Yes
 Frequent Orientation Provided Yes
 All Belongings and Necessary Items Within Reach Yes
 Frequent Rounding to Provide Assistance Yes
 Bed and Room Free of Obstacles and Tripping Hazards Yes
 Use Bed Alarms if Available Yes
 Place Patient in Room Close to Nurses Station Yes
 Companion/Family Member at Bedside as Much as Possible Yes
 Sitter Present Yes

Fall Prevention Education High Risk Level
 Fall Risk, Precautions Reviewed For Patient
 Teaching Recipient Discussion
 Teaching Methods Patient Unable/Doesn't Understand
 Response to Teaching
 Document 11/18/22 20:00 KC (Rec: 11/18/22 22:12 KC Desktop)

Morse Fall Scale
 Assessment

Protocol: MFS
 If patient/family are not able to provide information regarding History of Falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobilie
 Mental Status Forgets Limitations
 Score 50
 Risk Level/Action High Fall Risk
 Risk Level Implement High Fall Risk Precautions
 Action
 Query Text:*For No to Low Risk: Universal Fall Precautions/

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	Yes
Fall Prevention Education	
Fall Risk, Precautions Reviewed For Teaching Recipient	High Risk Level
Teaching Methods	Patient
Response to Teaching	Discussion
Document 11/19/22 08:00 RD (Rec: 11/19/22 10:57 RD Desktop)	Patient Unable/Doesn't Understand
Morse Fall Scale Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	No

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Fall Prevention Education Fall Risk, Precautions Reviewed For Teaching Recipient Teaching Methods Response to Teaching	High Risk Level Patient Discussion Patient Needs Reinforcement, Patient Unable/Doesn't Understand
--	---

Document 11/19/22 20:00 KC (Rec: 11/19/22 21:25 KC Desktop)
 Morse Fall Scale

Assessment

Protocol: MFS
 If patient/family are not able to provide information regarding history of falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobile
 Mental Status Forgets Limitations

Score 50

Risk Level/Action

Risk Level High Fall Risk
 Action Implement High Fall Risk Precautions

Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care
 *For Moderate Risk: Implement Moderate Fall-Risk Prevention
 Interventions
 *For High Fall Risk: Implement High-Risk Prevention
 Intervention

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 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions
 Handout Provided Yes
 *Call Don't Fall' in Room Yes
 Fall Risk Armband On Yes
 Fall Risk Magnet on Doorframe Yes
 Provide non-skid slippers or socks Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

No More Than Three (3) Side Rails Up Yes
 Bed in Low Position and Wheels Locked Yes
 Instruct Patient to Call for Assistance to Get Out of Bed Yes
 Patient and Family Educated on Fall Risk Strategies Yes
 Frequent Orientation Provided Yes
 All Belongings and Necessary Items Within Reach Yes
 Frequent Rounding to Provide Assistance Yes
 Bed and Room Free of Obstacles and Tripping Hazards Yes
 Use Bed Alarms if Available Yes
 Place Patient in Room Close to Nurses Station Yes
 Companion/Family Member at Bedside as Much as Possible Yes
 Sitter Present No

Fall Prevention Education High Risk Level
 Fall Risk, Precautions Reviewed For Patient
 Teaching Recipient Discussion
 Teaching Methods Patient Needs Reinforcement, Patient
 Response to Teaching Unable/Doesn't Understand

Document 11/20/22 08:00 JMV (Rec: 11/20/22 09:16 JMV Desktop)
 Morse Fall Scale

Assessment
 Protocol: MFS
 If patient/family are not able to provide information regarding history of falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobilie
 Mental Status Forgets Limitations
 Score 50
 Risk Level/Action High Fall Risk
 Risk Level Implement High Fall Risk Precautions
 Action
 Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care
 *For Moderate Risk: Implement Moderate Fall-Risk Prevention

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Handout Provided

'Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Patient and Family Educated on Fall Risk Strategies

Frequent Orientation Provided

All Belongings and Necessary Items Within Reach

Frequent Rounding to Provide Assistance

Bed and Room Free of Obstacles and Tripping Hazards

Use Bed Alarms if Available

Place Patient in Room Close to Nurses Station

Companion/Family Member at Bedside as Much as Possible

Sitter Present

Fall Prevention Education

Fall Risk, Precautions Reviewed For

Teaching Recipient

Teaching Methods

Response to Teaching

High Risk Level
 Patient
 Discussion
 Patient Needs Reinforcement, Patient
 Unable/Doesn't Understand

Document 11/20/22 20:00 KC (Rec: 11/20/22 20:53 KC Desktop)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

No
 Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Morse JM, Morse RM, TyLko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
*Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Fall Prevention Education	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Needs Reinforcement, Patient Unable/Doesn't Understand

Document 11/21/22 08:00 JMW (Rec: 11/21/22 10:00 JMW Desktop)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist Yes
 IV or Saline Lock Normal/Bedrest/Immobile Yes
 Gait/Transferring Forgets Limitations
 Mental Status

Score

Risk Level/Action

Action

Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care High Fall Risk
 *For Moderate Risk: Implement Moderate Fall-Risk Prevention Implement High Fall Risk Precautions
 Interventions
 *For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

- Handout Provided Yes
- 'Call Don't Fall' in Room Yes
- Fall Risk Armband On Yes
- Fall Risk Magnet on Doorframe Yes
- Provide non-skid slippers or socks Yes
- No More Than Three (3) Side Rails Up Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Needs Reinforcement, Patient
Response to Teaching	Unable/Doesn't Understand

Document 11/21/22 20:00 KC (Rec: 11/21/22 20:55 KC Desktop)
 Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobilie

Mental Status Forgets Limitations

Score 50

Risk Level/Action

Risk Level High Fall Risk

Action Implement High Fall Risk Precautions

Query Text: *For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

*For High Fall Risk: Implement High-Risk Prevention Intervention

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Fall Prevention Interventions

Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	Yes
Sitter Present	No
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Needs Reinforcement, Patient
Response to Teaching	Unable/Doesn't Understand
Document 11/22/22 08:00 JR (Rec: 11/22/22 09:24 JR Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/22/22 20:00 JAB (Rec: 11/22/22 23:09 JAB Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Patient and Family Educated on Fall Risk Strategies Yes
 Frequent Orientation Provided Yes
 All Belongings and Necessary Items Within Reach Yes
 Frequent Rounding to Provide Assistance Yes
 Bed and Room Free of Obstacles and Tripping Hazards Yes
 Use Bed Alarms if Available Yes
 Place Patient in Room Close to Nurses Station Yes
 Companion/Family Member at Bedside as Much as Possible No
 Sitter Present No

Fall Prevention Education High Risk Level
 Fall Risk, Precautions Reviewed For Patient
 Teaching Recipient Discussion
 Teaching Methods Patient Unable/Doesn't Understand
 Response to Teaching

Document 11/23/22 07:30 JR (Rec: 11/23/22 09:06 JR Desktop)
 Morse Fall Scale

Assessment
 Protocol: MFS
 If patient/family are not able to provide information regarding history of falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobilie
 Mental Status Forgets Limitations

Score 50
 Risk Level/Action High Fall Risk
 Risk Level Implement High Fall Risk Precautions
 Action

Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care
 *For Moderate Risk: Implement Moderate Fall-Risk Prevention
 Interventions
 *For High Fall Risk: Implement High-Risk Prevention
 Intervention
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Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Morse JM, Morse RM, Tyliko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Handout Provided

'Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Patient and Family Educated on Fall Risk Strategies

Frequent Orientation Provided

All Belongings and Necessary Items Within Reach

Frequent Rounding to Provide Assistance

Bed and Room Free of Obstacles and Tripping Hazards

Use Bed Alarms if Available

Place Patient in Room Close to Nurses Station

Companion/Family Member at Bedside as Much as Possible

Sitter Present

Fall Prevention Education

Fall Risk, Precautions Reviewed For

Teaching Recipient

Teaching Methods

Response to Teaching

Document 11/23/22 20:00 JAB (Rec: 11/24/22 02:16 JAB Desktop) Patient Unable/Doesn't Understand

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Ambulatory Aid

IV or Saline Lock

Gait/Transferring

Mental Status

Score

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	Yes
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/24/22 08:00 MT (Rec: 11/24/22 09:20 MT Desktop)	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Forgets Limitations

Score 50

Risk Level/Action High Fall Risk

Risk Level Implement High Fall Risk Precautions

Action Query Text:*For No to Low Risk: Universal Fall Precautions/

Good Nursing Care *For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions *For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided Yes

'Call Don't Fall' in Room Yes

Fall Risk Armband On Yes

Fall Risk Magnet on Doorframe Yes

Provide non-skid slippers or socks Yes

No More Than Three (3) Side Rails Up No

Bed in Low Position and Wheels Locked Yes

Instruct Patient to Call for Assistance to Get Out of Bed Yes

Patient and Family Educated on Fall Risk Strategies Yes

Frequent Orientation Provided Yes

All Belongings and Necessary Items Within Reach Yes

Frequent Rounding to Provide Assistance Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	SEIZURE PRECAUTION. ALL 4 SIDERAILS UP
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/24/22 20:00	LO (Rec: 11/24/22 22:35 LO Desktop)
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Handout Provided	Yes	
'Call Don't Fall' in Room	Yes	
Fall Risk Armband On	Yes	
Fall Risk Magnet on Doorframe	Yes	
Provide non-skid slippers or socks	Yes	
No More Than Three (3) Side Rails Up	No	
Bed in Low Position and Wheels Locked	Yes	
Instruct Patient to Call for Assistance to Get Out of Bed	Yes	
Patient and Family Educated on Fall Risk Strategies	Yes	
Frequent Orientation Provided	Yes	
All Belongings and Necessary Items Within Reach	Yes	
Frequent Rounding to Provide Assistance	Yes	
Bed and Room Free of Obstacles and Tripping Hazards	Yes	
Use Bed Alarms if Available	Yes	
Place Patient in Room Close to Nurses Station	Yes	
Companion/Family Member at Bedside as Much as Possible	No	
Stutter Present	No	
Comment	SEIZURE PRECAUTION. ALL 4 SIDERAILS UP	
Fall Prevention Education		
Fall Risk, Precautions Reviewed For	High Risk Level	
Teaching Recipient	Patient	
Teaching Methods	Discussion	
Response to Teaching	Patient Unable/Doesn't Understand	
Document 11/25/22 08:00	SAV (Rec: 11/25/22 17:13 SAV Desktop)	
Morse Fall Scale		
Assessment		
Protocol: MFS		
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.		
History of falling; immediate or within 3 months	No	
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes	
Ambulatory Aid	None/Bed Rest/Nurse Assist	
IV or Saline Lock	Yes	
Gait/Transferring	Normal/Bedrest/Immobile	
Mental Status	Forgets Limitations	
Score		
Score	50	
Risk Level/Action		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Risk Level	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text: *For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	SEIZURE PRECAUTIONS
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/25/22 20:00 LO (Rec: 11/25/22 20:49 LO Desktop)	
Morse Fall Scale	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Forgets Limitations

Score 50

Risk Level/Action High Fall Risk

Risk Level Implement High Fall Risk Precautions

Action Query Text:*For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided Yes

'Call Don't Fall' in Room Yes

Fall Risk Armband On Yes

Fall Risk Magnet on Doorframe Yes

Provide non-skid slippers or socks Yes

No More Than Three (3) Side Rails Up No

Bed in Low Position and Wheels Locked Yes

Instruct Patient to Call for Assistance to Get Out of Bed Yes

Patient and Family Educated on Fall Risk Strategies Yes

Frequent Orientation Provided Yes

All Belongings and Necessary Items Within Reach Yes

Frequent Rounding to Provide Assistance Yes

Bed and Room Free of Obstacles and Tripping Hazards Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	SEIZURE PRECAUTIONS

Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand

Response to Teaching 11/26/22 08:00 LH (Rec: 11/26/22 09:18 LH Phone)
 Document 11/26/22 08:00 LH (Rec: 11/26/22 09:18 LH Phone)
 Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Galt/Transferring Normal/Bedrest/Immobilie
 Mental Status Forgets Limitations

Score

50

Risk Level/Action

High Fall Risk

Risk Level

Implement High Fall Risk Precautions

Action

Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care
 *For Moderate Risk: Implement Moderate Fall-Risk Prevention
 Interventions
 *For High Fall Risk: Implement High-Risk Prevention
 Intervention
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 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.
 Fall Prevention Interventions
 Handout Provided
 Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	SEIZURE PRECAUTIONS
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/26/22 20:00 LO (Rec: 11/26/22 20:37 LO Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Score	
Risk Level/Action	High Fall Risk
Risk Level	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Action

Implement High Fall Risk Precautions

Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention
 Interventions

*For High Fall Risk: Implement High-Risk Prevention
 Intervention

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Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging
 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Handout Provided

*Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Patient and Family Educated on Fall Risk Strategies

Frequent Orientation Provided

All Belongings and Necessary Items Within Reach

Frequent Rounding to Provide Assistance

Bed and Room Free of Obstacles and Tripping Hazards

Use Bed Alarms if Available

Place Patient in Room Close to Nurses Station

Companion/Family Member at Bedside as Much as Possible

Sitter Present

Comment

SETZURE PRECAUTIONS

Fall Prevention Education

Fall Risk, Precautions Reviewed For

Teaching Recipient

Teaching Methods

Response to Teaching

Document 11/27/22 08:00 LH (Rec: 11/27/22 10:35 LH Phone)

Morse Fall Scale

Assessment

High Risk Level

Patient

Discussion

Patient Unable/Doesn't Understand

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months No

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes

Ambulatory Aid None/Bed Rest/Nurse Assist

IV or Saline Lock Yes

Gait/Transferring Normal/Bedrest/Immobile

Mental Status Forgets Limitations

Score 50

Risk Level/Action High Fall Risk

Risk Level Implement High Fall Risk Precautions

Action Query Text:*For No to Low Risk: Universal Fall Precautions/

Good Nursing Care

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.

Fall Prevention Interventions

Handout Provided

*Call Don't Fall' in Room Yes

Fall Risk Armband On Yes

Fall Risk Magnet on Doorframe Yes

Provide non-skid slippers or socks Yes

No More Than Three (3) Side Rails Up Yes

Bed in Low Position and Wheels Locked No

Instruct Patient to Call for Assistance to Get Out of Bed Yes

Patient and Family Educated on Fall Risk Strategies Yes

Frequent Orientation Provided Yes

All Belongings and Necessary Items Within Reach Yes

Frequent Rounding to Provide Assistance Yes

Bed and Room Free of Obstacles and Tripping Hazards Yes

Use Bed Alarms if Available Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	SEIZURE PRECAUTIONS
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/27/22 20:00 JAB (Rec: 11/27/22 21:45 JAB Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Action	Implement High Fall Risk Precautions
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care *For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions *For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	SETZURE PRECAUTIONS
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/28/22 08:00 UG (Rec: 11/28/22 15:22 UG Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	No
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Score	
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	SEIZURE PRECAUTIONS
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/28/22 20:00 XD (Rec: 11/28/22 20:59 XD Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobile
 Mental Status Forgets Limitations
 Score 50
 Risk Level/Action High Fall Risk
 Action Implement High Fall Risk Precautions
 Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care
 *For Moderate Risk: Implement Moderate Fall-Risk Prevention
 Interventions
 *For High Fall Risk: Implement High-Risk Prevention
 Intervention
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 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.
 Fall Prevention Interventions
 Handout Provided Yes
 'Call Don't Fall' in Room Yes
 Fall Risk Armband On Yes
 Fall Risk Magnet on Doorframe Yes
 Provide non-skid slippers or socks Yes
 No More Than Three (3) Side Rails Up No
 Bed in Low Position and Wheels Locked Yes
 Instruct Patient to Call for Assistance to Get Out of Bed Yes
 Patient and Family Educated on Fall Risk Strategies Yes
 Frequent Orientation Provided Yes
 All Belongings and Necessary Items Within Reach Yes
 Frequent Rounding to Provide Assistance Yes
 Bed and Room Free of Obstacles and Tripping Hazards Yes
 Use Bed Alarms if Available Yes
 Place Patient in Room Close to Nurses Station Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
Comment	SETZURE PRECAUTIONS
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/29/22 08:00 UG (Rec: 11/29/22 09:47 UG Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Morse JM, Morse RM, Tyliko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8:366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	Yes
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No

SEIZURE PRECAUTIONS

Comment	
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	
Document 11/29/22 20:00 XD (Rec: 11/29/22 20:08 XD Desktop)	

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.

History of falling; immediate or within 3 months

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)

Ambulatory Aid

IV or Saline Lock

Gait/Transferring

Mental Status

Score

Score

Risk Level/Action

Risk Level

Action

Query Text:*For No to Low Risk: Universal Fall Precautions/

High Fall Risk Implement High Fall Risk Precautions

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No
SEIZURE PRECAUTIONS	
Comment	
Fall Prevention Education	
Fall Risk, Precautions Reviewed For Teaching Recipient	High Risk Level Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/30/22 08:00 JM (Rec: 11/30/22 09:41 JM Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding History of Falls, please answer, Yes.	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention Interventions	
*For High Fall Risk: Implement High-Risk Prevention Intervention	
Copyright Permission Morse JM, Morse RM, Tytko SJ. Development of a scale to identify the fall-prone patient. Can J Aging 1989;8;366-7. Morse, J.M. (2009). Preventing patient falls. (2nd ed). New York: Springer.	
Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sitter Present	No
Comment	SEIZURE PRECAUTIONS
Fall Prevention Education	
Fall Risk, Precautions Reviewed For	High Risk Level
Teaching Recipient	Patient
Teaching Methods	Discussion
Response to Teaching	Patient Unable/Doesn't Understand
Document 11/30/22 20:00 HL (Rec: 11/30/22 23:57 HL Desktop)	
Morse Fall Scale	
Assessment	
Protocol: MFS	
If patient/family are not able to provide information regarding history of falls, please answer, Yes.	
History of falling; immediate or within 3 months	No
Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobile
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/ Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No

SEIZURE PRECAUTIONS

SEIZURE PRECAUTIONS	No
High Risk Level	High Risk Level
Patient	Patient
Discussion	Discussion
Patient Unable/Doesn't Understand	Patient Unable/Doesn't Understand

Document 12/01/22 08:00 JR (Rec: 12/01/22 09:41 JR Desktop)
 Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding history of falls, please answer, Yes.
 History of falling; immediate or within 3 months No
 Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart) Yes
 Ambulatory Aid None/Bed Rest/Nurse Assist
 IV or Saline Lock Yes
 Gait/Transferring Normal/Bedrest/Immobilie
 Mental Status Forgets Limitations

Score 50

Risk Level/Action High Fall Risk
 Risk Level Implement High Fall Risk Precautions

Action Query Text:*For No to Low Risk: Universal Fall Precautions/
 Good Nursing Care

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

*For Moderate Risk: Implement Moderate Fall-Risk Prevention

Interventions

*For High Fall Risk: Implement High-Risk Prevention

Intervention

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Fall Prevention Interventions

Handout Provided

'Call Don't Fall' in Room

Fall Risk Armband On

Fall Risk Magnet on Doorframe

Provide non-skid slippers or socks

No More Than Three (3) Side Rails Up

Bed in Low Position and Wheels Locked

Instruct Patient to Call for Assistance to Get Out of Bed

Patient and Family Educated on Fall Risk Strategies

Frequent Orientation Provided

All Belongings and Necessary Items Within Reach

Frequent Rounding to Provide Assistance

Bed and Room Free of Obstacles and Tripping Hazards

Use Bed Alarms if Available

Place Patient in Room Close to Nurses Station

Companion/Family Member at Bedside as Much as Possible

Sitter Present

Comment

Fall Prevention Education

Fall Risk, Precautions Reviewed For

Teaching Recipient

Teaching Methods

Response to Teaching

Document 12/01/22 20:00 HL (Rec: 12/01/22 20:34 HL Desktop)

Morse Fall Scale

Assessment

Protocol: MFS

If patient/family are not able to provide information regarding History of Falls, please answer, Yes.

History of falling; immediate or within 3 months

No

SEIZURE PRECAUTIONS 4 SIDE RAILS UP

High Risk Level

Patient

Discussion

Patient Unable/Doesn't Understand

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Secondary Diagnosis (More Than 1 Medical Diagnoses in Chart)	Yes
Ambulatory Aid	None/Bed Rest/Nurse Assist
IV or Saline Lock	Yes
Gait/Transferring	Normal/Bedrest/Immobilie
Mental Status	Forgets Limitations
Score	50
Risk Level/Action	High Fall Risk
Risk Level	Implement High Fall Risk Precautions
Action	
Query Text:*For No to Low Risk: Universal Fall Precautions/	
Good Nursing Care	
*For Moderate Risk: Implement Moderate Fall-Risk Prevention	
Interventions	
*For High Fall Risk: Implement High-Risk Prevention	
Intervention	
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Fall Prevention Interventions	
Handout Provided	Yes
'Call Don't Fall' in Room	Yes
Fall Risk Armband On	Yes
Fall Risk Magnet on Doorframe	Yes
Provide non-skid slippers or socks	Yes
No More Than Three (3) Side Rails Up	No
Bed in Low Position and Wheels Locked	Yes
Instruct Patient to Call for Assistance to Get Out of Bed	Yes
Patient and Family Educated on Fall Risk Strategies	Yes
Frequent Orientation Provided	Yes
All Belongings and Necessary Items Within Reach	Yes
Frequent Rounding to Provide Assistance	Yes
Bed and Room Free of Obstacles and Tripping Hazards	Yes
Use Bed Alarms if Available	Yes
Place Patient in Room Close to Nurses Station	Yes
Companion/Family Member at Bedside as Much as Possible	No
Sitter Present	No

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Comment	SEIZURE PRECAUTIONS 4 SIDE RAILS UP
Fall Prevention Education	High Risk Level
Fall Risk, Precautions Reviewed For	Patient
Teaching Recipient	Discussion
Teaching Methods	Patient Unable/Doesn't Understand
Response to Teaching	

NIH Stroke Scale

Freq: QSHFFP

Start: 11/24/22 00:18
 Status: Discharge

Protocol:

Document 11/24/22 00:00 JAB (Rec: 11/24/22 06:42 JAB Desktop)

NIH Stroke Scale

Level of Consciousness

Protocol: NIHSS.LOC

Level of Consciousness

Orientation

Protocol: NIHSS.ORIE

Orientation

Response to Commands

Protocol: NIHSS.RESP

Response to Commands

Best Gaze

Protocol: NIHSS.GAZE

Best Gaze

Visual Fields

Protocol: NIHSS.VISU

Visual Fields

Facial Movements

Protocol: NIHSS.FACE

Facial Palsy

Left Arm Motor Function

Protocol: NIHSS.LARM

Left Arm Motor Function

Right Arm Motor Function

Protocol: NIHSS.RARM

Right Arm Motor Function

Left Leg Motor Function

Protocol: NIHSS.LLEG

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: NIHSS.LLEG		No anti-gravity effort
Left Leg Motor Function		
Right Leg Motor Function		
Protocol: NIHSS.RLEG		
Right Leg Motor Function		No anti-gravity effort
Limb Ataxia		
Protocol: NIHSS.LIMB		
Limb Ataxia		No ataxia
Sensory		
Protocol: NIHSS.SENS		
Sensory		Mild to Moderate loss
Best Language		
Protocol: NIHSS.LANG		
Best Language		Mute, global aphasia, coma
Dysarthria (Articulation)		
Protocol: NIHSS.DYSA		
Dysarthria (Articulation)		Unable-intubated/barrier
Extinction / Neglect		
Protocol: NIHSS.EXTI		
Extinction / Neglect		Severe neglect
NIH Score		
NIH Score		32
NIH Level		
NIH Level		Severe Stroke
Document 11/24/22 08:00 MT (Rec: 11/24/22 09:20 MT Desktop)		
NIH Stroke Scale		
Level of Consciousness		Obtunded
Protocol: NIHSS.LOC		
Level of Consciousness		Unable to Speak d/t intubation, dysarthria, language barrier
Orientation		
Protocol: NIHSS.ORIE		
Orientation		
Response to Commands		
Protocol: NIHSS.RESP		
Response to Commands		Performs neither correct
Best Gaze		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: NIHSS.GAZE	Forced Deviation
Best Gaze	
Visual Fields	
Protocol: NIHSS.VISU	No Blink to Threat (Comatose Patient)
Visual Fields	
Facial Movements	
Protocol: NIHSS.FACE	Partial Paralysis
Facial Palsy	
Left Arm Motor Function	
Protocol: NIHSS.LARM	No movement
Left Arm Motor Function	
Right Arm Motor Function	
Protocol: NIHSS.RARM	No movement
Right Arm Motor Function	
Left Leg Motor Function	No antigravily effort
Protocol: NIHSS.LLEG	No antigravily effort
Left Leg Motor Function	
Right Leg Motor Function	
Protocol: NIHSS.RLEG	No antigravily effort
Right Leg Motor Function	
Limb Ataxia	
Protocol: NIHSS.LIMB	No ataxia
Limb Ataxia	
Sensory	
Protocol: NIHSS.SENS	Mild to Moderate loss
Sensory	
Best Language	
Protocol: NIHSS.LANG	Mute, global aphasia, coma
Best Language	
Dysarthria (Articulation)	
Protocol: NIHSS.DYSA	Unable-intubated/barrier
Dysarthria (Articulation)	
Extinction / Neglect	
Protocol: NIHSS.EXTI	Severe neglect
Extinction / Neglect	
NIH Score	
NIH Score	32

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

NIH Level				Severe Stroke
NIH Level				
Document	11/24/22 20:00	LO	(Rec: 11/24/22 22:42	LO Desktop)
NIH Stroke Scale				
Level of Consciousness				Comatose
Protocol: NIHSS.LOC				
Level of Consciousness				Unable to Speak d/t intubation, dysarthria, language barrier
Orientation				
Protocol: NIHSS.ORIE				
Orientation				
Response to Commands				
Protocol: NIHSS.RESP				
Response to Commands				Performs neither correct
Best Gaze				
Protocol: NIHSS.GAZE				
Best Gaze				Forced Deviation
Visual Fields				
Protocol: NIHSS.VISU				
Visual Fields				No Blink to Threat (Comatose Patient)
Facial Movements				
Protocol: NIHSS.FACE				
Facial Palsy				Complete Paralysis
Left Arm Motor Function				
Protocol: NIHSS.LARM				
Left Arm Motor Function				No movement
Right Arm Motor Function				
Protocol: NIHSS.RARM				
Right Arm Motor Function				No movement
Left Leg Motor Function				
Protocol: NIHSS.LLEG				
Left Leg Motor Function				No movement
Right Leg Motor Function				
Protocol: NIHSS.RLEG				
Right Leg Motor Function				No movement
Limb Ataxia				
Protocol: NIHSS.LIMB				

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Limb Ataxia	Paralyzed / Cannot Understand
Sensory	
Protocol: NIHSS.SENS	
Sensory	
Best Language	Unresponsive ,Comatose, Quadriplegic
Protocol: NIHSS.LANG	
Best Language	Mute,global aphasia,coma
Dysarthria (Articulation)	Unable-intubated/barrier
Protocol: NIHSS.DYSA	
Dysarthria (Articulation)	
Extinction / Neglect	
Protocol: NIHSS.EXTI	Severe neglect
Extinction / Neglect	
NIH Score	
NIH Score	37
NIH Level	Severe Stroke
NIH Level	
Document 11/25/22 08:00 SAV (Rec: 11/25/22 17:13 SAV Desktop)	
NIH Stroke Scale	
Level of Consciousness	
Protocol: NIHSS.LOC	
Level of Consciousness	Comatose
Orientation	
Protocol: NIHSS.ORIE	
Orientation	Unable to Speak d/t intubation, dysarthria, language barrier
Response to Commands	
Protocol: NIHSS.RESP	
Response to Commands	Performs neither correct
Best Gaze	
Protocol: NIHSS.GAZE	
Best Gaze	Dolls Eyes Not Present (Comatose Patient)
Visual Fields	
Protocol: NIHSS.VISU	
Visual Fields	No Blink to Threat (Comatose Patient)
Facial Movements	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: NIHSS.FACE		Complete Paralysis
Facial Palsy		
Left Arm Motor Function		
Protocol: NIHSS.LARM		No movement
Left Arm Motor Function		
Right Arm Motor Function		
Protocol: NIHSS.RARM		No movement
Right Arm Motor Function		
Left Leg Motor Function		
Protocol: NIHSS.LLEG		No movement
Left Leg Motor Function		
Right Leg Motor Function		
Protocol: NIHSS.RLEG		No movement
Right Leg Motor Function		
Limb Ataxia		
Protocol: NIHSS.LIMB		Paralyzed / Cannot Understand
Limb Ataxia		
Sensory		
Protocol: NIHSS.SENS		Unresponsive ,Comatose , Quadriplegic
Sensory		
Best Language		
Protocol: NIHSS.LANG		Mute,global aphasia,coma
Best Language		
Dysarthria (Articulation)		
Protocol: NIHSS.DYSA		Unable-intubated/barrier
Dysarthria (Articulation)		
Extinction / Neglect		
Protocol: NIHSS.EXTI		Severe neglect
Extinction / Neglect		
NIH Score		
NIH Score		37
NIH Level		
NIH Level		Severe Stroke
Document	11/25/22 20:00 LO (Rec: 11/25/22 20:52 LO Desktop)	
NIH Stroke Scale		
Level of Consciousness		
Protocol: NIHSS.LOC		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Comatose
Orientation	
Protocol: NIHSS.ORIE	
Orientation	Unable to Speak d/t intubation, dysarthria, language barrier
Response to Commands	
Protocol: NIHSS.RESP	
Response to Commands	Performs neither correct
Best Gaze	
Protocol: NIHSS.GAZE	
Best Gaze	Dolls Eyes Not Present (Comatose Patient)
Visual Fields	
Protocol: NIHSS.VISU	
Visual Fields	No Blink to Threat (Comatose Patient)
Facial Movements	
Protocol: NIHSS.FACE	
Facial Palsy	Complete Paralysis
Left Arm Motor Function	
Protocol: NIHSS.LARM	
Left Arm Motor Function	No movement
Right Arm Motor Function	
Protocol: NIHSS.RARM	
Right Arm Motor Function	No movement
Left Leg Motor Function	
Protocol: NIHSS.LLEG	
Left Leg Motor Function	No movement
Right Leg Motor Function	
Protocol: NIHSS.RLEG	
Right Leg Motor Function	No movement
Limb Ataxia	
Protocol: NIHSS.LIMB	
Limb Ataxia	Paralyzed / Cannot Understand
Sensory	
Protocol: NIHSS.SENS	
Sensory	Unresponsive ,Comatose, Quadriplegic
Best Language	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: NIHSS.LANG	Mute,global aphasia,coma
Best Language	
Dysarthria (Articulation)	
Protocol: NIHSS.DYSA	
Dysarthria (Articulation)	Unable-intubated/barrier
Extinction / Neglect	
Protocol: NIHSS.EXTI	
Extinction / Neglect	Severe neglect
NIH Score	
NIH Score	37
NIH Level	
NIH Level	Severe Stroke
Document 11/26/22 08:00 LH (Rec: 11/26/22 09:21 LH Phone)	
NIH Stroke Scale	
Level of Consciousness	
Protocol: NIHSS.LOC	
Level of Consciousness	Comatose
Orientation	
Protocol: NIHSS.ORIE	
Orientation	Unable to Speak d/t intubation, dysarthria, language barrier
Response to Commands	
Protocol: NIHSS.RESP	
Response to Commands	Performs neither correct
Best Gaze	
Protocol: NIHSS.GAZE	
Best Gaze	Dolls Eyes Not Present (Comatose Patient)
Visual Fields	
Protocol: NIHSS.VISU	
Visual Fields	No Blink to Threat (Comatose Patient)
Facial Movements	
Protocol: NIHSS.FACE	
Facial Palsy	Normal
Left Arm Motor Function	
Protocol: NIHSS.LARM	
Left Arm Motor Function	No movement

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right Arm Motor Function Protocol: NIHSS.PARM	No movement
Right Arm Motor Function	
Left Leg Motor Function Protocol: NIHSS.LLEG	No movement
Left Leg Motor Function	
Right Leg Motor Function Protocol: NIHSS.RLEG	No movement
Right Leg Motor Function	
Limb Ataxia Protocol: NIHSS.LIMB	No ataxia
Limb Ataxia	
Sensory Protocol: NIHSS.SENS	Unresponsive ,Comatose, Quadriplegic
Sensory	
Best Language Protocol: NIHSS.LANG	Mute,global aphasia,coma
Best Language	
Dysarthria (Articulation) Protocol: NIHSS.DYSA	Unable-intubated/barrier
Dysarthria (Articulation)	
Extinction / Neglect Protocol: NIHSS.EXTI	Severe neglect
Extinction / Neglect	
NIH Score	34
NIH Score	
NIH Level	Severe Stroke
NIH Level	
Document 11/26/22 20:00 IO (Rec: 11/26/22 20:39 IO Desktop)	
NIH Stroke Scale	
Level of Consciousness	Comatose
Protocol: NIHSS.LOC	
Level of Consciousness	
Orientation	Unable to Speak d/t intubation,
Protocol: NIHSS.ORIE	dysarthria, language barrier
Orientation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Interventions - Continued

