FILED TARRANT COUNTY 9/3/2021 9:05 AM THOMAS A. WILDER DISTRICT CLERK

33111 1111192979 GAINES , BARTON 11111192979	440987 6/27/2007 Admit Date 10/25/1982DOB M 24Y MERCER, LEO PHYSICIANS ORDER SHEET	unitedregional rev 05/07 phyorder.jsn
Place a mark in the box if this is a STAT		Place Stat Label Here
Addienticateo: X Physician's Signature DATE		Date/Time Signed
Authenticated: X Physician's Signature DATE		J Date/Time Signed
Authenticated: X Physician's Signature Verbal/Telep	ohone Orders Written Down Then Rea	/ Date/Time Signed d Back

 PHYSICIANS ORDERS - Page 3 of 3
 UNITED REGIONAL HEALTH CARE SYSTEM
 Printed: 05/19/2008 11:49

 Patient: GAINES, BARTON
 MR#: 440967
 Discharged: 06/27/2007
 Service Dates: 06/27/2007-06/27/2007

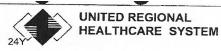
 Copy for: ROI MGT TGREEN
 REQ: 137011, DET: 1188568 IK: 13642979 ITK: 21553 EK: 3094426 VER: 1
 Service Dates: 06/27/2007-06/27/2007

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	UNITED REGIONAL HEALTH CARE S 44-09-87 GAINES, BARTON 111111 CHAPA, PHILLIP DOB 10/25/1982 M24Y ADM 6/26/200	92979 dmit Date		NITED REGIONAL
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			PATIENT'S F	PROGRESS NOTES rev 8/06 ptprogressnotes.jsn
		SERVIČE	ROOM	CASE NO.
		HOUSE STAFF	ADMITTED	DISCHARGED
		L		DISCHARGED
6/27/07 Traum	na Consult			
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Adv	mit tor serial exams.		/	
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	PATIENT'S PRO	OGRESS NOT	ES	
GRESS NOTE - Page 1 of 1	Т	NAT UPATOU CARE CVC		
JRESS NUTE - Page 1 of 1	LINTTED REGIC	MAL HEALTH CARE CVC	PEM	Drintod, 05/10/2000 11.

PROGRESS NOTE - Page 1 of 1		UNITED REGIONAL HEALTH CARE S	Printed: 05/19/2008 11:49	
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007 Servi	ce Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ: 137011	, DET: 1188569 IK: 13642980 ITK:	21514 EK: 3094427 VER: 1	



440987 6/27/2007 Admit Date 10/25/1982 DOBM MERCER, LEO



# Patient Care Record Trends

rev 10/06 pctrends.jsn

\*Liquid stool (cc's) will be recorded in the I & O also. Stool not WNL of Color, Consistency, Fraquency, etc., will be marked with an asterisk (\*) in RED indicate flu description in Narrative Notes.

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STOOL S=Sml; M=Mod: L=Lrg Enter Ø for none	7a-p			7p-a			7 <b>3-</b> p			7p-a	•		7a-p			7p-a			7a-p			7p-a			7a-ç		1	70-3		-
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DAILY WEIGHT (Ibs.)						MILLOC	<					nou	<					Juntput	-	_			<u> </u>	)utpun	_	_			0	ttp
TYPE OF SCALES**																-	_			•				-						
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 PATIENT CARE TRENDS - Page 1 of 1
 UNITED REGIONAL HEALTH CARE SYSTEM
 Printed: 05/19/2008 11:49

 Patient: GAINES, BARTON
 MR#: 440987
 Discharged: 06/27/2007
 Service Dates: 06/27/2007-06/27/2007

 Copy for: ROI MGT TGREEN
 REQ: 137011, DET: 1188570 IK: 13642982 ITK: 22236 EK: 3094429 VER: 1

			2007 Admit Date		LTHCARE SYST
44111	44-0		(1982DOB M ER, LEO	24Y 🚬	
	INTER CRAINE CRAIN INTER		ER, LEU		
			INF	PATIENT ADMISSIO	N ASSESSME
	LAND IN DEAL IN DE			rev 12/06 inpatientadmissi	onassessmentpage1of6
DATE: PANO RO	DOM #: 444				
		ADMISSIO	N HISTORY		
Posson for Adminster (Quest			ON DATA		
Reason for Admission (Onset	Pred An		FinalyFi	hysician: HIIred	Unit
Arrived Via: Wheelchair		> 000	Oulei Filys	sicians:	
Admitted From: Admitting	-	OR Clini			
VITAL BP: 1221		TEMPS 78	RESP: /8	WEIGH BOState	EIGHT: 7
SIGNS 199173		12-	Sp02: 1002		BGHT: 71inch
Source Providing Information:		ON HISTORY	Unable to Obtain His (Received in past	tory, Reason:	
Pneumonia Vaccine		nza Vaccine	Received in past	5 years) Hepatitis B Vaccine	
Yes, Date:	_ DNO DYes	, Date:		Yes, Date:	EN.
	(Include OTC, Herba	I Supplement	s) 🔳 N/A 🔲 Se	e Physician Order Sheet f	
No Home Medications	CHIER	Unit			
Ino nome medications La see	ALLERGIES & RE		osition of Medications:		Taken Home by Family
MEDICATIONS WITH SIGN	S/SYMPTOMS OF DRU	G REACTION	None Unable	IT Determine	DRUG DE ACTION
				THI SIGNSIST WF TOWS OF I	DRUG REACTION
NKRA					
. 1-1-01					
FOOD / OTHER WITH S	IGNS/SYMPTOMS OF F	REACTION	FOOD / OTHER	R WITH SIGNS/SYMPTOMS C	FREACTION
2)/50					
PFA				·	
Blood Reaction Soap					
and the second se	Tape Anesthe				THE REAL PROPERTY OF
SURGERY/PR	OCEDURE	DATE		TIONS None SPITALIZATIONS / REASON	DATE
Torsillecton	Alteroide tom.	1 TURA		ne	
	The sector of th	1 7134			
			and the second se		
Marital Status: VI Single		PSYCHOSOC	IAL HISTORY		
Suicidal Have you ever	Married Unvorced	Widowed	14	yrspid outpat,	ent te
Victim of Abuse or Neglect? [	Yes No If Yes F	xolain:	ance aguse problem	yrs pld outpat, ns? DYes DNo for	miripuat
NOTES - Dago 1 -6 10					
NOTES - Page 1 of 19			HEALTH CARE SYSTEM		
NOTES - Page 1 of 19 : GAINES, BARTON r: ROI MGT TGREEN	М	IR#: 440987	Disc	harged: 06/27/2007 Service : 0 EK: 3094431 VER: 1	Printed: 05/19/2008 Dates: 06/27/2007-06/

		ER, LEO	
			ADMISSION ASSESSMENT atientadmissionassessmentpage2of6.taw
DATE 200 ROOM	#: 444		allonadinissionassessmenipagezoid.aw
HEENT Hx	CAL HISTORY (Enter Additiona NEUROLOGICAL Hx	CARDIOVASCULAR Hx	Page) RESPIRATORY Hx
Who History Stated	No History Stated	No History Stated	No History Stated
Cataracts	Seizures	Chest Pain	Shortness of Breath
Glaucoma Hearing Loss	Problem Swallowing Confusion	CHF	Shortness of Breath Asthma Bronchitis COPD Emphysema
Hearing Aid		🗋 Angina 🗋 Dysrhythmia	COPD Emphysema
Hearing Aid Chronic Ear Infection Deaf	Headaches	Hypertension	Preumonia TB Post
🛄 Deaf 🛄 Blind		Hypotension	Other:
	Paralysis		MUSCULOSKELETAL Hx
	Problem Sleeping		No History Stated
생활 승규는 이번 동물에 앉는 명령을 통	Stroke	Edema	Fractures History of Falls
	Other:	Other:	Fractures History of Falls     Arthritis Osteoporosis     Chronic Back Pain
GI Hx	GU Hx	GYN Hx	Chronic Joint Pain
No History Stated	Renal Failure	Does Not Apply No History Stated	Location:
Ulcers	Dialysis Hematuria	Pregnant	Other:
Liver Disease		LMP:	CANCER Hx
Diarrhea Constipation	Prostate Problems Kidney Stones Nocturia	Hysterectomy	Have you ever been diagnosed with cancer?
Heartburn	Kidney Stones Nocturia	Unusual Bleeding Dysmenorrhea	with cancer? Yes You Yes You Yes You Yes Oncology Referral Needed
Hiatal Hernia	Burning Anuria	Menopausal	If yes, Are you currently being
Gall Bladder Disease	Other:	Lactation	treated for cancer I Yes" I No Have you been treated for cancer
Other		Other:	in the last 10 years? Yes No
	SOCIAL Hx	SKIN Hx	When was your treatment?
WAL-Accepts situation and		No History Stated	Did you have: Chemotherapy
facial expressions are	Recent Stresses.	Skin Tears	
appropriate. Family support		Location	Do you have side effects or
available. Able to communicate without assistance.		Location	symptoms from your cancer or your treatment'? Yes No
		Bruises Easily	*Oncology Specialist Referral?
Tearful	Past Coping Skills:	Difficulty Healing	Yes No
Uthdrawn Angry		Location:	ENDOCRINE Hx
Poor Eye Contact		Ostomy Pressure Ulcers	No History Stated
Suspicious/Guarded		Location	
		Othe Mult ple	NIDDM IDDM IDDM Thyroid Problems
IMPLANTABL		tattes	Other:
Ho History Stated	Central Venous Access		LE DISEASE HX
Pacemaker AICD	Type: Joint Replacement	No History Stated	Recent Varicella Exposure
Infusion Device	Type:	MRSA Hepatitis	VRE Other:
Stent	Other:		
	SUBSTANCE	USE HISTORY	
Tobacco Use "Refer to RT if Yes	PINo Type/Amount/Freq	LIEDCV.	
Alcohol Use	TNo. Yes Type/Amount/Fred		as a teenage
Illegal Drug Use (IV/Oral/Inhaled) Caffeine Use	No Dres Type/Amount/Freq	uency: <u>Marinana</u>	
		uency: Offee, Cold	
According to TO	ADDITIONAL	COMMENTS	
exposed to TB	in canty jai	1. I manths prop	tylastic meds
pre- in aver			
NOTES - Page 2 of 19		HEALTH CARE SYSTEM	Printed: 05/19/2008 11:

Date       Date       Date       Promaty Language:       Promaty	Characteristic         Culture in the analysis         Culture in the intermination is and intermination in the intermination intermination in the intermination interexequerical intermination interexequerical interminati			MERCER			Duiceia	
CULTURAL / SPIRITUAL PREFERENCES         Primary Language:       Organish       Other:       Primary Language:       Phone Number:       Phone Number:         Request Pastoral Care:       DV0       O'Yes I' Translator's Name:       Phone Number:       Phone Number:         Do you have any religious or cultural traditions that will affect your care the hospital?       Dvo - Yes,       Phone Number:         Destres to learn about disease process?       Vir Sin No       Peanon.       Present.         Preferred learning method?       Vector Townal AND LEARNING NEEDS         Destres to learn about disease process?       Vir Sin No       Panish       Control         Preferred learning method?       Vector Townal AND LEARNING NEEDS       No       Destres to learn about disease process?         Preferred learning method?       Vector Townal AND Learning Networks       Yes       No       Destres to learning Networks         Comprehension Ability.       Peastor Sin No       CaneCondethes       No       Destres to learning Networks         Activities ore       Truty inso       Ciritie one       No       Destres for Learning Networks       Peastore         Desting       I A - D       Yes       No       Destres for Learning Networks       Peastore         Desting       I A - D       Yes       No	Processor       Provide and the processor         my Languag:				1			
CULTURAL /SPRITUAL PREFERENCES         Primary Language:       Cut_Tige:         Praisitor Needed:	ULTURAL / SPIRITUAL PREFERENCES         Jako Needed:       De yes Translator's Name.         Phone Number:       Phone Number:         Phone Number:	DATEGIANION	POOM # 44	///		rev 12/06 in	patientadmissio	nassessmentpage3ot
Primary Language:	my Language:       Original       Optime:         est Pastraitadro Name:       Phone Number:         pay are any religious or cultural traditions that will affect your care the hospital?       Use-         st grade completed:       CD:       CD:         end area any religious or cultural traditions that will affect your care the hospital?       Use-       Yes.         end area any religious or cultural traditions that will affect your care the hospital?       Other:       Phone Number:         end area any religious or cultural traditions that will affect your care the hospital?       Use-       Yes.       Other:         est to team about disease process?       Or G:       No. Reason:       Other:       Other:       Other:         reelension Abbitiv: ReadsUnderstands English       Yes.       No.       No. <td></td> <td>R00M #. 79</td> <td>CULTURAL / SPI</td> <td></td> <td>ICES</td> <td></td> <td></td>		R00M #. 79	CULTURAL / SPI		ICES		
Accurate Packad       Do       Yes if Databator's Name:       Phone Number:         Poyou have any religious or cultural traditions that will affect your care the hospital?       Name:       Phone Number:         Do you have any religious or cultural traditions that will affect your care the hospital?       Name:       Phone Number:         Highest grade completed:       Do Yes if Outside Facility Name:       Phone Number:       Phone Number:         Prefered learning method?       Vertex in the Number:       Prefered is no intermittence       Phone Number:         Prefered learning method?       Vertex intermittence       Prefered is no intermittence       Phone Number:         Prefered learning method?       Vertex intermittence       Prefered is no intermittence       Phone Number:         Comprehension Ability: ReadSUnderstands Kenbulk Instructions       Prefered is no intermittence       Phone Number:         Accinversion       If an instruction instructinsthearcing instruction instructinsthe instruct	abs Needuct       Phone Number:         phone Number:       Phone Number:         up have any religious or cultural traditions that will affect your care the hospital?       Phone Number:         est packad Care       Phone Number:     <	Primary Language:						
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Highest grade completed:       E.E.D.       Ar. Math def Math	st grade completed:			ions that wit allect your	care the hospital?	Vo- Yes,		
Highest grade completed:       E.E.D.       Ar. Math def Math	st grade completed:			EDUCATIONAL A	ND LEARNING	IEEDS		
Preferred learning method? Ukrball Video	red learning method?       Vetable       Vetable       Vetable       Vetable       Vetable       Vetable       No         wethension Ability:       ReadsUnderstands English	Highest grade complete	ed: 6-50 4	~ Segarate (2.12)	Hadish D.C.	anish 🔲 Other:		
Completenension Ability: Reads/Understands Verbal Instructions       Bytes       No         Understands Verbal Instructions       Bytes       No         Responds Appropriately       Bytes       No         ACTIVITIES OF DAILY LIVING       Circle One)       NEW ONSETS?       NA       NA       BS       Dependent)         ACTIVITIES OF DAILY LIVING       Circle One)       NEW ONSETS?       NA       NA       BS       S         Grooming       A.       - D       Yes*       No       Date Control one)       NA       BS       S         Grooming       A.       - D       Yes*       No       CareCrutches       D       D         Ambutating       II       A.       - D       Yes*       No       CareCrutches       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D	Methension Ability: Reads/Understands English	Preferred learning meth	nod? Verbal	Video Written				
Understands Written Instructions       Despination         Activities one propriately       Eres       No         Activities one propriately       Eres       No         Activities one propriately       Eres       No         Activities one propriately       Safe       H-Home       Dependent)         Activities one propriately       NA       Nonapplicable BS - Bedside       N/A       BS         Dessing       A.* or       Yes*       No       Cane(Crutches       Dessing         Arabulating       I. A* or       Yes*       No       Brassing       Dessing       Dessing         Arabulating       I. A* or       Yes*       No       Default Propriate       Dessing       Dessing         Collecting       I. A* or       Yes*       No       Default Propriate       Dessing       Dessing         Ioleting       I. A* or       Yes*       No       Default Propriate       Dessing	Understands Withis Instructions       Despine       No         PROMINENT APPROPRIATE       No       No         ACTIVITES OF       STATUS       No       No         ACTIVITES OF       STATUS       No       No       Despine         ACTIVITES OF       STATUS       No       Despine       No       Despine         ACTIVITES OF       STATUS       No       Despine       No       Despine       No         ACTIVITES OF       STATUS       No       Despine       Despine<	Comprehension Ability:	: Reads/Understand	is English	Yes No	iguage		
FUNCTIONAL ASSESSMENT (I - Independent A - With Assistance D. Dependent)         Activities of a Status       Status       Description       Na - Nonapplicable BS - Bedside N/A - BS         Diressing       Diressing       Diressing       Diressing       Na - Nonapplicable BS - Bedside N/A - BS       Na - Barces         Arrbuilding       Diressing       Diressing       No - CaneCrutches       Diressing       No - Diressing       No - Diressing         Arrbuilding       Diressing       Diressing       No - Diressing       No - Diressing       No - Diressing       Diressing         Canadity       Diressing       Diressing       No - Diressing       No - Diressing       Diressing         Canadity       Diressing       Diressing       No - Diressing       Diressing       Diressing         Canadity       Diressing       Diressing       Diressing       Diressing       Diressing       Diressing         Sector       Diressing       Diressing <thdiressing< th="">       Diressing       Dire</thdiressing<>	Responds Appropriately       Model         Effect one period of the pain		Understands Writte Understands Verba	al Instructions	Yes No			
All UNITES OF Dressing         Chircle one         NEW ONSETS?         N/A - Nonapplicable BS - Bedside         N/A         BS         S           Dressing         A * - 0*         Yes*         No         Carrelo table BS - Bedside         N/A         BS         S           Grooming         A * - 0*         Yes*         No         Carrelo table BS - Bedside         N/A         B         S           Ambulating         I - A* - 0*         Yes*         No         Carrelo table BS - Bedside         N/A         B         A           Ambulating         I - A* - 0*         Yes*         No         Brane         B         B         S           Bathing         I - A* - 0*         Yes*         No         Detrues (Full Uper, Lower, Partial)         D         D         D           Job Related Tasks         I - A* - 0*         Yes*         No         Detrues (Full Uper, Lower, Partial)         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D         D	Data V Living       STATUS (c)       NEW ONSETS?       NA - Nonapplicable BS - Bedside (c)       NA       BS       S       H         India       I       A       D       Yes*       No       Carcer       I       A       D       Yes*       No       Carcer       I       I       A       D       Yes*       No       Carcer       I       I       A       D       Yes*       No       Carcer       I       I       I       A       D       Yes*       No       Carcer       I       I       I       A       D       Yes*       No       Datases       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I       I		Responds Appropr	riately	Yes No			
DAILY LIVING       (Circle One)       NEW ONSETS?       NAT Monapplicable BS - Bedside       NA       BS       S         Dressing       A A - D*       Yes*       INo       DAILY LIVING       Image: A A - D*       Yes*       Ino       DAILY LIVING       Image: A A - D*       Yes*       INo       DAILY LIVING       Image: A A - D*       Yes*       INo       DAILY LIVING       Image: A A - D*       Yes*       INo       DAILY LIVING       Image: A A - D*       Yes*       INo       DEARCONCHARCE       Image: A A - D*       Yes*       INo       DEARCONCHARCE       Image: A A - D*       Yes*       Ino       Dearters (Full Uper, Lower, Partial)       Image: A A - D*       Yes*       Ino       Dearters (Full Uper, Lower, Partial)       Image: A A - D*       Yes*       Ino       Dearters (Full Uper, Lower, Partial)       Image: A A - D*       Yes*       Ino       Dearters (Full Uper, Lower, Partial)       Image: A A - D*       Yes*       Image: A A - D*	DAILY LIVING       Circle One       NEW ONSETS?       No. Dusting the lange       No. Dustin	FUI	NCTIONAL ASSE	SSMENT (I - Indepe	ndent A-With		D- Depende	ent)
Grooming       I Ar       Dr       Yes*       No       CaneContches       Discrete         Ambulating       I Ar       Dr       Yes*       No       Discrete       Discrete         Eating       I A*       Dr       Yes*       No       Discrete       Discrete         Eating       I A*       Dr       Yes*       No       Destrues (full Uper, Lower, Parlah       Discrete         Bathing       I A*       Dr       Yes*       No       Destrues (full Uper, Lower, Parlah       Discrete         Job Related Tasks       I A*       Dr       Yes*       No       Destrues (full Uper, Lower, Parlah       Discrete         Job Related Tasks       I A*       Dr       Yes*       No       Destrues (full Uper, Lower, Parlah       Discrete         Job Related Tasks       I A*       Dr       Yes*       No       Destrues (full Uper, Lower, Parlah       Discrete         Job Related Tasks       I A*       Dr       Yes*       No       Destrues (full Uper, Lower, Parlah       Discrete         Job Related Tasks       I A*       Dr       Yes*       No       Octheric       Discrete         Job Related Tasks       I A*       Dr       Yes*       No       Octheric       Discrete </td <td>Imag       III A* - D*       Yiss       No       Drace2         Ising       II A* - D*       Yiss       No       Drace5       D       D         Ing       II A* - D*       Yiss       No       Drace5       D       D       D         Ing       II A* - D*       Yes*       No       Drace5       D       D       D         Ing       II A* - D*       Yes*       No       Drace5       D       D       D         Ing       II A* - D*       Yes*       No       Drace5       D       D       D         Ing       II A* - D*       Yes*       No       Defaust with the pain (Ad       D       D       D       D         Index       II A* - D*       Yes*       No       Defaust with the pain (Ad       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D</td> <td>DAILY LIVING</td> <td>(Circle One)</td> <td>1 1</td> <td>S-Safe</td> <td></td> <td>N/A BS</td> <td>S H</td>	Imag       III A* - D*       Yiss       No       Drace2         Ising       II A* - D*       Yiss       No       Drace5       D       D         Ing       II A* - D*       Yiss       No       Drace5       D       D       D         Ing       II A* - D*       Yes*       No       Drace5       D       D       D         Ing       II A* - D*       Yes*       No       Drace5       D       D       D         Ing       II A* - D*       Yes*       No       Drace5       D       D       D         Ing       II A* - D*       Yes*       No       Defaust with the pain (Ad       D       D       D       D         Index       II A* - D*       Yes*       No       Defaust with the pain (Ad       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D	DAILY LIVING	(Circle One)	1 1	S-Safe		N/A BS	S H
Ambulating            A* - D*    Yes*       No       Braces         Eating            A* - D*    Yes*       No       Braces	tating       III - A* - D*       Yes*       No       Draces         ng       II - A* - D*       Yes*       No       Draces       IIII - A* - D*         ng       II - A* - D*       Yes*       No       Draces       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		1 A* - D*		I None		- the second sec	the second secon
Toileting       1 - A* - D*       Yes*       No       Hearing Ad         Bathing       1 - A* - D*       Yes*       No       Dentines (Full, Uper, Lover, Partial)         Transferring       1 - A* - D*       Yes*       No       Dentines (Full, Uper, Lover, Partial)         Job Related Tasks       1 - A* - D*       Yes*       No       Dentines (Full, Uper, Lover, Partial)         Job Related Tasks       1 - A* - D*       Yes*       No       Orthopedic Device:       0         Job Related Tasks       1 - A* - D*       Yes*       No       Orthopedic Device:       0       0         Job Related Tasks       1 - A* - D*       Yes*       No       Orthopedic Device:       0       0       0         Job Related Tasks       1 - A* - D*       Yes*       No       Orthopedic Device:       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	Image       Image <td< td=""><td></td><td>11 - A* - D*</td><td>Yes" No</td><td>Braces</td><td></td><td>and the second second</td><td></td></td<>		11 - A* - D*	Yes" No	Braces		and the second second	
Bathing       I / A* - D*       Yes*       No       Dentures (Full Upper, Lower, Partial)         Job Related Tasks       I / A* - D*       Yes*       No       Glasses/Contracts       I         Job Related Tasks       I / A* - D*       Yes*       No       Glasses/Contracts       I       I         Job Related Tasks       I / A* - D*       Yes*       No       Glasses/Contracts       I       I         Job Related Tasks       I / A* - D*       Yes*       No       Glasses/Contracts       I       I         Job Related Tasks       I / A* - D*       Yes*       No       Glasses/Contracts       I       I       I         SPEECH NEEDS ASSESSMENT: Do you have any speech, language or communication problems?       Yes       Yes       Yes       Yes       Yes       No         Do you currently have pain?       Yes to above is this new onset? 'IF NEW ONSET, appropriate screen required       Yes 'No       Yes 'No         Mhere is the pain?       Yes       If yes, complete the following questions:       Yes' No         Do you currently have pain?       Yes       If yes, complete the following questions:       Yes' No         Mhere is the pain?       Yes       If yes, complete the following questions:       Yes' No       No         Do you currently have	g       1       A* - D*       Yes*       No       Dentus F/L Upper, Lower, Partial         elated Tasks       1       A* - D*       Yes*       No       Glasses/Cortrads         elated Tasks       1       A* - D*       Yes*       No       Glasses/Cortrads         elated Tasks       1       A* - D*       Yes*       No       Glasses/Cortrads         elated Tasks       1       A* - D*       Yes*       No       Glasses/Cortrads         elated Tasks       1       A* - D*       Yes*       No       Glasses/Cortrads         elated Tasks       1       A* - D*       Yes*       No       Glasses/Cortrads         elated Tasks       1       A* - D*       Yes*       No       Glasses/Cortrads         elated Tasks       1       A* - D*       Yes*       No       Glasses/Cortrads         CH NEEDS ASSESSMENT: Do you have any speech, language or communication problems?       Use       Yes       No         PAIN MANACEMENT ASSESSIVENT (Scale: 0 = No Pain 10=Worst Pain)       Uses       No       Ves*       No         u ourrently have pain?       Uses       of the pain (sharp, stabbing, throbbing, etc.):		1 - A* - D*					
It A* - D*       Yes*       No       Glasses/Contacts         Job Related Tasks       I J A* - D*       Yes*       No       Orthopedic Device:       I         Job Related Tasks       I J A* - D*       Yes*       No       Orthopedic Device:       I       I         Job Related Tasks       I J A* - D*       Yes*       No       Orthopedic Device:       I       I         SPEECH NEEDS ASSESSMENT: Do you have any speech, language or communication problems?       Yes       Yes       Dwo         Do you have any swallowing, chewing and/or choking difficulties?       Yes       Yes       Dwo         If yes to above is this new onset? "I NEW ONSET, appropriate screen required       Yes "Dwo       PAIN MANAGEMENT ASSESSMENT (Scale: 0 = No Pain 10=Worst Pain)         Do you currently have pain?       Def ou scale of 0-10?	entrop       Yes       No       Glasses/Contacts         elated Tasks       I       A* - D*       Yes*       No       Outboedic Device:         elated Tasks       I       A* - D*       Yes*       No       Outboedic Device:       Image: Contacts         CH NEEDS ASSESSMENT: Do you have any speech, language or communication problems?       Do you have any speech, language or communication problems?       Yes       No         Do you have any speech, language or communication problems?       Dress Device:       Image: Device Device:       Image: Dev	Bathing	1 - A* - D*	110		ner Louer Portiol	and the second s	
Sector related Tasks       III A = D       Yes*       No       Orthopedic Device:       IIII A       IIIII A       IIIIII A       IIIIIII A       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Enter of tasks       Image: A = D image: A			Yes No		cts		- And
SPEECH NEEDS ASSESSMENT: Do you have any speech, language or communication problems?       Yes         Do you have any swallowing, chewing and/or choking difficulties?       Yes         If yes to above is this new onset? "IF NEW ONSET, appropriate screen required       Yes         PAIN MANAGEMENT ASSESSMENT (Scale: 0 =No Pain 10=Worst Pain)       Yes         Do you currently have pain?       Yes       If yes, complete the following questions:         Where is the pain?	CH NEEDS ASSESSMENT: Do you have any speech, language or communication problems?       Yes UNG         Do you have any swallowing, chewing and/or choking difficulties?       Yes UNG         PAIN MANAGEMENT ASSESSMENT (Scale: 0 =No Pain 10=Worst Pain)       Yes 0 No         Pain management of the pain?       Yes 1f yes, complete the following questions:       Yes 0 No         pain constant or intermittent?	JOD Related Tasks	HIF A' - D'	Yes" No	Qrthopedic De	vice:		
SPEECH NEEDS ASSESSMENT: Do you have any speech, language or communication problems?       Yes         Do you have any swallowing, chewing and/or doking difficulties?       Yes         If yes to above is this new onset? "IF NEW ONSET, appropriate screen required       Yes         PAIN MANAGEMENT ASSESSMENT (Scale: 0 =No Pain 10=Worst Pain)       Yes         Do you currently have pain?       Yes         Do you pain at this time on a scale of 0-10?	CH NEEDS ASSESSMENT: Do you have any speech, language or communicating of the provide any swallowing, chewing and/or choking difficulties?		-V					
SPEECH NEEDS ASSESSMENT: Do you have any speech, language or communication problems?       Yes         Do you have any swallowing, chewing and/or choking difficulties?       Yes         Do you have any swallowing, chewing and/or choking difficulties?       Yes         PAIN MANAGEMENT ASSESSMENT (Scale: 0 =No Pain 10=Worst Pain)       Yes         Do you currently have pain?       Yes       If yes to above is this new onset? *IF NEW ONSET, appropriate screen required       Yes         Do you currently have pain?       Yes       If yes, complete the following questions:       Worst Pain)         Do you currently have pain?       Yes       If yes, complete the following questions:       Worst Pain)         Describe the character of the pain (sharp, stabbing, throbbing, etc.) :	CHINEEDS ASSESSMENT: Do you have any speech, language or communication problems? Yes Yes		-		C Entironmental			
If yes to above is this new onset? "IF NEW ONSET, appropriate screen required Yes" No         PAIN MANAGEMENT ASSESSMENT (Scale: 0 = No Pain 10=Worst Pain)         Do you currently have pain?	If yes to above is this new onset?       If yes to above is this new onset?       If yes to above is this new onset?         PAIN MANAGEMENT ASSESSMENT (Scale: 0 =No Pain 10=Worst Pain)         a currently have pain?       If yes, complete the following questions:         is the pain?       If yes, complete the following questions:         is the pain?       If yes, complete the following questions:         is the pain?       If yes, complete the following questions:         is the pain?       If yes, complete the following questions:         is the pain?       If yes, complete the following questions:         is the pain?       If yes, complete the following questions:         is the pain?       If yes, complete the following questions:         is the pain at this time on a scale of 0-10?       If yes, complete the following questions:         is the pain start?       If yes, complete the following questions:         is the pain relief on a scale of 0-10?       If yes, complete the pain worse/better?         is your goal for pain relief on a scale of 0-10 (desired level of pain control):       If yes, complete the pain (Purse/Wallet)         and Correct       Y       N/A       N/A       If yes, complete the pain (Purse/Wallet)         and Correct       Y       N/A       If yes, complete the pain (Purse/Wallet)       If yes, complete the pain (Purse/Wallet)       If yes, complete the pain (Purse	SPEECH NEEDS ASSE	ESSMENT: Do you	have any speech langua		problems?		<u> </u>
PAIN MANAGEMENT ASSESSMENT (Scale: 0 =No Pain 10=Worst Pain)         Do you currently have pain?       If yes, complete the following questions:         Where is the pain?       If yes, complete the following questions:         Describe the character of the pain (sharp, stabbing, throbbing, etc.) :       How intense is your pain at this time on a scale of 0-10?         Any special words or phrases to indicate pain?       When did the pain start?       If yes, complete the following questions:         When did the pain start?       If yes, complete the pain constant or intermittent?       If yes, complete the pain constant or intermittent?         Does the pain relief on a scale of 0-10 (desired level of pain control):       If yes, N + No       N/A - Nonapplicable       If yes, Safe       H - Home         Arm Band Correct       Y       N       N/A       NALUABLES       N/A IBS       S         Allergy Band       If Unit Routine       If Integer PL       If the plane       If the plane       If the plane         Bad Controls       If Integer PL       If the plane       If the plane       If the plane       If the plane         Visiting Hours       If the plane         What do you think is the cause of the pain?       If the plane       If the plane       If the plane       If the plane       If the pl	PAIN MANAGEMENT ASSESSMENT (Scale: 0 = No Pain 10=Worst Pain)         a currently have pain?       Pes       If yes, complete the following questions:         is the pain?       Pes       If yes, complete the following questions:         is the pain?       Pes       If yes, complete the following questions:         be the character of the pain (sharp, stabbing, throbbing, etc.) :							Yes UN
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Any special words or phrases to indicate pain?		Do you currently have pa	If yes to PAIN MANAGE	EMENT ASSESSME	TIC Seale: 0 -Ne	Pain 10=Wors	Pain)	Tes INO
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ITEM 6	12.8	CALE	SCORE	ASSESS	ITEM		SCALE	SCORE
1. History of Failing; Immediate 57 or Within 3 Months	bunk	Yes = 25	200	5.Gait/Trans	ening Normal/Bedre	est/Immobile	JCALE 0	SCORE
2. Secondary Diagnosis		Yes = 15	a)	-	Weak Impaired		10 20	0
3. AmbulatoryAid Bed Rest/Nurse As	sist	0	0	6. Mental st	atus Oriented to O	wn Ability	D	0
Crutches/Cane/Wai Furniture	ries	15 30	0	Medications	Forgets Limita may increase the r		15	0
4. IV/Trippable Tubing		Yes = 20	20	(i.e. vasoact	ive, diuretics, narco		TOTAL	45
TOTAL SCORE 51 = High Fall Rist FALL RISK: Level 1 (0-24)	k; Impleme		and an owned where the second		PT Screen			
Fall Precautions Initiated: No			and amba	3 = (≥ 51)	Data (Time In	400	mm	2
	1103 - 00	Starting Cliffer 1		N SCREE	Date/Time In	mated. 01	07 00	5]
Special Diet Regimen: (i.e., low chole	esterol card							
Cultural Food Preferences				Ē	LNo □Yes-Wi HNo □Yes-Wi			
Diagnosed with diabetes in past 6	6 months?				TNo Yes (Di		on referral for pos	sitive answer)
Home Tube Feedings (Specify pr				E	Hto Ves-Wr	nat:		
Unintentional Weight Loss of > 10 lb Do you want nutritional education	informatio	200			HNO Yes-Ho	w much:		
Difficulty Chewing/Eating LIYee	S INO	Nauspanlos	miting > 2 day		No Poor Apr	petite > 3 days	s D	Yes-TNO
Difficulty Swallowing Yes >80 & surgery in past 2 mo. or adm	s Inno	Diarrhea '	3 days	Yes	No Pressure	wounds skin	breakdown	Vos Ditto
			) (Initiate	Referral t	No Initiate I o Social Serv	kererral If ye	s to any of abo	ve
Where do you live pow? Home			sted Living F				contro)	
	with family		ing Home: _	aciny:				
Planned Discharge Home-			e with Careg	livers	Rehabilitation	Does ar	yone at your hom	ne need
HILLES DINUrsing	g Home"		sted Living F		Hospice*	assistar	nce? Il Care needed?	
While you are in the hospital, do	vou have	1010						
concerns for someone of he		DINO			Yes" - Descril		Care needed ?	
concerns for someone at home?						be:	Care needed ?	
concerns for someone at home? Do you have appropriate resource maintain health at home (money)	es to	ATTes			Ves* - Describ	be:		
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UNITED REGIONAL HEALTHCARE SYSTEM

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	ROOM	And the second				and the second second
		RADEN SCALE FOR PR	EDICTING PRESSURE	SORE RISK		
Evaluator's				ASSESSMENT		
meaningfully to pressure-related discomfort	<ol> <li>Completely Limited Unresponses (does not mean, flinch or grasp) to camful simuli due to diminished. level of consciousness or sodaturaOR- Limited ability to leel pain over most of body.</li> </ol>	<ol> <li>Very Limited Responds only to painful stimuli Canno communicate disconton except by moaning or resitessness, -OR- Has a sensory unpairment which lends the ability to feel pain or oiscontiot over 1/2 of body</li> </ol>	<ol> <li>Slightly Limited Responds to verbal commands but cannot aways communicate disconfort o the need to be turnedOR- Has some sensory impairment which thrits sublay to feet pain or disconfort in 1 or 2 extremities.</li> </ol>	4. No Impairment Responds to verbal r commands. Has no sersory deficit which would limit ability to feel or voice pain or discomfort.		
MOISTURE Degree to which skin is exposed to moisture	<ol> <li>Constantly Moist Skin is kept moist almost constantly by perspration, urine, etc. Dampness is detected every time patient is moved or turned.</li> </ol>	<ol> <li>Very Moist Skin is often but not always moist. Liner must be changed at least once a shift.</li> </ol>	<ol> <li>Occasionally Moist Skin is occasionally moist requiring an extra frien change approximately once a day.</li> </ol>	4. Rarely Moist Skin is usually dry, linen only requires changing at routine intervals.		
ACTIVITY Degree of physical activity	1. Bedfast Confined to bed.	<ol> <li>Chair-Fast Ability to walk severely Emited or nonexistent. Cannot bear own weight and/or must be assisted into chair or wheekhak.</li> </ol>	3. Occasionally Walks Walks occasionally during day but for ven short distances with or wehout assistance. Spends majority of each shift in bed or char.	<ol> <li>Frequently Walks Walks outside the room at least twice a day and inside norm at least once every two hours during waking hours.</li> </ol>		
MOBILITY Ability to change and control body position	1. Completely Immobile Dees not make even slight changes in body of extremity position without assistance.	<ol> <li>Very Limited Makes occasional slight changes in body or extremdy position but unable to make frequent or significant changes independently.</li> </ol>	3. Slightly Limited Makes frequent though slight changes in body or extremity postion independently.	4. No Limitations Makes major and frequent changes in position without assistance.		
NUTRITION Usual food intake pattern	<ol> <li>Vary Poor Never easts a complete meal. Rarely eats more than 1/3 of any food offered. Easts 2 servings or less of protoin (maat or aainy products) per day Takes fluids poorly. Does not take a liquid dietary supplement. OR- is NPO and/or maintained on clear liquids or NPS for more than 5 days.</li> </ol>	<ol> <li>Probably Inadequate Rarely ests a complete meal and generally ars only actor. 1264 any locations of the antening intake includes only 3 servings of meat or oary products our day. Occasionally will lake a citatiy supplement. OR Receives less than counting amount of locad die or use feecing.</li> </ol>	<ol> <li>Adequate Ests over hall of most meals. Eats a total of 4 servings of protein (meat, dairy products) per day. Occasionally will reture a meal bit will usually lake a supplement when or offeredOR- TPN regimer which probably meets mos of nutritional needs.</li> </ol>	4.Excellent Eats most of every meal. Never reluses a meal. Usually eats a total of 4 or more servings of meat and dany products. Occasionally eats between meals. Does not require supplementation.		
FRICTION & SHEAR	<ol> <li>Problem Requires moderate to maximum assistance in moving. Complete lifting without sizing against shreets is impossible. Frequently sides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasicity, contractures or agitation leads to almost constant friction.</li> </ol>	<ol> <li>Potential Problem Moves feecily or requires minimum assistance. During a move, skin probably sötes to some eztent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bod most of the time but occasionally skides down.</li> </ol>	3. No Apparent Problem Moves in bed and in chair independently and has sufficient music strength to La up completely during move. Mantains good position in bed or chair.			
				· · · · · · · · · · · · · · · · · · ·	and the second se	1 1
* Score of 18	or less indicates that patient is a	at risk for skin breakdown. For	12 or less consult wound care	TOTAL		+
					a to payt lay	
If additional ris	sk factors present age > 65 fever	poor dietary intake of protein d	iastolic pressure < 60 or hernody	ynamic instability, advanc	e to next lev	rel of risk.
If additional ris	sk factors present age > 65 fever Datient's of risk accord	poor dietary intake of protein d ling to Braden total s	iastolic pressure < 60 or hernod core and implement i	ynamic instability, advance nterventions		rel of risk.
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NURSES NOTES - Page 5 of 19		UNITED REGIONAL HEALTH CARE S	Printed: 05/19/2008 11:49	
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007 Servi	ce Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ: 137011	, DET: 1188575 IK: 13642984 ITK:	: 21810 EK: 3094435 VER: 1	

