Dear Norma Robbins:

Thank you for calling Cardinal Health System Access Services.

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

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

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

Sincerely,

Pamela

Cardinal Health System Access Services
Enrollee: Robbins, Norma

Class Name: Take Charge-A pre-renal education process
Instructor: Pickering, Rn, Karen
Materials: None needed
Location: Outpatient Medical Pavilion
2401 W. University Ave
Muncie, IN 47303

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

Class Date and Times

Begin 08/12/03 4:00 PM
End 08/12/2003 5:00 PM
Ball Memorial Hospital
Department of Nephrology

CAPD Unit

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

CAPD Unit Phone Number: (765) 747-3210
If calling Long Distance: 1-800-458-2255; ask to be transferred to the CAPD Unit.

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

Hemodialysis Unit: (765) 747-3020
Ball Memorial Hospital Switchboard: (765) 747-3111
Dr. Breitenfield's office: (765) 287-0248
Dr. Haslitt's office: (765) 287-0248
Dr. Sarin’s office: (765) 287-0248
Dr. Joseph's office: (765) 287-0248
Renal Biller: (765) 741-1592
Dietitian: (765) 741-1809
Social Worker: (765) 747-3462
Vendors:
Baxter: 1-800-284-4060, extension 2222.
Customer Service Representative, Pat Zotos

Fresenius: 1-800-323-5188 extension 6617
Customer Service Representative, Michelle Loeper

Dana Gurney, MS, RD, CD
Renal Dietitian
Dietetics Department
Ball Memorial Hospital
Outpatient Dialysis Building
2705 W. North St., Muncie, IN 47303
Office: (765) 741-1802
Fax: (765) 741-1588
E-Mail: dgurney@chs.cami3.com

Cardinal Health System. The System Works. For You.
INSTRUCTIONS ABOUT HOW TO CARE FOR YOUR INCISION AT HOME

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

IMPORTANT POINTS IN TREATMENT

DIET: As specified by your doctor. Drink plenty of fluids, especially water, to prevent dehydration.

ACTIVITY: Do not lift over 10 lbs. or drive as directed by your doctor. Walk as tolerated with frequent rest periods.

WOUND CARE: Keep your incision clean and dry unless specified by your doctor. Notify your doctor if signs or symptoms of an infection occur:
1. Odor
2. Drainage
3. Redness
4. Intolerable Pain
5. Temperature greater than 100.5 degrees F for over 24 hours
6. Edema (swelling)

BATHING: You should sponge bathe until your doctor gives you permission to shower or tub bathe.

ELIMINATION: If you have not had a bowel movement by the 3rd day after your surgery drink plenty of fluids. You can take a mild laxative as needed if you have not had bowel surgery. If you have no results call your doctor.

FOLLOW-UP APPOINTMENT: You will need to call your doctor's office to arrange an appointment.

MEDICATIONS: Medications must be fitted to your own particular needs. Do not take any medication (not even medicine you buy without prescription) without telling your doctor. If medication is prescribed for you, follow the instructions on the label carefully.

END OF DOCUMENT #1106
Patient Discharge Instructions

Signs and Symptoms
Of
Post-Infusion Phlebitis

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

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

END OF INSTRUCTIONS
AFTER SURGERY INSTRUCTIONS

1. A prescription for Denocer is enclosed. Pain is expected around the incisions. Tylenol or Ibuprofen may be all that is necessary for pain relief.

2. Keep incision clean and dry for 7 days.

3. Call the office before 5:00 p.m. today or tomorrow at 289-6381 to make an appointment for a post-op check up with your surgeon.

APPOINTMENT CARD

My surgeon wants to see me in weeks/days after surgery.

Date: Time:

4. No driving today. You may resume driving as tolerated.

5. Eat a light diet today: no milk or greasy foods. You should begin with something like chicken noodle soup, 7Up, crackers, dry toast or Jell-O.

6. You may shower beginning 7 days.

7. If you go 48 hours without a bowel movement, you should take a tablespoon or two of Milk of Magnesia once or twice a day until your bowels move.

8. Avoid lifting until it is approved by your surgeon.

9. Moderate walking is advisable unless you are instructed differently.

10. If you have had breast surgery, you may be more comfortable wearing a bra night and day for a week after surgery.

11. If you have had inguinal hernia surgery, you may be more comfortable wearing briefs or an athletic supporter for a couple of days after surgery.

12. Call the office if you experience fever over 101, excessive pain, warmth or pus from the wound. Please call with any other questions or concerns.
**Discharge Diagnosis:**

Please check all applicable

<table>
<thead>
<tr>
<th>DIEET</th>
<th>SERVICES / EQUIPMENT ARRANGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Previous diet Instruction</td>
<td></td>
</tr>
<tr>
<td>☑ General</td>
<td></td>
</tr>
<tr>
<td>☐ Soft/Mechanical Soft</td>
<td></td>
</tr>
<tr>
<td>☐ Sodium Restriction: 2 gm</td>
<td></td>
</tr>
<tr>
<td>☑ Diabetic ADA</td>
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</tr>
<tr>
<td>☑ Low Cholesterol</td>
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</tr>
<tr>
<td>☑ Renal</td>
<td></td>
</tr>
<tr>
<td>☑ Refer to handout</td>
<td></td>
</tr>
<tr>
<td>☑ Other</td>
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</table>