Response to Commands	
Protocol: NIHSS.RESP	
Response to Commands	Performs neither correct
Best Gaze	
Protocol: NIHSS.GAZE	
Best Gaze	Dolls Eyes Not Present (Comatose Patient)
Visual Fields	
Protocol: NIHSS.VISU	
Visual Fields	No Blink to Threat (Comatose Patient)
Facial Movements	
Protocol: NIHSS.FACE	
Facial Palsy	Complete Paralysis
Left Arm Motor Function	
Protocol: NIHSS.LARM	
Left Arm Motor Function	No movement
Right Arm Motor Function	
Protocol: NIHSS.RARM	
Right Arm Motor Function	No movement
Left Leg Motor Function	
Protocol: NIHSS.LLEG	
Left Leg Motor Function	No movement
Right Leg Motor Function	
Protocol: NIHSS.RLEG	
Right Leg Motor Function	No movement
Limb Ataxia	
Protocol: NIHSS.LIMB	
Limb Ataxia	Paralyzed / Cannot Understand
Sensory	
Protocol: NIHSS.SENS	
Sensory	Unresponsive , Comatose, Quadriplegic
Best Language	
Protocol: NIHSS.LANG	
Best Language	Mute, global aphasia, coma
Dysarthria (Articulation)	
Protocol: NIHSS.DYSA	
Dysarthria (Articulation)	Unable-intubated/barrier

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Extinction / Neglect Protocol: NIHSS.EXTI					Severe neglect
Extinction / Neglect NIH Score					37
NIH Level					Severe Stroke
Document 11/27/22 08:00 LH (Rec: 11/27/22 11:26 LH Phone)					
NIH Stroke Scale					
Level of Consciousness Protocol: NIHSS.LOC					Comatose
Level of Consciousness Orientation					Unable to Speak d/t intubation, dysarthria, language barrier
Protocol: NIHSS.ORIE					
Orientation					
Response to Commands Protocol: NIHSS.RESP					Performs neither correct
Response to Commands Best Gaze					
Protocol: NIHSS.GAZE					Dolls Eyes Not Present (Comatose Patient)
Best Gaze					
Visual Fields Protocol: NIHSS.VISU					No Blink to Threat (Comatose Patient)
Visual Fields					
Facial Movements Protocol: NIHSS.FACE					Normal
Facial Palsy					
Left Arm Motor Function Protocol: NIHSS.LARM					No movement
Left Arm Motor Function					
Right Arm Motor Function Protocol: NIHSS.RARM					No movement
Right Arm Motor Function					
Left Leg Motor Function Protocol: NIHSS.LLEG					No movement
Left Leg Motor Function					

Lyons, Kathleen A

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Interventions - Continued

Left Leg Motor Function		No movement
Right Leg Motor Function		
Protocol: NIHSS.RLEG		
Right Leg Motor Function		No movement
Limb Ataxia		
Protocol: NIHSS.LIMB		No ataxia
Limb Ataxia		
Sensory		
Protocol: NIHSS.SENS		Unresponsive , Comatose, Quadriplegic
Sensory		
Best Language		
Protocol: NIHSS.LANG		Mute, global aphasia, coma
Best Language		
Dysarthria (Articulation)		
Protocol: NIHSS.DYSA		Unable-intubated/barrier
Dysarthria (Articulation)		
Extinction / Neglect		
Protocol: NIHSS.EXTI		Severe neglect
Extinction / Neglect		
NIH Score		
NIH Score		34
NIH Level		
NIH Level		Severe Stroke
Document	11/27/22 20:00	JAB (Rec: 11/27/22 21:15
NIH Stroke Scale		JAB Desktop)
Level of Consciousness		
Protocol: NIHSS.LOC		Comatose
Level of Consciousness		
Orientation		
Protocol: NIHSS.ORIE		Unable to Speak d/t intubation,
Orientation		dysarthria, language barrier
Response to Commands		
Protocol: NIHSS.RESP		
Response to Commands		Performs neither correct
Best Gaze		
Protocol: NIHSS.GAZE		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Interventions - Continued

Best Gaze	Dolls Eyes Not Present (Comatose Patient)
Visual Fields Protocol: NIHSS.VISU	No Blink to Threat (Comatose Patient)
Visual Fields Facial Movements Protocol: NIHSS.FACE	Normal
Facial Palsy Left Arm Motor Function Protocol: NIHSS.LARM	No movement
Left Arm Motor Function Right Arm Motor Function Protocol: NIHSS.RARM	No movement
Right Arm Motor Function Left Leg Motor Function Protocol: NIHSS.LLEG	No movement
Left Leg Motor Function Right Leg Motor Function Protocol: NIHSS.RLEG	No movement
Right Leg Motor Function Limb Ataxia Protocol: NIHSS.LIMB	No ataxia
Limb Ataxia Sensory Protocol: NIHSS.SENS	Unresponsive , Comatose, Quadriplegic
Sensory Best Language Protocol: NIHSS.LANG	Mute, global aphasia, coma
Best Language Dysarthria (Articulation) Protocol: NIHSS.DYSA	Unable-intubated/barrier
Dysarthria (Articulation) Extinction / Neglect Protocol: NIHSS.EXTI	Severe neglect
Extinction / Neglect NIH Score	34

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

NIH Level				Severe Stroke
NIH Level				
Document	11/28/22 08:00	UG	(Rec: 11/28/22 15:27	UG Desktop)
NIH Stroke Scale				
Level of Consciousness				Comatose
Protocol: NIHSS.LOC				
Level of Consciousness				Unable to Speak d/t intubation, dysarthria, language barrier
Orientation				
Protocol: NIHSS.ORIE				
Orientation				
Response to Commands				
Protocol: NIHSS.RESP				
Response to Commands				Performs neither correct
Best Gaze				
Protocol: NIHSS.GAZE				
Best Gaze				Dolls Eyes Not Present (Comatose Patient)
Visual Fields				
Protocol: NIHSS.VISU				
Visual Fields				No Blink to Threat (Comatose Patient)
Facial Movements				
Protocol: NIHSS.FACE				
Facial Palsy				Complete Paralysis
Left Arm Motor Function				
Protocol: NIHSS.LARM				
Left Arm Motor Function				No movement
Right Arm Motor Function				
Protocol: NIHSS.RARM				
Right Arm Motor Function				No movement
Left Leg Motor Function				
Protocol: NIHSS.LLEG				
Left Leg Motor Function				No movement
Right Leg Motor Function				
Protocol: NIHSS.RLEG				
Right Leg Motor Function				No movement
Limb Ataxia				

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Room-Bed: QI007-A
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Interventions - Continued

Protocol: NIHSS.LIMB		Paralyzed / Cannot Understand
Limb Ataxia		
Sensory		
Protocol: NIHSS.SENS		Unresponsive ,Comatose, Quadriplegic
Sensory		
Best Language		
Protocol: NIHSS.LANG		Mute, global aphasia, coma
Best Language		
Dysarthria (Articulation)		
Protocol: NIHSS.DYSA		Unable-intubated/barrier
Dysarthria (Articulation)		
Extinction / Neglect		
Protocol: NIHSS.EXTI		Severe neglect
Extinction / Neglect		
NIH Score		37
NIH Score		
NIH Level		Severe Stroke
NIH Level		
Document 11/28/22 20:00	XD	(Rec: 11/28/22 21:00 XD Desktop)
NIH Stroke Scale		
Level of Consciousness		Comatose
Protocol: NIHSS.LOC		
Level of Consciousness		Unable to Speak d/t intubation, dysarthria, language barrier
Orientation		
Protocol: NIHSS.ORIE		
Orientation		
Response to Commands		
Protocol: NIHSS.RESP		Performs neither correct
Response to Commands		
Best Gaze		
Protocol: NIHSS.GAZE		Dolls Eyes Not Present (Comatose Patient)
Best Gaze		
Visual Fields		
Protocol: NIHSS.VISU		
Visual Fields		No Blink to Threat (Comatose Patient)

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Interventions - Continued

Facial Movements	
Protocol: NIHSS.FACE	
Facial Palsy	Complete Paralysis
Left Arm Motor Function	
Protocol: NIHSS.LARM	
Left Arm Motor Function	No movement
Right Arm Motor Function	
Protocol: NIHSS.RARM	
Right Arm Motor Function	No movement
Left Leg Motor Function	
Protocol: NIHSS.LLEG	
Left Leg Motor Function	No movement
Right Leg Motor Function	
Protocol: NIHSS.RLEG	
Right Leg Motor Function	No movement
Limb Ataxia	
Protocol: NIHSS.LIMB	
Limb Ataxia	Paralyzed / Cannot Understand
Sensory	
Protocol: NIHSS.SENS	
Sensory	Unresponsive ,Comatose, Quadriplegic
Best Language	
Protocol: NIHSS.LANG	
Best Language	Mute,global aphasia,coma
Dysarthria (Articulation)	
Protocol: NIHSS.DYSA	
Dysarthria (Articulation)	Unable-intubated/barrier
Extinction / Neglect	
Protocol: NIHSS.EXTI	
Extinction / Neglect	Severe neglect
NIH Score	
NIH Score	37
NIH Level	
NIH Level	Severe Stroke
Document 11/29/22 08:00 UG (Rec: 11/29/22 09:48 UG Desktop)	
NIH Stroke Scale	
Level of Consciousness	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: NIHSS.LOC	Comatose
Level of Consciousness	
Orientation	
Protocol: NIHSS.ORIE	Unable to Speak d/t intubation, dysarthria, language barrier
Orientation	
Response to Commands	
Protocol: NIHSS.RESP	Performs neither correct
Response to Commands	
Best Gaze	
Protocol: NIHSS.GAZE	Dolls Eyes Not Present (Comatose Patient)
Best Gaze	
Visual Fields	
Protocol: NIHSS.VISU	No Blink to Threat (Comatose Patient)
Visual Fields	
Facial Movements	
Protocol: NIHSS.FACE	Complete Paralysis
Facial Palsy	
Left Arm Motor Function	
Protocol: NIHSS.LARM	No movement
Left Arm Motor Function	
Right Arm Motor Function	
Protocol: NIHSS.RARM	No movement
Right Arm Motor Function	
Left Leg Motor Function	
Protocol: NIHSS.LLEG	No movement
Left Leg Motor Function	
Right Leg Motor Function	
Protocol: NIHSS.RLEG	No movement
Right Leg Motor Function	
Limb Ataxia	
Protocol: NIHSS.LIMB	Paralyzed / Cannot Understand
Limb Ataxia	
Sensory	
Protocol: NIHSS.SENS	Unresponsive ,Comatose, Quadriplegic
Sensory	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Interventions - Continued

Best Language				
Protocol: NIHSS.LANG				Mute, global aphasia,coma
Best Language				
Dysarthria (Articulation)				
Protocol: NIHSS.DYSA				Unable-intubated/barrier
Dysarthria (Articulation)				
Extinction / Neglect				
Protocol: NIHSS.EXTI				Severe neglect
Extinction / Neglect				
NIH Score				
NIH Score				37
NIH Level				Severe Stroke
NIH Level				
Document	11/29/22	20:00	XD	(Rec: 11/29/22 20:09 XD Desktop)
NIH Stroke Scale				
Level of Consciousness				
Protocol: NIHSS.LOC				Comatose
Level of Consciousness				
Orientation				
Protocol: NIHSS.ORIE				Unable to Speak d/t intubation, dysarthria, language barrier
Orientation				
Response to Commands				
Protocol: NIHSS.RESP				Performs neither correct
Response to Commands				
Best Gaze				
Protocol: NIHSS.GAZE				Dolls Eyes Not Present (Comatose Patient)
Best Gaze				
Visual Fields				
Protocol: NIHSS.VISU				No Blink to Threat (Comatose Patient)
Visual Fields				
Facial Movements				
Protocol: NIHSS.FACE				Complete Paralysis
Facial Palsy				
Left Arm Motor Function				
Protocol: NIHSS.LARM				

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
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Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left Arm Motor Function	No movement
Right Arm Motor Function	No movement
Protocol: NIHSS.RARM	
Right Arm Motor Function	No movement
Left Leg Motor Function	No movement
Protocol: NIHSS.LLEG	
Left Leg Motor Function	No movement
Right Leg Motor Function	No movement
Protocol: NIHSS.RLEG	
Right Leg Motor Function	No movement
Limb Ataxia	Paralyzed / Cannot Understand
Protocol: NIHSS.LIMB	
Limb Ataxia	
Sensory	
Protocol: NIHSS.SENS	
Sensory	Unresponsive ,Comatose, Quadriplegic
Best Language	
Protocol: NIHSS.LANG	
Best Language	Mute,global aphasia,coma
Dysarthria (Articulation)	
Protocol: NIHSS.DYSA	
Dysarthria (Articulation)	Unable-intubated/barrier
Extinction / Neglect	
Protocol: NIHSS.EXTI	
Extinction / Neglect	Severe neglect
NIH Score	
NIH Score	37
NIH Level	
NIH Level	Severe Stroke
Document 11/30/22 08:00 JM (Rec: 11/30/22 09:48 JM Desktop)	
NIH Stroke Scale	
Level of Consciousness	
Protocol: NIHSS.LOC	
Level of Consciousness	Comatose
Orientation	
Protocol: NIHSS.ORIE	
Orientation	Unable to Speak d/t intubation,

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Response to Commands Protocol: NIHSS.RESP	dysarthria, language barrier
Response to Commands Best Gaze Protocol: NIHSS.GAZE	Performs neither correct
Best Gaze	Dolls Eyes Not Present (Comatose Patient)
Visual Fields Protocol: NIHSS.VISU	No Blink to Threat (Comatose Patient)
Visual Fields	Complete Paralysis
Facial Movements Protocol: NIHSS.FACE	No movement
Facial Palsy	No movement
Left Arm Motor Function Protocol: NIHSS.LARM	No movement
Left Arm Motor Function	No movement
Right Arm Motor Function Protocol: NIHSS.RARM	No movement
Right Arm Motor Function	No movement
Left Leg Motor Function Protocol: NIHSS.LLEG	No movement
Left Leg Motor Function	No movement
Right Leg Motor Function Protocol: NIHSS.RLEG	No movement
Right Leg Motor Function	No movement
Limb Ataxia Protocol: NIHSS.LIMB	Paralyzed / Cannot Understand
Limb Ataxia	Unresponsive ,Comatose, Quadriplegic
Sensory Protocol: NIHSS.SENS	Mute,global aphasia,coma
Sensory	
Best Language Protocol: NIHSS.LANG	
Best Language	
Dysarthria (Articulation) Protocol: NIHSS.DYSA	
Protocol: NIHSS.DYSA	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Dysarthria (Articulation)	Unable-intubated/barrier
Extinction / Neglect	
Protocol: NIHSS.EXTI	Severe neglect
Extinction / Neglect	
NIH Score	37
NIH Score	
NIH Level	Severe Stroke
NIH Level	
Document 11/30/22 20:00 HL (Rec: 11/30/22 23:49 HL Desktop)	
NIH Stroke Scale	
Level of Consciousness	
Protocol: NIHSS.LOC	Comatose
Level of Consciousness	
Orientation	Unable to Speak d/t intubation, dysarthria, language barrier
Protocol: NIHSS.ORIE	
Orientation	
Response to Commands	Performs neither correct
Protocol: NIHSS.RESP	
Response to Commands	
Best Gaze	
Protocol: NIHSS.GAZE	Dolls Eyes Not Present (Comatose Patient)
Best Gaze	
Visual Fields	No Blink to Threat (Comatose Patient)
Protocol: NIHSS.VISU	
Visual Fields	
Facial Movements	Complete Paralysis
Protocol: NIHSS.FACE	
Facial Palsy	
Left Arm Motor Function	No movement
Protocol: NIHSS.LARM	
Left Arm Motor Function	
Right Arm Motor Function	No movement
Protocol: NIHSS.RARM	
Right Arm Motor Function	
Left Leg Motor Function	No movement

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: NIHSS.LLEG		No movement
Left Leg Motor Function		
Right Leg Motor Function		
Protocol: NIHSS.RLEG		No movement
Right Leg Motor Function		
Limb Ataxia		
Protocol: NIHSS.LIMB		Paralyzed / Cannot Understand
Limb Ataxia		
Sensory		
Protocol: NIHSS.SENS		Unresponsive ,Comatose, Quadriplegic
Sensory		
Best Language		
Protocol: NIHSS.LANG		Mute,global aphasia,coma
Best Language		
Dysarthria (Articulation)		Unable-intubated/barrier
Protocol: NIHSS.DYSA		
Dysarthria (Articulation)		
Extinction / Neglect		
Protocol: NIHSS.EXTI		Severe neglect
Extinction / Neglect		
NIH Score		
NIH Score		37
NIH Level		
NIH Level		Severe Stroke
Document 12/01/22 08:00 JR (Rec: 12/01/22 09:43 JR Desktop)		
NIH Stroke Scale		
Level of Consciousness		Comatose
Protocol: NIHSS.LOC		
Level of Consciousness		Unable to Speak d/t intubation, dysarthria, language barrier
Orientation		
Protocol: NIHSS.ORIE		
Orientation		
Response to Commands		
Protocol: NIHSS.RESP		
Response to Commands		Performs neither correct
Best Gaze		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: NIHSS.GAZE	Best Gaze	Dolls Eyes Not Present (Comatose Patient)
Visual Fields	Visual Fields	No Blink to Threat (Comatose Patient)
Protocol: NIHSS.VISU	Visual Fields	
Facial Movements	Facial Movements	Complete Paralysis
Protocol: NIHSS.FACE	Facial Palsy	
Left Arm Motor Function	Left Arm Motor Function	No movement
Protocol: NIHSS.LARM	Left Arm Motor Function	
Right Arm Motor Function	Right Arm Motor Function	No movement
Protocol: NIHSS.RARM	Right Arm Motor Function	
Left Leg Motor Function	Left Leg Motor Function	No movement
Protocol: NIHSS.LLEG	Left Leg Motor Function	
Right Leg Motor Function	Right Leg Motor Function	No movement
Protocol: NIHSS.RLEG	Right Leg Motor Function	
Limb Ataxia	Limb Ataxia	Paralyzed / Cannot Understand
Protocol: NIHSS.LIMB	Limb Ataxia	
Sensory	Sensory	Unresponsive , Comatose, Quadriplegic
Protocol: NIHSS.SENS	Sensory	
Best Language	Best Language	Mute, global aphasia, coma
Protocol: NIHSS.LANG	Best Language	
Dysarthria (Articulation)	Dysarthria (Articulation)	Unable-intubated/barrier
Protocol: NIHSS.DYSA	Dysarthria (Articulation)	
Extinction / Neglect	Extinction / Neglect	Severe neglect
Protocol: NIHSS.EXTI	Extinction / Neglect	
NIH Score	NIH Score	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

NIH score	37
NIH Level	Severe Stroke
Document 12/01/22 20:00 HL (Rec: 12/01/22 20:34 HL Desktop)	
NIH Stroke Scale	
Level of Consciousness	Comatose
Protocol: NIHSS.LOC	
Level of Consciousness	Unable to Speak d/t intubation, dysarthria, language barrier
Orientation	
Protocol: NIHSS.ORIE	
Orientation	
Response to Commands	
Protocol: NIHSS.RESP	
Response to Commands	Performs neither correct
Best Gaze	
Protocol: NIHSS.GAZE	
Best Gaze	Dolls Eyes Not Present (Comatose Patient)
Visual Fields	
Protocol: NIHSS.VISU	
Visual Fields	No Blink to Threat (Comatose Patient)
Facial Movements	
Protocol: NIHSS.FACE	
Facial Palsy	Complete Paralysis
Left Arm Motor Function	
Protocol: NIHSS.LARM	
Left Arm Motor Function	No movement
Right Arm Motor Function	
Protocol: NIHSS.RARM	
Right Arm Motor Function	No movement
Left Leg Motor Function	
Protocol: NIHSS.LLEG	
Left Leg Motor Function	No movement
Right Leg Motor Function	
Protocol: NIHSS.RLEG	
Right Leg Motor Function	No movement

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Limb Ataxia	
Protocol: NIHSS.LIMB	Paralyzed / Cannot Understand
Limb Ataxia	
Sensory	
Protocol: NIHSS.SENS	Unresponsive ,Comatose, Quadriplegic
Sensory	
Best Language	
Protocol: NIHSS.LANG	Mute,global aphasia,coma
Best Language	
Dysarthria (Articulation)	
Protocol: NIHSS.DYSA	Unable-intubated/barrier
Dysarthria (Articulation)	
Extinction / Neglect	
Protocol: NIHSS.EXTI	Severe neglect
Extinction / Neglect	
NIH Score	
NIH Score	37
NIH Level	
NIH Level	Severe Stroke

Neurological Assessment Start: 10/22/22 12:16
 Freq: AS DIRECTED Status: Complete

Document 10/22/22 12:16 LZ (Rec: 10/22/22 15:52 LZ Desktop)

Neurological Assessment Within Normal Limits
 Parameter

Neurological Parameter
 Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment Awake,Alert,Follows Commands
 Level of Consciousness Verbal
 Arousable To

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

	Person, Place, Time, Situation
Orientation	Clear, Coherent
Speech Pattern	Spontaneous
Eye Opening	Oriented
Verbal Response	Obeys Commands
Motor Response	15
Glasgow Coma Scale Total	
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Bilateral	Brisk
Reaction	3
Size (mm)	PERRLA
Equality	
Strength	
Left Upper Extremity	Strong
Left Lower Extremity	Strong
Right Upper Extremity	Strong
Right Lower Extremity	Strong
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Document 10/23/22 12:16 SL (Rec: 10/23/22 13:28 SL Desktop)	
Neurological Assessment	
Parameter	Within Normal Limits
Neurological Parameter	
Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.	
Assessment	Awake, Alert, Follows Commands
Level of Consciousness	Verbal
Arousable To	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

	Person, Place, Time, Situation
Orientation	Person, Place, Time, Situation
Speech Pattern	Clear
Eye Opening	Spontaneous
Verbal Response	Oriented
Motor Response	Obeys Commands
Glasgow Coma Scale Total	15
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Bilateral	
Equality	PERRLA
Strength	
Left Upper Extremity	Strong
Left Lower Extremity	Strong
Right Upper Extremity	Strong
Right Lower Extremity	Strong
Cough / Gag Reflex	Normal
Cough/Gag Reflex	
Document 10/24/22 08:00 LZ (Rec: 10/24/22 12:51 LZ Desktop)	
Neurological Assessment	
Parameter	
Neurological Parameter	Within Normal Limits
Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.	
Assessment	Awake, Alert, Follows Commands
Level of Consciousness	Verbal
Arousable To	Person, Place, Time, Situation
Orientation	Clear, Coherent
Speech Pattern	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	Spontaneous
Verbal Response	Oriented
Motor Response	Obeys Commands
Glasgow Coma Scale Total	15

Glasgow Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Posturing
 Pupils

Bilateral	Brisk
Reaction	3
Size (mm)	PERRLA
Equality	

Strength
 Left Upper Extremity Strong
 Left Lower Extremity Strong
 Right Upper Extremity Strong
 Right Lower Extremity Strong
 Cough / Gag Reflex Strong
 Cough/Gag Reflex Normal

Document 10/25/22 12:00 BP (Rec: 10/25/22 14:10 BP Other)
 Neurological Assessment

Parameter

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment
 Level of Consciousness
 Arousable To
 Orientation
 Speech Pattern

Within Normal Limits
 Awake, Alert, Follows Commands
 Verbal
 Person, Place, Time, Situation
 Clear, Coherent

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Eye Opening	Spontaneous
Verbal Response	Oriented
Motor Response	ObeY Commands
Glasgow Coma Scale Total	15

Glasgow Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Posturing
 Pupils

Bilateral	Brisk
Reaction	3
Size (mm)	PERRLA
Equality	

Strength
 Left Upper Extremity Strong
 Left Lower Extremity Strong
 Right Upper Extremity Strong
 Right Lower Extremity Strong
 Cough / Gag Reflex Strong
 Cough/Gag Reflex Normal

Document 10/26/22 12:00 SK (Rec: 10/26/22 13:29 SK Desktop)
 Neurological Assessment

Parameter

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment	Awake, Alert, Follows Commands
Level of Consciousness	Verbal
Arousable To	Person, Place, Time, Situation
Orientation	Clear, Coherent
Speech Pattern	

Within Normal Limits

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	Spontaneous
Verbal Response	Oriented
Motor Response	ObeY Commands
Glasgow Coma Scale Total	15

Glasgow Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Posturing
 Pupils

Bilateral	Brisk
Reaction	3
Size (mm)	PERRLA
Equality	

Strength
 Left Upper Extremity Strong
 Left Lower Extremity Weak
 Right Upper Extremity Strong
 Right Lower Extremity Weak
 Cough / Gag Reflex Normal
 Cough/Gag Reflex

Document 10/27/22 12:00 LH (Rec: 10/27/22 13:11 LH Desktop)
 Neurological Assessment

Parameter

Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias.

Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment
 Level of Consciousness
 Arousable To
 Speech Pattern
 Eye Opening

Not Within Normal Limits
 Obtunded
 Light Pain
 Artificially Ventilated
 None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	
Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal
Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	S/P SURGERY AND EVD PLACEMENT
Document 10/28/22 12:00 GH (Rec: 10/28/22 13:03 GH Other)	
Neurological Assessment	
Parameter	
Neurological Parameter	Not Within Normal Limits
Query Text:Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Intact. Able to swallow without difficulty, coughing or choking.

Assessment

Level of Consciousness

Arousable To

Neurological Symptoms

Speech Pattern

Eye Opening

Verbal Response

Motor Response

Glasgow Coma Scale Total

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

Document 10/29/22 12:00 LH (Rec: 10/29/22 12:47 LH Desktop)

Neurological Assessment

S/P SURGERY AND EVD PLACEMENT

Obtunded
 Light Pain

Weakness
 Artificially Ventilated

None

None

Flexion Withdrawal

6

Sluggish, Dilated

5

Unequal

Yes

Sluggish

3

Unequal

Yes

Weak

Weak

Weak

Weak

Normal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Parameter	Not Within Normal Limits
Neurological Parameter	
Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERRL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.	
Assessment	
Level of Consciousness	Lethargic
Arousable To	Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6
Glasgow Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Posturing	
Pupils	
Left	Sluggish, Dilated
Reaction	5
Size (mm)	Unequal
Equality	Yes
Pupillometer Used to Assess	
Right	
Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	Able to move right side and follow simple commands
Comment	

Document 10/30/22 12:00 LH (Rec: 10/30/22 13:29 LH Laptop)
 Neurological Assessment

Parameter Not Within Normal Limits
 Neurological Parameter

Query Text: Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthesias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.

Assessment	Lethargic
Level of Consciousness	Light Pain
Arousable To	Weakness
Neurological Symptoms	Artificially Ventilated
Speech Pattern	None
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Posturing	
Pupils	
Left	
Reaction	Sluggish, Dilated
Size (mm)	5
Equality	Unequal

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupillometer Used to Assess	Yes
Right	
Reaction	Brisk
Size (mm)	2
Equality	Unequal
Pupillometer Used to Assess	Yes
Strength	
Left Upper Extremity	Weak
Left Lower Extremity	Weak
Right Upper Extremity	Weak
Right Lower Extremity	Weak
Cough / Gag Reflex	
Cough/Gag Reflex	Normal
Neurological Comment	
Comment	Able to move right side and follow simple commands
Document	10/31/22 12:00 CO (Rec: 10/31/22 12:11 CO Desktop)
Neurological Assessment	
Parameter	Not Within Normal Limits
Neurological Parameter	
Query Text:	Awake, alert and oriented to person, place, time and situation/purpose. GCS 15. PERL with spontaneous eye opening. Behavior appropriate to situation. Active ROM of all extremities with symmetrical strength. No paresthasias. Clear and understandable verbalization or able to communicate on ventilator via alternative methods. Memory intact. Able to swallow without difficulty, coughing or choking.
Assessment	
Level of Consciousness	Lethargic
Arousable To	Light Pain
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Obey Commands
Glasgow Coma Scale Total	8

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Posturing

Pupils

Left

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Right

Reaction

Size (mm)

Equality

Pupillometer Used to Assess

Strength

Left Upper Extremity

Left Lower Extremity

Right Upper Extremity

Right Lower Extremity

Cough / Gag Reflex

Cough/Gag Reflex

Neurological Comment

Comment

Able to move right side and follow simple commands

Document 11/01/22 12:00 RD (Rec: 11/01/22 12:28 RD Desktop)

Neurological Assessment

Parameter

Neurological Parameter

Query Text:Awake, alert and oriented to person, place, time

and situation/purpose. GCS 15. PERRL with spontaneous eye

opening. Behavior appropriate to situation. Active ROM of

all extremities with symmetrical strength. No paresthasias.

Clear and understandable verbalization or able to

communicate on ventilator via alternative methods. Memory

intact. Able to swallow without difficulty, coughing or

choking.

Not Within Normal Limits

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assessment

Level of Consciousness	Optunded
Arousable To	Not Arousable
Neurological Symptoms	Weakness
Speech Pattern	Artificially Ventilated
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Glasgow Coma Scale Total	6

Glasgow Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Posturing

Pupils

Left	
Reaction	Sluggish
Size (mm)	5
Equality	PERRLA
Pupillometer Used to Assess	Yes

Right

Reaction	Brisk
Size (mm)	2
Equality	PERRLA
Pupillometer Used to Assess	Yes

Strength

Left Upper Extremity	Flaccid
Left Lower Extremity	Flaccid
Right Upper Extremity	Flaccid
Right Lower Extremity	Flaccid

Cough / Gag Reflex

Cough/Gag Reflex Hypoactive

Neurological Assessment (Stroke/TIA)

Freq: Q2HR Start: 10/26/22 22:59

Protocol: Document 10/26/22 23:00 XD (Rec: 10/26/22 23:07 XD Desktop) Status: Inactive

Glasgow Coma Scale Assess

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test

Touch Sensory

Protocol: CVA,NERVES	Right Unable to Test
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Other
 Protocol: CVA,NERVES
 Neurological Comment

PT REACTES TO PAIN ON ALL EXTREMITIES
 NOT ABLE TO FOLLOW COMMANDS OR TRACK.

Document 10/26/22 23:59 XD (Rec: 10/27/22 01:12 XD Desktop)
 Glasgow Coma Scale

Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Total Glasgow Coma Scale Total

6

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation	Obtunded
Level of Consciousness	

Facial	
Protocol: CVA,NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	PT REACTES TO PAIN ON ALL EXTREMITIES NOT ABLE TO FOLLOW COMMANDS OR TRACK.
Document 10/27/22 01:00 XD (Rec: 10/27/22 01:13 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug
 Pronator Drift

Right Unable to Test
 Unable to Test

Touch Sensory

Right Unable to Test

Protocol: CVA,NERVES

Cheek

Right Unable to Test

Forehead

Right Unable to Test

Mandible

Right Unable to Test

Bilateral Upper Extremity

Right Unable to Test

Bilateral Lower Extremity Sensory

Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment

PT REACTS TO PAIN ON ALL EXTREMITIES
 NOT ABLE TO FOLLOW COMMANDS OR TRACK.

