

**Northwest Medical Center - Bentonville**

3000 Medical Center Parkway  
Bentonville, AR 72712-  
(479) 553-1000

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002      Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976    38 years    Female

***Facesheets***

\* Auth (Verified) \*

Northwest Medical Center of Bentonville  
3000 Medical Center PKWY  
Bentonville, AR 72712  
(479) 553-1000

Admit Date/Time: 02/17/14 00:56  
CHECK ADMIT: 02/17/14 00:56

Patient Registration Form

HSV: 807  
PT#: 3054042  
MR#: 000320188

PATIENT DEMOGRAPHICS

Name: ROJAS INGRID DOB: 09/13/1976 Age: 37  
Address: 1000 W HEK MOPE RD SSN: 076-01-0441 Sex: F Race: W  
ROGERS AR 72758 Religion: K Marital Status: M  
County: BENTON  
Home Phone: (479) 426-2432 Employer:  
Address:

Parent/Spouse Name: Work Phone: Occupation:  
Employer:  
Address:

Parent/Spouse SSN: DOB:  
Emergency Contact: ROJAS CESAR Home Phone: (479) 636-0125 Work Phone:  
Emergency Contact: FUGUEROA VIVIANA Home Phone: (479) 602-5402 Work Phone:

Adm. Priority: Pt. Accom Type:  Discharge Date/Time:  
Adm. Source: HIPAA Form: (Y/N) Discharge Status:  
Patient Room: MRSA: Last Discharge Date:  
Patient Unit or Station: Advance Directive: Registrar: BME

GUARANTOR

Name: DOB: Age: Relation:  
Address: SSN: Sex:  
County:  
Employer:  
Address:

Home Phone: Work Phone: Occupation:

INSURANCE

Plan #: 207 2 Plan Name: Financial Class: 0  
Plan ID: Plan Address: Verified Ins. Plans:  
Group #: Plan Phone: DOB:  
Group Name: PT Rel:  
Subscriber Name: Employ Status:  
Employer Name: Treatment #:

Plan #: 0 0 Plan Name: DOB:  
Plan ID: Plan Address: PT Rel:  
Group #: Employ Status:  
Group Name: Treatment #:  
Subscriber Name:  
Employer Name:

REGISTRATION

Adm. Dr: NEW DOCTOR NAME Att. Dr: NEW DOCTOR NAME Fam. Dr: WALLON G BRUCE  
Diagnosis 1: diabetic emergency  
Diagnosis 2:  
Procedure: Order Exp. Date:  
Complaint:  
Accident Code: Accident Date: Accident Place: Onset Date:  
Comments:



>>>> 000320188 3054042 BOP 02/17/14 00:56

^A 0450054042 PACR045B ADMISSIONS 02/17/14 000320188 ROJAS INGRID

\* Auth (Verified) \*

Northwest Medical Center of Bentonville  
3000 Medical Center PKWY  
Bentonville, AR 72712  
(479) 553-1000

Admit Date/Time: 02/17/14 00:56

Patient Registration Form

HSV: ECF  
PT#: 3054042  
MR#: 000320188

PATIENT DEMOGRAPHICS

Name: ROJAS INGRID DOB: 09/13/1976 Age: 37  
Address: 1608 W NEW HOPE RD SSN: 876-01-0441 Sex: F Race: N  
POCKERS AR 72758 Religion: 1 Marital Status: N  
County: BENTON  
Employer:  
Address:

Home Phone: (479) 426-2432

Work Phone: Occupation:

Parent/Spouse Name:

Employer:  
Address:

Parent/Spouse SSN:  
Emergency Contact: ROJAS CESAR  
Emergency Contact: FIGUEROA VIVIANA

DOB:  
Home Phone: (479) 836-0125 Work Phone: (000) -  
Home Phone: (479) 532-5482 Work Phone: (000) -

Adm. Priority: Pt. Accom Type: E Discharge Date/Time:  
Adm. Source: - HIPAA Form: (Y/N) ( ) Discharge Status:  
Patient Room: 1000E MRSA: Last Discharge Date:  
Patient Unit or Station: Advance Directive: N Registrar: BBR

GUARANTOR

Name: ROJAS INGRID DOB: 09/13/1976 Age: Relation: R  
Address: 1608 W NEW HOPE RD SSN: 876-01-0441 Sex: F SELF  
POCKERS AR 72758 County:  
Employer:  
Address:

Home Phone: (479) 426-2432

Work Phone: Occupation:

INSURANCE

Plan #: 900 P Plan Name: SELF PAY Financial Class: S  
Plan ID: 876010441 Plan Address: DO NOT ENTER Verified Ins. Plans:  
Group #: 99999 BENTONVILLE AR 72712  
Group Name: SELF PAY Plan Phone: (999) 999-9999 DOB: 09/13/1976  
Subscriber Name: ROJAS INGRID PT Rel: SELF  
Employer Name: NOT EMPLOYED Employer Status:  
Treatment #:

Plan #: 0 Plan Name:  
Plan ID: Plan Address:  
Group #:  
Group Name: Plan Phone: DOB:  
Subscriber Name: PT Rel:  
Employer Name: Employer Status:  
Treatment #:

REGISTRATION

Adm. Dr: COVERT LUNDY W Att. Dr: COVERT LUNDY W Fam. Dr: WALDON G BRUCE  
Diagnosis 1: diabetic emergency  
Diagnosis 2:  
Procedure: Order Exp. Date:  
Complaint:  
Accident Code: Accident Date: Accident Place: Onset Date: 02/17/14  
Comments:



>>>> 000320188 3054042 ECF 02/17/14 00:56

\*\* 0452094042 PAGE0408 ADMISSION 02/17/14 00320188 ROJAS INGRID

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Administrative Documents**

\* Auth (Verified) \*

NORTHWEST MEDICAL CENTER BENTONVILLE  
DIAGNOSES/PROCEDURES VALIDATION

PAGE: 1

Date: 2/19/14  
Time: 7:42:06

PATIENT NAME: ROJAS INGRID  
PATIENT NO: 3054042  
ADMISSION DATE: 2/17/14  
PC: S SELF PAY / UNKNOWN  
PHYSICIAN: 17022  
CHART NO: 000320188  
DISCHARGE DATE: 2/17/14  
SRV: 012 ER  
DISCHARGE STATUS: 01 DISCHARGED HOME/SELF CARE  
AGE: 37 SEX: FEMALE  
HISTORY NO: 000320188

FINAL DIAGNOSES

Coded by	HAMELPOD	POA	ICD CODE
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PRINCIPAL DIAGNOSES

ABDOMINAL PAIN RT LWR QUAD			78903
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SECONDARY DIAGNOSES

POST-PROC STATES NEC			V4589
EMIL NO CMP NT ST UNCTR			25000
HYPERTENSION NOS			4019
ANXIETY STATE NOS			30000
HX-PENICILLIN ALLERGY			V140

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd9 Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Consents**

\* Transcribed \*



**1. ASSIGNMENT OF INSURANCE BENEFITS / PROMISE TO PAY:**

I hereby assign and authorize payment directly to the Facility, and to any facility-based physician, all insurance benefits, sick benefits, injury benefits due because of liability of a third-party, or proceeds of all claims resulting from the liability of a third party, payable by any party, organization, et cetera, to or for the patient unless the account for this Facility, outpatient visit or series of outpatient visits is paid in full upon discharge or upon completion of the outpatient series. If eligible for Medicare, I request Medicare services and benefits. I further agree that this assignment will not be withdrawn or voided at any time until the account is paid in full. I understand that I am responsible for any charges not covered by my insurance company.

I understand that I am obligated to pay the account of the Facility in accordance with the regular rates and terms of the Facility. If I fail to make payment when due and the account becomes delinquent or is turned over to a collection agency or an attorney for collection, I agree to pay all collection agency fees, court costs and attorney's fees. I also agree that any patient or guarantor overpayments on the above Facility visit may be applied directly to any delinquent account for which I or my guarantor is legally responsible at the time of the collection of the overpayment. I consent for the Facility to appeal on my behalf any denial for reimbursement, coverage, or payment for services or care provided to me.

**2. NURSING CARE:**

The Facility provides only routine nursing care. Private duty nursing is not provided but may be arranged directly between an agency and me at my expense. The Facility is hereby released from any and all liability arising from the fact that I am not provided private duty care by the Facility.

**3. EMTALA:**

The Facility is obligated to treat medical emergencies regardless of my ability to pay. Therefore, if I or my guarantor have a medical emergency or if I am a pregnant woman in labor, I have the right to receive, within the capabilities of this Hospital's staff and facilities, an appropriate medical screening examination, necessary stabilizing treatment, and, if medically necessary, an appropriate transfer to another hospital, even if I cannot pay or do not have medical insurance or am not eligible to receive Medicare or Medicaid.

**4. PERSONAL VALUABLES:**

I understand that the Facility maintains a safe for the safekeeping of money and valuables, and the Facility shall not be liable for the loss or damage to any articles of personal property unless said articles are deposited with the Facility in the safe and receipts are issued describing said items. At no time shall the Facility be responsible for more than \$500 for said deposited items.

**5. WEAPON / EXPLOSIVES / DRUGS:**

I understand and agree that if the Facility at any time believes there may be a weapon, explosive device, biohazard material, any type of illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the Facility may search my room and belongings, confiscate any of the above items that are found, and dispose of them as it determines appropriate, including delivery of any item to law enforcement authorities.

