

DHS Infusion & HME All Sites CLINICIAN CASELOAD REPORT

as of 11/05/2009

Patient Name	Rx Type	Drug	POT Due	Ins. Coordinator
Chemo, Carla	Chemo	Adriamycin RDF 50 mg IV Every 24		
Factor, Frances	Factor	ADVATE 1000 units IV Every Thurs &		
Gulianni, Rudy	Nursing	Nursing Visit Skilled 1 2 Times a		
Hospital, Colby	ATB	CEFTRIAXONE SODIUM 1 Gm IV As		
Jane, Baby	Synagis	SYNAGIS IM		
Jordan, Jack	ATB	Vancomycin 1 Gm IV Daily		Casey Coordinator
Pain, Phillip	Pain	MORPHINE SULFATE 10 MG/ML IV		
Rein, Eric	ATB	VANCOMYCIN HCL 1000 mg IV		
Saunders, Brenda	TPN	TPN 1800 ml IV Every 12 Hours		
Sutter, Medicare	Factor	BENEFIX 1200 IU IV As Needed		
Synagis, Baby	SYNAGIS	SYNAGIS 125 MG IM Every 1 Month		Derek kennard, DK
Test, Cameron	Supply	Adhesive Remover Wipe Qty: 50		
Test, Vincent	Resprtry	CPAP Machine - Rental Qty: 1		
Test, Vincent 5	ATB	VANCOMYCIN HCL 1000 mg IV Daily		
TheDACare, Test				
Thompson, Thomas	ATB	Rocephin 750 mg IV Daily		
TPN, Tristen	TPN	TPN 2000 ml IV Continuous		
Wheelchair, William	HME	Wheelchair Standard Qty: 1		Allison Allen

Clinician: Atchley Cameron, RN

Patient Name	Rx Type	Drug	POT Due	Ins. Coordinator
Kline, Keith	ATB	VANCOMYCIN HCL 88.45 mg IV Daily		Derek Kennard, DK
Sutter, BC of CA	Biologic	GAMMAGARD LIQUID 50 Gm IV		Allison Allen
Sutter, Medi-Medi	ATB	CANCIDAS 50 mg IV Daily		Derek Kennard, DK

Clinician: Kim Nurse, RN

Patient Name	Rx Type	Drug	POT Due	Ins. Coordinator
Anthony, Rich	Enteral	Ensure cans/day PO		Casey Coordinator
Baclofen, Betty	Inotrop	Milrinone Lactate 10.34 mg IV Every		Iris Insurance
Bertzett, Kelli	Misc	Solu-Medrol 4 mg IV Every 12 Hours		Derek Kennard, DK
Chemo, Carly	Chemo	ADRIAMYCIN PFS 2 MG/ML IV		Casey Coordinator
Cook, Donald	HME	CPAP Machine - Rental Qty: 1		Allison Allen
Dominic, Richard	Enteral	Enteral Therapy and Supplies Qty: 1		Casey Coordinator
Enteral, Eddie	Enteral	Nutren 1.0 w/fiber 100 ml PO Every		Allison Allen
Kennard, Derek	Oxygen	Oxygen E Tank Qty: 1		Allison Allen
Referral, Roger	Oxygen	CPAP Supplies Qty: 1		Allison Allen
Richards, Thomas	HME	Walker Front Wheel 5 Inch Qty: 1		Derek Kennard, DK
Rocephin, Rosie	Misc	DIPHENHYDRAMINE HCL 50 MG PO		
Saunders, William	ATB	Vancomycin 1 Gm IV Every 24 Hours		Allison Allen
Smith, Jane	Oxygen	CPAP Supplies Qty: 1		Anson Auth
Stine, Kim	Misc	Diabetic supplies Qty: 1		Iris Insurance

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Sutter, MediCal	TPN	TPN 2000 ml IV Daily	Derek Kennard, DK
Testa, Oliver	HME	Bed Total Electric w/ Rails Qty: 1	Allison Allen
Vanco, Vincent	ATB	VANCOMYCIN HCL 1000 mg IV Every	Allison Allen
Vancomycin, Victor	ATB	VANCOMYCIN HCL 1 Gm IV Every 24	Iris Insurance

Clinician: Nancy Nurse, RN

Patient Name	Rx Type	Drug	POT Due	Ins. Coordinator
Brown, Jim	Supply	AIM Fanny Pack Qty: 4		Anson Auth
Seitz, Erika	ATB	VANCOMYCIN HCL 1000 mg IV Every		Iris Insurance
Shell, Ted	Pain	MORPHINE SULFATE 250 mg IV CNT		Anson Auth
Smith, Jim	ATB	VANCOMYCIN HCL 1 Gm IV Every 24		Casey Coordinator
Spratt, Jack				Allison Allen
Starr, Melinda	TPN	TPN 2400 ml IV Daily		

Clinician: Nanette Nurse, RN

Patient Name	Rx Type	Drug	POT Due	Ins. Coordinator
Advate, Billy	Factor	Advate 3500 units IV 3 Times a Week		Casey Coordinator
Christensen, Chrystal	Enteral	Kangaroo Enteral Pump Qty: 1		Anson Auth
Hollingsworth, Holli	Oxygen	Oxygen Concentrator Qty: 1		Anson Auth
Jergenson, Juliette	ATB	Ceftriaxone 2 Gm IV Every 24 Hours		Allison Allen
Packard, Lynn	ATB	Vancomycin 225 mg IV Q12		Casey Coordinator
Rocephin, Ronald	ATB	ROCEPHIN 1000 mg IV Every 24		Anson Auth
Simpson, Raphael	ATB	Vancomycin 1000 mg IV Every 24		Iris Insurance
Tieu, Nicholas	HME	Wheelchair Heavy Duty X-Wide Qty: 1		Allison Allen
TPN, Juan	TPN	TPN 650 ml IV Every 24 Hours		Casey Coordinator

Clinician: Ranie RN, RN

Patient Name	Rx Type	Drug	POT Due	Ins. Coordinator
Adriamycin, Anna-Louise	Chemo	CARBOPLATIN 600 mg IV Daily		Derek Kennard, DK
Albuterol, Anthony	HME	ALBUTEROL SULFATE 2.5 mg INH		Allison Allen
Fluorouracil, Fred	Chemo	ADRUCIL Gm IV Once Weekly		Casey Coordinator
Franco, John	Misc	ADVAIR DISKUS Disk RESP As		Casey Coordinator

Clinician: Regina Smith, RN

Patient Name	Rx Type	Drug	POT Due	Ins. Coordinator
Thompson, Cindy	TPN	TPN 1500 ml IV Daily		Allison Allen

See Totals on Following Page

Report Description: Active patients assigned to a clinician, with the primary ordered therapy and next POT due date.
Clinician is determined by the primary clinician in the patient record.

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