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

ARMS#

13266

4 - ER URGENT

000001

NAME [redacted] DATE _____ # _____

TIME	VS / TX / MEDS	DOCUMENTATION
2214		PC X Ray done
2223		Heart Rate 160 unable to hear BP
2223		Romazicon 0.5mg IV [redacted]
2228		O2 sat 97% c̄ resp assistance per RT
		BP 60 doppler P 142 - Co2 Detector (+) for
		tube placement
2231		Bicarb ÷ Amp given per [redacted]
2240		pupils = & slow to react - Attempting
		to breathe on own - Urine out put
		250 cc [redacted]
2243		pulse ox 98% c̄ resp assistance pulse 137
2244		Bicarb ÷ Amp repeated per [redacted]
2245		BP 70 doppler - pupils 6mm & slow to react c̄
~~2250~~		random eye movements
2250		Dopamine Drip ↑ to 10 mgm/hr
		# 16 NG tube inserted per [redacted]
		returned by AMT dark brown hemet (+)
		emesis
2300		Dr [redacted] here

Nursing Diagnoses:

1. ACTIVITY INTOLERENCE
2. AIRWAY CLEARANCE: Ineffective
3. ANXIETY
4. BODY IMAGE: Alteration In
5. BREATHING PATTERN INEFFECTIVE
6. COMMUNICATION, ALTERATION IN
7. COMFORT, ALTERATION IN PAIN
8. COMMUNICATION IMPAIRED
9. COPING INEFFECTIVE: Family / Individual
10. ELIMINATION ALTERED: Bowel / Urinary
11. FLUID VOLUME DEFICIT
12. GAS EXCHANGE IMPAIRED
13. GRIEVING: ANTICIPATORY
14. INFECTION, Risk for
15. INJURY, Risk for
16. KNOWLEDGE DEFICIT
17. MOBILITY IMPAIRED
18. NONCOMPLIANCE
19. NUTRITION IMPAIRED
20. POISONING, Risk for
21. RAPE TRAUMA SYNDROME
22. SELF CARE DEFICIT: Bathing / Hygiene
23. SENSORY/PRECEPTUAL Alteration
24. SKIN INTEGRITY IMPAIRED
25. THOUGHT PROCESS ALTERED
26. TISSUE PERFUSION: Alteration In
27. VIOLENCE : Potential For

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PATIENT EDUCATION / DISCHARGE INSTRUCTIONS:
Upon completion of teaching intervention, patient/family/significant other demonstrates and/or verbalizes knowledge of :

- ☐ Safe & effective use of medication (specify) N/A _____
- ☐ Safe and effective use of medical equipment (specify) N/A _____
- ☐ Nutrition: Intervention / counseling and/or modified diet N/A _____
- ☐ Rehabilitation techniques N/A _____
- ☐ Social / Service Referral N/A _____

DOES this patient have any physical or emotional factors that may affect the teaching / learning process ☐ YES ☐ NO
☐ Physical Limitation ☐ Language Barrier ☐ Cognitive Limitations / Low Literacy ☐ Psychosocial factors ☐ Cultural /Religious factors
☐ Change in short term memory IF YES Describe _____

DISCHARGE INSTRUCTIONS: ☐ Written ☐ Verbal TO: ☐ Patient ☐ Spouse ☐ Parent ☐ SO ☐ Other _____

EMOTIONAL ASPECT / MOTIVATIONAL LEVEL: Responsive Asks Questions Extremely Anxious Uncooperative
Unable to Evaluate Denies Need for Education _____

Teaching References and Learning Materials given: ☐ Yes ☐ No Discharged by: _____

000002

[redacted]

PATIENT ACCOUNT NO.	ARRIVED	DATE	TIMES	MEDICARE QUESTIONNAIRE COMPLETED
[redacted]	AM	11/07/98	2229	[redacted]

PATIENT [redacted] | AGE 19 | SEX M | MAR. [redacted] | [redacted] DS NO.

