

REDACTED COPY

St. Vincent's Medical Center

2800 Main Street
Bridgeport, CT 06606

2035766000

Patient Information

Patient Name: BOULAY, JAMES
Home

Sex: Male Email:
DOB: /1986 Age: 31 Years

Prim #
Employer Name: City of Bridgeport Police Dep
Employer Phone:

Religion:
SSN: XXX-X.....
Race: White
Marital Status: Single

Guarantor Information

Guarantor Name:
Patient's Relation: SELF
Home Address:

Sex: Male

Marital Status: Single
SSN: XXX-XX

Employer Name: City of Bridgeport Police Dep
Employer Phone:

Contact Information

Emerge
Prim #:
Patient's:

Next of Kin: Sex: U
Home #: Second #:
Patient's Relation:

Primary Insurance

Subscriber Name: BOULAY, JAMES
Patient's Relation: SELF
Sex: Male
DOB: / 1986
Age: 31 Years
Prim #: Second #:
Employer Name: City of Bridgeport Police Dep
Employer Phone:
Financial Class: Workers Compensation

Insurance Name: PMA City Of Bridgeport Worker Com
Claim Address: PO Box 5231
Janesville, WI 53547
Insurance Phone: 8002222749
Policy Number:
Group Name:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Secondary Insurance

Subscriber Name:
Patient's Relation:
Financial Class:
Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Name:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Tertiary Insurance

Subscriber Name:
Patient's Relation:
Financial Class:
Insurance Name:
Claim Address:

Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:

Encounter Information

Reg Dt/Tm: 05/09/2017 17:12
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 05/09/2017 20:24
Observation Dt/Tm:
Admit Reason: WORKERS COMP

Patient Type: Emergency
Medical Service: Emergency Medicine
Location: SVMC ED
Room/Bed: A01 / A

Admit Type: Emergency
Admit Source: Self (Non-HC Facility So
Reg Clerk: Sinigalli, Cristina
Admit Physician: Mejia MD, Jose
Attend Physician: Mejia MD, Jose
PCP: NO PCP, PT STATES

BOULAY, JAMES

Male / 31 Years

MRN: 946867

FIN: 90579139



Printed By: Sanchez, Francis

Registration last updated by: Chase RN, Laura on 05/09/2017 20:24

REDACTED COPY

St. Vincent's Medical Center
2800 Main Street
Bridgeport, CT 06606-

Patient: **BOULAY, JAMES**
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose
Location: SVMC ED; A01; A Copy To: Sanchez, Francis

Emergency Documentation

Document Type: ED Triage Note
Service Date/Time: 5/9/2017 17:20 EDT
Result Status: Auth (Verified)
Document Subject: Triage Part 2 - Adult
Sign Information: Chase RN, Laura (5/9/2017 17:20 EDT)

Triage Part 2 - Adult Entered On: 5/9/2017 17:23 EDT
Performed On: 5/9/2017 17:20 EDT by Chase RN, Laura

General Assessment

Document Falls Risk : Not a fall risk
Open Social History Documentation : Open Social History Documentation
Immunizations Current : Yes
Last Tetanus : Less than 10 years
Triage Assessment Documentation : Open triage assessment documentation
ED Allergies/Med Hx Section : Document assessment
Pregnancy Status : N/A
Procedure history documentation : Open procedure history documentation
Unable to Obtain Current Visit Info : None

Chase RN, Laura - 5/9/2017 17:20 EDT

Advance Directive

*Advance Directive : No

Chase RN, Laura - 5/9/2017 17:20 EDT

5/9/2017 17:20 EDT

2017 17:23:08 EDT)

Assess/Tx

Level of Consciousness : Alert
Orientation : Oriented x 4

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Emergency Documentation

Affect/Behavior : Appropriate, Cooperative, Anxious
Document Glasgow Coma Scale : Document assessment
Skin Color : Normal for ethnicity
Skin Description : Dry
Skin Temperature : Warm
Pre-Arrival Treatments : None

Chase RN, Laura - 5/9/2017 17:20 EDT

Allergies/Medications
Allergy Information : Reviewed and updated

Chase RN, Laura - 5/9/2017 17:20 EDT
(As Of: 5/9/2017 17:23:08 EDT)

Allergies (Active)
No Known Allergies

Estimated Onset Date: Unspecified ; Created By: Chase RN,
Laura; Reaction Status: Active ; Category: Drug ; Substance:
No Known Allergies ; Type: Allergy ; Updated By: Chase RN,
Laura; Reviewed Date: 5/9/2017 17:18 EDT

Medication List

(As Of: 5/9/2017 17:23:08 EDT)

No Known Home Medications

Chase RN, Laura - 5/9/2017 17:18:12

Glasgow Coma

Eye Opening : Spontaneously
Best Verbal Response : Oriented
Best Motor Response : Obeys commands
Glasgow Coma Score : 15

Chase RN, Laura - 5/9/2017 17:20 EDT

Procedure History

Chase RN, Laura - 5/9/2017 17:20 EDT

Procedure History

(As Of: 5/9/2017 17:23:08 EDT)

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 986 31 years Male Admitting: Mejia MD, Jose

Emergency Documentation

Document Type: ED Triage Note
Service Date/Time: 5/9/2017 17:14 EDT
Result Status: Modified
Document Subject: ED Triage Part 1 - Adult
Sign Information: Chase RN, Laura (5/9/2017 17:33 EDT); Chase RN, Laura (5/9/2017 17:14 EDT)

ED Triage Part 1 - Adult Entered On: 5/9/2017 17:20 EDT
Performed On: 5/9/2017 17:14 EDT by Chase RN, Laura

Chase RN, Laura - 5/9/2017 17:14 EDT

ED Triage Part 1 - Adult

Chief Complaint : Police officer pinned between two cars sustaining injury to left lower leg; has abrasion to left shin, pain and swelling left ankle; did not fall to ground, did not hit head; A&O on arrival, ambulatory on arrival

Chase RN, Laura - 5/9/2017 17:33 EDT

~~{[Police officer pinned between two cars sustaining injury to left lower leg; has abrasion to left shin, pain and swelling left ankle]—previously charted by Chase RN, Laura at 5/9/2017 17:14 EDT};~~

Lynx Mode of Arrival : Police
Document Pain Assessment : Document Pain Assessment
Temperature Oral : 36.5 degC(Converted to: 97.7 degF)
Systolic Blood Pressure : 177 mmHg (HI)
Diastolic Blood Pressure : 108 mmHg (HI)
Respiratory Rate : 20 br/min
SpO2 : 99 %
Peripheral Pulse Rate : 112 bpm (HI)
Oxygen Therapy : Room air

Chase RN, Laura - 5/9/2017 17:14 EDT

ura - 5/9/2017 17:14 EDT

ura - 5/9/2017 17:14 EDT
f: 5/9/2017 17:34:13 EDT)

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Emergency Documentation

Diagnoses(Active)

Auto vs. Pedestrian Date: 5/9/2017 ; Diagnosis Type: Reason For Visit ;
Confirmation: Confirmed ; Clinical Dx: Auto vs. Pedestrian ;
Classification: Medical ; Clinical Service: Emergency
medicine ; Code: PNED ; Probability: 0 ; Diagnosis Code:
7B07650D-0D7C-4490-8892-6E6306E14EA6

Leg pain-swelling Date: 5/9/2017 ; Diagnosis Type: Reason For Visit ;
Confirmation: Confirmed ; Clinical Dx: Leg pain-swelling ;
Classification: Medical ; Clinical Service: Emergency
medicine ; Code: PNED ; Probability: 0 ; Diagnosis Code:
E7A3BEED-87A0-4FB0-A872-4F53944416EE

Pain Assessment Tools Adult

Recent Assessment Pertinent to Pain Management : No qualifying data available

Preferred Pain Tool : Numeric rating scale

Chase RN, Laura - 5/9/2017 17:14 EDT

Numeric/FACES Pain Scale

Numeric Pain Scale : 0 = No pain

Chase RN, Laura - 5/9/2017 17:14 EDT

Image 2 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Allergies/Medications

Allergy Information : Reviewed and updated

Chase RN, Laura - 5/9/2017 17:14 EDT

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Emergency Documentation

Document Type: ED Note-Physician
Service Date/Time: 5/9/2017 18:07 EDT
Result Status: Auth (Verified)
Document Subject: Lower Extremity Pain-Swelling *ED
Sign Information: Mejia MD,Jose (5/9/2017 22:49 EDT)

Lower Extremity Pain-Swelling *ED

Patient: BOULAY, JAMES MRN: 946867 FIN: 90579139
Age:
Associated Diagnoses: Auto vs. Pedestrian; Contusion
Author: Mejia MD, Jose

Basic Information

Time seen: Date 5/9/2017.

History source: Patient.

Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint

5/9/2017 17:14 EDT Chief Complaint Police officer pinned between two cars sustaining injury to left lower leg; has abrasion to left shin, pain and swelling left ankle; did not fall to ground, did not hit head; A&O on arrival, ambulatory on arrival (Modified) .

History of Present Illness

The patient presents with lower extremity pain. The onset was just prior to arrival. The course/duration of symptoms is constant. Type of injury: direct blow. Location: leg. The character of symptoms is pain and swelling. The degree at present is minimal. The exacerbating factor is movement. The relieving factor is rest. Risk factors consist of none. Prior episodes: none. Therapy today: none. Associated symptoms: none. Additional history: none.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.
Skin symptoms: Negative except as documented in HPI.
Eye symptoms: Negative except as documented in HPI.
ENMT symptoms: Negative except as documented in HPI.
Respiratory symptoms: Negative except as documented in HPI.
Cardiovascular symptoms: Negative except as documented in HPI.
Gastrointestinal symptoms: Negative except as documented in HPI.
Genitourinary symptoms: Negative except as documented in HPI.
Musculoskeletal symptoms: left leg pain.
Neurologic symptoms: Negative except as documented in HPI.
Psychiatric symptoms: Negative except as documented in HPI.
Endocrine symptoms: Negative except as documented in HPI.
Hematologic/Lymphatic symptoms: Negative except as documented in HPI.
Allergy/immunologic symptoms: Negative except as documented in HPI.
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies: Include allergy profile

Allergic Reactions (Selected)

No Known Allergies.

Medications: (Selected)

Prescriptions

Prescribed

Xanax 0.25 mg oral tablet: 0.25 mg = 1 tabs, Oral, BID, 10 tabs, 0 Refill(s)

Xanax 0.25 mg oral tablet: 0.25 mg = 1 tabs, Oral, TID, 10 tabs, 0 Refill(s)

ibuprofen 800 mg oral tablet: 800 mg = 1 tabs, Oral, q6hr, 20 tabs, 0 Refill(s).

Past Medical/ Family/ Social History

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Emergency Documentation

Differential Diagnosis: left leg pain.
Radiology results: xrays of hip, tib/fib and ankle with no definitive fractures.
Notes: Patient is police officer who had a car back up at him at approx 5mph briefly pinning his left leg. has mild abrasion to his left shin. xray with no fx he also noted ankle pain, no fx there also. Lastly he noted left upper hip pain. xray noted, no definitive hip fx. i noted xray of hip. I ranged his hip and he had no pain. his pain was also superior illac creast and not pubic symphysis.