**6. NOTICE OF PRIVACY PRACTICES:**

Required pursuant to Health Insurance Portability and Accountability Act of 1996 (HIPAA), I acknowledge that I have received a copy of the Facility's Notice of Privacy Practices. I hereby consent to the use and disclosure of my protected health information as described in the Notice of Privacy Practices. This will include all of my protected health information generated during hospitalization and outpatient treatment at the Facility, including but not limited to treatment for mental health, drug and alcohol abuse, communicable diseases such as HIV/AIDS, developmental disabilities, genetic testing, and other types of treatment received.

**7. GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES:**

I hereby voluntarily consent for treatment / admission to the Facility. I permit the Facility and its employees, physicians, fellows, residents, interns, and others involved in my care to treat me in ways they judge to be beneficial to me. I understand that I have the right to ask questions and to receive information about my care and treatment, and the right to withdraw my consent for treatment or tests. (Continued on Page 2)

Inpatient / Outpatient Conditions of Admission  
and Consent to Medical Treatment

ADM-1705CER:IMS 2/09 (Rev. 01/10, 05/12) Page 1 of 2  
ORIGINAL - Medical Record COPY - Recipient

Patient Label

NORTHWEST MEDICAL CENTER BENTONVILLE  
ROJAS INGRID  
PAT #: 3054042 CHART #: 000320188  
ADMIT DATE: 2014-02-17 DOB: 1976-09-13  
SEX: F AGE: 37  
ATT. DR.: NEW DOCTOR NAME

\* Transcribed \*

**7. GENERAL CONSENT FOR TESTS, TREATMENT, PHOTO, VIDEO, AND SERVICES (continued from page 1:**  
 I consent to examinations, blood tests (including blood tests for communicable diseases such as hepatitis and HIV/AIDS which healthcare personnel have been exposed to my blood and/or body fluids), laboratory and imaging procedures, medications, infusions, nursing care and other services or treatments rendered by my physician, consulting physicians, fellows, residents, interns, and their associates and assistants, or rendered by Facility personnel under the instructions, orders or direction of such physician(s), fellow(s), resident(s), or intern(s).

I agree and understand that all physicians (including fellows, residents, and interns), dentists, oral surgeons, and podiatrists involved in my care in any way are responsible and liable for their own acts and omissions, and the Facility is not responsible or liable for the acts or omissions of the aforementioned. Services may be performed by independent contractors who are not employed by the Facility. I am aware that the practice of medicine is not an exact science and further understand that no guarantee has been or can be made as to the results of the treatments, care or examinations in the Facility.

I have been informed of the treatment procedures considered necessary for me and that the treatments/procedures will be directed by a physician and may be performed by such physician and/or one or more additional physicians, fellows, residents, interns, and employees of the Facility. I understand that one or more physicians, fellows, residents, and/or interns at the Facility may treat me or participate in my treatment. I understand that no guarantee or assurance has been made regarding (1) which physicians and/or fellows, residents, or interns will treat me or participate in my treatment and/or (2) the results that may be obtained from treatment.

patient initials I consent to the photographing or videotaping, including appropriate portions of my body, for medical and medical record documentation purposes, provided said photographs or videotapes are maintained and released in accordance with protected health information regulations.

**8. ADVANCE DIRECTIVE ACKNOWLEDGEMENT:**  
 Federal law requires that patients be provided information about their rights to make advance health care decisions, including a Living Will, Durable Medical Power of Attorney or designation of a surrogate decision maker for healthcare decisions. If you have already completed any of these documents, please inform your physician and the Facility. **Please check one:**

I have executed an advance directive and have supplied a copy to the Facility.  
 I have executed an advance directive and have been requested to supply a copy to the Facility.  
 I have reviewed the directive(s) on file with this Facility and it is / they are my current directive(s).  
 I have not executed an advance directive. I have received information about advance directives from this Facility.  
 I have not executed an advance directive. I have requested advance directive information from this Facility.  
 I have not executed any advance directives, and I do not wish to receive information about advance directives from this Facility.

**9. RESEARCH STUDIES:** **Please check one:**  
 No  Yes Are you currently a participant in any research study or project: *If yes, please briefly describe what is being studied (drug, medical device or other)* \_\_\_\_\_  
 Who can the Facility contact with questions about the study? \_\_\_\_\_

**10. SMOKING CESSATION INFORMATION:**  
 Upon admission, I received the Smoking Cessation Information Packet, which includes information on: health risks associated with smoking, community resources for smoking cessation programs and health risks associated with second hand smoke. If I have further interest in smoking cessation programs and education, I will request additional information from the facility staff or my physician.

The undersigned certifies that s/he has read the foregoing, understands it, accepts its terms, has received a copy of it and is the patient or is duly authorized by the patient as their agent to execute the above.

Patient's Signature or Legal Representative		Date	Time
<i>Pt unable to sign</i>		2-17-14	130
Relationship to Patient		Interpreter, if Utilized	Date
			Time
Witness Signature	Date	Time	If Telephone Consent, Second Witness Signature
<i>Bob Brown</i>	2-17-14	130	

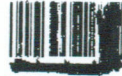
Inpatient / Outpatient Conditions of Admission and Consent to Medical Treatment  
 ADM-1705CERHIMS 2/09 (Rev. 01/10, 05/12) Page 2 of 2  
 ORIGINAL - Medical Record COPY - Recipient

Patient Label

NORTHWEST MEDICAL CENTER BENTONVILLE  
 ROJAS INGRID  
 PAT #: 3054042 CHART #: 000320188  
 ADMIT DATE: 2014-02-17 DOB: 1976-09-13  
 SEX: F AGE: 37  
 ATT. DR.: NEW DOCTOR NAME



\* Transcribed \*



**NOTICE OF PRIVACY PRACTICES, PATIENT RIGHTS AND RESPONSIBILITIES  
 AND SHARING OF PROTECTED HEALTH INFORMATION (PHI)**

**ACKNOWLEDGEMENT OF RECEIPT**

Our Notice of Privacy Practices and Patient Rights and Responsibilities provide important information. We encourage you to read both in full.

- I acknowledge that I was offered a copy of the Notice of Privacy Practices and Patient Rights and Responsibilities of Northwest Health System.
- I refused the offer of a copy of the Notice of Privacy Practices and Patient Rights and Responsibilities of Northwest Health System.

**FACILITY DIRECTORY:**

The facility keeps an inpatient directory for the purpose of directing phone calls, mail, visitors, etc.

- I would like to "opt out" of the facility directory. In so doing, I understand I will not receive mail, flowers, or phone calls while I am here, inquiries into my condition will not be answered and the facility will not acknowledge that I am here.

**SHARING PROTECTED HEALTH INFORMATION WITH FAMILY AND FRIENDS**

Under the Health Insurance Portability and Accountability Act of 1996, patients have the right to restrict, or object to providing protected health information ("PHI") to family members and friends.

Northwest Health System may share PHI about my clinical progress and treatment plan with *(Choose one)*:

- All members of my immediate family
- No one
- Name of designated person *(please print)* \_\_\_\_\_ and the year of their birth: \_\_\_\_\_

*(If you choose this option, PHI will be shared with one individual that you designate. All other visitors and family members will be given a condition report only, i.e., doing fair, well, critical, etc and referred to the person you have chosen.)*

**SIGNATURE**

Patient's Signature <i>Pt unable to sign</i>	Date <i>2-17-14</i>	Time <i>1:30</i>
-------------------------------------------------	------------------------	---------------------

If it is not possible to obtain the individual's acknowledgement, when a good faith effort was made to obtain it, explain the reasons why the signature was not obtained.

Reason: \_\_\_\_\_

Signature of Provider Representative <i>Beal Brown</i>	Date <i>2-17-14</i>	Time <i>1:30</i>
-----------------------------------------------------------	------------------------	---------------------

Notice of Privacy Practices, Patient Rights and Responsibilities and Sharing of Protected Health Information (PHI)  
 1550-ADM-6601HMS 05/12 (Rev. 11/12) Page 1 of 1

Patient Label

NORTHWEST MEDICAL CENTER BENTONVILLE  
 ROJAS INGRID  
 PAT #: 3054042 CHART #: 000320188  
 ADMIT DATE: 2014-02-17 DOB: 1976-09-13  
 SEX: F AGE: 37  
 ATT. DR.: NEW DOCTOR NAME

\* Transcribed \*



\*\*\*Las mujeres entre las edades de 12 y 55 años también deben completar el Formulario de consentimiento y divulgación para mujeres en edad de procreación\*\*\*

Nombre del paciente: \_\_\_\_\_ Fecha Nac.: \_\_\_\_\_ Sexo:  M  F N.º XR: \_\_\_\_\_

N.º de RM: \_\_\_\_\_ Procedimiento: CT abd/pelvis

Su médico ha solicitado un procedimiento de Adquisición de imágenes que requiere el uso de un agente de contraste radiográfico que se inyectará a su flujo sanguíneo y permitirá que se puedan ver diferentes partes internas y sistemas de su organismo con rayos X. Esta solución de contraste está asociada con riesgos potenciales. **La mayoría de pacientes no experimenta ningún efecto adverso o inusual por el uso de la solución de contraste.** Una evaluación de sus respuestas a las preguntas en el "Cuestionario de agente de contraste" nos ayudará a determinar si usted se encuentra en el grupo de personas que tiene un mayor riesgo conocido de reacción. Estas preguntas ayudarán a determinar si usted puede ser alérgico al yodo, un componente de las soluciones de contraste, o si necesita intervenciones adicionales. Inclusive si no está dentro de esta categoría, es posible que aún experimente una reacción.

