

REDACTED COPY

St. Vincent's Medical Center

2800 Main Street
Bridgeport, CT 06606

2035766000

Patient Information

Patient Name: PECIREP, MARIO
Home Address:

Sex: Male
1993

Email:
Age: 23 Years

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

Race: White
Marital Status: |

Guarantor Information

Guarantor Name:
Patient's Relation
Home Address:

1993, Age: 23 Years
Second #:

Employer Name: City of Bridgeport Police Dep
Employer Phone:

SSN: X)

Contact Information

Emer
Prim
Patie

Primary Insurance

Subscriber Name: PECIREP, MARIO
Patient's Relation: SELF
Sex: Male
DOB: 1993
Age: 23 years
Prim #:
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 17:22
Est Dt of Arrival:
Inpt Adm Dt/Tm:
Disch Dt/Tm: 05/09/2017 20:04
Observation Dt/Tm:
Admit Reason: mvc wc

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

Admit Type: Emergency
Admit Source: Self (Non-HC Facility So
Reg Clerk: Mendez, Fundador
Admit Physician: Ashwood MD, Michae
Attend Physician: Zafar MD, Syed
PCP: Gau APRN, Pamela

PECIREP, MARIO

MRN: 00509259



Printed By: Sanchez, Francis

Registration last updated by: Dwan RN, Elizabeth on 05/09/2017 20:04

Male / 23 Years

FIN: 90579144



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

Patient:	PECIREP, MARIO	Admit:	5/9/2017
MRN:	00509259	Disch:	5/9/2017
FIN:	90579144	Admitting:	Ashwood MD, Michael
DOB/Age/Sex:	1993 23 years Male	Copy To:	Sanchez, Francis
Location:	SVMC ED		

Emergency Documentation

Document Type:	ED Triage Note
Service Date/Time:	5/9/2017 18:13 EDT
Result Status:	Auth (Verified)
Document Subject:	Triage Part 2 - Adult
Sign Information:	Dwan RN, Elizabeth (5/9/2017 18:13 EDT)

Triage Part 2 - Adult Entered On: 5/9/2017 18:14 EDT
Performed On: 5/9/2017 18:13 EDT by Dwan RN, Elizabeth

General Assessment

Document Falls Risk : Not a fall risk
Open Social History Documentation : Open Social History Documentation
Pregnancy Status : N/A

Dwan RN. Elizabeth - 5/9/2017 18:13 EDT

h - 5/9/2017 18:13 EDT

h - 5/9/2017 18:13 EDT

i/9/2017 18:14:56 EDT)

1 - 5/9/2017 18:13 EDT

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Emergency Documentation

Primary Pain Laterality : Left
Recent Assessment Pertinent to Pain Management : Pain Assessment
Preferred Pain Tool: Numeric rating scale 05/09/2017 17:47
Numeric Pain Scale: 0 = No pain 05/09/2017 17:47
Preferred Pain Tool : Numeric rating scale

Dwan RN, Elizabeth - 5/9/2017 18:13 EDT

Numeric/FACES Pain Scale
Numeric Pain Scale : 4

Dwan RN, Elizabeth - 5/9/2017 18:13 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.

CSSRS Screen

Dwan RN, Elizabeth - 5/9/2017 18:13 EDT

Document Type: ED Triage Note
Service Date/Time: 5/9/2017 17:40 EDT
Result Status: Auth (Verified)
Document Subject: ED Triage Part 1 - Adult
Sign Information: Clomiro RN, Kellie (5/9/2017 17:40 EDT)

ED Triage Part 1 - Adult Entered On: 5/9/2017 17:44 EDT
Performed On: 5/9/2017 17:40 EDT by Clomiro RN, Kellie

Infectious Disease Risk Screening
Recent Travel History : No recent travel

Clomiro RN, Kellie - 5/9/2017 17:40 EDT

ED Triage Part 1 - Adult
Chief Complaint : PT is an officer involved in an altercation feels he is dehydrated and anxious
Document Pain Assessment : Document Pain Assessment

Clomiro RN, Kellie - 5/9/2017 17:40 EDT

DGP GENERIC CODE

Tracking Acuity : 4
Tracking Group : SVMC ED

Clomiro RN, Kellie - 5/9/2017 17:40 EDT

Clomiro RN, Kellie - 5/9/2017 17:40 EDT
(As Of: 5/9/2017 17:44:12 EDT)

REDACTED COPY

St. Vincent's Medical Center

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Emergency Documentation

Diagnoses(Active)

Anxiety Date: 5/9/2017 ; Diagnosis Type: Reason For Visit ;
Confirmation: Confirmed ; Clinical Dx: Anxiety ; Classification:
Medical ; Clinical Service: Emergency medicine ; Code:
PNED ; Probability: 0 ; Diagnosis Code:
ASYr9AEYvUr1YoV1CqIGfQ

Pain Assessment Tools Adult

Recent Assessment Pertinent to Pain Management : No qualifying data available
Preferred Pain Tool : Numeric rating scale

Clomiro RN, Kellie - 5/9/2017 17:40 EDT

Numeric/FACES Pain Scale

Numeric Pain Scale : 0 = No pain

Clomiro RN, Kellie - 5/9/2017 17:40 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

Clomiro RN, Kellie - 5/9/2017 17:40 EDT
(As Of: 5/9/2017 17:44:12 EDT)

Allergies (Active)

No Known Allergies Estimated Onset Date: Unspecified ; Created By: Clomiro RN,
Kellie; Reaction Status: Active ; Category: Drug ; Substance:
No Known Allergies ; Type: Allergy ; Updated By: Clomiro
RN, Kellie; Reviewed Date: 5/9/2017 17:40 EDT

Medication List

(As Of: 5/9/2017 17:44:12 EDT)

Clomiro RN, Kellie - 5/9/2017 17:40 EDT

Document Type: ED Note-Physician
Service Date/Time: 5/9/2017 18:02 EDT
Result Status: Auth (Verified)
Document Subject: MVC *ED
Sign Information: Zafar MD, Syed (5/9/2017 20:05 EDT); Sullivan PA, Brooke
(5/9/2017 19:56 EDT)

MVC *ED

Patient: PECIREP, MARIO MRN: 00509259 FIN: 90579144
Age: 23 years Sex: Male DOB: 1993

REDACTED COPY

St. Vincent's Medical Center

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Emergency Documentation

Associated Diagnoses: Contusion of elbow, right; Left ankle strain; Stress response
Author: Sullivan PA, Brooke

Basic Information

Time seen: Date & time 5/9/2017 17:55:00.

History source: Patient.

Arrival mode: Police.

History limitation: None.

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

5/9/2017 17:40 EDT Chief Complaint PT is an officer involved in an altercation feels he is dehydrated and anxious .

History of Present Illness

The patient presents following motor vehicle collision. The onset was just prior to arrival. The patient was ambulatory at the scene. The degree of pain is minimal. The degree of bleeding is minimal. Risk factors consist of none. The patient's dominant hand is the right hand. Therapy today: none. Associated symptoms: none, denies shortness of breath, denies chest pain, denies vomiting, denies back pain, denies loss of consciousness and denies altered level of consciousness.

Pt with hx of cardiac dysrhythmia, not on any meds, presents to ER after he was involved in a work related incident. Pt is a police officer who was in his vehicle when it was hit by another vehicle. The car was pulled over and when the officers got out of the car, the assailant backed up is car and th pt had to jump on the hood of his cruiser. Pt then was hitting the driver's side window iwth his elbow to try to break it and is now c/o right elbow pain from that impact.

Pt sustained no other injuries, but there was a shooting invloved and pt c/o anxiety and dehydration.

Pt denies hitting head, LOC, h/a, neck or back pain. Pt denies chest pain, syncope, abd pain, n/v/d. Pt c/o right elbow and left ankle pain only.

Pt is emotionally upset about the situation. .

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: Tachycardia, no chest pain, no palpitations.

Gastrointestinal symptoms: Negative except as documented in HPI, No vomiting,

Genitourinary symptoms: Negative except as documented in HPI.

Musculoskeletal symptoms: Muscle pain, Joint pain.

