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

ARMS#

13062

4 - ER URGENT

[redacted]

EMERGENCY DEPARTMENT RECORD [redacted] [redacted]

Condition on Admission: ☐ Good ☐ Fair ☐ Serious ☐ Critical Mode of Arrival: ☐ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Carried ☐ Immunization Sheet ☐ Bill of Rights ☐ ID Band

ALLERGIES Sulfa & MsO4

	Tetanus	Weight	LMP	G	PARA	A.B.	L.C.
	Time 1213	T 97.4	P 75	R 18	BP 133/73	O2SAT	
MEDS Synthroid, Oxibutolin, Anised, Prozac	Time	T	P 82	R 18	BP 167/6	O2SAT	
Triazidone Parlosec	Time	T	P	R	BP	O2SAT	

R.N. Time 1245 NSG. IMP. Act in Comfort. 57/w/F to ERC c/o syncope & confusion. States yesterday morning husband could not awaken her & then when he did get her awake she was confused & has a memory of yesterday morning. States she felt as if she was in daze all day. Still feels weak all over. A & OX3. PERRL. MAE c̄ equal strength. Ambulated c̄ steady gait. Heart murmurs noted Clear BBS

R.N. SIGNATURE

Chart To M.D. M.D. Time HPI (Location - Context - Quality - Severity - Duration - Timing - Modifying Factors - Associated Signs & Symptoms [redacted]

57 no WF c̄ hr of depression, s/p gastric surgery, hypothyroidism presents p̄ husband unable to wake her yesterday a.m. - reports pt was pale, ashen, did not make sense, unable to walk, then ataxic. Pt gradually improved but still slightly confused, ataxic ⇒ went to work but had severe HA all day, vomited x 2. Today HA is mild, confusion/ataxia improved.

REVIEW OF SYSTEMS: (Check box for positive findings) ☐ REMAINDER OF SYSTEMS NEGATIVE

CONST: ☑ Fever ☑ Chills ☐ Weight loss ☐ Body aches
GU: ☐ Discharge ☐ Frequency ☐ Hematuria ☐ Vag bleeding
EYES: ☐ Redness ☐ Discharge ☐ Vision loss ☐ Photophobia
NEURO: ☑ HA ☑ Weakness ☑ Numbness ☐ Tingling ☐ Convulsions
ENMT: ☐ Pain ☐ Discharge ☐ Sore throat ☐ Hearing loss
ED3 -8481
SKIN: ☐ Rash ☐ Cellulitis ☐ Lesions
RESP ☑ SOB ☐ Cough ☐ Wheezing ☐ Sputum ☐ Hemoptysis
PSYCH: ☐ Depression ☐ Anxiety ☐ S-idea ☐ Hallucinations
MSK. ☑ Pain ☐ Swelling ☐ Deformity
HEME/LYMPH: ☐ Anemia ☐ Abn. bleed ☐ Nodes
CV: ☑ Chest pain ☐ Palpitations ☐ Edema ☐ Orthopnea
ALLERGY/IMMUNO: ☐ Rash ☐ Pruitis
GI: ☑ Abd pain ☑ NVD ☐ Constipation ☐ GI bleed
ENDO: ☐ Goiter ☐ Heat/cold intolerance

PMHx. ☐ NO SIGNIF. PMHx. ☐ HTN ☐ DM ☐ PUD ☐ CAD ☐ M.I. ☐ Angina ☐ Sz. ☐ Psych ☐ Migraine ☐ COPD ☐ Asthma ☐ CVA ☐ Other:

Social Hx. ☐ Single ☑ Married ☑ Employed ☐ Disabled Smoking ☐ Yes ☑ No ppd ☐ ETOH ☐ IVDA Family Hx. ☑ Non pertinent ☐ DM ☐ HTN ☐ CAD

PHYSICAL EXAM (+) Positive or abnormal (✓) Negative or normal ☐ Vital Signs Reviewed

CONST: ( ) General appearance of patient
Obese WF sitting in bed in NAD

SKIN: (✓) Skin and subcutaneous tissue ( ) Palpation of skin and subcutaneous tissue
Multiple ecchymoses throughout (B) extr.

