

# ED Module

## Pressure Support and Airway Tube Size Update



Current documentation workflows for Respiratory Therapists do not include structured fields for documenting pressure support in BiPAP/CPAP interventions or a response option for airway tube sizes greater than 10.5mm for Intubation interventions. This update adds a *Pressure support* field to all **BiPAP/CPAP** interventions and expands the *Airway tube size* responses to include 11mm, 12mm, and free text option for all **Intubation** interventions.

| RT BiPAP/CPAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | The <i>Pressure support (cmH2O)</i> has been added to all <b>RT: BiPAP/CPAP</b> interventions.                                                                                                                           |         |                                     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
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| <div> <div> <div>OK</div> <div>Pressure support (cmH2O):</div> <div> <div>7 8 9 Del</div> <div>4 5 6</div> <div>1 2 3</div> <div>- 0 . Calc</div> </div> </div> <div> Set tidal volume (mL):&gt;<br/> O2 Liters per minute:<br/> O2 mL per minute:<br/> FiO2%:<br/> Set IPAP (cmH2O):<br/> Set EPAP/CPAP (cmH2O):<br/> <b>Pressure support (cmH2O):</b><br/> Set rate (bpm):<br/> P max (cmH2O): </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                                                                                                                                                                                          |         |                                     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
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| Nursing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | Emergency Department                                                                                                                                                                                                     |         |                                     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
| RT: BiPAP/CPAP Initial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RT PED: BiPAP/CPAP Initial            | RT: BiPAP/CPAP                                                                                                                                                                                                           |         |                                     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
| RT: BiPAP/CPAP Subsequent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RT PED: BiPAP/CPAP Subsequent         |                                                                                                                                                                                                                          |         |                                     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
| RT: BiPAP/CPAP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                                                                                                                                                                                          |         |                                     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
| <div> <div>RT Intubation</div> <div> <div>OK</div> <div>Airway tube size</div> <div>[for free text]</div> </div> <div> <div>1 2mm</div> <div>2 2.5mm</div> <div>3 3mm</div> <div>4 3.5mm</div> <div>5 4mm</div> <div>6 4.5mm</div> <div>7 5mm</div> <div>8 5.5mm</div> <div>9 6mm</div> <div>10 6.5mm</div> <div>11 7mm</div> <div>12 7.5mm</div> <div>13 8mm</div> <div>14 8.5mm</div> <div>15 9mm</div> <div>16 9.5mm</div> <div>17 10mm</div> <div>18 10.5mm</div> <div>19 11mm</div> <div>20 12mm</div> </div> <div> Intubation treatment:&gt;<br/> Intubation date:<br/> Intubation time:<br/> Intubation performed by:<br/> Number of attempts to intubate:<br/> <b>Airway tube size:&gt;</b><br/> Evidence of aspiration prior to intubation:<br/> Cuffed: </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       | <p>Additional responses have been added to the <i>Airway tube size</i> field within all <b>RT: Intubation</b> interventions:</p> <ul style="list-style-type: none"> <li>Free text</li> <li>11mm</li> <li>12mm</li> </ul> |         |                                     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
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| Nursing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | Emergency Department                                                                                                                                                                                                     |         | Surg                                |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
| Lines/Drains/Airways                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RT: Intubation Assist- Inpatient      | Intubation                                                                                                                                                                                                               |         | SURG: Lines/Drains/Airways Intra-op |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
| Critical Care Flowsheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RT: Intubation Assist- Outpatient     | Newborn Stabilization                                                                                                                                                                                                    |         | SURG: Lines/Drains/Airways PACU     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
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| RT: Neonatal Intubation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RT PED: Ventilator Flowsheet          | RT: Ventilator Flowsheet                                                                                                                                                                                                 |         |                                     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |
| RT PED: Neonatal Intubation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                                                                                                                                                                                                          |         |                                     |                      |  |                        |                            |                      |                                  |                           |                               |                                     |  |                         |                                   |                       |  |                                 |  |                           |                                      |                               |  |                                   |  |                            |                                       |                        |  |  |  |                                |                          |                         |  |  |  |                         |                              |                          |  |  |  |                             |  |  |  |  |