Neurologic symptoms: Negative except as documented in HPI.

Psychiatric symptoms: Anxiety.

Endocrine symptoms: Negative except as documented in HPI.

Hematologic/Lymphatic 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: None.

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Patient Name: PECIREP, MARIO
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FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Emergency Documentation

Physical Examination

Vital Signs

Vital Signs

5/9/2017 17:47 EDT

Temperature Oral	37.1 degC
Peripheral Pulse Rate	106 bpm HI
Respiratory Rate	18 br/min
Systolic Blood Pressure	145 mmHg HI
Diastolic Blood Pressure	93 mmHg HI
SpO2	98 %

Include O2 sat from flowsheet : Oxygen Therapy & Oxygenation Information

5/9/2017 17:47 EDT Oxygen Therapy Room air

General: Alert, no acute distress, anxious, pt speaking full sentences with ease, no signs of SOB or distress.

Skin: Warm, dry, pink, intact.

Head: Normocephalic.

Neck: Supple, trachea midline, no tenderness.

Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva.

Ears, nose, mouth and throat: No pharyngeal erythema or exudate, Mouth: Dry mucous membranes.

Cardiovascular: No murmur, Normal peripheral perfusion, No edema, Tachycardia.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

Gastrointestinal: Soft, Nontender, Non distended, Normal bowel sounds.

Back: Nontender, Normal range of motion.

Musculoskeletal: Normal ROM, Tenderness to right posterior elbow with full AROM, mild edema, no ecchymosis or deformity, Distal sensation intact. Radial pulse 2+ bilat

Tenderness to left achilles and calcaneous. Full AROM of ankle with distal sensation intact. Pt is able to ambulate without antalgic gait.

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact.

Psychiatric: Cooperative.

Medical Decision Making

Differential Diagnosis: Motor vehicle collision, abrasion, contusion, sprain.

Documents reviewed: Emergency department nurses' notes.

Orders Include Orders Previously Placed (Selected)

Inpatient Orders

Ordered

Ativan: 0.5 mg = 1 tabs, Oral, Once

IV insert:

NS Bolus: 1,000 mL, Bolus IV, Once

Ordered (Exam Started)

XR Ankle Complete Left:

XR Elbow Complete Right:

Completed

ED EKG:

Electrocardiogram: Time 5/9/2017 18:06:00, rate 106, No ST-T changes, The Rhythm is sinus tachycardia. Previous EKG available No changes, compared with 11/20/2015 13:33:00.

Elbow x-ray findings

XR Elbow Complete Right

HISTORY: Pain in joint, elbow/upper arm

TECHNIQUE: 2 views, RIGHT elbow

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Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Emergency Documentation

COMPARISON: None.

FINDINGS:

Bones: No definite, displaced fracture. No suspicious lesion.

Joints: Unremarkable. No effusions.

Soft tissues: Unremarkable.

Additional Comments: There is a catheter within the antecubital soft tissues.

IMPRESSION:

No definite acute bony injury.

Ankle x-ray findings

XR Ankle Complete Left

HISTORY: Pain in joint, ankle/foot

TECHNIQUE: 3 views LEFT ankle

COMPARISON: None.

FINDINGS:

Bones: A small rounded density overlies the lateral malleolus on the AP image and may be artifactual or external to the patient, but could represent a small bone lesion such as a bone island. It is difficult to characterize further on this study. No acute fracture is evident.

Joints: Unremarkable. No effusions.

Soft tissues: Unremarkable.

Additional Comments: There is an overlying density at the level of the ankle joint which limits interpretation.

IMPRESSION:

1. No definite fracture.
2. Possible small bone island or other sclerotic density in the lateral malleolus.

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Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Emergency Documentation

Reexamination/ Reevaluation

Time: 5/9/2017 18:45:00 .

Assessment: pt w xrays neg. once ivf done pt likely to be d/c'd.

Time: 5/9/2017 19:56:00 .

Assessment: Pt feeling well ready for d/c home. .

Impression and Plan

Contusion of elbow, right (ICD10-CM S50.01XA, Discharge, Emergency medicine, Medical)

Left ankle strain (ICD10-CM S96.912A, Discharge, Emergency medicine, Medical)

Stress response (ICD10-CM F43.0, Discharge, Emergency medicine, Medical)

Plan

Condition: Stable.

Disposition: Discharged: Time 5/9/2017 18:39:00, to home.

Patient was given the following educational materials: Elbow Contusion, Ankle Sprain, Easy-to-Read, Stress and Stress Management.

Follow up with: ; Follow up with your doctor Within 2 to 4 days Return to ED if pain/symptoms increase.

Counseled: Patient, Friend, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Patient indicated understanding of instructions.

Disposition Order:: A Discharge order was placed on the patient(5/9/2017 19:55:00 EDT).

Addendum

ATTENDING PHYSICIAN NOTE:ZAFAR

ATTENDING REVIEW:ZAFAR

I have reviewed the case with the physician assistant/nurse practitioner, evaluated the patient personally, and agree with the history, physical exam, medical decision making, assessment and plan except as indicated below

ADDITIONAL HPI:The patient police officer in pursuit of a suspect in the car states his car was rammed several times by the suspect; an attempt to apprehend the suspect the patient got out of the car and during the event injured his right elbow and left ankle; also feeling very anxious as there was gun fire at the scene as well although did not sustain any bullet injuries

ADDITIONAL EXAM:

General: Well appearing, well nourished, in no acute distress

HEENT: PEERL, EOMI, external ears and nose appear unremarkable, airway is patent
head and face atraumatic

chest abdomen pelvis nontender

Neck: Supple, full range of motion

Chest: Normal respiratory rate and effort, no evidence of respiratory distress

Circulatory: Extremities well perfused

Abdomen: Nondistended

Extremities: Normal ROM without apparent deformity

right elbow mild tenderness no deformity or swelling full range of motion

left ankle mild tenderness region of the Achilles tendon malleoli are nontender full range of motion no deformity

Skin: Warm, dry, good turgor

Neuro: Alert and oriented, no focal deficits

ASSESSMENT AND PLAN: impression is contusion to the right elbow and strain of the Achilles tendon while police officer attempted to apprehend suspect with associated anxiety after the gun fire was initiated

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St. Vincent's Medical Center

Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years

Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Emergency Documentation

Electronically Signed on 05/09/2017 08:05 PM EDT

Syed Zafar, MD

Modified by: Syed Zafar, MD on 05/09/2017 08:05 PM EDT

Cardiology Procedures

***** Clinical Documentation Content on Following Page *****

REDACTED COPY

MRN: 005092
FIN: 90579

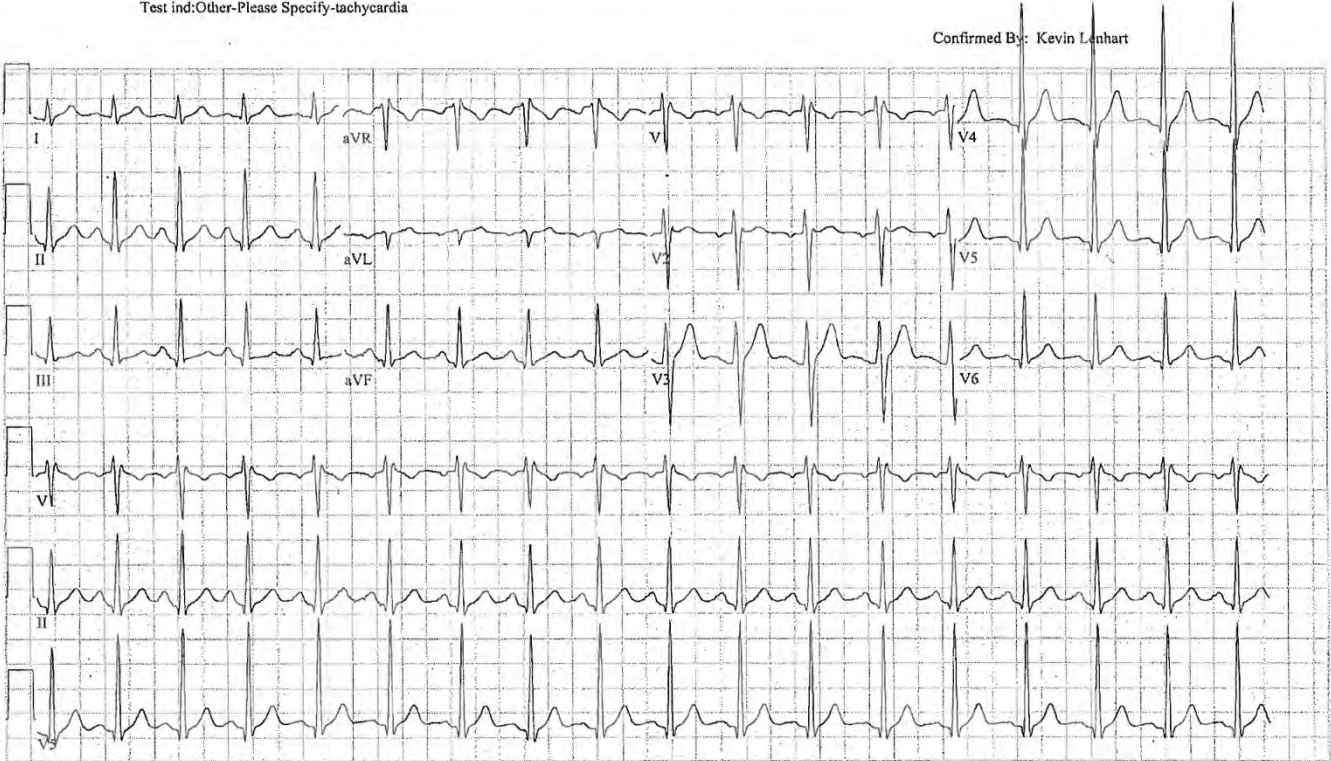
Patient Name: PECIREP, MARIO
Date of Birth: /1993

* Auth (Verified) *

PECIREP, MARIO	ID:000509259	09-MAY-2017 18:06:55	ST. VINCENT'S MEDICAL CENTER-ED 3 ROUTINE RECORD
-1993 (23 yr)	Vent. rate 106 BPM	Sinus tachycardia	
Male Caucasian	PR interval 158 ms	Incomplete right bundle branch block	
Room:MAINWR	QRS duration 100 ms	Borderline ECG	
Loc:25	QT/QTc 336/446 ms	Confirmed by Lenhart, Kevin (1015) on 5/10/2017 1:01:47 PM	
	P-R-T axes 79 76 54		

Technician:STAFF ER
Test ind:Other-Please Specify-tachycardia

Confirmed By: Kevin Lenhart



25mm/s 10mm/mV 40Hz 9.0.3 12SL 239 CID: 36

SID: 1000067717 EID:1015 EDT: 13:01 10-MAY-2017 ORDER: 564252971 ACCOUNT: 90579144

Page 1 of 1

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Patient Name: PECIREP, MARIO
Date of Birth: 1993

MRN: 00509259
FIN: 90579144

* Auth (Verified) *

percirep, mario		ID: 000509259	9-May-2017 18:06:55	St Vincent's MC
23years	Vent. rate 106 bpm	Sinus tachycardia		Data/time: 1810
Male	PR interval 158 ms	Incomplete right bundle branch block		Provider: <i>RS</i>
	QRS duration 100 ms	Borderline ECG		Previous EKG: / /
	QT/QTc 336/446 ms	PECIREP, MARIO		STEMI: <i>Y/N</i>
	P-R-T axes 79 76 54	DOB: 1993 23 Yea		Other: <i>No change</i>
		DOS: 05/09/2017 17:22		
Technician: mn		FIN: 90579144 M		
		Referred by:		Unconfirmed

40 Hz 25.0 mm/s 10.0 mm/mV 1 by 250 1 rhythm id MAC56-009D © 1991 v339

P/N 2009828-024 PRINTED IN U.S.A.

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MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD,Michael

Cardiology Procedures

Document Type: Electrocardiogram-EKG
Service Date/Time: 5/9/2017 18:06 EDT
Result Status: Auth (Verified)
Document Subject: ED EKG
Sign Information:

EKG

Sinus tachycardia
Incomplete right bundle branch block
Borderline ECG

Confirmed by Lenhart, Kevin (1015) on 5/10/2017 1:01:47 PM
Ventricular Rate 106 BPM
Atrial Rate 106 BPM
P-R Interval 158 ms
QRS Duration 100 ms
Q-T Interval 336 ms
QTC Calculation(Bazett) 446 ms
P Axis 79 degrees
R Axis 76 degrees
T Axis 54 degrees

Discharge Documentation

Document Type: ED Patient Education Note
Service Date/Time: 5/9/2017 20:04 EDT
Result Status: Modified
Document Subject: ED Patient Education Note
Sign Information: Dwan RN,Elizabeth (5/9/2017 20:04 EDT); Dwan RN,Elizabeth (5/9/2017 19:56 EDT)

ED Patient Education Note

Content 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.

CAUSES

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Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years

Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Discharge Documentation

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:

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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
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DOB/Age/Sex: 1993 23 years

Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Discharge Documentation

culoskeletal

Ankle Sprain

An ankle sprain is an injury to the strong, fibrous tissues (*ligaments*) that hold your ankle bones together.



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HOME CARE

- Put ice on your ankle for 1–2 days or as told by your doctor.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 15-20 minutes at a time, every 2 hours while you are awake.
- Only take medicine as told by your doctor.
- Raise (*elevate*) your injured ankle above the level of your heart as much as possible for 2–3 days.
- Use crutches if your doctor tells you to. Slowly put your own weight on the affected ankle. Use the crutches until you can walk without pain.
- If you have a plaster splint:
 - **Do not** rest it on anything harder than a pillow for 24 hours.
 - **Do not** put weight on it.
 - **Do not** get it wet.
 - Take it off to shower or bathe.
- If given, use an elastic wrap or support stocking for support. Take the wrap off if your toes lose feeling (*numb*), tingle, or turn cold or blue.
- If you have an air splint:
 - Add or let out air to make it comfortable.
 - Take it off at night and to shower and bathe.
 - Wiggle your toes and move your ankle up and down often while you are wearing it.

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FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

GET HELP IF:

- You have rapidly increasing bruising or puffiness (*swelling*).
- Your toes feel very cold.
- You lose feeling in your foot.
- Your medicine does not help your pain.

GET HELP RIGHT AWAY IF:

- Your toes lose feeling (*numb*) or turn blue.
- You have severe pain that is increasing.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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: 06/05/2009 Document Revised: 01/08/2016 Document Reviewed: 07/19/2016
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Elbow Contusion

An elbow contusion is a deep bruise of the elbow. 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.

REDACTED COPY

Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: '1993 23 years

Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Discharge Documentation



CAUSES

This condition is usually caused by a hard hit, trauma, or direct force on the elbow.

SYMPTOMS

Symptoms of this condition include:

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

DIAGNOSIS

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

TREATMENT

A sling or splint may be needed to support your injury. In general, the best treatment for this condition includes rest, ice, pressure (*compression*), and elevation. This is often called RICE therapy.

Over-the-counter anti-inflammatory medicines may also be recommended for pain control. You may also be shown how to do range-of-motion exercises.

HOME CARE INSTRUCTIONS

RICE Therapy

- Rest the injured area.
- If directed, apply ice to the injured area:

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Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

- 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.
- Raise (*elevate*) the injured area above the level of your heart while you are sitting or lying down.

If You Have a Splint:

- Wear the splint as told by your health care provider. Remove it only as told by your health care provider.
- Loosen the splint if your fingers tingle, become numb, or turn cold and blue.
- **Do not** let your splint get wet if it is not waterproof.
- If your splint is not waterproof, cover it with a watertight plastic bag when you take a bath or a shower.
- Keep the splint clean.

General Instructions

- Wear your sling as told by your health care provider, if this applies.
- Use your elbow only as told by your health care provider. You may be asked to do range-of-motion exercises. Do them as told.
- Take over-the-counter and prescription medicines only as told by your health care provider.
- Keep all follow-up visits as told by your health care provider. This is important.

