CASE 4

Case 04

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.
HOWE, Mary C. 55 Upland Drive Alfred, New York 14802	F	W	S	Case04
	DATE OF BIRTH		MAIDEN NAME	OCCUPATION
	03-31-YYYY		Same	Student

ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY	TELEPHONE NUMBER
04-29-YYYY	09:00	04-29-YYYY	16:00	01 DAY	(607)555-1511

GUARANTOR NAME AND ADDRESS	NEXT OF KIN NAME AND ADDRESS
Howe, Shirley 55 Upland Drive Alfred, New York 14802	HOWE, Shirley 55 Upland Drive Alfred, New York 14802

GUARANTOR TELEPHONE NO.	RELATIONSHIP TO PATIENT	NEXT OF KIN TELEPHONE NUMBER	RELATIONSHIP TO PATIENT
(607)555-1511	Mother	(607)555-1511	Mother

ADMITTING PHYSICIAN	SERVICE	ADMIT TYPE	ROOM NUMBER/BED
Donald Thompson, MD	Surgical	3	0254/02

ATTENDING PHYSICIAN	ATTENDING PHYSICIAN UPIN	ADMITTING DIAGNOSIS
Donald Thompson, MD	100B01	Nasal Fracture

PRIMARY INSURER	POLICY AND GROUP NUMBER	SECONDARY INSURER	POLICY AND GROUP NUMBER
Empire Plan	857062234		

DIAGNOSES AND PROCEDURES	ICD-9-CM	ICD-10-CM/PCS
PRINCIPAL DIAGNOSIS		
Nasal Fx	802.0	S022XXA
SECONDARY DIAGNOSES		
Nasal Laceration	873.20 E819.9	S0120XA V892XXA
PRINCIPAL PROCEDURE		
Nasal Septal Fx Reduction	21.72	0NSB0ZZ
SECONDARY PROCEDURES		
Closure Nasal Laceration	21.81	09QKXZZ
TOTAL CHARGES: $ 1,850.75		

ACTIVITY ☐ Bedrest ☒ Light ☐ Usual ☐ Unlimited ☐ Other:
DIET: ☒ Regular ☐ Low Cholesterol ☐ Low Salt ☐ ADA ☐ _____ Calorie
FOLLOW-UP ☒ Call for appointment ☐ Office appointment on _____ ☐ Other:
SPECIAL INSTRUCTIONS: *Do not blow nose*
Signature of Attending Physician *Donald Thompson, MD*

HOWE, Mary C. Admission: 04-29-YYYY
Case04 DOB: 03-31-YYYY
Dr. Thompson ROOM: 0254

CONSENT TO ADMISSION

I, Mary C Howe 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.

Mary C. Howe	April 29, YYYY
Signature of Patient	Date
Shirley Howe	April 29, YYYY
Signature of Parent/Legal Guardian for Minor	Date
Mother	
Relationship to Minor	
Andrea Witherson	April 29, 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.

Mary C. Howe	April 29, YYYY
Signature of Patient	Date
Shirley Howe	April 29, YYYY
Signature of Parent/Legal Guardian for Minor	Date
Mother	
Relationship to Minor	
Andrea Witherson	April 29, YYYY
WITNESS: Alfred State Medical Center Staff Member	Date

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

HOWE, Mary C. Admission: 04-29-YYYY
Case04 DOB: 03-31-YYYY
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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		MCH
2. Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X	MCH
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	MCH
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	MCH
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	MCH

