Doc # 2004155790
Page 1 of 163
Date: 12/30/2004 03:20P
Filed by: SKAMANIA COUNTY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: $0.00

Return Address:

Skamania County Auditor

Document Title(s) or transactions contained herein: Notice of Claim
GRANTOR(S) (Last name, first name, middle initial) Skamania County [ ] Additional names on page _____ of document.
GRANTEE(S) (Last name, first name, middle initial) Blouin Aaron J. [ ] Additional names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) [ ] Complete legal on page _____ of document.
REFERENCE NUMBER(S) of Documents assigned or released: [ ] Additional numbers on page _____ of document.
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER [ ] Property Tax Parcel ID is not yet assigned [ ] Additional parcel numbers on page _____ of document.
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

PETERSON
LAW OFFICES

825 NE 20th Avenue Suite 340 Portland, Oregon 97232

RCW 4.96.020 Notice of Claim

December 29, 2004

Mike Garvison
Auditor
Skamania County
PO Box 790
Stevenson, WA 98648

Re: Our Client: Aaron J. Blouin (a minor)
Date of Injury: September 2, 2003

Dear Mr. Garvison,

Pursuant to RCW 4.96.020, this is notice of claim against Skamania County.

1. **Location and description of conduct and circumstances which brought about the injury or damage:**

Aaron J. Blouin was properly inside the Skamania County Courthouse on September 2, 2003, leaving the courthouse. When he approached the door to leave, he pushed down on the bar to open the door and his hand slipped off the bar and he fell head first through the glass window in the door, slicing open his neck.

2. **Description of the injury or damage:**

Mr. Blouin was Life-Flighted to Emanuel Hospital with severe injuries. He sustained a large laceration to his neck with exposed vessels. His diagnosis was a 6 cm neck laceration, 2 cm auricular laceration and sternocleidomastoid muscle laceration. He lost an estimated 150 cc's of blood.

At the Trauma Center, Mr. Blouin was taken directly to surgery due to an "expanding hematoma in his neck." During surgery Dr. McGuigan found multiple small bleeding vessels around the lacerated sternocleidomastoid muscle. The vessels, including the carotid artery and the internal jugular vein were exposed. The massive wound was stapled shut. Throughout the next two days, Mr. Blouin was in recovery at the hospital,

LICENSED IN OREGON AND WASHINGTON
a professional corporation

503.280.0888 telephone
877.908.1900 toll free
503.231.9500 facsimile
www.injurylaworegon.com

on a constant Morphine drip and antibiotics. The staples in Mr. Blouin's neck stayed until September 10, 2003.

3. Time and place of the injury or damage:

September 2, 2003, time of day unknown.

4. Names of the person involved

Aaron J. Blouin.

5. **Amount of damages claimed**:

Total damages are unknown, but currently the amounts are:

Special Damages (Medical Bills)

Provider	**Amount**
Emanuel Hospital	$17,411.55
Lifeflight	$7,627.00
Seth Izenberg, M.D.	Unknown
Chris Kaufmann, M.D.	Unknown
Totals	**$25,038.55**

General Damages

$100,000

6. Actual residence of the claimant at the time of presenting and filing the claim:

Aaron J. Blouin
PO Box 622
Carson, WA 98611

7. **Statement of the residence of the claimant 6 months immediately prior to the time the claim arose**.

Aaron J. Blouin
PO Box 622
Carson, WA 98611

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8. **This statement is verified by Todd Peterson, attorney for Ebby Blouin on behalf of her minor son, Aaron J. Blouin.**

Please contact me within the next 15 days after your review of this claim. Thank you.

Sincerely,

Todd Peterson, WSB # 23756

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taken in the hospital
Sept 2003

the training pants are Simples.
This was taken the day he got
them taken out.

AGAIN, Pic taken on the day the STAPLES were taken out

Oct. 2003

Both taken 1 month after Staples were taken out.

This is his HighSchool yearbook picture taken Sept. 9, 2003

These are the new doors that were put on Columbine

permanent collection.

The exhibit will be on display in Portland Oct. 11 through Jan. 4, 2004.

Boy crashes through door at courthouse

A 16-year-old boy injured his neck on broken glass, narrowly avoiding severing his jugular vein in a courthouse accident Tuesday, Sept. 2, sending him by LifeFlight to Legacy Emanuel Hospital.

The boy, whose name was not released, was reportedly rushing down the hall from the Skamania County Auditor's Office when he crashed through an inside double door.

The LifeFlight helicopter landed at Stevenson Elementary School to transport him. Skamania County Emergency Medical Services said his injuries were not that severe.

The results are included in a first phase report of a study analyzing trade and event spending in Skamania County.

Continued on page 3

Lost huckleberry pick

A 79-year-old man from The Dalles miraculously survived an eight-day wilderness ordeal on the Gifford Pinchot National Forest.

Duff Kimsey and his wife, Myrtle, were reportedly in the vicinity of the 41 and 43 roads picking huckleberries Aug. 28 when he disappeared.

His wife called the Skamania County Sheriff's Office the afternoon of Aug. 28 to report him missing.

After three days of intense ground and air coverage by searchers including Wind River Search and Rescue, Kittitas and Cowlitz volunteers and dog teams, the search was suspended Sept. 1.

They planned to resume the search last weekend after retracing the Kimseys' route.

On Thursday, Sept. 4, hunter Mark Swanson saw grouse crossing the 41 Road.

The University of Washington grad student had been taking a break from his work at the Canopy Crane.

He went to the edge of the road and looked, but what he saw was not a grouse. An arm feebly waved from 75 feet down the hill.

Kimsey was conscious but fading when rescuers reached him. He was taken by Life Flight to Legacy Emanuel Hospital in Portland.

When found, he was nine and one-half miles from where he had first been reported missing.

How had he survived? He hadn't been wearing a jacket, nor was he carrying water or food. But Kimsey is a former bush pilot and game warden in Alaska whose outdoor skills apparently saved his life.

On ... was brut... navigatin... was daze... alive.

Detectives ... zled by ... match other ... ed by Myrtle.

She ... dropped her ... a.m. Thursday ... berries, then ... to the 43 junc... waited an hou... looked around ... husband.

She arrived ... River Work Cen... and called the Sh... 3:55 p.m.

But Duff Ki... in Wind River M... at around 2 p.m. ... tions to the berry ...

Then he went ...

ET READY FOR:

...mbia River Gorge Quilt Show, ...t. 18-20, Fairgrounds.

...fest & Harleys 'n Hotrods, ...alking Man, Waterfront.

Inside:

Legacy Health System
Emanuel Hospital and Health Center
2801 North Gantenbein Avenue
Portland, Oregon 97227

Patient Name: Blouin, Justin
Date: 09/20/03
Medical Record #: 8500343400
Account #: 204703324

Date of Admission: 09/02/03
Date of Discharge: 09/04/03
Oregon/Washington Trauma ID: 0109604

Physicians

Primary Care Physicians

None

Primary Service(s)

09/02/03 to 09/04/03	Izenberg, Seth - Trauma
09/04/03 to 09/04/03	Kaufmann, Chris - Trauma

Consulting Physician(s)

Other Consultants

Past Medical History

None

Previous Medications

None

Previous Surgeries

None

Allergies

NKDA

Reason for Admission

Aaron "Justin" Blouin is a 16 year old male who says that he was trying to run out of the court house when his head went through the glass window. He denies loss of consciousness. Paramedics were called to

the scene. He sustained a large laceration to his neck with exposed vessels. A dressing was placed. Life Flight was called to the scene to transport him. He was transported by helicopter to LEHHC for evaluation from the trauma team.

Diagnosis:

09/02/03 Neck laceration to neck, 6 cm, right, Zone II
09/02/03 Auricular laceration, right 2cm, Zone II
09/02/03 Cannabinoid ingestion
09/02/03 Sternocleidomastoid muscle laceration

Complications:

Resuscitation Procedures:

Pre-Hospital Procedures:

Oxygen, Oximeter, ETCO2 monitoring
Backboard (all types)
Peripheral Line(s)

Fluids - Total Units Given:

Crystalloid 600 cc

Referring Facility Procedures:

Procedures Performed at Referring Hospital:

Procedures Performed at Emanuel:

Oxygen, Oximeter, ETCO2 monitoring, Oral ETT
Arterial line(s), Urinary catheter (Foley)
Tetanus Prophylaxis, Antibiotics, Anesthesia

Specific Drugs:

Tetanus, Ancef, Anesthesia

Fluids - Total Units Given:

Crystalloid 1200 cc

Operations and Procedures:

DATE: 09/02/03 SURGEON: Izenberg, Seth
1. Exploration, right neck.
2. Exploration, right preauricular laceration.
ESTIMATED BLOOD LOSS: 150 cc.
INTRAVENOUS FLUID: 1600 cc.

Hospital Course:

Initial Exam:

Justin arrives as a level one trauma activation into room 5 at 1616. He is awake and alert. BP 136/95, HR 92, RR 14, SaO2 100%, T=35.9. Diagnostics are obtained. Admission HCT=45, pO2=101, ph=7.43, pCO2=39, BE=1.0 He is taken directly to the operating room for exploration of his laceration (6cm long by 4cm wide) due an expanding hematoma in his neck.

DATE: 09/02/03 UNIT: 35B SCHOOLAGE/ DAYS IN UNIT: 2
Post surgery & recovery Justin is admitted to the Adolescent Pediatric Floor. 09/03/03
Started on a Heparin drip. Vital signs stable, afebrile. Wound clean, with moderate drainage. Discontinue foley. Out of bed. Continued on antibiotics.
09/04/03
J-P drain discontinued. Afebrile, no bruit. Discharge home & follow up in Trauma Clinic.

Discharge Physical Exam:

Discharge Instructions

Diet

Regular

Activity

No restrictions

Follow-up

Trauma Clinic 1 week staple removal/wound check

Medications

Vicodin; Ibuprofen, Keflex

Discharge Follow-up

Follow-up for: Izenberg, Seth
Trauma Clinic

Follow-up for: Kaufmann, Chris
Followup in Trauma Clinic in 1 week

This discharge summary is a preliminary report until signed by the physician of record.

Legacy Emanuel Hospital & Health Center

TRAUMA RESUSCITATION RECORD

TRAUMA REGISTRY # 231566

DATE: 9 / 2 / 03 TIME ARRIVED: 16 : 46

NAME: "Justin" Aaron Blouin

EST. WGT.: 160 EST. AGE: 16 ☒ MALE ☐ FEMALE

TRAUMA I.D. BAND #: 01096404 N/A OR

TRAUMA TEAM
☒ ACTIVATED I
☒ ACTIVATED II
☐ MULTIPLES
☐ UPGRADED
☒ ED ROOM 2
☐ OR ROOM

EH 0204703324
BLOUIN, Aaron
06/29/87 16 M
MD : IZENBERG, SETH D
: UNKNOWN, PHYSICIAN

850034-34-00

FORD/109604
09/02/03
E

	TR SURG	ED MD	ANEST	SR RES	JR RES	NEURO	ORTHO	PEDS	OMFS	
NAME	Ezedinger		Yaklinesta	McGuigan	Sherry				1628	
CALLED	1600	1600	S 1600	1600	1600	S	S	S	S	S
RESPOND										
ARRIVE	1607		1610	1608	1615					

CIRCLE "S" FOR STAT C

TIME OF INJURY: ~1500 LOCATION: Stevenson Courthouse

XPORT: ☐ AMBU ☒ HELI / FIXED L.F. ☐ PRIV CAR ☐ WALK-IN OTHER

TRAUMA SYSTEM ENTRY BY: ☒ FIELD TRIAGE ☐ ED ☐ TRAUMA CONSULT ☐ TRANSFER

PRE-HOSPITAL EVENTS: allegedly fell thru a glass window (door) ? 5cm lac c muscle visible.

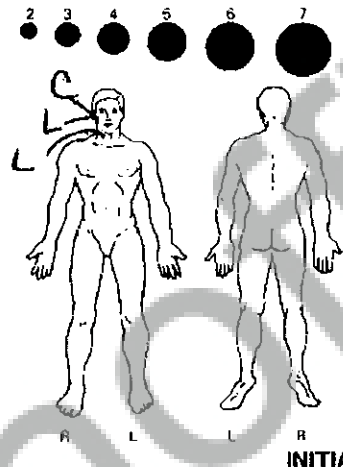
MEDICATION PTA: None

CHILDREN / ADULT GLASGOW COMA SCALE

EYE OPENING	SPONTANEOUS	4
	TO VOICE	3
	TO PAIN	2
	NONE	1
VERBAL RESPONSE	ORIENTED	5
	CONFUSED	4
	INAPPROPRIATE WORDS	3
	INCOMPREHENSIBLE WORDS	2
	NONE	1
MOTOR RESPONSE	OBEYS COMMANDS	6
	LOCALIZES PAIN	5
	WITHDRAWS (PAIN)	4
	FLEXION (PAIN)	3
	EXTENSION (PAIN)	2
	NONE	1

☐ CHEMICALLY PARALYZED ON ARRIVAL

PUPIL CHART



KEY
A Abrasion
B Burn
C Contusion
D Amputation
E Paralysis
F Fracture
G Gunshot Wound
H Open Fracture
I Stab Wound
J Pain
K Paresthesia
L Laceration

TREATMENT PTA
☐ AIRWAY / BVM
☐ OET / NET / PEAD / CRICO
☒ O_2 NRB
☒ C COLLAR
☒ SPINE STABILIZATION
☐ MAST PANTS (INFLATED
☐ EXTREMITY SPLINT / TRAC
☐ HEIMLICH VALVE R /
☐ CPR / DEFIBRILATE
☒ IV X 2

HEALTH HISTORY: 0
PREVIOUS SURGERIES: 0
CURRENT MEDS: 0
ALLERGIES: 0
PREGNANT: ☐ YES Male LMP:
TETANUS STATUS: CURRENT ☐ YES ☒ NO
PCP: UNK

INITIAL ASSESSMENT

PRIMARY SURVEY

	WNL	
BEHAVIOR	✓	☐ UNCOOPERATIVE ☐ COMBATIVE ☐ SEDATED ☐ RESTRAINTS ☒ PHARMACOLOGICAL PARALYSIS
AIRWAY	✓	☐ UNOBSTRUCTED ☐ OTHER
BREATHING	✓	☐ LABORED ☐ PANTING ☐ SPLINTING ☐ NOT BREATHING ☐ ASSISTED BREATHING ☐ NECK VEIN DISTENTION ☐ CREPITUS ☐ DEVIATED TRACH ☐ CYANOSIS ☐ OPEN PTX ☐ FLAIL CHEST ☐ HEMOPTYSIS
BREATH SOUNDS	✓	L ☐ ABSENT ☐ DECREASED ☐ RALES ☐ WHEEZES R ☐ ABSENT ☐ DECREASED ☐ RALES ☐ WHEEZES
EXTERNAL HEMORRHAGE	✓	LOCATION: R lateral neck
CARDIAC	✓	RHYTHM: NS HEART SOUNDS: ☐ MUFFLED ☐ MURMUR
PULSES	✓	L ☐ RADIAL ☐ FEMORAL ☐ PEDAL ☐ THREADY R ☐ RADIAL ☐ FEMORAL ☐ PEDAL ☐ THREADY
SKIN		CYANOSIS ☐ PERIPHERAL ☐ CENTRAL diaphoretic ☐ CLAMMY ☐ DELAYED CAP. REFILL

SECONDARY SURVEY

	WNL	
NEURO-CRANIAL	✓	☐ LETHARGY ☐ STUPOR ☐ DECEREBRATE ☐ DECORTICATE
NEURO SPINAL CORD	✓	QUAD. / PARAPLEGIC LEVEL: MONOPLEGIA EXTREMITY:
SCALP	✓	☐ LACERATIONS: ☐ OPEN FRACTURE: ☐ HEMATOMA:

SECONDARY SURVEY CONT'D

	WNL	
PUPILS	✓	L ☐ NON-REACTIVE ☐ CONSTRICTED ☐ DILATED SIZE: 4 R ☐ NON-REACTIVE ☐ CONSTRICTED ☐ DILATED SIZE: 4
FACE	✓	☐ PALPABLE FACIAL FRACTURES ☐ MALOCCLUSION ☐ ABRASIONS ☒ LACERATIONS ☒ CONTUSIONS
EARS	✓	OTORRHAGIA OTORRHEA T.M. L ☐ ☐ L: R ☐ ☐ R: clear
NECK	✓	☐ ABRASIONS ☒ LACERATION ☐ CONTUSIONS ☐ C-SPINE CLEARED CLINICALLY bcim - tcm
CHEST	✓	☐ LACERATIONS ☐ CONTUSIONS ☐ HEMATOMA ☐ BELT ABRASIONS ☐ PENETRATING WOUND
ABDOMEN	✓	☐ PREV. SURG ☐ PENETRATING WOUND ☐ BELT ABRASIONS ☐ DISTENTION ☐ SCAPHOID
PELVIS	✓	☐ UNSTABLE ☐ GENITAL INJURY ☐ PROSTATE ☐ RECTAL TONE N ☐ GUAIAC + ☐ HEMATURIA
BACK (log roll)		☐ DEFORMED ☐ PENETRATION
UPPER EXTREMITIES	✓	L ☐ LAC ☐ FX ☐ OPEN R ☐ LAC ☐ FX ☐ OPEN
LOWER EXTREMITIES	✓	L ☐ LAC ☐ FX ☐ OPEN R ☐ LAC ☐ FX ☐ OPEN

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147029 (2/02) WHITE - ORIGINAL YELLOW - TRAUMA REGISTRY PINK - ED COPY

TIME	B/P	P / Rhythm	RESP	T / SaO2	GCS E	GCS V	GCS M	PUPIL L/R	PAIN 1-10	ASSESSMENT / INTERVENTIONS / RESPONSE	I.V. SOLUTIONS	BLOOD	AMT INFUSED	OUTPUT
										RL-16	LAC #1 600		~~400~~ 600	
PTA	132/70	56		100	4	5	6			RL-18	RAC #2 800			
1617	R 136/85 L 140/80	92 NS	14	35.9 / 100	4	5	6			on room air				
1625	149/70	80 NS	16	100	4	5	6			Ancef 2gm IV				
1626	148/73	86 NS	16	100	4	5	6			DT 0.5cc IM # U0844AA 3/05 (L)D				
1629										to OR Rm. 14				
1632										intubate				
1635	114/53	90 NS	Anesthesia	99	1	1	1T				#3 1000 NS added LAC 400cc discarded		800 800	
1638	97/46	94 NS	↓	99										
1648	102/37	92 NS	↓	99	1	1	1T							
1652	90/38	87 NS	↓	99	1	1	1T			— see anesthesia for V.S.				
1725										neck exploration continues. Signed off to anesthesia & OR staff KS				

DISPOSITION TOTALS

IV No. 2 — 200 cc Remaining
IV No. 3 — 800 cc Remaining
IV No. ____ ____ cc Remaining
IV No. ____ 400 from cc Remaining
wasted IV #1

FLUID SUMMARY

INTAKE (cc)		OUTPUT (cc)	
Crystalloids/Colloids	1200	Urine	UCU
Blood	0	Gastric/Emesis	
Other	0	Chest (L) ____ (R)	
Total		Total	

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OUTPUT

LABORATORY

☒ LEVEL I ☐ LEVEL II ☐ PEDS TIME DRAWN 16 : 18

TIME	PH	PO2	PCO2	HCO3	BE	TIME	HGB	HCT	PLTS	PT	PTT	INR	FIB	NA+	CL-	K+	BUN	CR	GLU	CA
:	deferred					1618	16.6	45.2	218	12.7	27.7	1.1	206	139	104	4.0	14	1.1	89	1.
1627	7.43	101	39	25	1.0	:														
:						:														
:						:														

ETOH 0·0	HCG Male ☐ LAB	URINE TOX SCREEN rehab II-ent	BLOOD BANK	CLOT	TYPE & SCREEN	(TYPE & CROSS) Yes	UNITS	MTP	TIME INITIATED

AIRWAY / BREATHING

☒ INTUBATED TIME 16 : 32

☐ NASAL ☒ ORAL ☐ CRICO/TRACH

SIZE 7.0 DEPTH OF TUBE 23

FIO2 95 TIDAL VOLUME 600

MODE ___ RATE 10

END TIDAL CO_2 35

CIRCULATION

TIME

___ : ___ ☐ INT/EXT JUGULAR VEIN L R

___ : ___ ☐ SUBCLAVIAN VEIN L R

PTA ☐ PERIPHERAL SIZE ___ L R

___ : ___ ☐ PERIPHERAL SIZE ___ L R

___ : ___ ☐ FEMORAL SIZE ___ L R

___ : ___ ☐ INTRAOSSEOUS SITE ___

___ : ___ ☐ SWAN GANZ SITE ___

16 : 49 ☒ ART LINE SITE (R) radial

___ : ___ ☐ OTHER TYPE ___

___ : ___ ☐ EKG 12 LEAD

TIME

L ___ : ___ R ___ : ___ NEEDLE THORACENTESIS

L ___ : ___ R ___ : ___ TUBE THORACOSTOMY(S)

___ : ___ ☐ NGT (NO MIDFACE TRAUMA)

___ : ___ ☐ OGT (MIDFACE TRAUMA)

16 : 36 ☒ (FOLEY) SUPRAPUBIC

___ : ___ ☐ PERITONEAL LAVAGE

___ : ___ ☐ CERVICAL TRACTION DEVICE

___ : ___ ☐ ORTHO REDUCTION

___ : ___ ☐ SPLINT Type: ___ L + R

___ : ___ ☐ OTHER

FAMILY NOTIFICATION

☐ HERE ☐ CONTACTED

NAME ___

TELEPHONE NUMBER ___

☐ UNABLE TO REACH

TIME

___ : ___

___ : ___

___ : ___

___ : ___

BELONGINGS: (SEE ITEMIZED L

☐ HOME ☐ ROOM

☐ POLICE ☐ DISCARD

SEQUENCE OF EVENTS

16 : 29 TIME LEFT RESUSCITATION ROOM

RADIOLOGICAL STUDIES	
IN TIME	STUDY X-RAYS
:	C-SPINE LATERAL
:	C-SPINE COMPLETE SERIES
16:25	CHEST SUPINE
:	CHEST ERECT
:	PELVIS
:	EXTREMITIES
:	ABDOMEN
:	CAT SCAN - HEAD
:	CAT SCAN - SPINES - C T L
:	CAT SCAN - CHEST
:	CAT SCAN - ABDOMEN
:	THORACIC SPINE
:	LUMBAR SPINE
:	ULTRASOUND - ABDOMEN
:	ULTRASOUND
:	IVP/CYSTOGRAM
:	ANGIOGRAM
:	ECHO-CARD
:	
:	

16 : 25 TIME RADIOLOGICAL STUDIES COMPLETED

___ : ___ READY FOR DISPOSITION

DISPOSITION

1629 to OR 14

TIME 1725 - signed c Dr

ADMIT ☒ I/P ☐ OBSERVATION ADMIT TIME: ___ : ___

☐ HOME ☐ AMA

☐ TRANSFERRED TO: OR → Peds

VIA: ☐ GROUND ☐ AIR AGENCY: ___

☐ EXPIRED

REMAINS TO: ___

ORGAN DONOR: ☐ YES ☐ NO

C-SPINE CLEARED: ☒ YES ☐ NO BY: Izenberg

C-COLLAR REMOVED: ☒ TIME: 16 : 20 BY: Izenberg

THORACIC/LUMBAR CLEARED: ☒ YES ☐ NO BY: Izenberg

ADMITTING DIAGNOSIS: 6cm long 4cm neck laceration

KB Kelly Brady TRN

Baker RN RECORDER

Ethne Williams, tech CIRCULATOR

Izenberg PHYSICIAN SIGNATURE

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LEGACY HEALTH SYSTEM - EMANUEL HOSPITAL & HEALTH CNTR
2801 N GANTENBEIN
PORTLAND OR 97227
Phone:(503)413-22

Init	Account	Adm date:time	Svc	Room/bed	PT	Dsch date:time	Med Rec #
Y. HUDS	204703324	09/02/03 16:20	TRM	3539E-01	I/I	09/04/03 13:48	850034-34-(

Patient Name and Address
BLOUIN, Justin . FORD/109604
P.O. BOX 622
CARSON WA 98611

SSN:
Ph:(541)806-1785
DOB:06/29/1987
Age:16
Sex:M Ms:S Race:W

Employer Information
STUDENT

STUDENT

Guarantor Name and Address
BLOUIN Aaron
PO BOX 622
CARSON WA 98610

SSN:
Ph:(541)806-1785
Rel:Patient

Employer Information
STUDENT

STUDENT

Spouse/Next of Kin/Emerg	Relation	Phone	Work phone
BLOUIN Donald	Spouse		
NONE PER PT	Father	(541)806-1785	
	Other		

Primary Coverage
0000 - PRIVATE PAY, 0000
Subscriber:BLOUIN Donald
Pre-auth #:
Pre-auth Days:0
Policy #:NA
Group #:NA
Group Name:NA

Secondary Coverage
Subscriber:
Pre-auth #:
Pre-auth Days:
Policy #:
Group #:
Group Name:

Additional Coverage
Subscriber:
Pre-auth #:
Pre-auth Days:
Policy #:
Group #:
Group Name:

Chief Com: 231566/LV I NECK LAC
Diag:
Note:NECK LACERATION
Note: *E>I 090203 1830
Inj: 09/02/2003 FELL THRU GLASS
Previous Admit Date: 09/02/2003
Brought By:lf

Attn: IZENBERG, SETH D P0773
Admit:IZENBERG, SETH D P0773
Ref: TRAUMA, RESIDENT P09
Family Phy:NONE PER PATIENT,
Non-staff:

NPP:Y Pub: VIP: AD:N MC-NC: MSP: COA:Y Ref:

Medical Records
AS: AN: AB: FC:

* A L E R T: Portions of this encounter may be found in E-Chart
* ALT: *

Legacy Health System

ANESTHESIA RECORD

☑ LEHHC ☐ LGSH ☐ LMPH ☐ LMHMC ☐ DCU

EH 0204703324 850034-34-00
BLOUIN, Aaron
06/29/87 16 M
MD : IZENBERG, SETH D
: UNKNOWN PHYSICIAN
FORD/109604
09/02/03
E

Patient ID

PRE OP

Diagnosis / Medical Problems: neck & [illegible] laceration R. [illegible] carotid

ASA 1 2 3 (4) 5 E

Procedure: exploration R. carotid A.

PARQ ☑

Ht 6 Wt 160-170 lb BP HR RR T° SpO_2

See Preop Record ☑

Premeds — Allergies — See Preop Record ☐

Date 9/2/03 Time

MEDICATIONS

Prop Thio Brev Etom Ket mg
Sux Miv Roc Vec Pan Atra mg
Fent Suf Alf Remi mcg
MS Meper Hmorph Oxymorph mg
Midaz Diaz mg
Atrop Glyco mg
Edroph Neostig mg
Antibiotic gm

GAS

Sevo Iso Des Halo %
Air N_2O lpm
O_2 lpm

MONITORS / EQUIP

☑ Mach ✓ — OR
☐ NIBP — RAC/OR
☑ O_2 Mon
☑ Gas Mon
☑ AW Filter ☐ Wm/Hmd
☑ PNS
☐ UB FA Warm ☐ LB
☑ Fluid Warm ☐ K-pad
☐ Esoph St ☐ PCS
☐ CVC ☐ PAC
☐ All Ports Asp Blood

FIO_2, SpO_2, ECG, $ETCO_2$, T°

200 / 38° / 180 / 36° / 160 / 34° / 140 / 120 / 100 / 80 / 60 / 40 / 20

INDUCTION

☑ GA/SCCA ☐ MAC
☑ ID + Monitors in OR
☑ Preind VS/Reassess
☑ Pre O_2 ☑ RSI
☑ AW O — N —
☑ OT NT RAE DL LMA MASK
Size — Leak —
Mac 3 Mil — FO
EZ Diff See Notes
☑ Cuff MOP 23
☐ BS=Bil, (+) $ETCO_2$
☑ AW Secured
☑ Eyes TLC ☐ Den grd
☑ Arms < 90° + Sup
☑ Pads + Position ✓

SYM

• HR I Int ⊗ CV
X BP E Ext Ø AV
△ T° Ⓢ Suct ○ SV

TV 10 / RR / PIP 0

FLUIDS

PLASMALYTE

EBL cc
UO cc

Symbols/Position

REGIONAL ANESTHESIA

Ax IS Fem Bier Field
SAB Epid Caud Top
Lido Bup Rop Tet Chlo
— % — cc — mg
Epi 1:200K 1:400K Dex
Sit Lat Sup Ispac
☐ Sterile P&D + Skin Loc
☐ No CSF ☐
☐ No Heme ☐
☐ No Pares ☐
Needle — g
Quink Whit Sprott TK SB
Cath — cm
PNS — mAmp
Test Dose pos/neg
Regional Notes

Notes

16 y.o. w o' fell through glass door with R. neck laceration
R cut in front of ear
a line placed left radial a. sterile

Surgeon(s): S. IZENBERG

Anesthesiologist(s): Y. YAKIMOVSKY M.D.