## Restraint 2026 Phase 2 Strategic Agenda



As part of the ongoing Corporate Responsible Restraint Program, the 2026 initiative focuses on refining policies and clarifying clinical practice expectations to ensure alignment with The Joint Commission (TJC) and CMS requirements. Restraint documentation workflows have been streamlined to remove duplicative, outdated, and non-required elements. These updates reduce documentation burden, improve regulatory compliance, and enhance efficiency in both bedside care and EHR documentation. The revised workflow standardizes restraint documentation to reflect current regulatory requirements while maintaining existing system programming across all restraint episodes.

In **Start** workflow, *Alternatives utilized* has been updated to *Alternatives attempted* and the response options have been streamlined to better align with policy.

The documentation fields on pages 2 and 3 of the **Start** and **Monitor** workflow have been removed to eliminate duplicative documentation.

Restraint Documentation

☒ Restraints are clinically justified:

1 Yes  
2 No

**- Second tier review -**  
Click below to default system normal values  
DFT Norms  
DFT Norms (Go to File)

--- The following must be reviewed with the RN. ---

Restraints clinically justified: ☐ \*

Reasons reviewed: ☐ \*

Least restrictive type planned: ☐ \*

Alternatives attempted, ineffective documented: ☐ \*

Cause of patient reviewed: ☐ \*

Consideration for vulnerability: ☐ \*

Justified for restraint type/device: ☐ \*

Assessed restraints were safely and appropriately applied: ☐ \*

Patients rights, dignity, and safety have been upheld: ☐ \*

(Prev Page) ☐ (Next Page) ☐

The **Second tier review** documentation has been removed in alignment with recent policy updates.

**Note:** Second tier review has also been removed from the Restraints Report.

Restraint Documentation

☒ Safety/Rights/Dignity maintained verified:

1 Done now  
2 Three times every hour  
3 Every 15 minutes per hour

Done now - use to document each observation in real time, three times every hour.

For patients under continuous or frequent in-person observation or continuous audio/video monitoring, or if a paper checklist is used and scanned into the EHR/HPF medical record, the following may be used:  
Three times every hour  
Every 15 minutes per hour

Safety/Rights/Dignity maintained verified:

(Prev Page) ☐ (Next Page) ☐

**Safety/Rights/Dignity** documentation is now only available for violent restraint episodes.

Restraint Documentation

☒ Reviewed/attempted ways to help the patient regain control:

1 Yes  
2 No

Reviewed/attempted ways to help the patient regain control: ☐ \*

Evaluated the patients immediate situation: ☐ \*

Evaluated the patients reaction to the intervention: ☐ \*

Evaluated the patients medical and behavioral condition: ☐ \*

Evaluated the need to continue or terminate restraint/seclusion:  \*

(Prev Page) ☐ (Next Page) ☐

For Violent level of restraints, the one-time **Face to face** documentation has been reduced.

Restraint Documentation

**Response to restraint:**

1 Tolerant  
2 Combative

**- Monitor/RN assess -**  
Click below to  
default system normal values  
DFT Norms  
DFT Norms (Go to File)

**Response to restraint:** \*

Vital signs taken per unit policy or doctors orders: \*

Free from injury or pain associated with restraint: \*

Free from respiratory/airway compromise associated with restraint: \*

Skin under/around restraint verified (when applicable): \*

Range of motion done: \*

*Response to restraint* has been added to the **Monitor/RN assess** documentation. Responses continue to allow for selection of 'DFT Norms' and 'DFT Norms (Go to File)'.

**Note:** *Monitor/RN assess* may be documented as often as necessary/per policy.

Restraint Documentation

**Date restraint discontinued:**

Calendar Del  
Yesterday  
Today  
Tomorrow

**Date restraint discontinued:** \*

**Time restraint discontinued:** \*

(Prev Page) ☐ (End) ☐

The **Restraint Discontinue** workflow has been updated to require documentation of only the date and time the restraint was discontinued for both Violent and Non-violent workflows.