**DIET**

**DIET**

**FOLLOW-UP APPOINTMENTS**

<table>
<thead>
<tr>
<th>Physicians</th>
<th>PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brunelle Call 289-6381 for</td>
<td>Movement</td>
</tr>
<tr>
<td>Thursday-Aug 21</td>
<td></td>
</tr>
<tr>
<td>with Dr.</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td>Date/Time</td>
</tr>
<tr>
<td></td>
<td>11:40</td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td>Date/Time</td>
</tr>
<tr>
<td></td>
<td>3:00</td>
</tr>
</tbody>
</table>

**PRECAUTIONS**

- Movement
- Lifting
- Activity
- As tolerated / as able or
- Restrictions:
- Other Shown in Orders
- Refer to handout

**PAIN CONTROL**

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

**PAIN CONTROL**

**WOUND CARE**

Keep incision clean + dry for 7 days

**WOUND CARE**

**HANDOUTS GIVEN AT DISCHARGE**

1) Discharge Care  
2) 
3) 
4) 
5) 
6) 
7) 
8) 
9) 
10) 

**HANDOUTS GIVEN AT DISCHARGE**

**DISCHARGE INSTRUCTIONS**

**DISCHARGE INSTRUCTIONS**

**SIGNATURE / TITLE / DATE**

**SIGNATURE / TITLE / DATE**

**SIGNATURE / TITLE / DATE**

**SIGNATURE / TITLE / DATE**

**BALL MEMORIAL HOSPITAL, INC.**

2401 W. University Avenue
Muncie, Indiana 47303-3499

Discharge Instructions

Admission / Discharge Education

CH-34 pg. 1 of 2

(01/03)
<table>
<thead>
<tr>
<th>Name of Drug &amp; Dosage/Amount</th>
<th>When to Take / Comments</th>
<th>Prescription Written</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorzolamide N 100</td>
<td>1 tab every 4-6 hrs</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

**OTHER INSTRUCTIONS**

I have read the above discharge instructions and/or received printed materials containing them and understand:

*Norma L. Robbins*

**PATIENT / CAREGIVER**

**9/14/03**

**DATE OF DISCHARGE**

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

CH-34 pg. 2 of 2 (01/03)
# RENAL PROGRESS REPORT

Name: *Norma Collins*  
October 21, 2003

<table>
<thead>
<tr>
<th>Results</th>
<th>Good Range</th>
<th>Your current labs</th>
<th>Last visit's labs</th>
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<tbody>
<tr>
<td>Albumin</td>
<td>3.8 to 5.0</td>
<td>3.4</td>
<td></td>
</tr>
<tr>
<td>Potassium</td>
<td>3.5 to 5.5</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td>Phosphorus</td>
<td>3.5 to 5.5</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td>8.5 to 10.5</td>
<td>8.6</td>
<td></td>
</tr>
</tbody>
</table>

## Nutrition Plan

1. Stress meals, eggs, egg substitutes
2. Can increase potassium foods.
3. [Original text is not legible]

---

**Homemade Baked Apples**

4 medium delicious apples or other tart apple, cored  
Cinnamon  
4 teaspoons sugar or 4 packets of Equal or other sugar substitute  
4 teaspoons margarine

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

---

**Colette Cooper, MSW, LSW**  
Renal Social Worker

Ball Memorial Hospital, Inc.  
Outpatient Dialysis Unit  
2705 W. North St., Muncie, IN 47303  
Office: (765) 741-2910  
Fax: (765) 741-1588  
E-Mail: ccooper@chs.cmi3.com

Cardinal Health System. The System Works. For You.
**RENAL PROGRESS REPORT**

Name: Norma Robbins  
November 2003

<table>
<thead>
<tr>
<th>Results</th>
<th>Good Range</th>
<th>Your current labs</th>
<th>Last visit's labs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin</td>
<td>3.8 to 5.0</td>
<td>2.7</td>
<td>3.4</td>
</tr>
<tr>
<td>Potassium</td>
<td>3.5 to 5.5</td>
<td>3.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>3.5 to 5.5</td>
<td>6.0</td>
<td>4.4</td>
</tr>
<tr>
<td>Calcium</td>
<td>8.5 to 10.5</td>
<td>8.3</td>
<td>8.6</td>
</tr>
<tr>
<td>Fluid gain</td>
<td>1 kg. or 2 lbs. per day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NUTRITION PLAN**

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

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

**PINEAPPLE CORNISH HENS or TURKEY LEGS**  
2 Cornish hens (1 to 1 1/2 lbs. each) or turkey legs  
1/2 c. honey  
1/2 c. pineapple juice  
1 T. yellow mustard  
1/2 t. curry powder  
1/2 t. ginger

Rinse hens and place breast side up in shallow pan. Mix together remaining ingredients and pour over the hens. Bake loosely covered at 350 degrees for about 45 minutes. Remove cover, baste with natural juices and continue cooking uncovered for additional 45 minutes or until done. Serve with natural juices as gravy. Yields several servings; use 3-4 ounces of meat or per your meal plan. Adapted from ikidney.com web site
October 14, 2003

Dear WALTER ROBBINS:

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

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

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

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

Sincerely,

KERI CHEEK
Benefit Administrator
National Retiree Servicing Center