

CASE 2

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Case 02

ALFRED STATE MEDICAL CENTER 100 MAIN ST. ALFRED NY 14802 (607) 555-1234 HOSPITAL #: 000999				INPATIENT FACE SHEET			
PATIENT NAME AND ADDRESS HUNTER, Dilbert 543 Yukon Trail Alfred, NY 14802				GENDER M	RACE W	MARITAL STATUS M	PATIENT NO. Case02
				DATE OF BIRTH 09-22-YYYY	MAIDEN NAME N/A	OCCUPATION Unemployed	
ADMISSION DATE 04-26-YYYY	TIME 15:20	DISCHARGE DATE 04-29-YYYY	TIME 10:10	LENGTH OF STAY 03 DAYS	TELEPHONE NUMBER (607) 555-6632		
GUARANTOR NAME AND ADDRESS Hunter, Anita 543 Yukon Trail Alfred, NY 14802				NEXT OF KIN NAME AND ADDRESS Hunter, Anita 543 Yukon Trail Alfred, NY 14802			
GUARANTOR TELEPHONE NO. (607) 555-6632	RELATIONSHIP TO PATIENT Wife			NEXT OF KIN TELEPHONE NUMBER (607) 555-6632	RELATIONSHIP TO PATIENT Wife		
ADMITTING PHYSICIAN William Ruddy, MD	SERVICE Medical			ADMIT TYPE 2	ROOM NUMBER/BED 0366/01		
ATTENDING PHYSICIAN William Ruddy, MD	ATTENDING PHYSICIAN UPIN 100T32	ADMITTING DIAGNOSIS Rule out pneumonia.					
PRIMARY INSURER Empire Plan	POLICY AND GROUP NUMBER 352656388	SECONDARY INSURER		POLICY AND GROUP NUMBER			
DIAGNOSES AND PROCEDURES				ICD-9-CM	ICD-10-CM/PCS		
PRINCIPAL DIAGNOSIS Acute Bronchitis				491.22	J44.0		
SECONDARY DIAGNOSES Asthma COPD ↑ B.P.				493.20 401.9	J44.9 I10		
PRINCIPAL PROCEDURE							
SECONDARY PROCEDURES							
TOTAL CHARGES: \$ 2,692.74							
ACTIVITY <input type="checkbox"/> Bedrest <input checked="" type="checkbox"/> Light <input type="checkbox"/> Usual <input type="checkbox"/> Unlimited <input type="checkbox"/> Other							
DIET: <input type="checkbox"/> Regular <input type="checkbox"/> Low Cholesterol <input checked="" type="checkbox"/> Low Salt <input type="checkbox"/> ADA <input type="checkbox"/> Culture							
FOLLOW-UP <input checked="" type="checkbox"/> Call for appointment <input type="checkbox"/> Office appointment on _____ <input type="checkbox"/> Other:							
SPECIAL INSTRUCTIONS							
Signature of Attending Physician: <i>William Ruddy, MD</i>							

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HUNTER, Dilbert	Admission: 04-26-YYYY	CONSENT TO ADMISSION
Case 02	DOB: 09-22-YYYY	
Dr. Ruddy	ROOM: 0366	

I, Dilbert Hunter hereby consent to admission to the Alfred State Medical Center (ASMC), and I further consent to such routine hospital care, diagnostic procedures, and medical treatment that the medical and professional staff of ASMC may deem necessary or advisable. I authorize the use of medical information obtained about me as specified above and the disclosure of such information to my referring physician(s). This form has been fully explained to me, and I understand its contents. I further understand that no guarantees have been made to me as to the results of treatments or examinations done at the ASMC.