Restraint Debriefing

**Circumstances leading to restraint/seclusion incident:**

1 ☐ NV-Attempts remove device 7 ☐ V-Physical aggression  
2 ☐ NV-Handle wound/dressings  
3 ☐ NV-OOB extreme inj risk  
4 ☐ V-Attempts self-harm  
5 ☒ V-Combative  
6 ☐ V-Destructive

Circumstances leading to restraint/seclusion incident:→

Recommendations for future actions:→

Post counseling provided to: \*

Debriefing Comment:→

(End) ☐

The **Restraint Debriefing** documentation has been removed from the Violent level of restraint discontinue workflow documentation.

|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------------------|--|--|--|--|--|--|--|--|--|----------------------------------|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|----------------------------------------------|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| RUN DATE: 02/17/26<br>RUN TIME: 0900<br>RUN USER: LPDDBH442 |  |  |  |  |  |  |  |  |  | KVA QAL NUR **TEST**<br>RESTRAINTS REPORT |  |  |  |  |  |  |  |  |  | PAGE 1                           |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SELECTIONS                                                  |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| For Location(s): J ICU                                      |  |  |  |  |  |  |  |  |  | Active Episodes Only: Y                   |  |  |  |  |  |  |  |  |  | Include Discharged Inpatients: N |  |  |  |  |  |  |  |  |  | Summary Report Only: N |  |  |  |  |  |  |  |  |  | From Restraints Date: 02/17/26 thru 02/17/26 |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Include Patient Types: Inpatient Only                       |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  | Print Order Details: Y                       |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CUR LOC                                                     |  |  |  |  |  |  |  |  |  | ROOM-BED                                  |  |  |  |  |  |  |  |  |  | PATIENT NAME                     |  |  |  |  |  |  |  |  |  | ACCT NUMBER            |  |  |  |  |  |  |  |  |  | AGE                                          |  |  |  |  |  |  |  |  |  | ADM STS                |  |  |  |  |  |  |  |  |  | ADM/SVC                |  |  |  |  |  |  |  |  |  | DIS/SVC       |  |  |  |  |  |  |  |  |  | RN MONITOR DATES & TIMES |  |  |  |  |  |  |  |  |  | RR FTF |  |  |  |  |  |  |  |  |  | POC |  |  |  |  |  |  |  |  |  | EP MINS            |  |  |  |  |  |  |  |  |  | TF MINS |  |  |  |  |  |  |  |  |  | AUDIT FLAGS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| APP LOC                                                     |  |  |  |  |  |  |  |  |  | EP TYPE                                   |  |  |  |  |  |  |  |  |  | EP START D/T                     |  |  |  |  |  |  |  |  |  | EP END D/T             |  |  |  |  |  |  |  |  |  | RESTRAINT DEVICE                             |  |  |  |  |  |  |  |  |  | CLIN JUSTIFICATION     |  |  |  |  |  |  |  |  |  | FTF PROVIDER           |  |  |  |  |  |  |  |  |  | ORD PHYSICIAN |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  | (see below legend) |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PROVIDER                                                    |  |  |  |  |  |  |  |  |  | FTF DATE                                  |  |  |  |  |  |  |  |  |  | FTF TIME                         |  |  |  |  |  |  |  |  |  | ORD START D/T          |  |  |  |  |  |  |  |  |  | ORD EXP D/T                                  |  |  |  |  |  |  |  |  |  | ORD RESTRAINT DEVICE   |  |  |  |  |  |  |  |  |  | ORD CLIN JUSTIFICATION |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ORD PHASE                                                   |  |  |  |  |  |  |  |  |  | ORD TYPE                                  |  |  |  |  |  |  |  |  |  | ORD START D/T                    |  |  |  |  |  |  |  |  |  | ORD EXP D/T            |  |  |  |  |  |  |  |  |  | ORD RESTRAINT DEVICE                         |  |  |  |  |  |  |  |  |  | ORD CLIN JUSTIFICATION |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| J ICU                                                       |  |  |  |  |  |  |  |  |  | J ICU-29                                  |  |  |  |  |  |  |  |  |  | TEST,TEST                        |  |  |  |  |  |  |  |  |  | J00021642419           |  |  |  |  |  |  |  |  |  | 48                                           |  |  |  |  |  |  |  |  |  | ADM IN                 |  |  |  |  |  |  |  |  |  | 02/17/26               |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EDM                                                         |  |  |  |  |  |  |  |  |  | Violent                                   |  |  |  |  |  |  |  |  |  | 02/17/26 0852                    |  |  |  |  |  |  |  |  |  | Soft BUE               |  |  |  |  |  |  |  |  |  | V-Combative                                  |  |  |  |  |  |  |  |  |  | 02/17/26 0856          |  |  |  |  |  |  |  |  |  | H                      |  |  |  |  |  |  |  |  |  | Y             |  |  |  |  |  |  |  |  |  | 10                       |  |  |  |  |  |  |  |  |  | 10     |  |  |  |  |  |  |  |  |  | e,n |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initial                                                     |  |  |  |  |  |  |  |  |  | Violent                                   |  |  |  |  |  |  |  |  |  | 02/17/26 0850                    |  |  |  |  |  |  |  |  |  | 02/17/26 1250          |  |  |  |  |  |  |  |  |  | Soft BUE                                     |  |  |  |  |  |  |  |  |  | V-Combative            |  |  |  |  |  |  |  |  |  | BELL,C MD              |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                             |  |  |  |  |  |  |  |  |  |                                           |  |  |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                                              |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |                          |  |  |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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PTS - Patients FTF = Face to Face  
 EP FTF = Nursing FTF completed (Y, N or N/A)  
 PK - Restraints PK added to plan at time  
 EPS MINS - # of mins for entire episode  
 TF MINS - # of mins w/ selected timeframe