Document 10/27/22 02:00 XD (Rec: 10/27/22 02:20 XD Desktop)

Glasgow Coma Scale

Assess

None

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Total

6

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Obtunded

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish,Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	PT REACTES TO PAIN ON ALL EXTREMITIES NOT ABLE TO FOLLOW COMMANDS OR TRACK.
Document	10/27/22 03:00 XD (Rec: 10/27/22 03:26 XD Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	6
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	PT REACTES TO PAIN ON ALL EXTREMITIES NOT ABLE TO FOLLOW COMMANDS OR TRACK.
Document 10/27/22 04:00 XD (Rec: 10/27/22 04:29 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	PT REACTES TO PAIN ON ALL EXTREMITIES NOT ABLE TO FOLLOW COMMANDS OR TRACK.
Document 10/27/22 05:00 XD (Rec: 10/27/22 05:04 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	6
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
EyeBrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Bilateral	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish,Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P EVD PLACEMENT
Document 10/27/22 06:00 XD (Rec: 10/27/22 06:31 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/27/22 08:00 LH (Rec: 10/27/22 10:07 LH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/27/22 09:00 LH (Rec: 10/27/22 13:01 LH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	6
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Normal
Cough Reflex	Normal
Gag Reflex	Artificially Ventilated / Trached
Speech	
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory
 Protocol: CVA,NERVES

Cheek Right Unable to Test
 Forehead Right Unable to Test
 Mandible Right Unable to Test
 Bilateral Upper Extremity Right Unable to Test
 Bilateral Lower Extremity Sensory Right Unable to Test
 Babinski Reflex Response Absent Bilateral
 Other

Protocol: CVA,NERVES
 Neurological Comment S/P Surgery and EVD Placement

Document 10/27/22 10:00 LH (Rec: 10/27/22 13:01 LH Desktop)
 Glasgow Coma Scale

Assess
 Eye Opening None
 Verbal Response None
 Motor Response Flexion Withdrawal

Total 6
 Glasgow Coma Scale Total

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
 Level of Consciousness

Facial
 Protocol: CVA,NERVES

Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Normal
 Cough Reflex Normal
 Gag Reflex Artificially Ventilated / Trached
 Speech

Pupils
 Protocol: CVA,NERVES

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 10/27/22 11:00 LH (Rec: 10/27/22 13:01 LH Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

5

Sluggish, Dilated

2

Brisk

Unable to Test

Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Absent Bilateral

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

S/P Surgery and EVD Placement

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
 Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Right Unable to Test

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Normal
 Normal
 Artificially Ventilated / Trached

5
 Sluggish, Dilated

2
 Brisk

Unable to Test
 Unable to Test
 Unable to Test

Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/27/22 12:00 LH (Rec: 10/27/22 13:01 LH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	
Pupil Reaction	Sluggish, Dilated

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right		
Pupil Size (mm)		2
Pupil Reaction		Brisk
Visual		
Protocol: CVA,NERVES		
Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Right Unable to Test
Motor Function, Bilateral Lower Extremity		Right Unable to Test
Shoulder Shrug		Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		
Protocol: CVA,NERVES		
Cheek		Right Unable to Test
Forehead		Right Unable to Test
Mandible		Right Unable to Test
Bilateral Upper Extremity		Right Unable to Test
Bilateral Lower Extremity		Right Unable to Test
Babinski Reflex Response		Right Unable to Test
Other		Absent Bilateral
Protocol: CVA,NERVES		
Neurological Comment		S/P Surgery and EVD Placement
Document 10/27/22 13:00 LH (Rec: 10/27/22 13:17 LH Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Flexion Withdrawal
Total		6
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory Right Unable to Test
 Babinski Reflex Response Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment S/P Surgery and EVD Placement

Document 10/27/22 14:00 LH (Rec: 10/27/22 15:32 LH Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5
 Sluggish, Dilated

2
 Brisk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual				
Protocol:	CVA,NERVES			
Visual Fields				Unable to Test
States Number of Fingers Held 12 inches From Eyes				Unable to Test
Vision, Reading				Unable to Test
Motor				
Protocol:	CVA,NERVES			
Motor Function, Bilateral Upper Extremity				Right Unable to Test
Motor Function, Bilateral Lower Extremity				Right Unable to Test
Shoulder Shrug				Right Unable to Test
Pronator Drift				Unable to Test
Touch Sensory				
Protocol:	CVA,NERVES			
Cheek				Right Unable to Test
Forehead				Right Unable to Test
Mandible				Right Unable to Test
Bilateral Upper Extremity				Right Unable to Test
Bilateral Lower Extremity	Sensory			Right Unable to Test
Babinski Reflex Response				Absent Bilateral
Other				
Protocol:	CVA,NERVES			
Neurological Comment				S/P Surgery and EVD Placement
Document	10/27/22 15:00	LH	(Rec: 10/27/22 15:32	LH Desktop)
Glasgow Coma Scale				
Assess				None
Eye Opening				None
Verbal Response				Flexion Withdrawal
Motor Response				
Total				6
Glasgow Coma Scale Total				
Citation				
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.				
Neurological Assessment (CVA)				
Orientation				
Level of Consciousness				Obtunded
Facial				

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES

Neurological Comment

Document 10/27/22 16:00 LH (Rec: 10/27/22 16:36 LH Desktop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

None
 None
 Flexion Withdrawal

6

Obtunded

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Normal
 Normal
 Artificially Ventilated / Trached

5
 Sluggish, Dilated

2
 Brisk

Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/27/22 17:00 LH (Rec: 10/27/22 17:35 LH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/27/22 18:00 LH (Rec: 10/27/22 18:14 LH Desktop)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry
 Eyes Rises
 Smile Rises

Unable to Test
 Unable to Test
 Unable to Test

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Unable to Test
 Normal
 Normal
 Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

5
 Sluggish, Dilated
 2
 Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES Motor Function, Bilateral Upper Extremity Motor Function, Bilateral Lower Extremity Shoulder Shrug Pronator Drift Touch Sensory Protocol: CVA,NERVES Cheek Forehead Mandible Bilateral Upper Extremity Bilateral Lower Extremity Sensory Babinski Reflex Response Other Protocol: CVA,NERVES Neurological Comment Document 10/27/22 19:00 LH (Rec: 10/27/22 19:28 LH Desktop) Glasgow Coma Scale	Right Unable to Test Right Unable to Test Right Unable to Test Right Unable to Test Unable to Test Right Unable to Test Right Unable to Test Right Unable to Test Right Unable to Test Right Unable to Test Absent Bilateral S/P Surgery and EVD Placement None None Flexion Withdrawal 6 Obtunded
Assess Eye Opening Verbal Response Motor Response Total Glasgow Coma Scale Total Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4. Neurological Assessment (CVA) Orientation Level of Consciousness Facial Protocol: CVA,NERVES Eyebrow Symmetry Eyes Rises Smile Rises Tongue Deviation Eye Movement	None None Flexion Withdrawal 6 Obtunded Unable to Test Unable to Test Unable to Test Unable to Test Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/27/22 20:00 JAB (Rec: 10/27/22 23:57 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA.NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/27/22 21:00 JAB (Rec: 10/27/22 23:57 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/27/22 22:00	JAB (Rec: 10/27/22 23:57 JAB Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

6

Glasgow Coma Scale Total

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

Sluggish, Dilated

2

Brisk

Unable to Test

Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES

Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Other

Protocol: CVA.NERVES

Neurological Comment

Document 10/27/22 23:00 JAB (Rec: 10/27/22 23:57 JAB Desktop) S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA.NERVES

Left

Obtunded	Unable to Test
	Unable to Test
	Unable to Test
	Unable to Test
	Unable to Test
	Unable to Test
	Normal
	Normal
	Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA, NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA, NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drlft	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/27/22 23:59	JAB (Rec: 10/28/22 00:51 JAB Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation
Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES
Eyebrow Symmetry

Eyes Rises

Unable to Test
Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Eye Movement

Unable to Test

Cough Reflex

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish, Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Right Unable to Test

Motor Function, Bilateral Lower Extremity

Right Unable to Test

Shoulder Shrug

Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Unable to Test

Protocol: CVA,NERVES

Cheek

Right Unable to Test

Forehead

Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	

Protocol: CVA,NERVES

Neurological Comment

Document 10/28/22 01:00 JAB (Rec: 10/28/22 02:48 JAB Desktop) S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Total

Glasgow Coma Scale Total 6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry Unable to Test

Eyes Rises Unable to Test

Smile Rises Unable to Test

Tongue Deviation Unable to Test

Eye Movement Unable to Test

Cough Reflex Normal

Gag Reflex Normal

Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left 5

Pupil Size (mm) Sluggish, Dilated

Pupil Reaction

Right

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 02:00	JAB (Rec: 10/28/22 02:48 JAB Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Right Unable to Test
Touch Sensory	Unable to Test
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Absent Bilateral

Babinski Reflex Response

Other

Protocol: CVA.NERVES

Neurological Comment

Document 10/28/22 03:00 JAB (Rec: 10/28/22 05:24 JAB Desktop) S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

Sluggish, Dilated

2

2

Brisk

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA.NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 04:00 JAB (Rec: 10/28/22 05:25 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Comment S/P Surgery and EVD Placement
 Document 10/28/22 05:00 JAB (Rec: 10/28/22 05:26 JAB Desktop)

Glasgow Coma Scale

Assess

Eye Opening None
 Verbal Response None
 Motor Response Flexion Withdrawal

Total

Glasgow Coma Scale Total 6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm) 5

Pupil Reaction Sluggish, Dilated

Right

Pupil Size (mm) 2

Pupil Reaction Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 06:00 JAB (Rec: 10/28/22 06:27 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 10/28/22 07:00 JAB (Rec: 10/28/22 07:23 JAB Desktop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Absent Bilateral

Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Unable to Test

Unable to Test
 Unable to Test
 Unable to Test

5
 Sluggish, Dilated
 2
 Brisk

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientalion
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish,Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	

Protocol: CVA,NERVES

Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment
 Document 10/28/22 08:00 GH (Rec: 10/28/22 08:14 GH other)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness
 Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 09:00 GH (Rec: 10/28/22 09:08 GH Other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	6
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 10:00 GH (Rec: 10/28/22 10:03 GH Other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 11:00 GH (Rec: 10/28/22 11:09 GH Other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	6

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES

EyeBrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish, Dilated

Right

Pupil Size (mm)

3

Pupil Reaction

Sluggish

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Right Unable to Test

Motor Function, Bilateral Lower Extremity

Right Unable to Test

Shoulder Shrug

Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA.NERVES

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol : CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 12:00 GH (Rec: 10/28/22 13:01 GH Other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	
2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol : CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol : CVA,NERVES	
Left	
Pupil Size (mm)	5

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA, NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA, NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 13:00 GH (Rec: 10/28/22 13:01 GH Other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment

Document 10/28/22 14:00 GH (Rec: 10/28/22 14:19 GH Other)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish, Dilated

Right

Pupil Size (mm)

3

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 15:00 GH (Rec: 10/28/22 15:10 GH other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA, NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA, NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Other

Protocol: CVA,NERVES

Neurological Comment

Document 10/28/22 16:00 GH (Rec: 10/28/22 16:09 GH Other)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

S/P Surgery and EVD Placement

None

None

Flexion Withdrawal

6

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

Sluggish, Dilated

3

Sluggish

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 17:00 GH (Rec: 10/28/22 17:04 GH Other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 10/28/22 18:00 GH (Rec: 10/28/22 18:37 GH Other)
 Glasgow Coma Scale

Assess

Eye Opening None
 Verbal Response None
 Motor Response Flexion Withdrawal

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

Artificially Ventilated / Trached

5

Sluggish, Dilated

3

Sluggish

3

Unable to Test

Unable to Test

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity			Right Unable to Test
Motor Function, Bilateral Lower Extremity			Right Unable to Test
Shoulder Shrug			Right Unable to Test
Pronator Drift			Unable to Test
Touch Sensory			
Protocol: CVA,NERVES			
Cheek			Right Unable to Test
Forehead			Right Unable to Test
Mandible			Right Unable to Test
Bilateral Upper Extremity			Right Unable to Test
Bilateral Lower Extremity			Right Unable to Test
Babinski Reflex Response			Absent Bilateral
Other			
Protocol: CVA,NERVES			
Neurological Comment			S/P Surgery and EVD Placement
Document 10/28/22 19:00	GH	(Rec: 10/28/22 19:03	GH Other)
Glasgow Coma Scale			
Assess			
Eye Opening			None
Verbal Response			None
Motor Response			Flexion Withdrawal
Total			6
Glasgow Coma Scale Total			
Citation			
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.			
Neurological Assessment (CVA)			
Orientation			Obtunded
Level of Consciousness			
Facial			
Protocol: CVA,NERVES			Unable to Test
EyeBrow Symmetry			Unable to Test
Eyes Rises			Unable to Test
Smile Rises			Unable to Test
Tongue Deviation			Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached

Pupils
 Protocol: CVA,NERVES

Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	

Visual
 Protocol: CVA,NERVES

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test

Motor
 Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test

Touch Sensory
 Protocol: CVA,NERVES

Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Other
 Protocol: CVA,NERVES

Neurological Comment S/P Surgery and EVD Placement
 Document 10/28/22 20:00 ML (Rec: 10/28/22 20:33 ML Desktop)
 Glasgow Coma Scale Assess

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 21:00 ML (Rec: 10/28/22 21:10 ML Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/28/22 22:00 ML (Rec: 10/28/22 22:11 ML Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	6
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Normal
Cough Reflex	Normal
Gag Reflex	Artificially Ventilated / Trached
Speech	
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory							
Protocol: CVA,NERVES							
Cheek						Right Unable to Test	
Forehead						Right Unable to Test	
Mandible						Right Unable to Test	
Bilateral Upper Extremity						Right Unable to Test	
Bilateral Lower Extremity						Right Unable to Test	
Babinski Reflex Response						Absent Bilateral	
Other							
Protocol: CVA,NERVES							
Neurological Comment						S/P Surgery and EVD Placement	
Document 10/28/22 23:00	ML	(Rec: 10/28/22 23:10	ML	Desktop)			
Glasgow Coma Scale							
Assess							
Eye Opening						None	
Verbal Response						None	
Motor Response						Flexion Withdrawal	
Total						6	
Glasgow Coma Scale Total							
Citation							
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.							
Neurological Assessment (CVA)							
Orientation							
Level of Consciousness						Obtunded	
Facial							
Protocol: CVA,NERVES							
Eyebrow Symmetry						Unable to Test	
Eyes Rises						Unable to Test	
Smile Rises						Unable to Test	
Tongue Deviation						Unable to Test	
Eye Movement						Unable to Test	
Cough Reflex						Normal	
Gag Reflex						Normal	
Speech						Artificially Ventilated / Tracheal	
Pupils							
Protocol: CVA,NERVES							

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left			
Pupil Size (mm)		4	
Pupil Reaction		Sluggish, Dilated	
Right			
Pupil Size (mm)		2	
Pupil Reaction		Sluggish	
Visual			
Protocol: CVA, NERVES		Unable to Test	
Visual Fields		Unable to Test	
States Number of Fingers Held 12 inches From Eyes		Unable to Test	
Vision, Reading		Unable to Test	
Motor			
Protocol: CVA, NERVES			
Motor Function, Bilateral Upper Extremity		Right Unable to Test	
Motor Function, Bilateral Lower Extremity		Right Unable to Test	
Shoulder Shrug		Right Unable to Test	
Pronator Drift		Unable to Test	
Touch Sensory			
Protocol: CVA, NERVES			
Cheek		Right Unable to Test	
Forehead		Right Unable to Test	
Mandible		Right Unable to Test	
Bilateral Upper Extremity		Right Unable to Test	
Bilateral Lower Extremity		Right Unable to Test	
Sensory		Right Unable to Test	
Babinski Reflex Response		Absent Bilateral	
Other			
Protocol: CVA, NERVES			
Neurological Comment		S/P Surgery and EVD Placement	
Document 10/28/22 23:59	ML	(Rec: 10/29/22 00:28	ML Desktop)
Glasgow Coma Scale			
Assess			
Eye Opening		None	
Verbal Response		None	
Motor Response		Flexion Withdrawal	
Total		6	
Glasgow Coma Scale Total			
Citation			

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation
Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES
Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

4

Pupil Reaction

Sluggish, Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Sluggish

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Right Unable to Test

Motor Function, Bilateral Lower Extremity

Right Unable to Test

Shoulder Shrug

Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Unable to Test

Protocol: CVA.NERVES

Cheek

Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 01:00 ML (Rec: 10/29/22 01:13 ML Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	
Pupil Reaction	Sluggish, Dilated

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right					
Pupil Size (mm)				2	
Pupil Reaction				Sluggish	
Visual					
Protocol: CVA,NERVES					
Visual Fields				Unable to Test	
States Number of Fingers Held 12 inches From Eyes				Unable to Test	
Vision, Reading				Unable to Test	
Motor					
Protocol: CVA,NERVES					
Motor Function, Bilateral Upper Extremity				Right Unable to Test	
Motor Function, Bilateral Lower Extremity				Right Unable to Test	
Shoulder Shrug				Right Unable to Test	
Pronator Drift				Unable to Test	
Touch Sensory					
Protocol: CVA,NERVES					
Cheek				Right Unable to Test	
Forehead				Right Unable to Test	
Mandible				Right Unable to Test	
Bilateral Upper Extremity				Right Unable to Test	
Bilateral Lower Extremity				Right Unable to Test	
Babinski Reflex Response				Right Unable to Test	
Other				Absent Bilateral	
Protocol: CVA,NERVES					
Neurological Comment				S/P Surgery and EVD Placement	
Document 10/29/22 02:00 ML				(Rec: 10/29/22 02:31 ML Desktop)	
Glasgow Coma Scale					
Assess					
Eye Opening				None	
Verbal Response				None	
Motor Response				Flexion Withdrawal	
Total				6	
Glasgow Coma Scale Total					
Citation					
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.					
Neurological Assessment (CVA)					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	4
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	S/P Surgery and EVD Placement
Neurological Comment	
Document 10/29/22 03:00 ML (Rec: 10/29/22 03:05 ML Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	4
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual			
Protocol: CVA,NERVES			
Visual Fields			Unable to Test
States Number of Fingers Held 12 inches From Eyes			Unable to Test
Vision, Reading			Unable to Test
Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity			Right Unable to Test
Motor Function, Bilateral Lower Extremity			Right Unable to Test
Shoulder Shrug			Right Unable to Test
Pronator Drift			Unable to Test
Touch Sensory			
Protocol: CVA,NERVES			
Cheek			Right Unable to Test
Forehead			Right Unable to Test
Mandible			Right Unable to Test
Bilateral Upper Extremity			Right Unable to Test
Bilateral Lower Extremity			Right Unable to Test
Babinski Reflex Response			Absent Bilateral
Other			
Protocol: CVA,NERVES			
Neurological Comment			S/P Surgery and EVD Placement
Document 10/29/22 04:00 ML (Rec: 10/29/22 04:47 ML Desktop)			
Glasgow Coma Scale			
Assess			
Eye Opening			None
Verbal Response			None
Motor Response			Flexion Withdrawal
Total			6
Glasgow Coma Scale Total			
Citation			
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.			
Neurological Assessment (CVA)			
Orientation			
Level of Consciousness			Obtunded
Facial			

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES

Neurological Comment

Document 10/29/22 05:00 ML (Rec: 10/29/22 05:05 ML Desktop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

2

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 06:00 ML (Rec: 10/29/22 06:16 ML Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached

Pupils
Protocol: CVA,NERVES

Left	4
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	

Visual
Protocol: CVA,NERVES

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test

Motor
Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test

Touch Sensory
Protocol: CVA,NERVES

Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Other
Protocol: CVA,NERVES

Neurological Comment
S/P Surgery and EVD Placement

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry
 Eyes Rises
 Smile Rises
 Tongue Deviation
 Eye Movement
 Cough Reflex
 Gag Reflex
 Speech

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Normal
 Normal
 Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

4

Pupil Reaction

Sluggish, Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity
 Shoulder Shrug
 Pronator Drift
 Touch Sensory

Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Unable to Test

Protocol: CVA,NERVES

Cheek
 Forehead
 Mandible
 Bilateral Upper Extremity
 Bilateral Lower Extremity Sensory
 Babinski Reflex Response

Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment

S/P Surgery and EVD Placement

Document 10/29/22 08:00 LH (Rec: 10/29/22 09:08 LH Desktop)

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Obey Commands

Total

Glasgow Coma Scale Total

8

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Follows Commands, Lethargic

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry
 Eyes Rises
 Smile Rises
 Tongue Deviation
 Eye Movement

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 09:00 LH (Rec: 10/29/22 09:08 LH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug
 Pronator Drift

Right Unable to Test
 Unable to Test

Touch Sensory
 Protocol: CVA.NERVES

Cheek

Right Unable to Test

Forehead

Right Unable to Test

Mandible
 Bilateral Upper Extremity
 Bilateral Lower Extremity Sensory

Right Unable to Test
 Right Unable to Test

Babinski Reflex Response

Right Unable to Test
 Absent Bilateral

Other
 Protocol: CVA.NERVES

S/P Surgery and EVD Placement

Neurological Comment
 Document 10/29/22 10:00 LH (Rec: 10/29/22 11:36 LH Desktop)
 Glasgow Coma Scale

Assess
 Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total
 Glasgow Coma Scale Total

6

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)
 Orientation

Level of Consciousness

Lethargic

Facial
 Protocol: CVA.NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises
 Smile Rises

Unable to Test
 Unable to Test

Tongue Deviation
 Eye Movement

Unable to Test
 Unable to Test

Cough Reflex
 Gag Reflex

Normal

Speech
 Artificially Ventilated / Trached

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 11:00 LH (Rec: 10/29/22 11:36 IH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

6

Glasgow Coma Scale Total

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

Sluggish, Dilated

2

Sluggish

Unable to Test

Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES					
Cheek					Right Unable to Test
Forehead					Right Unable to Test
Mandible					Right Unable to Test
Bilateral Upper Extremity					Right Unable to Test
Bilateral Lower Extremity					Right Unable to Test
Sensory					Right Unable to Test
Babinski Reflex Response					Absent Bilateral
Other					
Protocol: CVA.NERVES					
Neurological Comment					S/P Surgery and EVD Placement
Document	10/29/22	12:00	LH	(Rec: 10/29/22 12:46	LH Desktop)
Glasgow Coma Scale					
Assess					
Eye Opening					None
Verbal Response					None
Motor Response					Flexion Withdrawal
Total					6
Glasgow Coma Scale Total					
Citation					
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;					
2:81-4.					
Neurological Assessment (CVA)					
Orientation					
Level of Consciousness					Lethargic
Facial					
Protocol: CVA.NERVES					
Eyeblink Symmetry					Unable to Test
Eyes Rises					Unable to Test
Smile Rises					Unable to Test
Tongue Deviation					Unable to Test
Eye Movement					Unable to Test
Cough Reflex					Normal
Gag Reflex					Normal
Speech					Artificially Ventilated / Trached
Pupils					
Protocol: CVA.NERVES					
Left					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA, NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA, NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Dift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 13:00 LH (Rec: 10/29/22 13:46 LH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

Sluggish,Dilated

2

Sluggish

Unable to Test

Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	

Protocol: CVA,NERVES

Neurological Comment

Document 10/29/22 14:00 LH (Rec: 10/29/22 15:03 LH Desktop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

6

Glasgow Coma Scale Total

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Lethargic

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

5

Sluggish, Dilated

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Right Unable to Test
Touch Sensory	Unable to Test
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 15:00 LH (Rec: 10/29/22 15:03 LH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Lethargic
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Absent Bilateral

Babinski Reflex Response

Other

Protocol: CVA.NERVES

Neurological Comment

S/P Surgery and EVD Placement

Document 10/29/22 16:00 LH (Rec: 10/29/22 16:47 LH Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

6

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

Protocol: CVA.NERVES

5

Sluggish, Dilated

2

Sluggish

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA.NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 17:00 LH (Rec: 10/29/22 17:26 LH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA.NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

S/P Surgery and EVD Placement

Document 10/29/22 18:00 LH (Rec: 10/29/22 18:25 LH Desktop)

Glasgow Coma Scale

Assess

- Eye Opening
- Verbal Response
- Motor Response

- None
- None
- Flexion Withdrawal

Total

6

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4. Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Lethargic

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Artificially Ventilated / Trached

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Unable to Test
 Unable to Test

5
 Sluggish, Dilated

2
 Sluggish

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 19:00 LH (Rec: 10/29/22 19:13 LH Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Lethargic
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 20:00 XD (Rec: 10/29/22 21:28 XD Desktop)	
Glasgow Coma Scale	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientalion
 Level of Consciousness

Lethargic

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish,Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 21:00	XD (Rec: 10/29/22 21:36 XD Desktop)
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 22:00 XD (Rec: 10/29/22 22:06 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	6
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA.NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 23:00 XD (Rec: 10/29/22 23:28 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/29/22 23:59 XD (Rec: 10/30/22 00:25 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	6

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Lethargic

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish, Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Right Unable to Test

Motor Function, Bilateral Lower Extremity

Right Unable to Test

Shoulder Shrug

Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA,NERVES

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol : CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 01:00 XD (Rec: 10/30/22 01:19 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	
2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol : CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol : CVA,NERVES	
Left	
Pupil Size (mm)	5

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA, NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA, NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 02:00 XD (Rec: 10/30/22 02:09 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
Level of Consciousness

Lethargic

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Unable to Test
Unable to Test
Unable to Test
Unable to Test
Unable to Test
Normal
Normal
Artificially Ventilated / Trached

5
Sluggish, Dilated

2
Sluggish

Unable to Test
Unable to Test
Unable to Test

Right Unable to Test
Right Unable to Test
Right Unable to Test
Right Unable to Test
Unable to Test

Right Unable to Test
Right Unable to Test
Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	

Protocol: CVA,NERVES

Neurological Comment S/P Surgery and EVD Placement

Document 10/30/22 03:00 XD (Rec: 10/30/22 03:06 XD Desktop)

Glasgow Coma Scale

Assess

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Total

Glasgow Coma Scale Total 6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

5	Sluggish, Dilated
2	

Artificially Ventilated / Trached

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 04:00 XD (Rec: 10/30/22 04:38 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial

Protocol: CVA, NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA, NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA, NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA, NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA, NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5
Sluggish, Dilated

2
Sluggish

Unable to Test

Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Absent Bilateral

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Other

Protocol: CVA,NERVES

Neurological Comment

Document 10/30/22 05:00 XD (Rec: 10/30/22 05:12 XD Desktop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

None
 None
 Flexion Withdrawal

6

Lethargic

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Normal
 Normal
 Artificially Ventilated / Trached

5
 Sluggish, Dilated

2
 Sluggish

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields Unable to Test
 States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading Unable to Test

Motor
 Protocol: CVA,NERVES
 Motor Function, Bilateral Upper Extremity Right Unable to Test
 Motor Function, Bilateral Lower Extremity Right Unable to Test
 Shoulder Shrug Right Unable to Test
 Pronator Drift Right Unable to Test
 Touch Sensory Unable to Test

Protocol: CVA,NERVES
 Cheek Right Unable to Test
 Forehead Right Unable to Test
 Mandible Right Unable to Test
 Bilateral Upper Extremity Right Unable to Test
 Bilateral Lower Extremity Sensory Right Unable to Test
 Babinski Reflex Response Right Unable to Test
 Absent Bilateral

Other
 Protocol: CVA,NERVES
 Neurological Comment S/P Surgery and EVD Placement

Document 10/30/22 06:00 XD (Rec: 10/30/22 06:46 XD Desktop)
 Glasgow Coma Scale

Assess
 Eye Opening None
 Verbal Response None
 Motor Response Flexion Withdrawal

Total
 Glasgow Coma Scale Total 6

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)
 Orientation Lethargic
 Level of Consciousness

Facial
 Protocol: CVA,NERVES
 Eyebrow Symmetry Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 10/30/22 07:00 XD (Rec: 10/30/22 07:18 XD Desktop)
 Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Lethargic

Facial

Protocol: CVA.NERVES

EyeBrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish, Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Sluggish

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 10/30/22 08:00 LH (Rec: 10/30/22 09:13 LH Laptop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Right Unable to Test

Right Unable to Test

Right Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Absent Bilateral

S/P Surgery and EVD Placement

None

None

Flexion Withdrawal

6

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 09:00 LH (Rec: 10/30/22 09:13 LH Laptop)	
Glasgow Coma Scale Assess	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Lethargic
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 10:00 LH (Rec: 10/30/22 10:22 LH Laptop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish,Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 11:00 LH (Rec: 10/30/22 11:30 LH Laptop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	Glasgow Coma Scale Total	6
Citation	Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	Orientation	
	Level of Consciousness	Lethargic
	Facial	
	Protocol: CVA,NERVES	
	Eyeblink Symmetry	Unable to Test
	Eyes Rises	Unable to Test
	Smile Rises	Unable to Test
	Tongue Deviation	Unable to Test
	Eye Movement	Normal
	Cough Reflex	Normal
	Gag Reflex	Artificially Ventilated / Trached
	Speech	
	Pupils	
	Protocol: CVA,NERVES	
	Left	5
	Pupil Size (mm)	Sluggish, Dilated
	Pupil Reaction	
	Right	2
	Pupil Size (mm)	Sluggish
	Pupil Reaction	
	Visual	
	Protocol: CVA,NERVES	
	Visual Fields	Unable to Test
	States Number of Fingers Held 12 inches From Eyes	Unable to Test
	Vision, Reading	Unable to Test
	Motor	
	Protocol: CVA,NERVES	
	Motor Function, Bilateral Upper Extremity	Right Unable to Test
	Motor Function, Bilateral Lower Extremity	Right Unable to Test
	Shoulder Shrug	Right Unable to Test
	Pronator Drift	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory					
Protocol: CVA,NERVES					
Cheek					Right Unable to Test
Forehead					Right Unable to Test
Mandible					Right Unable to Test
Bilateral Upper Extremity					Right Unable to Test
Bilateral Lower Extremity					Right Unable to Test
Sensory					Right Unable to Test
Babinski Reflex Response					Absent Bilateral
Other					
Protocol: CVA,NERVES					
Neurological Comment					S/P Surgery and EVD Placement
Document 10/30/22 12:00	LH	(Rec: 10/30/22 13:30	LH	Laptop)	
Glasgow Coma Scale					
Assess					
Eye Opening					None
Verbal Response					None
Motor Response					Flexion Withdrawal
Total					6
Glasgow Coma Scale Total					
Citation					
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.					
Neurological Assessment (CVA)					
Orientation					
Level of Consciousness					Lethargic
Facial					
Protocol: CVA,NERVES					
Eyebrow Symmetry					Unable to Test
Eyes Rises					Unable to Test
Smile Rises					Unable to Test
Tongue Deviation					Unable to Test
Eye Movement					Unable to Test
Cough Reflex					Normal
Gag Reflex					Normal
Speech					Artificially Ventilated / Trached
Pupils					
Protocol: CVA,NERVES					

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left			
Pupil Size (mm)		5	
Pupil Reaction		Sluggish, Dilated	
Right			
Pupil Size (mm)		2	
Pupil Reaction		Sluggish	
Visual			
Protocol: CVA,NERVES		Unable to Test	
Visual Fields		Unable to Test	
States Number of Fingers Held 12 inches From Eyes		Unable to Test	
Vision, Reading		Unable to Test	
Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity		Right Unable to Test	
Motor Function, Bilateral Lower Extremity		Right Unable to Test	
Shoulder Shrug		Right Unable to Test	
Pronator Drift		Unable to Test	
Touch Sensory			
Protocol: CVA,NERVES			
Cheek		Right Unable to Test	
Forehead		Right Unable to Test	
Mandible		Right Unable to Test	
Bilateral Upper Extremity		Right Unable to Test	
Bilateral Lower Extremity		Right Unable to Test	
Sensory		Right Unable to Test	
Babinski Reflex Response		Absent Bilateral	
Other			
Protocol: CVA,NERVES			
Neurological Comment		S/P Surgery and EVD Placement	
Document 10/30/22 13:00	IH	(Rec: 10/30/22 13:30	IH Laptop)
Glasgow Coma Scale			
Assess			
Eye Opening		None	
Verbal Response		None	
Motor Response		Flexion Withdrawal	
Total		6	
Glasgow Coma Scale Total			
Citation			

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation Lethargic
 Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Right Unable to Test

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

Sluggish, Dilated

2

Sluggish

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 14:00 LH (Rec: 10/30/22 15:19 LH Laptop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	
Pupil Reaction	Sluggish, Dilated

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right		2
Pupil Size (mm)		Sluggish
Pupil Reaction		
Visual		
Protocol: CVA,NERVES		
Visual Fields	Unable to Test	
States Number of Fingers Held 12 inches From Eyes	Unable to Test	
Vision, Reading	Unable to Test	
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity	Right Unable to Test	
Motor Function, Bilateral Lower Extremity	Right Unable to Test	
Shoulder Shrug	Right Unable to Test	
Pronator Drift	Unable to Test	
Touch Sensory		
Protocol: CVA,NERVES		
Cheek	Right Unable to Test	
Forehead	Right Unable to Test	
Mandible	Right Unable to Test	
Bilateral Upper Extremity	Right Unable to Test	
Bilateral Lower Extremity	Right Unable to Test	
Babinski Reflex Response	Right Unable to Test	
Other	Absent Bilateral	
Protocol: CVA,NERVES		
Neurological Comment	S/P Surgery and EVD Placement	
Document 10/30/22 15:00 LH (Rec: 10/30/22 15:19 LH Laptop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Flexion Withdrawal	
Total	6	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Lethargic
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory Right Unable to Test
 Babinski Reflex Response Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment S/P Surgery and EVD Placement

Document 10/30/22 16:00 LH (Rec: 10/30/22 17:19 LH Laptop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

Sluggish, Dilated

2

Sluggish

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual				
Protocol:	CVA,NERVES			
Visual Fields				Unable to Test
States Number of Fingers Held 12 inches From Eyes				Unable to Test
Vision, Reading				Unable to Test
Motor				
Protocol:	CVA,NERVES			
Motor Function, Bilateral Upper Extremity				Right Unable to Test
Motor Function, Bilateral Lower Extremity				Right Unable to Test
Shoulder Shrug				Right Unable to Test
Pronator Drift				Unable to Test
Touch Sensory				
Protocol:	CVA,NERVES			
Cheek				Right Unable to Test
Forehead				Right Unable to Test
Mandible				Right Unable to Test
Bilateral Upper Extremity				Right Unable to Test
Bilateral Lower Extremity	Sensory			Right Unable to Test
Babinski Reflex Response				Absent Bilateral
Other				
Protocol:	CVA,NERVES			
Neurological Comment				S/P Surgery and EVD Placement
Document	10/30/22 17:00	LH	(Rec: 10/30/22 17:19	LH Laptop)
Glasgow Coma Scale				
Assess				
Eye Opening				None
Verbal Response				None
Motor Response				Flexion Withdrawal
Total				6
Glasgow Coma Scale Total				
Citation				
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.				
Neurological Assessment (CVA)				
Orientation				
Level of Consciousness				Lethargic
Facial				

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Protocol: CVA,NERVES Eyebrow Symmetry Eyes Rises Smile Rises Tongue Deviation Eye Movement Cough Reflex Gag Reflex Speech Pupils Protocol: CVA,NERVES Left Pupil Size (mm) Pupil Reaction Right Pupil Size (mm) Pupil Reaction Visual Protocol: CVA,NERVES Visual Fields States Number of Fingers Held 12 inches From Eyes Vision, Reading Motor Protocol: CVA,NERVES Motor Function, Bilateral Upper Extremity Motor Function, Bilateral Lower Extremity Shoulder Shrug Pronator Drift Touch Sensory Protocol: CVA,NERVES Cheek Forehead Mandible Bilateral Upper Extremity Bilateral Lower Extremity Sensory Babinski Reflex Response Other	Unable to Test Unable to Test Unable to Test Unable to Test Unable to Test Normal Normal Artificially Ventilated / Trached 5 Sluggish,Dilated 2 Sluggish Unable to Test Unable to Test Unable to Test Right Unable to Test Right Unable to Test Right Unable to Test Right Unable to Test Unable to Test Right Unable to Test Right Unable to Test Right Unable to Test Right Unable to Test Right Unable to Test Absent Bilateral
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Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES

Neurological Comment

Document 10/30/22 18:00 LH (Rec: 10/30/22 18:28 LH Laptop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Lethargic

