

CASE 6

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Case 06

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.
BENSON, Charles 42 Sherwood Street Alfred, NY 14802				M	W	M	Case 06
				DATE OF BIRTH	MAIDEN NAME	OCCUPATION	
				12-13-YYYY		Cabinetmaker	
ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY		TELEPHONE NUMBER	
04-24-YYYY	14:30	04-29-YYYY	10:00	5 DAYS		(607) 555-2032	
GUARANTOR NAME AND ADDRESS				NEXT OF KIN NAME AND ADDRESS			
BENSON, Charles 42 Sherwood Street Alfred, NY 14802				BENSON, Laura 42 Sherwood Street Alfred, NY 14802			
GUARANTOR TELEPHONE NO.		RELATIONSHIP TO PATIENT		NEXT OF KIN TELEPHONE NUMBER		RELATIONSHIP TO PATIENT	
(607) 555-2032		Self		(607) 555-2032		Wife	
ADMITTING PHYSICIAN		SERVICE		ADMIT TYPE		ROOM NUMBER/BED	
Thompson MD, Donald		ICU		2		0204/02	
ATTENDING PHYSICIAN		ATTENDING PHYSICIAN UPIN		ADMITTING DIAGNOSIS			
Thompson, Donald MD		100B01		Chest Pain			
PRIMARY INSURER		POLICY AND GROUP NUMBER		SECONDARY INSURER		POLICY AND GROUP NUMBER	
Medicare		18712166A		AARP		50873240 2	
DIAGNOSES AND PROCEDURES				ICD-9-CM ICD-10-CM/PCS			
PRINCIPAL DIAGNOSIS							
Costochondritis				733.6		M94.0	
SECONDARY DIAGNOSES							
Arteriosclerotic cardiovascular disease				429.9		I51.9	
w/ arteriosclerosis				440.9		I52	
Past myocardial infarction				412		I70.90	
Old CVA				V12.59		I25.2	
Status post bypass surgery				V45.81		Z86.79	
						Z95.1	
PRINCIPAL PROCEDURE							
SECONDARY PROCEDURES							
TOTAL CHARGES: \$ 2,335.50							
ACTIVITY ☐ Bedrest ☒ Light ☐ Usual ☐ Unlimited ☐ Other							
DIET ☐ Regular ☐ Low Cholesterol ☐ Low Salt ☐ ADA ☐ _____ Calorie							
FOLLOW-UP ☒ Call for appointment ☒ Office appointment in <u>one week</u> ☐ Other							
SPECIAL INSTRUCTIONS: <u>O₂ 4L/min. Albuterol inhaler w/ aerosol chamber 2 puffs 4 times a day.</u>							
Signature of Attending Physician: <u>Donald Thompson, MD</u>							
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BENSON, Charles	Admission: 04-24-YYYY	CONSENT TO ADMISSION
Case 06	DOB: 12-13-YYYY	
Dr. Thompson	ROOM: 0204	

I, CHARLES BENSON, 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>CHARLES BENSON</u>	<u>April 24, YYYY</u>
Signature of Patient	Date
_____ Signature of Parent/Legal Guardian for Minor	_____ Date
_____ Relationship to Minor	
<u>Andrea Wittenman</u>	<u>April 24, 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>CHARLES BENSON</u>	<u>April 24, YYYY</u>
Signature of Patient	Date
_____ Signature of Parent/Legal Guardian for Minor	_____ Date
_____ Relationship to Minor	
<u>Andrea Wittenman</u>	<u>April 24, YYYY</u>
WITNESS: Alfred State Medical Center Staff Member	_____ Date

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BENSON, Charles Case 06 Dr. Thompson	Admission: 04-24-YYYY DOB: 12-13-YYYY ROOM: 0204	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 Decisions?"	X	<i>C B</i>										
2. Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X <i>C B</i>										
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 <i>C B</i>										
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 <i>C B</i>										
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 <i>C B</i>										
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:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Name of Individual Receiving Information</th> <th style="width: 50%;">Relationship to Patient</th> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>			Name of Individual Receiving Information	Relationship to Patient								
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.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Name of Patient (Name of Individual giving information if different from Patient)</th> </tr> <tr> <td style="width: 50%;"><i>CHARLES BENSON</i></td> <td style="width: 50%;"><i>April 24, YYYY</i></td> </tr> <tr> <td>Signature of Patient</td> <td>Date</td> </tr> <tr> <td><i>Andrew Hefeman</i></td> <td><i>April 24, YYYY</i></td> </tr> <tr> <td>Signature of Hospital Representative</td> <td>Date</td> </tr> </table>			Name of Patient (Name of Individual giving information if different from Patient)		<i>CHARLES BENSON</i>	<i>April 24, YYYY</i>	Signature of Patient	Date	<i>Andrew Hefeman</i>	<i>April 24, YYYY</i>	Signature of Hospital Representative	Date
Name of Patient (Name of Individual giving information if different from Patient)												
<i>CHARLES BENSON</i>	<i>April 24, YYYY</i>											
Signature of Patient	Date											
<i>Andrew Hefeman</i>	<i>April 24, YYYY</i>											
Signature of Hospital Representative	Date											