Impression and Plan

Auto vs. Pedestrian (PNED 7B07650D-0D7C-4490-8892-6E6306E14EA6, Reason For Visit, Emergency medicine, Medical)
Contusion (ICD10-CM T14.8, Discharge, Medical)

Plan

Prescriptions: Launch Meds Rec/Prescriptions

Pharmacy:

Xanax 0.25 mg oral tablet (Prescribe): 0.25 mg = 1 tabs, Oral, BID, 10 tabs, 0 Refill(s).

Patient was given the following educational materials: Contusion, Abrasion, Stress and Stress Management.

Counseled: Patient, Regarding diagnosis, Regarding diagnostic results.

Disposition Order:: A Discharge order was placed on the patient(5/9/2017 18:13:00 EDT).

Electronically Signed on 05/09/2017 10:49 PM EDT

Jose Mejia, MD

Modified by: Jose Mejia, MD on 05/09/2017 06:15 PM EDT

Modified by: Jose Mejia, MD on 05/09/2017 10:49 PM EDT

Discharge Documentation

Document Type:	ED Patient Education Note
Service Date/Time:	5/9/2017 20:24 EDT
Result Status:	Modified
Document Subject:	ED Patient Education Note
Sign Information:	Chase RN,Laura (5/9/2017 20:24 EDT); Chase RN,Laura (5/9/2017 18:14 EDT)

ED Patient Education Note

ent Education Materials Follows:Health

Stress and Stress Management

Stress is a normal reaction to life events. It is what you feel when life demands more than you are used to or more than you can handle. Some stress can be useful. For example, the stress reaction can help you catch the last bus of the day, study for a test, or meet a deadline at work. But stress that occurs too often or for too long can cause problems. It can affect your emotional health and interfere with relationships and normal daily activities. Too much stress can weaken your immune system and increase your risk for physical illness. If you already have a medical problem, stress can make it worse.

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

CAUSES

All sorts of life events may cause stress. An event that causes stress for one person may not be stressful for another person. Major life events commonly cause stress. These may be positive or negative. Examples include losing your job, moving into a new home, getting married, having a baby, or losing a loved one. Less obvious life events may also cause stress, especially if they occur day after day or in combination. Examples include working long hours, driving in traffic, caring for children, being in debt, or being in a difficult relationship.

SIGNS AND SYMPTOMS

Stress may cause emotional symptoms including, the following:

- Anxiety. This is feeling worried, afraid, on edge, overwhelmed, or out of control.
- Anger. This is feeling irritated or impatient.
- Depression. This is feeling sad, down, helpless, or guilty.
- Difficulty focusing, remembering, or making decisions.

Stress may cause physical symptoms, including the following:

- Aches and pains. These may affect your head, neck, back, stomach, or other areas of your body.
- Tight muscles or clenched jaw.
- Low energy or trouble sleeping.

Stress may cause unhealthy behaviors, including the following:

- Eating to feel better (overeating) or skipping meals.
- Sleeping too little, too much, or both.
- Working too much or putting off tasks (procrastination).
- Smoking, drinking alcohol, or using drugs to feel better.

DIAGNOSIS

Stress is diagnosed through an assessment by your health care provider. Your health care provider will ask questions about your symptoms and any stressful life events. Your health care provider will also ask about your medical history and may order blood tests or other tests. Certain medical conditions and medicine can cause physical symptoms similar to stress. Mental illness can cause emotional symptoms and unhealthy behaviors similar to stress. Your health care provider may refer you to a mental health professional for further evaluation.

TREATMENT

Stress management is the recommended treatment for stress. The goals of stress management are reducing stressful life events and coping with stress in healthy ways.

Techniques for reducing stressful life events include the following:

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES

MRN: 946867

Admit: 5/9/2017

FIN: 90579139

Disch: 5/9/2017

DOB/Age/Sex: 1986 31 years Male

Admitting: Mejia MD, Jose

Discharge Documentation

- Stress identification. Self-monitor for stress and identify what causes stress for you. These skills may help you to avoid some stressful events.
- Time management. Set your priorities, keep a calendar of events, and learn to say "no." These tools can help you avoid making too many commitments.

Techniques for coping with stress include the following:

- Rethinking the problem. Try to think realistically about stressful events rather than ignoring them or overreacting. Try to find the positives in a stressful situation rather than focusing on the negatives.
- Exercise. Physical exercise can release both physical and emotional tension. The key is to find a form of exercise you enjoy and do it regularly.
- Relaxation techniques. These relax the body and mind. Examples include yoga, meditation, tai chi, biofeedback, deep breathing, progressive muscle relaxation, listening to music, being out in nature, journaling, and other hobbies. Again, the key is to find one or more that you enjoy and can do regularly.
- Healthy lifestyle. Eat a balanced diet, get plenty of sleep, and do not smoke. Avoid using alcohol or drugs to relax.
- Strong support network. Spend time with family, friends, or other people you enjoy being around. Express your feelings and talk things over with someone you trust.

Counseling or talk therapy with a mental health professional may be helpful if you are having difficulty managing stress on your own. Medicine is typically not recommended for the treatment of stress. Talk to your health care provider if you think you need medicine for symptoms of stress.

HOME CARE INSTRUCTIONS

- Keep all follow-up visits as directed by your health care provider.
- Take all medicines as directed by your health care provider.

SEEK MEDICAL CARE IF:

- Your symptoms get worse or you start having new symptoms.
- You feel overwhelmed by your problems and can no longer manage them on your own.

SEEK IMMEDIATE MEDICAL CARE IF:

- You feel like hurting yourself or someone else.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 06/13/2002 Document Revised: 01/08/2016 Document Reviewed: 08/12/2014
Elsevier Interactive Patient Education ©2016 Elsevier Inc.

REDACTED COPY

Patient Name: BOULAY, JAMES

MRN: 946867

FIN: 90579139

DOB/Age/Sex: '1986 31 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Mejia MD, Jose

Discharge Documentation

natology

Abrasion

An abrasion is a cut or scrape on the outer surface of your skin. An abrasion does not extend through all of the layers of your skin. It is important to care for your abrasion properly to prevent infection.



CAUSES

Most abrasions are caused by falling on or gliding across the ground or another surface. When your skin rubs on something, the outer and inner layer of skin rubs off.

SYMPTOMS

A cut or scrape is the main symptom of this condition. The scrape may be bleeding, or it may appear red or pink. If there was an associated fall, there may be an underlying bruise.

DIAGNOSIS

An abrasion is diagnosed with a physical exam.

TREATMENT

Treatment for this condition depends on how large and deep the abrasion is. Usually, your abrasion will be cleaned with water and mild soap. This removes any dirt or debris that may be stuck. An antibiotic ointment may be applied to the abrasion to help prevent infection. A bandage (*dressing*) may be placed on the abrasion to keep it clean.

You may also need a tetanus shot.

HOME CARE INSTRUCTIONS

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

Medicines

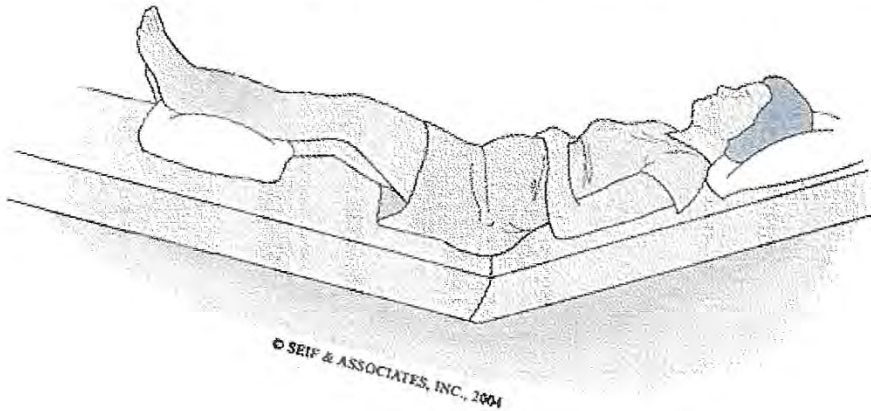
- Take or apply medicines only as directed by your health care provider.
- If you were prescribed an antibiotic ointment, finish all of it even if you start to feel better.

Wound Care

- Clean the wound with mild soap and water 2–3 times per day or as directed by your health care provider. Pat your wound dry with a clean towel. **Do not** rub it.
- There are many different ways to close and cover a wound. Follow instructions from your health care provider about:
 - Wound care.
 - Dressing changes and removal.
- Check your wound every day for signs of infection. Watch for:
 - Redness, swelling, or pain.
 - Fluid, blood, or pus.

General Instructions

- Keep the dressing dry as directed by your health care provider. **Do not** take baths, swim, use a hot tub, or do anything that would put your wound underwater until your health care provider approves.



- If there is swelling, raise (*elevate*) the injured area above the level of your heart while you are sitting or lying down.
- Keep all follow-up visits as directed by your health care provider. This is important.

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

SEEK MEDICAL CARE IF:

- You received a tetanus shot and you have swelling, severe pain, redness, or bleeding at the injection site.
- Your pain is not controlled with medicine.
- You have increased redness, swelling, or pain at the site of your wound.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have a red streak going away from your wound.
- You have a fever.
- You have fluid, blood, or pus coming from your wound.
- You notice a bad smell coming from your wound or your dressing.

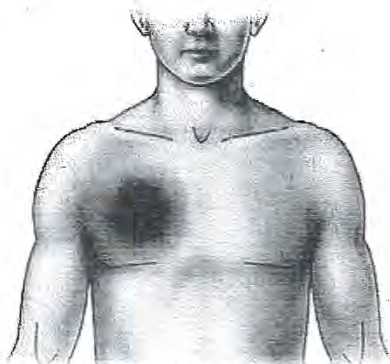
This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/27/2006 Document Revised: 09/07/2016 Document Reviewed: 12/16/2015
Elsevier Interactive Patient Education ©2016 Elsevier Inc.

culoskeletal

Contusion

A contusion is a deep bruise. Contusions are the result of a blunt injury to tissues and muscle fibers under the skin. The injury causes bleeding under the skin. The skin overlying the contusion may turn blue, purple, or yellow. Minor injuries will give you a painless contusion, but more severe contusions may stay painful and swollen for a few weeks.



© SEIF & ASSOCIATES, INC.

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

CAUSES

This condition is usually caused by a blow, trauma, or direct force to an area of the body.

SYMPTOMS

Symptoms of this condition include:

- Swelling of the injured area.
- Pain and tenderness in the injured area.
- Discoloration. The area may have redness and then turn blue, purple, or yellow.

DIAGNOSIS

This condition is diagnosed based on a physical exam and medical history. An X-ray, CT scan, or MRI may be needed to determine if there are any associated injuries, such as broken bones (*fractures*).