Report Name: WDR-PC-VRH-scus-hca-restraints.rpt.v1.0008

**Note:** RN FTF has been added to the legend.

The Restraints Report has been updated with the following changes:

- Face to face column has been updated to RN FTF.
- A new header and row have been added to indicate when the Face-to-face was completed by a provider. It will display the provider's name along with the date and time documented. If the documentation is completed using PK, then that will be displayed in lieu of the provider's name.

This update affects the following interventions:

| Nursing                   | Emergency Department    | Surgery                                  |
|---------------------------|-------------------------|------------------------------------------|
| Restraint Documentation + | Restraint Documentation | SURG: Restraints Documentation Pre-op +  |
|                           |                         | SURG: Restraints Documentation Intra-op+ |
|                           |                         | SURG: Restraints Documentation PACU +    |

# Telemetry Unavailable Optimization



In 2024, the field *Telemetry Unavailable and patient maintained on continuous monitor* was added to the EDM Telemetry intervention to allow clinicians to document situations where telemetry is ordered, but a telemetry box is not available. This field will now be included in the nursing module. The field has been moved to be the first question to enhance workflow.

Telemetry Application/Discont

**Telemetry unavailable and patient maintained on continuous monitor:**

☒ Yes ☐ No

If a telemetry box is unavailable, place the patient on a continuous monitor and validate that the patient is being monitored.

