St Anthony North Hospital
St Anthony North Medical Pavilion
Centura Health

Date: 11/08/13
Account Num: NA0000531
Med Rec Num: NM01234
Patient: H ,SCOTT
Location: SNED
Physician: Centura,ED

# Patient Instructions Signature Page

**Patient Name:** H ,SCOTT

**Guardian Name:**

**The above-named patient and/or guardian has received the following patient instructions:**

THANK YOU

**on this date:** 11/08/13 - 1703

**I have read and understand the instructions given to me by my caregivers.**

H ,SCOTT

Print Patient Name

Patient (or Guardian) Signature Date

Caregiver/RN/Doctor Signature Date

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EMERGENCY DEPARTMENT REPORT
Signed

## ED HPI/ROS/HIST/PE

### Provider Sign up / Triage

**Provider Sign up/Time Seen:** 14:37

### HPI/ROS

St. Anthony Hospital North

MODE OF ARRIVAL: The patient arrived by ambulance

PATIENT EVALUATED IN ROOM: 20

CHIEF COMPLAINT: Weakness

HISTORY OF PRESENT ILLNESS: 48 year-old male with reported history of schizophrenia is brought in by ambulance. The family called EMS concerned for his welfare. Patient lives alone. Reportedly he has been fasting. Family reported he had been fasting for a month. He reports that he fasted for a five-day period without food or water. He started to feel weak. 5 days ago he began eating again and started to feel better. He denies any other symptoms. He states he was fasting for religious purposes. He states his diagnosis of schizophrenia is "questionable". He does report he has lost approximately 30 pounds.

REVIEW OF SYSTEMS:
Constitutional: no fever
Neurological: no headache
Eyes: no blurred vision
ENT: no sore throat
Respiratory: patient denies dyspnea
Cardiac: no chest pain
Gastrointestinal: No abdominal pain. No vomiting, diarrhea, constipation no vomiting
Genitourinary: no dysuria
Musculoskeletal: Denies back pain or myalgias
Skin: no rashes
Psychiatric: Denies suicidal or homicidal ideation.

### Medical History

**Active Scripts**

Cyclobenzaprine (Flexeril)10 Mg Tablet 1 Tab PO QHS #15 TAB Ref 0
Prov:Davis,Christopher Michael DO 4/8/13

**Reported Medications**

No Home Meds Reported (NO - No Home Meds Reported) Ea 1 Ea XX
4/8/13

**Coded Allergies:**
No Known Drug Allergies Reported (Verified Allergy, Mild, 4/8/13)

**PMH Reviewed:** Yes

**Medical History:** Reports: **Arthritis** - torticollis, **Psych/Social Disorders** - depression, schitzophrenia

## Social History

**Social History:** Reports: **Alcohol Use**

## Physical Exam

**Constitutional**

**Vital Signs**

| Date Time | Temp | Pulse | Resp | B/P | Pulse Ox | O2 Delivery | O2 Flow Rate | FiO2 |
|---|---|---|---|---|---|---|---|---|
| 11/8/13 17:27 | | 18 | 16 | 108/65 | 97 | Room Air | | |
| 11/8/13 16:30 | | 87 | 16 | 108/61 | 95 | | | |
| 11/8/13 14:33 | 36.45 | 92 | 16 | 103/85 | 95 | Room Air | | |

Weight 63 kg
initial review following discharge.

**P.E.**

General Appearance: The patient is alert, has no immediate need for airway protection, and no current signs of significant toxicity. Very thin male, sitting in bed. No apparent distress. Foul-smelling halitosis.
Eyes: No scleral injection. No scleral icterus
ENT, Mouth: Mucous membranes are moist.
Respiratory: Clear to auscultation bilaterally throughout. No dyspnea. No wheezing.. Posterior lung fields were not auscultated
Cardiovascular: Regular rate and rhythm.. No murmurs All cardiac areas were not auscultated
Gastrointestinal: Very thin abdomen. Grossly soft, nontender, nondistended
Neurological: Alert. Interactive. Speech clear. Answers questions appropriately.
Skin: No facial rashes are appreciated.
Musculoskeletal: There is no tenderness of the cervical spine. There is significant prominence of the lumbar spine and scapula. He is very thin.
GU: No CVA tenderness bilaterally.
Psychiatric: No agitation. No anxiety. No pressured speech.