TREATMENT

Specific treatment for this condition depends on what area of the body was injured. In general, the best treatment for a contusion is resting, icing, applying pressure to (*compression*), and elevating the injured area. This is often called the RICE strategy. Over-the-counter anti-inflammatory medicines may also be recommended for pain control.

HOME CARE INSTRUCTIONS

- Rest the injured area.
- If directed, apply ice to the injured area:
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2–3 times per day.
- If directed, apply light compression to the injured area using an elastic bandage. Make sure the bandage is not wrapped too tightly. Remove and reapply the bandage as directed by your health care provider.
- If possible, raise (*elevate*) the injured area above the level of your heart while you are sitting or lying down.
- Take over-the-counter and prescription medicines only as told by your health care provider.

SEEK MEDICAL CARE IF:

- Your symptoms do not improve after several days of treatment.
- Your symptoms get worse.
- You have difficulty moving the injured area.

SEEK IMMEDIATE MEDICAL CARE IF:

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

- You have severe pain.
- You have numbness in a hand or foot.
- Your hand or foot turns pale or cold.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/27/2006 Document Revised: 09/07/2016 Document Reviewed: 05/04/2016
Elsevier Interactive Patient Education ©2016 Elsevier Inc.

Document Type: ED Clinical Summary
Service Date/Time: 5/9/2017 20:24 EDT
Result Status: Modified
Document Subject: ED Clinical Summary
Sign Information: Chase RN, Laura (5/9/2017 20:24 EDT); Chase RN, Laura (5/9/2017 18:14 EDT)

ED Clinical Summary

St. Vincent's Emergency Department

Discharge Instructions (Clinical)

PERSON INFORMATION

Name: BOULAY, JAMES DOB: 1986 Age: 30 Years
MRN: 946867 FIN: 90579139
Address and Phone:

DISCHARGE INFORMATION

Date of Checkout: 5/9/2017 20:24:00
Discharge Diagnosis: Contusion
Disposition: 01-Home or Self Care

PROVIDERS

Primary Care Provider:
Name: NO PCP, PT STATES
Phone:

Emergency Department Providers:

Provider	Role	Assigned	Unassigned
Mejia MD, Jose	ED Provider	5/9/2017 17:21:07	

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
 MRN: 946867 Admit: 5/9/2017
 FIN: 90579139 Disch: 5/9/2017
 DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Discharge Documentation

Smerling, Jennifer ED Unit Sec/Tech 5/9/2017 17:47:14
 Smith, Chelsea ED Unit Sec/Tech 5/9/2017 20:06:30

Comment:

MEDICAL INFORMATION

Vitals Information:

Vital Sign	Triage	Latest
Temp Oral	36.5 degC	36.5 degC
Temp Axillary		
Temp Rectal		
O2 Sat	99 %	98 %
Respiratory Rate	20 br/min	16 br/min
Peripheral Pulse Rate	112 bpm	77 bpm
Blood Pressure	177 mmHg/ 108 mmHg	129 mmHg / 62 mmHg

Immunizations

No Immunizations Documented This Visit

Major Tests and Procedures:

The following procedures and tests were performed during your ED visit.

Laboratory Orders

No laboratory orders were placed.

Radiology Orders

Name	Status	Details
XR Ankle Complete Right	Completed	05/09/17 18:36:00 EDT, Stat, 05/09/17 18:36:00 EDT, Reason: Other, (Free text in Reason for Exam field), Reason: struck by car, ankle pain, Rad Type, pp_script_wrapper
XR Hip Complete Left	Completed	05/09/17 19:25:00 EDT, Stat, 05/09/17 19:25:00 EDT, Reason: Other, (Free text in Reason for Exam field), Reason: hip on ambulating, Rad Type, pp_script_wrapper
XR Tibia/Fibula Left	Completed	05/09/17 17:21:00 EDT, Stat, 05/09/17 17:21:00 EDT, Reason: Other, (Free text in Reason for Exam field), Reason: struck by bumper, Rad Type, pp_script_wrapper

Cardiology Orders

No cardiology orders were placed.

Patient Care Orders

Name	Status	Details
------	--------	---------

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Discharge Documentation

Discharge Patient Ordered 05/09/17 18:13:00 EDT
ED Assessment Adult Completed 05/09/17 17:20:13 EDT, 05/09/17 17:20:13 EDT

Allergy Information:

No Known Allergies

Medication List:

Printed Prescriptions

- ALPRAZolam (Xanax 0.25 mg oral tablet) 1 Tabs Oral 3 times a day. Refills: 0.
- ALPRAZolam (Xanax 0.25 mg oral tablet) 1 Tabs Oral 2 times a day. Refills: 0.
- ibuprofen (ibuprofen 800 mg oral tablet) 1 Tabs Oral every 6 hours. Refills: 0.

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Stress and Stress Management; Abrasion; Contusion
[ALPRAZolam (Xanax 0.25 mg oral tablet)] [ALPRAZolam (Xanax 0.25 mg oral tablet)] [ibuprofen (ibuprofen 800 mg oral tablet)]

Follow up:

Comment:

PHYSICIAN DOCUMENTATION/NOTES

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrive	Complete	5/9/2017 17:12:00	5/9/2017 17:12:00	5/9/2017 17:12:00
Preferred Pharmacy	Request	5/9/2017 17:12:00		
Triage	Complete	5/9/2017 17:12:00	5/9/2017 17:14:00	5/9/2017 17:14:00
Bed Assign	Complete	5/9/2017 17:14:10	5/9/2017 17:14:10	5/9/2017 17:14:10
MD Seen	Complete	5/9/2017 17:14:10	5/9/2017 17:21:06	5/9/2017 17:21:06
Documentation	Request	5/9/2017 17:14:00		

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Discharge Documentation

RN Exam	Complete	5/9/2017 17:20:13		5/9/2017 17:27:47
Registration	Complete	5/9/2017 17:21:06	5/9/2017 18:34:56	5/9/2017 18:34:56
X-Ray	Not Reviewed	5/9/2017 17:21:48	5/9/2017 17:32:02	
Rad	Request	5/9/2017 17:21:48		
Discharge	Complete	5/9/2017 18:13:45	5/9/2017 20:24:15	5/9/2017 20:24:15
PowerNote ED	Start	5/9/2017 18:13:48	5/9/2017 18:13:48	
No Visitors	Complete	5/9/2017 18:34:56	5/9/2017 18:34:56	5/9/2017 18:34:56
X-Ray	Not Reviewed	5/9/2017 18:37:00	5/9/2017 18:45:53	
Rad	Request	5/9/2017 18:37:00		
X-Ray	Not Reviewed	5/9/2017 19:26:00	5/9/2017 19:44:26	
Rad	Request	5/9/2017 19:26:00		
Transfer	Complete	5/9/2017 20:24:15	5/9/2017 20:24:15	5/9/2017 20:24:15

Document Type: ED Patient Summary
Service Date/Time: 5/9/2017 20:24 EDT
Result Status: Modified
Document Subject: ED Patient Summary
Sign Information: Chase RN,Laura (5/9/2017 20:24 EDT); Chase RN,Laura (5/9/2017 18:14 EDT)

ED Patient Summary

St. Vincent's Emergency Department

St. Vincent's Medical Center

2800 Main St., Bridgeport, CT 06606

(475) 210-5801

Discharge Instructions (Patient)

Name: BOULAY, JAMES **Current Date:** 5/9/2017 20:24:17 America/New_York

DOB: /1986 **MRN:** 946867 **FIN:** 90579139

Diagnosis: Contusion Contusion

Visit Date: 5/9/2017 17:12:00 America/New_York

Address:

Phone:

Primary Care Provider:

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

Name: NO PCP, PT STATES
Phone:

Emergency Department Providers:

Name: Mejia MD, Jose

St. Vincent's would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

Comment:

BOULAY, JAMES has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Patient Education Materials:

Stress and Stress Management; Abrasion; Contusion

Stress and Stress Management

Stress is a normal reaction to life events. It is what you feel when life demands more than you are used to or more than you can handle. Some stress can be useful. For example, the stress reaction can help you catch the last bus of the day, study for a test, or meet a deadline at work. But stress that occurs too often or for too long can cause problems. It can affect your emotional health and interfere with relationships and normal daily activities. Too much stress can weaken your immune system and increase your risk for physical illness. If you already have a medical problem, stress can make it worse.

CAUSES

All sorts of life events may cause stress. An event that causes stress for one person may not be stressful for another person. Major life events commonly cause stress. These may be positive or negative. Examples include losing your job, moving into a new home, getting married, having a baby, or losing a loved one. Less obvious life events may also cause stress, especially if they occur day after day or in combination. Examples include working long hours, driving in traffic, caring for children, being in debt, or being in a difficult relationship.

SIGNS AND SYMPTOMS

Stress may cause emotional symptoms including, the following:

- Anxiety. This is feeling worried, afraid, on edge, overwhelmed, or out of control.
- Anger. This is feeling irritated or impatient.
- Depression. This is feeling sad, down, helpless, or guilty.
- Difficulty focusing, remembering, or making decisions.

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

Stress may cause physical symptoms, including the following:

- Aches and pains. These may affect your head, neck, back, stomach, or other areas of your body.
- Tight muscles or clenched jaw.
- Low energy or trouble sleeping.

Stress may cause unhealthy behaviors, including the following:

- Eating to feel better (overeating) or skipping meals.
- Sleeping too little, too much, or both.
- Working too much or putting off tasks (procrastination).
- Smoking, drinking alcohol, or using drugs to feel better.

DIAGNOSIS

Stress is diagnosed through an assessment by your health care provider. Your health care provider will ask questions about your symptoms and any stressful life events. Your health care provider will also ask about your medical history and may order blood tests or other tests. Certain medical conditions and medicine can cause physical symptoms similar to stress. Mental illness can cause emotional symptoms and unhealthy behaviors similar to stress. Your health care provider may refer you to a mental health professional for further evaluation.

TREATMENT

Stress management is the recommended treatment for stress. The goals of stress management are reducing stressful life events and coping with stress in healthy ways.

Techniques for reducing stressful life events include the following:

- Stress identification. Self-monitor for stress and identify what causes stress for you. These skills may help you to avoid some stressful events.
- Time management. Set your priorities, keep a calendar of events, and learn to say "no." These tools can help you avoid making too many commitments.

Techniques for coping with stress include the following:

- Rethinking the problem. Try to think realistically about stressful events rather than ignoring them or overreacting. Try to find the positives in a stressful situation rather than focusing on the negatives.
- Exercise. Physical exercise can release both physical and emotional tension. The key is to find a form of exercise you enjoy and do it regularly.
- Relaxation techniques. These relax the body and mind. Examples include yoga, meditation, tai chi, biofeedback, deep breathing, progressive muscle relaxation, listening to music, being out in nature, journaling, and other hobbies. Again, the key is to find one or more that you enjoy and can do regularly.

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

- Healthy lifestyle. Eat a balanced diet, get plenty of sleep, and do not smoke. Avoid using alcohol or drugs to relax.
- Strong support network. Spend time with family, friends, or other people you enjoy being around. Express your feelings and talk things over with someone you trust.

