

ER

LMM

6-24-13

infection on leg
home health nurse
instructed me to
take Mary.

6 hrs

MO53082

06/24/13 MO53082 70 / F
V024763393 ED 16:43
PARVIN, MARY JEAN
MCAB CARTCH ER

6

Circle or check affirmatives, backlash (N) negatives.

EMERGENCY PROVIDER RECORD
Lower Extremity Problem

Compartment Syndrome / Gas Gangrene / Necrotizing Fasciitis / Pyomyositis
DATE: 6/24/13 TIME: 1650 ROOM: 24 EMS Arrival
HISTORIAN: patient family EMS
UNABLE TO OBTAIN HISTORY DUE TO:

HPI

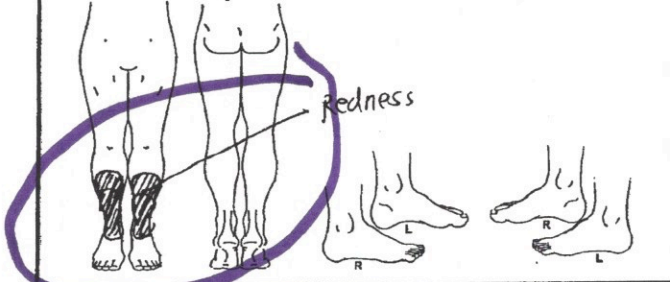
chief complaint: pain swelling altered sensation Redness
R/O FOOT ANKLE LEG KNEE THIGH HIP BACK
onset / duration: X 3 weeks

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

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

context: prolonged pressure on extremity
Pt c/o Redness to her R LE X 3 weeks.
She denies any pain, fever, and chills and does not note any other associated sx.

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



severity: mild moderate severe
exacerbated by: nothing relieved by: nothing
walking movement rest elevation
associated symptoms: difficulty walking off balance / painful
sweaty hurts to breathe / short of breath
chest pain weak
rapid heart rate fainting / dizzy

Similar symptoms previously yes

Recently seen / treated by doctor yes, pt dx c cellulitis
given rx for ketex and Doxy cycline
& no improvement

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 LE
swollen glands
NEURO / PSYCH
headache
confusion / dementia
depression / anxiety
All systems neg except as marked

PAST HX cellulitis, Dementia

RELATED PAST HX
back injury
chronic back pain
diabetes Type 1 Type 2
hypertension
intervertebral disc disease
lumbar thoracic cervical
CVA
aortic aneurysm
cardiac disease CAD
CHF MI angina ASCVD
peripheral vascular disease
GI disease ulcer hepatitis cirrhosis
gout
hyperlipidemia
lung disease asthma COPD
chronic Renal Insufficiency

old records reviewed / summary:

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

appendectomy cholecystectomy
back surgery hysterectomy / BTL / C-section
cardiac bypass / stent / cath TURP
Pacemaker, AICD

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
antibiotics sulfa, morphine
IV contrast Latex

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

FAMILY HX Reviewed not Relevant



TFCRMS

10229304231

Pg 1 of 2

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Lactate 1.1
PCT 0.05
AST 23
ALT 18

+ Blood cx (x2) Pending

Nursing Assessment Reviewed Initial Vital Signs Reviewed Telemetry
BP 190/78 HR 69 RR 16 Temp 36.7
Pulse Ox 96 % RA O2 Interp nml hypoxic

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.

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

Joint Exam

joints nml ligamentous instability
 nml ROM effusion Dermatitis @ LE
 click / crepitus
 limited ROM

VASCULAR

no vascular compromise pale / cool extremity
 pulses full / equal poor capillary refill
 Homan's sign / cords decreased / absent pulse
femoral popliteal dors-pedis post-tib

NEURO

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

SKIN

color nml, no rash cyanosis / diaphoresis / pallor
 warm, dry warmth / erythema Dermatitis @ LE
 rash / embolic lesion
 lymphangitis
 decubitus

HEENT

head atraumatic scleral icterus / pale conjunctivae
 eyes inspctn nml EOM palsy / anisocoria
 ENT inspctn nml pharyngeal erythema
 pharynx nml

RESPIRATORY

no resp. distress respiratory distress
 breath sounds nml wheezes / rales / rhonchi

CVS

reg. rate & rhythm tachycardia / bradycardia
 heart sounds nml JVD
 murmur / gallop

ABDOMEN / GI

non-tender tenderness / guarding / rebound
 no organomegaly hepatomegaly / splenomegaly / mass
 no bruit / mass nml bowel sounds

BACK / NECK

nml inspection vertebral point-tenderness
 pos straight-leg raise test on R / L at _____ deg

PSYCH

mood / affect nml depressed mood / flat affect

LABS, EKG & XRAYS

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

CBC nml except platelets Chem BUN 6.7 PTT
WBC 8.2 segs Na Creat 2.12 CPK
Hgb _____ bands _____ K _____ BNP 1289 UA
Hct _____ lymphs _____ CO2 _____ PT _____ nml except
Gluc 267 INR _____

Rhythm Strip Rate _____ Rhythm NSR / PVC
EKG Interp. by ED provider Rate 70 NSB A-fib
 nml intervals nml axis nml QRS non-specific ST/TW changes
 diagnosis nml abnml unchanged from 4/14/13

XRAYS

Interp. by me Reviewed by me Discsd w/ radiologist read by radiologist
study: CXr
 nml / NAD no fracture nml alignment no foreign body
interp: small @ pleural effusion, minor atelectasis

Ultrasound lower extremity extending laterally from
 nml / NAD @ illum.

