CASE 3

Case 03

ALFRED STATE MEDICAL CENTER
100 MAIN ST, ALFRED, NY 14802
(607) 555-1234
HOSPITAL #: 000999

INPATIENT FACE SHEET

PATIENT NAME AND ADDRESS	GENDER	RACE	MARITAL STATUS	PATIENT NO.
STANLEY, Erica P. 23 Langley Drive Alfred, NY 14802	F	W	M	Case03
	DATE OF BIRTH		MAIDEN NAME	OCCUPATION
	04-05-YYYY		Holland	Homemaker

ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY	TELEPHONE NUMBER
04-28-YYYY	06:20	04-29-YYYY	10:20	01 DAY	(607)555-8818

GUARANTOR NAME AND ADDRESS	NEXT OF KIN NAME AND ADDRESS
Stanley, Robert 23 Langley Drive Alfred, NY 14802	Stanley, Robert 23 Langley Drive Alfred, NY 14802

GUARANTOR TELEPHONE NO.	RELATIONSHIP TO PATIENT	NEXT OF KIN TELEPHONE NUMBER	RELATIONSHIP TO PATIENT
(607)555-8818	Husband	(607)555-8818	Husband

ADMITTING PHYSICIAN	SERVICE	ADMIT TYPE	ROOM NUMBER/BED
E.W. Wylie, MD	Surgical	03	0255/01

ATTENDING PHYSICIAN	ATTENDING PHYSICIAN UPIN	ADMITTING DIAGNOSIS
E.W. Wylie, MD	100D43	Gallbladder disease

PRIMARY INSURER	POLICY AND GROUP NUMBER	SECONDARY INSURER	POLICY AND GROUP NUMBER
Medicaid	329130095		

DIAGNOSES AND PROCEDURES	ICD-9-CM	ICD-10-CM/PCS
PRINCIPAL DIAGNOSIS		
chronic acalculus cholecystitis	575.11	K81.1
SECONDARY DIAGNOSES		
PRINCIPAL PROCEDURE		
Laparoscopic cholecystectomy	51.23	0FT44ZZ
SECONDARY PROCEDURES		
TOTAL CHARGES: $ 3,500.50		

ACTIVITY ☐ Bedrest ☒ Light ☐ Usual ☐ Unlimited ☒ Other: Don't lift heavy or stairs
DIET ☒ Regular ☐ Low Cholesterol ☐ Low Salt ☐ ADA ☐ ____ Calorie
FOLLOW-UP ☐ Call for appointment ☒ Office appointment in 2 wks ☒ Other Dr. Wylie in Dec wk
SPECIAL INSTRUCTIONS May shower
SIGNATURE OF ATTENDING PHYSICIAN E Wylie, M.D.

STANLEY, Erica P. Admission: 04-28-YYYY
Case03 DOB: 04-05-YYYY
Dr. Wylie ROOM: 0255

Consent To Admission

I, *Erica P. Stanley* 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.

Erica P. Stanley — *April 28, YYYY*
Signature of Patient — Date

Signature of Parent/Legal Guardian for Minor — Date

Relationship to Minor

Andrea Witteman — *April 28, YYYY*
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.

Erica P. Stanley — *April 28, YYYY*
Signature of Patient — Date

Signature of Parent/Legal Guardian for Minor — Date

Relationship to Minor

Andrea Witteman — *April 28, YYYY*
WITNESS: Alfred State Medical Center Staff Member — Date

Alfred State Medical Center ■ 100 Main St, Alfred NY 14802 ■ (607)555-1234

STANLEY, Erica P
Case03
Dr. Wylie

Admission: 04-28-YYYY
DOB: 04-05-YYYY
ROOM: 0255

ADVANCE DIRECTIVE

Your answers to the following questions will assist your Physician and the Hospital to respect your wishes regarding your medical care. This information will become a part of your medical record.

	YES	NO	PATIENT'S INITIALS
1. Have you been provided with a copy of the information called "Patient Rights Regarding Health Care Decision?"	X		*EPS*
2. Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X	*EPS*
3. Have you prepared a Durable Power of Attorney for Health Care? If yes, please provide the Hospital with a copy for your medical record.		X	*EPS*
4. Have you provided this facility with an Advance Directive on a prior admission and is it still in effect? If yes, Admitting Office to contact Medical Records to obtain a copy for the medical record.		X	*EPS*
5. Do you desire to execute a Living Will/Durable Power of Attorney? If yes, refer to in order: a. Physician b. Social Service c. Volunteer Service		X	*EPS*

HOSPITAL STAFF DIRECTIONS: Check when each step is completed.