Counseling or talk therapy with a mental health professional may be helpful if you are having difficulty managing stress on your own. Medicine is typically not recommended for the treatment of stress. Talk to your health care provider if you think you need medicine for symptoms of stress.

HOME CARE INSTRUCTIONS

- Keep all follow-up visits as directed by your health care provider.
- Take all medicines as directed by your health care provider.

SEEK MEDICAL CARE IF:

- Your symptoms get worse or you start having new symptoms.
- You feel overwhelmed by your problems and can no longer manage them on your own.

SEEK IMMEDIATE MEDICAL CARE IF:

- You feel like hurting yourself or someone else.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 06/13/2002 Document Revised: 01/08/2016 Document Reviewed: 08/12/2014
Elsevier Interactive Patient Education ©2016 Elsevier Inc.

Abrasion

An abrasion is a cut or scrape on the outer surface of your skin. An abrasion does not extend through all of the layers of your skin. It is important to care for your abrasion properly to prevent infection.

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation



CAUSES

Most abrasions are caused by falling on or gliding across the ground or another surface. When your skin rubs on something, the outer and inner layer of skin rubs off.

SYMPTOMS

A cut or scrape is the main symptom of this condition. The scrape may be bleeding, or it may appear red or pink. If there was an associated fall, there may be an underlying bruise.

DIAGNOSIS

An abrasion is diagnosed with a physical exam.

TREATMENT

Treatment for this condition depends on how large and deep the abrasion is. Usually, your abrasion will be cleaned with water and mild soap. This removes any dirt or debris that may be stuck. An antibiotic ointment may be applied to the abrasion to help prevent infection. A bandage (*dressing*) may be placed on the abrasion to keep it clean.

You may also need a tetanus shot.

HOME CARE INSTRUCTIONS

Medicines

- Take or apply medicines only as directed by your health care provider.
- If you were prescribed an antibiotic ointment, finish all of it even if you start to feel better.

Wound Care

REDACTED COPY

St. Vincent's Medical Center

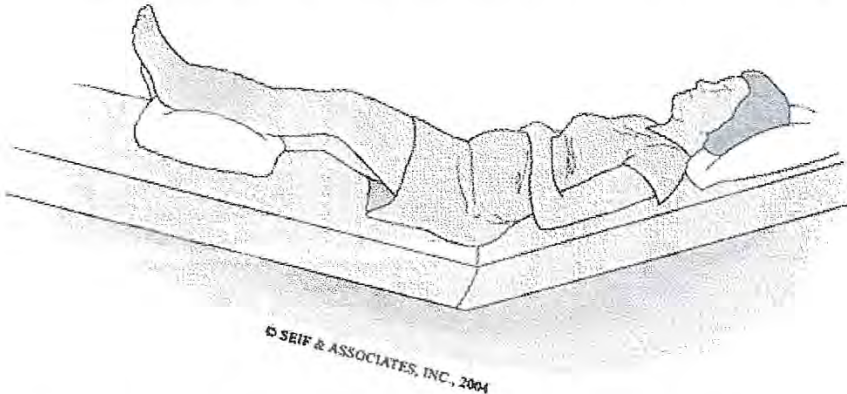
Patient Name: BOULAY, JAMES
MRN: 946867
FIN: 90579139
DOB/Age/Sex: 1986 31 years Male
Admit: 5/9/2017
Disch: 5/9/2017
Admitting: Mejia MD, Jose

Discharge Documentation

- Clean the wound with mild soap and water 2–3 times per day or as directed by your health care provider. Pat your wound dry with a clean towel. **Do not** rub it.
- There are many different ways to close and cover a wound. Follow instructions from your health care provider about:
 - Wound care.
 - Dressing changes and removal.
- Check your wound every day for signs of infection. Watch for:
 - Redness, swelling, or pain.
 - Fluid, blood, or pus.

General Instructions

- Keep the dressing dry as directed by your health care provider. **Do not** take baths, swim, use a hot tub, or do anything that would put your wound underwater until your health care provider approves.



- If there is swelling, raise (*elevate*) the injured area above the level of your heart while you are sitting or lying down.
- Keep all follow-up visits as directed by your health care provider. This is important.

SEEK MEDICAL CARE IF:

- You received a tetanus shot and you have swelling, severe pain, redness, or bleeding at the injection site.
- Your pain is not controlled with medicine.
- You have increased redness, swelling, or pain at the site of your wound.

SEEK IMMEDIATE MEDICAL CARE IF:

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES

MRN: 946867

Admit: 5/9/2017

FIN: 90579139

Disch: 5/9/2017

DOB/Age/Sex: 1986 31 years Male

Admitting: Mejia MD, Jose

Discharge Documentation

- You have a red streak going away from your wound.
- You have a fever.
- You have fluid, blood, or pus coming from your wound.
- You notice a bad smell coming from your wound or your dressing.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/27/2006 Document Revised: 09/07/2016 Document Reviewed: 12/16/2015
Elsevier Interactive Patient Education ©2016 Elsevier Inc.

Contusion

A contusion is a deep bruise. Contusions are the result of a blunt injury to tissues and muscle fibers under the skin. The injury causes bleeding under the skin. The skin overlying the contusion may turn blue, purple, or yellow. Minor injuries will give you a painless contusion, but more severe contusions may stay painful and swollen for a few weeks.



© SEIF & ASSOCIATES, III.C.

CAUSES

This condition is usually caused by a blow, trauma, or direct force to an area of the body.

SYMPTOMS

Symptoms of this condition include:

- Swelling of the injured area.
- Pain and tenderness in the injured area.
- Discoloration. The area may have redness and then turn blue, purple, or yellow.

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

DIAGNOSIS

This condition is diagnosed based on a physical exam and medical history. An X-ray, CT scan, or MRI may be needed to determine if there are any associated injuries, such as broken bones (*fractures*).

TREATMENT

Specific treatment for this condition depends on what area of the body was injured. In general, the best treatment for a contusion is resting, icing, applying pressure to (*compression*), and elevating the injured area. This is often called the RICE strategy. Over-the-counter anti-inflammatory medicines may also be recommended for pain control.

HOME CARE INSTRUCTIONS

- Rest the injured area.
- If directed, apply ice to the injured area:
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2–3 times per day.
- If directed, apply light compression to the injured area using an elastic bandage. Make sure the bandage is not wrapped too tightly. Remove and reapply the bandage as directed by your health care provider.
- If possible, raise (*elevate*) the injured area above the level of your heart while you are sitting or lying down.
- Take over-the-counter and prescription medicines only as told by your health care provider.

SEEK MEDICAL CARE IF:

- Your symptoms do not improve after several days of treatment.
- Your symptoms get worse.
- You have difficulty moving the injured area.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe pain.
- You have numbness in a hand or foot.
- Your hand or foot turns pale or cold.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 09/27/2006 Document Revised: 09/07/2016 Document Reviewed: 05/04/2016
Elsevier Interactive Patient Education ©2016 Elsevier Inc.

Prescriptions:

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

Fill New Prescriptions:

ALPRAZolam (Xanax 0.25 mg oral tablet) 0.25 mg Oral 3 times a day
ALPRAZolam (Xanax 0.25 mg oral tablet) 0.25 mg Oral 2 times a day
ibuprofen (ibuprofen 800 mg oral tablet) 800 mg Oral every 6 hours

Allergy Info: No Known Allergies

Medication Information:

St. Vincent's Emergency Department Physicians provided you with a complete list of medications post discharge, if you have been instructed to stop taking a medication please ensure you also follow up with this information to your Primary Care Physician. Any specific questions regarding your chronic medications and dosages should be discussed with your physician(s) and pharmacist.

Unless otherwise noted, patient will continue to take medications as prescribed prior to the Emergency Room visit.

Medication List:

Printed Prescriptions

ALPRAZolam (Xanax 0.25 mg oral tablet) 1 Tabs Oral 3 times a day. Refills: 0.
ALPRAZolam (Xanax 0.25 mg oral tablet) 1 Tabs Oral 2 times a day. Refills: 0.
ibuprofen (ibuprofen 800 mg oral tablet) 1 Tabs Oral every 6 hours. Refills: 0.

Medications given in the last 24 hours excluding anesthesia medications	Last Dose
ibuprofen	05/09/17 05:39 pm
Xanax	05/09/17 05:48 pm

Immunizations

No Immunizations Documented This Visit

Vitals Information:

Vital Sign **Latest**

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: '1986 31 years Male Admitting: Mejia MD, Jose

Discharge Documentation

Temp Oral 36.5 degC
Temp Axillary
Temp Rectal
O2 Sat 98 %
Respiratory Rate 16 br/min
Peripheral Pulse Rate 77 bpm
Blood Pressure 129 mmHg / 62 mmHg

Major Tests and Procedures:

The following procedures and tests were performed during your ED visit.

Hip XR Complete Left 05/09/17 19:25:00 EDT, Stat, Stop date 05/09/17 19:25:00 EDT, Reason: Other, (Free text in Reason for Exam field), Reason: hip on ambulating

XR Ankle Complete Right 05/09/17 18:36:00 EDT, Stat, Stop date 05/09/17 18:36:00 EDT, Reason: Other, (Free text in Reason for Exam field), Reason: struck by car, ankle pain

XR Tibia/Fibula Left 05/09/17 17:21:00 EDT, Stat, Stop date 05/09/17 17:21:00 EDT, Reason: Other, (Free text in Reason for Exam field), Reason: struck by bumper

Comment:

I, BOULAY, JAMES, have been given the following list of patient education materials, prescriptions, and follow up instructions and have verbalized understanding:

Stress and Stress Management; Abrasion; Contusion
[ALPRAZolam (Xanax 0.25 mg oral tablet)] [ALPRAZolam (Xanax 0.25 mg oral tablet)] [ibuprofen (ibuprofen 800 mg oral tablet)]

Patient Signature 5/9/2017 20:24:17 Provider Signature 5/9/2017 20:24:17

Miscellaneous Patient Care

Document Type: Coding Summary
Service Date/Time: 5/9/2017 20:24 EDT
Result Status: Auth (Verified)
Document Subject: Coding Summary
Sign Information:

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: /1986 31 years Male Admitting: Mejia MD, Jose

Miscellaneous Patient Care

CODING DATE: 05/10/2017 FINAL
St. Vincent's Medical Center

DSCH STATUS:
01-Home or Self Care

PAYOR:
Workers Compensation

APC DESCRIPTION
5521 Level 1 Imaging without Contrast

ADMIT DX:

REASON FOR VISIT DX:
M79.662 Pain in left lower leg

FINAL DX:
PRINCIPAL:
S80.12XA Contusion of left lower leg, initial encounter

SECONDARY:
V03.90XA Pedestrian on foot injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident, initial encounter
Y92.69 Other specified industrial and construction area as the place of occurrence of the external cause

PYMT
PROC APC STAT DESCRIPTION DOCTOR NAME DATE

NOTE: The code number assigned matches the documented diagnosis and / or procedure in the patient's chart. However, the narrative phrase printed from the coding software may appear abbreviated, or result in slightly different terminology.