DIFFERENTIAL DIAGNOSIS: After history and physical exam differential diagnosis was considered for electrolyte abnormality, schizophrenia, malnutrition, protein deficiency, renal failure,
[]

## Medical Decision Making

**Laboratory Results**

**CBC & BMP Diagram**

**11/8/13 00:00**

11.7H 18.3H 50.3 221

134L 95L 24 3.6 26 0.86 125H

## Hematology

| Test | 11/8/13 00:00 |
|---|---|
| RBC | 6.19 H |
| MCV | 81 |
| MCH | 29.6 |
| MCHC | 36.4 H |
| RDW | 14.6 |
| MPV | 10.5 |
| Differential Method | Auto diff |
| Neutrophils % | 61 |
| Seg Neutrophils % | |
| Lymphocytes % | 33 |
| Monocytes % | 6 |
| Eosinophils % | 0 |
| Basophils % | 0 |
| Neutrophils # | 7.1 H |
| Absolute Seg Neuts | |
| Lymphocytes # | 3.9 H |
| Monocytes # | 0.7 |
| Eosinophils # | 0.0 |
| Basophils # | 0.0 |

## Chemistry Results

| Test | 11/8/13 00:00 |
|---|---|
| Anion Gap | 17 |
| GFR Calculation | 103 |
| BUN/Creatinine Ratio | 28 H |
| Calcium | 9.3 |
| Total Bilirubin | 1.9 H |
| AST | 27 |
| ALT | 41 |
| Alkaline Phosphatase | 84 |
| Total Protein | 6.7 |
| Albumin | 3.6 |
| Globulin | 3.1 |
| Albumin/Globulin Ratio | 1.2 |
| Lipase | 189 |

**High Risk:** No

FACILITY: SN

**ED Medications**

| Medications (Trade) | Dose Ordered | Sig/Sch | Start Time Stop Time | Status | Last Admin Dose Admin |
|---|---|---|---|---|---|
| Sodium Chloride (NS (Iv)) | 1,000 ml @ 2,000 mls/hr | ONCE ONCE | 11/8/13 14:40 11/8/13 15:10 | DC | 11/8/13 14:40 2,000 MLS/HR |

The listed medications represent those ***documented as given*** by the nurse at the time this report was developed. See the EMR for a complete listing of medications given in the ED.

**ED Course/Procedures**

Patient was reevaluated prior to discharge. Resting comfortably. He is eating peanuts and drinking water. He does not want me to contact his family. Alert and oriented x3. Spells the word world backwards with transposition of the "D &L".

Discussion: 48-year-old male presents with weakness at the recommendation of family. He denies any pain. Patient has lost approximately 45 pounds over the past 6 months. I believe this is likely secondary to patient not eating. He shows no evidence currently of psychosis. I believe he is capable of making his medical decisions. There is no evidence at this time hypoalbuminemia, electrolyte abnormality. Patient has mild hyperbilirubinemia which is felt to be associated with past alcohol use. He is nontoxic-appearing. I have explained to the patient that other causes of his weight loss including cancer must be evaluated. He expresses understanding. He is encouraged to follow with primary care physician. He does state that he is eating a regular basis at this time. Friend is at bedside at time of discharge. Last documented pulse of 18 at 1727 hours is felt to be an aberration.

**Medical Records Reviewed**

Patient has prior evaluation outpatient office visit is St. Anthony North Family Medicine Center at April 2013. Seen for neck spasms. There is discussion of his schizophrenia. Patient weight 83 kg at that time.

## Departure

**Latest Vital Signs**

**Depart Vital Signs**

| Date Time | Temp | Pulse | Resp | B/P | Pulse Ox | O2 Delivery | O2 Flow Rate | FiO2 |
|---|---|---|---|---|---|---|---|---|
| 11/8/13 17:27 | | 18 | 16 | 108/65 | 97 | Room Air | | |
| 11/8/13 14:33 | 36.45 | | | | | | | |

**Primary Diagnosis:** Weakness
**Secondary Diagnosis**
45 pound weight loss
* **Problems:**
**(1) No active medical problems**
**Condition:** Improved
**Disposition:** 01 HOME, SELF-CARE
**Referrals:**
Davis,Christopher Michael DO (PCP)
**Core Measures Addressed:** N/A
I saw this patient independently based on established practice protocols. At the time that

FACILITY: SN

I saw this patient, my supervising physician was Dr. Justin Barrett

Signed By:

*Kyle Kirkpatrick, MS, PA-C*
I authorize my typed signature that I authenticated this report

Kirkpatrick,Kyle PA-C Nov 8, 2013 14:40

DICTATED BY: Kirkpatrick,Kyle PA-C D: 11/08/13 1440
T: 11/08/13 1440 KXK
OTHER DICTATED BY PROVIDER:
CO-SIGNER:
ELECTRONICALLY SIGNED BY: Kirkpatrick,Kyle PA-C S: 11/08/13 1905
ELECTRONICALLY SIGNED BY: S:

DISTRIBUTION LIST:
CENTED - ED Centura
DAVICHR - Christopher Michael Davis DO
KIRKKY - Kyle Kirkpatrick PA-C
**END**

**Patient**: H ,SCOTT **Age/Sex**: 48/M **Acct No**: NA0000531
**ED Provider**: Centura,ED **Unit No**: NM01234217

## Patient Demographic

ST
APT I
WESTMINSTER, CO 80030-5255
(303)997-8253
**Insurance**: COLORADO ACCESS ADVANTAGE
**Next of Kin**: ,JOANNA
**Relation**: OTHER
**Phone**: (303)657-2732