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)
Mary C. Howe

Signature of Patient — Date: April 29, YYYY

Andrea Whitman

Signature of Hospital Representative — Date: April 29, YYYY

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

HOWE, Mary C Admission: 04-29-YYYY
Case04 DOB: 03-31-YYYY
Dr Thompson ROOM: 0254

SHORT STAY RECORD

CHIEF COMPLAINT AND HISTORY:	HEART:
S/P MVA. Hit steering wheel. Nose hurts.	S1, S2 within normal limits.
PERTINENT PAST HISTORY:	LUNGS:
Asthma. S/P cleft surgery.	Clear without wheezing.
MEDICATIONS:	ABDOMEN:
Ventolin p.r.n.	Within normal limits.
FAMILY HISTORY:	ENDOCRINE:
Mother has Parkinson Disease. Asthma.	Neck negative. Groin, and axilla deferred.
REVIEW OF SYSTEMS:	GENITALIA:
Nonessential except asthma – last attack.	Deferred.
ALLERGIES:	EXTREMITIES
Negative.	Full range of motion.
PHYSICAL EXAMINATION	NEUROLOGIC:
GENERAL: 18 yo white female.	Oriented x 3.
EENT:	DIAGNOSIS:
PERRLA.	S/P M.V.A. Nasal fx.
	PLAN:
	Reduction of nasal fx.
	Donald Thompson, M.D.

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HOWE, Mary C. Admission: 04-29-YYYY
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PROGRESS NOTES

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
4-29-YYYY	1000	Preanesthesia eval: 18 y/o WF for closed reduction of nasal fracture. Smokes, asthma, ASA II. Explained GA
		and risks. Indicates understanding of risks, answered questions and concerns.
		Dan Galloway, M.D.
4-29-YYYY	1415	Postanesthesia eval: Tolerated GA well, no complications, sleeping, stable.
		Dan Galloway, M.D.
4/29/YYYY	1400	Short Op Note:
		Preop Dx: Nasal septal fx. Nasal laceration.
		Postop Dx: Same.
		Procedure: Open reduction, nasal septal fx. Closure, nasal lacerations.
		Anesthesia: General, oral.
		Patient tolerated well.
		Donald Thompson, MD

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DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
04/29/YYYY	0430	PRE-OP ORDERS
		1) Admit to S.D.S. or AM Admit
		2) Diet NPO
		3) Allergies Ø
		4) CBC, UA
		5) I.V. D5 LR at 75 cc/hr *Wait until OR anesthesia to start IV*
		6) Solumedrol 125 mg I.V. PUSH
		7) Antibiotics *Keflex 500 mg*
		8) PRE-MED: As per anesthesia
		9) Pre Op Rinse (Labeled for home use BID)
		10) Old Chart: Yes or ~~No~~
		Donald Thompson, MD
4/29/YYYY	1155	*Post op*
		Diet ~ regular
		Toradol 30 mg IM q4h PRN severe pain
		Codeine 1 or 2 q4h PRN moderate pain
		Tylenol 650 mg q4h PRN mild pain
		Donald Thompson, MD
4/29/YYYY	1115	Discharge from PACU at 1115. K.A.V. R.N. Dr. Thompson/B. Dempsey, RN
		Donald Thompson, MD
4/29/YY	1145	*Ambulatory I.V. - D5LR 75 cc/hr* *Donald Thompson, MD*
		R.A.V. R.N. Dr. Thompson/C. Smith, R.N
4/29/YY	1500	D/C IV. Discharge home. *Donald Thompson, MD*

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HOWE, Mary C.
Case04
Dr Thompson

Admission: 04-29-YYYY
DOB: 03-31-YYYY
ROOM: 0254

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

PERMISSION. I hereby authorize Dr. Thompson, or associates of his/her choice at the Alfred State Medical Center (the "Hospital") to perform upon Mary C. Howe the following operation(s) and/or procedure(s) Nasal Septal Fx Reduction /Closure Nasal Laceration

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. Thompson 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*	Mary C. Howe (Signature)	Mary C. Howe (Print Name)
Relationship, if other than patient signed		
Witness	Shirley Thompson (Signature)	Shirley Thompson (Print Name)
Date	April 29, 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: Donald Thompson, MD (Signature) — April 29, YYYY (Date)

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HOWE, Mary C.
Case 04
Dr. Thompson