Coded By: Blackwood, Ginger
Date Saved: 05/10/2017 07:39 am

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES

MRN: 946867

Admit: 5/9/2017

FIN: 90579139

Disch: 5/9/2017

DOB/Age/Sex: 1986 31 years Male

Admitting: Mejia MD, Jose

Miscellaneous Patient Care

Patient Name: BOULAY, JAMES
Date of Birth: 1986

MRN: 946867
FIN: 90579139

* Auth (Verified) *

MEDICATION AND MEDICAL DEVICE ASSISTANCE PROGRAM

In some cases, St. Vincent's may be able to obtain reimbursement for some of your medication and/or medical devices from companies that manufacture them. In the event this occurs, the charge for the medication and/or medical devices is removed from your hospital bill for that stay. Most of these programs require your signature on the application forms. In order to avoid having you sign a form for each medication and/or device, we are requesting that you allow a Pharmacy representative to complete these forms on your behalf.

I appoint a dually authorized Pharmacy representative to carry out in my name, the application forms required to obtain replacement of my medication or medical devices from manufacturers. This is in effect for this admission only.

ASSIGNMENT OF INSURANCE BENEFITS

In consideration for the services to be rendered, I hereby assign any medical insurance benefits I may have to St. Vincent's Medical Center for application to my bill. I agree to execute any other documents that may be necessary to effectuate this assignment. I give St. Vincent's Medical Center permission to appeal any insurance denials on my behalf.

FINANCIAL AGREEMENT

In the event that any part of my bill is not paid by available insurance sources, I agree to pay the balance and will assume court costs, attorneys' fees, or collection costs incurred in connection with any unpaid balance. I understand that independent physicians perform certain services, such as reading x-rays, administering anesthesia and interpreting lab data for patient at St. Vincent's. These physicians are not employees or agents of St. Vincent's; they are associated with an independent physician group. If I receive any of these types of services while I am in the hospital, I understand that I will receive a separate bill from the physician group that provided those services. In addition, independent physicians who are not employees or agents of St. Vincent's may manage my care as attending or consulting physicians. If I receive any services from a non-employed physician, I understand that I will receive a separate bill from the physician or physician group that provided those services. St. Vincent's does not exercise any control or authority over the professional judgment diagnosis or treatment decisions of independent physicians or their allied health professionals.

PERMIT PAYMENT OF HOSPITAL AND/OR MEDICAL INSURANCE BENEFITS TO HOSPITAL AND PHYSICIANS



I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct.

I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim.

I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the service or authorize such physician or organization to submit a claim to Medicare for payment to me.

I understand I may receive a copy of the hospital charges related to my treatment by contacting the Customer Service Representatives at 576-5384.

By my signature I authorize St. Vincent's Medical Center, its providers and agents, including debt collectors, to place calls to my cellular and/or residential phone(s) using any form of artificial, pre-recorded voice, or auto-dialer technologies for the purpose of debt collection, notification and/or future scheduling.

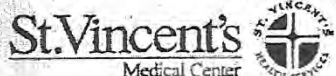
I acknowledge receipt of the notice informing me of my rights as a Medicare hospital patient.	_____ (Patient Initials) Not Applicable <input type="checkbox"/>
I acknowledge receipt of the Patient Bill of Rights.	 _____ (Patient Initials)
I acknowledge receipt of St. Vincent's Notice of Information Practices that describes how medical information about me may be used and disclosed and how I can get access to this information.	 _____ (Patient Initials)

REDACTED COPY

Patient Name: BOULAY, JAMES
Date of Birth: 1986

MRN: 946867
FIN: 90579139

* Auth (Verified) *



2800 Main Street, Bridgeport, CT

BOULAY, JAMES
DOB: 1986 30Y Male
DOS: 05/09/2017 17:12
FIN: 90579139
MRN 00946867

ADMISSION AGREEMENT

Permission for Admission, Examination or General Care:

I give permission to St. Vincent's Medical Center, the physicians treating me and such assistants as they may designate, to perform routine services, diagnostic procedures including toxicology screening or use of contrast materials, and medical treatment, including giving me medications, inserting tubes and catheters in my blood vessels, including peripherally inserted central catheters, or insertion of drainage tubes such as nasogastric tubes or Foley catheters, and collecting, studying and disposing of any specimens or tissue taken from my body, all as deemed necessary by the physicians treating me and/or other health care personnel under their supervision. I agree to any testing deemed appropriate by the St. Vincent's infection prevention team to prevent or control the spread of infections within the hospital. I also understand that I may be tested for human immuno-deficiency (HIV/AIDS), that such testing is voluntary and I may choose not to be tested for HIV/AIDS.

I understand that except in emergency, all special procedures, blood product transfusions, use of anesthetics or sedation/analgesia will be discussed with me by the physician treating me and that an additional specific consent form may be required. I understand that: St. Vincent's is a teaching institution and students of health professions may be involved in observing or rendering care; and that photographs, videotaped images or other images may be made of non-identifiable body parts.

I understand that my photograph may be taken for patient identification purposes prior to treatment.

PERSONAL VALUABLES

I agree to deposit money, jewelry or other valuables with St. Vincent's security staff for safekeeping, or in a personal safe where available. If not, I assume personal responsibility for them, and I hereby release and hold harmless St. Vincent's from any all liability, costs and expenses arising out of or relating to the loss of such valuable items. This responsibility includes, but is not limited to, dentures, eyeglasses, contact lenses, phones, and other personal items.

DISCLOSURE OF PROTECTED HEALTH INFORMATION:

I UNDERSTAND that in accordance with Federal Privacy laws, my health information may be used or disclosed for treatment, payment, or health care operations as described in St. Vincent's Notice of Information Practices. I authorize St. Vincent's Medical Center to provide from its own records any medical information pertaining to the examination, treatment, history which may include psychiatric, substance abuse, HIV/AIDS, or other confidential information, medical information and medical charges to my health plan and/or their acting intermediaries and/or agents for the purpose of processing insurance claims. I also authorize St. Vincent's to provide information from my medical records to any utilization and/or quality review organization affiliated with my insurer for use in utilization management. This release may include electronic release, reviewing and/or photocopying pertinent documents for the purpose of payment by my health plan. I further authorize St. Vincent's Medical Center to release pertinent medical, psychiatric, drug or alcohol, HIV/AIDS information or x-rays, films, or any other reports to other physicians, healthcare agencies or institutions involved in continuing my care after discharge from the hospital.

I understand limited information, including my religious affiliation, will be included in the general hospital directory if I am being treated on a general medical/surgical unit. Religious Affiliation will only be released to my clergy. I understand I must notify the Registrar if I do not want my name included in the Directory.

I understand that St. Vincent's Medical Center and the members of its Medical Staff have agreed, as permitted by law, to share my health information among themselves for purposes of treatment, payment or health care operations. I understand this enables them to better address my health care needs. I authorize clinical staff of St. Vincent's Medical Center to contact my Primary Care Physician and/or other treating physician or other health care entities I inform St. Vincent's care givers about, to obtain medical information about my condition and previous care in order to treat my current condition and authorize contact with other health care providers for advice or treatment options where outside consultation is needed.

Rev. 7/14
A427E

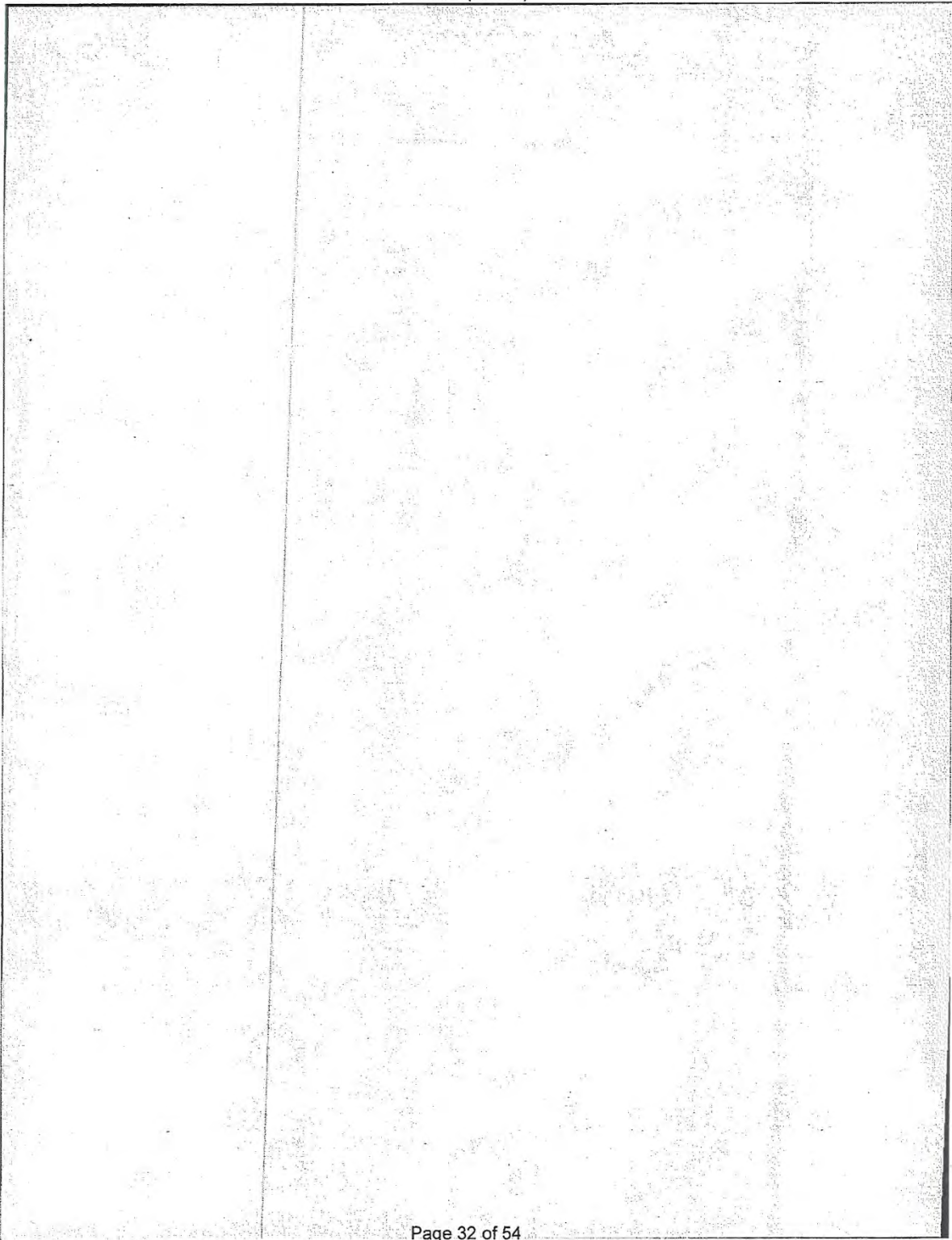


REDACTED COPY

Patient Name: BOULAY, JAMES
Date of Birth: 1986

MRN: 946867
FIN: 90579139

* Auth (Verified) *



REDACTED COPY

Patient Name: BOULAY, JAMES
Date of Birth: 1986

MRN: 946867
FIN: 90579139

* Auth (Verified) *

St. Vincent's
Medical Center
2800 Main Street, Bridgeport, CT



MRN 00946867
BOULAY, JAMES
DOB: 05/09/1986 30Y Male
DOS: 05/09/2017 17:12
FIN: 90579139

I give permission for treatment and I have full and legal authority to give this permission.
I have read this form, have asked any questions I may have and I understand the form's contents.