Otras complicaciones potenciales asociadas con la inyección del agente de contraste incluyen que el contraste sea inyectado o se escape hacia los tejidos alrededor de la vena. Informe inmediatamente al tecnólogo si desarrolla calor, dolor, picazón, enrojecimiento y/o hinchazón en el sitio de la inyección.

Es posible que usted experimente una sensación temporal de calor, náusea y vómitos, o un sabor extraño en su boca. Estos síntomas no necesitan tratamiento. Las reacciones del tipo alérgico, aunque sean raras, pueden incluir picazón, urticaria (reacciones de la piel incrementadas), hinchazón de los labios y ojos, estornudos, falta de aliento, alteración en su ritmo cardiaco, presión arterial disminuida o ataques. Las reacciones más severas, que son extremadamente raras, pueden incluir colapso, insuficiencia renal y ataque cardíaco (al corazón).

Se me han explicado la naturaleza, propósito, beneficios, efectos secundarios, probabilidad de alcanzar las metas, problemas potenciales que pudieran ocurrir durante la recuperación, riesgos por no recibir la atención propuesta, tratamiento y servicios, así como alternativas del (de los) procedimiento(s) propuesto(s), incluyendo los riesgos, beneficios y efectos secundarios relacionados con las alternativas. Considero que tengo un conocimiento adecuado y suficiente tiempo en qué apoyar mi consentimiento informado para el procedimiento y el uso del medio de contraste. He tenido la oportunidad de realizar cualquier pregunta que pudiera tener y todas fueron respondidas a mi total satisfacción. Por este medio doy mi consentimiento al procedimiento y al uso del medio de contraste.

Firma del paciente o representante legal <i>INGRID ROJAS</i>			Fecha	Hora	
Relación con el paciente		Intérprete, si se utilizó	Fecha	Hora	
Firma del testigo <i>Angela Beltrame</i>	Fecha <i>2/14/15</i>	Hora	Si es consentimiento telefónico, firma del segundo testigo	Fecha	Hora

Radiology

Contrast Media Consent Form

RAD-1703WOSCERHMS 04/07 (Rev. 05/09, 06/11, 12/11) Page 1 of 1

ORIGINAL - Medical Record COPY - Patient Film Jacket

ROJAS INGRID  
 DOB: 1976-09-13 37 F EOP MR#: 320188  
 DOCTOR NEW COS: 2014-02-17



Patient Account # 3054042 Printed on 2/17/14 at 12:12

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

### Discharge Documentation

**Result Status:** Modified  
**Authentication Information:** Hampp, William Charles Rn (2/17/2014 06:02 CST)  
**Signed By:** Hampp, William Charles Rn (2/17/2014 06:02 CST); Lafollette, Jennifer Charge Nurse Rn (2/17/2014 05:46 CST)

#### ED Patient Summary

**Northwest Medical Center - Bentonville**  
**3000 Medical Center Parkway, Bentonville, AR 72712**  
**(479) 553-1010**

#### Discharge Instructions (Patient)

**Name:** ROJAS, INGRID **Current Date:** 02/17/2014 06:02:06 America/Chicago

**DOB:** 9/13/1976 **MRN:** 000320188 **FIN:** BV3054042

**Reason For Visit:** Abdominal pain; Abdominal pain; diabetic emergency

**Visit Date:** 02/17/2014 00:55:00 America/Chicago

**Address:** 1603 W NEW HOPE RD ROGERS AR 72758

**Phone:** (479)426-2432

**Primary Care Provider:**

**Name:**

**Phone:**

#### Emergency Department Providers:

Thank you for choosing Northwest Medical Center - Bentonville for your care. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and is not intended to be a substitute for complete medical care. You should contact your follow-up physician as it is important that he or she exam you for any new or remaining problems. If your problem worsens or new symptoms appear and you are unable to arrange prompt follow-up care, call or return to this emergency department.

#### Comment:

ROJAS, INGRID has been given the following list of follow-up instructions, prescriptions, and patient education materials:

#### Follow-up Instructions:

#### Patient Education Materials:

Abdominal Pain; Abdominal Pain (Nonspecific)(Spanish)

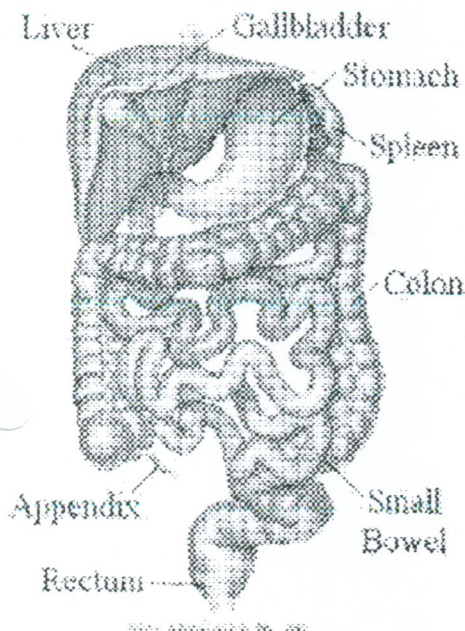
### Abdominal Pain

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Discharge Documentation

Abdominal pain can be caused by many things. Your caregiver decides the seriousness of your pain by an examination and possibly blood tests and X-rays. Many cases can be observed and treated at home. Most abdominal pain is **not** caused by a disease and will probably improve without treatment. However, in many cases, more time must pass before a clear cause of the pain can be found. Before that point, it may not be known if you need more testing, or if hospitalization or surgery is needed.



#### HOME CARE INSTRUCTIONS

- **Do not** take laxatives unless directed by your caregiver.
- Take pain medicine only as directed by your caregiver.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Try a clear liquid diet (broth, tea, or water) for as long as directed by your caregiver. Slowly move to a bland diet as tolerated.

#### SEEK IMMEDIATE MEDICAL CARE IF:

- The pain does not go away.
- You have a fever.
- You keep throwing up (*vomiting*).
- The pain is felt only in portions of the abdomen. Pain in the right side could possibly be appendicitis. In an adult, pain in the left lower portion of the abdomen could be colitis or diverticulitis.
- You pass bloody or black tarry stools.

**Patient:** ROJAS, INGRID  
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**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

### Discharge Documentation

#### MAKE SURE YOU:

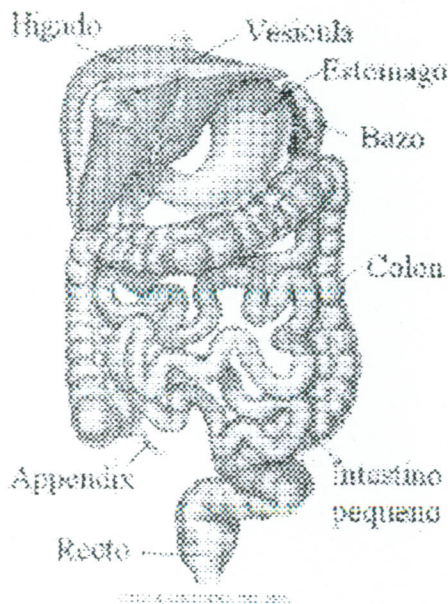
- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 09/27/2006 Document Revised: 08/29/2012 Document Reviewed: 08/05/2009

ExitCare® Patient Information ©2012 ExitCare, LLC

## Dolor abdominal, versión ampliada (Abdominal Pain, Nonspecific)

El análisis podría no mostrar la razón exacta por la que tiene dolor abdominal. Debido a que hay muchas causas distintas de dolor abdominal, se podrá necesitar otro control y más análisis. Es muy importante el seguimiento para observar los síntomas duraderos (persistentes) o los que empeoran. Una causa posible de dolor abdominal en cualquier persona que aún tiene su apéndice es la apendicitis aguda. La apendicitis es a menudo difícil de diagnosticar. Los análisis de sangre, orina, ultrasonido y tomografía computada no pueden descartar por completo la apendicitis u otras causas de dolor abdominal. A veces, sólo los cambios que se producen a través del tiempo permitirán determinar si el dolor abdominal se debe al apendicitis o a otras causas. Otros problemas potenciales que pueden requerir cirugía también pueden tomar algún tiempo hasta ser evidentes. Debido a esto, es importante seguir todas las instrucciones de más abajo.



