

1-26-13

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ExitCare® Patient Information - MARY PARVIN - MR# 053082

Lodi Memorial Hospital Ham Lane Urgent Care

1235 W. Vine St., Suite 20

Lodi, CA 95240

(209) 339-7600

EXITCARE® PATIENT INFORMATION

Patient Information:

Patient ID:	Patient Medical Record Number: 053082
Patient Name: MARY PARVIN	Patient Address:
Responsible Adult:	Patient Email:
Patient Weight:	Patient Height:
Patient DOB:	Patient Gender: F
Patient Phone Number: () -	

Visit Information:

Visit Start Date: 1/26/2013	Department: Urgent Care
Discharge Date/Time: 1/26/2013 1:48:25 PM	
Primary Caregiver: ROBERT PADILLA, MD	Diag:

Primary Follow-up Info: 02 - 03 days unless better:

User Information:

Login ID:	User Name:	Dept: Urgent Care
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>>>> Constipation, Easy-to-Read - English - {5CE47F87-FC91-4ADD-ADB9-54F48B097DD6}

Additional Notes:


GO TO EMERGENCY ROOM FOR FURTHER EVALUATION.

>>>> Urinary Retention, Acute, Female - English - {B87DB4A0-7981-4C60-A469-20C517635973}

Drug Allergies: None Entered

ExitCare/ExitMeds did not perform any allergy checking with the allergy information that was entered

Signature acknowledges that Patient and/or Guardian has received these instructions and the opportunity to ask questions.


 Patient or Guardian Signature
 Cousin Tiffany Anderson
pt unable to sign
 Date/Time
 Witnessed & Instructed by
 Date/Time

Lodi Memorial Hospital Ham Lane Urgent Care - Main Number (209) 339-7600

Mary too sick to sign

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 V024314486 BD:03/16/43
 PARVIN, MARY JEAN
 MCAB PADIROUCC UC

Circle or check affirmatives, backlash (!) negatives.

39

URGENT CARE RECORD
Female GU /
Pregnancy less than 20 weeks

Lodi Memorial Hospital

01/26/13 M053082 69 / F
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DATE: 1/26/13 TIME: 12:30 ROOM: 9 EMS Arrival
HISTORIAN: patient family EMS
UNABLE TO OBTAIN HISTORY DUE TO: _____

HPI

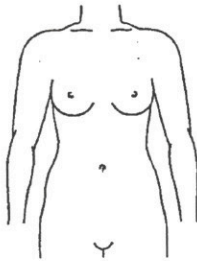
chief complaint: pelvic pain vaginal pain dysuria
vaginal bleeding passing tissue vaginal discharge

onset / duration: _____ worse _____
17 days gone now better sudden onset
intermittent episodes lasting

context: unable to start on
meds

severity: mild moderate severe

location of pain:
breast pain R / L _____
abdominal pain _____
pelvic pain _____
• cramping / pressure / "pain"
burning / sharp _____



vulvar / vaginal pain _____
low back pain _____
flank pain _____
shoulder pain _____

vaginal bleeding:
abnml bleeding (started) _____
compared to menstrual periods: severe / heavier / similar / lighter / spotting
passing clots / tissue _____

LNMP: _____ G _____ P _____ Ab _____ post-menop. s / p hyst
irregular / missed / abnml period(s) _____
pregnant home preg test ABO _____ Rh _____
EDC: _____
HCG in clinic (blood / urine) _____ WKS / MOS ultrasound / by dates
prenatal care none clinic Dr. _____
prior sonogram date _____ IUP fetal demise _____

Sexual Hx: active inactive pain w/ intercourse _____
Contraceptive- none condoms BCP's IUD patch Depo _____
hormonal _____

urinary symptoms: blood in urine _____ frequent urination _____ discomfort with urination _____ burning urgency pain _____	discharge: vaginal discharge _____ vaginal fluid leakage (pregnant) _____
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Similar symptoms previously: recurrent
Recently seen / treated by doctor: _____

ROS

CONST
fever / chills / sweaty _____ GI / GU (see HPI)
recent illness _____ nausea / vomiting _____
decreased appetite _____
diarrhea / black / bloody stools _____