Facial

Protocol: CVA,NERVES

Eye/brow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

5
 Sluggish, Dilated

2
 Sluggish

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Right Unable to Test
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity Sensory	Right Unable to Test
Babinski Reflex Response	Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 19:00 LH (Rec: 10/30/22 19:07 LH Laptop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Lethargic
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 10/30/22 20:00 XD (Rec: 10/30/22 20:27 XD Desktop)

Right Unable to Test
Right Unable to Test
Right Unable to Test
Right Unable to Test
Right Unable to Test
Right Unable to Test
Right Unable to Test
Absent Bilateral
S/P Surgery and EVD Placement

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening None
 Verbal Response None
 Motor Response Obey Commands

Total

Glasgow Coma Scale Total 8

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness Lethargic

Facial

Protocol: CVA, NERVES

Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Normal
 Gag Reflex Normal
 Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA, NERVES

Left

Pupil Size (mm) 5

Pupil Reaction Sluggish, Dilated

Right

Pupil Size (mm) 2

Pupil Reaction Sluggish

Visual

Protocol: CVA, NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes Unable to Test

Vision, Reading Unable to Test

Motor

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Protocol: CVA,NERVES							
Motor Function, Bilateral Upper Extremity						Left Impaired	
Motor Function, Bilateral Lower Extremity						Bilaterally Equal	
Shoulder Shrug						Right Unable to Test	
Pronator Drift						Unable to Test	
Touch Sensory							
Protocol: CVA,NERVES							
Cheek						Right Unable to Test	
Forehead						Right Unable to Test	
Mandible						Right Unable to Test	
Bilateral Upper Extremity						Left Impaired	
Bilateral Lower Extremity						Bilaterally Equal	
Babinski Reflex Response						Absent Bilateral	
Other							
Protocol: CVA,NERVES							
Neurological Comment						S/P Surgery and EVD Placement	
Document 10/30/22 21:00	XD						
Glasgow Coma Scale							
Assess							
Eye Opening						None	
Verbal Response						None	
Motor Response						Obey Commands	
Total						8	
Glasgow Coma Scale Total							
Citation							
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.							
Neurological Assessment (CVA)							
Orientation							
Level of Consciousness						Lethargic	
Facial							
Protocol: CVA,NERVES							
Eyebrow Symmetry						Unable to Test	
Eyes Rises						Unable to Test	
Smile Rises						Unable to Test	
Tongue Deviation						Unable to Test	
Eye Movement						Unable to Test	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 22:00 XD (Rec: 10/30/22 22:17 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Obeys Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug Right Unable to Test
 Pronator Drift Unable to Test

Touch Sensory
 Protocol: CVA.NERVES Right Unable to Test

Cheek Right Unable to Test
 Forehead Right Unable to Test
 Mandible Right Unable to Test

Bilateral Upper Extremity Left Impaired
 Bilateral Lower Extremity Sensory Bilaterally Equal
 Babinski Reflex Response Absent Bilateral

Other
 Protocol: CVA.NERVES S/P Surgery and EVD Placement
 Neurological Comment

Document 10/30/22 23:00 XD (Rec: 10/30/22 23:08 XD Desktop)
 Glasgow Coma Scale

Assess
 Eye Opening None
 Verbal Response None
 Motor Response Obey Commands

Total 8
 Glasgow Coma Scale Total

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)
 Orientation Lethargic
 Level of Consciousness

Facial
 Protocol: CVA.NERVES Unable to Test
 Eyebrow Symmetry Unable to Test

Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test

Eye Movement Unable to Test
 Cough Reflex Normal
 Gag Reflex Normal
 Speech Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/30/22 23:59 XD (Rec: 10/31/22 00:17 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	ObeY Commands
Total	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

8

Glasgow Coma Scale Total

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

Sluggish, Dilated

2

Sluggish

Unable to Test

Unable to Test

Unable to Test

Left Impaired

Bilaterally Equal

Right Unable to Test

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES					
Cheek					Right Unable to Test
Forehead					Right Unable to Test
Mandible					Right Unable to Test
Bilateral Upper Extremity					Left Impaired
Bilateral Lower Extremity					Bilaterally Equal
Sensory					Absent Bilateral
Babinski Reflex Response					
Other					
Protocol: CVA.NERVES					
Neurological Comment					S/P Surgery and EVD Placement
Document	10/31/22	01:00	XD	(Rec: 10/31/22 01:04	XD Desktop)
Glasgow Coma Scale					
Assess					
Eye Opening					None
Verbal Response					None
Motor Response					Obey Commands
Total					8
Glasgow Coma Scale Total					
Citation					
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;					
2:81-4.					
Neurological Assessment (CVA)					
Orientation					
Level of Consciousness					Lethargic
Facial					
Protocol: CVA.NERVES					
Eyeblink Symmetry					Unable to Test
Eyes Rises					Unable to Test
Smile Rises					Unable to Test
Tongue Deviation					Unable to Test
Eye Movement					Unable to Test
Cough Reflex					Normal
Gag Reflex					Normal
Speech					Artificially Ventilated / Trached
Pupils					
Protocol: CVA.NERVES					
Left					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA, NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA, NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 02:00	XD (Rec: 10/31/22 02:09 XD Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	ObeY Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

Sluggish, Dilated

2

Sluggish

Unable to Test

Unable to Test

Unable to Test

Left Impaired

Bilaterally Equal

Right Unable to Test

Unable to Test

Right Unable to Test
Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 03:00	XD (Rec: 10/31/22 05:09 XD Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Obey Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Lethargic
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	
Pupil Reaction	Sluggish, Dilated
Right	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 04:00 XD (Rec: 10/31/22 05:09 XD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Obey Commands
Total	8
Glasgow Coma Scale Total	8
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Lethargic
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA, NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA, NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Absent Bilateral

Babinski Reflex Response

Other

Protocol: CVA.NERVES

Neurological Comment

Document 10/31/22 05:00 XD (Rec: 10/31/22 05:11 XD Desktop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Obey Commands

None

None

8

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5

5

Sluggish, Dilated

2

2

Sluggish

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES

Visual Fields

Status Number of Fingers Held 12 inches From Eyes

Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA.NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA.NERVES

Neurological Comment

Document 10/31/22 06:00 XD (Rec: 10/31/22 06:12 XD Desktop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Lethargic

None
 None
 Obey Commands
 8

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

S/P Surgery and EVD Placement

Neurological Comment Document 10/31/22 07:00 XD (Rec: 10/31/22 07:18 XD Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Lethargic

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

Artificially Ventilated / Trached

5

Sluggish, Dilated

2

Sluggish

2

Sluggish

Unable to Test

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 08:00 CO (Rec: 10/31/22 08:16 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	ObeY Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Lethargic
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 10/31/22 09:00 CO (Rec: 10/31/22 09:30 CO Desktop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Left Impaired
 Bilaterally Equal
 Absent Bilateral

Unable to Test
 Unable to Test
 Unable to Test

Left Impaired
 Bilaterally Equal
 Right Unable to Test
 Unable to Test

5
 Sluggish, Dilated

2
 Sluggish

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Obey Commands

Total

Glasgow Coma Scale Total

8

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientalion
 Level of Consciousness

Lethargic

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish,Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 10:00	CO (Rec: 10/31/22 10:14
Glasgow Coma Scale	CO Desktop)
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	ObeY Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 11:00	CO (Rec: 10/31/22 11:10
Glasgow Coma Scale	CO Desktop)
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Obey Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Lethargic
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 12:00 CO (Rec: 10/31/22 12:07 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	ObeY Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Lethargic
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	
Document 10/31/22 13:00 CO (Rec: 10/31/22 13:00 CO Desktop)	S/P Surgery and EVD Placement
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	ObeY Commands
Total	
Glasgow Coma Scale Total	8

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Lethargic

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish, Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired

Motor Function, Bilateral Lower Extremity

Bilaterally Equal

Shoulder Shrug

Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA,NERVES

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 14:00 CO (Rec: 10/31/22 14:45 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Obeys Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA, NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA, NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 15:00 CO (Rec: 10/31/22 15:39 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	ObeY Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
Level of Consciousness

Lethargic

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Unable to Test
Unable to Test
Unable to Test
Unable to Test
Unable to Test
Normal
Normal
Artificially Ventilated / Trached

5
Sluggish, Dilated

2
Sluggish

Unable to Test
Unable to Test
Unable to Test

Left Impaired
Bilaterally Equal
Right Unable to Test
Unable to Test

Right Unable to Test
Right Unable to Test
Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	

Protocol: CVA,NERVES

Neurological Comment S/P Surgery and EVD Placement

Document 10/31/22 16:00 CO (Rec: 10/31/22 16:54 CO Desktop)

Glasgow Coma Scale

Assess

Eye Opening	None
Verbal Response	None
Motor Response	ObeY Commands

Total

Glasgow Coma Scale Total 8

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness Lethargic

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry Unable to Test

Eyes Rises Unable to Test

Smile Rises Unable to Test

Tongue Deviation Unable to Test

Eye Movement Unable to Test

Cough Reflex Normal

Gag Reflex Normal

Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left 5

Pupil Size (mm) Sluggish, Dilated

Pupil Reaction

Right

Pupil Size (mm) 2

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 17:00	CO (Rec: 10/31/22 18:03
Glasgow Coma Scale	CO Desktop)
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	ObeY Commands
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Lethargic

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial

Protocol: CVA, NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA, NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA, NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA, NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA, NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Artificially Ventilated / Trached

5
Sluggish, Dilated

2
Sluggish

Unable to Test

Unable to Test

Unable to Test

Left Impaired

Bilaterally Equal

Right Unable to Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Left Impaired

Bilaterally Equal

Absent Bilateral

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Other

Protocol: CVA,NERVES

Neurological Comment

Document 10/31/22 18:00 CO (Rec: 10/31/22 18:03 CO Desktop)

S/P Surgery and EVD Placement

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

None
 None
 Obey Commands

8

Lethargic

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Normal
 Normal
 Artificially Ventilated / Trached

5
 Sluggish, Dilated

2
 Sluggish

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		Left Impaired
Motor Function, Bilateral Upper Extremity		Bilaterally Equal
Motor Function, Bilateral Lower Extremity		Right Unable to Test
Shoulder Shrug		Unable to Test
Pronator Drift		
Touch Sensory		
Protocol: CVA,NERVES		Right Unable to Test
Cheek		Right Unable to Test
Forehead		Right Unable to Test
Mandible		Right Unable to Test
Bilateral Upper Extremity		Left Impaired
Bilateral Lower Extremity	Sensory	Bilaterally Equal
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA,NERVES		
Neurological Comment		S/P Surgery and EVD Placement
Document 10/31/22 19:00	CO (Rec: 10/31/22 19:02	CO Desktop)
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Obeys Commands
Total		8
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		Lethargic
Orientation		
Level of Consciousness		
Facial		
Protocol: CVA,NERVES		
Eyebrow Symmetry		Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 10/31/22 20:00 ST (Rec: 10/31/22 21:37 ST Desktop)
 Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Localized Pain

Total

Glasgow Coma Scale Total

7

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish, Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Sluggish

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity			Left Impaired
Motor Function, Bilateral Lower Extremity			Left Absent, Right Impaired
Shoulder Shrug			Left Unable to Test, Right Unable to Test
Pronator Drift			Unable to Test
Touch Sensory			Right Unable to Test
Protocol: CVA,NERVES			Right Unable to Test
Cheek			Right Unable to Test
Forehead			Right Unable to Test
Mandible			Right Unable to Test
Bilateral Upper Extremity			Left Impaired
Bilateral Lower Extremity			Bilaterally Equal
Babinski Reflex Response			Absent Bilateral
Other			
Protocol: CVA,NERVES			
Neurological Comment			S/P Surgery and EVD Placement
Document 10/31/22 21:00	ST	(Rec: 10/31/22 21:38	ST Desktop)
Glasgow Coma Scale			
Assess			
Eye Opening			None
Verbal Response			None
Motor Response			Localized Pain
Total			7
Glasgow Coma Scale Total			
Citation			
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.			
Neurological Assessment (CVA)			
Orientation			Obtunded
Level of Consciousness			
Facial			
Protocol: CVA,NERVES			
Eyebrow Symmetry			Unable to Test
Eyes Rises			Unable to Test
Smile Rises			Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
	Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 22:00 ST (Rec: 10/31/22 22:14 ST Desktop)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Localized Pain

Total

Glasgow Coma Scale Total

7

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry
 Eyes Rises
 Smile Rises
 Tongue Deviation
 Eye Movement
 Cough Reflex
 Gag Reflex
 Speech

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Normal
 Normal
 Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES
 Left

Pupil Size (mm)
 Pupil Reaction

5
 Sluggish, Dilated

Right

Pupil Size (mm)
 Pupil Reaction

2
 Sluggish

Visual

Protocol: CVA,NERVES
 Visual Fields
 States Number of Fingers Held 12 inches From Eyes
 Vision, Reading
 Motor

Unable to Test
 Unable to Test
 Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES					
Motor Function, Bilateral Upper Extremity					Left Impaired
Motor Function, Bilateral Lower Extremity					Left Absent, Right Impaired
Shoulder Shrug					Left Unable to Test, Right Unable to Test
Pronator Drift					Unable to Test
Touch Sensory					
Protocol: CVA.NERVES					
Cheek					Right Unable to Test
Forehead					Right Unable to Test
Mandible					Right Unable to Test
Bilateral Upper Extremity					Left Impaired
Bilateral Lower Extremity					Bilaterally Equal
Babinski Reflex Response					Absent Bilateral
Other					
Protocol: CVA.NERVES					
Neurological Comment					S/P Surgery and EVD Placement
Document 10/31/22 23:00	ST	(Rec: 10/31/22 23:34	ST	Desktop)	
Glasgow Coma Scale					
Assess					
Eye Opening					None
Verbal Response					None
Motor Response					Localized Pain
Total					7
Glasgow Coma Scale Total					
Citation					
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.					
Neurological Assessment (CVA)					
Orientation					Obtunded
Level of Consciousness					
Facial					
Protocol: CVA.NERVES					Unable to Test
EyeBrow Symmetry					Unable to Test
Eyes Rises					Unable to Test
Smile Rises					Unable to Test
Tongue Deviation					Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
	Unable to Test
Pronator Drift	
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 10/31/22 23:59 ST (Rec: 11/01/22 02:17 ST Desktop)	
Glasgow Coma Scale	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Localized Pain

Total

Glasgow Coma Scale Total

7

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish,Dilated

Right

Pupil Size (mm)

2

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Right Unable to Test
Protocol: CVA, NERVES	Right Unable to Test
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 01:00 ST (Rec: 11/01/22 02:27 ST Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	
Eyeblink Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Unable to Test, Right Unable to Test
	Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Sensory	Absent Bilateral
Babinski Reflex Response	
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 02:00 ST (Rec: 11/01/22 02:55 ST Desktop)	
Glasgow Coma Scale Assess	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Right Unable to Test
Protocol: CVA, NERVES	Right Unable to Test
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 03:00	ST (Rec: 11/01/22 03:21 ST Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 04:00	ST (Rec: 11/01/22 05:03
Glasgow Coma Scale	ST Desktop)
Assess	
Eye Opening	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Localized Pain
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug		Left Unable to Test, Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		Right Unable to Test
Protocol: CVA, NERVES		Right Unable to Test
Cheek		Right Unable to Test
Forehead		Right Unable to Test
Mandible		Right Unable to Test
Bilateral Upper Extremity		Left Impaired
Bilateral Lower Extremity	Sensory	Bilaterally Equal
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA, NERVES		
Neurological Comment		S/P Surgery and EVD Placement
Document	11/01/22 05:00 ST (Rec: 11/01/22 05:13 ST Desktop)	
Glasgow Coma Scale		
Assess		None
Eye Opening		None
Verbal Response		Localized Pain
Motor Response		
Total		7
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Obtunded
Level of Consciousness		
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Normal
Gag Reflex		Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish,Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 06:00	ST (Rec: 11/01/22 06:47
Glasgow Coma Scale	ST Desktop)
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Localized Pain
Total	
Glasgow Coma Scale Total	7
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Unable to Test, Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Test
Touch Sensory	Unable to Test
Protocol: CVA.NERVES	
Cheek	
Forehead	
Mandible	
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Left Impaired
Other	Bilaterally Equal
Protocol: CVA.NERVES	Absent Bilateral
Neurological Comment	
Document 11/01/22 07:00 ST (Rec: 11/01/22 07:03 ST Desktop)	S/P Surgery and EVD Placement
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Speech	Artificially Ventilated / Trached

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish, Dilated
Right	
Pupil Size (mm)	2
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Unable to Test, Right Unable to Test
	Unable to Test
Pronator Drift	
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 08:00 RD (Rec: 11/01/22 08:56 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	6
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Normal
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish, Dilated
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Unable to Test, Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Test
Touch Sensory	Unable to Test
Protocol: CVA.NERVES	
Cheek	
Forehead	
Mandible	
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Left Impaired
Other	Bilaterally Equal
Protocol: CVA.NERVES	Absent Bilateral
Neurological Comment	
Document 11/01/22 09:00 RD (Rec: 11/01/22 09:00 RD Desktop)	S/P Surgery and EVD Placement
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Unable to Test, Right Unable to Test
	Test
	Unable to Test
Pronator Drift	
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 10:00 RD (Rec: 11/01/22 10:28 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	6
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug					Left Unable to Test, Right Unable to Test
Pronator Drift					Unable to Test
Touch Sensory					
Protocol: CVA, NERVES					
Cheek					Right Unable to Test
Forehead					Right Unable to Test
Mandible					Right Unable to Test
Bilateral Upper Extremity					Left Impaired, Right Impaired
Bilateral Lower Extremity					Bilaterally Equal
Babinski Reflex Response					Absent Bilateral
Other					
Protocol: CVA, NERVES					
Neurological Comment					S/P Surgery and EVD Placement
Document	11/01/22	11:00	RD	(Rec: 11/01/22 11:06	RD Desktop)
Glasgow Coma Scale					
Assess					
Eye Opening					None
Verbal Response					None
Motor Response					Flexion Withdrawal
Total					6
Glasgow Coma Scale Total					
Citation					
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.					
Neurological Assessment (CVA)					
Orientation					
Level of Consciousness					
Facial					
Protocol: CVA, NERVES					
Eyebrow Symmetry					
Eyes Rises					
Smile Rises					
Tongue Deviation					
Eye Movement					
Cough Reflex					
Gag Reflex					
Normal					

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sense of Smell	UTTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 12:00 RD (Rec: 11/01/22 12:28 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Right Unable to Test
Protocol: CVA, NERVES	Right Unable to Test
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 13:00 RD (Rec: 11/01/22 13:11 RD Desktop)	
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 14:00 RD (Rec: 11/01/22 14:56 RD Desktop)	
Glasgow Coma Scale Assess	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Right Unable to Test
Protocol: CVA, NERVES	Right Unable to Test
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 16:00 RD (Rec: 11/01/22 16:27 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 18:00 RD (Rec: 11/01/22 18:25 RD Desktop)	
Glasgow Coma Scale	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Unable to Test
 Unable to Test
 Unable to Test

Artificially Ventilated / Trached

5

Sluggish

3

Brisk

Unable to Test

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES					
Motor Function, Bilateral Upper Extremity					Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity					Left Impaired, Right Impaired
Shoulder Shrug					Left Unable to Test, Right Unable to Test
Pronator Drift					Unable to Test
Touch Sensory					Right Unable to Test
Protocol: CVA.NERVES					Right Unable to Test
Cheek					Right Unable to Test
Forehead					Right Unable to Test
Mandible					Left Impaired, Right Impaired
Bilateral Upper Extremity					Bilaterally Equal
Bilateral Lower Extremity Sensory					Absent Bilateral
Babinski Reflex Response					
Other					
Protocol: CVA.NERVES					
Neurological Comment					S/P Surgery and EVD Placement
Document 11/01/22 20:00	ST	(Rec: 11/01/22 23:08	ST	Desktop)	
Glasgow Coma Scale					
Assess					
Eye Opening					None
Verbal Response					None
Motor Response					Localized Pain
Total					7
Glasgow Coma Scale Total					
Citation					
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.					
Neurological Assessment (CVA)					
Orientation					Obtunded
Level of Consciousness					
Facial					
Protocol: CVA.NERVES					Unable to Test
EyeBrow Symmetry					Unable to Test
Eyes Rises					Unable to Test
Smile Rises					Unable to Test
Tongue Deviation					Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	S/P Surgery and EVD Placement
Document 11/01/22 22:00	ST (Rec: 11/02/22 00:18) ST Desktop)

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Localized Pain

Total

Glasgow Coma Scale Total

7

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

3

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity		Left Impaired,Right Impaired
Shoulder Shrug		Left Unable to Test,Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		Right Unable to Test
Protocol: CVA,NERVES		Right Unable to Test
Cheek		Right Unable to Test
Forehead		Right Unable to Test
Mandible		Right Unable to Test
Bilateral Upper Extremity		Left Impaired,Right Impaired
Bilateral Lower Extremity Sensory		Bilaterally Equal
Babinski Reflex Response		Absent Bilateral
Document 11/01/22 23:59 ST	(Rec: 11/02/22 00:23 ST Desktop)	
Glasgow Coma Scale		
Assess		None
Eye Opening		None
Verbal Response		None
Motor Response		Localized Pain
Total		7
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Obtunded
Facial		
Protocol: CVA,NERVES		
Eyebrow Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	
Forehead	
Mandible	
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Left Unable to Test
Babinski Reflex Response	Left Impaired,Right Impaired
Bilaterally Equal	Bilaterally Equal
Absent Bilateral	Absent Bilateral
Document 11/02/22 02:00 ST	(Rec: 11/02/22 02:11 ST Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total		7
Glasgow Coma Scale Total		
Citation		
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Obtunded
Facial		
Protocol: CVA,NERVES		
Eyebrow Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Normal
Cough Reflex		Normal
Gag Reflex		Normal
Sense of Smell		UTA
Speech		Artificially Ventilated / Trached
Pupils		
Protocol: CVA,NERVES		
Left		5
Pupil Size (mm)		Sluggish
Pupil Reaction		
Right		3
Pupil Size (mm)		Sluggish
Pupil Reaction		
Visual		
Protocol: CVA,NERVES		
Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity		Left Impaired,Right Impaired
Shoulder Shrug		Left Unable to Test,Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Test
Touch Sensory	Unable to Test
Protocol: CVA.NERVES	
Cheek	
Forehead	
Mandible	
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Left Impaired, Right Impaired
	Bilaterally Equal
Document 11/02/22 04:00 ST (Rec: 11/02/22 04:56 ST Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Total	7
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyeblink Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	Normal
Speech	Artificially Ventilated / Trached
Pupils	UTPA
Protocol: CVA.NERVES	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/02/22 06:00 ST (Rec: 11/02/22 06:10 ST Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Localized Pain
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

3

Pupil Reaction

Sluggish

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired, Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired, Right Impaired

Shoulder Shrug

Left Unable to Test, Right Unable to Test

Pronator Drift

Test

Touch Sensory

Unable to Test

Protocol: CVA.NERVES

Cheek

Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/02/22 08:00 EC (Rec: 11/02/22 10:36 EC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	
Pupil Size (mm)	3

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/02/22 10:00 EC (Rec: 11/02/22 10:36 EC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Document 11/02/22 12:00 EC (Rec: 11/02/22 13:40 EC Desktop)
 Glasgow Coma Scale

Assess

Eye Opening None
 Verbal Response None
 Motor Response Flexion Withdrawal

Total

Glasgow Coma Scale Total 6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry Unable to Test

Eyes Rises Unable to Test

Smile Rises Unable to Test

Tongue Deviation Unable to Test

Eye Movement Unable to Test

Cough Reflex Normal

Gag Reflex Normal

Sense of Smell UTA

Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left 5

Pupil Size (mm) Sluggish

Pupil Reaction Sluggish

Right 3

Pupil Size (mm) Sluggish

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields Unable to Test

States Number of Fingers Held 12 inches From Eyes Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/02/22 14:00 EC (Rec: 11/02/22 15:17 EC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Sensory	
Babinski Reflex Response	Absent Bilateral
Document 11/02/22 16:00 EC (Rec: 11/02/22 18:16 EC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Right Unable to Test
Protocol: CVA, NERVES	Right Unable to Test
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/02/22 18:00 EC (Rec: 11/02/22 18:16 EC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyeblink Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Normal
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Left Impaired, Right Impaired
Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/02/22 20:00 HL (Rec: 11/02/22 20:42 HL Other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry
 Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Obtunded

Unable to Test
 Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

UTRA

Artificially Ventilated / Trached

5
 Sluggish

Sluggish

3
 Sluggish

Sluggish

Sluggish

Sluggish

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol : CVA, NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.

Document 11/02/22 22:00 HL (Rec: 11/02/22 23:28 HL Other)
 Glasgow Coma Scale

Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)
 2:81-4.
 Orientation
 Level of Consciousness Obtunded
 Facial
 Protocol : CVA, NERVES
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Normal
 Gag Reflex Normal
 Sense of Smell UTA
 Speech Artificially Ventilated / Trached
 Pupils
 Protocol : CVA, NERVES

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left		
Pupil Size (mm)		5
Pupil Reaction		Sluggish
Right		
Pupil Size (mm)		3
Pupil Reaction		Sluggish
Visual		
Protocol: CVA,NERVES		
Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity		Left Impaired,Right Impaired
Shoulder Shrug		Left Unable to Test,Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		
Protocol: CVA,NERVES		
Cheek		Right Unable to Test
Forehead		Right Unable to Test
Mandible		Right Unable to Test
Bilateral Upper Extremity		Left Impaired,Right Impaired
Bilateral Lower Extremity		Bilaterally Equal
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA,NERVES		
Neurological Comment		Right arm to localized pain. BLE with triple flexion to pain.
Document	11/02/22 23:59	HL (Rec: 11/03/22 00:56 HL Other)
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Flexion Withdrawal
Total		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

6

Glasgow Coma Scale Total

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

UTRA

Artificially Ventilated / Trached

5

Sluggish

3

Sluggish

Unable to Test

Unable to Test

Unable to Test

Left Impaired, Right Impaired

Left Impaired, Right Impaired

Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document 11/03/22 02:00 HL (Rec: 11/03/22 02:59 HL Other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document 11/03/22 04:00 HL (Rec: 11/03/22 06:06 HL Other)	
Glasgow Coma Scale	
Assess	
Eye Opening	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	6
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity
 Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 11/03/22 06:00 HL (Rec: 11/03/22 06:06 HL Other)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Left Impaired, Right Impaired

Left Unable to Test, Right Unable to

Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Left Impaired, Right Impaired

Bilaterally Equal

Absent Bilateral

Right arm to localized pain. BLE with
 triple flexion to pain.

None

None

Flexion Withdrawal

6

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

3

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity			Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity			Left Impaired,Right Impaired
Shoulder Shrug			Left Unable to Test,Right Unable to Test
Pronator Drift			Unable to Test
Touch Sensory			Right Unable to Test
Protocol: CVA,NERVES			Right Unable to Test
Cheek			Right Unable to Test
Forehead			Right Unable to Test
Mandible			Left Impaired,Right Impaired
Bilateral Upper Extremity			Bilaterally Equal
Bilateral Lower Extremity Sensory			Absent Bilateral
Babinski Reflex Response			
Other			
Protocol: CVA,NERVES			
Neurological Comment			Right arm to localized pain. BLE with triple flexion to pain.
Document	11/03/22 10:00	CO	(Rec: 11/03/22 10:07 CO Desktop)
Glasgow Coma Scale			
Assess			
Eye Opening			None
Verbal Response			None
Motor Response			Flexion Withdrawal
Total			6
Glasgow Coma Scale Total			
Citation			
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.			
Neurological Assessment (CVA)			
Orientation			Obtunded
Level of Consciousness			
Facial			
Protocol: CVA,NERVES			Unable to Test
Eyebrow Symmetry			Unable to Test
Eyes Rises			

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Comment

Right arm to localized pain. BLE with triple flexion to pain.

Document 11/03/22 12:00 CO (Rec: 11/03/22 12:03 CO Desktop)

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES

Eye/brow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Left Impaired,Right Impaired
Babinski Reflex Response	Bilaterally Equal
Other	Absent Bilateral
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document 11/03/22 14:00 CO (Rec: 11/03/22 14:20 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity Sensory	Bilaterally Equal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Absent Bilateral

Babinski Reflex Response
 Other

Protocol: CVA,NERVES
 Neurological Comment

Right arm to localized pain. BLE with
 triple flexion to pain.

Document 11/03/22 16:00 CO (Rec: 11/03/22 16:07 CO Desktop)
 Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

6

Glasgow Coma Scale Total
 Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Obtunded

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

5
 Sluggish
 3

Artificially Ventilated / Trached

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sluggish

Pupil Reaction

Visual

Protocol: CVA.NERVES
 Visual Fields
 States Number of Fingers Held 12 inches From Eyes
 Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA.NERVES
 Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity
 Shoulder Shrug

Left Impaired, Right Impaired
 Left Impaired, Right Impaired
 Left Unable to Test, Right Unable to Test
 Unable to Test

Pronator Drift

Touch Sensory

Protocol: CVA.NERVES
 Cheek
 Forehead
 Mandible
 Bilateral Upper Extremity
 Bilateral Lower Extremity Sensory
 Babinski Reflex Response
 Other

Right Unable to Test
 Right Unable to Test
 Right Unable to Test
 Left Impaired, Right Impaired
 Bilaterally Equal
 Absent Bilateral

Protocol: CVA.NERVES
 Neurological Comment

Right arm to localized pain. BLE with triple flexion to pain.

Document 11/03/22 18:00 CO (Rec: 11/03/22 18:13 CO Desktop)
 Glasgow Coma Scale

Assess
 Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.
 Neurological Assessment (CVA)

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
	Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.

Document 11/03/22 20:00 HL (Rec: 11/03/22 20:33 HL Desktop)
 Glasgow Coma Scale

Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6

Glasgow Coma Scale Total
 Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
 Level of Consciousness

Facial

Protocol: CVA, NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Normal
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached

Pupils
 Protocol: CVA, NERVES
 Left
 Pupil Size (mm)

5

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document 11/03/22 22:00 HL (Rec: 11/03/22 22:37 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry

Eyes Rises

Unable to Test
 Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

UTA
 Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

3

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired,Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired,Right Impaired

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Pronator Drift

Test

Touch Sensory

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES

Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.

Document 11/03/22 23:59 HL (Rec: 11/04/22 00:52 HL Desktop)
 Glasgow Coma Scale

Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyeblink Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Normal
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document	11/04/22 02:00 HL (Rec: 11/04/22 03:13 HL Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	6
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Normal
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Test
Touch Sensory	Unable to Test
Protocol: CVA.NERVES	
Cheek	
Forehead	
Mandible	
Bilateral Upper Extremity	Right Unable to Test
Bilateral Lower Extremity	Right Unable to Test
Sensory	Right Unable to Test
Babinski Reflex Response	Left Impaired, Right Impaired
Other	Bilaterally Equal
Protocol: CVA.NERVES	Absent Bilateral
Neurological Comment	
Document 11/04/22 04:00 HL (Rec: 11/04/22 05:03 HL Desktop)	
Glasgow Coma Scale	Right arm to localized pain. BLE with
Assess	triple flexion to pain.
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sense of Smell UTA
 Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left Pupil Size (mm) 5

Pupil Reaction Sluggish

Right Pupil Size (mm) 3

Pupil Reaction Sluggish

Visual

Protocol: CVA.NERVES

Visual Fields Unable to Test

States Number of Fingers Held 12 inches From Eyes Unable to Test

Vision, Reading Unable to Test

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity Left Impaired, Right Impaired

Motor Function, Bilateral Lower Extremity Left Impaired, Right Impaired

Shoulder Shrug Test

Pronator Drift Unable to Test

Touch Sensory

Protocol: CVA.NERVES

Cheek Right Unable to Test

Forehead Right Unable to Test

Mandible Right Unable to Test

Bilateral Upper Extremity Left Impaired, Right Impaired

Bilateral Lower Extremity Sensory Bilaterally Equal

Babinski Reflex Response Absent Bilateral

Other

Protocol: CVA.NERVES

Neurological Comment

Right arm to localized pain. BLE with triple flexion to pain.

Document 11/04/22 06:00 HL (Rec: 11/04/22 06:56 HL Desktop)
 Glasgow Coma Scale Assess

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity
 Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document

11/04/22 08:00 CO (Rec: 11/04/22 08:26 CO Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Unable to Test,Right Unable to

Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Left Impaired,Right Impaired

Bilaterally Equal

Absent Bilateral

Right arm to localized pain. BLE with

triple flexion to pain.

None

None

None

Flexion Withdrawal

6

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Document 11/04/22 10:00 CO (Rec: 11/04/22 10:04 CO Desktop)
 Glasgow Coma Scale

Assess

Eye Opening None
 Verbal Response None
 Motor Response Flexion Withdrawal

Total

Glasgow Coma Scale Total 6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness Obtunded

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry Unable to Test

Eyes Rises Unable to Test

Smile Rises Unable to Test

Tongue Deviation Unable to Test

Eye Movement Unable to Test

Cough Reflex Normal

Gag Reflex Normal

Sense of Smell UTA

Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left 5

Pupil Size (mm) Sluggish

Pupil Reaction Sluggish

Right 3

Pupil Size (mm) Sluggish

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields Unable to Test

States Number of Fingers Held 12 inches From Eyes Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document 11/04/22 12:00 CO (Rec: 11/04/22 12:13 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES
 Neurological Comment

Right arm to localized pain. BLE with
 triple flexion to pain.

Document 11/04/22 14:00 CO (Rec: 11/04/22 14:53 CO Desktop)
 Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES
 Eyebrow Symmetry

Eyes Rises

Unable to Test
 Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA.NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Right

3

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Visual

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Left Impaired, Right Impaired
 Left Impaired, Right Impaired
 Left Unable to Test, Right Unable to Test

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Right arm to localized pain. BLE with triple flexion to pain.