	44-09-87 10 MF	BARTON 27/2007 Admit Date /25/1982DOB M 24Y	UNITED REGIONAL HEALTHCARE SYS
			T ADMISSION ASSESSME 2/06 inpatientadmissionassessmentpage6
DATE:	ROOM #:		
Calculation of Nutrition	NUTRITIONAL MEDIC	CINE REFERRAL NOTE	
See Nutritional Inpatient Screening Sect		let out by Dietitan of Dietetic Tec	nnician as indicated)
Nutrition Care Indicator Category:		Highest Points Assigned	
Nutritional History		nighest Points Assigned	
Feeding Modality			
Unintended Weight Loss			
Weight Status	·		
Serum Albumin			
DX/Condition			
otal Points:		Nutrition Status Classification:	
Patient history and referral information re No recommendations at this time, con Will continue to monitor nutritional sta Will provide nutrition education	tinue diet as ordered	Will request MD referral for outp Refer to dietitian for assessmen Speech Therapy Referral	
	PALLIATIVE CAR	E SCREENING TOOL	
Criteria - Please consid	er the following Criteria whe	n determining the palliative care s	core of this patient
a. Cancer (Metastatic/Recurrent) b. Advanced COPD	c. Stroke d. End stage renal disease	e. Advanced cardiac dise f. Other life-limiting illness	
. Concomitant Disease Processes	······································		Score 1 point overall
a. Liver disease b. Moderate renal disease	c. Moderate COPD d. Moderate congestive heart	e. Other condition compli	
Functional status of patient	d. Moderate congestive heart	Tailure	
Using ECOG Performance Status (Ea	stern Cooperative Oncology G	roup)	Score as specified below
ECOG Grade Scale			
Fully Active, at Restricted in n	ble to carry on all pre-disease a	activities without restriction. t ambulatory and able to carry out w	Score 0
or sedentary n	ature, e.g., light housework, of	fice work	Seere 0
2 Ambulatory an	d capable of all self-care but it	nable to carry out any Work activities	S.
3 Capable of on	more than 50% of waking hour v limited self-care: confined to	s, bed or chair more than 50% of wak	Score 1
4 Completely dis	abled. Cannot carry on any se	elf-care. Totally confined to bed or ch	ing hours. Score 2 hair. Score 3
Other criteria to consider in screeni	ng		Score 1 point EACH
The patient: a. is not a candidate f	or curative therapy		
c. has unacceptable lev	ess and chosen not to have life	prolonging therapy	
d. has uncontrolled sym	ptoms (i.e. nausea, vomiting)		
e. has uncontrolled psy	chosocial or spiritual issues		
f. has frequent visits to	the Emergency Department (>	1 x mo for same diagnosis)	
g. has more than one h	ospital admission for the same	diagnosis in last 30 days	
i, has prolonged lengtr	of stay without evidence of p	rogress to ICU without evidence of progress	
j. Is in an ICU setting w	vith documented poor or futile	prognosis	
CORING GUIDELINES: TOTAL SCOR			TOTAL SCORE:
lietitian or Dietetic Technician Signati		Date:	Time:

NURSES NOTES - Page 6 of 19		t	JNITED REGION	NAL HEALTH	CARE S	YSTEM			Printe	ed: 05/19/2008 11:49
Patient: GAINES, BARTON		14	1R#: 440987			Discharged	1: 06/27/2007	Service	Dates:	06/27/2007-06/27/2007
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INAJI AFRAI HIMAN ILIAN FAINK FILMA	GAIN	NES, BARTON		
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144333 In Film (1971) 1978 Inter 1979 Inter 1984 Inter 1989 Inter 1989	A LUNI	MERCER, LEO		
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Social Services Signature: X			Date:	Time:
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Patient history and referral information	reviewed. Recommendat		Order	#:
Continue use of potential wound of	at this time	Initiate actual wound		
Initiate potential wound care proto		Continue use of act		rotocol
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Reason Referred:	TAGTORAL UP	ANG NGI GNAAL NOTE	Order	#**
Patent history and referral information	reviewed. Recommendat	ions:	Order	π
No recommendations at this time Deferred D/T medical status Consultation with patient		Consultation with fa		atient or family
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and a signature.			Date:	Time:
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Reason Referred:	miland D		Order	#:
Patient history and referral information	Future Palliative		nit to Palliative Care te	am
Palliative Care Signature: X			Date:	Time:
S NOTES - Page 7 of 19		ONAL HEALTH CARE SYSTEM		Printed: 05/19/2008 1
t: GAINES, BARTON	MR#: 440987	Discharg	ged: 06/27/2007 Serv	rice Dates: 06/27/2007-06/2

Copy for: ROI MGT TGREEN REQ: 137011, DET: 1188577 IK: 13642984 ITK: 21810 EK: 3094437 VER: 1

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	FALL RISK A	SSESSME	NT				GL		COMA SCA	
ITEM			SCALE		ORE	EYE OPENING Spontaneous	4	VERBAL RES		MOTOR RESPONSE Obeys Commands 6
	lling; Immediate Ionths		No 0 Yes 25	AM	PM Ø	To Voice To Pain None	3 2	Confused Inappropriate Incomprehensib		Localizes Paln 5 Withdraws (Pain) 4 Flexion (Paln) 3
2. Secondary D	iagnosis	· · · · · · · · · · · · ·	No 0 Yes 15		Ø			None	1	Extension (Pain) 2 None 1
3. Ambulatory A	Aid				-			PUF	PILS	
Bed Rest/N Crutches/C	lurse Assist ane/Walker		0 15 30		Ø	1mm 2mm	n 3mm	4mm 5m	im 6mm 7	mm 8mm 9mm
4. IV/Trippable	Tubing		No 0 Yes 20		20					PULSES
Weak	ring drest/Immobile		0 10 20		Ð	STRENGTH 3	- Strong - Fair	1 - Weak 0 - Absent	P = Palpabi D = Doppler P1 = Weak P2 = Fair	e P3 = Strong
6. Mental status Oriented to			0 15		Ð					
Medications ma	y increase the risk o etics, narcotics).	of falls (i.e.	TOTAL		20					
	RISK LEVE	EL SCALE	•							
RISK LEVEL	MFS SCORE		ACTIO	N						
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that patient has non-skill and in not, order nospill fils adequately and is no for en potient to room an increasiny. Encourage the Assis patient ambutation 5. Assis patient ambutation 5. Assis patient ambutation 5. Assis patient ambutation 5. Assis patient and stability wheneven our no light is in reach and call 1. Validate that personal ite uninal, water, denutes, j. 10. Use siderats as appropri	Prevention Interventions     (2) Mandatory P. T. Referral     FALL LEVEL INTERVENTIONS     (2) LEVEL III (HIGH RIS     EVEL III (LOW RISK) – 25-50     LEVEL III (HIGH RIS     LEVEL III (LOW RISK) – 25-50     LEVEL III (HIGH RIS     LEVEL III (LOW RISK) – 25-50     LEVEL III (HIGH RIS     LEVEL III (EVEL INTERVENTIONS     LEVEL III (HIGH RIS      LEVEL III (HIGH RIS      LEVEL IIIII						espaalization, or during the hospital, entire hospitalization, estable to nurse's station when patient is on bedside commade, hen patient is on bedside commade, to stay with the patient during the day call for help when the patient wants to liest, consider vest, limb or other			

Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007 5	Service Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ: 13701	L, DET: 1188579 IK: 13642984 ITK:	21810 EK: 3094441 VER: 1	

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Call light in reach		V		Cracide	s		F	/L		$\leq$	/	]					20
Identification armband in place		11		Wheeze	s		F	/L	2		/		1				ac
				Rhonch	i		R	/L	2		/	17	(25-50				
	11			Diminis	ned		R	/L	2		1	F					
Fall/Selzure/Sulcide				Absent			R	/L	1	$\leq$	$\angle$				Referral		
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Boutine daily care			-						T	$T^{+}$	TT	0					
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Brandon, LDA.					1	VN	X	4	11	911	LNG	v )	RNC	101			RN
	44111  Automatical and a second secon	44111         ASSESSMENT       AM         Bed in low position       Call light in reach         Identification armband in place       II         If DNR, armband in place       II         Precation measures:       II         Precation measures:       III         Precation measures:       III         Precation measures:       III         Precation measures:       IIII         Precation measures:       IIII         Potential for violence       Alert / Lethargic         Cooperative / Uncooperative       Anxious / Restess / Agitated         Contused       Speech Clear / Sturred         Unresponsive / Comatose       Apical pulse regular / irragular         Capical pulse regular / irragular       Capical pulse regular / irragular         Capical pulse regular / liragular       Capical pulse regular / irragular         Capical pulse regular / liragular       Capical pulse regular / irragular         Capical pulse regular / irragular       Capical pulse regular / irragular         Capical pulse regular / irragular       Capical pulse regular / irragular         Capical pulse regular / irragular       Capical pulse regular / irragular         Disy / Clarnmy / Diaphoretic       III         Pink / Pais (mucous membranes/ natibesis) <td< td=""><td>44111         ASSESSMENT       AM       PM         Bed in low position       //         Call light in reach       //         Identification armband in place       //         If DNR, armband in place       //         If allergies, armband in place       //         Precation measures:       //         FallSeture/Subidos       //         Potential for violence       //         Alert / Lethargic       //         Cooperative / Uncooperative       //         Ankious / Restless / Agitated       //         Contused       //         Speech Clear / Sturred       //         Unresponsive / Comatose       //         Apical pulse regular / irregular       //         Capital pulse regular / irregular       //         Capital pulse regular / irregular       //         Capital pulse regular / irregular       //         Tatat       //         Braden score       //         Warm / Cod       //         Dry / Clarnmy / Diaphoretic       //         Pink / Paie (muccus membranes/ natibesds)       //         Gaptane daily care       //         Traction setup       //         Sol</td><td>44111         ASSESSMENT       AM       PM         Bed in low position       V         Call light in reach       V         Identification armband in place       II         II allergias, armband in place       III         Precation measures:       III         Fall Setture Suitoda       Precation measures:         Precation measures:       IIII         Precation reasures:       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</td><td>44111         ASSESSMENT       AM       PM       ASSES         Bed in low position      </td><td>44111         Assessment       AM       PM       Assessment         Bad in low position       Image: Crackles       Breach Sounds         Call light in reach       Image: Crackles       Wheezes         If DNR, armband in place       Image: Crackles       Wheezes         Potential for violence       Image: Crackles       Absent         Anxious / Resitess / Agitated       Image: Crackles       Symmetrical exploring         Contused       Comatose       Image: Crackles       Symmetrical exploring         Anxious / Resitess / Agitated       Image: Crackles       Symmetrical exploring         Contused       Comatose       Image: Crackles       Cocyc:         Apical pulse regular / Irregular       Image: Crackles       Cocyc:       Cocyc:         Telemetry box #:       Image: Crackles       Crackles       Cocyc:       Cocyc:         Telemetry box #:       Image: Crackles       Crackles       Cocyc:       Cocyc:       Cocyc:       Cocyc:       Cocyc:       Cocyc:       Cocyc:       Cocyc:       Cocyc:</td></td<> <td>44111       DATE:         ASSESSMENT       AM       PM         Bed in low position      </td> <td>44111       MERCE         Assessment       AM       PM       Second Se</td> <td>44111       MERCER, LE            <ul> <li>ASSESSMENT</li> <li>AM</li> <li>PM</li> <li>ASSESSMENT</li> <li>AM</li> <li>PM</li> </ul>               Each Sounds CL A/L Crackes R/L                  Assessment call light in reach               Weatages, armband in place               Weatages, armband in place               Brannchi             R/L                 Potential for violence               Androxy / Restless / Agitated               Diminished             R/L                 Androxy / Restless / Agitated               Urabored / Labored               Accessory muscle use                 Symmetrical expansion               Denies / c / a SOB               Symmetrical expansion                 Denies / c / a SOB               Cody: Productive / Nonprod               Cody:                 Zellarby results / Distended               Utime color               Cadar:                 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Batent Cant Assect     Call Gut / Local     Call</td>	44111         ASSESSMENT       AM       PM         Bed in low position       //         Call light in reach       //         Identification armband in place       //         If DNR, armband in place       //         If allergies, armband in place       //         Precation measures:       //         FallSeture/Subidos       //         Potential for violence       //         Alert / Lethargic       //         Cooperative / Uncooperative       //         Ankious / Restless / Agitated       //         Contused       //         Speech Clear / Sturred       //         Unresponsive / Comatose       //         Apical pulse regular / irregular       //         Capital pulse regular / irregular       //         Capital pulse regular / irregular       //         Capital pulse regular / irregular       //         Tatat       //         Braden score       //         Warm / Cod       //         Dry / Clarnmy / Diaphoretic       //         Pink / Paie (muccus membranes/ natibesds)       //         Gaptane daily care       //         Traction setup       //         Sol	44111         ASSESSMENT       AM       PM         Bed in low position       V         Call light in reach       V         Identification armband in place       II         II allergias, armband in place       III         Precation measures:       III         Fall Setture Suitoda       Precation measures:         Precation measures:       IIII         Precation reasures:       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	44111         ASSESSMENT       AM       PM       ASSES         Bed in low position	44111         Assessment       AM       PM       Assessment         Bad in low position       Image: Crackles       Breach Sounds         Call light in reach       Image: Crackles       Wheezes         If DNR, armband in place       Image: Crackles       Wheezes         Potential for violence       Image: Crackles       Absent         Anxious / Resitess / Agitated       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     Weatages, armband in place               Weatages, armband in place               Brannchi             R/L                 Potential for violence               Androxy / Restless / Agitated               Diminished             R/L                 Androxy / Restless / Agitated               Urabored / Labored               Accessory muscle use                 Symmetrical expansion               Denies / c / a SOB               Symmetrical expansion                 Denies / c / a SOB               Cody: Productive / Nonprod               Cody:                 Zellarby results / Distended               Utime color               Cadar:                 Raden social               Utime color               Starder Social                 Readen cold / 1, 1, 2, 4, 3, Pit)               Urice color	44111     MERCER, LEO       Image: Second Sec	44111     MERCER, LEO       Additional and the provision of	44111       MERCER, LEO         Image: Second Second Second Second Second Present Absent  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SOB         Tractered       Image: C / 0 SOB         Reschart / Deve       Image: C / 0 SOB       Image: C / 0 SOB	44111     MERCER, LEO       Image: Signed Sig	44111     MERCER, LEO       Additional and the second secon	4411       MERCER, LEO       PATIENT OF         ASSESSMENT       AM       PM       ASSESSMENT       AM       PM         Bad in low position       O       Minimum of the second of the secon	4411     MERCER, LEO     PATENT CARE       ASSESSMENT     AM     PM     ASSESSMENT     AM       Bed in ow position     ASSESSMENT     AM     PM       Bed in ow position     Mile     SASE     SMAH     SSESSMENT       Bed in ow position     Mile     Mile     SSESSMENT     AP       Bed in ow position     Mile     Mile     SSESSMENT     Mile       Bed in ow position     Mile     Mile     SSESSMENT     Mile       If DNR, amband in place     Mile     Wineczas     R/L     Gift       Pressidion measures:     Mile     Mile     Mile     SSESSMENT     Mile       And Lehnagic     Mile     Mile     Mile     SSESSMENT     Mile       And Lehnagic     Mile     Mile     Mile     SSESSMENT     Mile       And Lehnagic     Mile     Mile     Mile     SSESSMENT     Mile       Apkal plake regular     Mile     Mile     Mile     Mile     Mile       Operation     Mile     Mile     Mile     Mile     Mile       Mile     Mile     Mile     Mile     Mile     Mile       Mile     Mile     Mile     Mile     Mile     Mile       Mile     Mile     Mile	4111     MERCER, LEO     PATENT CARE REF. ASSESSMENT     AN     PATENT CARE REF. ASSESSMENT     Call Gut / Local     PATENT CARE REF. Batent Cant Assect     Call Gut / Local     Call

Copy for: ROI MGT TGREEN REQ: 137011, DET: 1188580 IK: 13642984 ITK: 21810 EK: 3094442 VER: 1

IMF     PAOPLEM/ FOCUS     PROBLEM/ FOCUS     INTERVENTION     TIME     INT.     PAIN     ASSESSMENT       ISO     I	_	Pt has PCA:			PAIN	INT				t for	Doc	umer	ntatio	n R/	r Pa	in M	anag			JATIO		INTE	RVI	ENTIC	ON	
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Respiratione O2 Sat %       Image: Constraint of the constrain																										
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Arm     L     2       Leg     R     3       Line     3       Time     3       Radial     R       L     1       Dorsalis Pedis     R       L     1       L     1       Dorsalis Pedis     R       L     1	-								+-		-	+		+	-	+-	+	+	+		-		-		-	-
Leg     R     3       Time     3       Radial     Radial       Radial     Radial       L     1       Dorsalis Padis     Radial       L     1       Radial     Radial       Radial	MOVEMENT	Arm												1	1	1	+	1-	1	+	1		-	1-	1-	1
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Hadial         L         P           Dorsalis Padis         R         P         P           L         P         P         P           Posterior Tibial         R         P         P	-	Time	L			-					-			-	-	-			-		3	-		-	-	
L         P           Dorsalis Padis         R           L         P           Posterior Tibial         R		Padial	R	+	-		-		-	-	-	-	-	+	-	+-	+	+	+		P	-	-	1-	-	-
Dorsalis Pedis L Posterior Tibial R																					1					
Posterior Tibial R	CLOCK	Dorsalis Pedis									-	-		-	-				1							
Posterior libial	•			-				-		-	-				-	+			+		P		-	-	-	
		Posterior Tibial -										1	1-	1-	$\vdash$	+	1	+	+		-		-	1-		
	.1	ME DESCR	IPTION	OF NE	EDLE	PL	ACE	MEN	THE	LOC		C'd			C	OM	IENT	S		TA	# OF TEMPTS		S	IGNAT	URE	
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Copy for: ROI MGT TGREEN REQ: 137011, DET: 1188581 IK: 13642984 ITK: 21810 EK: 3094443 VER: 1

	GA 11111192 44-09-8	INES, BARTON 979 6/27/2007 Admit Date 7 10/25/1982 <sup>DOB</sup> M MERCER, LEO	24Y	UNITED REGIONAL HEALTHCARE SYSTEM PATIENT CARE RECORD NARRATIVE NOTES
		421-10		WI #.
DATE TIME		NADDATING		And the second statement of th
DISD Receiv	ent to ro	- 00 (11)4) C-	0.0	Dia stretcher. 2 guards
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emplot	e gob, Li	DA. (2558) AuxKe	c aler	+ origoton, Denis
baats	or reach	@ this time.	2 Gu	erds in room. JoBun
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	SIGNATURE K	ŒY		DISCHARGE / TRANSFER
NAME, TITLE	INIT.	NAME, TITLE	INIT.	Time;
pBrandon, LUN_	900-			Via: WC Stretcher Ambulatory
				To: Car Ambulance Room:
				Accompanied by:
				Condition: Disposition: Home Other.
				Left with Personal Belongings: Yes No
				Signature:
				5

NURSES NOTES - Page 12 of 19		UNITED REGIONAL HEALTH CARE S	YSTEM	Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007	Service Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ: 137011	DET: 1188582 IK: 13642984 ITK:		