SEEK MEDICAL CARE IF:

- Your symptoms do not improve after several days of treatment.
- You have more redness, swelling, or pain in your elbow.
- You have difficulty moving the injured area.
- Your swelling or pain is not relieved with medicines.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe pain.
- You have numbness in your hand or fingers.
- Your hand or fingers turn pale or cold.
- You have swelling of your hand and fingers.
- You cannot move your fingers or wrist.

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.

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Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

Document Released: 11/26/2007 Document Revised: 11/28/2016 Document Reviewed: 08/01/2016
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Document Type: ED Clinical Summary
Service Date/Time: 5/9/2017 20:04 EDT
Result Status: Modified
Document Subject: ED Clinical Summary
Sign Information: Dwan RN, Elizabeth (5/9/2017 20:04 EDT); Dwan RN, Elizabeth (5/9/2017 19:56 EDT)

ED Clinical Summary

St. Vincent's Emergency Department

Discharge Instructions (Clinical)

PERSON INFORMATION

Name: PECIREP, MARIO DOB:)/1993 Age: 23 Years
MRN: 00509259 FIN: 90579144
Address and Phone:

DISCHARGE INFORMATION

Date of Checkout: 5/9/2017 20:04:00
Discharge Diagnosis: Contusion of elbow, right; Left ankle strain; Stress response
Disposition: 01-Home or Self Care

PROVIDERS

Primary Care Provider:
Name: NO PCP, PT STATES
Phone:
Emergency Department Providers:

Provider	Role	Assigned	Unassigned
Sullivan PA, Brooke	ED MidLevel	5/9/2017 17:45:50	
Ashraf, Sahajahan	ED Unit Sec/Tech	5/9/2017 17:46:40	
Nicolletta, Meghan	ED Unit Sec/Tech	5/9/2017 17:50:39	
Dwan RN, Elizabeth	ED Nurse	5/9/2017 18:05:26	
Zafar MD, Syed	ED Provider	5/9/2017 18:15:31	

Comment:

St. Vincent's Medical Center

Patient Name: PECIREP, MARIO
 MRN: 00509259 Admit: 5/9/2017
 FIN: 90579144 Disch: 5/9/2017
 DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

MEDICAL INFORMATION

Vitals Information:

Vital Sign	Triage	Latest
Temp Oral	37.1 degC	37.1 degC
Temp Axillary		
Temp Rectal		
O2 Sat	98 %	98 %
Respiratory Rate	18 br/min	18 br/min
Peripheral Pulse Rate	106 bpm	106 bpm
Blood Pressure	145 mmHg/ 93 mmHg	145 mmHg / 93 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 Left	Completed	05/09/17 18:00:00 EDT, Stat, 05/09/17 18:00:00 EDT, Reason: Pain in joint, ankle/foot, Rad Type, pp_script_wrapper
XR Elbow Complete Right	Completed	05/09/17 17:59:00 EDT, Stat, 05/09/17 17:59:00 EDT, Reason: Pain in joint, elbow/upper arm, Rad Type, pp_script_wrapper

Cardiology Orders

No cardiology orders were placed.

Patient Care Orders

Name	Status	Details
Discharge Patient	Ordered	05/09/17 19:55:00 EDT
ED Assessment Adult	Completed	05/09/17 17:44:13 EDT, 05/09/17 17:44:13 EDT
Peripheral IV Insertion	Ordered	05/09/17 17:58:00 EDT

Allergy Information:

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Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

No Known Allergies

Medication List:

No Known Home Medications

Comment:

PATIENT EDUCATION INFORMATION

Instructions:

Stress and Stress Management; Ankle Sprain, Easy-to-Read; Elbow Contusion

Follow up:

With:

Follow up with your doctor

Address:

When:

Within 2 to 4 days

Comments:

Return to ED if pain/symptoms increase

Comment:

PHYSICIAN DOCUMENTATION/NOTES

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrive	Complete	5/9/2017 17:22:00	5/9/2017 17:22:00	5/9/2017 17:22:00
Preferred Pharmacy	Request	5/9/2017 17:22:00		
Triage	Complete	5/9/2017 17:22:00	5/9/2017 17:40:00	5/9/2017 17:40:00
Bed Assign	Complete	5/9/2017 17:40:17	5/9/2017 17:40:17	5/9/2017 17:40:17
MD Seen	Complete	5/9/2017 17:40:17	5/9/2017 17:45:49	5/9/2017 17:45:49
Registration	Complete	5/9/2017 17:41:45	5/9/2017 17:41:45	5/9/2017 17:41:45
No Visitors	Complete	5/9/2017 17:41:45	5/9/2017 17:41:45	5/9/2017 17:41:45
Documentation	Request	5/9/2017 17:40:00		
RN Exam	Complete	5/9/2017 17:44:14		5/9/2017 18:15:19
Registration	Complete	5/9/2017 17:45:49	5/9/2017 17:47:14	5/9/2017 17:47:14
X-Ray	Not Reviewed	5/9/2017 18:00:20	5/9/2017 18:03:04	
Rad	Request	5/9/2017 18:00:20		
ECG	Complete	5/9/2017 18:02:53	5/9/2017 18:11:50	5/9/2017 18:11:50
PowerNote ED	Start	5/9/2017 18:05:08	5/9/2017 18:05:08	
MD Seen	Complete	5/9/2017 18:15:30	5/9/2017 18:15:30	5/9/2017 18:15:30

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Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

Registration	Complete	5/9/2017 18:15:30	5/9/2017 18:29:20	5/9/2017 18:29:20
Discharge	Complete	5/9/2017 19:55:55	5/9/2017 20:04:39	5/9/2017 20:04:39
Transfer	Complete	5/9/2017 20:04:39	5/9/2017 20:04:39	5/9/2017 20:04:39

Document Type: ED Patient Summary
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Result Status: Modified
Document Subject: ED Patient Summary
Sign Information: Dwan RN, Elizabeth (5/9/2017 20:04 EDT); Dwan RN, Elizabeth (5/9/2017 19:56 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: PECIREP, MARIO **Current Date:** 5/9/2017 20:04:42 America/New_York

DOB: 1993 **MRN:** 00509259 **FIN:** 90579144

Diagnosis: Contusion of elbow, right; Left ankle strain; Stress response Contusion of elbow, right; Left ankle strain; Stress response

Visit Date: 5/9/2017 17:22:00 America/New_York

Address:

Phone: (2

Primary Care Provider:

Name: NO PCP, PT STATES

Phone:

Emergency Department Providers:

Name: Sullivan PA, Brooke

Name: Zafar MD, Syed

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

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:

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

Follow-up Instructions:

With: Follow up with your doctor	Address:	When: Within 2 to 4 days
Comments: Return to ED if pain/symptoms increase		

Patient Education Materials:

Stress and Stress Management; Ankle Sprain, Easy-to-Read; Elbow 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.

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Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Discharge Documentation

- 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:

- 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.

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Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

- 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
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Ankle Sprain

An ankle sprain is an injury to the strong, fibrous tissues (*ligaments*) that hold your ankle bones together.

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Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years

Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Discharge Documentation



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HOME CARE

- Put ice on your ankle for 1–2 days or as told by your doctor.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 15-20 minutes at a time, every 2 hours while you are awake.
- Only take medicine as told by your doctor.
- Raise (*elevate*) your injured ankle above the level of your heart as much as possible for 2–3 days.
- Use crutches if your doctor tells you to. Slowly put your own weight on the affected ankle. Use the crutches until you can walk without pain.
- If you have a plaster splint:
 - **Do not** rest it on anything harder than a pillow for 24 hours.
 - **Do not** put weight on it.
 - **Do not** get it wet.
 - Take it off to shower or bathe.
- If given, use an elastic wrap or support stocking for support. Take the wrap off if your toes lose feeling (*numb*), tingle, or turn cold or blue.
- If you have an air splint:
 - Add or let out air to make it comfortable.
 - Take it off at night and to shower and bathe.
 - Wiggle your toes and move your ankle up and down often while you are wearing it.

GET HELP IF:

- You have rapidly increasing bruising or puffiness (*swelling*).
- Your toes feel very cold.
- You lose feeling in your foot.

