WEDGEWOOD HEALTH CARE CENTER
2060 Upper 55th Street East
Inver Grove Heights, MN . 55075

451-1881

EXIBIT 022

RESIDENT REFERRAL

RESIDENT NAME: Jane Duchene SEX: Female DOB: 6-21-1918
MEDICARE#: 471-05-5309-D S.S.# 477-07-4154 MEDICAID#: N/A
DIAGNOSIS: Metastatic CA of lung Diabetes Mellitus Cholelithiasis
PHYSICIAN IN CHARGE: Dr. V. Corbett PHONE#: 222-8473
ADVISED OF REFERRAL/CONSENT GIVEN BY:
RELATIONSHIP: DATE: TIME:
ADDRESS: PHONE#: (H)
(W)
CITY STATE ZIP

CLINIC TO BE ATTENDED & REASON: Dr. Corbett

RELEVANT NURSING DATA: much weaker - no longer to do for self. Meals assist to door, walk. Incontinent at night x1 more disoriented - wanting to dress & go out @ 1AM [illegible] very [illegible] 114 dipping down to [illegible] [illegible] BS [illegible] 107 to 347 since insulin changed.

DIABETIC: YES X NO ___ INSULIN/DOSAGE ___ TIME GIVEN:
ALLERGIES: NKA DIET: 2000 Cal ADA
MEDICATIONS: SEE ATTACHED SHEET

Dr Corbett - please discuss the possibility of a DNR order

NURSE: [illegible] RN POSITION Charge Nurse

NEW ORDERS:

No Code
Ensure [illegible] q.i.d.
Sandra [illegible] 10-27-86

PHYSICIAN PROGRESS NOTES: [illegible] X3 , Expressed wish for DNR. Expressed wish

— EXHIBIT 'B-47 —

PHYSICIAN SIGNATURE: [illegible] DATE: 10/27/86