

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

ARMS#

13044



4 - ER URGENT

000001

ASSESSMENT FORM

IF C U
 PRIMARY NUMBER: [REDACTED] BED #: [REDACTED]
 W-C [REDACTED]'s Comp [REDACTED] IL [REDACTED] Critical Ill [REDACTED] C [REDACTED] Critical
 CF [REDACTED] Care Plan [REDACTED] W [REDACTED] Walk [REDACTED] E [REDACTED] Emergent
 PP [REDACTED] Private Physician [REDACTED] WC [REDACTED] Wheelchair [REDACTED] U [REDACTED] Urgent
 PR [REDACTED] Physician Referral [REDACTED] N [REDACTED] Non-Urgent

PRIVATE PHYSICIAN [REDACTED] PHYSICIAN Dr. [REDACTED] PCP NOTIFIED BY PT PTA Y N
 ER NOTIFIED BY PCP PTA Y N
 PREVIOUS TESTS/TX IN 72 HR Y N

ALLERGIES NONE KNOWN LATEX

TETANUS/IMMUNIZATION [REDACTED] WEIGHT [REDACTED] LMP [REDACTED] TRAGE ACUITY **C E U N**

PERTINENT MEDICAL: **GB Removal - Sinuses Smoker** MODE OF TRANSPORT: W WC CARRY **CART**

VITALS	TIME	BP	P	R	T	SAO2	TIME	BP	P	R	T	SAO2	IDENTIFIED BARRIERS:
	1231	131/71	65	20	-	99%	1331	119/61	68	18	96%	99%	CULTURAL Y N N SPIRITUAL Y N N EMOTIONAL Y N N LANGUAGE Y N N

INITIAL ASSESSMENT TIME: [REDACTED] pt presents per EMS, was being v'd @ Dr. [REDACTED] ofc. started having CP radiates into her back, feels pain a #7, 2 nitro sprays @ Dr. Ofc. ↓ pain to #4, currently a #8, pt denies SOB, has been nauseated but denies now, pt states she has had intermit. CP x several days

VALUABLES: DENTURES JEWELRY GLASSES KEYS WALLET PURSE OTHER: GIVEN TO:

LEARNING NEEDS: READINESS Y N N, MOTIVATION Y N N, CAPABILITY Y N N, LIMITATIONS Y N N

DISPOSITION: ADMT DISC TSFR OPO MONITOR EXP ROOM

CURRENT MEDS: GAVE 4 baby ASA @ Dr. Ofc. Prozac, Dezercil

REPORT TO: [REDACTED] TIME: 1601 BY: [REDACTED] HIGHEST: C E U N

TESTS	TIME	INIT	MEDS/IVS/TREATMENT	TIME	INIT	RESPONSE	PHYSICIANS NOTES
OLD RECORDS REQUESTED YES			Hypnitor = SB 57	1237			Pain - mid Back + Ant Chest. Nausea Pain & febrile at rest SOB & Diaphoretic Scale 6-7/10. Relief w/ NTG 5 min Report to [REDACTED] for 1500 No monitor per Dr. [REDACTED] FP
AK-MB			2L O2				
CBS			18g IV NS TLO @ Dr. PTA				
EKG	1304		NTG 0.4 mg SL				
Amelase			Labs drawn 1250	1305			
Ciprod			#1 Nitro tab	1305			
Heparin			#2 Nitro tab	1331			
Danell			Temp 96.8	1331			
SEC			pt reports pain is #6 on scale 1-10				
CLO			MS 2mg IV q 10min until pain relief do not exceed 15mg. Hold per Dr. Demand 25mg & Phenergan 12.5mg IV				
REFER TO D CF PP PR			IMPRESSION: pt reports she has pain @ this time 1419				
			1419 P=68 R=18 PO=99% pt asleep @ this time 1419				
			BP 109/61 P=67 R=16 PO=99%, pt asleep				

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[REDACTED]

Name: [REDACTED]
DOB : [REDACTED]
No : [REDACTED]
Date: 08-03-98

Hospital: [REDACTED]

ATTENDING PHYSICIAN: [REDACTED] M.D.