<u>Dilbert Hunter</u>	<u>April 26, YYYY</u>
Signature of Patient	Date
_____ Signature of Parent/Legal Guardian for Minor	_____ Date
_____ Relationship to Minor	_____ Date
<u>Andrea Wittenan</u>	<u>April 26, YYYY</u>
WITNESS: Alfred State Medical Center Staff Member	_____ Date

CONSENT TO RELEASE INFORMATION FOR REIMBURSEMENT PURPOSES

In order to permit reimbursement, upon request, the Alfred State Medical Center (ASMC) may disclose such treatment information pertaining to my hospitalization to any corporation, organization, or agent thereof, which is, or may be liable under contract to the ASMC or to me, or to any of my family members or other person, for payment of all or part of the ASMC's charges for services rendered to me (e.g., the patient's health insurance carrier). I understand that the purpose of any release of information is to facilitate reimbursement for services rendered. In addition, in the event that my health insurance program includes utilization review of services provided during this admission, I authorize ASMC to release information as is necessary to permit the review. This authorization will expire once the reimbursement for services rendered is complete.

<u>Dilbert Hunter</u>	<u>April 26, YYYY</u>
Signature of Patient	Date
_____ Signature of Parent/Legal Guardian for Minor	_____ Date
_____ Relationship to Minor	_____ Date
<u>Andrea Wittenan</u>	<u>April 26, YYYY</u>
WITNESS: Alfred State Medical Center Staff Member	_____ Date

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HUNTER, Dilbert Case 02 Dr. Ruddy	Admission: 04-26-YYYY DOB: 09-22-YYYY ROOM: 0366	HISTORY & PHYSICAL EXAM
CHIEF COMPLAINT: Shortness of breath.		
HISTORY OF PRESENT ILLNESS: The patient is a 55 yr. old gentleman with severe COPD with asthma and hypertension, who had developed an acute bronchitis about a week ago and five days ago was started on Amoxicillin taking his usual 500 mg. t.i.d. This did not help, and he was started on a Medrol Dose-Pak but he had already been taking Prednisone. The patient had increasing shortness of breath the last 24 hours and came in. He had to stop four times to walk from the parking lot into the office due to increasing shortness of breath. He has some orthopnea, paroxysmal nocturnal dyspnea with it, which is typical for a flare up of his COPD with asthma and especially if infected. The patient has severe allergies to nonsteroidal causing him almost an anaphylactic type of reaction and with severe shortness of breath and had one respiratory arrest requiring intubation for that particular problem.		
PAST MEDICAL HISTORY: General health has been good when he is in between his breathing attacks. Childhood diseases-no rheumatic or scarlet fever. Adult diseases-no TB or diabetes. Has had recurrent pneumonias. Operations: hemorrhoidectomy.		
MEDICATIONS: At this time include Lasix 40 mg. daily. Cital 80 mg. t.i.d. Prednisone 10 mg. daily. Vasotec 10 mg. daily. Theolar 250 b.i.d. Allopurinol 300 mg. daily. Proventil and Azmacort 2 puffs q. i. d.		
