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

ARMS#

13463

4 - ER URGENT

000001

Room # [redacted]

# EMERGENCY TREATMENT RECORD

Date 1-17-98 Name [redacted]
Time 1650 DOB [redacted] 52 Sex (F) M

PRIORITY:
- ☐ Emergent
- ☐ Urgent
- ☐ Delayed

Primary MD [redacted]
MD on Call
Triage RN [redacted]

Chief Complaint [redacted]

Mode of Arrival: ☐ Walked ☐ Carried ☐ Wheelchair ☐ Stretcher ☐ BLS Unit ☐ ALS Unit ☐ Helicopter

| GENERAL APPEARANCE | | RESPIRATIONS | | MENTAL STATUS |
|---|---|---|---|---|
| ☑ Warm & dry | ☐ Jaundice | ☑ WNL | ☐ Shallow | ☑ Awake/Alert |
| ☐ Diaphoretic | ☐ Flushed | ☐ Labored | ☐ Wheezing | ☐ Awake/Confused |
| ☐ Pale | ☐ Cyanotic | ☐ Absent | ☐ Equal | ☐ Unconscious |
| ☐ Other | | ☐ Rales | ☐ Rhonchi | ☐ Smells of ETOH |

Pre-Hospital Treatment: _____

☐ Backboard ☐ C-Collar ☐ $O_2$ IV _____

| TIME | BP | PULSE | RESP | TEMP | PULSE OX | WT. HT. HC | Intake | Output |
|---|---|---|---|---|---|---|---|---|
| 1650 | 160/90 | 116 | 16 | 98.1 | 98% | | | |
| | 110/77 | 102 | | | | | | |
| 1905 | 124/79 | 94 | 16 | | | | | |
| 2030 | 133/77 | 93 | 18 | | | | | |

TIME 1650 ASSESSMENT
Pt radiates down L arm
Pain scale last night
9 of 10 Nausea
Pain R/E mot
Skin W+D

| PAST MEDICAL HISTORY | CURRENT MEDS | |
|---|---|---|
| Asthma | Serevent | Atrovent |
| Allergies | Ventolin | Accu |
| | Rhinocort | Patanol eye |
| | Meds to ER | SEE HOME MED LIST ☐ |

**KNOWN ALLERGIES**
PCN

Last Tetanus _____ Initial: Y N
☐ Information Given
Immunization Status
UTD or See NURSES NOTES
LMP: Now Normal: Y N

| TIME | PHYSICIAN ORDERS | INITIAL |
|---|---|---|
| | Asa 325 mg po 1650 | [redacted] |
| | Nitroglycerin 1 tab sublingual q 5 min x 3 prn CP | |
| | Repeat EKG | |
| | ☐ Discharge Pt. | |

MD. Signatur [redacted]

Explain any areas of concern in the Nurse's Notes

Communication: Reads, Writes
Language Spoken English
Translator Needed Y N
Hearing Defect Y N
Vision Defect Y N corrective lens
Psychosocial:
Dependent Family at Home Y N
Barriers to Care
☐ Cultural ☐ Financial ☐ Religious ☐ Prolonged Stress

Nutrition: Usual Diet Reg Other _____
Recent Appetite Loss Y N
Unexplained Weight Loss Y N
Chew/Swallow Problems Y N

PMD Called ahead Y N [redacted]
ER MD to see Y N
Paged at _____
Page returned at _____
PMD Arrived _____

| TIME | NURSE'S NOTES |
|---|---|
| 1650 | IV 20 g x 1 Rt AC - Rt |
| 1700 | States has "a little bit" chest discomfort "dull" No SOB, monitor shows NSR rate |
| 2030 | Upon called to [redacted] |
| 2045 | Pt to [redacted] via stretcher accompanied by RN + spouse |
| | [redacted] |

| TIME | LAB (Circle) | INITIAL | TIME | ORDERS (Circle) | INITIAL |
|---|---|---|---|---|---|
| | CBC/Manual/Diff | [redacted] | | CT W or W/O | |
| | Basic 1635 | | | Monitor | [redacted] |
| | Amylase | | | Nasal Cannula ___L | |
| | Mg, Ca, Phos | done | 1656 | EKG | [redacted] |
| | PT/PTT | | | ABG | |
| | ETOH | | | $O_2$ 2 LPM | 1655 |
| | Serum Preg | | | Mask NRB BVM | |
| | UA / Micro / Dip | [redacted] | | Pulse Ox | |
| | Troponin I, MI Panel | | | CXR 2V Port. | done |
| | SGPT SGOT | | | ABD Flat Upright | |
| | T. Bili / Alkphos | | | C Spine / X-table | |