EYES: (✓) Conjunctivae and lids (✓) Pupils and irises ( ) Optic discs and posterior segments

[redacted]
TDH EXHIBIT NO. 1
PAGE 2 OF 12
DATE. 6-30-98
INVESTIGATOR: Ron Rogers

ENMT: ( ) Ears & nose ( ) External auditory canals and tympanic membranes (✓) Hearing (✓) Lips, teeth & gums ( ) Nasal mucosa, septum & turbinates (✓) Oropharynx

NECK: (✓) Neck (✓) Thyroid

IMPRESSION 1) TIA 2) Epheliuse [illegible] Condition on Discharge ☐ Good ☐ Fair ☐ Serious ☐ Critical ☐ Expired

RESIDENT M.D. [redacted] Attending M.D. [redacted] Time Out:

ADMIT MD [redacted] Consulted with [redacted] Time

ADMIT DX Discharged: ☐ Home ☐ NH ☐ ME ☐ FH ☑ PES ☐ Transfer [redacted]

ADMIT TO: ☐ Floor ☐ ICU ☐ Tele ☐ Surgery Room# Time Report Called: Assigned Code A [redacted] II s Code [redacted]

Date (Mo.Day/Yr)	Time In	Date Of Birth	M/S	Sex	Race	CHIEF COMPLAINT	Admit Time	Depart Time
04/14/98	12:25 [redacted] 7	[redacted]	M	F	W	SYNCOPE AND CONFUSION		1550

Patient Address [redacted] Street City [redacted] State [redacted] Zip Code [redacted]

Phone [redacted] Notify In Case Of Emergency [redacted] Phone Mode Of Transport PRIVATE

Number [redacted] E.D. Number [redacted] me [redacted] [redacted] 000002

Patient Name [redacted] [redacted] [redacted]

[redacted] MEDICAL RECORD - PATIENT CHART [redacted]

[redacted]

EMERGENCY DEPARTMENT RECORD

PHYSICAL EXAM (+) Positive or abnormal (✓) Negative or normal

RESP: (✓) Respiratory effort ( ) Percussion of chest ( ) Palpation of chest (✓) Auscultation of lungs

CV: ( ) Palpation of heart (+) Auscultation of heart ( ) Carotid arteries ( ) Abdominal aorta ( ) Femoral arteries ( ) Pedal pulses ( ) Extremities: edema and/or varicosities ( ) PMI

II/VI sys (M) at LSB

CHEST: ( ) Breasts ( ) Palpation of breasts and axillae

ABDOMEN: (✓) Abdomen (✓) Liver and spleen ( ) Hernia ( ) Anus, perineum & rectum ( ) Stool sample ( ) Guaiac

GU: Female ( ) Pelvic exam ( ) Vagina & external genitalia ( ) Urethra ( ) Bladder ( ) Cervix ( ) Uterus ( ) Adnexa/parametria

GU: Male ( ) Scrotal content ( ) Penis ( ) Prostate gland

MSK: ( ) Gait & station ( ) Digits & nails (+) Deformity, tenderness, masses, effusions ( ) ROM, pain, crepitation or contracture ( ) Stability, dislocation or subluxation, laxity (✓) Strength and tone, atrophy or abnormal movements (P) knee painful on wt-bearing

LYMPH: Palpation of lymph nodes in two or more areas: ( ) Neck ( ) Axillae ( ) Groin

NEURO: (✓) Test cranial nerves with notation of any deficits (✓) Deep tendon reflexes with notation of pathological reflexes (✓) Sensation (✓) Motor