1. ✓ Verify the above questions where answered and actions taken where required.
2. ✓ If the "Patient Rights" information was provided to someone other than the patient, state reason:

Name of Individual Receiving Information — Relationship to Patient

3. ✓ If information was provided in a language other than English, specify language and method.
4. ✓ Verify patient was advised on how to obtain additional information on Advance Directives.
5. ✓ Verify the Patient/Family Member/Legal Representative was asked to provide the Hospital with a copy of the Advance Directive which will be retained in the medical record.

File this form in the medical record, and give a copy to the patient.

Name of Patient (Name of Individual giving information if different from Patient)	
Erica P. Stanley	*April 28, YYYY*
Signature of Patient	Date
Andrea Whiteman	*April 28, YYYY*
Signature of Hospital Representative	Date

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

STANLEY, Erica P
Case03
Dr. Wylie

Admission: 04-28-YYYY
DOB: 04-05-YYYY
ROOM: 0255

HISTORY & PHYSICAL EXAM

CHIEF COMPLAINT: Chronic acalculus cholecystitis

HISTORY OF PRESENT ILLNESS: The patient is a 52-year-old white female who, for about 1 year, has been very symptomatic to the point that even water starts to make her have right upper quadrant pain. She had problems with all sorts of foods, fried foods, gravies, and this causes right upper quadrant pains and sometimes nausea radiating around the costal margin straight through to the back underneath the scapula on the right side, very reproducible. Dr. Will ams saw her and obtained an ultra-sound which showed some very subtle thickening of the gallbladder wall but the ultra-sound findings were equivocal. It was suggested that if there were appropriate clinical symptoms that a cholecystokinin HIDA scan might be helpful. Under the circumstances patient is not really anxious to undergo the test in case she gets more pain and with her symptoms being as reproducible as they are, she probably has chronic acalculus gallbladder disease and I think she is getting this every day with every meal it seems a little ridiculous to try and produce this again so I am going to go ahead and plan for a laparoscopic cholecystectomy with IOC and she understands the procedure as I have explained it to her and agrees to it the way I have explained it to her. I told her that sometimes open procedure is necessary for reasons of safety or bleeding, etc. and I have given her a pamphlet that explains the entire procedure for her to read. She understands and agrees to this the way I have explained it to her.

PAST MEDICAL HISTORY: Reveals that she is allergic to CODEINE AND ASPIRIN. She has been taking Bancap for pain which periodically helps. She has had bilateral implants in her eye and she has had bilateral Stapes operations on her ears and she has had a TAH and BSO. She has had an appendectomy. She has no other known medical illnesses.

SYSTEMIC REVIEW: Consistent with HPI and PMH and otherwise unremarkable.

FAMILY HISTORY: Reveals cancer in the family but nothing hereditary. There is colon cancer, pelvic cancer, etc. She has one daughter who has epilepsy. No bleeding problems or anesthesia problems. No other hereditary problems noted in the family.

SOCIAL HISTORY: She smokes 1/2 pack of cigarettes a day and does not take any alcohol. She is a housewife, married, living at home with her grandchild whom she is taking care of.

At the time of admission, she is a well developed, well nourished, white female in no acute distress. Vital signs are stable. She is afebrile, pleasant, cooperative, and well oriented.

HEENT: Reveals normal cephalic skull. Pupils are round, regular, and reactive to light and accommodation. Extra-ocular movements are intact. Nose and throat - benign.

NECK: Supple. No masses, thyromegaly, or adenopathy. She has 2+/4+ bilateral, carotid pulses with good upstrokes. No supraclavicular adenopathy on either side.

CHEST: Clear to auscultation bilaterally.

CARDIAC: Regular sinus rhythm with no murmurs or gallops heard.

BREASTS: Free of any dominant masses or nodules bilaterally.

AXILLA: Free of any adenopathy.

ABDOMEN: Soft. No hernias, masses, or organomegaly. She has some tenderness over the gallbladder in the right upper quadrant area but no rigidity, guarding, or rebound. She has normal bowel sounds.

PELVIC: Deferred today.

PULSES: Equal bilaterally.

NEURO: Within normal limits grossly.

EXTREMITIES: Full range of motion bilaterally with no pain or edema.

IMPRESSION: Chronic acalculus cholecystitis apparently quite symptomatic. The patient will be admitted for a laparoscopic cholecystectomy under antibiotic prophylaxis as noted above as AM admission.