Document 11/04/22 16:00 CO (Rec: 11/04/22 16:26 CO Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

UTRA

Artificially Ventilated / Trached

5

Sluggish

3

Sluggish

Unable to Test

Unable to Test

Unable to Test

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Unable to Test,Right Unable to Test

Test

Unable to Test

Right Unable to Test

Right Unable to Test

Right Unable to Test

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory
 Babinski Reflex Response

Bilaterally Equal
 Absent Bilateral

Other
 Protocol: CVA,NERVES
 Neurological Comment

Right arm to localized pain. BLE with
 triple flexion to pain.

Document 11/04/22 18:00 CO (Rec: 11/04/22 18:02 CO Desktop)
 Glasgow Coma Scale

Assess
 Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total
 Glasgow Coma Scale Total

6

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)
 Orientation
 Level of Consciousness

Obtunded

Facial
 Protocol: CVA,NERVES
 Eyebrow Symmetry

Unable to Test

Eyes Rises
 Smile Rises
 Tongue Deviation

Unable to Test
 Unable to Test
 Unable to Test

Eye Movement
 Cough Reflex
 Gag Reflex

Unable to Test
 Normal
 Normal

Sense of Smell
 Speech

Normal
 UTA
 Artificially Ventilated / Trached

Pupils
 Protocol: CVA,NERVES
 Left
 Pupil Size (mm)
 Pupil Reaction

5
 Sluggish
 Right

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document	11/04/22 20:00 KC (Rec: 11/04/22 21:21 KC Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA.NERVES

Cheek

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

UTRA

Artificially Ventilated / Trached

5

Sluggish

3

Sluggish

Unable to Test

Unable to Test

Unable to Test

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Unable to Test,Right Unable to Test

Test

Unable to Test

Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.

Document 11/04/22 22:00 KC (Rec: 11/04/22 22:24 KC Desktop)
 Glasgow Coma Scale

Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6

Glasgow Coma Scale Total

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)
 Orientation Obtunded
 Level of Consciousness

Facial	Unable to Test
Protocol: CVA, NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Normal
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document	11/04/22 23:59 KC (Rec: 11/05/22 04:10 KC Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

3

Pupil Reaction

Sluggish

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired, Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired, Right Impaired

Shoulder Shrug

Left Unable to Test, Right Unable to Test

Pronator Drift

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory					
Protocol: CVA,NERVES					
Cheek					Right Unable to Test
Forehead					Right Unable to Test
Mandible					Right Unable to Test
Bilateral Upper Extremity					Left Impaired,Right Impaired
Bilateral Lower Extremity Sensory					Bilaterally Equal
Babinski Reflex Response					Absent Bilateral
Other					
Protocol: CVA,NERVES					
Neurological Comment					Right arm to localized pain. BLE with triple flexion to pain.
Document	11/05/22	02:00	KC	(Rec: 11/05/22 04:12	KC Desktop)
Glasgow Coma Scale					
Assess					
Eye Opening					None
Verbal Response					None
Motor Response					Flexion Withdrawal
Total					6
Glasgow Coma Scale Total					
Citation					
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.					
Neurological Assessment (CVA)					
Orientation					
Level of Consciousness					Obtunded
Facial					
Protocol: CVA,NERVES					
Eyebrow Symmetry					Unable to Test
Eyes Rises					Unable to Test
Smile Rises					Unable to Test
Tongue Deviation					Unable to Test
Eye Movement					Unable to Test
Cough Reflex					Normal
Gag Reflex					Normal
Sense of Smell					UTA
Speech					Artificially Ventilated / Trached

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document 11/05/22 04:00 KC (Rec: 11/05/22 05:49 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Sluggish
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug					Left Unable to Test, Right Unable to Test
Pronator Drift					Unable to Test
Touch Sensory					
Protocol: CVA, NERVES					
Cheek					Right Unable to Test
Forehead					Right Unable to Test
Mandible					Right Unable to Test
Bilateral Upper Extremity					Left Impaired, Right Impaired
Bilateral Lower Extremity					Bilaterally Equal
Babinski Reflex Response					Absent Bilateral
Other					
Protocol: CVA, NERVES					
Neurological Comment					Right arm to localized pain. BIE with triple flexion to pain.
Document	11/05/22	06:00	KC	(Rec: 11/05/22 06:45	KC Desktop)
Glasgow Coma Scale					
Assess					None
Eye Opening					None
Verbal Response					Flexion Withdrawal
Motor Response					
Total					6
Glasgow Coma Scale Total					
Citation					
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.					
Neurological Assessment (CVA)					
Orientation					
Level of Consciousness					Obtunded
Facial					
Protocol: CVA, NERVES					
Eyebrow Symmetry					Unable to Test
Eyes Rises					Unable to Test
Smile Rises					Unable to Test
Tongue Deviation					Unable to Test
Eye Movement					Unable to Test
Cough Reflex					Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Sluggish
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Right Unable to Test
Forehead	Right Unable to Test
Mandible	Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion to pain.
Document	11/05/22 08:00 JM (Rec: 11/05/22 11:07 JM Desktop)
Glasgow Coma Scale	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity Sensory	Left Impaired, Right Impaired
Babinski Reflex Response	Left Impaired, Right Impaired
Document 11/05/22 10:00 JM (Rec: 11/05/22 11:07 JM Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA.NERVES	
EyeBrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Left Impaired,Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/05/22 12:00 JM (Rec: 11/05/22 13:00 JM Desktop)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity Sensory	Left Impaired,Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/05/22 14:00 JM (Rec: 11/05/22 15:23 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTRA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Left Impaired,Right Impaired
Babinski Reflex Response	Absent Bilateral

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/05/22 16:00 JM (Rec: 11/05/22 16:15 JM Desktop)
 Glasgow Coma Scale

Assess

Eye Opening None
 Verbal Response None
 Motor Response Flexion Withdrawal

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

None
 None
 Flexion Withdrawal
 6
 Obtunded
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Normal
 Normal
 UTA
 Artificially Ventilated / Trached
 5
 Sluggish
 2
 Brisk
 Unable to Test
 Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Left Impaired,Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/05/22 18:00 JM (Rec: 11/05/22 18:23 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity Sensory	Left Impaired,Right Impaired

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response

Absent Bilateral

Document 11/05/22 20:00 KC (Rec: 11/05/22 21:40 KC Desktop)

Glasgow Coma Scale

Assess

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

Normal

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Left Impaired,Right Impaired
Babinski Reflex Response	Left Impaired,Right Impaired
Document 11/05/22 22:00 KC (Rec: 11/05/22 22:18 KC Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Document 11/05/22 23:59 KC (Rec: 11/06/22 00:45 KC Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eye/brow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Left Impaired, Right Impaired

Absent Bilateral

None

None

None

None

None

Flexion Withdrawal

None

6

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

Normal

Artificially Ventilated / Trached

UTRA

5

Sluggish

2

Brisk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity	Left Impaired, Right Impaired
Babinski Reflex Response	Left Impaired, Right Impaired
Document 11/06/22 02:00 KC (Rec: 11/06/22 02:15 KC Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Left Impaired, Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/06/22 04:00 KC (Rec: 11/06/22 04:46 KC Desktop)	
Glasgow Coma Scale	

Assess

Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal

Total

Glasgow Coma Scale Total	6
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Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation	Obtunded
Level of Consciousness	

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity Sensory	Left Impaired,Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/06/22 06:00 KC (Rec: 11/06/22 07:11 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Normal
 Gag Reflex Normal
 Sense of Smell UTA
 Speech Artificially Ventilated / Trached

Pupils
 Protocol: CVA,NERVES
 Left 5
 Pupil Size (mm) Sluggish
 Pupil Reaction
 Right 2
 Pupil Size (mm) Brisk
 Pupil Reaction

Visual
 Protocol: CVA,NERVES
 Visual Fields Unable to Test
 States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading Unable to Test

Motor
 Protocol: CVA,NERVES
 Motor Function, Bilateral Upper Extremity Left Impaired,Right Impaired
 Motor Function, Bilateral Lower Extremity Left Impaired,Right Impaired
 Shoulder Shrug Left Unable to Test,Right Unable to Test
 Test
 Pronator Drift Unable to Test

Touch Sensory
 Protocol: CVA,NERVES
 Cheek Left Unable to Test,Right Unable to Test
 Test
 Forehead Left Unable to Test,Right Unable to Test
 Test
 Mandible Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Test
Bilateral Lower Extremity	Left Impaired, Right Impaired
Babinski Reflex Response	Left Impaired, Right Impaired
Document 11/06/22 08:00 JM (Rec: 11/06/22 10:51 JM Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	6
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	
Pupil Size (mm)	4
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual

Protocol: CVA,NERVES
 Visual Fields
 States Number of Fingers Held 12 inches From Eyes
 Vision, Reading
 Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA,NERVES
 Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity
 Shoulder Shrug
 Left Impaired,Right Impaired
 Left Impaired,Right Impaired
 Left Unable to Test,Right Unable to Test
 Unable to Test

Pronator Drift

Unable to Test

Touch Sensory
 Protocol: CVA,NERVES

Cheek

Left Unable to Test,Right Unable to Test

Forehead

Left Unable to Test,Right Unable to Test

Mandible

Left Unable to Test,Right Unable to Test

Bilateral Upper Extremity

Bilateral Lower Extremity

Babinski Reflex Response

Document 11/06/22 10:00 JM

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	Normal
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Left Impaired, Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/06/22 12:00 JM (Rec: 11/06/22 12:31 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Left	4
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	
Pupil Size (mm)	2

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupill Reaction	Brisk
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity Sensory	Left Impaired, Right Impaired
Babinski Reflex Response	Left Impaired, Right Impaired
Document 11/06/22 14:00 JM (Rec: 11/06/22 15:10 JM Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Test
	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity	Left Impaired, Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/06/22 16:00 JM (Rec: 11/06/22 16:45 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teadsdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	
Left	4
Pupil Size (mm)	
Pupil Reaction	Sluggish
Right	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Left Impaired,Right Impaired
Sensory	Left Impaired,Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/06/22 18:00 JM (Rec: 11/06/22 18:23 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity Sensory	Left Impaired, Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/06/22 20:00 KC (Rec: 11/06/22 21:29 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Normal
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	4
Pupil Size (mm)	4
Pupil Reaction	Sluggish

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA.NERVES

Cheek

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

UTRA

Artificially Ventilated / Trached

4

Sluggish

2

Brisk

Unable to Test

Unable to Test

Unable to Test

Left Impaired, Right Impaired

Left Impaired, Right Impaired

Left Unable to Test, Right Unable to Test

Unable to Test

Left Unable to Test, Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Impaired, Right Impaired
Bilateral Lower Extremity	Test	Left Impaired, Right Impaired
Sensory	Test	Left Impaired, Right Impaired
Babinski Reflex Response	Test	Absent Bilateral
Document 11/06/22 23:59 KC (Rec: 11/07/22 01:01 KC Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Flexion Withdrawal	
Total		6
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Normal	
Gag Reflex	Normal	
Sense of Smell	UTA	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA, NERVES		
Left		
Pupil Size (mm)		4

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Impaired,Right Impaired
Bilateral Lower Extremity	Left Impaired,Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/07/22 02:00 KC	(Rec: 11/07/22 02:45 KC Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

UTRA

Artificially Ventilated / Trached

4

Sluggish

2

Brisk

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Left Impaired,Right Impaired

Left Impaired,Right Impaired

Left Unable to Test,Right Unable to Test

Test

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity Sensory	Left Impaired, Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/07/22 04:00 KC (Rec: 11/07/22 04:52 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	4
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
Bilateral Lower Extremity Sensory	Left Impaired,Right Impaired
Babinski Reflex Response	Left Impaired,Right Impaired
Document 11/07/22 06:00 KC (Rec: 11/07/22 06:13 KC Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	6
Glasgow Coma Scale Total	6
Citation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry
 Eyes Rises

Unable to Test
 Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

UTA Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

4

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired,Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired,Right Impaired

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Pronator Drift

Test

Touch Sensory

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Impaired, Right Impaired
Bilateral Lower Extremity Sensory	Left Impaired, Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/07/22 08:00 RD (Rec: 11/07/22 09:37 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyeblink Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Gag Reflex	Unable to Test
Sense of Smell	Hypoactive
Speech	UTA
Pupils	Artificially Ventilated / Trached
Protocol: CVA.NERVES	
Left	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document	11/07/22 10:00 RD (Rec: 11/07/22 10:34 RD Desktop)
Glasgow Coma Scale	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientalion
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Gag Reflex

Hypocative

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity	Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test, Right Unable to Test
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	Right arm to localized pain. BIE with triple flexion. Does not follow
Document 11/07/22 12:00 RD (Rec: 11/07/22 12:51 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Cheek

Forehead

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

Artificially Ventilated / Trached

UTA

UTA

5

Sluggish

2

2

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

Brisk

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Brisk

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral	
Other		
Protocol: CVA, NERVES		
Neurological Comment		Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/07/22 14:00 RD (Rec: 11/07/22 15:24 RD Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total	5	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Unable to Test	
Gag Reflex	Hypoactive	
Sense of Smell	Hypoactive	
Speech	UTA	
	Artificially Ventilated / Trached	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/07/22 16:00 RD (Rec: 11/07/22 16:48 RD Desktop)

Glasgow Coma Scale

triple flexion. Does not follow

Assess

Eye Opening

Verbal Response

Motor Response

None
None

Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Unable to Test
Unable to Test
Unable to Test
Unable to Test
Unable to Test
Unable to Test
Hypoactive
Hypoactive
UTA
Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

5
Sluggish

2
Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BIE with triple flexion. Does not follow
Document 11/07/22 18:00 RD (Rec: 11/07/22 18:28 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry
 Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTA

Artificially Ventilated / Trached

5

Sluggish

2

Brisk

Unable to Test

Unable to Test

Unable to Test

Left Impaired,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test

Left Unable to Test

Left Unable to Test

Left Unable to Test

Left Unable to Test

Left Unable to Test

Left Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/07/22 20:00 CMS (Rec: 11/07/22 20:07 CMS Desktop)	
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTPA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response

Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment

Right arm to localized pain. BLE with triple flexion. Does not follow

Document 11/07/22 22:00 CMS (Rec: 11/07/22 23:58 CMS Desktop)

Glasgow Coma Scale

Assess

Eye Opening

None

Verbal Response

None

Motor Response

Abnormal Flexion

Total

5

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Obtunded

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Right

2

Pupil Size (mm)

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupill Reaction	Brisk
Visual	
Protocol: CVA,NERVES	Unable to Test
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	Left Impaired,Right Unable to Test
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Unable to Test
Pronator Drift	Left Unable to Test,Right Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	Left Unable to Test,Right Unable to Test
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	Right arm to localized pain. BLE with triple flexion. Does not follow
Neurological Comment	
Document	11/07/22 23:59 CMS (Rec: 11/08/22 01:00 CMS Desktop)
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	5
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Hypoactive
Cough Reflex	Hypoactive
Gag Reflex	UTA
Sense of Smell	Artificially Ventilated / Trached
Speech	
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	Right arm to localized pain. BLE with triple flexion. Does not follow
Protocol: CVA, NERVES	
Neurological Comment	
Document 11/08/22 02:00 CMS (Rec: 11/08/22 02:26 CMS Desktop)	
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	Obtunded
Orientation	
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	
EyeBrow Symmetry	Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital
 61 F 07/13/1961
Location: Q 1 Intensive Care Unit
Med Rec Num: MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity

Left Unable to Test, Right Unable to Test

Bilateral Lower Extremity Sensory

Left Unable to Test, Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Other

Protocol: CVA, NERVES

Neurological Comment

Right arm to localized pain. BLE with triple flexion. Does not follow

Document 11/08/22 04:00 CMS (Rec: 11/08/22 04:13 CMS Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA, NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA, NERVES

Left

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTA

Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document	11/08/22 06:00 CMS (Rec: 11/08/22 06:10 CMS Desktop)
Glasgow Coma Scale	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientalion
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 11/08/22 08:00 JD (Rec: 11/08/22 08:52 JD Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Right arm to localized pain. BLE with
 triple flexion. Does not follow

Left Unable to Test, Right Unable to
 Test
 Left Unable to Test, Right Unable to
 Test
 Left Unable to Test, Right Unable to
 Test
 Left Unable to Test, Right Unable to
 Test
 Left Unable to Test, Right Unable to
 Test
 Absent Bilateral

None
 None
 Abnormal Flexion

5

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/08/22 10:00 JD (Rec: 11/08/22 11:10 JD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	UTA

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Left Unable to Test,Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Comment

Right arm to localized pain. BLE with triple flexion. Does not follow

Document 11/08/22 12:00 JD (Rec: 11/08/22 12:36 JD Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eye/brow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

5

Abnormal Flexion

None

None

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTRA

Artificially Ventilated / Trached

5

Sluggish

2

Brisk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/08/22 14:00 JD (Rec: 11/08/22 14:33 JD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry
 Eyes Rises

Unable to Test
 Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Unable to Test

Gag Reflex

Hypoactive

Sense of Smell

UTA Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test,Right Unable to Test

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Pronator Drift

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory		Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test, Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA, NERVES		
Neurological Comment		Right arm to localized pain. BLE with triple flexion. Does not follow
Document	11/08/22 16:00 JD (Rec: 11/08/22 16:28 JD Desktop)	
Glasgow Coma Scale		
Assess		None
Eye Opening		None
Verbal Response		None
Motor Response		Abnormal Flexion
Total		5
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Obtunded
Level of Consciousness		
Facial		
Protocol: CVA, NERVES		Unable to Test
EyeBrow Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response	Test	Absent Bilateral
Other		
Protocol: CVA,NERVES		
Neurological Comment		Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/08/22 18:00 JD (Rec: 11/08/22 18:14 JD Desktop)		
Glasgow Coma Scale		
Assess		None
Eye Opening		None
Verbal Response		None
Motor Response		Abnormal Flexion
Total		5
Glasgow Coma Scale Total		
Citation		
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Obtunded
Facial		
Protocol: CVA,NERVES		
Eyebrow Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Hypoactive
Gag Reflex		Hypoactive
Sense of Smell		UTA
Speech		Artificially Ventilated / Trached
Pupils		
Protocol: CVA,NERVES		
Left		5
Pupil Size (mm)		
Pupil Reaction		Sluggish
Right		

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BUE with triple flexion. Does not follow
Document	11/08/22 20:00 CMS (Rec: 11/08/22 20:16 CMS Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	5
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug	Test	Left Unable to Test, Right Unable to Test
Pronator Drift	Test	Unable to Test
Touch Sensory	Test	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES		
Cheek	Test	Left Unable to Test, Right Unable to Test
Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA, NERVES		
Neurological Comment		Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/08/22 22:00 CMS (Rec: 11/08/22 22:57 CMS Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Abnormal Flexion
Total		5
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Obtunded
Facial		
Protocol: CVA, NERVES		

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Left Unable to Test, Right Unable to Test
Other	Absent Bilateral
Protocol : CVA, NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/08/22 23:59 CMS (Rec: 11/09/22 00:42 CMS Desktop)	
Glasgow Coma Scale Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol : CVA, NERVES	
Eyeblink Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol : CVA, NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document	11/09/22 02:00 CMS (Rec: 11/09/22 02:16 CMS Desktop)

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Artificially Ventilated / Trached

5
 Sluggish
 2
 Brisk

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 11/09/22 04:00 CMS (Rec: 11/09/22 04:13 CMS Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Left Impaired,Right Unable to Test
 Left Unable to Test,Right Unable to Test
 Left Unable to Test,Right Unable to Test
 Unable to Test

Left Unable to Test,Right Unable to Test
 Left Unable to Test,Right Unable to Test
 Left Unable to Test,Right Unable to Test
 Left Unable to Test,Right Unable to Test
 Left Unable to Test,Right Unable to Test
 Absent Bilateral

Right arm to localized pain. BLE with triple flexion. Does not follow

None
 None
 Abnormal Flexion

5

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	Unable to Test
Cheek	Left Unable to Test,Right Unable to

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Test	Absent Bilateral
Other		
Protocol: CVA, NERVES		
Neurological Comment		Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/09/22 06:00 CMS (Rec: 11/09/22 06:21 CMS Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total	5	
Glasgow Coma Scale Total		
Citation		
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Hypoactive	
Gag Reflex	Hypoactive	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES
 Neurological Comment

Right arm to localized pain. BLE with
 triple flexion. Does not follow

Document 11/09/22 08:00 JD (Rec: 11/09/22 08:13 JD Desktop)
 Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES
 Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA.NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Right

2

Pupil Size (mm)

Brisk

Pupil Reaction

Visual

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	Unable to Test
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	Left Impaired,Right Unable to Test
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Unable to Test
Pronator Drift	Left Unable to Test,Right Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	Left Unable to Test,Right Unable to Test
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	Right arm to localized pain. BLE with triple flexion. Does not follow
Neurological Comment	
Document 11/09/22 10:00 JD (Rec: 11/09/22 10:20 JD Desktop)	
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Right

2

Pupil Size (mm)

Brisk

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired, Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test, Right Unable to Test

Shoulder Shrug

Left Unable to Test, Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/09/22 12:00 JD (Rec: 11/09/22 16:25 JD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	Unable to Test
Protocol: CVA, NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital
 61 F 07/13/1961
Location: Q 1 Intensive Care Unit
Med Rec Num: MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTRA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test, Right Unable to Test
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory

Left Unable to Test, Right Unable to Test
 Absent Bilateral

Babinski Reflex Response

Absent Bilateral

Other

Protocol: CVA, NERVES

Neurological Comment

Right arm to localized pain. BLE with triple flexion. Does not follow

Document 11/09/22 14:00 JD (Rec: 11/09/22 16:25 JD Desktop)

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA, NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA, NERVES

Left

Pupil Size (mm)

Pupil Reaction

5
 Sluggish

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/09/22 16:00 JD (Rec: 11/09/22 16:25 JD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	5
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Left Unable to Test, Right Unable to Test
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/09/22 18:00 JD (Rec: 11/09/22 18:11 JD Desktop)	
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Hypoactive
 Gag Reflex Hypoactive
 Sense of Smell UTA
 Speech Artificially Ventilated / Trached

Pupils
 Protocol: CVA.NERVES
 Left 5
 Pupil Size (mm) Sluggish
 Pupil Reaction
 Right 2
 Pupil Size (mm) Brisk
 Pupil Reaction

Visual
 Protocol: CVA.NERVES
 Visual Fields Unable to Test
 States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading Unable to Test

Motor
 Protocol: CVA.NERVES
 Motor Function, Bilateral Upper Extremity Left Impaired, Right Unable to Test
 Motor Function, Bilateral Lower Extremity Left Unable to Test, Right Unable to Test
 Shoulder Shrug Left Unable to Test, Right Unable to Test
 Test
 Pronator Drift Unable to Test
 Touch Sensory Left Unable to Test, Right Unable to Test
 Protocol: CVA.NERVES
 Cheek
 Forehead Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	Right arm to localized pain. BLE with triple flexion. Does not follow
Document 11/09/22 20:00 MA (Rec: 11/09/22 22:05 MA Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	RT arm localized
Document 11/09/22 22:00 MA (Rec: 11/09/22 22:47 MA Desktop)	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Normal
Speech	UTRA
Pupils	Artificially Ventilated / Trached
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Left Unable to Test, Right Unable to Test
Document 11/09/22 23:59 MA (Rec: 11/10/22 01:00 MA Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	
Pupil Reaction	Sluggish
Right	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/10/22 02:00 MA (Rec: 11/10/22 02:26 MA Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Normal

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Right

3

Pupil Size (mm)

Brisk

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Impaired,Right Unable to Test

Shoulder Shrug

Left Impaired,Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Unable to Test

Protocol: CVA,NERVES

Cheek

Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/10/22 04:00 MA (Rec: 11/10/22 04:49 MA Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Dift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/10/22 06:00 MA (Rec: 11/10/22 06:18 MA Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	5

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	
2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Unable to Test
Shoulder Shrug	Left Impaired, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Test	Absent Bilateral
Document 11/10/22 08:00 MN (Rec: 11/10/22 10:22 MN Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total		5
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyeblink Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Hypoactive	
Gag Reflex	Normal	
Pupils		
Protocol: CVA, NERVES		
Left		
Pupil Size (mm)		5

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/10/22 10:00 MN (Rec: 11/10/22 10:22 MN Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	5
Citation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
Level of Consciousness

Facial

Protocol: CVA,NERVES Unable to Test
Eyebrow Symmetry Unable to Test
Eyes Rises Unable to Test

Smile Rises

Tongue Deviation Unable to Test
Eye Movement Unable to Test
Cough Reflex Hypoactive
Gag Reflex Normal

Pupils

Protocol: CVA,NERVES 5
Left Sluggish

Pupil Size (mm)
Pupil Reaction 2

Right Brisk
Pupil Size (mm)
Pupil Reaction

Visual

Protocol: CVA,NERVES Unable to Test
Visual Fields Unable to Test
States Number of Fingers Held 12 inches From Eyes Unable to Test
Vision, Reading

Motor

Protocol: CVA,NERVES Left Impaired,Right Unable to Test
Motor Function, Bilateral Upper Extremity Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity Left Impaired,Right Unable to Test
Shoulder Shrug Unable to Test
Pronator Drift

Touch Sensory Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES

Cheek

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/10/22 12:00 MN (Rec: 11/10/22 13:17 MN Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	
Pupil Reaction	Sluggish

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation
Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Unable to Test
Unable to Test
Unable to Test
Unable to Test
Unable to Test
Hypoactive
Normal

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Left Impaired,Right Unable to Test
Left Impaired,Right Unable to Test
Left Impaired,Right Unable to Test
Unable to Test

Left Unable to Test,Right Unable to Test
Left Unable to Test,Right Unable to Test
Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral	
Document 11/10/22 16:00 MN (Rec: 11/10/22 18:03 MN Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total	5	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Hypoactive	
Gag Reflex	Normal	
Pupils		
Protocol: CVA, NERVES		
Left	5	
Pupil Size (mm)		
Pupil Reaction	Sluggish	
Right		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/10/22 18:00 MN (Rec: 11/10/22 18:03 MN Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry
 Eyes Rises
 Smile Rises
 Tongue Deviation
 Eye Movement
 Cough Reflex
 Gag Reflex

Pupils

Protocol: CVA,NERVES

Left
 Pupil Size (mm)
 Pupil Reaction
 Right
 Pupil Size (mm)
 Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields
 States Number of Fingers Held 12 inches From Eyes
 Vision, Reading
 Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity
 Shoulder Shrug
 Pronator Drift
 Touch Sensory
 Protocol: CVA,NERVES
 Cheek

Forehead

Obtunded

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Hypoactive
 Normal

5
 Sluggish
 2
 Brisk

Unable to Test
 Unable to Test
 Unable to Test

Left Impaired,Right Unable to Test
 Left Impaired,Right Unable to Test
 Left Impaired,Right Unable to Test
 Unable to Test

Left Unable to Test,Right Unable to Test
 Left Unable to Test,Right Unable to Test
 Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/10/22 20:00 AV (Rec: 11/10/22 20:31 AV Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	
Pupil Size (mm)	2

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupill Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/10/22 22:00 AV (Rec: 11/10/22 22:06 AV Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral	
Document 11/10/22 23:59 AV (Rec: 11/11/22 00:38 AV Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total	5	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Hypoactive	
Gag Reflex	Normal	
Pupils		
Protocol: CVA, NERVES		
Left		
Pupil Size (mm)	5	
Pupil Reaction	Sluggish	
Right		
Pupil Size (mm)	2	
Pupil Reaction	Brisk	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual

Protocol: CVA,NERVES
 Visual Fields
 States Number of Fingers Held 12 inches From Eyes
 Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA,NERVES
 Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity
 Shoulder Shrug
 Pronator Drift
 Touch Sensory
 Protocol: CVA,NERVES
 Cheek

Left Impaired, Right Unable to Test
 Left Impaired, Right Unable to Test
 Left Impaired, Right Unable to Test
 Unable to Test

Left Unable to Test, Right Unable to Test

Forehead

Left Unable to Test, Right Unable to Test

Mandible

Left Unable to Test, Right Unable to Test

Bilateral Upper Extremity

Left Unable to Test, Right Unable to Test

Bilateral Lower Extremity Sensory

Left Unable to Test, Right Unable to Test

Absent Bilateral

Babinski Reflex Response
 Document 11/11/22 02:00 AV (Rec: 11/11/22 02:14 AV Desktop)

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)
 Orientation

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Bilateral Upper Extremity Left Unable to Test, Right Unable to Test

Bilateral Lower Extremity Sensory Left Unable to Test, Right Unable to Test

Babinski Reflex Response Absent Bilateral

Document 11/11/22 04:00 AV (Rec: 11/11/22 05:47 AV Desktop)

Glasgow Coma Scale

Assess

Eye Opening None

Verbal Response None

Motor Response Abnormal Flexion

Total

Glasgow Coma Scale Total 5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness Obtunded

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry Unable to Test

Eyes Rises Unable to Test

Smile Rises Unable to Test

Tongue Deviation Unable to Test

Eye Movement Unable to Test

Cough Reflex Hypoactive

Gag Reflex Normal

Pupils

Protocol: CVA.NERVES

Left Pupil Size (mm) 5

Pupil Reaction Sluggish

Right Pupil Size (mm) 2

Pupil Reaction Brisk

Visual

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Unable to Test
Shoulder Shrug	Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/11/22 05:57 AV (Rec: 11/11/22 05:58 AV Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

<p>Facial Protocol: CVA,NERVES Eyebrow Symmetry Eyes Rises Smile Rises Tongue Deviation Eye Movement Cough Reflex Gag Reflex Pupils Protocol: CVA,NERVES Left Pupil Size (mm) Pupil Reaction Right Pupil Size (mm) Pupil Reaction Visual Protocol: CVA,NERVES Visual Fields States Number of Fingers Held 12 inches From Eyes Vision, Reading Motor Protocol: CVA,NERVES Motor Function, Bilateral Upper Extremity Motor Function, Bilateral Lower Extremity Shoulder Shrug Pronator Drift Touch Sensory Protocol: CVA,NERVES Cheek Forehead Mandible Bilateral Upper Extremity</p>	<p>Unable to Test Unable to Test Unable to Test Unable to Test Unable to Test Hypoactive Normal 5 Sluggish 2 Brisk Unable to Test Unable to Test Unable to Test Left Impaired,Right Unable to Test Left Impaired,Right Unable to Test Left Impaired,Right Unable to Test Unable to Test Left Unable to Test,Right Unable to Test Test Left Unable to Test,Right Unable to Test Test Left Unable to Test,Right Unable to Test Test Left Unable to Test,Right Unable to Test</p>
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Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory

Test
 Left Unable to Test, Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Document 11/11/22 08:00 MN (Rec: 11/11/22 11:27 MN Desktop)

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Normal

Pupils

Protocol: CVA.NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Right

2

Pupil Size (mm)

Brisk

Pupil Reaction

Brisk

Visual

Protocol: CVA.NERVES

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/11/22 10:00 MN (Rec: 11/11/22 11:27 MN Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory

Left Unable to Test, Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Document 11/11/22 12:00 MN (Rec: 11/11/22 13:18 MN Desktop)

Glasgow Coma Scale

Assess

Eye Opening

None

Verbal Response

None

Motor Response

Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Obtunded

Level of Consciousness

Facial

Protocol: CVA, NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Normal

Pupils

Protocol: CVA, NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA, NERVES

Visual Fields

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/11/22 14:00 MN (Rec: 11/11/22 14:24 MN Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

	Test
Babinski Reflex Response	Absent Bilateral
Document 11/11/22 16:00 MN (Rec: 11/11/22 16:21 MN Desktop)	
Glasgow Coma Scale	

Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation	Obtunded
Level of Consciousness	

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal

Pupils

Protocol: CVA,NERVES

Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	

Visual
 Protocol: CVA,NERVES

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/11/22 18:00 MN (Rec: 11/11/22 19:32 MN Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response Absent Bilateral
 Document 11/11/22 20:00 CMS (Rec: 11/11/22 20:29 CMS Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Normal

Normal

Normal

Normal

Normal

Sluggish

Sluggish

Sluggish

Sluggish

Sluggish

Sluggish

Unable to Test

Unable to Test

Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity		Left Impaired,Right Unable to Test
Shoulder Shrug		Left Impaired,Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		
Protocol: CVA,NERVES		
Cheek		Left Unable to Test,Right Unable to Test
Forehead		Left Unable to Test,Right Unable to Test
Mandible		Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test,Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Document 11/11/22 22:00 CMS (Rec: 11/11/22 22:09 CMS Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Abnormal Flexion
Total		5
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Obtunded
Level of Consciousness		
Facial		
Protocol: CVA,NERVES		
Eyebrow Symmetry		Unable to Test
Eyes Rises		Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/11/22 23:59 CMS (Rec: 11/12/22 00:11 CMS Desktop)
 Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES
 Eyebrow Symmetry
 Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Normal

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Test
Document 11/12/22 02:00 CMS (Rec: 11/12/22 03:36 CMS Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal

Pupils
 Protocol: CVA,NERVES

Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	

Visual
 Protocol: CVA,NERVES

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test

Motor
 Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test

Touch Sensory
 Protocol: CVA,NERVES

Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
	Test
Mandible	Left Unable to Test,Right Unable to Test
	Test
	Left Unable to Test,Right Unable to Test

Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
	Test
	Left Unable to Test,Right Unable to Test

Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
	Test
	Left Unable to Test,Right Unable to Test

Babinski Reflex Response
 Document 11/12/22 04:00 CMS (Rec: 11/12/22 04:10 CMS Desktop) Absent Bilateral

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry
 Eyes Rises
 Smile Rises
 Tongue Deviation
 Eye Movement
 Cough Reflex
 Gag Reflex

