Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13265

8 - OTHER

[redacted]

MEDICAL RECORD NUMBER: [redacted]
BILLING NUMBER: [redacted]
PATIENT NAME: [redacted]
BIRTHDATE: [redacted]
SEX: Female

ADMIT DATE: 10/19/1998
DISCHARGE DATE: 10/21/1998

PRIMARY PAY SOURCE: Private

DISPOSITION: HOME ROUTINE

ATTENDING PHYSICIAN: [redacted]
ATTENDING SERVICE: Gynecology
ATTENDING SPECIALITY: Obstetrics

ADMITTING DIAGNOSIS:
6258 SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS

PRINCIPAL DIAGNOSIS:
220 BENIGN NEOPLASM OF OVARY
SECONDARY DIAGNOSIS:
99859 OTHER POSTOPERATIVE INFECTION
6822 CELLULITIS AND ABSCESS OF TRUNK
7806 FEVER
3051 TOBACCO USE DISORDER
E8788 OTHER SURGICAL OPERATION, WITH ABNORMAL REACTION/LATER COMPL
E8497 Injury or Poisoning occurring at/in residential institution

PROCEDURES:	DATE:	SURGEON:
6549 UNILATERAL SALPINGO-OOPHORECTOM	10/19/1998	[redacted]
5425 PERITONEAL LAVAGE	10/19/1998	
0390 INSERTION OF CATHETER INTO SPIN	10/19/1998	

CPT PROCEDURES:

HCPCS PROCEDURES:

DRG:
358 UTERUS AND ADNEXA PROCEDURES FOR NON-MALIGNANCY wi

HCFA WEIGHT:	AVERAGE LOS:	GLOS:	OUTLIER CUTOFF DAY:
1.2021	4.5000	3.8000	0

CODER: [redacted] **ROOM DISCHARGED FROM** [redacted]
LOS: [redacted]

COMPLAINT/INJURY F/U DET-0789
02/01-02/99 RLR EXH. E-22 of I

10/07/98 13:19 [redacted]

DATE OF SERVICE 10/07/98

REGISTRAR

MEDICAL RECORD EPISODE NO	BROUGHT BY	INTERVIEWED	REG. TIME	LAST ADMIT	CHART NUMBER
[redacted]	SELF	PATIEN	13:18		[redacted]

NAME LAST FIRST MI	SEX	MSB	AGE	BIRTH DATE	SOC. SEC. NO.	EMP
[redacted]	F	M	40	[redacted]	[redacted]	[redacted]

PATIENT ADDRESS STREET	ETHNIC	PATIENT EMPLOYER NAME
[redacted]	W	NOT EMPLOYED

PATIENT ADDRESS STREET	PATIENT EMPLOYER ADDRESS STREET

PATIENT ADDRESS CITY	STATE	PATIENT EMPLOYER ADDRESS STREET
[redacted]	[redacted]	

PATIENT HOME PHONE	PATIENT ADDRESS ZIP	PATIENT EMPLOYER ADDRESS CITY	STATE	PATIENT EMPLOYER ZIP
[redacted]	[redacted]			

REFERRING FACILITY	RELIGION	PATIENT EMPLOYER PHONE	EXT
[redacted]	PT DECLINES		

S/N	REFERRING PHYSICIAN	EMERGENCY CONTACT NAME
S/N	FAMILY PHYSICIAN: NONE MD	EMERGENCY CONTACT HOME PHONE: [redacted] / EMERGENCY CONTACT WORK PHONE: [redacted] / EXT

CHIEF COMPLAINT	ACCIDENT TYPE	DATE OF INJURY	TIME	FIN CLASS
ABD BLOATING	0			F

EXPLANATION - LOCATION

NOTIFIED: SELF PAY

PHYSICIAN NOTES - TIME

HISTORY OF PRESENT ILLNESS

REVIEW OF SYSTEMS

PAST MEDICAL HISTORY

SOCIAL / FAMILY HISTORY

PHYSICAL EXAM.