44111		44-09-87 10/2	ARTON 7/2007 Admit Date 15/1982DOB M 24Y RCER, LEO	PATIE	NT C	THC	ARE RE	SYST COR
			DATE: ROON 6/26/07 S444	A #•	SSU KAS	SES	SME	
Evaluator's Na		RADEN SCALE FOR PI	REDICTING PRESSURE	and a state of the	1; ;		1	1
SENSORY	1. Completely Limited	2. Vory Limited	3. Slightly Limited	ASSESSMENT C	6/2			
PERCEPTION Ability to respond meaningfully to pressure-related discomfart	Unresponsive (does not moan Sinch, or grasp) to partial stiraus, due to diminished level to consciousness or secation OP- Limited ability to leal pain over most of body.	Responds only to painful stmuth, Cannol communicate disconator except by moating or resites ressOR: Has a sensing initiality of the sensitive of the stating to feel pain or discontion over 1% of body	Responds to verbal commands, but bar not always contrained to discomfort of the need to be turned OR- Has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities	Responds to vertical commands. Has no sensory deticit which would i mai	4			
MOISTURE Degree to which skin is exposed to moisture	<ol> <li>Constantly Moist Ston is held moist almost constantly by perapiration, unint, etc. Dampiness is detected every time patient is moved or turned</li> </ol>	<ol> <li>Very Moist Starts offen, but not always moist tunen must be changed at least once a shaft.</li> </ol>	<ol> <li>Occasionally Moist Star is occasionally moist, requiring an oxira linen change approximately onec a day.</li> </ol>	4. Rarely Moist Stin is usually dry, her only requires changing at routine intervals.	4			
ACTIVITY Degree of physical activity	1. Bed hast Contined to bed.	2. Chair-Fast Aldry to walk severely limited or noncosters. Carnol bet own we ght and/or nuts be assisted into chair or wheelchair	3. O ccasionally Walks Walks occasionally during day but for very about distances, with or without assistance. Speids majority of each suit in bed or shair.	4. Frequently Walks Walks outs de the room at least twice a day and inside room at least once even two hours during waking hours	4			
MOBILITY Ability to change and control body position	<ol> <li>Completely immobile Does not make even slight changes in body or corremay pesation without assistance.</li> </ol>	<ol> <li>Very Limited Makes occasiona slight changes in body or corremary presion but unable to make trequent or significant changes independently.</li> </ol>	3. Slightly Limited Makes frequent though slight changes in body or ediremity position independently.	4. No Limitations Makes major and frequent changes in position without assistance.	4			
NUT FITTON <u>Usual</u> food intake pattern	<ol> <li>Very Poor Neve cals complete meal. Parely cals more than (/3 of any load afterce. Eato 2 sroms of less of polen (meal or care plotucis) per day. Takes Indis poorty Dees not take a loud delary supplement. OR- Is N-VD any/or instratared on Jear liguids or IVs for meet than 5 days.</li> </ol>	<ol> <li>Probably inaclequate Ratify ets completential and garendly ests only back for any too offerer. Frontien make includes only 3 enrings of mark and dany products ber day Occasionally will take a diretay supplanet. OF Recreares less than optimum arrount of liquid diel or tub's feeding.</li> </ol>	3. A dequate Bits over the lottost meals. Ests a total of a crowge of percisin (near, cary stodusts) per day. Docasionally will refuse a neal, the will issually take a subperform when offeed - OH-Is on tube feeding or IPHI regimen which probably meets most al muthioval needs.	4. Excellent Esismosi of every meal Niver rifuecta i mea. Usucity e esis a total of 4 or more sorvings of meat and dairy products. Geocasionally eats betweer meats. Loes not require supplementation.	4			
FRICTION &	1. Problem Requires moderate to maximum assistance	2. Potential Problem Moves hetly or requires minimum	3. No Apparent Problem					
	in moving Compete hilling wit poit skiding agains sinestis is ingossible. Hecularity slides down in bet or chair, requiring frequent reportioning with materium assistance. Spassicity, contractures or agatation feads to almost constant inction	assistance, Ouring a move, skin probably slides is some exert a cainst sheats, chair, restraints or other dences. Maintains relatively good position in chair or bed rost of the time but occasionally slides down	Woves in bed and in chair independently anc has suffice it muscle sitengith to it in completely during move, Mantans goed position in bed or chair.		3			
* Score of 18 of If additional risk	an moving Complete himg wrood solong against sints is myosobil: recursity sides town in bed or chair, requiring sides town in bed or chair, requiring assistance Standbill, contradictives or astation fends to almost constant become writess indicates that patient is all factors present, age > 65, fever, itient's level of risk accoo	asstarce Dump a move, skn probaby sides it some cert a garnet næsts, char, restruits o ober dences. I start and the production of the ober not of the lime but occasionally sides down risk for skin breakdown. For 1 poor dietary intake of protein, dia rding to Braden total so	2 or less consult wound care. stolic pressure < 60, or hemody core and implement inte		23	evel of	risk.	
* Score of 18 c	an moving Complete himg wrood solong against sints is myosobil: recursity sides town in bed or chair, requiring sides town in bed or chair, requiring assistance Standbill, contradictives or astation fends to almost constant become writess indicates that patient is all factors present, age > 65, fever, itient's level of risk accoo	asstarce Dump a move, skn probaby sides it some cert a garst hats, char, restruits o objet dences, char, restruits o objet dences, it isk for skin breakdown. For 1 sides down trisk for skin breakdown. For 1 soor dietary intake of protein, dia rding to Braden total sc Low Risk (15-18)	2 or less consult wound care. stolic pressure < 60, or hemody core and implement inte or	namic instability, advance arventions Moderate Risk (1	23 to next	evel of	risk.	
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* Score of 18 c if additional risk Indicate pa Not At Risk High Risk High Risk Indicate if Indicate if Sensory I Reposition pat- See positionity	an moving Complete hims wrood solong agains shrets in roossill: relationship tropolar reporting with measurur assizers cancels with measurur assizers cancels of the state of the statistic feats to almost consan tector with the sindicates that patient is at factors present, age > 65, fever, titient's level of risk accoo sk (19-23) (10-12) or ne interventions as low and moderat d care team via computer and indicat patient scored 1 or 2 in a Perception rent q 2 hours at 30 degrees tum g guidelines in Alteration in Skirthre	asseture: Urmp a move, skn probaby sides it same cet a gard in stass, Martine relayed y pool possion in chair sides of the lime bud occasionally sides of the lime bud occ	a) completey uning more, Mantans jood position mode of valar. 2 or less consult wound care. stolic pressure < 60, or hemody core and implement inter or cor mat and protocods inde below) am wedges for 30 degrees core and interventions is chan and dry	namic instability, advance arventions <b>Moderate Risk (1</b> winal remcollization xect hees mage moisture, nutrition, fric	2 3 to next 3-14) xion and	shear	stum	eguity
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NURSES NOTES - Page 13 of 19			UNIT	ED REGIO	NAL H	EALTH CA	RE SY	STEM					Printe	ed: 05/19/2	2008 11:49
Patient: GAINES, BARTON			MR#:	440987				Disch	arged	: 06/27/	/2007	Service	Dates:	06/27/200	7-06/27/2007
Copy for: ROI MGT TGREEN	REQ:	137011,	DET:	1188583	IK: 3	13642984	ITK:	21810	EK:	3094445	VER:	1			

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44111			44	-09-87	10/2 ME	7/2007 Admit 25/1982DOB RCER, LEO	M <b>ROO</b> S44	4 1	PATIE	UNITED REGIONAL HEALTHCARE SYSTE ENT CARE RECOR FERENCE SHEET rev 12/06 inputoutput2.js
	FALL RISK A	SSESSME		1			G	LASGOW		
ITEM	11 <sup>1</sup>		SCALE		ORE	EYE OPENING Spontaneous	4	VERBAL RES	SPONSE 5	MOTOR RESPONSE Obeys Commands 6
or Within 3 N	Iling; Immediate Ionths		No 0 Yes 25	AM P	PM	Tc Voice To Pain None	3	Confilised Inappropriate		Localizes Paln 5 Withdraws (Pain) 4 Flexion (Pain) 3
2. Secondary D	liagnosis		No 0 Yes 15	B				None	1	Extension (Pain) 2 None 1
Crutches/C	Aid Iurse Assist ane/Walker		0	D		1mm 2mm	n 3mm		PILS	7mm 8mm 9mm
4. IV/Trippable	Tubing		. No 0 Yes 20	Ð			$\mathcal{L}$			
Weak	ring drest/Immobile		1	0		STRENGTH 3	- Strong - Fair	I - Weak 0 - Absent	P = Palpa D = Dopp P1 = Weak P2 = Fair	er D1 = Monophasic
	Own Ability		. 0	0					J	
Medications ma vasoactive, diur	y increase the risk o etics, narcotics).	of falls (i.e.	TOTAL	20						
	RISK LEVI	EL SCALE								
<b>RISK LEVEL</b>	MFS SCORE		ACTION	V						
Level 1	0-24	Good Bas	ic Nursing	Care						
Level 2	25-50		t Standard Intervention							
Level 3	≥51	Preve	ment High ntion Inten atory P.T. I	vention	S					
			FAL	LLEV	ELIN	TERVENTION	IS			
1 Fall Prevention Protocol	L I (NO RISK) - 0-24					RISK) - 25-50				I RISK) - >/= 51
2 Paspond promptly to ca			1 FALL PREVER					1. FALL PREVENTI 2. LEVEL JINTERV		
that patient has non-skie	azards (i.e. clear path to bathroom d, adequately htting, low-heeled to	olwear.	4 Instruct patie	nt/family to	call for assis	g and interventions being us stance when the patient war		<ol> <li>LEVEL II INTERV</li> <li>Patients that are</li> </ol>		It of a fall, either prior to hospitalization
	I issued non-skid socks; check the at likely to trip patient while ambula		of bed. Frequestion 5 Nurse should			ov Screening				e hospitalization, or during the hospital, the entire hospitalization,
4 On enf patient to room at	nd bathroom location. Re-orient as		6 Provide adeq	uale lighting	when datk			5. Assign patient to	a room as close as	s possible to nurses' station
5. Assist patient ambulation	requent toileing assistance. g as appropriate					e il patient needs anything ( his is especially împortant d		<ol> <li>Stay in close ws in bathroom, shi</li> </ol>		a when pavers is on bedside commode.
<ol> <li>Maintain bed in low posi</li> <li>Use brakes on wheelcha</li> </ol>	mon with brakes locked ar, Gen chair and stretcher to main	nin l				d, and ar night. ers/ambulation as appropris		7. Consider patient	Swier	
stability whenever not m	ioving		9. Monstor onthe				<i>IE.</i>			ily to slay with the patient during the day to call for help when the patient wants to
8 Validate that patient kno light is in reach and call	ws now and is able to use call light light works	1, Call	10 Instruct paties 11 Avoid string				l to eat meak	get out of bed 9. If less restrictive	measures are inen	ficient, consider vest, imb or other
	erns that are requested are in reach	n (ie. gasses,	cither in or ou	st of bed.				passive restrant	2	
unnar, water, deniures, i 10 Use sideraits as appropri	izte					onsider chair tlarm while in identity the patient at high n		10 Nurse will reque	s Physical Therapy	2meeuud
11 Validate that patients whi glasses are clean	io need them wear glasses as appr	ropriate and	according to	the tollowing winst band	9					
12 Wipe up spalls.					by palient's	s door				
<ol> <li>Conduct safety checks 4 clear path to the bathroot</li> </ol>	ior the bed in low posmon, call light im	i willing reach and a								
14. Assess/examine medica	tion regimen for side effects and p	eak times.								
SES NOTES - Page	e 15 of 19		<b>T</b>	NITED R	EGIONA	HEALTH CARE S	YSTEM			Printed: 05/19/2008 11:

					1	DATE 6/2		67	<b>ROO</b> S444			A	SSESSME re	•	Page inputo	
	ASSESSMENT	AN	PM		ASSE	-	(manufacture)		AM	PM	1	ASS	SESSMENT		AM	PM
	Bed in low position		1		Breath Sound			R/L *		/	1					ORE
	Call light in reach	/			Crackles			R/L	17	1	1	Falls Lev	el 1		1	1
>	Identification armband in place	17			Wheezes		1	R/L	17	1	1	(0-24)				
FETV	If DNR, armband in place			1	Rhonchi		1	R/L	17		5	Falls Leve	el 2		LI	
SAF	If allergies, armband in place				Diminishe	d	1	R/L	41		FAL	(25-50)		-	e	
	Precaution measures: Fall/Seizure/Suicide	4		1	Absent		1	R/L	1/		L.	Falls Leve	el 3 Mandatory P.T. R	oforral		
	Potential for violence			1.	Resp effort Re	eg/ Irre	9		1	/	1	(= 51)	manualory F.I. h	elenai		
AL	Alert / Lethargic	2	1/	B	Unlabored	d/Lab	ored		1	/	1					
S	Cooperative / Uncooperative	1	1/	MONAR	Accessory				Q		0					
00	Anxious / Restless / Agitated	TT	ÎIT	M	Symmetrical e				1		E	24 Hour F	is restrained, ini lestraint Flow Ri	itiate ecord.		
õ	Confused	1	1	PUL P	Denies / c / o				1	/	A					
EUB	Speech Clear / Slurred	4	1		Cough: Produ		Non	prod	1	7	STRAINT					
Ž	Unresponsive / Comatose		$\square$	1	Color:						RE					
.	Apical pulse regular / irregular	1	V	1	O2 per:				A			Drain Tube	e: Site / Type		I	
CAHDIAC	Capillary refill <2 sec / >2 sec	1	1	1	Liters/min	ute					NS	Drainad	e: Sero / Serosang	/	m	
밁	Neck veins flat / Distended	1		1	Tracheostorny	,					DRAIN	Sang Drain Tube	: Site / Type			
2	EKG rhythm		T	1	Cuff Up / I	Down			17	/		Drainag	e: Sero / Serosang	1	П	m
	Telemetry box #:	/	$\square$	1	Tube sect	ared in	plac	e	1			Care Plan	and the second se			
	Intact	1	1		Urine color							Care Plan				
	Breakdown noted* Use Wound Care				Clear / Cic	oudy / E	Bloo	ty	MI	TT			CCESSES	D	E	N
	Braden score			- 20	Voids / Fo	ley / Cl	BI		1	11	I	Peripheral		10		
z	Warm / Cool	/			Abd: Soft / Fin	m			1	1	PERIPH	No Inflamm		1		
21	Dry / Clammy / Diaphoretic	1	III		Flat / Diste	ended			U		H	No Infiltrati Dsgs Dry &		-		
	Pink / Pale (mucous membranes/ nalibeds)	1			Nontender	/Tend	der					Quinton Ca		-		
	Cyanotic / Flushed / Jaundice		IT	GU	Bowel sound:	Prese	nt / A	bsent	1		A		en Cath Site			
	Ederma (+1, +2, +3, Pit)			9	Нуро / Ну						ENTRA	No Inflamn No Infiltrati				
	Stab wounds	/	F	σ	Expels flat	us					핑	Dsgs Dry 8	Intact			
-L	Routine daily care	/			NGT / PEG / O	OT		100 h 100 m 10		TT		Peripheral	Hep Lock Sites	6		
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	Fluctuation in chamb		leak / C			2	F	Drainage	Dry, Inta	ad /	4		Dressing Dry, Intad Drainage	· · · ·	K	4
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NURSES NOTES - Page 16 of 19			UNITED REGIONAL HEALTH CARE SYSTEM			Printe	Printed: 05/19/2008 11:49					
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			DATE	E: <b>ROOM</b> S444 1	PATIENT CARE NARRATIVE #: DISCHAI rev 02/07 ir	
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	TITLE Ridenerger		NAME, TITLE	A	Time: 1422	Ambulatory
	TITLE Quality of the second		Man affin	<u></u>	Time: 40 D Via: WC Stretcher To: Car Ambulance Accompanied by: 944	Ambulatory
	TITLE Quality		Man affin	<u></u>	Time: 40 D Via: WC Stretcher To: Car Ambulance Accompanied by: 944	Ambulatory
	TITLE Adverger		Man affin	<b>A</b>	Time:	Ambulatory Room:
NAME HA furt	, TITLE Quedencerer		Man affin	<b>A</b>	Time: 40 D Via: WC Stretcher To: Car Ambulance Accompanied by: 944	Ambulatory Room:
	TITLE		Man affin		Time:	Ambulatory

 Patient: GAINES, BARTON
 MR#: 440987
 Discharged: 06/27/2007
 Service Dates: 06/27/2007-06/27/2007