Telemetry unavailable and patient maintained on continuous monitor:>Yes

Telemetry application date:

Telemetry application time:

RUN DATE: 04/07/26 QAIA FACILITY (QAA) \*\*ADMISSIONS\*\* PAGE 1  
 RUN TIME: 1511 Patient Handoff Report  
 RUN USER: QLS8135

Patient: J000458827 / J00021598925 Admit/Service Date: 07/10/24  
 DOB: 05/05/05 Age: 20 Sex: F Room/Bed: J.X2-61  
 Code status:

Admitting MD: ODOM Weight (kg):  
 Attending MD: ODOM BMI:  
 Reason for Visit/Chief Complaint: ASD

Brief History:

Allergies: No Known Allergies

Tele unavailable; on continuous monitor: Yes (04/06/26 1038)

Suicide Risk: None Documented Pain control goal: None Documented  
 Hold status: None Documented Pain scale utilized:  
 Cardiac Monitor: None Documented Numeric pain scale:  
 Diet:

Vaccine Collection Mx: Complete, discharging pt  
 Influenza Vaccine Status: Not a candidate  
 Provider Review Vacc Mx: None Documented

If telemetry is unavailable and patient is on a continuous monitor, 'Yes' would be documented in the field.

If 'Yes' is documented:  
 The rest of the queries on the screen will be bypassed.

Telemetry unavailable will display on the SBAR report with the date and time the intervention was filed.

Telemetry Application/Discont

**Telemetry box number:**

Enter free text.

Telemetry unavailable and patient maintained on continuous monitor:>

Telemetry application date:>04/07/26\*  
 Telemetry application time:>1200\*

RUN DATE: 04/07/26 QAIA FACILITY (QAA) \*\*ADMISSIONS\*\* PAGE 1  
 RUN TIME: 1557 Patient Handoff Report  
 RUN USER: QLS8135

Patient: J000458827 / J00021598925 Admit/Service Date: 07/10/24  
 DOB: 05/05/05 Age: 20 Sex: F Room/Bed: J.X2-61  
 Code status:

Admitting MD: ODOM Weight (kg):  
 Attending MD: ODOM BMI:  
 Reason for Visit/Chief Complaint: ASD

Brief History:

Allergies: No Known Allergies

Tele application date: 04/07/26  
 Tele application time: 1200

Suicide Risk: None Documented Pain control goal: None Documented  
 Hold status: None Documented Pain scale utilized:  
 Cardiac Monitor: None Documented Numeric pain scale:  
 Diet:

Vaccine Collection Mx: Complete, discharging pt  
 Influenza Vaccine Status: Not a candidate  
 Provider Review Vacc Mx: None Documented

The documented *Telemetry application date and time* will continue to be displayed on the SBAR report.

**Note:** When the *Telemetry application date and time* are documented, the previous *Telemetry unavailable* response will be automatically removed from the SBAR report.

Telemetry Application/Disconti

**Telemetry discontinued date:**

Calendar Del  
Yesterday  
Today  
Tomorrow

Telemetry unavailable and patient maintained on continuous monitor:\*

Telemetry application date: 04/07/26\*

Telemetry application time: 1430\*

Telemetry box number: 12345

**Telemetry discontinued date: 04/09/26**

**Telemetry discontinued time: 0800\***

PAGE 1

RUN TIME: 1606 Patient Handoff Report

RUN USER: QLS0135

Patient: J000458827 / J00021598925 Admit/Service Date: 07/10/24  
DOB: 05/05/05 Age: 20 Sex: F Room/Bed: J.X2-61  
Code status:

Admitting MD: ODOM Weight (kg):  
Attending MD: ODOM BMI:  
Reason for Visit/Chief Complaint: ASD

Brief History:

Allergies: No Known Allergies

Suicide Risk: None Documented Pain control goal: None Documented  
Hold status: None Documented Pain scale utilized:  
Cardiac Monitor: None Documented Numeric pain scale:  
Diet:

Vaccine Collection Hx: Complete, discharging pt  
Influenza Vaccine Status: Not a candidate  
Provider Review Vacc Hx: None Documented

Once the *Telemetry discontinued date and time* is documented, the telemetry fields will no longer be displayed on the SBAR report.