**PCP**: Davis,Christopher Michael DO
**Family Doctor**: Davis,Christopher Michael DO
**Referring**: Davis,Christopher Michael DO

## Summary Information

**ED Physician**: Centura,ED, NONCREDEN
**Practitioner**: KYLE KIRKPATRICK
**Nurse**: TANYA M JACOBS, RN

**Arrival Date/Time**: 11/08/13 - 1414
**Triage Date/Time**: 11/08/13 - 1433
**Date of Birth**: 07/13/1965

**Stated Complaint**: WEAKNESS
**Chief Complaint**: Weakness

**Priority/Severity**: 3/9

## Past Medical, Surg, Social Hx

***11/08/13 1534 ED History*** ***TANYA M JACOBS, RN***
**Informant** Patient; **Alcohol Use** Y; **Arthritis** Y, **Comment** torticollis; **Psych/Social Disorders** Y, **Comment** depression, schitzophrenia; **Other Past Surgical History** left ankle surgery.

## Vital Signs

| Date/Time | Temperature (Fahrenheit) | Temperature (Calculated Celsius) | User |
|---|---|---|---|
| 11/08/13 1433 | 97.6 | 36.45 | TJACOBS8, RN |

| Date/Time | BP Systolic | BP Diastolic | Pulse Rate | User |
|---|---|---|---|---|
| 11/08/13 1433 | 103 | 85 | 92 | TJACOBS8, RN |
| 11/08/13 1630 | 108 | 61 | 87 | TJACOBS8, RN |

| Date/Time | Respiratory Rate | Pulse Oximetry | User |
|---|---|---|---|
| 11/08/13 1433 | 16 | 95 | TJACOBS8, RN |
| 11/08/13 1630 | 16 | 95 | TJACOBS8, RN |

## Intake/Output

| | 1535 | Total |
|---|---|---|
| Intake, IV Amount | 1000 | 1000 |
| **Total Intake** | 1000 | **1000** |
| **Total Output** | | |
| **Fluid Balance** | 1000 | **1000** |

## Allergies

No Known Drug Allergies Reported

## Historical Medications

| Prescription/Reported Meds | Type | Issued | Provider | Entered |
|---|---|---|---|---|
| Cyclobenzaprine (Flexeril) 10 MG TABLET | Rx | 04/08/13 | DAVICHR | 04/08/13 |

**Patient:** H      ,SCOTT **Age/Sex:** 48/M **Acct No:** NA0000531
**ED Provider:** Centura,ED **Unit No:** NM01234217

| Prescription/Reported Meds | Type | Issued | Provider | Entered |
|---|---|---|---|---|
| 1 TAB PO DAILY AT BEDTIME, #15 TABLET REF 0 | | | | |
| No Home Meds Reported (NO - No Home Meds Reported) 1 EA XX | EA Reported | | | 04/08/13 |

**Triage**

*11/08/13 1433 ED Ambulance Triage Assessment* *TANYA M JACOBS, RN*

**Ambulance Form:**
**Ambulance/Helicopter Arrival** + Yes
**Transporting Agency** Westminister
**Is Patient in Police Custody?** N
**Informant** Patient
**Pre-Hospital Vital Signs:**
**PTA Pulse Rate** 90
**PTA Respiratory Rate** 16
**PTA BP Systolic** 114
**PTA BP Diastolic** 76
**PTA Oxygen Delivery** Room Air
**Pre-Hospital IV Therapy:**
**PTA Where IV Inserted** Field insertion
**PTA Line Location** Left
**PTA Line Site** Antecubital
**PTA Catheter Gauge** 18
**PTA Catheter Type** Angio
**IV Site Care/Observation** Patent/Intact
**Patient Presented to ED:**
**Triage Assessment** Pt states his family wanted him to be seen. Pt states he fasted for 5 days and was trying to quit smoking. Pt family reported to EMS pt stop eating x 1 month. Pt states he lost 30 lbs.
**Chief Complaint** Weakness
**Priority** URGENT/PROMPT
**ED Vital Signs:**
**Temperature (Fahrenheit)** 97.6
**Temperature (Calculated Celsius)** 36.45
**Temperature Source** Temporal
**Pulse Rate** 92
**Respiratory Rate** 16
**BP Systolic** 103
**BP Diastolic** 85
**BP Mean** 91
**Blood Pressure Extremity** Left
**Blood Pressure Source** Autocuff
**Pain Scale** 0
**Pain Scale Used** 0-10
**Glasgow Coma Scale:**
**Best Eye Opening** Spontaneous
**Best Verbal Response** Oriented
**Best Motor Response** Obeys Commands
**Glasgow Coma Scale Total** 15
**Oxygen:**
**O2 Sat by Pulse Oximetry** 95
**Oxygen Delivery Method** Room Air
**Weight:**
**Weight (lbs)** 140
**Weight (Calculated Kilograms)** 63.502932