DD: 04-28-YYYY

DT: 04-28-YYYY

E.W. Wylie, M.D.

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST., ALFRED, NY 14802 ■ (607) 555-1234

STANLEY, Erica P. Admission: 04-28-YYYY
Case03 DOB: 04-05-YYYY
Dr. Wylie ROOM: 0255

PROGRESS NOTES

Date	(Please skip one line between dates.)
4/28/YYYY	Dx: Chronic acalculous cholecystitis.
[illegible]	Plan of Treatment: Laparoscopic cholecystectomy.
	Discharge Plan: Home – no services needed. E.W. Wylie, M.D.
04-28-YYYY	Anesthesia Pre Op Note
0715	This 52 y o w female scheduled for Lap Chole. PMHx: ⊕ tobacco hx. ⊕ Past Surgical Hx – appendectomy, total abdominal hysterectomy
	Cataracts, bilaterally. Bilateral stapes repair. Meds preop. Allergies: Codeine, ASA, ASA II.
	Plan and GETA, Risks, Benefits, Options Explained. Understood and agreed upon.
	Don Galloway, M.D.
04-28-YYYY	Brief Op. Note
[illegible]	Laparoscopic cholecystectomy done under [illegible]. Done
	without pain or complications. E.B.L. min. Pt. tolerated the
	procedure well & left the O.R. in satisfactory condition.
04-28-YYYY	Post op
[illegible]	Awake. Alert. Vital signs stable. Normal pulses & pressures.
	Abd. soft. w/o distention. Urine is clear and dry. No
	problems.
	E.W. Wylie, M.D.

STANLEY, Erica P
Case03
Dr. Wylie

Admission: 04-28-YYYY
DOB: 04-05-YYYY
ROOM: 0255

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
[illegible]	[illegible]	**Allergies:** [illegible] ASA E Wylie, M.D.
[illegible]	[illegible]	PATIENT NAME: Stanley, Erica
		AGE: 42
		ADMIT TO GEN. SURGERY: a.m. admit
		CONDITION: satisfactory
		OUT OF BED, AD LIB.
		DIET: N.G.O.
		US – ROUTINE done in lab 4/23 hj
		CBC, UA, RPR, BUN, GLUCOSE, LYTES → pr 2-DP
		EKG 04-28-YYYY → pr 2-DP
		CHEST X-RAY done 04-28 → pr 2-DP
		SHAVE & PREP for laparoscopic chole cystectomy
		FOR OR ON: 04-28-YYYY
		NPO
		M/N OF 04-27-YYYY
		am BS. with pr 2-DP.
		IN SAME DAY SURGERY: Begin IV of lactate ringers at 125 CC PER Hr.
		Anes. eval. on ad to O.R. place transderm scop
		Patch behind ear A.S.A.P.
		measure for thigh-high TED's
		Bilat screening mammogram
		E Wylie, M.D.

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STANLEY, Erica P — Admission: 04-28-YYYY
Case03 — DOB: 04-05-YYYY
Dr Wylie — ROOM: 0255

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
[illegible]	[illegible]	POST OP ORDERS
		1. Routine post-op vital signs
		2. OOB ad lib
		3. Surg. clear liq diet to house diet ad lib
		4. P.O.R.T.
		5. D5 ½ NS w/2 0mEq KCL/L at 100ml/hr
		May d/c when tolerating PO fluids
		6. Cefazolin 1 gm at [illegible] hr. and [illegible] hr.
		7. May cath. if n [illegible]
		8. Nalbuphine (Nubain) 20 mg IM/IV q3h prn pain, if Toradol is not sufficient
		~~9. Meperidine 75 mg and Hydroxyzine 25 mg IM q4h prn pain if nalbuphine not sufficient.~~
		10. Percocet 1 P.O. q4h with food prn pain.
		11. Prochlorperasinze (copazine) 10mg IM/IV q6h prn nausea.
		12. Flurazepam (Dalmane) 30mg P.O. qhs prn sleep.
		13. Acetaminophen 650mg. P.O. temp of 101 degrees or above
		14. MOM 30 ml P.O. qhs prn constipation.
		15. Bisacodyl suppository or fleet enema bid prn "gas" or constipation.
		Ur. Toradol 30 mg IM, q6h, XX doses, then D/C
		E. Wylie, M.D.
4-28-YYYY	1430	Discharge from PACU 1430 R.A.V. T.O. Dr. Wylie per N. Riggs RN
4-28-YYYY	0900	Cancel mammogram pre-op (scheduled for 5-18-YYYY at 10:30 am)
		R.A.V. T.O. Dr. Wylie/ Ross, RN
		E. Wylie, M.D.