**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**vice Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

### Discharge Documentation

#### INSTRUCCIONES PARA EL CUIDADO DOMICILIARIO

- Descanse todo lo que pueda.
  - No ingiera alimentos **sólidos** hasta que el dolor desaparezca.
  - **Cuando un adulto o un niño siente dolor:** Puede beneficiarlo una dieta basada en agua, té liviano descafeinado, caldo o consomé, gelatina, solución de rehidratación oral, helados de agua o trocitos de hielo.
  - **Cuando el adulto o el niño no sienten más dolor:** Consuma una dieta liviana (tostadas secas, crackers, jugo de manzana o arroz blanco). Incorpore más alimentos lentamente, siempre que esto no le cause **ningún** trastorno. No consuma productos lácteos (incluyendo queso y huevos) ni ingiera alimentos condimentados, grasos, fritos o con gran cantidad de fibra.
  - No consuma alcohol, cafeína ni cigarrillos.
  - Tome sus medicamentos regularmente, excepto que el profesional le indique lo contrario.
  - Utilice los medicamentos de venta libre o de prescripción para el dolor, el malestar o la fiebre, según se lo indique el profesional que lo asiste.
  - Utilice los medicamentos de venta libre o de prescripción para el dolor, el malestar o la fiebre, según se lo indique el profesional que lo asiste. **No administre aspirina a los niños.**
- Si el médico le ha dado fecha para una visita de control, es importante que concorra. No cumplir con este control puede dar como resultado que el daño, el dolor o la discapacidad sean permanentes (crónicos). Si tiene problemas para asistir al control, deberá comunicarlo en este establecimiento para recibir asesoramiento.

#### SOLICITE ATENCIÓN MÉDICA DE INMEDIATO SI:

- Usted o su niño han sufrido dolor por más de 24 horas.
- El dolor empeora, cambia de lugar o se siente diferente.
- Usted o su niño tienen una temperatura oral de más de 102° F (38.9° C) y no puede ser controlada con medicamentos.
- Su bebé tiene más de 3 meses y su temperatura rectal es de 102° F (38.9° C) o más.
- **Su bebé tiene 3 meses o menos y su temperatura rectal es de 100.4° F (38° C) o más.**
- Usted o su hijo tienen escalofríos.
- Continúan con vómitos y no pueden retener líquidos.
- Observa sangre en el vómito o en la materia fecal.
- Las heces son oscuras o negras.
- Los movimientos intestinales son frecuentes.
- Los movimientos intestinales se detienen (hay una obstrucción) o no pueden eliminarse los gases.
- Siente dolor al orinar o lo hace con frecuencia u observa sangre en la orina.
- La piel y la zona blanca de los ojos cambian de color y se tornan amarillos.
- Observa que el estómago se hincha o está más grande.
- Sienten marcos o desmayos.
- Sienten dolor en el pecho o la espalda.

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

### Discharge Documentation

#### ESTÉ SEGURO QUE:

- Comprende las instrucciones para el alta médica.
- Controlará su enfermedad.
- Solicitará atención médica de inmediato según las indicaciones.

Document Released: 03/26/2009 Document Revised: 08/29/2012  
ExitCare® Patient Information ©2012 ExitCare, L.L.C.

#### Prescriptions:

**Allergy Info:** penicillin

#### Medication Information:

Northwest Medical Center - Bentonville ED Physicians provided you with a complete list of medications post discharge, if you have been instructed to stop taking a medication please ensure you also follow up with this information to your Primary Care Physician. Unless otherwise noted, patient will continue to take medications as prescribed prior to the Emergency Room visit. Any specific questions regarding your chronic medications and dosages should be discussed with your physician(s) and pharmacist.

#### Medications that have not changed

metFORMIN 1,000 mg, Oral, twice a day, Refills: 0  
Last Dose: \_\_\_\_\_

metFORMIN 1,000 mg, Oral, twice a day, Refills: 0

#### Laboratory Orders

Name	Status	Details
.DiffAuto	Completed	Blood, Enter Source, Stat, ST - Stat, Collected, 02/17/14 01:02:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, 02/17/14 01:02:00 CST, 6217348.000000, Enter Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Spec...
CBCDA	Completed	Blood, Stat, ST - Stat, 02/17/14 01:00:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N
CMP	Completed	Blood, Stat, ST - Stat, 02/17/14 01:00:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N
ETOH	Completed	Blood, Stat, ST - Stat, 02/17/14 01:01:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Discharge Documentation**

HcgQIM	Ordered	Blood, Stat, ST - Stat, 02/17/14 01:01:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N
UAARfxM	Completed	Urine, Void, Stat, ST - Stat, 02/17/14 01:01:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N
UDS10AM	Completed	Urine, Stat, ST - Stat, 02/17/14 01:01:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N

**Radiology Orders**

Name	Status	Details
CT Abdomen Pelvis W	Ordered	02/17/14 01:02:00 CST, STAT, One Time Unscheduled, 26,026, Reason: Abdominal pain, generalized, Transport Mode: Stretcher, Rad Type
CT Head or Brain WO	Ordered	02/17/14 01:01:00 CST, STAT, 02/17/14 01:01:00 CST, Reason: Altered level of Consciousness, Transport Mode: Stretcher, Rad Type

**Patient Care Orders**

Name	Status	Details
Discharge Patient	Ordered	02/17/14 05:24:00 CST, to Home/Self Care

**Comment:**

I, ROJAS, INGRID, have been given the following list of patient education materials, prescriptions, and follow up instructions and has verbalized understanding:  
Abdominal Pain; Abdominal Pain (Nonspecific)(Spanish)

Patient Signature 02/17/2014 06:02:06 Provider Signature 02/17/2014 06:02:06

Result Status:	Modified
Authentication Information:	Hampp, William Charles Rn (2/17/2014 06:02 CST)
Signed By:	Hampp, William Charles Rn (2/17/2014 06:02 CST); Lafollette, Jennifer Charge Nurse Rn (2/17/2014 05:46 CST)

**ED Clinical Summary**

**Northwest Medical Center - Bentonville**



**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
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**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Discharge Documentation**

**Discharge Instructions (Clinical)**

**PERSON INFORMATION**

**Name:** ROJAS, INGRID **DOB:** 9/13/1976 **Age:** 37 Years

**MRN:** 000320188 **FIN:** BV3054042

**Address and Phone:**

1603 W NEW HOPE RD ROGERS AR 72758 (479)426-2432

**DISCHARGE INFORMATION**

**ED Arrival Time:** 02/17/2014 00:55:00

**ED Departure Time:** 02/17/2014 05:41:00

**Date of Discharge:** 02/17/2014 05:41:00

**Discharge Diagnosis:** Right lower quadrant abdominal pain 789.03

**Discharge Disposition:** 01 DISCHARGED HOME/SELF CARE

**PROVIDERS**

**Primary Care Provider:**

**Name:**

**Phone:**

**Emergency Department Providers**

Provider	Role	Assigned	Unassigned
COLVERT, LUNDY W	ED Provider	02/17/2014 00:57:30	
Hampp, William Charles Rn	ED Nurse	02/17/2014 01:26:46	

**Comment:**

**MEDICAL INFORMATION**

**Vitals Information:**

Vital Sign	Triage	Latest
Temp Oral		
Temp Axillary		
Temp Rectal		
O2 Sat		
Respiratory Rate	22 br/min	22 br/min
Peripheral Pulse Rate	117 bpm	122 bpm
Blood Pressure	147 mmHg / 90 mmHg	120 mmHg / 77 mmHg

**Patient:** ROJAS, INGRID  
 MRN: 000320188  
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Adm Date: 2/17/2014  
 Attending: COLVERT, LUNDY W  
 Primary Care: WALDON, GENE BRUCE MD  
 DOB/Age/Sex: 9/13/1976 38 years Female

**Discharge Documentation**

**Major Tests and Procedures:**

The following procedures and tests were performed during your ED visit.

**Laboratory Orders**

Name	Status	Details
.DiffAuto	Completed	Blood, Enter Source, Stat, ST - Stat, Collected, 02/17/14 01:02:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, 02/17/14 01:02:00 CST, 6217348.000000, Enter Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Spec...
CBCDA	Completed	Blood, Stat, ST - Stat, 02/17/14 01:00:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N
CMP	Completed	Blood, Stat, ST - Stat, 02/17/14 01:00:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N
ETOH	Completed	Blood, Stat, ST - Stat, 02/17/14 01:01:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N
HcgQIM	Ordered	Blood, Stat, ST - Stat, 02/17/14 01:01:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N
UARfxM	Completed	Urine, Void, Stat, ST - Stat, 02/17/14 01:01:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N
UDS10AM	Completed	Urine, Stat, ST - Stat, 02/17/14 01:01:00 CST, Once 24, 02/17/14 01:02:00 CST, Nurse collect, Print label Y/N

**Radiology Orders**

Name	Status	Details
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**Patient Care Orders**

Name	Status	Details
Discharge Patient	Ordered	02/17/14 05:24:00 CST, to Home/Self Care

**Allergy Information:**

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
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**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

### Discharge Documentation

penicillin

#### Medication List:

metFORMIN 1,000 mg, Oral, twice a day, Refills: 0

Comment:

#### PATIENT EDUCATION INFORMATION

##### Instructions:

Abdominal Pain; Abdominal Pain (Nonspecific)(Spanish)

##### Follow up:

Comment:

#### PHYSICIAN DOCUMENTATION/NOTES

**Patient:** ROJAS, INGRID **MRN:** 000320188 **FIN:** BV3054042

**Age:** 37 years **Sex:** Female **DOB:** 9/13/1976

**Associated Diagnoses:** Right lower quadrant abdominal pain 789.03

**Author:** COLVERT, LUNDY W

#### Basic Information

**Additional information:** Chief Complaint from Nursing Triage Note : Chief Complaint.

2/17/2014 00:59 CST Chief Complaint pt comes through door will open eyes but not responding to verbal commands, once pt does start talking pt c/o abd pain

#### History of Present Illness

The patient presents with abdominal pain. The onset was 5 hours ago. The course/duration of symptoms is constant. The character of symptoms is achy. The degree at onset was 5/10. The Location of pain at onset was right, lower and abdominal. The degree at present is severe. The Location of pain at present is right, lower and abdominal. Radiating pain: none. The exacerbating factor is none. The relieving factor is none. Therapy today: none. Risk factors consist of none. Associated symptoms: none. Additional history: none.

