CASE 8

Case 08

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.
MASON, Molly P. 645 Chicago Lane Alfred, NY 14802	F	W	Single	Case08
	DATE OF BIRTH		MAIDEN NAME	OCCUPATION
	03-01-YYYY			Child

ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY	TELEPHONE NUMBER
04-28-YYYY	23:30	05-02-YYYY	13:00	04 DAYS	(607) 555-8866

GUARANTOR NAME AND ADDRESS	NEXT OF KIN NAME AND ADDRESS
Mason, Irene 645 Chicago Lane Alfred, NY 14802	Mason, Irene 645 Chicago Lane Alfred, NY 14802

GUARANTOR TELEPHONE NO.	RELATIONSHIP TO PATIENT	NEXT OF KIN TELEPHONE NUMBER	RELATIONSHIP TO PATIENT
(607) 555-8866	Mother	(607) 555-8866	Mother
ADMITTING PHYSICIAN	**SERVICE**	**ADMIT TYPE**	**ROOM NUMBER/BED**
Ghann, MD Alan	Ped Med	2	0328/02
ATTENDING PHYSICIAN	**ATTENDING PHYSICIAN UPIN**	**ADMITTING DIAGNOSIS**	
Ghann, MD Alan	100A90	R/O out respiratory syncytial virus	
PRIMARY INSURER	**POLICY AND GROUP NUMBER**	**SECONDARY INSURER**	**POLICY AND GROUP NUMBER**
BC/BS of WNY	262723444 44150	Empire Plan	88765431

DIAGNOSES AND PROCEDURES	ICD-9-CM	ICD-10-CM/PCS
PRINCIPAL DIAGNOSIS		
Bronchiolitis due to RSV +	466.11	J21.0
SECONDARY DIAGNOSES		
PRINCIPAL PROCEDURE		
SECONDARY PROCEDURES		
TOTAL CHARGES: $ 2,605.35		

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: Call for appt. w/ Dr. Ghann in 4 days; sooner if any problems 555-3450
Signature of Attending Physician: Alan Ghann, MD

MASON, Molly P
Case 08
Dr Ghann

Admission: 04-28-YYYY
DOB: 03-01-YYYY
ROOM: 0328

Consent To Admission

I, Molly P. Mason, 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.

Molly P Mason — April 28, YYYY
Signature of Patient — Date

Irene Mason — April 28, YYYY
Signature of Parent/Legal Guardian for Minor — Date

Mother
Relationship to Minor

Andrea Wittemen — 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.

Molly P Mason — April 28, YYYY
Signature of Patient — Date

Irene Mason — April 28, YYYY
Signature of Parent/Legal Guardian for Minor — Date

Mother
Relationship to Minor

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

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

MASON, Molly P Admission: 04-28-YYYY
Case08 DOB: 03-01-YYYY
Dr Ghann ROOM: 0328

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

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:

Irene Mason — Mother

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)

Irene Mason (Mother) — April 28, YYYY

Signature of Patient — Date

Andrea Witteman — April 28, YYYY

Signature of Hospital Representative — Date

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

MASON, Molly P
Case08
Dr Ghann

Admission 04-28-YYYY
DOB 03-01-YYYY
ROOM 0328

HISTORY & PHYSICAL EXAM

DATE OF ADMISSION: 04/28/YYYY

CHIEF COMPLAINT, HISTORY OF PRESENT ILLNESS: This six-week-old presented to the office secondary to acute respiratory distress with intercostal retractions, nasal drainage, respiratory distress, difficulty in eating, and rapid respiratory rate. Molly was found to have clinical signs and symptoms of RSV with respiratory decompensation and was recommended admission to the hospital for the same.

PAST MEDICAL HISTORY: Was born of an uncomplicated birth. She had been healthy up until this date. No pre-existing medical problems. No surgeries.

PAST SUGICAL HISTORY: Negative.

HABITS: None.

ALLERGIES: None.

MEDICATIONS: None.

SOCIAL HISTORY: Noncontributory.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: As noted in PMH and CC above.