Postop Note: Uneventful Date 9/2/03 Time

POSTOP

PACU/ICU
AW
O_2
SpO_2
BP
HR
RR
T° 36
Condition

FLUIDS

EBL
UO
Cryst
Coll
Bld Prd

TIMES

Anes S
Surg S
Surg
Anes
TnqT
Tnq↓

CH

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Legacy Health System
Surgical Services
INTRAOPERATIVE NURSING RECORD

☒ LEHHC ☐ LGSH ☐ LMPH ☐ LMHMC

Date: 09/02/03

Patient Label

EH 0204703324 850034-34-00
BLOUIN, Aaron
06/29/87 16 M
MD IZENBERG, SETH D
: UNKNOWN, PHYSICIAN
FORD:109604
09/02/03
E

CASE TIMES:

Room Set-up: Start: 1625
Anesthesia: Start: 1620
Patient: In Room: 1629 Out: 1816
Procedure: Start: 1655 Stop: 1800

PROCEDURE:

Procedure(s): Rt neck exploration, Visualization of vessels, Closure laceration near Rt ear.

Wound Class: ☐ Clean ☐ Cl/Contam ☒ Contam. ☐ Infected ☐ N/A

Anesthesia Type: ☒ General ☐ Epidural ☐ Spinal ☐ Cauda ☐ MAC ☐ Block ☐ Sedation ☐ Local

DELAY: ☒ N/A

☐ Anes. Late ☐ Anes. Req. ☐ Anes. c Pt. ☐ Surgeon Late ☐ Prev. Case Late ☐ O.R. Not Ready ☐ Pt. Late ☐ Pt. Process Delay

Duration: _____ min.

GENERAL CASE DATA:

OR Suite: 14

Priority: ☐ Elective ☐ Emergent ☒ Trauma ☐ Trauma Re-Do

ASA Class: I II III (IV) V (E)

CASE ATTENDEES:

	NAME	ROLE	TIME IN/OUT
1.	Dr. S Izenberg	surg	
2.	Dr. B McQuiddy	anesth	
3.	B Harris	RN (Circ)	out 1730
4.	Dr. J Yoshimoto	anesth	
5.	L Yurkow	RN circ	
6.	B Brady	TRN	out 1730
7.	V Bates	TRN	out 1705
8.	L Stevens	RT	out 1715
9.	B Changizi	ST	in 1705 →
10.			

POSITIONING:

Body: ☒ Supine ☐ Prone ☐ Lithotomy ☐ Lateral: Rt ↑ / L

Other: _____

Head Position: ☒ Up ☐ Down ☐ Left ☐ Right

Arms: ☒ Tucked at Side (R) L ☒ Armboard < 90° R (L)

Other: Rt secured c drawsheet, Lt c towel/ts

Legs: ☒ Straight ☐ Flexed Other: _____

Devices: _____

Safety Strap: ☒ Yes ☐ No ☐ Side Rails ↑ ☐ N/A

Strap Location: ☐ Thigh ☐ Torso ☒ Other: Velcro

OBSERVER: ☐ N/A

S Changizi PA-student

Time In/Out: S Sperry PA out 1715

CONSENT & PROCEDURE VERIFICATION:

	YES	NO	
Consent Complete:	☐	☒	
Procedure & Side/Site Verified with Patient or Guardian:	☐	☒	
Skin Marking Present & Correct:	☐	☐	(N/A)
Procedure & Side/Site Verified with Physician:	☒	☐	

Verified by: Dr. I

INITIAL INTRAOPERATIVE ASSESSMENT:

Age Appropriate Standard of Care: ☐

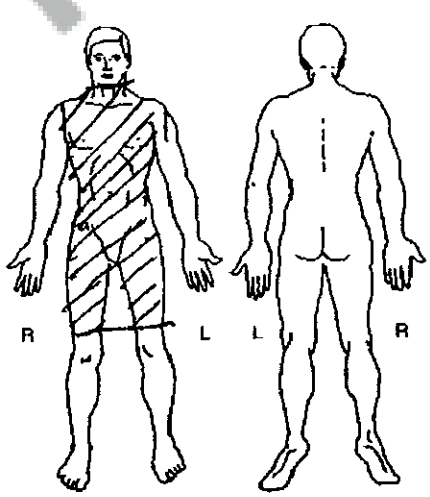
Level of Consciousness: Sedation Score: 1

Skin Condition: ☒ Warm/Dry Other: _____

Allergies: _____ ☒ NKA

SKIN PREP:

PREP AREA



Prep Agent: Betadine Paint ☐ N/A

Hair Removal Method: Razor c surgilube ☐ N/A

Site: Abdomen, Rt groin

Prep Initial: _____ Hair Removal Initial: KB

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YELLOW - SURGICAL SERVICES
ORIGINAL - CHART

Patient Label

CAUTERY: ☐ N/A

	TYPE	EQUIPMENT #	CUT / COAG.
1.	V.L. Force Fx	FXG2302IA	35/35
2.			
3.			

Grounding Pad: Type: REM Site: Lt calf

Skin Condition Upon Removal: WNL

TOURNIQUET: ☒ N/A

Equipment #:

Site: R / L Setting: mm Hg

Time On: Time Off:

Applied By:

PATHOLOGY SPECIMENS / EXPLANTS: ☒ N/A

	DESCRIPTION	DISPOSITION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

OTHER EQUIPMENT: ☐ N/A

	TYPE	ID NUMBER	COMMENT
1.	blanket warmer	109132	full body
2.			

PROSTHETICS / IMPLANTS: ☐ See Intraoperative Implant Record (Matkon #234883). ☒ N/A

LASER: ☒ N/A

Type & ID Number:

Power Setting: Pulses:

Fiber Information:

Safety Precautions: ☐ Yes ☐ No

COUNTS: ☐ N/A

	SPONGES	SHARPS	MISC.
Initial:	RH / RT	RH / RT	/
Cavity:	/	X	/
Pre-Closure:	RT / RC	RT / RC	/
Final:	RT / RC	RT / RC	/
Relief:	/	/	/

Final Status: ☒ Correct ☐ Unresolved: MD Notified ☐ Unresolved: MD Notified & X-Ray Taken ☐ N/A

Comments:

CATHETER / DRAIN / TUBES: ☐ N/A

	TYPE	LOCATION	IN PLACE / DC
1.	16fr 5cc foley	→ urometer	
2.	15fr blake drain	→ JP reservoir	x nick
3.			
4.			

MEDICATIONS: ☐ N/A

	MED	DOSE	ROUTE
1.	5000 U Heparin in 500cc 0.9% NaCl	flush	
2.	2,000 U Bacitracin in 500cc 0.9% NaCl	irrig	
3.	0.9% NaCl		
4.	10mg papaverine in 20cc 0.9% NaCl - standby		
5.	Triple Abx ointment		
6.			
7.			
8.			

URINE OUTPUT: ☐ N/A

360 cc

IRRIGATION INTAKE / OUTPUT: ☒ N/A

Type:

Amount: In: Out:

DRESSING - PACKING - CAST - SPLINT: ☐ N/A

	TYPE / SITE
1.	gauze, silk tape
2.	
3.	

DEPARTURE:

Via: ☒ Bed ☐ Stretcher ☐ Crib ☐ Carried ☐ Other:

To: ☒ PACU ☐ ICU ☐ Room ☐ Other:

Time	Comments / Notes
1745	Pt to OR #14 emergently from ER - no consent signed d/t emergent nature of case, no family present. Pt moved to OR table on backboard + spines cleared per SI, backboard removed. Pt induced/intubated, cricoid performed. Foley placed per NB/SI. Pt to PACU post-op, mask c O2 @ 6l/min for Tx.

Initial	RN Signature:	Initial	RN Signature:
JF	J Farrow RN		

Legacy Health System

Post Anesthesia Phase I Flowsheet

◆ Date: 09/2/03 Page A

EH 0204703324 850034-34-00
BLOUIN, Aaron
06/29/87 16 M
MD : IZENBERG, SETH D
: NONE PER PATIENT

FORD/109504
09/02/03
I

(Pt. ID)

Standard of Care opened on admission:
Age appropriate Post Anesthetic and Post Procedural Care Phase I.

ADMISSION

◆ Anesthesia provider: Yakimovsky G E S C M L B

Surgeon:

◆ Procedure: Neck exploration for vessels close to neck

Add'l info./Sig. Hx: fell thru glass door

OR I&O: Crystalloid: 1000 Colloid: Blood: EBL: 150 U/O: 260

Pre-op VS: 132/70 56 14 35°C O_2 Sat: 100 Wt (Kg.): 65.16

◆ Allergies: NKDA

VITAL SIGNS

See back of page for additional symbols and Norm Statements.

Time: Admission: 1824 1830 1840 1850 1900 1910 1920 1930

Sedation Rating Scale:
1 *Alert, awake.*
2 *Sleepy, easily aroused, stays awake without further stimulation.*
3 *Sleep, needs verbal stimulation to stay awake.*
4 *Lethargic, needs physical stimulation to stay awake.*
5 *Responsive only to pain or no response to stimuli.*
N *Not necessary to wake; RR>10/min. deep inspiration, $SPO_2 \geq 92\%$.*

Pain rating scale:
0-3 *Comfortable*
4-5 *Moderate pain*
7-10 *Excruciating pain*

Nausea rating scale:
0 *Nausea resolving*
1 *c/o nausea*
2 *Retching, gagging*
3 *Emesis*

Graphic:
v *Systolic*
^ *Diastolic*
• *Pulse*
Indicate alternate symbol:

Admission Assessment Comments:

◆ Respirations / min. 16 16 16 16 16 14 16 14

◆ SaO_2% 100 100 100 100 99 96 98 95

◆ Temp (C) / Route 36.4 36.4

ASSESSMENTS

O_2: 10 Mode: L nasal

Artificial Airway

Airway Support

◆ Lungs ✓ ✓ ✓ ✓ ✓

◆ LOC Sleepy ✓ ✓ ✓

ECG

◆ Skin / Mucous Mem. ✓ ✓ ✓ ✓

Capillary refill ✓ ✓ ✓ ✓

◆ Motor / Activity ✓ ✓ ✓ ✓

◆ Position SR SR SR SR

Dressing Rt chest → → →

Rt neck → → →

JP to bulb sx → → →

Foley to B/B → → →

Upper extrem → → →

◆ Nausea ✓ ✓ ✓

◆ Pain / Sedation 0/3 3 3 3

◆ RN Initials SS h h h

206977 (11-99) ORIGINAL - CHART YELLOW - PACU

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Post Anesthesia Phase I Flowsheet

◆ Date: 9/2/03 Page B_____

EH 0204703324 850034-34-00
BLOUIN, Aaron
06/29/87 16 M
MD IZENBERG, SETH D
: NONE PER PATIENT.

FORD/109604
09/02/03
(Pt. ID)

Add'l med info:

MEDICATIONS:

Time:	1820	1900	1910	1915												
Demerol	25	25														
Morphine		4	4	2												
Epidural / PCA (See flowsheet)																

New Central Venous Catheter: Y N	Chest X-ray: Y N	Catheter tip location: ☐ Superior Vena Cava (SVC)	Reviewed by:

INTAKE:

Time:	Adm. site: oral/oc	Solution	Adm LTC	Infused	Discharge: site / LTC
1820	oc	D5LR	100	SW	SW
		Total Intake		SW	

OUTPUT:

(Adm. assess) Time:	Urine
1925	35
(Disch assess)	
Total Output	35

Time: **PROGRESS RECORD:**

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DISCHARGE:

RN SIGNATURES: RN Initials

Standard of Care closed: Age Appropriate Post Anesthetic and Post Procedural Care Phase I

Belongings: ☐ Sent with patient ☐ No belongings came with patient

Transferred by: RN CNA Aide

Transferred via: Bed Stretcher Crib Carried Other

Report to: Kelly Ann

Room #: 3539

Time of discharge: 1938

3539B-01 BLOUIN, Aaron MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 16 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): .00
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
** NO FOOD ALLERGIES FOUND **

FORM: Clinical Resource Coordinator Assessment INITIATED BY: GARRIGAN, SALLY S.
DATE: 2Sep03 TIME: 18:38 COMPLETE(Y):

NO KNOWN DRUG ALLERGIES

CATEGORY/SUBCATEGORY	FINDINGS	NOTE
SUMMARY OF PROBLEMS/NEEDS (CRC)	: Summary of problems or needs Pt is 16 yo male trauma pt brought to ED by Lifeflight secondary to running through a plate glass window et sustaining a lac to neck. Upon arrival he states that his father has legal custody et that he is living with friends secondary to a current restaining order obtained by him against his father. His father, Donald Blouin was notified at the scene by friends father. Mr. Blouin comes to the hospital with copy of paperwork withdrawing the "no contact order". Copy provided to security et copy made for chart. Mr. Blouin also provides hx that he et pt 's mother were awarded joint custody of pt as part of divorce agreement "years ago". Pt has continued to have contact with mother but has been in physical custody of father until 16th birthday(June 6/29/03). Mr. Blouin et other family members are attempting to notify pt's mother re: admit. Pt to be admitted to 3529. will leave VM for Shannon Boreson LCSW advising of above. Will also resolve issue of pt's legal name. He told us he was "Justin" but is registered as "Aaron. Question was raised re: accidental vs. purposeful injury et reports from the scene confirm accidental.	

Signature: Sally Shaw Garrigan
Date: 9/02/03

**** END OF REPORT :

****

Legacy Emanuel Hospital

TRAUMA INITIAL EVALUATION

EH 0204703324 850034-34-0(
BLOUIN, Justin
06/29/87 16 M
MD : IZENBERG, SETH D
: NONE PER PATIENT.
FORD/1096(
09/02/0

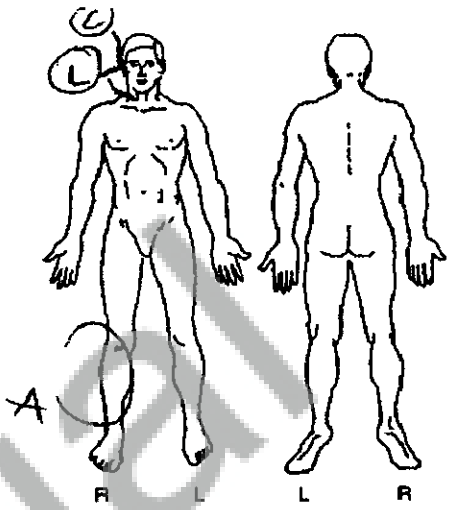
Date: 9/2/03

Age: 16 Gender: M X F ____

Injury / Chief Complaint: allegedly ran through plate glass door. 5cm laceration (R) ant. neck c vessels visible

Meds: ϕ Allergies: ϕ

PSH: PMH: ϕ
Alcohol
Tobacco



A = Abrasion
E = Ecchymosis
B = Burn
C = Closed / Suspected Fracture
O = Open Fracture
G = Gunshot Wound
L = Laceration
M = Amputation
D = Decubitus Ulcer
P = Pain
V = Avulsion
S = Stab Wound

PULSES
2 = Normal
1 = Diminished
0 = Absent

1° Survey: A - patent
B - non labored
C - 2+ pulses

~~N~~ = Normal

VS:	P: 92	BP: 136/95	R: 14	SaO_2: 100 %		
Eyes:	PERRL	Unequal	Size:	R 4 mm	L 4 mm	
Ears: TM's	~~N~~	Blood R L		Rupture R L		
Mouth:	~~N~~ Yes No	Blood ____	Broken Teeth ____	Malocclusion ____		
Neck:	~~N~~ Yes No	Nontender ____	Tender ____	N/A ____	Visible Injury Yes No	lacs on (R)
	Carotids R L		Bruit Yes No			
Chest:	Breath Sounds (R) (L)		Tender	Visible Injury Yes (No)		
Heart:	Sounds (~~N~~)		Muffled			
Abdomen:	Flat X	Distended ____		Tender Yes (No)		
Pelvis:	Stable X	Unstable ____		Tender Yes (No)		
GU:	Meatal Blood Yes (No)					
Rectal:	(~~N~~)	Heme + (–)				
Back:	(~~N~~)	Tender Spine	Thoracic Yes No		Lumbar Yes No	
Extremities:						
	Pulses 2+ RR	2+ LR	2+ RDP	2+ LDP		
Neuro:	GCS	Eyes: 4	Motor 6	Verbal 5	Total 15	
	Orientation: AOx3					
	Moves: ____	(All 4's to Command)		Other		

230980 (6/01)

EH 0204703324 850034-34-00
FORD, Doe
01/01/02 101 U [redacted]
: EMERGENCY. ROOM DR
: UNKNOWN. PHYSICIAN

N = Normal

Radiology:

C Spine: N ____ Abnormal ____ Not Done ____ Cleared by Eizenburg
Swimmers: N ____ Abnormal ____ Not Done ____
CXR: Supine ____ Upright ____ N ____ Abnormal ____ ∅ptx / htx / rib fx
Pelvis: N ____ Abnormal ____ Not Done ____
T Spine: N ____ Abnormal ____ Not Done ____
L Spine: N ____ Abnormal ____ Not Done ____
Extremities: Specify:

CAT SCAN:
Head
Face
Neck
Chest
Abdomen
Pelvis
Other:

Laboratory:

Hct: 16.0/45.2 WBC 9.5 Platelets 268
Lytes: 139/4.0 89 [illegible] ABG (BE) ETOH < 10
Coags: 1.1 INR 206 FIB
EKG: N ____ Abnormal ____ Not Done ____

Initial Procedures (Lines, Tubes):
IV (L) wrist IV (R) AC Foley
Intubate c 7.0

Diagnoses: ZONE II NECK inj penetrating

Plan: Explore in OR

Acef 2 gm
DT
OR

Disposition: Admit: Ward ICU Other
OR

Name: Scott [illegible] (Print) Scott [illegible] (Sign)

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Legacy Emanuel Hospital & Health Center
Legacy Good Samaritan Hospital & Medical Center
Legacy Meridian Park Hospital
Legacy Mount Hood Medical Center

EH 0204703324 850034-34-00
BLOUIN, Justin M
06/29/87 16
MD : IZENBERG, SETH D
: NONE PER PATIENT.
FORD/109604
09/02/03

MULTIDISCIPLINARY PROGRESS RECORD

Date / Time	Discipline/ Focus	
9/2/03		Brief op note -
		Pre & Post Op Dx - Laceration (R) neck & face
		Procedure - Exploration R neck IJ & Carotid
		Comp Ø
		EBL - 150
		Fluids - 1600 xloid
		Anesthesia GET
		Tubes NG / Foley / Aline (R)
		Findings: IJ & Carotid exposed c̄ [illegible]
		Surgeons: McGowan / Izenberg

Legacy Emanuel Hospital & Health Center
Legacy Good Samaritan Hospital & Medical Center
Legacy Meridian Park Hospital
Legacy Mount Hood Medical Center

EH 0204703324 850034-34-00
BLOUIN, Justin
06/29/87 16 M
MD : IZENBERG, SETH D
: NONE PER PATIENT.
FORD/109604
09/02/03
1

MULTIDISCIPLINARY PROGRESS RECORD

TRAUMA SERVICE

Date / Time	Discipline / Focus
9/3/03	

S: HD

O: Tc: Tmax: 36.2 P: 65 RR: 16 BP: 123/57 SpO_2 99 on RA

I/O / =

CBG's: 24°

Labs:
- ☐ No new labs.
- ☒ Date: 9/3
- ☐ Pending

ABG: 9.5 / 19 / 247

139 | 105 | 9 / 3.6 | 29 | 0.9 | 99

PO4: Mg: Ca: 8.3

INR: aPTT:

X-Rays/Other Labs:

PE: Gen:
Neuro:
Pulm:
CV:
Abd:
Ext:

A/P: transfer to ward

Signature: BE Small PA-C

Problem List (24 hrs)
☐ No Changes

New Meds. (24 hrs)
☐ No Changes

C-Spine	T/L Spine
☐ Clear	☐ Clear
☐ ____	☐ ____

Antibiotics
☐ None
____ d: /
____ d: /
____ d: /

Lines / Tubes
☐ None
☐ Central Line d:
☐ Foley Cath d:
☐ PICC/Midl. d:

DVT Status
☐ Lovenox 30 bid
☐ Lovenox ____
☐ Coumadin ____
☐ SCD/PP: L R
☐ IVC Filter
☐ U/S Surveillance
Last:
☐ Negative
☐ Positive / Result:

Diet:

Activity:
☐ Bedrest
☐ OOB ____
☐ NWB ____
☐ WBAT ____
☐ As Tolerated
☐ ____

Consultants:
PT/OT
Neurosurgery
☐ Ortho
☐ OMFS
☐ CRC
☐ ____

101128 (6/96)

Date:

TRAUMA ATTENDING NOTE

This patient was seen and examined on rounds and I agree with the above note.

Signature:

Legacy Health System

Legacy Emanuel Hospital & Health Center
Legacy Good Samaritan Hospital & Medical Center
Legacy Meridian Park Hospital
Legacy Mount Hood Medical Center

850034-34-00

EH 0204703324
BLOUIN, Justin
06/29/87 16 M
MD : IZENBERG, SETH D
: NONE PER PATIENT
FORD/109604
09/02/03

MULTIDISCIPLINARY PROGRESS RECORD

TRAUMA SERVICE

Date 9/4/03 | Time | Discipline Focus

S: HD 4

O: Tc: ___ Tmax: 36.5 P: 58 RR: 16 BP: 129 / 64 S_pO_2: 100 on RA

CBG's: 24⁰ ___

I/O ___ / ___ = ___

Labs:
- ☒ No new labs.
- ☐ Date:
- ☐ Pending

ABG:

INR: aPTT: PO4: Mg: Ca:

X-Rays/Other Labs:

PE: Gen:
Neuro:
Pulm:
CV:
Abd:
Ext:

A/P: "Fell" through glass – Zone II neck lac
① pull JP
② D/c home

Signature: [signature]

Problem List (24 hrs)
- ☐ No Changes

New Meds. (24 hrs)
- ☐ No Changes

C-Spine
- ☐ Clear
- ☐ ___

T/L Spine
- ☐ Clear
- ☐ ___

Antibiotics
- None
- ___ d: ___/___
- ___ d: ___/___
- ___ d: ___/___

Lines / Tubes
- ☐ None
- ☐ Central Line d: ___
- ☐ Foley Cath d: ___
- ☐ PICC/MidL d: ___
- ☐ ___
- ☐

DVT Status
- ☐ Lovenox 30 bid
- ☐ Lovenox ___
- ☐ Coumadin ___
- ☐ SCD/PP: L R
- ☐ IVC Filter
- ☐ U/S Surveillance.

Last
- ☐ Negative
- ☐ Positive / Result:

Diet:

Date:

Activity:
- ☐ Bedrest
- ☐ OOB ___
- ☐ NWB ___
- ☐ WBAT ___
- ☐ As Tolerated
- ☐ ___

Consultants:
- ☐ PT/OT
- ☐ Neurosurgery
- ☐ Ortho
- ☐ OMFS
- ☐ CRC

TRAUMA ATTENDING NOTE

This patient was seen and examined on rounds and I agree with the above note:

AFL..
[illegible] wallow, no [illegible]
[illegible] [illegible], [illegible]
JP 10cc / 12⁰
A/P: D/C JP ↓ close
D/C home
F/u Clinic

Signature: [signature]

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MULTIDISCIPLINARY PROGRESS RECORD

Date Time	Discipline/ Focus	
9/3/03 1300	CRC	Social Service note: Dad asking questions re: ins. coverge. Financial office (Betty x34051) is assisting w/ apply for Work Welfare. Pt currently private pay. SW will cont to assist as needed. Sharon Brue LCSW

LEGACY PEDIATRIC HOME CARE/ DISCHARGE INSTRUCTIONS

LEGACY Health System

Press firmly with ballpoint pen

DATE:
TIME:
DIAGNOSIS:
DISCHARGE TO:
PATIENT CONDITION AT TIME OF DISCHARGE: ☐ Good ☐ Stable ☐ Fair ☐ Poor

EH 0204703324 850034-34-00
BLOUIN, Justin
06/29/87 16 M
MD : IZENBERG, SETH D
: NONE PER PATIENT

FORD/108604
09/02/03

1. **PRESCRIPTION:**(For more than 6 prescriptions, please use an additional Home Care/Discharge Instruction sheet.

Drug	Strength	Amount	Directions	Refills	Time Last Dose Given	Rx Number

THIS PRESCRIPTION MAY BE CALLED OR FAXED TO PATIENT'S PREFERRED PHARMACY UNLESS OTHERWISE INDICAT
☐ CHECK HERE IF NON-CHILDPROOF CONTAINERS DESIRED.
PHYSICIAN SIGNATURE
DATE DEA NO.
PRESCRIPTIONS CALLED/FAXED TO: by

2. **DIET:** 1. Breastmilk, Formula, Combined-specify
2. Breast, bottle, gavage, or gastrostomy feedings
3. Preparation/storage of formula
4. Regular diet:
5. Restricted/Special diet:

Instructions given by (Signature):

3. **PERMITTED ACTIVITY:**
☑ No Restrictions
☐ Sponge Bath
☐ Rest periods
☐ Exposure to the public:
☐ Tub bath
☐ Therapy
☐ School
☐ Shower
☐ Exercise
☐ Work

4. **CARE OF WOUND/DRESSINGS/SKIN:**

5. **SPECIAL INSTRUCTIONS:**

6.

SUPPLIES/EQUIPMENT	NAME OF VENDOR	PHONE	DATE TO BE DELIVERED / SITE	REQ'D B

7. **CALL YOUR PHYSICIAN IF** **OR IF ANY PROBLEMS/QUESTIONS**

8.

FOLLOW-UP WITH:	INSTRUCTIONS:	PHONE	DATE	TIM

9. COMMUNITY REFERRALS:
Social Service:
Community Health Nurse:
Home Health Care:
Equipment vendor(s):
You may want to notify your school district of your child's return to school.

10. I have received and understand these instructions.
Patient/parent Signature:
Physician Signature:

223651 (9/99) WHITE - PHARMACY COPY YELLOW - PATIENT COPY PINK - PHYSICIAN COPY GOLD - CHART COPY

Personal Effects/Medications: ☐ None ☒ Sent Home With Family

Discharged Via: ☐ Wheelchair ☒ Ambulatory Other _____

Mode of Transport: ☒ Car ☐ Other _____

Accompanied by: ☐ Staff ☐ Volunteer ☒ Parents ☐ Family/SO

Discharged to: ☒ Home ☐ Other _____

When Applicable Transport Company Name: _____

Phone Number: _____

PEDIATRIC DISCHARGES WITH OTHER THAN PARENT:

Permission Documented: ☐ YES Picture Identification Checked ☐ YES Date: _____ Time: _____

Staff Signature Kacia Gauthier RN 9/4/03 1300

Date/Time

Legacy Emanuel Hospital & Health Center
Legacy Good Samaritan Hospital & Medical Center
Legacy Meridian Park Hospital
Legacy Mount Hood Medical Center
Legacy Ambulatory Clinics

PHYSICIAN'S ORDERS

USE BALL POINT PEN, PRESS FIRMLY

ORDERS: ANOTHER BRAND OF GENERICALLY EQUIVALENT OR APPROVED THERAPEUTICALLY EQUIVALENT PRODUCT MAY BE ADMINISTERED UNLESS CHECKED. ✓

DATE:	TIME:		✓
9/4/03	0120	24° ✓ —— MW	
9/4/03	0645	EOS ✓ —— MW	
9/4/03	0400	24° order ✓ —— KEG	
		Ok to Discharge	
		Noted [signature]	

EH 0204703324 850034-34-00
BLOUIN, Justin
06/29/87 16 M
MD . IZENBERG, SETH D
: NONE PER PATIENT.
FORD/109604
09/02/03

DATE:	TIME:		

DATE:	TIME:		

DOC # 2004155790
Page 32 of 163

Legacy Emanuel Hospital & Health Center
Legacy Good Samaritan Hospital & Medical Center
Legacy Meridian Park Hospital
Legacy Mount Hood Medical Center
Legacy Ambulatory Clinics

PHYSICIAN'S ORDERS

USE BALL POINT PEN, PRESS FIRMLY

ORDERS: ANOTHER BRAND OF GENERICALLY EQUIVALENT OR APPROVED THERAPEUTICALLY EQUIVALENT PRODUCT MAY BE ADMINISTERED UNLESS CHECKED. ✓

EH 0204703324
BLOUIN, Justin
06/29/87 16 M
MD : IZENBERG, SETH D
: NONE PER PATIENT.
850034-34-00
FORD/109604
09/02/03

DATE 9/3/03 TIME 0615
Heparin 10u/ml 1ml to PIV q8° & PRN per peds protocol

9/3/03 0630 order ✓
9/3/03 0700 order ✓ — RC

DATE 9/3/03 TIME
D/C Foley
noted RC 0930 0950

DATE 9/3/03 TIME 1040
Order per Trauma Collaborative Practice Protocol
- Saline lock IV — RTC
noted RC

9/3/03 1115
Order per Trauma Collaborative Practice
Δ Vital signs to q8hrs — PJC
noted RC

9/3/03 EOS ✓ c 1900 — MA

143850 (1/96)

LEGACY Health System

Emanuel
Adult Trauma Admit Orders

(Pg 1 of 2)

EH 0204703324 850034-34-(
BLOUIN, Justin
06/29/67 16 M
MD : IZENBERG, SETH D
: NONE PER PATIENT.
: EMERGENCY, ROOM DR
UNKNOWN, PHYSICIAN

FORD/109(
09/02/

E

PRE-PRINTED ORDERS

USE BALL POINT PEN, PRESS FIRMLY

ALL LISTED ORDERS ARE IN EFFECT UNLESS CROSSED OUT. **EXCEPTIONS:** ORDERS PRECEDED BY A BOX (☐) REQUIRE A (✓) TO INITIATE. ORDERS WITH BLANKS INDICATE ADDITIONAL INFORMATION IS NEEDED.