**Patient:** H ,SCOTT **Age/Sex:** 48/M **Acct No:** NA0000531
**ED Provider:** Centura,ED **Unit No:** NM01234217

**Weight Type.** Stated
**Height:**
**Height (Feet)** 6
**Height (Calculated Centimeters)** 182.880000
**ED Height Type** Stated
**Psychosocial:**
**Danger to Self** Denies
**Danger to Others** Denies

## Initial Assessment

*11/08/13 1538 ED Initial Assessment* *TANYA M JACOBS, RN*

**Skin Assessment:**
**Skin Temperature** Normal
**Skin Color** WNL
**Mucous Membranes** Dry
**Next** Next
**Neurologic Assessment:**
**Orientation/Alertness** A/O x 4
**Pupils:**
**PERRLA** Y
**Motor Strength:**
**Motor Strength and Movement Equal Bilaterally** Y
**Neurologic Comment:**
**Neurologic Comment** Pt complains of weakness.
**Next** Next
**Activity/Symptoms:**
**Heart Sounds** WNL
**Pulses** Regular
**Capillary Refill** Less than 2 sec
**Rt Lower Ext Edema** CMS Intact yes
**Lt Lower Ext Edema** CMS Intact yes
**Respiratory Assessment:**
**LU Lung Sounds** Clear
**RU Lung Sounds** Clear
**LL Lung Sounds** Clear
**RL Lung Sounds** Clear
**Comment:**
**Next** Next
**GI Symptoms:**
**Bowel Sounds** Hyperactive
**Abdomen** Soft
**Appetite** Poor
**Fluids** Poor
**GI Comment** Pt anorexic. States he does not know when his last BM was as he has not been eating.
**Next** Next
**Genitourinary Assessment:**
**Genitourinary-WEP** Yes
**OB/GYN Assessment:**
**OB/GYN-WEP** N/A
**EENT Assessment:**
**EENT-WEP** N/A
**Wound:**
**Wound Problem** No
**Musculoskeletal Assessment:**

**Musculoskeletal-WEP** Yes
**Psychological Assessment:**
**Activity** Calm/Quiet, Cooperative
**Next** Next
**Cultural Concerns Interventions:**
**Cultural Concerns Assessment** No Concerns Identified
**Psychosocial Assessment:**
**Affect** Normal
**Eye Contact** Y
**Feelings of Helplessness,Hopelessness or Depression** Denies
**Danger to Self (Validated Through Assessment)** Denies
**Danger to Others (Validated Through Assessment)** Denies
**Support System** Family/Significant other
**Experienced Neglect in Past Year** None
**Appears to have physical needs met** N
**Feels safe at home** Yes
**Barriers** None
**Nursing Diagnosis, Alteration in:** Self Care, Coping
**ED Safety & Orientation** All

## Assessments

*11/08/13 1534 ED Fall Risk* — *TANYA M JACOBS, RN*
**Fall Risk Screen:**
**Able to Complete Assessment** Yes
**Age** 13 to 69 years
**Adult Assessment:**
**Symptoms** Weakness
**Fall Risk Total Score** 4
**Fall Risk** Low Risk
**Fall Risk Precautions for all Patients:**
**Orient Patient/Family to Surroundings** Y
**Keep Call Light Within Reach** Y
**Keep Bed in low position and locked** Y
**Keep Bedrails Up** Y
**Keep Personal Patient Items Placed Within Reach** Y
**Provide Non Slip Footware** Patient's Own Footwear
**Addl Precautions for High Risk:**
**Transfer/Ambulation Recommendations** Moves Independently
**Family Member at Bedside** Y

*11/08/13 1534 ED Obstructive Sleep Apnea* — *TANYA M JACOBS, RN*
**OSA Screening:**
**i Diagnosed with Sleep Apnea** N
**S Do You Snore Loudly?Louder than Talking or Heard thru Door** N
**T Do you often feel tired, fatigued, or sleepy during day** N
**O Has anyone observed you stop breathing during sleep** N
**P Do you have/are you being treated for high blood pressure** N
**i OSA Risk Status** Neg Screen (Low Risk)

*11/08/13 1630 ED Vital Signs/Monitor* — *TANYA M JACOBS, RN*
**Pulse / Respirations / Blood Pressure:**
**Pulse Rate** 87
**Respiratory Rate** 16
**BP Systolic** 108
**BP Diastolic** 61

**BP Mean** 77
**Blood Pressure Extremity** Right
**Blood Pressure Source** Autocuff
**Oxygen:**
**Pulse Oximetry** 95

## Treatments

***11/08/13 1450 ED IV Therapy*** ***TANYA M JACOBS, RN***
**IV Insertion:**
**Where IV Originated** Field insertion
**IV Line Location** Left
**IV Site** Antecubital
**IV Catheter Gauge** 18
**IV Catheter / Line Type** Angio
**IV Infusion STARTED** Yes
**Primary IV Solution** Normal Saline
**Amount of Fluid Hung** 1000
**Primary IV Rate** 2000