PROGRESS

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

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: lab / rad. results diagnosis need for follow-up
Additional history from: 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 Gas Gangrene
LEG KNEE CALF ANKLE FOOT Gouty Arthritis - acute
Caude Equina Syndrome Necrotizing Fasciitis
Compartment Syndrome Pulmonary Embolus
Deep Venous Thrombosis Pyomyositis
Epidural Abscess Sciatica
Fasciitis Plantar Vascular Occlusion
venous stasis dermatitis
Present On Admission decubitus / UTI w/ Foley

Disposition Order Time 1715
DISPOSITION- home admitted OBS expired
 AMA (see AMA template #73) transferred
CONDITION- unchanged improved stable
Care transferred to _____ MD / DO / MLP Time: _____

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.
L. Eastman (Scribe name) scribing for Dr. Lynton (Provider name)
 I have reviewed the information recorded by the scribe for accuracy and agree with its content. Richard C. Lynton, M.D.
IDX #45815
MD / DO IDX Provider #
 Template Complete Written Addendum

06/24/13 M050002 70 / F
V024763333 HD:03/16/43
PARVIN, MARY JEAN
MCAB CARTCH ER

10229304232

ED SCANNED

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Lodi Memorial Hospital

975 South Fairmont, Lodi, CA 95240

Main Hospital
(209) 334-3411
Emergency Dept.
(209) 339-7575

EXITCARE® PATIENT INFORMATION DISCHARGE INSTRUCTION SUMMARY

Patient/Visit Information:

Patient Name: MARY PARVIN	Discharge Date/Time: 6/24/2013 5:33:57 PM
Attending Caregiver: Richard Lynton, MD, FACP	Diag:

Discharge Instruction Sheets Provided:

Stasis Dermatitis

Patient Instructions:

Additional Notes for Stasis Dermatitis

FOLLOW UP WITH DR. FREUND. RETURN TO THE ER FOR NEW OR WORSENING SYMPTOMS.

Followup Appointments/Instructions:

Primary Follow-up Information

02 - 03 days unless better: Edmund Freund, M.D. - Lodi Memorial Community-Millsbridge 1901 W. Kettleman Lane.
Ste 200 Lodi CA 95242- (209)334-8540

06/24/13 M053082 70 /#
 V024763393 BD:03/16/43
 PARVIN, MARY JEAN
 MCAB CARTCH ER >

Circle or check affirmatives, backslash (V) negatives.

EMERGENCY PROVIDER RECORD
Initial Provider Contact
 84

DATE: 6/24/13 TIME SEEN: 1415 ROOM: Relay EMS Arrival
 HISTORIAN: patient spouse paramedics
 INTERPRETER:

US supra
 w/upt
 isory
 in table
 in med
 @ home
 DTC
 from
 Hosp. lab
 June
 @ the
 for
 Save
 June
 in
 ED for
 Poss. Vte
 Cellulitis
 @ CHF
 @ Acapital

UNABLE TO OBTAIN HISTORY DUE TO: orthopnea
 CHIEF COMPLAINT / BRIEF HPI:
 CHEST PAIN DYSPNEA WHEEZING NO PAIN
 ABDOMINAL PAIN VOMITING DIARRHEA De Pansalt
 FEVER ALOC varigo SEIZURE edema
 VERTIGO dizziness FAINTING
 OTHER: varigo Bilateral Leg swelling
& redness
Hx Cellulitis - @ouja

PAST HX
 neurological problems lung disease RP Frown
 seizure disorder asthma emphysema
 cardiac disease CHF diabetes
 heart attack (MI) angina insulin-dependent diet-controlled
 heart failure oral hypoglycemic
 high blood pressure high cholesterol
 other problems

Medications none see nurses note
 ASA NSAID acetaminophen
 Allergies NKDA
see nurses note
Sulfon
morph
Latex

V/S BP 100/70 HR 69 RR 16 Temp 36.7

PHYSICAL EXAM
 EXAM LIMITED BY:
 GENERAL decreased LOC
 alert and interactive non-verbal / uncooperative

RESPIRATORY mild / moderate / severe distress
no resp distress wheezes / rales / rhonchi
nl breath sounds decreased breath sounds R / L

CVS tachycardia / bradycardia
nl rate irregularly irregular rhythm
nl rhythm occasional / frequent
nl heart sounds murmur

ABDOMEN tenderness general / focal
non-tender distended / rebound / guarding
no distension bowel sounds absent / increased / decreased
nl bowel sounds

SKIN pallor / ecchymosis / cyanosis / rash Redness
nl color cool / diaphoretic / not intact bilateral
warm, dry, intact dry mucus membrane Legs
nl volume status poor skin turgor / edema 24 bilateral

NEURO disoriented to person / place / time
oriented x 3 focal neuro deficit
grossly intact

INITIAL ORDERS & PLAN:

LABS: ABG BCx2 BCx1
PCT LACTATE URINE DIP UHCG
CBC CMP BMP PT
 CK TROPONIN BNP D-DIMER
 OTHER:
 IMAGING: COXP PELVIS HIP R L
 XR EXTREMITY:

CT: HEAD C-SPINE FACIAL
 CT (OTHER):

US: PELVIC OB GB
 SCROTUM DVT R L
 US (OTHER):

IV FLUIDS: NS LR D5 1/2NS
 IV Insant BOLUS 1L 2L 20 cc/hr

RT: ECG MONITOR PULSE OXY
 NEB: ALBUTEROL ___ MG ATROVENT ___ MG 1 HOUR
 MEDICATIONS:

PO: varigo TYLENOL MOTRIN ZOFRAN ODT
 VICODIN NORCO PERCOCET

IM: TORADOL MORPHINE DILAUDID
 IV: 200an TORADOL MORPHINE DILAUDID
 ROCEPHIN LEVAQUIN VANCOMYCIN

PLEASE NOTE: THIS TRIAGE NOTE IS NOT THE FINAL MEDICAL RECORD; IT ONLY ALLOWS THE PATIENT'S CARE TO BEGIN. ANOTHER PROVIDER WILL DOCUMENT A COMPLETE EVALUATION ON A COMPLAINT SPECIFIC TEMPLATE.

NOTES:
 Richard C. Lynton, M.D.
 ID# 45815
 Scribing for

(Scribe name) (Provider name)
 I have reviewed the information recorded and describe for accuracy and agree with its contents. Christian Carter, PA ID# 55493
 Template Complete JDX Provider # 55493

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20229408431

TFCMS

24

Lodi Memorial Hospital

975 South Fairmont
Lodi, CA 95240
(209) 334-3411

EXITCARE® PATIENT INFORMATION

Patient Information:

Patient ID:	Patient Medical Record Number: M053082
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: 6/24/2013	Department: ED
Discharge Date/Time: 6/24/2013 5:33:57 PM	
Primary Caregiver: Richard Lynton, MD, FACP	Diag:

Primary Follow-up Info: 02 - 03 days unless better: Edmund Freund, M.D. - Lodi Memorial Community-Millsbridge 1901 W. Kettleman Lane. Ste 200 Lodi CA 95242- (209)334-8540

User Information:

Login ID:	User Name:	Dept: ED
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>>>> Stasis Dermatitis - English - {677E2C13-C049-49F7-B394-72CA5577295D}

Additional Notes:

FOLLOW UP WITH DR. FREUND. RETURN TO THE ER FOR NEW OR WORSENING SYMPTOMS.

Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.

Mary Jean Parvin *A. Salzer RN* 6/24/13
Patient or Guardian Signature Date/Time Witnessed & Instructed by Date/Time

Lodi Memorial Hospital - Main Number (209) 334-3411

1740

06/24/13 M053082 70 /F
V024763393 BD: 03/16/43
PARVIN, MARY JEAN
MCAB CARTCH ER

RUN DATE: 06/28/13
RUN TIME: 0243
RUN USER: LOZASU

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 1

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024763393
Unit No. M053082

—ER Caregivers—
Physician Lynton, Richard MD - ER, ST
Practitioner
Nurse

Arrival Date 06/24/13
Time 1316
Triage Date 06/24/13
Time 1347

PCP Freund, Edmund MD-Mills

Date of Birth 03/16/1943

Stated Complaint POSS INFECTION
Chief Complaint General Illness 24/75
Priority 3

Primary Impression

Departure Disposition HOME
Departure Comment
Departure Condition

Departure Date 06/24/13
Time 1741

Allergies

<u>Allergy or Adverse Reaction</u>	<u>Type</u>	<u>Sev</u>	<u>Date</u>	<u>Ver</u>
Sulfa (Sulfonamide Antibiotics) Convulsions; REACTION AS A CHILD. OK TO TAKE LASIX Converted from Ingredient Allergy: Sulfa Drugs	AdvReac	S	06/27/13	N
morphine MAKES HER FEEL FUNNY	AdvReac	M	06/27/13	Y
latex Rash Converted from Drug Class Allergy: Latex	Allergy	M	06/27/13	N

Active Prescriptions

Provider Freund, Edmund MD-Mills

<u>Medication</u>	<u>Location</u>	<u>Issued</u>
Zolpidem ** Ambien ** 5 Milligram(s) Tab(s) 5 MG ORAL At bedtime as needed , #30 TAB REF 0 Instructions Take At Bedtime	Community Clinic Millsbridge	06/05/13
Metolazone ** Metolazone ** 2.5 Milligram(s) Tab(s) 2.5 MG ORAL Daily , #30 TABLET REF 6	Community Clinic Millsbridge	05/16/13

RUN DATE: 06/28/13
RUN TIME: 0243
RUN USER: LOZASU

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 2

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024763393
Unit No. M053082

Isosorbide Mononitrate ** Imdur ** 30 Milligram(s) TAB.SR.24H 30 MG ORAL Daily , #30 TAB.SR.24H REF 3	Community Clinic Millsbridge	04/25/13
HYDROcodone/Acetaminophen 10-500 Lortab 10-500 1 Tab(s) 1 TAB ORAL Every 8 hours , #90 TABLET REF 3	Community Clinic Millsbridge	02/21/13
Lovastatin Lovastatin 40 Milligram(s) Tab(s) 40 MG ORAL Daily , #30 TABLET REF 6	Community Clinic Millsbridge	01/30/13