DATE:	TIME:	ORDERS: ANOTHER BRAND OF GENERICALLY EQUIVALENT OR APPROVED THERAPEUTICALLY EQUIVALENT PRODUCT MAY BE ADMINISTERED UNLESS CHECKED.	✓
9/2/03	17:10		

1. Admit to: Trauma To PACU pods → #3539
2. Admit status: ☒ Inpatient ☐ Observation (stable and admit for < 48 hours)
3. Condition: ☒ Fair ☐ Good ☐ Serious ☐ Critical
4. Primary attending physician: IZENBERG
5. Consultants: ☐ Orthopedics ☒ OMFS ☐ Neurosurgery ☐ Cardiothoracic ☐ Medicine ☐ Ophthalmology ☐ Psychiatry ☐ Cardiology ☐ Physiatry/Rehabilitation ☐ Spine ☐ _____ ☐ _____
6. Diagnosis: ZONE II Penetrating neck inj
7. Allergies: ☒ NKDA ☐ _____
8. VS q 4 hr with: ∞ NV checks ∞ GCS _____ Doppler pulses _____ SG hemodynamics _____ CVP _____ ICP with CPP _____ Ventriculostomy
9. Initiate standing ICU orders if admitted to a critical care bed.
10. Initiate Trauma Collaborative Practice Guideline Protocol.
11. Spine Clearance: ☒ All Spines cleared in ED by: IZENBERG
    ☐ All Spines not cleared in ED – See CTL Spine algorithm and continue the spine precautions.
    ☐ Other information _____
12. Activity: ☒ OOB c AMB
    ☐ HOB up at least 30° SemiFowlers or 20° Reverse Trendelenberg
    Consider hemodynamic stability, spine clearance issues and neurologic issues.
13. Drains: a. ☒ Urinary drainage catheter (foley), routine care
    b. ☐ Nasogastric tube to _____, routine care
    c. ☐ Orogastric tube to _____, routine care
    d. ☐ Chest tube (right or left): _____
    e. ☒ Surgical drains: Neck (R) Make drain to bulb suction
    f. ☐ _____
14. Dressing changes: PER ROUTINE
15. I and O every 8 and 24 hours (every one hour if in critical care unit)
16. Nutrition: ☐ NPO
    ☐ Initiate standing nutrition collaborative practice.
    ☒ Diet: CLEARS → ADAT
    ☐ If not adequately eating an oral diet within 48 hours of admission, for any reason – order Nutrition consult.
    ☐ Tube feeding: Initiate and complete Enteral feeding order sheet.
    ☐ Abdominal Binder for all surgically or endoscopically placed GT or JJ tubes
    ☐ For TPN or PPN: Initiate and complete Parenteral order sheet.
17. IV: NS @ 120 cc/HR
18. DVT prophylaxis: ☒ SCD's ☐ Plantar pumps ☐ Anticoagulant protocol
    ☐ Anticoagulant other _____
    ☐ ICU ultrasound surveillance: Duplex US PID#2 and q3d while in ICU.
    ☐ Trauma ward ultrasound surveillance: Duplex US q week
19. Weight(s) ☐ qd ☐ qod ☒ q week

Physicians or Credentialed Provider's Signature _____ PA-C Date: 9/2/03

All Pre-Printed Orders must have a Physician/Credentialed Provider's signature to initiate.

MRN # 20041557[illegible]

Page 34 of 163

LEGACY Health System

Emanuel
Adult Trauma Admit Orders

(Pg 2 of 2)

EH 0204703324 850034-34-0
BLOUIN, Justin
06/29/87 16 M
MD : IZENBERG, SETH D
NONE PER PATIENT

FORD/1091 09/02/

PRE-PRINTED ORDERS

USE BALL POINT PEN, PRESS FIRMLY

ALL LISTED ORDERS ARE IN EFFECT UNLESS CROSSED OUT. **EXCEPTIONS:** ORDERS PRECEDED BY A BOX (☐) REQUIRE A (✓) TO INITIATE. ORDERS WITH BLANKS INDICATE ADDITIONAL INFORMATION IS NEEDED.

DATE:	TIME:	ORDERS: ANOTHER BRAND OF GENERICALLY EQUIVALENT OR APPROVED THERAPEUTICALLY EQUIVALENT PRODUCT MAY BE ADMINISTERED UNLESS CHECKED.	✓
9/2/03	1700		

20. Vent settings: _____ mode _____ V_T (set) _____ V_T (rate) _____ F_iO_2
_____ PEEP _____ PS _____ Inspiratory time
_____ I:E ratio
_____ Vent studies q am while on vent
_____ Wean to extubate (per protocol)

21. Respiratory care: ☒ Oxygen at SATT > 92%.
☒ IS q T hours/instruct in correct usage.
_____ PEP therapy
_____ Cough and deep breathe q 1 hour.
_____ Bag and suction q _____ hour and prn.
_____ Pulse oximetry: ☐ Continuous ☒ Spot checks q 4 hr
_____ Respiratory meds: _____

NEDA Room 3539

22. Consultants:
_____ TRAC/CD
_____ TBI Checklist
_____ OT
_____ PT
_____ Speech for dysphagia
_____ Speech for cognition
_____ Nutrition
_____ Rehabilitation
_____ Psychiatric consultation
_____ ET

23. Call HO for: O2 sat <93%, HR <50 >150, SBP <80 >160, T >38.5, U/O <30 cc/hr

24. Labs: CBC BMP in AM HCT @ 1700

25. Rehab II urine drug screen (UDS) on first voided specimen (if not done in the ED – check the trauma resuscitation flowsheet).

26. X-rays: _____

27. Medications:

A. Antibiotic per _____ (title of protocol) for _____ (reason)
☒ Ancef 1 Gm IV q8h x 24 h
☐ Other _____

B. DVT medication prophylaxis per protocol
☐ Lovonox 30 mg SQ BID _____

C. Gastric prophylaxis per protocol
☐ Carafate (Sucralfate) 1 Gm per NG/OG q6h _____
☐ Other _____

D. Pain management:
☐ MORPHINE 1-4 mg IV q 2° PRN
☐ percocet 1-2 tabs po q 4h prn PRN

E. Sedation: ☒ ~~VERSED 1 mg IV q 4° PRN~~
☐ _____

F. Bowel care: ☐ Neuro bowel program per Trauma Collaborative Practice
☒ Other bowel care orders colace 250 mg po bid

G. Antiemetic: ZOFRAN 4 mg IV q 6° PRN

H. Consider DT prophylaxis if appropriate (See AWS Pharmacy Protocol) _____

I. _____

J. _____

K. ~~#PRN~~

L. _____

Physician's or Credentialed Provider's Signature _____ Date: 9/2/03

All Pre-Printed Orders must have a Physician/Credentialed Provider's signature to initiate.

205123 (6/02)

Original - Chart • Canary - Pharmacy • Pink - IV

DOC # 20041557790 Page 35 of 163

PHYSICIAN'S ORDERS

BLOOD BANK LABS

EH 0204703324 850034-34-00
BLOUIN, Justin
06/29/87 16 M
MD : IZENBERG, SETH D
NONE PER PATIENT.
FORD/109604
09/02/03

- ☐ Massive Transfusion Protocol surcharge of $53.05 per 1/2 hour (products and tests billed separately)
- ☐ MSTT surcharge = $100.00 (products billed separately)
- ☐ Uncrossed 0 neg/pos_____units $77.65 per unit
- ☐ Type specific_____units $32.45 + ($77.65 per unit)
- ☐ Type and cross_____units (type and cross 6 pc = $447.25. Add $77.65 for each unit transfused) *

per Dr Izenberg / Makram
Physician's signature

9-2-03 16
Date/Time

- ☐ Type and screen (69.25)
- ☒ Clot to hold $0.00
- ☐ Fresh frozen plasma_____units $65.65 per unit
- ☐ Platelet_____units $529.65 per PPH (platelet pheresis) = 6 platelet
- ☐ Cryoprecipitate_____units ($229.65 per 5 units) $459.30 for 10 units

Physician accepts risks involved in use of uncrossed blood

* Type and Cross and give 6 units = $913.1

CHEMISTRY / HEMATOLOGY / COAGULATION LABS

- ☒ Level I
  Multi-chem (66.65)
  ABC (28.65)
  Alcohol (medical) (67.45)
  Trauma Coag Panel (110.00)
- ☐ Level II
  Multi-chem
  ABC
  Alcohol (medical)
- ☐ Trauma Coag Panel (110.00)
- ☐ Trauma Coag Panel to hold

Miscellaneous

- ☐ Serum Quantitative Beta HCG (32.55)
- ☐ Kleihauer Betke (43.40)
- ☐ Toxicology drug screen (comprehensive) (urine & serum) (181.25)
- ☐ Trauma Diagnostic Peritoneal Lavage (DPL) (111.45)
  cell count
  microscopic
- ☐ Other _____

Pediatric Trauma Labs

- ☐ Hct (22.15)
- ☐ PT, PTT (33.0 + 31.80)

LEGACY Health System

LPH / ADULT PACU POST-OP ANESTHESIOLOGY ORDERS

PRE-PRINTED ORDERS

USE BALL POINT PEN, PRESS FIRMLY

EH 0204703324 850034-34-00
BLOUIN, Aaron
06/29/87 16 M
MD : IZENBERG, SETH D
: UNKNOWN, PHYSICIAN

FORD:109604
09/02/03
E

ALL LISTED ORDERS ARE IN EFFECT UNLESS CROSSED OUT. EXCEPTIONS: ORDERS PRECEDED BY A BOX (☐) REQUIRE A (✓) TO INITIATE. ORDERS WITH BLANKS INDICATE ADDITIONAL INFORMATION IS NEEDED.

DATE: 9/2/03	TIME: 1622	ORDERS: ANOTHER BRAND OF GENERICALLY EQUIVALENT OR APPROVED THERAPEUTICALLY EQUIVALENT PRODUCT MAY BE ADMINISTERED UNLESS CHECKED.	✓

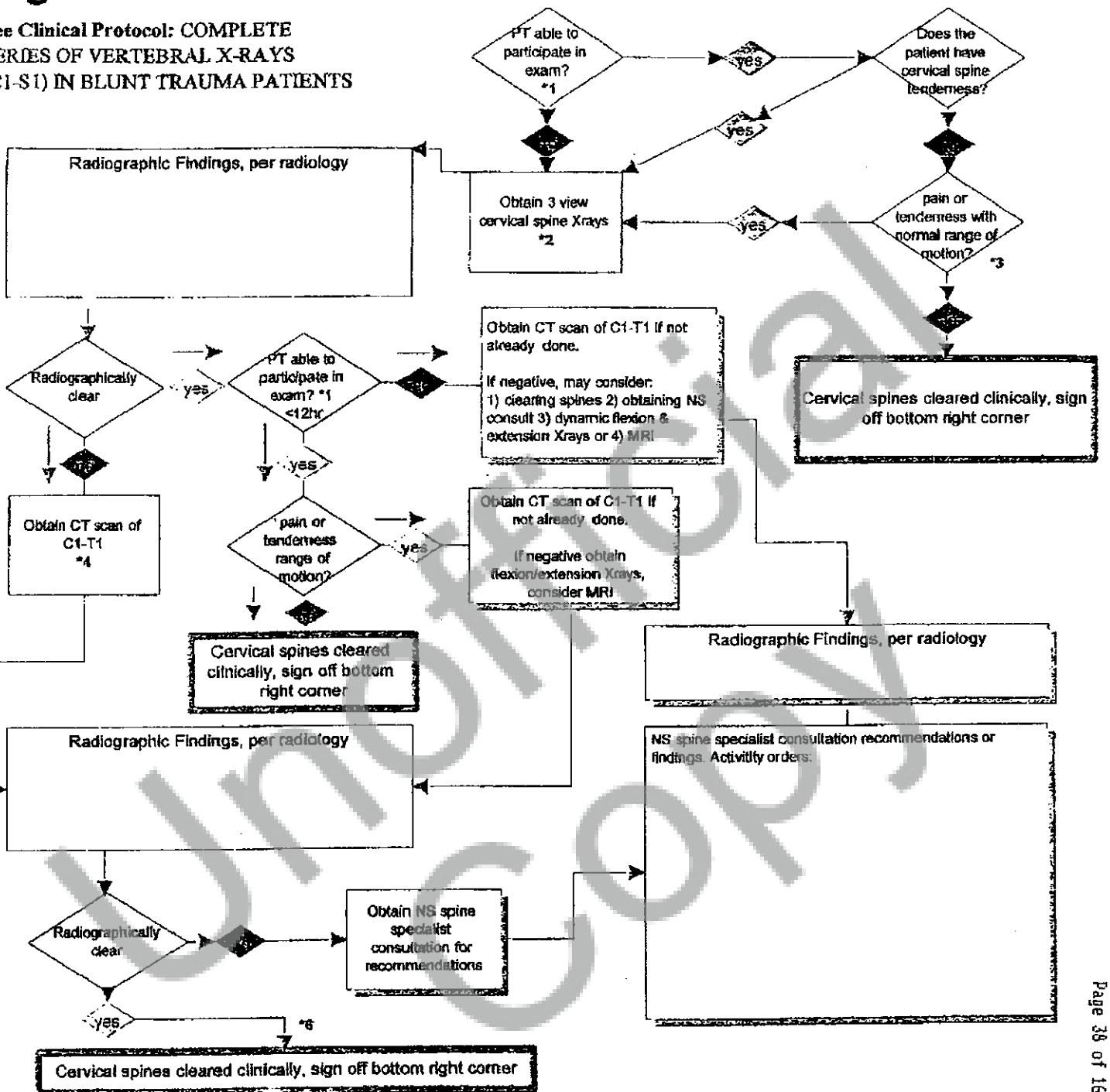
1. Admit to PACU. Routine vital signs per PACU protocol. (BP, Pulse, Resp. SpO_2, Temp).
2. Respiratory:
   - A) O_2 at 2-15 L/min. via appropriate route to keep O_2 Sat > 92%.
   - B) Naloxone 0.1 mg IV prn narcotic induced respiratory depression (Rate <8/min.) Repeat X 1 prn. Notify M.D.
   - C) Ventilator: TV_____ FIO_2_____ RATE_____ PEEP_____
     ABG 15 min. after ventilator initiated and prn. Extubate per PACU protocol.
   - D) Chest X-ray per policy.
3. Cardiovascular:
   - A) SBP > _____ mmHg or DBP > _____ mmHg.
     ☐ Nifedipine 10 mg. s l ☐ May repeat X 1.
     ☐ Labetolol _____ mg. IV q _____ min. up to _____ mg.
     ☐ Other: _____
   - B) BP < _____ / _____ mmHg 300ml IV fluid prn and/or Ephedrine 5-10mg IV and/or 25-50mg IM.
   - C) Monitor PRN: ECG/Art/CVP/PA/Wedge. Document strip for significant changes and HR <50 or >130, MAP <60 or >90, PAWP <10 or >20.
   - D) Arrhythmia's: Notify M.D. Follow ACLS guidelines. Significant PVC's: Lidocaine 1 mg/Kg IV.
   - E) Symptomatic bradycardia: Atropine 0.5mg IV. May repeat X 1.
   - F) If pt.'s BP continues to vary more than 30% from baseline, notify M.D.
4. Pain and/or sedation:
   - ☐ Morphine 2-5 mg. IV q 1-5 min., total = 30mg / hr and/or Morphine 10-15 mg. IM q 3 hr.
   - ☐ Meperidine 10-25mg IV q 1-5 min., total = 200mg. / hr and/or Meperidine 50-75mg IM q 3 hr. prn.
   - ☐ Fentanyl 25-50 ug IV q 1-5 min., total = 200 ug/hr. prn.
   - ☐ Numorphan 0.2-0.5 mg IV q 1-5 min., total = 1.5mg / hr and/or Numorphan 1.0-1.5 mg. IM q 2 hr. prn.
   - ☐ Other: _____
   - ☐ See PCA orders.
5. Nausea:
   - ☐ Droperidol .625-1.25mg IV ☐ May repeat X 1.
   - ☑ Reglan 10mg. IV prn ☐ May repeat X 1.
   - ☐ Ondansetron 1-4mg. IV ☐ May repeat X 1.
   - ☑ Promethazine 12.5mg IV ☐ May repeat X 1.
   - ☐ Other: _____
6. IV Fluid: Maintain present solution until complete (at _____ cc/hr) and then refer to surgeon's post-op orders.
7. Temperature persistently < 35 C: Forced air warming blanket.
8. Unable to void: Straight cath. prn. Notify M.D. if urine output is < 0.5cc/kg/hr.
9. Regional anesthesia:
   - ☐ Spinal or epidural narcotics - See epidural order form.
   - ☐ May discharge from PACU with sensory level below _____ or follow PACU guidelines.
10. Labs: ☐ Hct ☐ ABG ☐ Glucose ☐ CXR ☐ Other: _____
11. Notify anesthesiologist for uncontrolled pain, prolonged somnolence or any significant change in patient's condition. If unable, notify the on-call anesthesiologist.
12. Discharge when PACU discharge criteria are met. May send to floor with O_2 via nasal cannula at 2-4 L/min. to keep O_2 Sat >92%. May discontinue O_2 if O_2 Sat's remain >92% on room air for 15 min.

Physician's or Credentialed Provider's Signature _____

All Pre-Printed Orders must have a Physician/Credentialed Provider's signature to initiate.

Cervical Spine Clearance Algorithm & Order Sheet

See Clinical Protocol: COMPLETE SERIES OF VERTEBRAL X-RAYS (C1-S1) IN BLUNT TRAUMA PATIENTS



*1 Able to participate in exam: Patients who are alert, awake, *compos mentis*, have no mental status changes, no neck pain on palpation or active range of motion, no distracting pain, and no neurologic deficits may be considered to have a stable cervical spine and no need for radiologic studies of their cervical spine.

*2 3 view Cervical spine Xrays: (1)Lateral view-base of occiput to top of T1 vertebrae (2) Antero-posterior (AP) view-exposing spinous processes of C2 through T1 (3)Odontoid-open mouth exposing lateral masses and entire odontoid process. A Swimmer's view must be obtained if the cervicothoracic junction is not seen on the first lateral cervical spine view, negating the need for repeated lateral views.

*3 Patients should not leave the ED with extrication collars in place. If the spines are not cleared, patient should be placed in Aspen or Philadelphia collar of appropriate size.

*4 Axial CT with saggital reconstructions through the affected area anytime plain films are inadequate, document fracture or suspected fracture

*5 Flexion/extension views must be done under direct surgeon or neurosurgeon supervision in the conscious and cooperative patient. See Clinical protocol: FLEXION-EXTENSION X-RAYS OF CHRVICAL SPINES IN AWAKE AND ALERT TRAUMA PATIENTS (ALL) Consider obtaining CAT scan of cervical spine, if not done.

*6 Recommend soft collar for comfort, advise no chiropractic treatment until F/U, RTC 1 week

Date: Time:

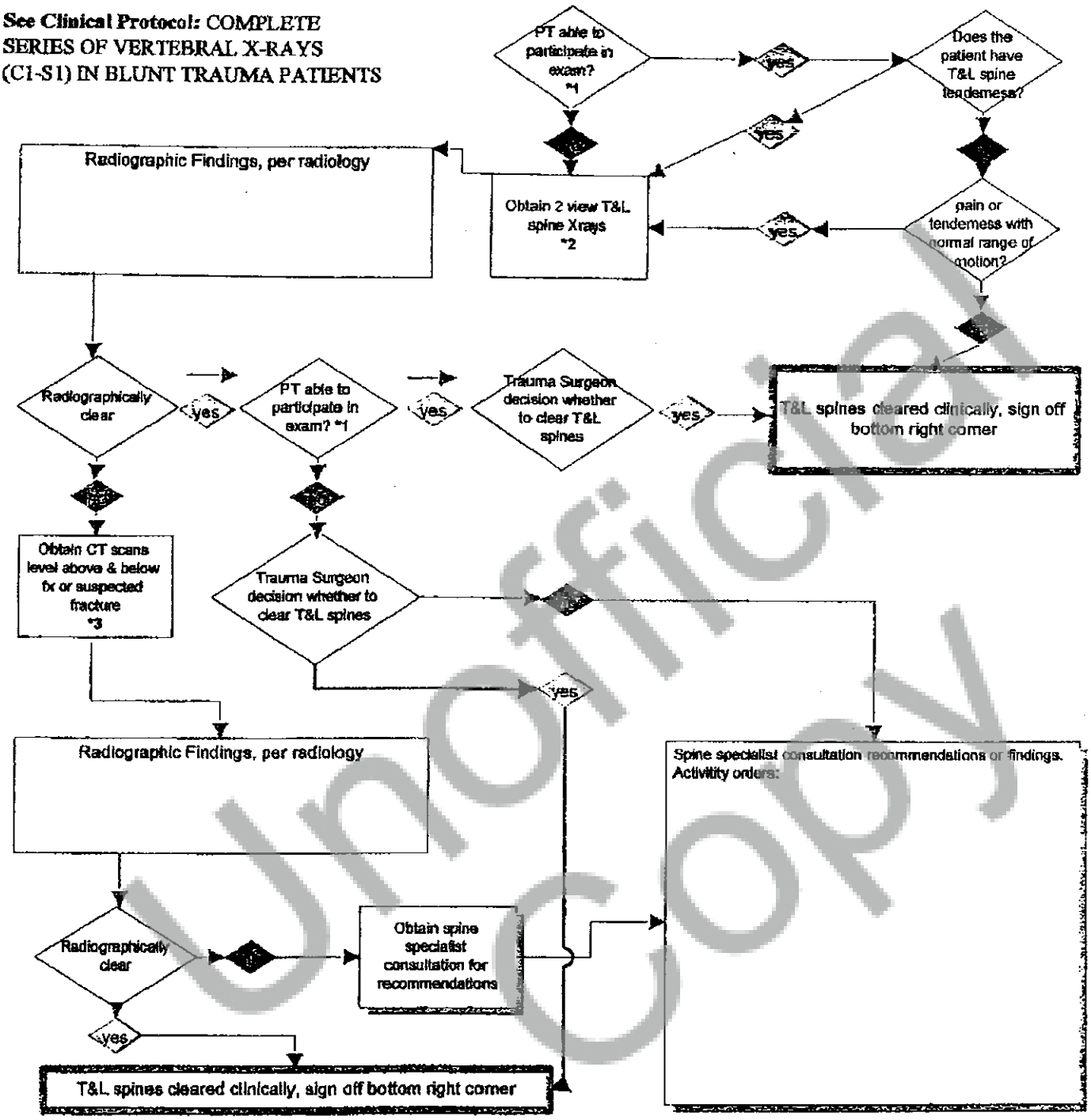
Cervical spines cleared

Physician signature, date, time

Thoracic & Lumbar Spine Clearance Algorithm

Patient Sticker Here

See Clinical Protocol: COMPLETE SERIES OF VERTEBRAL X-RAYS (C1-S1) IN BLUNT TRAUMA PATIENTS



*1 Able to participate in exam: Patients who are alert, awake, *compos mentis*, have no mental status changes, no back pain on palpation or active range of motion, no distracting pain, and no neurologic deficits may be considered to have a stable T&L spine and no need for radiologic studies of T&L spine.

*2 #2 view T&L spine Xrays: (1)Lateral view of entire thoracic & lumbar sacral spine (2) Antero-posterior (AP) view entire thoracic & lumbar sacral spine. A Swimmer's view must be obtained if the cervicothoracic junction is not seen on the first lateral cervical spine view, negating the need for repeated lateral views.

*3 Axial CT with sagittal reconstruction through the affected area anytime plain films are inadequate, document fracture or suspected fracture

Date:_____ **Time:**_____

T&L spines cleared

Physician signature, date, time

Please use caution and exercise your clinical discretion and professional judgment when utilizing this calculator.