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BENSON, Charles	Admission: 04-24-YYYY	CONSULTATION REPORT
Case 06	DOB: 12-13-YYYY	
Dr. Thompson	ROOM: 0204	

The patient is a 64 yr. old gentleman of Dr. Thompson's who I was asked to see for chest pain.

HISTORY OF PRESENT ILLNESS: Mr. Benson had about a three day history of somewhat progressive, unprovoked chest pain. It varies in its location and description as the history goes on. I don't think this is intentionally being elusive. I just think he can't well describe it. It is not truly substernal, but more left lateral chest wall. It is exacerbated by movement. It is relieved by Nitroglycerin but a varying dosage. Ultimately he ends up getting Morphine. There is no association with food as far as we can tell. The patient does have a prior cardiac history. He says he has had 2-3 heart attacks and equal number of CVA's, apparently leading to some blindness in one of his eyes. He has had coronary artery bypass, triple vessel I am told. He has a prior history of at least two packs per day smoking for years. He is rather overweight. Interestingly he states that his sternotomy never did heal very well. There is no preceding history of cough, fever, chills, or any kind of muscular activity.

PAST MEDICAL HISTORY: Essentially that mentioned above. He has had back surgery. He has also had hernia repairs.

MEDICATIONS: The patient is on Cardizem 60 mg. q.i.d. Lasix 40 mg. a day, Isordil 40 mg. t.i.d Potassium 10 mEq. Daily, Resteril 30 mg. at bedtime. Theophylline 200 mg. 2 b.i.d. Nitro Patch and Coumadin.

ALLERGIES: None

SOCIAL HISTORY & FAMILY HISTORY: The patient is married. No longer smokes. No strong family history of any particular disease. Interestingly, he served honorably in WWII, was exposed to the radiation blasts where he said he and others were exposed to direct radiation while they were trying to sink the ships with nuclear devices. He also has been exposed to a lot of wood dust in his profession as a cabinetmaker.

REVIEW OF SYSTEMS: Noncontributory.

PHYSICAL EXAMINATION: Reveals a 64 yr. old man in no gross distress at the moment. **VITAL SIGNS:** Temperature 98, pulse 68 and regular, respirations 16, blood pressure 140/100. **HEAD:** Normocephalic. Eyes sclera and conjunctiva are normal. **PERRLA:** L-OM's intact. Fundi not visualized. **ENT** are unremarkable.

NECK: Supple, no thyromegaly. Carotids are 2 out of 4. No bruits, no JVD. Chest is symmetrical and clear to A&P. **HEART:** Reveals a regular rhythm, no particular murmurs or gallops. **ABDOMEN:** Nontender, no organomegaly. Bowel sounds normal activity. No bruits or masses. **BACK:** No CVAT, tenderness to percussion over the spinous processes. Anterior chest reveals tenderness to palpation over the left pectoralis muscle and it really makes him whine with light palpation. **RECTAL, GENITALIA:** Deferred at this time. **EXTREMITIES:** No cyanosis, clubbing or edema. Pulses are equal and full. **NEUROLOGIC:** Is physiologic.

IMPRESSION: 1) Chest pain, probably chest wall, although the precipitating event is not clear at this time.
2) ASCVD with history of infarction and CVA's.

RECOMMENDATIONS: I think that if at all possible we ought to put him on NSAIDs, at least temporarily. See if we can't control the discomfort. I am not convinced that there is a cardiac component to this as its presentation is not in pattern. Likewise, there are no changes on the cardiogram and any other objective way of confirming that this is cardiac. Will follow along with you. Thank you for allowing me to participate in his care.

