

UPMC Northwest Visit Information Processor

Thu Aug 15, 2013 04:47 pm

kpaddock_000001

No.	Name	Sex	BD	Room	Physician	SVC	Status
0000102909	PADDOCK, KAREN L	F	09/03/69				

** indicates active visit

No.	Acct#	Adm Date	Dsch Date	Type	Attending Dr.	SVC	FC	Dsch
1	0425100293	09/07/04	09/07/04	O/P	CONCILUS, ROBERT	OPD	MC	DIS
2	0419300010	07/11/04	07/11/04	E/D	JUPIN, JOHN A	ERD	MC	DIS
3 !	0419200126	07/10/04	07/10/04	OBP	JUPIN, JOHN A	ERD	MC	DIS
4	0418900255	07/07/04	07/07/04	O/P	GRUBB, RONALD G	OPD	MC	DIS
5	0336400515	12/30/03	12/30/03	O/P	KLINGER, FRANK A	OPD	MC	DIS
6 !	0335800267	12/24/03	12/24/03	E/D	VUKMIR, RADE B	ERD	MC	DIS
7	0335600454	12/22/03	12/22/03	O/P	GRUBB, MD	OPD	MC	DIS
8 !	0329500331	10/22/03	10/22/03	E/D	VUKMIR, RADE B	ERD	MC	DIS
9 !	0329400374	10/21/03	10/21/03	E/D	AKINDELE, OLUSOL	ERD	MC	DIS
10 !	0329200044	10/19/03	10/19/03	IMC	AIKEN, LUCILLE B	ERD	MC	DIS
11 !	0327700092	10/04/03	10/04/03	E/D	AKINDELE, OLUSOL	ERD	MC	DIS
12	9915800361	06/07/99	06/07/99	O/P	DUNMIRE, CLARENC	OPD	AP	DIS
13	9618500093	07/03/96	07/03/96	O/P	FEE, WILLIAM H	OPD	CM	DIS
14	9617600106	06/24/96	06/24/96	O/P	FEE, WILLIAM H	OPD	CM	DIS

Select visit [next page]--

www.kpaddock.org summary of http://www.kpaddock.com

kpaddock_000002

FRANKLIN CAMPUS
ONE SPRUCE ST.
FRANKLIN, PA. 16323
(814) 437-7000

OIL CITY CAMPUS
174 E. BISSELL AVE.
OIL CITY, PA. 16301
(814) 677-1700

UPMC
Northwest
A hospital of UPMC Health System

SYSTEM DATE/TIME

10/04/03 14:16P

STATUS

CSS

ACCOUNT NO.

0327700092

SERVICE

E/D

BROUGHT BY

PATIENT NAME

PADDOCK, KAREN L.

PHONE

(814)437-7801

SEX

F

M/S

M

AGE

34Y

BIRTH DATE

09/03/69

UNIT NO.

0000102909

<http://www.kpaddock.com> <http://www.kpaddock.org>

PATIENT STATES: LEFT LEG LACERATION

ALLERGIES: PNC MARCANE

DISC:

BOUGHT BY: PREVIOUS ADMISSION: 06707799

PHYSICIAN: 609 AKINDELE, OLUSOLA
; OUT OF AREA

FOR 2 - 52 - 210 - 3

PL3:

GP3:

10/6

891.0
E-920.8
E-849.0

86.59

12002

UPMC NORTHWEST
Nursing Record

Franklin Campus Emergency Department
 Oil City Campus ImmediateCare

TRIAGE Date: 10/4/03 Time: 1410 a.m. p.m. Mode of Arrival: EMS POV Other Tr Class: 1- 2 3

Information obtained from: Patient Family/S.O. EMS Care-Taker Old Medical Records Other

Presenting complaint: Tia amblyopia, lower leg, r/o con. going in medical aspect (L) cough.

Prehospital Care: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> C-Collar <input type="checkbox"/> Backboard / CID <input type="checkbox"/> Monitor <input type="checkbox"/> IV <input type="checkbox"/> O ₂ @ <u> </u> L	Pediatric Assessment: Immunizations: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTD <input type="checkbox"/> Not UTD Weight: <u> </u> Kg. Height: <u> </u> In. Head Circ: <u> </u> cm.	Vital Signs: B/P: <u>129/82</u> Pulse: <u>80</u> Reg <input type="checkbox"/> Ir <input type="checkbox"/> RR: <u>16</u> Temp: <u>35.9</u> ° R/T Pulse Ox <u> </u> % RA O ₂ O ₂ @ <u> </u> LPM <input type="checkbox"/> NC <input type="checkbox"/> NRB	Medications / Herbal & OTC Meds: <u>Xanax</u> <u>Prozac</u> <u>gabapentin</u>
Tetanus: <input type="checkbox"/> N/A <input type="checkbox"/> UTD <input checked="" type="checkbox"/> Not UTD	Smoking Hx: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Never <input type="checkbox"/> Quit <input type="checkbox"/> Smokes <u> </u> ppd x <u> </u> yrs.	Reproductive Hx: <input type="checkbox"/> N/A LNMP <u>Luck</u> Post Men. <input type="checkbox"/> Hyst G <u> </u> P <u> </u> SA <u> </u> EA <u> </u>	Allergies: <u>Penicillin, Morphine?</u>
DV Screen: <input type="checkbox"/> N/A Do you feel emotionally and physically safe? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Are you safe at home? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Screening Result: <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Information / resources provided	Functional Assessment: <input type="checkbox"/> N/A - Pt is minor <input type="checkbox"/> N/A - N.H. Pt or has caregiver Do you have any difficulty ambulating or caring for yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Social History: Spiritual Needs? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Language Barrier? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Interpreter Used? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Lives Alone <input checked="" type="checkbox"/> Lives w/Family / S.O. <input type="checkbox"/> Nursing Home / Assisted Living
Nutritional Assessment: Weight <u> </u> LB Kg <input type="checkbox"/> Estimate Have you had a recent weight change? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Loss <input type="checkbox"/> Gain	PMH: <input type="checkbox"/> Previously Healthy <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Cardiac <input type="checkbox"/> AIDS <input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Thyroid <input type="checkbox"/> Ulcer <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cancer Other: <u>migraines, back & neck problems</u>	Surgery: <u> </u>	Pain: Pain: <input checked="" type="checkbox"/> None Onset: <u> </u> <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent Alleviating/Aggravating factors: <u> </u> Description: <u> </u>

Assessment: LOC <input type="checkbox"/> N/mi for pt <input checked="" type="checkbox"/> A&Ox3 <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input type="checkbox"/> Combative <input type="checkbox"/> Unresponsive	Skin: <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic Turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased Edema: <input type="checkbox"/> Absent <input type="checkbox"/> Present Location: <u> </u>	Lungs: R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> Rales <input type="checkbox"/> <input type="checkbox"/> Wheezes <input type="checkbox"/> <input type="checkbox"/> Decreased <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/>	Facial Pain Scale: Initial: <u> </u> /10 Now: <u> </u> /10 Worst: <u> </u> /10 0 1 2 3 4 5 6 7 8 9 10 Mild Moderate Severe
Visual Acuity: OS <u> </u> / <u> </u> OD <u> </u> / <u> </u> <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected	INITIAL NURSING ASSESSMENT COMPLETED BY: <u>UKRady</u> Time: <u>1400</u> a.m. / p.m.		

TIME: _____ NURSING PROGRESS NOTES

Discharged Obs Admit Transfer Morgue Alone W/Responsible Party Condition on discharge: Stable Unstable Expired

Time	Initials	Medication	Route	Site	Time	Response to medication

<u>15A</u> 0.5 ml IM Site <u>R delt</u> Mig <u> </u> Lot <u> </u> Exp <u> </u>	Addressograph / Label
Time: <u> </u> IV # <u> </u> Amt <u> </u> IV Solution <u> </u> Rate <u> </u> Site <u> </u> Gauge <u> </u> Amt. Infused <u> </u>	
Time: <u> </u> B/P <u> </u> Pulse <u> </u> RR <u> </u> PO <u> </u> Orthostatic Vital Signs <u> </u> Time: <u> </u>	
Lying B/P <u> </u> Pulse <u> </u>	
Sitting B/P <u> </u> Pulse <u> </u>	
Standing B/P <u> </u> Pulse <u> </u>	

Admitted Room# Report Called To:

Signature / Initials: UKRady

PADDOCK, KAREN L
ACCT: 0327700092 E/D
SEX: F PAYCS: MC AGE: 34Y
ADM: 10/04/03
609 AKINDELE, OLUSOLA
UNIT: 0000102909

LACERATION / ABRASION - LOWER EXTREMITY

Fill in, circle pertinent positive findings. Complete all sections.

Time: a.m. / p.m. VSS except: Pulse Ox Not Applicable NL Hypoxic % on R/A or O2 @ L/min

HISTORY: HX from Pt Unobtainable due to: Dementia Altered MS Extremis HX from: Family / Caretaker EMS Interpreter

CHIEF COMPLAINT: This is a 34 year old male / female who presents with a chief complaint of laceration / puncture / abrasion to: Right / Left

Mechanism of Injury: Sharp Blunt Trauma FB Potential Describe: accidental cut by lawn mower

Onset / Duration: 10:45 Minutes Hours Days Weeks Ago Severity: Mild Moderate Severe Worse Since: 9 days

Aggravated By: Movement Nothing Alleviated By: Compression Nothing

Related HX: Occupational Injury

REVIEW OF SYSTEMS:

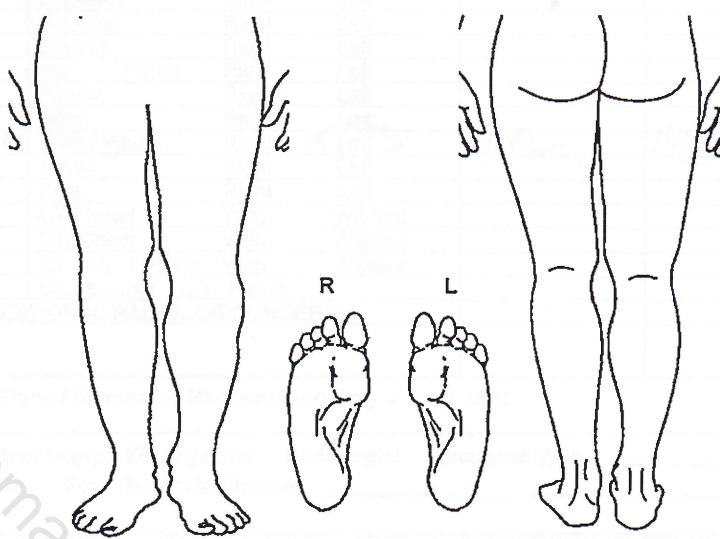
Motor Complaint: Negative ROM Weakness Neurovascular Complaint: Negative Sensation Pulses

PAST MEDICAL/FAMILY/SOCIAL HISTORY: Previously Healthy

Patient: Diabetes Bleeding Disorders Occupation: Family Hx: Lives: Alone With Family At Nursing Home

PHYSICAL EXAMINATION: EXAM LIMITED DUE TO: Dementia Altered MS Extremis

Normal Findings: Appearance Normal No Distress MS Normal Strength / ROM Intact Tendons Intact Joint(s) Stable NV Normal Sensory / Motor Intact Distal Pulses Intact NV Bundle Intact Distal to Injury



Laceration #1: Location: leg (See Diagram)

Description: Linear Stellate Irregular Joint Proximity Size: Length 3 cm Width mm Depth mm

Anesthesia: Local Digital .5% 1.0% 2.0% Lido / Marcaine Epi / Bicarb cc Cleansing: Routine Prep Irrigation w/Pressure Irrigation Device Y / N Closure: Dermabond / SteriStrips / Single Layer / Multilayer / Staples # Suture: Skin SQ Muscle # 5-0 Nylon / Prolene / Vicryl / Chromic

MEDICAL DECISION MAKING: Consideration of the following circled conditions may be warranted for the presenting problem.

Abrasion Fracture Puncture Wound Avulsion Joint Space Violation Tendon Laceration Foreign Body Laceration

RE-EVALUATION: Pain Scale (0-10)

Time: Unch. Imp. Worse

PHYS: NOTIFICATION/CONSULTS:

Discussed case/management/disposition of patient with: Name: at a.m. / p.m. Admit OBS Transfer Consult Follow-up:

ED PHYSICIAN DIAGNOSES:

1 leg laceration

DISPOSITION: RX GIVEN:

Discharge: Home Work Nursing Home Admit Deceased Left AMA Condition: Stable Unstable Care Endorsed to: @ a.m. / p.m. Transfer to: Transfer Form Completed

Progress Note / Critical Care / Procedure Note Attached Yes No

Standard After-Care Instructions Given to Patient Upon Discharge from ED

SIGNATURE: I have reviewed the ancillary/nursing staff documentation.

Physician attests performing History, Pertinent Physical Examination, and Medical Decision Making

Disposition Time: a.m. / p.m.

MD/DO Initials:

Resident/PA/NP

PADDOCK, KAREN L ACCT:0327700092 SEX:F PAYCS:MC AGE:34Y ADM:10/04/03 609 AKINDELE, OLUSOLA UNIT:0000102909



Patient Height: _____ Weight: _____ lbs / kgs Allergies: _____

kpaddock_000005

UPMC Northwest

Emergency Department QualChart® / ABRASION - LOWER

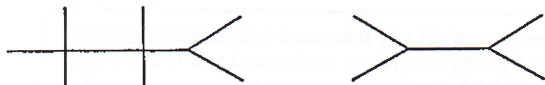
Medical Records: Old Chart Recent ED Chart Additional Records:

PROBLEMS: Chest Pain Abdominal Pain Trauma AMS Adult Sepsis Pediatric Fever STD / GYN Entered by: _____ Time: _____

LABORATORY: Circle specific orders			Entered by:	Time:	RADIOLOGY: Circle specific orders			Entered by:	Time:
CBC					CXR (2 view)	PCXR			
BMP	CMP	LFT			C-spine	Port-C	CT C-Spine		
Amylase		Lipase			AAS	KUB			
Mg	Ca				L-spine	T-Spine			
UA	CC	Cath			Ribs	Right	Left		
ETOH	Urine Pregnancy				Finger	Right	Left		
HCG	Qual	Quant			Hand	Right	Left		
Urine Drug Screen					Wrist	Right	Left		
CPK	CKMB	Troponin			Forearm	Right	Left		
Myoglobin					Elbow	Right	Left		
Acetaminophen	ASA				Humerus	Right	Left		
Rh Type Screen	Rh Type Cross _____ u				Shoulder	Right	Left		
PT	PTT				Clavicle	Right	Left		
Digoxin					Hip Pelvis	Right	Left		
Dilantin	Depakote				Femur	Right	Left		
Tegretol	Phenobarb				Knee	Right	Left		
Cultures:	Urine	Sputum	Blood		Tibia / Fibula	Right	Left	me 1/13/03	
	Blood x 2	Stool			Ankle	Right	Left		
GC	Chlamydia	VDRL			Foot	Right	Left		
Rapid Strep	Mono	RSV	Rotavirus		CT / Head	With	Without		
Rectal Heme	Neg	Pos	QC		CT / Chest	With	Without		
ADDITIONAL LAB ORDERS:					ADDITIONAL RADIOLOGY ORDERS:				

Pertinent Lab Values: WNL WNL Except:

Signs / Symptoms Necessitating Xray / CT / U/S:



Xray Interp: ED Physician Radiologist Discussed With _____
Neg Pos No Acute Changes _____

PULSE OXIMETRY-INTERP:				PEAK-FLOW:			
NL	Hypoxic	% on R/A or O2 @	l/min	Time:	Pre-Treatment:	Post-Treatment #1:	Post-Treatment #2:
CARDIAC MONITOR / EKG INTERP:				RESPIRATORY THERAPY:			
Entered by:		Time:		Dose:		Entered by:	
EKG #1				ABG	RA or	L/min	
EKG #2				Albuterol x 1 2 3 4	g	min	
Rate:	Normal	Brady	Tachy	Atrovent x 1 2 3 4	g	min	
Rhythm:	Sinus	AFIB	Junctional	Xopenex x 1 2 3 4	g	min	
Ectopy:	None	PVCs	PACs	Rac Epi x 1 2 3 4	g	min	
EKG # 1	Other: _____			Continuous Albuterol Atrovent			
EKG # 2	Other: _____			30 minutes 60 minutes			
EKG Comparison:	Yes	No	No Prior EKG	BiPAP CPAP			

ORDERS:				Done By:	Time:
Pulse Ox	O2 @	l/min via	NC / Mask	Monitor	NPO
Saline Lock	IV	NS	LR	cc Bolus and rate of	cc / hour
Foley Catheter	NG Tube	Glucometer #1:	#2:		

SIGNATURE: _____ TIME: _____ DATE: _____
 MD/DO
 PA
 RN

PADDOCK, KAREN L
 ACCT: 0327700092 E/D
 SEX: F PAYCS: MC AGE: 34Y
 ADM: 10/04/03
 609 AKINDELE, OLUSOLA
 UNIT: 0000102909



UPMC Northwest

Emergency Dept: (814) 437-7000
ImmediaCare: (814) 677-1700
1 Spruce Street Franklin, PA 16323
174 E. Bissell Ave. Oil City, PA 16301

AFTER CARE INSTRUCTIONS PLEASE READ CAREFULLY

PADDOCK, KAREN L. E/D
ACCT: 0327700092 AGE: 34Y
SEX: F PAYCS: MC
ADM: 10/04/03
609 AKINDELE, OLUSOLA
UNIT: 0000102609

Provisional Diagnosis:
C leg lacer

Follow up in 2 days with:
Dr.
Address
Phone
Please call for an appointment. Business card given.