ALLERGIES: <u>Nonsteroidal antiinflammatory drugs, including aspirin.</u>		
SOCIAL HISTORY: Does not smoke or drink.		
FAMILY HISTORY: Noncontributory.		
REVIEW OF SYSTEMS: Head: no headaches, seizures or convulsions. EENT reveals rhinorrhea and allergies, particularly with sinusitis. Chest and heart see HPI. GI: no nausea, diarrhea, constipation. GU: no dysuria, hematuria, nocturia. Extremities: no edema. Has a lot of arthritic problems getting along with Tylenol at this time.		
GENERAL APPEARANCE: The patient is a middle-aged gentleman who is short of breath at rest.		
VITAL SIGNS: Temperature is 97, pulse is 60, respirations 24, blood pressure 146/68. Weight 254 lbs.		
SKIN: Normal color and texture. No petechiae or ecchymoses.		
HEENT: Normal cephalic. No mastoid or cranial tenderness. Eyes, pupils equal and reactive to light and accommodation. Extra-ocular muscle function intact. Funduscopic examination within normal limits. Ears: no inflammation or bulging of the drums. Nose: no inflammation, though there is some clear rhinorrhea. Mouth: no inflammation or exudate.		
NECK, Supple. No adenopathy. Trachea in the midline. Thyroid normal. Carotids 2-4 with no bruits.		
CHEST: Symmetrical.		
LUNGS: There are wheezes heard throughout the lung fields with rhonchi and rales at the right base.		
HEART: Regular rhythm. S1 2/4, S2 2/4, with no S3, S4 or murmurs.		
BACK: No CVA or spinal tenderness.		
ABDOMEN: Soft. No organomegaly, masses, or tenderness to palpation or percussion. Normal bowel sounds.		
GENITALIA: Normal external genitalia.		
RECTAL: Good sphincter tone. No mucosal masses. Stool hemoccult negative. Prostate 2+ with no nodules.		
EXTREMITIES: Peripheral pulses 2+. No edema, cyanosis or clubbing.		
NEUROLOGIC: Within normal limits.		
IMPRESSION: 1) Asthma with acute bronchitis and bronchospasm. 2) Hypertension.		
DD: 04-26-YYYY DT: 04-27-YYYY		William Ruddy, MD William Ruddy, MD
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HUNTER, Dilbert Case 02 Dr. Ruddy		Admission: 04-26-YYYY DOB: 09-22-YYYY ROOM: 0366		DOCTORS ORDERS	
Date	Time	Physician's signature required for each order. (Please skip one line between dates.)			
4/26/YYYY	1525	Sputum C & S, CBC, UA, ABG Rx and call CXR; NAS diet; Saline Lock			
		Ancef 1 gm q 8 ^o			
		Solimedrol 125mg q 6 ^o IV			
		Celan 80mg TId			
		Vasotec 40mg daily			
		Theodur 300mg Bid (q 12 ^o)			
		Allopurinol 300mg daily			
		Proventil and Azmacort puffs qid - do own Rx		William Ruddy, MD	
			R.A.V.	T.O. Dr. Ruddy/J.Anderson, RN	
4/26/YYYY	1920	D/C ABC. Do RA oximetry.		R.A.V.	T.O. Dr. Ruddy/E. Blossom RN
4/26/YYYY	1920	O2 2L/Ne		R.A.V.	T.O. Dr. Ruddy/E. Blossom RN
4/27/YYYY	1520	Tylenol 650mg po q 4 ^o per pain		R.A.V.	T.O. Dr. Ruddy/H. Figgis RN
4/28/YYYY	1020	1) D/C IV			
		2) Ceftin 250mg P.O. BID			
		3) Prednisone 20mg P.O.			
		4) Walk hall as tolerated		R.A.V.	T.O. Dr. Ruddy/E. Blossom RN
		William Ruddy, MD			
4/28/YYYY	0900	D/C OB		R.A.V.	T.O. Dr. Ruddy/H. Figgis RN
4/29/YYYY	1200	Discharge - diet tent		William Ruddy, MD	