 Copy for: ROI MOT TGREEN
 REQ: 137011, DET: 1188588 IK: 13642984 ITK: 21810 EK: 3094451 VER: 1

			RCER, LEO	PRF			RECOR
			6/27/07 5444	1 RIS			SMENT
	E	BRADEN SCALE FOR PR	REDICTING PRESSURE	SORE RISK	a	- 76	
Evaluator's Na SENSORY	ne:	O Very Limited		ASSESSMENT 💠		II	
PERCEPTION Ability to respond meaningfully to pressure-related discomfart	Unespinswe (does not mean linch, or grasp) to painul struct, due to diminist ed level of consciousness or sectation OF- Linned ability to leel pain over most of body.	2. Very Limited Responds only to ankl suresh. Cannol communicate inscora lon except by moaning or restlessnessOR Has a sensory invariant in which han is the ability to test pain or taxoon lon over ½ of booy	<ol> <li>Slightly Limited Responds to Yerbal commands, but partinal ways commanded exiscentiler or the next to be timmed0Fr-Has some sensory impurment wich limits ability to teel parties of accounters in 1 or 2 externates.</li> </ol>	4. No Impairment Responds to vertai commands. Has no sensory deficit which would i mil ability to test or voice pain or discombor.	4		
MOISTURE Degree to which skin is exposed to moisture	1. Constantly Molst Sbin is lept moist almost constantly by persputtion, unic, de. Dampiess is defeded every time patient is moved or turned.	2. Very Molst Skinis often, but not always moist. Linen must be changed at least onec a shirt	3. Occasionally Moist Sion is occasionally mois, requiring an oximal linen change approximately once a day.	4. Rarely Moist Stanis usually dry, inter only requires changing at routine intervals.	4		
ACTIVITY Degree of physical activity	1. Bed Rast Contract to bed	2. Chair-Fast Ability to walk severely limited or noncockert. Cannot bear own we ghi and/or must be assisted into chair or wheelchar	3. Occasionally Walks Walks occasionally during day but for very short distances, with or without assistance, species majority of each shift in ted or shar	<ol> <li>Frequently Welks Walks cuts de the room at least twice a day une inside room at least once even two hours during waking hours.</li> </ol>	B		
MOBILITY Abdity to change and control body position	<ol> <li>Completely immobile Dies nut make even slight changes in body or odremsty position without assistance.</li> </ol>	2. Very Limited Makes occasional slight changes in body or corrently position but unable to make trequent or significant changes independently.	3. Slightly Limited Wates insuent though slight changes in body or odremay position independently	4. No Limitations Makes major and trequent changes in position without assistance.	4		
NUT FITION <u>Usual</u> lood intake Datem	<ol> <li>Very Poor N'rer cits a cxm/sete neal Parely cats more than 1/3 of typ tood offerce. Eata? strongs or less of protein (mean or caire products) for day Takes fullds poorly Does nat take a fund detry supplement -0A-1e N+0 ann/or mantaland on dear injusts or IVs ior more than 5 days.</li> </ol>	2. Probably inadequate Reely say a control unit and yet endy ests only boot vie or any contens. Froiter incake includes on 3 servings of mean or dame and units one day. Occariomy will take a distary singulaneat, -OR-Receives less than optimum arround of liquid det on tube teching.	3. A de quate als over hall of mest meals. Ests a lotal of 4 scrivings of protein (nest, cairy orducts) per day. Occasionally will refuse a real, but will usually take a supp errer whan offered. OR-Is on a 'tube reading or IPI' regimen winch probobly meas most of nutrition all needs.	4. Excettent Eats most of every neal. Never relates a nea. Usually eats a total of 4 or more servings of meat and dary products. (Eccasionally eats beliwer meats, Loes not require supplementation.	4		
	1. Problem	2. Potential Problem	3. No Apparent Problem				
FRICTION & SHEAR	Requires inderate to maximum esselance in mowing. Compare liting without siding against sheets is mosable. Fracuently siddes down in be to star, regaring treasance speatoning with maximum assistance. Speaton, contractures or aquitation leads to almag constant incluon.	Marves freich or requires mnimum assistance During a move, skn protably skides ic Some ex era agarest sheats, chair, restraints o' other devices. Mainrans rabavely good possion in char or bed most oi the time but occasionally sildes down.	<ol> <li>No Apparent Problem Works in bed and in chair independently arc has sufficient muscle strength to 1 is up completely during more Martains good position in bed or chair.</li> </ol>		3		
SHEAR Score of 18 c	Requires moderate to maamum assessance immoving. Domble Hing without siding against sinests is microsobil infecuently sidies down to EV or char, regaring trequent reportioning with maximum assistance. Spashory, contractures or apitation leads to atricide constant inclion. It less indicates that patient is at	Moves betty or requires minimum assistance burning arrows skin protably sloes to some ex en a garast sheats, chair jestrants or owner denotes. Maintrans ralatively good poaston in char or bed nod of the time but occasionally slides down. risk for skin breakdown. For 12	and has sufficient muscle strength to 1 if up completely during more. Martains yood position in bed or char.	TOTAL	3		
SHEAR Score of 18 of additional risk	Paulies moderate lo maximum asseisnoe in mowing. Johanne status safete of the safet in the safet safete of the safet in the safet in the requerit reposition why with maximum assistance. Spashery, contracures or astra for least safeted your safet in the astra of least safeted your safet in the safet safeted your safet in the safet safeted your safeted your safeted in the safeted your safeted your safeted your safeted your safeted in the safeted your safeted your safeted your safeted in the safeted your safeted your safeted your safeted your safeted in the safeted your safeted your safeted your safeted your safeted in the safeted your safeted your safeted your safeted your safeted in the safeted your safeted your safeted your safeted your safeted in the safeted your safeted your safeted your safeted your safeted your safeted in the safeted your safeted y	MOVES BEEN or resures minimum assessance During a move, sent proteibly class resonance or an arguest sets, class resonance or an arguest sets, Maintain charleney good possion in char or bed need on the time but occasion abar and the set of the set of the set of the sides down. risk for skin breakdown. For 12 xoor dietary intake of protein, diase	arc has sufficier i muscle strength to 1 is p completely during more Martans pood position in bed or chair, 2 or less consult wound care. stolic pressure < 60, or hemodyn	amic instability, advance	3 Do next	level of ris	
SHEAR Score of 18 c fadditional risk ndicate pa	Paulis moderate lo maximum asseisno innewer, Jonaphe Hitting wind siding addee there is no south incluently addee there is no south incluently requerin reposition wind minimum assistance. Spasher, contracures or astra ion reads to atmise originate trutton. In less indicates that patient is at factor's present, age > 65, forer, p tient's level of risk accord	Moves Berly of real-res mmenum and the second and the second and the second and the second and the second and the second and the Miritars in failured yood possion in char or bed need on the time but occasion and the second and the second and the side a down risk for skin breakdown. For 12 soor dietary intake of protein, dias change to Braden total sco	archas sufficient musici strenghio i in prompted variance ware warene prodipisation mbed or char. e or less consult wound care, atolic pressure < 60, or hemodyn ore and implement inter	amic instability, advance rventions	to next	level of ris	
SHEAR Score of 18 of fadditional risk	Paulis moderate lo maximum asseisno innewer, Jonaphe Hitting wind siding addee there is no south incluently addee there is no south incluently requerin reposition wind minimum assistance. Spasher, contracures or astra ion reads to atmise originate trutton. In less indicates that patient is at factor's present, age > 65, forer, p tient's level of risk accord	Moves Bethy or requires running selections and the selection of the selection selection and the selection of the selection classification of the selection of the difference of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of	archas sufficient muscle strenghold in provide your of more available to any provide archar. to lice pressure < 60, or hemodyn ore and implement inter or [1]	amic instability, advance rventions Moderate Risk (1: Imal remobilization	to next	level of ris	
Score of 18 c additional risk ndicate pa	Requires moderate to maximum asseizable innovera, Domber Hitting wind siding agained these is motioable introduced trequeri reposition my with maximum assistance. Spasicely, contracures or analtar or table sidinais onstains frection. It less indicates that patient is at factors present, age > 65, fever, p tient's level of risk accorr sk (19-23)	Moves betty or resures mmmum assessare burgs an over string and the charge restraints or early device the charge restraints or early device the whitraw ncharely good possion in char or bot need on the time but occasion and and the time but occasion and risk for skin breakdown. For 12 woor dietary intake of protein, dises ding to Braden total sco low Risk (15-18) of Frequent turning (datermin for fleactive entreman)	arc has sufficient muscle strengh to it in 2 stripping varing more warrans yood pectors noted or char. It or less consult wound care. It of less consult w	amic instability, advance rventions	to next 3-14)		
Score of 18 of additional risk ndicate pa Mot At Risk High Risk	Plautismodrate in maximum assetance in moving, compare it fing wind using sole of the sole in the sole of the sole of the sole of the sole of the sole of the sole of the assetance Spacer, corracures or astar of reads to share or constraint assetance is a sole of the sole of the sole of reads that patient is at factor's present, age > 65, fever, p tient's level of risk accorr sk (19-23) (10-12) or	Moves betty or resures mmemor assessing burgs and/existing models of the second second second second second charge restration or early denoised second with runs in burgs of the second second second risk for skin breakdown. For 12 soor dietary intake of protein, dises reding to Braden total second burgs to Braden total second burgs to Braden total second burgs to Braden total second burgs to Braden total second second second burgs to decision of Frequent turning (determine the reactive second second burgs to the second burgs to the second second burgs to the second burgs to the second second burgs to the second second burgs to the second second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the second burgs to the s	arc has sufficient muscle strengh to it in 2 stripping 4 uning more water and yood pactaon mbed or char. to lice pressure < 60, or hemodyn ore and implement inter or for (1) or first and protocols red by assessing skin + Prot Max Hard by assessing skin + Max Max	amic instability, advance rventions Moderate Risk (13) Imal remobilization ect heels	to next 3-14)		
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Score of 18 o additional risk ndicate pa Mot At Risk Implement san Consult wound initiate q 2 hou	Plaulets moderate lo maximum asseizable innovera, Dampie itting without siding agained these is mposable introduced theorem reproduction my with maximum assistance Spasical, contradures or abita or leads to almost constant fraction. It less indicates that patient is at factors present, age > 65, fever, p tient's level of risk accorr isk (19-23) (10-12) or e interventions as low and mocorrate care (earn with computer and indicate	Moves betty or resures mmmum assessive pump antrov; string antrov; string char, restrants or end denois. Miritain riskned ypool aboston in char or bod need oither lime but occasionally sides down. Tisk for skin breakdown. For 12 soor dietary intake of protein, dias ding to Braden total sca in Low Risk (15-18) / See specialty bed declaso or Frequent turning (determin tor riactive erythema) Secore Risk (9 and risk plus score Secore Risk (9 and interal positioning See ordocol	archas sufficient muscle strenghold in di "xmpilety" during mere warrans prodipisation mbed or char. et of less consult wound care, atolic pressure < 60, or harmodyn ore and implement inter or [[ n trae and protocols red by assessing sum d below] m wedges for 30 degrees	amic instability, advance rventions Moderate Risk (13) Imal remobilization ect heels	to next 3-14)		
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SHEAR Score of 18 of fadditional risk ndicate pa High Risk Implement sam Consult wound Initiate q 2 hou ndicate if p Sensory P Reposition pat see position pat See Position pat Float havis of 1 Friction ar	Provides moderate to maximum assessions immented and provides thing who will be added and the second state of the second state of the second state of the second state of the second assessment and state of the second state of the assessment second state of the second state of the assessment second state of the second state of the second state of the second state of the second state assessment second state of the second state of the second state of the second state state of the second state of the second state state of the second state of the second state state of the second state st	Moves betty of real-res mmmum seeks betty of real-res mmmum seeks to much all res with metably seeks to much all res with class restants or one denoes. Markus relatively good passion in char or bed not of the time but occasion all with down. For 12 second idearly intake of protein, diss ding to Braden total sco low Risk (15-18) of See specially but dedsion Frequent tuming (determin for fractive arythema) Secone Risk (9 and risk plus score Secone Second International See protocol my subscale and implem See Seric and implem See Second Statistics Secone Statistics Secone Second Statistics Secone Second Statistics Second	arc has sufficient muscle strengh to 1 in to architect an uscle strengh to 1 in proof pectana noted or char. It of less consult wound care. It of less con	amic instability, advance rventions Moderate Risk (1: mat remobilization ect neels age moisture, nutrition, trid Mobility Reposition patient q 2 hot See positioning quidelines	to next 3-14) (Ion and	shear degrees t	
Score of 18 c additional risk indicate pa Mot At Risk High Risk Implement san Consult wound initiate q 2 hou indicate if p Sensory P Reposition pa See positioning Protocol Param Protocol	Products moderate to maximum assessions immerging, compare titing without siding soles down by 10 county to the sole treatment of the sole to the sole of the sole assessment of the sole of the sole of the sole assessment of the sole of the sole of the sole factor is assessed, contractives or assessment, age > 65, fever, p tient's level of risk accorr tient's lev	Moves betty of real-res minimum and the second second second second second betty in the second second second second of the second second second second second with the second second second second second ding to Braden total second second second second second second second second second second sec	arc has sufficient muscle strenghold in do armphiliely during mere what runs proof pection mbed or char. et or less consult wound care. tablic pressure < 60, or hemodyro ore and implement inter or [ n free and protocols ned by assessing stin • Prot Max d below) m wedges for 30 degrees hent interventions c dean and dry is for incordinent patients o specially bed protocols for n contraindicated to obtain albumin level	amic instability, advance rventions Moderate Risk (11 mat remobilization ect news age moisture, nutrition, trid age moisture, nutrition, trid Mobility Reposition patient q 2 not see positioning guideine: Prococol Potential	to next 3-14) tion and urs at 30 s in Alter and belo urs at 30 tent with air fast 30	shear degrees to ation in Sk www.nen no degrees to medical or	in/integrity in/integrity st m ondition
Score of 18 of additional risk ndicate pa Infot At Risk Implement san Consult wound initiate q hou indicate if p Sensory Pa See positioning Reposition ar Do net drag or position foot haels off Position Table, offer ow position fable, position fable, pos	Hautis modrate in maximum asseisos innewing, compare itimg windows ading sides down in bello coar, research requer reposition windows and asseriate Spaskery, corracures or asseriate is a londow considering to the ress indicates that patient is at factors present, age > 65, fever, p tient's level of risk accor itim is a londow considering to the tient's level of risk accor itim asseriates and the research and the second the research and the second the research and the second the reception aster a low at 20 degrees turn ig declines to Alteration in Skirvinteg and a latitimes and shear side patient. Use turn sheet to lift and athead trapezeto assist patient in D degrees and below when not grees, raise kneet gatch to limit sliding research and below when not grees, raise kneet gatch to limit sliding second and below when not grees, raise kneet gatch to limit sliding second and below when not grees, raise kneet gatch to limit sliding second and below when not grees, raise kneet gatch to limit sliding second second to research and shows) second second second second second second second second second second second seco	Moves betty of real-res minimum and the second second second second second betty in the second second second second of the second second second second second with the second second second second second ding to Braden total second second second second second second second second second second sec	arc has sufficient muscle strenghold in do armphiliely during mere what runs proof pection mbed or char. et or less consult wound care. tablic pressure < 60, or hemodyro ore and implement inter or [ n free and protocols ned by assessing stin • Prot Max d below) m wedges for 30 degrees hent interventions c dean and dry is for incordinent patients o specially bed protocols for n contraindicated to obtain albumin level	arric instability, advance rventions Moderate Risk (1) mai remobilization ect neels age modure, nutrition, trid Mobility Reposition patient q 2 hot See positioning guideline: Prococol Potential Activity Keep HOB at 30 degrees : contraindicated Reposition patient Q 2 hot OG3 at least TD if consist Alnoh chair cushion for df sinfs at least hourty while	to next 3-14) tion and urs at 30 s in Alter and belo urs at 30 tent with air fast 30	shear degrees to ation in Sk www.nen no degrees to medical or	in/integrity in/integrity st m ondition
Score of 18 of additional risk ndicate pa Indicate pa Indicate pa Indicate a Consult wound initiate q hou initiate q hou indicate if p Sensory P Repositioning Keep HOB at a positioning Keep HOB at a Apply protectiv a risk sites (es) See protocet	Products moderate to maximum assets as immented, compared titing windows adding sides down in be to char, research requer reposition with maximum assistance Spaskery, contractives or assistance Spaskery, contractives or assistance Statesty, and the statesty (10-12) or tent's level of risk accord (10-12) or tent's level of risk accord (10-12) or tent's level of risk accord is information as low and mocorate tenter team with a computer and indicate reprint assistance of the statesty assistance of the statesty of the statesty assistance of the statesty of the statesty and of hours at 30 degrees turn of globalities in Atteration in Skinvinteg tail and Shear shead sheare to be turn sheet to lift and and address and below when not grees, raise knee gatch to limit sliding particular statesty of the statesty of according scarum, heads and ebows)	Moves here or real-restriction of real-type and the strength and the stren	arc has sufficient muscle strengh to 1 in b architekey during meter what muscle proof pection mbed or char.  to bic pressure < 60, or hemodyn orre and implement inter- or [ In the and protocols - Protocols need by assessing skin - Protocols m wedges for 30 degrees  neet interventions  c dean and dry  s objectably bed protocols for  n to obtain albumin level  associated above - Protocols for  associated by associated - Protocols for  by associated - Protocols for  associated - Protocols for  by associated - Pr	arric instability, advance rventions Moderate Risk (1) mai remobilization ect neels age modure, nutrition, trid Mobility Reposition patient q 2 hot See positioning guideline: Prococol Potential Activity Keep HOB at 30 degrees : contraindicated Reposition patient Q 2 hot OG3 at least TD if consist Alnoh chair cushion for df sinfs at least hourty while	to next 3-14) tion and urs at 30 s in Alter and belo urs at 30 tent with air fast 30	shear degrees to ation in Sk www.nen no degrees to medical or	in/integrity in/integrity st m ondition

NURSES NOTES - Page 19 of 19			UNIT	ED REGIONAL	HEALTH CARE	SY	STEM		Printe	ed: 05/19/2008 11:49
Patient: GAINES, BARTON			MR#:	440987			Discharged: 06/27/2007	Service	Dates:	06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ:	137011,	DET:	1188589 IK:	13642984 I		21810 EK: 3094452 VER:			

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G) M	NIEU REGIUNAL HEALIH CATE 119 L09-87 AINES, BARTON RRCER, LEO DB 10/25/1982 M 24YADM 6/27/2007	Health Care System
		PATIENT DISCHARGE INSTRUCTION SHEET (Items that apply to your discharge care are checked)
Please follow these instructions ca	arefully. If you have any question	ns, please call:
Dr. Mencen	Pho	ne: 764 3608
Instructions given to: Pt	Other:	Physician Discharge Form give
I. DIET: Your diet will be:	0	
	Ty Fluid Restrictions	
Liters/minut	Aedication Instructions Given r screened for Pneumonia / Flu V e D Nebulizer	Vaccination
<ul> <li>It is important that you are av</li> </ul>	r medications. Take the list with ware that interactions may occur you should seek the advice of you	you to your Doctor's office visit. among drugs and between drugs and food. If you have any ur personal physician, the pharmacist, or the hospital dieticia
III. EQUIPMENT & SUPPLIES: (I	_ist)	
Sent Home With: D		
IV. DRAINS/FOLEYS/WOUNDCA	• •	
V. ACTIVITY LEVEL: (Limitations	und becomes reddened, swolle	en, shows pus or red streaks or gets sore as the days go by
Instructions: Tastal	erafed	
* 🔲 Gradually resume usual a		
VI. SPECIAL INSTRUCTIONS:		
*  Your dry weight is	* 🛄 Weigh yourself of	daily & record 🔹 🗖 Scales given
* 🔲 Smoking cessation inform	nation given * 🗋 See back of	f sheet for more information on Heart Failure
* 🗋 The pumping power (ejec	ction fraction) of your heart is	
0		
FOLLOW-UP CARE:		
No Appointment. Return Or		
* 🔲 Return to Doctor:		
Other Health Referral Made	to:	
PATIENT DISCLAIMER:		
represent a complete listing of all i	ing material and instruction that	t I have received regarding discharge is not intended to are. My physician is the primary source for the information.
have any questions regarding my	care, I understand that I should	contact my personal physician.
Discharge Date: 0-7-07	Time: MI2	A
Muhafferus non		BS-Doin
Hurfy's Signature WW Heart Failure Discharge Instructions		Avent's Signature IARY - Patient's Signature
CHARGE INSTRUCTIONS - Page 1 of 1	UNITED REGIONAL HEALT	TH CARE SYSTEM Printed: 05/19/2008 11:4
tient: GAINES, BARTON	MR#: 440987	Discharged: 06/27/2007 Service Dates: 06/27/2007-06/27/2

Copy for: ROI MGT TGREEN REQ: 137011, DET: 1188590 IK: 13642983 ITK: 20904 EK: 3094430 VER: 1

44235 GAINES 111111	1111 S , BARTC 92979		10/25/1 MERCI	, 982DOB M ER, LEO <b>NRY PLAN O</b>	24Y	> HEALT	D REGIO	SYSTE
D = Di N = N RT = R WC = W	ase Manage	PC = P PT = P	hamacy astoral Care hysical Ther iabetic Educ	ару (	SLP <sup>=</sup> Speech I SW <sup>=</sup> Social W DT <sup>=</sup> Occupati O <sup>=</sup> Other (sp	lork ional Thera	athology	age1of2.taw
DATE	TIME	PATIENT CARE PRO	BLEM	GOAL(S) OR O	UTCOME(S)	DATE	GOAL REVISED	DISCIPLIN
9an107 9an107	0240 1 2.3.	Be free of cyanosis and other s/s of Verbalize relief of pain to level of c Criteria for Fall Risk Protocol Impaired orientation, balance or ga Evidenced of CVA. Fanine/dir	onuori or tolerance		nal range; 02 sat ≥90% (		1	
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	SIGNATUR	E / INITIALS	DISCIPLIN	E	SIGNATURE /	INITIALS	DI	SCIPLIN
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PLAN OF CARE - Page 1 of 1		UNITED REGIONAL HEALTH CARE	SYSTEM	Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007 Serv	rice Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ: 137011,	DET: 1188591 IK: 13642990 IT		add 20225. 00/2//200/-00/2//200/



11111192979

FINANCIAL #: 11111192979 AGE: 24 YRS SEX: M ADMITTING DR: SARTOR, T. INPATIENT

# CLINICAL LABORATORY REPORT

	HEMATOLOGY	
DATE COLL TIME COLL	06/27/07 06/26/07 05082235	UNITS REF RANGE
		UNITS NEP NAME
WBC RBC HGB HCT MCV MCH MCHC PLT RDW MPV	$\begin{array}{c}CELL \ COUNT\\ 9.7 \ 16.0H\\ 4.12L \ 4.62L\\ \hline 13.8L \ 15.3\\ 39.3L \ 44.3\\ 95.5H \ 95.9H\\ 33.6H \ 33.1H\\ 35.2 \ 34.5\\ 243 \ 254\\ 13.1 \ 13.1\\ 8.6 \ 8.2 \end{array}$	$\begin{array}{llllllllllllllllllllllllllllllllllll$
	DIFFERENTIAL	
PERFORMED: BAND SEG LYMPH LYMPHOCYTE MONO MONOCYTE NEUTROPHIL EOSINOPHIL BASOPHIL	AUTOMAT MANUAL 1 <u>87</u> H <u>8</u> L <u>14</u> L 4 6 <u>80</u> H <u>0</u> L 0	$\begin{array}{llllllllllllllllllllllllllllllllllll$
$\frac{Footnotes}{L = Low, H = 1}$ Section Index		
PATIENT: GAIN MEDICAL RECORN	NES, BARTON D #: (0000)44-09-87	DATE/TIME: 06/27/07 2202 PAGE: 1 ROOM: S444-01
PERMANENT MED	ICAL RECORD FINAL REPORT al Health Care System	continued on next page
1600 11th Stre	eet, Wichita Falls, Texas 76301-4388 (940)764-318	34

ABORATORY - Page 1 of 6			UNITED REGIONAL HEALTH	H CARE SYSTEM	Printed: 05/19/2008 11:49
Patient: GAINES, BARTON			MR#: 440987	Discharged: 06/27/2007 Servi	ce Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ:	137011,	DET: 1188592 IK: 13639	715 ITK: 20921 EK: 3082794 VER: 1	



FINANCIAL #: 11111192979 AGE: 24 YRS SEX: M ADMITTING DR: SARTOR, T. INPATIENT

CLINICAL LABORATORY REPORT

	. L.		URINALYSI	S			
DATE COLL TIME COLL	06	2255				UNITS R	EF RANGE
						011110 11	
COLOR CHARACTER SPEC GRAVITY PH PROTEIN GLUCOSE KETONE BILIRUBIN	C	MACR Clear .005 * 6.5 NEG NEG NEG NEG	OSCOPIC URIN	NALYSIS		( ( ( (	CLEAR) 1.003-1.035 4.5-8.0) NEG) NEG) NEG)
UROBILINOGEN BLOOD NITRITE LEUKOCYTES COLL METH	vc	NEG NEG NEG NEG VIDED				()	NEG) 0.2) NEG) NEG) NEG)
MICROSCOPIC:		MICR N/A	OSCOPIC URIN	ALYSIS			
			CHEMISTR	Y			
		SU	RVEY 14				
TEST	SODIUM 135-153 _MEO/L	POTASSIUM 3.5-5.3 MEQ/L	CHLORIDE 101-111 MEO/L	CO2 22-30 MEO/L	GLUCOSE 70-110 MG/DL	BUN 5-25 MG/DL	CREATINI 0.5-1.5 MG/DL
REF RANGE UNITS		3.6	<u>100</u> L	27	<u>122</u> H	11	1.1
	135						
UNITS 06/26/07 2305 Footnotes L = Low, H = Hi			VSIS CH	IFMT STRY			
UNITS 06/26/07 2305 Footnotes	gh, * = Ab S, BARTON	URINAL	YSIS CH	IEMISTRY	DATE/' PAGE :		27/07 2202 M: S444-01
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Patient: GAINES, BARTON			MR#:	440987				Discharged: 06/27/2007 Service					Dates:	06/27/2007-06/27/2	007
Copy for: ROI MGT TGREEN	REQ:	137011,	DET:	1188593	IK:	13639715	ITK:	20921	EK:	3082795	VER:	1			



FINANCIAL #: 11111192979 AGE: 24 YRS SEX: M ADMITTING DR: SARTOR, T. INPATIENT

CLINICAL LABORATORY REPORT

			CHEMIS	TRY			
			SURVEY 14				
TEST REF RANGE UNITS	TOT PROT 6.1-7.9 GM/DL	ALBUMIN 3.2-5.5 GM/DL	ALK PHOS 36-92 U/L	0.0-1.4 MG/DL	4 8-4 U/I	10 8-5 U/I	53 8.0-10.4
06/26/07 2305	6.4	4.2	64	0.7	26	16	8.7
			CHEMIS	TRY			
· ·			SURVEY 8-				
TEST REF RANGE	SODIUM 135-153	POTASSIUM 3.5-5.3	CHLORIDE 101-111	CO2 22-30	BUN 5-25	CREATININE 0.5-1.5	GLUCOSE CALC 70-110 8.0-
UNITS 06/27/07 0508	MEO/L 140	 3.4 L	<u>MEO/L</u> 106	<u>MEO/L</u> 27	_ <u>MG/DL</u> 7		<u>MG/DLMG/</u> 113 H 8.7
						1.0	<u>113</u> n 0
		!	ROUTINE CHE	MISTRY			
TEST REF RANGE UNITS 06/26/07 2305	AMYLASE 10-130 <u>U/L</u> 27	LIPA 7-60 	C				
			URINE AN				
TEST REF RANGE	OPIATE SC <300 NE		SITURATE SCI <300 NEG		AMINE SC	METAMPHET	
UNITS	ng/mI	. <u></u>	ng/mL		I/mL	<1000N	
06/26/07 2255 OPIATE SCREEN ( FO	<300 NE 05/13/99 - R MEDICAL	- Current)	<300 NEG	<100	ONEG	<1000N	
Footnotes							
L = Low, H = Hi Section Index:	gh			CHEMISTRY	Сн	EMISTRY	
				CHERITOTICI	Cri	EHISIKI	
PATIENT: GAINE MEDICAL RECORD		4-09-87				DATE/TIME: PAGE: 3	06/27/07 2202 ROOM: S444-01
PERMANENT MEDIC	AL RECORD	FI	NAL RE	EPORT		continued o	n next page
United Regional	Health Ca	re System					
1600 11th Stree	t, Wichita	Falls, Tex	as 76301-43	388 (940)7	64-3184		
TORY - Page 3 of 6	~~~	UNI	TED REGIONAL HEAD	LTH CARE SYSTEM	M		rinted: 05/19/2008 11:49
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LABO Patient: GAINES, BARTON MR#: 440987 Discharged: 06/27/2007 Service Dates: 06/27/2007-06/27/2007 Copy for: ROI MGT TGREEN REQ: 137011, DET: 1188594 IK: 13639715 ITK: 20921 EK: 3082796 VER: 1



FINANCIAL #: 11111192979 AGE: 24 YRS SEX: M ADMITTING DR: SARTOR, T. INPATIENT

#### CLINICAL LABORATORY REPORT

CHEMISTRY

BARBITURATE SCR (05/13/99 -- Current) FOR MEDICAL USE ONLY AMPHETAMINE SC (08/04/04 -- Current) FOR MEDICAL USE ONLY! METAMPHETAM SCR (08/04/04 -- Current) FOR MEDICAL USE ONLY!