PHYSICIAN ORDERS

EKG & X-RAY

- ☐ EKG
- ☐ FLAT & UPRIGHT ABD
- ☐ IVP R/O _____
- ☐ KUB
- ☐ CERVICAL SPINE
  - ☐ CROSS TABLE
- ☐ CHEST X-RAY
  - ☐ PORTABLE
  - ☐ SINGLE VIEW AP ONLY
- ☐ CT SCAN _____ R/O _____
- ☑ ULTRA SOUND pelvic R/O mass
- ☐ OTHER _____

RECORDS PREVIOUS

☐ CHART ☐ EKGS ☐ X-RAYS

☐ PELVIC ☐ SUTURE TRAY ☐ SPINAL ☐ RESTRAIN (PER PROTOCOL)

- ☐ OFF BACKBOARD
- ☐ DISCHARGE
- ☐ FAMILY TO ROOM
- ☐ SEE OLD RECORD
- ☐ PATIENT TO W/R

Resident called _____ in Dept

Attending called _____ Responded

LABORATORY ORDERS

BLOOD TESTS

	FIO2	PH	PO2	PCO2
☐ ABG				

- ☐ AMYLASE _____
- ☐ BUN/CT _____
- ☐ GLUCOSE
- ☐ LYTES
- ☐ CBC/PLAT
- ☐ ETOH
- ☐ LIVER PROFILE
- ☑ ~~PREG. TEST~~ urine
  - ☐ ~~SERUM~~ ☐ QUANT
- ☐ DRUG SCREEN
  - ☐ DRUGS OF ABUSE
  - ☐ ACETAMINOPHEN
  - ☐ ETOH
  - ☐ SALICYLATE
  - ☐ TCA
- ☐ CCU LABS
- ☐ COAGS
- ☐ CARDIAC INJURY PROFILE
- ☐ THROMBOLYTIC LABS
- ☐ TRAUMA LABS
- ☐ T & CX _____ (UNITS)
- ☐ TYPE & SCREEN
- ☐ ABO GROUP & Rh TYPE
- ☐ URINALYSIS
  - ☐ SEND TO LAB
  - ☐ BLOOD
  - ☐ KETONES
  - ☐ LE
  - ☐ NITRATE
- ☐ OTHER _____

MICRO TESTS

CULTURES & SENSITIVITY

- ☐ BLOOD _____
- ☐ CHLAMYDIA
- ☐ CHOC PLATE
- ☐ WET MOUNT
- ☐ STOOL
- ☐ URINE
- ☐ SPINAL FLUID
- ☐ WOUND _____
- ☐ _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- ☐ _____

CONDITION AT DISCHARGE: ☑ GOOD ☐ FAIR ☐ POOR ☐ DECEASED

Stable

PRIVATE PATIENT ☐

IMPRESSION/DIAGNOSIS (PLEASE PRINT)

000003

DISPOSITION

- ☒ AMBULATORY
- ☒ HOME ☐ WORK
- ☐ ADMIT _____
- ☐ TRANSFER _____
- ☐ LEFT BEFORE EXAM

PATIENT REFERRED TO DR [redacted]

NOTIFIED YES NO

DISCHARGE TIME 19:00

STAFF PHYSICIAN'S SIGNATURE ▶

EMERGENCY PHYSICIAN'S SIGNATURE ▶ [redacted]

☐ DICT

HOUSE OFFICER'S SIGNATURE ▶ [redacted]

EMERGENCY REPORT

[redacted]

MEDICAL RECORDS

COMPLAINT/INJURY F/U DET-0789 RLR
02/01-02/99 RLR EXH. B-1 of I

[redacted] [redacted]

10/07/98 11:40

==========

[redacted] F W 40

ACCT#: [redacted] P DOB: [redacted]

SERV: URGENT CARE LOC: [redacted]

ATT MD: URGENT PHYSICIAN M ADM: 10/07/98

REF MD:

FAM MD:

FINANCIAL RECORD

==========

-PERMANENT CHART COPY-

REGISTRAR: [redacted] TIME: 11:40 [redacted]

PATIENT INFORMATION

SSN: [redacted] MS: [redacted] VET:

ADDRS: [redacted]

[redacted]

PHONE: [redacted]

EMP: NOT EMPLOYED

STATUS: 3 ESRD DATE:

VISIT INFORMATION

DX: STOMACH/BACK PAIN

ADM/REG SOURCE: 01 TYPE:

ACC DATE: TIME:

ACC TYPE: IAF: 10/07/98

PREV INP: DISCH:

ER/UC: 10/07/98 OP:

SPOUSE:

PHONE(W): [redacted]