Admission: 04-29-YYYY
DOB: 03-31-YYYY
ROOM: 0254

ANESTHESIA RECORD

			Start	Stop
PROCEDURE(S):	Nasal Septal Fx Reduction	Anesthesia	0745	1015
SURGEON(S):	Donald Thompson	Procedure	0750	1005
DATE OF SURGERY:	4/29/YYYY	Room Time	In 0730	Out 1030

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 [illegible] checked
☑ Secured with safety belt
☑ Arm secured on board ☑ Left ☐ Right

MONITORS/EQUIPMENT

☑ Stethoscope ☐ Precordial
☐ Esophageal ☐ 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 ☐ Fx/T [illegible]
☑ 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 ☐ Intercostal
☐ 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 ☐ Lib
☑ 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 Blocker

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

AGENTS						TOTALS
☐ Des ☐ Iso ☐ Sevo ☐ Halo (%)						
☑ N_2O ☑ Air (L/min)		2.5	2.5	↑		
☑ Oxygen (L/min)	46	1	1	46		
☑ N_2O (L/min)						
☑ Forane (%)		2.5	2.5	2.6	↑	
☑ Anectine (mg)						
☑ Pentothal (mg)		100	100	100	↑	326

FLUIDS: Urine; EBL; Gastric

MONITORS					
☑ ECG					
☑ % Oxygen Inspired (FiO_2)	☑	☑	☑	☑	
☑ End Tidal CO_2		44	44	44	
☑ Temp ☐ C ☑ F	☑			☑	
☑ BP Monitor					

PERI-OP MEDS (chart scale 200, 180, 160, 140, 120, 100, 80, 60, 40, 20)

VENT				
Tidal Volume (ml)				
Respiratory Rate	58	58	58	58
Peak Pressure (cm H_2O)				
☐ PEEP ☐ CPAP (cm H_2O)				

SYMBOLS

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

Time of Delivery
Gender ☐ M ☐ F
Apgars

Position: Lithotomy

#20 Oral tubing Intake D5LR 1000.
Total 650 cc. #18 ga. left.

Surgeon	Thompson
Assistant	
Scrub Nurse	Mary Marks, RN
Circulating Nurse	[illegible]
Signature of Anesthesiologist or C.R.N.A.	Don [illegible], M.D.

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HOWE, Mary C. Case04 Dr. Thompson	Admission: 04-29-YYYY DOB: 03-31-YYYY ROOM: 0254	PRE-ANESTHESIA AND POST-ANESTHESIA RECORD

PRE-ANESTHESIA EVALUATION

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

PROPOSED PROCEDURE: DATE OF SURGERY: 04-29-YYYY

Age	Gender	Height	Weight	Blood Pressure	Pulse	Respirations	Temperature	O2 Sat%
18	☐ Male ☑ Female	5'4 2-in	100	105/65	70	18	98.4	98

PREVIOUS ANESTHESIA: ☑ None

PREVIOUS SURGERY: ☑ None

CURRENT MEDICATIONS: ☑ None

FAMILY HX - ANES. PROBLEMS: ☑ None

ALLERGIES: ☑ None

AIRWAY (Enter X in appropriate boxes.): ☐ MP1 ☐ MP2 ☐ MP3 ☐ MP4 ☐ Unrestricted neck ROM ☐ T-M distance < ____ ☐ 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 ____ Packs/Day for ____ Years
CARDIOVASCULAR	☑ WNL — Pre-procedure Cardiac Assessment:
GASTROINTESTINAL	☑ WNL — Ethanol Use: ☐ Yes ☑ No ☐ Quit Frequency _____ ☐ History of Ethanol abuse
MUSCULOSKELETAL	☑ WNL
GENITOURINARY	☐ WNL
OTHER	☐ WNL — ASA risk classification:
PREGNANCY	☐ WNL ☐ AROM ☐ SROM ☐ Pitocin Drip ☐ Induction ☐ MgDrip EDC: _____ Weeks Gestation _____ G _____ P _____

