

Patient History Report

Client: ROCCOFORTE, DONNA (154875)	Patient: SOPHIA (213011)	
Phone:	Species: Canine	Breed: Bulldog, French
Address:	Age: 5 Mos. 0 Wks. 0 Days	Sex: Female
	Color:	

Date	Type	Staff	History
------	------	-------	---------

Remarks: Nervous System <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Did Not Examine Remarks: mild ataxia, appears to have depressed mentation	Remarks: Abdominal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Did Not Examine Remarks:
Urogenital <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Did Not Examine Remarks:	Coat and Skin <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Did Not Examine Remarks:

Assessment & Plan	
Assessment:	Differential Diagnosis/Rule Outs: Add Diagnosis Description THC++
Plan:	Drug test done on urine was very positive for THC. TTO that this doesn't usually end up fatal, but she is very hypothermic which can become very problematic. Started IV fluids (100 cc plasmalyte bolus followed by 30 ml/hr) and Bair hugger heat. 30 min was 97, 1 hour 97.4, 1.5 hrs 98, 2 hrs 97.8, 3 hrs 98, 4 hr 97.8. TTO about referral options and they will head to Poway with IV catheter in place. irm Counseled client on all medications per SB1480 requirements.

1/29/2021	V	IM	Jan 29, 2021 04:52 PM Staff: IM ----- Weight : 10.65 pounds
1/29/2021	CK	YH	VOMITING, LETHARGIC, THIKS MAYBE SHE GOT INTO SOMETHING, STARTED WITHIN THE HOUR-UP TO DATE ON VACCINES 7023253551 SPOT02 Date Patient Checked Out: 01/29/21 Practice 1
1/29/2021	B	IM	1.00 OFFICE EXAMINATION (OCR) by ECV
1/29/2021	B	IM	1.00 INTRAVENOUS CATHETER (PCCAIV) by ECV
1/29/2021	B	IM	1.00 I.V. FLUID ADMINISTRATION (PCIVF) by ECV
1/29/2021	B	IM	HOSP. 1C (HC1C) by ECV
1/29/2021	B	IM	.50 IN-HOSP. TREATMENTS/THERAPY (HCNC1C) by ECV
1/29/2021	B	IM	.50 HOSPITAL WARD/NURSING CARE (HCWRD1) by ECV

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

Patient History Report

Client: ROCCOFORTE, DONNA (154875)
Phone:
Address:

Patient: SOPHIA (213011)
Species: Canine
Age: 5 Mos. 0 Wks. 0 Days
Color:

Breed: Bulldog, French
Sex: Female

Date	Type	Staff	History
1/29/2021	B	IM	1.00 kit of DRUG TEST KIT (DRUGTST) by ECV

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs



TREATMENT PLAN

NAME: Donna Roccoforte **PATIENT:** Sophia **CASE #:** 66235

This treatment plan includes a price range for diagnostics, treatments and/or procedures anticipated to be performed on Sophia. It does not represent, or account for, any additional diagnostics or treatments the Veterinarian may recommend going forward. You are responsible for all charges for services rendered, and a deposit is required. If you have any questions regarding this treatment plan, please do not hesitate to ask.

Procedure or Dispensed Item

- EXAMINATION (Emergency)**
- Hospitalization Grade 2**
- Nursing Care Grade 2**
- RV transfer with IV cath/no fluids**
- IV Fluid Pump/Cath. Maint. 2-12 hours**
- Fluids - additional liter**
- 20% Intravenous Lipid Emulsion IVLE**
- Cerenia injection < 1.5cc**
- Famotidine- Pepcid injection <2.0 cc**
- Miscellaneous**

Created: 01-29-21

Be assured that the health of Sophia is our primary concern and our Staff is dedicated to delivering the highest quality patient care, as well as customer service, at all times.

I accept and agree to the terms of this treatment plan. I understand that if my pet is admitted for overnight care, I will need to pick my pet up the following morning by 8am Monday through Friday, or additional charges may incur, and there is no veterinarian on premises during closed hours. We are open 24 hours on the weekend and holidays. This treatment plan only covers charges incurred during the estimated treatment period, and does not include certain follow-up visits/recheck exams, drain removals, bloodwork, or other future treatments not listed here.

Owner or Authorized Agent

01-29-21 Time

In the event of an emergency where life-saving actions may be necessary, including but not limited to CPR, I authorize the attending Veterinarian to administer any life-saving medications and/or treatments needed. **Lifesaving measures are not included in this treatment plan.**

PLEASE INITIAL: Yes _____ No _____