VITAL SIGNS: TPR's were 98.9, birth weight was 6 lbs. 1 oz., pulse 160, respirations 40, actual weight was 11 lbs. 4 oz. Height was 21 ¼".

HEENT: Head was normocephalic. Ears were clear. She had a serious rhinitis, thick, with posterior pharynx noninjected.

NECK: Noncontributory.

LUNGS: Ausculted with diffuse wheezes and rhonchi with intercostal retraction. Rapid respiratory rate at the time of admission to the office was up to 50-60.

CARDIAC: Noncontributory.

ABDOMEN: Soft without organomegaly or masses.

EXTERNAL GENITALIA: Normal.

RECTAL: Externally was normal.

EXTREMITIES: Revealed good pedal pulses. No ulcerations, cyanosis, clubbing or edema.

NEUROLOGIC: Intact with no neurologic abnormalities.

LABS: RSV testing was positive by EIA testing. She had 9.4 white count on admission with 14.7 hgb, 429 platelets, 18 segs, 70 lymphs, 10 monos, 2 eos. O2 sats on room air were between 96 and 98.

IMPRESSION: 1) RSV with associated bronchiolitis and bronchospasms.

PLAN: Patient is to be admitted to the hospital with croup tent. CPT therapy. See orders.

DD: 04-30-YYYY
DT: 04-30-YYYY

Alan Ghann, MD
Alan Ghann, MD

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

MASON, Molly P. Admission 04-28-YYYY
Case 08 DOB 03-01-YYYY
Dr Ghann ROOM 0328

PROGRESS NOTES

Date	(Please skip one line between dates.)
04-29	Htn 0.25 ml Proventil NSS via blow-by w/ pt. held by grandmother; HR 148-150 R 32
0025	O2 Sat R/A 98%. BS ↓'d. Harsh cough w/ I-E squeaks, squeaks. Pt out of tent.
	Tent analyzed @ 37 % w/ tent windowed. E. Blossom, CRTT
04-29	HHN w/ 0.25 ml Proventil / NSS tx given blow by while pt slept in tent. Pt tolerated tx well
0730	BS ↓'d bases no cough O2 Sat 100% in O2 tent D. Davenport CRTT
04-29	Hhn w/ 0.25 ml Proventil + normal saline Tol Rx well BS ↓ clear NPC Pt tent pre + post
1130	R Rose, CPT
04-29	Rx as above. No changes
1530	R Rose, CPT
04-29	↓ Wheezing and responding to CPT therapy. Lungs diffuse ronchi. Wheeze and vitals good. RSV – responding to tx.
1800	Alan Ghann, MD
04-29	Htn w/ 0.25 ml Proventil / N.S.S. tx given blow by. HR 149, RR 40. Pt cried through entire tx. Pt was in
2005	tent pre- and post. E. Blossom, CRTT
04-30	HL nebs Rx w/ 0.25 ml Proventil + NSS given P 130 – RR 40 BS harsh w/ wheezes in
0750	tent. Sleeping SPO2 – 99% in tent – tol well L. Seraphin CPT
~~04-30~~	~~Slow improvement of croup sxs. Only 3 hrs of cough jag last. Slept 7-7 last evening to a.m.~~
	~~Afebrile. Cough less harsh and throat ↓ soreness. Lungs clear. Cardiac RRR. Ab soft.~~
	~~Imp~~ Error. Note written in wrong patient's chart. M. Harris, M.D.

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

MASON, Molly P — Admission: 04-28-YYYY
Case08 — DOB: 03-01-YYYY
Dr Ghann — ROOM: 0328