EYES / ENT
vision change / problems _____ joint pain _____
sore throat / dental problems _____ leg / ankle swelling _____
rash _____

CVS / PULMONARY
chest pain _____ swollen glands _____
hurts to breathe / short of breath _____ headache _____
cough bloody / productive _____ fainting / dizzy _____
depression / anxiety _____
 all systems neg except as marked

Hx of constipation

PAST HX

RELATED PAST HX
ectopic pregnancy _____ bladder / kidney infection _____
endometriosis / fibroids _____ diabetes Type 1 Type 2 _____
ovarian cyst(s) _____ diet / oral / insulin neuropathy _____
PID / STD _____ liver disease hepatitis lithiasis _____
spontaneous / elective abortion _____ hypertension _____
immunosuppressed AIDS _____
kidney disease ESRD calculi _____

old records reviewed / summary: see nurses note

Surgeries / Procedures none
any recent surgery _____
appendectomy _____ hysterectomy / BTL / C-section _____
cholecystectomy _____ salpingo-oophorectomy _____
dilation / evacuation retained prod tonsillectomy _____

Imaging prior CT / MRI / US date _____
 Immunization UTD _____

Medications none see nurses note
aspirin clopidogrel warfarin LMWH _____
NSAID acetaminophen _____

Allergies NKDA
see nurses note
antibiotic _____

SOCIAL HX smoker _____ drugs _____
alcohol (recent / heavy / occasional) _____ occupation _____
living situation alone family friend group care facility _____

FAMILY HX ovarian cysts ovarian cancer _____



TFCRMS

20229403931

Pg 1 of 2

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Nursing Assessment Reviewed Initial Vital Signs Reviewed Telemetry
 BP _____ HR _____ RR _____ Temp _____
 Pulse Ox _____ % RA _____ O₂ Interp _____ nml _____ hypoxic _____

PHYSICAL EXAM

EXAM LIMITED BY: _____

General Appearance mild / moderate / severe distress
 appears well _____
 alert _____
 anxious / lethargic _____

HEENT scleral icterus / pale conjunctivae
 head atraumatic _____
 EOM palsy / anisocoria _____
 eyes inspection nml _____
 pharyngeal erythema / dental decay _____
 ENT inspection nml _____
 abnml TM / hearing deficit _____
 pharynx nml _____

NECK thyromegaly / lymphadenopathy
 nml inspection _____

RESPIRATORY wheezes / rales / rhonchi
 no resp. distress _____
 breath sounds nml _____

CVS irregularly irregular rhythm
 reg. rate & rhythm _____
 tachycardia / bradycardia / murmur _____
 heart sounds nml _____

ABDOMEN tenderness / guarding / rebound
 soft _____
 abnml bowel sounds _____
 non-tender _____
 hepatomegaly / splenomegaly _____
 no organomegaly _____
 gravid uterus / mass Fundal Height: _____
 nml bowel sounds _____
 no distention _____
 McBurney's point tenderness _____
 psoas / Rovsing's sign / obturator sign _____

RECTAL black / bloody / heme pos. stool
 non-tender _____
 tenderness Large Stool
 heme neg stool _____

BACK CVA tenderness (R/L) _____

PELVIC herpes-like ulcerations / cervicitis
 external exam nml _____
 vaginal discharge _____
 speculum exam nml _____
 active bleeding mild / mod / severe _____
 (vagina, cervix) _____
 blood / clots in vaginal vault _____
 tissue present in cervix / vagina _____
 cerv. motion tenderness / dilation _____
 adnexal tenderness / mass (R/L) _____
 uterine tenderness / enlarged uterus _____
 consistent with dates _____ -wk
 deferred for placenta previa _____
 (see nursing record for repeat FHT's)

FHT'S: _____

SKIN cyanosis / diaphoresis / pallor
 color nml, no rash _____
 skin rash / embolic / GC lesions _____
 warm, dry _____
 signs of IVDA _____
 decubitus _____

EXTREMITIES pedal edema (R/L) _____
 non-tender / nml ROM _____
 calf tenderness (R/L) / Homan's sign _____
 no pedal edema _____
 abnml joints _____