ADDITIONAL INSTRUCTIONS
Recheck in 48 hrs
stitches out in
Return demonstration crutch walking

The examination and treatment you have received in the Emergency Department has been given on an emergency basis only. (Should your condition worsen or any new symptoms develop, or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care.) If you cannot contact the doctor, return to the Emergency Department or ImmediaCare.

WORK/SCHOOL RELEASE
May return to work/school immediately with no limitations.
Off work/school today, may return next scheduled shift.
Off work/school for days, re-check by family/company doctor or preferred doctor prior to return.
May return to work/school with the following limitations:

Name:
Unit Num:
Date:

- Please follow the instructions below as indicated for you:
Abdominal Complaint, Animal Bite, Asthma, Back Pain, Burn Care, Cast Care, Chest Pain, Cold - Adult/child, Crutch Walking/Crutches, Culture, Eye Injury, Fever - Child, Febrile Convulsion, Headache, Head Injury - Adult/Child, Other, You have sutures/staples which must be removed in days.
High Blood Pressure, Neck Strain/Sprain, Nosebleed, Otitis Media (Earache), Pelvic Inflammatory Disease, Seizure, Sore Throat, Strain, Sprain, Fracture, Tetanus, Threatened Miscarriage, Urinary Tract Infection, Venereal Disease, Vomiting/Diarrhea-Adult/Child, Wound Care/Suture After Care, IV Conscious Sedation

You were prescribed sedatives or pain medications that may make you drowsy. Do not drink alcohol or operate machinery while you are taking these medications.

X-Rays/EKGs do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-rays, but may be revealed on subsequent x-rays. Your x-ray/EKG has been read on a preliminary basis. Final reading will be made by the radiologist/cardiologist. You will be notified of any additional findings.

Signature of Patient or Responsible Person: Karen Paddock
Signature of Witness
Date

Re-order # 12080; 0871B-678; Rev. 11/01

PT/Significant Other Verbalize Understanding

UPMC Northwest
Emergency Dept. • 1 Spruce St. • Franklin, PA 16323
ImmediaCare • 174 E. Bissell Ave. • Oil City, PA 16301
For Karen Paddock Date 10/4/03
Address

R Reflex
Void -
M.D./D.O.
May Substitute
May Not Substitute DEA No.
May Be Refilled 1 time 2 times 3 times No Refills

UPMC Northwest
Emergency Dept. • 1 Spruce St. • Franklin, PA 16323
ImmediaCare • 174 E. Bissell Ave. • Oil City, PA 16301
For Karen Paddock Date
Address

R
Void -
M.D./D.O.
May Substitute
May Not Substitute DEA No.
May Be Refilled 1 time 2 times 3 times No Refills

JPMC NORTHWEST

FRANKLIN CAMPUS OIL CITY CAMPUS
 ONE SPRUCE STREET 174 E. BISSELL AVENUE
 FRANKLIN, PA 16323 OIL CITY, PA 16301
 (814) 437-7000 (814) 677-1711

DEPARTMENT OF RADIOLOGY

ORDERED DATE / TIME 10/04/03 1440		PATIENT NAME PADDOCK, KAREN L			MEDICAL RECORD # A0000102909	
DOB 09/03/69	AGE 34Y	SEX F	LOCATION E/D DIS		ACCOUNT # A0327700092	REPORT RELEASED 10/06/03 1212
CHECK-IN DATE / TIME 10/04/03 1440		CHECK-IN NUMBER 620085	ORDER # 0001	ADMITTING PHYSICIAN AKINDELE, OLUSOLA		
ORDERING PHYSICIAN AKINDELE, OLUSOLA		ORDERING PHYSICIAN ADDRESS			ORDERING PHYSICIAN PHONE #	
Cmnt:				PCP: ;OUT OF AREA		

RADIOLOGY REPORT

Chk-in #	Order	Exam	Work Diag:
620085	0001	1505	LEFT LEG LACERATION LEG (2 VIEWS)*L
			Ord Diag: ;LT LEG INJURY

LEFT LOWER LEG: Focal irregularity of the subcutaneous tissue of the medial aspect of the left upper calf is noted. No radiopaque foreign bodies are identified. JZ/diana m.

DD: 10/05/03 1004

DT: 10/06/03 0954 10/06/03 0954

/READ BY/ JANET A ZEHNER, MD

/Released By/ JANET A ZEHNER, MD

DEM

FINAL

Take Films
to the ER

Exam: Lt leg

No Acute Disease or No Change

Abnormal

Exam: _____

No Acute Disease or No Change

Abnormal

Exam: _____

No Acute Disease or No Change

Abnormal

Physician's Signature OK or _____

Radiologist's Signature _____

RADIOLOGIST REVIEW:

Agree

Disagree Reason(s): _____

(Specify Exam): _____

Radiologist's Signature: [Signature] Date: _____

PRELIMINARY X-RAY REPORT(S)

PADDOCK, KAREN L
ACCT: 0327700092 E/D
SEX: F PAYCS: MC AGE: 34Y
ADM: 10/04/03
609 AKINDELE, OLUSOLA
UNIT: 0000102909

kpaddock 000009

ARROWS TO INDICATE AFFECTED AREA

*DO NOT CIRCLE ENTIRE AREAS

ER PATIENTS/BRIEF CLINICAL HISTORY

PT. NAME: Paddock, Karen

THIS SECTION FOR CHEST X-RAYS ONLY

PAIN (L R or Both)

SOB FEVER

HISTORY:

 TRAUMA NO TRAUMA

SYMPTOMS: Looking for
FB - picked by Glass
in D leg

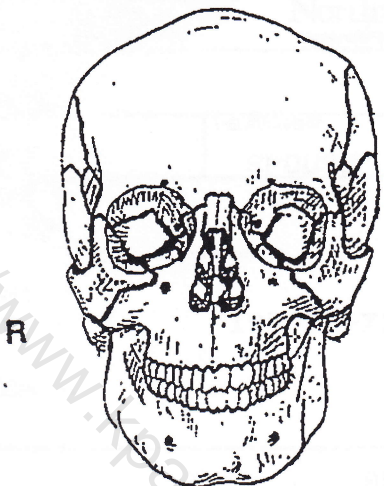
DURATION OF SYMPTOMS: X < 24 HRS

 1-7 DAYS >1 WEEK
(greater than)

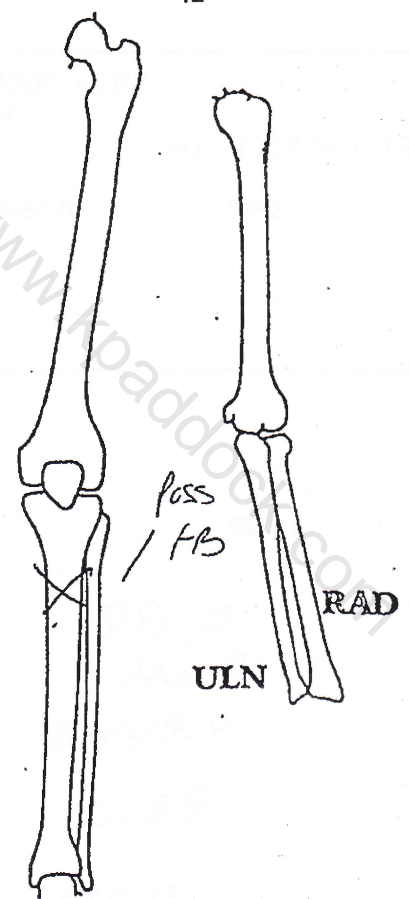
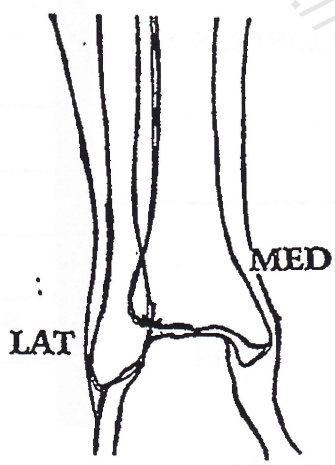
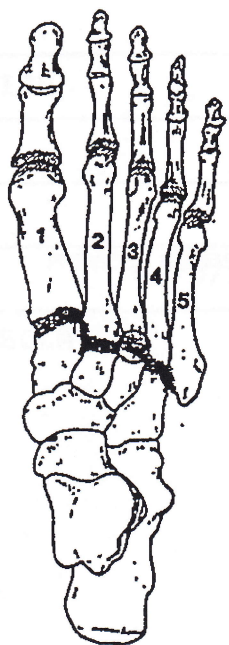
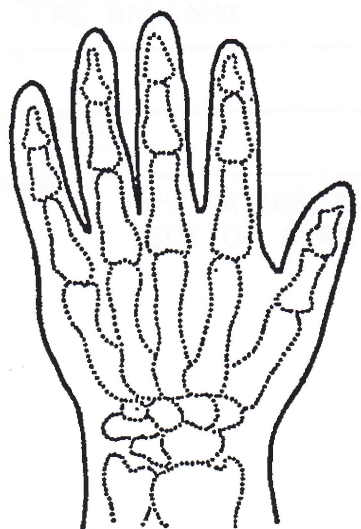
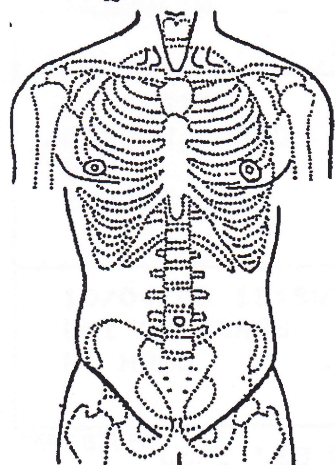
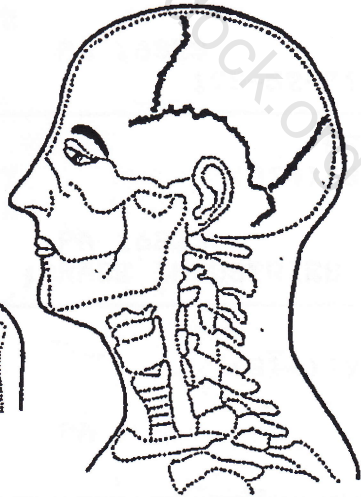
PLEASE EXPLAIN REASON IF NOT ABLE TO
DO ALL VIEWS:

TECHNOLOGIST OR STUDENT NAME:

SMWO JR



L



kpaddock 000010

FRANKLIN CAMPUS
ONE SPRUCE ST.
FRANKLIN, PA. 16323
(814) 437-7000

OIL CITY CAMPUS
174 E. BISSELL AVE.
OIL CITY, PA. 16301
(814) 677-1700

UPMC
Northwest
A legend of UPMC Health System

SYSTEM DATE/TIME
10/19/03 10:06A

INITIALS
DAC

ACCOUNT NO.
0329200044

SERVICE
IMC

BROUGHT BY
4

IDENT NAME	PHONE	SEX	M/S	AGE	BIRTH DATE	UNIT NO.
ADDOCK, KAREN L	(814)437-7801	F	M	34Y	09/03/69	000102909

Woman's online journal of disorder paves way for new medical courses

PATIENT STATES: LEG HX OF SUTURE REMOVAL

CHIEF COMPLAINT: HARCANE

SYMPTOMS: REDNESS, SWELLING, SWOLLEN, PAINFULL

PHYSICIAN: 653 AIKEN, LUCILLE B
; GRUBB, DR

NOV 2 1 52 PM '03

PL3:

GP3:

clerk 4-4
verified
pub - NO

MEDICAL RECORDS COPY

UPMC NORTHWEST Nursing Record

Franklin Campus Emergency Department
Oil City Campus ImmediaCare

TRiage: Date: 10/19/03 Time: 1020 a.m. p.m. Mode of Arrival: EMS ROV Other Tr Class: 1 2 3

Information obtained from: Patient Family/S.O. EMS Care Taker Old Medical Records Other

Presenting complaint: 2 wks ago - cut LL leg on broken glass - on antibiotics - 10 days - sutures cut 6 days ago - 4 days ago - lace started in 7 pins - E pedress + swelling around site - called PMD - back on Keflex 3 days ago - today swelling

Prehospital Care: N/A C-Collar Backboard/CID Monitor IV O2 @ L
Medication Assessment: Immunizations: N/A UTD Not UTD
Vital Signs: B/P: 128/80 Pulse: 76 (Reg) RR: 18 Temp: 98.4 O R Pulse Ox % RA O2 O2 @ LPM N/C NRB

Tetanus: N/A UTD Not UTD
Smoking Hx: N/A Never Quit Smokes ppd x yrs.

Reproductive Hx: N/A LNMP 7 wks ago Post Men. Hyst G P SA EA

DV Screen: N/A Do you feel emotionally and physically safe? Y N
Are you safe at home? Y N Screening Result: Neg Pos

Functional Assessment: N/A - Pt is minor N/A - N.H. Pt or has caregiver
Do you have any difficulty ambulating or caring for yourself? Yes No

Nutritional Assessment: Weight 170 LB Kg Estimate
Have you had a recent weight change? No Yes Loss Gain

PMH: Previously Healthy HTN DM Cardiac AIDS
Other: Chronic back & neck pains

Social History: Spiritual Needs? Y N
Language Barrier? Y N Interpreter Used? Y N
Lives Alone Lives w/Family/S.O. Nursing Home/Assisted Living

Assessment: LOC N/rl for pt A&Ox3 Lethargic Confused Combative Unresponsive

Skin: Warm Hot Cool Cold Dry Moist Diaphoretic No. J Pale Flushed Cyanotic
Turgor Normal Decreased Edema Absent Present Location:
Lungs: R L Clear Rales Wheezes Decreased Absent

Pain: Pain: None Onset: Always Constant Intermittent
Alleviating/Aggravating factors:
Description: ache - burning

Facial Pain Scale: Initial: /10 Now: 7-8/10 Worst: /10
0 1 2 3 4 5 6 7 8 9 10
Mild Moderate Severe

INITIAL NURSING ASSESSMENT COMPLETED BY: [Signature] Time: 1025 a.m. p.m.

