CASE 7

Case 07

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
HOOVER, Holley E. 90 Silver Street Alfred, NY 14802	F	W	Married	Case07
	DATE OF BIRTH		MAIDEN NAME	OCCUPATION
	01-16-YYYY		Berry	Florist

ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY	TELEPHONE NUMBER
04-30-YYYY	15:45	05-02-YYYY	10:10	02 DAYS	(607)555-6688

GUARANTOR NAME AND ADDRESS	NEXT OF KIN NAME AND ADDRESS
Hoover, Richard 90 Silver Street Alfred, NY 14802	Hoover, Richard 90 Silver Street Alfred, NY 14802

GUARANTOR TELEPHONE NO.	RELATIONSHIP TO PATIENT	NEXT OF KIN TELEPHONE NUMBER	RELATIONSHIP TO PATIENT
(607)555-6688	Husband	(607)555-6688	Husband

ADMITTING PHYSICIAN	SERVICE	ADMIT TYPE	ROOM NUMBER/BED
Swann MD, Janice	Medical	2	0320/02

ATTENDING PHYSICIAN	ATTENDING PHYSICIAN UPIN	ADMITTING DIAGNOSIS
Swann MD, Janice	100V23	Rule out myocardial infarction

PRIMARY INSURER	POLICY AND GROUP NUMBER	SECONDARY INSURER	POLICY AND GROUP NUMBER
BCBS	332323202 33190	Empire Plan	549087562

DIAGNOSES AND PROCEDURES	ICD-9-CM	ICD-10-CM/PCS
PRINCIPAL DIAGNOSIS		
Reflux esophagitis	530.11	K21.0
SECONDARY DIAGNOSES		
Hiatal hernia	553.3	K44.9
PRINCIPAL PROCEDURE		
SECONDARY PROCEDURES		
TOTAL CHARGES: $ 1,555.95		

ACTIVITY ☐ Bedrest ☒ Light ☐ Usual ☐ Unlimited ☐ Other
DIET ☒ Regular ☐ Low Cholesterol ☐ Low Salt ☐ ADA ☐ Calorie
FOLLOW UP ☐ Call for appointment ☒ Office appointment in one week ☐ Other:
SPECIAL INSTRUCTIONS:
Signature of Attending Physician: J Swann, MD

HOOVER, Holley E
Case 07
Dr Swann

Admission: 04-30-YYYY
DOB 01-16-YYYY
ROOM 0320

CONSENT TO ADMISSION

I, Holley E Hoover 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.

Holley E Hoover — Signature of Patient
April 30, YYYY — Date

Signature of Parent/Legal Guardian for Minor — Date

Relationship to Minor

Andrea Wittman — WITNESS: Alfred State Medical Center Staff Member
April 30, YYYY — 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.

Holley E Hoover — Signature of Patient
April 30, YYYY — Date

Signature of Parent/Legal Guardian for Minor — Date

Relationship to Minor

Andrea Wittman — WITNESS: Alfred State Medical Center Staff Member
April 30, YYYY — Date

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

HOOVER, Holley E Admission 04-30-YYYY
Case07 DOB 01-16-YYYY
Dr Swann ROOM 0320

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		HEH
2. Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X	HEH
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	HEH
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	HEH
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	HEH

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)

Holley E Hoover April 30, YYYY
Signature of Patient Date

Andrea Wilkeman April 30, yyyy
Signature of Hospital Representative Date

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HOOVER, Holley E
Case07
Dr Swann

Admission 04-30-YYYY
DOB 01-16-YYYY
ROOM 0320

PROGRESS NOTES

Date	(Please skip one line between dates.)
4/30	CC Chest pain R/O MI
	Plan of Treatment: Rx as needed to R/O MI
	Discharge Plan: Home - No services needed J Swann, MD
05-01	ADI w/ 2 puffs Proventil via spacer - pt. tol well on her own. F/B ADI w/ 2 puffs
0800	Vanceril NPC. BS L/d clear. L Seraphin, CPT.
05/01	Pt has no further pain. She feels well but anxious. Results normal so far.
	J Swann, MD
05/02	No pain. Results all normal. Will discharge and see in one week.
	J Swann MD
05-02	ADI w/ 2 puffs Proventil via spacer. F/B ADI w/ 2 puffs Vanceril - pt. tol well on her
0845	her own P 98. RR 20.
	L Seraphin CPT