Provider Hlaing, Min M MD - HOSP

Medication	Location	Issued
[Coreg] [Coreg] No Conflict Check 12.5 MG ORAL Twice daily , #60 REF 0	2nd South Nurse Station	06/09/13

Provider [Reported Med]

Reported Medication	Location	Issued
Levothyroxine Sodium Levothroid 100 Micogram(s) Tab(s) SOURCE: COMMENTS: 100 MCG ORAL Daily	Community Clinic Millsbridge	

Provider [Reported Med]

Reported Medication	Location	Issued
Furosemide ** Lasix ** 40 Milligram(s) Tab(s) SOURCE: COMMENTS: 80 MG ORAL Daily	Emergency Room	
Potassium Chloride Klor-Con 10 Milliequivalent(s) TABLET.SA SOURCE: COMMENTS: 10 MEQ ORAL Daily	Emergency Room	

RUN DATE: 06/28/13
RUN TIME: 0243
RUN USER: LOZASU

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

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Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024763393
Unit No. M053082

Aspirin ** 2nd South Nurse Station
Aspirin ** 81 Milligram(s) DO NOT USE
SOURCE:
COMMENTS:
81 MG ORAL Daily

Provider <NONE>

Reported Medication	Location	Issued
Insulin Aspart NovoLOG 100 UNIT/1 ML INSULN.PEN	Emergency Room	
SOURCE: COMMENTS: SLIDING SCALE 0 - 15 UNIT Subcutaneous As directed		

Telmisartan ** 2nd South Nurse Station
Micardis ** 40 Milligram(s) Tab(s)
SOURCE:
COMMENTS:
80 MG ORAL Daily

Escitalopram 2nd South Nurse Station
Lexapro 10 Milligram(s) Tab(s)
SOURCE:
COMMENTS: Prescriber: Edmund Freund
10 MG ORAL Daily , #30 TABLET

Biotin 2nd South Nurse Station
BIOTIN 1000 Micogram(s) Tab(s)
SOURCE:
COMMENTS:
1000 MCG ORAL Daily

Assessments

Vital Signs

Date 06/24/13 Time 1346 User DRAIN, CHRISTINE, RN

Get monitor results?

Blood Pressure 190/78 Mode: Mechanic.

Temp-C 36.7 Method: ORAL

O2 Sat% 96 On O2? N Mode:

Continuous pulse oximetry?

Pulse 69 Source: Mechanic.

Liters/Minute
% FiO2

Resp 16

Orthostatic? N Position:

Pain (1-10): NP 0 No Pain *

Non-Verbal Pain Scale:

Location-

RUN DATE: 06/28/13
RUN TIME: 0243
RUN USER: LOZASU

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

PAGE 6

Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024763393
Unit No. M053082

General Illness

Date 06/24/13 Time 1600 User SALYERS, ASHLEA, RN

Alert? Y Difficult to arouse? Cooperative? Y
Awake? Y Appropriate affect? Uncooperative?
Oriented x 3? Y Normal speech? Y Anxious?
to person? Garbled? Combative?
to place? Slurred? Tearful?
to time? Difficulty speaking?
Well developed/well nourished? Y Meals per day Thin? Obese?
Smoking Status: Never smoker Have you smoked in the past 12 months?
Approximately how many cigarettes do you smoke per day
If you are a former smoker, when did you quit Second hand smoke exposure?
Comment
Alcohol use? N Frequency- Alcohol-like odor on breath?
Comment
Recreational drug use? N Type Frequency-
Last Used
Good personal hygiene? Y Comment/

Vital Signs

Date 06/24/13 Time 1725 User JOHNSON, ERIC

Get monitor results?
Blood Pressure 189/91 Mode: Mechanic.
Temp-C 37.3 Method: ORAL
O2 Sat% 97 On O2? N Mode: Liters/Minute
Continuous pulse oximetry? N % FiO2
Pulse 69 Source: Mechanic.
Resp 16 Orthostatic? N Position:
Pain (1-10): NP 0 No Pain *
Non-Verbal Pain Scale:
Location-
Comment/

Discharge Information (ED)

Date 06/24/13 Time 1740 User SALYERS, ASHLEA

Discharge Vitals Blood Pressure 189/91 Mode:
Temp-C 37.3 Method:
O2 Sat% 97
Pulse 69 Source:
Resp 16
Can patient verbally communicate? Why not -
Pain (1-10): NP 0 No Pain
Non-Verbal Pain Scale:
Comment
Vaccinations given? DPT: N Date MMR? Y POLIO? Y
Influenza vaccine: N Date
Pneumococcal vaccine: Y Date 10/29/09

RUN DATE: 06/28/13
RUN TIME: 0243
RUN USER: LOZASU

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

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Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024763393
Unit No. M053082

Patient Notes

By: SALVERS, ASHLEA, RN On: 06/24/13 - 1656
DR. LYTON AT BEDSIDE

Treatments

IV/Invasive Line #1

Date 06/24/13 Time 1619 User SALVERS, ASHLEA, RN

IV Site #1

Location: Right hand Vein: Inserted Length cm
Type: Straight catheter Size: 22 gauge
Start Date 06/24/13 Time 1619 Attempts 2 Dressing: Opsite (3 days)
Placed by: SALYAS SALVERS, ASHLEA MD:
Labs drawn with IV start? N Comments
Intercath Care? Site WNL? *: Dressing Change?
D/C Date Time D/C Reason:

Orders

Date	Time	Procedure	Ordering Provider
06/24/13	1438	B-TYPE NATURETIC PEPTIDE	Carter, Christian PA/Rosing MD
06/24/13	1438	COMPLETE BLOOD COUNT	Carter, Christian PA/Rosing MD
06/24/13	1438	COMPREHENSIVE METABOLIC PANEL	Carter, Christian PA/Rosing MD
06/24/13	1438	CULTURE, BLOOD AEROBE/ANAEROBE	Carter, Christian PA/Rosing MD
06/24/13	1438	Insert IV	Carter, Christian PA/Rosing MD
06/24/13	1438	LACTIC ACID	Carter, Christian PA/Rosing MD
06/24/13	1438	PROCALCITONIN	Carter, Christian PA/Rosing MD
06/24/13	1438	Zofran	Carter, Christian PA/Rosing MD
06/24/13	1440	Chest 2 Views	Carter, Christian PA/Rosing MD
06/24/13	1440	RC: EKG	Carter, Christian PA/Rosing MD
06/26/13	1602	LEVEL III INTERMEDIATE	Lynton, Richard MD - ER
06/26/13	1602	PULSE OX MULTI FOR DX/TX/DC	Lynton, Richard MD - ER

Lab Results

Date	Time	Test	Result	Reference
06/24/13	1504	ABSOLUTE BASOPHILS	0.06	0.00-0.20 K/uL
06/24/13	1504	ABSOLUTE EOSINOPHILS	0.24	0.00-0.45 K/uL
06/24/13	1504	ABSOLUTE LYMPHOCYTES	1.86	0.96-4.75 K/uL
06/24/13	1504	ABSOLUTE MONOCYTES	0.52	0.10-1.00 K/uL
06/24/13	1504	ABSOLUTE PMNS	5.48	2.40-7.56 K/uL
06/24/13	1504	ALANINE AMINOTRANSERASE	18	14-54 IU/L
06/24/13	1504	ALB/GLOB RATIO	1.0 L	1.2-2.5
06/24/13	1504	ALBUMIN	3.2 L	3.5-4.8 g/dL
06/24/13	1504	ALKALINE PHOSPHATASE	64	38-126 IU/L

Patient PARVIN, MARY JEAN

Account No. V024763393

Age/Sex 70/F

Unit No. M053082

06/24/13	1504	ASPARTATE AMINOTRANSFERASE	23	15-41 IU/L
06/24/13	1504	B NATRIURETIC PEPTIDE	1289 H	< 176 pg/mL
06/24/13	1504	BILIRUBIN, TOTAL	1.0	0.1-2.0 mg/dL
06/24/13	1504	BLOOD UREA NITROGEN	67 H	8-21 mg/dL
06/24/13	1504	BUN/CREATININE RATIO	31.6 H	6.0-20.0
06/24/13	1504	CALCIUM	9.3	8.9-10.3 mg/dL
06/24/13	1504	CARBON DIOXIDE	32	22-32 mmol/L
06/24/13	1504	CHLORIDE	100	98-107 mmol/L
06/24/13	1504	CREATININE	2.12 H	0.44-1.03 mg/dL
06/24/13	1504	GLOBULIN	3.3	2.0-3.8 gm/dL
06/24/13	1504	GLOMERULAR FILTRATION RATE	23.0	
06/24/13	1504	GLUCOSE	267 H	70-110 mg/dL
06/24/13	1504	HEMATOCRIT	46.1	37.0-47.0 %
06/24/13	1504	HEMOGLOBIN	14.7	12.0-16.0 g/dL
06/24/13	1504	LACTIC ACID	1.1	0.5-2.2 mmol/L
06/24/13	1504	MEAN CELL VOLUME	90.3	80.0-99.0 fl
06/24/13	1504	MEAN CORPUSCULAR HEMOGLOBIN	28.9	27.0-33.0 pg
06/24/13	1504	MEAN CORPUSCULAR HGB CONC	32.0	31.8-36.2 g/dL
06/24/13	1504	MEAN PLATELET VOLUME	10.2	7.5-10.5 fl
06/24/13	1504	PERCENT BASOPHILS	0.7	<2.5 %
06/24/13	1504	PERCENT EOSINOPHILS	3.0	<7.0 %
06/24/13	1504	PERCENT LYMPHS	22.8	10.0-50.0 %
06/24/13	1504	PERCENT MONOCYTES	6.3	<12.0 %
06/24/13	1504	PERCENT PMNS	67.2	37-80 %
06/24/13	1504	PLATELET COUNT	197	140-450 K/mm3
06/24/13	1504	POTASSIUM	4.5	3.6-5.1 mmol/L
06/24/13	1504	PROCALCITONIN	0.05	<= 0.5 ng/mL
06/24/13	1504	PROTEIN, TOTAL	6.5	6.1-7.9 g/dL
06/24/13	1504	RED BLOOD COUNT	5.10	3.70-5.50 M/uL
06/24/13	1504	RED CELL DISTRIBUTION WIDTH	16.4	10.0-16.4 %
06/24/13	1504	SODIUM	140	134-143 mmol/L
06/24/13	1504	WHITE BLOOD COUNT	8.2	5.0-9.5 K/mm3