1053 Tetra, dressing + PM

1116 Discharged Obs Admit Transfer Morgue Alone W/Responsible Party Condition on discharge: Stable Unstable Expired

Table with columns: Time, Initials, Medication Name, Dose, Route, Site, Time, Response to medication

Table with columns: dT 0.5 ml IM Site, Mfg, Lot, Exp, Time, IV #, Amt, IV Solution, Rate, Site, Gauge, Amt. infused

Table with columns: Time, B/P, Pulse, RR, PO, Orthostatic Vital Signs, Time

Admitted Room# Report Called To: Signature / Initials JM Mc Clelland RN

PADDOCK, KAREN L. ACCT:0329200044 IMC SEX:F PAYCS:MC AGE:34Y ADM:10/19/03 653 AIKEN, LUCILLE B UNIT:0000102909

WOUND RE-CHECK / SUTURE REMOVAL

Fill in, circle pertinent positive findings. Complete all sections.

Arrival Time: 10:45 Sunday (a.m.) / p.m. (VSS) except:
Mode of Arrival: EMS ambulance Other
Nurse's Triage Notes reviewed: (Yes) No
Pulse Ox Not Applicable NL Hypoxic % on R/A or O2 @ L/min
LMP: Last Tetanus Booster:

HISTORY: HX from Pt Unobtainable due to: Dementia Altered MS Extremis HX from: Family/Caretaker EMS Interpreter

CHIEF COMPLAINT: This is a 36 year old male / female who presents with a chief complaint of: 2nd leg from laceration of left leg took antibiotic x about 10 days by Dr. [unclear] suture removed on Monday, on Wednesday

Onset / Duration: Surgical Site:
Severity: Mild Moderate Severe Procedure:
Date of Surgery: 10/4/2003 Reported on reflex by family? doctor 5:00 P.M. on THU 10/2/03

REVIEW OF SYSTEMS:
Constitutional Negative Fever Chills
Skin Negative Rash Bruising

Complaint-Specific Findings:
Mass / Foreign Body
Fluctuant Mass
Hematoma
Joint Erythema / Swelling x mild
Tenosynovitis
Lymphadenopathy

PAST MEDICAL/FAMILY/SOCIAL HISTORY: Previously Healthy
Patient: Diabetes
Occupation:
Family Hx: Lives: Alone With Family At Nursing Home

PHYSICAL EXAMINATION: EXAM LIMITED DUE TO: Dementia Altered MS Extremis

Table with columns: Normal Findings, Abnormal Findings. Rows include Appearance, MS, Skin, Neuro.

Handwritten notes: 4 cm lacerated distal leg, 1/3 an opening c-der lip and seep's culture falls today area not red not indurated of cellulitis

Incision Normal Erythema Swollen Joints
Wound Margins Well Approximated Poorly Approximated Dehiscent
Drainage None Pustular Bloody Serous

Sutures / Staples Removed: #
Location:

MEDICAL DECISION MAKING: Consideration of the following circled conditions may be warranted for the presenting problem.

- Abscess / Cellulitis Joint Infection
Compartment Syndrome Non-viable Graft
Dehiscence Suture Removal
Healing Wound Tenosynovitis
Hematoma
Other:

RE-EVALUATION: Pain Scale (0-10)
Time: Unch. Imp. Worse

PHYS. NOTIFICATION/CONSULTS:
Discussed case/management/disposition of patient with:
Name: at a.m. / p.m.
Admit OBS Transfer Consult Follow-up:

Ancillary Tests and ED Treatment: See Orders Sheet

ED PHYSICIAN DIAGNOSES:
1 Laceration of left leg
2 to return in 2 days
3 -> cause may

DISPOSITION: RX GIVEN:
Discharge to: Home Work Nursing Home Admit Deceased Left AMA
Condition: Stable Unstable
Care Endorsed to: @ a.m. / p.m.
Transfer to: Transfer Form Completed

Progress Note / Critical Care / Procedure Note Attached Yes No

Standard After-Care Instructions Given to Patient Upon Discharge from ED

SIGNATURE: I have reviewed the ancillary/nursing staff documentation.
Physician attests performing History, Pertinent Physical Examination, and Medical Decision Making

Stamp: PADDOCK, KAREN L. IMC
ACCT: 0329200044 AGE: 34Y
SEX: F PAYCS: MC
ADM: 10/19/03
653 AIKEN, LUCILLE B
UNIT: 0000102909

Disposition Time: a.m. / p.m.
MD/DO Initials:
Resident/PA/NP



Patient Height: _____ Weight: _____ lbs / kgs Allergies: _____

kpaddock 000013

UPMC Northwest

QualChart® RE-CHECK / SUTURE R

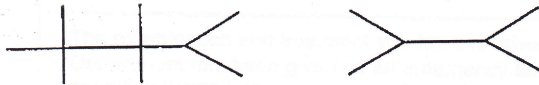
Medical Records: Old Chart Recent ED Chart Additional Records:

PANELS: Chest Pain Abdominal Pain Trauma AMS Adult Sepsis Pediatric Fever STD / GYN Entered by: _____ Time: _____

LABORATORY: Circle specific orders			Entered by:	Time:	RADIOLOGY: Circle specific orders			Entered by:	Time:
CBC					CXR (2 view)	PCXR			
BMP	CMP	LFT			C-spine	Port-C	CT C-Spine		
Amylase		Lipase			AAS	KUB			
Mg	Ca				L-spine	T-Spine			
UA	CC	Cath			Ribs	Right	Left		
ETOH	Urine Pregnancy				Finger	Right	Left		
HCG	Qual	Quant			Hand	Right	Left		
Urine Drug Screen					Wrist	Right	Left		
CPK	CKMB	Troponin			Forearm	Right	Left		
Myoglobin					Elbow	Right	Left		
Acetaminophen	ASA				Humerus	Right	Left		
Rh Type Screen	Rh Type Cross _____ u				Shoulder	Right	Left		
PT	PTT				Clavicle	Right	Left		
Digoxin					Hip Pelvis	Right	Left		
Dilantin	Depakote				Femur	Right	Left		
Tegretol	Phenobarb				Knee	Right	Left		
Cultures:	Urine	Sputum	Blood		Tibia / Fibula	Right	Left		
	Blood x 2	Stool			Ankle	Right	Left		
GC	Chlamydia	VDRL			Foot	Right	Left		
Rapid Strep	Mono	RSV	Rotavirus		CT / Head	With	Without		
Rectal Heme	Neg	Pos	QC		CT / Chest	With	Without		
ADDITIONAL LAB ORDERS:					ADDITIONAL RADIOLOGY ORDERS:				

Pertinent Lab Values: WNL WNL Except:

Signs / Symptoms Necessitating Xray / CT / US:



Xray Interp: ED Physician Radiologist Discussed With _____
Neg Pos No Acute Changes _____

PULSE OXIMETRY INTERP:				PEAK FLOW:			
NL	Hypoxic	% on R/A or O2 @ _____	l/min Time: _____	Pre-Treatment: _____	Post-Treatment #1: _____	Post-Treatment #2: _____	
CARDIAC MONITOR / EKG INTERP:				RESPIRATORY THERAPY:			
EKG #1			Entered by: _____ Time: _____	ABG	RA or	l/min	
EKG #2				Albuterol x 1 2 3 4 q		min	
Rate: Normal	Brady	Tachy		Atrovent x 1 2 3 4 q		min	
Rhythm: Sinus	AFIB	Junctional	Other: _____	Xopenex x 1 2 3 4 q		min	
Ectopy: None	PVCs	PACs	Other: _____	Rac Epi x 1 2 3 4 q		min	
EKG # 1				Continuous Albuterol	Atrovent		
EKG # 2				30 minutes	60 minutes		
EKG Comparison:	Yes	No	No Prior EKG	BIPAP	CPAP		

ORDERS:				Done By:	Time:
Pulse Ox	O2 @ _____	l/min via NC / Mask	Monitor	NPO	
Saline Lock	IV NS LR	_____ cc Bolus and rate of _____	cc / hour		
Foley Catheter	NG Tube	Glucometer #1: _____	#2: _____		

SIGNATURE: _____ TIME: _____ DATE: _____
MD / DO
PA
RN

PADDOCK, KAREN L.
ACCT: 0329200044 IMC
SEX: F PAYCS: MC AGE: 34Y
ADM: 10/19/03
653 AIKEN, LUCILLE B
UNIT: 0000102909



UPMC Northwest

Emergency Dept. (814) 437-7000 1 Spruce Street Franklin, PA 16323

ImmediaCare (814) 677-1700 174 E. Bissell Ave. Oil City, PA 16301

AFTER CARE INSTRUCTIONS

PADDOCK, KAREN L. ACCT: 0329200044 IMC SEX: F PAYCS: MC AGE: 34Y ADM: 10/19/03 653 AIKEN, LUCILLE B UNIT: 0000102909

JULY

Provisional Diagnosis:

Laceration of left lower leg

Name Unit Date

Follow up in ___ days with:

Dr. Address

Phone

Please call for an appointment. Business card given.

ADDITIONAL INSTRUCTIONS

to be seen in 2 days. Continuing Reflex as presented by family physician

Return demonstration crutch walking

The examination and treatment you have received in the Emergency Department has been given on an emergency basis only. (Should your condition worsen or any new symptoms develop, or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care.) If you cannot contact the doctor, return to the Emergency Department or ImmediaCare.

Please follow the instructions below as indicated for you:

- Abdominal Complaint, Animal Bite, Asthma, Back Pain, Burn Care, Cast Care, Chest Pain, Cold - Adult/child, Crutch Walking/Crutches, Culture, Eye Injury, Fever - Child, Febrile Convulsion, Headache, Head Injury - Adult/Child, Other, You have sutures/staples which must be removed in ___ days.

You were prescribed sedatives or pain medications that may make you drowsy. Do not drink alcohol or operate machinery while you are taking these medications.

X-Rays/EKGs do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-rays, but may be revealed on subsequent x-rays. Your x-ray/EKG has been read on a preliminary basis. Final reading will be made by the radiologist/cardiologist. You will be notified of any additional findings.

WORK/SCHOOL RELEASE

- May return to work/school immediately with no limitations. Off work/school today, may return next scheduled shift. Off work/school for ___ days, re-check by family/company doctor or preferred doctor prior to return. May return to work/school with the following limitations:

Signature of Patient or Responsible Person

Signature of Witness

Date

10-19-03

Re-order # 12080; 0871B-678; Rev. 11/01

Pt/Significant Other Verbalize Understanding

UPMC Northwest Emergency Dept. • 1 Spruce St. • Franklin, PA 16323 ImmediaCare • 174 E. Bissell Ave. • Oil City, PA 16301

UPMC Northwest Emergency Dept. • 1 Spruce St. • Franklin, PA 16323 ImmediaCare • 174 E. Bissell Ave. • Oil City, PA 16301

For Date

For Date

Address

Address

R

R

- Void -

- Void -

May Substitute, May Not Substitute, May Be Refilled 1 time, 2 times, 3 times, No Refills

May Substitute, May Not Substitute, May Be Refilled 1 time, 2 times, 3 times, No Refills

UPMC Northwest
Wed Oct 22, 2003 03:15 am
Outpatient Summary Report

Pat Name: PADDOCK, KAREN L
Unit #/Acct #: 0000102909/A0329200044
Loc: IMC 10/19/03
Phys-Service: AIKEN, LUCILLE B - EMERGENCY DEPT

Page: 1

In: 10/19/03 1333 ----- Spec: Leg
Out: 10/21/03 0951 ----- ; CULTURE BACTERIA NOT LISTED ; Techs: VNG T23853, 1962
Coll Time: 10/19/03 1050-----
Order Phys: GRUBB, DR ----- [A0329200044/3985084]

*STAT*STAT*STAT*

Result Name ----- Result
Final Report: ----- Complete.
Preliminary 1: ----- Mixed skin flora
Comment: ----- L LEG

End of Report - 10/22/03 03:15A

J.W. Shonnard MD, B.K. Davis MD, J.H. Suk MD

Outpatient Summary Report

PADDOCK, KAREN L
0000102909/A0329200044
IMC 10/19/03
(F-09/03/69)
Dr. AIKEN, LUCILLE B

UPMC Northwest
Mon Oct 20, 2003 02:39 am
Outpatient Summary Report

Pat Name: PADDOCK, KAREN L
Unit #/Acct #: 0000102909/A0329200044
Loc: IMC
Phys-Service: AIKEN, LUCILLE B - EMERGENCY DEPT

In: 10/19/03 1333
Out: To follow ; CULTURE BACTERIA NOT LISTED ; Spec: Leg
Coll Time: 10/19/03 1050 Techs: VNC T23853
Order Phys: GRUBB, DR [A0329200044/3985084]

*STAT*STAT*STAT*
Result Name Result

Final Report: To follow

In: 10/19/03 1440
Out: 10/19/03 1440 ; GRAM STAIN ; Spec: Leg
Coll Time: 10/19/03 1050 Techs: VNC T23853
Order Phys: AIKEN, LUCILLE B [A0329200044/3985084]

*STAT*STAT*STAT*
Result Name Result

Gram Stain: Few Gram positive cocci
Comment: L LEG

End of Report - 10/20/03 02:39A

kpaddock_000017

FRANKLIN CAMPUS
ONE SPRUCE ST.
FRANKLIN, PA. 16323
(814) 437-7000

OIL CITY CAMPUS
174 E. BISSELL AVE.
OIL CITY, PA. 16301
(814) 677-1700

UPMC
Northwest
A Hospital of UPMC Health System

SYSTEM DATE/TIME

10/21/03 11:51A

INITIALS

ASK

ACCOUNT NO.