***11/08/13 1533 ED Height & Weight*** ***TANYA M JACOBS, RN***
**Height:**
**Height (Feet)** 6
**Height (Inches)** 0.00
**Height (Calculated Centimeters)** 182.880000
**ED Height Type** Stated
**English Weight:**
**Weight (lbs)** 140
**Weight (oz)** 0
**Weight Calculation:**
**Weight (Calculated Kilograms)** 63.502932
**Weight (Calculated Grams)** 63502.9320
**BMI (Does not include Infant):**
**Calculated BMI** 19.0

***11/08/13 1533 ED Medication History Done*** ***TANYA M JACOBS, RN***
**Medication History:**
**ED Med History Done** Yes
**Source of Information** Patient
**Source of Information Comment** denies meds

***11/08/13 1533 IV ORDERS*** ***TANYA M JACOBS, RN***

***11/08/13 1533 MEDICATION ORDERED*** ***TANYA M JACOBS, RN***

***11/08/13 1535 ED IV Therapy*** ***TANYA M JACOBS, RN***
**IV Insertion:**
**Where IV Originated** Field insertion
**IV Line Location** Left
**IV Site** Antecubital
**IV Catheter Gauge** 18
**IV Catheter / Line Type** Angio
**IV Infusion Stopped** Yes
**IV Infusion Stopped at (Time)** 1536
**Intake, IV Amount** 1000

**Patient:** H      ,SCOTT **Age/Sex:** 48/M **Acct No:** NA0000531
**ED Provider:** Centura,ED **Unit No:** NM01234217

*11/08/13 1727 ED Patient Discharge* *TANYA M JACOBS, RN*

**Vital Signs:**
**Pulse Rate** 18
**Respiratory Rate** 16
**BP Systolic** 108
**BP Diastolic** 65
**BP Mean** 79
**Blood Pressure Extremity** Right
**Blood Pressure Source** Autocuff
**Pain Scale** 0
**Pain Scale Used** 0-10
**Oxygen:**
**Pulse Oximetry** 97
**Oxygen Delivery** Room Air
**Patient Discharge:**
**Discharge Disposition** Home
**Accompanied By** Friend
**Additional Comment** Pt weak with unsteady gait. Transport out by wheelchair. Assist into car. Encourage pt to use walker at home as needed.
**IV Therapy:**
**Is Further IV Documentation Needed?** Y
**Belongings:**
**Document Belongings?** With Patient
**IV Insertion:**
**Where IV Originated** Field insertion
**IV Line Location** Left
**IV Site** Antecubital
**IV Catheter Gauge** 18
**IV Catheter / Line Type** Angio
**IV Discontinued** Bleeding Controlled, Catheter Intact, Dressing Applied

*11/08/13 1905 **Acuity Sheet*** *TANYA M JACOBS, RN*

TOTAL OF ACUITY POINTS:
Subtotal Of 1pt Acuity Charges 0
Subtotal Assessment/Discharge Functions 2pts 2
GRAND TOTAL 2
ED CATEGORY CHARGE LEVEL-EMERG DEPT ONLY:
Acuity Level THREE 2-4 Points
Special Needs 1pt:
Fall Risk Low Risk
Assessment/Discharge Functions 2pt:
Ambulance/Helicopter Arrival + Yes

## Patient Notes

| Occurred Date | Time | User | Recorded Date | Time | User |
|---|---|---|---|---|---|
| 11/08/13 | 1533 | TANYA M JACOBS, RN | 11/08/13 | 1533 | TANYA M JACOBS, RN |

Pt eating cashews at this time. Family at bedside.

## Patient Procedure Orders

| Ordered | Procedure Name | Ordering Provider | E-Signed |
|---|---|---|---|
| 11/08/13 1441 | CBC Diff reflex to Manual Diff | Kirkpatrick,Kyle PA-C, ALLIED | Yes |
| 11/08/13 1441 | Comp Metabolic Panel CMP | Kirkpatrick,Kyle PA-C, ALLIED | Yes |
| 11/08/13 1441 | Lipase | Kirkpatrick,Kyle PA-C, ALLIED | Yes |

**Patient:** H ,SCOTT **Age/Sex:** 48/M **Acct No:** NA0000531
**ED Provider:** Centura,ED **Unit No:** NM01234217

| | | |
|---|---|---|
| 11/08/13 1441 ED Medication | Kirkpatrick,Kyle PA-C, ALLIED | Yes |
| 11/08/13 1441 ED IV | Kirkpatrick,Kyle PA-C, ALLIED | Yes |