Telemetry Y/N
Start Admit _____ To Dr. [redacted] Dx Angina
Rm. Ready _____ RM # [redacted] Report @/To _____
Written discharge instructions understood by: ☐ Pt. ☐ Family ☐ _____
Accompanied by: ☐ Family ☐ Friend ☐ Other _____ ☐ None
☐ Ambulatory ☐ Carried ☐ WC ☐ Taxi ☐ AMA ☐ LWBS ☐ Ambulance
Trans To: [redacted] ☐ Trans. Form
CLASS: N/C Triage I II III [redacted]
Discharge Time 2045 Discharge RN _____

[redacted]

000002

**EMERGENCY DEPARTMENT** **PATIENT RECORD**

[redacted]

| PATIENT'S NAME/ADDRESS/PHONE/SOCIAL SECURITY NUMBER | ACCOUNT NO. | ROOM/BED | TYPE | LOCATION/SERVICE | UNIT NO./MEDICAL REC. NO. |
|---|---|---|---|---|---|
| [redacted] | [redacted] | | [redacted] | | [redacted] |

| DATE OF BIRTH | AGE | SEX | M.S. | RELIGION | RACE | SMOKER? |
|---|---|---|---|---|---|---|
| [redacted] | 52 | F | M | JE | | |

| ADMISSION SOURCE | MAIDEN NAME |
|---|---|
| [redacted] | |

| FINANCIAL CLASS | ADMIT/SERVICE DATE & TIME |
|---|---|
| CO | 01/17/99 1603 |

REASON FOR VISIT AS STATED BY PATIENT: CHEST PAIN

PATIENT'S EMPLOYER/WORK PHONE/OCCUPATION

HISTORY & PHYSICAL

Alcohol_____ Tobacco_____

REPEAT EXAM

CRITICAL CARE TIME:

LABORATORY / X-RAY RESULTS

| FUNCTIONAL STATUS |
|---|
| Mobility: |
| |
| Communication Restriction: |
| |

| CBC |
|---|
| RBC |
| HGB |
| HCT |
| WBC |
| S. NEUT |
| BANDS |
| LYMPHS |
| PLATELETS |
| |

| SMA7 | |
|---|---|
| | Na |
| | K |
| | Cl |
| | CO2 |
| | Glu |
| | Bun |
| | Cr |

| ENZYMES |
|---|
| CPK |
| LDH |
| T.Bili |
| Alb |
| SGOT |
| SGPT |
| Amylase |

| UA |
|---|
| |
| |
| |

| CONSULTANT | | |
|---|---|---|
| | MD | TIME |
| | | |
| | | |
| | | |
| | | |

ICD - 9 CM

DIAGNOSIS: CP R/O angina

DISCHARGE INSTRUCTIONS: Absk to Dr. [redacted]

X / MEDS DISPENSED OR PRESCRIBED ON DISMISSAL

ATTE[redacted]ICIAN SIGNATURE

000003

[redacted]

**PHYSICIAN'S EMERGENCY TREATMENT RECORD**

[redacted]