0329400374

SERVICE

E/D 7

BROUGHT BY

PATIENT NAME PADDOCK, KAREN L.		PHONE (814)437-7801	SEX F	M/S M	AGE 34Y	BIRTH DATE 09/03/69	UNIT NO. 0000102909
RELATIONSHIP	RELATION PHONE	ATT. PHYSICIAN		E.D. PHYSICIAN			

Robert Paddock is a quiet man with a single mission in life - to tell the story of his late wife's struggle with chronic pain and raise awareness of her illness. He also wants people to know her suicide wasn't meaningless. That she lives she on. Robert describes Karen as his "best friend," and was devastated when she ultimately lost her battle with her daily, debilitating headaches and committed suicide on Aug. 7, 2013. When Robert approached the newspaper, he wanted someone to write about his wife's suicide. An editor explained to him that newspapers don't usually report on suicide cases for fear of copycats. But Robert was humbly insistent. "Her case is something different," Robert said. And it was. Yet out of this tragedy, some hope has arisen. Instructors at the Duke University of Medicine are using Karen's journal, found at <http://www.kpaddock.com>, as a case-study to teach students how to recognize the symptoms of a Cerebrospinal Fluid (CSF) Leak, the rare disease that Karen suffered from. Karen's first-hand account of her illness gave an honest, heart-wrenching depiction of what it is like to live with debilitating pain day-to-day. -- from <http://www.kpaddock.org>

PATIENT STATES: **LT LEG LAC, SWOLLEN POS INFECT**

ALLERGIES: **PNC MARCANE**

DISC: **PAINFUL**

BROUGHT BY: **SELF** PREVIOUS ADMISSION: **10/19/03**

PHYSICIAN: **609 AKINDELE, OLUSOLA**
; GRUBB, DR

INFO 2
INS INFO 3

PL3:

GP3:

www.kpaddock.com

UPMC NORTHWEST
Nursing Record

Franklin Campus Emergency Department
 Oil City Campus ImmediaCare

RIAGE Date: 10/21/03 Time: 1200 a.m. p.m. Mode of Arrival: EMS POV Other Tr Class: 1- (2) 3

Information obtained from: Patient Family/S.O. EMS Care Taker Old Medical Records Other
Presenting complaint: Pt states 2 wks ago she has been having 2 wks ago E. sutures. Wound is Red Swollen & yellow drainage

Prehospital Care <input type="checkbox"/> N/A <input type="checkbox"/> C- Collar <input type="checkbox"/> Backboard / CID <input type="checkbox"/> Monitor <input type="checkbox"/> IV <input type="checkbox"/> O ₂ @ _____ L	Pediatric Assessment Immunizations: <input type="checkbox"/> N/A <input type="checkbox"/> UTD <input type="checkbox"/> Not UTD Weight: _____ Kg. Height: _____ In. Head Circ. _____ cm.	Vital Signs B/P: 130/83 Pulse: 118 Reg Ir RR: 16 Temp: 35.9 ° R T Pulse Ox _____ % RA O ₂ O ₂ @ _____ LPM <input type="checkbox"/> NC <input type="checkbox"/> NRB	Medications / Herbal & OTC Meds Zanax Zanaflex Prozac Keflex
Tetanus <input type="checkbox"/> N/A <input type="checkbox"/> UTD <input type="checkbox"/> Not UTD	Smoking Hx <input type="checkbox"/> N/A <input type="checkbox"/> Never <input type="checkbox"/> Quit <input type="checkbox"/> Smokes _____ ppd x _____ yrs.	Reproductive Hx <input type="checkbox"/> N/A LNMP _____ Post Men. Hyst G I P SA EA	Allergies Pen Milk
DV Screen <input type="checkbox"/> N/A Do you feel emotionally and physically safe? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Are you safe at home? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Screening Result: <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Information / resources provided	Functional Assessment <input type="checkbox"/> N/A - Pt is minor <input type="checkbox"/> N/A - N.H. Pt or has caregiver Do you have any difficulty ambulating or caring for yourself? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Nutritional Assessment Weight 160 LB Kg <input type="checkbox"/> Estimate Have you had a recent weight change? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Loss <input type="checkbox"/> Gain	Social History Spiritual Needs? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Language Barrier? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Interpreter Used? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives w/Family / S.O. <input type="checkbox"/> Nursing Home / Assisted Living
PMH <input checked="" type="checkbox"/> Previously Healthy <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Cardiac <input type="checkbox"/> AIDS <input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Thyroid <input type="checkbox"/> Ulcer <input type="checkbox"/> Hepatitis <input type="checkbox"/> Cancer	Surgery:		

Assessment LOC <input type="checkbox"/> Nrm for pt <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> A&Ox3 <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Lethargic <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Confused Turgor <input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Combative Edema <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Present <input type="checkbox"/> Unresponsive Locallon: _____	Skin	Lungs R L <input checked="" type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> Rales <input type="checkbox"/> <input type="checkbox"/> Wheezes <input type="checkbox"/> <input type="checkbox"/> Decreased <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/>	Pain Pain: <input type="checkbox"/> None Onset: _____ <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent Alleviating/Aggravating factors: _____ Description: _____ Initial: _____ /10 Now: _____ /10 Worst: _____ /10 Facial Pain Scale 0 1 2 3 4 5 6 7 8 9 10 Mild Moderate Severe
Visual Acuity OS 1/60 M <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected			

INITIAL NURSING ASSESSMENT COMPLETED BY: *Schaffner* Time: 1200 a.m. / p.m.

TIME: _____ NURSING PROGRESS NOTES:
Hb: IV - taped & flushed - home = motive of returning tomorrow

Discharged Obs Admit Transfer Morgue Alone W/Responsible Party Condition on discharge: Stable Unstable Expired

Time	Initials	Medication Name	Dose	Route	Site	Time	Response to medication
	P10	NS Rocephin	2g	IV			

IV d T 0.5 ml IM Site _____ Mfg _____ Lot _____ Exp _____ Time _____ IV # _____ Amt _____ IV Solution _____ Rate _____ Site _____ Gauge _____ Amt. Infused _____ /hr _____ /hr _____	Addressograph / Label PADDOCK, KAREN L. ACCT: 0329400374 E/D SEX: F PAYCS: MC AGE: 34Y ADM: 10/21/03 609 AKINDELE, OLUSOLA UNIT: 0000102909
Vital Signs Time: _____ Lying B/P _____ Pulse _____ Sitting B/P _____ Pulse _____ Standing B/P _____ Pulse _____	
<input type="checkbox"/> Admitted Room# _____ Report Called _____ To: _____ Signature / Initials _____	

Patient Height: _____ Weight: _____ lbs / kgs Allergies: _____

kpaddock_000010

UPMC Northwest

Emergency Department QualChart® / ABRASION - LOWER

Medical Records: Old Chart Recent ED Chart Additional Records:

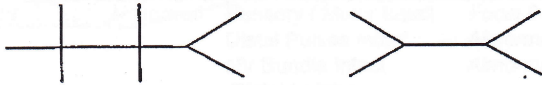
PROBLEMS: Chest Pain Abdominal Pain Trauma AMS Adult Sepsis Pediatric Fever STD / GYN Entered by: _____ Time: _____

LABORATORY: Circle specific orders				Entered by:	Time:	RADIOLOGY: Circle specific orders				Entered by:	Time:
CBC						CXR (2 view)	PCXR				
BMP	CMP	LFT				C-spine	Port-C	CT C-Spine			
Amylase		Lipase				AAS	KUB				
Mg	Ca					L-spine	T-Spine				
UA	CC	Cath				Ribs	Right	Left			
ETOH	Urine Pregnancy					Finger	Right	Left			
HCG	Qual	Quant				Hand	Right	Left			
Urine Drug Screen						Wrist	Right	Left			
CPK	CKMB	Troponin				Forearm	Right	Left			
Myoglobin						Elbow	Right	Left			
Acetaminophen	ASA					Humerus	Right	Left			
Rh Type Screen	Rh Type Cross	_____ u				Shoulder	Right	Left			
PT	PTT					Clavicle	Right	Left			
Digoxin						Hip Pelvis	Right	Left			
Dilantin	Depakote					Femur	Right	Left			
Tegretol	Phenobarb					Knee	Right	Left			
Cultures:	Urine	Sputum	Blood			Tibia / Fibula	Right	Left			
	Blood x 2	Stool				Ankle	Right	Left			
GC	Chlamydia	VDRL				Foot	Right	Left			
Rapid Strep	Mono	RSV	Rotavirus			CT / Head	With	Without			
Rectal Heme	Neg	Pos	QC			CT / Chest	With	Without			
ADDITIONAL LAB ORDERS:						ADDITIONAL RADIOLOGY ORDERS:					

Wound Cultures

Pertinent Lab Values: WNL WNL Except:

Signs / Symptoms Necessitating Xray / CT / U/S:



Xray Interp: ED Physician Radiologist Discussed With _____
Neg Pos No Acute Changes _____

PULSE OXIMETRY INTERP:				PEAK FLOW:			
NL	Hypoxic	_____ % on R/A or O2 @ _____ l/min	Time: _____	Pre-Treatment: _____	Post-Treatment #1: _____	Post-Treatment #2: _____	
CARDIAC MONITOR / EKG INTERP:				RESPIRATORY THERAPY:			
	EKG #1		Entered by: _____	Time: _____	ABG	RA or	L/min
	EKG #2				Albuterol x 1 2 3 4 q		min
Rate:	Normal	Brady	Tachy		Atrovent x 1 2 3 4 q		min
Rhythm:	Sinus	AFIB	Junctional	Other: _____	Xopenex x 1 2 3 4 q		min
Ectopy:	None	PVCs	PACs	Other: _____	Rac Epi x 1 2 3 4 q		min
EKG # 1					Continuous Albuterol	Atrovent	
EKG # 2					30 minutes	60 minutes	
EKG Comparison:	Yes	No	No Prior EKG		BiPAP	CPAP	

ORDERS:				Done By:	Time:
Pulse Ox	O2 @ _____ l/min	via NC / Mask	Monitor	NPO	
Saline Lock	IV NS LR	_____ cc Bolus	and rate of _____ cc / hour		
Foley Catheter	NG Tube	Glucometer #1: _____	#2: _____		

SIGNATURE: _____ TIME: _____ DATE: _____
 MD / DO
 PA
 RN

PADDOCK, KAREN L.
 ACCT: 0329400374 E/D
 SEX: F PAYCS: MC AGE: 34Y
 ADM: 10/21/03
 609 AKINDELE, OLUSOLA
 UNIT: 0000102909



kpaddock_000020

UPMC Northwest

Emergency Department QualChart®

Page 1 of 1

LACERATION / ABRASION - LOWER EXTREMITY

Fill in, circle pertinent positive findings. Complete all sections.

Time: 12:00 a.m. / p.m. VSS except:
Mode of Arrival: EMS Other Pulse Ox Not Applicable NL Hypoxic % on R/A or O2 @ L/min
Nurse's Triage Notes reviewed: Yes No LMP: Last Tetanus Booster:

HISTORY: HX from Pt Unobtainable due to: Dementia Altered MS Extremis HX from: Family / Caretaker EMS Interpreter

CHIEF COMPLAINT: This is a 34 year old male / female who presents with a chief complaint of laceration / puncture / abrasion to: Right / Left
High Knee Leg Ankle Foot Toe: 1 2 3 4 5

Mechanism of Injury: Sharp / Blunt Trauma FB Potential Describe:
Onset / Duration: Minutes Hours Days Weeks Ago Severity: Mild Moderate Severe Worse Since:
Aggravated By: Movement Nothing Alleviated By: Compression Nothing
Related HX: Occupational Injury

REVIEW OF SYSTEMS:

Motor Complaint: Negative ROM Weakness
Neurovascular Complaint: Negative Sensation Pulses
Other:

PAST MEDICAL/FAMILY/SOCIAL HISTORY: Previously Healthy

Patient: Diabetes Bleeding Disorders
Occupation:
Family Hx: Lives: Alone With Family At Nursing Home

PHYSICAL EXAMINATION: EXAM LIMITED DUE TO: Dementia Altered MS Extremis

Normal Findings: Abnormal Findings:
Appearance Normal No Distress Distress: Mild Mod Severe
MS Normal Strength / ROM Intact Limited @
Tendons Intact Interruption @
Joint(s) Stable Instability @
NV Normal Sensory / Motor Intact Focal Deficit @
Distal Pulses Intact Abnormality @
NV Bundle Intact Abnormal @
Distal to Injury



Laceration #1: Location: (See Diagram)

Description: Linear Stellate / Irregular Joint Proximity Anesthesia: Local / Digital .5% 1.0% 2.0% Lido / Marcaine Epi / Bicarb cc
Size: Length cm Width mm Depth mm Cleansing: Routine Prep Irrigation w/Pressure Irrigation Device Y / N
Contamination/FB Removal: Closure: Dermabond / SteriStrips / Single Layer / Multilayer / Staples #
Debridement: Suture: Skin SQ Muscle # - 0 Nylon / Prolene / Vicryl / Chromic
Modified for Repair: Suture: Skin SQ Muscle # - 0 Nylon / Prolene / Vicryl / Chromic

MEDICAL DECISION MAKING: Consideration of the following circled conditions may be warranted for the presenting problem.

Abrasion Fracture Puncture Wound
Avulsion Joint Space Violation Tendon Laceration
Foreign Body Laceration
Other: cellulitis

Ancillary Tests and ED Treatment: See Orders Sheet

ED PHYSICIAN DIAGNOSES:

1 cellulitis/wound
2 infection
3

RE-EVALUATION: Pain Scale (0-10)

Time: Unch. Imp. Worse

PHYS. NOTIFICATION/CONSULTS:

Discussed case/management/disposition of patient with:
Name: at a.m. / p.m.
Admit OBS Transfer Consult Follow-up:

DISPOSITION: RX GIVEN:

Discharge to: Home Work Nursing Home Admit Deceased Left AMA
Condition: Stable Unstable
Care Endorsed to: @ a.m. / p.m.
Transfer to: Transfer Form Completed

Progress Note / Critical Care / Procedure Note Attached Yes No

Standard After-Care Instructions Given to Patient Upon Discharge from ED

SIGNATURE:

I have reviewed the ancillary/nursing staff documentation.
Physician attests performing History, Pertinent Physical Examination, and Medical Decision Making

Disposition Time: a.m. / p.m.

MD/DO Initials:

Resident/PA/NP

PADDOCK, KAREN L
ACCT: 0329400374 E/D
SEX: F PAYCS: MC AGE: 34Y
ADM: 10/21/03
609 AKINDELE, OLUSOLA
UNIT: 0000102909



UPMC Northwest

Emergency Dept. (814) 437-7000 1 Spruce Street Franklin, PA 16323

ImmediaCare (814) 677-1700 174 E. Bissell Ave. Oil City, PA 16301

AFTER CARE INSTRUCTIONS PLEASE FOLLOW CAREFULLY

Provisional Diagnosis: Wound Infection. Name: PADDOCK, KAREN L. ACCT: 0329400374 E/D. SEX: F PAYCS: MC AGE: 34Y. Date: ADM: 10/21/03 609 AKINDELE, OLUSOLA UNIT: 0000102909. Please follow instructions below as indicated for you: [List of symptoms and instructions].

Signature of Patient or Responsible Person: Karen Paddock. Signature of Witness: [Signature]. Date: 10/21/03. [] P/Significant Other Verbalize Understanding

UPMC Northwest Emergency Dept. • 1 Spruce St. • Franklin, PA 16323 ImmediaCare • 174 E. Bissell Ave. • Oil City, PA 16301

For: Raven Paddock Date: 10/21/03. Address: _____

R Levagmin 500 Sig: Void - 9d #10. [Signature]

[] May Substitute M.D./D.O. [] May Not Substitute DEA No. [] May Be Refilled [] 1 time [] 2 times [] 3 times [] No Refills

UPMC Northwest
Thu Oct 23, 2003 04:37 am
Outpatient Summary Report

Pat Name: PADDOCK, KAREN L
Unit #/Acct #: 0000102909/A0329400374
Loc: E/D 10/21/03
Phys-Service: AKINDELE, OLUSOLA - EMERGENCY DEPT

In: 10/21/03 1308
Out: To follow ! CULTURE BACTERIA NOT LISTED ! Spec: Leg
Coll Time: 10/21/03 1308 Techs: VDR T2010, 1962
Order Phys: AKINDELE, OLUSOLA [A0329400374/39869411]

*STAT*STAT*STAT*

Result Name Result
Final Report: To follow
Organism 1: Many Staph

End of Report - 10/23/03 04:37A

UPMC Northwest
Fri Oct 24, 2003 04:38 am
Outpatient Summary Report

Pat Name: PADDOCK, KAREN L
Unit #/Acct #: 0000102909/A0329400374
Loc: E/D 10/21/03
Phys-Service: AKINDELE, OLUSOLA - EMERGENCY DEPT

In: 10/21/03 1308
Out: 10/23/03 1115 ; CULTURE BACTERIA NOT LISTED ; Spec: Leg
Call Time: 10/21/03 1308 Techs: VDR T2010, 1962*
Order Phys: AKINDELE, OLUSOLA [A0329400374/3986941]

Result Name *STAT*STAT*STAT*
Result

Final Report: Mixed skin flora

End of Report - 10/24/03 04:38A

UPMC Northwest
Wed Oct 22, 2003 03:15 am
Outpatient Summary Report

Pat Name: PADDOCK, KAREN L
Unit #/Acct #: 0000102909/A0329400374
Loc: E/D
Phys-Service: AKINDELE, OLUSOLA - EMERGENCY DEPT

In: 10/21/03 1308 ----- Spec: Leg
Out: To follow ; CULTURE BACTERIA NOT LISTED ; Techs: VDR T2010
Coll Time: 10/21/03 1308 -----
Order Phys: AKINDELE, OLUSOLA [A0329400374/3986941]

*STAT*STAT*STAT*
Result Name Result

Final Report: To follow

In: 10/21/03 1331 -----
Out: 10/21/03 1354 ; GRAM STAIN ; Techs: VDR T2010
Coll Time: 10/21/03 1308 -----
Order Phys: AKINDELE, OLUSOLA [A0329400374/3986941]

*STAT*STAT*STAT*
Result Name Result

Gram Stain: No Bacteria Seen.
Comment: LT LEG

End of Report - 10/22/03 03:15A

kpaddock_000025

FRANKLIN CAMPUS
ONE SPRUCE ST.
FRANKLIN, PA. 16323
(814) 437-7000

OIL CITY CAMPUS
174 E. BISSELL AVE.
OIL CITY, PA. 16301
(814) 677-1700

UPMC
Northwest

SYSTEM DATE/TIME

10/22/03-11:57A

ASK

ACCOUNT NO.