Medication Administration Record

Medication

Sch Date-Time	Admin Dose	Site	User
Doc Date-Time	Given - Reason		

Ondansetron 4 MG/2 ML SD.VIAL NOW/ONE/IV

06/24/13-1500 MG

06/24/13-1620 N Refused

SALYERS, ASHLEA

RUN DATE: 06/28/13
RUN TIME: 0243
RUN USER: LOZASU

Lodi Memorial Hospital EDM ***LIVE***
EDM Patient Record

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Patient PARVIN, MARY JEAN
Age/Sex 70/F

Account No. V024763393
Unit No. M053082

Call Back Reminders

Description: when BC is resulted

Status:

Contact Information: Home Phone: (209)625-8587
Other Phone: (209)747-9095 CELL
E-mail:
Alternate:

Summary of Call:

Date: 07/01/13
 Time: 0001

Lodi Memorial Hospital Laboratory Summary

975 South Fairmont Avenue Lodi, California 95240
 Elvira Milano, MD, et al - Director (209) 339-7584

Name: PARVIN, MARY JEAN Acct: V024763393 Status: DEP ER Attend Dr: Lynton, Richard MD - ER
 DOB: 03/16/43 Age/Sex: 70/F Unit: M053082 Registered: 06/24/13 Room-Bed:

*** HEMATOLOGY ***

Date	6/24/2013	Reference	Units
Time	1504		
WBC	8.2	(5.0-9.5)	K/mm3
RBC	5.10	(3.70-5.50)	M/uL
HGB	14.7	(12.0-16.0)	g/dL
HCT	46.1	(37.0-47.0)	%
MCV	90.3	(80.0-99.0)	fL
MCH	28.9	(27.0-33.0)	pg
MCHC	32.0	(31.8-36.2)	g/dL
RDW	16.4	(10.0-16.4)	%
PLATELET COUNT	197	(140-450)	K/mm3
MPV	10.2	(7.5-10.5)	fL
PMNS	67.2	(37-80)	%
LYMPHOCYTES	22.8	(10.0-50.0)	%
MONOCYTES	6.3	(<12.0)	%
EOSINOPHILS	3.0	(<7.0)	%
BASOPHIL	0.7	(<2.5)	%
ABS PMNS	5.48	(2.40-7.56)	K/uL
ABS LYMPHS	1.86	(0.96-4.75)	K/uL
ABS MONOS	0.52	(0.10-1.00)	K/uL
ABS EOS	0.24	(0.00-0.45)	K/uL
ABS BASOS	0.06	(0.00-0.20)	K/uL

*** CHEMISTRY ***

Date	-----6/24/2013-----				Reference	Units
Time	1504	1504	1504	1504		
SODIUM			140		(134-143)	mmol/L
POTASSIUM			4.5		(3.6-5.1)	mmol/L
CHLORIDE			100		(98-107)	mmol/L
CARBON DIOXIDE			32		(22-32)	mmol/L
GLUCOSE			267 H		(70-110)	mg/dL
BUN			67 H		(8-21)	mg/dL
CREATININE			2.12 H		(0.44-1.03)	mg/dL
BUN/CREAT RATIO			31.6 H		(6.0-20.0)	
GFR			23.0 (A)			

(A) Estimated GFR in ml/min/1.73 square meters. Rates of less than 60 are suggestive of Chronic Kidney Disease.

CALCIUM	9.3	(8.9-10.3)	mg/dL
ALBUMIN	3.2 L	(3.5-4.8)	g/dL
TOTAL PROTEIN	6.5	(6.1-7.9)	g/dL
GLOBULIN	3.3	(2.0-3.8)	gm/dL
ALB/GLOB RATIO	1.0 L	(1.2-2.5)	
BILI, TOTAL	1.0	(0.1-2.0)	mg/dL
ALK PHOSPHATASE	64	(38-126)	IU/L
ALT/SGPT	18	(14-54)	IU/L
SGOT/AST	23	(15-41)	IU/L

Name: PARVIN, MARY JEAN Unit: M053082 Acct: V024763393 Status: DEP ER Room-Bed:

Date: 07/01/13
Time: 0001

Page 2

Lodi Memorial Hospital Laboratory Summary

975 South Fairmont Avenue Lodi, California 95240
Elvira Milano, MD, et al - Director (209) 339-7584

Name: PARVIN, MARY JEAN Unit: M053082 Acct: V024763393 Room-Bed: (Continued)

*** CHEMISTRY (con't) ***

Date -----6/24/2013-----
Time 1504 1504 1504 1504 Reference Units

PROCALCITONIN 0.05 (E) (<= 0.5) ng/mL

(B)

INTERPRETATION: Systemic infection (sepsis) is not likely.
Local bacterial infection is possible.

RISK AND OPTIONS FOR FURTHER ACTION: Low risk for
progression to severe systemic infection (severe
sepsis/septic shock).

CAUTION: Procalcitonin (PCT) levels below 0.5 ng/mL do not
exclude an infection, because localized infections (without
systemic signs) may be associated with such low levels.

If PCT is measured very early after a bacterial challenge
(usually <6 hours), the value may still be low. In this
case, PCT should be re-assessed 6-24 hours later.