REL: PT DECLINES PC: INT: Y

========== ***SELF PAY***

GUARANTOR INFORMATION

GUAR NAME: [redacted]

SSN:

ADDRS [redacted]

[redacted]

PHONE: [redacted]

EMP: NOT EMPLOYED

ADDRS:

STATUS: 3

PHONE:

ER CONT:

PHONE(H): [redacted]

PHONE(W): [redacted]

RELATION:

==========

==========

COMMENT: X

000004

==========

[redacted] [redacted] *FINANCIAL RECORD*

-*-

COMPLAINT/INJURY F/U DET-0789 pm

02/01-02/99 RLR EXH. A-1 of I

[redacted] 12:24 [redacted]

==========

[redacted]

F W 40

ACCT#: [redacted] FC: P DOB: [redacted]

SERV: URGENT CARE LOC: [redacted]

ATT MD: URGENT PHYSICIAN [redacted] ADM: 10/07/98

REF MD:

FAM MD:

==========

ENTERED BY: [redacted] TECH [redacted]

ENTERED FOR: [redacted]

ORDER TYPE: WRITTEN ORDER

TIME ENTERED: 10/07/98 12:24

NEW MEDICAL ORDERS

HCG QUAL URINE, COLLECTED, <10/07/98>, (3510)

NOTED BY NURSE: _____

-*-

COMPLAINT/INJURY F/U DET-0789 ur
02/01-02/99 RLR EXH. A-5 of I

[redacted] F W 40

ACCT#: [redacted] DOB: [redacted]
SERV: OBSTETRICS LOC: [redacted]
ATT MD: [redacted] ADM: 10/19/98
REF MD: NONE MD DIS:
FAM MD: NONE MD

[redacted]

-PERMANENT CHART COPY-

INTERDISCIPLINARY DISCHARGE ORDERS AND INFORMATION

DISCHARGE ORDERS

DISCHARGE TO HOME ANTICIPATED DATE-10/21/98, AFTER
PHYSICIAN SEES PATIENT, (9913)
ENTERED BY: [redacted] MD [redacted]

ALLERGIES

ALLERGY: NON MED-NONE KNOWN
ALLERGY: PENICILLIN, REACTION: RASH

MEDICATIONS

COLACE -DOCUSATE SODIUM, 100MG, ONE, BY MOUTH, 2 TIMES/DAY
CLEOCIN 300MG PO QID FOR 5 DAYS
HYDROCODONE 5 MG W/ACETAMINOPHEN 500 MG TAB (EG: VICODIN),
TAKE 1 TO 2 PILLS BY MOUTH EVERY 4 HOURS AS NEEDED....
FOR PAIN
IBUPROFEN TAB 600 MG (EG: MOTRIN), TAKE 1 PILL BY MOUTH
EVERY 6 HOURS AS NEEDED

DIET

AS TOLERATED

ACTIVITY

NO DRIVING X2WKS
NO LIFTING 10LBS
NO INTERCOURSE UNTIL SEEN BY MD

CARE INSTRUCTIONS-HEALTH TEACHING

PRE-PRINTED INSTRUCTIONS GIVEN:
AFTER YOUR GYN SURGERY
BOWEL MANAGEMENT
TAKE PRESCRIPTIONS AS DIRECTED BY MD
GIVE PATIENT WRITTEN INSTRUCTIONS
SIGNS/SYMPTOMS OF INFECTION
WOUND CARE

SUPPLIES GIVEN/NEEDED

SUPPLIES NEEDED:
NO SUPPLIES NEEDED
SUPPLIES GIVEN:
NO SUPPLIES GIVEN

NOTIFY PHYSICIAN FOR

CONTINUED

[redacted]

F W 40

ACCT#: [redacted] DOB: [redacted]
SERV: OBSTETRICS LOC: [redacted]
ATT MD: [redacted] ADM: 10/19/98
REF MD: NONE MD DIS:
FAM MD: NONE MD