| STANDARD Nurse Tracker- LCoE (SP=LEARNING CENTER OF EXCELLENCE) |                    |                       |   |                  |              |
|-----------------------------------------------------------------|--------------------|-----------------------|---|------------------|--------------|
| Current Patient                                                 |                    | Lcoe,Edpatient - 33/M |   |                  | J00021620333 |
| RM/LOC/PRI                                                      | PT Name/RN/MD      | Age/Sex/Status        |   | Complaint/Orders | LOS          |
| MAIN12                                                          | Lcoe,Edpatient     | 33                    | M | SUN              | Cardiac Re   |
| MAIN11-1                                                        | TROTTER, DYER, TAN |                       |   | PRE C            | MED RAD RN   |
| holding                                                         |                    |                       |   |                  | TELE holding |
| MAIN50                                                          | Test, Sarah        | 51                    | F | TR               | GI/Abdomin   |
| MAIN3                                                           | TROTTER, DR.CPOE   |                       |   | REG E            |              |

### ED TRACKER

For ED patients on Inpatient Hold with a Telemetry Initial Order, a TELE indicator displays on the ED Tracker. Click the indicator to open the charting screen. Refer to the *ED INPT HOLD Telemetry Administrator Guide* for additional details.

| Nursing Intervention             | Emergency Department Treatment |
|----------------------------------|--------------------------------|
| Tele App/Discon *ORDER REQUIRED* | Telemetry Application/Disconti |
|                                  |                                |

# Standard Diet Orders Update

## MEDITECH CPOE Update

EHR  
2026.2  
Update

## Standard Diet Order Updates: Modifiers/Supplements

Updates have been made to the Standard Diet Orders, Modifiers, and Supplements to more accurately capture patient nutrition needs.

### Diet Modifiers

The following standardized diet orders has been updated with the new 'No pork' modifier field response:

- Bariatric Diet
- Cardiac/Heart Healthy Diet
- Clear Liquid Diet
- Consistent Carb/Diabetic Diet
- Dysphagia/IDDSI Diet
- Fiber Restricted Diet
- Full Liquid Diet
- Low Fat Diet
- Low Sodium Diet
- Pediatric Diet
- Regular Diet
- Renal Diet
- Adult tube feeding
- Pediatric tube feeding

In addition, the 'Wired jaw' modifier field response has been added to **Regular Diet** only.



[CORP.AdvClinicalContent@HCAHealthcare.com](mailto:CORP.AdvClinicalContent@HCAHealthcare.com)

TF Formula: Lookup

Select  Options

↑

|    |                           |
|----|---------------------------|
| 1  | Osmolite 1.5 cal RTH      |
| 2  | Pediasure 1 cal           |
| 3  | Pediasure 1.5 cal         |
| 4  | Pediasure FBR 1 cal 8oz   |
| 5  | Pediasure FBR 1 cal RTH   |
| 6  | Pediasure FBR 1.5 cal 8oz |
| 7  | Pediasure FBR 1.5 cal RTH |
| 8  | Pediasure harvest         |
| 9  | Pediasure PEP 1 cal 8oz   |
| 10 | Pediasure PEP 1 cal RTH   |
| 11 | Pediasure PEP 1.5 cal 8oz |
| 12 | Pediasure PEP 1.5 cal RTH |
| 13 | Pulmocare 1.5 cal 8oz     |

TF Formula:  (Or Fr)

1 Alfamino Jr

2 EleCare infant

3 EleCare Jr unflav

4 Ensure harvest

TF Formula:

Route:

Modular #1:

Modular #2:

Modular #3:

## Tube Feeding Orders

‘Pediasure FBR 1.5 cal RTH’ has been added to the **Pediatric Tube Feeding** formula list.

‘Prosource TF’ and ‘Prosource TF20’ have been added to both **Adult and Pediatric Tube Feeding Modulares**. <see below>

Enter/Edit Responses : Pediatric Tube Feeding

Procedure Ordered

Pediatric Tube Feeding

Modular #1:

|   |                      |
|---|----------------------|
| 1 | Banatot              |
| 2 | Beneprotein          |
| 3 | Juven                |
| 4 | Liquacel             |
| 5 | Promod liq pro 10 gm |
| 6 | Promod liq pro 20 gm |
| 7 | Prosource TF         |
| 8 | Prosource TF20       |

TF Formula: Pediasure FBR 1.5 cal RTH\* Administration Type:

Route:

Modular #1:

Modular #2:

Modular #3:

Error

Prosource TF and Prosource TF20 are intended only for patients 4 years old and older.