#### Review of Systems

**Constitutional symptoms:** Negative except as documented in HPI.

**Skin symptoms:** Negative except as documented in HPI.

**Eye symptoms:** Negative except as documented in HPI.

**ENMT symptoms:** Negative except as documented in HPI.

**Respiratory symptoms:** Negative except as documented in HPI.

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Diagnosis Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Discharge Documentation**

- Cardiovascular symptoms:** Negative except as documented in HPI.
- Gastrointestinal symptoms:** Abdominal pain, severe, right lower quadrant.
- Genitourinary symptoms:** Negative except as documented in HPI.
- Musculoskeletal symptoms:** Negative except as documented in HPI.
- Neurologic symptoms:** Negative except as documented in HPI.
- Psychiatric symptoms:** Negative except as documented in HPI.
- Endocrine symptoms:** Negative except as documented in HPI.
- Hematologic/Lymphatic symptoms:** Negative except as documented in HPI.
- Allergy/immunologic symptoms:** Negative except as documented in HPI.

**Health Status**

**Allergies:** .

Allergic Reactions (All)  
*Unknown*

Penicillin- No reactions were documented.

**Past Medical/ Family/ Social History**

**Procedure history:** Include procedure history.

No active procedure history items have been selected or recorded.

**Family history:** .

No family history items have been selected or recorded.

**Social history:** .

**Social & Psychosocial Habits**

No Data Available

**Problem list:** .

Patient Stated

- Anxiety / SNOMED CT 81133019 / Confirmed
- Appendectomy / SNOMED CT 132967011 / Confirmed
- Cholecystectomy / SNOMED CT 64698015 / Confirmed
- DM - Diabetes mellitus / SNOMED CT 502372015 / Confirmed
- Hypertension / SNOMED CT 64176011 / Confirmed

**Physical Examination**

**Vital Signs**

Vital Signs.

2/17/2014 02:30 CST

**Peripheral Pulse Rate**

**101 bpm HI**

Patient: **ROJAS, INGRID**  
MRN: 000320188  
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Adm Date: 2/17/2014  
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DOB/Age/Sex: 9/13/1976 38 years Female

### Discharge Documentation

	Systolic Blood Pressure	129 mmHg
	<b>Diastolic Blood Pressure</b>	<b>84 mmHg HI</b>
	Mean Arterial Pressure, Cuff	99 mmHg
2/17/2014 02:00 CST	Peripheral Pulse Rate	100 bpm
	Systolic Blood Pressure	125 mmHg
	Diastolic Blood Pressure	79 mmHg
	Mean Arterial Pressure, Cuff	94 mmHg
2/17/2014 01:15 CST	<b>Peripheral Pulse Rate</b>	<b>101 bpm HI</b>
	<b>Systolic Blood Pressure</b>	<b>164 mmHg HI</b>
	<b>Diastolic Blood Pressure</b>	<b>91 mmHg HI</b>
	Mean Arterial Pressure, Cuff	115 mmHg
2/17/2014 01:00 CST	<b>Peripheral Pulse Rate</b>	<b>122 bpm HI</b>
	<b>Systolic Blood Pressure</b>	<b>158 mmHg HI</b>
	<b>Diastolic Blood Pressure</b>	<b>109 mmHg HI</b>
	Mean Arterial Pressure, Cuff	125 mmHg
2/17/2014 00:59 CST	Temperature Temporal Artery	97.7 DegF
	<b>Peripheral Pulse Rate</b>	<b>117 bpm HI</b>
	<b>Respiratory Rate</b>	<b>22 br/min HI</b>
	<b>Systolic Blood Pressure</b>	<b>147 mmHg HI</b>
	<b>Diastolic Blood Pressure</b>	<b>90 mmHg HI</b>

#### Measurements.

2/17/2014 00:59 CST	Height/Length Measured	157 cm
	Weight Dosing	77.11 kg

#### Basic Oxygen Information.

2/17/2014 02:30 CST	Oxygen Therapy	Room air
	SpO2	96 %
2/17/2014 02:00 CST	Oxygen Therapy	Room air
	SpO2	97 %
2/17/2014 01:03 CST	Oxygen Therapy	Room air
2/17/2014 00:59 CST	Oxygen Therapy	Room air
	SpO2	98 %

**General:** Severe distress.

**Skin:** Warm, dry, pink.

**Head:** Normocephalic, atraumatic.

**Neck:** Supple, trachea midline, no tenderness.

**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva.

**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion.

**Patient:** ROJAS, INGRID  
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**DOB/Age/Sex:** 9/13/1976 38 years Female

### Discharge Documentation

**Respiratory:** Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

**Chest wall:** No tenderness, No deformity.

**Back:** Nontender, Normal range of motion, Normal alignment.

**Musculoskeletal:** Normal ROM, normal strength, no tenderness.

**Gastrointestinal:** Soft, Non distended, Normal bowel sounds, Tenderness: Moderate, right lower quadrant.

**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed.

**Lymphatics:** No lymphadenopathy.

### Medical Decision Making

**Differential Diagnosis:** Abdominal pain, Appendicitis, bowel obstruction, ureteral stone, hepatitis, pancreatitis, irritable bowel syndrome, urinary tract infection, gastroenteritis.

**Documents reviewed:** Emergency department nurses' notes.

**Results review:** All Results.

2/17/2014 04:53 CST	CT Abdomen Pelvis W URL	(In Progress)
	CT Head or Brain WO URL	(In Progress)
2/17/2014 01:48 CST	ED Documents	
2/17/2014 01:47 CST	Medication	
	Administration Follow	
	Up-Text	
2/17/2014 00:59 CST	ED Triage Note	
2/17/2014 00:56 CST	Facesheet	
	Facesheet	
2/17/2014 05:00 CST	Heart Rate Monitored 79 bpm	
	Systolic Blood Pressure 119 mmHg	
	Diastolic Blood Pressure 69 mmHg	
	Mean Arterial Pressure, 86 mmHg	
	Cuff	
	Oxygen Therapy Room air	
	SpO2 96 %	
2/17/2014 04:00 CST	Heart Rate Monitored 91 bpm	
	Systolic Blood Pressure 128 mmHg	
	Diastolic Blood Pressure 75 mmHg	
	Mean Arterial Pressure, 93 mmHg	
	Cuff	

**Patient:** ROJAS, INGRID  
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**Discharge Documentation**

	Oxygen Therapy	Room air
	SpO2	96 %
2/17/2014 03:40 CST	Ur Collection Source	Void
	Ur Color	Yellow
	Ur Appearance	Clear
	<b>Ur Glucose</b>	<b>3+</b>
	Ur Bili	Neg
	<b>Ur Ketone</b>	<b>2+</b>
	Ur Specific Gravity	1.020
	Ur Blood	Neg
	Ur pH	5
	Ur Protein	Neg
	Ur Urobilinogen	norm mg/dL
	Ur Nitrite	neg
	Ur Leukocyte Esterase	Neg
	<b>Ur WBC</b>	<b>0-2</b>
	Ur RBC	None Seen
	Ur Epithelial Cells	0-5
	Ur Bacteria	None Seen
	U Amp Man	Neg
	U Barb Man	Neg
	<b>U Benz Man</b>	<b>Pos</b>
	U COC Man	Neg
	U Methadone Man	Neg
	<b>U Opiate Man</b>	<b>Pos</b>
	U PCP Man	Neg
	U TCA Man	Neg
	U THC Man	Neg
	U mAmp Man	Neg
2/17/2014 03:00 CST	Heart Rate Monitored	97 bpm
	Systolic Blood Pressure	120 mmHg
	Diastolic Blood Pressure	77 mmHg
	Mean Arterial Pressure, Cuff	91 mmHg
	Oxygen Therapy	Room air
	SpO2	96 %
2/17/2014 02:30 CST	<b>Peripheral Pulse Rate</b>	<b>101 bpm HI</b>
	Systolic Blood Pressure	129 mmHg