HOOVER, Holley E — Admission: 04-30-YYYY
Case07 — DOB: 01-16-YYYY
Dr Swann — ROOM: 0320

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
04/30	1815	1. Heparin lock, insert and flush every shift and PRN
		2. EKG with chest pain.
		3. Oxygen - 3 l /min via nasal cannula PRN for chest pain.
		4. Chest pain: NTG 0.4 mg SL q 5 min. x 3. Call physician if not relieved.
		5. Bradycardia: Atropine 0.5 mg IV q 5 min up to 2mg for symptomatic heart
		rate. (Pulse < 50, or > 60 with decreased BP and/or PVC's).
		6. PVC's: Lidocaine 50mg IV push
		Start drip 500 cc D5/W Lidocaine 2gm @ 2 mg/min (30 cc/hr) for
		> six (6) per min or three (3) in a row.
		7. V-Tach: (If patient hemodynamically stable):
		Lidocaine 50 mg IV push
		Start drip of 500 cc D5/W Lidocaine 2 gm @ 2 mg/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: Start CPR
		Epinephrine (1:10,000) 1mg IV push
		Atropine 1mg IV push if no response with Epinephrine
		10. Respiratory Arrest: Intubation with mechanical ventilation
		RAV T.O. Dr. Swann/M. Weathers, R.N.
		J Swann, M.D.
4/30		MDI w/ reservoir b.i.d and q4 p.r.n. Albuterol 2 puffs Beclomethasone Dipropionate
		400 mcg. Goal of Therapy: Bronchodilation. J Swann, M.D

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HOOVER, Holley E
Case07
Dr. Swann

Admission: 04-30-YYYY
DOB: 01-16-YYYY
ROOM: 0320

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
4/30		MDI with reservoir b.i.d. Albuterol Sulfate 1 puff q4h p.r.n.
		Beclomethasone Dipropionate 200 mcg b.i.d.
		Goal of Therapy: Bronchodilation. Bronchial Toilet. Relieve Atelectasis J. Swann, MD
04 30	1537	1) Admit to Dr. Swann
		2) Telemetry w/ protocol
		3) Old records
		4) TSH, T4
		5) Oxygen 62.5 mg po / Daily
		6) Theophylline - Hold
		7) Depakote 500 mg po TID
		8) Vanceril Inhaler 2 puffs BID
		9) Ventolin Inhaler 1 puff Q4° prn
		10) Zantac 50 mg IV Q8° J. Swann, MD.
		RAV T.O. Dr. Swann/ C. Lowe RN
04-30		Restoril 30 mg HS. Tylenol tab ii q 3-4h prn for pain
		DAT. Telemetry. BRP J. Swann MD
05/01	1820	Do cardiac profile and EKG now and in AM.
		May take O_2 off and use p.r.n.
		May ambulate as tolerated. RAV T.O. Dr. Swann/ L. Taylor CRN
		J. Swann, MD

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HOOVER, Holley E Admission: 04-30-YYYY
Case07 DOB 01-16-YYYY
Dr Swann ROOM: 0320

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
[illegible]	[illegible]	[illegible] J. Swann, M.D.
		[illegible]
05/02	0910	D/C IV
		D/C telemetry
		Δ IV Zantac to 150 mg p.o. B.I.D.
		KAN TD Dr. Swann/ L. Taylor CPN
05/04	1010	Discharge
		J. Swann, MD

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HOOVER, Holley E
Case07
Dr Swann

Admission 04-30-YYYY
DOB 01-16-YYYY
ROOM 0320

LABORATORY DATA

SPECIMEN COLLECTED: 04/30/YYYY SPECIMEN RECEIVED: 04/30/YYYY

TEST	RESULT	FLAG	REFERENCE
ROUTINE URINALYSIS			
COLOR	STRAW		
SP GRAVITY	1.015		≤ 1.030
GLUCOSE	NEG		≤ 125 mg/dl
BILIRUBIN	NEG		≤ 0.8 mg/dl
KETONE	NEG		≤ 10 mg/dl
BLOOD	NEG		0.06 mg/dl hgb
PH	7.0		5-8
PROTEIN	NEG		≤ 30 mg/dl
UROBILINOGEN	NORMAL		≤ -1 mg/dl
NITRITES	NEG		NEG
LEUKOCYTES	NEG		≤ 15 WBC/hpf
EPITH	4-8		
W.B.C.	RARE		≤ 5/hpf