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Hypoactive
 Normal

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Unable to Test
 Unable to Test
 Unable to Test

5
 Sluggish

2
 Brisk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity	Left Impaired, Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Unable to Test
Shoulder Shrug	Left Impaired, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Test
	Left Unable to Test, Right Unable to Test
Mandible	Test
	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/12/22 06:00 CMS (Rec: 11/12/22 06:06 CMS Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	Unable to Test
EyeBrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Left Unable to Test,Right Unable to Test
Document 11/12/22 08:00 CO (Rec: 11/12/22 08:16 CO Desktop)	Absent Bilateral
Glasgow Coma Scale	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientalion
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Normal

Pupils

Protocol: CVA,NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Right

2

Pupil Size (mm)

Brisk

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Left Impaired, Right Unable to Test
Shoulder Shrug	Left Impaired, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Test
	Left Unable to Test, Right Unable to Test
Mandible	Test
	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/12/22 10:00 CO (Rec: 11/12/22 10:09 CO Desktop)	
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	
Eyeblink Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/12/22 12:00 CO (Rec: 11/12/22 12:17 CO Desktop)	
Glasgow Coma Scale Assess	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug	Left Impaired, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
	Test
Forehead	Left Unable to Test, Right Unable to Test
	Test
Mandible	Left Unable to Test, Right Unable to Test
	Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
	Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
	Test
Babinski Reflex Response	Absent Bilateral
Document 11/12/22 14:00 CO (Rec: 11/12/22 14:10 CO Desktop)	
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Normal
Pupils	
Protocol: CVA.NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/12/22 16:00 CO (Rec: 11/12/22 16:22 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	5
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Unable to Test
Shoulder Shrug	Left Impaired, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/12/22 18:00 CO (Rec: 11/12/22 18:09 CO Desktop)	
Glasgow Coma Scale	
Assess	None
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
	Absent Bilateral
Babinski Reflex Response	
Document 11/12/22 20:00 JAB (Rec: 11/12/22 20:34 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	5
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory
 Protocol: CVA,NERVES
 Cheek Left Unable to Test,Right Unable to Test
 Forehead Left Unable to Test,Right Unable to Test
 Mandible Left Unable to Test,Right Unable to Test
 Bilateral Upper Extremity Left Unable to Test,Right Unable to Test
 Bilateral Lower Extremity Sensory Left Unable to Test,Right Unable to Test
 Babinski Reflex Response Absent Bilateral
 Document 11/12/22 22:00 JAB (Rec: 11/12/22 22:23 JAB Desktop)
 Glasgow Coma Scale

Assess
 Eye Opening None
 Verbal Response None
 Motor Response Abnormal Flexion
 Total 5
 Glasgow Coma Scale Total

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)
 Orientation Optunded
 Level of Consciousness
 Facial
 Protocol: CVA,NERVES
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Hypoactive
 Gag Reflex Normal
 Pupils

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Unable to Test
Shoulder Shrug	Left Impaired, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/12/22 23:59 JAB	(Rec: 11/13/22 00:48 JAB Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total		5	
Glasgow Coma Scale Total			
Citation			
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.			
Neurological Assessment (CVA)			
Orientation			
Level of Consciousness			Obtunded
Facial			
Protocol: CVA,NERVES			
Eyebrow Symmetry			Unable to Test
Eyes Rises			Unable to Test
Smile Rises			Unable to Test
Tongue Deviation			Unable to Test
Eye Movement			Unable to Test
Cough Reflex			Hypocative
Gag Reflex			Normal
Pupils			
Protocol: CVA,NERVES			
Left			
Pupil Size (mm)		5	
Pupil Reaction		Sluggish	
Right			
Pupil Size (mm)		3	
Pupil Reaction		Brisk	
Visual			
Protocol: CVA,NERVES			
Visual Fields			Unable to Test
States Number of Fingers Held 12 inches From Eyes			Unable to Test
Vision, Reading			Unable to Test
Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity			Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity			Left Impaired,Right Unable to Test
Shoulder Shrug			Left Impaired,Right Unable to Test
Pronator Drift			Unable to Test
Touch Sensory			

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/13/22 02:00 JAB (Rec: 11/13/22 02:59 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Pupils	Normal
Protocol: CVA.NERVES	

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Left				
Pupil Size (mm)			5	
Pupil Reaction			Sluggish	
Right				
Pupil Size (mm)			3	
Pupil Reaction			Brisk	
Visual				
Protocol: CVA,NERVES				
Visual Fields			Unable to Test	
States Number of Fingers Held 12 inches From Eyes			Unable to Test	
Vision, Reading			Unable to Test	
Motor				
Protocol: CVA,NERVES				
Motor Function, Bilateral Upper Extremity			Left Impaired,Right Unable to Test	
Motor Function, Bilateral Lower Extremity			Left Impaired,Right Unable to Test	
Shoulder Shrug			Left Impaired,Right Unable to Test	
Pronator Drift			Unable to Test	
Touch Sensory				
Protocol: CVA,NERVES				
Cheek			Left Unable to Test,Right Unable to Test	
Forehead			Left Unable to Test,Right Unable to Test	
Mandible			Left Unable to Test,Right Unable to Test	
Bilateral Upper Extremity			Left Unable to Test,Right Unable to Test	
Bilateral Lower Extremity Sensory			Left Unable to Test,Right Unable to Test	
Babinski Reflex Response			Absent Bilateral	
Document 11/13/22 04:00 JAB		(Rec: 11/13/22 04:50 JAB	Desktop)	
Glasgow Coma Scale				
Assess				
Eye Opening			None	
Verbal Response			None	
Motor Response			Abnormal Flexion	
Total				

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale Total

5

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Normal

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Impaired,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Impaired,Right Unable to Test

Shoulder Shrug

Left Impaired,Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA,NERVES

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/13/22 06:00 JAB (Rec: 11/13/22 06:35 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Pupils	Normal
Protocol: CVA, NERVES	
Left	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drlft	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/13/22 08:00 CO (Rec: 11/13/22 08:26 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	5

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	
2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Test	Absent Bilateral
Document 11/13/22 10:00 CO (Rec: 11/13/22 10:05 CO Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total		5
Glasgow Coma Scale Total		5
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyeblink Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Unable to Test	
Gag Reflex	Hypoactive	
Pupils	Normal	
Protocol: CVA, NERVES		
Left		
Pupil Size (mm)		5

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/13/22 12:00 CO (Rec: 11/13/22 12:19 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	5
Citation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
 Level of Consciousness

Facial

Protocol: CVA,NERVES Unable to Test
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Hypoactive
 Cough Reflex Normal
 Gag Reflex

Pupils

Protocol: CVA,NERVES 5
 Left Sluggish
 Pupil Size (mm)
 Pupil Reaction

Right 2
 Pupil Size (mm)
 Pupil Reaction Brisk

Visual

Protocol: CVA,NERVES Unable to Test
 Visual Fields Unable to Test
 States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading

Motor

Protocol: CVA,NERVES Left Impaired,Right Unable to Test
 Motor Function, Bilateral Upper Extremity Left Impaired,Right Unable to Test
 Motor Function, Bilateral Lower Extremity Left Impaired,Right Unable to Test
 Shoulder Shrug Unable to Test
 Pronator Drift
 Touch Sensory

Protocol: CVA,NERVES Left Unable to Test,Right Unable to Test
 Cheek

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/13/22 14:00 CO (Rec: 11/13/22 14:05 CO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	
Left	
Pupil Reaction	Sluggish

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right		2	
Pupil Size (mm)		Brisk	
Pupil Reaction			
Visual		Unable to Test	
Protocol: CVA,NERVES		Unable to Test	
Visual Fields		Unable to Test	
States Number of Fingers Held 12 inches From Eyes		Unable to Test	
Vision, Reading			
Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity		Left Impaired,Right Unable to Test	
Motor Function, Bilateral Lower Extremity		Left Impaired,Right Unable to Test	
Shoulder Shrug		Left Impaired,Right Unable to Test	
Pronator Drift		Unable to Test	
Touch Sensory			
Protocol: CVA,NERVES			
Cheek		Left Unable to Test,Right Unable to Test	
Forehead		Left Unable to Test,Right Unable to Test	
Mandible		Left Unable to Test,Right Unable to Test	
Bilateral Upper Extremity		Left Unable to Test,Right Unable to Test	
Bilateral Lower Extremity Sensory		Left Unable to Test,Right Unable to Test	
Babinski Reflex Response		Absent Bilateral	
Document 11/13/22 16:00 CO (Rec: 11/13/22 16:19 CO Desktop)			
Glasgow Coma Scale			
Assess			
Eye Opening		None	
Verbal Response		None	
Motor Response		Abnormal Flexion	
Total		5	
Glasgow Coma Scale Total			
Citation			
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;			

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Normal

5

Sluggish

2

Brisk

Unable to Test

Unable to Test

Unable to Test

Left Impaired,Right Unable to Test

Left Impaired,Right Unable to Test

Left Impaired,Right Unable to Test

Unable to Test

Left Unable to Test,Right Unable to Test

Test

Left Unable to Test,Right Unable to Test

Test

Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral	
Document 11/13/22 18:00 CO (Rec: 11/13/22 18:10 CO Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total	5	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Hypoactive	
Gag Reflex	Normal	
Pupils		
Protocol: CVA, NERVES		
Left	5	
Pupil Size (mm)		
Pupil Reaction	Sluggish	
Right		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
Mandible	Test
	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Test
	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/13/22 20:00 HL (Rec: 11/13/22 20:37 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyeblink Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal

Pupils

Protocol: CVA,NERVES

Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	

Visual

Protocol: CVA,NERVES

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test

Touch Sensory

Protocol: CVA,NERVES

Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/13/22 22:00 HL (Rec: 11/13/22 22:20 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	
Pupil Size (mm)	2

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupill Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Test
	Left Unable to Test,Right Unable to Test
	Test
Mandible	Left Unable to Test,Right Unable to Test
	Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
	Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
	Test
Babinski Reflex Response	Absent Bilateral
Document 11/13/22 23:59 HL (Rec: 11/14/22 00:15 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Unable to Test
Shoulder Shrug	Left Impaired,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Left Unable to Test, Right Unable to Test
Document 11/14/22 02:00 HL (Rec: 11/14/22 02:36 HL Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA, NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Left Impaired, Right Unable to Test
 Left Impaired, Right Unable to Test
 Left Impaired, Right Unable to Test
 Unable to Test

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

None
 None
 Abnormal Flexion
 5

Document 11/14/22 04:00 HL (Rec: 11/14/22 04:25 HL Desktop)
 Glasgow Coma Scale Absent Bilateral

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Unable to Test
Shoulder Shrug	Left Impaired, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/14/22 06:00 HL (Rec: 11/14/22 06:47 HL Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Pupils	
Protocol: CVA.NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Impaired, Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Unable to Test
Shoulder Shrug	Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/14/22 08:00 JM (Rec: 11/14/22 11:39 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Hypocative

Normal

UTRA

Artificially Ventilated / Trached

5

Sluggish

4

Brisk

Unable to Test

Unable to Test

Unable to Test

Left Unable to Test,Right Impaired

Left Impaired,Right Impaired

Left Unable to Test,Right Unable to Test

Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/14/22 10:00 JM (Rec: 11/14/22 11:39 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Normal
Speech	UTA
Pupils	Artificially Ventilated / Trached
Protocol: CVA, NERVES	
Left	5
Pupil Size (mm)	
Pupil Reaction	Sluggish

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right		4
Pupil Size (mm)		Brisk
Pupil Reaction		
Visual		
Protocol: CVA,NERVES		
Visual Fields	Unable to Test	
States Number of Fingers Held 12 inches From Eyes	Unable to Test	
Vision, Reading	Unable to Test	
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired	
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired	
Shoulder Shrug	Left Unable to Test,Right Unable to Test	
Pronator Drift	Unable to Test	
Touch Sensory		
Protocol: CVA,NERVES		
Cheek	Left Unable to Test,Right Unable to Test	
Forehead	Left Unable to Test,Right Unable to Test	
Mandible	Left Unable to Test,Right Unable to Test	
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test	
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test	
Babinski Reflex Response	Absent Bilateral	
Document 11/14/22 12:00 JM (Rec: 11/14/22 12:48 JM Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	To Pain	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total		6
Glasgow Coma Scale Total		
Citation		

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry

Eyes Rises

Unable to Test
 Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Normal

Sense of Smell

UTA Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

4

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Unable to Test, Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired, Right Impaired

Shoulder Shrug

Left Unable to Test, Right Unable to Test

Pronator Drift

Test

Touch Sensory

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/14/22 14:00 JM (Rec: 11/14/22 15:00 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Normal
Speech	UTA
	Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/14/22 16:00 JM (Rec: 11/14/22 16:25 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	HYPOACTIVE
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/14/22 18:00 JM (Rec: 11/14/22 18:15 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	Unable to Test
EyeBrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response Absent Bilateral
 Document 11/14/22 20:00 MA (Rec: 11/14/22 21:10 MA Desktop)
 Glasgow Coma Scale

Assess
 Eye Opening To Pain
 Verbal Response None
 Motor Response Abnormal Flexion

Total 6
 Glasgow Coma Scale Total

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
 Level of Consciousness

Facial
 Protocol: CVA,NERVES Unable to Test
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Hypoactive
 Gag Reflex Normal
 Sense of Smell UTA
 Speech Artificially Ventilated / Trached

Pupils
 Protocol: CVA,NERVES

Left 5
 Pupil Size (mm) Sluggish
 Pupil Reaction
 Right 4
 Pupil Size (mm) Brisk
 Pupil Reaction

Visual
 Protocol: CVA,NERVES
 Visual Fields Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/14/22 22:00 MA (Rec: 11/14/22 22:26 MA Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES
Eyebrow Symmetry Unable to Test
Eyes Rises Unable to Test
Smile Rises Unable to Test
Tongue Deviation Unable to Test
Eye Movement Unable to Test
Cough Reflex Hypoactive
Gag Reflex Normal
Sense of Smell UTA
Speech Artificially Ventilated / Trached

Pupils
Protocol: CVA,NERVES
Left 5
Pupil Size (mm) Sluggish
Pupil Reaction
Right 4
Pupil Size (mm) Brisk
Pupil Reaction

Visual
Protocol: CVA,NERVES
Visual Fields Unable to Test
States Number of Fingers Held 12 inches From Eyes Unable to Test
Vision, Reading Unable to Test

Motor
Protocol: CVA,NERVES
Motor Function, Bilateral Upper Extremity Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity Left Impaired,Right Impaired
Shoulder Shrug Left Unable to Test,Right Unable to Test
Pronator Drift Unable to Test
Touch Sensory
Protocol: CVA,NERVES
Cheek Left Unable to Test,Right Unable to Test
Forehead Left Unable to Test,Right Unable to Test
Mandible Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral	
Document 11/14/22 23:59 MA (Rec: 11/15/22 00:43 MA Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	To Pain	
Verbal Response	None	
Motor Response	Flexion Withdrawal	
Total	7	
Glasgow Coma Scale Total		
Citation		
Teadsdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA.NERVES		
Eyeblink Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Hypoactive	
Gag Reflex	Normal	
Sense of Smell	UTA	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA.NERVES		
Left	5	
Pupil Size (mm)		
Pupil Reaction	Sluggish	
Right		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/15/22 02:00 MA (Rec: 11/15/22 02:33 MA Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Obtunded

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Normal

UTRA

Artificially Ventilated / Trached

5

Sluggish

4

Brisk

Unable to Test

Unable to Test

Unable to Test

Left Unable to Test,Right Impaired

Left Impaired,Right Impaired

Left Unable to Test,Right Unable to Test

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/15/22 04:00 MA (Rec: 11/15/22 04:51 MA Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Normal
Speech	UTA
Pupils	Artificially Ventilated / Trached

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/15/22 06:00 MA (Rec: 11/15/22 06:28 MA Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug		Left Unable to Test, Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES		Left Unable to Test, Right Unable to Test
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test, Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Document 11/15/22 08:00 RD (Rec: 11/15/22 10:40 RD Desktop)		
Glasgow Coma Scale		
Assess		To Pain
Eye Opening		None
Verbal Response		Flexion Withdrawal
Motor Response		
Total	7	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Obtunded
Level of Consciousness		
Facial		
Protocol: CVA, NERVES		Unable to Test
Eyeblink Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Hypoactive
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Other

Protocol: CVA,NERVES

Neurological Comment

Document 11/15/22 10:00 RD (Rec: 11/15/22 10:43 RD Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

RT arm localized

To Pain

None

Flexion Withdrawal

7

Obtunded

Weak/Absent Left

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Normal

UTPA

Artificially Ventilated / Trached

5

Sluggish

3

Brisk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	Visual Fields	Unable to Test
	States Number of Fingers Held 12 inches From Eyes	Unable to Test
	Vision, Reading	Unable to Test
Motor		
Protocol: CVA,NERVES	Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Impaired
	Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
	Shoulder Shrug	Left Unable to Test, Right Unable to Test
	Pronator Drift	Unable to Test
Touch Sensory		
Protocol: CVA,NERVES	Cheek	Left Unable to Test, Right Unable to Test
	Forehead	Test
	Mandible	Left Unable to Test, Right Unable to Test
	Bilateral Upper Extremity	Test
	Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
	Babinski Reflex Response	Left Unable to Test, Right Unable to Test
Other		Absent Bilateral
Protocol: CVA,NERVES		
Neurological Comment		RT arm localized
Document 11/15/22 12:00 RD (Rec: 11/15/22 12:54 RD Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		To Pain
Verbal Response		None
Motor Response		Flexion Withdrawal
Total		7
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation
Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES
Eyebrow Symmetry

Weak/Absent Left

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Normal

Sense of Smell

UTA
Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

3

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Unable to Test,Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired,Right Impaired

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA,NERVES

Protocol: CVA,NERVES

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek					Left Unable to Test, Right Unable to Test
Forehead					Left Unable to Test, Right Unable to Test
Mandible					Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity					Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory					Left Unable to Test, Right Unable to Test
Babinski Reflex Response					Absent Bilateral
Other					
Protocol: CVA, NERVES					
Neurological Comment					RT arm localized
Document	11/15/22 14:00	RD	(Rec: 11/15/22 14:57	RD	Desktop)
Glasgow Coma Scale					
Assess					To Pain
Eye Opening					None
Verbal Response					Flexion Withdrawal
Motor Response					
Total					7
Glasgow Coma Scale Total					
Citation					
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.					
Neurological Assessment (CVA)					
Orientation					
Level of Consciousness					Obtunded
Facial					
Protocol: CVA, NERVES					
Eyebrow Symmetry					Weak/Absent Left
Eyes Rises					Weak/Absent Left
Smile Rises					Unable to Test
Tongue Deviation					Unable to Test
Eye Movement					Unable to Test
Cough Reflex					Hypoactive
Gag Reflex					Normal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Left Unable to Test,Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Comment RT arm localized
 Document 11/15/22 16:00 RD (Rec: 11/15/22 16:33 RD Desktop)

Glasgow Coma Scale

Assess
 Eye Opening To Pain
 Verbal Response None
 Motor Response Flexion Withdrawal

Total Glasgow Coma Scale Total
 7

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
 Level of Consciousness

Facial Weak/Absent Left
 Eyebrow Symmetry Weak/Absent Left
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Hypoactive
 Gag Reflex Normal
 Sense of Smell UTA
 Speech Artificially Ventilated / Trached

Pupils
 Protocol: CVA, NERVES

Left 5
 Pupil Size (mm) Sluggish
 Pupil Reaction
 Right 3
 Pupil Size (mm) Brisk
 Pupil Reaction

Visual
 Protocol: CVA, NERVES
 Visual Fields Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	RT arm localized
Document 11/15/22 18:00 RD (Rec: 11/15/22 18:39 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Normal
Speech	UTA
Pupils	Artificially Ventilated / Trached
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Dift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	RT arm localized
Document 11/15/22 20:00 KC (Rec: 11/15/22 21:40 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Normal
Speech	UTA
	Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	RT arm localized
Document 11/15/22 22:00 KC (Rec: 11/15/22 22:27 KC Desktop)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

To Pain
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

7

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Weak/Absent Left

Eyes Rises

Weak/Absent Left

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Normal

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

4

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity		Left Impaired,Right Impaired
Shoulder Shrug		Left Unable to Test,Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES		
Cheek		Left Unable to Test,Right Unable to Test
Forehead		Left Unable to Test,Right Unable to Test
Mandible		Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test,Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA,NERVES		
Neurological Comment		RT arm localized
Document 11/15/22 23:59	KC	(Rec: 11/16/22 01:25 KC Desktop)
Glasgow Coma Scale		
Assess		
Eye Opening		To Pain
Verbal Response		None
Motor Response		Flexion Withdrawal
Total		7
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypocactive
Sense of Smell	Normal
Speech	UTRA
Pupils	Artificially Ventilated / Trached
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	RT arm localized
Document 11/16/22 02:00 KC (Rec: 11/16/22 03:13 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyeblink Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Sense of Smell	UTPA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	RT arm localized
Document 11/16/22 04:00 KC (Rec: 11/16/22 04:44 KC Desktop)	
Glasgow Coma Scale Assess	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	RT arm localized
Document 11/16/22 06:00 KC (Rec: 11/16/22 06:56 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	RT arm localized
Document 11/16/22 08:00 JM (Rec: 11/16/22 09:16 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	
Pupil Size (mm)	4

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/16/22 10:00 JM (Rec: 11/16/22 11:32 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	7

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Weak/Absent Left

Eyes Rises

Weak/Absent Left

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

4

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Right

2

Pupil Size (mm)

Brisk

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Unable to Test,Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired,Right Impaired

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Pronator Drift

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory		Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test, Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Document 11/16/22 12:00 JM (Rec: 11/16/22 12:36 JM Desktop)		
Glasgow Coma Scale		
Assess		To Pain
Eye Opening		None
Verbal Response		Flexion Withdrawal
Motor Response		
Total	7	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Obtunded
Facial		
Protocol: CVA, NERVES		Weak/Absent Left
Eyebrow Symmetry		Weak/Absent Left
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Hypoactive
Gag Reflex		Hypoactive
Sense of Smell		UTA

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	4
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/16/22 14:00 JM (Rec: 11/16/22 14:36 JM Desktop)	
Glasgow Coma Scale Assess	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/16/22 16:00 JM (Rec: 11/16/22 16:36 JM Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTRA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Test

Absent Bilateral

Babinski Reflex Response 11/16/22 18:00 JM (Rec: 11/16/22 18:13 JM Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eye/brow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

To Pain
 None
 Flexion Withdrawal

7

Obtunded

Weak/Absent Left
 Weak/Absent Left
 Unable to Test
 Unable to Test
 Unable to Test
 Hypoactive
 Hypoactive
 UTA
 Artificially Ventilated / Trached

4
 Sluggish

2
 Brisk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/16/22 20:00 CMS (Rec: 11/16/22 20:06 CMS Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial

Protocol: CVA,NERVES

Eye/eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Weak/Absent Left

Weak/Absent Left

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

Artificially Ventilated / Trached

UTA

4

Sluggish

2

Brisk

2

Brisk

2

Brisk

2

Brisk

2

Brisk

2

Brisk

2

Brisk

2

Brisk

2

Brisk

2

Brisk

2

Brisk

2

Brisk

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/16/22 22:00 CMS (Rec: 11/16/22 22:16 CMS Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Hypoactive
Speech	UTA
Pupils	Artificially Ventilated / Trached
Protocol: CVA, NERVES	
Left	4
Pupil Size (mm)	4
Pupil Reaction	Sluggish

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right		2
Pupil Size (mm)		Brisk
Pupil Reaction		
Visual		
Protocol: CVA,NERVES		
Visual Fields	Unable to Test	
States Number of Fingers Held 12 inches From Eyes	Unable to Test	
Vision, Reading	Unable to Test	
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired	
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired	
Shoulder Shrug	Left Unable to Test,Right Unable to Test	
Pronator Drift	Unable to Test	
Touch Sensory		
Protocol: CVA,NERVES		
Cheek	Left Unable to Test,Right Unable to Test	
Forehead	Left Unable to Test,Right Unable to Test	
Mandible	Left Unable to Test,Right Unable to Test	
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test	
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test	
Babinski Reflex Response	Absent Bilateral	
Document 11/16/22 23:59 CMS (Rec: 11/17/22 00:16 CMS Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	To Pain	
Verbal Response	None	
Motor Response	Flexion Withdrawal	
Total		7
Glasgow Coma Scale Total		
Citation		

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry
 Eyes Rises

Weak/Absent Left
 Weak/Absent Left

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

UTA Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

4

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

2

Pupil Reaction

Brisk

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Left Unable to Test, Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired, Right Impaired

Shoulder Shrug

Left Unable to Test, Right Unable to Test

Pronator Drift

Test

Touch Sensory

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol:	CVA.NERVES	
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test, Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Document	11/17/22 02:00 CMS (Rec: 11/17/22 02:29 CMS Desktop)	
Glasgow Coma Scale		
Assess		To Pain
Eye Opening		None
Verbal Response		Flexion Withdrawal
Motor Response		
Total		7
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Obtunded
Facial		
Protocol:	CVA.NERVES	
Eyebrow Symmetry		Weak/Absent Left
Eyes Rises		Weak/Absent Left
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Hypoactive
Gag Reflex		Hypoactive
Sense of Smell		UTA
Speech		Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	4
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	2
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/17/22 04:00 CMS (Rec: 11/17/22 04:02 CMS Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Impaired

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/17/22 06:00 CMS (Rec: 11/17/22 06:23 CMS Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	4
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	2
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response Absent Bilateral
Document 11/17/22 08:00 JMW (Rec: 11/17/22 11:45 JMW Desktop)
Glasgow Coma Scale

Assess
 Eye Opening To Sound
 Verbal Response None
 Motor Response Flexion Withdrawal

Total 8
 Glasgow Coma Scale Total

Citation
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
 Level of Consciousness

Facial
 Protocol: CVA,NERVES Weak/Absent Left
 Eyebrow Symmetry Weak/Absent Left
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Hypoactive
 Gag Reflex Hypoactive
 Sense of Smell UTA
 Speech Artificially Ventilated / Trached

Pupils
 Protocol: CVA,NERVES
 Left 5
 Pupil Size (mm) Sluggish
 Pupil Reaction
 Right 3
 Pupil Size (mm) Brisk
 Pupil Reaction
 Visual
 Protocol: CVA,NERVES
 Visual Fields Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity Left Unable to Test,Right Impaired
 Motor Function, Bilateral Lower Extremity Left Impaired,Right Impaired
 Shoulder Shrug Left Unable to Test,Right Unable to Test
 Test

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA,NERVES
 Cheek

Left Unable to Test,Right Unable to Test

Forehead

Left Unable to Test,Right Unable to Test

Mandible

Left Unable to Test,Right Unable to Test

Bilateral Upper Extremity

Left Unable to Test,Right Unable to Test

Bilateral Lower Extremity Sensory

Left Unable to Test,Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment

MOVES RIGHT ARM

Document 11/17/22 10:00 JMV

(Rec: 11/17/22 11:47 JMV Desktop)

Glasgow Coma Scale

Assess

Eye Opening

To Sound

Verbal Response

None

Motor Response

Flexion Withdrawal

Total

8

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Hypoactive
Speech	UTA
Pupils	Artificially Ventilated / Trached
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/17/22 12:00 JMV (Rec: 11/17/22 12:08 JMV Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Hypoactive
Speech	UTA
	Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 11/17/22 14:00 JMV (Rec: 11/17/22 16:02 JMV Desktop)

MOVES RIGHT ARM

Unable to Test
 Unable to Test
 Unable to Test

3
 Brisk

5
 Sluggish

Left Unable to Test, Right Impaired
 Left Impaired, Right Impaired
 Left Unable to Test, Right Unable to Test
 Unable to Test

Left Unable to Test, Right Unable to Test
 Left Unable to Test, Right Unable to Test
 Left Unable to Test, Right Unable to Test
 Left Unable to Test, Right Unable to Test
 Absent Bilateral

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA, NERVES

Eye/Brow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA, NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA, NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Visual

Fields

States

Number of Fingers Held 12 inches From Eyes

Visual

Fields

States

Number of Fingers Held 12 inches From Eyes

Visual

Unable to Test
 Unable to Test

3
 Brisk

5
 Sluggish

Weak/Absent Left
 Weak/Absent Left
 Unable to Test
 Unable to Test
 Unable to Test
 Hypoactive
 Hypoactive
 UTA
 Artificially Ventilated / Trached

Obtunded
 Disoriented

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/17/22 16:00 JMW (Rec: 11/17/22 16:04 JMW Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Orientation	Disoriented
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Hypoactive
Speech	UTA
Pupils	Artificially Ventilated / Trached
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Dift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/17/22 18:00 JMV (Rec: 11/17/22 18:38 JMV Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Hypoactive
	UTA

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

MOVES RIGHT ARM

Left Unable to Test, Right Unable to Test

Left Unable to Test, Right Unable to Test

Left Unable to Test, Right Unable to Test

Left Unable to Test, Right Unable to Test

Left Unable to Test, Right Unable to Test

Absent Bilateral

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/17/22 20:00 CMS (Rec: 11/17/22 22:21 CMS Desktop)
Glasgow Coma Scale

Assess

Eye Opening To Sound
Verbal Response None
Motor Response Flexion Withdrawal

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness Obtunded
Orientation Disoriented

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry Weak/Absent Left
Eyes Rises Weak/Absent Left
Smile Rises Unable to Test
Tongue Deviation Unable to Test
Eye Movement Unable to Test
Cough Reflex Hypoactive
Gag Reflex Hypoactive
Sense of Smell UTA
Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left 5
Pupil Size (mm) Sluggish
Pupil Reaction
Right
Pupil Size (mm) 3
Pupil Reaction Brisk

Visual

Protocol: CVA.NERVES

Visual Fields Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity Left Unable to Test,Right Impaired
 Motor Function, Bilateral Lower Extremity Left Impaired,Right Impaired
 Shoulder Strug Left Unable to Test,Right Unable to Test
 Test

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 11/17/22 22:00 CMS (Rec: 11/17/22 22:36 CMS Desktop) MOVES RIGHT ARM

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

To Sound
 None
 Flexion Withdrawal
 8

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTRA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Test	Absent Bilateral
Other		
Protocol: CVA, NERVES		
Neurological Comment		MOVES RIGHT ARM
Document 11/17/22 23:59	CMS (Rec: 11/18/22 01:24	Desktop)
Glasgow Coma Scale		
Assess		
Eye Opening		To Sound
Verbal Response		None
Motor Response		Flexion Withdrawal
Total		8
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Optunded
Level of Consciousness		Disoriented
Orientation		
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry		Weak/Absent Left
Eyes Rises		Weak/Absent Left
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Hypoactive
Gag Reflex		Hypoactive

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sense of Smell	UTTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Left Unable to Test,Right Unable to Test
Other	Absent Bilateral
Protocol: CVA,NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Comment

MOVES RIGHT ARM

Document 11/18/22 02:00 CMS (Rec: 11/18/22 02:15 CMS Desktop)

Glasgow Coma Scale

Assess

Eye Opening

To Sound

Verbal Response

None

Motor Response

Flexion Withdrawal

Total

Glasgow Coma Scale Total

8

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Orientation

Disoriented

Facial

Protocol: CVA.NERVES

Eye/brow Symmetry

Weak/Absent Left

Eyes Rises

Weak/Absent Left

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Right

3

Pupil Size (mm)

Brisk

Pupil Reaction

Visual

Protocol: CVA.NERVES

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/18/22 04:00 CMS (Rec: 11/18/22 04:24 CMS Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA,NERVES

Eye/Brow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Obtunded
 Disoriented

Weak/Absent Left
 Weak/Absent Left
 Unable to Test
 Unable to Test
 Unable to Test
 Hypoactive
 Hypoactive
 UTA
 Artificially Ventilated / Trached

5
 Sluggish

3
 Brisk

Unable to Test
 Unable to Test
 Unable to Test

Left Unable to Test, Right Impaired
 Left Impaired, Right Impaired
 Left Unable to Test, Right Unable to Test
 Test
 Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/18/22 06:00 CMS (Rec: 11/18/22 06:24 CMS Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	8
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES

Neurological Comment

Document 11/18/22 08:00 MT (Rec: 11/18/22 09:25 MT Desktop)

MOVES RIGHT ARM

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

To Sound

None

Flexion Withdrawal

8

Obtunded

Disoriented

Weak/Absent Left

Weak/Absent Left

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTA

Artificially Ventilated / Trached

5

Sluggish

3

Brisk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	Visual Fields	Unable to Test
	States Number of Fingers Held 12 inches From Eyes	Unable to Test
	Vision, Reading	Unable to Test
Motor		
Protocol: CVA,NERVES	Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
	Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
	Shoulder Shrug	Left Unable to Test,Right Unable to Test
	Pronator Drift	Unable to Test
	Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	Cheek	Left Unable to Test,Right Unable to Test
	Forehead	Left Unable to Test,Right Unable to Test
	Mandible	Left Unable to Test,Right Unable to Test
	Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
	Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
	Babinski Reflex Response	Absent Bilateral
Other		
Protocol: CVA,NERVES		
Neurological Comment		MOVES RIGHT ARM
Document 11/18/22 10:00 MT (Rec: 11/18/22 11:13 MT Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		To Sound
Verbal Response		None
Motor Response		Flexion Withdrawal
Total		8
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation
Level of Consciousness
Orientation

Obtunded
Disoriented

Facial

Protocol: CVA,NERVES
Eyebrow Symmetry
Eyes Rises
Smile Rises
Tongue Deviation
Eye Movement
Cough Reflex
Gag Reflex
Sense of Smell
Speech

Weak/Absent Left
Weak/Absent Left
Unable to Test
Unable to Test
Unable to Test
Hypoactive
Hypoactive
UTA
Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES
Left