0329500331

SERVICE

E/D

BROUGHT BY

7

PATIENT NAME

PADDOCK, KAREN L.

PHONE

(814)437-7801

SEX

F

M/S

M

AGE

34Y

BIRTH DATE

09/09/69

UNIT NO.

0000102909

This ****Levaquin**** crap ruined Karen's future. Levofloxacin (Levaquin), Ciprofloxacin (Cipro), Moxifloxacin (Avelox), Norfloxacin (Noroxin), Ofloxacin (Floxin), Gemifloxacin (Factive) and Finafloxacin (Xtoro) should be taken off the market, and the FDA knows it! Levaquin made it so she could not walk from the tendinitis that it caused. May they also be damaging the Dura? She spent a ****YEAR**** crawling around the house on this construction, skate board like thing so her ankles would heal. See:
<http://kpaddock.com/doku.php/resources/fluoroquinolones> [8-15-2013] The U.S. Food and Drug Administration (FDA) has required the drug labels and Medication Guides for all fluoroquinolone antibacterial drugs be updated to better describe the serious side effect of peripheral neuropathy. This serious nerve damage potentially caused by fluoroquinolones (see Table for a list) may occur soon after these drugs are taken and may be permanent. The risk of peripheral neuropathy occurs only with fluoroquinolones that are taken by mouth or by injection. Approved fluoroquinolone drugs include levofloxacin (Levaquin), ciprofloxacin (Cipro), moxifloxacin (Avelox), norfloxacin (Noroxin), ofloxacin (Floxin), and gemifloxacin (Factive). The topical formulations of fluoroquinolones, applied to the ears or eyes, are not known to be associated with this risk. If a patient develops symptoms of peripheral neuropathy, the fluoroquinolone should be stopped, and the patient should be switched to another, non-fluoroquinolone antibacterial drug, unless the benefit of continued treatment with a fluoroquinolone outweighs the risk. Peripheral neuropathy is a nerve disorder occurring in the arms or legs. Symptoms include pain, burning, tingling, numbness, weakness, or a change in sensation to light touch, pain or temperature, or the sense of body position. It can occur at any time during treatment with fluoroquinolones and can last for months to years after the drug is stopped or be permanent. Patients using fluoroquinolones who develop any symptoms of peripheral neuropathy should tell their health care professionals right away. FDA will continue to evaluate the safety of drugs in the fluoroquinolone class and will communicate with the public again if additional information becomes available. **** THESE PEOPLE SHOULD BE IN JAIL FOR THE REST OF THEIR LIVES! ****

PATIENT STATES: 2ND ROUND ANTIBIOTICS

ALLERGIES: MARCANE

MISC: FOR LT LEG INFECT

PROUDER BY

PREVIOUS ADMISSIONS

PHYSICIAN: 621 VUKMIR, RADE
; GRUBB, DR

INFO 2

INFO 3

PL3:

GP3:

www.kpaddock.com

UPMC NORTHWEST
Nursing Record

Franklin Campus Emergency Department
 Oil City Campus ImmediaCare

PAGE: Date: 10/22/03 Time: 12:10 a.m. p.m. Mode of Arrival: EMS POV Other Tr-Class: 1- 2 3

Information obtained from: Patient Family/S.O. EMS Care Taker Old Medical Records Other
Presenting complaint: *Pt. is here for 200 rounds of antibiotics. Cut leg 10/4 on glass. L leg weakened & firm to touch*

<input checked="" type="checkbox"/> N/A <input type="checkbox"/> C-Collar	Immunizations: <input type="checkbox"/> N/A	B/P: 102/68
<input type="checkbox"/> Backboard / CID	<input type="checkbox"/> UTD <input type="checkbox"/> Not UTD	Pulse: 96 (Reg) Ir
<input type="checkbox"/> Monitor	Weight: _____ Kg.	RR: 18
<input type="checkbox"/> IV	Height: _____ In.	Temp: 96.8 <input type="checkbox"/> R <input checked="" type="checkbox"/> L
<input type="checkbox"/> O ₂ @ _____	Head Circ. _____ cm.	Pulse Ox _____ % RA O ₂
Tetanus	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTD <input type="checkbox"/> Not UTD	O ₂ @ _____ LPM <input type="checkbox"/> NC <input type="checkbox"/> NRB
Smoking Hx:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Never <input type="checkbox"/> Quit <input type="checkbox"/> Smokes _____ ppd x _____ yrs.	
Reproductive Hx:	<input type="checkbox"/> N/A LNMP 9/30/03 Post Men. Hyst	
CV Screen	<input type="checkbox"/> N/A Do you feel emotionally and physically safe? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Are you safe at home?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N Screening Result: <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos	

Medications / Herbal & OTC Meds	<i>none</i>
Allergies	<i>Pen</i> ? <i>Morcano</i> → ?

Functional Assessment	<input type="checkbox"/> N/A - Pt is minor <input type="checkbox"/> N/A - N.H. Pt or has caregiver
Do you have any difficulty ambulating or caring for yourself?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Nutritional Assessment	Weight 170 LB Kg <input type="checkbox"/> Estimate
Have you had a recent weight change?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Loss <input type="checkbox"/> Gain
PMH: <input type="checkbox"/> Previously Healthy	<input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Cardiac <input type="checkbox"/> AIDS
<input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Thyroid <input type="checkbox"/> Ulcer <input type="checkbox"/> Hepatitis	<input type="checkbox"/> Cancer
Other: <i>acceptal nerve freezes</i>	

Social History	Spiritual Needs? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Language Barrier?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N Interpreter Used? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<input type="checkbox"/> Lives Alone	<input checked="" type="checkbox"/> Lives w/ Family / S.O. <input type="checkbox"/> Nursing Home / Assisted Living
Surgery:	<i>depend.</i>

Assessment	Skin	Lungs
LOC <input type="checkbox"/> Nrmal for pt	<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold	R <input type="checkbox"/> Clear <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> A&Ox3	<input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic	L <input type="checkbox"/> Rales <input type="checkbox"/>
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic	<input type="checkbox"/> Wheezes <input type="checkbox"/>
<input type="checkbox"/> Confused	Turgor <input type="checkbox"/> Normal <input type="checkbox"/> Decreased	<input type="checkbox"/> Decreased <input type="checkbox"/>
<input type="checkbox"/> Combative	Edema <input type="checkbox"/> Absent <input type="checkbox"/> Present	<input type="checkbox"/> Absent <input type="checkbox"/>
<input type="checkbox"/> Unresponsive	Location: _____	
Visual Acuity	OS _____ OD _____ <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected	

Pain	Pain: <input type="checkbox"/> None Onset: _____ <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent
Alleviating/Aggravating factors:	Description: <i>"its sore"</i>
Initial: _____ /10	Now: _____ /10
Worst: _____ /10	

INITIAL NURSING ASSESSMENT COMPLETED BY: *J. Brown* Time: 12:15 a.m. / p.m.

NURSING PROGRESS NOTES
1440 to 17 - Returned @ 1400
1440 IV D/C - to go immed to FSG -

Discharged Obs Admit Transfer Morgue Alone W/Responsible Party Condition on discharge: Stable Unstable Expired

Time	Initials	Medication Name	Dose	Route	Site	Time	Response to medication

dT 0.5 ml IM Site	Mfg	Lot	Exp
Time	IV #	Amnt	IV Solution
		/hr	
		/hr	

Addressograph / Label

PADDOCK, KAREN L
ACCT: 0329500331 E/D
SEX: F PAYCS: MC AGE: 34Y
ADM: 10/22/03
621 VUKMIR, RADE
UNIT: 0000102909

Admitted Room# _____ Report Called _____ To: _____
Signature / Initials *J. Brown JB*

Patient Height: _____ Weight: _____ lbs / kgs Allergies: _____

kpaddock 000027

UPMC Northwest

Emergency Department QualChart® RE-CHECK / SUTURE R

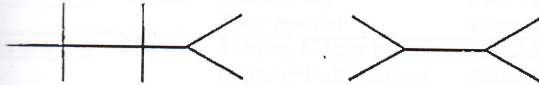
Records: Old Chart Recent ED Chart Additional Records:

PROBLEMS: Chest Pain Abdominal Pain Trauma AMS Adult Sepsis Pediatric Fever STD / GYN Entered by: _____ Time: _____

LABORATORY: Circle specific orders			Entered by:	Time:	RADIOLOGY: Circle specific orders			Entered by:	Time:
CBC					CXR (2 view)	PCXR			
BMP	CMP	LFT			C-spine	Port-C	CT C-Spine		
Amylase		Lipase			AAS	KUB			
Mg	Ca				L-spine	T-Spine			
UA	CC	Cath			Ribs	Right	Left		
ETOH	Urine Pregnancy				Finger	Right	Left		
HCG	Qual	Quant			Hand	Right	Left		
Urine Drug Screen					Wrist	Right	Left		
CPK	CKMB	Troponin			Forearm	Right	Left		
Myoglobin					Elbow	Right	Left		
Acetaminophen	ASA				Humerus	Right	Left		
Rh Type Screen	Rh Type Cross	_____ u			Shoulder	Right	Left		
PT	PTT				Clavicle	Right	Left		
Digoxin					Hip Pelvis	Right	Left		
Dilantin	Depakote				Femur	Right	Left		
Tegretol	Phenobarb				Knee	Right	Left		
Cultures:	Urine	Sputum	Blood		Tibia / Fibula	Right	Left		
	Blood x 2	Stool			Ankle	Right	Left		
GC	Chlamydia	VDRL			Foot	Right	Left		
Rapid Strep	Mono	RSV	Rotavirus		CT / Head	With	Without		
Rectal Heme	Neg	Pos	QC		CT / Chest	With	Without		
ADDITIONAL LAB ORDERS:					CT / Abd / Pelvic	With	Without		
					US of: ABD GB Pelvis				
					ADDITIONAL RADIOLOGY ORDERS:				
					CT - L Cerv - Glucos FB MC 1312				

Pertinent Lab Values: WNL WNL Except:

Signs / Symptoms Necessitating Xray / CT / UIS: L



Xray Interp: ED Physician Radiologist Discussed With _____

Neg Pos No Acute Changes

log E *CT 1.5x3.0 cm Plan*

PULSE OXIMETRY INTERP:				PEAK FLOW:			
L Hypoxic _____ % on R/A or O2 @ _____ l/min Time: _____				Pre-Treatment: _____ Post-Treatment #1: _____ Post-Treatment #2: _____			
CARDIAC MONITOR / EKG INTERP:				RESPIRATORY THERAPY:			
Entered by: _____ Time: _____				Dose: _____ Entered by: _____ Time: _____			
EKG #1				ABG	RA or	L/min	
EKG #2				Albuterol x 1 2 3 4 q min			
Rate: Normal	Brady	Tachy		Atrovent x 1 2 3 4 q min			
Rhythm: Sinus	AFIB	Junctional	Other: _____	Xopenex x 1 2 3 4 q min			
Ectopy: None	PVCs	PACs	Other: _____	Rac Epi x 1 2 3 4 q min			
EKG #1				Continuous Albuterol	Atrovent		
EKG #2				30 minutes	60 minutes		
EKG Comparison:	Yes	No	No Prior EKG	BIPAP	CPAP		

ORDERS:				Done By:	Time:
Pulse Ox	O2 @	l/min via	NC / Mask	Monitor	NPO
Saline Lock	IV	NS	LR	_____ cc Bolus and rate of _____ cc / hour	
Foley Catheter	NG Tube	Glucometer #1:	#2:		

SIGNATURE: _____ TIME: _____ DATE: _____

MD / DO _____
 PA _____
 RN _____

PADDOCK, KAREN L.
 ACCT: 0329500331
 SEX: F PAYCS: MC
 ADM: 10/22/03
 621 VUKMIR, RADE
 UNIT: 0000102909
 E/D AGE: 34Y



WOUND RE-CHECK / SUTURE REMOVAL

Fill in, circle pertinent positive findings. Complete all sections.

Time: _____ a.m. / p.m. VSS except: _____
Date of Arrival: EMS Other Pulse Ox Not Applicable NL Hypoxic _____ % on R/A or O2 @ _____ L/min
Nurse's Triage Notes reviewed: Yes No LMP: _____ Last Tetanus Booster: _____

HISTORY: HX from Pt Unobtainable due to: Dementia Altered MS Extremis HX from: Family/Caretaker EMS Interpreter

CHIEF COMPLAINT: This is a 34 year old male / female who presents with a chief complaint of: _____

Onset / Duration: Oct 4, 2003 Surgical Site: Right hand 1st glove
Severity: Mild Moderate Severe Procedure: _____

Related HX: Redness Swelling Pain Discharge Date of Surgery: Oct 12, 2003
Referral from _____

REVIEW OF SYSTEMS: Constitutional Negative Fever Chills
Skin Negative Rash Bruising

Complaint-Specific Findings:
Mass / Foreign Body
Fluctuant Mass
Hematoma
Joint Erythema / Swelling
Tenosynovitis
Lymphadenopathy

PAST MEDICAL/FAMILY/SOCIAL HISTORY: Previously Healthy
Patient: Diabetes _____
Occupation: _____
Family Hx: _____ Lives: Alone With Family At Nursing Home

PHYSICAL EXAMINATION: EXAM LIMITED DUE TO: Dementia Altered MS Extremis

Table with 2 columns: Normal Findings and Abnormal Findings. Rows include Appearance, MS, Skin, and Neuro.

