

RUN DATE: 02/19/26
RUN TIME: 1329
RUN USER: RER.ARM

Vaughan Regional Medical CTR - LIVE
SNAR REPORT ED TO INPATIENT

PAGE 1

Patient: [REDACTED]
EDM Provider: PINON, RAUL DO, ER

Age/Sex: 59/F

Acct No: R00022680564
Unit No: R000016706

SITUATION AND BACKGROUND

ED Physician: PINON, RAUL DO, ER
Practitioner: [REDACTED]
Nurse: [REDACTED]

Arrival Date/Time: 02/19/26 - 0948
Triage Date/Time: 02/19/26 - 0955
Date of Birth: 11/11/1966

Stated Complaint: 500 BLOOD SUGAR /SEIZURE
Chief Complaint: Blood Sugar Problems
Chief Complaint History:
02/19/26 0955 Blood Sugar Problems

Priority: 3

02/19/26 0955 Triage

Harris, Gregory T., RN

Stated Complaint:

HYPERGLYCEMIA

Pain Score: 0

Mode of Arrival to ED: EMS

Allergies: Y

TB/SARS/Flu/MERS Screening: Y

Infection Control Screening: Y

Suicide Screening: N

Bedbug Assessment: N

Temp: 98.2

Temp Source: Oral

Pulse: 88

Pulse source: Monitor

Respirations: 18

O2 Sat: 99

Blood Pressure: 160/87

B/P Source: LEFT ARM

Wt-lbs: 197

Wt-kg: 89.358

Ft: 5

in: 2

FOLEY CATHETER PRESENT ON ARRIVAL TO FLOOR OR UNIT: N

DID PATIENT HAVE AN INDWELLING CATHETER IN THE LAST 30 DAYS? N

Sepsis Assessment: Y

PMH: HTN, NIDDM, SEIZURE, NONCOMPLIANCE

Surgery Hx: Hysterectomy, Cholecystectomy, HERNIA REPAIR

Enter/Edit home med reconciliation: N

Update Chief Complaint now?: N

Assign triage priority: Y

Triage Temp:

98.2

Temperature: N

Triage HR:

88

Heart Rate: N

Triage Resp:

18

Respirations: N

Triage BP:

160/87

Acute Altered Mental Status: N

If Y to 2 or more of above, proceed to next section: 0

Unexplained weight loss: N

Productive cough greater than 2 weeks: N

Unexplained fever: N

Night sweats: N

Hemoptysis (coughs up blood): N
In treatment for active TB: N
Recent Exposure to person with active TB: N
Ever tested positive for TB: N
Close contact with anyone with SARS/Influenza like illness: N
Traveled outside the US within the last 14 days: N
Have you traveled to an Arabic country within the past 14 days: N
Had contact with someone with respiratory illness within 14 days: N
Contact with someone diagnosed with MERS or Coronavirus: N
Mask applied to patient: N
Able to perform infectious disease screening point of entry?: Y
Have you had fever and new cough, or a new rash in the past week? N
and is sick in the past 30 days? N/A
History of C.Diff or 3 or more watery stools in past 24 hrs? N

ASSESSMENT AND RECOMMENDATION

No Known Allergies

Date/Time	Temp	Pulse	Respirations	O2 Sat	Blood Pressure	User
02/19/26 0955	98.2	88	18	99	160/87	RER.GTH, RN

02/19/26 1057 IV Start/Stop/Reassess/S-Lox

Neely, Tara Nicole

Document IV Start: Y

Document IV Fluids: N

Document IV Reassessment: Y

Document IV Discontinued: N

Time #1 IV Started: 0950

Size (Gauge) of Catheter: # 22

Type of Catheter: Single Lumen

of Attempts: 2

IV Site: Wrist, Right

IV Secured: Tape

Type of Tubing: Saline Lock

Blood Drawn from IV Site for Labs: N

Comments:

DIFFICULT STICK

Test	Day	Date	Time	Result	Reference	Units
=> WBC	1	FEB 19	1042	9.47	(3.9-9.5)	X 10 ³
=> RBC	1	FEB 19	1042	4.40	(3.63-5.23)	X 10 ⁶
=> HGB	1	FEB 19	1042	12.9	(11.0-15.0)	g/dL
=> HCT	1	FEB 19	1042	37.6	(36.9-44.9)	%
=> MCV	1	FEB 19	1042	85.4	(78.4-97.6)	
=> MCH	1	FEB 19	1042	29.3	(25.7-32.9)	pg
=> MCHC	1	FEB 19	1042	34.3	(31.7-34.9)	g/dL
=> RDW	1	FEB 19	1042	14.7	(11.9-16.3)	%
=> PLT	1	FEB 19	1042	487 H	(167-407)	10 ³
=> MPV	1	FEB 19	1042	7.8	(7.1-11.1)	fL
=> NEUT %	1	FEB 19	1042	57.65	(42.2-74.2)	%
=> LYMPH %	1	FEB 19	1042	32.54	(21.6-42.4)	%
=> MONO %	1	FEB 19	1042	6.79	(3.3-9.9)	%
=> EOS %	1	FEB 19	1042	2.92	(0.2-3.0)	%
=> BASO %	1	FEB 19	1042	0.10	(0.1-1.2)	%
=> NEUTROPHIL #	1	FEB 19	1042	5.46	(1.1-7.9)	X 10 ²

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Vaughan Regional Medical Ctr ECM *LIVE*
SBAR REPORT ED TO INFANT

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Patient: ~~XXXXXXXXXX~~
ECM Provider: PINON, RAUL DO, ER

Age/Sex: 59/F

Acct No: R00022680564
Unit No: R000016706

=> LYMPH #	1	FEB 19	1042	3.08	(0.6-3.8)	X 10 ³	
=> MONO #	1	FEB 19	1042	0.64	(0.1-0.9)	X 10 ³	
=> EOS #	1	FEB 19	1042	0.28	(0.0-0.3)	X 10 ³	
=> BASO #	1	FEB 19	1042	0.64 H	(0.0-0.0)	X 10 ³	
=> UA COLOR	1	FEB 19	1001	p. yel			
=> UA APPEARANCE	1	FEB 19	1001	(a)	(CLEAR)		
=> UA GLUCOSE	1	FEB 19	1001	3+ H	(NORMAL)		
=> UA BILIRUBIN	1	FEB 19	1001	neg	(NEGATIVE)		
=> UA KETONES	1	FEB 19	1001	neg	(NEGATIVE)		
=> UA SPEC GRAVITY	1	FEB 19	1001	1.010	(1.005-1.030)		
=> UA BLOOD	1	FEB 19	1001	neg	(NEGATIVE)		
=> UA PH	1	FEB 19	1001	6.0	(5.0-9.0)		
=> UA PROTEIN	1	FEB 19	1001	2+ H	(NEGATIVE)		
=> UA UROBILINOGEN	1	FEB 19	1001	norm	(NEGATIVE)	mg/dL	
=> NITRITE	1	FEB 19	1001	neg	(NEGATIVE)		
=> LEUK ESTER	1	FEB 19	1001	neg	(NEGATIVE)		
=> MICRO NEEDED?	1	FEB 19	1001	YES			
=> UA WBC	1	FEB 19	1001	5-10	(0-2)	/HPF	
=> UA EPITH CELLS	1	FEB 19	1001	2+	(NONE-FEW)	/HPF	
=> UA BACTERIA	1	FEB 19	1001	TRACE H	(NONE-FEW)		
=> WBC CAST	1	FEB 19	1001	0-2 H	(NONE SEEN)	/LPF	
=> NA	1	FEB 19	1042	132 # L	(136-145)	mmol/L	
=> K	1	FEB 19	1042	4.2	(3.5-5.1)	mmol/L	
=> CL	1	FEB 19	1042	95 L	(98-107)	mmol/L	
=> CO2	1	FEB 19	1042	27	(21-32)	mmol/L	
=> GLU	1	FEB 19	1042	555(b) #HC	(74-106)	mg/dL	
=> BUN	1	FEB 19	1042	18	(7-18)	mg/dL	
=> CREAT	1	FEB 19	1042	1.4 H	(0.6-1.3)	mg/dL	
=> GFR (ESTIMATED)	1	FEB 19	1042	43(c)		mL/min	
=> EST CREAT CLEAR	1	FEB 19	1042	45		ML/MIN	
=> TOT PROT	1	FEB 19	1042	7.5	(6.4-8.2)	gm/dL	