Pediatric EMERGENCY DRUG DOSING 2003

Name *Justin Blouin*

Weight **75 kg**

Chart represents pediatric dosing by weight up to the usual adult dose

03-Sep-03

Drug	Strength	Dose	Route	Patient Dose	Volume	
Adenosine	3mg/ml	0.1mg/kg	IV / IO	6 mg	2 ml	Adult dose: up to 6mg Bolus for PSVT
Amiodarone *(Cordarone)*	50mg/ml	5mg/kg	IV / IO	150 mg 150 mg	3 ml 3 ml	up to 150mg Bolus for Pulseless VF/VT (5mg/kg) Dilute to < 2.5 mg/ml in D5W only Infusion over 20-60min for Perfusing Tachycardias
Atropine	1mg/10ml	0.02mg/kg	IV / IO	1 mg	10 ml	Minimum dose= 0.1mg (0.02mg/kg) Maximum dose= 0.5mg(child) 1mg(adolescent) MaxTotal Dose= 1mg(child) 2mg(adolescent, adult)
Calcium Chloride	100mg/ml	20mg/kg	IV/IO	500 mg	5 ml	up to 500mg. May be repeated in 10minutes dilute CaCl 1:1 with sterile water
Cardioversion		0.5-1 WS/kg		37.5 WS -	75 WS	
Defibrillation		2 WS / kg		150 WS		may repeat at 4 WS(joules) /kg x 2 if ineffective
Dextrose 25%	0.25g/ml	0.5-1g/kg	IV/IO	25 g - 25 g	100 ml 100 ml	max dose = up to 25g For PIV, dilute 1:1 with sterile water
Epinephrine 1:10000	1mg/10ml	0.01mg/kg	IV/ IO	0.5 mg	5 ml	up to 0.5mg in children, 1mg in adoles./adults
Epinephrine 1:1000	1mg/1ml	0.1mg/kg	ET Only!	5 mg	5 ml	up to 5mg
Flumazenil *(Romazicon)*	0.1 mg/ml	0.01 mg/kg	IV/IO	0.2 mg	2 ml	up to 0.2mg, may repeat in 45 sec. & then q minute up to a maximum total dose of 0.05 mg/kg or 1 mg
Lidocaine 1%	10mg/ml	1mg/kg	IV / IO	75 mg	7.5 ml	up to 100mg
Magnesium	500mg/ml	25mg/kg	IV / IO	2000 mg	4 ml	up to 2000mg IV for Torsades/Hypomagnesemia
Naloxone *(Narcan)*	1mg/ml	0.1mg/kg *(up to 2mg)*	IV / IO	2 mg	2 ml	up to 2mg maximum single dose.
NaBicarb 8.4%=	1mEq/ml	1mEq/kg	IV / IO	50 mEq	50 ml	up to 50mEq
NaBicarb 4.2%=	0.5mEq/ml	1mEq/kg	IV / IO	50 mEq	100 ml	for use in Neonates

Weight Verified by: _____ RN, _____ RN

Note: For pediatric equipment sizes, open P.A.L.S. Equipment Page

Pediatric Equipment Guidelines According to Age & Weight

EQUIPMENT	Premie (1-2.5 kg)	Neonate (2.5-4 kg)	6 Months (7 kg)	1-2 years (10-12 kg)	5 years (16-18 kg)	8-10 years (24-30 kg)
AIRWAY:						
Oral	00	0	1	2	3	4/5
Endotracheal Tube	2.5 - 3.0 uncufffed	3.0 - 3.5 uncuffed	3.5 - 4.0 uncuffed	4.0 - 4.5 uncuffed	5.0 - 5.5 uncuffed	5.5 - 6.5 cuffed
Laryngoscope Blade	0 - 1 straight	1 straight	1 straight	1 - 2 straight	2 straight or curved	2 - 3 straight or curved
Laryngeal Mask Airway	1	1	1 ½	2	2	2 ½
BREATHING:						
Ambu Bag	Infant	Infant	Child	Child	Child	Child/Adult
O_2 Ventilation Mask	Premature	Newborn	Infant/child	Child	Child	Small adult
Suction Catheter (fr)	6 - 8	8	8 - 10	10	14	14
CIRCULATION:						
Angiocath	22 - 26	22 - 24	22 - 24	20 - 22	18 - 20	16 - 20
Butterfly Needle	25	23 - 25	23 - 25	23	20 - 23	18 - 21
MISCELLANEOUS:						
Gastric Tube (fr)	5	5 - 8	8	10	10 - 12	14- 16
Chest Tube (fr)	10 - 14	12 - 18	14 - 20	14 - 24	20 - 32	28 - 38
Foley Catheter (fr)	5 - 6	5 - 6	5 - 8	8 - 10	10 - 12	12

Updated 12/9/2002

Medication Administration Record

LEGACY Health System

EMANUEL HOSPITAL & HEALTH CNTR

NAME: BLOUIN Justin

ALLERGIES
NO KNOWN DRUG ALLER

ACCT: 204703324

MREC: 008500343400 3539E-01

HT: 0 cm WT: 74.843 kg page 1 of 2

D.O.B.: 06/29/87 16 yr M

DIAGNOSIS: 231566/LV I NECK LAC

ATTD: IZENBERG, SETH D 09,

MEDICATION / DOSE	DATE 09/04/03	START	STOP	0001 - 0729	0730 - 1529	1530 - 240
Docusate Na Cap 250mg COLACE substitute **Dose: 250MG = 1 CAPSUL** Twice a Day PO SCH Colace. Order 23		09/03 0800 MCC			0800 KEC	2000
Heparin 10 unit/ml 10ml PF SDV HEPARIN LOCK FLUSH **Dose: 10Unit = 1 MLS** Every 8 Hours IV SCH HEPARIN 10 UNITS/1ML PRESERVATIVE FREE-OBTAIN FROM PHARMACY Dispense from Machine Order 64		09/03 0800 AA			0800 KEC	1600 2400

MEDICATION, DOSE, ROUTE, TIME DUE	TIME, SITE, INITIALS	INTL SIGNATURE	INTL SIGNATURE

LT RT INJECTION SITE
DELTOID
UPPER OUTER G
VASTUS LATERAL
VENTRO GLUTEA

166653 (12/97)

Medication Administration Record

LEGACY Health System

FAC: EMANUEL HOSPITAL & HEALTH CNTR

NAME: BLOUIN Justin

ACCT: 204703324

MREC: 008500343400 3539E-01

ALLERGIES: NO KNOWN DRUG ALLER

HT: 0 cm WT: 74.843 kg page 2 of 2

D.O.B.: 06/29/87 16 yr M

DIAGNOSIS: 231566/LV I NECK LAC

ATTD: IZENBERG, SETH D

09/

MEDICATION / DOSE	DATE 09/04/03	START	STOP	0001 - 0729	0730 - 1529	1530 - 2400
Morphine Inj 4mg/ml 1ml Tubex **Dose: 1- 4 MG** IV Every 2 Hours PRN Dispense from Machine Order 14		09/02 1840	MCC			
Ondansetron Inj 2mg/ml 2ml SDV ZOFRAN **Dose: 4MG = 2 MLS** IV Every 6 Hours PRN Dispense from Machine Order 15		09/02 1840	MCC			
Midazolam Inj 1mg/ml 2ml SDV VERSED substitute **Dose: 1MG = 1 MLS** IV Every 4 Hours PRN Versed 1mg/ml. Refer to sedation policy. Dispense from Machine Order 16		09/02 1841	MCC			
Oxycodone/APAP Tab 5/325mg PERCOCET **Dose: 1- 2 TAB** PO Every 6 Hours PRN PERCOCET DO NOT EXCEED 4 GRAMS ACETAMINOPHEN PER DAY Dispense from Machine Order 22		09/02 2055	MCC			
Heparin 10 unit/ml 10ml PF SDV HEPARIN LOCK FLUSH **Dose: 10Unit = 1 MLS** IV As Needed PRN Dispense from Machine Order 65		09/03 0747	AA			

MEDICATION, DOSE, ROUTE, TIME DUE	TIME, SITE, INITIALS	INTL SIGNATURE	INTL SIGNATURE

LT RT INJECTION SITE
DELTOID
UPPER OUTER G
VASTUS LATERA
VENTRO GLUTE

166653 (12/97)

LEGACY Health System

Medication Administration Record

[illegible] HEALTH CNTR

NAME: BLOUIN Justin

CAT:

ALLERGIES: NO KNOWN DRUG ALLER

ACCT: 204703324

MREC: 008500343400 3539E-01

HT: 0 cm WT: .000 kg page 1 of

D.O.B.: 06/29/87 16 yr M

DIAGNOSIS: 231566/LV I NECK LAC

ATTD: IZENBERG, SETH D 09/

MEDICATION / DOSE	DATE 09/03/03	START	STOP	0001 - 0729	0730 - 1529	1530 - 2400
CEFAZOLIN SODIUM ANCEF/KEFZOL substitute Dose: 1000MG FINAL CONCENTRATION = Dose: 100MG/ML Every 8 Hours 3.0 MIN IV SCH Ancef/Kefzol. Conc=100mg/1ml. Order 21 x24° (dose=1@1625 9/2 in ER		09/02 2400	09/03 1600		0800 PJC	1600 PJC 24 MDV
Docusate Na Cap 250mg COLACE substitute Dose: 250MG = 1 CAPSUL PO Twice a Day SCH Colace. Order 23		09/03 0800	MCC		0800 PJC	2000 MDV
Heparin 10units/ml 1ml to PLV Q8° & PRN		9/3			08 PJC (LAC) 1045 PJC (LAC)	16 PJC (LAC) 24 MD

DOC # 20041155790
Page 44 of 163

MEDICATION, DOSE, ROUTE, TIME DUE	TIME, SITE, INITIALS	INTL SIGNATURE	INTL SIGNATURE

166653 (12/97)

LT RT INJECTION SITE (
DELTOID
UPPER OUTER G
VASTUS LATERA
VENTRO GLUTEA

ACCOUNT ORDER HISTORY

FILENAME: RO1910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 05/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00007 LAB
RT ELECTROLYTES
FREQ: Once ,ROUTES
MODE: Interface PRIORITY: STAT
COMMENTS: 019283934

START DATE: 09/02/2003
START TIME: 16:27
END DATE: 09/02/2003
END TIME: 16:30

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 16:29
ENTERED BY: INTERFACE, TEST
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY:

DATE: 09/02/2003

ORDER #: 00008 LAB
RT GLUCOSE WHOLE BLOOD
FREQ: Once ,ROUTES
MODE: Interface PRIORITY: STAT
COMMENTS: 019283935

START DATE: 09/02/2003
START TIME: 16:27
END DATE: 09/02/2003
END TIME: 16:30

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 16:29
ENTERED BY: INTERFACE, TEST
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY:

- CONTINUED - PAGE: 4

ACCOUNT ORDER HISTORY

FILENAME: RO1910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00009 LAB
*TYPE AND CROSSMATCH (TXMM)
FREQ: Once ,ROUTES
MODE: Interface PRIORITY: STAT
COMMENTS: 019283938

START DATE: 09/02/2003
START TIME: 16:18
END DATE: 09/02/2003
END TIME: 16:43

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 16:29
ENTERED BY: INTERFACE, TEST
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY:

DATE: 09/02/2003

ORDER #: 00010 LAB
DRUG PANEL 2 URINE
FREQ: Once ,ROUTES
MODE: Interface PRIORITY: STAT
COMMENTS: 019284526

START DATE: 09/02/2003
START TIME: 16:45
END DATE: 09/02/2003
END TIME: 19:13

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 17:14
ENTERED BY: INTERFACE, TEST
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY:

- CONTINUED - PAGE: 5

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00011 MEDS TOTAL # INGR: 1
MEPERIDINE HCL 50 MG

START DATE: 09/02/2003 | TIMES ADMINISTERED: 18:19 BY: PYXIS, PYXIS RESULT: DISPENSED
CHART DATE: 09/02/2003 CHART TIME: 18:20
START TIME: 18:19 | DOSE ADMINISTERED: 50 MG
COMMENT:

BRAND: DEMEROL

FREQ: Once , INJECTION
MODE: Interface PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/02/03 18:20
ENTERED BY: PYXIS, PYXIS
VERIFYING PHARM: PYXIS, PYXIS
REVIEWING RN:
DC ORDERED BY: PAPER CHART, USER
DISCONTINUED BY: BATCH USER, NIGHTLY

END DATE: 09/02/2003
END TIME: 21:00

DATE: 09/02/2003

ORDER #: 00012 MEDS TOTAL # INGR: 1
RINGERS SOLUTION,LACTATED 1000 mL

START DATE: 09/02/2003 | TIMES ADMINISTERED: 18:19 BY: PYXIS, PYXIS RESULT: DISPENSED
CHART DATE: 09/02/2003 CHART TIME: 18:20
START TIME: 18:19 | DOSE ADMINISTERED: 1000 mL
COMMENT:

BRAND: LACTATED RINGERS

FREQ: Once , INTRAVENOUS
MODE: Interface PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/02/03 18:20
ENTERED BY: PYXIS, PYXIS
VERIFYING PHARM: PYXIS, PYXIS
REVIEWING RN:
DC ORDERED BY: PAPER CHART, USER
DISCONTINUED BY: BATCH USER, NIGHTLY

END DATE: 09/02/2003
END TIME: 21:00

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: ELGUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00013 CNSL	START DATE TIMES ADMINISTERED:
CRC CI/Consult	09/02/2003 BY: RESULT:
FREQ: PRN ,ROUTES ,PRN	CHART DATE: CHART TIME:
MODE: Not Required PRIORITY: Routine	START TIME DOSE ADMINISTERED:
COMMENTS: crisis intervention	18:37 COMMENT:
ORDERING PROVIDER: NOT REQUIRED, SIGNING	END DATE
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 18:38	09/04/2003
ENTERED BY: GARRIGAN, SALLY S	
REVIEWING RN:	END TIME
DC ORDERED BY: NOT REQUIRED, SIGNING	13:48
DISCONTINUED BY: GAUTHIER, KACIA E	

DATE: 09/02/2003

ORDER #: 00014 MEDS TOTAL # INGR: 1	START DATE TIMES ADMINISTERED:
MORPHINE SULFATE 1 to 4 MG	09/02/2003 BY: RESULT:
	CHART DATE: CHART TIME:
	START TIME DOSE ADMINISTERED:
	18:40 COMMENT:
BRAND:	
FREQ: q2h ,INTRAVENOUS ,PRN	
MODE: Written PRIORITY:	
COMMENTS: M	
ORDERING PROVIDER: SHERRY, SCOTT P	END DATE
SIGNED BY: WISEMAN, MARY S 09/02/03 18:40	09/04/2003
ENTERED BY: CAO, MARK C	
VERIFYING PHARM: CAO, MARK C	END TIME
REVIEWING RN:	13:48
DC ORDERED BY: SHERRY, SCOTT P	
DISCONTINUED BY: GAUTHIER, KACIA E	

- CONTINUED - PAGE: 7

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Dustin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00016 MEDS TOTAL # INGR: 1 | START DATE | TIMES ADMINISTERED:

ONDANSETRON HCL -H6JX 4 MG | 09/02/2003 | BY: RESULT:

CHART DATE: CHART TIME:

| START TIME | DOSE ADMINISTERED:

| 18:40 | COMMENT:

BRAND: ZOFRAN

FREQ: q6h ,INTRAVENOUS ,PRN

MODE: Written PRIORITY:

COMMENTS:

ORDERING PROVIDER: SHERRY, SCOTT P | END DATE

SIGNED BY: WISEMAN, MARY S 09/02/03 18:40 | 09/04/2003

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C | END TIME

REVIEWING RN: | 13:48

DC ORDERED BY: SHERRY, SCOTT P

DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/02/2003

ORDER #: 00016 MEDS TOTAL # INGR: 1 | START DATE | TIMES ADMINISTERED:

MIDAZOLAM HCL -H2CX 1 MG | 09/02/2003 | BY: RESULT:

CHART DATE: CHART TIME:

| START TIME | DOSE ADMINISTERED:

| 18:41 | COMMENT:

BRAND: VERSED substitute

FREQ: q4h ,INTRAVENOUS ,PRN

MODE: Written PRIORITY:

COMMENTS: Versed 1mg/ml. Refer to sedation policy.

ORDERING PROVIDER: SHERRY, SCOTT P | END DATE

SIGNED BY: WISEMAN, MARY S 09/02/03 18:41 | 09/04/2003

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C | END TIME

REVIEWING RN: | 13:48

DC ORDERED BY: SHERRY, SCOTT P

DISCONTINUED BY: GAUTHIER, KACIA E

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00917 MEDS	TOTAL # INGR: 1	START DATE	TIMES ADMINISTERED:
MORPHINE SULFATE	10 MG	09/02/2003	18:51 BY: PYXIS, PYXIS RESULT: DISPENSED
			CHART DATE: 09/02/2003 CHART TIME: 18:52
		START TIME	DOSE ADMINISTERED: 10 MG
		18:51	COMMENT:
BRAND:			
FREQ: Once ,INJECTION			
MODE: Interface PRIORITY:			
COMMENTS:			
ORDERING PROVIDER: PAPER CHART, USER		END DATE	
SIGNED BY: PAPER CHART, USER 09/02/03 18:52		09/02/2003	
ENTERED BY: PYXIS, PYXIS			
VERIFYING PHARM: PYXIS, PYXIS		END TIME	
REVIEWING RN:		21:00	
DC ORDERED BY: PAPER CHART, USER			
DISCONTINUED BY: BATCH USER, NIGHTLY			

DATE: 09/02/2003

ORDER #: 00018 LAB		START DATE	TIMES ADMINISTERED:
*U THC 2(-SC/MS CONF-MEDICAL		09/02/2003	BY: RESULT:
FREQ: Once ,ROUTES			CHART DATE: CHART TIME:
MODE: Interface PRIORITY: STAT		START TIME	DOSE ADMINISTERED:
COMMENTS: 019285616		16:45	COMMENT:
ORDERING PROVIDER: IZENBERG, SETH D		END DATE	
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 19:13		09/03/2003	
ENTERED BY: INTERFACE, TEST			
REVIEWING RN:		END TIME	
DC ORDERED BY: IZENBERG, SETH D		13:56	
DISCONTINUED BY:			

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ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: ELOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00019 MEDS TOTAL # INGR: 1 START DATE| TIMES ADMINISTERED:

NORMAL SALINE 1000 mL 09/02/2003| 20:27 BY: PYXIS, PYXIS RESULT: DISPENSED

CHART DATE: 09/02/2003 CHART TIME: 20:28

START TIME| DOSE ADMINISTERED: 1000 mL

20:27 | COMMENT:

BRAND: SODIUM CHLORIDE

FREQ: Once ,INTRAVENOUS

MODE: Interface PRIORITY:

COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER END DATE

SIGNED BY: PAPER CHART, USER 09/02/03 20:28 09/02/2003

ENTERED BY: PYXIS, PYXIS

VERIFYING PHARM: PYXIS, PYXIS END TIME

REVIEWING RN: 21:00

DC ORDERED BY: PAPER CHART, USER

DISCONTINUED BY: BATCH USER, NIGHTLY

DATE: 09/02/2003

ORDER #: 00020 MEDS TOTAL # INGR: 1 START DATE| TIMES ADMINISTERED:

MACRO PUMP SET GM #2120 1 ea 09/02/2003 20:27 BY: PYXIS, PYXIS RESULT: DISPENSED

CHART DATE: 09/02/2003 CHART TIME: 20:28

START TIME| DOSE ADMINISTERED: 1 ea

20:27 | COMMENT:

BRAND:

FREQ: Once ,MISCELL

MODE: Interface PRIORITY:

COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER END DATE

SIGNED BY: PAPER CHART, USER 09/02/03 20:28 09/02/2003

ENTERED BY: PYXIS, PYXIS

VERIFYING PHARM: PYXIS, PYXIS END TIME

REVIEWING RN: 21:00

DC ORDERED BY: PAPER CHART, USER

DISCONTINUED BY: BATCH USER, NIGHTLY

- CONTINUED - PAGE: 10

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 03021 MEDS TOTAL # INGR: 2 | START DATE | TIMES ADMINISTERED:

CEFAZOLIN SODIUM 1000 MG | 09/02/2003 | BY: RESULT:

FINAL CONCENTRATION = 100 MG/ML | | CHART DATE: CHART TIME:

| START TIME | DOSE ADMINISTERED:

| 24:00 | COMMENT:

BRAND: ANCEF/KEFZOL substitute

FREQ: sq8h ,INTRAVENOUS

MODE: Written PRIORITY:

COMMENTS: Ancef/Kefzol. Conc=100mg/1ml.

| END DATE |

| 09/03/2003 |

| END TIME |

| 21:00 |

ORDERING PROVIDER: SHERRY, SCOTT P

SIGNED BY: WISEMAN, MARY S 09/02/03 20:54

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C

REVIEWING RN: BATCH USER, NIGHTLY

DC ORDERED BY: SHERRY, SCOTT P

DISCONTINUED BY: BATCH USER, NIGHTLY

DATE: 09/02/2003

ORDER #: 03022 MEDS TOTAL # INGR: 1 | START DATE | TIMES ADMINISTERED:

OXYCODONE HCL/ACETAMINOPHEN 1 to 2 TAB | 09/02/2003 | BY: RESULT:

| CHART DATE: CHART TIME:

| START TIME | DOSE ADMINISTERED:

| 20:55 | COMMENT:

BRAND: PERCOCET

FREQ: q6h ,Orally ,PRN

MODE: Written PRIORITY:

COMMENTS: PERCOCET DO NOT EXCEED 4 GRAMS ACETAMINO PHEN PER DAY M

| END DATE |

| 09/04/2003 |

| END TIME |

| 13:48 |

ORDERING PROVIDER: SHERRY, SCOTT P

SIGNED BY: WISEMAN, MARY S 09/02/03 20:55

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C

REVIEWING RN:

DC ORDERED BY: SHERRY, SCOTT P

DISCONTINUED BY: GAUTHIER, KACIA E

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: DUCUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00024 NURS	START DATE:	TIMES ADMINISTERED:	
COMMUNICATION (specify)	09/02/2003	BY:	RESULT:
FREQ: NOAdqde ,ROUTES		CHART DATE:	CHART TIME:
MODE: Written PRIORITY: Routine	START TIME	DOSE ADMINISTERED:	
COMMENTS: CMFS CONSULT	20:56	COMMENT:	
ORDERING PROVIDER: IZENBERG, SETH D	END DATE		
SIGNED BY: U'REN, RICHARD C 09/02/03 20:58	09/04/2003		
ENTERED BY: CLARK, CAROLYN M			
REVIEWING RN:	END TIME		
DC ORDERED BY: IZENBERG, SETH D	13:48		
DISCONTINUED BY: GAUTHIER, KACIA E			

DATE: 09/02/2003

ORDER #: 00025 NURS	START DATE	TIMES ADMINISTERED:	
VS (specify	09/02/2003	BY:	RESULT:
FREQ: NURSEqda ,ROUTES		CHART DATE:	CHART TIME:
MODE: Written PRIORITY: Routine	START TIME	DOSE ADMINISTERED:	
COMMENTS: VITALS Q 4 HRS NV CHECKS, GCS PULSE	20:58	COMMENT:	
ORDERING PROVIDER: IZENBERG, SETH D	END DATE		
SIGNED BY: U'REN, RICHARD C 09/02/03 20:58	09/03/2003		
ENTERED BY: CLARK, CAROLYN M			
REVIEWING RN:	END TIME		
DC ORDERED BY: IZENBERG, SETH D	11:13		
DISCONTINUED BY: CALLAHAN, PAMELA J			

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ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00026 NURS
COMMUNICATION (specify)
FREQ: ROAlgde ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: ALL SPINES CLEARED IN ER BY IZENBERG

START DATE: 09/02/2003
START TIME: 20:58
END DATE: 09/04/2003
END TIME: 13:48

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 20:59
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/02/2003

ORDER #: 00027 NURS
Activity (specify)
FREQ: ROAlgde ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: COB WITH ASSIST

START DATE: 09/02/2003
START TIME: 20:59
END DATE: 09/03/2003
END TIME: 11:14

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 20:59
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: CALLAHAN, PAMELA J

- CONTINUED - PAGE: 13

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: ELQUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00028 NURS
Cath, foley (specify)
FREQ: NURSEqde ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: ROUTINE FOLEY CARE

START DATE: 09/02/2003
START TIME: 20:59
END DATE: 09/03/2003
END TIME: 11:13

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 20:59
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: CALLAHAN, PAMELA J

DATE: 09/02/2003

ORDER #: 00029 NURS
COMMUNICATION (specify)
FREQ: NOALqde ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: DRESSING CHANGES PER ROUTINE

START DATE: 09/02/2003
START TIME: 20:59
END DATE: 09/03/2003
END TIME: 11:14

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 21:00
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: CALLAHAN, PAMELA J

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: RCI910SR

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00030 NURS
Procedure :specify:
FREQ: NURSEQde ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: DRESSING CHANGES PER ROUTINE

START DATE: 09/02/2003
START TIME: 21:00
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: O'REN, RICHARD C 09/02/03 21:00
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/02/2003

ORDER #: 00031 DIET
DIET Clear Liquid
FREQ: Meal ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 21:00
END DATE: 09/02/2003
END TIME: 21:01

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 21:00
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: CLARK, CAROLYN M

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00032 DIET
DIET General
FREQ: meal ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 21:00
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 21:01
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/02/2003

ORDER #: 00033 NURS
IV Specify.
FREQ: NURSEqdc ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: NS @ 120 CC/ HR

START DATE: 09/02/2003
START TIME: 21:01
END DATE: 09/03/2003
END TIME: 11:13

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: O'REN, RICHARD C 09/02/03 21:01
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: CALLAHAN, PAMELA J

- CONTINUED - PAGE: 16

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 03034 NURS		START DATE: 09/02/2003	TIMES ADMINISTERED:
Weigh weekly			BY: RESULT:
FREQ: NURSEqda ,ROUTES			CHART DATE: CHART TIME:
MODE: Written	PRIORITY: Routine	START TIME: 21:01	DOSE ADMINISTERED:
COMMENTS:			COMMENT:
ORDERING PROVIDER: IZENBERG, SETH D		END DATE: 09/04/2003	
SIGNED BY: U'REN, RICHARD C	09/02/03 21:01		
ENTERED BY: CLARK, CAROLYN M		END TIME: 13:49	
REVIEWING RN:			
DC ORDERED BY: IZENBERG, SETH D			
DISCONTINUED BY: GAUTHIER, KACIA E			

DATE: 09/02/2003

ORDER #: 03035 NURS		START DATE: 09/02/2003	TIMES ADMINISTERED:
O2 saturation (specify)			BY: RESULT:
FREQ: NURSEqda ,ROUTES			CHART DATE: CHART TIME:
MODE: Written	PRIORITY: Routine	START TIME: 21:01	DOSE ADMINISTERED:
COMMENTS: OXYGEN TO KEEP SATS >92			COMMENT:
ORDERING PROVIDER: IZENBERG, SETH D		END DATE: 09/04/2003	
SIGNED BY: U'REN, RICHARD C	09/02/03 21:01		
ENTERED BY: CLARK, CAROLYN M		END TIME: 13:49	
REVIEWING RN:			
DC ORDERED BY: IZENBERG, SETH D			
DISCONTINUED BY: GAUTHIER, KACIA E			

- CONTINUED - PAGE: 17

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00036 THPY
RT Incentive Spirometry Instruct
FREQ: q1h ,ROUTES
MODE: Written PRIORITY: Timed Study
COMMENTS:

START DATE: 09/02/2003
START TIME: 21:01
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 21:02
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/03/2003

ORDER #: 00037 THPY
RT Chest Physiotherapy
FREQ: q1h ,ROUTES
MODE: Written PRIORITY: Timed Study
COMMENTS:

START DATE: 09/02/2003
START TIME: 21:01
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 21:02
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 00038 LAB
COMPLETE BLOOD COUNT WITH AUTO DIFF
FREQ: Once ,ROUTES
MODE: Written PRIORITY: Early AM (Lab O
COMMENTS:

START DATE: 09/02/2003 | TIMES ADMINISTERED:
BY: | RESULT:
CHART DATE: | CHART TIME:
START TIME: 21:02 | DOSE ADMINISTERED:
COMMENT:
END DATE: 09/03/2003
END TIME: 06:11

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 21:02
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY:

DATE: 09/03/2003

ORDER #: 00039 LAB
*MANUAL DIFFERENTIAL
FREQ: Once ,ROUTES
MODE: Written PRIORITY: Early AM (Lab O
COMMENTS:

START DATE: 09/02/2003 | TIMES ADMINISTERED:
BY: | RESULT:
CHART DATE: | CHART TIME:
START TIME: 21:02 | DOSE ADMINISTERED:
COMMENT:
END DATE: 09/03/2003
END TIME: 07:51

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 21:02
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY:

- CONTINUED -

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: SLOCUM, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 03040 LAB

BASIC METABOLIC PANEL

FREQ: Once ,ROUTES

MODE: Written PRIORITY: Early AM (Lab O

COMMENTS:

START DATE: 09/02/2003 TIMES ADMINISTERED:

BY: RESULT:

CHART DATE: CHART TIME:

START TIME: 21:02 DOSE ADMINISTERED:

COMMENT:

END DATE: 09/03/2003

END TIME: 06:24

ORDERING PROVIDER: IZENBERG, SETH D

SIGNED BY: U'REN, RICHARD C 09/02/03 21:02

ENTERED BY: CLARK, CAROLYN M

REVIEWING RN:

DC ORDERED BY: IZENBERG, SETH D

DISCONTINUED BY:

DATE: 09/02/2003

ORDER #: 03041 LAB

HEMATOCRIT

FREQ: Once ,ROUTES

MODE: Written PRIORITY: Timed Study

COMMENTS:

START DATE: 09/02/2003 TIMES ADMINISTERED:

BY: RESULT:

CHART DATE: CHART TIME:

START TIME: 22:00 DOSE ADMINISTERED:

COMMENT:

END DATE: 09/02/2003

END TIME: 22:14

ORDERING PROVIDER: IZENBERG, SETH D

SIGNED BY: U'REN, RICHARD C 09/02/03 21:02

ENTERED BY: CLARK, CAROLYN M

REVIEWING RN:

DC ORDERED BY: IZENBERG, SETH D

DISCONTINUED BY:

- CONTINUED - PAGE: 20

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: ELSBIN, Justin ACCT#: 0204703324 MR#: 008S00343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/ /2003

ORDER #: 00042 NURS | START DATE | TIMES ADMINISTERED:

JP, bb bulb suction | 09/02/2003 | BY: RESULT:

FREQ: NURSEqde ,ROUTES | | CHART DATE: CHART TIME:

MODE: Written PRIORITY: Routine | START TIME | DOSE ADMINISTERED:

COMMENT: NECK R BLAKE DRAIN TO BULB SUCTION | 21:03 | COMMENT:

| | |

| | |

ORDERING PROVIDER: IZENBERG, SETH D | END DATE |

SIGNED BY: U'REN, RICHARD C 09/02/03 21:03 | 09/04/2003 |

ENTERED BY: CLARK, CAROLYN M |

REVIEWING MD: | END TIME |

DC ORDERED BY: IZENBERG, SETH D | 13:49 |

DISCONTINUED BY: GAUTHIER, KACIA E | |

DATE: 09/ /2003

ORDER #: 00043 NURS | START DATE | TIMES ADMINISTERED:

Communication Order: DIET | 09/02/2003 | BY: RESULT:

FREQ: NURSEqda ,ROUTES | | CHART DATE: CHART TIME:

MODE: Written PRIORITY: Routine | START TIME | DOSE ADMINISTERED:

COMMENT: START CLEARS ADAT | 21:00 | COMMENT:

| |

| |

ORDERING PROVIDER: NOT REQUIRED, SIGNING | END DATE |

SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 21:04 | 09/03/2003 |

ENTERED BY: CLARK, CAROLYN M | |

REVIEWING MD: | END TIME |

DC ORDERED BY: NOT REQUIRED, SIGNING | 11:14 |

DISCONTINUED BY: CALLAHAN, PAMELA J | |

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: KLOSIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00044 NURS
Antiembolic dev/support stock (specify)
FREQ: NURSEqde ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: KND'S

START DATE: 09/02/2003
START TIME: 21:04
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY:
CHART DATE: CHART TIME:
RESULT:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 21:05
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/02/2003

ORDER #: 00045 NURS
Notify MD/attending if:
FREQ: SOALqde ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: SATS <93 HR <50 >150 SBP <80 >160

START DATE: 09/02/2003
START TIME: 21:06
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY:
CHART DATE: CHART TIME:
RESULT:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 21:07
ENTERED BY: CLARK, CAROLYN M
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00346 NURS
Intake & Output (specify)
FREQ: NURSEqda ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: Q 8 HR AND Q

START DATE: 09/02/2003
START TIME: 21:07
END DATE: 09/04/2003
END TIME: 13:49
TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/02/03 21:08
ENTERED BY: CLARK, CAROLYN M
REVIEWING MD:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/02/2003

ORDER #: 00347 NURS
Pediatric Surgical Clinical Path
FREQ: NURSEqdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS: laceration repair

START DATE: 09/02/2003
START TIME: 19:30
END DATE: 09/04/2003
END TIME: 13:49
TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING MD:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

- CONTINUED - PAGE: 23

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 21048 SIGN
*SCC, SLC/ORDERED INTERVENTIONS
FREQ: PRN ,ROUTES ,PRN
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 19:30
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/02/2003

ORDER #: 21049 NJRS
SCC, Inpatient, pediatric
FREQ: NURSEqdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 19:30
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

- CONTINUED -

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: RO1910SH

PATIENT: BLEVINS, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 03050 NJRS		START DATE	TIMES ADMINISTERED:
SOC, Surgical		09/02/2003	BY: RESULT:
FREQ: NURSEqdk ,ROUTES			CHART DATE: CHART TIME:
MODE:	PRIORITY: Routine	START TIME	DOSE ADMINISTERED:
COMMENTS:		19:30	COMMENT:
ORDERING PROVIDER:	NOT REQUIRED, SIGNING	END DATE	
SIGNED BY:	NOT REQUIRED, SIGNIN 09/02/03 23:09	09/04/2003	
ENTERED BY:	BOUCHARD, LEAH M		
REVIEWING RN:		END TIME	
DC ORDERED BY:	NOT REQUIRED, SIGNING	13:49	
DISCONTINUED BY:	GAUTHIER, KACIA E		

DATE: 09/03/2003

ORDER #: 03051 NJRS		START DATE	TIMES ADMINISTERED:
Postop Day of Surgery		09/02/2003	BY: RESULT:
FREQ: NURSEqdk ,ROUTES			CHART DATE: CHART TIME:
MODE:	PRIORITY: Routine	START TIME	DOSE ADMINISTERED:
COMMENTS:		19:30	COMMENT:
ORDERING PROVIDER:	NOT REQUIRED, SIGNING	END DATE	
SIGNED BY:	NOT REQUIRED, SIGNIN 09/02/03 23:09	09/04/2003	
ENTERED BY:	BOUCHARD, LEAH M		
REVIEWING RN:		END TIME	
DC ORDERED BY:	NOT REQUIRED, SIGNING	00:46	
DISCONTINUED BY:	BATCH USER, NIGHTLY		

- CONTINUED -

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: RO1910SH

PATIENT: [redacted], Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00052 SIGN
NO LAB VALUES IN CRITICAL RANGE
FREQ: NURSEqdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 19:30
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/[illegible]/2003

ORDER #: 00053 SIGN
HEMODYNAMICALLY STABLE
FREQ: NURSEqdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 19:30
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: SIGNIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/12/2003

ORDER #: 01054 SIGN
PAIN SCALE<3 OR WONG-BAKER<2 W/BEHAV CUE
FREQ: NURSEqdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 19:30
TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

END DATE: 09/04/2003
END TIME: 13:49

DATE: 09/12/2003

ORDER #: 01055 SIGN
TOLERATES DIET
FREQ: NURSEqdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 19:30
TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

END DATE: 09/04/2003
END TIME: 13:49

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00066 SIGN
PERFORM ACTIVITY TO FUNCTIONAL LIMITS
FREQ: NURSEqdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 19:30
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:
RESULT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING MD:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/02/2003

ORDER #: 00067 SIGN
NO EVIDENCE OF HARM
FREQ: NURSEqdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 19:30
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:
RESULT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING MD:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

- CONTINUED - PAGE: 28

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00058 SIGN
EXPRESSES QUESTIONS OR FEARS
FREQ: NURSEqdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/02/2003
START TIME: 19:30
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/02/2003

ORDER #: 00068 MEDS
CEFAZOLIN SODIUM
TOTAL # INGR: 1
1 GM

START DATE: 09/02/2003
START TIME: 09:01
END DATE: 09/04/2003
END TIME:

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

BRAND: ANCEF/KEFZOL substitute
FREQ: Once ,INTRAVENOUS
MODE: Written PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 09:01
ENTERED BY: ANDERSON, BEVERLY J
VERIFYING PHARM: ANDERSON, BEVERLY J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00069 MEDS TOTAL # INGR: 1
TETANUS,DIPHTHERIA TOXOID 0.5 mL

START DATE: 09/02/2003
START TIME: 09:06
END DATE: 09/04/2003
END TIME:

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

BRAND:
FREQ: Once ,INTRAMUSC
MODE: Written PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 09:06
ENTERED BY: ANDERSON, BEVERLY J
VERIFYING PHARM: ANDERSON, BEVERLY J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

DATE: 09/02/2003

ORDER #: 00074 MEDS TOTAL # INGR: 1
BACITRACIN 50000 Unit

START DATE: 09/02/2003
START TIME: 13:25
END DATE: 09/04/2003
END TIME:

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

BRAND: BACITRACIN STERILE
FREQ: Once ,INTRAMUSC
MODE: Written PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00075 MEDS TOTAL # INGR: 1 START DATE: 09/02/2003 TIMES ADMINISTERED: RESULT:
HEPARIN SODIUM,PORCINE 500 Unit BY: CHART DATE: CHART TIME:
START TIME: 13:25 DOSE ADMINISTERED:
COMMENT:
BRAND:
FREQ: Once ,INJECTION
MODE: Written PRIORITY:
COMMENTS:
END DATE: 09/04/2003
END TIME:
ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

DATE: 09/02/2003

ORDER #: 00076 MEDS TOTAL # INGR: 1 START DATE: 09/02/2003 TIMES ADMINISTERED: RESULT:
BACTERIOSTATIC SODIUM CHLORIDE 1 FLUSH BY: CHART DATE: CHART TIME:
START TIME: 13:25 DOSE ADMINISTERED:
COMMENT:
BRAND: SODIUM CHLORIDE
FREQ: Once ,INJECTION
MODE: Written PRIORITY:
COMMENTS:
END DATE: 09/04/2003
END TIME:
ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 00077 MEDS TOTAL # INGR: 1
PAPAVERINE HCL 300 MG

START DATE: 09/02/2003 TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
START TIME: 13:25 DOSE ADMINISTERED:
COMMENT:

BRAND: PAVABID substitute

FREQ: Once , INJECTION
MODE: Written PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

END DATE: 09/04/2003
END TIME:

DATE: 09/03/2003

ORDER #: 00078 MEDS TOTAL # INGR: 1
PROPOFOL 500 MG

START DATE: 09/02/2003 TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
START TIME: 13:25 DOSE ADMINISTERED:
COMMENT:

BRAND: PROPOFOL

FREQ: Once , INTRAVENOUS
MODE: Written PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

END DATE: 09/04/2003
END TIME:

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00079 MEDS TOTAL # INGR: 1
ROCURONIUM BROMIDE 100 MG

START DATE: 09/02/2003 TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
START TIME: 13:25 DOSE ADMINISTERED:
COMMENT:

BRAND: ZEMURON

FREQ: Once ,INJECTION
MODE: Written PRIORITY:
COMMENTS:

END DATE: 09/04/2003
END TIME:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

DATE: 09/13/2003

ORDER #: 00080 MEDS TOTAL # INGR: 1
GLYCOPYRROLATE 0.2 MG

START DATE: 09/02/2003 TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
START TIME: 13:25 DOSE ADMINISTERED:
COMMENT:

BRAND: ROBINUL

FREQ: Once ,INJECTION
MODE: Written PRIORITY:
COMMENTS:

END DATE: 09/04/2003
END TIME:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00081 MEDS TOTAL # INGR: 1
NEOSTIGMINE METHYLSULFATE 10 MG

START DATE: 09/02/2003
START TIME: 13:25
TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

BRAND: PROSTIGMIN substitute

FREQ: Once ,INJECTION
MODE: Written PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

END DATE: 09/04/2003
END TIME:

DATE: 09/02/2003

ORDER #: 00082 MEDS TOTAL # INGR: 1
METOCLOPRAMIDE HCL 10 MG

START DATE: 09/02/2003
START TIME: 13:25
TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:
RESULT:
CHART TIME:

BRAND: REGLAN Substitute

FREQ: Once ,INJECTION
MODE: Written PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

END DATE: 09/04/2003
END TIME:

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BALDWIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00083 MEDS — TOTAL # INGR: 1
ONDANSETRON HCL — -H6JX 4 MG

START DATE: 09/02/2003 | TIMES ADMINISTERED: | BY: | CHART DATE: | RESULT: | CHART TIME:
START TIME: 13:25 | DOSE ADMINISTERED: | COMMENT:

BRAND: ZOFRAN

FREQ: Once ,INTRAVENOUS
MODE: Written PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

END DATE: 09/04/2003
END TIME:

DATE: 09/02/2003

ORDER #: 00084 MEDS — TOTAL # INGR: 1
RANITIDINE HCL — -D4KX 50 MG

START DATE: 09/02/2003 | TIMES ADMINISTERED: | BY: | CHART DATE: | RESULT: | CHART TIME:
START TIME: 13:25 | DOSE ADMINISTERED: | COMMENT:

BRAND: ZANTAC

FREQ: Once ,INJECTION
MODE: Written PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

END DATE: 09/04/2003
END TIME:

- CONTINUED - PAGE: 35

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BIGUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00085 MEDS TOTAL # INGR: 1 START DATE: 09/02/2003 TIMES ADMINISTERED:
LIDOCAINE HYDROCHLORIDE (ANESTHETIC) 1 ea BY: RESULT:
CHART DATE: CHART TIME:
START TIME: 13:25 DOSE ADMINISTERED:
COMMENT:
BRAND: XYLOCAINE
FREQ: Once ,MUCOUS MEM
MODE: Written PRIORITY:
COMMENTS:
END DATE: 09/04/2003
END TIME:
ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

DATE: 09/02/2003

ORDER #: 00086 MEDS TOTAL # INGR: 1 START DATE: 09/02/2003 TIMES ADMINISTERED:
KETAMINE HCL 500 MG BY: RESULT:
CHART DATE: CHART TIME:
START TIME: 13:25 DOSE ADMINISTERED:
COMMENT:
BRAND: KETALAR substitute
FREQ: Once ,INJECTION
MODE: Written PRIORITY:
COMMENTS:
END DATE: 09/04/2003
END TIME:
ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 13:27
ENTERED BY: BICE, JESSICA J
VERIFYING PHARM: BICE, JESSICA J
REVIEWING RN:
DC ORDERED BY:
DISCONTINUED BY:

- CONTINUED - PAGE: 36

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: SLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 00014 MEDS TOTAL # INGR: 1 | START DATE | TIMES ADMINISTERED:

MORPHINE SULFATE 1 to 4 MG | 09/02/2003 | 06:38 BY: PYXIS, PYXIS RESULT: DISPENSED

| | CHART DATE: 09/03/2003 CHART TIME: 06:40

| START TIME | DOSE ADMINISTERED: 4 MG

| 18:40 | COMMENT:

BRAND:

FREQ: q2H ,INTRAVENOUS ,PRN

MODE: Written PRIORITY:

COMMENTS: M

ORDERING PROVIDER: SHERRY, SCOTT P | END DATE

SIGNED BY: WISEMAN, MARY S 09/02/03 18:40 | 09/04/2003

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C | END TIME

REVIEWING RN: | 13:48

DC ORDERED BY: SHERRY, SCOTT P

DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/03/2003

ORDER #: 00015 MEDS TOTAL # INGR: 1 | START DATE | TIMES ADMINISTERED:

ONDANSETRON HCL -H6JX 4 MG | 09/02/2003 | BY: RESULT:

| | CHART DATE: CHART TIME:

| START TIME | DOSE ADMINISTERED:

| 18:40 | COMMENT:

BRAND: ZOFRAN

FREQ: q6H ,INTRAVENOUS ,PRN

MODE: Written PRIORITY:

COMMENTS:

ORDERING PROVIDER: SHERRY, SCOTT P | END DATE

SIGNED BY: WISEMAN, MARY S 09/02/03 18:40 | 09/04/2003

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C | END TIME

REVIEWING RN: | 13:48

DC ORDERED BY: SHERRY, SCOTT P

DISCONTINUED BY: GAUTHIER, KACIA E

- CONTINUED - PAGE: 37

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: RAGUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 00016 MEDS — TOTAL # INGR: 1
MIDAZOLAM HCL — -H2CK 1 MG
START DATE: 09/02/2003 — TIMES ADMINISTERED: — BY: — CHART DATE: — RESULT: — CHART TIME:
START TIME: 18:41 — DOSE ADMINISTERED: — COMMENT:
BRAND: VERSED substitute
FREQ: qsh ,INTRAVENOUS ,PRN
MODE: Written PRIORITY:
COMMENTS: Versed 1mg/ml. Refer to sedation policy.
END DATE: 09/04/2003
END TIME: 13:48
ORDERING PROVIDER: SHERRY, SCOTT P
SIGNED BY: WISEMAN, MARY S 09/02/03 18:41
ENTERED BY: CAO, MARK C
VERIFYING PHARM: CAO, MARK C
REVIEWING RN:
DC ORDERED BY: SHERRY, SCOTT P
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/03/2003

ORDER #: 00021 MEDS — TOTAL # INGR: 2
CEFAZOLIN SODIUM — 1000 MG
FINAL CONCENTRATION = — 100 MG/ML
START DATE: 09/02/2003 — TIMES ADMINISTERED: — BY: — CHART DATE: — RESULT: — CHART TIME:
START TIME: 24:00 — DOSE ADMINISTERED: — COMMENT:
BRAND: ANCEF/KEFZOL substitute
FREQ: qsh ,INTRAVENOUS
MODE: Written PRIORITY:
COMMENTS: Ancef/Kefzol. Conc=100mg/1ml.
END DATE: 09/03/2003
END TIME: 21:00
ORDERING PROVIDER: SHERRY, SCOTT P
SIGNED BY: WISEMAN, MARY S 09/02/03 20:54
ENTERED BY: CAO, MARK C
VERIFYING PHARM: CAO, MARK C
REVIEWING RN: BATCH USER, NIGHTLY
DC ORDERED BY: SHERRY, SCOTT P
DISCONTINUED BY: BATCH USER, NIGHTLY

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLODIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 00022 MEDS TOTAL # INGR: 1 | START DATE | TIMES ADMINISTERED:
OXYCODONE HCL/ACETAMINOPHEN 1 to 2 TAB | 09/02/2003 | BY: RESULT:
| | CHART DATE: CHART TIME:
| START TIME | DOSE ADMINISTERED:
| 20:55 | COMMENT:
BRAND: PERCOCET
FREQ: q6h ,Orally ,PRN
MODE: Written PRIORITY:
COMMENTS: PERCOCET DO NOT EXCEED 4 GRAMS ACETAMINO PHEN PER DAY M
ORDERING PROVIDER: SHERRY, SCOTT P | END DATE
SIGNED BY: WISEMAN, MARY S 09/02/03 20:55 | 09/04/2003
ENTERED BY: CAO, MARK C
VERIFYING PHARM: CAO, MARK C | END TIME
REVIEWING RN: | 13:48
DC ORDERED BY: SHERRY, SCOTT P
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/03/2003

ORDER #: 00023 MEDS TOTAL # INGR: 1 | START DATE | TIMES ADMINISTERED:
DOCUSATE SODIUM 250 MG | 09/03/2003 | BY: RESULT:
| | CHART DATE: CHART TIME:
| START TIME | DOSE ADMINISTERED:
| 08:00 | COMMENT:
BRAND: COLACE substitute
FREQ: BID ,Orally
MODE: Written PRIORITY:
COMMENTS: Colace.
ORDERING PROVIDER: SHERRY, SCOTT P | END DATE
SIGNED BY: WISEMAN, MARY S 09/02/03 20:55 | 09/04/2003
ENTERED BY: CAO, MARK C
VERIFYING PHARM: CAO, MARK C | END TIME
REVIEWING RN: | 13:48
DC ORDERED BY: SHERRY, SCOTT P
DISCONTINUED BY: GAUTHIER, KACIA E

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: ELQUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 00059 NURS
Postop Day 1
FREQ: NOW&EQdk ,ROUTES
MODE: PRIORITY: Routine
COMMENTS:

START DATE: 09/03/2003
START TIME: 19:30
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: NOT REQUIRED, SIGNING
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09
ENTERED BY: BOUCHARD, LEAH M
REVIEWING RN:
DC ORDERED BY: NOT REQUIRED, SIGNING
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/03/2003

ORDER #: 00062 MEDS TOTAL # INGR: 1
CEFAZOLIN SODIUM 1 GM

START DATE: 09/03/2003
START TIME: 00:06
END DATE: 09/03/2003
END TIME: 06:00

TIMES ADMINISTERED: 00:06 BY: PYXIS, PYXIS RESULT: DISPENSED
CHART DATE: 09/03/2003 CHART TIME: 00:07
DOSE ADMINISTERED: 1 GM
COMMENT:

BRAND: ANCEF/KEFZOL substitute
FREQ: Once ,INTRAVENOUS
MODE: Interface PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 00:07
ENTERED BY: PYXIS, PYXIS
VERIFYING PHARM: PYXIS, PYXIS
REVIEWING RN:
DC ORDERED BY: PAPER CHART, USER
DISCONTINUED BY: BATCH USER, NIGHTLY

- CONTINUED -

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 08063 MEDS TOTAL # INGR: 1
NORMAL SALINE 1000 mL

START DATE: 09/03/2003 | TIMES ADMINISTERED: 05:04 BY: PYXIS, PYXIS RESULT: DISPENSED
CHART DATE: 09/03/2003 CHART TIME: 05:05
START TIME: 05:04 | DOSE ADMINISTERED: 1000 mL
COMMENT:

BRAND: SODIUM CHLORIDE

FREQ: Once ,INTRAVENOUS
MODE: Interface PRIORITY:
COMMENTS:

END DATE: 09/03/2003
END TIME: 06:00

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 05:05
ENTERED BY: PYXIS, PYXIS
VERIFYING PHARM: PYXIS, PYXIS
REVIEWING RN:
DC ORDERED BY: PAPER CHART, USER
DISCONTINUED BY: BATCH USER, NIGHTLY

DATE: 09/03/2003

ORDER #: 08064 MEDS TOTAL # INGR: 1
HEPARIN SODIUM,PORCINE 10 Unit

START DATE: 09/03/2003 | TIMES ADMINISTERED: BY: RESULT:
CHART DATE: CHART TIME:
START TIME: 08:00 | DOSE ADMINISTERED:
COMMENT:

BRAND: HEPARIN LOCK FLUSH

FREQ: Aqsh ,INTRAVENOUS
MODE: Written PRIORITY:
COMMENTS: HEPARIN 10 UNITS/1ML PRESERVATIVE FREE-O
STAIN FROM PHARMACY

END DATE: 09/04/2003
END TIME: 13:48

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/03/03 07:46
ENTERED BY: AZARIANCE, ADRINEE
VERIFYING PHARM: AZARIANCE, ADRINEE
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

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ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 10065 MEDS TOTAL # INGR: 1
HEPARIN SODIUM,PORCINE 10 Unit

START DATE: 09/03/2003
START TIME: 07:47

TIMES ADMINISTERED:
BY:
CHART DATE:
DOSE ADMINISTERED:
COMMENT:

RESULT:
CHART TIME:

BRAND: HEPARIN LOCK FLUSH

FREQ: PRN ,INTRAVENOUS ,PRN
MODE: Written PRIORITY:
COMMENTS: P

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/03/03 07:47
ENTERED BY: AZARIANCE, ADRINEE
VERIFYING PHARM: AZARIANCE, ADRINEE
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

END DATE: 09/04/2003
END TIME: 13:48

DATE: 09/03/2003

ORDER #: 10066 MEDS TOTAL # INGR: 1
DOCUSATE SODIUM 100 MG

START DATE: 09/03/2003
START TIME: 08:13

TIMES ADMINISTERED: 08:13 BY: PYXIS, PYXIS
CHART DATE: 09/03/2003
DOSE ADMINISTERED: 100 MG
COMMENT:

RESULT: DISPENSED
CHART TIME: 08:14

BRAND: COLACE Substitute

FREQ: Once ,Orally
MODE: Interface PRIORITY:
COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 08:14
ENTERED BY: PYXIS, PYXIS
VERIFYING PHARM: PYXIS, PYXIS
REVIEWING RN:
DC ORDERED BY: PAPER CHART, USER
DISCONTINUED BY: BATCH USER, NIGHTLY

END DATE: 09/03/2003
END TIME: 14:00

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ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 00067 CNSL	START DATE: 09/03/2003	TIMES ADMINISTERED:	
ORD CL/Consult Pediatrics		BY:	RESULT:
FREQ: PRN ,ROUTES ,PRN		CHART DATE:	CHART TIME:
MODE: Not Required PRIORITY: Routine	START TIME: 08:54	DOSE ADMINISTERED:	
COMMENTS: NOT SURE INSURANCE WILL COVER HOS STAY		COMMENT:	
ORDERING PROVIDER: NOT REQUIRED, SIGNING	END DATE: 09/04/2003		
SIGNED BY: NOT REQUIRED, SIGNIN 09/03/03 08:54			
ENTERED BY: CALLAHAN, PAMELA J			
REVIEWING RN:	END TIME: 13:49		
DC ORDERED BY: NOT REQUIRED, SIGNING			
DISCONTINUED BY: GAUTHIER, KACIA E			

DATE: 09/03/2003

ORDER #: 00070 MSO	START DATE: 09/03/2003	TIMES ADMINISTERED:	
Materials Supply Order-Patient Specific		BY:	RESULT:
FREQ: Once ,ROUTES		CHART DATE:	CHART TIME:
MODE: PRIORITY: Routine	START TIME: 09:28	DOSE ADMINISTERED:	
COMMENTS: medi port tape approx 3 inches wide 1		COMMENT:	
ORDERING PROVIDER: IZENBERG, SETH D	END DATE: 09/04/2003		
SIGNED BY: NOT REQUIRED, SIGNIN 09/03/03 09:28			
ENTERED BY: CALLAHAN, PAMELA J			
REVIEWING RN:	END TIME: 13:49		
DC ORDERED BY: IZENBERG, SETH D			
DISCONTINUED BY: GAUTHIER, KACIA E			

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ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 00071 NURS
Activity (specify)
FREQ: GOALqdc ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS: MAY BE OOB

START DATE: 09/03/2003
START TIME: 09:52
END DATE: 09/04/2003
END TIME: 13:49

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: U'REN, RICHARD C 09/03/03 09:53
ENTERED BY: CALLAHAN, PAMELA J
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/03/2003

ORDER #: 00072 MEDS TOTAL # INGR: 1
HEPARIN SODIUM,PORCINE 100 Unit

BRAND: HEPARIN LOCK FLUSH

FREQ: Once ,INTRAVENOUS
MODE: Interface PRIORITY:
COMMENTS:

START DATE: 09/03/2003
START TIME: 10:38
END DATE: 09/03/2003
END TIME: 14:00

TIMES ADMINISTERED:
10:38 BY: PYXIS, PYXIS RESULT: DISPENSED
CHART DATE: 09/03/2003 CHART TIME: 10:40
DOSE ADMINISTERED: 100 Unit
COMMENT:

ORDERING PROVIDER: PAPER CHART, USER
SIGNED BY: PAPER CHART, USER 09/03/03 10:40
ENTERED BY: PYXIS, PYXIS
VERIFYING PHARM: PYXIS, PYXIS
REVIEWING RN:
DC ORDERED BY: PAPER CHART, USER
DISCONTINUED BY: BATCH USER, NIGHTLY

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ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/03/2003

ORDER #: 00073 NURS		START DATE: 09/03/2003	TIMES ADMINISTERED:
VS Q8H			BY: RESULT:
FREQ: NURSEqda ,ROUTES			CHART DATE: CHART TIME:
MODE: Not Required	PRIORITY: Routine	START TIME: 11:13	DOSE ADMINISTERED:
COMMENTS:			COMMENT:
ORDERING PROVIDER:	NOT REQUIRED, SIGNING	END DATE: 09/04/2003	
SIGNED BY:	NOT REQUIRED, SIGNIN 09/03/03 11:13		
ENTERED BY:	CALLAHAN, PAMELA J	END TIME: 13:49	
REVIEWING RN:			
DC ORDERED BY:	NOT REQUIRED, SIGNING		
DISCONTINUED BY:	GAUTHIER, KACIA E		

DATE: 09/04/2003

ORDER #: 00014 MEDS	TOTAL # INGR: 1	START DATE: 09/02/2003	TIMES ADMINISTERED:
MORPHINE SULFATE	1 to 4 MG		BY: RESULT:
			CHART DATE: CHART TIME:
		START TIME: 18:40	DOSE ADMINISTERED:
			COMMENT:
BRAND:			
FREQ: q2h ,INTRAVENOUS ,PRN			
MODE: Written	PRIORITY:		
COMMENTS: M			
ORDERING PROVIDER:	SHERRY, SCOTT P	END DATE: 09/04/2003	
SIGNED BY:	WISEMAN, MARY S 09/02/03 18:40		
ENTERED BY:	CAO, MARK C		
VERIFYING PHARM:	CAO, MARK C	END TIME: 13:48	
REVIEWING RN:			
DC ORDERED BY:	SHERRY, SCOTT P		
DISCONTINUED BY:	GAUTHIER, KACIA E		

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ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV 1 NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00015 MEDS TOTAL # INGR: 1 START DATE: 09/02/2003 TIMES ADMINISTERED:

ONDANSETRON HCL -H6JX 4 MG BY: RESULT:

CHART DATE: CHART TIME:

START TIME: 18:40 DOSE ADMINISTERED:

COMMENT:

BRAND: ZOFRAN

FREQ: q8h ,INTRAVENOUS ,PRN

MODE: Written PRIORITY:

COMMENTS:

END DATE: 09/04/2003

END TIME: 13:48

ORDERING PROVIDER: SHERRY, SCOTT P

SIGNED BY: WISEMAN, MARY S 09/02/03 18:40

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C

REVIEWING RN:

DC ORDERED BY: SHERRY, SCOTT P

DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/04/2003

ORDER #: 00016 MEDS TOTAL # INGR: 1 START DATE: 09/02/2003 TIMES ADMINISTERED:

MIDAZOLAM HCL -H2CX 1 MG BY: RESULT:

CHART DATE: CHART TIME:

START TIME: 18:41 DOSE ADMINISTERED:

COMMENT:

BRAND: VERSED substitute

FREQ: q4h ,INTRAVENOUS ,PRN

MODE: Written PRIORITY:

COMMENTS: Versed 1mg/ml. Refer to sedation policy.