TEST REF RANGE UNITS	COCAINE <300 NEG ng/mL	CANNAB SCREEN <50 NEG ng/mL	PCP SCREEN <25 NEG ng/mL	BENZODIAZ SCR <300 NEG ng/mL	TCA SCREEN <1000NEG ng/mL
06/26/07 2255	<300 NEG	<50 NEG	<25 NEG	<300 NEG	<1000NEG
COCAINE (01/23/07 FOR MEDICAL	,				

CANNAB SCREEN (05/13/99 -- Current) FOR MEDICAL USE ONLY PCP SCREEN (05/13/99 -- Current) FOR MEDICAL USE ONLY BENZODIAZ SCR (05/13/99 -- Current) FOR MEDICAL USE ONLY TCA SCREEN (07/12/04 -- Current) FOR MEDICAL USE ONLY

ABUSE DRUG: This test provides only a preliminary test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. GC/MS is the preferred confirmatory method.

A positive result is produced when the established threshold for a given drug or drugs is met or exceeded. Negative results indicate that a given drug or drugs are not present in a concentration sufficient to meet or exceed the established threshold.

Section Index:

77333

PATIENT: GAINES, BARTON MEDICAL RECORD #: (0000)44-09-87

PERMANENT MEDICAL RECORD

CHEMISTRY

DATE/TIME: 06/27/07 2202 PAGE: 4 ROOM: S444-01

continued on next page ...

United Regional Health Care System 1600 11th Street, Wichita Falls, Texas 76301-4388 (940)764-3184

ORATORY - Page 4 of 6			UNITED REGIONAL HEALTH CARE SYSTEM           MR#: 440987         Discharged: 06/27/2007         Ser				Printed: 05/19/2008 11:49							
ient: GAINES, BARTON						Discharged: 06/27/2007 Servi			Service	Dates:	06/27/2007	-06/27/2007		
y for: ROI MGT TGREEN	REQ:	137011,	DET:	1188595	IK:	13639715	ITK:	20921 EK	: 3082797	VER:	1			

FINAL REPORT



FINANCIAL #: 11111192979 AGE: 24 YRS SEX: M ADMITTING DR: SARTOR, T. INPATIENT

## CLINICAL LABORATORY REPORT

		C0	AGULATION			
TEST REF RANGE UNITS	PROTIME 12.0-15.6 SEC	INR	PTT 25.3-39.1 SEC	AVG PTT	CONT	
06/26/07 2305 PROTIME (06/10	/02 Current) INDICATION: Prophylaxis of (high-risk	venous thro surgery)		32.2	INR RANG 2.0 - 3.	
	Treatment of w Treatment of F Prevention of Tissue heart w AMI (to preven Valvular heart AF	PE systemic emb alves it systemic e disease	oolism embolism)*			
	Bileaflet mech		_			
	Mechanical pro				2.5 - 3.	
	the antiphosph				>2.0 - 5.	U
		recommended.				rent MI, an INR of Administration
PTT (04/18/05	action, clinic 2001;119(1 Sup Current) A commonly rec the control va	al effective ppl):85. commended the lue. Based	eness, and or erapeutic rar on a dose of	ge is a P 0.20 U/m	rapeutic r FT ratio c L to 0.40	of 1.5 to 2.5 times
f = Footnote	COAGULATION					
<u>f = Footnote</u> Section Index: PATIENT: GAIN		9-87			DATE/TI PAGE:	
<u>f = Footnote</u> Section Index: PATIENT: GAIN	ES, BARTON #: (0000)44-09		LREPOI	с т	PAGE:	
Section Index: PATIENT: GAIN MEDICAL RECORD PERMANENT MEDI United Regiona	ES, BARTON #: (0000)44-09	F I N A 1 System			PAGE: continu	5 ROOM: S444-01
<pre>f = Footnote Section Index: PATIENT: GAIN MEDICAL RECORD PERMANENT MEDI United Regiona</pre>	ES, BARTON ) #: (0000)44-09 CAL RECORD 1 Health Care S	F I N A 1 System			PAGE: continu	5 ROOM: S444-01
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FINANCIAL #: 11111192979 AGE: 24 YRS SEX: M ADMITTING DR: SARTOR, T. INPATIENT

### CLINICAL LABORATORY REPORT

COAGULATION

PTT (04/18/05 -- Current) For details of heparin response curves, please contact the Coagulation Department of the Laboratory.

Hematocrit levels 55% or greater could produce falsely abnormal high results.

BLOOD BANK CURRENT RESULTS

DATE COLL TIME COLL

Section Index:

2235

06/26/07

ABO RH TYPE ANTIBODY SCREEN A POS NEG

PATIENT: GAINES, BARTON MEDICAL RECORD #: (0000)44	1-09-87	DATE/TIME: 06/27/07 2202 PAGE: 6 ROOM: S444-01
PERMANENT MEDICAL RECORD	FINAL REPORT	* * *END OF REPORT* * *

BB CUMULATIVE

LABORATORY - Page 6 of 6		UNITED REGIONAL HEALTH CARE ST	ISTEM	Printed: 05/19/2008 11:49
Patient: GAINES, BARTON		MR#: 440987	Discharged: 06/27/2007 Service	Dates: 06/27/2007-06/27/2007
Copy for: ROI MGT TGREEN	REQ: 137011	, DET: 1188597 IK: 13639715 ITK:	20921 EK: 3082799 VER: 1	

**UNITED REGIONAL HEALTH CARE SYSTEM** WICHITA FALLS, TEXAS

### **RADIOLOGY REPORT**

PATIENT:GAINES, BARTONSEX:MDOB:M/BED:S444-01ATTENDING PHYSICIAN:MERCER JR., LEO C.ORDERING PHYSICIAN:CHAPA, PHILLIP E.

 EXAM DATE:
 06/26/2007

 ACCOUNT #:
 11111192979

 SEQ #:
 00003

 MED REC #:
 440987

 PT. TYPE
 I

CT ABDOMEN PELVIS (11)

HISTORY Stabbed

TECHNIQUE

5 mm axial images were obtained to the abdomen and pelvis with oral contrast only.

FINDINGS

The liver, spleen, pancreas, gallbladder, adrenal glands and kidneys are all intact. No solid organ injury is identified. There is no free air identified. No free fluid is seen.

### IMPRESSION

No intraabdominal injury identified.

Klonie L. Berend, M.D. Electronically Signed 06/27/2007 By PAUL N. RENTON JR, M.D.

KLB/jo D: 06/27/2007 12:55:00 T: 06/27/2007 13:12:22

JOB #: 490824 RADIOLOGY REPORT

RADIOLOGY - Page 1 of 4			UNIT	UNITED REGIONAL HEALTH CARE SYSTEM MR#: 440987 Disch			YSTEM				Printed: 05/19/2008 11:4	
Patient: GAINES, BARTON			MR#:				Discharged: 06/27/2007 Service			rvice 1	Dates: -	
Copy for: ROI MGT TGREEN	REQ:	137011,	DET:	1188598 IK:	13640171 1	TK:	20968 EK:	3083926 V	ER: 1	<		

444

# UNITED REGIONAL HEALTH CARE SYSTEM WICHITA FALLS, TEXAS

# RADIOLOGY REPORT

PATIENT:GAINES, BARTONSEX:MDOB:10/25/1982RM/BED:S444-01ATTENDING PHYSICIAN:MERCER JR., LEO C.ORDERING PHYSICIAN:CHAPA, PHILLIP E.

 EXAM DATE:
 06/26/2007

 ACCOUNT #:
 11111192979

 SEQ #:
 00015

 MED REC #:
 440987

 PT. TYPE
 I

CT CHEST (THORAX) (11)

HISTORY Stabbed

### TECHNIQUE

5 mm axial images were obtained to the chest with intravenous contrast.

### FINDINGS

There is some soft tissue air seen involving the left chest wall. In addition, there is a small pneumothorax seen on the left. Some focal opacity is seen in the lingula, consistent with a small pulmonary contusion due to a puncture wound. There is no hemothorax seen. No mediastinal hematoma is identified. Thoracic aorta is unremarkable. Right lung is clear.

#### IMPRESSION

Puncture wound is seen involving the left chest wall with a small left pneumothorax.

Klonie L. Berend, M.D. Electronically Signed 06/27/2007 By PAUL N. RENTON JR, M.D.

KLB/jo

D: 06/27/2007 12:55:57 T: 06/27/2007 13:10:38

JOB #: 490824 RADIOLOGY REPORT

RADIOLOGY - Page 2 of 4	age 2 of 4 UNITED REGIONAL HEALTH CAR		CARE ST	STEM	Printed:	05/19/2008 11:49			
Patient: GAINES, BARTON			MR#:	440987		Discharged: 06/27/2007	Service	Dates: -	
Copy for: ROI MGT TGREEN	REQ:	137011,	DET:	1188599 IK: 136401	71 ITK:	20968 EK: 3083927 VER:	1		

## UNITED REGIONAL HEALTH CARE SYSTEM WICHITA FALLS, TEXAS

#### **RADIOLOGY REPORT**

PATIENT: (	GAINES, BARTO	
SEX: N	M DOI	B: 10/25/1982
RM/BED:	444-01	
ATTENDING	<b>FOR PHYSICIAN:</b>	MERCER JR., LEO C.
ORDERING	PHYSICIAN:	SARTOR, TAMMY L.

 EXAM DATE:
 06/27/2007

 ACCOUNT #:
 11111192979

 SEQ #:
 00013

 MED REC #:
 440987

 PT. TYPE
 I

CHEST 1 VW (11)

HISTORY Stab wound

FINDINGS

Portable AP upright film of the chest at 06:22 hours date 06/27/07 demonstrates residual gas along the left lateral chest wall. No evidence of residual pneumothorax is apparent. The lungs are clear. The cardiomediastinal silhouette is within limits. Skeletal structures show no significant abnormality. There is no evidence of significant change in chest appearance from yesterday's study.

David R. Spencer, M.D. Electronically Signed 06/27/2007 By DAVID R. SPENCER, M.D.

DRS/jo D: 06/27/2007 08:40:41 T: 06/27/2007 08:43:33

JOB #: 490589 RADIOLOGY REPORT

RADIOLOGY - Page 3 of 4			UNITH	UNITED REGIONAL HEALTH CARE SYSTEM							Printed: 05/19/2008 11:49		
Patient: GAINES, BARTON			MR#: 440987			Discharged: 06/27/2007 Servic			Dates: -				
Copy for: ROI MGT TGREEN	REQ:	137011,	DET:	1188600 IK	: 13640171	ITK:	20968 EK:	3084325 VER	: 1				

## UNITED REGIONAL HEALTH CARE SYSTEM WICHITA FALLS, TEXAS

#### **RADIOLOGY REPORT**

PATIENT: GAINES, BARTON SEX: M DOB: 10/25/1982 RM/BED: \$444-01 ATTENDING PHYSICIAN: MERCER JR., LEO C. ORDERING PHYSICIAN: CHAPA, PHILLIP E. 
 EXAM DATE:
 06/26/2007

 ACCOUNT #:
 11111192979

 SEQ #:
 00002

 MED REC #:
 440987

 PT. TYPE
 I

CHEST 1 VW (11)

HISTORY Stab wound to chest.

Single view of the chest dated June 26, 2007 at 2236 hours shows unremarkable heart, mediastinum and lungs. No pneumothorax.

IMPRESSION No significant abnormalities.

> Paul N. Renton Jr, M.D. Electronically Signed 06/27/2007 By PAUL N. RENTON JR, M.D.

PNR/sla D: 06/27/2007 09:15:33 T: 06/27/2007 09:44:01

JOB #: 490641 RADIOLOGY REPORT

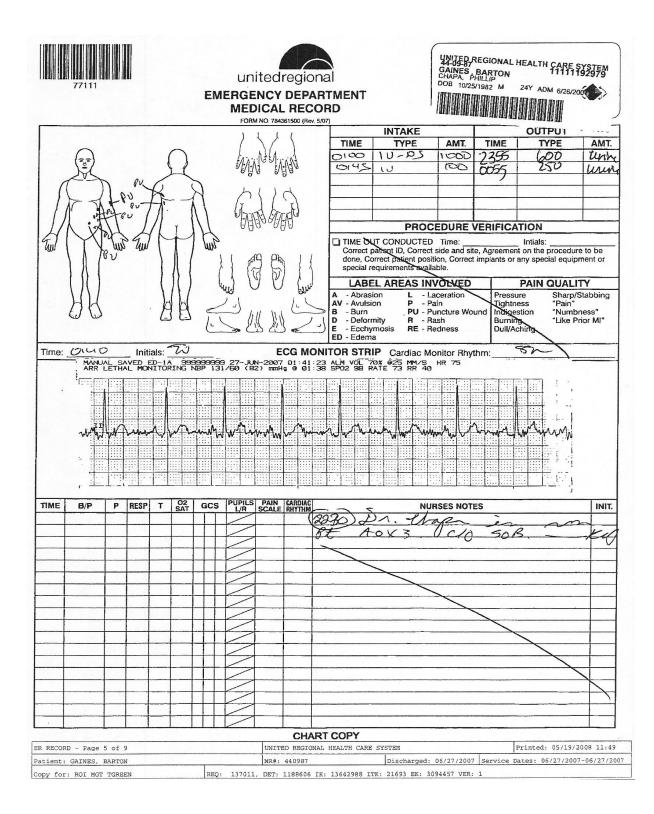
RADIOLOGY - Page 4 of 4			UNITED REGIONAL HEALTH CARE SYSTEM						Printed: 05/19/2008 11:49	
Patient: GAINES, BARTON		1	MR#:	440987		Discharge	d: 06/27/2007	Service	Dates: -	
Copy for: ROI MGT TGREEN	REQ: 13	7011, I	DET:	1188601 IK:	13640171 ITK:	20968 EK:	3084330 VER:	1		