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Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Discharge Documentation

- Your medicine does not help your pain.

GET HELP RIGHT AWAY IF:

- Your toes lose feeling (*numb*) or turn blue.
- You have severe pain that is increasing.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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: 06/05/2009 Document Revised: 01/08/2016 Document Reviewed: 07/19/2016
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Elbow Contusion

An elbow contusion is a deep bruise of the elbow. 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.



CAUSES

This condition is usually caused by a hard hit, trauma, or direct force on the elbow.

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Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

SYMPTOMS

Symptoms of this condition include:

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

DIAGNOSIS

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

TREATMENT

A sling or splint may be needed to support your injury. In general, the best treatment for this condition includes rest, ice, pressure (*compression*), and elevation. This is often called RICE therapy.

Over-the-counter anti-inflammatory medicines may also be recommended for pain control. You may also be shown how to do range-of-motion exercises.

HOME CARE INSTRUCTIONS

RICE Therapy

- 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.
- Raise (*elevate*) the injured area above the level of your heart while you are sitting or lying down.

If You Have a Splint:

- Wear the splint as told by your health care provider. Remove it only as told by your health care provider.
- Loosen the splint if your fingers tingle, become numb, or turn cold and blue.
- **Do not** let your splint get wet if it is not waterproof.
- If your splint is not waterproof, cover it with a watertight plastic bag when you take a bath or a shower.
- Keep the splint clean.

General Instructions

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Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Discharge Documentation

- Wear your sling as told by your health care provider, if this applies.
- Use your elbow only as told by your health care provider. You may be asked to do range-of-motion exercises. Do them as told.
- Take over-the-counter and prescription medicines only as told by your health care provider.
- Keep all follow-up visits as told by your health care provider. This is important.

SEEK MEDICAL CARE IF:

- Your symptoms do not improve after several days of treatment.
- You have more redness, swelling, or pain in your elbow.
- You have difficulty moving the injured area.
- Your swelling or pain is not relieved with medicines.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe pain.
- You have numbness in your hand or fingers.
- Your hand or fingers turn pale or cold.
- You have swelling of your hand and fingers.
- You cannot move your fingers or wrist.

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: 11/26/2007 Document Revised: 11/28/2016 Document Reviewed: 08/01/2016
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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:

No Known Home Medications

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Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

Medications given in the last 24 hours excluding anesthesia medications	Last Dose
Ativan	05/09/17 06:12 pm
NS Bolus	05/09/17 06:12 pm

Immunizations

No Immunizations Documented This Visit

Vitals Information:

Vital Sign	Latest
Temp Oral	37.1 degC
Temp Axillary	
Temp Rectal	
O2 Sat	98 %
Respiratory Rate	18 br/min
Peripheral Pulse Rate	106 bpm
Blood Pressure	145 mmHg / 93 mmHg

Major Tests and Procedures:

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

ED EKG 05/09/17 18:02:00 EDT, Stat, 05/09/17 18:02:00 EDT, Other-Please Specify, tachycardia

XR Ankle Complete Left 05/09/17 18:00:00 EDT, Stat, Stop date 05/09/17 18:00:00 EDT, Reason: Pain in joint, ankle/foot

XR Elbow Complete Right 05/09/17 17:59:00 EDT, Stat, Stop date 05/09/17 17:59:00 EDT, Reason: Pain in joint, elbow/upper arm

Comment:

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

Stress and Stress Management; Ankle Sprain, Easy-to-Read; Elbow Contusion

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Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Discharge Documentation

With: Follow up with your doctor
Address:
When: Within 2 to 4 days
Comments:
Return to ED if pain/symptoms increase

Patient Signature 5/9/2017 20:04:42 Provider Signature 5/9/2017 20:04:42

Miscellaneous Patient Care

Document Type: Coding Summary
Service Date/Time: 5/9/2017 20:04 EDT
Result Status: Auth (Verified)
Document Subject: Coding Summary
Sign Information:

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

DSCH STATUS:
01-Home or Self Care

PAYOR:
Workers Compensation

ADMIT DX:

REASON FOR VISIT DX:
M79.641 Pain in right hand

FINAL DX:
PRINCIPAL:
S96.912A Strain of unspecified muscle and tendon at ankle and foot level,
left foot, initial encounter

SECONDARY:
S50.01XA Contusion of right elbow, initial encounter

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Patient Name: PECIREP, MARIO

MRN: 00509259

Admit: 5/9/2017

FIN: 90579144

Disch: 5/9/2017

DOB/Age/Sex: 1993 23 years Male

Admitting: Ashwood MD, Michael

Miscellaneous Patient Care

F43.0 Acute stress reaction

V89.2XXA Person injured in unspecified motor-vehicle accident, traffic, initial encounter

Y92.410 Unspecified street and highway as the place of occurrence of the external cause

PROCEDURES	DOCTOR NAME	DATE
3E0337Z Introduction of Electrolytic and Water Balance Substance into Peripheral Vein, Percutaneous Approach	Zafar MD, Syed	05/09/2017
3E0337Z Introduction of Electrolytic and Water Balance Substance into Peripheral Vein, Percutaneous Approach	Zafar MD, Syed	05/09/2017

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: Hartley, Renita

Date Saved: 05/10/2017 07:44 am

REDACTED COPY



Patient Name: PECIREP, MARIO
MRN: 00509259 DOB: 1993
Account Number: 90579144

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.

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.





Patient Name: PECIREP, MARIO
MRN: 00509259 DOB: 1993
Account Number: 90579144

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


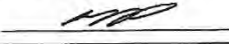
I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct.

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)
I acknowledge receipt of the Patient Bill of Rights.	Not Applicable <input checked="" type="checkbox"/>
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)

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.

	Patient
Signature of Person Providing Permission/Consent	Relationship to Patient
Sinigalli, Cristina	5/9/2017 17:39:26
Name of Witness	Date & Time

Reason for signature other than patient.

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Orders

Cardiovascular

Order: **ED EKG**
Order Date/Time: 5/9/2017 18:02 EDT
Order Status: Completed Department Status: Completed Activity Type: Cardiovascular
End-state Date/Time: 5/9/2017 18:11 EDT End-state Reason:
Ordering Physician: Sullivan PA, Brooke Consulting Physician:
Entered By: Sullivan PA, Brooke on 5/9/2017 18:02 EDT
Order Details: 5/9/17 6:02:00 PM EDT, Stat, 5/9/17 6:11:44 PM EDT, Other-Please Specify, tachycardia
Order Comment:
Action Type: Complete Action Date/Time: 5/9/2017 18:11 EDT Action Personnel: Nicoletta, Meghan
Electronically Signed By: Sullivan PA, Brooke Electronically Signed by Supervising Provider: Communication Type:
Action Type: Order Action Date/Time: 5/9/2017 18:02 EDT Action Personnel: Sullivan PA, Brooke
Electronically Signed By: Sullivan PA, Brooke Electronically Signed by Supervising Provider: Communication Type: Written

Patient Care

Order: **Discharge Patient**
Order Date/Time: 5/9/2017 19:55 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: Sullivan PA, Brooke Consulting Physician:
Entered By: Sullivan PA, Brooke on 5/9/2017 19:55 EDT
Order Details: 5/9/17 7:55:00 PM EDT
Order Comment:
Action Type: Discontinue Action Date/Time: 5/12/2017 21:01 EDT Action Personnel: SYSTEM, SYSTEM
Electronically Signed By: Sullivan PA, Brooke Electronically Signed by Supervising Provider: Communication Type:
Action Type: Order Action Date/Time: 5/9/2017 19:55 EDT Action Personnel: Sullivan PA, Brooke
Electronically Signed By: Sullivan PA, Brooke Electronically Signed by Supervising Provider: Communication Type: Written

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD,Michael

Orders

Patient Care

Order: Peripheral IV Insertion (IV insert)

Order Date/Time: 5/9/2017 17:58 EDT
Order Status: Discontinued Department Status: Discontinued Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 5/12/2017 21:01 EDT End-state Reason:
Ordering Physician: Sullivan PA,Brooke Consulting Physician:
Entered By: Sullivan PA,Brooke on 5/9/2017 17:58 EDT
Order Details: 5/9/17 5:58:00 PM EDT