Incision Normal Erythema Swollen
Wound Margins Well Approximated Poorly Approximated Dehiscid
Drainage None Pustular Bloody Serous

Sutures / Staples Removed: # _____
Location: _____

MEDICAL DECISION MAKING: Consideration of the following circled conditions may be warranted for the presenting problem.
Abscess / Cellulitis Joint Infection
Compartment Syndrome Non-viable Graft
Dehiscence Suture Removal
Healing Wound Tenosynovitis
Hematoma
Other: _____
Ancillary Tests and ED Treatment: See Orders Sheet

RE-EVALUATION: Pain Scale (0-10)
Time: _____ Unch. Imp. Worse _____

PHYS. NOTIFICATION/CONSULTS: Discussed case/management/disposition of patient with:
Name: _____ at _____ a.m. / p.m.
Admit OBS Transfer Consult Follow-up: _____
Name: _____ at _____ a.m. / p.m.
Admit OBS Transfer Consult Follow-up: _____

ED PHYSICIAN DIAGNOSES:
1 Wound Infection
2 Cutaneous Abscesses
3

DISPOSITION: Discharge to: Home Work Nursing Home Admit Deceased Left AMA
Condition: Stable Unstable
Care Endorsed to: _____ @ _____ a.m. / p.m.
Transfer to: _____ Transfer Form Completed

Progress Note / Critical Care / Procedure Note Attached Yes No

Standard After-Care Instructions Given to Patient Upon Discharge from ED

SIGNATURE: I have reviewed the ancillary/nursing staff documentation.
Physician effects performing History, Pertinent Physical Examination, and Medical Decision Making
(Initials) _____
Disposition Time: _____ a.m. / p.m.
MD/DO Initials: _____
Resident/PA/NP

PADDOCK, KAREN L
ACCT: 0329500331 E/D
SEX: F PAYCS: MC AGE: 34Y
ADM: 10/22/03
621 VUKMIR, RADE
UNIT: 0000102909



AFTER CARE INSTRUCTIONS
PLEASE FOLLOW

FADDOCK, KAREN L. E/D
ACCT: 0329500331 AGE: 34Y
SEX: F PAYCS: MC
ADM: 10/22/03
621 VUKMIR, RADE
UNIT: 0000102909

Provisional Diagnosis:

ABSCESS

Name: _____
Unit Number: _____
Date: _____

Please follow the instructions below as indicated for you:

- | | |
|--|--|
| <input type="checkbox"/> Abdominal Complaint | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Animal Bite | <input type="checkbox"/> Neck Strain/Sprain |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nosebleed |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Otitis Media (Earache) |
| <input type="checkbox"/> Burn Care | <input type="checkbox"/> Pelvic Inflammatory Disease |
| <input type="checkbox"/> Cast Care | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Cold - Adult/child | <input type="checkbox"/> Strain, Sprain, Fracture |
| <input type="checkbox"/> Crutch Walking/Crutches | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Threatened Miscarriage |
| <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Fever - Child | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Febrile Convulsion | <input type="checkbox"/> Vomiting/Diarrhea-Adult/Child |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Wound Care/Suture After Care |
| <input type="checkbox"/> Head Injury - Adult/Child | <input type="checkbox"/> IV Conscious Sedation |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> You have _____ sutures/staples which must be removed in _____ days. | |

Follow up in _____ days with:

Dr. *Low Schuman/Klinger*
Address _____

Phone _____
 Please call for an appointment. Business card given.

ADDITIONAL INSTRUCTIONS

*Continue low dose
Go directly to FSG*

Return demonstration crutch walking

The examination and treatment you have received in the Emergency Department has been given on an emergency basis only. (Should your condition worsen or any new symptoms develop, or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care.) If you cannot contact the doctor, return to the Emergency Department or ImmediaCare.

You were prescribed sedatives or pain medications that may make you drowsy. Do not drink alcohol or operate machinery while you are taking these medications.

X-Rays/EKGs do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-rays, but may be revealed on subsequent x-rays. Your x-ray/EKG has been read on a preliminary basis. Final reading will be made by the radiologist/cardiologist. You will be notified of any additional findings.

WORK/SCHOOL RELEASE

- May return to work/school immediately with no limitations.
- Off work/school today, may return next scheduled shift.
- Off work/school for _____ days, re-check by family/company doctor or preferred doctor prior to return.
- May return to work/school with the following limitations: _____

Signature of Patient or Responsible Person _____

Signature of Witness *[Signature]*

Date *10/22/03*

Re-order # 12080; 0871B-678; Rev. 11/01

PT/Significant Other Verbalize Understanding

UPMC Northwest

Emergency Dept. • 1 Spruce St. • Franklin, PA 16323
ImmediaCare • 174 E. Bissell Ave. • Oil City, PA 16301

For *Prosser* Date *10/22/03*

Address _____

R *Levaquin 500mg*
Tu
- Void -
#10

May Substitute _____ M.D./D.O.
 May Not Substitute DEA No. _____
 May Be Refilled 1 time 2 times 3 times No Refills

UPMC Northwest

Emergency Dept. • 1 Spruce St. • Franklin, PA 16323
ImmediaCare • 174 E. Bissell Ave. • Oil City, PA 16301

For _____ Date _____

Address _____

R
- Void -

May Substitute _____ M.D./D.O.
 May Not Substitute DEA No. _____
 May Be Refilled 1 time 2 times 3 times No Refills

Take Films to the ER

Northwest

Exam:

Lt leg

No Acute Disease or No Change

Abnormal

Exam:

No Acute Disease or No Change

Abnormal

Exam:

No Acute Disease or No Change

Abnormal

Physician's Signature _____

or

Radiologist's Signature _____

[Handwritten Signature]

RADIOLOGIST REVIEW:

Agree

Disagree

Reason(s): _____

(Specify Exam): _____

Radiologist's Signature: _____

Date: _____

PRELIMINARY X-RAY REPORT(S)

PADDOCK, KAREN L. E/D
ACCT: 0329500331 AGE: 34Y
SEX: F PAYCS: MC
ADM: 10/22/03
621 VUKMIR, RADE
UNIT: 0000102909

ARROWS TO INDICATE AFFECTED AREA
 *DO NOT CIRCLE ENTIRE AREAS

ER PATIENTS/BRIEF CLINICAL HISTORY

PT. NAME: _____

THIS SECTION FOR CHEST X-RAYS ONLY

_____ PAIN (_____ L _____ R or _____ Both)

_____ SOB _____ FEVER

HISTORY :

_____ TRAUMA _____ NO TRAUMA

L SYMPTOMS: cut on glass
10/14/03, infected wound

DURATION OF SYMPTOMS: _____ < 24 HRS

_____ 1-7 DAYS. X >1 WEEK
 (greater than)

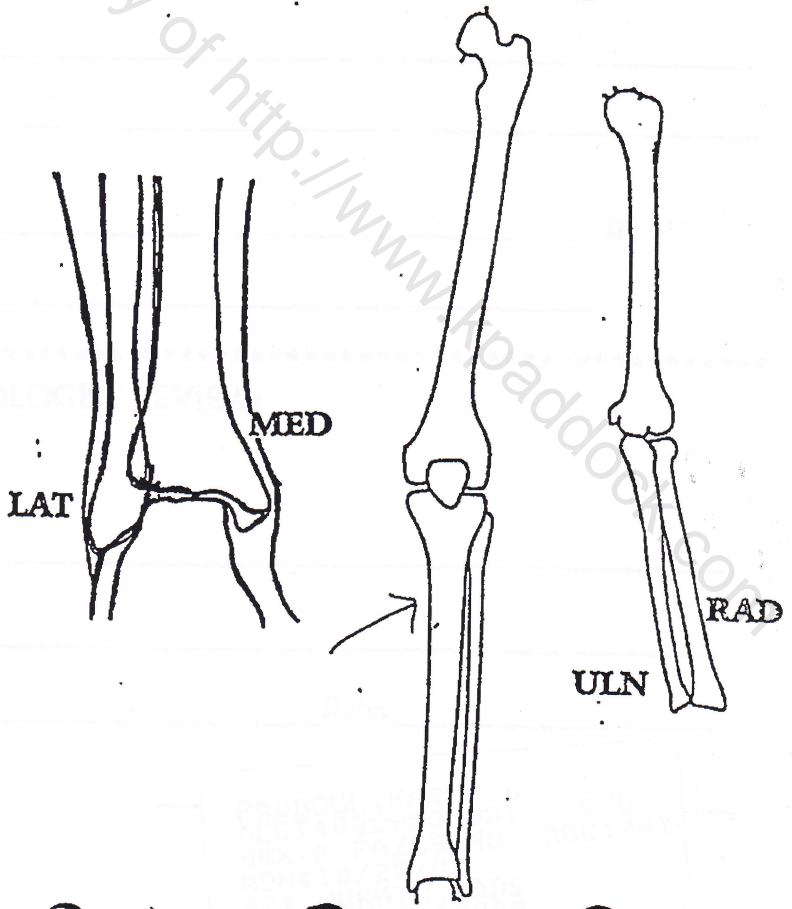
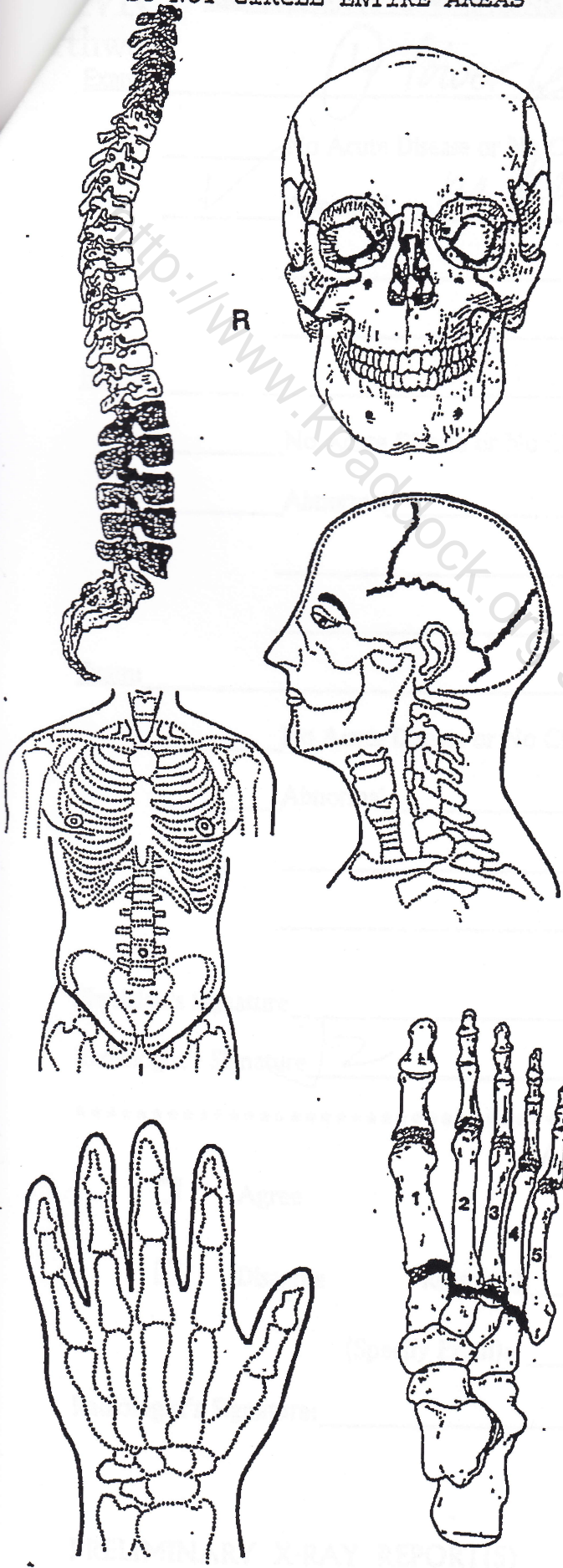
PLEASE EXPLAIN REASON IF NOT ABLE TO

paperclip
Marks cut.

DO ALL VIEWS:

TECHNOLOGIST OR STUDENT NAME:

W.D. HS



Southwest
Exam: _____

H lower leg

_____ No Acute Disease or No Change

Abnormal *no flk, 1.5 x 3.0 cm fluid collection adjacent to saphenous vein*

Exam: _____

_____ No Acute Disease or No Change

_____ Abnormal _____

Exam: _____

_____ No Acute Disease or No Change

_____ Abnormal _____

Physician's Signature _____

or

Radiologist's Signature *[Signature]*

RADIOLOGIST REVIEW:

Agree

Disagree

Reason(s): _____

(Specify Exam): _____

Radiologist's Signature: _____

Date: _____

PRELIMINARY X-RAY REPORT(S)

PADDOCK, KAREN L E/D
ACCT: 0329500331 AGE: 34Y
SEX: F PAYCS: MC
ADM: 10/22/03
621 VUKMIR, RADE
UNIT: 0000102909

ARROWS TO INDICATE AFFECTED AREA
 *DO NOT CIRCLE ENTIRE AREAS

ER PATIENTS/BRIEF CLINICAL HISTORY

PT. NAME: _____

THIS SECTION FOR CHEST X-RAYS ONLY

_____ PAIN (_____ L _____ R or _____ Both)

_____ SOB _____ FEVER

HISTORY:

_____ TRAUMA _____ NO TRAUMA

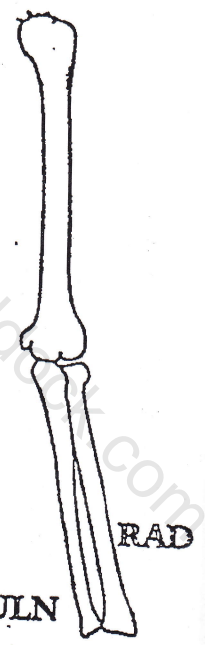
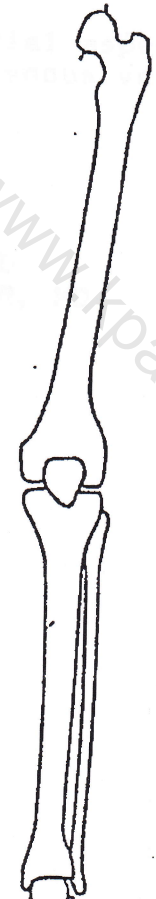
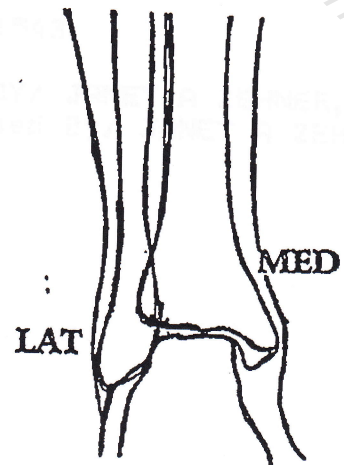
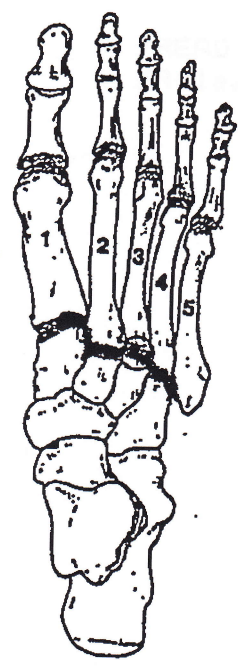
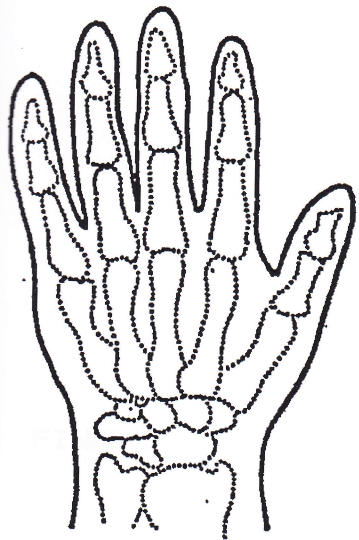
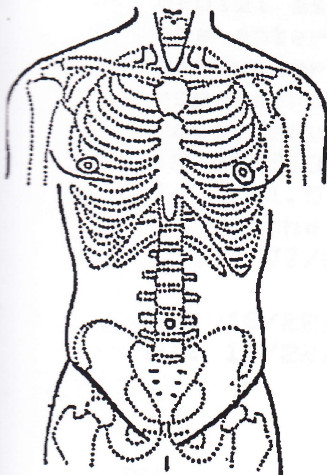
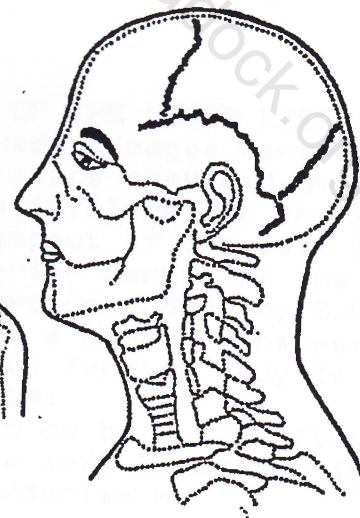
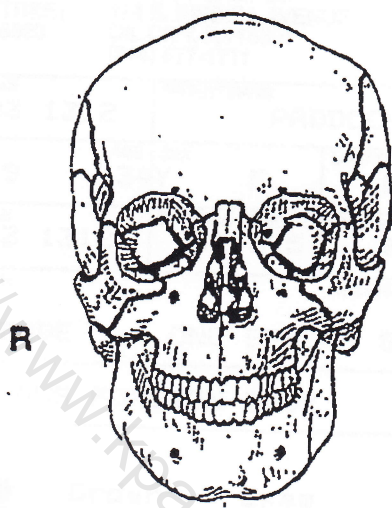
L: SYMPTOMS: _____

