

Baystate Medical Center
759 Chestnut Street
Springfield, MA 01199

Patient Name: **GONZALEZ, RAUL**
MRN: 216698
Account Number: 813955010
Discharge Date and Time: 4/30/2011 2:18:00 PM
Patient Type: Disch ES

Procedure: ED Forms - Text
Event Date: 4/30/2011 1:33:00 PM
Result Status: Auth (Verified)
Signed by: Brown, Judith

ED Assessment Form Entered On: 4/30/2011 13:33
Performed On: 4/30/2011 13:33 by Brown, Judith

ED Vital Signs/Pain

Temperature : 98.8DegF(Converted to: 37.1DegC)
Temperature Route : Oral
Pulse Rate : 103bpm (H)
Respiratory Rate : 16br/min
Oxygen Saturation : 99%
Mode of Delivery (Oxygen) : Room air
Systolic Blood Pressure : 140mm Hg (H)
Diastolic Blood Pressure : 84mm Hg
Mean Arterial Pressure : 103mm Hg
Pain PT : Yes
Dry Weight : 85.000kg
*Text : 85.000kg
Height : 177.00cm
High Fall Risk (ED) : No

Brown, Judith - 4/30/2011 13:29

HPI / PMH

History of Present Illness : GSW to Left upper chest-bullet lodged in vest-no injury
Other Objective Findings : Redness to Left upper chest

PMH : Anemia
Domestic Violence Screen : Patient denies
Smoking cessation (v001) : Patient has not smoked in the last 12 months
Advance Directive Requirement : Not required for pt less than 65 years of age
Pregnancy Status : NIA

Brown, Judith - 4/30/2011 13:29

> | = 9 y.o. Systems Assessment

General Physical Appearance : No apparent distress

Brown, Judith - 4/30/2011 13:29

Allergies/Home Meds

Home Meds Reviewed : Yes, ED Med Rec Form Complete
Allergies Reviewed : Yes, no known allergies

Brown, Judith - 4/30/2011 13:29

Medication List

Normal Order

Ibuprofen 600 mg Tablet : Ibuprofen 600 mg Tablet ; Status: Ordered ; Ordered As
Mnemonic: Motrin Tablet ; Simple Display Line: 600 mg, By
Mouth, Once ; Ordering Provider: Henneman MD, Philip ;
Catalog Code: Ibuprofen ; Order Dt/Tm: 4/30/2011 13:08:40 ;
Comment: Refer to reference text / patient insert for additional
medication information

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Discharge Date and Time: 4/30/2011 2:18:00 PM
Patient Type: Disch ES

| | |
|------------------------|-----------------------|
| Type | Reason For Visit |
| Status Date | 04/30/11 |
| General medical | |
| Confirmation | Confirmed |
| Type | Reason For Visit |
| Status Date | 04/30/11 |
| Chest wall pain 786.52 | |
| Confirmation | Confirmed |
| Type | Discharge |
| Status Date | 04/30/11 |
| Arrived by Ambulance | Yes |
| Communication Barriers | None |
| Interpreter Needed | No |
| Language Spoken v001 | English |
| DCP GENERIC CODE | |
| Tracking Group | BMC ED Tracking Group |
| ED Tracking Acuity | Team C |
| ED Tracking Acuity | 04/30/11 13:06 |
| ED Tracking Acuity | GSW STOPPED BY VEST |