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STANLEY, Erica P. Admission: 04-28-YYYY
Case03 DOB: 04-05-YYYY
Dr. Wylie ROOM: 0255

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
4-28-YYYY	1400	Pt. seen Dr. Wilson in ER with ankle sprain.
		E Wylie, M.D.
4-29-YYYY		Pt. may d/c today
		SAD ROOM.
		E Wylie, M.D.

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STANLEY, Erica P. Admission: 04-28-YYYY
Case03 DOB: 04-05-YYYY
Dr. Wylie ROOM: 0255

Consent for Operation(s) and/or Procedure(s) and Anesthesia

PERMISSION. I hereby authorize Dr. Wylie or associates of his/her choice at the Alfred State Medical Center (the "Hospital") to perform upon Erica P. Stanley the following operation(s) and/or procedure(s) laparoscopic cholecystectomy including such photography, videotaping, televising or other observation of the operation(s)/procedure(s) as may be purposeful for the advance of medical knowledge and/or education, with the understanding that the patient's identity will remain anonymous.

EXPLANATION OF PROCEDURE, RISKS, BENEFITS, ALTERNATIVES. Dr Wylie has fully explained to me the nature and purposes of the operation(s)/procedures named above and has also informed me of expected benefits and complications, attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment. I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

UNFORESEEN CONDITIONS. I understand that during the course of the operation(s) or procedure(s), unforeseen conditions may arise which necessitate procedures in addition to or different from those contemplated. I, therefore, consent to the performance of additional operations and procedures which the above-named physician or his/her associates or assistants may consider necessary.

ANESTHESIA. I further consent to the administration of such anesthesia as may be considered necessary by the above-named physician or his/her associates or assistants. I recognize that there are always risks to life and health associated with anesthesia. Such risks have been fully explained to me and I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

SPECIMENS. Any organs or tissues surgically removed may be examined and retained by the Hospital for medical, scientific or educational purposes and such tissues or parts may be disposed of in accordance with accustomed practice and applicable State laws and/or regulations.

NO GUARANTEES. I acknowledge that no guarantees or assurances have been made to me concerning the operation(s) or procedure(s) described above.

MEDICAL DEVICE TRACKING. I hereby authorize the release of my Social Security number to the manufacturer of the medical device(s) I receive, if applicable, in accordance with federal law and regulations which may be used to help locate me if a need arises with regard to this medical device. I release the Alfred State Medical Center from any liability that might result from the release of this information.*

UNDERSTANDING OF THIS FORM. I confirm that I have read this form, fully understand its contents, and that all blank spaces above have been completed prior to my signing. I have crossed out any paragraphs above that do not pertain to me.

Patient/Relative/Guardian*	Erica P. Stanley	Erica P. Stanley
	Signature	Print Name
Relationship, if other than patient signed:		
Witness	Shirley Thompson	Shirley Thompson
	Signature	Print Name
Date	April 28, YYYY	

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incompetent to sign.

PHYSICIAN'S CERTIFICATION. I hereby certify that I have explained the nature, purpose, benefits, risks of and alternatives to the operation(s)/procedure(s), have offered to answer any questions and have fully answered all such questions. I believe that the patient (relative/guardian) fully understands what I have explained and answered.

PHYSICIAN: [signature] April 28, YYYY

Signature Date

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED, NY 14802 ■ (607) 555-1234

STANLEY, Erica P
Case03
Dr. Wylie

Admission: 04-28-YYYY
DOB: 04-05-YYYY
ROOM: 0255

ANESTHESIA RECORD

			Start	Stop
PROCEDURE(S):	*Laparoscopic cholecystectomy*	Anesthesia	1219, 1222	1345
SURGEON(S):	*Wylie*	Procedure	1248	1331
DATE OF SURGERY:	*04/28/YYYY*	Room Time	In 1200	Out 1345

PRE-PROCEDURE

☑ Patient identified ☑ ID band verified
☑ Patient questioned ☑ Chart reviewed
☑ Consent form signed
☑ Patient reassessed prior to anesthesia (ready to proceed)
☑ Post operative pain management discussed with patient/guardian (plan of care completed)
Pre-Anesthetic State
☑ Awake ☑ Anxious ☐ Calm
☐ Lethargic ☐ Uncooperative
☐ Unresponsive
☐ Other ______
☑ Anesthesia machine #5626984 checked
☑ Secured with safety belt
☑ Arm secured on board ☑ Left ☐ Right