DURATION OF SYMPTOMS: _____ < 24 HRS

_____ 1-7 DAYS _____ >1 WEEK
 (greater than)

PLEASE EXPLAIN REASON IF NOT ABLE TO DO ALL VIEWS:

TECHNOLOGIST OR STUDENT NAME: _____



JPMC NORTHWEST

FRANKLIN CAMPUS
ONE SPRUCE STREET
FRANKLIN, PA 16323
(814) 437-7000

OIL CITY CAMPUS
174 E. BISSELL AVENUE
OIL CITY, PA 16301
(814) 677-1711

DEPARTMENT OF RADIOLOGY

ORDERED DATE / TIME 10/22/03 1312		PATIENT NAME PADDOCK, KAREN L			MEDICAL RECORD # A0000102909	
DOB 09/03/69	AGE 34	SEX Y F	LOCATION E/D E/D	ACCOUNT # A0329500331	REPORT RELEASED 10/22/03 1809	
CHECK-IN DATE / TIME 10/22/03 1312		CHECK-IN NUMBER 624575	ORDER # 0002	ADMITTING PHYSICIAN VUKMIR, RADE		
ORDERING PHYSICIAN VUKMIR, RADE		ORDERING PHYSICIAN ADDRESS ONE SPRUCE STREET FRANKLIN, PA 16323			ORDERING PHYSICIAN PHONE # (814) 437-7000	
Cmnt: GLASS FOREIGN BODY				PCP: ;GRUBB, DR		

RADIOLOGY REPORT

Chk-in # Order Exam Work Diag: 2ND ROUND ANTIBIOTI
624575 0002 7180 CT LOWER EXTREM WO CONT*L
Ord Diag: ;LT LEG PAIN

CT SCAN OF THE LOWER EXTREMITY: An area of previous laceration was marked. Images were obtained both with and without the markers since they did produce significant streak artifact. There is infiltration the adjacent subcutaneous fat in the medial aspect of the left lower leg just below the knee. Along the anterior margin of the saphenous vein there is a circumscribed 1.5 cm by 3.0 cm fluid collection. This may represent a seroma, abscess or resolving hematoma. No radiopaque foreign body is seen.

IMPRESSION:

1. 1.5 cm by 3.0 cm fluid collection in the medial aspect of the left lower leg just anterior to the saphenous vein.
JZ/denise w.

DD: 10/22/03 1502
DT: 10/22/03 1543 10/22/03 1543

/READ BY/ JANET A ZEHNER, MD
/Released By/ JANET A ZEHNER, MD

DW

RADIOLOGY REPORT

UPMC NORTHWEST

FRANKLIN CAMPUS ONE SPRUCE STREET FRANKLIN, PA 16323 (814) 437-7000
OIL CITY CAMPUS 174 E. BISSELL AVENUE OIL CITY, PA 16301 (814) 677-1711

DEPARTMENT OF RADIOLOGY

ORDERED DATE / TIME 10/22/03 1225	PATIENT NAME PADDOCK, KAREN L		MEDICAL RECORD # A0000102909
DOB 09/03/69	AGE 34Y	SEX F	LOCATION E/D E/D
CHECK-IN DATE / TIME 10/22/03 1225	CHECK-IN NUMBER 624549	ORDER # 0001	ACCOUNT # A0329500331
ORDERING PHYSICIAN VUKMIR, RADE		ADMITTING PHYSICIAN VUKMIR, RADE	
ORDERING PHYSICIAN ADDRESS ONE SPRUCE STREET FRANKLIN, PA 16323		ORDERING PHYSICIAN PHONE # (814)437-7000	
Cmnt: R/O FOREIGN BODY GLASS		PCP: ;GRUBB, DR	

RADIOLOGY REPORT

Chk-in #	Order	Exam	Work Diag:
624549	0001	1505	2ND ROUND ANTIBIOTI
			LEG (2 VIEWS)*L
			Ord Diag: ;LT LEG PAIN

LEFT LEG: Proximal soft tissue swelling is seen. No discernible foreign objects are apparent within the soft tissues. Please note that glass might not be detected with plain film radiographs. No bony abnormality is detected.
IMPRESSION:

Proximal soft tissue swelling. JK/denise w.

DD: 10/22/03 1312

DT: 10/22/03 1408 10/22/03 1408

/READ BY/ JOEL KEATS, MD

/Released By/ JOEL KEATS, MD

DW

FINAL

RADIOLOGY

http://www.kpaddock.com

UPMC Northwest
Mon Dec 29, 2003 05:27 am
Outpatient Summary Report

Pat Name: PADDOCK, KAREN L
Unit #/Acct #: 0000102909/A0335600454
Loc: O/P 12/22/03
Phys-Service: GRUBB, MD - OUT-PATIENT

Page: 1

In: 12/22/03 1307 Spec: Blood
Out: 12/28/03 0933 | CULTURE BLOOD | Techs: V15750 T1962*
Coll Time: 12/22/03 1305
Order Phys: GRUBB, MD [A0335600454/4035316]

Result Name	Result
Final Report:	No growth (aerobe and anaerobe) in 5 days.
Preliminary 1:	No growth in 48 hours.

End of Report - 12/29/03 05:27A

J.W. Shonnard MD, B.K. Davis MD, J.H. Suk MD

Outpatient Summary Report

PADDOCK, KAREN L
0000102909/A0335600454
O/P 12/22/03
(F-09/03/69)
Dr. GRUBB, MD

kpaddock_000037

PMC NORTHWESTFRANKLIN CAMPUS
ONE SPRUCE STREET
FRANKLIN, PA 16323
(814) 437-7000OIL CITY CAMPUS
174 E. BISSELL AVENUE
OIL CITY, PA 16301
(814) 677-1711**DEPARTMENT OF RADIOLOGY**

ORDERED DATE / TIME	PADDOCK, KAREN L			MEDICAL RECORD #	A0000102909
DOB	AGE	SEX	LOCATION	ACCOUNT #	REPORT RELEASED
09/03/69	34	Y F	O/P DIS	A0335600454	12/23/03 1138
CHECK-IN DATE / TIME	CHECK-IN NUMBER	ORDER #	ADMITTING PHYSICIAN		
12/22/03 1357	638975	0003	GRUBB, MD		
ORDERING PHYSICIAN	ORDERING PHYSICIAN ADDRESS			ORDERING PHYSICIAN PHONE #	
GRUBB, RONALD DO					
Cmnt:	FCP: ;GRUBB, DR				

RADIOLOGY REPORT

Chk-in #	Order	Exam	Work Diag: CELLULITIS L LOWER
638975	0003	7180	CT LOWER EXTREM WD CONT*L
			Ord Diag: CELLULITIS

CONTRAST/COMPARISON INFORMATION: Comparison study is 10/22/03.

CT OF THE LEFT LOWER EXTREMITY: There has been resolution of the previously seen fluid collection within the anteromedial soft tissues of the left leg. There is evidence of an elongated area of residual soft tissue density approximately measuring 0.7 x 2.4 cm, which does not appear to represent a fluid collection. There is also adjacent edema within the surrounding soft tissues, as well as some skin thickening. The overall findings are compatible with cellulitis. Edema is also seen within the subcutaneous soft tissues overlying the knee. There is no evidence to suggest osteomyelitis. The visualized musculature is within normal limits.

IMPRESSION:

1. Residual soft tissue density at the site of a previously seen fluid collection in the anteromedial subcutaneous soft tissues, compatible with cellulitis.
2. There is overall improvement seen in the degree of edema from the prior exam.
3. No evidence to suggest osteomyelitis. MGR/diana m.

DD: 12/22/03 1503

DT: 12/23/03 0826 12/23/03 0826

/READ BY/ MARK RONCHI, DO
/Released By/ MARK RONCHI, DO

DEM

FINAL

Pat Name: PADDOCK, KAREN L
Unit #/Acct #: 0000102909/A0335600454
Loc: O/P 12/22/03
Phys-Service: GRUBB, MD - OUT-PATIENT

In: 12/22/03 1307 Spec: Blood
Out: To follow | CULTURE BLOOD | Techs: V15750 T1962
Coll-Time: 12/22/03 1305
Order-Phys: GRUBB, MD [A0335600454/4035316]

Result Name Result
Final Report: To follow
Preliminary 1: No growth in 48 hours

End of Report - 12/26/03 05:26A

Patient Name: PADDOCK, KAREN L
Unit #/Acct #: 0000102909/A0335600454
Loc: O/P 12/22/03
Phys-Service: GRUBB, MD - OUT-PATIENT

In: 12/22/03 1307 Spec: Blood
Out: 12/22/03 1358 | CBC W/MANUAL DIFFERENTIAL | Techs: V15750 T2345, 5216
Coll Time: 12/22/03 1305
Order Phys: GRUBB, MD [A0335600454/4035316]

Result Name	Result	Norm Range	Result Name	Result	Norm Range
WBC((X10)3):	5.7	4.8-10.8	Mono(%):	5	2-9
RBC((X10)6):	4.62	4.2-5.4	Eosin(%):	2	2-5
Hgb(gm/dl):	14.2	12-16	NEUTS((X10)3):	3.9	2.20-4.80
Hct(%):	41.5	37-47	LYMPH((X10)3):	1.3	1.30-2.90
MCV(fl):	89.9	80-99	MONOS((X10)3):	0.4	0.31-0.83
MCH(pg):	30.7	27-31	EOS((X10)3):	0.1	0.05-0.22
MCHC:	34.2	33-37	BASOS((X10)3):	0.0	0.02-0.06
RDW(%):	11.3	11.5-14.5	NEUTS(%):	68.3	43.00-65.00
Plt((X10)3):	297	130-400	LYMPH(%):	22.2	25-45
MPV(fl):	7.3	7.4-10.4	MONO(%):	6.4	2-9
Seg(%):	68	40-60	EOS(%):	2.6	0.90-2.90
Lymph(%):	25	25-45	BASOS(%):	0.5	0.25-1.00

End of Report - 12/23/03 05:33A

J.W. Shonnard MD, B.K. Davis MD, J.H. Suk MD

Outpatient Summary Report

PADDOCK, KAREN L
0000102909/A0335600454
O/P 12/22/03
(F-09/03/69)
Dr. GRUBB, MD

kpaddock_000040

FRANKLIN CAMPUS
ONE SPRUCE ST.
FRANKLIN, PA. 16323
(814) 437-7000

OIL CITY CAMPUS
174 E. BISSELL AVE.
OIL CITY, PA. 16301
(814) 677-1700

UPMC
Northwest

SYSTEM DATE/TIME

12/24/03 12:36P

IN: CM

ACCOUNT NO.

0335800267

SERVICE

E/D 4

BROUGHT BY

PATIENT NAME

PADDOCK, KAREN L

PHONE

(814) 437-7801

SEX

F

M/S

M

AGE

34Y

BIRTH DATE

09/03/69

UNIT NO.

0000102909

Facebook: karen.s.paddock Fluoroquinolone Antibiotics May Cause Permanent Nerve Damage. Quinolones may cause severe blood sugar swings. Intracranial Hypotension, more commonly known as a Cerebrospinal Fluid (CSF) Leaks. A condition that is more common than many think (for example Actor George Clooney had/has a CSF Leak and considered suicide), yet is so unknown that some doctors argue the condition does not even exist. [Dean at Duke School of Medicine] I followed up on his [Bob Paddock's] request. Len White [Head of medical curriculum Neurobiology] told me that he would develop a case for the medical students during their Neurobiology course and have them read Mrs. Paddock's online blog, and Vern Juel [manages the medical student neurology rotation and he will include a case of intracranial hypotension for the medical students to learn from] told me that he would add a case on CSF leak to the Neurology rotation. -- <http://www.kpaddock.com> and News Paper overview: <http://www.kpaddock.org>

PATIENT STATES: L LEG TIGHTNESS

ALLERGIES: PARACANE

DISC:

ROUGH FAMILY

PREVIOUS ADMISSIONS

PHYSICIAN: 621 VUKMIR, RADE
; GRUBB, DR

2
1
3

PL3:

GP3:

www.kpaddock.com

UPMC NORTH
Nursing Record

Franklin Campus Emergency Department
 Oil City Campus ImmediaCare

AGE: _____ Date: 12/24/03 Time: 1240 a.m. p.m. Mode of Arrival: EMS POV Other Tr Class: 1 2 3

Information obtained from: Patient Family/S.O. EMS Care Taker Old Medical Records Other
Presenting complaint: It aches bc of l leg "tightness its still infected w/ warts in spite of leucoban. Adm here x 2 & seen by family Dr. P. Man last couple of days (Oct 4th laceration) No redness or edema present

<input type="checkbox"/> N/A <input type="checkbox"/> C-Collar	Immunizations: <input checked="" type="checkbox"/> N/A	B/P: <u>128/80</u>	Medications/Herbal & OTC Meds: <u>Levaquin 500 qd (x10 days)</u> <u>Morax 400 qd</u> <u>Morax 4mg prn</u> <u>Hydroxy prn</u>
<input type="checkbox"/> Backboard/GID	<input type="checkbox"/> UTD <input type="checkbox"/> Not UTD	Pulse: <u>112</u> Reg Ir	
<input type="checkbox"/> Monitor	Weight: _____ Kg.	RR: <u>16</u>	
<input type="checkbox"/> IV	Height: _____ In.	Temp: <u>94.2</u> ° R (T)	
<input type="checkbox"/> O ₂ @ _____ L	Head Circ: _____ cm.	Pulse Ox _____ % RA O ₂	

Tetanus: N/A UTD Not UTD
Smoking Hx: N/A Never Quit Smokes _____ ppd x _____ yrs.

Reproductive Hx: N/A LNMP 12/2/03 Post Men. Hyst
G _____ P _____ SA _____ EA _____

GV Screen: N/A Do you feel emotionally and physically safe? Y N
Are you safe at home? Y N Screening Result: Neg Pos
 Information/resources provided

Functional Assessment: N/A - Pt is minor N/A - N.H. Pt or has caregiver
Do you have any difficulty ambulating or caring for yourself? Yes No

Nutritional Assessment: Weight 170 (LB) Kg Estimate
Have you had a recent weight change? No Yes Loss Gain

PMH: Previously Healthy HTN DM Cardiac AIDS
 COPD Asthma Thyroid Ulcer Hepatitis Cancer
Other: occipital nerve parest Surgery: append., neck.

Assessment: LOC <input type="checkbox"/> Nml for pt <input checked="" type="checkbox"/> A&Ox3 <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input type="checkbox"/> Combative <input type="checkbox"/> Unresponsive	Skin: <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool <input type="checkbox"/> Cold <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic Turgor: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased Edema: <input type="checkbox"/> Absent <input type="checkbox"/> Present Location: _____	Lungs: R _____ L _____ <input type="checkbox"/> Clear <input type="checkbox"/> Rales <input type="checkbox"/> <input type="checkbox"/> Wheezes <input type="checkbox"/> <input type="checkbox"/> Decreased <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/>	Pain: Pain: <input type="checkbox"/> None Onset: _____ <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent Alleviating/Aggravating factors: Description: <u>"bc of AS auto time"</u> Initial: _____ /10 Now: _____ /10 Worst: _____ /10 Facial Pain Scale: 0 1 2 3 4 5 6 7 8 9 10 Mild Moderate Severe
---	--	---	--

INITIAL NURSING ASSESSMENT COMPLETED BY: [Signature] Time: 1250 a.m. / p.m.