Order Comment:

Action Type: Discontinue	Action Date/Time: 5/12/2017 21:01 EDT	Action Personnel: SYSTEM,SYSTEM
Electronically Signed By: Sullivan PA, Brooke	Electronically Signed by Supervising Provider:	Communication Type:
Action Type: Order	Action Date/Time: 5/9/2017 18:00 EDT	Action Personnel: Sullivan PA,Brooke
Electronically Signed By: Sullivan PA, Brooke	Electronically Signed by Supervising Provider:	Communication Type: Written

Order: ED Assessment Adult

Order Date/Time: 5/9/2017 17:44 EDT
Order Status: Completed Department Status: Completed Activity Type: Rule
End-state Date/Time: 5/9/2017 18:15 EDT End-state Reason:
Ordering Physician: SYSTEM,SYSTEM Consulting Physician:

Entered By: SYSTEM,SYSTEM on 5/9/2017 17:44 EDT
Order Details: 5/9/17 5:44:13 PM EDT, Stop date 5/9/17 6:15:18 PM EDT
Order Comment: Order placed due to patient arrival to the Emergency Department

Action Type: Complete	Action Date/Time: 5/9/2017 18:15 EDT	Action Personnel: Dwan RN,Elizabeth
Electronically Signed By: SYSTEM, SYSTEM	Electronically Signed by Supervising Provider:	Communication Type:
Action Type: Order	Action Date/Time: 5/9/2017 17:44 EDT	Action Personnel: SYSTEM,SYSTEM
Electronically Signed By: SYSTEM, SYSTEM	Electronically Signed by Supervising Provider:	Communication Type: Discern Expert

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Orders

Pharmacy

Order: LORazepam (Ativan)

Order Date/Time: 5/9/2017 17:58 EDT

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

End-state Date/Time: 5/9/2017 18:12 EDT

End-state Reason:

Ordering Physician: Sullivan PA, Brooke

Consulting Physician:

Entered By: Sullivan PA, Brooke on 5/9/2017 17:58 EDT

Order Details: 0.5 mg = 1 tabs, Oral, Once, First Dose: 5/9/17 5:58:00 PM EDT, Stop Date: 5/9/17 6:12:46 PM EDT, NOW, Form: Tab

Order Comment:

Action Type: Complete

Action Date/Time: 5/9/2017 18:12 EDT

Action Personnel: Dwan RN, Elizabeth

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type:

Action Type: Order

Action Date/Time: 5/9/2017 18:00 EDT

Action Personnel: Sullivan PA, Brooke

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

Order: Sodium Chloride 0.9% (NS Bolus)

Order Date/Time: 5/9/2017 17:58 EDT

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

End-state Date/Time: 5/9/2017 18:12 EDT

End-state Reason:

Ordering Physician: Sullivan PA, Brooke

Consulting Physician:

Entered By: Sullivan PA, Brooke on 5/9/2017 17:58 EDT

Order Details: 1,000 mL, Bolus IV, Once, Max Bolus (mL/kg): 20 over 1, First Dose: 5/9/17 5:58:00 PM EDT, Stop Date: 5/9/17 6:12:47 PM EDT, NOW, Form: Soln-IV

Order Comment:

Action Type: Complete

Action Date/Time: 5/9/2017 18:12 EDT

Action Personnel: Dwan RN, Elizabeth

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type:

Action Type: Order

Action Date/Time: 5/9/2017 18:00 EDT

Action Personnel: Sullivan PA, Brooke

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

REDACTED COPY

Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 993 23 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Orders

Radiology

Order: **XR Ankle Complete Left**

Order Date/Time: 5/9/2017 18:00 EDT

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 5/9/2017 18:36 EDT

End-state Reason:

Ordering Physician: Sullivan PA, Brooke

Consulting Physician:

Entered By: Sullivan PA, Brooke on 5/9/2017 18:00 EDT

Order Details: 5/9/17 6:00:00 PM EDT, Stat, Stop date 5/9/17 6:36:21 PM EDT, Reason: Pain in joint, ankle/foot

Order Comment:

Action Type: Complete

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

Action Personnel: Marrinan MD, Greg

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

Action Type: Status Change

Action Date/Time: 5/9/2017 18:27 EDT

Action Personnel: Wehrheim, Shane

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

Action Type: Status Change

Action Date/Time: 5/9/2017 18:03 EDT

Action Personnel: Wehrheim, Shane

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

Action Type: Order

Action Date/Time: 5/9/2017 18:00 EDT

Action Personnel: Sullivan PA, Brooke

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

Order: **XR Elbow Complete Right**

Order Date/Time: 5/9/2017 17:59 EDT

Order Status: Completed

Department Status: Completed

Activity Type: Radiology

End-state Date/Time: 5/9/2017 18:37 EDT

End-state Reason:

Ordering Physician: Sullivan PA, Brooke

Consulting Physician:

Entered By: Sullivan PA, Brooke on 5/9/2017 17:59 EDT

Order Details: 5/9/17 5:59:00 PM EDT, Stat, Stop date 5/9/17 6:37:21 PM EDT, Reason: Pain in joint, elbow/upper arm

Order Comment:

Action Type: Complete

Action Date/Time: 5/9/2017 18:37 EDT

Action Personnel: Marrinan MD, Greg

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

Action Type: Status Change

Action Date/Time: 5/9/2017 18:27 EDT

Action Personnel: Wehrheim, Shane

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

Action Type: Status Change

Action Date/Time: 5/9/2017 18:03 EDT

Action Personnel: Wehrheim, Shane

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

Action Type: Order

Action Date/Time: 5/9/2017 18:00 EDT

Action Personnel: Sullivan PA, Brooke

Electronically Signed By: Sullivan PA, Brooke

Electronically Signed by Supervising Provider:

Communication Type: Written

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD,Michael

Orders - Medications

Inpatient

Order: LORazepam (Ativan)

Order Date/Time: 5/9/2017 17:58 EDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 5/9/2017 18:12 EDT

End-state Reason:

Ordering Physician: Sullivan PA,Brooke

Consulting Physician:

Entered By: Sullivan PA,Brooke on 5/9/2017 17:58 EDT

Order Details: 0.5 mg = 1 tabs, Oral, Once, First Dose: 5/9/17 5:58:00 PM EDT, Stop Date: 5/9/17 6:12:46 PM EDT, NOW, Form: Tab

Order Comment:

Action Type: Complete

Action Date/Time: 5/9/2017 18:12 EDT

Electronically Signed By: Sullivan PA,Brooke

Electronically Signed by Supervising Provider:

Action Type: Order

Action Date/Time: 5/9/2017 18:00 EDT

Electronically Signed By: Sullivan PA,Brooke

Electronically Signed by Supervising Provider:

Order: Sodium Chloride 0.9% (NS Bolus)

Order Date/Time: 5/9/2017 17:58 EDT

Order Status: Completed Clinical Category: Continuous Infusions Medication Type: Inpatient

End-state Date/Time: 5/9/2017 18:12 EDT

End-state Reason:

Ordering Physician: Sullivan PA,Brooke

Consulting Physician:

Entered By: Sullivan PA,Brooke on 5/9/2017 17:58 EDT

Order Details: 1,000 mL, Bolus IV, Once, Max Bolus (mL/kg): 20 over 1, First Dose: 5/9/17 5:58:00 PM EDT, Stop Date: 5/9/17 6:12:47 PM EDT, NOW, Form: Soln-IV

Order Comment:

Action Type: Complete

Action Date/Time: 5/9/2017 18:12 EDT

Electronically Signed By: Sullivan PA,Brooke

Electronically Signed by Supervising Provider:

Action Type: Order

Action Date/Time: 5/9/2017 18:00 EDT

Electronically Signed By: Sullivan PA,Brooke

Electronically Signed by Supervising Provider:

Medication Reconciliation

No Reconciliation History

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
01-XR-17-022571	5/9/2017 18:27 EDT	XR Elbow Complete Right	Sullivan PA, Brooke	23 years

Reason for Exam
(XR Elbow Complete Right) Pain in joint, elbow/upper arm

Report
HISTORY: Pain in joint, elbow/upper arm

TECHNIQUE: 2 views, RIGHT elbow

COMPARISON: None.