Ok

An “Age-Appropriate” **Error Message** has been added to ‘Prosource TF’ and ‘Prosource TF20’ that will prohibit ordering these items for patients who are under 4 years of age.

Prosource TF and Prosource TF20 are intended only for patients 4 years old and older.

Enter/Edit Responses : Adult Tube Feeding

Procedure Ordered

Adult Tube Feeding

Diet Modifiers:

|   |                       |   |                  |    |                         |
|---|-----------------------|---|------------------|----|-------------------------|
| 1 | NPO                   | 5 | Clear liquid     | 9  | Finger foods            |
| 2 | Bariatric             | 6 | Consistent carb  | 10 | Full liquid             |
| 3 | Cardiac/heart healthy | 7 | Dysphagia/IDDSI  | 11 | Fundoplication clear    |
| 4 | Chyle leak            | 8 | Fiber restricted | 12 | or<F9> For More Options |

Diet Modifiers:

\* Fluid Restriction:

Safety:

Adaptive Feeding:

To order supplements see next page

Ok Cancel Help Prev Next

<14 Page Screen>

The *Diet Modifiers* field is now **required\*** on both **Adult** and **Pediatric Tube Feeding** orders

Enter/Edit Responses : Pediatric Tube Feeding

Procedure Ordered  
Pediatric Tube Feeding

**Diet Modifiers:**

|                                                  |                                                    |                                                      |
|--------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| 1 <input checked="" type="checkbox"/> NPO        | 5 <input checked="" type="checkbox"/> Clear liquid | 9 <input type="checkbox"/> Finger foods              |
| 2 <input type="checkbox"/> Regular               | 6 <input type="checkbox"/> Consistent carb         | 10 <input type="checkbox"/> Full liquid              |
| 3 <input type="checkbox"/> Cardiac/heart healthy | 7 <input type="checkbox"/> Dysphagia/IDDSI         | 11 <input type="checkbox"/> Fundoplication clear     |
| 4 <input type="checkbox"/> Chyle leak            | 8 <input type="checkbox"/> Fiber restricted        | 12 <input type="checkbox"/> or <F9> For More Options |

Diet Modifiers: NPO \* Fluid Restriction:

Safety:  Adaptive Feeding:

To order supplements see next page

Enter/Edit Responses : Pediatric Tube Feeding

Procedure Ordered  
Pediatric Tube Feeding

**Supplement 1:**

- Banatroil
- Healthy shot
- Banatroil TF
- Hone Regimen

Supplement 1:

Hone Regimen 1:  Hone Regimen 2:

Frequency 1:  Frequency 2:

Quantity 1:  Quantity 2:

For additional supplement see next page

Ok Cancel Help

<15 Page Screen> Prev Next

## Supplements

**Order Rule Logic** has been added to all 'Supplement' fields. If 'NPO', 'Clear liquid', 'Fundoplication clear' or 'Bariatric clear liquid' (*Adults Only*) is entered as a 'Diet Modifiers' and inappropriate supplements are selected, the following **Error Message** will display:

Any Gelatein, Magic cup or Thrive ice cream supplements are not appropriate with NPO or any Clear liquid diet modifiers.

## Supplements Added

The following New supplements/flavors have been added and are available for selection if appropriate:

- Juven pineapple coconut
- Magic cup van redu sugar
- Prosource no carb

**Note:** If the supplement is not appropriate for the ordered diet it will be unavailable in Look-Ups.

## Supplements Removed

The following supplements have been removed from **ALL** supplement selections:

- Ensure plus HP Butter Pecan
- Prosource TF