DTR's 2+/4 (B), Motor 5/5 (B), Mild ↓ LT, PP on (P) Lt LE

PSYCH: (✓) Patient's judgement & insight (✓) Orientation to time, place, person (✓) Recent & remote memory ( ) Mood & affect

Does not recall yesterday a.m. (~4 hrs)

DATA REVIEWED ☐ Previous ED chart ☐ Medic Run Sheet ☐ Nursing Home Notes ☐ Medical Records

X-rays **Imaging** ☒ CT (−) Neg ☐ Sono per Dr (Radiologist)

NSR, nonspecific T wave Δ V3

EKG

Monitor

LABS 5.9 / 137 / 41.2 / 176 / 855 / 104 / um UA: 1+LE / WBC 3-5 / few epi

PHYSICIAN PROCEDURE/TREATMENT/RE-EVALUATION

PT/PTT WNL

CMP 140 / 101 / 19 / 121 / 4.7 / 33 / 0.9

pt PTT (−)

[redacted]

(+) Ogivil

Differential Diagnosis

[redacted]

☐ Risks, benefits, and alternatives discussed with patient and/or patient family ☐ Counseled patient and/or patient family regarding care/case management

✓	TEST	INIT	✓	TEST	INIT	✓	TEST	INIT	✓	TEST	INIT	✓	TEST	INIT	✓	TEST	INIT	✓	TEST	INIT
	ABG			GC Smear			Type & RH			Skull			Obst. Series			R L Shoulder			R L Femur		✓	Lyt	[redacted]
	Amylase			GC Cx			Type & Screen			Facial			KUB			R L Clavicle			R L Knee		✓	PT/PTT	
	B-HCG			Lipase			Urine			Panorex			Abd. Upright			R L Humerus			R L Tib-Fib				
	Blood Cx	[redacted]		LP Labs			Urine ED			C Spine			Pelvis			R L Elbow			R L Ankle		✓	Ket	
✓	CBC			INR			Urine Cx			T Spine			IVP			R L Forearm			R L Foot	[redacted]			
	Chem 6			PT/PTT			Urine Preg.			L Spine			Sono: Total			R L Wrist		✓	CT Head (w/o				
	CPK-Fx			Pedi Profile			VDRL			CXR pa/lat			Sono: Upper			R L Hand			CT Head (with)				
✓	DAU			SMA-20			Wet Prep			CXR-SV			Sono: Lower			R L Digit			CT Abdomen				
	ETOH			Trauma Lab		✓	CMP	[redacted]											CT Pelvis				

MEDICATIONS / IV'S	DOSE	ROUTE	SITE	TIME	NURSE SIGNATURE

[redacted]

Number [redacted] E.D. Number [redacted] Doctor's Name [redacted]

Patient Name [redacted] Unit Number [redacted]

000003

[redacted]

MEDICAL RECORD - PATIENT CHART

[redacted]

[redacted]

EMERGENCY DEPARTMENT RECORD

Visual Acuity: Glasses ☐ Yes ☐ No OD: OS: OU:

☐ Ice Pack Applied ☐ Extremity Elevated

TIME	T	P	R	BP	O2SAT
TIME	T	P	R	BP	O2SAT
TIME	T	P	R	BP	O2SAT
TIME	T	P	R	BP	O2SAT
TIME	T	P	R	BP	O2SAT
TIME	T	P	R	BP	O2SAT

Nursing Notes

1550 written & verbal instructions given to pt. Pt. verbalized understanding & ambulated out of ED w/ no difficulty [redacted]

Procedure List	✓ Each Time	> 30 Minutes	> One Person	Procedure List	✓ Each Time	> 30 Minutes	> One Person	Procedure List	✓ Each Time	> 30 Minutes	> One Person	Procedure List	✓ Each Time	> 30 Minutes	> One Person
ABG				Foley Cath				Guaiac				Mult Meds (≥ 3)			
MD Assist				Glucometer				NG Tube				Vitals (≥ 3)			
Irrigation				Tepid Bath				Out of Dept				Med Neb Assess			
Restraints				Urine Dipstick				IV Start (p 1st IV)				Tech Care II/III			

