

18

05/11/12 M053082 69 / F
V023586118 BD: 03/16/43
PARVIN, MARY JEAN
WCAB PHYSER ER

Circle or check affirmatives, backslash (\) negatives.

EMERGENCY PROVIDER RECORD
42
Lower Extremity Problem 18

Compartment Syndrome / Gas Gangrene / Necrotizing Fasciitis / Pyomyositis

DATE: 5/10/12 TIME: 1300 ROOM: 23 EMS Arrival

HISTORIAN: patient family EMS

UNABLE TO OBTAIN HISTORY DUE TO:
HPI & Vaginal Infection x 1wk

chief complaint: pain swelling altered sensation
R/L FOOT ANKLE LEG KNEE THIGH HIP BACK

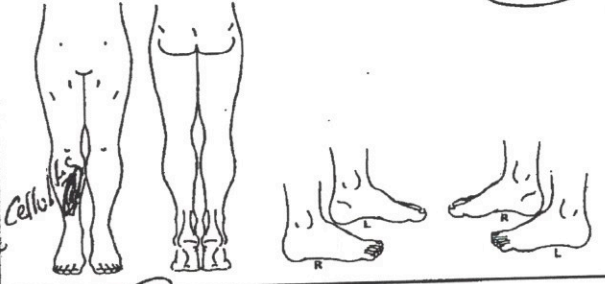
onset / duration: 2 wks

timing: constant sudden-onset
still present
better gone now
intermittent episodes lasting worse / persistent since

recent injury? no yes possibly
When? as above
Where? home work

context: prolonged pressure on extremity
Gradual ↑ of redness
Treated

location: P = Pain S = Swelling T = Tenderness E = Erythema



severity: mild moderate severe
exacerbated by: walking movement
relieved by: rest elevation

associated symptoms: difficulty walking off balance / painful
sweaty hurts to breathe / short of breath
chest pain weak
rapid heart rate fainting / dizzy
Fever

Similar symptoms previously: chills

Recently seen / treated by doctor

ROS

CONST
fever / chills
EYES / ENT
vision change / problems
sore throat / dental problems
CVS (see HPI) / PULMONARY
cough bloody / productive
GI / GU
abdominal pain
nausea / vomiting
diarrhea / black / bloody stools
problems urinating painful
testicular / groin pain

FEMALE GENITAL
LNMP preg post-menop
MUSCLE SKELETAL / SKIN / LYMPH
neck / back pain
rash
swollen glands
NEURO / PSYCH
headache
confusion / dementia
depression / anxiety
All systems neg except as marked

Fever

PAST HX

RELATED PAST HX
back injury
chronic back pain
diabetes Type 1 Type 2
diet / oral insulin neuropathy
hypertension
intervertebral disc disease
lumbar thoracic cervical

aortic aneurysm
cardiac disease
CHF MI angina ASCVD
peripheral vascular disease
GI disease ulcer hepatitis cirrhosis
gout
hyperlipidemia
lung disease asthma COPD

old records reviewed / summary: HTN DM CABG Hyperlipidemia
PCP FROUND
Hypoth

Well's Risk Stratification DVT 1 pt each:
active cancer / paralysis or immobilized in cast / bedridden greater than 3d due to major surgery
less than 4 wk / tender over deep venous system / whole leg swollen / calf swelling greater than 3cm vs. other leg / pitting edema / previous DVT / collateral superficial veins (non varicose)
2 pt each: DVT more likely than alternative diagnosis
LOW (0) (3%) MOD (1-2) (17%) HIGH (greater than or equal to 3) (75%) TOTAL

Surgeries / Procedures none
any recent surgery

cholecystectomy
back surgery
cardiac bypass / stent / cath
TURP

Imaging prior CT / MRI / US date
Immunization (UTD)

Medications none see nurses note
aspirin clopidogrel warfarin LMWH
NSAID acetaminophen BCP's
Allergies NKDA
see nurses note
antibiotic
IV contrast