Pupil Size (mm)
Pupil Reaction

5
Sluggish

Right

Pupil Size (mm)
Pupil Reaction

3
Brisk

Visual

Protocol: CVA,NERVES
Visual Fields
States Number of Fingers Held 12 inches From Eyes
Vision, Reading

Unable to Test
Unable to Test
Unable to Test

Motor

Protocol: CVA,NERVES
Motor Function, Bilateral Upper Extremity
Motor Function, Bilateral Lower Extremity
Shoulder Shrug

Pronator Drift
Touch Sensory

Left Unable to Test, Right Impaired
Left Impaired, Right Impaired
Left Unable to Test, Right Unable to Test
Test
Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/18/22 12:00 JMW (Rec: 11/18/22 13:07 JMW Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTPA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Other

Protocol: CVA,NERVES

Neurological Comment

Document 11/18/22 14:00 JMW (Rec: 11/18/22 15:01 JMW Desktop)

Glasgow Coma Scale

MOVES RIGHT ARM

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

To Sound
 None
 Flexion Withdrawal

8

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Obtunded
 Disoriented

Weak/Absent Left
 Weak/Absent Left
 Unable to Test
 Unable to Test
 Unable to Test
 Hypoactive
 Hypoactive
 UTA
 Artificially Ventilated / Trached

5
 Sluggish

3
 Brisk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual		
Protocol: CVA,NERVES		
Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity		Left Impaired,Right Impaired
Shoulder Shrug		Left Unable to Test,Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		
Protocol: CVA,NERVES		
Cheek		Left Unable to Test,Right Unable to Test
Forehead		Left Unable to Test,Right Unable to Test
Mandible		Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test,Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA,NERVES		
Neurological Comment		MOVES RIGHT ARM
Document 11/18/22 16:00	JMV	(Rec: 11/18/22 16:57 JMV Desktop)
Glasgow Coma Scale		
Assess		
Eye Opening		To Sound
Verbal Response		None
Motor Response		Flexion Withdrawal
Total		8
Glasgow Coma Scale Total		
Citation		

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Obtunded
Disoriented

Weak/Absent Left
Weak/Absent Left

Unable to Test
Unable to Test
Unable to Test

Hypoactive
Hypoactive
UTA

Artificially Ventilated / Trached

5
Sluggish

3
Brisk

Unable to Test
Unable to Test
Unable to Test

Left Unable to Test,Right Impaired
Left Impaired,Right Impaired
Left Unable to Test,Right Unable to Test
Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory		Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test, Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA, NERVES		
Neurological Comment		MOVES RIGHT ARM
Document 11/18/22 18:00	JMV (Rec: 11/18/22 18:03	JMV Desktop)
Glasgow Coma Scale		
Assess		To Sound
Eye Opening		None
Verbal Response		Flexion Withdrawal
Motor Response		
Total		8
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Obtunded
Level of Consciousness		Disoriented
Orientation		
Facial		
Protocol: CVA, NERVES		Weak/Absent Left
EyeBrow Symmetry		Weak/Absent Left
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Absent Bilateral

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

MOVES RIGHT ARM

Document 11/18/22 20:00 KC (Rec: 11/18/22 22:51 KC Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

To Sound
None
Flexion Withdrawal

Glasgow Coma Scale Total

8

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

5
Sluggish
3

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupill Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/18/22 22:00 KC (Rec: 11/18/22 22:51 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	
Glasgow Coma Scale Total	8

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Optunded
Disoriented

Weak/Absent Left
Weak/Absent Left
Unable to Test
Unable to Test
Unable to Test
Hypoactive
Hypoactive
UTA
Artificially Ventilated / Trached

5
Sluggish
3
Brisk

Unable to Test
Unable to Test
Unable to Test

Left Unable to Test, Right Impaired
Left Impaired, Right Impaired
Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/18/22 23:59 KC (Rec: 11/19/22 01:22 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA, NERVES	Weak/Absent Left
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	
Smile Rises	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTRA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response	Test	Absent Bilateral
Other		
Protocol: CVA,NERVES		MOVES RIGHT ARM
Neurological Comment		
Document 11/19/22 02:00 KC (Rec: 11/19/22 04:39 KC Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		To Sound
Verbal Response		None
Motor Response		Flexion Withdrawal
Total		8
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Obtunded
Level of Consciousness		Disoriented
Orientation		
Facial		
Protocol: CVA,NERVES		Weak/Absent Left
Eyebrow Symmetry		Weak/Absent Left
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Hypoactive
Cough Reflex		Hypoactive
Gag Reflex		UTA
Sense of Smell		Artificially Ventilated / Trached
Speech		
Pupils		
Protocol: CVA,NERVES		
Left		5
Pupil Size (mm)		
Pupil Reaction		Sluggish
Right		

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/19/22 04:00 KC (Rec: 11/19/22 04:39 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

8

Glasgow Coma Scale Total

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA,NERVES

Eye/Brow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Obtunded
 Disoriented

Weak/Absent Left
 Weak/Absent Left
 Unable to Test
 Unable to Test
 Unable to Test
 Hypoactive
 Hypoactive
 UTA
 Artificially Ventilated / Trached

5
 Sluggish

3
 Brisk

Unable to Test
 Unable to Test
 Unable to Test

Left Unable to Test,Right Impaired
 Left Impaired,Right Impaired
 Left Unable to Test,Right Unable to

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Test	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test	
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test	
Cheek	Left Unable to Test, Right Unable to Test	
Forehead	Left Unable to Test, Right Unable to Test	
Mandible	Left Unable to Test, Right Unable to Test	
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test	
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test	
Babinski Reflex Response	Absent Bilateral	
Other		
Protocol: CVA, NERVES		
Neurological Comment	MOVES RIGHT ARM	
Document 11/19/22 06:00 KC (Rec: 11/19/22 07:23 KC QICUK103)		
Glasgow Coma Scale		
Assess		
Eye Opening	To Sound	
Verbal Response	None	
Motor Response	Flexion Withdrawal	
Total	8	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation	Obtunded	
Level of Consciousness	Disoriented	
Orientation		
Facial		
Protocol: CVA, NERVES	Weak/Absent Left	
Eyebrow Symmetry	Weak/Absent Left	
Eyes Rises		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA.NERVES	
Neurological Comment	MOVES RIGHT ARM
Document 11/19/22 10:00 RD (Rec: 11/19/22 10:45 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	
Pupil Reaction	Sluggish
Right	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/19/22 12:00 RD (Rec: 11/19/22 13:40 RD Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	7
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
EyeBrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Test	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test	
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test	
Cheek	Left Unable to Test, Right Unable to Test	
Forehead	Left Unable to Test, Right Unable to Test	
Mandible	Left Unable to Test, Right Unable to Test	
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test	
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test	
Babinski Reflex Response	Absent Bilateral	
Other		
Protocol: CVA, NERVES		
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS	
Document 11/19/22 14:00 RD (Rec: 11/19/22 16:30 RD Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	To Pain	
Verbal Response	None	
Motor Response	Flexion Withdrawal	
Total	7	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation	Obtunded	
Level of Consciousness		
Facial		
Protocol: CVA, NERVES		
Eyeblink Symmetry	Weak/Absent Left	
Eyes Rises	Weak/Absent Left	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory

Left Unable to Test, Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment

MOVES RIGHT ARM, NOT FOLLOWING

COMMANDS

Document 11/19/22 16:00 RD (Rec: 11/19/22 18:06 RD Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

To Pain
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

7

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

5
 Sluggish

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/19/22 18:00 RD (Rec: 11/19/22 18:59 RD Desktop)	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	Weak/Absent Left
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTRA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Left Unable to Test, Right Unable to Test
Other	Absent Bilateral
Protocol : CVA, NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/19/22 20:00 KC (Rec: 11/19/22 21:37 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol : CVA, NERVES	
Eyeblink Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol : CVA, NERVES	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left		
Pupil Size (mm)	5	
Pupil Reaction	Sluggish	
Right		
Pupil Size (mm)	3	
Pupil Reaction	Brisk	
Visual		
Protocol: CVA,NERVES		
Visual Fields	Unable to Test	
States Number of Fingers Held 12 inches From Eyes	Unable to Test	
Vision, Reading	Unable to Test	
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired	
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired	
Shoulder Shrug	Left Unable to Test,Right Unable to Test	
Pronator Drift	Unable to Test	
Touch Sensory		
Protocol: CVA,NERVES		
Cheek	Left Unable to Test,Right Unable to Test	
Forehead	Left Unable to Test,Right Unable to Test	
Mandible	Left Unable to Test,Right Unable to Test	
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test	
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test	
Babinski Reflex Response	Absent Bilateral	
Other		
Protocol: CVA,NERVES		
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS	
Document	11/19/22 22:00 KC (Rec: 11/19/22 22:56 KC Desktop)	
Glasgow Coma Scale		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

To Pain
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

7

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientalion
 Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES
 Eyebrow Symmetry
 Eyes Rises

Weak/Absent Left
 Weak/Absent Left

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

3

Pupil Reaction

Brisk

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA.NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA.NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/19/22 23:59 KC (Rec: 11/20/22 02:31 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	
Obtunded	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	3
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/20/22 02:00 KC (Rec: 11/20/22 02:31 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Hypoactive
Speech	UTA
Pupils	Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA.NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA.NERVES

Neurological Comment

Document

11/20/22 04:00 KC (Rec: 11/20/22 04:47 KC Desktop)

Moves Right Arm, Not Following

Commands

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening To Pain
 Verbal Response None
 Motor Response Flexion Withdrawal

Total

Glasgow Coma Scale Total 7

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry Weak/Absent Left
 Eyes Rises Weak/Absent Left
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Hypoactive
 Gag Reflex Hypoactive
 Sense of Smell UTA
 Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm) 5

Pupil Reaction Sluggish

Right

Pupil Size (mm) 3

Pupil Reaction Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes Unable to Test

Vision, Reading Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Other

Protocol: CVA,NERVES

Neurological Comment

Document 11/20/22 06:00 KC (Rec: 11/20/22 06:50 KC Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation

To Pain

None

Flexion Withdrawal

7

MOVES RIGHT ARM, NOT FOLLOWING

COMMANDS

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	3
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Left Unable to Test, Right Unable to Test
Other	Absent Bilateral
Protocol: CVA, NERVES	MOVES RIGHT ARM, NOT FOLLOWING
Neurological Comment	COMMANDS
Document 11/20/22 08:00 JMV (Rec: 11/20/22 09:17 JMV Desktop)	
Glasgow Coma Scale	
Assess	To Sound
Eye Opening	None
Verbal Response	Flexion Withdrawal
Motor Response	
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	5
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/20/22 10:00 JMV (Rec: 11/20/22 10:31 JMV Desktop)
Glasgow Coma Scale

Assess

Eye Opening To Sound
Verbal Response None
Motor Response Flexion Withdrawal

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Obtunded

Weak/Absent Left

Weak/Absent Left

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTA

Artificially Ventilated / Trached

Artificially Ventilated / Trached

5

Sluggish

5

Brisk

Unable to Test

Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Absent, Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired, Right Impaired

Shoulder Shrug

Left Unable to Test, Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA,NERVES

Cheek

Left Unable to Test, Right Unable to Test

Forehead

Left Unable to Test, Right Unable to Test

Mandible

Left Unable to Test, Right Unable to Test

Bilateral Upper Extremity

Left Unable to Test, Right Unable to Test

Bilateral Lower Extremity Sensory

Left Unable to Test, Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Other

Protocol: CVA,NERVES

Neurological Comment

MOVES RIGHT ARM, NOT FOLLOWING COMMANDS

Document 11/20/22 12:00 JMV (Rec: 11/20/22 12:17 JMV Desktop)

Glasgow Coma Scale

Assess

Eye Opening

To Sound

Verbal Response

None

Motor Response

Flexion Withdrawal

Total

8

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Optunded
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Hypoactive
Speech	UTA
Pupils	Artificially Ventilated / Trached
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	5
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/20/22 14:00 JMV (Rec: 11/20/22 14:08 JMV Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Hypoactive
	UTA

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	5
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

COMMANDS

Document 11/20/22 16:00 JMW (Rec: 11/20/22 16:35 JMW Desktop)
Glasgow Coma Scale

Assess To Sound
 Eye Opening None
 Verbal Response Flexion Withdrawal
 Motor Response

Total 8
 Glasgow Coma Scale Total

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
 Level of Consciousness

Facial Weak/Absent Left
 Eyeblink Symmetry Weak/Absent Left

Eyes Rises Unable to Test
 Smile Rises Unable to Test

Tongue Deviation Unable to Test
 Eye Movement Unable to Test

Cough Reflex Hypoactive
 Gag Reflex Hypoactive

Sense of Smell UTA
 Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES
 Left 5

 Pupil Size (mm) Sluggish
 Pupil Reaction

 Right 5
 Pupil Size (mm) Brisk
 Pupil Reaction

Visual

Protocol: CVA,NERVES
 Visual Fields Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyeblink Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA.NERVES

Cheek

Obtunded

Weak/Absent Left
 Weak/Absent Left

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTRA

Artificially Ventilated / Trached

5

Sluggish

5

Brisk

Unable to Test

Unable to Test

Unable to Test

Left Absent, Right Impaired

Left Impaired, Right Impaired

Left Unable to Test, Right Unable to Test

Unable to Test

Left Unable to Test, Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Test	Absent Bilateral
Other		
Protocol: CVA, NERVES		
Neurological Comment		
Document	11/20/22 20:00 KC (Rec: 11/20/22 21:19 KC Desktop)	
Glasgow Coma Scale	Assess	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Eye Opening	To Sound	
Verbal Response	None	
Motor Response	Flexion Withdrawal	
Total	8	
Glasgow Coma Scale Total		
Citation		
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Weak/Absent Left	
Eyes Rises	Weak/Absent Left	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Hypoactive	
Gag Reflex	Hypoactive	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	5
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Left Unable to Test, Right Unable to Test
Other	Absent Bilateral
Protocol: CVA.NERVES	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Comment

MOVES RIGHT ARM, NOT FOLLOWING
 COMMANDS

Document 11/20/22 22:00 KC (Rec: 11/20/22 23:39 KC Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eye/brow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

To Sound
 None
 Flexion Withdrawal

8

Obtunded

Weak/Absent Left
 Weak/Absent Left
 Unable to Test
 Unable to Test
 Unable to Test
 Hypoactive
 Hypoactive
 UTA
 Artificially Ventilated / Trached

5
 Sluggish

5
 Brisk

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	
Document 11/20/22 23:59 KC (Rec: 11/21/22 01:09 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Flexion Withdrawal
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eye/eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Obtunded

Weak/Absent Left
 Weak/Absent Left

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTA

Artificially Ventilated / Trached

5

Sluggish

5

Brisk

Unable to Test

Unable to Test

Unable to Test

Left Absent,Right Impaired

Left Impaired,Right Impaired

Left Unable to Test,Right Unable to Test

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/21/22 02:00 KC (Rec: 11/21/22 03:48 KC Desktop)	
Glasgow Coma Scale	
Assess	To Sound
Eye Opening	None
Verbal Response	Flexion Withdrawal
Motor Response	
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	5
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES
 Neurological Comment

MOVES RIGHT ARM, NOT FOLLOWING
 COMMANDS

Document 11/21/22 04:00 KC (Rec: 11/21/22 04:25 KC Desktop)
 Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

To Sound
 None
 Flexion Withdrawal

Total

Glasgow Coma Scale Total

8

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA.NERVES
 Eyebrow Symmetry

Weak/Absent Left
 Weak/Absent Left

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Hypoactive

Cough Reflex

Hypoactive

Gag Reflex

UTA

Sense of Smell

Artificially Ventilated / Trached

Speech

Pupils
 Protocol: CVA.NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Right

5

Pupil Size (mm)

Brisk

Pupil Reaction

Brisk

Visual

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES		Unable to Test
Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		Left Absent,Right Impaired
Motor Function, Bilateral Upper Extremity		Left Impaired,Right Impaired
Motor Function, Bilateral Lower Extremity		Left Unable to Test,Right Unable to Test
Shoulder Shrug		Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES		Left Unable to Test,Right Unable to Test
Cheek		Left Unable to Test,Right Unable to Test
Forehead		Left Unable to Test,Right Unable to Test
Mandible		Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test,Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA,NERVES		
Neurological Comment		
Document 11/21/22 06:00 KC (Rec: 11/21/22 07:11 KC Desktop)		MOVES RIGHT ARM, NOT FOLLOWING
Glasgow Coma Scale		COMMANDS
Assess		
Eye Opening		To Sound
Verbal Response		None
Motor Response		Flexion Withdrawal
Total		
Glasgow Coma Scale Total		8
Citation		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry

Eyes Rises

Weak/Absent Left
 Weak/Absent Left

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

Artificially Ventilated / Trached

Speech

UTA

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

5

Pupil Reaction

Sluggish

Right

Pupil Size (mm)

5

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Absent,Right Impaired

Motor Function, Bilateral Lower Extremity

Left Impaired,Right Impaired

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Pronator Drift

Test

Touch Sensory

Unable to Test

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES

Left Unable to Test,Right Unable to Test

Cheek

Left Unable to Test,Right Unable to Test

Forehead

Left Unable to Test,Right Unable to Test

Mandible

Left Unable to Test,Right Unable to Test

Bilateral Upper Extremity

Left Unable to Test,Right Unable to Test

Bilateral Lower Extremity Sensory

Left Unable to Test,Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Other

MOVES RIGHT ARM, NOT FOLLOWING

Protocol: CVA,NERVES
 Neurological Comment

COMMANDS

Document 11/21/22 08:00 JMW (Rec: 11/21/22 09:59 JMW Desktop)

MOVES RIGHT ARM, NOT FOLLOWING

Glasgow Coma Scale

None

Assess

To Sound

Eye Opening

None

Verbal Response

Abnormal Flexion

Motor Response

7

Total

7

Glasgow Coma Scale Total

7

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Drowsy

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eye Movement

Weak/Absent Left

Eye Movement

Weak/Absent Left

Eye Rises

Weak/Absent Left

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTPA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	5
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Other

Protocol: CVA,NERVES

Neurological Comment

MOVES RIGHT ARM, NOT FOLLOWING
 COMMANDS

Document 11/21/22 10:00 JMW (Rec: 11/21/22 10:06 JMW Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Drowsy

Weak/Absent Left

Weak/Absent Left

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTPA

Artificially Ventilated / Trached

5

Sluggish

5

Brisk

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual		
Protocol: CVA,NERVES		
Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Absent, Right Impaired
Motor Function, Bilateral Lower Extremity		Left Impaired, Right Impaired
Shoulder Shrug		Left Unable to Test, Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		
Protocol: CVA,NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test, Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA,NERVES		
Neurological Comment		MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/21/22 12:00 JMV (Rec: 11/21/22 12:25 JMV Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		To Sound
Verbal Response		None
Motor Response		Abnormal Flexion
Total		
Glasgow Coma Scale Total		7

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Drowsy

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Weak/Absent Left
 Weak/Absent Left

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Left Absent, Right Impaired
 Left Impaired, Right Impaired
 Left Unable to Test, Right Unable to Test

Pronator Drift

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory		Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory		Left Unable to Test, Right Unable to Test
Babinski Reflex Response		Absent Bilateral
Other		
Protocol: CVA, NERVES		
Neurological Comment		MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document	11/21/22 14:00 JMV (Rec: 11/21/22 14:17 JMV Desktop)	
Glasgow Coma Scale		
Assess		
Eye Opening		To Sound
Verbal Response		None
Motor Response		Abnormal Flexion
Total		7
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Obtunded
Level of Consciousness		
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry		Weak/Absent Left
Eyes Rises		Weak/Absent Left
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	5
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Absent Bilateral

Babinski Reflex Response
 Other

Protocol: CVA,NERVES
 Neurological Comment

MOVES RIGHT ARM, NOT FOLLOWING
 COMMANDS

Document 11/21/22 16:00 JMV (Rec: 11/21/22 16:15 JMV Desktop)
 Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Obtunded

Weak/Absent Left

Weak/Absent Left

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTA

Artificially Ventilated / Trached

5

Sluggish

5

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupill Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/21/22 18:00 JMW (Rec: 11/21/22 18:24 JMW Desktop)	
Glasgow Coma Scale	
Assess	To Sound
Eye Opening	None
Verbal Response	Abnormal Flexion
Motor Response	
Total	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

7

Glasgow Coma Scale Total

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Obtunded

Weak/Absent Left

Weak/Absent Left

Unable to Test

Unable to Test

Unable to Test

Hypoactive

Hypoactive

UTA

Artificially Ventilated / Trached

5

Sluggish

5

Brisk

Unable to Test

Unable to Test

Unable to Test

Left Absent, Right Impaired

Left Impaired, Right Impaired

Left Unable to Test, Right Unable to

Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	MOVES RIGHT ARM, NOT FOLLOWING
Neurological Comment	COMMANDS
Document 11/21/22 20:00 KC (Rec: 11/21/22 21:15 KC Desktop)	
Glasgow Coma Scale	
Assess	To Sound
Eye Opening	None
Verbal Response	Abnormal Flexion
Motor Response	
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	Weak/Absent Left
Protocol: CVA, NERVES	Weak/Absent Left
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Unable to Test
Smile Rises	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTRA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	5
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response		Test
Other		Absent Bilateral
Protocol: CVA.NERVES		
Neurological Comment		MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/21/22 22:00 KC (Rec: 11/21/22 22:23 KC Desktop)		
Glasgow Coma Scale Assess		To Sound
Eye Opening		None
Verbal Response		Abnormal Flexion
Motor Response		
Total	7	
Glasgow Coma Scale Total		
Citation		
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Obtunded
Facial		
Protocol: CVA.NERVES		
Eyebrow Symmetry		Weak/Absent Left
Eyes Rises		Weak/Absent Left
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Hypoactive
Gag Reflex		Hypoactive
Sense of Smell		UTA
Speech		Artificially Ventilated / Trached
Pupils		
Protocol: CVA.NERVES		
Left		5
Pupil Size (mm)		
Pupil Reaction		Sluggish
Right		

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/21/22 23:59 KC (Rec: 11/22/22 00:31 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	7
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Unable to Test
Gag Reflex	Hypoactive
Sense of Smell	Hypoactive
Speech	UTA
Pupils	Artificially Ventilated / Trached
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	5
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Test	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test	
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test	
Cheek	Left Unable to Test, Right Unable to Test	
Forehead	Left Unable to Test, Right Unable to Test	
Mandible	Left Unable to Test, Right Unable to Test	
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test	
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test	
Babinski Reflex Response	Absent Bilateral	
Other		
Protocol: CVA, NERVES		
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS	
Document 11/22/22 02:00 KC (Rec: 11/22/22 02:19 KC Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	To Sound	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total	7	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation	Obtunded	
Level of Consciousness		
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Weak/Absent Left	
Eyes Rises	Weak/Absent Left	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	5
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory

Left Unable to Test, Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Other

Protocol: CVA, NERVES

Neurological Comment

MOVES RIGHT ARM, NOT FOLLOWING

COMMANDS

Document 11/22/22 04:00 KC (Rec: 11/22/22 05:17 KC Desktop)

Glasgow Coma Scale

Assess

Eye Opening

To Sound

Verbal Response

None

Motor Response

Abnormal Flexion

Total

7

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Obtunded

Level of Consciousness

Facial

Protocol: CVA, NERVES

Eyebrow Symmetry

Weak/Absent Left

Eyes Rises

Weak/Absent Left

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

Artificially Ventilated / Trached

Speech

UTA

Pupils

UTA

Protocol: CVA, NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right	
Pupil Size (mm)	5
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired,Right Impaired
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA,NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/22/22 06:00 KC (Rec: 11/22/22 07:00 KC Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	7
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Weak/Absent Left
Eyes Rises	Weak/Absent Left
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	5
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Impaired
Motor Function, Bilateral Lower Extremity	Left Impaired, Right Impaired

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Other	
Protocol: CVA, NERVES	
Neurological Comment	MOVES RIGHT ARM, NOT FOLLOWING COMMANDS
Document 11/22/22 08:00 JR (Rec: 11/22/22 09:25 JR Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Sound
Verbal Response	None
Motor Response	Abnormal Flexion
Total	7
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	
Eyeblink Symmetry	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	
Mandible	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Test
	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test
	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/22/22 10:00 REG (Rec: 11/22/22 10:56 REG Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA.NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA.NERVES	
Left	5
Pupil Size (mm)	
Pupil Reaction	Sluggish
Right	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/22/22 12:00 REG (Rec: 11/22/22 12:41 REG Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	6

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

UTA

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Right

4

Pupil Size (mm)

Brisk

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Unable to Test,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test,Right Unable to Test

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Test	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test	
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test	
Cheek	Left Unable to Test, Right Unable to Test	
Forehead	Left Unable to Test, Right Unable to Test	
Mandible	Left Unable to Test, Right Unable to Test	
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test	
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test	
Babinski Reflex Response	Absent Bilateral	
Document 11/22/22 14:00 REG (Rec: 11/22/22 14:37 REG Desktop)		
Glasgow Coma Scale	To Pain	
Assess	None	
Eye Opening	Abnormal Flexion	
Verbal Response		
Motor Response		
Total	6	
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientalion		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES	Unable to Test	
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Hypoactive	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Left Unable to Test,Right Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response Absent Bilateral
 Document 11/22/22 16:00 REG (Rec: 11/22/22 16:13 REG Desktop)

Glasgow Coma Scale

Assess
 Eye Opening To Pain
 Verbal Response None
 Motor Response Abnormal Flexion

Total Glasgow Coma Scale Total 6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation Obtunded
 Level of Consciousness

Facial

Protocol: CVA,NERVES Unable to Test
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test

Smile Rises

Tongue Deviation Unable to Test

Eye Movement Unable to Test

Cough Reflex Hypoactive

Gag Reflex Hypoactive

Sense of Smell UTA

Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left 5

Pupil Size (mm) Sluggish

Pupil Reaction

Right 4

Pupil Size (mm) Brisk

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Unable to Test,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test,Right Unable to Test

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA,NERVES

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Document 11/22/22 18:00 REG (Rec: 11/22/22 18:18 REG Desktop)

Glasgow Coma Scale

Assess

Eye Opening

Verbal Response

Motor Response

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

6

To Pain

None

Abnormal Flexion

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Left Unable to Test,Right Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral	
Document 11/22/22 20:00 JAB (Rec: 11/22/22 23:09 JAB Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	To Pain	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total	6	
Glasgow Coma Scale Total		
Citation		
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Obtunded	
Facial		
Protocol: CVA, NERVES		
Eyeblink Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Hypoactive	
Gag Reflex	Hypoactive	
Sense of Smell	UTA	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA, NERVES		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/22/22 22:00 JAB (Rec: 11/22/22 23:25 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	6
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test, Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Test	Left Unable to Test, Right Unable to Test
Shoulder Shrug	Test	Left Unable to Test, Right Unable to Test
Pronator Drift	Test	Unable to Test
Touch Sensory	Test	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES		
Cheek	Test	Left Unable to Test, Right Unable to Test
Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Test	Absent Bilateral
Document 11/22/22 23:59 JAB (Rec: 11/23/22 01:22 JAB Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		To Pain
Verbal Response		None
Motor Response		Abnormal Flexion
Total		6
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Obtunded
Level of Consciousness		
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry		Unable to Test
Eyes Rises		Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/23/22 02:00 JAB (Rec: 11/23/22 06:58 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupill Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Left Unable to Test
Touch Sensory	Left Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/23/22 04:00 JAB (Rec: 11/23/22 06:58 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	6
Citation	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation
Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry
Eyes Rises

Unable to Test
Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Hypoactive

Gag Reflex

Hypoactive

Sense of Smell

UTA
Artificially Ventilated / Trached

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)
Pupil Reaction

5
Sluggish

Right

Pupil Size (mm)
Pupil Reaction

4
Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test,Right Unable to Test

Motor Function, Bilateral Upper Extremity

Left Unable to Test,Right Unable to Test

Motor Function, Bilateral Lower Extremity

Left Unable to Test,Right Unable to Test

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Shoulder Shrug

Left Unable to Test,Right Unable to Test

Iyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/23/22 06:00 JAB (Rec: 11/23/22 06:58 JAB Desktop)	
Glasgow Coma Scale	To Pain
Assess	None
Eye Opening	Abnormal Flexion
Verbal Response	
Motor Response	
Total	6
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Hypoactive
Gag Reflex	Hypoactive

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/23/22 07:30 JR (Rec: 11/23/22 09:07 JR Desktop)
 Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

To Pain
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

6

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Obtunded

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry
 Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Normal

Gag Reflex

Normal

Sense of Smell

Normal

Speech

Artificially Ventilated / Trached

UTTA

Pupils

Protocol: CVA,NERVES

Left

5

Pupil Size (mm)

Sluggish

Pupil Reaction

Sluggish

Right

4

Pupil Size (mm)

Brisk

Pupil Reaction

Brisk

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/23/22 10:00 JR (Rec: 11/23/22 10:16 JR Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Normal

Normal

UTRA

Artificially Ventilated / Trached

5

Sluggish

4

Brisk

Unable to Test

Unable to Test

Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test

Left Unable to Test,Right Unable to Test

Left Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/23/22 12:00 JR (Rec: 11/23/22 12:25 JR Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/23/22 14:00 JR (Rec: 11/23/22 14:35 JR Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Obtunded
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor Function, Bilateral Lower Extremity	Left Unable to Test, Right Unable to Test
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/23/22 16:00 JR (Rec: 11/23/22 16:33 JR Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	Unable to Test
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTRA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	5
Pupil Size (mm)	Sluggish
Pupil Reaction	
Right	4
Pupil Size (mm)	Brisk
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Motor Function, Bilateral Lower Extremity	Left Unable to Test,Right Unable to Test
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Left Unable to Test,Right Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory	Test
	Left Unable to Test, Right Unable to Test
Babinski Reflex Response	Absent Bilateral
Document 11/23/22 18:00 JR (Rec: 11/23/22 18:35 JR Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	To Pain
Verbal Response	None
Motor Response	Abnormal Flexion
Total	6
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Normal
Gag Reflex	Normal
Sense of Smell	UTA
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	
Pupil Size (mm)	5
Pupil Reaction	Sluggish
Right	
Pupil Size (mm)	4
Pupil Reaction	Brisk

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual

Protocol: CVA,NERVES

Visual Fields
 States Number of Fingers Held 12 inches From Eyes
 Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity

Left Unable to Test, Right Unable to Test
 Left Unable to Test, Right Unable to Test

Shoulder Shrug

Left Unable to Test, Right Unable to Test

Pronator Drift

Unable to Test

Touch Sensory
 Protocol: CVA,NERVES

Cheek

Left Unable to Test, Right Unable to Test

Forehead

Left Unable to Test, Right Unable to Test

Mandible

Left Unable to Test, Right Unable to Test

Bilateral Upper Extremity

Left Unable to Test, Right Unable to Test

Bilateral Lower Extremity Sensory

Left Unable to Test, Right Unable to Test

Babinski Reflex Response

Absent Bilateral

Neurological Assessment (Stroke/TIA)

Start: 11/24/22 00:18

Freq: Q2HR

Status: Discharge

Document 11/24/22 00:18 JAB (Rec: 11/24/22 02:12 JAB Desktop)

Glasgow Coma Scale

Assess

Eye Opening

None

Verbal Response

None

Motor Response

Flexion Withdrawal

Total

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

6

Glasgow Coma Scale Total

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Obtunded
Disoriented

Unable to Test
Unable to Test
Unable to Test
Unable to Test
Unable to Test
Hypoactive
Hypoactive
Unable to test
Artificially Ventilated / Trached

6
Unreactive

6
Unreactive

Unable to Test
Unable to Test
Unable to Test

Left Absent, Right Absent
Bilaterally Equal
Left Unable to Test, Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Test
Touch Sensory	Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Left Unable to Test,Right Unable to Test
Babinski Reflex Response	Left Unable to Test,Right Unable to Test
Document 11/24/22 08:00 MT (Rec: 11/24/22 09:24 MT Desktop)	Left Unable to Test,Right Unable to Test
Glasgow Coma Scale	Left Unable to Test,Right Unable to Test
Assess	Left Unable to Test,Right Unable to Test
Eye Opening	Left Unable to Test,Right Unable to Test
Verbal Response	Left Unable to Test,Right Unable to Test
Motor Response	Left Unable to Test,Right Unable to Test
Total	Left Unable to Test,Right Unable to Test
Glasgow Coma Scale Total	Left Unable to Test,Right Unable to Test
Citation	Left Unable to Test,Right Unable to Test
Teadsdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	Left Unable to Test,Right Unable to Test
Neurological Assessment (CVA)	Left Unable to Test,Right Unable to Test
Orientation	Left Unable to Test,Right Unable to Test
Level of Consciousness	Left Unable to Test,Right Unable to Test
Orientation	Left Unable to Test,Right Unable to Test
Facial	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	Left Unable to Test,Right Unable to Test
Eyebrow Symmetry	Left Unable to Test,Right Unable to Test
Eyes Rises	Left Unable to Test,Right Unable to Test
Smile Rises	Left Unable to Test,Right Unable to Test
Tongue Deviation	Left Unable to Test,Right Unable to Test
Eye Movement	Left Unable to Test,Right Unable to Test
Cough Reflex	Left Unable to Test,Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	7
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/24/22 10:00 MT (Rec: 11/24/22 12:06 MT Desktop)	
Glasgow Coma Scale	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

Spontaneous
 None
 Abnormal Flexion

Total

Glasgow Coma Scale Total

8

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness
 Orientation

Obtunded
 Disoriented

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry
 Eyes Rises
 Smile Rises
 Tongue Deviation
 Eye Movement
 Cough Reflex
 Gag Reflex
 Sense of Smell
 Speech