DIAGNOSTIC STUDIES

ECG:

CHEST X-RAY: Negative

PULMONARY STUDIES:

LABORATORY STUDIES

PT/PTT/INR:

T&S / T&C:

HCG: 132

UA:

OTHER DIAGNOSTIC TESTS

Hct 38.4

PLANNED ANESTHESIA/MONITORS

IV's. ETCO2. 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
Room	1430	WNL	98	70	18	98.4

☑ 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

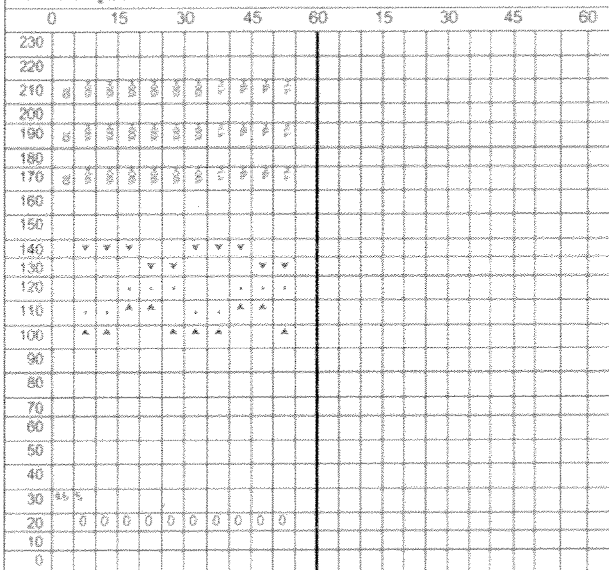
Medication	Used	Destroyed	Returned

SIGNATURE OF ANESTHESIOLOGIST OR C.R.N.A.: Dan Galloway, M.D.

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

HOWE, Mary C. Admission: 04-29-YYYY
Case04 DOB: 03-31-YYYY
Dr Thompson ROOM: 0254

RECOVERY ROOM RECORD



Dinamap left arm, 15.

POSTANESTHESIA RECOVERY SCORE		Adm	30 min	1 hr	2 hr	Disch
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% 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	1	2	2	2	2
Pink (2) Pale, dusky, blotchy, jaundiced, other (1) Cyanotic (0)	Color	2	2	2	2	2

DATE: 4/29/YYYY **TIME:** 1030
OPERATION: Nasal Septal Fx Reduction
ANESTHESIA: General
AIRWAY: N/A
O_2 USED: ☒ YES ☐ NO
ROUTE: Nasal @ 4 l/min. d/c 1100.

TIME	MEDICATIONS	SITE

INTAKE	AMOUNT
350 D5L R antecubital	
IV site w/o redness or edema	
200 D5L R on discharge	
TOTAL	150 cc

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

DISCHARGE STATUS
ROOM: 0254 **TIME:** 1115
CONDITION: Stable
TRANSFERRED BY Stretcher
R.R. NURSE: Sally James, RN

PREOP VISIT:

POSTOP VISIT: Report given to Dr. Galloway at 1125 by S. James, RN.

COMMENTS & OBSERVATIONS:
Patient arousable on arrival to PACU with respirations deep, easy and regular.
Denver splint in place. Dry hacking cough noted. HOB elevated 30°.

Mary Crawford, RN
SIGNATURE OF RECOVERY ROOM NURSE

HOWE, Mary C — Admission: 04-29-YYYY
Case04 — DOB: 03-31-YYYY
Dr Thompson — ROOM 0254

LABORATORY DATA

SPECIMEN COLLECTED: 04-29-YYYY — SPECIMEN RECEIVED: 04-29-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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HOWE, Mary C
Case 04
Dr Thompson

Admission 04-29-YYYY
DOB: 03-31-YYYY
ROOM: 0254

LABORATORY DATA

SPECIMEN COLLECTED: 04-29-YYYY

SPECIMEN RECEIVED: 04-29-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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