NEURO disoriented to person / place / time
 oriented x3 _____
 motor / sensory loss facial droop _____
 neuro grossly intact _____
 speech / cognition abnmlities _____
 CN's nml as tested _____

PSYCH depressed mood / flat affect
 mood / affect nml _____

INCISION AND DRAINAGE OF ABSCESS

Anesthesia Prep / Procedure
 local lidocaine marcaine _____
 skin prep _____
 IV analgesia _____
 incised abscess with _____ blade
 purulent drainage large / small _____
 probed to break up loculations _____
 packed with gauze / word cath. _____

LABS & XRAYS

*Normal lab value ranges are included on the original lab report

CBC nml except platelets _____ Chem nml except PT _____ UA nml except
 WBC _____ segs _____ Na _____ INR _____ protein _____
 Hgb _____ bands _____ K _____ Preg Test + - _____
 Hct _____ lymphs _____ CO₂ _____ Quant. HCG _____
 _____ Gluc _____ KOH _____
 _____ BUN _____ Type RH _____ wet prep _____
 _____ Creat _____

CXR Interp. by me Reviewed by me Discsd w/ radiologist read by radiologist
 nml / NAD _____ nml bowel gas _____ no mass _____ no free air _____ nml lungs
 Old CXR- _____ unchanged date: _____

CT Scan / MRI / Ultrasound contrast / non-contrast
 nml / NAD _____

PROGRESS see additional template: # 94 51a
 Time _____ unchanged improved re-examined

Rhogam given
 patient ambulating / mentating at pre-event baseline
 Discharge VS: BP _____ HR _____ RR _____ Temp _____
 Discussed with Dr. _____ Time: _____
 will see patient in: ED / hospital / office

Counseled patient / family regarding: Additional history from:
 lab / rad. results diagnosis need for follow-up family caretaker paramedics
 prior records ordered _____ holding orders written _____

Rx given

CRITICAL CARE (excluding time for other separate services)
 TIME 30-74 min 75-104 min _____ min

CLINICAL IMPRESSION

HEMATURIA	Pregnancy - intrauterine ectopic
PELVIC PAIN	Ovarian Torsion
VAGINAL BLEEDING	Pelvic Inflammatory Disease
VAGINAL DISCHARGE	Placenta abruption / previa
Abortion	Pre Eclampsia
threatened / incomplete / complete	Tuboovarian Abscess
Bacteria Vaginosis / Cervicitis	Urinary Tract Infection /
Bartholin's Cyst	Pyelonephritis
Dysfunctional Uterine Bleeding	Auto-vaginal Candidiasis
<u>Rectal Myoenteric</u>	
Present On Admission	decubitus / UTI w/ Foley

Disposition Time 1350
 DISPOSITION: home admitted OBS expired
 AMA (see AMA template #73) transferred

CONDITION: unchanged improved stable
 Care transferred to _____ MD / DO / MLP Time: _____

NP / PA IDX Provider # _____
 I was personally available for consultation in the emergency department. I have reviewed the chart and agree with the documentation as recorded by the MLP, including the assessment, treatment plan, and disposition.

I personally evaluated and examined the patient in conjunction with the MLP and agree with the assessment, treatment plan and disposition of the patient as recorded by the MLP.

scribing for _____ (Scribe name) _____ (Provider name)

I have reviewed the information recorded by the scribe for accuracy and agree with its contents.

MD / DO IDX Provider # 9940

Template Complete Written Addendum
 Female GU / Pregnancy less than 20 weeks - 39 Pg 2 of 2 Rev. 01 / 12

20229403932

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URGENT CARE RECORD

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(E)

NAME - LAST Parvin, Mary FIRST Mary DOB 3/16/43

ASSESSMENT										Error #K
TIME	O ₂ Sat	T(°)	P	R	BP	PAIN	WEIGHT kg	101.4	ALLERGIES:	Lasix - break out Latex
1225	90	36.5	82	24	111/95	7/10	BIRTH WEIGHT	—		
							TETANUS	WTD		
							LMP	Post		

CHIEF COMPLAINT: c/o unable to have bowel movement x5 days, unable to urinate since yesterday low abdomen pain