Each entry requires date, time, signature and title

| Date | Time | Interdisciplinary Patient Notes |
|---|---|---|
| | | [redacted] [redacted] |
| | | 17 Jan 99 Cardiol: CC - chest pain |
| | | 7:30 PM PF: Mrs [redacted] is a 52 yr old ♀ on |
| | | diet (minor ephedrine 12mg/cap x 2 caps) - last nite |
| | | sharp chest pain → L arm x 1-2 min. none to neck or |
| | | back. Chest pain recurred x1 - 1-2 min. Glass wine. Some sweating |
| | | last PM. 3 PM today - to feed cats - ch pain lasted 10 min - |
| | | come and go. Hurt when moved few sec. Came here 3:30 PM - |
| | | Troponin 1 ↑ to 1.2. Consulted me. |
| | | Treadmill Test 2 mo ago here = normal. 2-3 stages - |
| | | to 160/min. no angina |
| | | ch - son [redacted] 26 - married - actuary - 6 ch |
| | | SocHx: married. 3 [redacted] 23 - single - stress - anorexia |
| | | 5yr - accounting |
| | | [redacted] - too Thin - came here - |
| | | at home - getting Job - |
| | | spec care [redacted] 85# 5'7" |
| | | age 14 - ♀ - good health. |
| | | accup - [redacted] cust service 18½ years - |
| | | husb - prog tub lig servant |
| | | PH: asthma - ~~seldom~~, |
| | | 2mg BID - TID |
| | | Claritin D; - pulmocort; ventolin pan. nasal steroid. Detrol for urgency |
| | | - Dr [redacted] Allergies - pen (. stress fx (L) foot. |
| | | Fam Hx: Dad - FP age 80 - retired 10 yrs ago - [redacted] |
| | | ↳ heart dis - pacer 3yrs - stokes adams - |
| | | Mom - A&W age 77 - |
| | | Bro ↓ Hodgkins dis. Marrow transplant - 10 yr ago |
| ↓ short term mem | | ROSS: Gen: no fever or wt loss HEENT: contact lenses C-R: asthma. |
| | | no other asthma. GI: neg GU: spastic bladder Ext: stress fx L foot. |

PATIENT IDENTIFICATION

[redacted]

000004

Interdisciplinary Patient Notes

[redacted]

[redacted]

Each entry requires date, time, signature and title

| Date | Time | Interdisciplinary Patient Notes |
|---|---|---|
| | | [redacted] cont'd |
| | | Clear lungs - cor neg. Ext - neg |
| | | Ext - neg |
| | | Dx: unstable angina |
| | | Asthma |
| | | spastic bladder. |
| | | R/O ephedrine → spasm (also on Claritin D) |
| | | Plan: heparin, ASA, Plavix, Pers Cardiolite, |
| | | repeat enzymes in AM, nitrol; consider cath, SPECT in AM. |
| | | ~~[illegible]~~ |
| | | [redacted] |
| | 18 Jan 99 | Troponin I |
| | | <0.4 This AM. CK OK. DC Pers Cardiolite |
| | | sched cath if (+). Home otherwise, no |
| | | more ch pain |
| | | [redacted] |
| | 18 Jan 99 | Pers Cardio lite |
| | | normal. Home. Sum dict. ASA + PAN NTG. DC ephedrine |
| | | [redacted] |

PATIENT IDENTIFICATION

[redacted]

000005

Interdisciplinary Patient Notes

[redacted]

[redacted]

01/17/1999 15:53:40
52 years Female

[redacted]

Dept:
Room:
Oper:

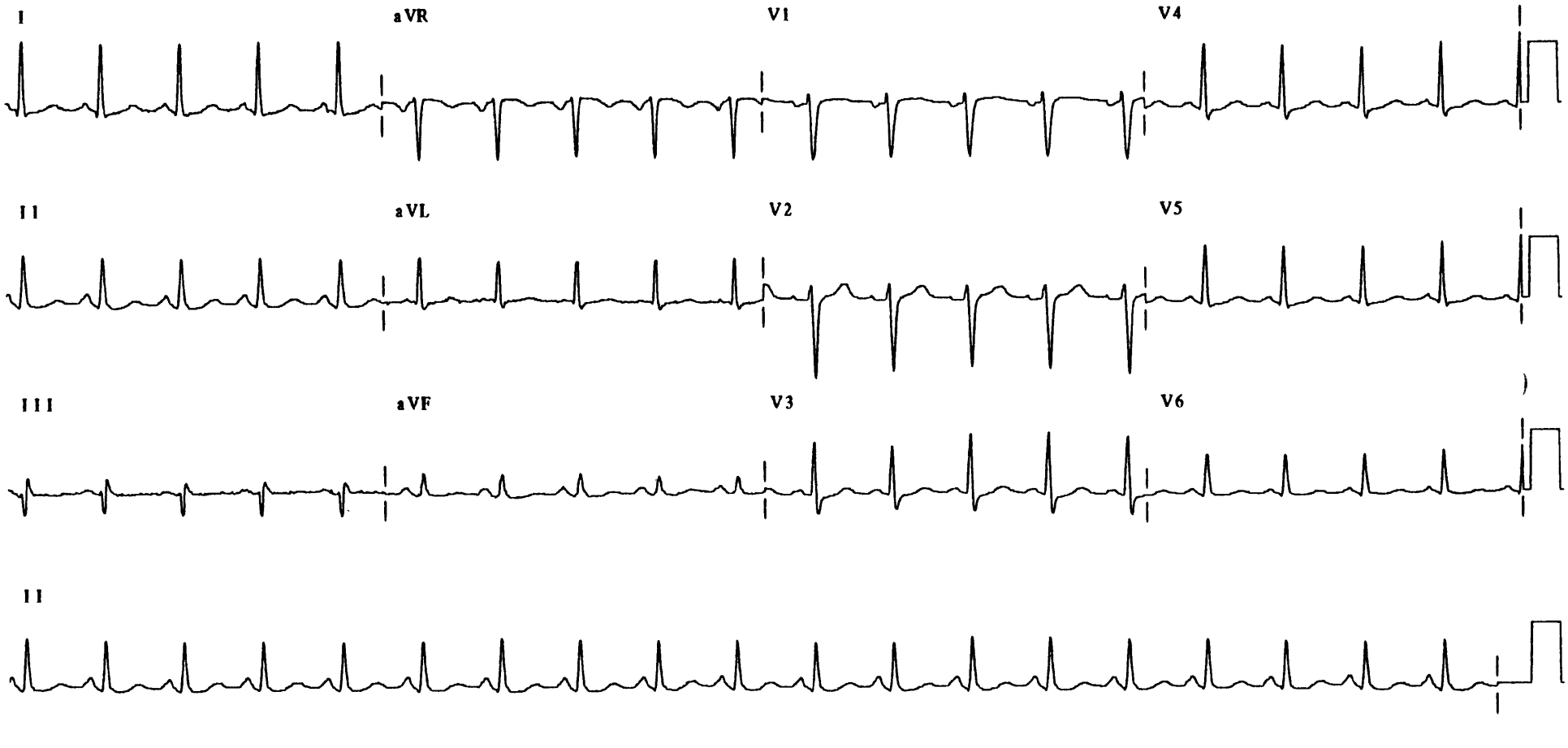
Rate 114 . Sinus tachycardia, rate 114.....Normal P axis, rate >= 100 ACCT NO
PR 129 . Consider left atrial enlargement.....P V1 -.10 mV or more negative
QRSD 86
QT 301
QTc 414

--AXIS--
P 52
QRS 30
T 41

Requested by:
DR. [redacted]

- OTHERWISE NORMAL [redacted]

PRELIMINARY-MD MUST REVIEW




000006

LOC [redacted] Speed:25 mm/sec Limb:10 mm/mV Chest:10 mm/mV F 60∿ 0.5-150 Hz W HP7V8 [redacted]

[redacted]

01/17/1999 18:56:08
52 years Female

[redacted]

[redacted]

Dept: [redacted]
Room:
Oper:

Rate 89
PR 136
QRSD 87
QT 349
QTc 425

--AXIS--
P 53
QRS 43
T 47

. Normal sinus rhythm, rate 89.....Normal P axis, PR, rate & rhythm

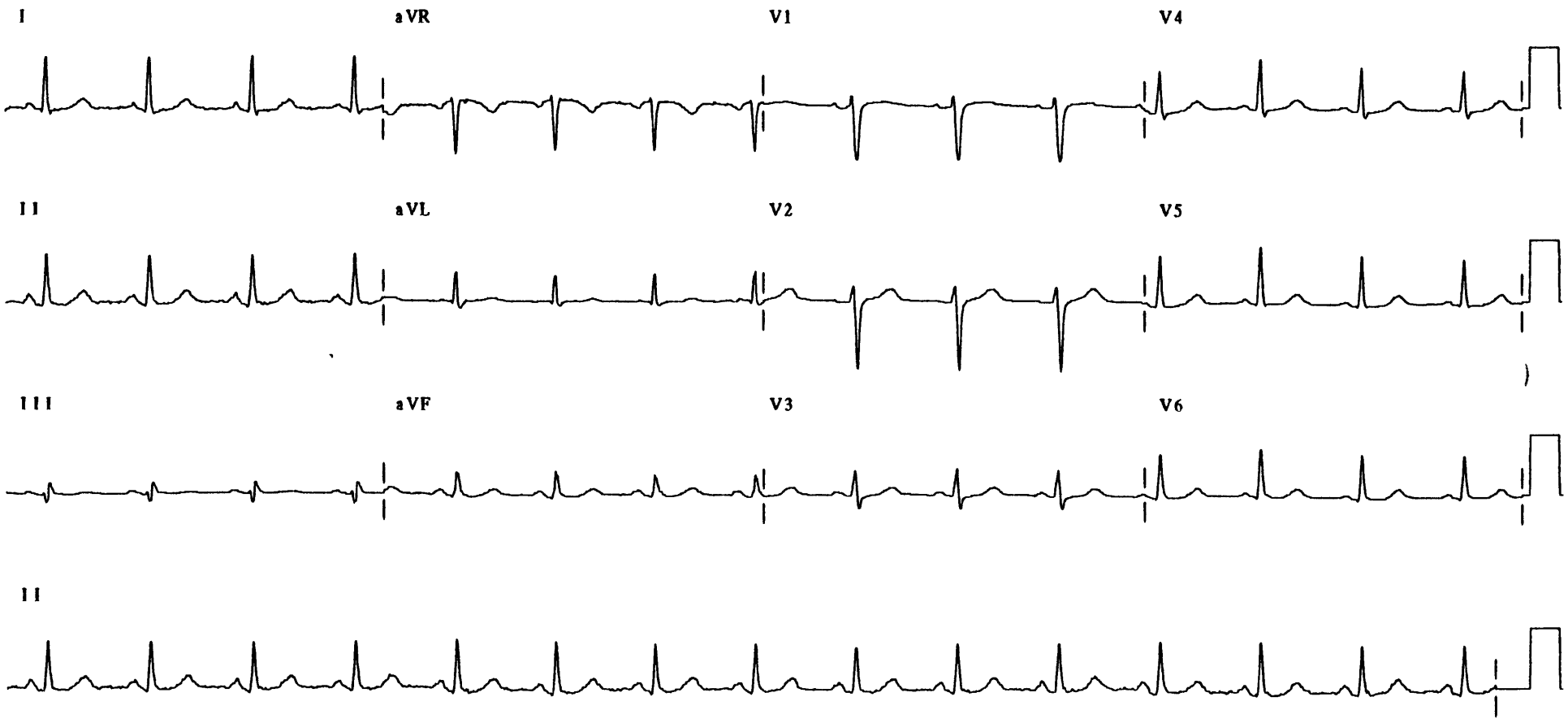
ACCT NO [redacted]

[redacted]

Requested by:
DR. [redacted]

- NORMAL ECG -

PRELIMINARY-MD MUST REVIEW




[redacted]

LOC [redacted] Speed:25 mm/sec Limb:10 mm/mV Chest:10 mm/mV

F 60∿ 0.5-150 Hz W HP7V8 [redacted]

[redacted] TELEMETRY

MANUAL RECORDING Page 1

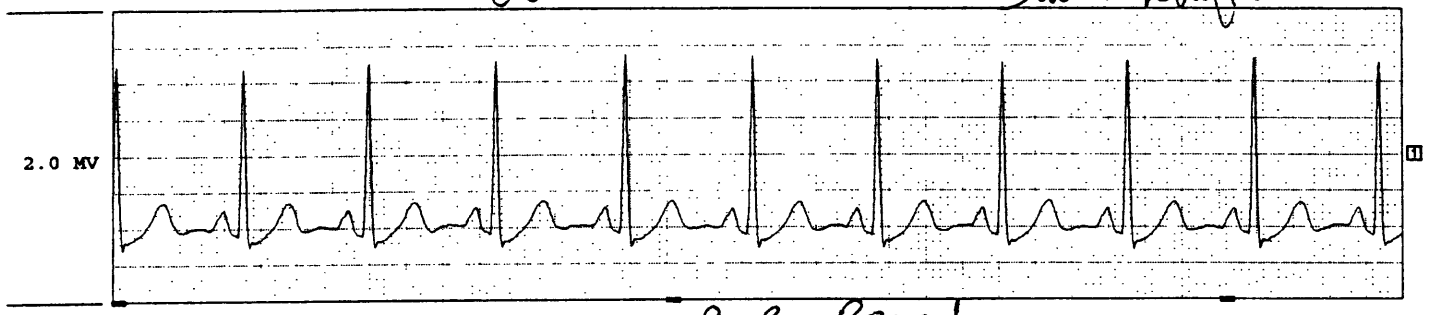
[redacted]