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

FAMILY HX Reviewed, not relevant

Sister Died from ABX MRSA infect 2 weeks ago



TFCRMS

10229304231

LET Acid
PCT

Procal + <0.05
Lactate Acid 2.7

Nursing/Assessment Reviewed Initial Vital Signs Reviewed Telemetry
BP 142/97 HR 70 RR 22 Temp 37.0
Pulse Ox 100% RA O2 Interp nml hypoxic

LABS, EKG & XRAYS

*Normal lab value ranges are included on the original lab report
(CBC) nml except platelets nml (Chem) BUN 14 PTT
WBC 7.4 segs Na Creat 1.50 CPK
Hgb bands K D-Dimer nml except
Hct lymphs CO2 PT
Gluc 223 INR

PHYSICAL EXAM

EXAM LIMITED BY:
General Appearance
appears well mild/moderate/severe distress
alert anxious/lethargic
oriented x 3 disoriented to person/place/time

LOWER EXTREM.
tenderness/swelling
nml inspection foot/ankle/Achilles tendon/calf/thigh/hip
non-tender pedal edema
no pedal edema calf circumference R cm L cm
nml weight bearing crepitus/subcutaneous emphysema
painful/unable to bear weight

Joint Exam
ligamentous instability
joints nml effusion
click/crepitus
nml ROM limited ROM

VASCULAR
pale/cool extremity
no vascular poor capillary refill
compromise Homan's sign/cords
pulses full/equal decreased/absent pulse

NEURO
nml cognition cognitive deficit
cerebellar ataxia
gait nml
sensorimotor sensory/motor deficit facial droop
sensation nml
motor nml
nml reflexes abnml/asymmetric reflexes
patellar achilles

SKIN
color nml, no rash
warm, dry
Cellulites
cyanosis/diaphoresis/pallor
warmth/erythema small area
rash/emboic lesion cellulites
lymphangitis
decubitus
scleral icterus/pale conjunctivae Red
EOM palsy/anisocoria
pharyngeal erythema wa

HEENT
head atraumatic
eyes inspctn nml
ENT inspctn nml
pharynx nml
RESPIRATORY
respiratory distress
no resp. distress
breath sounds nml
CVS
tachycardia/bradycardia
reg. rate & rhythm
heart sounds nml
JVD
murmur/gallop

ABDOMEN / GI
tenderness/guarding/rebound
non-tender hepatomegaly/splenomegaly/mass
no organomegaly
no bruit/mass

BACK / NECK
vertebral point-tenderness
nml inspection
pos straight-leg raise test on R/L at deg
PSYCH
depressed mood/flat affect
mood/affect nml

Rhythm Strip Rate Rhythm NSR/PVC
EKG interp by ED provider Rate NSR A-fib
nml intervals nml axis nml QRS non-specific ST/TW changes
diagnosis nml abnml

XRAYS
Interp. by me Reviewed by me Discsd w/ radiologist read by radiologist
study
nml/NAD no fracture nml alignment no foreign body
interp:

Ultrasound lower extremity
nml/NAD

PROGRESS see additional template: # 94 51a
Time 1636 unchanged improved re-examined
Dr Nguyen will see
pt in ED

patient ambulating/mentating at pre-event baseline
Discharge VS: BP HR RR Temp
Discussed with Dr. Freund Time: 1415
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

PAIN R/L - ACUTE
LEG KNEE CALF ANKLE FOOT
Caude Equina Syndrome
Compartment Syndrome
Deep Venous Thrombosis
Epidural Abscess
Fasciitis Plantar
Gangrene
Gouty Arthritis - acute
Necrotizing Fasciitis
Pulmonary Embolus
Pyomyositis
Sciatica
Vascular Occlusion
Cellulites R leg DM
Present On Admission decubitus w/ w/foley

Disposition Order Time 1635
DISPOSITION- home admitted OBS expired
 AMA (see AMA template #73) transferred
CONDITION- unchanged improved stable
Care transferred to Freund MD/DO/MLP Time: 1415

Christian Carter, PA NP/PA IDX Provider # 55492
 I personally 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.
Christian Carter, PA
IDX #55493

Scribe name: [Signature] (Provider name) n946
 I have reviewed the information recorded by the scribe for accuracy and agree with its contents.
MD/DO IDX Provider #
 Template Complete Written Addendum

Cellulites

Scanned

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