END DATE: 09/04/2003

END TIME: 13:48

ORDERING PROVIDER: SHERRY, SCOTT P

SIGNED BY: WISEMAN, MARY S 09/02/03 18:41

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C

REVIEWING RN:

DC ORDERED BY: SHERRY, SCOTT P

DISCONTINUED BY: GAUTHIER, KACIA E

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ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/04/2003

ORDER #: 00022 MEDS TOTAL # INGR: 1 START DATE: 09/02/2003 TIMES ADMINISTERED:

OXYCODONE HCL/ACETAMINOPHEN 1 to 2 TAB BY: RESULT:

CHART DATE: CHART TIME:

START TIME: 20:55 DOSE ADMINISTERED:

COMMENT:

BRAND: PERCOCET

FREQ: q6h ,Orally ,PRN

MODE: Written PRIORITY:

COMMENTS: PERCOCET DO NOT EXCEED 4 GRAMS ACETAMINOPHEN PER DAY M

END DATE: 09/04/2003

END TIME: 13:48

ORDERING PROVIDER: SHERRY, SCOTT P

SIGNED BY: WISEMAN, MARY S 09/02/03 20:55

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C

REVIEWING RN:

DC ORDERED BY: SHERRY, SCOTT P

DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/04/2003

ORDER #: 00023 MEDS TOTAL # INGR: 1 START DATE: 09/03/2003 TIMES ADMINISTERED:

DOCUSATE SODIUM 250 MG BY: RESULT:

CHART DATE: CHART TIME:

START TIME: 08:00 DOSE ADMINISTERED:

COMMENT:

BRAND: COLACE substitute

FREQ: BID ,Orally

MODE: Written PRIORITY:

COMMENTS: Colace.

END DATE: 09/04/2003

END TIME: 13:48

ORDERING PROVIDER: SHERRY, SCOTT P

SIGNED BY: WISEMAN, MARY S 09/02/03 20:55

ENTERED BY: CAO, MARK C

VERIFYING PHARM: CAO, MARK C

REVIEWING RN:

DC ORDERING BY: SHERRY, SCOTT P

DISCONTINUED BY: GAUTHIER, KACIA E

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ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/04/2003

ORDER #: 00060 NURS

Postop Day 2

FREQ: NURSEqdk ,ROUTES

MODE: PRIORITY: Routine

COMMENTS:

ORDERING PROVIDER: NOT REQUIRED, SIGNING

SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 23:09

ENTERED BY: BOUCHARD, LEAH M

REVIEWING RN:

DC ORDERED BY: NOT REQUIRED, SIGNING

DISCONTINUED BY: GAUTHIER, KACIA E

START DATE: 09/04/2003

START TIME: 19:30

END DATE: 09/04/2003

END TIME: 13:49

TIMES ADMINISTERED:

BY: RESULT:

CHART DATE: CHART TIME:

DOSE ADMINISTERED:

COMMENT:

DATE: 09/04/2003

ORDER #: 00064 MEDS TOTAL # INGR: 1

HEPARIN SODIUM,PORCINE 10 Unit

BRAND: HEPARIN LOCK FLUSH

FREQ: q8h ,INTRAVENOUS

MODE: Written PRIORITY:

COMMENTS: HEPARIN 10 UNITS/1ML PRESERVATIVE FREE-O
OBTAIN FROM PHARMACY

ORDERING PROVIDER: IZENBERG, SETH D

SIGNED BY: UREN, RICHARD C 09/03/03 07:46

ENTERED BY: AZARIANCE, ADRINEE

VERIFYING PHARM: AZARIANCE, ADRINEE

REVIEWING RN:

DC ORDERED BY: IZENBERG, SETH D

DISCONTINUED BY: GAUTHIER, KACIA E

START DATE: 09/03/2003

START TIME: 08:00

END DATE: 09/04/2003

END TIME: 13:48

TIMES ADMINISTERED:

BY: RESULT:

CHART DATE: CHART TIME:

DOSE ADMINISTERED:

COMMENT:

- CONTINUED - PAGE: 48

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MRN: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/04/2003

ORDER #: 00065 MEDS TOTAL # INGR: 1 | START DATE | TIMES ADMINISTERED:

HEPARIN SODIUM,PORCINE 10 Unit | 09/03/2003 | BY: RESULT:

| | CHART DATE: CHART TIME:

| START TIME | DOSE ADMINISTERED:

| 07:47 | COMMENT:

BRAND: HEPARIN LOCK FLUSH

FREQ: PRN ,INTRAVENOUS ,PRN

MODE: Written PRIORITY:

COMMENTS: P

ORDERING PROVIDER: IZENBERG, SETH D | END DATE |

SIGNED BY: U'REN, RICHARD C 09/03/03 07:47 | 09/04/2003 |

ENTERED BY: AZARIANCE, ADRINEE

VERIFYING PHARM: AZARIANCE, ADRINEE | END TIME |

REVIEWING RN: | 13:48 |

DC ORDERED BY: IZENBERG, SETH D

DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/04/2003

ORDER #: 00087 NURS | START DATE | TIMES ADMINISTERED:

IV heparin/saline lock routine | 09/04/2003 | BY: RESULT:

FREQ: NURSEqdc ,ROUTES | CHART DATE: CHART TIME:

MODE: Not Required PRIORITY: Routine | START TIME | DOSE ADMINISTERED:

COMMENTS: | 01:11 | COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D | END DATE |

SIGNED BY: U'REN, RICHARD C 09/04/03 01:13 | 09/04/2003 |

ENTERED BY: VILLANUEVA, MICHELLE D

REVIEWING RN: | END TIME |

DC ORDERED BY: IZENBERG, SETH D | 13:49 |

DISCONTINUED BY: GAUTHIER, KACIA E

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ACCOUNT ORDER HISTORY

FACILITY: MANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/04/2003

ORDER #: 03088 MEDS TOTAL # INGR: 1 START DATE: 09/04/2003 TIMES ADMINISTERED: 02:25 BY: PYXIS, PYXIS RESULT: DISPENSED

HEPARIN SODIUM,PORCINE 100 Unit CHART DATE: 09/04/2003 CHART TIME: 02:26

START TIME: 02:25 DOSE ADMINISTERED: 100 Unit

COMMENT:

BRAND: HEPARIN LOCK FLUSH

FREQ: Once ,INTRAVENOUS

MODE: Interface PRIORITY:

COMMENTS:

ORDERING PROVIDER: PAPER CHART, USER

SIGNED BY: PAPER CHART, USER 09/04/03 02:26

ENTERED BY: PYXIS, PYXIS

VERIFYING PHARM: PYXIS, PYXIS

REVIEWING RN:

DC ORDERED BY: PAPER CHART, USER

DISCONTINUED BY: BATCH USER, NIGHTLY

END DATE: 09/04/2003

END TIME: 06:00

DATE: 09/04/2003

ORDER #: 03089 NURS START DATE: 09/04/2003 TIMES ADMINISTERED: BY: RESULT:

IV, DC IV CHART DATE: CHART TIME:

FREQ: NURSEqde ,ROUTES START TIME: 12:14 DOSE ADMINISTERED:

MODE: Not Required PRIORITY: Routine COMMENT:

COMMENTS:

ORDERING PROVIDER: IZENBERG, SETH D

SIGNED BY: U'REN, RICHARD C 09/04/03 12:15

ENTERED BY: GAUTHIER, KACIA E

REVIEWING RN:

DC ORDERED BY: IZENBERG, SETH D

DISCONTINUED BY: GAUTHIER, KACIA E

END DATE: 09/04/2003

END TIME: 13:49

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ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: RO1910SH

PATIENT: ELOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/04/2003

ORDER #: 00090 SIGN | START DATE | TIMES ADMINISTERED:

T <37.8 C FOR AT LEAST 24 HOURS | 09/04/2003 | BY: RESULT:

FREQ: NURSEqdk ,ROUTES | | CHART DATE: CHART TIME:

MODE: PRIORITY: Routine | START TIME | DOSE ADMINISTERED:

COMMENTS: | 12:15 | COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D | END DATE

SIGNED BY: NOT REQUIRED, SIGNIN 09/04/03 12:15 | 09/04/2003

ENTERED BY: GAUTHIER, KACIA E

REVIEWING RN: | END TIME

DC ORDERED BY: IZENBERG, SETH D | 13:49

DISCONTINUED BY: GAUTHIER, KACIA E

DATE: 09/04/2003

ORDER #: 00091 SIGN | START DATE | TIMES ADMINISTERED:

PAIN LEVEL </= 3 ON PO MEDS | 09/04/2003 | BY: RESULT:

FREQ: NURSEqdk ,ROUTES | | CHART DATE: CHART TIME:

MODE: PRIORITY: Routine | START TIME | DOSE ADMINISTERED:

COMMENTS: | 12:15 | COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D | END DATE

SIGNED BY: NOT REQUIRED, SIGNIN 09/04/03 12:15 | 09/04/2003

ENTERED BY: GAUTHIER, KACIA E

REVIEWING RN: | END TIME

DC ORDERED BY: IZENBERG, SETH D | 13:49

DISCONTINUED BY: GAUTHIER, KACIA E

- CONTINUED - PAGE: 51

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV 1 NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/04/2003

ORDER #: 00092 NURS
D/C patient
FREQ: NURSEqdt ,ROUTES
MODE: Written PRIORITY: Routine
COMMENTS:

START DATE	TIMES ADMINISTERED:
09/04/2003	BY: RESULT:
	CHART DATE: CHART TIME:
START TIME	DOSE ADMINISTERED:
12:15	COMMENT:
END DATE	
09/04/2003	
END TIME	
13:49	

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: O'REN, RICHARD C 09/04/03 12:15
ENTERED BY: GAUTHIER, KACIA E
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY: GAUTHIER, KACIA E

END OF REPORT [ROI910SH] PAGE: 52

BLOUIN, Justin .
008500343400
DOB: 29Jun87
Entry Date: 10Sep03
Primary Care Provider: NONE PER PATIENT, NONE PER PT

TRAUMA CLINIC NOTE

CC:routine follow up

HPI: 16 yr old male who ran & fell through a plate glass door. Pt presented with a dressed right neck laceration, and a right knee abrasion.

PMH: I have reviewed the clinical record. The interval history is as noted in the ROS.

Social History:

Family History:

Medications:vicoden, Ibuprofen, Cuflax.

ROS: Systems reviewed, only positive findings recorded in patient record. Systems with negative findings did not contribute to the diagnosis or plan. ROS is negative Pt denies any pain/trouble with his head, neck, pulmonary, cardiovascular, Abdomen, GI, GU, or musculoskelatal systems.

VS: Per Flowsheet

PE: (X) indicates examination and findings on exam. Blank space indicates no exam undertaken/NA.

(x) Head- Normocephalic
(x) Eyes- Pupils equal and reactive to light and accomodation. EOM intact.
(x) Ears- Auricles symmetric, no lesions or deformities, nontender. External canals clear. TM's intact bilaterally with light reflex and landmarks intact. Hearing grossly intact bilaterally. Right TM had a very thin trace of dried blood.
( ) Nose- Patent, no septal deviation, mucosa pink without lesions or discharge.
(x) Throat- Lips without lesions. Gums pink, mucosa pink. .Uvula midline and no hoarseness. Pt states he has to tip his head downward slightly to swallow. He states that he feels like he has a knot in this throat. Tongue without lesions.
(x) Face- Symmetrical. Stitches present on right anterior to ear.
(x) Neck- Full ROM without pain, trachea midline, thyroid smooth and not

---

Dictated By: DEISSEROTH, KAT

+=====================================+
+ Verified Date: 10Sep03 Time: 3:21p + If Date & Time posted, document is
+=====================================+ Verified by MD/DO/LIP.

BLOUIN, Justin .
008500343400
DOB: 29Jun87
Entry Date: 10Sep03

Primary Care Provider: NONE PER PATIENT, NONE PER PT

enlarged to palpation. Rises symetrically with swallowing. Zig-Zag scar on right neck down to right clavicle with staples, no erythema, pain.
(x) Pulmonary- Chest wall normal excursion. Auscultation for clear breath sounds without wheezes, crackles, rhonchi, or rubs.
(x) CV- Normal cardiac sounds without murmur.
(x) GI/Abd- Soft, nondistended. Bowel sounds present. No guarding, pain, or tenderness during palpation.
( ) GU- No urethral drainage or blood noted. External genitalia within normal limits.
( ) Pelvic- Stable, nontender, no lesions noted.
( ) Lymphatic- No adenopathy noted in axilla, neck, groin.
( ) Musculoskeletal- Normal symmetry, no crepitation or deformity. No tenderness, masses, effusions noted. Has full ROM without pain, deformity, or contracture.
( ) Skin- Intact, warm, dry, no rashes, lesions, or ulcerations.
(x) Neurologic- Alert and oriented X 4, mood and affect normal, cranial nerves II-XII grossly intact.
Labs/Xrays pertinent:

Assessment:s/p exploratory neck disection. laceration held together by stitches.

Plan/Medical Decision Making: Removed stitches. Removed staples and covered laceration with steristrips. Instructed patient to keep dry for next couple days. RTC if pt has pain, fever, chills, skin turns red, if there is bleeding from the neck site, or prn.

Suzanne Garcia PA-S Scott Sherry PA-C

Dictated By: DEISSEROTH, KAT

+=====================================+
+ Verified Date: 10Sep03 Time: 3:21p +
+=====================================+

If Date & Time posted, document is Verified by MD/DO/LIP.

LEGACY HEALTH SYSTEM

BLOUIN, Justin .
008500343400
DOB: 29Jun87
Entry Date: 11Sep03

Primary Care Provider: NONE PER PATIENT, NONE PER PT

Seen with resident / PA for f/u following laceration to neck from plate glass window. doing well. no complaints wound is clean staples out, steristriped. rtc prn Izenberg, MD

Dictated By: IZENBERG, SETH

+==========+
+ Verified Date: 11Sep03 Time: 1:45p +
+==========+

If Date & Time posted, document is Verified by MD/DO/LIP.

LEGACY HEALTH SYSTEM
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Oregon 97227

HISTORY AND PHYSICAL

BLOUIN, JUSTIN
8500343400
3539 01
PT TYPE: EMI
DOB: 06/29/1987
ADM. DATE: 09/02/2003

ATTENDING PHYSICIAN: SETH D IZENBERG, MD

HISTORY OF PRESENT ILLNESS
This is a 16-year-old male who fell or ran through a plate glass door. He was reportedly getting a new license for a vehicle and for unknown reasons he said he fell through the door, though the other report said he ran through the door. He was brought in by the paramedics with visible vessels in the base of his wound.

Past medical history was negative. Allergies were negative. Past surgical history was negative. Past alcohol and tobacco are claimed to be negative. He did have a abrasion on his right knee, and he did have a laceration that was dressed on his right neck.

PHYSICAL EXAMINATION
VITAL SIGNS: As recorded.
HEENT: PERRL. EOMI. TMs clear. Face is stable.
NECK: A large laceration visible on the right side, to be further described below.
CHEST: Breath sounds equal bilaterally. Cor was regular.
ABDOMEN: Flat and nontender.
PELVIS: The pelvis was stable.
GENITOURINARY: Exam was negative.
RECTAL: Negative.
BACK: Negative.
NEUROLOGIC: Glasgow Coma Scale 15.

IMAGING STUDIES
Chest x-ray was negative. His neck and back were clear by mechanism.

LABORATORY DATA

His laboratory exam was essentially within normal limits.

PROCEDURES
He did have a Foley catheter inserted under my direction, and then he was intubated, and we proceeded with neck exploration to be dictated by Dr. McGuigan. The description of the wound is as follows: The wound proceeded down through the platysma into the clavicular head of the sternocleidomastoid, and there were visible vessels deep in the wound that were visible on removal of the dressing. Further details are in the operative report by Dr. McGuigan.

PROBLEM LIST
Stab wound, right neck.

SETH D IZENBERG, MD

PT Name: BLOUIN, JUSTIN
SI/cgc Job #: 020771 Doc #: 1936039
D: 09/08/2003 4:51 P
T: 09/08/2003 7:13 P
cc: SETH D IZENBERG, MD

LEGACY Health System

Medication Administration Record

LEGACY EMANUEL HOSPITAL & HEALTH CNTR

NAME: BLOUIN Justin

ACCT: 204703324

MREC: 008500343400 3539E-01

D.O.B.: 06/29/87 16 yr M

FAC

ALLERGIES: NO KNOWN DRUG ALLER

HT: 0 cm WT: .000 kg page 2 of

DIAGNOSIS: 231566/LV I NECK LAC

ATTD: IZENBERG, SETH D 09/

MEDICATION / DOSE	DATE 09/03/03	START	STOP	0001 - 0729	0730 - 1529	1530 - 2400
Morphine Inj 4mg/ml 1ml Tubex **Dose: 1- 4 MG** IV Every 2 Hours PRN Dispense from Machine Order 14		09/02 1840		OMK 9/3/03 (4mg)		
Ondansetron Inj 2mg/ml 2ml SDV ZOFRAN **Dose: 4MG = 2 MLS** IV Every 6 Hours PRN Dispense from Machine Order 15		09/02 1840				
Midazolam Inj 1mg/ml 2ml SDV VERSED substitute **Dose: 1MG = 1 MLS** IV Every 4 Hours PRN Versed 1mg/ml. Refer to sedation policy. Dispense from Machine Order 16		09/02 1841				
Oxycodone/APAP Tab 5/325mg PERCOCET **Dose: 1- 2 TAB** PO Every 6 Hours PRN PERCOCET DO NOT EXCEED 4 GRAMS ACETAMINOPHEN PER DAY Dispense from Machine Order 22		09/02 2055				

MEDICATION, DOSE, ROUTE, TIME DUE	TIME, SITE, INITIALS	INTL SIGNATURE	INTL SIGNATURE

LT RT INJECTION SITE
DELTOID
UPPER OUTER
VASTUS LATERA
VENTRO GLUTE

166653 (12/97)

Medication Administration Record

LEGACY Health System

FAC

ALLERGIES

NAME:

EH 0204703324 850034-34-00
BLOUIN, Justin
06/29/87 16 M
MD : IZENBERG, SETH D
: NONE PER PATIENT.

FORD/109604
09/02/03
1

HT: WT: page of

DIAGNOSIS:

ATTD:

ADM DATE:

MEDICATION / DOSE	9-2-03	START	STOP	0001 - 0729	0730 - 1529	1530 - 2400
Ancef 1gm IV Q8° X 24 hrs (1st @ 1625 - SR)		9/2				24 TR

BBC # 20041557900
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MEDICATION, DOSE, ROUTE, TIME DUE	TIME, SITE, INITIALS	INTL SIGNATURE	INTL SIGNATURE

LT RT INJECTION SITE C
DELTOID
UPPER OUTER G
VASTUS LATERA

166653 (12/97)

Medication Administration Record

LEGACY Health System

FAC

ALLERGIES

HT: WT: page of

DIAGNOSIS:

EH 0204703324
BLOUIN, Justin
06/29/87 16 M
MD : IZENBERG, SETH D
: NONE PER PATIENT.

850034-34-00

FORD/109604
09/02/03

ATTD:

ADM DATE:

MEDICATION / DOSE	DATE 9-3-03	START	STOP	0001 - 0729	0730 - 1529	1530 - 2400
Morphine 1-4 mg IV Q 2° prn		9/2				
		CC				
Percocet 1-2 tabs po Q 6° prn		9/2				
		CC				
Zofran 4 mg IV Q 6° prn		9/2				
		CC				

MEDICATION, DOSE, ROUTE, TIME DUE	TIME, SITE, INITIALS	INTL SIGNATURE	INTL SIGNATURE

LT RT INJECTION SITE COD
DELTOID
UPPER OUTER QUAD
VASTUS LATERALIS

DOC # 20041557798
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166653 (12/97)

LEGACY
Health System

Patient Name:
Med. Rec. #: EH 0204703324 850034-34-00
Date of Birth: BLOUIN, Aaron
06/29/87 16 M
Date: MD : IZENBERG, SETH O
: UNKNOWN, PHYSICIAN
FORD/109604
09/02/03
E ent Lal

Patient Acknowledgement of Legacy's Notice of Privacy Practices

By signing below, I hereby acknowledge receipt of Legacy Health System's Notice of Privacy Practices.

Jon E Blouin 9-2-03

Signature of Patient (or Personal Representative) Date

Printed Name of Personal Representative Relationship to Patient

Unable to obtain acknowledgement due to: _____

The address of the Privacy Official is as follows:

April Barnard, Privacy Official
Legacy Health System
1919 NW Lovejoy
Portland, OR 97209
(503) 413-4495
Email address: abarnard@lhs.org

☐ Legacy Emanuel Hospital & Health Center
☐ Legacy Good Samaritan Hospital & Medical Center
☐ Legacy Meridian Park Hospital
☐ Legacy Mount Hood Medical Center
☐ Legacy Clinic: _____
☐ Other Legacy Service: _____

LEGACY Health System

Blown, Aaron
Acct# 204703324

CONDITIONS OF PATIENT REGISTRATION

MEDICAL CONSENT

- I consent to the provision of health care services at Legacy and request my health care provider(s) to provide any ca they think is necessary and consistent with my instructions.
- I understand this care may include tests, examinations, medical and surgical treatment and related anesthesia. I acknowledge that no guarantee has been made to me as to the results that may be obtained from this care.
- I acknowledge that the health care provider(s) treating me may be independent contractors, not employed by Legacy specifically acknowledge that any radiologists, anesthesiologists, pathologists and emergency room physicians involv my care are independent contractors and not employees of Legacy.
- If the health care services I am requesting require multiple visits, I consent to all necessary routine treatment ordere my health care provider(s) during each visit.
- I understand if special procedures or operations are needed, my health care provider will discuss this with me and r additional consent will be required.
- I understand Legacy is a teaching institution and I consent to residents and students being involved with my care. I understand these caregivers are under the supervision of qualified healthcare instructors and/or hospital personnel a times. I understand that I will be informed whenever possible of the resident or student status of specific caregivers

I consent to the use of any removed tissues or bodily fluids for research purposes. Please initial your consent here a applicable: _____ Yes _____ No

AUTHORIZATION TO RELEASE INFORMATION

- I authorize Legacy to use my Social Security number as my medical record number.
- I authorize the release from my medical record in accordance with state law of any information required by my insu carrier, government agency, or any entity responsible for processing or paying my claims for medical benefits and consent is valid for the life of the claim.
- I authorize the release of information from my medical record to be released to and reviewed by employees of my insurance company, their agents or my health care providers while I am receiving care or after discharge. If I have referred to another health care provider, I authorize Legacy to release a copy of my medical record to that health provider for the purpose of providing care.
- I understand that a separate authorization is required for the release of my medical records containing information any of the following: drug or alcohol diagnoses or treatment, HIV/AIDS, genetic testing, or mental health.
- I authorize release of information from my medical record for use in screening potential candidates for medical stu

Legacy Emanuel Hospital & Health Center
Legacy Good Samaritan Hospital & Medical Center
Legacy Mendian Park Hospital
Legacy Mount Hood Medical Center
Legacy Clinic: _____
Other Legacy Service: _____

LEGACY Health System

Blouin, Aaron
Acct# 2047033324

RESPONSIBILITY FOR PERSONAL PROPERTY: I agree that Legacy is not responsible for my personal items brought into the hospital.

FINANCIAL AGREEMENT: I agree to pay for services rendered according to Legacy's rates and terms. I understand that am responsible for charges not covered by my insurance or other agency which may include a deductible and coinsuranc If insurance payment is not received after 30 days, the balance in full becomes my responsibility. Accounts are payable i full at time of billing. If this account is referred to an agency or attorney for collection, I agree to pay attorney's fees as m be allowed by law, whether or not a lawsuit is filed.

If payment of a bill creates financial hardship, financial assistance may be available through our financial servic representatives.

ASSIGNMENT OF INSURANCE BENEFITS: I authorize payment directly to Legacy and/or health care provider(s) of al insurance or health plan benefits.

MEDICARE CERTIFICATION AND PAYMENT REQUEST:
If I am applying for payment under Medicare or Medicaid, I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physicians or organizations furnishing the services or authorize them to submit a claim to Medicare for payment for me.

FINANCIAL CERTIFICATION:
I certify the information given by me is correct and I have read and consent to the terms of the financial agreement. I a the patient, or I am authorized as the patient's agent or representative to execute the above and accept its terms on behalf of the patient, or I assume individually all financial responsibility by signing below.

I have read and fully understand the above information, have asked questions about anything not clear to me, and an satisfied with the answers I have received. I understand that I may revoke my consent or authorization at any time ex to the extent that action has been taken in reliance on such consent or authorization.

PATIENT'S SIGNATURE _____ DATE _____ WITNESS _____ DATE _____

SIGNATURE OF PATIENT'S REPRESENTATIVE: (Complete this section if patient is unable to consent or a minor 15 years.) I certify that I am legally authorized to consent on behalf of the patient:

Reason patient is unable to consent: Minor

Bon E Blouin
PATIENT'S REPRESENTATIVE _____ RELATIONSHIP _____ WITNESS _____

DOC # 20041557900
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Legacy Health Systems

PATIENT BELONGINGS CHECKLIST

ADMISSION

I take responsibility for the personal belongings I keep with me and understand that at my request, the hospital will secure my valuables in the hospital safe.

Patient/Responsible party:

unable to sign / _____
(signature) (date)

Staff: L. Williams 9-2-03
(signature) (date)

Valuables to safe: ☐ No ☐ Yes Date: _____

Taken by: _____ / _____
(signature) (initials)

The following items were:
- ☐ Cut off: Shirt
- ☐ Thrown away due to soilage: _____
- ☐ Taken by Security/Police: _____
- ☐ Sent home: _____

Meds locked up: ☐ NA ☐ No ☐ Yes (see history)
Location of meds: ☐ On unit ☐ With Pt.
☐ Home with _____ Initials _____

Inventory — Codes: P = Patient, S = Safe, H = Home — Unit	ED	ICU					
☒ Wallet / Purse	P						
☐ Credit Cards							
☒ $ 0 Currency _____ Coin _____	P						
Jewelry							
Watch ☐ Yellow/Color ☐ White/Color ☐ Non-metal Band							
Ring: ☐ Yellow/Color ☐ White/Color ☐ Stone Color _____ ☐ # of stones _____							
Ring: ☐ Yellow/Color ☐ White/Color ☐ Stone Color _____ ☐ # of stones _____							
Other: _____							
Other: _____							
Personal Items/Medications							
☐ Glasses/Contacts ☐ Hearing Aid							
☐ Dentures/Partials ☐ Assistive Devices _____							
☐ Medications: (list) _____							
Clothing							
☐ Blouse/Shirt ☐ Coat/Jacket	c/o						
☒ Dress/Pants ☐ Robe/Nightwear	P						
☒ Footwear/Slippers ☐ Underwear/Socks	P						
☐ Other (list): _____							
Inventory taken by: L Williams **Unit/Dept.** ER **Date:** 9-2-03							
Transfer Date:							
Initials:							
Pt / Responsible Party Signature on Discharge:							

Legacy Emanuel Hospital & Health Center
Legacy Good Samaritan Hospital & Medical Center
Legacy Meridian Park Hospital
Legacy Mount Hood Medical Center
Legacy Clinic: _____
Other Legacy Service: _____

LEGACY Health System

Blouin, Aaron
Acct# 2047083324.

RESPONSIBILITY FOR PERSONAL PROPERTY: I agree that Legacy is not responsible for my personal items brought into the hospital.

FINANCIAL AGREEMENT: I agree to pay for services rendered according to Legacy's rates and terms. I understand that I am responsible for charges not covered by my insurance or other agency which may include a deductible and coinsurance. If insurance payment is not received after 30 days, the balance in full becomes my responsibility. Accounts are payable in full at time of billing. If this account is referred to an agency or attorney for collection, I agree to pay attorney's fees as may be allowed by law, whether or not a lawsuit is filed.

If payment of a bill creates financial hardship, financial assistance may be available through our financial service representatives.

ASSIGNMENT OF INSURANCE BENEFITS: I authorize payment directly to Legacy and/or health care provider(s) of all insurance or health plan benefits.

MEDICARE CERTIFICATION AND PAYMENT REQUEST:

If I am applying for payment under Medicare or Medicaid, I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physicians or organizations furnishing the services or authorize them to submit a claim to Medicare for payment for me.

FINANCIAL CERTIFICATION:

I certify the information given by me is correct and I have read and consent to the terms of the financial agreement. I am the patient, or I am authorized as the patient's agent or representative to execute the above and accept its terms on behalf of the patient, or I assume individually all financial responsibility by signing below.

I have read and fully understand the above information, have asked questions about anything not clear to me, and am satisfied with the answers I have received. I understand that I may revoke my consent or authorization at any time except to the extent that action has been taken in reliance on such consent or authorization.