**Patient:** ROJAS, INGRID  
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**Discharge Documentation**

	<b>Diastolic Blood Pressure</b>	<b>84 mmHg HI</b>
	Mean Arterial Pressure, Cuff	99 mmHg
	Cardiac Rhythm	Sinus tachycardia
	Oxygen Therapy	Room air
	SpO2	96 %
2/17/2014 02:00 CST	Peripheral Pulse Rate	100 bpm
	Systolic Blood Pressure	125 mmHg
	Diastolic Blood Pressure	79 mmHg
	Mean Arterial Pressure, Cuff	94 mmHg
	Cardiac Rhythm	Sinus tachycardia
	Oxygen Therapy	Room air
	SpO2	97 %
2/17/2014 01:48 CST	ED EKG Interpreted by	COLVERT, LUNDY W
	ED EKG Start Time	2/17/2014 01:43
2/17/2014 01:17 CST	Numeric Rating at Rest	8
2/17/2014 01:15 CST	<b>Peripheral Pulse Rate</b>	<b>101 bpm HI</b>
	<b>Systolic Blood Pressure</b>	<b>164 mmHg HI</b>
	<b>Diastolic Blood Pressure</b>	<b>91 mmHg HI</b>
	Mean Arterial Pressure, Cuff	115 mmHg
	Cardiac Rhythm	Sinus tachycardia
2/17/2014 01:10 CST	Level of Consciousness	Stuporous
	Affect/Behavior	Anxious, Crying, Hysterical, Restless
	Appearance BH	Appropriate
	Orientation Assessment	Identifies self
2/17/2014 01:03 CST	<b>Blood Glucose, Capillary</b>	<b>361 mg/dL HI</b>
	Cardiac Rhythm	Sinus tachycardia
	Monitoring Lead	II, V1/MCL1
	GI Symptoms	Abdominal tenderness, Nausea



Patient: **ROJAS, INGRID**  
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### Discharge Documentation

Abdomen Description	Rounded, Symmetric
Emesis Description	Clear, Watery
Bowel Sounds All Quadrants	Present
Respiratory Symptoms	None
Respirations	Unlabored
Respiratory Pattern	Regular
Chest Motion	Symmetrical
All Lobes Breath Sounds	Clear
Oxygen Therapy	Room air
Genitourinary Symptoms	None
Skin Color General	Usual for ethnicity
Skin Temperature	Warm
Skin Moisture General	Dry
Skin Turgor General	Elastic
Skin Integrity General	Intact
Mucous Membrane Color	Pink
Mucous Membrane Description	Moist
Neurological Symptoms	None
Gait	Unable to assess
Extremity Movement	Lower extremity equal, Upper extremity equal
Aspiration Risk	None
Facial Symmetry	Symmetric
Level of Consciousness	Lethargic
Affect/Behavior	Flat, Drowsy
Appearance BH	Appropriate
Orientation	Disoriented x 4
Assessment	
2/17/2014 01:02 CST WBC	10.4 x10 <sup>9</sup> /L
<b>RBC</b>	<b>5.07 x10<sup>12</sup>/L HI</b>
Hgb	14.7 gm/dL
HCT	42.7 %
MCH	29.0 pg
MCHC	34.4 gm/dL

**Patient:** ROJAS, INGRID  
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**Discharge Documentation**

MCV	84.2 fL
Plt Cnt	226 x10 <sup>3</sup> /mcL
MPV	9.5 fL
RDW	12.9 %
Neutrophils% Auto	70.8 %
Lymphocytes% Auto	25.0 %
<b>Monocytes% Auto</b>	<b>3.7 % LOW</b>
Basophils% Auto	0 %
Eosinophils% Auto	0.4 %
<b>Neutrophils# Auto</b>	<b>7.30 x10<sup>3</sup>/mcL HI</b>
Lymphocytes# Auto	2.60
Monocytes# Auto	0.4 x10 <sup>3</sup> /mcL
Basophils# Auto	0.0 x10 <sup>3</sup> /mcL
Eos# Auto	0.0 x10 <sup>3</sup> /mcL
<b>Sodium</b>	<b>135 mmol/L LOW</b>
Potassium	4.2 mmol/L
Chloride	99 mmol/L
<b>Carbon Dioxide</b>	<b>20 mmol/L LOW</b>
BUN	16 mg/dL
Creatinine	0.60 mg/dL
eGFR Non African American	112 mL/min/1.73 m <sup>2</sup>
<b>Glucose</b>	<b>413 mg/dL CRIT</b>
Calcium	9.4 mg/dL
Anion Gap	16.0 NA
Albumin	4.1 gm/dL
<b>Alkaline Phosphatase</b>	<b>201 unit/L HI</b>
ALT	43 unit/L
AST	SEE NOTE unit/L
Bili Total	0.8 mg/dL
<b>Prot Total</b>	<b>8.3 gm/dL HI</b>
<b>Globulin</b>	<b>4.2 gm/dL HI</b>
Albumin/Globulin Ratio	1.0
ETOH RawVal	<3 mg/dL
Ethanol Lvl	<0.003 %
<b>Peripheral Pulse Rate</b>	<b>122 bpm HI</b>
<b>Systolic Blood Pressure</b>	<b>158 mmHg HI</b>

2/17/2014 01:00 CST

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Discharge Documentation**

**Diastolic Blood Pressure** 109 mmHg HI  
Mean Arterial Pressure, 125 mmHg  
Cuff  
Hand Over the needle  
Left 18 gauge  
Peripheral IV Inserted  
Activity:  
Peripheral IV 1  
Number of Attempts:  
Peripheral IV Site No complications  
Condition:  
Peripheral IV None  
Drainage  
Description:  
Peripheral IV 0  
Infiltration Score:  
Peripheral IV 0  
Phlebitis Score:  
Peripheral IV Dry, Intact,  
Dressing: Transparent  
Peripheral IV No complications  
Patency:

2/17/2014 00:59 CST Height/Length 157 cm  
Measured  
Weight Dosing 77.11 kg  
Temperature Temporal 97.7 DegF  
Artery  
**Peripheral Pulse Rate** 117 bpm HI  
**Respiratory Rate** 22 br/min HI  
**Systolic Blood Pressure** 147 mmHg HI  
**Diastolic Blood Pressure** 90 mmHg HI  
Preferred Pain Tool Numeric rating scale  
Numeric Rating at Rest 8  
Numeric Rating Score 8  
Rest

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Discharge Documentation**

Oxygen Therapy      Room air  
SpO2                      98 %

**Reexamination/ Reevaluation**

**Vital signs**

**Basic Oxygen Information**

2/17/2014 02:30 CST	Oxygen Therapy	Room air
	SpO2	96 %
2/17/2014 02:00 CST	Oxygen Therapy	Room air
	SpO2	97 %
2/17/2014 01:03 CST	Oxygen Therapy	Room air
2/17/2014 00:59 CST	Oxygen Therapy	Room air
	SpO2	98 %

**Impression and Plan**

**Diagnosis**

Right lower quadrant abdominal pain 789.03 (ICD9 789.03, Discharge, Emergency medicine, Medical)

**Plan**

**Condition:** Improved.

**Disposition:** Discharged: to home.

**Patient was given the following educational materials:** Abdominal Pain, Abdominal Pain (Nonspecific)(Spanish).

**Follow up with:** Primary Care Physician, In: 3 day(s).

**Counseled:** Patient, Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

**Orders:** Discharge Order(02/17/2014 05:24:00 CST, to Home/Self Care).

\* Auth (Verified) \*

PIN

I, ROJAS, INGRID, have been given the following list of patient education materials, prescriptions, and follow up instructions and has verbalized understanding:  
Abdominal Pain; Abdominal Pain (Nonspecific)(Spanish)

pt m Bwaling  
Patient Signature 02/17/2014 05:41:02 Provider Signature 02/17/2014 05:41:02

\* Auth (Verified) \*



N.º de rayos X	N.º de RM	BUN	Creatinina	Fecha de extracción
		116	0.6	2/17/14

**PARA DETERMINAR EL USO DE METFORMIN,  
CONSULTE LA LISTA DE MEDICAMENTOS PROPORCIONADOS POR EL TECNÓLOGO**

Estoy tomando medicamento que contiene clorhidrato de metformina, el cual me recetó mi médico para el tratamiento de mi diabetes (azúcar alta en la sangre) u otra condición médica. Comprendo que tomar un medicamento que contiene clorhidrato de metformina además del medio de contraste que se me dará para el procedimiento de rayos X puede ocasionar problemas médicos serios relacionados con la función renal. Para prevenir este problema, debo seguir las instrucciones que están a continuación:

1. No puedo tomar medicamentos que incluyan clorhidrato de metformina (CONSULTE LA LISTA DE MEDICAMENTOS PROPORCIONADOS POR EL TECNÓLOGO) por lo menos 48 horas después del procedimiento de rayos X. Comprendo que todavía puedo tomar todos mis demás medicamentos, a menos que mi médico me instruya lo contrario.
2. Debo hacer arreglos con mi médico regular para controlar mi diabetes (azúcar en la sangre) durante las 48 horas que no puedo tomar mi medicina de la diabetes.
3. Durante las 48 horas después de mis rayos X, debo tomar gran cantidad de líquidos, a menos que mi médico me indique que no lo haga.
4. Le daré seguimiento con mi médico persona con relación a cuándo reanudaré mi medicamento para la diabetes (Metformina). Mi médico decidirá si necesito que se me extraiga sangre para revisar mi función renal. Esta cita será concertada por parte del consultorio de mi médico.
5. Mi médico decidirá si cuándo debo reanudar mi medicamento de diabetes.

He leído y comprendido la información anterior.

Firma del paciente

Fecha/Hora

**TECHNOLOGIST MUST COMPLETE BELOW**

Dr. \_\_\_\_\_'s office was notified that the patient above had an imaging examination that required contrast media and resulted in the patient discontinuing the above mentioned medication (containing metformin hydrochloride).