Self Care Deficit: ☐☐☐ Communication ☐☐ Dressing ☐☐☐ Mobility ☐☐☐ Toileting

Tech Care II	Tech Care II	Tech Care II	Tech Care II	Tech Care III	Tech Care III	Tech Care III
Burn Care (< palm size)	Arm Sling	Thumb Spica	Clavicle Strap	Burn Care (> palm size/mult sites)	Sugar Tong (wrist)	
Wound Care (< palm size)	Cervical Collar	Velcro Wrist Splint		Wound Care (> palm size/mult sites)	Post Splint (arm/leg)	
Suture Care (≤ 2.5 cm)	Ortho Shoe	Metal Finger Splint		Suture Care (≥ 2.5 cm)	Stirrup Splint (ankle)	
Ear Care / Tray	Crutches/Walking	Steri-Strips		Incision & Drainage	Pneumatic Cuff	
Eye Care / Tray	Ace Bandage	Immobilizer: Knee		K-Wire Insertion	Triple Lumen	
Ortho Shoe	3D Boot	Immobilizer: Shoulder		Steinman Pin		
Supply	**Supply**	**Supply**	**Supply**	**Supply**	**Supply**	**Supply**
Adaptic	Gauze 4x4	Marcaine	Peritoneal Cath	Suture: Initial	Tray: Chest	Tray: Plastic
Autotransfusor	Iodoform	Tape: Microform	Pleurovac	Suture: Add	Tray: Cleansing	Tube Gauze
Catheter	Kerlex	3M Compound	Silvacene	Suture: Removal	Tray: ENT	
Coverlet	Kling	NSPB	Slit Lamp	Wood's Lamp	Tray: Local	
ED Med	Lidocaine	PCI Kit	Suction/Wall	Word Catheter	Tray: Peritoneal	

Technician Notes:

RESPIRATORY THERAPY Initial Peak Flow: Follow-Up Peak Flow:

Med Neb Treatments: [redacted]

Number [redacted] E.D. Number [redacted] Doctor's Name [redacted]

Patient Name [redacted] Unit Number [redacted]

000004

[redacted] MEDICAL RECORD - PATIENT CHART [redacted]

[redacted]

AFTERCARE INSTRUCTION SHEET

DISCHARGE DIAGNOSIS TIA

GENERAL INFORMATION:

INSTRUCTIONS:
Stop Herbal Medicine. no Over the Counter Med without your Doctor Approval.

CALL YOUR PHYSICIAN IF:

RETURN IMMEDIATELY IF:

FOLLOW-UP INSTRUCTIONS:
✓ FOLLOW UP WITH YOUR PRIVATE PHYSICIAN.
___ FOLLOW UP WITH DOCTOR _____ PHONE # _____
___ IF UNABLE TO GET DOCTOR'S APPOINTMENT, RETURN TO ED IN _____ DAYS.
___ RETURN TO THE EMERGENCY DEPARTMENT IN _____

MEDICATIONS: TAKE PRESCRIBED MEDICATIONS AS DIRECTED.

___YES ___NO THIS MEDICINE MAY CAUSE DROWSINESS. DO NOT DRINK ALCOHOL DRIVE, OR OPERATE EQUIPMENT WHILE TAKING THIS MEDICATION.

I HAVE RECEIVED AND UNDERSTAND THESE INSTRUCTIONS.

[redacted]

PATIENT SIGNATURE [redacted] NURSE OR PHYSICIAN SIGNATURE
UNIT NUMBER [redacted] DATE 1/1/93
CASE NUMBER _____ PHYSICIAN _____

[redacted]

WHITE - PATIENT YELLOW - MEDICAL RECORDS PINK - [redacted]