-PERMANENT CHART COPY-

INTERDISCIPLINARY DISCHARGE ORDERS AND INFORMATION

CALL WITH FEVER >100.5, HEAVY BLEEDING, OR SEVERE PAIN
PER DISCHARGE SHEET

APPOINTMENT WITH

FOLLOW UP WITH [redacted] - CALL FOR APPOINTMENT --TO BE SEEN FRIDAY IN CLINIC FOR STAPLE REMOVAL

BELONGINGS/MISC

BELONGINGS SENT WITH PATIENT

HOSPITAL COURSE SUMMARY

COMPLETED BY: [redacted] --40YO G2P2 S/P XLAP LSO FOR A LEFT ADNEXAL MASS. FROZEN SCETION NOTED A MUCINOUS CYSTADENOMA. HOSPITAL COURSE WAS UNREMARKABLE WITH RETURN OF BOWEL AND BLADDER FUNCTION IN AN ADEQUATE PERIOD OF TIME. F/U WAS SCHEDULED ON POD #4 FOR STAPLE REMOVAL AND IN 6 WEEKS. SHE WAS DISCHRGED TO HOME IN STABLE CONDITION ON POD #

COMPLETED BY: [redacted] --2. NOTED TO HAVE A MILD CELLULITIS AT THE TIME OF DISCHARGE AND A MAX TEMPERATURE OF 100.4. STARTED ON KEFZOL X 1 DOSE AND THEN KEFLEX PO FOR TOTAL 5 DAYS.

THIS SIGNATURE AUTHENTICATES ALL ENTRIES IN THE [redacted] DISCHARGE INFORMATION PATHWAY

[redacted]

MD SIGNATURE 10/29/98 DATE

THIS SIGNATURE CONFIRMS THE DISCHARGE INFORMATION HAS BEEN EXPLAINED TO THE PATIENT AND/OR SIGNIFICANT OTHER AND A COPY OF OF THE INFORMATION HAS BEEN PROVIDED TO THE PATIENT AND/OR SIGNIFICANT OTHER

[redacted]

CONTINUED

000007

[redacted]

[redacted]

F W 40

ACCT#: [redacted] P DOB: [redacted]
SERV: OBSTETRICS LOC: [redacted]
ATT MD: [redacted] ADM: 10/19/98
REF MD: NONE MD DIS:
FAM MD: NONE MD

-PERMANENT CHART COPY-

INTERDISCIPLINARY DISCHARGE ORDERS AND INFORMATION

A NURSE HAS EXPLAINED THE ABOVE INFORMATION AND HAS PROVIDED ME WITH A COPY. MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

[redacted]

PATIENT/SIGNIFICANT OTHER SIGNATURE — DATE 10/21/98

[redacted]

NU[redacted] — DATE 10/21/98

LAST PAGE

000008

[redacted] [redacted] DISCHARGE ORDERS SUMMARY

COMPLAINT/INJURY F/U DET-0789
02/01-02/99 RLR EXH. E-4 of I

[redacted]

F W 40

[redacted] P DOB: [redacted]

SERV: OBSTETRICS LOC: [redacted]

ATT MD: [redacted] ADM: 10/19/98

REF MD: NONE MD

FAM MD: NONE MD DISCH DATE: 10/21/98

[redacted]

ADMISSION RECORD
-PERMANENT CHART COPY-
INPAT [redacted]

REGISTRAR: [redacted] TIME: 09:06

PATIENT INFORMATION

RELIGION: PT DECLINES

SSN: [redacted]

ADDRS: [redacted]

PHONE: [redacted]

EMP: NOT EMPLOYED

STATUS: 3 ESRD DATE:

GUARANTOR INFORMATION

GUAR NAME: [redacted]

SSN: [redacted]

ADDRS [redacted]

PHONE: [redacted]

EMP: NOT EMPLOYED

ADDRS:

VISIT INFORMATION

DX: --LADNEXAL MASS 62.58 STATUS: 3

ADM/REG SOURCE: 01 TYPE: 3 PHONE:

ACC DATE: TIME:

ACC TYPE: IAF: 10/14/98

PREV INP: 10/19/98 DISCH: ER CONT:

ER/UC: 10/07/98 OP: 10/09/98 PHONE(H): [redacted]

SPOUSE: [redacted] PHONE(W): [redacted]

PHONE(W): [redacted] PC: Y RELATION:

SELF PAY

[redacted]

COMMENT: PT STATES SHE IS ON [redacted] SUPPORT

10-29-9[redacted]

[redacted]

ADMISSION REC[redacted]

-*-

COMPLAINT/INJURY F/U DET-0789

02/01-02/99 RLR EXH. E-1 of I

000009