PROGRESS NOTES

Date	(Please skip one line between dates.)
04-30	No evidence of wheeze today. Green → white nasal drainage. Afebrile.
	Lungs clear. Cardiac RRR. O_2 SAT ↓ last evening.
	Imp: RSV, resolving. Bronchitis.
	Plans as per orders.
	Alan Ghann, MD
[illegible]	[illegible]
[illegible]	[illegible]
	[illegible]
	[illegible]
04-30	HK neb. Rx w/ 0.25 ml Proventil + NSS – P 120 – RR 28. BS wheezes – pt. cried.
1130	for Rx in tent pre + post Rx. L. Seraphin, CPT
04-30	HK neb. Rx given by mom w/ 0.25 ml Proventil + NSS – BS harsh. – pt. fd. well – Mom.
1520	understood med. + Rx. SPO2 – 99% in tent. L. Seraphin, CPT
04-30	HHN w/ 0.2 ml Albuterol & NSS via blow-by. Sister cares ex. BS harsh. Pulse 150. Resp 30.
1945	E. Blossom, RRT
04-30	O2 SAT ↓ out of tent. Pt. has loose cough, no active wheezing, and is afebrile. Eats well.
	Imp: RSV resolving. Plan: Home HHN. O2 SAT good
	Alan Ghann, MD
05-01	HK neb. Rx w/ 0.25 ml Proventil + NSS given – P 164 – RR 44. BS harsh. Pt. in tent, sleeping.
0745	For Rx – SPO2 – 96-97% – tent 32% – harsh cough. L. Seraphin, CPT

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MASON, Molly P — Admission: 04-28-YYYY
Case08 — DOB: 03-01-YYYY
Dr. Ghann — ROOM: 0328

PROGRESS NOTES

Date	(Please skip one line between dates.)
05-01	Hx. neb. Rx w/ 0.25 ml Proventil + NSS given - P 163 - RR 41. BS harsh. Pt. out of tent for
1115	Rx - SPo2 - 91% on RA - pt. cried for Rx - given by dad.
	L. Seraphin, CPT
05-01	Hx. neb. Rx w/ 0.25 ml Proventil + NSS given - P 162 - RR 22. BS clearing w/ harsh. NPC
1520	- out of tent for Rx - SPo2 - 97-98% on RA - Rx given by Grandma. Tol. Well.
	L. Seraphin, CPT
05-01	HHN w/ 0.25 ml Albuterol & NSS via flow-by. BS harsh. O2 SAT 93% RA. Pulse 160. Resp 40.
1730	E. Blossom, RRT
05-02	S: Feeding well. Virtually no residual wheeze or cough.
	O: Afebrile, VSS, SATS maintaining outside test > 92%.
	Chest - good air movement, no retractions - wheeze or stridor.
	CDR: RRR
	ABD: soft
	EXTR: ⊖ cyanosis.
	A/P: RSV + Bronchiolitis resolving.
	D/C to home w/ Albu and steroids. See instructions.
	Allen Ghann, MD
05-02	Hx. neb. Rx w/ 0.25 ml Proventil + NSS given - P 110 - RR 41 BS harsh w/ wheezes
0720	SPo2 - 96% - RA - pt. tol Rx well
	L. Seraphin, CPT
05-02	Rx same as above BS wheezes P 120 RR 40 pt. out of tent. tol well
1100	L. Seraphin, CPT

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MASON, Molly P — Admission: 04-28-YYYY
Case08 — DOB 03-01-YYYY
Dr Ghann — ROOM 0328

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
04-28		Hand Held Nebulizer (Spontaneous Aerosol) q.i.d. and q4h p.r.n.
		Nebulizer and IPPB Medications: Albuterol Sulfate (Proventil) 0.5% 0.25 ml, Normal Saline 3 ml
		Croupette, low O2 30-50%
		O2 SAT q shift
		Bronchodilation
		Alan Ghann, MD
04-28	2330	Admit to Service Dr. Ghann
		Dx: R.S.V. - Bronchiolitis
		Chest x-ray - R/O pneumonia
		CBC
		UA
		O2 Croup Tent
		Tylenol 0.4 ml infant dropper q4h prn temp
		R.S.V. - nasal aspirator for fibre
		Old chart to floor
		Diet
		Similac formula
		Pedialyte
		Alan Ghann, MD
04-29	0330	Contact isolation.
		R.A.V. T.O. Dr. Ghann/M. Smith, RN
		Alan Ghann, MD