FINDINGS:

Bones: No definite, displaced fracture. No suspicious lesion.

Joints: Unremarkable. No effusions.

Soft tissues: Unremarkable.

Additional Comments: There is a catheter within the antecubital soft tissues.

IMPRESSION:

No definite acute bony injury.

Signed By: Greg B. Marrinan, M.D.
Date: 5/9/2017 6:33 PM

***** Final *****

Signed by: Marrinan MD, Greg
Signed (Electronic Signature): 05/09/2017 6:37 pm

Technologist

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
01-XR-17-022572	5/9/2017 18:27 EDT	XR Ankle Complete Left	Sullivan PA, Brooke	23 years

Reason for Exam
(XR Ankle Complete Left) Pain in joint, ankle/foot

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Diagnostic Radiology

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
01-XR-17-022572	5/9/2017 18:27 EDT	XR Ankle Complete Left	Sullivan PA, Brooke	23 years

Report

HISTORY: Pain in joint, ankle/foot

TECHNIQUE: 3 views LEFT ankle

COMPARISON: None.

FINDINGS:

Bones: A small rounded density overlies the lateral malleolus on the AP image and may be artifactual or external to the patient, but could represent a small bone lesion such as a bone island. It is difficult to characterize further on this study. No acute fracture is evident.

Joints: Unremarkable. No effusions.

Soft tissues: Unremarkable.

Additional Comments: There is an overlying density at the level of the ankle joint which limits interpretation.

IMPRESSION:

1. No definite fracture.
2. Possible small bone island or other sclerotic density in the lateral malleolus.

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

Date: 5/9/2017 6:32 PM

***** Final *****

Signed by: Marrinan MD, Greg

Signed (Electronic Signature): 05/09/2017 6:36 pm

Technologist

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Assessment Forms

Signed By: Dwan RN, Elizabeth (5/9/2017 20:04 EDT)

Disposition Documentation Entered On: 5/9/2017 20:04 EDT
Performed On: 5/9/2017 20:04 EDT by Dwan RN, Elizabeth

Disposition Documentation

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

Dwan RN, Elizabeth - 5/9/2017 20:04 EDT

Pain Assessment Tools

Recent Assessment Pertinent to Pain Management : Pain Assessment
Primary Pain Location: Ankle 05/09/2017 18:13 Laterality: Left 05/09/2017 18:13 Preferred Pain Tool: Numeric rating scale 05/09/2017 18:13
Numeric Pain Scale: 4 05/09/2017 18:13
Preferred Pain Tool : Numeric rating scale

Dwan RN, Elizabeth - 5/9/2017 20:04 EDT

Numeric/FACES Pain Scale

Numeric Pain Scale : 1

Dwan RN, Elizabeth - 5/9/2017 20:04 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.

Discharge

Discharged to care of : Self, Friend
Mode of Discharge : Ambulatory
Discharge Transportation : Private vehicle
Individuals Taught : Patient, Friend
Home Caregiver Present for Session : Yes
Teaching Method - ED : Written/printout, Explanation
Barriers to Learning : None evident
Time Spent Educating Patient : 10 minutes

Dwan RN, Elizabeth - 5/9/2017 20:04 EDT

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

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		
Recorded Time	17:47 EDT		
Recorded By	Ashraf, Sahajahan		
Procedure		Units	Reference Range
Temperature Oral	37.1	degC	[35.8-37.3]
Peripheral Pulse Rate	106 ^H	bpm	[60-100]
Respiratory Rate	18	br/min	[14-20]
Systolic Blood Pressure	145 ^H	mmHg	[90-140]
Diastolic Blood Pressure	93 ^H	mmHg	[60-90]
SpO2	98	%	

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	5/9/2017	5/9/2017	5/9/2017
Recorded Time	20:04 EDT	18:13 EDT	17:47 EDT	17:40 EDT
Recorded By	Dwan RN, Elizabeth	Dwan RN, Elizabeth	Ashraf, Sahajahan	Clomiro RN, Kellie
Procedure				
Preferred Pain Tool	Numeric rating scale	Numeric rating scale	Numeric rating scale	Numeric rating scale
Numeric Pain Scale	1	4	0 = No pain	0 = No pain

Primary Pain Assessment

Recorded Date	5/9/2017
Recorded Time	18:13 EDT
Recorded By	Dwan RN, Elizabeth
Procedure	
Primary Pain Location	Ankle
Primary Pain Laterality	Left

Comfort Measures

Recorded Date	5/9/2017
Recorded Time	17:00 EDT
Recorded By	Ashraf, Sahajahan
Procedure	
Comfort Measures	Comfortable environment

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: /1993 23 years Male Admitting: Ashwood MD, Michael

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
Recorded Time	17:40 EDT
Recorded By	Clomiro RN, Kellie
Procedure	
Allergy Information Status	Reviewed and updated

Cardiovascular

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

Cardiovascular Assessment

Recorded Date	5/9/2017		
Recorded Time	18:15 EDT		
Recorded By	Dwan RN, Elizabeth		
Procedure		Units	Reference Range
Cardiovascular Symptoms	Palpitations ⁰¹		
Nail Bed Color	Pink ⁰¹		
Clubbing Present	No ⁰¹		
Capillary Refill	Less than 2 seconds ⁰¹		
Jugular Venous Distention	Unable to visualize ⁰¹		

Order Comments

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

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	18:15 EDT		
Recorded By	Dwan RN, Elizabeth		
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

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Respiratory

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

Airway Information

Recorded Date	5/9/2017		
Recorded Time	18:15 EDT		
Recorded By	Dwan RN, Elizabeth		
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		
Recorded Time	17:47 EDT		
Recorded By	Ashraf, Sahajahan		
Procedure		Units	Reference Range
Oxygen Therapy	Room air		

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	18:15 EDT		
Recorded By	Dwan RN, Elizabeth		
Procedure			
GI Symptoms	None ⁰¹		

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

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

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	18:13 EDT
Recorded By	Dwan RN, Elizabeth
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

Recorded Date	5/9/2017		
Recorded Time	18:15 EDT		
Recorded By	Dwan RN, Elizabeth		
Procedure		Units	Reference Range
Skin Color	Normal for ethnicity ⁰¹		
Skin Temperature	Warm ⁰¹		
Skin Temperature, Upper Extremities	Warm ⁰¹		
Skin Temperature, Lower Extremities	Warm ⁰¹		
Skin Description	Dry ⁰¹		

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

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		
Recorded Time	18:15 EDT		
Recorded By	Dwan RN, Elizabeth		
Procedure		Units	Reference Range
Level of Consciousness	Alert ⁰¹		

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

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

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	17:00 EDT
Recorded By	Ashraf, Sahajahan
Procedure	
Environmental Safety Implemented	See Below T1

Textual Results

T1: 5/9/2017 17:00 EDT (Environmental Safety Implemented)
Wheels locked, Adequate room lighting, Call device within reach

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	18:15 EDT
Recorded By	Dwan RN, Elizabeth
Procedure	
Orientation Assessment	Oriented x 4 O1

Order Comments

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

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
Recorded Time	17:00 EDT
Recorded By	Ashraf, Sahajahan
Procedure	
Patient Status Rounding	See Below T2

Textual Results

T2: 5/9/2017 17:00 EDT (Patient Status Rounding)
Patient ID checked, Denies any needs

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 993 23 years Male Admitting: Ashwood MD, Michael

ED Documentation

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

ED Teaching

Recorded Date	5/9/2017
Recorded Time	20:04 EDT
Recorded By	Dwan RN, Elizabeth
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	20:04 EDT
Recorded By	Dwan RN, Elizabeth
Procedure	
Barriers to Learning	None evident
Home Caregiver Present for Session	Yes
Individuals Taught	Patient, Friend

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	18:13 EDT	17:40 EDT
Recorded By	Dwan RN, Elizabeth	Clomiro RN, Kellie
Procedure		
Chief Complaint	See Below T3	See Below T4

Textual Results

T3: 5/9/2017 18:13 EDT (Chief Complaint)
pt here s/p he was involved in a high anxiety police situation, denies any CP or SOB. +anxiety and left ankle pain .