DD: 04-24-YYYY
DT: 04-25-YYYY

Sandra Reese, M.D.
Sandra Reese, M.D.

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BENSON, Charles		Admission: 04-24-YYYY		PROGRESS NOTES	
Case 06		DOB: 12-13-YYYY			
Dr. Thompson		ROOM: 0204			
Date	(Please skip one line between dates.)				
4/24	Chief Complaint: Chest pain into left lateral chest wall, shortness of breath and nausea.				
	Diagnosis: Chest pain. Unstable angina. Rule out myocardial infarction.				
	Plan of Treatment: ICU observation and work-up. Donald Thompson, MD				
10:00	Admission with 4.5 ml ppx Prevalent NSS tolerated well. Breath sounds ↓ clear. Sitting in chair, heart rate 120.				
11:00	Respirations regular, 18. O2 ppx BLANK. O2 sat 95%. Rte. Chills RRT.				
4:30	Hx of MI, chest pain, and NSS. Chest pain moderate. Heart rate 14. Medications continued.				
5:30	Pain moderate. 18. O2 ppx BLANK. O2 sat 95%. Rte. Chills RRT.				
04-26	Treatment given H/W with 0.5 ml Prevalent / NSS via mask with patient tolerating well.				
07:15	BS ↓ clear, pulse 64, respirations 16, N/C O2 N/C. L Seraphin RRT.				
04-26	Pt. doing better. Still complaints of L-sided chest pain. Will try to gradually remove O2. D. Thompson, MD				
04-26	Treatment given H/W with 0.5 ml Prevalent / NSS via mask. Breath sounds ↓ clear.				
11:00	Pulse 80, respirations 20, N/C O2 on 4L pre O2 on O2 SL port. L Seraphin				
04-26	Tx given MDI with Prevalent via aerochamber. Pt. instructed on use + using good technique.				
15:00	BS ↓ w/ rales at bases. P 80, R 20. No cough. O2 on 4L N/C. L Seraphin				
04-26	MDI w/ 2 puffs Prevalent treatment given via aerochamber. Patient tolerated treatment well. BS clear ↓ at bases.				
19:00	No cough. O2 on 4L pre and post treatment. L Seraphin RRT.				
04-27	MDI w/ 2 puffs Prevalent via aerochamber. Tx. 1st with BS clear ↓ no cough. O2 ppx 4L. O2 sat 95%.				
07:10	R. Rte. RRT.				
04-27	Pt. has less pain. Continue treatment.				