MONITORS/EQUIPMENT

☑ Stethoscope ☐ Precordial
☐ Suprasternal ☐ Esoph
☑ Non-invasive BP ☐ V-lead ECG
☑ Continuous ECG ☐ ST Analysis
☑ Pulse oximeter ☐ End tidal CO_2
☐ Nerve stimulator ☐ Ulnar ☐ Tibial ☐ Facial
☑ Oxygen monitor ☐ Cell Saver
☐ ET agent analyzer ☐ BIS ☐ TEE
☐ Fluid/Blood warmer ☐ Temp
☐ BIS ☐ ICS
☑ NG/OG tube ☐ PA/T monitor
☑ Foley catheter ☐ EEG
☐ Airway humidifier
☐ Evoked potentials: ☐ SSEP ☐ BAEP ☐ MEP
☐ Arterial line ______ ☐ CVP ______

ANESTHETIC TECHNIQUES

GA Induction ☑ IV ☐ Pre-O_2 ☐ RSI ☐ PR
☐ Cricoid pressure ☐ Inhalation ☐ IM
GA Maintenance ☐ TIVA ☐ Inhalation
☑ Inhalation/IV ☐ GA/Regional Comb
Regional:
Epidural ☑ Thoracic ☐ Lumbar ☐ Caudal
☐ Femoral ☐ Axillary ☐ Interscalene
☐ CSE ☐ Bier ☐ SAB ☐ Ankle
☐ Continuous Spinal ☐ Cervical Plexus
Regional Techniques ☐ See Remarks
☐ Position ______ ☐ Prep ______
☐ Site ______ ☐ Needle ______
☐ LA ______ ☐ Narcotic ______
☐ Additive ______ ☐ Test dose Rx ______

AIRWAY MANAGEMENT

☑ Oral ETT ☐ LTA ☐ RAE
☐ Nasal ETT ☐ LMA # ______
☐ Stylet ☐ LMA Fastrach # ______
☐ DVL ☐ LMA ProSeal # ______
☐ EMG ETT ☐ Bougie
☐ Armored ETT ☐ LIS
☑ Breath sounds = bilateral
☐ Cuffed – min occ pres with ☑ air ☐ NS
☐ Uncuffed – leaks at ______ cm H_2O
☑ Oral airway ☐ Nasal airway ☐ Bite block
Circuit: ☐ Circle system ☐ NRB ☐ Bain
☐ Via tracheostomy/stoma ☐ Mask case
☐ Nasal cannula ☑ Simple O_2 mask
Nebulizer ______
Nerve Blocks(s): ______

TIME: 15 30 45 | 15 30 45 | 15 30 45 | 15 30 45 | 15 30 45

AGENTS

Agent									TOTALS
☐ Des ☐ Iso ☐ Sevo ☐ Halo (%)									
☑ Air (L/min)		1	1	1	1	1→			
☑ Oxygen (L/min)		[illegible]	1	1	1	1	[illegible]		
☑ Tracrium mg					5				
☑ Forane (%)		25	25	25	25	25			
☑ Alfentanil (mcg)		150	125	120	150	150			
☑ Pentothal (mg)		300							326

FLUIDS

Urine	foley	
EBL		
Gastric		

MONITORS

☑ ECG						
☑ % Oxygen Inspired (FiO_2)		☒	☒	☒	☒	
☑ $ETCO_2$			44	44	44	
☑ Temp ☐ C ☑ F		☒			☒	
☑ BP Monitor						

PERI-OP MEDS

Atropine .4
Ketorolac 60
Sublimaze 2 cc
Tracrium 5 mg
D-Tubo 2.5 mg

Scale: 200, 180, 160, 140, 120, 100, 80, 60, 40, 20, 0

SYMBOLS

▼▲ BP cuff pressure
↕ Arterial line pressure
✕ Mean arterial pressure
● Pulse
○ Spontaneous Respirations
⊘ Assisted Respirations
T Tourniquet

VENT

Tidal Volume (ml)						
Respiratory Rate	SV	SV	SV	SV	SV	
Peak Pressure (cm H_2O)						
☐ PEEP ☐ CPAP (cm H_2O)						

Time of Delivery ______
Gender ☐ M ☐ F
Apgars: ___/___

Position: *Supine*

Pt ID, chart and machine checked. Pt brought to OR, no. 2 monitors applied. Pt preoxygenated. IV induction smooth. Laryngoscopy [illegible] intubation [illegible] BS = BS. [illegible] cuff palpable. Tube taped 20 cm. Eyes taped. OA. Thermovent [illegible].