BNP 1289 (C) H (< 176) pg/mL

(C) Congestive Heart Failure Severity Classification

CLASS	BNP UPPER LIMIT
NYHA Class 1	176 pg/mL
NYHA Class 2	396 pg/mL
NYHA Class 3	678 pg/mL
NYHA Class 4	977 pg/mL

Please use BNP results in conjunction with other diagnostic
information. This test is approved by the FDA for the
diagnosis of all degrees of CHF severity including
asymptomatic patients.

LACTIC ACID 1.1 (0.5-2.2) mmol/L

*** MICROBIOLOGY ***

Source: Peripheral Blood

BLOOD CULTURE Final 06/30/13
Collection Date/Time: 06/24/13 1509

No growth after 5 days

BLOOD CULTURE Final 06/30/13
Collection Date/Time: 06/24/13 1502

No growth after 5 days

Name: PARVIN, MARY JEAN Unit: M053082 Acct: V024763393 Status: DEP ER Room-Bed:

M053082 PARVIN, MARY
 70 Years Female

6/24/2013 15:53:28

Iodi Memorial (1)

IME (01)

Room: ER (11) ER24
 Operator: RONNJA
 Account: V024763393

Account: V024763393
 4657979.001

STEMI YES / NO (circle one)

Old EKG Date: 11-13 / NO OLD EKG

Change since old EKG: YES NO

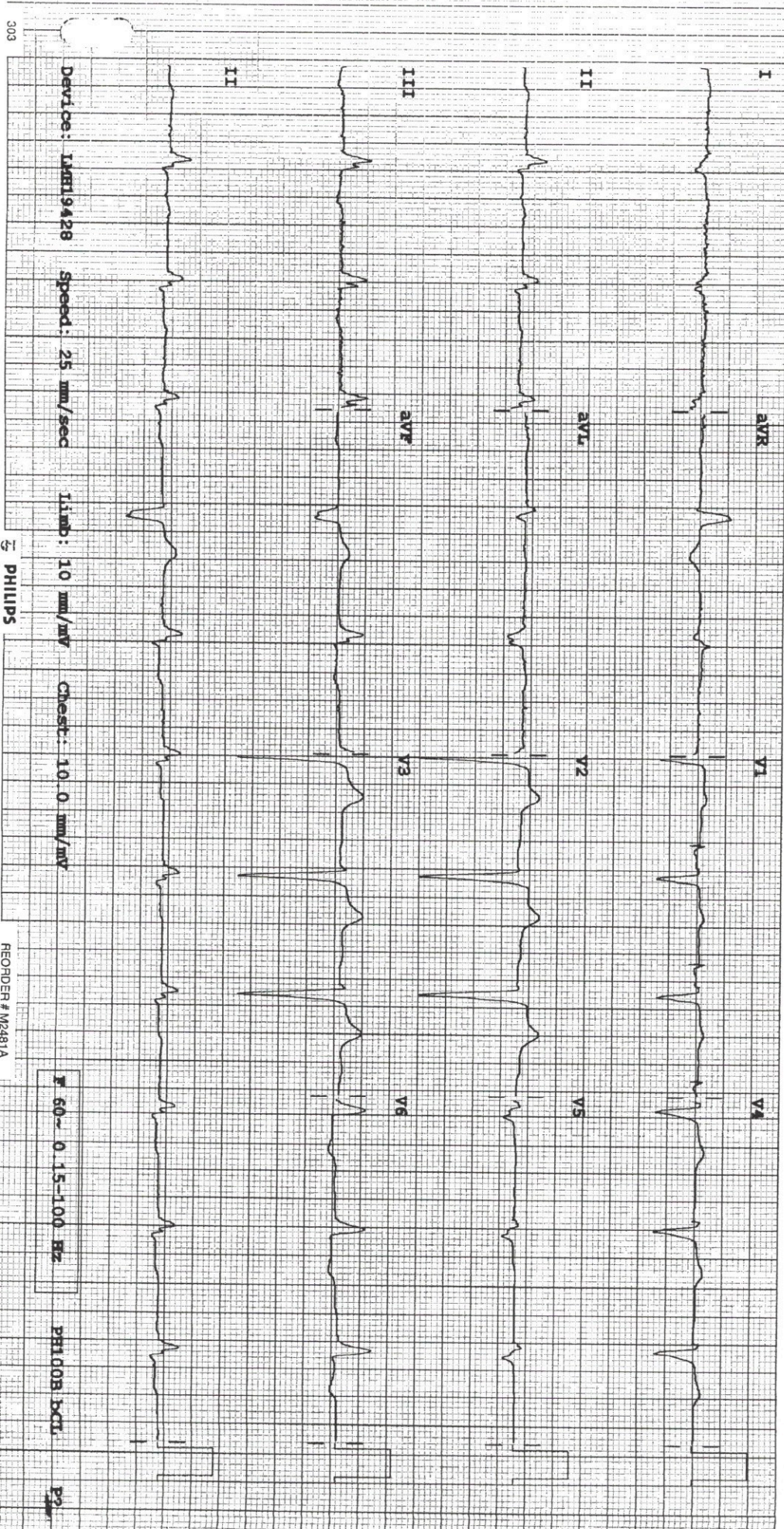
EKG seen @ 1603 by Dr. Xavier Salinas, M.D. Order: #34829

