

SAINT MARY'S MEDICAL CENTER
 800 E. Oak Hill Ave • Knoxville, TN 37917
 (865)545-8000

Knoxville Neurology Clinic Orders and Progress Notes: New Encephalopathy Consult

Name: _____ Med. Rec.#: _____ Physician: _____ Room #: _____

DATE:	PHYSICIAN'S ORDERS:	DATE:	PROGRESS NOTES:
	<ul style="list-style-type: none"> <input type="checkbox"/> EEG: Evaluate Encephalopathy <input type="checkbox"/> CMP <input type="checkbox"/> Ammonia <input type="checkbox"/> TSH, free T4 <input type="checkbox"/> B12 level <input type="checkbox"/> Arterial Blood Gas <input type="checkbox"/> MRI brain <ul style="list-style-type: none"> <input type="checkbox"/> with contrast <input type="checkbox"/> without contrast <input type="checkbox"/> CT brain <ul style="list-style-type: none"> <input type="checkbox"/> with contrast <input type="checkbox"/> without contrast <input type="checkbox"/> MRA brain <input type="checkbox"/> MRA neck <input type="checkbox"/> CT Angiogram brain <input type="checkbox"/> CT Angiogram neck <input type="checkbox"/> 4 Vessel Cerebral Angiogram <input type="checkbox"/> Carotid ultrasound <input type="checkbox"/> Transthoracic cardiac echo <input type="checkbox"/> Transesophageal ECHO <input type="checkbox"/> Thiamine 100 mg IV now <input type="checkbox"/> Thiamine 100 mg PO/PT daily <input type="checkbox"/> Seroquel 25 mg PO QHS <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 150px; margin-top: 10px;"> <p>Reason:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div>		<p>KNC Consult:</p> <p>Thank you for the consult.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full Note Dictated/Written <input type="checkbox"/> Please see the written/dictated note in the consults section <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Ken Henderson, M.D. Office #: 521-6174</p>