Surgeon	*Wylie*
Assistant	*Johnson*
Scrub Nurse	*Mary Marks, RN*
Circulating Nurse	*Cynthia Lewis, RN*
Signature of Anesthesiologist or C.R.N.A.	*Don Galloway, M.D.*

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Case 03 * 151

STANLEY, Erica P.	Admission: 04-28-YYYY	PRE-ANESTHESIA AND
Case03	DOB: 04-05-YYYY	POST-ANESTHESIA RECORD
Dr. Wylie	ROOM: 0255	

PRE-ANESTHESIA EVALUATION

HISTORY TAKEN FROM: ☑ Patient ☐ Parent/ Guardian ☐ Significant Other ☑ Chart ☐ Poor Historian ☐ Language Barrier

PROPOSED PROCEDURE: DATE OF SURGERY: 04/28/YYYY

Age	Gender	Height	Weight	Blood Pressure	Pulse	Respirations	Temperature	O2 Sat %
52	☐ Male ☑ Female	5' ½"	112#	98/68	75	18	98.4	96

PREVIOUS ANESTHESIA: ☐ None — GETA without complications.

PREVIOUS SURGERY: ☐ None — Appendectomy, TAH, Cataract x 2, Both ear injury

CURRENT MEDICATIONS: ☑ None

FAMILY HX - ANES PROBLEMS: ☑ None

ALLERGIES: ☐ None — Codeine, ASA.

AIRWAY: ☐ MP1 ☐ MP2 ☐ MP3 ☐ MP4 ☐ Unrestricted neck ROM ☐ T-M distance = _____

(Enter X in appropriate boxes) ☐ Obesity ☐ ↓ neck ROM ☐ History of difficult airway ☐ Short muscular neck

☐ Teeth poor repair ☐ Teeth chipped/loose ☑ Edentulous ☐ Facial hair

BODY SYSTEM	COMMENTS
RESPIRATORY	☑ WNL — Tobacco Use: ☑ Yes ☑ No ☐ Quit ½ Packs/Day for 32 Years — Adequate air exchange. Negative asthma, bronchitis, URI.
CARDIOVASCULAR	☑ WNL — Pre-procedure Cardiac Assessment: Negative hypertension, MI, CHF, arrhythmia, angina. Good exercise tolerance. Regular rhythm. No carotid bruits. Positive CVA, Negative SOB.
GASTROINTESTINAL	☑ WNL — Ethanol Use: ☐ Yes ☑ No ☐ Quit Frequency _____ ☐ History of Ethanol abuse
MUSCULOSKELETAL	☑ WNL — Full cervical ROM.
GENITOURINARY	☐ WNL
OTHER	☐ WNL — Negative seizures, stroke. Negative DM, thyroid, kidney, lung, PVD, hepatitis. ASA risk class. 2
PREGNANCY	☐ WNL ☐ AROM ☐ SROM ☐ Pitocin Drip ☐ Induction ☐ MgDrip EDC _____ Weeks Gestation _____ G: _____ P: _____

Plan: GETA, Risks, Benefits, options, explained, understood and agreed upon.

DIAGNOSTIC STUDIES

ECG

CHEST X-RAY: wnl

PULMONARY STUDIES

LABORATORY STUDIES

PT/PTT/INR

T&S / T&C

HCG: 150

UA

OTHER DIAGNOSTIC TESTS

Hct: 43.3

PLANNED ANESTHESIA/MONITORS

EKG IBP O2 Temp.

O2 Sat. BP monitor.

PRE-ANESTHESIA MEDICATION

SIGNATURE OF ANESTHESIOLOGIST OR C.R.N.A.

Dan Galloway, M.D.

POST-ANESTHESIA EVALUATION

Location	Time	B/P	O2 Sat	Pulse	Respirations	Temperature
Recovery Room	1345	135/58	%	BS	%	°F

☑ Awake ☐ Mask O2 ☐ Somnolent ☐ Unarousable ☐ Oral/nasal airway

☑ Stable ☐ NC O2 ☐ Unstable ☐ T-Piece ☐ Intubated ☐ Ventilator

☐ Regional - dermatome level ☐ Continuous epidural analgesia

☐ Direct admit to hospital room ☑ No anesthesia related complications noted

☐ See progress notes for anesthesia related concerns ☑ Satisfactory postanesthesia/analgesia recovery

CONTROLLED MEDICATIONS

Medication	Used	Destroyed	Returned

Pt experiencing nausea. Gave pt 10 mg Reglan.