SUBJECTIVE: This 55-year-old patient comes in today complaining of retrosternal chest pain that is in the mid-sternum that radiates to the posterior back. It has been there for the last 24 to 48 hours. It started abruptly at rest. She denies any shortness of breath or any diaphoresis with this. On a scale of one to ten, ten being the worst pain ever experienced, it is 6-7/10 at this point. She had some relief with sublingual nitroglycerin for about five minutes prior to arrival but now the pain is reportedly back. She was brought into the emergency room by ambulance from Dr. [REDACTED] office here in town and she had a chest x-ray performed in his office and electrocardiogram.

PAST MEDICAL HISTORY: She has had a cholecystectomy and a partial hysterectomy performed. She does smoke tobacco and she has so for several years. She has treated for depression with Prozac and Desryel for years. She denies any gastrointestinal symptoms to include heartburn or indigestion.

ALLERGIES: The patient denies.

MEDICATIONS: Prozac, Desryel.

SOCIAL HISTORY: She currently just moved to this area and has lived in [REDACTED] most of her life. She denies the use of alcohol.

OBJECTIVE:

VITAL SIGNS: Initially blood pressure 131/71, pulse 65, respiratory 20, SA02 is 99% on room air. Recheck of that was essentially unchanged.

HEENT: Sclerae are clear. Pupils are equal, round, and reactive to light and accommodation. Extraocular movements are intact. Nose, ears and throat are all clear.

NECK: Supple. No jugular venous distention. No carotid bruits. No masses palpated.

CHEST: Lungs clear to auscultation with equal breath sounds.

HEART: Heart rate and rhythm regular without murmur.

CONTINUED

EMERGENCY DEPARTMENT NOTE -- ADMITTED

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[REDACTED]

[REDACTED]

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PHYSICAL EXAMINATION: Continued

ABDOMEN: There is tenderness epigastric and right upper quadrant area. Liver does not appear enlarged. There are positive abdominal bowel sounds. No masses palpated.

EXTREMITIES: No cyanosis, clubbing, or edema.

SKIN: No lesions appreciated.

NEUROLOGICAL: Cranial nerves II-XII intact. Muscle strength 5/5. Deep tendon reflexes normal.

LABORATORY AND X-RAY FINDINGS: Initial electrocardiogram was normal sinus rhythm with no ST or T-wave abnormalities. Chest x-ray was negative. Hepatitis A was negative. Critical care panel revealed abnormalities to included phosphorus at 2.4, total bilirubin at 1.5, alkaline phosphatase 153, AST 555. Lipase 219 which was within normal limits. CPK total was 50, MB fraction was 1.0, troponin I 0. Complete blood count--normal hemoglobin and hematocrit, normal white count. Amylase 46 which was normal.

CLINICAL IMPRESSION:

1. Chest pain, cannot rule out angina at this time nor can we rule out gastrointestinal complaints to include hepatitis on this patient.
2. Increased liver function enzymes.
3. Tobacco addiction.
4. Depression.

PLAN: Dr. [REDACTED] was consulted on this patient. We will go ahead and admit this patient for observation for further work up of her chest pain and increase in her liver function tests. While she was in the emergency room she was given two sublingual nitroglycerins without pain relief, also she was given Demerol 25 mg with Phenergan 12.5 mg intravenously with complete relief of her chest pain. When the patient went up to the floor she was pain free at that time.

[REDACTED]

D: 08-03-98

T: 08-05-98 [REDACTED]

cc: [REDACTED] M.D.
[REDACTED], M.D.

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R.D. Baxter, CSO, [REDACTED]
[REDACTED] Resident Post

EMERGENCY DEPARTMENT NOTE -- ADMITTED

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