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MASON, Molly P. Admission: 04-28-YYYY
Case08 DOB 03-01-YYYY
Dr Ghann ROOM 0328

DOCTORS ORDERS

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
04-30	0855	For home HHN
		Begin Decadron 1/2 tsp, t.i.d. x 2 days, then b.i.d.
		Alan Ghann, MD
05-02	1300	D/C to home if home nebulizer & parental instruction in use of HHN is arranged
		Label Decadron Elixir for home
		1/2 tsp 2x day for 2 days then
		1/2 tsp 1x day for 2 days then stop
		R.N. T.O. Dr Ghann/ & Goebel, RN
		Alan Ghann, MD

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

Case 08 * 231

MASON, Molly P
Case08
Dr Ghann

Admission: 04-28-YYYY
DOB: 03-01-YYYY
ROOM: 0328

LABORATORY DATA

SPECIMEN COLLECTED: 04/30/YYYY

SPECIMEN RECEIVED: 04/30/YYYY

TEST	RESULT	FLAG	REFERENCE
ROUTINE URINALYSIS			
COLOR	STRAW		
SP GRAVITY	1.001		≤ 1.030
GLUCOSE	NEG		NEG
BILIRUBIN	NEG		≤ 0.8 mg/dl
KETONE	NEG		≤ 10 mg/dl
BLOOD	NEG		0.06 mg/dl hgb
PH	8.0		5-8.0
PROTEIN	NEG		≤ 30 mg/dl
UROBILINOGEN	NORMAL		≤ -1 mg/dl
NITRITE	NEG		NEG
LEUKOCYTES	NEG		≤ 15 WBC/hpf
EPITH	5-8		/hpf
W.B.C.	0-3		≤ 5/hpf

End of Report

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

MASON, Molly P
Case08
Dr Ghann

Admission: 04-28-YYYY
DOB: 03-01-YYYY
ROOM: 0328

LABORATORY DATA

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

TEST	RESULT	FLAG	REFERENCE
CBC			
RBC	4.93		4.2-5.4 mill/UL
WBC	9.4		4.5-10.8 thous/UL
HGB	14.7		12-16 g/dl
HCT	43.6		37.0-47.0 %
Platelets	429		130-400 thous/UL
Total CO2	29.8		24-32 meqL
SEGS	18		
LYMPH	70		
MONO	10		
EOS	2		
BASO			

End of Report

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MASON, Molly P Admission 04-28-YYYY
Case08 DOB 03-01-YYYY
Dr Ghann ROOM 0328

LABORATORY DATA

SPECIMEN COLLECTED: 04/29/YYYY DATE DONE: 04/29/YYYY

TEST	RESULT	FLAG	REFERENCE
RSV - Nasal Aspirate for Titre			
POS by EIA Testing			

End of Report

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MASON, Molly P
CaseOB
Dr Ghann

Admission 04-28-YYYY
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PULSE OXIMETRY

TIME	SPO2	F102	TECH
04/28 2235	98%	R/A	RB
2400	Tent analyzed	*	36.7
04/29 0730	100%	O2 tent	GM
2005	84%	R/A	PT
2350	91%	O2 tent	PT
04/30 0750	99%	35.5 tent	DS
1625	99%	tent	DS
1930	98%	R/A out of tent	HK
05/01 0155	96%	O2 tent	GB
0745	96%	32% tent	DS
0830	96%	R/A	DS
1520	97%	R/A	DS
2030	93%	R/A x 1 hr	LT
2245	96%	R/A tent	LT
05/02 0355	98%	R/A	GB
0720	98%	R/A	DS

End of Report

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

MASON, Molly P Admission 04-28-YYYY
Case08 DOB 03-01-YYYY
Dr Ghann ROOM 0328

RADIOLOGY REPORT

Initial Diagnosis/History:

Date Requested:

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

CHEST: PA and lateral views reveals the heart and mediastinum to be normal. The lung fields are clear and the bony thorax is normal.

CONCLUSION: Normal chest.

DD: 04-29-YYYY
DT: 04-29-YYYY

Philip Rogers
Philip Rogers, M.D., Radiologist

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