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Absent
 Absent
 unable to test
 Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left
 Pupil Size (mm)
 Pupil Reaction
 Right
 Pupil Size (mm)
 Pupil Reaction

7
 Unreactive
 6
 Unreactive

Visual

Protocol: CVA,NERVES
 Visual Fields
 States Number of Fingers Held 12 inches From Eyes
 Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity		Bilaterally Equal
Shoulder Shrug		Left Unable to Test, Right Unable to Test
Pronator Drift		Unable to Test
Touch Sensory		Left Unable to Test, Right Unable to Test
Protocol: CVA,NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory		Bilaterally Equal
Babinski Reflex Response		Absent Bilateral
Document 11/24/22 12:00 MT (Rec: 11/24/22 12:26 MT Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		Spontaneous
Verbal Response		None
Motor Response		Abnormal Flexion
Total		8
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		Obtunded
Level of Consciousness		Disoriented
Orientation		
Facial		
Protocol: CVA,NERVES		
Eyebrow Symmetry		Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	7
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory	Test
Babinski Reflex Response	Bilaterally Equal
Document 11/24/22 14:00 MT (Rec: 11/24/22 15:18 MT Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	Spontaneous
Verbal Response	None
Motor Response	Abnormal Flexion
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	7
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual

Protocol: CVA,NERVES
 Visual Fields Unable to Test
 States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading Unable to Test

Motor

Protocol: CVA,NERVES
 Motor Function, Bilateral Upper Extremity Left Absent, Right Absent
 Motor Function, Bilateral Lower Extremity Bilaterally Equal
 Shoulder Shrug Left Unable to Test, Right Unable to Test
 Test
 Unable to Test

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA,NERVES

Left Unable to Test, Right Unable to Test

Cheek

Forehead

Mandible

Bilateral Upper Extremity

Bilateral Lower Extremity Sensory

Babinski Reflex Response

Document 11/24/22 16:00 MT (Rec: 11/24/22 16:43 MT Desktop)

Glasgow Coma Scale

Assess

Eye Opening Spontaneous

Verbal Response None

Motor Response Abnormal Flexion

Total

Glasgow Coma Scale Total

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

8

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Obtunded
Orientation	Disoriented
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	7
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Left Unable to Test, Right Unable to Test
	Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/24/22 18:00 MT (Rec: 11/24/22 18:46 MT Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	Spontaneous
Verbal Response	None
Motor Response	Abnormal Flexion
Total	8
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Obtunded
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	7
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Test
	Left Unable to Test, Right Unable to Test
Mandible	Test
	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity	Test
Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/24/22 20:00 IO (Rec: 11/24/22 22:42 IO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	
Glasgow Coma Scale Total	5

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Comatose
Disoriented

Unable to Test
Unable to Test
Unable to Test
Unable to Test
Unable to Test
Absent
Absent
unable to test
Artificially Ventilated / Trached

7
Unreactive
6
Unreactive

Unable to Test
Unable to Test
Unable to Test

Left Absent, Right Absent
Bilaterally Equal
Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/24/22 22:00 IO (Rec: 11/24/22 22:44 IO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	Disoriented
Orientation	
Facial	Unable to Test
Protocol: CVA, NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	7
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/25/22 00:00 IO (Rec: 11/25/22 01:29 IO Desktop)	
Glasgow Coma Scale Assess	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	7
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/25/22 02:00 LO (Rec: 11/25/22 06:19 LO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	7
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Left Unable to Test,Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test,Right Unable to Test
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/25/22 04:00 LO (Rec: 11/25/22 06:19 LO Desktop)	
Glasgow Coma Scale	

Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation	Comatose
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached

Pupils
Protocol: CVA,NERVES

Left	7
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Test
	Left Unable to Test, Right Unable to Test
	Test
Mandible	Left Unable to Test, Right Unable to Test
	Test
Bilateral Upper Extremity	Left Unable to Test, Right Unable to Test
	Test
Bilateral Lower Extremity Sensory	Bilaterally Equal
Babinski Reflex Response	Absent Bilateral
Document 11/25/22 06:00 LO (Rec: 11/25/22 06:19 LO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Disoriented
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	7
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Bilaterally Equal
Shoulder Shrug	Left Unable to Test, Right Unable to Test
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Unable to Test, Right Unable to Test
Bilateral Lower Extremity Sensory	Test	Bilaterally Equal
Babinski Reflex Response	Test	Absent Bilateral
Document 11/25/22 08:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total		
Glasgow Coma Scale Total	5	
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation	Comatose	
Level of Consciousness	Disoriented	
Orientation		
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Absent	
Gag Reflex	Absent	
Sense of Smell	Unable to test	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA, NERVES		
Left		
Pupil Size (mm)	6	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	5
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Impaired, Right Impaired
Babinski Reflex Response	Absent Bilateral
Document 11/25/22 10:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
 Level of Consciousness
 Orientation

Comatose
 Disoriented

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry
 Eyes Rises
 Smile Rises
 Tongue Deviation

Eye Movement
 Cough Reflex
 Gag Reflex

Sense of Smell
 Speech

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Absent
 Absent
 Absent
 unable to test
 Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES
 Left
 Pupil Size (mm)
 Pupil Reaction

Right
 Pupil Size (mm)
 Pupil Reaction

Visual

Protocol: CVA,NERVES
 Visual Fields
 States Number of Fingers Held 12 inches From Eyes
 Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA,NERVES
 Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity
 Shoulder Shrug
 Pronator Drift
 Touch Sensory

Left Absent, Right Absent
 Left Absent, Right Absent
 Left Absent, Right Absent
 Unable to Test

Protocol: CVA,NERVES
 Cheek

Left Unable to Test, Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Test	Left Absent, Right Absent
Babinski Reflex Response	Test	Absent Bilateral
Document 11/25/22 12:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Flexion	
Total		5
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation	Comatose	
Level of Consciousness	Disoriented	
Orientation		
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Absent	
Gag Reflex	Absent	
Sense of Smell	unable to test	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA, NERVES		
Left		

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	5
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Dift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/25/22 14:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness
 Orientation

Comatose
 Disoriented

Facial

Protocol: CVA,NERVES
 Eyebrow Symmetry
 Eyes Rises
 Smile Rises
 Tongue Deviation
 Eye Movement
 Cough Reflex
 Gag Reflex
 Sense of Smell
 Speech

Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Unable to Test
 Absent
 Absent
 Absent
 unable to test
 Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES
 Left

Pupil Size (mm)
 Pupil Reaction

6
 Unreactive

Right

Pupil Size (mm)
 Pupil Reaction

5
 Unreactive

Visual

Protocol: CVA,NERVES
 Visual Fields
 States Number of Fingers Held 12 inches From Eyes
 Vision, Reading

Unable to Test
 Unable to Test
 Unable to Test

Motor

Protocol: CVA,NERVES
 Motor Function, Bilateral Upper Extremity
 Motor Function, Bilateral Lower Extremity
 Shoulder Shrug
 Pronator Drift
 Touch Sensory

Left Absent, Right Absent
 Left Absent, Right Absent
 Left Absent, Right Absent
 Unable to Test

Protocol: CVA,NERVES

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/25/22 16:00 SAV (Rec: 11/25/22 17:51 SAV Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left				
Pupil Size (mm)			6	
Pupil Reaction			Unreactive	
Right				
Pupil Size (mm)			5	
Pupil Reaction			Unreactive	
Visual				
Protocol: CVA,NERVES				
Visual Fields			Unable to Test	
States Number of Fingers Held 12 inches From Eyes			Unable to Test	
Vision, Reading			Unable to Test	
Motor				
Protocol: CVA,NERVES				
Motor Function, Bilateral Upper Extremity			Left Absent,Right Absent	
Motor Function, Bilateral Lower Extremity			Left Absent,Right Absent	
Shoulder Shrug			Left Absent,Right Absent	
Pronator Drift			Unable to Test	
Touch Sensory				
Protocol: CVA,NERVES				
Cheek			Left Unable to Test,Right Unable to Test	
Forehead			Left Unable to Test,Right Unable to Test	
Mandible			Left Unable to Test,Right Unable to Test	
Bilateral Upper Extremity			Left Absent,Right Absent	
Bilateral Lower Extremity			Left Absent,Right Absent	
Babinski Reflex Response			Absent Bilateral	
Document 11/25/22 18:00 SAV		(Rec: 11/25/22 18:59 SAV Desktop)		
Glasgow Coma Scale				
Assess				
Eye Opening			None	
Verbal Response			None	
Motor Response			Abnormal Flexion	
Total				
Glasgow Coma Scale Total			5	
Citation				

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation Comatose
 Level of Consciousness Disoriented
 Orientation

Facial

Protocol: CVA,NERVES Unable to Test
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Absent
 Gag Reflex Absent
 Sense of Smell unable to test
 Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES
 Left 6
 Pupil Size (mm) Unreactive
 Pupil Reaction
 Right 5
 Pupil Size (mm) Unreactive
 Pupil Reaction

Visual

Protocol: CVA,NERVES
 Visual Fields Unable to Test
 States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading Unable to Test

Motor

Protocol: CVA,NERVES
 Motor Function, Bilateral Upper Extremity Left Absent, Right Absent
 Motor Function, Bilateral Lower Extremity Left Absent, Right Absent
 Shoulder Shrug Left Absent, Right Absent
 Pronator Drift Unable to Test
 Touch Sensory

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Absent,Right Absent
Bilateral Lower Extremity	Left Absent,Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/25/22 20:00 LO (Rec: 11/25/22 20:49 LO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA,NERVES	
EyeBrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Left	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	5
Pupil Reaction	Unreactive
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/25/22 22:00 IO (Rec: 11/25/22 22:16 IO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	5

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Orientation

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Comatose
Disoriented

Unable to Test
Unable to Test
Unable to Test
Unable to Test
Unable to Test
Absent
Absent
unable to test
Artificially Ventilated / Trached

6
Unreactive
5
Unreactive

Unable to Test
Unable to Test
Unable to Test

Left Absent, Right Absent
Left Absent, Right Absent
Left Absent, Right Absent
Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory		Left	Unable to Test, Right	Unable to Test
Protocol: CVA, NERVES		Left	Unable to Test, Right	Unable to Test
Cheek		Left	Unable to Test, Right	Unable to Test
Forehead		Left	Unable to Test, Right	Unable to Test
Mandible		Left	Unable to Test, Right	Unable to Test
Bilateral Upper Extremity		Left	Absent, Right	Absent
Bilateral Lower Extremity	Sensory	Left	Absent, Right	Absent
Babinski Reflex Response		Left	Absent, Right	Absent
Document	11/26/22 00:00	LO	(Rec: 11/26/22 00:31	LO Desktop)
Glasgow Coma Scale				
Assess				None
Eye Opening				None
Verbal Response				None
Motor Response				Abnormal Flexion
Total				5
Glasgow Coma Scale Total				
Citation				
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.				
Neurological Assessment (CVA)				
Orientation				Comatose
Level of Consciousness				Disoriented
Orientation				
Facial				
Protocol: CVA, NERVES				Unable to Test
Eyebrow Symmetry				Unable to Test
Eyes Rises				Unable to Test
Smile Rises				Unable to Test
Tongue Deviation				Unable to Test
Eye Movement				Unable to Test
Cough Reflex				Absent
Gag Reflex				Absent
Sense of Smell				unable to test
Speech				Artificially Ventilated / Trached

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/26/22 02:00 IO (Rec: 11/26/22 03:07 IO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale Total

5

Citation

Teadale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Comatose

Orientation

Disoriented

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

6

Pupil Size (mm)

Unreactive

Pupil Reaction

Unreactive

Right

5

Pupil Size (mm)

Unreactive

Pupil Reaction

Unreactive

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Absent, Right Absent

Motor Function, Bilateral Lower Extremity

Left Absent, Right Absent

Shoulder Shrug

Left Absent, Right Absent

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Absent, Right Absent
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Absent Bilateral
Babinski Reflex Response	
Document 11/26/22 04:00 IO (Rec: 11/26/22 06:41 IO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion
Total	5
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	Disoriented
Orientation	
Facial	
Protocol: CVA, NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	5
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/26/22 06:00 LO (Rec: 11/26/22 06:41 LO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Flexion

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	5
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Orientation	Disoriented
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	5
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Absent, Right Absent
Mandible	Left Absent, Right Absent
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/26/22 08:00 LH (Rec: 11/26/22 09:08 LH Phone)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/26/22 10:00 LH (Rec: 11/26/22 10:26 LH Phone)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Total	3
Glasgow Coma Scale Total	
Citation	
Teaddale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pronator Drift	Unable to Test
Touch Sensory	Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES	Left Unable to Test, Right Unable to Test
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Absent, Right Absent
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Absent Bilateral
Babinski Reflex Response	
Document 11/26/22 12:00 LH (Rec: 11/26/22 14:01 LH Phone)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupils		
Protocol: CVA,NERVES		
Left		
Pupil Size (mm)	6	
Pupil Reaction	Unreactive	
Right		
Pupil Size (mm)	6	
Pupil Reaction	Unreactive	
Visual		
Protocol: CVA,NERVES		
Visual Fields	Unable to Test	
States Number of Fingers Held 12 inches From Eyes	Unable to Test	
Vision, Reading	Unable to Test	
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent	
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent	
Shoulder Shrug	Left Absent, Right Absent	
Pronator Drift	Unable to Test	
Touch Sensory		
Protocol: CVA,NERVES		
Cheek	Left Unable to Test, Right Unable to Test	
Forehead	Left Unable to Test, Right Unable to Test	
Mandible	Left Unable to Test, Right Unable to Test	
Bilateral Upper Extremity	Left Absent, Right Absent	
Bilateral Lower Extremity	Left Absent, Right Absent	
Babinski Reflex Response	Absent Bilateral	
Document 11/26/22 14:00 LH (Rec: 11/26/22 14:01 LH Phone)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Flaccid	
Total		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

3

Glasgow Coma Scale Total

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA.NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Comatose

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Absent

Absent

unable to test

Artificially Ventilated / Trached

6

Unreactive

6

Unreactive

Unable to Test

Unable to Test

Unable to Test

Left Absent, Right Absent

Left Absent, Right Absent

Left Absent, Right Absent

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Touch Sensory		Left Unable to Test, Right Unable to Test
Protocol: CVA, NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Absent, Right Absent
Bilateral Lower Extremity	Sensory	Left Absent, Right Absent
Babinski Reflex Response		Absent Bilateral
Document	11/26/22 16:00 LH (Rec: 11/26/22 16:09 LH Phone)	
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Flaccid
Total		3
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Comatose
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test
Eye Movement		Unable to Test
Cough Reflex		Absent
Gag Reflex		Absent
Sense of Smell		Unable to test
Speech		Artificially Ventilated / Trached
Pupils		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Left	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/26/22 18:00 IH (Rec: 11/26/22 18:03 IH Phone)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Comatose

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Absent, Right Absent

Motor Function, Bilateral Lower Extremity

Left Absent, Right Absent

Shoulder Shrug

Left Absent, Right Absent

Pronator Drift

Unable to Test

Touch Sensory

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol : CVA.NERVES
 Cheek Left Unable to Test, Right Unable to Test
 Forehead Left Unable to Test, Right Unable to Test
 Mandible Left Unable to Test, Right Unable to Test
 Bilateral Upper Extremity Left Absent, Right Absent
 Bilateral Lower Extremity Sensory Left Absent, Right Absent
 Babinski Reflex Response Absent Bilateral
 Document 11/26/22 20:00 LO (Rec: 11/26/22 20:38 LO Desktop)
 Glasgow Coma Scale
 Assess
 Eye Opening None
 Verbal Response None
 Motor Response Flaccid
 Total 3
 Glasgow Coma Scale Total
 Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.
 Neurological Assessment (CVA)
 Orientation Comatose
 Level of Consciousness
 Facial
 Protocol : CVA.NERVES
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Absent
 Gag Reflex Absent
 Sense of Smell unable to test
 Speech Artificially Ventilated / Trached
 Pupils
 Protocol : CVA.NERVES

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Left			
Pupil Size (mm)		6	
Pupil Reaction		Unreactive	
Right			
Pupil Size (mm)		6	
Pupil Reaction		Unreactive	
Visual			
Protocol: CVA,NERVES			
Visual Fields		Unable to Test	
States Number of Fingers Held 12 inches From Eyes		Unable to Test	
Vision, Reading		Unable to Test	
Motor			
Protocol: CVA,NERVES			
Motor Function, Bilateral Upper Extremity		Left Absent,Right Absent	
Motor Function, Bilateral Lower Extremity		Left Absent,Right Absent	
Shoulder Shrug		Left Absent,Right Absent	
Pronator Drift		Unable to Test	
Touch Sensory			
Protocol: CVA,NERVES			
Cheek		Left Unable to Test,Right Unable to Test	
Forehead		Left Unable to Test,Right Unable to Test	
Mandible		Left Unable to Test,Right Unable to Test	
Bilateral Upper Extremity		Left Absent,Right Absent	
Bilateral Lower Extremity		Left Absent,Right Absent	
Babinski Reflex Response		Absent Bilateral	
Document 11/26/22 22:00	LO	(Rec: 11/26/22 22:41	LO Desktop)
Glasgow Coma Scale			
Assess			
Eye Opening		None	
Verbal Response		None	
Motor Response		Flaccid	
Total			
Glasgow Coma Scale Total			3
Citation			

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Comatose

Facial

Protocol: CVA.NERVES

Eyebrow Symmetry
 Eyes Rises

Unable to Test
 Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA.NERVES

Motor Function, Bilateral Upper Extremity

Left Absent, Right Absent

Motor Function, Bilateral Lower Extremity

Left Absent, Right Absent

Shoulder Shrug

Left Absent, Right Absent

Pronator Drift

Unable to Test

Touch Sensory

Protocol: CVA.NERVES

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/27/22 00:00 IO (Rec: 11/27/22 03:15 IO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	Unable to Test
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Dift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/27/22 02:00	LO (Rec: 11/27/22 03:15 LO Desktop)
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Facial

Protocol: CVA,NERVES

EyeBrow Symmetry
 Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

Pupil Reaction

Right

Pupil Size (mm)

Pupil Reaction

Visual

Protocol: CVA,NERVES

Visual Fields

States Number of Fingers Held 12 inches From Eyes

Vision, Reading

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Motor Function, Bilateral Lower Extremity

Shoulder Shrug

Pronator Drift

Touch Sensory

Protocol: CVA,NERVES

Cheek

Comatose

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Unable to Test

Absent

Absent

Unable to test

Artificially Ventilated / Trached

6
 Unreactive

6
 Unreactive

6
 Unreactive

Unable to Test

Unable to Test

Unable to Test

Left Absent,Right Absent

Left Absent,Right Absent

Left Absent,Right Absent

Unable to Test

Left Unable to Test,Right Unable to

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Test	Left Unable to Test, Right Unable to Test
Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Test	Left Absent, Right Absent
Babinski Reflex Response	Test	Absent Bilateral
Document 11/27/22 04:00 IO (Rec: 11/27/22 04:55 IO Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Flaccid	
Total		3
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Comatose	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Absent	
Gag Reflex	Absent	
Sense of Smell	Artificially Ventilated / Trached	
Speech	unable to test	
Pupils		
Protocol: CVA, NERVES		
Left		
Pupil Size (mm)		6

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/27/22 06:00 LO (Rec: 11/27/22 07:22 LO Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Comatose

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

6

Pupil Size (mm)

Unreactive

Pupil Reaction

Unreactive

Right

6

Pupil Size (mm)

Unreactive

Pupil Reaction

Unreactive

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor

Protocol: CVA,NERVES

Motor Function, Bilateral Upper Extremity

Left Absent, Right Absent

Motor Function, Bilateral Lower Extremity

Left Absent, Right Absent

Shoulder Shrug

Left Absent, Right Absent

Pronator Drift

Unable to Test

Touch Sensory

Unable to Test

Protocol: CVA,NERVES

Cheek

Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/27/22 08:00 LH (Rec: 11/27/22 11:25 LH Phone)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Flaccid
Total	3
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	6
Pupil Size (mm)	
Pupil Reaction	Unreactive

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Right		6
Pupil Size (mm)		Unreactive
Pupil Reaction		
Visual		
Protocol: CVA,NERVES		
Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity		Left Absent,Right Absent
Shoulder Shrug		Left Absent,Right Absent
Pronator Drift		Unable to Test
Touch Sensory		
Protocol: CVA,NERVES		
Cheek		Left Unable to Test,Right Unable to Test
Forehead		Left Unable to Test,Right Unable to Test
Mandible		Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity		Left Absent,Right Absent
Bilateral Lower Extremity		Left Absent,Right Absent
Sensory		Absent Bilateral
Babinski Reflex Response		
Document 11/27/22 10:00 LH (Rec: 11/27/22 11:25 LH Phone)		
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Flaccid
Total		3
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Orientation	Comatose
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Mandible	Test	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Test	Left Absent, Right Absent
Bilateral Lower Extremity	Test	Left Absent, Right Absent
Babinski Reflex Response	Test	Absent Bilateral
Document 11/27/22 12:00 LH (Rec: 11/27/22 14:12 LH Phone)		
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Extension	
Total		4
Glasgow Coma Scale Total		
Citation		
Teadsdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Comatose	
Facial		
Protocol: CVA.NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Absent	
Gag Reflex	Absent	
Sense of Smell	Unable to test	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA.NERVES		
Left	6	
Pupil Size (mm)		
Pupil Reaction	Unreactive	
Right		

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Left Absent, Right Absent
Document 11/27/22 14:00 LH (Rec: 11/27/22 14:12 LH Phone)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Level of Consciousness	Comatose
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/27/22 16:00 LH (Rec: 11/27/22 17:04 LH Phone)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA, NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	Unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA, NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	
Pupil Size (mm)	6

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Pupill Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/27/22 18:00 LH (Rec: 11/27/22 18:37 LH Phone)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Absent,Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Upper Extremity	Test	
Bilateral Lower Extremity	Left Absent, Right Absent	
Babinski Reflex Response	Left Absent, Right Absent	
Document 11/27/22 20:00 JAB (Rec: 11/27/22 21:16 JAB Desktop)	Absent Bilateral	
Glasgow Coma Scale		
Assess		
Eye Opening	None	
Verbal Response	None	
Motor Response	Abnormal Extension	
Total		4
Glasgow Coma Scale Total		4
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness	Comatose	
Facial		
Protocol: CVA, NERVES		
Eyebrow Symmetry	Unable to Test	
Eyes Rises	Unable to Test	
Smile Rises	Unable to Test	
Tongue Deviation	Unable to Test	
Eye Movement	Unable to Test	
Cough Reflex	Absent	
Gag Reflex	Absent	
Sense of Smell	unable to test	
Speech	Artificially Ventilated / Trached	
Pupils		
Protocol: CVA, NERVES		
Left		6
Pupil Size (mm)		Unreactive
Pupil Reaction		
Right		6
Pupil Size (mm)		Unreactive
Pupil Reaction		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual		
Protocol: CVA,NERVES		
Visual Fields		Unable to Test
States Number of Fingers Held 12 inches From Eyes		Unable to Test
Vision, Reading		Unable to Test
Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity		Left Absent, Right Absent
Shoulder Shrug		Left Absent, Right Absent
Pronator Drift		Unable to Test
Touch Sensory		
Protocol: CVA,NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Absent, Right Absent
Bilateral Lower Extremity Sensory		Left Absent, Right Absent
Babinski Reflex Response		Absent Bilateral
Document 11/27/22 22:00 JAB (Rec: 11/28/22 02:45 JAB Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Abnormal Extension
Total		4
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Comatose
Facial		

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Absent
 Gag Reflex Absent
 Sense of Smell unable to test
 Speech Artificially Ventilated / Trached

Pupils
 Protocol: CVA.NERVES
 Left 6
 Pupil Size (mm) Unreactive
 Pupil Reaction
 Right 6
 Pupil Size (mm) Unreactive
 Pupil Reaction

Visual
 Protocol: CVA.NERVES
 Visual Fields Unable to Test
 States Number of Fingers Held 12 inches From Eyes Unable to Test
 Vision, Reading Unable to Test

Motor
 Protocol: CVA.NERVES
 Motor Function, Bilateral Upper Extremity Left Absent, Right Absent
 Motor Function, Bilateral Lower Extremity Left Absent, Right Absent
 Shoulder Shrug Left Absent, Right Absent
 Pronator Drift Unable to Test
 Touch Sensory

Protocol: CVA.NERVES
 Cheek Left Unable to Test, Right Unable to Test
 Forehead Left Unable to Test, Right Unable to Test
 Mandible Left Unable to Test, Right Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Bilateral Upper Extremity Left Absent, Right Absent
 Bilateral Lower Extremity Sensory Left Absent, Right Absent
 Babinski Reflex Response Absent Bilateral
 Document 11/27/22 23:59 JAB (Rec: 11/28/22 02:45 JAB Desktop)
 Glasgow Coma Scale

Assess

Eye Opening None
 Verbal Response None
 Motor Response Abnormal Extension

Total

Glasgow Coma Scale Total 4

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.

Neurological Assessment (CVA)

Orientation Comatose
 Level of Consciousness

Facial

Protocol: CVA, NERVES

Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Absent
 Gag Reflex Absent
 Sense of Smell Unable to Test
 Speech Artificially Ventilated / Trached

Pupils

Protocol: CVA, NERVES

Left 6
 Pupil Size (mm)
 Pupil Reaction Unreactive
 Right
 Pupil Size (mm)
 Pupil Reaction 6
 Unreactive
 Visual

Lyons Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Protocol: CVA.NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA.NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA.NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/28/22 02:00 JAB (Rec: 11/28/22 02:46 JAB Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	
Level of Consciousness	Comatose
Facial	
Protocol: CVA.NERVES	

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Bilateral Lower Extremity Sensory Left Absent, Right Absent
 Babinski Reflex Response Absent Bilateral
 Document 11/28/22 04:00 JAB (Rec: 11/28/22 04:54 JAB Desktop)

Glasgow Coma Scale
 Assess

Eye Opening None
 Verbal Response None
 Motor Response Abnormal Extension

Total 4
 Glasgow Coma Scale Total

Citation Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation Comatose
 Level of Consciousness

Facial

Protocol: CVA.NERVES
 Eyebrow Symmetry

Eyes Rises

Smile Rises

Tongue Deviation

Eye Movement

Cough Reflex

Gag Reflex

Sense of Smell

Speech

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm) 6

Pupil Reaction Unreactive

Right

Pupil Size (mm) 6

Pupil Reaction Unreactive

Visual

Protocol: CVA.NERVES

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Absent,Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Absent,Right Absent
Bilateral Lower Extremity Sensory	Left Absent,Right Absent
Babinski Reflex Response	Left Absent,Right Absent
Document 11/28/22 06:00 JAB (Rec: 11/28/22 06:25 JAB Desktop)	Absent Bilateral
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
EyeBrow Symmetry	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eyes Rises	Unable to Test
Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Right	
Pupil Size (mm)	6
Pupil Reaction	Unreactive
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Babinski Reflex Response Absent Bilateral
 Document 11/28/22 08:00 UG (Rec: 11/28/22 16:07 UG Desktop)
 Glasgow Coma Scale

Assess
 Eye Opening None
 Verbal Response None
 Motor Response Abnormal Extension

Total 4
 Glasgow Coma Scale Total

Citation
 Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation Comatose
 Level of Consciousness

Facial
 Protocol: CVA,NERVES Unable to Test
 Eyebrow Symmetry Unable to Test
 Eyes Rises Unable to Test
 Smile Rises Unable to Test
 Tongue Deviation Unable to Test
 Eye Movement Unable to Test
 Cough Reflex Absent
 Gag Reflex Absent
 Sense of Smell unable to test
 Speech Artificially Ventilated / Trached

Pupils
 Protocol: CVA,NERVES

Left 6
 Pupil Size (mm) Unreactive
 Pupil Reaction
 Right 6
 Pupil Size (mm) Unreactive
 Pupil Reaction

Visual
 Protocol: CVA,NERVES
 Visual Fields Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Absent,Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Absent,Right Absent
Bilateral Lower Extremity	Left Absent,Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/28/22 10:00 UG (Rec: 11/28/22 16:07 UG Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	
Facial	
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Smile Rises	Unable to Test
Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent,Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent,Right Absent
Shoulder Shrug	Left Absent,Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test,Right Unable to Test
Forehead	Left Unable to Test,Right Unable to Test
Mandible	Left Unable to Test,Right Unable to Test
Bilateral Upper Extremity	Left Absent,Right Absent
Bilateral Lower Extremity	Left Absent,Right Absent
Babinski Reflex Response	Absent Bilateral

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Document 11/28/22 12:00 UG (Rec: 11/28/22 16:07 UG Desktop)
 Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Extension

Total

Glasgow Coma Scale Total

4

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;

2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Comatose

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Lyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit **Room-Bed:** QI007-A
 61 F 07/13/1961 **Med Rec Num:** MR01483046 **Visit:** QH0054940416

Interventions - Continued

Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/28/22 14:00 UG (Rec: 11/28/22 16:07 UG Desktop)	
Glasgow Coma Scale	
Assess	
Eye Opening	None
Verbal Response	None
Motor Response	Abnormal Extension
Total	4
Glasgow Coma Scale Total	
Citation	
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.	
Neurological Assessment (CVA)	
Orientation	Comatose
Level of Consciousness	
Facial	Unable to Test
Protocol: CVA,NERVES	
Eyebrow Symmetry	Unable to Test
Eyes Rises	Unable to Test
Smile Rises	Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Tongue Deviation	Unable to Test
Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/28/22 16:00 UG (Rec: 11/28/22 16:07 UG Desktop)	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Glasgow Coma Scale

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Extension

Total

Glasgow Coma Scale Total

4

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation

Level of Consciousness

Comatose

Facial

Protocol: CVA,NERVES

Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA,NERVES

Left

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Visual

Protocol: CVA,NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Motor		
Protocol: CVA,NERVES		
Motor Function, Bilateral Upper Extremity		Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity		Left Absent, Right Absent
Shoulder Shrug		Left Absent, Right Absent
Pronator Drift		Unable to Test
Touch Sensory		
Protocol: CVA,NERVES		
Cheek		Left Unable to Test, Right Unable to Test
Forehead		Left Unable to Test, Right Unable to Test
Mandible		Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity		Left Absent, Right Absent
Bilateral Lower Extremity Sensory		Left Absent, Right Absent
Babinski Reflex Response		Absent Bilateral
Document 11/28/22 18:00 UG (Rec: 11/28/22 18:24 UG Desktop)		
Glasgow Coma Scale		
Assess		
Eye Opening		None
Verbal Response		None
Motor Response		Abnormal Extension
Total		4
Glasgow Coma Scale Total		
Citation		
Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974; 2:81-4.		
Neurological Assessment (CVA)		
Orientation		
Level of Consciousness		Comatose
Facial		
Protocol: CVA,NERVES		
Eyebrow Symmetry		Unable to Test
Eyes Rises		Unable to Test
Smile Rises		Unable to Test
Tongue Deviation		Unable to Test

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Eye Movement	Unable to Test
Cough Reflex	Absent
Gag Reflex	Absent
Sense of Smell	unable to test
Speech	Artificially Ventilated / Trached
Pupils	
Protocol: CVA,NERVES	
Left	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Right	6
Pupil Size (mm)	Unreactive
Pupil Reaction	
Visual	
Protocol: CVA,NERVES	
Visual Fields	Unable to Test
States Number of Fingers Held 12 inches From Eyes	Unable to Test
Vision, Reading	Unable to Test
Motor	
Protocol: CVA,NERVES	
Motor Function, Bilateral Upper Extremity	Left Absent, Right Absent
Motor Function, Bilateral Lower Extremity	Left Absent, Right Absent
Shoulder Shrug	Left Absent, Right Absent
Pronator Drift	Unable to Test
Touch Sensory	
Protocol: CVA,NERVES	
Cheek	Left Unable to Test, Right Unable to Test
Forehead	Left Unable to Test, Right Unable to Test
Mandible	Left Unable to Test, Right Unable to Test
Bilateral Upper Extremity	Left Absent, Right Absent
Bilateral Lower Extremity Sensory	Left Absent, Right Absent
Babinski Reflex Response	Absent Bilateral
Document 11/28/22 20:00 XD (Rec: 11/28/22 20:59 XD Desktop)	
Glasgow Coma Scale	

Iyons, Kathleen A

Facility: Queen of the Valley Hospital **Location:** Q 1 Intensive Care Unit
 61 F 07/13/1961 **Med Rec Num:** MR01483046

Room-Bed: QI007-A
Visit: QH0054940416

Interventions - Continued

Assess

Eye Opening
 Verbal Response
 Motor Response

None
 None
 Abnormal Extension

Total

Glasgow Coma Scale Total

4

Citation

Teasdale G, Jennett B. Assessment of coma and impaired consciousness. A practical scale. Lancet 1974;
 2:81-4.

Neurological Assessment (CVA)

Orientation
 Level of Consciousness

Comatose

Facial

Protocol: CVA.NERVES
 Eyebrow Symmetry

Unable to Test

Eyes Rises

Unable to Test

Smile Rises

Unable to Test

Tongue Deviation

Unable to Test

Eye Movement

Unable to Test

Cough Reflex

Absent

Gag Reflex

Absent

Sense of Smell

unable to test

Speech

Artificially Ventilated / Trached

Pupils

Protocol: CVA.NERVES

Left

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Right

Pupil Size (mm)

6

Pupil Reaction

Unreactive

Visual

Protocol: CVA.NERVES

Visual Fields

Unable to Test

States Number of Fingers Held 12 inches From Eyes

Unable to Test

Vision, Reading

Unable to Test

Motor