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BENSON, Charles		Admission: 04-24-YYYY	DOCTORS ORDERS
Case 06		DOB: 12-13-YYYY	
Dr. Thompson		ROOM: 0204	
Date	Time	Physician's signature required for each order. (Please skip one line between dates.)	
04-24		ROUTINE ICU ORDERS	
		1. CBC, SR, PT, PTT, SCG II, LYTES, BUN, MAGNESIUM, UA, CPK. Enzymes q8h x 24 hrs and daily until normal. LDFI now and daily x 2 until return to normal range.	
		2. EKG STAT and daily x 2 days and with chest pain x one (1)	
		3. Oxygen - 3L/min by cannula, PRN. Oxymetry PRN	
		4. Chest X-ray	
		5. Diet - Cardiac, clear to regular as tolerated.	
		6. MEDICATIONS:	
		NTG 0.4mg SL q 5 min x 3 PRN for chest pain	
		Morphine Sulfate 4mg IV q 2 min PRN not to exceed 16mg/hr	
		OR Meperidine 50 mg IV q 15 min PRN not to exceed 100mg/4hr for chest pain, dyspnea, extreme restlessness	
		Docusate with Cisapride BID PRN nausea	
		Acetaminophen 650mg q4h PRN headache.	
		7. 500cc D5W at 25CC/HR., if diabetic use Normal R at 25cc/hr.	
		8. Bradycardia: Atropine 0.5mg IV q 5 min up to 2mg for symptomatic heart rate. (Pulse less than 50, or less than 60 with decreased blood pressure, and/or PVC's).	
		9. PVC's: Lidocaine 50mg IV push then start drip of 500ml D5W/Lidocaine 2gm (at 2mg/ml (30cc/hr) for greater than six (6) per min or three (3) in a row.	
		10. V-Tach: If patient hemodynamically stable Lidocaine 50mg IV push; then start drip of 500 ml D5W Lidocaine 2 gm (at 2 mg/ml (30cc/hr.)	
		11. V-Tach. If patient becomes unstable, Cardiovert (at 50 watt seconds.	
		12. V-Fib: Immediately defibrillate (at 200 watt seconds; if not converted, then immediately defibrillate (at 300 watt seconds; if not converted, then immediately defibrillate (at 360 watt seconds. Give Epinephrine (1:10,000) 1 mg IV push, then Lidocaine drip as per V-tach protocol.	
		13. Asystole/EMD: Epinephrine (1:10,000) 1mg IV push; if no response, Atropine 1 mg IV push.	
		14. Respiratory Arrest: Intubation with Mechanical Ventilation.	
		15. Activity: Bedrest with bedside commode if VS stable. Donald Thompson, MD	
		16. Notify physician for chest pain or arrhythmias requiring treatment. T.D. Sandra L. Carr, R.N./D. Thompson, M.D.	
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BENSON, Charles		Admission 04-24-YYYY		DOCTORS ORDERS	
Case 06		DOB 12-13-YYYY			
Dr Thompson		ROOM 0204			
Date	Time	Physician's signature required for each order (Please skip one line between dates.)			
04/24	1100	Iacritube eye ung apply to eyelids @ hs daily aka tears or natural tears, drops as needed - may have @ bedside			
		RAV To Dr Thompson / S Hollings, RN		Donald Thompson, MD	
04/24	2220	Increase O ₂ to 4L min nasal cannula			
		RAV TO Dr Thompson/S Hollings, RN		Donald Thompson, MD	
04-24	0350	ABG in AM			
		Increase O ₂ to 6L PM - NO			
		Consult Dr. Kasse to evaluate chest pain in AM			
		RAV To Dr Thompson/R Underhill		Donald Thompson, MD	
04-24	0830	Lung Perfusion & Ventilation scan this AM to rule out a PE			
		RAV TO Dr Reese/W Nelson		Sandra Reeve, M.D.	
04-24	0945	Preventil qid Donald Thompson MD			
04-24		Motrin 600 po T.I.D.			
		Carafate 1 gm po Q.I.D.			
		up in chair			
		ABG on RA in AM			
		Donald Thompson MD			
4-24	1058	Obtain am blood gas on O ₂ at 24 min. RAV TO Dr Reese/W Nelson Sandra Reeve, M.D.			
04-24		May be out of bed as tolerated Donald Thompson, MD			

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Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
11/25/01	18:51	TELEMETRY PROTOCOL
		1. Saline lock, insert and flush every 24 hours and PRN
		2. EKG with chest pain x 1
		3. Oxygen 3 l/min, via nasal cannula PRN for chest pain.
		4. Chest Pain: NTG 0.4mg SL q 5 min x 3
		5. Bradycardia: Atropine 0.5mg IV q 5 min to total of 2mg for symptomatic heart rate (Pulse less than 50 or 60 with decreased BP and/or PVC's)
		6. PVC's: Lidocaine 50mg IV push
		Start drip 500cc D5W Lidocaine 2 gm @ 2mg/Min (30cc/hr) for greater than 6 PVC's per min or 3 PVC's in a row
		7. V-Tach: (If patient is hemodynamically stable)
		Lidocaine 50mg IV push.
		Start drip 500cc D5W Lidocaine 2 gm @ 2mg/min (30cc/hr)
		(If unstable) Cardiovert @ 50 watt seconds
		8. V-fib:
		Immediately defibrillate @ 200 watt seconds, if not converted:
		Immediately defibrillate @ 300 watt seconds, if not converted:
		Immediately defibrillate @ 360 watt seconds, if not converted: Start CPR
		Give Epinephrine (1:10,000) 1 mg IV push
		Give Lidocaine as per V-Tach protocol
		9. Asystole/EMD: Begin CPR
		Epinephrine (1:10,000) 1mg IV push
		Atropine 1 mg IV push if no response with Epinephrine
		10. Respiratory arrest: Intubation with mechanical ventilation.
		11. Notify Physician for chest pain or arrhythmias requiring treatment.
		Donald Thompson, MD