	Emergen					
77111	11111192979					
Date of Birth:	22:25	harge Date: FC:	06/27/0 5	07	Sex: Race: Age: val By:	
atient Complaint: 2	years old Male presented	to the Emergency	Departme	ent with stab wound	ł.	
Chief Complaints	(1)Stab Wound	Chief Con	nplaint	<u>(s)</u>		
		tory of Pre	esent l	llness		
Timing:	Date of occurrence was to					
Context: Location:	FROM ALLRED S/P M	ULTIPLE STAB	WOUND	S TO CHEST ANI	ABD W	4" NAIL
Modifying Factors:	Abdomen= left upper qua	adrant,, Chest=I	eft side, A	Anterior, Right side	<b>,</b> .	
Quality, Description:	Patient reported no relief Problem is acute.	with rest,.				
Severity:	NAD					
Associated Signs and		headth at much all a				
Symptoms:	rositive for shorthess of	bream at rest, sho	ormess of t	breath, Location= A	abdomen,	Chest,, penetrating wound,
symptoms.		Deview	C			
0		Review of		ms		
Constitutional Symptoms:		ant abnormalities	i.			
Ears, Nose, Mouth,		ant abnormalities				
	Reviewed and no signific	ant aonomizanties				
Eyes:	Reviewed and no signific	ant abnormalities				
Eyes: Cardiovascular:	Reviewed and no signific Positive for shortness of l	ant abnormalities preath at rest. No		hest pain.		
Eyes: Cardiovascular: Respiratory:	Reviewed and no signific Positive for shortness of I Positive for shortness of I	ant abnormalities breath at rest. No breath.	: current cl	hest pain.		
Eyes: Cardiovascular: Respiratory: Gastrointestinal:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific	ant abnormalities preath at rest. No preath. ant abnormalities	: current cl	hest pain.		
Eyes: Cardiovascular: Respiratory: Gastrointestinal: Ausculoskeletal:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p	ant abnormalities breath at rest. No breath. ant abnormalities ain.	i. 9 current cl 1.	hest pain.		
Eyes: Cardiovascular: Respiratory: Gastrointestinal: Ausculoskeletal; Neurological:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific	ant abnormalities breath at rest. No breath. ant abnormalities ain. ant abnormalities	i. o current cl	hest pain.		
Eyes: Cardiovascular: Respiratory: Gastrointestinal: Ausculoskeletal: Neurological: Psychiatric:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific	ant abnormalities preath at rest. No preath. ant abnormalities ain. ant abnormalities ant abnormalities	i. o current cl			
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Eyes: Cardiovascular: Respiratory: Dastrointestinal: Ausculoskeletal: Neurological: Psychiatric: ntegumentary:	Reviewed and no signific Positive for shortness of 1 Positive for shortness of 1 Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al	ant abnormalities oreath at rest. No oreath. ant abnormalities ain. ant abnormalities and abnormalities odomen, Chest., p <u>Histo</u>	i. o current cl i.			
Eyes: Cardiovascular: Respiratory: Gastrointestinal: Ausculoskeletal: Neurological: Sychiatric: ntegumentary: Cocial History:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al Patient denies using stree	ant abnormalities oreath at rest. No oreath. ant abnormalities ain. ant abnormalities solomen, Chest., p <u>Histo</u> t drugs.	i. o current cl i.			
Eyes: Cardiovascular: Respiratory: Jastrointestinal: Ausculoskeletal: Neurological: Sychiatric: ntegumentary: Cocial History: Current Medications:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al Patient denies using stree See Medication Reconcili	ant abnormalities oreath. ant abnormalities ain. ant abnormalities at abnormalities odomen, Chest., p <u>Histo</u> t drugs. ation Form.	i. o current cl i.			
Eyes: Cardiovascular: Respiratory: Dastrointestinal: Musculoskeletal: Neurological: 'sychiatric: ntegumentary: Social History: Current Medications: Nlergies:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al Patient denies using stree See Medication Reconcili Patient has no known med	ant abnormalities oreath. ant abnormalities ain. ant abnormalities at abnormalities odomen, Chest., p <u>Histo</u> t drugs. ation Form.	i. o current cl i.			
Eyes: Cardiovascular: Respiratory: Bastrointestinal: Ausculoskeletal: Neurological: Sychiatric: Integumentary: Cocial History: Current Medications: Ulergies: ast Surgical History:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al Patient denies using stree See Medication Reconcili Patient has no known med No previous history.	ant abnormalities oreath. ant abnormalities ain. ant abnormalities at abnormalities odomen, Chest., p <u>Histo</u> t drugs. ation Form.	i. o current cl i.			
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Eyes: Cardiovascular: Respiratory: Bastrointestinal: Musculoskeletal: Neurological: Psychiatric: ntegumentary: Cocial History: Current Medications: Ulergies: Past Surgical History: Past Medical History:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Positive for Location= Al Patient denies using stree See Medication Reconcili Patient has no known med No previous history. No previous history.	ant abnormalities oreath. ant abnormalities ain. ant abnormalities at abnormalities odomen, Chest., p <u>Histo</u> t drugs. ation Form.	eurrent cl	g wound.		
Eyes: Cardiovascular: Respiratory: Bastrointestinal: Musculoskeletal: Neurological: Psychiatric: nitegumentary: Social History: Current Medications: Mlergies: 'ast Surgical History: Past Medical History: General Impression:	Reviewed and no signific Positive for shortness of 1 Positive for shortness of 1 Reviewed and no signific No back pain, No neck p Reviewed and no signific Positive for Location= Al Patient denies using stree See Medication Reconcili Patient has no known mee No previous history. No previous history.	ant abnormalities oreath. ant abnormalities ain. ant abnormalities ant abnormalities odomen, Chest., p <u>Histo</u> t drugs. ation Form. dical allergies.	eurrent cl	g wound.		
Eyes: Cardiovascular: Respiratory: Gastrointestinal: Musculoskeletal: Veurological: Psychiatric: ntegumentary: Cocial History: Current Medications: Wilergies: 'ast Surgical History: 'ast Medical History: General Impression: Respiratory Pattern:	Reviewed and no signific Positive for shortness of 1 Positive for shortness of 1 Reviewed and no signific No back pain, No neck p Reviewed and no signific Positive for Location= Al Patient denies using stree See Medication Reconcili Patient has no known med No previous history. No previous history. No Apparent Distress. Normal.	ant abnormalities oreath. ant abnormalities ain. ant abnormalities ant abnormalities odomen, Chest., p <u>Histo</u> t drugs. ation Form. dical allergies.	eurrent cl	g wound.		
Eyes: Cardiovascular: Respiratory: Gastrointestinal: Musculoskeletal: Veurological: Psychiatric: ntegumentary: Social History: Current Medications: Allergies: Past Surgical History: Past Medical History: Ceneral Impression: Respiratory Pattern: Constitutional Symptoms:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al Patient denies using stree See Medication Reconcili Patient has no known med No previous history. No previous history. No Apparent Distress. Normal. No fever, No lethargy.	ant abnormalities oreath. ant abnormalities ain. ant abnormalities ant abnormalities at abnormalities odomen, Chest., p <u>Histo</u> t drugs. ation Form. dical allergies.	e current cl senetrating ries	g wound.	exudate o	r asymmetry. Oral mucosa
Eyes: Cardiovascular: Respiratory: Bastrointestinal: Musculoskeletal: Neurological: Neurological: Neurontary: Social History: Current Medications: Allergies: Nergies: Nergies: Ast Surgical History: Carenal Impression: Respiratory Pattern: Constitutional Symptoms: Ears, Nose, Mouth,	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al Patient denics using stree See Medication Reconcili Patient has no known mea No previous history. No previous history. No Apparent Distress. Normal. No fever, No lethargy. TMI and clear bilaterally.	ant abnormalities oreath. ant abnormalities ain. ant abnormalities and abnormalities odomen, Chest., r <u>Histo</u> t drugs. ation Form. dical allergies. <u>Physical</u> No nasal discha	current cl	; wound. ]	exudate c	r asymmetry. Oral mucosa
Eyes: Cardiovascular: Respiratory: Gastrointestinal: Musculoskeletal: Neurological: 'sychiatric: nitegumentary: Social History: Current Medications: Allergies: 'ast Surgical History: 'ast Medical History: General Impression: Respiratory Pattern: Constitutional Symptoms: Ears, Nose, Mouth,	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al Patient denies using stree See Medication Reconcili Patient has no known med No previous history. No previous history. No Apparent Distress. Normal. No fever, No lethargy.	ant abnormalities oreath. ant abnormalities ain. ant abnormalities and abnormalities odomen, Chest., r <u>Histo</u> t drugs. ation Form. dical allergies. <u>Physical</u> No nasal discha	current cl	; wound. ]		
Eyes: Cardiovascular: Respiratory: Bastrointestinal: Musculoskeletal: Neurological: Neurological: Neurontary: Social History: Current Medications: Allergies: Nergies: Nergies: Ast Surgical History: Carenal Impression: Respiratory Pattern: Constitutional Symptoms: Ears, Nose, Mouth,	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al Patient denics using stree See Medication Reconcili Patient has no known mea No previous history. No previous history. No Apparent Distress. Normal. No fever, No lethargy. TMI and clear bilaterally.	ant abnormalities oreath. ant abnormalities ain. ant abnormalities and abnormalities odomen, Chest., r <u>Histo</u> t drugs. ation Form. dical allergies. <u>Physical</u> No nasal discha	current cl	; wound. ]		r asymmetry. Oral mucosa
Ihroat: Eyes: Cardiovascular: Respiratory: Gastrointestinal: Musculoskeletal: Neurological: Psychiatric: Integumentary: Social History: Current Medications: Allergies: Past Surgical History: Past Medical History: Carenal Impression: Respiratory Pattern: Constitutional Symptoms: Ears, Nose, Mouth, Chroat:	Reviewed and no signific Positive for shortness of I Positive for shortness of I Reviewed and no signific No back pain, No neck p Reviewed and no signific Reviewed and no signific Positive for Location= Al Patient denics using stree See Medication Reconcili Patient has no known mea No previous history. No previous history. No Apparent Distress. Normal. No fever, No lethargy. TMI and clear bilaterally.	ant abnormalities oreath. ant abnormalities ain. ant abnormalities and abnormalities odomen, Chest., r <u>Histo</u> t drugs. ation Form. dical allergies. <u>Physical</u> No nasal discha	ecurrent cl menetrating ries	g wound. 1 at / Mouth without y palpable.		

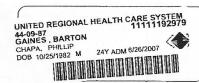
GAINES, BARTON	11111192979		192979
Eyes:	Pupils are equal, round, nystagmus.	regular and react to light. Extra occular m	uscles intact, and patient exhibits no
Cardiovascular:		ud rhythm without murmurs, rubs, clicks, g pits no peripheral edema.	gallops, or heaves. No jugular venous
Respiratory:		scultation bilaterally without wheezes, rale	es, rubs, rhonchi, or strider.
Gastrointestinal:		ontender, nondistended and symmetrical.	
Genitourinary:	No CVAT to percussion		
Musculoskeletal:	Chest/Trunk exam= Posi	itive for crepitation, LEFT LATERAL CH	EST.
Neurological:		ctive, exhibits no focal deficits, alert, affe	
Psychiatric:		ct normal, patient cooperative and pleasan	t.
Integumentary:	Positive for multiple pun		
Hematologic, Lymp, Immun:	Positive for ecchymosis.		
	Total Date Date D	Vital Signs	
	Tetanus Status: Up to Da		
~ .	Me	dical Decision Making	
Orders:	Abdomen/Pelvis,.	AUMA PANEL, Radiology Orders= CX	
Results:		See attached lab report,, Radiology Resul	
		AY: No acute abnormality noted, Radiole	ogy Results (2)= Interpretation of X-Ray
Dr. Interval Exam, Time:		D-SMALL LEFT PTX O/W NAF his critically ill patient was 30 minutes,	
Consultants:	Discussed admission with		
Disposition:	Admit orders written by	Private physician.	
		ifferential / Diagnosis	
Differential Diagnosis:		incrential / Diagnosis	
Diagnosis:	LEFT PNEUMOTHORAX S/P STAB		
		<b>Documented By</b>	
	Phillip E. Chapa, M.D.		
02:06 06/27/2007 Pt			
Electronical	ly Signed by:	Electron	ically Signed by:
			CHART COPY Page No. 2
SCORD - Page 2 of 9		UNITED REGIONAL HEALTH CARE SYSTEM	Printed: 05/19/2008 1
scond - rage 2 or J			
ent: GAINES, BARTON		MR#: 440987 Discharged:	06/27/2007 Service Dates: 06/27/2007-06/2

77111 77111 EMERGENCY DEPAR MEDICAL RECO	TMENT								
Date Time In Time to Tx Area (D.O.B. Age 24	TRIAGE CATEGORY     TRAUMA     Activation Time     Room #       1     2     3     4     5     I     II     III								
Arrival Mode: POV M Amb. Aeromedical Other:	PD Notified (Time/Agency):								
Postmenopausal BCP Child Im     Premenarchal NA	UTD         5 yrs or more         Workers Comp:         Date of Injury:								
BP 133/13 P R Temp 50 O2 Sat □ RA GO 133/13 99 R X 778 □ Art 100% 4	56 5 /10 5/11 1801 Bit TLER D Both								
TREATMENT PTA: None See EMS Report See NN	ER Physician: Notified With Patient								
Triage RN Signature: hand RD 2nd Visit 24 hrs	ER Physician: Notified With Patient								
Chief Complaint: Started min/hrs ago	□ Refer ER DR <sub>1</sub> □ To □ ₩o Called Replied Arrived								
Stated F. 4 rail (1)	Physician: Alred								
right (Dade of alta (L)	Consult:								
1 Jacks C/U 30 /2									
	TIME BP P R T O2 GCS PAIN MONITOR INITIAL								
	320 124 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
TIME TIME WITHE	33								
CBC UA CXBC D / 2V MD SMA UDS C.Spine	0015 135/63 78 24 - 99 48 3 8-55								
PT PTT BHCG, Urine Acute Abd	00-6 1231 5, 90 31 - 98 454 3- SILE								
C. Markers 1 2 3 BHCG, Qual. EKG/Time:	0110 1251 57 15 15 - 97 356 0 52 E								
BNP BHCG, Quan. Viewed By:	0150 131/60 78 14 - 98356 03 92 23								
Type/Screen/RH Blood Cultures x	ALLERGIES: NMS/T								
Amylase/Lipase LFT Old Records /uc									
TIME ORDERED TREATMENTS/MEDICATIONS/ROUTE/DOSE SITE	TIME/INITIALS RESPONSE/PAIN SCALE/AMT. INFUSED TIME/INITIALS								
H.L./ Cath Size: 305 (D3k) ward	# Attempts: N/A								
2120 - fraceno plant									
Cichist									
1)5 P 7 012. 14	73-20 P								
	C								
DISPOSITION: Discharged: Home Police Nursing Home Morgue Funeral Home	DISCHARGE VITALS:           BP:								
Verbal / Written Instructions / Rx Given to: Patient	BP:         HR:         RR:         Temp:         O2 Sat:           Pain at Discharge:         / 10         Time of Death:         O2 Sat:								
Verbalized Understanding Given By: RN Provider	CONDITION: Unchanged Improved Stable Expired								
Accompanied By / Driver:	Depart Time: 0150 WC Walk Crutches Stretcher Ambulance								
Report to: / West Time: 0140	SIGNATURE								
Transfer Documentation Completed	PRIMARY NURSE CLEF_ister AN								
Notified Family / Police / ME	PERSONNEL DISCHARGE NURSE								
Left AMA / LWBS Signed AMA Sheet Refused Physician Notified of:	NP/PA MD								
□ IV Catheter(s) appeared intact when removed Time/Initials:	Diagnosis:								
CHART									
Patient: GAINES, BARTON MR#: 440987	HEALTH CARE SYSTEM Printed: 05/19/2008 11:49 Discharged: 06/27/2007 Service Dates: 06/27/2007-06/27/200								
	13642988 ITK: 21693 EK: 3094455 VER: 1								

	77111	unitedregic EMERGENCY DEP		NT		UNITED REG 44-09-87 GAINES, BA CHAPA, PHILI DOB 10/25/19		
		MEDICAL REC FORM NO. 784361500 (R	CORD					
AIRWAY	I I FT #·	BREATHING OZ L D-Spontaneous Mask Assisted		R		LUNG SOUNDS Clear Crackles Rhonchi/Wheezes Decreased Absent		ABNORMAL FINDINGS
HEART/	Otorrhea     TRACHEA:     TRACHEA:     TRACHEA:     TRACHEA:     TRACHEA:     TRACHEA:     Midline     Factures     Deviated     Tractures     Deviated     Tractures     Tractures	∑No ☐ Yes ☐ C-Collar Removed by: her: :: ☐ No ☐ Yes	ain	a	ft	- lateral i	Lt	THORAX: HEART TONES: Organization Symmetrical Distant Crepitus Muffled
	□ Cool □ Hot □ Diapberétic □ F Warm □ Moist □ Tory □ Flush Capillary Refill: □ < 1 Sec (Normal) Abnormal Findings:	Pink Pale/Ashen P-Acya ed Cyanotic None > 2 Sec (Dela	TACERATIONS & Ditou	Time: Cleane Cleane Suti Oin Derr	ed W ure imen nabor	Location:	les natur	See Diagram      Dermabond # of Pkg.:     Dressing: e:
ABDOMEN	BOWEL SOUNDS:         ABDÓMEN:           Present         Soft         Rigid           Decreased         Distended           Hypoactive         Tepder           Hyperactive         Non Tender	PAIN:           No         Yes           Vomit:		Yes	UQ		NGT	Time: Size Return Nurse:
5 AN CI	Absent Pregnant Blood at Meatus: No Yes U Injuries No Yes	rinary: Hematuria: ANO			ence	: Ø No 🗋 Yes	CATHETER	Time: Slze: Return: Nurse: Foley Mini Straight Specimen sent to Lab
EXTREMITIES	EXTREMITIES: Moves Extremitie Adequate Pulses Longboard Remo Exceptions to Above Parameters:	x 4 DINO Edema	/Pink	lo Ma lo Bur	or D	eformities brasions/Lacerations Time:		
	FRACTURE / S	PRAIN		*	* R	ISK SCREENS	C	No Risk Identified
C C Pre-S	Location: Splint: Ice Elevate Sling Crutches with crutch walking instruction plint Assessment					Security Observit Restraints Applie Fall Risk Side Rails Up x 2	ing ed (l	ent Patient Refer to Restraint Form) Family/Staff at Patient Bedside
Post-S	CMS Within Normal Limits Other:	Yes     Yes     Yes     Yes     Yes	Other:     Other:					
	Post OCL Instruction Sheet for Dischar		Prima Do you If yes,	y Lan want met b	guag an ir y: C	le: Contraction of the second	nish,	Deaf: Hearing Impaired): Ves No
<b>D</b> ¥		** ABUSE: In						
🗋 Yes	No     Have you ever been emotion children/pets threatened by important to you?       s     No       Within the last year, have you otherwise physically hurt by       s     No       Within the last year, has anyon activities?	your partner or someone u been hit, slapped, kicked, or someone? one forced you to have sexual	Addition excess SOCIA	ive fea	o s onsid ar, un	Since your pregnancy, I otherwise physically hu erations: Unexplained b	have rt by ruis sign	es/injury, loss of Interest in self care, ation. If yes, notify Social Work.
			ARTCOP		av			
	ORD - Page 4 of 9	UNITED REGI	UNAL MEALTH	CARE			1.	Printed: 05/19/2008 11:49
	t: GAINES, BARTON or: ROI MGT TGREEN	MR#: 440987 REQ: 137011, DET: 1188605	5 IK: 136429	88 IT.				ervice Dates: 06/27/2007-06/27/2007



						 8	% ∛1	× 2 %	' ' '  ¾ 1/	· ·	"/" '' % ∛⊾	יוי יו א
		PAI	N SCALE				Г <b></b>	METRIC C	ONVE	RSIO	NS	
							vo	LUME	1	EMP	1	IGHT
		(j) 					1 Teaspoon 1 Tablespoo 1 Fluid oz 1 Cup 1 Pint 1 Quart		C° 40.6 40.4 40.2 40.0	F° 105.1 104.7 104.3 104.0	kg 125 120 115 110	lbs 275 264 253 242
Ó	1 2 3	4	56	7 8 9	9 10			EIGHT	39.8 39.6	103.7	105	231
	VISUAL	. ANAI	LOG SCA	LE (VAS	\$)		1 g 1 mg	= 1,000 mg = 1,000 mcg = 60 mg	39.4 39.2 39.0	102.9 102.6 102.2	95 90 85 80	209 198 187
F	LACC BEHA			GEMENT	SCALE		1/150 gr	= 0.4 mg	38.8 38.6	101.8	75	176
The FLACC is a beh	navior pain asses					unable	i kg	= 2.2 lbs	38.4	101.2	70	154
to provide reports o	of pain. 0 No particular e: 0r smil		Occasiona	1 I grimace or rithdrawn,	2 Frequent to con frown, clenched		1 mmHg	SSURE = 1.36 cmH2O = 0.73 mmHg	38.2 38.0 37.8 37.6	100.8 100.4 100.1 99.7	65 60 55 50	143 132 121 110
LEGS	0 Normal posi	tion or	disinte	erested 1 stless, tense	quivering chi 2 Kicking or legs dra	n			37.4 37.2 37.0	99.3 99.0 98.6	45 40 35	99 88 77
	relaxed 0 Lies quietly, position, move	normal		1 hifts back & tense	2 Arched, rigid, or j	erking			36.0 35.0 34.0	96.8 95.0 93.2	30 25 20	66 55 44
CRY	0 No crying (av asleep		Moans or	1 whimpers, y complains	2 Cries steadily, scr or sobs, freque complaints				33.0 32.0 31.0 30.0	91.4 89.6 87.8 86.0	15 10 7 5	33 22 15 11
CONSOLABILITY	0 Content, re	axed	Reassure	1 ed easily, actible	2 Difficult to conso comfort	le or			29.0 28.0 27.0	85.2 82.4 80.6	3.5 1.5 1	7.5 3.0 2.2
TRAUMA S RESPIRATORY RATE: 10-24/min			PEDIATRIC	C TRAUMA	Component)	mg/mL		DRIP FOR g of med	MUL	AS		
23-35/min 36/min or greater	3	COMPONE	+2	+1	-1 < 10 kg	mg/hr:	= mg	g of med	. introim			
1-9/min None		Size Airway Systelic B/	≥ 20 kg Normal P > 90 mmHo	Maintainable	Unmaintainable	maimin		L of solution	k infusio (mL/hr	)	22	
1-9/min None SYSTOLIC BLOOD PR 90 mmHg or greater 70-89 mmHg 50-69 mmHg 9-49 mmHg	1 0 RESSURE: 4 3 2 1		Normal P ≥ 90 mmHg Awake		< 5 mmHg Coma/Decerebrate Major/Penetrating	mg/min mg/kg/i	n: = mg mi min = mg	g of med	(mL/hr c infusio (mL/hr c infusio	n) mirate ÷ ) mirate ÷	60 ÷ pt	
1-9/min None SYSTOLIC BLOOD PR 90 mmHg or greater 70-89 mmHg 50-69 mmHg 90-49 mmHg 90 Pulse GLASGOW CO	0 RESSURE: 4 3 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Airway Systolic B/ CNS Open Wour Skeletal	Normal       /P     ≥ 90 mmHg       Awake       nd     None       None       Awake       None	Maintainable 90-50 mmHg Obtunded/1.0.0 Minor Closed Fracture SU hle B/P can be assess Pulse Palpable at Gr	< 5 mmHg Coma/Decerebrate Major/Penetrating Open Multiple Fractures M:(PTS) sed by assigning: cm -1 No Pulse Palpable		min = mg m	g of med solution	(mL/hr c infusio (mL/hr	n) mirate ÷ ) mirate ÷	60 ÷ pt	's weigh kg
1-9/min None SYSTOLIC BLOOD PR 30 mmHg or greater 70-89 mmHg -09 mmHg -09 mmHg -09 mmHg -09 mmHg -09 mmHg -00 Pulse CHASGOW CO EVE OPENING: 50 ontaneous -00 roice -00 Pain	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Airway Systolic B/ CNS Open Woun Skeletal If proper size +2 Pulse Pa	Normal P ≥ 90 mmHg Awake nd None None d B/P cuff not availat pable at Wrist +1 PEDIATR	Maintainable 90-50 mmHg Obtunded/1.0.0 Minor Closed Fracture SU Die B/P can be assess Pulse Palpable at Gr IC COMA INFAN	< 5 mmHg Coma/Decerebrate Major/Penetrating Open Multiple Fractures M:(PTS) sed by assigning: cm -1 No Pulse Patpable SCALE T:	mg/kg/ι μg/mL: μg/hr:	1: = mg min = mg mi = mg mi = mg mi	g of med of solution g of med of solution g of Med x 1000 of solution g of med x 1000 of solution g of med x 1000 of solution	(mL/hr infusio (mL/hr infusio (mL/hr infusio (mL/hr	) n rate ÷ ) n rate ÷ ) n rate )	60 ÷ pt in	
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EMERGENCY DEPARTMENT NURSES NOTES (Continuation)