*Angela E. Baker RT (R)*  
Technologist

*2/17/14 0435 AM*  
Date/Time

Phone

Fax

Other

Date/Time

Additional comments:

Radiology

Post Indicated Contrast Media Instructions

RAD-2200SCERJMS 10/05 (Rev. 05/09, 02/11, 08/12) Page 1 of 1

ORIGINAL - Medical Record

COPY - Recipient

Patient Label

NORTHWEST MEDICAL CENTER - BENTONVILLE

ROJAS INGRID 1002-E

DOB: 1976-09-13 37 F ECO

MR#: 320188

LUNDY COLVERT

DOS: 2014-02-17



Patient Account #: 3054042

Printed on 2/17/14 at 4:22

Patient: **ROJAS, INGRID**  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Emergency Documentation

Result Status: Auth (Verified)  
Authentication Information: Lafollette, Jennifer Charge Nurse Rn (2/17/2014 05:46 CST)  
Signed By: Lafollette, Jennifer Charge Nurse Rn (2/17/2014 05:46 CST)

**ED Type B Facility Charging Entered On: 02/17/2014 05:46 CST**  
**Performed On: 02/17/2014 05:46 CST by Lafollette, Jennifer Charge Nurse Rn**

#### FCT DTA's

FCT Discharge Disposition: Standard ED Encounter  
Urgent Care Patient: No

Lafollette, Jennifer Charge Nurse Rn - 02/17/2014 05:46 CST

---

Result Status: Auth (Verified)  
Authentication Information: Lafollette, Jennifer Charge Nurse Rn (2/17/2014 05:46 CST)  
Signed By: Lafollette, Jennifer Charge Nurse Rn (2/17/2014 05:46 CST)

**ED Procedure Charge Sheet Entered On: 02/17/2014 05:46 CST**  
**Performed On: 02/17/2014 05:46 CST by Lafollette, Jennifer Charge Nurse Rn**

#### Procedure Charges

Procedure Charges?: None

Lafollette, Jennifer Charge Nurse Rn - 02/17/2014 05:46 CST

---

Result Status: Auth (Verified)  
Authentication Information: Lafollette, Jennifer Charge Nurse Rn (2/17/2014 01:48 CST)  
Signed By: Lafollette, Jennifer Charge Nurse Rn (2/17/2014 01:48 CST)

**EKG Completed Date and Time Entered On: 02/17/2014 01:49 CST**  
**Performed On: 02/17/2014 01:48 CST by Lafollette, Jennifer Charge Nurse Rn**

#### EKG Completed Date and Time

ED EKG Start Time: 2/17/2014 01:43 CST  
ED EKG Interpreted by: COLVERT, LUNDY W

Lafollette, Jennifer Charge Nurse Rn - 02/17/2014 01:48 CST

---

Result Status: Auth (Verified)  
Authentication Information: COLVERT, LUNDY W (2/17/2014 05:24 CST)  
Signed By: COLVERT, LUNDY W (2/17/2014 05:24 CST)

#### Abdominal pain

Patient: **ROJAS, INGRID** MRN: **000320188** FIN: **BV3054042**  
Age: **37 years** Sex: **Female** DOB: **9/13/1976**

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
vice Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Emergency Documentation

Associated Diagnoses: **Right lower quadrant abdominal pain 789.03**

Author: **COLVERT, LUNDY W**

#### Basic Information

**Additional information:** Chief Complaint from Nursing Triage Note : Chief Complaint.  
2/17/2014 00:59 CST Chief Complaint pt comes through door will open eyes but not  
responding to verbal commands, once pt does start talking pt c/o abd pain

#### History of Present Illness

The patient presents with abdominal pain. The onset was 5 hours ago. The course/duration of symptoms is constant. The character of symptoms is achy. The degree at onset was 5 /10. The Location of pain at onset was right, lower and abdominal. The degree at present is severe. The Location of pain at present is right, lower and abdominal. Radiating pain: none. The exacerbating factor is none. The relieving factor is none. Therapy today: none. Risk factors consist of none. Associated symptoms: none. Additional history: none.

#### Review of Systems

**Constitutional symptoms:** Negative except as documented in HPI.  
**Skin symptoms:** Negative except as documented in HPI.  
**Eye symptoms:** Negative except as documented in HPI.  
**ENMT symptoms:** Negative except as documented in HPI.  
**Respiratory symptoms:** Negative except as documented in HPI.  
**Cardiovascular symptoms:** Negative except as documented in HPI.  
**Gastrointestinal symptoms:** Abdominal pain, severe, right lower quadrant.  
**Genitourinary symptoms:** Negative except as documented in HPI.  
**Musculoskeletal symptoms:** Negative except as documented in HPI.  
**Neurologic symptoms:** Negative except as documented in HPI.  
**Psychiatric symptoms:** Negative except as documented in HPI.  
**Endocrine symptoms:** Negative except as documented in HPI.  
**Hematologic/Lymphatic symptoms:** Negative except as documented in HPI.  
**Allergy/immunologic symptoms:** Negative except as documented in HPI.

#### Health Status

**Allergies:** .

Allergic Reactions (All)

Unknown

Penicillin- No reactions were documented.

#### st Medical/ Family/ Social History



Patient: ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Emergency Documentation

#### Procedure history: Include procedure history.

No active procedure history items have been selected or recorded.

#### Family history:

No family history items have been selected or recorded.

#### Social history:

#### Social & Psychosocial Habits

No Data Available

#### Problem list:

##### Patient Stated

Anxiety / SNOMED CT 81133019 / Confirmed  
Appendectomy / SNOMED CT 132967011 / Confirmed  
Cholecystectomy / SNOMED CT 64698015 / Confirmed  
DM - Diabetes mellitus / SNOMED CT 502372015 / Confirmed  
Hypertension / SNOMED CT 64176011 / Confirmed

#### Physical Examination

##### Vital Signs

##### Vital Signs.

2/17/2014 02:30 CST	<b>Peripheral Pulse Rate</b>	<b>101 bpm HI</b>
	Systolic Blood Pressure	129 mmHg
	<b>Diastolic Blood Pressure</b>	<b>84 mmHg HI</b>
	Mean Arterial Pressure, Cuff	99 mmHg
2/17/2014 02:00 CST	Peripheral Pulse Rate	100 bpm
	Systolic Blood Pressure	125 mmHg
	Diastolic Blood Pressure	79 mmHg
	Mean Arterial Pressure, Cuff	94 mmHg
2/17/2014 01:15 CST	<b>Peripheral Pulse Rate</b>	<b>101 bpm HI</b>
	<b>Systolic Blood Pressure</b>	<b>164 mmHg HI</b>
	<b>Diastolic Blood Pressure</b>	<b>91 mmHg HI</b>
	Mean Arterial Pressure, Cuff	115 mmHg
2/17/2014 01:00 CST	<b>Peripheral Pulse Rate</b>	<b>122 bpm HI</b>
	<b>Systolic Blood Pressure</b>	<b>158 mmHg HI</b>
	<b>Diastolic Blood Pressure</b>	<b>109 mmHg HI</b>
	Mean Arterial Pressure, Cuff	125 mmHg
2/17/2014 00:59 CST	Temperature Temporal Artery	97.7 DegF
	<b>Peripheral Pulse Rate</b>	<b>117 bpm HI</b>

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Emergency Documentation

	<b>Respiratory Rate</b>	<b>22 br/min HI</b>
	<b>Systolic Blood Pressure</b>	<b>147 mmHg HI</b>
	<b>Diastolic Blood Pressure</b>	<b>90 mmHg HI</b>

#### Measurements.

2/17/2014 00:59 CST	Height/Length Measured	157 cm
	Weight Dosing	77.11 kg

#### Basic Oxygen Information.

2/17/2014 02:30 CST	Oxygen Therapy	Room air
	SpO2	96 %
2/17/2014 02:00 CST	Oxygen Therapy	Room air
	SpO2	97 %
2/17/2014 01:03 CST	Oxygen Therapy	Room air
2/17/2014 00:59 CST	Oxygen Therapy	Room air
	SpO2	98 %

**General:** Severe distress.

**Skin:** Warm, dry, pink.

**Head:** Normocephalic, atraumatic.

**Neck:** Supple, trachea midline, no tenderness.

**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva.

**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion.

**Respiratory:** Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

**Chest wall:** No tenderness, No deformity.

**Back:** Nontender, Normal range of motion, Normal alignment.

**Musculoskeletal:** Normal ROM, normal strength, no tenderness.

**Gastrointestinal:** Soft, Non distended, Normal bowel sounds, Tenderness: Moderate, right lower quadrant.

**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal sensory observed.

**Lymphatics:** No lymphadenopathy.

#### Medical Decision Making

**Differential Diagnosis:** Abdominal pain, Appendicitis, bowel obstruction, ureteral stone, hepatitis, pancreatitis, irritable bowel syndrome, urinary tract infection, gastroenteritis.