II MON HR =88 A=0

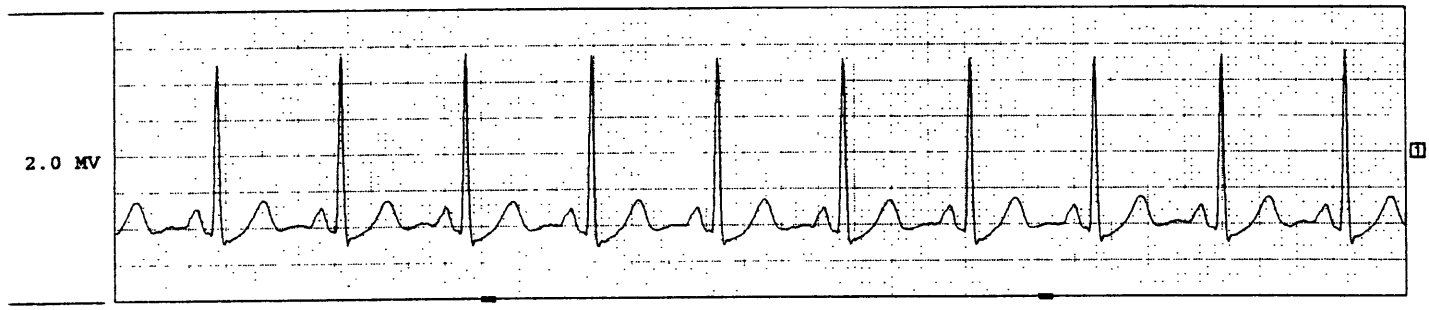
21:14 17JAN1999
SPEED=25 MM/SEC

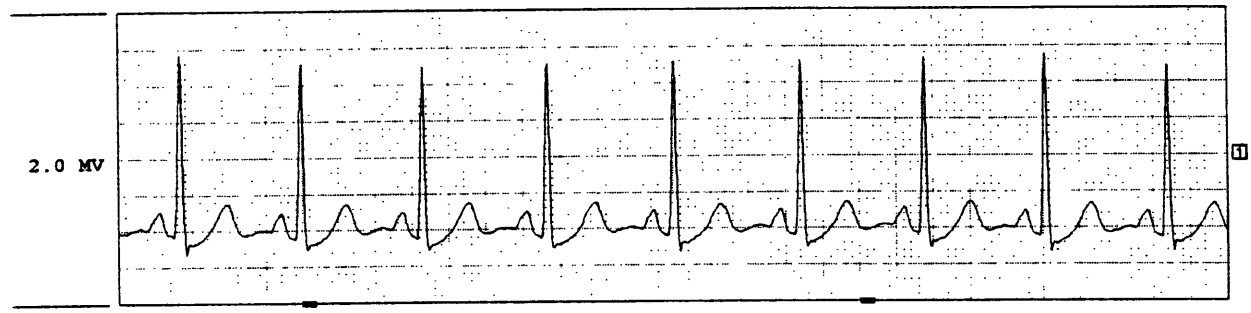
admission strip

Sinus Rhythm




R-R = Regular
PRI = .14
QRS = .04



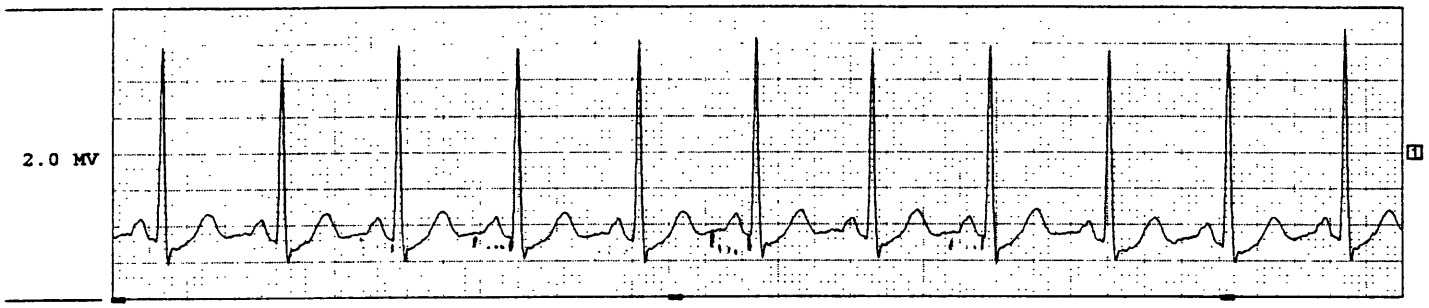




000008

[redacted]