SIGNATURE OF ANESTHESIOLOGIST OR C.R.N.A.

Dan Galloway, M.D.

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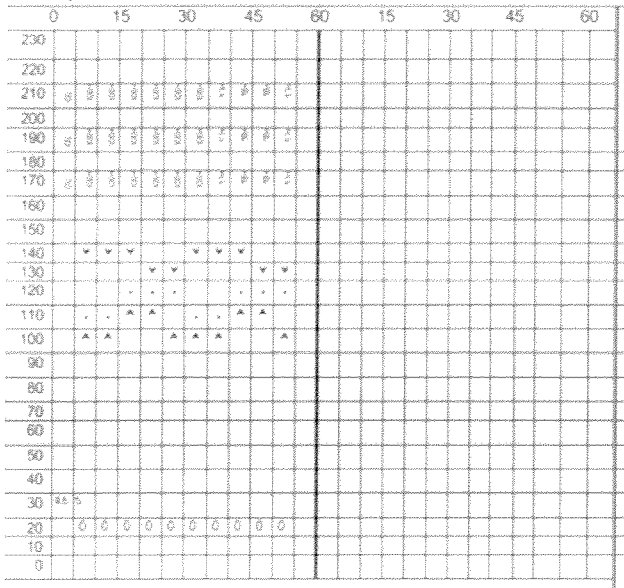
STANLEY, Erica P Admission: 04-28-YYYY
Case03 DOB: 04-05-YYYY
Dr. Wylie ROOM: 0255

RECOVERY ROOM RECORD



DATE: 4/28/YYYY TIME: 1345
OPERATION: Laparoscopy cholecyst.
ANESTHESIA: General
AIRWAY: N/A
O_2 USED: ☒ YES ☐ NO
ROUTE: 4 French cath. a/c 1414

TIME	MEDICATIONS	SITE
	Scopolamine patch	behind
	(intact)	left ear

INTAKE	AMOUNT
100 cc LR L distal forearm	
site w/o edema or redness	
IV intact & infusing at disch	
TOTAL	200 cc

OUTPUT	AMOUNT
CATHETER N/A	
LEVINE N/A	
HEMOVAC N/A	
TOTAL	

DISCHARGE STATUS
ROOM: 0255 TIME: 1450
CONDITION: Satisfactory
TRANSFERRED BY Stretcher
R.R. NURSE: Sally James, R.N

PREOP VISIT:

POSTOP VISIT: Report to Dr. Galloway at 1445 by S. James, R.N

POSTANESTHESIA RECOVERY SCORE		Admit	30 min	1 hr	2 hr	Discn
Moves 4 extremities voluntarily or on command (2) Moves 2 extremities voluntarily or on command (1) Moves 0 extremities voluntarily or on command (0)	Activity	2	2	2	2	2
Able to deep breathe and cough freely (2) Dyspnea or limited breathing (1) Apneic (0)	Respiration	2	2	2	2	2
BP ± 20% of preanesthetic level BP ± 20%–50% of preanesthetic level BP ± 50% of preanesthetic level	Circulation	2	2	2	2	2
Fully awake (2) Arousable on calling (1) Not responding (0)	Consciousness	2	2	2	2	2
Pink (2) Pale, cyanotic, jaundiced, other (1) Cyanotic (0)	Color	2	2	2	2	2

COMMENTS & OBSERVATIONS:
Rose easy spent at arrival Four band-aids dry and intact over wounds c/o nausea at arrival Dry Emesis DS encouragated and good compliance 1350. Pt admits to stomach settling a little now. Resting, eyes closed

Mary Crawford, R.N
SIGNATURE OF RECOVERY ROOM NURSE

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Case 03 * 153

STANLEY, Erica P. Admission: 04-28-YYYY
Case03 DOB: 04-05-YYYY
Dr. Wylie ROOM: 0255

LABORATORY DATA

SPECIMEN COLLECTED: 04-23-YYYY SPECIMEN RECEIVED: Blood

TEST	RESULT	FLAG	REFERENCE
Sodium	142		136-147 meq/L
Potassium	3.9		3.6-5.0 mmol/L
Chloride	102		99-110 mmol/L
CO2	29		24-32 mg/dl
Glucose	95		70-110 mg/dl
Urea Nitrogen	6	**L**	7-18 mg/dl

End of Report

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STANLEY, Erica P
Case03
Dr Wylie