PATIENT'S SIGNATURE _____ DATE _____ WITNESS _____ DATE _____

SIGNATURE OF PATIENT'S REPRESENTATIVE: (Complete this section if patient is unable to consent or a minor under 15 years.) I certify that I am legally authorized to consent on behalf of the patient:

Reason patient is unable to consent: Minor

Bonnie Blouin
PATIENT'S REPRESENTATIVE

_____
RELATIONSHIP

_____
WITNESS

DOC # 20041557790
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Legacy Health Systems

850034-34-00

EH 0204703324
BLOUIN, Aaron
05/29/87 16 M
MD : IZENBERG, SETH D
: UNKNOWN, PHYSICIAN

FORD!109604
09/02/03
E

PATIENT BELONGINGS CHECKLIST

ADMISSION

I take responsibility for the personal belongings I keep with me and understand that at my request, the hospital will secure my valuables in the hospital safe.

Patient/Responsible party: unable to sign / _____
(signature) (date)

Staff: L. Williams 9-2-03
(signature) (date)

Valuables to safe: ☐ No ☐ Yes Date: _____

Taken by: _____ / _____
(signature) (initials)

The following items were:
- ☐ Cut off: Shirt
- ☐ Thrown away due to soilage: _____
- ☐ Taken by Security/Police: _____
- ☐ Sent home: _____

Meds locked up: ☐ NA ☐ No ☐ Yes (see history)
Location of meds: ☐ On unit ☐ With Pt.
☐ Home with _____ Initials _____

Inventory — Codes: P = Patient, S = Safe, H = Home — Unit	ED	ICU					
☒ Wallet / Purse	P						
☐ Credit Cards							
☒ $ 0 Currency ____ Coin ____	P						
Jewelry							
Watch ☐ Yellow/Color ☐ White/Color ☐ Non-metal Band							
Ring: ☐ Yellow/Color ☐ White/Color ☐ Stone Color ____ ☐ # of stones ____							
Ring: ☐ Yellow/Color ☐ White/Color ☐ Stone Color ____ ☐ # of stones ____							
Other: ____							
Other: ____							
Personal Items/Medications							
☐ Glasses/Contacts ☐ Hearing Aid							
☐ Dentures/Partials ☐ Assistive Devices							
☐ Medications: (list) ____							
Clothing							
☐ Blouse/Shirt ☐ Coat/Jacket	a/o						
☒ Dress/Pants ☐ Robe/Nightwear	P						
☒ Footwear/Slippers ☐ Underwear/Socks	P						
☐ Other (list): ____							
Inventory taken by: L Williams **Unit / Dept.** ER **Date:** 9-20							
Transfer Date:							
Initials:							
Pt / Responsible Party Signature on Discharge:							

DOC # 20041557790
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BOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC:
DX:
REASON:
MR#: 008500343400 ACCT: O/O/OTC 204728821 ATTD: CLINIC, OT
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

FORM: Outpatient Record
DATE: 10Sep03 TIME: 16:28
INITIATED BY: CIVIL, CHRISTI J.
COMPLETE(Y):

NO KNOWN DRUG ALLERGIES

none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS		NOTE
VITAL SIGNS, PAIN, HEIGHT & WEIGHT	: New Vital Signs		
GENERAL ADMIT (OUTPT)	: Information provided by	=>	Patient
	: Admit via	=>	Ambulatory
	: Admit time		1340
	: Pt statement-hx of illness/condition		fell thru glass door
	:		

Signature: _____
Date: _____

**** END OF REPORT : DISCHARGE ASSESSMENT SUMM ****

DISCHARGE ASSESSMENT SUMMARY

FROM: 4 Sep-2003 14:55 TO: 4-Sep-2003 14:55

EMANUEL HOSPITAL & HEALTH CNTR

15-Oct-2004 08:56 PAGE 1

35398-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.

AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20

CC: 231566/LV I NECK LAC ISOLATION:

DX: ADA DISABIL:

REASON: NECK LACERATION

MEDICATION ALLERGIES

NO KNOWN DRUG ALLERGIES

CONTRAST MEDIA INTOLERANCES

** NO CONTRAST INTOLERANCES FOUND **

OTHER INTOLERANCES

** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES

none 9/2/03 lmy

FORM: Peds/NICU Case Management Record INITIATED BY: PRATT, LEEANN E.

DATE: 4Sep03 TIME: 14:55 COMPLETE(Y):

NO KNOWN DRUG ALLERGIES

none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE
CASE MANAGER PT RECORD PEDS/NICU	: Chart Review	
	: Assess needs	
	: Support provided	
	: Discharge Planning	
	Late entry: Saw pt earlier today. DC'd home, no CM f/u needs noted.	

Signature: _____

Date: _____

**** END OF REPORT : DISCHARGE ASSESSMENT SUMM ****

3539E-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASON: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

FORM: Peds Shift Assessment
DATE: 4Sep03 TIME: 08:28
COMPLETE(Y):
INITIATED BY: GAUTHIER, KACIA E.
LAST UPDATED BY: GAUTHIER, KACIA E.

NO KNOWN DRUG ALLERGIES

none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE
Peds Shift Assessment	: Neurological (Peds)	

NEURO NORM STATEMENT: Alert/attentive, follows complex commands, clear thinking OR recognizes family, attentive to environment & protests appropriately. MAE with symmetry of strength, facial symmetry. Speech clear and appropriate. Sensation intact. Fontanel soft & flat (assess up to age 18 m.)

Document time/initial of assessment on line next to Meets or Does Not Meet. Document additional notes below timed finding.

0815/KEG___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

1215/keg_Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

3539E-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASON: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Cardiovascular (Peds)
CARDIOVASCULAR NORM STATEMENT: AP regular, skin warm & dry, mucous membranes pink & moist. Extremities warm. Cap refill (3 sec. No edema.

0815/KEG___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
1215/keg___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Pulmonary (Peds)
PULMONARY NORM STATEMENT: Resp nonlabored, breath sounds clear. Symmetric chest expansion and air entry.
Chest Tubes/Pleural Caths: If present drsg dry & intact. (describe location):
#1
#2
#3

0815/KEG___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

1215/keg___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

3539E-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASON: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: GI Findings
GI NORM STATEMENT: Abdomen soft, nontender/non-distended, bowel sounds present, no N/V

0815/KEG__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

1215/keg___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement

35392-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: GU Findings
GU NORM STATEMENT: Clear yellow urine, voids without difficulty or catheter patent

---

0815/KEG___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

1215/keg___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Skin/Wound/Drain Findings
SKIN/WOUND/DRAIN NORM STATEMENT: Non-incisional skin & pressure points: No redness, bruising, rashes or breakdown. Dressing dry & intact. Uncovered wounds:No redness around incision/insertion site, edges well approximated, no drainage
Describe skin/wound/drain location and type
Site #1R CHEEK
Site #2R NECK/SHOULDER
Site #3
Site #4
Site #5
Site #6
Site #7
Site #8

0815/KEG___Meets Norm Statement ___Does Not Meet Norm Statement
Note:#1 SL RED AROUND STITCHES HEALING, #2 DRSING INTACT JP DRAINING SM. SEROSANGINOUS

****

1215/keg___Meets Norm Statement ___Does Not Meet Norm Statement
Note:#1 same as 0800 above assessment #2 jp dc'd by trauma service gauze in place

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

35395-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASON: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Pt/Family/Guardian Psych/Social
PSYCH/SOCIAL NORM STATEMENT: Behavior appropriate to the situation. Involved with plan of care. Sleep pattern sufficient to participate in therapy/care.

0815/KEG___Meets Norm Statement ___Does Not Meet Norm Statement
Note:FATHER AT BEDSIDE ATTENTIVE TO PT

****
1215/keg___Meets Norm Statement ___Does Not Meet Norm Statement
Note:father at bedside

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Developmental
DEVELOPMENTAL: Document q 12 hours response/participation in developmentally appropriate activities: Interaction with family/caregiver, playroom activities, school activities, pet, music, art therapy, supervised play interactive with child life specialist, medical play.

_0815/KEG____ time/initials of assessment:
Activity Note:SLEEPING

****

1215/keg_____ time/intials of assessment:
Activity Note:watching tv

****

_____ time/intials of assessment:
Activity Note:
: Functional/Safety (Peds)
REMEMBER TO SCORE BRADEN OR MORSE WITH CHANGE IN CONDITION
Document activity, duration and tolerance.

_0815/KEG____ time/initials of assessment:
Activity Note:OOB TO BR AND HALLS W/O ASSIST

35393-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASON: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
_____ time/initials of assessment:
Activity Note:

****
_____ time/initials of assessment:
Activity Note:

****
_____ time/initials of assessment:
Activity Note:

****
_____time/initials of assessment:
Activity Note:

****
_____ time/initials of assessment:
Activity Note:
: Pain (Peds)
PAIN NORM STATEMENT: Denies pain or controlled at level < 3. No further subjective or objective signs of pain.
Describe Pain location and type
Site #1NECK/SHOULDER
Site #2
Site #3

0815/KEG__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
1215/keg___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 331566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

Signature: _____
Date: _____

**** END OF REPORT : DISCHARGE ASSESSMENT SUMM ****

DISCHARGE ASSESSMENT SUMMARY

FROM: 3-Sep-2003 12:25 TO: 3-Sep-2003 12:25

EMANUEL HOSPITAL & HEALTH CNTR

15-Oct-2004 08:56 PAGE 1

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.

AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20

CC: 231566/LV I NECK LAC ISOLATION:

DX: ADA DISABIL:

REASON: NECK LACERATION

MEDICATION ALLERGIES

NO KNOWN DRUG ALLERGIES

CONTRAST MEDIA INTOLERANCES

** NO CONTRAST INTOLERANCES FOUND **

OTHER INTOLERANCES

** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES

none 9/2/03 lmy

FORM: Peds/NICU Case Management Record INITIATED BY: PRATT, LEEANN E.

DATE: 3Sep03 TIME: 12:25 COMPLETE(Y):

NO KNOWN DRUG ALLERGIES

none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE
CASE MANAGER PT RECORD PEDS/NICU	: Chart Review	
	: Assess needs	
	: No case management follow up needs	
	Pt doing well, prob. DC home 9/4. No DC CM needs identified at this time and do not anticipate future need.	
	: Plan of care review	
	Spoke with BS RN re: drnsg needs. Currently only requiring sm. drsng over wound site to protect staples.	
	: Discharge Planning	

Signature: _____

Date: _____

**** END OF REPORT : DISCHARGE ASSESSMENT SUMM ****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

FORM: Peds/NICU Case Management Record INITIATED BY: PRATT, LEEANN E.
DATE: 3Sep03 TIME: 12:01 COMPLETE(Y): LAST UPDATED BY: PRATT, LEEANN E.

NO KNOWN DRUG ALLERGIES

none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE
CASE MANAGER PT RECORD PEDS/NICU	: Chart Review 9/3/03 1222 LEP Error charted on wrong pt. : Assess needs 9/3/03 1222 LEP Error charted on wrong pt. : Other 9/3/03 1222 LEP Error charted on wrong pt. Spoke with Trauma PA-Brian about Plt ct, plan is to cont. to follow in Trauma Clinic and poss. start on ASA in future. (Ct has been elevated since original injury.) Information re: same relayed to CRC and she will inform Ins. CM of POC. : No case management follow up needs 9/3/03 1222 LEP Error charted on wrong pt. : Plan of care review 9/3/03 1222 LEP Error charted on wrong pt. : Discharge Planning 9/3/03 1222 LEP Error charted on wrong pt. Pt to DC home today. Drain site only requiring 4x4 for min. drng. No CM f/u needs for DC noted at this time. (Pt and family well known to me from previous admits.)	

Signature: _____
Date: _____

**** END OF REPORT : DISCHARGE ASSESSMENT SUMM ****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

FORM: Peds Shift Assessment INITIATED BY: CALLAHAN, PAMELA J.
DATE: 3Sep03 TIME: 08:15 COMPLETE(Y): LAST UPDATED BY: VILLANUEVA, MICHELLE D.

NO KNOWN DRUG ALLERGIES

none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE
Peds Shift Assessment	: Neurological (Peds)	

NEURO NORM STATEMENT: Alert/attentive, follows complex commands, clear thinking OR recognizes family, attentive to environment & protests appropriately. MAE with symmetry of strength, facial symmetry. Speech clear and appropriate. Sensation intact. Fontanel soft & flat (assess up to age 18 m.)

Document time/initial of assessment on line next to Meets or Does Not Meet. Document additional notes below timed finding.

_0815 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

_1145 pjc__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

_1530 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2030MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2415MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

35339E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****

0345MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Cardiovascular (Peds)
CARDIOVASCULAR NORM STATEMENT: AP regular, skin warm & dry, mucous membranes pink & moist. Extremities warm. Cap refill < 3 sec. No edema.

_0815 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

_1145 pjc__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

_1530 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2030MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2415MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

3539E-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASON: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

0345MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Pulmonary (Peds)
PULMONARY NORM STATEMENT: Resp nonlabored, breath sounds clear. Symmetric chest expansion and air entry.
Chest Tubes/Pleural Caths: If present drsg dry & intact (describe location):
#1
#2
#3

_0815 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

_1145 pjc__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

_1530 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2030MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2415MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
0345MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: GI Findings
GI NORM STATEMENT: Abdomen soft, nontender/non-distended, bowel sounds present, no N/V

_0815 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
_1145 pjc__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
__1530 PJC_Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
2030MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
2415MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
0345MDV___Meets Norm Statement ___Does Not Meet Norm Statement

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: GU Findings
GU NORM STATEMENT: Clear yellow urine, voids without difficulty or catheter patent

---

_0815 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note: FOLEY INTACT

****

_1145 pjc__Meets Norm Statement ___Does Not Meet Norm Statement
Note: same as 0815

****

_1530 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2030MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2415MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0345MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Skin/Wound/Drain Findings
SKIN/WOUND/DRAIN NORM STATEMENT: Non-incisional skin & pressure points: No redness, bruising, rashes or breakdown. Dressing dry & intact. Uncovered wounds:No redness around incision/insertion site, edges well approximated, no drainage
Describe skin/wound/drain location and type
Site #1 RIGHT NECK LACERATION
Site #2 RIGHT EAR LACERATION
Site #3
Site #4
Site #5
Site #6
Site #7
Site #8

_0815 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note: #1 DRESSING CDI, JP DRAIN INTACT, #2 DRESSING CDI

****

_1030 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note: #1 AND 2 DRESSING CHANGED, LACERATION WELL APPROXIMATED WITH STAPLES, NO REDNESS, NO DRAINAGE, COVERED WITH 4X4'S AND TAPE

****

_1145 pjc__Meets Norm Statement ___Does Not Meet Norm Statement
Note: same as 0815

****

_1530 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note: same as 0815

3539E-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASON: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****

2030MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:#1-CDI #2- OPEN TO AIR AT THIS TIME.

****

2415MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:NO CHANGE FROM 2030 ASSESSMENT

****

0345MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:NO CHANGE FROM 2030 ASSESSMENT

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Pt/Family/Guardian Psych/Social
PSYCH/SOCIAL NORM STATEMENT: Behavior appropriate to the situation. Involved with plan of care. Sleep pattern sufficient to participate in therapy/care.

_0815 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note: DAD AT BEDSIDE, VERY ATTENTIVE WITH CARES

****

_1145 pjc__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

_1530 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2030MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2415MDV___Meets Norm Statement ___Does Not Meet Norm Statement

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

Note:

****

0345MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Developmental
DEVELOPMENTAL: Document q 12 hours response/participation in developmentally appropriate activities: Interaction with family/caregiver, playroom activities, school activities, pet, music, art therapy, supervised play interactive with child life specialist, medical play.

___0815 PJC___ time/initials of assessment:
Activity Note: APPROPRAITE WITH CARES

****

__1145 pjc____ time/intials of assessment:
Activity Note: up walking in halls tolerated well

****

___1530 PJC___ time/intials of assessment:
Activity Note: up walking in halls x 30 minutes, tolerated it well
2030MDV- WATCHING TV.
: Functional/Safety (Peds)
REMEMBER TO SCORE BRADEN OR MORSE WITH CHANGE IN CONDITION
Document activity, duration and tolerance.

___0815 PJC___ time/initials of assessment:
Activity Note: ID BAND ON, pt refused oral care and bath at this time

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
____1030 PJC__ time/initials of assessment:
Activity Note: PT UP WALKING HALLS WITH NO ASSISTANCE

****
___1145 pjc___ time/initials of assessment:
Activity Note:

****
2030MDV_____ time/initials of assessment:
Activity Note:

****
_____time/initials of assessment:
Activity Note:

****
_____ time/initials of assessment:
Activity Note:
: Pain (Peds)
PAIN NORM STATEMENT: Denies pain or controlled at level < 3. No further subjective or objective signs of pain.
Describe Pain location and type
Site #1
Site #2
Site #3

_0815 PJC__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
_1145 pjc__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
_1530 PJC__Meets Norm Statement ___Does Not Meet Norm Statement

3539E-01 ELGUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

Note:

****

2030MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

2415MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0345MDV___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

Signature: _____
Date: _____

**** END OF REPORT : DISCHARGE ASSESSMENT SUMM ****

35339E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

FORM: Peds Shift Assessment INITIATED BY: BOUCHARD, LEAH M.
DATE: 2Sep03 TIME: 23:12 COMPLETE(Y): LAST UPDATED BY: BOUCHARD, LEAH M.

NO KNOWN DRUG ALLERGIES

none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE
Peds Shift Assessment	: Neurological (Peds)	

NEURO NORM STATEMENT: Alert/attentive, follows complex commands, clear thinking OR recognizes family, attentive to environment & protests appropriately. MAE with symmetry of strength, facial symmetry. Speech clear and appropriate. Sensation intact. Fontanel soft & flat (assess up to age 18 m.)

Document time/initial of assessment on line next to Meets or Does Not Meet. Document additional notes below timed finding.

1930/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0005/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0400/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
; Cardiovascular (Peds)
CARDIOVASCULAR NORM STATEMENT: AP regular, skin warm & dry, mucous membranes pink & moist. Extremities warm. Cap refill < 3 sec. No edema.

1930/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
0005/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
0400/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Pulmonary (Peds)
PULMONARY NORM STATEMENT: Resp nonlabored, breath sounds clear. Symmetric chest expansion and air entry.
Chest Tubes/Pleural Caths: If present drag dry & intact. (describe location):
#1
#2
#3

1930/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0005/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0400/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

35392-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: GI Findings
GI NORM STATEMENT: Abdomen soft, nontender/non-distended, bowel sounds present, no N/V

1930/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:bt present

****
0005/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:tol clears

****
0400/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:tol clears no n/v

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

3539E-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASON: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: GU Findings
GU NORM STATEMENT: Clear yellow urine, voids without difficulty or catheter patent

---

1930/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:foley draining clear yellow urine

****

0005/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0400/LMY___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

3539E 01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Skin/Wound/Drain Findings
SKIN/WOUND/DRAIN NORM STATEMENT: Non-incisional skin & pressure points: No redness, bruising, rashes or breakdown. Dressing dry & intact. Uncovered wounds:No redness around incision/insertion site, edges well approximated, no drainage
Describe skin/wound/drain location and type
Site #1abrasions on hands
Site #2R neck
Site #3
Site #4
Site #5
Site #6
Site #7
Site #8

1930/1my___Meets Norm Statement ___Does Not Meet Norm Statement
Note:1 multiple minor lacerations on hands, scabed over.
2 laceration repair w. gauze dressing and J-P drain CDI, emptied 75ml sang. drng from JP

****
0005/1my___Meets Norm Statement ___Does Not Meet Norm Statement
Note:no change frm above assessment. min drng from JP

****
0400/1my___Meets Norm Statement ___Does Not Meet Norm Statement
Note:no change

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

3539E-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASCN: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Pt/Family/Guardian Psych/Social
PSYCH/SOCIAL NORM STATEMENT: Behavior appropriate to the situation. Involved with plan of care. Sleep pattern sufficient to participate in therapy/care.

1930/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0005/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0400/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
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NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:
: Developmental
DEVELOPMENTAL: Document q 12 hours response/participation in developmentally appropriate activities: Interaction with family/caregiver, playroom activities, school activities, pet, music, art therapy, supervised play interactive with child life specialist, medical play.

_1930/lmy_____ time/initials of assessment:
Activity Note:watching TV

****
_____ time/intials of assessment:
Activity Note:

****
_____ time/intials of assessment:
Activity Note:
: Functional/Safety (Peds)
REMEMBER TO SCORE BRADEN OR MORSE WITH CHANGE IN CONDITION
Document activity, duration and tolerance.

1930/lmy_____ time/initials of assessment:
Activity Note:safety check done

****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703326 ATTD: IZENBERG, SETH D.
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MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

0005/lmy_____ time/initials of assessment:
Activity Note:

****

0400/lmy_____ time/initials of assessment:
Activity Note:

****

_____ time/initials of assessment:
Activity Note:

****

_____time/initials of assessment:
Activity Note:

****

_____ time/initials of assessment:
Activity Note:
: Pain (Peds)
PAIN NORM STATEMENT: Denies pain or controlled at level < 3. No further subjective or objective signs of pain.
Describe Pain location and type
Site #1
Site #2
Site #3

_1930/lmy__Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0005/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****

0400/lmy___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
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DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

****
___Meets Norm Statement ___Does Not Meet Norm Statement
Note:

Signature: _____
Date: _____

**** END OF REPORT : DISCHARGE ASSESSMENT SUMM ****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
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MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

FORM: Pediatrics Admit History INITIATED BY: BOUCHARD, LEAH M.
DATE: 2Sep03 TIME: 22:49 COMPLETE(Y):

ALLERGIES: NO KNOWN DRUG ALLERGIES REACTION:

none 9/2/03 lmy

CATEGORY/SUBCATEGORY FINDINGS NOTE

CURRENT MEDICATIONS ADMIT : Medications
Medication | Dose | Freq | Route | Last Taken | Location

none 9/2/03 lmy

Include OTC, dietary supplements, herbs and herbal teas:

GENERAL INFO ADMIT (PEDS)

: Admit via	=>	Stretcher
: Admit from	=>	ED
: Information provided by	=>	Patient
: Cultural/Spiritual needs	=>	No
: Reason for admission		trauma

9/2/03 lmy R neck and ear laceration from running into a plate glass window.

: Prior treatment for this problem	=>	No
: Medical history & prev surgeries	=>	No
: Chicken pox past 3 wks?	=>	No
: Severe cough past 3 wks?	=>	No
: Rash past 3 wks?	=>	No
: Diarrhea past 3 wks?	=>	No
: Strep throat past 3 wks?	=>	No
: Hepatitis past 2 mo?	=>	No
: TB past 2 mo?	=>	No
: Other communicable disease exposure		No
: Recurrent fevers?	=>	No
: Recent travel (location/date)?	=>	No
: Immunizations up to date?	=>	No
: Location of immunization record?	=>	MD Office

3539E 01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
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MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS		NOTE
	: Medication usually taken as	=>	Pills
LIVING SITUATION/ROUTINES (PEDS)	: Living situation (PEDS)	=>	Other
	Name:Lisa Roth Relationship:mom of friend Age: Phone #'s:1-509-427-8873		
	Name:Aaron Roth Relationship:friend Age:16 Phone #'s:		
	Name: Relationship: Age: Phone #'s:		
	: Recent change in living situation		no
	: Visitation restrictions (legal)	=>	No
	9/2/03 lmy father is legal guardian. For unknown reasons, Justin had a restraining order against bio father. However, it has been lifted and documentation of the lift is in the chart.		
	: Caregiver		other
	9/2/03 lmy pt lives with his friend and his friend's mother. She is the primary caregiver although bio father retains legal custody.		
	: When do you plan to stay	=>	
	9/2/03 lmy father is staying @ bs 24h		
	: Community resources current use	=>	N/A
	: Toilet trained	=>	9/1/03
	: Date of last BM		
PSYCHOSOCIAL & HABITS (PEDS ADM)	: Denies hx of psychosocial problems		
	: Personality	=>	Independen
	: Approp developmental milestones	=>	Met
	: ...where someone hits you?	=>	No
	: ...where someone hurts you?	=>	No
	: ...where someone frightens you?	=>	No
	: Alcohol use		occasional
	: Last alcohol use (PEDS)	=>	8/30/03

3539E-01 BLOUIN, Justin
AGE: 17 DOB: 29-Jun-1987 SEX: M
CC: 231566/LV I NECK LAC
DX:
REASON: NECK LACERATION

MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
INTERP:
ISOLATION:
ADA DISABIL:
HGT (CM): .00 WGT (KG): 77.20

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS		NOTE
	: Substance abuse history		occasional
	9/2/03 lmy pt reports occasional use of marijuana.		
	: Last used		unknown
	: Tobacco use (peds)	=>	no
NUTRITION/ROUTINES (PEDSADM)	: Last ate		9/2/03
	: Appetite	=>	Good
	: Usual diet	=>	Regular
SCHOOL/HOSP PREP ADMIT (PEDS)	: Does your child attend school	=>	Yes
	: Name of school		stevenson
	: Participate special school programs		no
	: How does your child like school		so-so
	: Did you bring school work to hosp	=>	No
	: Concern re: care of other children	=>	No
	: Was this a planned hospitalization	=>	No
	: Expectations this hospitalization	=>	Education
	: Family resource needs	=>	CRC
	9/2/03 lmy family needs help getting insurance issues resolved		
EQUIPMENT ADMIT (PEDS)	: No equipment/prosthesis		
ANTICIPATED DC & ED NEEDS ADMIT (PEDS)	: Drain/catheter education needs		
	: Dressing/Treatment education needs		
	: Meds/Pain Mgmt education needs		
	: Discharge Planning (PEDS)	=>	
	: To whom can child be discharged?		lisa roth
POTENTIAL RISKS/NEEDS ADMIT (PEDS)	: Elopement/kidnapping precautions?	=>	No
	: Sitter?	=>	No
	: Special crib/bed?	=>	No
	: Apnea/bradycardia precautions?	=>	No
	: Reflux precautions?	=>	No
	: Seizure precautions?	=>	No
	: Fall risk?	=>	No
	: Car seat/safety belts?	=>	No
	: Bike helmet?	=>	No
	: Gun safety?	=>	No
	: Age appropriate child proofing?	=>	No
PEDS BRADEN RISK ASSESSMENT SCALE	: Slightly limited mobility		
	: Bedfast		
	: No impairment		

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE
	: Rarely moist skin	
	: No apparent problem	
	: Excellent intake	
	: Excellent	
	: *Braden Risk Assessment Score*	24
MORSE FALL SCALE	: IV therapy/saline lock	
	: *Morse Fall Scale =*	20

Signature: _____
Date: _____

**** END OF REPORT : ADMISSION ASSESSMENT SUMM ****

3539E-01 BLOUIN, Justin MR#: 008500343400 ACCT: I/I/TRM 204703324 ATTD: IZENBERG, SETH D.
AGE: 17 DOB: 29-Jun-1987 SEX: M INTERP: HGT (CM): .00 WGT (KG): 77.20
CC: 231566/LV I NECK LAC ISOLATION:
DX: ADA DISABIL:
REASON: NECK LACERATION

MEDICATION ALLERGIES
NO KNOWN DRUG ALLERGIES
CONTRAST MEDIA INTOLERANCES
** NO CONTRAST INTOLERANCES FOUND **
OTHER INTOLERANCES
** NO OTHER INTOLERANCES FOUND **

FOOD ALLERGIES
none 9/2/03 lmy

FORM: Clinical Resource Coordinator Assessment INITIATED BY: GARRIGAN, SALLY S.
DATE: 2Sep03 TIME: 18:38 COMPLETE(Y):

NO KNOWN DRUG ALLERGIES

none 9/2/03 lmy

CATEGORY/SUBCATEGORY	FINDINGS	NOTE
SUMMARY OF PROBLEMS/NEEDS (CRC)	: Summary of problems or needs	

Pt is 16 yo male trauma pt brought to ED by Lifeflight secondary to running through a plate glass window et sustaining a lac to neck. Upon arrival he states that his father has legal custody et that he is living with friends secondary to a current restaining order obtained by him against his father. His father, Donald Blouin was notified at the scene by friends father. Mr. Blouin comes to the hospital with copy of paperwork withdrawing the "no contact order". Copy provided to security et copy made for chart. Mr. Blouin also provides hx that he et pt 's mother were awarded joint custody of pt as part of divorce agreement "years ago". Pt has continued to have contact with mother but has been in physical custody of father until 16th birthday(June 6/29/03). Mr. Blouin et other family members are attempting to notify pt's mother re: admit. Pt to be admitted to 3529. will leave VM for Shannon Boreson LCSW advising of above. Will also resolve issue of pt's legal name. He told us he was "Justin" but is registered as "Aaron. Question was raised re: accidental vs. purposeful injury et reports from the scene confirm accidental.