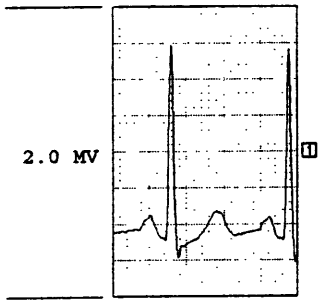
[redacted]
23:10 17JAN1999
SPEED=25 MM/SEC

II MON HR =93 A=0




[redacted]

Regular
93
↑
.16-.20
.08-.10
SR






[redacted]

[redacted] TELEMETRY

MANUAL RECORDING Page 1

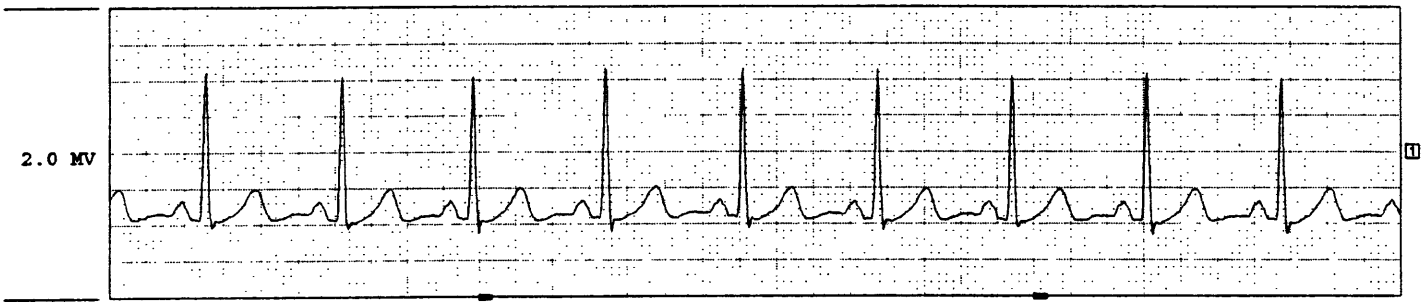
[redacted]

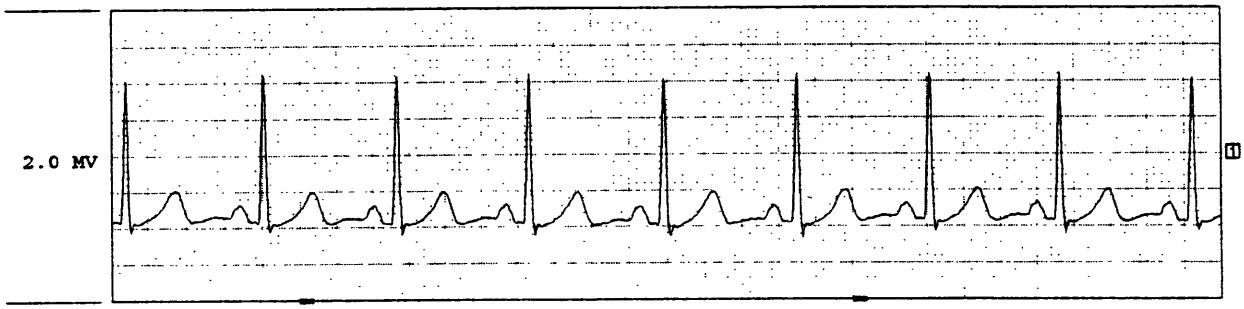
06:44 18JAN1999
SPEED=25 MM/SEC

II MON HR =82 A=0

[redacted]

Regular
82
↑
.16
.06
SR




000010

[redacted]

[redacted]

01/18/1999 11:53:04
52 years Female

[redacted]