End of Report

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HOOVER, Molley E
Case07
Dr Swann

Admission: 04-30-YYYY
DOB 01-16-YYYY
ROOM 0320

LABORATORY DATA

SPECIMEN COLLECTED: 4/30/YYYY SPECIMEN RECEIVED: 4/30/YYYY

TEST	RESULT	FLAG	REFERENCE
Glucose	155	**H**	82-115 mg/dl
Creatinine	0.9		0.9-1.4 mg/dl
Sodium	144		136-147 meq/L
Potassium	3.6	**L**	3.7-5.1 meq/L
Chloride	105		98-108 meq/L
Total CO2	29		24-32 meqL
Calcium	9.2		8.8-10.5 mg/dl
WBC	5.0		4.5-10.8 thous/UL
RBC	4.46		4.2-5.4 mill/UL
HGB	13.5		12-16 g/dl
HCT	40.4		37.0-47.0 %
Platelets	288		130-400 thous/UL
PTT	22		< 32 seconds
Protime	12.3		11.0-13.0 seconds

End of Report

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HOOVER, Holley E
Case07
Dr Swann

Admission: 04-30-YYYY
DOB: 01-16-YYYY
ROOM 0320

LABORATORY DATA

SPECIMEN COLLECTED: 4/30/YYYY SPECIMEN RECEIVED: 4/30/YYYY

TEST	RESULT	FLAG	REFERENCE
Urea Nitrogen	17		7-18 mg/dl
Alkaline Phosphatase	90		50-136 U/L
SGOT	27		15-37 U/L
Lactic Dehydrogenase	158		100-190 U/L
Phosphorus	2.8		2.5-4.9 mg/dl
Total Bilirubin	0.3		0.0-1.1 mg/dl
Total Protein	6.7		6.4-8.2 g/dl
Albumin	3.4		3.4-5.0 g/dl
Uric Acid	5.7	**H**	2.6-5.6 mg/dl
Cholesterol	193	***	< 200mg/dl
CARDIAC PROFILE & MG PANEL			
Creatine Kinase	177		21-215 U/L
CKMB	5.6		0.0-6.0 ng/ml
Relative Index	3.2	**H**	0.0-2.5 U/L
Magnesium	1.8		1.8-2.4 mg/dl

End of Report

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HOOVER, Holley E Admission 04-30-YYYY
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Dr Swann ROOM 0320

LABORATORY DATA

SPECIMEN COLLECTED: 05/01/YYYY SPECIMEN RECEIVED: 05/01/YYYY

TEST	RESULT	FLAG	REFERENCE
Creatine Kinase	86		21-215 U/L
CKMB	2.4		0.0-6.0 ng/ml

End of Report

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HOOVER, Holley E. Admission: 04-30-YYYY
Case07 DOB: 01-16-YYYY
Dr. Swann ROOM: 0320

LABORATORY DATA

SPECIMEN COLLECTED: 05/02YYYY SPECIMEN RECEIVED: 05/02YYYY

TEST	RESULT	FLAG	REFERENCE
Creatine Kinase	69		21-215 U/L
CKMB	1.7		0.0-6.0 ng/ml

End of Report

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HOOVER, Holley E Admission 04-30-YYYY
Case07 DOB 01-16-YYYY
Dr Swann ROOM 0320

LABORATORY DATA

SPECIMEN COLLECTED: 05/03YYYY SPECIMEN RECEIVED: 05/03YYYY

TEST	RESULT	FLAG	REFERENCE
T4	6.3		4.9-10.7 UG/DL
TSH	2.57		0.38-6.15 UIU/ML

End of Report

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MOOVER, Holley E
Case 07
Dr Swann