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BENSON, Charles		Admission: 04-24-YYYY	DOCTORS ORDERS
Case 06		DOB: 12-13-YYYY	
Dr. Thompson		ROOM: 0204	
Date	Time	Physician's signature required for each order. (Please skip one line between dates.)	
04-24		1) Transfer to floor on Telemetry. May be up as tolerated.	
		2) Heparin IV	
		3) O2 via NC at 6L/m	
		4) Oximetry q shift	
		5) D/C Protimes	
		6) Carbazem 60 mg QID	
		7) Lasix 40 mg po tid	
		8) isosorbium 40 mg po tid	
		9) KCi 10 mg in AM	
		10) Theophylline 200 mg bid	
		11) Nitro patch	
		12) Coumadin 5 mg	
		13) Motrin 600 mg tid	
		14) Lacrilube - apply to eyelids	
		15) Tylenol 2 tabs 1th prn for pain	
		16) Resteril 30 mg h.s.	
		17) Regular diet	
		Donald Thompson, MD	
4/24	1950	1500 cal ADA diet. May be up ad lib. Donald Thompson, MD	
4/25		↓ o2 to 5 L/min and ok oximetry after 1 hr. Donald Thompson, MD	
4/26		D/c telemetry. Donald Thompson, MD	

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BENSON, Charles		Admission: 04-24-YYYY		LABORATORY DATA	
Case 06		DOB: 12-13-YYYY			
Dr. Thompson		ROOM: 0204			
SPECIMEN COLLECTED:		4-24-YYYY		SPECIMEN RECEIVED: 4-24-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 neg		
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		≤ 1/hpf		
R.B.C.	RARE		≤ 5/hpf		
BACT.	42		≤ 15-20/hpf		
URINE PREGNANCY TEST					
End of Report					
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BENSON, Charles		Admission: 04-24-YYYY		LABORATORY DATA	
Case 06		DOB: 12-13-YYYY			
Dr. Thompson		ROOM: 0204			
SPECIMEN COLLECTED:		04-24-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	**1.**	7-18 mg/dl		
End of Report					
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BENSON, Charles		Admission: 04-24-YYYY		LABORATORY DATA	
Case 06		DOB: 12-13-YYYY			
Dr. Thompson		ROOM: 0204			
SPECIMEN COLLECTED:		4-24-YYYY	SPECIMEN RECEIVED:	4-24-YYYY	
CBC S 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		13.7-16.1 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		20.5-31.1		
MONO %	2.8		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	< .2		0.0-0.7		
BASO x 10 ³	< .2		0.0-0.2		
ANISO	SLIGHT				
End of Report					
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BENSON, Charles	Admission: 04-24-YYYY	PULSE OXIMETRY	
Case 06	DOB: 12-13-YYYY		
Dr. Thompson	ROOM: 0204		

TIME	SPO ₂	FIO ₂	TECHNICIAN
04/24/YYYY			
1530	95%	3L	AS
2000	92%	3L	AS
2300	88%	3L NC	RB
04/24/YYYY			
2335	91%	6L	JJ
2340	94%	6L	LL
2345	95%	6L	WW
04/24/YYYY			
2350	93%	6 LPM	PT
2400	94%	6L	RB
04/25/YYYY			
0715	95%	8L	PCH
0945	93%	6L NC	RCH
1600	95%	6L NC	GER
2100	96%	6L NC	RE
End of Report			

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BENSON, Charles		Admission: 04-24-YYYY		PULSE OXIMETRY
Case06		DOB: 12-13-YYYY		
Dr. Thompson		ROOM: 0204		

TIME	SPO ₂	FIO ₂	TECHNICIAN
04/26/YYYY			
0730	96%	6L NC	SMC
1520	94%	5L NC	SMC
04/27/YYYY			
1205	93%	5L	SMC
04/28/YYYY			
0715	98%	5L	YE
1530	95%	5L	YE
1615	93%	4L	MM
1630	95%	4L	MM
1640	92%	4L	MM
1650	93%	4L	MM
2310	92%	4L	RB
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BENSON, Charles		Admission: 04-24-YYYY		RADIOMETRY	
Case06		DOB: 12-13-YYYY			
Dr. Thompson		ROOM: 0204			
SPECIMEN COLLECTED: 04-23-YYYY		SPECIMEN RECEIVED: 04-23-YYYY			