[redacted]
Dept:
Room:
Oper:

Rate 97 . Normal sinus rhythm, rate 97.....Normal P axis, PR, rate & rhythm ACCT NO. [redacted]
PR 135
QRSD 90
QT 321
QTc 408

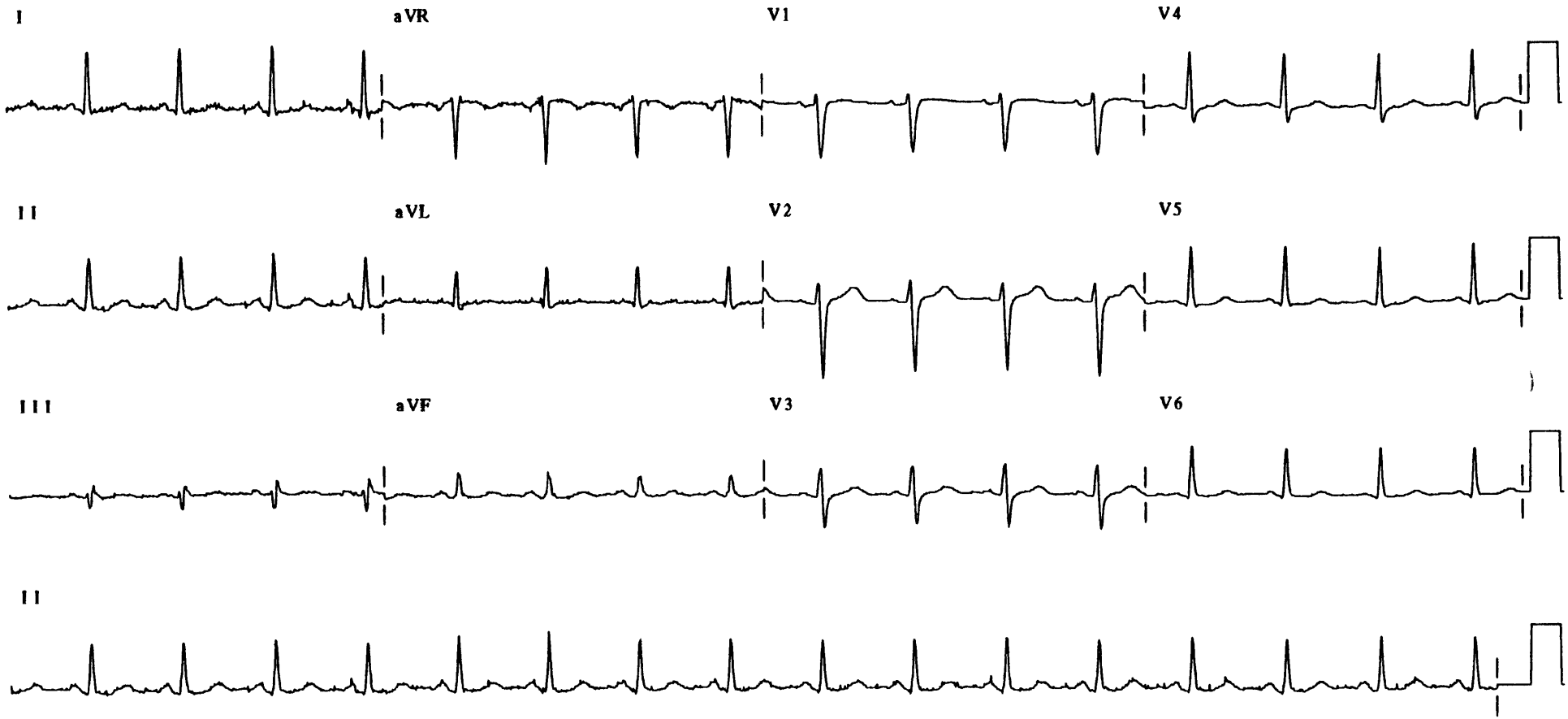
--AXIS--
P 55
QRS 35
T 47

[redacted]

Requested by:
DR. [redacted]

- NORMAL ECG -

PRELIMINARY-MD MUST REVIEW




000711

LOC [redacted] Speed:25 mm/sec Limb:10 mm/mV Chest:10 mm/mV F 60∿ 0.5-150 Hz W HP7V8 [redacted]