Admission 04-30-YYYY
DOB 01-16-YYYY
ROOM 0320

EKG REPORT

Date of EKG Time of EKG 14:22:13

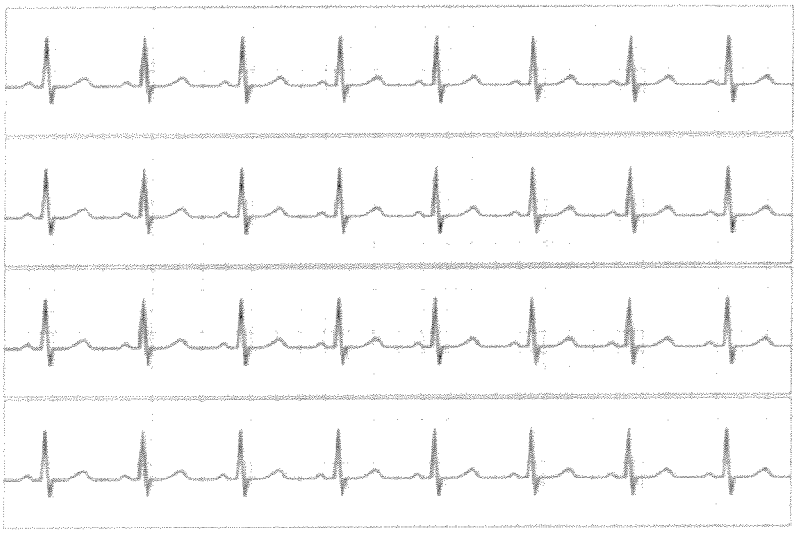
04-30-YYYY

Rate	81
PR	152
QRSD	72
QT	35
QTC	424
-- Axis --	
P	46
QRS	6
T	-1

Sinus Rhythm Normal

Bella Kaplan, MD

Bella Kaplan, M.D.
Name of Physician



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HOOVER, Holley E
Case07
Dr Swann

Admission 04-30-YYYY
DOB 01-16-YYYY
ROOM 0320

EKG REPORT

Date of EKG Time of EKG 17:06:34

05-01-YYYY

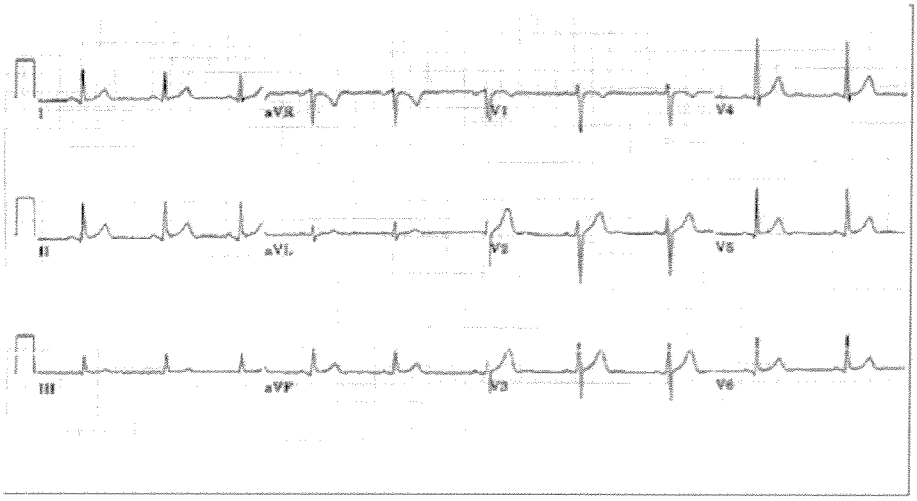
Rate	69
PR	153
QRSD	68
QT	383
QTC	410
-- Axis --	
P	4
QRS	1
T	-14

Two ↓ q V3-4

Minor nonspecific t-wave lowerins. Stable.

Bella Kaplan, MD

Bella Kaplan, M.D.
Name of Physician



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HOOVER, Holley E
Case07
Dr Swann

Admission 04-30-YYYY
DOB 01-16-YYYY
ROOM 0320

EKG REPORT

Date of EKG Time of EKG 8:20:35

05-02-YYYY

Rate	66
PR	151
QRSD	65
QT	388
QTC	406
-- Axis --	
P	5
QRS	13
T	0

Normal - twaves back to normal today

Bella Kaplan, MD

Bella Kaplan, M.D.
Name of Physician