## Lab Results

### *** HEMATOLOGY ***

| Test | Date | Time | Result | | Reference | Units |
|---|---|---|---|---|---|---|
| WBC | 11/08/13 | UNK | 11.7 | H | [4.0-9.6] | 1000/uL |
| RBC | 11/08/13 | UNK | 6.19 | H | [4.40-5.89] | mil/uL |
| HGB | 11/08/13 | UNK | 18.3 | H | [13.9-17.4] | g/dl |
| HCT | 11/08/13 | UNK | 50.3 | | [40.6-50.3] | % |
| PLATELET | 11/08/13 | UNK | 221 | | [150-400] | 1000/uL |
| MCV | 11/08/13 | UNK | 81 | | [81-99] | fl |
| MCH | 11/08/13 | UNK | 29.6 | | [26.7-34.1] | pg |
| MCHC | 11/08/13 | UNK | 36.4 | H | [31.0-36.1] | g/dL |
| RDW | 11/08/13 | UNK | 14.6 | | [11.7-14.6] | % |
| MPV | 11/08/13 | UNK | 10.5 | | | fl |
| NEUTRO # | 11/08/13 | UNK | 7.1 | H | [1.7-6.4] | 1000/uL |
| LYMPHS # | 11/08/13 | UNK | 3.9 | H | [1.1-3.5] | 1000/uL |
| MONOS # | 11/08/13 | UNK | 0.7 | | [0.3-0.9] | 1000/uL |
| EOS # | 11/08/13 | UNK | 0.0 | | [0.0-0.6] | 1000/uL |
| BASOS # | 11/08/13 | UNK | 0.0 | | [0.0-0.1] | 1000/uL |
| NEUTRO % | 11/08/13 | UNK | 61 | | | % |
| LYMPHS % | 11/08/13 | UNK | 33 | | | % |
| MONOS % | 11/08/13 | UNK | 6 | | | % |
| EOS % | 11/08/13 | UNK | 0 | | | % |
| BASOS % | 11/08/13 | UNK | 0 | | | % |

### *** CHEMISTRY ***

| Test | Date | Time | Result | | Reference | Units |
|---|---|---|---|---|---|---|
| SODIUM | 11/08/13 | UNK | 134 | L | [136-145] | mmol/L |
| POTASSIUM | 11/08/13 | UNK | 3.6 | | [3.5-5.1] | mmol/L |
| CHLORIDE | 11/08/13 | UNK | 95 | L | [96-111] | mmol/L |
| CO2 | 11/08/13 | UNK | 26 | | [20-30] | mmol/L |
| ANIONGAP | 11/08/13 | UNK | 17 | | [6-18] | |
| BUN | 11/08/13 | UNK | 24 | | [6-24] | mg/dL |
| CREATININE | 11/08/13 | UNK | 0.86 | | [0.65-1.36] | mg/dL |
| BUN/CREAT RATIO | 11/08/13 | UNK | 28 | H | [6-25] | |
| GFR | 11/08/13 | UNK | 103(a) | | | |
| GLUCOSE | 11/08/13 | UNK | 125 | H | [70-99] | mg/dL |
| CALCIUM | 11/08/13 | UNK | 9.3 | | [8.5-10.1] | mg/dL |
| TOTAL BILI | 11/08/13 | UNK | 1.9 | H | [0.2-1.2] | mg/dL |
| AST | 11/08/13 | UNK | 27 | | [7-37] | U/L |
| ALT | 11/08/13 | UNK | 41 | | [12-78] | U/L |

NOTES: (a) units = mL/min/1.73 m2
GFR results <60 for 3 months or longer: Chronic Kidney Disease
GFR result <15 : Kidney Failure
For African Americans, multiply the GFR result by 1.159
Formula used is CKD-EPI equation.

**Patient:** H[redacted],SCOTT **Age/Sex:** 48/M **Acct No:** NA0000531[redacted]
**ED Provider:** Centura,ED **Unit No:** NM01234217

*** CHEMISTRY (continued) ***

| Test | Date | Time | Result | Reference | Units |
|---|---|---|---|---|---|
| TOTAL PROTEIN | 11/08/13 | UNK | 6.7 | [6.4-8.2] | g/dL |
| ALBUMIN | 11/08/13 | UNK | 3.6 | [3.4-5.3] | g/dL |
| GLOB | 11/08/13 | UNK | 3.1 | [2.2-4.2] | g/dL |
| A/G RATIO | 11/08/13 | UNK | 1.2 | [0.8-2.0] | |
| ALK PHOS | 11/08/13 | UNK | 84 | [20-125] | U/L |
| LIPASE | 11/08/13 | UNK | 189 | [73-393] | U/L |

| Test | Date | Time | Result | Reference | Units |
|---|---|---|---|---|---|
| VERIFY DIFF | 11/08/13 | UNK | Auto diff | | |

## Medications

**Medication**
**Sch Date-Time Ordered Dose Admin Dose**
**Doc Date-Time Given - Reason Site User**

**SOD CHL 0.9% IV 1,000 ML (NS (IV) 1,000 ML) IV/ONCE/ONE**
11/08/13-1440 2,000 MLS/HR
11/08/13-1440 Y TANYA M JACOBS
**ED Staff document Primary IVs in EDM IV Therapy:** Yes