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 Ex RELORD - Page 7 01 9
 DWILED ESGLOARD HEADIN CARE 5131m
 Filmeet 60/12/2007

 Patient: GAINES, BARTON
 MR#: 440987
 Discharged: 06/27/2007
 Service Dates: 06/27/2007-06/27/2007

 Copy for: ROI MGT TGREEN
 REQ: 137011, DET: 1188608 IK: 13642988 ITK: 21693 EK: 3094459 VER: 1
 1

	24Y ADM 6/26/2007	TRAUMA	CALL LOG rev 01/07 traumacallo
		Hile Lardner : 2223	
Name	Time Notified	Time in ED	1
Trauma Surgeon	Sartor 2235	2332	
Trauma Nurse			
Respiratory	Shannon 2203	2225	
X-Ray	Mark 2223	2225	
СТ	Sherry 2223	2225	
Blood Bank/Lab		2225	
House Supervisor	Cencly		
Social Services		3	
ICU			
Surgery	Jainne 2224		
Other	Chaplain 2225		

ER RECORD - Page 8 of 9				UNITED REGIONAL HEALTH CARE SYSTEM								Printed: 05/19/2008 11:49			
Patient: GAINES, BARTON MR#: 440987						Disch	arged	: 06/27	2007	Service	Dates:	06/27/20	07-06/27/2007		
Copy for: ROI MGT TGREEN	REQ:	137011,	DET:	1188609	IK:	13642988	ITK:	21693	EK:	3094460	VER:	1			100

, 77111		dmit D <del>ate</del> OB	unitedregional
	En	nergend	rev Department Ambulance Call Record rev 03/07 amb.jsn
ATE: $6 - 26$ (TIME: $2215$ NIT: TTENDENT: RANSPORT CODE (2 3 ONDITION CODE: (2 3) TA: $457$ (AGE: $232$ (M) HIEF COMPLAINT: $477$ (M)	C: re	ategory 1 quire imi 1. <u>0</u> A. Glass B. Systo C. Systo D. Pedi <u>ANATO</u>	LE ALL THAT APPLY: 1 patients are emergent major trauma and neediate activation of the trauma team. <u>CLINICAL ASSESSMENT</u> spow Coma Scale < 13 or talic BP < 90 past pre-hospital fluid challenge or talic BP < 80 on ER Arrival or intric Trauma Score < 9 or <u>OMY ASSESSMENT</u> :
(2) pheit + bi (3) pheit + bi (5) B/P (1) + (3) R 20 D2 96 / BBG HYTHM: (1) REATMENT: (2) V: @	the state	B. Flail C. Pene D. Oper E. 2 or F. Am G. Bur H. Loss I. Pres	ients requiring intubation if Chest is traing injury to head, chest, or abdomen en pelvic Fracture r more long bone fractures aputations proximal to the wrist or ankle rns > 15% BSA or respiratory comprise s of sensation or movement to lower extremities egnant trauma patient 20 wks gestation or fust meet another Level 1 criteria)
C-COLLAR BACKBOARD		A. Ejec B. Auto C. Mot D. Fall E. Extu F. MV G. Gun	HANISM ASSESSMENT: ction from vehicle to-Pedestrian/Auto-Bicycle im pact for cycle impact is > 20 feet trication time > 20 minutes VA unrestrained rollover nshot wound to head, chest or abdomen evel 1 Activation
	A	<u>LNY</u> elem For mech Mechanis	ment within the Clinical or Anatomic Groups tranism based activation <u>MUST</u> have element from ism Group <u>AND</u> at least one element from either or Anatomic Groups
MEDICAL CONTROL PHYSICIAN/RN:	r ghan	das	
COMMUNICATION QUALITY: GOOD FAI	IR FOOR		
TIME OF TRAUMA ACTIVATION:			Revised: January 2007
ER RECORD - Page 9 of 9	UNITED REGIONAL H	EALTH CARE	NE SYSTEM Printed: 05/19/2008 11:4
Patient: GAINES, BARTON	MR#: 440987		Discharged: 06/27/2007 Service Dates: 06/27/2007-06/27/2
Copy for: ROI MGT TGREEN REQ: 137011,	DET: 1188610 IK: 1	13642988 II	ITK: 21693 EK: 3094461 VER: 1

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1. Illness 2. Plan 3. Medid 4. Equip II. LEARN Pt - Pa F - Fa SO - Sig P - Pa 0 - Ott *INDIVIDUAL ARE INDICAT	of Care cations oment <b>IER</b> tient mily gnificant Oth rent	5. Nutrition/Diet 6. Pre-Op/Post-Op 7. Pain Management 8. Potential Food/Drue III. LEARNING B. N - None S - Sight H- Hearing L - Languag C - Culture/F INS - Mental S	ARRIER IV	10. Availat 11. When/ 12. Person	G METHOD nation Instration louts	ity Resource ain Further H Grooming V. Lt V F F	
DATE / INITIALS	I. TEACHING TOPIC		II. LEARNER	III. LEARNING BARRIER		V. LEARNER RESPONSE	HANDOUTS PROVIDED
127/07	1, 4	Orientation to Hospital/Room/Equipment	PIF	N	E, HO	VU	Patient Handbook
T	15	Fall Reduction	Pt F	N	E, HO	VU	
a	7	Pain Education	F	N	E, HO	VU	
I [	13	Smoking Cessation	ØF	N	E, HO	VU	
Ι, Γ	14	Advanced Directives	(P)/F	N	E, HO	VU	
Uproject	) 2	Initial Plan	Pt / F	N	E, HO	VU	
6/2/01 CH	0 1	Illness/Disease	Pt / F	N	E, HO	VU	
6/27/mer	2 3	Medication/Vaccination Education	Pt / F	N	E, HO	VU	
10.1101	6	Pre-Op / Post-Op	Pt/F	N	E, HO	VU	
	*1, 3, 5, 9, 11	CHF Packet	Pt /F	N	E, HO	VU	A patient's guide to managing Heart Failure.     Heart Failure weight and well being chart Reach your goal with low-sodium eating. Meal plan for people with congestive Heart Failure.
	1, 3, 10, 11	Diabetes Packet	Pt /F	N	E, HO	VU	Polabeles Basics     Polabeles Basics     Reminders for Diabetes Care     Information Diabetes Scif Management Program     Medie Aler Information     Diabetes Support group information
	1, 2, 9, 11, 13, 16	Stroke	Pt /F	N	E, HO, V	VU	Booklat– Stroke Centor Video: Stroke–What every person needs to know
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						000	Putter row PAC DKENTEr Admit Tec
*FOR	CHF PATIE	NTS ONLY				100	IVIENIE Hamitle

EDUCATION - Page 1 of 1 Patient: GAINES, EARTON			UNITED REGIONAL HEALTH CARE SYSTEM								Printed: 05/19/2008 11:49				
			MR#: 440987					Discharged: 06/27/2007 Service					Dates:	06/27/20	07-06/27/200
Copy for: ROI MGT TGREEN REQ: 137011,			DET:	1188611	IK: 1	3642991	ITK:	22196	EK:	3094465	VER:	1			

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RESP/TRANS	P		TYPE OF	CALL		1	Scene		<b>'</b>	Scene				DICAL	ILLNESS	
To Scene: Emergent Non-Emerger Exception From Scene: Emergent	Multi Traun     MVC		☐ Fall □ Fire/Burn □ Haz Mat E □ Machinery □ Poisor/OE □ Respirator	Exposure //Equip )		B/Pre		5	S	Primary econdary	Pur sta		<u>c</u> u	Jau	rls to	cherta
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CPRT I Y I N DNRO I Arrest to CPR Arrest to ALS Arrest to Shock	<u>ER BTS</u> <u>CPR</u> Time: Mi ← ↓ 4-8 ↓ 8-1 □ □ □ □ □ □ □ □	15   >15 ] [] ] []	Eves © Spontan © Speech © To Pain © None	Verba	ed sed op		Motor Obeys Localize Withdray Flexion Extends None	~	Ven	D	on 0 0	10L 10L 10L 10L 10L 10L	No	Other	MEDICAT Adenos Albuter Anectin Atropine Benadr Breathin	in 🗆 ASA ol 🖾 ActCh e 🗆 Bicart e 🗆 D50W yl 🗆 D25W
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REQ: 137011, DET: 1188613 IK: 13642989 ITK: 22134 EK: 3094463 VER: 1

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Page 112 of Appendix 4



#### GAINES, BARTON 1111192979 44-09-87 6/26/2007 Admit Date 10/25/1982DOB M CHAPA, PHILLIP

24Y



PATIENT AUTHORIZATION RECORD

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#### AUTHORIZATION FOR CARE

I authorize representatives of United Regional Health Care System (URHCS) to render nursing and hospital care to me during my inpatient, outpatient, or emergency room services and to carry out the orders of my attending physician, including consultants, associates, and assistants of his choice

#### HIV/AIDS TESTING

Texas law authorizes a hospital or physician to require that a patient be tested for possible exposure to the human immunodeficiency virus, the virus associated with AIDS, in the following situations 1) if donation of blood, blood products, organs or tissues is contemplated (2) if a health care worker is accidentally exposed to a patient's blood or bodily fluids, such as through a needle stick; or (3) if a medical or surgical procedure is to be performed which could expose health care workers to the patient's blood or bodily fluids. You may be tested if any of these situations occur during your hospitalization.

#### PATIENT HEALTH CARE INFORMATION

"State and Federal Legislation permit the disclosure of health care information without authorization in certain situations Most of these disclosures will be shaning information to provide treatment or care for you, also for billing purposes and to conduct normal hospital operations. Other situations where the law allows us to disclose health care information without authorization are listed in URHCS' Notice of Privacy Practices provided at time of admission

#### PATIENT ACKNOWLEDGEMENT OF RECEIPT

- I acknowledge and understand that URHCS provides safekeeping for money, jewelry or other valuables; otherwise, I assume personal responsibility for them URHCS does not accept responsibility for dentures, eyeglasses, contact lenses, hearing aids, or any other type of prosthesis
- I acknowledge receipt of the written documentation "Notice of Privacy Practices" explaining my rights in regards to privacy and release of my healthcare information
- I acknowledge my right to have an advance directive and understand that if I do not have an advance directive, the Patient Representative or Social Worker will give me additional information, answer my questions, and help me complete an advance directive
- I acknowledge, if being admitted to the hospital as inpatient or observation, receiving a copy of the written documentation "An Important Message from Medicare/Tricare explaining my rights" \_\_\_\_\_No MCR/Tricare

#### PRIVACY PRACTICES

1 I would like my name withheld from the Hospital Directory (I understand the hospital will not acknowledge my presence as a patient to anyone, including my family and friends, who call or come to the Information Desk ) Y

2. I, THE UNDERSIGNED, HA	VE BEEN EXPLAINED THE	CONTENTS OF THIS I	ORM AND I UN	DERSTANDAS
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AUTHORIZATION - Page 1 of 1	UNITED REGIONAL H	EALTH CARE SYSTEM		Printed: 05/19/2008 11:49
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#### GAINES , BARTON 11111192979 6/26/2007 Admit Date 44-09-87 10/25/1982DOB M 24Y CHAPA, PHILLIP



INSURANCE ASSIGNMENT

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- 1 This is a *lifetime financial consent concerning outpatient service records*, which shall continue in effect unless and until I revoke it by written request to the Admitting Department at United Regional Health Care System Inpatient services, outpatient invasive procedures and emergency services will require that I sign an additional consent for each date of service
- 2 In consideration of services rendered, I hereby irrevocably assign and transfer my rights, title and interest in any benefits payable to or for my benefit under hospitalization, sickness or accident insurance coverage, to include major medical, or employee benefits, for the payment of such services rendered by URHCS

#### A AUTHORIZATION FOR AND CONSENT TO RELEASE OF INFORMATION

Authonzation is hereby granted to the Hospital and service related to physicians to release to my insurance company or companies, their agents, Workers Compensation carrier or employer and other third party payers, any information (including Diagnostic and financial information) as may be requested or necessary for the completion of claim processing relative to my treatment. I also authonze disclosure of said information to any physician or hospital to which I am referred.

#### B ASSIGNMENT OF INSURANCE BENEFITS

The undersigned, jointly and severally, hereby authorizes payment directly to the Hospital and treating physicians for the insurance benefits otherwise payable to him/her or due to become payable to him/her for this medical treatment. I further agree that in the event hospital, surgical and medical insurance benefits exceed the amount due to the Hospital for services in connection with my treatment, that any such excess amount may first be applied as payment of other indebtedness due the Hospital form me or my immediate family on account of other treatments or hospitalization, and the balance, if any remains, refunded appropriately. This assignment includes PIP "Personal Injury Protection" and insurance benefits accruing to me under uninsured motorist coverage.

#### C ASSIGNMENT OF MEDICARE INSURANCE BENEFITS

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 Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim I assign the benefits payable for the services rendered by the Hospital and treating physicians I authorize the Hospital and treating physicians to submit claims to Medicare for payment

#### D FINANCIAL RESPONSIBILITY

I understand that regardless of my assigned insurance benefits, I am responsible for the total charges for services rendered, including payment of services denied or not covered by my insurance benefit plan I further agree that all amounts are due upon request and are payable to URHCS, Wichita Falls, Wichita County, Texas All accounts are due upon dismissal unless arrangements have been made in advance with the Business Office

#### I. THE UNDERSIGNED, HAVE BEEN EXPLAINED THE CONTENTS OF THIS FORM AND I UNDERSTAND AS INDICATED BY MY SIGNATURE.

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

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For Carrier Pickup or tracking call 1-800-222-1811.

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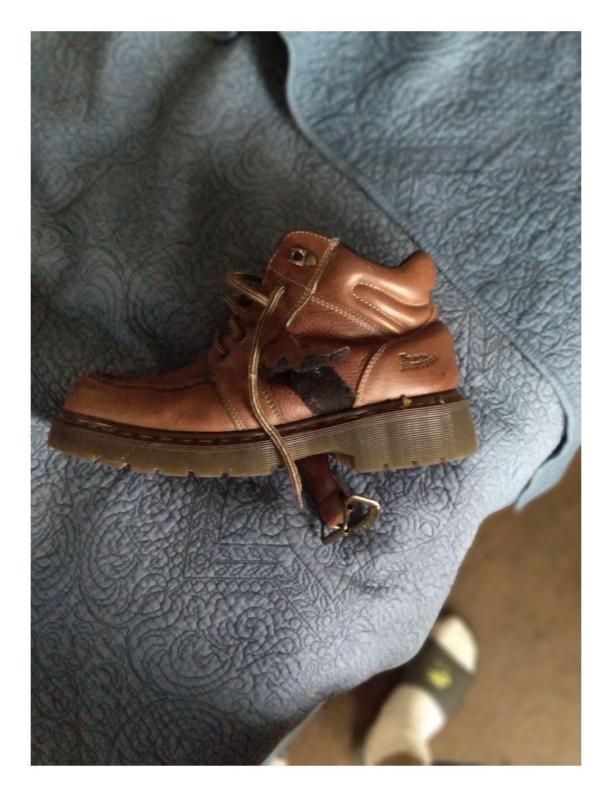
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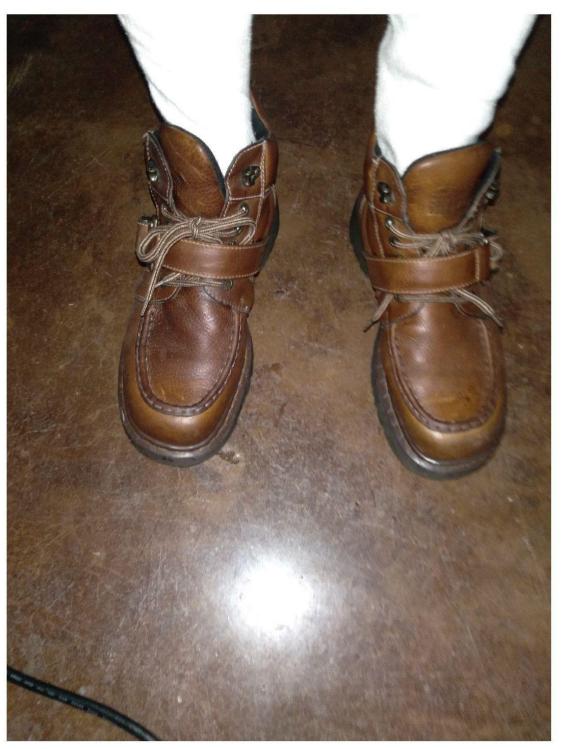
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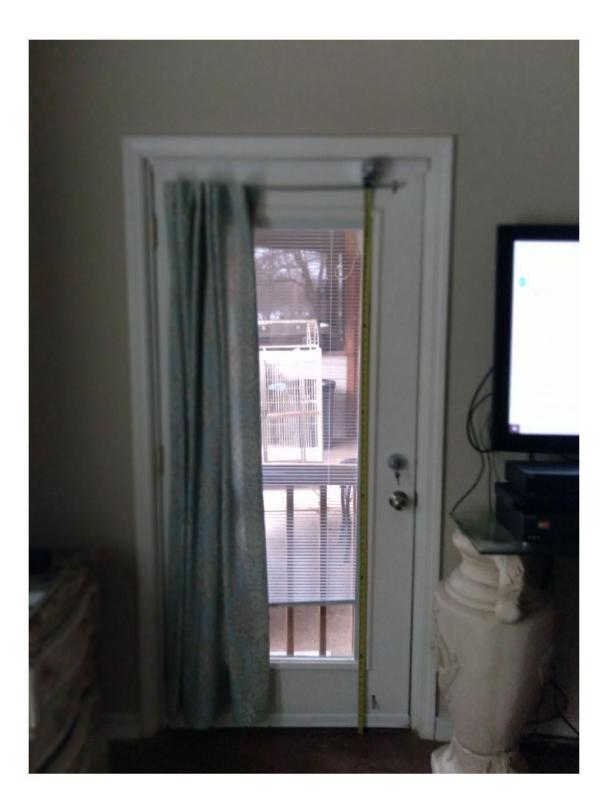


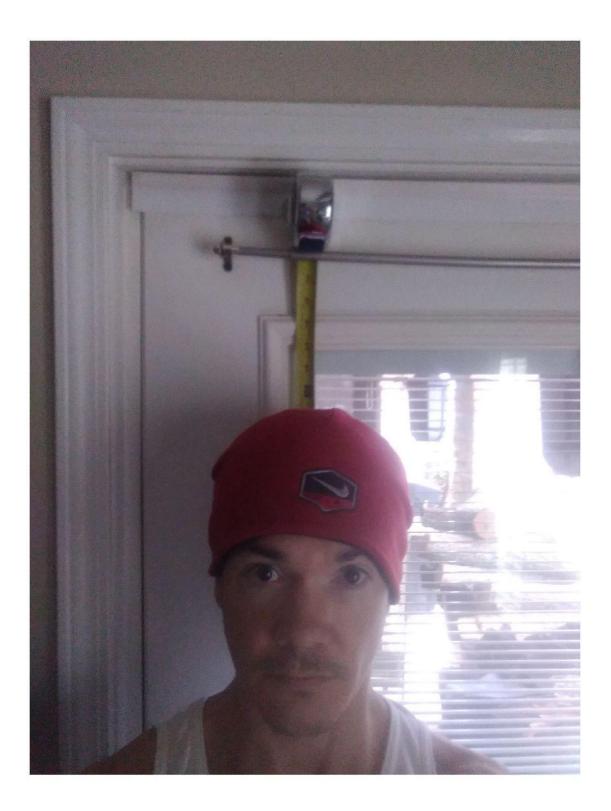
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This automated certificate of service was created by the efiling system. The filer served this document via email generated by the efiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

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Associated Case Party: BARTON RAYGAINES

Name	BarNumber	Email	TimestampSubmitted	Status
Barton RGaines		bartongaines@gmail.com	9/3/2021 9:05:55 AM	SENT