[Signature]
Signature of Person Providing Permission/Consent

Self
Relationship to Patient

C. Muzale
Name of Witness

05-09-2017 6:33 pm
Date & Time

Reason for signature other than patient.



Rev. 7/14
A427E

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Orders

Patient Care

Order: Discharge Patient

Order Date/Time: 5/9/2017 18:13 EDT
Order Status: Discontinued Department Status: Discontinued Activity Type: Patient Care
End-state Date/Time: 5/12/2017 21:01 EDT End-state Reason:
Ordering Physician: Mejia MD,Jose Consulting Physician:
Entered By: Mejia MD,Jose on 5/9/2017 18:13 EDT
Order Details: 5/9/17 6:13:00 PM EDT
Order Comment:
Action Type: Discontinue Action Date/Time: 5/12/2017 21:01 EDT Action Personnel: SYSTEM,SYSTEM
Electronically Signed By: Mejia MD,Jose Electronically Signed by Supervising Provider: Communication Type:
Action Type: Order Action Date/Time: 5/9/2017 18:13 EDT Action Personnel: Mejia MD,Jose
Electronically Signed By: Mejia MD,Jose Electronically Signed by Supervising Provider: Communication Type: Written

Order: ED Assessment Adult

Order Date/Time: 5/9/2017 17:20 EDT
Order Status: Completed Department Status: Completed Activity Type: Rule
End-state Date/Time: 5/9/2017 17:27 EDT End-state Reason:
Ordering Physician: SYSTEM,SYSTEM Consulting Physician:
Entered By: SYSTEM,SYSTEM on 5/9/2017 17:20 EDT
Order Details: 5/9/17 5:20:13 PM EDT, Stop date 5/9/17 5:27:46 PM EDT
Order Comment: Order placed due to patient arrival to the Emergency Department
Action Type: Complete Action Date/Time: 5/9/2017 17:27 EDT Action Personnel: Chase RN,Laura
Electronically Signed By: SYSTEM, SYSTEM Electronically Signed by Supervising Provider: Communication Type:
Action Type: Order Action Date/Time: 5/9/2017 17:20 EDT Action Personnel: SYSTEM,SYSTEM
Electronically Signed By: SYSTEM, SYSTEM Electronically Signed by Supervising Provider: Communication Type: Discern Expert

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: '1986 31 years Male Admitting: Mejia MD,Jose

Orders

Pharmacy

Order: ALPRAZolam (Xanax)

Order Date/Time: 5/9/2017 17:43 EDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 5/9/2017 17:48 EDT

End-state Reason:

Ordering Physician: Mejia MD,Jose

Consulting Physician:

Entered By: Mejia MD,Jose on 5/9/2017 17:43 EDT

Order Details: 0.25 mg = 1 tabs, Oral, Once, First Dose: 5/9/17 5:43:00 PM EDT, Stop Date: 5/9/17 5:48:12 PM EDT, NOW, Form: Tab

Order Comment:

Action Type: Complete

Action Date/Time: 5/9/2017 17:48 EDT

Action Personnel: Chase RN,Laura

Electronically Signed By: Mejia MD,Jose

Electronically Signed by Supervising Provider:

Communication Type:

Action Type: Order

Action Date/Time: 5/9/2017 17:44 EDT

Action Personnel: Mejia MD,Jose

Electronically Signed By: Mejia MD,Jose

Electronically Signed by Supervising Provider:

Communication Type: Written

Order: ibuprofen

Order Date/Time: 5/9/2017 17:30 EDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 5/9/2017 17:39 EDT

End-state Reason:

Ordering Physician: Mejia MD,Jose

Consulting Physician:

Entered By: Mejia MD,Jose on 5/9/2017 17:30 EDT

Order Details: 800 mg = 1 tabs, Oral, Once, First Dose: 5/9/17 5:30:00 PM EDT, Stop Date: 5/9/17 5:39:53 PM EDT, NOW, Form: Tab

Order Comment:

Action Type: Complete

Action Date/Time: 5/9/2017 17:39 EDT

Action Personnel: Chase RN,Laura

Electronically Signed By: Mejia MD,Jose

Electronically Signed by Supervising Provider:

Communication Type:

Action Type: Order

Action Date/Time: 5/9/2017 17:30 EDT

Action Personnel: Mejia MD,Jose

Electronically Signed By: Mejia MD,Jose

Electronically Signed by Supervising Provider:

Communication Type: Written

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Orders

Radiology

Order: **XR Hip Complete Left (Hip XR Complete Left)**

Order Date/Time: 5/9/2017 19:25 EDT

Order Status: Completed Department Status: Completed Activity Type: Radiology

End-state Date/Time: 5/9/2017 20:15 EDT End-state Reason:

Ordering Physician: Mejia MD,Jose Consulting Physician:

Entered By: Mejia MD,Jose on 5/9/2017 19:25 EDT

Order Details: 5/9/17 7:25:00 PM EDT, Stat, Stop date 5/9/17 8:15:23 PM EDT, Reason: Other, (Free text in Reason for Exam field), Reason: hip on ambulating

Order Comment:

Action Type: Complete	Action Date/Time: 5/9/2017 20:15 EDT	Action Personnel: Marrinan MD,Greg
Electronically Signed By: Mejia MD,Jose	Electronically Signed by Supervising Provider:	Communication Type: Written

Action Type: Status Change	Action Date/Time: 5/9/2017 19:53 EDT	Action Personnel: Wehrheim,Shane
Electronically Signed By: Mejia MD,Jose	Electronically Signed by Supervising Provider:	Communication Type: Written

Action Type: Status Change	Action Date/Time: 5/9/2017 19:44 EDT	Action Personnel: Wehrheim,Shane
Electronically Signed By: Mejia MD,Jose	Electronically Signed by Supervising Provider:	Communication Type: Written

Action Type: Order	Action Date/Time: 5/9/2017 19:25 EDT	Action Personnel: Mejia MD,Jose
Electronically Signed By: Mejia MD,Jose	Electronically Signed by Supervising Provider:	Communication Type: Written

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: /1986 31 years Male Admitting: Mejia MD, Jose

Orders

Radiology

Order: **XR Ankle Complete Right**

Order Date/Time: 5/9/2017 18:36 EDT

Order Status: Completed Department Status: Completed Activity Type: Radiology

End-state Date/Time: 5/9/2017 19:28 EDT

End-state Reason:

Ordering Physician: Mejia MD, Jose

Consulting Physician:

Entered By: Mejia MD, Jose on 5/9/2017 18:36 EDT

Order Details: 5/9/17 6:36:00 PM EDT, Stat, Stop date 5/9/17 7:28:22 PM EDT, Reason: Other, (Free text in Reason for Exam field), Reason: struck by car, ankle pain

Order Comment:

Action Type: Complete	Action Date/Time: 5/9/2017 19:28 EDT	Action Personnel: Marrinan MD, Greg
Electronically Signed By: Mejia MD, Jose	Electronically Signed by Supervising Provider:	Communication Type: Written

Action Type: Status Change	Action Date/Time: 5/9/2017 19:09 EDT	Action Personnel: Gilliams, Debra
Electronically Signed By: Mejia MD, Jose	Electronically Signed by Supervising Provider:	Communication Type: Written

Action Type: Status Change	Action Date/Time: 5/9/2017 18:45 EDT	Action Personnel: Gilliams, Debra
Electronically Signed By: Mejia MD, Jose	Electronically Signed by Supervising Provider:	Communication Type: Written

Action Type: Order	Action Date/Time: 5/9/2017 18:36 EDT	Action Personnel: Mejia MD, Jose
Electronically Signed By: Mejia MD, Jose	Electronically Signed by Supervising Provider:	Communication Type: Written

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Orders

Radiology

Order: **XR Tibia/Fibula Left**
Order Date/Time: 5/9/2017 17:21 EDT
Order Status: Completed Department Status: Completed Activity Type: Radiology
End-state Date/Time: 5/9/2017 17:54 EDT End-state Reason:
Ordering Physician: Mejia MD, Jose Consulting Physician:
Entered By: Mejia MD, Jose on 5/9/2017 17:21 EDT
Order Details: 5/9/17 5:21:00 PM EDT, Stat, Stop date 5/9/17 5:54:20 PM EDT, Reason: Other, (Free text in Reason for Exam field), Reason: struck by bumper
Order Comment:
Action Type: Complete Action Date/Time: 5/9/2017 17:54 EDT Action Personnel: Marrinan MD, Greg
Electronically Signed By: Mejia MD, Jose Electronically Signed by Supervising Provider: Communication Type: Written
Action Type: Status Change Action Date/Time: 5/9/2017 17:40 EDT Action Personnel: D'agostino, Lea
Electronically Signed By: Mejia MD, Jose Electronically Signed by Supervising Provider: Communication Type: Written
Action Type: Status Change Action Date/Time: 5/9/2017 17:32 EDT Action Personnel: D'agostino, Lea
Electronically Signed By: Mejia MD, Jose Electronically Signed by Supervising Provider: Communication Type: Written
Action Type: Order Action Date/Time: 5/9/2017 17:21 EDT Action Personnel: Mejia MD, Jose
Electronically Signed By: Mejia MD, Jose Electronically Signed by Supervising Provider: Communication Type: Written

Orders - Medications

Prescription

Order: **ALPRAZolam (Xanax 0.25 mg oral tablet)**
Order Date/Time: 5/9/2017 18:14 EDT
Order Status: Prescribed Clinical Category: Medications Medication Type: Prescription
Ordering Physician: Mejia MD, Jose Consulting Physician:
Entered By: Mejia MD, Jose on 5/9/2017 18:14 EDT
Order Details: 0.25 mg 1 tabs, Oral, BID, # 10 tabs, 0 Refill(s)
Order Comment:
Action Type: Prescribe Action Date/Time: 5/9/2017 18:14 EDT
Electronically Signed By: Mejia MD, Jose Electronically Signed by Supervising Provider:

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Orders - Medications

Prescription

Order: **ALPRAZolam (Xanax 0.25 mg oral tablet)**
Order Date/Time: 5/9/2017 18:11 EDT
Order Status: Prescribed Clinical Category: Medications Medication Type: Prescription
Ordering Physician: Mejia MD, Jose Consulting Physician:
Entered By: Mejia MD, Jose on 5/9/2017 18:11 EDT
Order Details: 0.25 mg 1 tabs, Oral, TID, # 10 tabs, 0 Refill(s)
Order Comment:
Action Type: Prescribe Action Date/Time: 5/9/2017 18:12 EDT
Electronically Signed By: Mejia MD, Jose Electronically Signed by Supervising Provider:

Order: **ibuprofen (ibuprofen 800 mg oral tablet)**
Order Date/Time: 5/9/2017 18:10 EDT
Order Status: Prescribed Clinical Category: Medications Medication Type: Prescription
Ordering Physician: Mejia MD, Jose Consulting Physician:
Entered By: Mejia MD, Jose on 5/9/2017 18:10 EDT
Order Details: 800 mg 1 tabs, Oral, q6hr, # 20 tabs, 0 Refill(s)
Order Comment:
Action Type: Prescribe Action Date/Time: 5/9/2017 18:12 EDT
Electronically Signed By: Mejia MD, Jose Electronically Signed by Supervising Provider:

Orders - Medications

Inpatient

Order: **ALPRAZolam (Xanax)**
Order Date/Time: 5/9/2017 17:43 EDT
Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 5/9/2017 17:48 EDT End-state Reason:
Ordering Physician: Mejia MD, Jose Consulting Physician:
Entered By: Mejia MD, Jose on 5/9/2017 17:43 EDT
Order Details: 0.25 mg = 1 tabs, Oral, Once, First Dose: 5/9/17 5:43:00 PM EDT, Stop Date: 5/9/17 5:48:12 PM EDT, NOW,
Form: Tab
Order Comment:
Action Type: Complete Action Date/Time: 5/9/2017 17:48 EDT
Electronically Signed By: Mejia MD, Jose Electronically Signed by Supervising Provider:
Action Type: Order Action Date/Time: 5/9/2017 17:44 EDT
Electronically Signed By: Mejia MD, Jose Electronically Signed by Supervising Provider:

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Orders - Medications

Inpatient

Order: **ibuprofen**
Order Date/Time: 5/9/2017 17:30 EDT
Order Status: Completed Clinical Category: Medications Medication Type: Inpatient
End-state Date/Time: 5/9/2017 17:39 EDT End-state Reason:
Ordering Physician: Mejia MD,Jose Consulting Physician:
Entered By: Mejia MD,Jose on 5/9/2017 17:30 EDT
Order Details: 800 mg = 1 tabs, Oral, Once, First Dose: 5/9/17 5:30:00 PM EDT, Stop Date: 5/9/17 5:39:53 PM EDT, NOW,
Form: Tab
Order Comment:
Action Type: Complete Action Date/Time: 5/9/2017 17:39 EDT
Electronically Signed By: Mejia MD,Jose Electronically Signed by Supervising Provider:
Action Type: Order Action Date/Time: 5/9/2017 17:30 EDT
Electronically Signed By: Mejia MD,Jose Electronically Signed by Supervising Provider:

Medication Reconciliation

No Reconciliation History

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES

MRN: 946867

Admit: 5/9/2017

FIN: 90579139

Disch: 5/9/2017

DOB/Age/Sex: '1986 31 years Male

Admitting: Mejia MD,Jose

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
01-XR-17-022588	5/9/2017 19:53 EDT	XR Hip Complete Left	Mejia MD,Jose	30 years

Reason for Exam

(XR Hip Complete Left) hip on ambulating;Other, (Free text in Reason for Exam field)

Report

HISTORY: LEFT hip pain on ambulating. Status post crush injury today.

TECHNIQUE: X-ray LEFT hip. 2 views.

COMPARISON: None.

FINDINGS:

Bones: No acute osseous abnormalities.

Joints: Slight asymmetry of the pubic symphysis may be positional or incidental. If there is focal tenderness, consider additional imaging such as CT or MRI.

Soft tissues: Unremarkable.

Additional Comments: None.

IMPRESSION:

No definite fractures. Mild asymmetry of the pubic symphysis may be incidental or positional. If there is focal tenderness, consider CT or MR imaging.

If this exam was interpreted by a resident, I personally reviewed the image(s) and resident's interpretation and agree with the findings.

Signed By: Greg B. Marrinan, M.D.

Date: 5/9/2017 8:10 PM

***** Final *****

Dictated by: Mathew MD, Betty

Dictated DT/TM: 05/09/2017 8:10 pm

Signed by: Marrinan MD, Greg

Signed (Electronic Signature): 05/09/2017 8:15 pm

Technologist

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
01-XR-17-022581	5/9/2017 19:09 EDT	XR Ankle Complete Right	Mejia MD,Jose	30 years

Reason for Exam

(XR Ankle Complete Right) struck by car, ankle pain;Other, (Free text in Reason for Exam field)

Report

HISTORY: Other, (Free text in Reason for Exam field)-struck by car, ankle pain

TECHNIQUE: 3 views, RIGHT ankle.

COMPARISON: None.

FINDINGS:

Bones: Unremarkable. No acute osseous abnormalities.

Joints: Unremarkable. No effusions.

Soft tissues: Unremarkable.

Additional Comments: None.

IMPRESSION:

1. Negative study.

Signed By: Greg B. Marrinan, M.D.

Date: 5/9/2017 7:23 PM

***** Final *****

Signed by: Marrinan MD, Greg

Signed (Electronic Signature): 05/09/2017 7:28 pm

Technologist _____

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
01-XR-17-022567	5/9/2017 17:40 EDT	XR Tibia/Fibula Left	Mejia MD,Jose	30 years

Reason for Exam

(XR Tibia/Fibula Left) struck by bumper;Other, (Free text in Reason for Exam field)

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
01-XR-17-022567	5/9/2017 17:40 EDT	XR Tibia/Fibula Left	Mejia MD, Jose	30 years

Report

HISTORY: Struck by bumper.

TECHNIQUE: X-ray LEFT tibia/fibula. 4 views.

COMPARISON: None.

FINDINGS:

Bones: No acute osseous abnormalities.

Soft tissues: Unremarkable.

Additional Comments: None.

IMPRESSION:

No acute fractures identified.

If this exam was interpreted by a resident, I personally reviewed the image(s) and resident's interpretation and agree with the findings.

Signed By: Greg B. Marrinan, M.D.

Date: 5/9/2017 5:50 PM

***** Final *****

Dictated by: Mathew MD, Betty
Dictated DT/TM: 05/09/2017 5:50 pm
Signed by: Marrinan MD, Greg
Signed (Electronic Signature): 05/09/2017 5:54 pm

Technologist

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: '1986 31 years Male Admitting: Mejia MD, Jose

Assessment Forms

Signed By: Chase RN, Laura (5/9/2017 18:14 EDT)

Disposition Documentation Entered On: 5/9/2017 18:14 EDT
Performed On: 5/9/2017 18:14 EDT by Chase RN, Laura

Disposition Documentation

ED Procedural Sedation : No
ED Restraint/Seclusion : No
ED Discharged to : Home with Self Care/Family
ED Other Charges : Standard ED Encounter
ED Discharge Documentation : Open Discharge Documentation

Chase RN, Laura - 5/9/2017 18:14 EDT

Discharge

Discharged to care of : Self
Mode of Discharge : Ambulatory
Discharge Transportation : Private vehicle
Individuals Taught : Patient
Teaching Method - ED : Written/printout, Explanation
Barriers to Learning : None evident

Chase RN, Laura - 5/9/2017 18:14 EDT

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
 MRN: 946867 Admit: 5/9/2017
 FIN: 90579139 Disch: 5/9/2017
 DOB/Age/Sex: '1986 31 years Male Admitting: Mejia MD, Jose

Measurements

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Measurements

Recorded Date	5/9/2017		
Recorded Time	17:40 EDT		
Recorded By	Chase RN, Laura		
Procedure	Units	Reference Range	
Weight Dosing	72.5	kg	

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

	Recorded Date	5/9/2017	5/9/2017	5/9/2017		
	Recorded Time	20:22 EDT	18:05 EDT	17:14 EDT		
	Recorded By	Chase RN, Laura	Chase RN, Laura	Chase RN, Laura		
Procedure					Units	Reference Range
Temperature Oral		-	-	36.5	degC	[35.8-37.3]
Peripheral Pulse Rate		77	84	112 ^H	bpm	[60-100]
Respiratory Rate		16	16	20	br/min	[14-20]
Systolic Blood Pressure		129	130	177 ^H	mmHg	[90-140]
Diastolic Blood Pressure		62	90	108 ^H	mmHg	[60-90]
SpO2		98	100	99	%	

Pain

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Pain Tools

Recorded Date	5/9/2017	
Recorded Time	17:14 EDT	
Recorded By	Chase RN, Laura	
Procedure		
Preferred Pain Tool	Numeric rating scale	
Numeric Pain Scale	0 = No pain	

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
 MRN: 946867 Admit: 5/9/2017
 FIN: 90579139 Disch: 5/9/2017
 DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

Pain

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Comfort Measures

Recorded Date	5/9/2017
Recorded Time	17:27 EDT
Recorded By	Chase RN,Laura
Procedure	
Comfort Measures	See Below T1

Textual Results
 T1: 5/9/2017 17:27 EDT (Comfort Measures)
 Comfortable environment, Quiet environment

General

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

General

Recorded Date	5/9/2017	5/9/2017
Recorded Time	17:20 EDT	17:14 EDT
Recorded By	Chase RN,Laura	Chase RN,Laura
Procedure		
Allergy Information Status	Reviewed and updated	Reviewed and updated

Cardiovascular

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Cardiovascular Assessment

Procedure	5/9/2017	5/9/2017	Units	Reference Range
Recorded Date	5/9/2017	5/9/2017		
Recorded Time	17:30 EDT	17:27 EDT		
Recorded By	Chase RN,Laura	Chase RN,Laura		
Cardiovascular Symptoms	-	None ⁰¹		
Nail Bed Description Left Foot	Pink	-		
Capillary Refill Left Foot	Less than 2 seconds	-		

Order Comments
 O1: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
 MRN: 946867 Admit: 5/9/2017
 FIN: 90579139 Disch: 5/9/2017
 DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Cardiovascular

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Pulses

Recorded Date	5/9/2017		
Recorded Time	17:30 EDT		
Recorded By	Chase RN, Laura		
Procedure		Units	Reference Range
Dorsalis Pedis Pulse, Left	2+ Normal		

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Respiratory Assessment

Recorded Date	5/9/2017		
Recorded Time	17:27 EDT		
Recorded By	Chase RN, Laura		
Procedure		Units	Reference Range
Respirations	Unlabored, Quiet ⁰¹		
Respiratory Pattern	Regular ⁰¹		

Order Comments
 O1: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

Airway Information

Recorded Date	5/9/2017		
Recorded Time	17:27 EDT		
Recorded By	Chase RN, Laura		
Procedure		Units	Reference Range
Patient Airway Status	Patent without support ⁰¹		

Order Comments
 O1: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

Oxygen Therapy & Oxygenation Information

Recorded Date	5/9/2017	5/9/2017	5/9/2017		
Recorded Time	20:22 EDT	18:05 EDT	17:14 EDT		
Recorded By	Chase RN, Laura	Chase RN, Laura	Chase RN, Laura		
Procedure				Units	Reference Range
Oxygen Therapy	Room air	Room air	Room air		