=> ALBUMIN	1	FEB 19	1042	2.7 L	(3.4-5.0)	gm/dL	
=> CA	1	FEB 19	1042	9.2	(8.5-10.1)	mg/dL	
=> BILT	1	FEB 19	1042	0.3(d)	(0.2-1.0)	mg/dL	
=> AST	1	FEB 19	1042	9 L	(15-37)	U/L	
=> ALT	1	FEB 19	1042	13	(12-78)	U/L	
=> ALKP TOTAL	1	FEB 19	1042	138 H	(46-116)	U/L	
=> MAG	1	FEB 19	1042	2.0	(1.8-2.4)	mg/dL	
=> TROPONIN	1	FEB 19	1042	7(e)	(0-51)	ng/L	
=> ACETONE QUANT	1	FEB 19	1042	NEGATIVE	(NEGATIVE)		

- NOTES: (d) Use of this assay is not recommended for patients undergoing treatment with eltrombopag due to the potential for falsely elevated results.
- (e) See (f), (g)
- (f) ***Effective May 23, 2022 ***
New units of measure, reference range and critical values for high sensitivity troponin.
- (g) Routine Biotin (Vitamin B7) supplements taken in mega doses (greater than 100 to 300 mg/day) or beauty supplements can cause a false low Troponin result.

Medication

Sch Date-Time	Ordered Dose	Admin Dose	Site	User
Doc Date-Time	Given - Reason			
Override Comment				
SODIUM CHLORIDE 0.9% 1,000 ML (SODIUM CHLORIDE 0.9% SOLN 1,000 ML) IV/BOLUS/STA				
02/19/26-1000		1,000 MLS		
02/19/26-1101	Y		RT WRIST	Bailey,Nicoale , RN
Humalog xDNA 100 UNITS/ML DOSE (Humalog 100 UNIT/ML VIAL) IV/NOW/STA				
02/19/26-1159	8 UNITS	8 UNITS		
02/19/26-1235	Y		LT AC	Bailey,Nicoale , RN
Blood Sugar by Nursing mg/dL: : 1234				
FASTING?				
Fasting for:				
COMMENT				
Co-Signature: RER.ARM Moore,Ashley R.				
PW: ** Password Verified **				
Most Common Side Effects Reviewed With Patient?: Yes				
:: HUMALOG:Hypoglycemia, Injection Site RXN, Pruritus, Weight Gain				
SODIUM CHLORIDE 0.9% 1,000 ML (SODIUM CHLORIDE 0.9% SOLN 1,000 ML) IV/BOLUS/STA				
02/19/26-1257		1,000 MLS		
02/19/26-1258	Y		LT FOREARM	Bailey,Nicoale , RN

- NOTES: (a) SLIGHTLY CLOUDY
- (b) ~RESULTS CALLED TO AND READ BACK BY KRYSTAL WALKER AT 1112 ON 02/19/26 BY RLAB.KA.
- (c) The 2021 CKD-EPI equation is now the recommended standard. This version does not include race, as the 2009 and 2012 CKD-EPI creatinine and creatinine-cystatin C equations. For the same creatinine value, the 2021 equation will estimate a lower GFR for Black patients and a higher GFR for non-Black patients as compared to previous calculations.

Calculated GFR:

This calculated GFR is advocated by the National Kidney Foundation to be used as an indicator of Chronic Kidney Disease (CKD). 5 Stages of Chronic Kidney Disease.

- Stage 1 90 mL/min or more Healthy kidneys or Kidney damage with normal or high GFR details
- Stage 2 60 to 89 mL/min Kidney damage and mild decrease in GFR details
- Stage 3 30 to 59 mL/min Moderate decrease in GFR details
- Stage 4 15 to 29 mL/min Severe decrease in GFR details
- Stage 5 Less than 15mL/min On dialysis or Kidney failure.

PATIENT'S CLINICAL STATUS MUST BE CONSIDERED FOR THE CARE OF YOUR PATIENT.