NURSING PROGRESS NOTES:
Adm No warmth noted "I want to get it taken care of before it gets angry red again"

1305 Discharged Obs Admit Transfer Morgue Alone W/Responsible Party Condition on discharge: Stable Unstable Expired

Time	Initials	Medication Name	Dose	Route	Sig	Time	Response to medication

dT 0.5 ml IM Site _____ Mfg _____ Lot _____ Exp _____	Addressograph / Label
Time: IV # _____ Amt _____ IV Solution _____ Rate _____ Site _____ Gauge _____ Amt. Infused _____	<p>PADDOCK, KAREN L ACCT: 0335800267 E/D SEX: F PAYCS: MC AGE: 34Y ADM: 12/24/03 621 VUKMIR, RADE UNIT: 0000102909</p>
Time: B/P _____ Pulse _____ RR _____ EG _____ Orthostatic Vital Signs _____ Time: _____	
Lying B/P _____ Pulse _____ Sitting B/P _____ Pulse _____ Standing B/P _____ Pulse _____	

Signature / Initials: [Signature]

LOWER EXTREMITY PAIN

Fill in, circle pertinent positive findings. Complete all sections.

Time: _____ a.m. / p.m. **VSS** Except: None Cardiac Rate: NL Brady Tachy
 Arrival: EMS Other: _____ Pulse Ox: NL Hypoxic Not Applicable Monitor Rhythm: Sinus AFIB Junctional
 Triage Notes reviewed: Yes No _____ % on R/A or O₂ @ _____ E/min Interp. Not Applicable Ectopy: None PVCs PACs

HISTORY: HX from Patient Unobtainable due to: Dementia Altered MS Extremis Other: _____
 HX from: Patient Family/Caretaker EMS Interpreter
 LMP: 12/7/03 Last Tetanus Booster: _____

CHIEF COMPLAINT: This is a 34 year old male / female who presents with a complaint of pain of: R L Foot Ankle Leg Knee Thigh Hip

Mechanism of Injury cut leg on glass 10/04, abscessed, 1st course Abx No Known Trauma

Onset/Duration Started 10/04/03 In Hours Days Weeks Ago CT leg 12/22 resolving in 1 week 40 tightness

Onset of Pain Immediate _____ Minutes Hours Days Post Accident / Prior to Arrival Nope!

Severity Initially: _____ (0-10) Mild Moderate Severe Currently: _____ (0-10) Mild Moderate Severe

Location Diffuse Discrete At: increasing medial aspect Radiates To: _____

Character Sharp Dull Aching Throbbing Spasmodic Stiffness Burning Unable to Describe tightness

Alleviating Rest Position Heat / Cold OTC Meds _____ Nothing

Aggravating Movement Weight Bearing Prolonged Standing _____ Nothing

Associated Signs and Symptoms Negative Swelling Redness Bruising Fever Weakness Numbness / Tingling _____

Related HX: Similar Episode / Dx as: it feels like it did before it got infected

Occupational Injury Recent Trauma _____

Pertinent Surgical HX: Embolectomy Bypass Graft Back Surgery / Fusion @: _____ Orthopedic Surgery @: _____

REVIEW OF SYSTEMS: Pertinent Positives

Constitutional	Negative	Fever	Chills
Eyes	Negative	Photophobia	Blurred Vision
ENT	Negative	Sore Throat	Ear Ache
CV	Negative	Palpitations	Chest Pain
Respiratory	Negative	SOB	Cough
GI	Negative	Vomiting	Diarrhea
GU	Negative	Dysuria	Hematuria
MS	Negative	Arthralgia	Myalgia
Skin	Negative	Rash	Bruising
Neuro	Negative	Headache	Weakness
Psych	Negative	Anxious	Depressed

YES All other systems either reviewed and negative
 NO or non-contributory for chief complaint

Additional Pertinent History:
Open / cuts.
 Prior care for this complaint by: PCP ED EMS Date: _____
 Dx: _____ Rx: _____
cellulitis @ leg No osteomyelitis
 Recent Immobility: Travel Surgery Bed Rest _____
 Lower Extremity Injury
Finished Levagran yesterday.
'As soon as I finish the abx, it starts to feel tight'
Reviewed prior records.

PAST MEDICAL HISTORY: Previously Healthy Other: _____

Endocrine	DM	Thyroid			
CV	CAD	HTN	DVT	CHF	Afib
Respiratory	COPD	Asthma	Bronchitis	Pneumonia	PE
GI / GU	PUD / GERD	GI Bleed	Urosepsis	Diverticulitis	Gall / Kidney Stones
Neuro / Psych	TIA / CVA	Migraine	Anxiety	Depression	Seizure
Cancer:	Lung	Colon	Breast	Prostate	(Other): _____

FAMILY HISTORY: Negative

Heart _____
 HTN _____
 Cancer _____
 Diabetes _____
 Other _____

SOCIAL HISTORY: Negative

Smoking _____ ppd
 ETOH / Drug Use _____
 Occupation _____
 Lives Alone Lives w/Family Nursing Home _____
 Other: _____

PADDOCK, KAREN L
 ACCT: 0335800267 E/D
 SEX: F PAYCS: MC AGE: 34Y
 ADM: 12/24/03
 621 VUKMIR, RADE
 UNIT: 0000102909



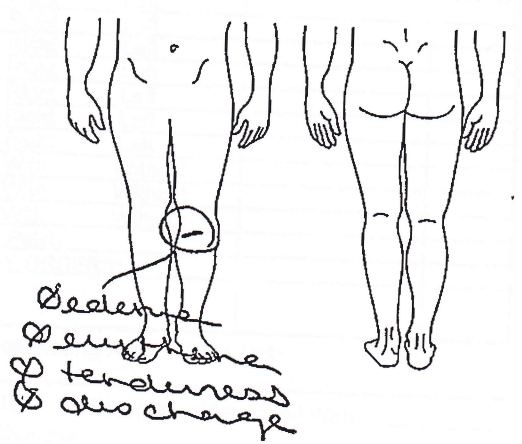
LOWER EXTREMITY PAIN

Fill in, circle pertinent positive findings. Complete all sections.

PHYSICAL EXAMINATION: EXAM LIMITED DUE TO: Dementia Altered MS Extremis Other:

Table with columns for Normal Findings and Abnormal Findings. Rows include Appearance, Eyes, ENT, Neck, Respiratory, Cardiovascular, GI/GU, MS, Skin, Neuro, and Psychiatric.

Complaint-Specific Findings: Weight Bearing: NL Ltd Unable Not Tested Limited ROM @ neg Point Tenderness @ neg Erythema / Blisters neg Swelling @ neg Ecchymosis @ neg Deformity @ neg Homan's Sign: +/- R/L neg NV Bundle Intact Distal to Injury neg Abnormal @:



RE-EVALUATION: Time: Unchanged Improved Worse VSS Pain Scale (0-10)

MEDICAL DECISION MAKING: Consideration of the following circled conditions may be warranted for the presenting problem. Arthritis, DVT / Phlebitis, Septic Arthritis, Burn / Localized, Fracture, Strain / Sprain, Compartment Syndrome, Hematoma, Tenosynovitis, Contusion, Osteomyelitis, Dislocation, Sciatica, Other: Healing wound

PHYS. NOTIFICATION/CONSULTS: Discussed case/management/disposition of patient with: Name: at a.m. / p.m.

ED PHYSICIAN DIAGNOSES: 1 Helicobacter Wound

DISPOSITION: Discharge to: Home Work Nursing Home ICU Tele Floor Deceased AMA Condition: Stable Unstable Care Endorsed to: @ a.m. / p.m.

CRITICAL CARE PROVIDED FOR MIN.

Discussed with: Patient Family Other: Standard After-Care Instructions Given to Patient Upon Discharge from ED Progress Note/Critical Care/Procedure Note Attached Yes No

SIGNATURE: I have reviewed the ancillary/nursing staff documentation. Physician attests performing History, Pertinent Physical Examination, and Medical Decision Making

PAIDOCK, KAREN L ACCT: 0335800267 E/D AGE: 34Y SEX: F PAYCS: MC ADM: 12/24/03 621 UUKMIR, RADE UNIT: 0000102909



kpaddock_000044

Patient Height: _____ Weight: _____ lbs / kgs Allergies: _____

UPMC Northwest

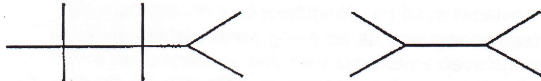
Emergency Department QualChart® LOWER EXTREMITY PAI

Records: Old Chart Recent ED Chart Additional Records:

ALS: Chest Pain Abdominal Pain Trauma AMS Adult Sepsis Pediatric Fever STD / GYN Entered by: Time:

LABORATORY: Circle specific orders			Entered by:	Time:	RADIOLOGY: Circle specific orders			Entered by:	Time:
CBC					CXR (2 view)	PCXR			
BMP	CMP	LFT			C-spine	Port-C	CT C-Spine		
Amylase		Lipase			AAS	KUB			
Mg	Ca				L-spine	T-Spine			
UA	CC	Cath			Ribs	Right	Left		
ETOH	Urine Pregnancy				Finger	Right	Left		
HCG	Qual	Quant			Hand	Right	Left		
Urine Drug Screen					Wrist	Right	Left		
CPK	CKMB	Troponin			Forearm	Right	Left		
Myoglobin					Elbow	Right	Left		
Acetaminophen	ASA				Humerus	Right	Left		
Rh Type Screen	Rh Type Cross	u			Shoulder	Right	Left		
PT	PTT				Clavicle	Right	Left		
Digoxin					Hip Pelvis	Right	Left		
Dilantin	Depakote				Femur	Right	Left		
Tegretol	Phenobarb				Knee	Right	Left		
Cultures:	Urine	Sputum	Blood		Tibia / Fibula	Right	Left		
	Blood x 2	Stool			Ankle	Right	Left		
GC	Chlamydia	VDRL			Foot	Right	Left		
Rapid Strep	Mono	RSV	Rotavirus		CT / Head	With	Without		
Rectal Heme	Neg	Pos	QC		CT / Chest	With	Without		
ADDITIONAL LAB ORDERS:					ADDITIONAL RADIOLOGY ORDERS:				

Pertinent Lab Values: WNL WNL Except:



Signs / Symptoms Necessitating Xray / CT / U/S:

Xray Interp: ED Physician Radiologist Discussed With _____
Neg Pos No Acute Changes _____

PULSE OXIMETRY INTERP:				PEAK FLOW:			
NL	Hypoxic	% on R/A or O2 @	l/min Time:	Pre-Treatment:	Post-Treatment #1:	Post-Treatment #2:	
CARDIAC MONITOR / EKG INTERP:				RESPIRATORY THERAPY:			
EKG #1			Entered by:	Time:	ABG	RA or	L/min
EKG #2					Albuterol x 1 2 3 4 q		min
Rate:	Normal	Brady	Tachy		Atrovent x 1 2 3 4 q		min
Rhythm:	Sinus	AFIB	Junctional	Other: _____	Xopenex x 1 2 3 4 q		min
Ectopy:	None	PVCs	PACs	Other: _____	Rac Epi x 1 2 3 4 q		min
EKG # 1					Continuous Albuterol	Atrovent	
EKG # 2					30 minutes	60 minutes	
EKG Comparison:	Yes	No	No Prior EKG		BiPAP	CPAP	

ORDERS:					Done By:	Time:
Pulse Ox	O2 @	l/min via	NC / Mask	Monitor	NPO	
Saline Lock	IV	NS	LR	cc Bolus and rate of	cc / hour	
Foley Catheter	NG Tube	Glucometer #1:	#2:	:		

SIGNATURE: _____ TIME: _____ DATE: _____
 MD / DO
 PA
 RN

PADDOCK, KAREN L
 ACCT: 0335800267 E/D
 SEX: F PAYCS: MC AGE: 34Y
 ADM: 12/24/03
 621 VUKMIR, RADE
 UNIT: 0000102909



AFTER CARE INSTRUCTIONS
PLEASE FOLLOW CAREFULLY

PADDOCK, KAREN L
ACCT: 0335800267 E/D
SEX: F PAYCS: MC AGE: 34Y
ADM: 12/24/03
Date: 621 VUKMIR, RADE
UNIT: 0000102909

Provisional Diagnosis:

Healing Wound.

Follow up in _____ days with:

Dr. _____
Address _____

Phone _____

Please call for an appointment. Business card given.

Please follow the instructions below as indicated for you:

- | | |
|--|--|
| <input type="checkbox"/> Abdominal Complaint | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Animal Bite | <input type="checkbox"/> Neck Strain/Sprain |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nosebleed |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Otitis Media (Earache) |
| <input type="checkbox"/> Burn Care | <input type="checkbox"/> Pelvic Inflammatory Disease |
| <input type="checkbox"/> Cast Care | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Cold - Adult/child | <input type="checkbox"/> Strain, Sprain, Fracture |
| <input type="checkbox"/> Crutch Walking/Crutches | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Threatened Miscarriage |
| <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Fever - Child | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Febrile Convulsion | <input type="checkbox"/> Vomiting/Diarrhea-Adult/Child |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Wound Care/Suture After Care |
| <input type="checkbox"/> Head Injury - Adult/Child | <input type="checkbox"/> IV Conscious Sedation |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> You have _____ sutures/staples which must be removed in _____ days. | |

You were prescribed sedatives or pain medications that may make you drowsy. Do not drink alcohol or operate machinery while you are taking these medications.

X-Rays/EKGs do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-rays, but may be revealed on subsequent x-rays. Your x-ray/EKG has been read on a preliminary basis. Final reading will be made by the radiologist/cardiologist. You will be notified of any additional findings.

ADDITIONAL INSTRUCTIONS

*Watch for signs of infection such as redness, swelling, & discharge.
Return with problem or concerns.*

Return demonstration crutch walking

The examination and treatment you have received in the Emergency Department has been given on an emergency basis only. (Should your condition worsen or any new symptoms develop, or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care.) If you cannot contact the doctor, return to the Emergency Department or ImmediaCare.

WORK/SCHOOL RELEASE

- ___ May return to work/school immediately with no limitations.
- ___ Off work/school today, may return next scheduled shift.
- ___ Off work/school for _____ days, re-check by family/company doctor or preferred doctor prior to return.
- ___ May return to work/school with the following limitations: _____

X Karen S Paddock
Signature of Patient or Responsible Person

[Signature]
Signature of Witness

12/24/03
Date

Re-order # 12080; 0871B-678; Rev. 9/03

PT/Significant Other Verbalize Understanding

UPMC Northwest
Emergency Dept. • 1 Spruce St. • Franklin, PA 16323
ImmediaCare • 174 E. Bissell Ave. • Oil City, PA, 16301

UPMC Northwest
Emergency Dept. • 1 Spruce St. • Franklin, PA 16323
ImmediaCare • 174 E. Bissell Ave. • Oil City, PA 16301

For _____ Date _____

For _____ Date _____

Address _____

Address _____

- Void -

- Void -

May Substitute _____ M.D./D.O.
 May Not Substitute DEA No. _____
 May Be Refilled 1 time 2 times 3 times No Refills

May Substitute _____ M.D./D.O.
 May Not Substitute DEA No. _____
 May Be Refilled 1 time 2 times 3 times No Refills