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
 MRN: 946867 Admit: 5/9/2017
 FIN: 90579139 Disch: 5/9/2017
 DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Gastrointestinal

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Gastrointestinal Assessment

Recorded Date:	5/9/2017
Recorded Time:	17:27 EDT
Recorded By:	Chase RN, Laura
Procedure:	
GI Symptoms:	None ⁰¹

Order Comments

O1: ED Assessment Adult
 Order placed due to patient arrival to the Emergency Department

Gynecology/Obstetrics

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Obstetrical Exam Information

Recorded Date:	5/9/2017
Recorded Time:	17:20 EDT
Recorded By:	Chase RN, Laura
Procedure:	
Pregnancy Status:	N/A

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Integumentary Assessment

Procedure	Recorded Date	5/9/2017	5/9/2017	Units	Reference Range
	Recorded Time	17:30 EDT	17:20 EDT		
	Recorded By	Chase RN, Laura	Chase RN, Laura		
Skin Color General		Usual for ethnicity	-		
Skin Color		-	Normal for ethnicity		
Left Lower Extremity Description		Pink	-		
Skin Temperature		Warm	Warm		
Temperature Left Lower Extremity		Warm	-		
Skin Description		-	Dry		
Skin Moisture General		Dry	-		
Skin Turgor General		Elastic	-		
Skin Integrity General		Localized abnormality	-		

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
 MRN: 946867 Admit: 5/9/2017
 FIN: 90579139 Disch: 5/9/2017
 DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Integumentary Assessment

	Recorded Date	5/9/2017	5/9/2017		
	Recorded Time	17:30 EDT	17:20 EDT		
	Recorded By	Chase RN,Laura	Chase RN,Laura		
Procedure				Units	Reference Range
Mucous Membrane Color		Pink	-		
Mucous Membrane Description		Moist	-		

Incision/Wound

	Recorded Date	5/9/2017			
	Recorded Time	17:30 EDT			
	Recorded By	Chase RN,Laura			
Procedure			Units	Reference Range	
Pressure Ulcer Present On Admission		No			

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Neurological Assessment

	Recorded Date	5/9/2017	5/9/2017		
	Recorded Time	17:30 EDT	17:20 EDT		
	Recorded By	Chase RN,Laura	Chase RN,Laura		
Procedure				Units	Reference Range
Neurological Symptoms		None	-		
Level of Consciousness		-	Alert		

Glasgow Coma Assessment

	Recorded Date	5/9/2017			
	Recorded Time	17:20 EDT			
	Recorded By	Chase RN,Laura			
Procedure			Units	Reference Range	
Eye Opening Response Glasgow		Spontaneously			
Best Motor Response Glasgow		Obeys commands			
Best Verbal Response Glasgow		Oriented			
Glasgow Coma Score		15			

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD, Jose

Falls Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Environmental Safety Management

Recorded Date	5/9/2017
Recorded Time	17:27 EDT
Recorded By	Chase RN, Laura
Procedure	
Environmental Safety Implemented	See Below ^{T2}

Textual Results

T2: 5/9/2017 17:27 EDT (Environmental Safety Implemented)
Wheels locked, Adequate room lighting, Bed in low position, Call device within reach, Traffic path in room free of clutter, Upper/Half length side rails for bed mobility.

Psychosocial

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Psychological Functions

Recorded Date	5/9/2017
Recorded Time	17:20 EDT
Recorded By	Chase RN, Laura
Procedure	
Affect/Behavior	See Below ^{T3}
Orientation Assessment	Oriented x 4

Textual Results

T3: 5/9/2017 17:20 EDT (Affect/Behavior)
Appropriate, Cooperative, Anxious

ED Documentation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Patient Status Rounding

Recorded Date	5/9/2017	5/9/2017	5/9/2017
Recorded Time	18:41 EDT	18:05 EDT	17:27 EDT
Recorded By	Chase RN, Laura	Chase RN, Laura	Chase RN, Laura
Procedure			
Patient Status Rounding	-	-	Patient ID checked
Patient Status Rounding Comments	See Below ^{T4}	See Below ^{T5}	See Below ^{T6}

Textual Results

T4: 5/9/2017 18:41 EDT (Patient Status Rounding Comments)

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867 Admit: 5/9/2017
FIN: 90579139 Disch: 5/9/2017
DOB/Age/Sex: 1986 31 years Male Admitting: Mejia MD,Jose

ED Documentation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Patient Status Rounding

Textual Results

T4: 5/9/2017 18:41 EDT (Patient Status Rounding Comments)
c/o increased pain in left ankle, will have xray prior to discharge
T5: 5/9/2017 18:05 EDT (Patient Status Rounding Comments)
abrasion left shin cleaned, bacitracin applied
T6: 5/9/2017 17:27 EDT (Patient Status Rounding Comments)
Denies pain, ice to left ankle; + CMS; anxious

ED Teaching

Recorded Date	5/9/2017
Recorded Time	18:14 EDT
Recorded By	Chase RN,Laura
Procedure	
Teaching Method -ED	Written/printout, Explanation

Education

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Patient and Family Education

Recorded Date	5/9/2017
Recorded Time	18:14 EDT
Recorded By	Chase RN,Laura
Procedure	
Barriers to Learning	None evident
Individuals Taught	Patient

Admit/Transfer/Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Visit Information

Recorded Date	5/9/2017	5/9/2017
Recorded Time	17:20 EDT	17:14 EDT
Recorded By	Chase RN,Laura	Chase RN,Laura
Procedure		
Chief Complaint	-	See Below ¹⁷ c1
Lynx Mode of Arrival	-	Police

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867
FIN: 90579139
DOB/Age/Sex: 1986 31 years Male
Admit: 5/9/2017
Disch: 5/9/2017
Admitting: Mejia MD,Jose

Admit/Transfer/Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Visit Information

Recorded Date	5/9/2017	5/9/2017
Recorded Time	17:20 EDT	17:14 EDT
Recorded By	Chase RN,Laura	Chase RN,Laura
Procedure		
Immunizations Current	Yes	-
Last Tetanus	Less than 10 years	-

Textual Results

T7: 5/9/2017 17:14 EDT (Chief Complaint)
Police officer pinned between two cars sustaining injury to left lower leg; has abrasion to left shin, pain and swelling left ankle; did not fall to ground, did not hit head; A&O on arrival, ambulatory on arrival

Corrected Results

c1: Chief Complaint
Corrected from Police officer pinned between two cars sustaining injury to left lower leg; has abrasion to left shin, pain and swelling left ankle on 5/9/2017 17:33 EDT by Chase RN, Laura

Discharge Information

Recorded Date	5/9/2017
Recorded Time	18:14 EDT
Recorded By	Chase RN,Laura
Procedure	
Mode of Discharge	Ambulatory
Discharge Transportation	Private vehicle

Advance Directive Information

Recorded Date	5/9/2017
Recorded Time	17:20 EDT
Recorded By	Chase RN,Laura
Procedure	
Advanced Directives	No

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES

MRN: 946867

FIN: 90579139

DOB/Age/Sex: 1986 31 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Mejia MD,Jose

Allergy List

Clinical Diagnoses

Diagnosis: **Contusion** (Qualifier:)

Secondary Description:

Last Reviewed Date: 5/9/2017 18:08 EDT; Mejia MD,Jose **Responsible Provider:** Mejia MD,Jose

Diagnosis Date: 5/9/2017 **Status:** Active

Clinical Service: Non-Specified; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** T14.8 (ICD-10-CM); **Ranking:** ; **Severity:** ; **Severity Class:** ; **Certainty:**

Diagnosis: **Auto vs.Pedestrian** (Qualifier:)

Secondary Description:

Last Reviewed Date: 5/9/2017 17:20 EDT; Chase RN,Laura **Responsible Provider:**

Diagnosis Date: 5/9/2017 **Status:** Active

Clinical Service: Emergency medicine; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** 7B07650D-0D7C-4490-8892-6E6306E14EA6 (PNED); **Ranking:** ; **Severity:** ; **Severity Class:** ; **Certainty:**

Diagnosis: **Leg pain-swelling** (Qualifier:)

Secondary Description:

Last Reviewed Date: 5/9/2017 17:20 EDT; Chase RN,Laura **Responsible Provider:**

Diagnosis Date: 5/9/2017 **Status:** Active

Clinical Service: Emergency medicine; **Classification:** Medical; **Confirmation:** Confirmed; **Code:** E7A3BEBD-87A0-4FB0-A872-4F53944416EE (PNED); **Ranking:** ; **Severity:** ; **Severity Class:** ; **Certainty:**

REDACTED COPY

St. Vincent's Medical Center

Patient Name: BOULAY, JAMES
MRN: 946867
FIN: 90579139
DOB/Age/Sex: '1986 31 years Male
Admit: 5/9/2017
Disch: 5/9/2017
Admitting: Mejia MD,Jose

Problems

Problem Name: **No Chronic Problems (Qualifier:)**
Last Updated: 5/9/2017 17:20 EDT; Chase RN,Laura
Last Reviewed: 5/9/2017 17:20 EDT; Chase RN,Laura
Life Cycle Status: Active
Classification: ; Confirmation: ; Code: NKP; Course: ;
Onset Date: ; Status Date: ; Prognosis: ; Persistence: ;
Recorder: Chase RN,Laura; Responsible Provider:

Procedures

Procedure: **Anesthesia for procedures on eye;ophthalmoscopy**
Last Updated: 5/9/2017 17:22 EDT; Chase RN,Laura
Code: 00148 (CPT4)
Provider:
Status: Active
Location:
Last Reviewed: 5/9/2017 18:07 EDT; Mejia MD,Jose
Procedure Date:
Ranking:
Related Diagnosis:

Medication Administration Record

Medications

Medication Name: **ALPRAZolam (Xanax)**
Administration Date/Time: 5/9/2017 17:48 EDT
Ingredients: alpr0.25 0.25 mg 1 tabs
Admin Details: (Auth) Oral
Action Details: Order: Mejia MD,Jose 5/9/2017 17:43 EDT; Perform: Chase RN,Laura 5/9/2017 17:48 EDT; VERIFY: Chase RN,Laura 5/9/2017 17:48 EDT
Charted Date/Time: 5/9/2017 17:48 EDT

Medication Name: **ibuprofen**
Administration Date/Time: 5/9/2017 17:39 EDT
Ingredients: ibup800 800 mg 1 tabs
Admin Details: (Auth) Oral
Action Details: Order: Mejia MD,Jose 5/9/2017 17:30 EDT; Perform: Chase RN,Laura 5/9/2017 17:39 EDT; VERIFY: Chase RN,Laura 5/9/2017 17:39 EDT
Charted Date/Time: 5/9/2017 17:39 EDT

Infusion Billing

Infusion Billing Report

05/09/17 17:12 EDT to 09/07/17 15:06 EDT
BOULAY, JAMES
Emergency
FIN 90579139
Location: A
MRN 946867

No Results Qualified.