

CASE 8

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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				466.11		J21.0	
Branchiolitis due to RSV +							
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 (555-3456) Signature of Attending Physician: Alan Ghann, MD							

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MASON, Molly P	Admission: 04-28-YYYY	CONSENT TO ADMISSION
Case 08	DOB: 03-01-YYYY	
Dr. Ghann	ROOM: 0328	
I, <u>Molly P. Mason</u> 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>Molly P. Mason</u>	<u>April 28, YYYY</u>	
Signature of Patient	Date	
<u>Irma Mason</u>	<u>April 28, YYYY</u>	
Signature of Parent/Legal Guardian for Minor	Date	
Mother		
Relationship to Minor		
<u>Andrea Wittenman</u>	<u>April 28, 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>Molly P. Mason</u>	<u>April 28, YYYY</u>	
Signature of Patient	Date	
<u>Irma Mason</u>	<u>April 28, YYYY</u>	
Signature of Parent/Legal Guardian for Minor	Date	
Mother		
Relationship to Minor		
<u>Andrea Wittenman</u>	<u>April 28, YYYY</u>	
WITNESS: Alfred State Medical Center Staff Member	Date	
ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST., ALFRED, NY 14802 ■ (607) 555-1234		

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MASON, Molly P Case 08 Dr. Ghann		Admission: 04-28-YYYY DOB: 03-01-YYYY ROOM: 032B		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		/ /											
2.	Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X	/ /											
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	/ /											
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	/ /											
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	/ /											
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="0" style="width: 100%;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">RELATIONSHIP</td> <td style="width: 50%; border-bottom: 1px solid black;">Mother</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of Individual Receiving Information</td> <td style="border-bottom: 1px solid black;">Relationship to Patient</td> </tr> </table>					RELATIONSHIP	Mother	Name of Individual Receiving Information	Relationship to Patient						
RELATIONSHIP	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.														
<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Name of Patient (Name of Individual giving information if different from Patient)</td> </tr> <tr> <td style="width: 50%; border-bottom: 1px solid black;">IRENE MASON (MOTHER)</td> <td style="width: 50%; border-bottom: 1px solid black;">April 28, YYYY</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Patient</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Andrea Mittenan</td> <td style="border-bottom: 1px solid black;">April 28, YYYY</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Hospital Representative</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>						Name of Patient (Name of Individual giving information if different from Patient)		IRENE MASON (MOTHER)	April 28, YYYY	Signature of Patient	Date	Andrea Mittenan	April 28, YYYY	Signature of Hospital Representative	Date
Name of Patient (Name of Individual giving information if different from Patient)															
IRENE MASON (MOTHER)	April 28, YYYY														
Signature of Patient	Date														
Andrea Mittenan	April 28, YYYY														
Signature of Hospital Representative	Date														
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MASON, Molly P Case 08 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 SURGICAL 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 1/4".		
HEENT: Head was normocephalic. Ears were clear. She had a serous rhinitis, thick, with posterior pharynx noninjected.		
NECK: Noncontributory.		
LUNGS: Auscultated 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	<i>Alan Ghann, MD</i> Alan Ghann, MD ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST., ALFRED, NY 14802 ■ (607) 555-1234	