REASON FOR VISIT: UNK

ATTENDING DOCTOR	TIME CALLED	TIME ANSWERED	TIME ARRIVED
[redacted]			1020
[redacted]	1030	1040	1050
REFERRED [redacted]	1040	1050	

PAST MEDICAL HISTORY:
- DIABETES
- HTN
- SEIZURES
- CVA
- CARDIAC
- COPD
- ASTHMA
- OTHER: Ø

DT
LMP
WT
ALLERGIES:

MEDS:

TIME						ORTHOSTATIC V.S.	
B.P.	—					TIME	
TEMP.	97.9(R)					SUPINE	
PULSE	156					SITTING	
RESP.	16					STANDING	

DOCTOR'S ASSESSMENT

14yo ♂ found by college friends unresponsive c̄ minimal resp effort. Been on weight reduction pill, has lost 50 pounds. No hx PM. No prescription drugs or drug abuse ex. [redacted]

P.E. only slt resp effort. pupils reactive. ⊕ lungs sounds wet soft

CHE [redacted]
- TROPONIN I
- MYOGLOBIN
- CHEM 7
- Mg
- CBC
- PT/INR
- PTT

TRAUMA PANEL:
- ALCOHOL
- AMYLASE
- COMPREHENSIVE
- CBC
- PT/INR
- PTT
- URINE

PELVIC LABS:
- WET PREP
- KOH
- CRAM STAIN
- GC CULTURE
- CHLAMYDIA

ORDERS

FIBRINOGEN			
		PT/INR	
CBC			
CHEM 7			
COMPREHENSIVE PROFILE			
AMYLASE			
MAGNESIUM			
ETOH [redacted]			
SPT		Rh	
URINE DIP [redacted]		Type & Screen	
URINE C&S		Type & Cross	
		____ Units	
RAPID STREP			
ABG'S [redacted]	Y N	PULSE OX	
NEBULIZER/PRE & POST PEAK FLOW			
EKG [redacted]			

Serum osmolarity, ~~T4~~ level, ASA level, urine tox screen (drugs of abuse), acetone

X-RAYS [redacted]
- CHEST/PORTABLE CXR
- [redacted]
- CT [redacted] head & C-SPINE

FSBS

V.A (R) (L)

OLD CHARTS [redacted]

MONITOR

O_2

TIME ORDERED	MEDICATION/IV'S & TREATMENTS	ROUTE	TIME COMPLETED	NAME
	repeat 20 mg IV dopamine drip for BP dropping.			

DIAGNOSIS 1: Hyperglycemia — DKA
DIAGNOSIS 2: Respiratory Insufficiency
DIAGNOSIS 3: GI Bleed

PHYSICIAN'S SIGNATURE: [redacted]

CONDITION ON DISCHARGE: [redacted] guarded.

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DISCHARGED ___ LWBS ___ AMA ___
___ EXPIRED IN ER ___ CORONER CASE

TRANSFERRED TO: ___

VIA: ___ REPORT: ___

ADMISSION

REPORT CALLED TO: ___ TIM

RM ___ TIME ___ CART ___ W/C ___ WALK ___

Y N DENTURES Y N WALLET Y N VALUABLES Y N GLASSES
Y N CLOTHES Y N WATCH Y N RING Y N HEARING AID Y N ___

TIME | RX:

MEDICAL RECORDS

[redacted]

DATE 11-7-98 TIME 2200 am / pm

TRIAGE CATEGORY : EMERGENT URGENT NON-EMERGENT

NAME [redacted] DOB 1" age 19 (M) F

FAMILY PHYSICIAN _____ ATTENDING PHYSICIAN [redacted]

ALLERGIES

MEDS

PMH

Asthma COPD
Cardiac Diabetes
CVA HTN
Other _____

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CHIEF COMPLAINT / MECHANISM OF INJURY : found in Bathroom on floor - unresponsive by roommate bro [redacted] has hx of wt loss of 50# has been on OTC wt loss meds

Triage Orders

Time of Injury / Onset of Sx _____ Triage Nurse _____

INITIAL NURSING ASSESSMENT:

ARRIVED IN ED PER : pvt car ambulance law

Accompanied by: Self Spouse Parent SO Child Friend _____

MENTAL STATUS: WNL per

Trauma: Glasgow Coma Scale

Eye Opening 4 3 2 1 Best Motor Response 6 5 4 3 2 1

Best Verbal Response 5 4 3 2 1 Total Points _____

Treatment PTA intubated c̄ #8 ET per EMS

SKIN: WNL cool dry

EENT: WNL random eye movements pupils 5mm + sluggish to react

CARDIO/RESPIRATORY: WNL

HEART

Monitor RSR rate 81

LUNGS:

Respirations

SMOKER Y N Pulse Ox

GI SYSTEM: WNL

ABD

BS =

GU SYSTEM: WNL

OB/GYN: WNL

# of pads / hr Gravida Para FHT

MUSCULOSKELETAL / EXTREMETIES: WNL Deformity Y N

Pulses: strong / weak Capillary refill: WNL Y N

Ice Pack Y N Elevated Y N

LACERATIONS / ABRASIONS / CONTUSIONS

Location At knee size

Location size

Bleeding controlled Y N Pressure Applied Y N

Elevated Y N Cleansed Y N

* Is this injury a result of domestic violence? Y N

Pt. states

Law Enforcement notified Y N

ASSESSED BY _____ Time _____

REASSESSMENTS, INTERVENTIONS AND OUTCOMES

Lab	Time	Completed
Xray	Time	Returned
EKG	Time	Repeated
CT	Time	Returned
ABG	Time	Repeated

Nursing Diagnoses

[redacted] Dr [redacted] in [redacted] # 22 angiocath hand

2200 Narcan 2mg IV

2202 Resp Rate 12 - (+) Corneal reflex - Warm blankets applied

2203 LAB ABG here

2205 Lung sounds diminished

2206 Resp Rate 16 FSBS 419 Temp 97.9 (R)

2208 Reg Insulin 10u IV

2210 Hrt rate 31 - Atropine 1 mg IV Seen - Resp assistance continued

2213 #16 foley cath inserted per [redacted] Returned 1500 clear yellow urine [redacted]

2214 No palp BP

2215 Dopamine drip started @ 12ml per hr [redacted]

22 Hrt Rate 151 - Labs & ABG's being drawn [redacted]

further Nursing Notes Y N

000004

[redacted]

[redacted]

ACCOUNT NO. [redacted]
ROOM/BED [redacted]
TYPE [redacted]

ADMISSION DATE 11/07/98
ADMISSION HOUR 2331
LOCATION/SERVICE [redacted]

MEDICAL RECORD NO. [redacted]
FINANCIAL CLASS
SOCIAL SECURITY NO.

PATIENT
NAME [redacted]
STREET
CITY/STATE/ZIP
HOME PHONE
COUNTY [redacted]

PATIENT
DATE OF BIRTH [redacted]
AGE 19
SEX M
RACE HISPANIC
RELIGION
MARITAL SINGLE

PATIENT EMPLOYER
NAME
STREET
CITY/STATE/ZIP
PHONE

PERSON TO NOTIFY/NEXT OF KIN
NAME [redacted]
STREET
CITY/STATE/ZIP
PHONE [redacted] RELATIONSHIP F

GUARANTOR
NAME [redacted]
STREET
CITY/STATE/ZIP
PHONE [redacted] SOC. SEC. NO. [redacted]

ALTERNATE CONTACT
NAME
STREET
CITY/STATE/ZIP
PHONE RELATIONSHIP

GUARANTOR EMPLOYER
NAME
STREET
CITY/STATE/ZIP
PHONE

ACCIDENT DATE 11/07/98 TIME
ARRIVAL MODE AM
ATTENDING [redacted]
ADMITTING [redacted]

INSURANCE [redacted] POLICY NUMBER COVERAGE NO. SUBSCRIBER

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OCCURRENCE TYPE # 1 ONSET OF SYMPTOMS OR ILLNESS
COMMENT PT UNABLE TO SIGN IN ER/PUB/N
REASON FOR VISIT HYPERGLYCEMIA & DKA,RESPIRATORY INSUFFICIENCY USER [redacted]

ADVANCED DIRECTIVES FILED IN HOSPITAL NEED ADDITIONAL INFO

ADVANCED DIRECTIVES? FILED IN HOSPITAL?
DO YOU NEED ADDITIONAL INFORMATION?
COMMENTS:

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[redacted]

MEDICAL RECORDS

EMERGENCY DEPARTMENT FLOW SHEET

PATIENT	Date	ED Record No.
[redacted]	11-7-98	

Time	Meds, V/S, Lab	Notes
2304	BP 76/Doppler	Dopamine drip ? 15 mcg/hr
2310	Attempting to Breathe on own	To CT [redacted]
2330	BP 76/doppler	Returned from CT
2340		Report called
		To ICU [redacted]

[redacted]