TEST	RESULT	REFERENCE
RELAXED (A-V) VALUES		
pH	7.401	
pCO ₂	38.5	mmHg
pO ₂	69.8	mmHg
TEMPERATURE CORRECTED VALUES		
pH	7.401	
pCO ₂	38.5	mmHg
pO ₂	69.8	mmHg
ACID-BASE STATUS		
HCO ₃ c	23.4	mmol/L
ABEc	-0.6	mmol/L
BLOOD OXIMETRY VALUES		
rHb	17.4	g/dL
o2Hb	92.7	%
COHb	0.4	%
Methb	0.8	%
End of Report		
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BENSON, Charles		Admission: 04-24-YYYY		RADIOMETRY	
Case06		DOB: 12-13-YYYY			
Dr. Thompson		ROOM: 0204			
SPECIMEN COLLECTED:		04-24-YYYY		SPECIMEN RECEIVED: 04-24-YYYY	
TEST		RESULT		REFERENCE	
BLOOD GAS VALUES					
pH		7.44			
pCO ₂		36.0		mmHg	
pO ₂		46.3		mmHg	
TEMPERATURE CORRECTED VALUES					
pH		7.44			
pCO ₂		36.0		mmHg	
pO ₂		46.3		mmHg	
ACID BASE STATUS					
HCO ₃ c		24.3		mmol/L	
ABEc		1.1		mmol/L	
BLOOD OXIMETRY VALUES					
tHb		17.0		g/dL	
O ₂ Hb		84.6		%	
COHb		0.5		%	
MethHb		0.7		%	
End of Report					
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BENSON, Charles

Admission: 04-24-YYYY

Case 06

DOB: 12-13-YYYY

Dr. Thompson

ROOM: 0204

RADIOLOGY REPORT

Date Requested: 04-22-YYYY

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

DD: 04-22-YYYY

Philip Rogers

DT: 04-22-YYYY

Philip Rogers, M.D., Radiologist

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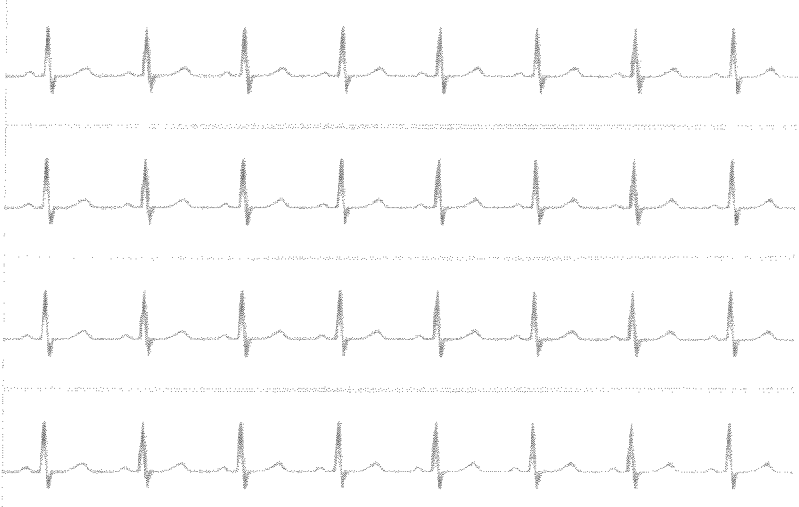
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BENSON, Charles		Admission: 04-24-YYYY	EKG REPORT
Case 06		DOB: 12-13-YYYY	
Dr. Thompson		ROOM: 0204	
Date of EKG: 11/22/2016		Time of EKG: 11:11 AM	
Rate	72	Normal.	
PR	160		
QRSD	88		
QT	384		
QTC	40		
-- Axis --			
P	27	Bella Kaplan Bella Kaplan, M.D.	
QRS	27		
T	27		
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BENSON, Charles		Admission: 04-24-YYYY	EKG REPORT
Case 06		DOB: 12-13-YYYY	
Dr. Thompson		ROOM: 0204	
Date of EKG: 12-13-YYYY		Time of EKG: 12:00 PM	
Rate	75	Normal.	
PR	160		
QRSD	40		
QT	360		
QTC	340		
-- Axis --			
P	20		
QRS	20		
T	20		
 Bella Kaplan, M.D.			
			
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BENSON, Charles		Admission: 04-24-YYYY	EKG REPORT
Case 06		DOB: 12-13-YYYY	
Dr. Thompson		ROOM: 0204	
Date of EKG: 04-24-YYYY		Time of EKG: 13:56:20	
Rate	66		
PR	184		
QRSD	60		
QT	363	Normal.	
QTC	380		
-- Axis --			
P	76		
QRS	79		
T	71		
Bella Kaplan Bella Kaplan, M.D.			
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