**Acknowledgements**
**Ack Date-Time User**
11/08/13-1507 TANYA M JACOBS

## Departure Information

**Primary Impression:**
Weakness
**Disposition:** 01 HOME, SELF-CARE **Departure Date/Time:** 11/08/13 - 1729
**Comment:**
**Condition:** Improved

**Referrals:**
Davis,Christopher Michael DO
8510 Bryant Street
Ste 200
Westminster, CO 80031
Phone: (303)430-5560 Fax: (303)430-5590

**Pt Instructions:** THANK YOU

**Additional Instructions:**

Please eat a normal healthy diet.

As discussed, you have lost approximately 45 pounds over the past 6 months. Although this may be related to your decreased in appetite, other considerations such as cancer must be

explored. Please follow with primary care physician in 2 days for repeat evaluation. This is extremely important.

Return to emergency room if increased pain, fever, bleeding, vomiting, or any change in symptoms.

**Departure Forms:**

**Preferred Pharmacy**

Wal-Mart Pharmacy 3824
7155 SHERIDAN BLVD.
WESTMINSTER, WESTMINSTER WESTMINSTER
(303)487-7043 (phone)
(303)487-7050 (fax)

Accepts eRx: Y

RUN DATE: 11/09/13 LAB *LIVE* PAGE 1
RUN TIME: 0614 ***Summary Discharge Report - Do not Destroy***

LOCATION

| PATIENT: | ACCT: NA0000531 | LOC: SNED | U: NM01234217 |
|---|---|---|---|
| | AGE/SX: 48/M | ROOM: | REG: 11/08/13 |
| REG DR: Centura,ED | STATUS: DEP ER | BED: | DIS: |

*** HEMATOLOGY ***

| Date / Time | NOV 8 / UNK | | | | Reference | Units |
|---|---|---|---|---|---|---|
| => WHITE BLOOD COUNT | 11.7 | H | | | (4.0-9.6) | 1000/uL |
| => RBC | 6.19 | H | | | (4.40-5.89) | mil/uL |
| => HEMOGLOBIN | 18.3 | H | | | (13.9-17.4) | g/dl |
| => HEMATOCRIT | 50.3 | | | | (40.6-50.3) | % |
| => PLATELET COUNT | 221 | | | | (150-400) | 1000/uL |
| => MCV | 81 | | | | (81-99) | fl |
| => MCH | 29.6 | | | | (26.7-34.1) | pg |
| => MCHC | 36.4 | H | | | (31.0-36.1) | g/dL |
| => RDW | 14.6 | | | | (11.7-14.6) | % |
| => MPV | 10.5 | | | | | fl |
| => NEUTROPHILS # | 7.1 | H | | | (1.7-6.4) | 1000/uL |
| => LYMPHOCYTES # | 3.9 | H | | | (1.1-3.5) | 1000/uL |
| => MONOCYTES # | 0.7 | | | | (0.3-0.9) | 1000/uL |
| => EOSINOPHILS # | 0.0 | | | | (0.0-0.6) | 1000/uL |
| => BASOPHILS # | 0.0 | | | | (0.0-0.1) | 1000/uL |
| => NEUTROPHILS % | 61 | | | | | % |
| => LYMPHOCYTES % | 33 | | | | | % |
| => MONOCYTES % | 6 | | | | | % |
| => EOSINOPHILS % | 0 | | | | | % |
| => BASOPHILS % | 0 | | | | | % |

*** CHEMISTRY ***

| Date / Time | NOV 8 / UNK | | | | Reference | Units |
|---|---|---|---|---|---|---|
| => SODIUM | 134 | L | | | (136-145) | mmol/L |
| => POTASSIUM | 3.6 | | | | (3.5-5.1) | mmol/L |
| => CHLORIDE | 95 | L | | | (96-111) | mmol/L |
| => CARBON DIOXIDE | 26 | | | | (20-30) | mmol/L |
| => ANION GAP | 17 | | | | (6-18) | |
| => BLOOD UREA NITROGEN | 24 | | | | (6-24) | mg/dL |
| => CREATININE | 0.86 | | | | (0.65-1.36) | mg/dL |
| => BUN/CREATININE RATIO | 28 | H | | | (6-25) | |
| => GLOMERULAR FILTRATION | 103(a) | | | | | |
| => GLUCOSE | 125 | H | | | (70-99) | mg/dL |
| => CALCIUM | 9.3 | | | | (8.5-10.1) | mg/dL |

NOTES: (a) units = mL/min/1.73 m2
GFR results <60 for 3 months or longer: Chronic Kidney Disease
GFR result <15 : Kidney Failure
For African Americans, multiply the GFR result by 1.159
Formula used is CKD-EPI equation.