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HUNTER, Dilbert	Admission	04-26-YYYY	LABORATORY DATA
Case 02	DOB	09-22-YYYY	
Dr Ruddy	ROOM	0366	
SPECIMEN COLLECTED:		04-26-YYYY	
	SPECIMEN RECEIVED:		04-26-YYYY
URINALYSIS			
URINE DIPSTICK			
COLOR	STRAW		
SP GRAVITY	1.010		1.001-1.030
GLUCOSE	NEGATIVE		< 125 mg/dl
BILIRUBIN	NEGATIVE		NEG
KETONE	NEGATIVE		NEG mg/dl
BLOOD	NEGATIVE		NEG
PH	7.5		4.5-8.0
PROTEIN	NEGATIVE		NEG mg/dl
UROBILINOGEN	NORMAL		NORMAL-1.0 mg/dl
NITRITES	NEGATIVE		NEG
LEUCOCYTES	NEGATIVE		NEG
WBC	RARE		0-5 /HPF
RBC	--		0-5 /HPF
EPIT CELLS	RARE		/HPF
BACTERIA	--		/HPF
CASTS	--		< 1 HYALINE/HPF
End of Report			
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HUNTER, Dilbert		Admission 04-26-YYYY		LABORATORY DATA	
Case 02		DOB 09-22-YYYY			
Dr Ruddy		ROOM 0366			
SPECIMEN COLLECTED:		04-26-YYYY	SPECIMEN RECEIVED:		04-26-YYYY
CBC & DIFF					
TEST	RESULT	FLAG	REFERENCE		
WBC	7.4		4.5-11.0 thous/UL		
RBC	5.02	**L**	5.2-5.4 mill/UL		
HGB	15.0		11.7-16.1 g/dl		
HCT	45.8		35.0-47.0 %		
MCV	91.2		85-99 fL		
MCHC	32.8	**L**	33-37		
RDW	15.2	**H**	11.4-14.5		
Platelets	165		130-400 thous/UL		
MPV	8.4		7.4-10.4		
LYMPH %	21.1		20.5-51.1		
MONO %	7.8		1.7-9.3		
GRAN %	71.1		42.2-75.2		
LYMPH x 10 ³	1.6		1.2-3.4		
MONO x 10 ³	.6	**H**	0.11-0.59		
GRAN x 10 ³	5.3		1.4-6.5		
EOS x 10 ³	< .7		0.0-0.7		
BASO x 10 ³	< .2		0.0-0.2		
ANISO	SLIGHT				
End of Report					
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HUNTER, Dilbert	Admission: 04-26-YYYY	RADIOLOGY REPORT
Case 02	DOB: 09-22-YYYY	
Dr. Ruddy	ROOM: 0366	
Initial Diagnosis/History: COPD		
Date Requested: 04-26-YYYY		
Transport:		
<input checked="" type="checkbox"/> Wheelchair	<input type="checkbox"/> Stretcher	<input type="checkbox"/> O ₂ <input type="checkbox"/> IV
<input checked="" type="checkbox"/> IP	<input type="checkbox"/> OP	<input type="checkbox"/> ER
<input type="checkbox"/> PRE OP	<input type="checkbox"/> OR/RR	<input type="checkbox"/> Portable
<p>CHEST: PA and lateral views reveals the heart and mediastinum to be normal. The lungs are hyperinflated with flattening of the diaphragms and disorganization of the interstitial markings secondary to chronic disease. There is also some old pleural thickening at the left base laterally. Since our previous study of 4-30-YYYY, an area of atelectasis has developed in the middle lobe. I do not know if this is of any current significance. No areas of consolidation or any pleural effusions are visible.</p>		
DD: 04-26-YYYY	<i>Philip Rogers</i>	
DT: 04-27-YYYY	Philip Rogers	
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HUNTER, Dilbert Case02 Dr. Ruddy	Admission: 04-26-YYYY DOB: 09-22-YYYY ROOM: 0366	PATIENT PROPERTY RECORD
<p>I understand that while the facility will be responsible for items deposited in the safe, I must be responsible for all items retained by me at the bedside. (Dentures kept at the bedside will be labeled, but the facility cannot assure responsibility for them.) I also recognize that the hospital cannot be held responsible for items brought in to me after this form has been completed and signed.</p>		
_____ Signature of Patient		_____ Date
<i>Dilbert Hunter</i>		<i>April 26, YYYY</i>
_____ Signature of Witness		_____ Date
<i>Andrea Wickham</i>		<i>April 26, YYYY</i>
<p>I have no money or valuables that I wish to deposit for safekeeping. I do not hold the facility responsible for any other money or valuables that I am retaining or will have brought in to me. I have been advised that it is recommended that I retain no more than \$5.00 at the bedside.</p>		
_____ Signature of Patient		_____ Date
<i>Dilbert Hunter</i>		<i>April 26, YYYY</i>
_____ Signature of Witness		_____ Date
<i>Andrea Wickham</i>		<i>April 26, YYYY</i>
<p>I have deposited valuables in the facility safe. The envelope number is _____.</p>		
_____ Signature of Patient		_____ Date
_____ Signature of Person Accepting Property		_____ Date
<p>I understand that medications I have brought to the facility will be handled as recommended by my physician. This may include storage, disposal, or administration.</p>		
_____ Signature of Patient		_____ Date
_____ Signature of Witness		_____ Date
_____ <i>Andrea Wickham</i>		_____ <i>April 26, YYYY</i>
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