ED Assessment Form

ED Assessment Form

04/30/11 01:33 pm Performed by Brown, Judith
Entered on 04/30/11 01:33 pm

| | |
|--|--|
| ED Vital Signs/Pain | |
| Temperature | 98.8 DegF |
| Temperature Route | Oral |
| Pulse Rate | 103 bpm |
| Respiratory Rate | 16 br/min |
| Oxygen Saturation | 99 % |
| Mode of Delivery (Oxygen) | Room air |
| Systolic Blood Pressure | 140 mm Hg |
| Diastolic Blood Pressure | 84 mm Hg |
| Mean Arterial Pressure | 103 mm Hg |
| Pain PT | Yes |
| Dry Weight | 85.000 kg |
| Weight | 85.000 kg |
| Height | 177.00 cm |
| High Fall Risk (ED) | No |
| HPI / PMH | |
| History of Present Illness | GSW to Left upper chest-bullet lodged in vest-no injury Redness to Left upper chest |
| Other Objective Findings | Anemia |
| PMH | Patient denies |
| Domestic Violence Screen | Patient has not smoked in the last 12 months |
| Smoking cessation | Not required for pt less than 65 years of age |
| Advance Directive Requirement | N/A |
| Pregnancy Status | |
| > / = 9 y.o. Systems Assessment | |
| General Physical Appearance | No apparent distress |
| Allergies/Home Meds | |
| Medication List | |
| Oxycodone / Acetaminophen | |
| SIG:1 capsule, By Mouth, Every 6 hours, 12 capsule | |
| Provider: Henneman MD, Philip | |
| Date: 04/30/11 02:07 pm | |
| Status: Ordered | |
| Home Meds Reviewed | Yes, ED Med Rec Form Complete |

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 Springfield, MA 01199

Patient Name: **GONZALEZ, RAUL**
 MRN: 216698
 Account Number: 813955010
 Discharge Date and Time: 4/30/2011 2:18:00 PM
 Patient Type: Disch ES

Patient Care Comment

DC to home.

4/30/2011 1:35:00 PM Ibuprofen 600 mg Tablet:
 Refer to reference text / patient insert for additional medication information

| | | Date Time | 4/30/2011 1:33:00 PM | 4/30/2011 1:21:00 PM |
|-----------------------------|--------|--------------|---------------------------------|-------------------------|
| Procedure | Units | Ref Range | | |
| Temperature | DegF | [96.8-100.4] | 98.8 | 98.8 |
| Temperature Route | | | Oral | Oral |
| Systolic Blood Pressure | mm Hg | [90-138] | 140 H | 140 H |
| Diastolic Blood Pressure | mm Hg | [55-84] | 84 | 84 |
| Respiratory Rate | br/min | [16-30] | 16 | |
| Oxygen Saturation | % | [94-100] | 99 | 99 |
| Pulse Rate | bpm | [55-90] | 103 H | 103 H |
| Height | cm | | 177.00 | |
| Weight | kg | | 85.000 | |
| Dry Weight | kg | | 85.000 | |
| Mode of Delivery (Oxygen) | | | Room air | Room air |
| Initial Treatments (ED) | | | None at this time | |
| Stated Complaint | | | GSW | |
| ESI Level 1 | | | No | |
| ESI Level 2 | | | Yes | |
| Recommended ESI | | | 2 | |
| ED Next ReCheck | | | Patient moved to treatment area | |
| ED Assessment Disposition | | | MAIN | |
| Tracking Group | | | | |
| History of Present Illness | | | See Below | |
| General Physical Appearance | | | No apparent distress | |
| Home Meds Reviewed | | | Yes, ED Med Rec Form Complete | |
| PMH | | | Anemia | |
| Allergies Reviewed | | | Yes, no known allergies | |
| Domestic Violence Screen | | | Patient denies | |
| Smoking cessation | | | See Below | |
| Pregnancy Status | | | N/A | |

4/30/2011 1:33:00 PM History of Present Illness
 GSW to Left upper chest-bullet lodged in vest-no injury

4/30/2011 1:33:00 PM Smoking cessation
 Patient has not smoked in the last 12 months

| | | Date Time | 4/30/2011 1:08:00 PM | 4/30/2011 1:06:00 PM |
|--------------------|-------|--------------|-------------------------------|-------------------------|
| Procedure | Units | Ref Range | | |
| Stated Complaint | | | | GSW |
| Tracking Group | | | | |
| Home Meds Reviewed | | | Yes, ED Med Rec Form Complete | |
| PMH | | | Anemia | |