T4: 5/9/2017 17:40 EDT (Chief Complaint)
PT is an officer involved in an altercation feels he is dehydrated and anxious

REDACTED COPY

Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Admit/Transfer/Discharge Information

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

Discharge Information

Recorded Date	5/9/2017
Recorded Time	20:04 EDT
Recorded By	Dwan RN, Elizabeth
Procedure	
Mode of Discharge	Ambulatory
Discharge Transportation	Private vehicle

Advance Directive Information

Recorded Date	5/9/2017
Recorded Time	18:13 EDT
Recorded By	Dwan RN, Elizabeth
Procedure	
Advanced Directives	No

REDACTED COPY

Patient Name: PECIREP, MARIO

MRN: 00509259

Admit: 5/9/2017

FIN: 90579144

Disch: 5/9/2017

DOB/Age/Sex: 1993 23 years Male

Admitting: Ashwood MD, Michael

Intake and Output

INTAKE		5/9/2017 - 5/10/2017		
All time in EDT		0700 - 1900	1900 - 0700	Total
Sodium Chloride 0.9%	mL	1000	-	1000
12 Hour Total	mL	1000	-	
24 Hour Total	mL		1000	

OUTPUT		5/9/2017 - 5/10/2017		
All time in EDT		0700 - 1900	1900 - 0700	Total
12 Hour Total	mL	-	-	
24 Hour Total	mL	No documented output results for date range		

Clinical Range Total from 5/9/2017 to 5/10/2017

Total Intake (mL)	Total Output (mL)	Fluid Balance (mL)
1000	0	1000

Allergy List

Substance: **No Known Allergies**

Recorded Date/Time

5/9/2017 17:40 EDT

Allergy Type: Allergy; Category Drug; Reaction Status: Active; Reviewed Date/Time:

7/5/2017 17:30 EDT; Reviewed By: Miner, Kathleen

Social History

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 993 23 years Male Admitting: Ashwood MD,Michael

Clinical Diagnoses

Diagnosis: **Stress response** (Qualifier:)

Secondary Description:

Last Reviewed Date: 5/9/2017 18:39 EDT; Sullivan PA, Brooke
Responsible Provider: Sullivan PA, Brooke

Diagnosis Date: 5/9/2017

Status: Active

Clinical Service: Emergency medicine; Classification: Medical; Confirmation: Confirmed; Code: F43.0 (ICD-10-CM);

Ranking: ; Severity: ; Severity Class: ; Certainty:

Diagnosis: **Left ankle strain** (Qualifier:)

Secondary Description:

Last Reviewed Date: 5/9/2017 18:39 EDT; Sullivan PA, Brooke
Responsible Provider: Sullivan PA, Brooke

Diagnosis Date: 5/9/2017

Status: Active

Clinical Service: Emergency medicine; Classification: Medical; Confirmation: Confirmed; Code: S96.912A (ICD-10-CM);

Ranking: ; Severity: ; Severity Class: ; Certainty:

Diagnosis: **Contusion of elbow, right** (Qualifier:)

Secondary Description:

Last Reviewed Date: 5/9/2017 18:39 EDT; Sullivan PA, Brooke
Responsible Provider: Sullivan PA, Brooke

Diagnosis Date: 5/9/2017

Status: Active

Clinical Service: Emergency medicine; Classification: Medical; Confirmation: Confirmed; Code: S50.01XA (ICD-10-CM);

Ranking: ; Severity: ; Severity Class: ; Certainty:

Diagnosis: **Anxiety** (Qualifier:)

Secondary Description:

Last Reviewed Date: 5/9/2017 17:42 EDT; Clomiro RN, Kellie
Responsible Provider:

Diagnosis Date: 5/9/2017

Status: Active

Clinical Service: Emergency medicine; Classification: Medical; Confirmation: Confirmed; Code:

ASYr9AEYvUr1YoV1CqIGfQ (PNED); Ranking: ; Severity: ; Severity Class: ; Certainty:

Problems

Problem Name: **Cardiac dysrhythmia** (Qualifier:)

Last Updated: 5/9/2017 18:12 EDT; Sullivan PA, Brooke

Classification: Medical; Confirmation: Confirmed; Code: 1230149018; Course: ; Onset Date: ; Status Date: 5/9/2017; Prognosis: ; Persistence:

Last Reviewed: 7/5/2017 17:30 EDT; Miner, Kathleen

Recorder: Sullivan PA, Brooke; Responsible Provider: Sullivan PA, Brooke

Life Cycle Status: Active

REDACTED COPY

Patient Name: PECIREP, MARIO
MRN: 00509259 Admit: 5/9/2017
FIN: 90579144 Disch: 5/9/2017
DOB/Age/Sex: 1993 23 years Male Admitting: Ashwood MD, Michael

Procedures

Procedure: Introduction of Electrolytic and Water Balance Substance into Peripheral Vein, Percutaneous Approach

Last Updated: 5/10/2017 07:45 EDT; Hartley, Renita	Status: Active	Procedure Date: 5/9/2017 00:00 EDT (23 years)
Code: 3E0337Z (ICD-10-PCS)	Location:	Ranking:
Provider:	Last Reviewed:	Related Diagnosis:

Procedure: Introduction of Electrolytic and Water Balance Substance into Peripheral Vein, Percutaneous Approach

Last Updated: 5/10/2017 07:45 EDT; Hartley, Renita	Status: Active	Procedure Date: 5/9/2017 00:00 EDT (23 years)
Code: 3E0337Z (ICD-10-PCS)	Location:	Ranking:
Provider:	Last Reviewed:	Related Diagnosis:

Medication Administration Record

Medications

Medication Name: LORazepam (Ativan)

Administration Date/Time: 5/9/2017 18:12 EDT

Charted Date/Time: 5/9/2017 18:12 EDT

Ingredients: lora0.5 0.5 mg 1 tabs

Admin Details: (Auth) Oral

Action Details: Order: Sullivan PA, Brooke 5/9/2017 17:58 EDT; Perform: Dwan RN, Elizabeth 5/9/2017 18:12 EDT; VERIFY: Dwan RN, Elizabeth 5/9/2017 18:12 EDT

Medication Name: Sodium Chloride 0.9% (NS Bolus)

Administration Date/Time: 5/9/2017 18:12 EDT

Charted Date/Time: 5/9/2017 18:12 EDT

Ingredients: NS1000bolus 1000 mL

Admin Details: (Auth) Bolus IV, Right Antecubit Foss

Action Details: Order: Sullivan PA, Brooke 5/9/2017 17:58 EDT; Perform: Dwan RN, Elizabeth 5/9/2017 18:12 EDT; VERIFY: Dwan RN, Elizabeth 5/9/2017 18:12 EDT

Infusion Billing

Infusion Billing Report

05/09/17 17:22 EDT to 09/07/17 15:04 EDT

PECIREP, MARIO
Emergency

FIN 90579144
Location: MAINWR

MRN 00509259

sodium chloride 0.9% bolus soln iv; 1000 mL
1,000 mL, Bolus IV, Once, Max Bolus (mL/kg): 20 over 1, First Dose: 05/09/17 17:58:00 EDT, Stop Date: 05/09/17 17:58:00 EDT, NOW,
Form: Soln-IV

Start Date/Time	End Date/Time	Route	Site	Duration
05/09/17 18:12 EDT	05/09/17 19:56 EDT	Bolus IV	Right Antecubit Foss	1 hr 44 min

REDACTED COPY

Patient Name: PECIREP, MARIO

MRN: 00509259

FIN: 90579144

DOB/Age/Sex: 1993 23 years Male

Admit: 5/9/2017

Disch: 5/9/2017

Admitting: Ashwood MD, Michael

Infusion Billing

1000 mL Dwan RN, Elizabeth

Total Volume for Order: 1000 mL
Total Duration for Order: 1 hr 44 min