Rate 70 A-V DUAL-PACED COMPLEXES W/ SOME INHIBITION
 PR 58 06/24/13 M053082 70 /F
 QRSD 158 V024763393 BD:03/16/43
 QT 459 PARVIN, MARY JEAN
 QTc 496 MCAB CARTCH ER
 P 175
 QRS 134
 T 254
 12 Lead; Standard Placement

AW

ABNORMAL ECG -

Requested by: ERMD
 Unconfirmed Diagnosis



Device: ILM19428 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 0 mm/mV

F 60-0.15-100 Hz

PH1008 BCL

303 PHILIPS REORDER # M2481A

M053082 PARVIN, MARY JEAN
DOB: 16-Mar-1943 70 Years Female Race: WHITE

24-Jun-2013 15:53:28

Dept: ER
Room: ER24
Oper: RONNJA

Reading Phys.: IAVIST
Account: VO24763393

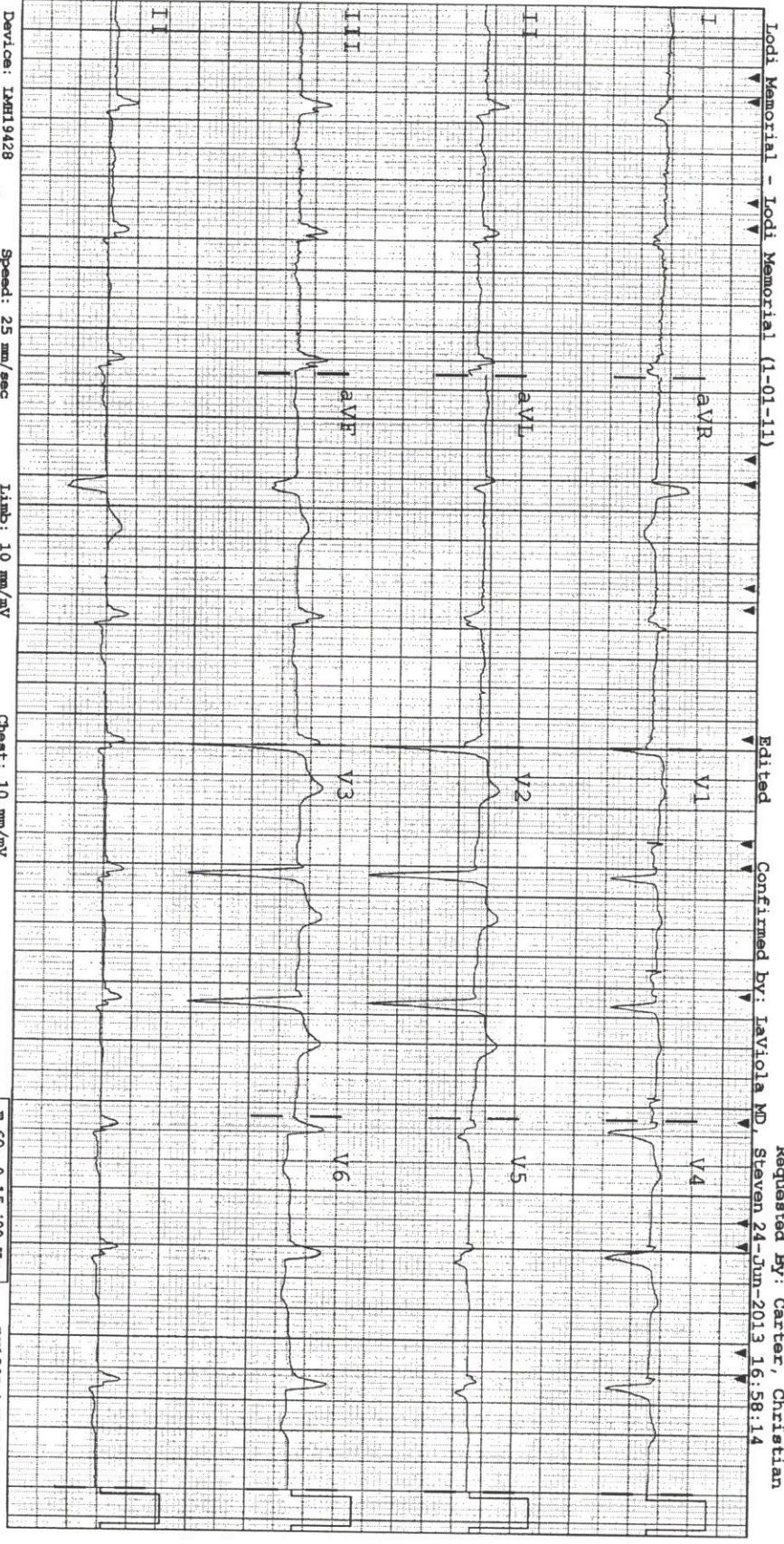
HR 70 . A-V dual-paced complexes w/ some inhibition
* ER MD SIG ON FILE
PR 58
QRSD 158
QT 459
QTc 496

-- AXIS --
P 175
QRS 134
T 254

Order #: 4657979.001

Previous ECG: 14-Apr-2013 08:43:36 - Abnormal Confirmed

Standard 12
Requested By: Carter, Christian
Steven 24-Jun-2013 16:58:14



Devices: IMH19428 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV

F 60 ~ 0.15-100 Hz

PH100B DCL P?