SIGNATURE / INITIALS H-T

Time in room	ORDER TIME	X-RAY	ORDER TIME	LAB TESTS
<u>1250</u>				<input type="checkbox"/> CBC <input type="checkbox"/> SED RATE
Evidence or Suspicion of Abuse/Neglect <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				<input type="checkbox"/> BMP <input type="checkbox"/> CMP
Fall Risk <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> BC x 1 <input type="checkbox"/> BC x 2
NOTIFIED <u>Craig - Intake</u>				<input type="checkbox"/> CK/MB <input type="checkbox"/> TROPONIN
TIME <u>13490</u>				<input type="checkbox"/> URINE DIP <input type="checkbox"/> GUA/AC
BY WHOM: <u>Paduro MR</u>				<input type="checkbox"/> URINE MICRO <input type="checkbox"/> C&S
<input type="checkbox"/> ANIMAL CONTROL <input type="checkbox"/> POLICE	ORDER TIME	PROCEDURES		<input type="checkbox"/> URINE HCG Results: + or -
<input type="checkbox"/> PUBLIC HEALTH <input type="checkbox"/> CPS		<input type="checkbox"/> EKG		<input type="checkbox"/> URINE DRUG SCREEN
<u>1320 - Enema & liquid returns</u>		<input type="checkbox"/> EAR LAVAGE		<input type="checkbox"/> FSBS Results: _____
<u>1320 - low dr. ordered to</u>		<input type="checkbox"/> SPLINT		<input type="checkbox"/> MONOSPOT
<u>1351 - Report to Karen. up to bathroom</u>				<input type="checkbox"/> RSV
				<input type="checkbox"/> RAPID STREP Results: + or -
				<input type="checkbox"/> STREP PROTOCOL

Date/Time Ordered	Medication	Dose/Frequency	Route	MD/DO/Provider Signature	Time/Location Given	Start/Stop Infusion	Nurse/RT Signature
<u>1300</u>	<u> Fleet Enema</u>	<u>1x</u>	<u>PR</u>	<u>[Signature]</u>	<u>1320</u>	<u>1</u>	<u>[Signature]</u>



DISCHARGE IMPRESSION: Constipation

DISPOSITION VIA: HOME HOSPITAL TRANSFER TO _____ OTHER CONDITION: Stable self

OTHER INSTRUCTIONS: to ER.

Copy of chart & P [Signature]
ER - PV

RX. [Signature]

MEDICATION LIST PROVIDED DISCHARGE INSTRUCTIONS PROVIDED

RETURN TO WORK IMMEDIATELY OFF WORK _____ DAYS LIGHT DUTY _____ DAYS

PHYSICIAN'S SIGNATURE: [Signature] M.D. P.A. SIGNATURE: _____ Time: 1250

Lodi Memorial Urgent Care Medication Reconciliation Form

ALLERGIES: _____

Current Medications- including over the counter and herbal medications	DOSE	FREQUENCY	ORDERING PHYSICIAN	MEDICATION SOURCE
--	------	-----------	--------------------	-------------------

PATIENT DENIES TAKING ANY MEDICATIONS

Unable to contact pharmacy for list				Wal-Mart

NEW/DELETED MEDICATIONS	ORDERING PHYSICIAN
<input checked="" type="checkbox"/> NO NEW MEDICATIONS PRESCRIBED	Use as directed

SIGNATURE:

DATE/TIME 1/26/13 09:24

COPY GIVEN TO PATIENT UPON DISCHARGE

PATIENT/FAMILY EDUCATED ON MANAGING/UPDATING MEDICATION LIST WITH ALL PROVIDER CHANGES/ADDITIONS AND CARRY MEDICATION LIST AT ALL TIMES.

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Mary urgent
case

1-26-13

transferred to

LHM to ER

Released home

① 1-26-13

Urgent Care

When my father
left our house from
Surgey.

② 1-26-13 ER

Home

Urgent Care
1/26/13
↳
Home

January 2013



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	30	31	1	2	3	4
	6 MP	7	8	9	10	11
	13	14	15	16	17	18
	20	21	22	23	24	25
	27	28	29	30	31	1
3		4	5	6	7	8
						9
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						31

MP. Urgent Care visit, constipation. Sent to LMH Emergency Room. Having Abdominal pain. LMH discharged MP to Avena.