**LOCATION**

Patient: H     ,SCOTT NA0000531     (Continued)

*** CHEMISTRY (continued) ***

| | Date / Time | NOV 8 / UNK | | | Reference | Units |
|---|---|---|---|---|---|---|
| => | BILIRUBIN, TOTAL | 1.9 H | | | (0.2-1.2) | mg/dL |
| => | AST/SGOT | 27 | | | (7-37) | U/L |
| => | ALT/SGPT | 41 | | | (12-78) | U/L |
| => | PROTEIN, TOTAL BLOOD | 6.7 | | | (6.4-8.2) | g/dL |
| => | ALBUMIN | 3.6 | | | (3.4-5.3) | g/dL |
| => | GLOBULIN [CALCULATED] | 3.1 | | | (2.2-4.2) | g/dL |
| => | ALBUMIN/GLOBULIN RATI | 1.2 | | | (0.8-2.0) | |
| => | ALKALINE PHOSPHATASE | 84 | | | (20-125) | U/L |
| => | LIPASE | 189 | | | (73-393) | U/L |

| | Test | Day | Date | Time | Result | Reference | Units |
|---|---|---|---|---|---|---|---|
| => | VERIFY DIFF | 1 | NOV 8 | UNK | Auto diff | | |

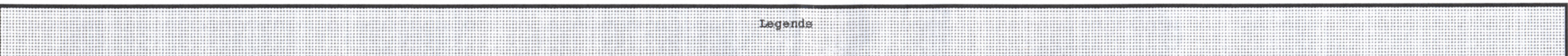
**11/09/13** **MEDICATION DISCHARGE SUMMARY**

| | | | | |
|---|---|---|---|---|
| Name | **H ,SCOTT** | Admit Date | | Age **48** |
| Unit Num | **NM01234217** | Discharge Date | | Sex **M** |
| Account Num | **NA0000531** | Status | **DEP ER** | |
| Allergies | **No Known Drug Allergies Reported (NKA)** | | | |

| ADMINISTRATION PERIOD: 0700 11/08/13 to 0659 11/09/13 | START/ STOP | |
|---|---|---|
| **NS (IV) 1,000 ML** | 11/08/13 | 1440 **TJACOBS8 at** 1440 **GAVE:** 2,000 MLS/HR |
| **(SOD CHL 0.9% IV 1000 ML)** | 11/08/13 | ED Staff document Primary IVs in EDM IV Therapy: Yes |
| 2,000 MLS/HR IV ONCE/ONE | | ACK 1507 TJACOBS8 eMAR |
| Comments: 1000 ML BOLUS OVER 30 MINUTES= ONE | | DC 1510 PHABKGJOB Eff:11/08/13-1509 |
| 1000 ML BAG | | |
| RX #: SN002479390 | | |

*** Continued on Page 2 ***

**This document is part of the legal medical record.**



**11/09/13**

Medication Discharge Summary

Name H■■■■,SCOTT — Unit Num NM01234217 — Account Num NA0000531■■■

## Legends

| Activity Codes | Reason Codes | Site Codes |
|---|---|---|
| ACK - Acknowledged Order | | |
| DC - Discontinue | | |

### Administered By

| User | User Name/Type | User | User Name/Type | User | User Name/Type | User | User Name/Type |
|---|---|---|---|---|---|---|---|
| TJACOBS8 | TANYA M JACOBS / RN | | | | | | |

### Pharmacy

| User | User Name | User | User Name | User | User Name | User | User Name |
|---|---|---|---|---|---|---|---|

### Allergy History

| Date | Time | User Name | Database | Type | Allergy |
|---|---|---|---|---|---|
| 20100108 | 1700 | CAROLYN A KALWEI | EDM.CEU | ADD | No Known Drug Allergies Reported |
| | | OLD: | | | |
| | | NEW: No Known Drug Allergies Reported added. NKA | | | |
| 20130408 | 1000 | JENNA T PATTERSON | MRI.CEU | EDIT | |
| | | OLD: Date: | | | |
| | | NEW: Allergy List Confirmed: Date: 04/08/13 - Time: 1000 | | | |
| 20130408 | 1052 | GEORGIA MARTINEZ | MRI.CEU | EDIT | |
| | | OLD: Date: 04/08/13 | | | |
| | | NEW: Allergy List Confirmed: Date: 04/08/13 - Time: 1052 | | | |
| 20130408 | 1614 | JODIE SHAW | SCH.CEU | FILED | |
| | | OLD: | | | |
| | | NEW: | | | |
| 20131108 | 1414 | JUDITH MARRUGO | ADM.CEU | EDIT | |
| | | OLD: | | | |
| | | NEW: Acct# NA0000531348 was switched from another medical record. | | | |
| 20131108 | 1415 | JUDITH MARRUGO | ADM.CEU | EDIT | |
| | | OLD: | | | |
| | | NEW: Another medical record was merged into this record. | | | |