Admission 04-28-YYYY
DOB 04-05-YYYY
ROOM 0255

LABORATORY DATA

SPECIMEN COLLECTED: 04-23-YYYY

SPECIMEN RECEIVED: 04-23-YYYY

TEST	RESULT	FLAG	REFERENCE
URINALYSIS			
DIPSTICK ONLY			
COLOR	CLOUDY YELLOW		
SP GRAVITY	1.025		≤ 1.030
GLUCOSE	110		≤ 125 mg/dl
BILIRUBIN	NEG		≤ 0.8 mg/dl
KETONE	TRACE		≤ 10 mg/dl
BLOOD	0.03		0.06 mg/dl hgb
PH	5.0		5-8.0
PROTEIN	NORMAL		≤ 30 mg/dl
UROBILINOGEN	NORMAL		≤ 1 mg/dl
NITRITES	NEG		NEG
LEUKOCYTE	NEG		≤ 15 WBC/hpf
W.B.C.	5-10		≤ 5/hpf
R.B.C.	RARE		≤ 5/hpf
BACT.	4f		1+(≤ 20/hpf)
URINE PREGNANCY TEST			
	NEG		

End of Report

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STANLEY, Erica P Admission: 04-28-YYYY

Case03 DOB: 04-05-YYYY

Dr Wylie ROOM: 0255

RADIOLOGY REPORT

Initial Diagnosis/History: Preoperative chest X-ray.

Date Requested: 04-23-YYYY

Transport: ❒ Wheelchair ❒ Stretcher ❒ O_2 ❒ IV
☑ IP ❒ OP ❒ ER
☑ PRE OP ❒ OR/RR ❒ Portable

CHEST: PA and lateral views show that the heart, lungs, thorax and mediastinum are normal.

DD: 04-23-YYYY

DT: 04-24-YYYY

Phillip Rogers, M.D.

Phillip Rogers, M.D., Radiologist

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STANLEY, Erica P Admission: 04-28-YYYY

Case03 DOB: 04-05-YYYY

Dr Wylie ROOM: 0255

RADIOLOGY REPORT

Initial Diagnosis/History: Screening mammogram, bilateral.

Date Requested: 04-23-YYYY

Transport: ☐ Wheelchair ☐ Stretcher ☐ O_2 ☐ IV
☑ IP ☐ OP ☐ ER
☑ PRE OP ☐ OR/RR ☐ Portable

BILATERAL MAMMOGRAM: Normal.

DD: 04-23-YYYY

DT: 04-24-YYYY

Phillip Rogers, M.D.

Phillip Rogers, M.D., Radiologist

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STANLEY, Erica P
Case03
Dr Wylie

Admission: 04-28-YYYY
DOB: 04-05-YYYY
ROOM: 0255

EKG Report

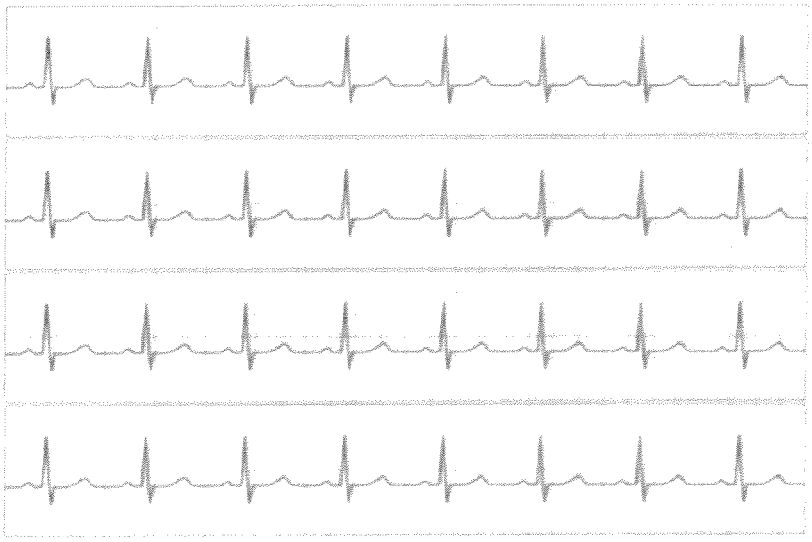
Date of EKG: 04-23-YYYY Time of EKG: 13:56:20

Rate	66
PR	184
QRSD	60
QT	363
QTC	380
-- Axis --	
P	76
QRS	79
T	71

Normal.

Bella Kaplan

Bella Kaplan, M.D.



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