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MASON, Molly P.		Admission 04-28-YYYY	PROGRESS NOTES
Case 08		DOB 03-01-YYYY	
Dr. Ghann		ROOM 0328	
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/ 1-2 sibilant, squaks. Pt out of tent.		
	Tent analyzed @ 34 % w/ tent windowed. E. Blossom, CRTT		
04-27	Htn w/ 0.25 ml Proventil / NSS tx given blow by while pt sleeps in tent. Pt tolerated tx well.		
0110	BS ↓d. Harsh cough. O2 Sat 100% in O tent. L. Scrophin CRTT		
04-29	Htn w/ 0.25 ml Proventil + normal saline. Td Rx with BS ↓d. Also HFO for 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 crackles. Wheeze and vitals good. RSV - responding to tx.		
1800	Alan Ghann, MD		
04-29	Htn w/ 0.25 ml Proventil / NSS 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	Htn nets Rx w/ 0.25 ml Proventil + NSS given. P 130 - RR 40 BS harsh w/ wheezes in		
0750	tent. Sleeping. SpO2 - 99% in tent - td well. L. Scrophin CPT		
04-30	Slow improvement of cough sps. Only 5 hrs of coughing last. Slept 7-7 last evening to dawn.		
	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.		
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MASON, Molly P		Admission: 04-28-YYYY	PROGRESS NOTES
Case 08		DOB: 03-01-YYYY	
Dr. Ghann		ROOM: 0328	
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		
04-30	RR 22, SpO2 96% on 2L O2. Pt. has loose cough, no active wheezing, and is afebrile. Let's well.		
1130	For Rx in tent pre + post Rx. L Seraphin CPT		
04-30	HR neb Rx given by mom w/ 0.25 ml Proventil + NSS - BS harsh - pt. tol well - Mom		
1520	understood med + Rx. SpO2 - 96% in tent. L Seraphin CPT		
04-30	HHN w/ 0.2 ml Albuterol + NSS via blow-by. Sleep thru 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. Let's well.		
	Imp: RSV resolving. Plan: Home HHN. O2 SAT good		
	Alan Ghann, MD		
05-01	HR neb Rx w/ 0.25 ml Proventil + NSS given - P 164 - RR 98 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. Case 08 Dr. Ghann		Admission: 04-28-YYYY DOB: 03-01-YYYY ROOM: 0328		PROGRESS NOTES
Date	(Please skip one line between dates.)			
05-01	Hx. nob. Rx w/ 0.25 ml Pravastatin + N/SS given - P 83 - RR 90 BS harsh Pt. out of tent for 1155 Rx - SpO2 - 91% on RA - pt. cried for Rx - given by dad. L. Scrophin CPT			
05-01	Hx. nob. Rx w/ 0.25 ml Pravastatin + N/SS given - P 112 - RR 28 BS clearing w/ harsh NTC 1520 - out of tent for Rx - SpO2 - 91-93% on RA - Rx given by Grandma, Tel Well. L. Scrophin CPT			
05-01	1130 HHHH w/ 0.25 ml Pravastatin + N/SS via flow-by BS harsh, O2 SAT 93% RA Pulse 100 Resp 40. E. Bussan, RRT			
05-02	S: Feeding well. Virtually no residual wheeze or cough. O: Atelectasis, VSS, SATS maintaining outside tent > 92%. Chest - good air entry, no retractions - wheeze or stridor. COR: RAR ABG: not LXTR: 0 cyanosis. A/P: RSV + Bronchiolitis, resolving. D/C to home w/ mom and siblings. See instructions. Alan Ghann, MD			
05-02	Hx. nob. Rx w/ 0.25 ml Pravastatin + N/SS given - P 110 - RR 90 BS harsh w/ wheezes 0720 SpO2 - 91% - RA - pt. tel Rx well. L. Scrophin CPT			
05-02	Rx same as above BS wheezes P 120 RR 90 pt. out of tent. tel well. 1100 L. Scrophin CPT			

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MASON, Molly P Case 08 Dr. Ghann		Admission: 04-28-YYYY DOB: 03-01-YYYY 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 q.t. p.m.		
		Nebulizer and ZIPP Medications: Albuterol Sulfate (Proventis) 0.5% 0.25 ml, Normal Saline 3 ml		
		Croupette, low 02 30-50%		
		O2 SAT q shift		
		Bronchodilation		
		Alan Ghann, MD		
04-28	2330	Admit to Service Dr. Ghann		
		Di: RSV - Bronchiolitis		
		Chest x-ray - R/O pneumonia		
		CBC		
		UA		
		O2 Croup Tent		
		Tylenol 0.4 ml infant dropper q 4 p.m. temp		
		RSV - nasal aspirator for titre		
		Dil chart to floor		
		Diet		
		Sudafac 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		LABORATORY DATA	
Case#8		DOB: 03-01-YYYY			
Dr. Ghann		ROOM: 0328			
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					
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MASON, Molly P		Admission: 04-28-YYYY		LABORATORY DATA	
Case 08		DOB: 03-01-YYYY			
Dr. Ghann		ROOM: 0328			
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 meq/L		
SEGS	18				
LYMPH	70				
MONO	10				
EOS	2				
BASO					
End of Report					
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MASON, Molly P	Admission 04-28-YYYY	LABORATORY DATA	
Case08	DOB 03-01-YYYY		
Dr Ghann	ROOM 0328		
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		Admission: 04-28-YYYY	PULSE OXIMETRY
Case 08		DOB: 03-01-YYYY	
Dr. Ghann		ROOM: 0328	
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			
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MASON, Molly P	Admission 04-28-YYYY	RADIOLOGY REPORT
Case08	DOB 03-01-YYYY	
Dr. Ghann	ROOM 032B	

Initial Diagnosis/History:

Date Requested:

Transport: ☒ Wheelchair ☐ Stretcher ☐ O₂ ☐ 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

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