Signature: _____
Date: _____

**** END OF REPORT : ****

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00001 RAD	START DATE	TIMES ADMINISTERED:	
RAD CHEST 1 VIEW PORTABLE	09/02/2003	BY:	RESULT:
FREQ: Once ,ROUTES		CHART DATE:	CHART TIME:
MODE: Interface PRIORITY: Routine	START TIME	DOSE ADMINISTERED:	
COMMENTS: 019283667	16:03	COMMENT:	
ORDERING PROVIDER: EMERGENCY, ROOM DR	END DATE		
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 16:04	09/04/2003		
ENTERED BY: INTERFACE, TEST			
REVIEWING RN:	END TIME		
DC ORDERED BY: EMERGENCY, ROOM DR	09:46		
DISCONTINUED BY:			

DATE: 09/02/2003

ORDER #: 00002 RAD	START DATE	TIMES ADMINISTERED:	
RAD PELVIS ROUTINE - 1 OR 2 VIEWS	09/02/2003	BY:	RESULT:
FREQ: Once ,ROUTES		CHART DATE:	CHART TIME:
MODE: Interface PRIORITY: Routine	START TIME	DOSE ADMINISTERED:	
COMMENTS: 019283668	16:03	COMMENT:	
ORDERING PROVIDER: EMERGENCY, ROOM DR	END DATE		
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 16:04	09/02/2003		
ENTERED BY: INTERFACE, TEST			
REVIEWING RN:	END TIME		
DC ORDERED BY: EMERGENCY, ROOM DR	16:28		
DISCONTINUED BY: INTERFACE, TEST			

- CONTINUED - PAGE: 1

ACCOUNT ORDER HISTORY

FILENAME: ROI910SH

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR
PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D
DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC
ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb
ALLERGIES: NO KNOWN DRUG ALLERGIES
INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00003 RAD
RAD SPINE CERVICAL 2 OR 3 VIEWS ROUTINE
FREQ: Once ,ROUTES
MODE: Interface PRIORITY: Routine
COMMENTS: 019283669

START DATE: 09/02/2003
START TIME: 16:03
END DATE: 09/02/2003
END TIME: 16:29

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: EMERGENCY, ROOM DR
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 16:04
ENTERED BY: INTERFACE, TEST
REVIEWING RN:
DC ORDERED BY: EMERGENCY, ROOM DR
DISCONTINUED BY: INTERFACE, TEST

DATE: 09/02/2003

ORDER #: 00004 LAB
TRAUMA LEVEL 1 (SEE ORDER SET)
FREQ: Once ,ROUTES
MODE: Interface PRIORITY: STAT
COMMENTS: 019283919

START DATE: 09/02/2003
START TIME: 16:18
END DATE: 09/02/2003
END TIME: 16:33

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 16:28
ENTERED BY: INTERFACE, TEST
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY:

- CONTINUED - PAGE: 2

ACCOUNT ORDER HISTORY

FACILITY: EMANUEL HOSPITAL & HEALTH CNTR FILENAME: ROI910SH

PATIENT: BLOUIN, Justin ACCT#: 0204703324 MR#: 008500343400 ATTN PROV: IZENBERG, SETH D

DOB: 06/29/1987 SEX: M AGE AT ADMIT: 16Y ADMIT COMPLAINT: 231566/LV I NECK LAC

ADMIT DATE: 09/02/2003 DISCH DATE: 09/04/2003 HT: ADMIT WT: 165.00 lb

ALLERGIES: NO KNOWN DRUG ALLERGIES

INTOLERANCES: none 9/2/03 lmy

DATE: 09/02/2003

ORDER #: 00005 LAB
RT ARTERIAL BLOOD GASES
FREQ: Once ,ROUTES
MODE: Interface PRIORITY: STAT
COMMENTS: 019283932

START DATE: 09/02/2003
START TIME: 16:27
END DATE: 09/02/2003
END TIME: 16:30

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 16:29
ENTERED BY: INTERFACE, TEST
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY:

DATE: 09/02/2003

ORDER #: 00006 LAB
RT HCT AND HGB WHOLE BLOOD
FREQ: Once ,ROUTES
MODE: Interface PRIORITY: STAT
COMMENTS: 019283933

START DATE: 09/02/2003
START TIME: 16:27
END DATE: 09/02/2003
END TIME: 16:30

TIMES ADMINISTERED:
BY: RESULT:
CHART DATE: CHART TIME:
DOSE ADMINISTERED:
COMMENT:

ORDERING PROVIDER: IZENBERG, SETH D
SIGNED BY: NOT REQUIRED, SIGNIN 09/02/03 16:29
ENTERED BY: INTERFACE, TEST
REVIEWING RN:
DC ORDERED BY: IZENBERG, SETH D
DISCONTINUED BY:

- CONTINUED - PAGE: 3

LEGACY HEALTH SYSTEM
Emanuel Hospital and Health Center
2801 N. Gantenbein
Portland, Oregon 97227

OPERATIVE REPORT

BLOUIN, JUSTIN
8500343400
3539 01
PT TYPE: EMI
DOB: 06/29/1987
ADM. DATE: 09/02/2003
SURGERY DATE: 09/02/2003

ATTENDING SURGEON: SETH D IZENBERG, MD

ASSISTANT: REBECCA MCGUIGAN, MD

PREOPERATIVE DIAGNOSIS
Stab wound, right neck and anterior auricular area.

POSTOPERATIVE DIAGNOSIS
Stab wound, right neck and anterior auricular area.

PROCEDURE PERFORMED
1. Exploration, right neck.
2. Exploration, right preauricular laceration.

COMPLICATIONS: None.
SPECIMEN: None.
ESTIMATED BLOOD LOSS: 150 cc.
INTRAVENOUS FLUID: 1600 cc.
ANESTHESIA: General endotracheal.

INDICATIONS FOR OPERATION: A 16-year-old boy who is said to have put his face through a plate glass window accidentally and had an approximately 6-cm laceration of the right neck and an expanding hematoma. The patient had no dysphagia or voice hoarseness, had a GCS of 15 and was neurologically intact throughout prior to the procedure.

INTRAOPERATIVE FINDINGS: Normal internal jugular and common carotid artery, without evidence of penetration of the carotid sheath and without

evidence of penetration medially towards the trachea or esophagus. Multiple small bleeding vessels around the lacerated sternocleidomastoid muscle.

DESCRIPTION OF PROCEDURE: This is an emergency procedure and the patient was taken emergently to the operating room from the Emergency Department after noting the expansile hematoma in the right neck following the stab wound. A Foley catheter and nasogastric tube were inserted after induction of general anesthesia.

The laceration to the right neck was extended both superiorly and inferiorly to gain good exposure. There was a large hematoma that was evacuated. The vessels, including the common carotid artery and the internal jugular vein were exposed and clearly were uninjured. The stab wound did not penetrate into the carotid sheath and there was no penetration towards the esophagus or the trachea.

The wound was thoroughly irrigated. Of note, the sternocleidomastoid had been lacerated through and through by the injury. After thoroughly irrigating the wound and ligating all the small vessels along the muscle edges, very good hemostasis was assured.

The sternocleidomastoid muscle was approximated using 2-0 Vicryl in an interrupted fashion. A 7-mm Blake drain was placed beneath the sternocleidomastoid and brought out laterally and sutured to the skin using 4-0 nylon. The deep dermis was closed using 3-0 Vicryl in interrupted fashion. The skin was closed using skin staples. A sterile, dry dressing was applied.

Attention was then directed to the small laceration just anterior to the auricle on the right face, approximately 2 cm in length. There did not appear to be any foreign body within the wound and it was thoroughly irrigated and closed using 4-0 nylon in interrupted fashion. A sterile dry dressing was applied to this laceration as well. The patient was then extubated and taken to the recovery room in good condition.

Please note Dr. Izenberg was scrubbed and participated in the entire procedure.

REBECCA MCGUIGAN, MD

PT Name: BLOUIN, JUSTIN

/mr Job #: 016659 Doc #: 1932965
D: 09/02/2003 5:59 P
T: 09/02/2003 9:51 P
cc: SETH D IZENBERG, MD
REBECCA MCGUIGAN, MD

PATIENT NAME: BLOUIN, Justin BILLING #: 204703324
MED REC #: 008500343400
DOB: 29Jun1987
ORDER DOCTOR: EMERGENCY, ROOM DR
PATIENT TYPE: INPATIENT
ROOM #: 3539E-01
EXAM DATE: 2Sep2003

CHEST 1 VIEW PORTABLE 5800131 ACC #: 1976581

<<<<< D I A G N O S T I C R A D I O L O G Y >>>>>

PATIENT NAME: BLOUIN, JUSTIN

PROCEDURE:	EXAM DATE/TIME:	ACCESSION #:
CHEST 1 VIEW PORTABLE	09/02/03 1628	RA-03-124139

PORTABLE AP SUPINE VIEW OF THE CHEST
CLINICAL DATA: TRAUMA, NECK LACERATION AND CHEST PAIN
FINDINGS: Cardiac and mediastinal silhouettes are normal. Lung fields are clear. There is artifact from the immobilization board. There may be some gas in the soft tissues in the right supraclavicular region.
IMPRESSION:
****
No evidence of active intrathoracic disease.
JOB: 4966
D: 09/03/03
T: 09/04/03
MV/rlr
MJV/rlr Dictated by: Michael J. Veverka, M.D.
Electronically verified on 09/04/03 by Michael J. Veverka, M.D.

NF
09/04/03 09:46
FOUND, NONE

MICHAEL VEVERKA, Page:

Provider: Izenberg, Seth D
Admitted: 09/02/2003
Discharged: 09/04/2003

Legacy Emanuel Hospital and Health Center
Portland, ORE

BLOUIN, JUSTIN
Age: 17 years DOB: 06/29/1987 Sex: Male
Med Nbr: 850034-34-00 Acct Nbr: 204703324

HEMATOLOGY

Collection Date	09/03/2003	09/02/2003	09/02/2003		
Collection Time	05:05	22:00	16:18		
				Reference	Units
WBC	9.5		9.5	[4.0-10.0]	x10'3
RBC	4.49		5.25	[4.31-6.40]	x10'6
Hemoglobin	14.2		16.6	[13.6-18.0]	g/dL
Hematocrit	**38.2 L**	**39.4 L**	45.2	[39.8-52.0]	%
MCV	85.1		86.0	[80.0-97.0]	fL
MCH	31.6		31.5	[26.0-34.0]	pg
MCHC	**37.1 H**		**36.6 H**	[32.0-36.0]	g/dL
RDW	11.9		12.5	[11.5-15.0]	%
Platelet Count	247		268	[140-440]	x10'3
Auto ABS Neut	6.24			[1.50-8.00]	x10'3
Man Neut	66			[37-80]	%
Man Bands	1			[0-10]	%
Man Lymph	27			[16-51]	%
Man Mono	4			[0-12]	%
Man Eos	2			[0-8]	%
Platelet Smear Est	ADEQ				
Platelet Morphology	NORMAL				
RBC Morphology	NORMAL				

COAGULATION

Collection Date	09-02-2003		
Collection Time	16:18		
		Reference	Units
PT	12.7	[11.0-13.5]	sec
PT INR @	1.1		
PTT @	27.7	[21.0-31.0]	sec
Fibrinogen	206	[150-400]	mg/dL

09/02/2003 04:18:00 PM PT INR:
***** INR Therapeutic Reference Ranges *****
LOW INTENSITY anticoagulation range: 2.0-3.0 (most indications)
HIGH INTENSITY anticoagulation range: 2.5-3.5

09/02/2003 04:18:00 PM PTT:
Legacy Lab Services recommended therapeutic range is 54 - 80 seconds.

CHEMISTRY

Collection Date	09-03-2003	09-02-2003		
Collection Time	05:05	16:18		
			Reference	Units
Sodium	139	139	[136-145]	mmol/L
Potassium	3.6	4.0	[3.6-5.0]	mmol/L
Chloride	105	104	[98-107]	mmol/L
CO2	27	26	[22-28]	mmol/L
BUN	9	14	[5-18]	mg/dL
Creatinine	0.9	**1.1 H**	[0.5-1.0]	mg/dL
Glucose	99	89	[74-106]	mg/dL
Calcium	**8.3 L**		[8.6-10.0]	mg/dL

Legend: L = Low, H = High, C = Critical, * = Abnormal, # = Footnote, c = corrected, @ = Interpretive Data
All Tests performed at Legacy Emanuel Hospital and Health Center unless otherwise specified.

CHEMISTRY

Collection Date	09-03-2003	09-02-2003		
Collection Time	05:05	16:18		
			Reference	Units
Albumin		4.8	[3.7-5.6]	g/dL
LDH		162	[105-235]	U/L
AST/SGOT		18	[10-45]	U/L
GGT		10	[2-42]	U/L
Bili Total		2.8 H	[0.6-1.4]	mg/dL

BLOOD GASES

Collection Date	09-02-2003			
Collection Time	16:27			
			Reference	Units
Device	RM AIR			
FIO2%	21			
Specimen Type	ARTERIAL			
pH	7.43		[7.35-7.45]	
pCO2	39		[34-46]	mmHg
pO2	101 H		[80-100]	mmHg
HCO3	25		[22-26]	mmol/L
BE	1.0		[-3.0-3.0]	mmol/L
O2 Sat (cal)	99		[94-99]	%
Sodium Bld Gas	138		[136-145]	mmol/L
Potassium Bld Gas	4.0		[3.6-5.0]	mmol/L
Calcium Ionized	1.22		[1.13-1.23]	mmol/L
Hct (Cal) Bld Gas	48		[40-52]	%
WB Hgb	16.3		[13.6-18.0]	g/dL
Glucose Bld Gas	100		[74-106]	mg/dL

THERAPEUTIC DRUG MONITORING

Collection Date	09-02-2003			
Collection Time	16:18			
			Reference	Units
Ethanol	<10			mg/dL

TOXICOLOGY

Toxicology testing performed at Legacy Metro Lab at Holladay Park, Portland, OR

Specimen Acceptability Criteria

Collection Date	09-02-2003			
Collection Time	16:45			
			Cut-Off	Units
U Spec Ac-Intrp	See Below			
Drug Scn Creat	194.4		[20.0-400.0]	mg/dL
Drug Scn pH	6.37		[4.50-8.99]	pH

TOXICOLOGY

Toxicology testing performed at Legacy Metro Lab at Holladay Park, Portland, OR

Specimen Acceptability Criteria

09-02-2003 16:45 U Spec Ac-Intrp
Specimen criteria are acceptable.

Urine Drug Screens — Positives need to be confirmed

Collection Date	09-02-2003		
Collection Time	16:45		
		Cut-Off	Units
U Amphetamine Scn	NEGATIVE	[1000]	
U Cannabinoid 20 Scn	**POSITIVE** *	[20]	
U Cocaine Scn	NEGATIVE	[300]	

Urine Drug Screen Confirmations

Collection Date	09-02-2003
Collection Time	16:45
U THC 20 Intrp	See Below

09-02-2003 16:45 U THC 20 Intrp
Positive for Delta-9-Carboxy-THC (THC-COOH, Marijuana use).
GC/MS cutoff is 3 ng/mL.

BLOOD BANK

Collection Date	09-02-2003
Collection Time	16:18
ABO Rh Type	O POS
Antibody Screen	NEGATIVE

[redacted]

Emanuel Hospital & Health Center
Good Samaritan Hospital & Medical Center
Meridian Park Hospital & Health Center
Mount Hood Medical Center
Patient Business Services
P.O. Box 4037
Portland, OR 97208-4037

JUSTIN BLOUIN
PO BOX 622
CARSON, WA 98611

204703324 9/04/03

BLOUIN, JUSTIN 204703324

REBILL 12/19/04 PAGE 1

BLOUIN, JUSTIN AGE: 17 PHY: 7732 CARR: 802

DATE OF ADMISSION 9/02/03

DETAIL OF CURRENT CHARGES AND PAYMENTS

010 ROOM						
9/02/03	99665	0000216	ROOM CHARGE CHILDRENS HOSP		1	731.00
9/03/03	99669	0000216	ROOM CHARGE CHILDRENS HOSP		1	731.00
			** SUBTOTAL **		2	1462.00
220 CHILDREN'S HOSPITAL SERVICES						
9/02/03	99661	2200350	PED PT CARE LVL 5 IP HLY		1	118.00
9/02/03	99661	2200343	PED PT CARE LVL 4 IP HLY		4	232.00
9/03/03	99665	2200343	PED PT CARE LVL 4 IP HLY		24	1392.00
9/04/03	99673	2200343	PED PT CARE LVL 4 IP HLY		13	754.00
			** SUBTOTAL **		42	2496.00
260 SURGICAL PROCEDURES						
9/02/03	99665	2695310	FIRST 1/2 OR TIME 2 STAFF		1	1302.00
9/02/03	99665	2695518	ADDL 15MN OR TIME 2 STAFF		5	1045.00
9/02/03	99665	2744159	NCH SURGERY CV TRACKING		1	.00
			** SUBTOTAL **		7	2347.00
270 SURGICAL MATERIALS						
9/02/03	99665	2772218	CASE CART CARDIOVASCULAR	A4550	1	582.00
9/02/03	99665	2782357	CATH URETHRAL	A4649	2	62.00
9/02/03	99665	2782233	CLIP - HEMOSTASIS	L8699	2	60.00
9/02/03	99665	2782852	DRAINS BULBS	A4649	2	98.00
9/02/03	99665	2782688	STAPLER-SKIN	A4649	2	52.00
9/02/03	99665	2781870	SUTURE-GENERAL WAX	A4649	9	99.00
9/02/03	99665	2781896	SUTURE-VASCULAR VALVE	A4649	2	98.00
			** SUBTOTAL **		20	1051.00
360 RECOVERY						
9/02/03	99665	3690021	PACU CLASS III 1ST 30 MIN		1	467.00
9/02/03	99665	3600061	PACU CLASS III ADDL 15MIN		4	284.00
			** SUBTOTAL **		5	751.00
370 EMERGENCY DEPARTMENT						

JUSTIN BLOUIN
PO BOX 622
CARSON, WA 98611

204703324 9/04/03

BLOUIN, JUSTIN 204703324

REBILL 12/19/04 PAGE 2

BLOUIN, JUSTIN AGE: 17 PHY: 7732 CARR: 802

9/02/03	99665	3781044	SERVICE LEVEL 5 ED	99285		1	925.00
9/02/03	99665	3781051	TRAUMA ACTIVATION LEVEL 1			1	3000.00
9/02/03	99665	3765013	INJECTION IV PUSH	90784		1	16.00
9/02/03	99665	3781135	INJ IMMUNIZATION INITIAL	90471		1	20.00
			** SUBTOTAL **			4	3961.00
			400 CENTRAL SERVICES SUPPLIES				
9/02/03	99665	4068565	PEDS SUPPLIES DAILY	99070		1	119.00
9/02/03	99665	4013488	ARTERIAL LINE SUPPLIES	A4550		1	125.00
9/02/03	99665	4013512	BLANKET/BLD/FLD WARM SUPP	A4649		1	104.00
9/02/03	99665	4013827	PACU SUPPLIES III	A4649		1	58.00
9/03/03	99669	4068565	PEDS SUPPLIES DAILY	99070		1	119.00
			** SUBTOTAL **			5	525.00
			410 TOXICOLOGY				
9/02/03	99659	4302451	GAMMA GLUTAMYL TRANSFERAS	82977		1	45.30
			** SUBTOTAL **			1	45.30
			430 CHEMISTRY				
9/02/03	99659	4395018	ALBUMIN	82040		1	28.50
9/02/03	99659	4300950	UREA NITROGEN	84520		1	28.50
9/02/03	99659	4302808	GLUCOSE	82947		1	27.90
9/02/03	99659	4301909	CREATININE	82565		1	32.10
9/02/03	99659	4303657	LACTIC ACID DEHYDROGENASE	83615		1	38.70
9/02/03	99659	4305108	AST SGOT	84450		1	33.90
9/02/03	99659	4300851	BILIRUBIN TOTAL	82247		1	28.50
9/02/03	99659	4301016	CALCIUM IONIZED	82330		1	113.40
9/02/03	99659	4395067	ELECTROLYTE PANEL	80051		1	48.90
9/02/03	99659	4304655	POTASSIUM	84132		1	28.80
9/02/03	99659	4305256	SODIUM	84295		1	28.50
9/02/03	99659	4302808	GLUCOSE	82947		1	27.90
9/02/03	99659	4300901	BLOOD GASES ARTERIAL	82803		1	159.00
9/02/03	99659	4300307	ETHANOL	82055		1	186.00
9/02/03	99659	4106951	URINE DRUG PANEL 2-MEDICA	80100		1	69.30
9/03/03	99663	4395034	BASIC METABOLIC PANEL	80048		1	55.50
			** SUBTOTAL **			16	935.40

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440 HEMATOLOGY/COAG/URINES

9/02/03	99659	4400792	HEMOGLOBIN		85018	1	43.00
9/02/03	99659	4450110	HEMATOCRIT		85014	1	44.40
9/02/03	99659	4400404	AUTOMATED BLOOD COUNT		85027	1	43.50
9/02/03	99659	4421004	FIBRINOGEN		85384	1	108.60
9/02/03	99659	4421707	PROTHROMBIN TIME	INR	85610	1	51.30
9/02/03	99659	4421301	ACT PARTIAL THROMBOPLASIN		85730	1	65.70
9/03/03	99663	4400354	CBC W AUTO DIFF		85025	1	59.40
9/03/03	99663	4450078	DIFFERENTIAL-MANUAL		85007	1	20.10
				**	SUBTOTAL **	8	436.00

460 BLOOD BANK

9/02/03	99659	4605150	RH TYPE		86901	1	36.00
9/02/03	99659	4601050	ANTIBODY SCREEN		86850	1	93.60
9/02/03	99659	4602058	CROSSMATCH		86920	1	76.70
9/02/03	99659	4602058	CROSSMATCH		86920	1	76.70
9/02/03	99659	4602058	CROSSMATCH		86920	1	76.70
9/02/03	99659	4602058	CROSSMATCH		86920	1	76.70
9/02/03	99659	4602058	CROSSMATCH		86920	1	76.70
9/02/03	99659	4602058	CROSSMATCH		86920	1	76.70
9/02/03	99659	4695011	ABO GROUPING		86900	1	36.00
				**	SUBTOTAL **	9	625.80

580 RADIOLOGY DIAGNOSTIC

9/02/03	99659	5800131	CHEST 1 VIEW PORTABLE		71010	1	93.00
				**	SUBTOTAL **	1	93.00

670 PHARMACY/IV SOLUTIONS

9/02/03	99665	6792196	INJ CEFAZOLIN SODIUM-500MG		J0690	2	76.85
9/02/03	99665	6758817	**** FINAL CONCENTRATION			1	.00
9/02/03	99665	6704456	Meperidine Inj 50mg/ml Sy		J2175	1	27.00
9/02/03	99665	6732796	LR 1000ml			1	76.35
9/02/03	99665	6704506	Morphine Inj 10mg/ml 1ml		J2270	1	27.20
9/02/03	99665	6786420	NaCl 0.9% 1000ml		J7030	1	76.15
9/02/03	99665	6756472	Set Macro Pump		99070	1	36.75
9/02/03	99669	6792188	INJ CEFAZOLIN SODIUM-500MG		J0690	2	64.50
9/02/03	99669	6792188	INJ CEFAZOLIN SODIUM-500MG		J0690	2	64.50

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9/02/03	99669	6723456	Dipt/Tetanus Tox Inj 0.5m 90718		1	24.90
9/02/03	99669	6756399	Bacitracin Inj 50,000u Vi		1	33.50
9/02/03	99669	6792675	INJ HEPARIN SODIUM 1000 UNJ1644		5	39.50
9/02/03	99669	6786271	NaCl 0.9% Bact. Inj 30ml J2912		1	39.50
9/02/03	99669	6786081	Papaverine Inj 30mg/ml 1 J2440		1	39.50
9/02/03	99669	6757256	Propofol Inj 10mg/ml 50m		1	164.10
9/02/03	99669	6757256	Rocuronium Inj 10mg/ml 1		1	46.45
9/02/03	99669	6756399	Glycopyrrolate Inj 0.2mg/		1	21.45
9/02/03	99669	6786198	Neostigmine Inj 1:1000 10 J2710		1	39.50
9/02/03	99669	6718191	Metoclopramide Inj 5mg/ml J2765		1	22.85
9/02/03	99669	6786057	INJ ONDANSETRON HYDROCHLORJ2405		4	43.25
9/02/03	99669	6793137	INJ RANITIDINE HYDROCHLORIJ2780		2	95.30
9/02/03	99669	6756324	Lidocaine Jelly 2% 5ml T		1	20.55
9/02/03	99669	6756381	Ketamine Inj 50mg/ml 10m		1	56.75
9/03/03	99669	6756266	Docusate Na Cap 250mg		1	.40
9/03/03	99669	6792196	INJ CEFAZOLIN SODIUM-500MGJ0690		2	76.85
9/03/03	99669	6758817	**** FINAL CONCENTRATION		1	.00
9/03/03	99669	6786420	NaCl 0.9% 1000ml J7030		1	76.15
9/03/03	99669	6792659	INJ HEPARIN SODIUM PER 10UJ1642		10	22.25
9/03/03	99669	6756266	Docusate Sodium Cap 100mg		1	.45
9/03/03	99669	6792188	INJ CEFAZOLIN SODIUM-500MGJ0690		2	64.50
9/03/03	99669	6704506	Morphine Inj 4mg/ml 1ml J2270		1	27.15
9/03/03	99669	6756266	Docusate Na Cap 250mg		1	.40
9/03/03	99669	6792196	INJ CEFAZOLIN SODIUM-500MGJ0690		2	76.85
9/03/03	99669	6758817	**** FINAL CONCENTRATION		1	.00
9/04/03	99673	6792659	INJ HEPARIN SODIUM PER 10UJ1642		10	22.25
9/04/03	99673	6756266	Docusate Na Cap 250mg		1	.40
				** SUBTOTAL **	68	1504.05
		690	ANESTHESIA SUPPORT			
9/02/03	99665	6990006	GENERAL ANESTH 1ST 30 MIN		1	591.00
9/02/03	99665	6990113	GENERAL ANESTH ADDL 15MIN		7	588.00
				** SUBTOTAL **	8	1179.00
		970	ADJUSTMENTS			
10/22/03	03580	9700071	INSURANCE ALLOWANCE		1-	12075.67CR
				** SUBTOTAL **	1	12075.67CR

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990 PAYMENTS

10/22/03	03580	9908021	WELFARE WA PAYMENT	1-	5335.88CR
			** SUBTOTAL **	1	5335.88CR

999 MISCELLANEOUS TRANSACTION

9/02/03	99661	2102515	LPM RT TRAUMA CL 15MIN	2	.00
9/02/03	99661	2100410	LPM RT PROC EA 15 MIN	2	.00
9/02/03	99661	1160266	LPM ADMIT/TRANSFER FROM	1	.00
9/04/03	99673	1160274	LPM DISCHARGE/TRANSFER TO	1	.00
			** SUBTOTAL **	6	.00

TOTAL CURRENT CHARGES 17411.55

CURRENT BALANCE .00

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BLOUIN, JUSTIN 204719444

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DATE OF ADMISSION 9/02/03

DETAIL OF CURRENT CHARGES AND PAYMENTS

820 TRANSPORT SERVICES

9/02/03	99673	8210007	BASE LIFT-OFF FEE HC	A0431	1	5200.00
9/02/03	99673	8210023	MILEAGE LOADED MILE HC	A0436	42	2184.00
9/02/03	99673	8278053	O2 E-CYLINDER HC	A0431	1	24.00
9/02/03	99673	8270225	OXYGEN SUPPLIES LF HC	A0431	1	13.00
9/02/03	99673	8270241	VITAL SIGNS SUPPL LF HC	A0431	1	155.00
9/02/03	99673	8290025	ADAPTER ET CO2 HC	A0431	1	51.00
			**	SUBTOTAL **	47	7627.00

970 ADJUSTMENTS

3/10/04	03576	9700071	INSURANCE ALLOWANCE		1-	6887.89CR
			**	SUBTOTAL **	1	6887.89CR

990 PAYMENTS

3/10/04	03576	9908021	WELFARE WA PAYMENT		1-	739.11CR
			**	SUBTOTAL **	1	739.11CR

TOTAL CURRENT CHARGES 7627.00

CURRENT BALANCE .00