**Documents reviewed:** Emergency department nurses' notes.

**Results review:** All Results.

2/17/2014 04:53 CST	CT Abdomen Pelvis W	URL	(In Progress)
	CT Head or Brain WO	URL	(In Progress)

Patient: **ROJAS, INGRID**  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Emergency Documentation**

2/17/2014 01:48 CST ED Documents  
2/17/2014 01:47 CST Medication  
Administration Follow  
Up-Text  
2/17/2014 00:59 CST ED Triage Note  
2/17/2014 00:56 CST Facesheet  
Facesheet  
2/17/2014 05:00 CST Heart Rate Monitored 79 bpm  
Systolic Blood Pressure 119 mmHg  
Diastolic Blood Pressure 69 mmHg  
Mean Arterial Pressure, 86 mmHg  
Cuff  
Oxygen Therapy Room air  
SpO2 96 %  
2/17/2014 04:00 CST Heart Rate Monitored 91 bpm  
Systolic Blood Pressure 128 mmHg  
Diastolic Blood Pressure 75 mmHg  
Mean Arterial Pressure, 93 mmHg  
Cuff  
Oxygen Therapy Room air  
SpO2 96 %  
2/17/2014 03:40 CST Ur Collection Source Void  
Ur Color Yellow  
Ur Appearance Clear  
**Ur Glucose 3+**  
Ur Bili Neg  
**Ur Ketone 2+**  
Ur Specific Gravity 1.020  
Ur Blood Neg  
Ur pH 5  
Ur Protein Neg  
Ur Urobilinogen norm mg/dL  
Ur Nitrite neg  
Ur Leukocyte Esterase Neg  
**Ur WBC 0-2**  
Ur RBC None Seen  
ur Epithelial Cells 0-5

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd9 Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Emergency Documentation**

	Ur Bacteria	None Seen
	U Amp Man	Neg
	U Barb Man	Neg
	<b>U Benz Man</b>	<b>Pos</b>
	U COC Man	Neg
	U Methadone Man	Neg
	<b>U Opiate Man</b>	<b>Pos</b>
	U PCP Man	Neg
	U TCA Man	Neg
	U THC Man	Neg
	U mAmp Man	Neg
2/17/2014 03:00 CST	Heart Rate Monitored	97 bpm
	Systolic Blood Pressure	120 mmHg
	Diastolic Blood Pressure	77 mmHg
	Mean Arterial Pressure, Cuff	91 mmHg
	Oxygen Therapy	Room air
	SpO2	96 %
2/17/2014 02:30 CST	<b>Peripheral Pulse Rate</b>	<b>101 bpm HI</b>
	Systolic Blood Pressure	129 mmHg
	<b>Diastolic Blood Pressure</b>	<b>84 mmHg HI</b>
	Mean Arterial Pressure, Cuff	99 mmHg
	Cardiac Rhythm	Sinus tachycardia
	Oxygen Therapy	Room air
	SpO2	96 %
2/17/2014 02:00 CST	Peripheral Pulse Rate	100 bpm
	Systolic Blood Pressure	125 mmHg
	Diastolic Blood Pressure	79 mmHg
	Mean Arterial Pressure, Cuff	94 mmHg
	Cardiac Rhythm	Sinus tachycardia
	Oxygen Therapy	Room air
	SpO2	97 %
2/17/2014 01:48 CST	ED EKG Interpreted by	COLVERT, LUNDY W
	ED EKG Start Time	2/17/2014 01:43

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Emergency Documentation**

2/17/2014 01:17 CST **Numeric Rating at Rest 8**

2/17/2014 01:15 CST **Peripheral Pulse Rate 101 bpm HI**  
**Systolic Blood Pressure 164 mmHg HI**  
**Diastolic Blood Pressure 91 mmHg HI**  
Mean Arterial Pressure, 115 mmHg  
Cuff

2/17/2014 01:10 CST **Cardiac Rhythm Sinus tachycardia**  
**Level of Consciousness Stuporous**  
**Affect/Behavior Anxious, Crying, Hysterical, Restless**  
**Appearance BH Appropriate**  
**Orientation Identifies self**  
**Assessment**

2/17/2014 01:03 CST **Blood Glucose, Capillary 361 mg/dL HI**  
**Cardiac Rhythm Sinus tachycardia**  
**Monitoring Lead II, V1/MCL1**  
**GI Symptoms Abdominal tenderness, Nausea**  
**Abdomen Description Rounded, Symmetric**  
**Emesis Description Clear, Watery**  
**Bowel Sounds All Present**  
**Quadrants**  
**Respiratory Symptoms None**  
**Respirations Unlabored**  
**Respiratory Pattern Regular**  
**Chest Motion Symmetrical**  
**All Lobes Breath Clear**  
**Sounds**  
**Oxygen Therapy Room air**  
**Genitourinary Symptoms None**  
**Skin Color General Usual for ethnicity**  
**Skin Temperature Warm**  
**Skin Moisture General Dry**  
**Skin Turgor General Elastic**  
**Skin Integrity General Intact**

Patient: ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Emergency Documentation

Mucous Membrane Color Pink  
Mucous Membrane Description Moist  
Neurological Symptoms None  
Gait Unable to assess  
Extremity Movement Lower extremity equal,  
Upper extremity equal  
Aspiration Risk None  
Facial Symmetry Symmetric  
Level of Consciousness Lethargic  
Affect/Behavior Flat, Drowsy  
Appearance BH Appropriate  
Orientation Disoriented x 4  
Assessment

2/17/2014 01:02 CST WBC 10.4 x10<sup>9</sup>/L  
RBC 5.07 x10<sup>12</sup>/L HI  
Hgb 14.7 gm/dL  
HCT 42.7 %  
MCH 29.0 pg  
MCHC 34.4 gm/dL  
MCV 84.2 fL  
Plt Cnt 226 x10<sup>3</sup>/mcL  
MPV 9.5 fL  
RDW 12.9 %  
Neutrophils% Auto 70.8 %  
Lymphocytes% Auto 25.0 %  
Monocytes% Auto 3.7 % LOW  
Basophils% Auto 0 %  
Eosinophils% Auto 0.4 %  
Neutrophils# Auto 7.30 x10<sup>3</sup>/mcL HI  
Lymphocytes# Auto 2.60  
Monocytes# Auto 0.4 x10<sup>3</sup>/mcL  
Basophils# Auto 0.0 x10<sup>3</sup>/mcL  
Eos# Auto 0.0 x10<sup>3</sup>/mcL  
Sodium 135 mmol/L LOW  
Potassium 4.2 mmol/L  
Chloride 99 mmol/L  
Carbon Dioxide 20 mmol/L LOW

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Emergency Documentation**

BUN 16 mg/dL  
Creatinine 0.60 mg/dL  
eGFR Non African American 112 mL/min/1.73 m2  
Glucose **413 mg/dL CRIT**  
Calcium 9.4 mg/dL  
Anion Gap 16.0 NA  
Albumin 4.1 gm/dL  
Alkaline Phosphatase **201 unit/L HI**  
ALT 43 unit/L  
AST SEE NOTE unit/L  
Bili Total 0.8 mg/dL  
Prot Total **8.3 gm/dL HI**  
Globulin **4.2 gm/dL HI**  
Albumin/Globulin Ratio 1.0  
ETOH RawVal <3 mg/dL  
Ethanol Lvl <0.003 %  
Peripheral Pulse Rate **122 bpm HI**  
Systolic Blood Pressure **158 mmHg HI**  
Diastolic Blood Pressure **109 mmHg HI**  
Mean Arterial Pressure, Cuff 125 mmHg  
Hand Over the needle  
Left 18 gauge  
Peripheral IV Activity: Inserted  
Peripheral IV Number of Attempts: 1  
Peripheral IV Site Condition: No complications  
Peripheral IV Drainage Description: None  
Peripheral IV Infiltration Score: 0

2/17/2014 01:00 CST

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd9 Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Emergency Documentation

Peripheral IV 0  
Phlebitis Score:  
Peripheral IV Dry, Intact,  
Dressing: Transparent  
Peripheral IV No complications  
Patency:  
2/17/2014 00:59 CST Height/Length 157 cm  
Measured  
Weight Dosing 77.11 kg  
Temperature Temporal 97.7 DegF  
Artery  
Peripheral Pulse Rate 117 bpm HI  
Respiratory Rate 22 br/min HI  
Systolic Blood Pressure 147 mmHg HI  
Diastolic Blood Pressure 90 mmHg HI  
Preferred Pain Tool Numeric rating scale  
Numeric Rating at Rest 8  
Numeric Rating Score 8  
Rest  
Oxygen Therapy Room air  
SpO2 98 %

### Reexamination/ Reevaluation

#### Vital signs

#### Basic Oxygen Information

2/17/2014 02:30 CST	Oxygen Therapy	Room air
	SpO2	96 %
2/17/2014 02:00 CST	Oxygen Therapy	Room air
	SpO2	97 %
2/17/2014 01:03 CST	Oxygen Therapy	Room air
2/17/2014 00:59 CST	Oxygen Therapy	Room air
	SpO2	98 %

### Impression and Plan

#### Diagnosis

Right lower quadrant abdominal pain 789.03 (ICD9 789.03, Discharge, Emergency medicine, Medical)



**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Emergency Documentation**

**Plan**

**Condition:** Improved.

**Disposition:** Discharged: to home.

**Patient was given the following educational materials:** Abdominal Pain, Abdominal Pain (Nonspecific)(Spanish).

**Follow up with:** Primary Care Physician, In: 3 day(s).

**Counseled:** Patient, Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

**Orders:** Discharge Order(02/17/2014 05:24:00 CST, to Home/Self Care).

Electronically Signed on 02/17/2014 05:24 AM CST

COLVERT, LUNDY W

Result Status

Authentication Information:

Signed By:

Auth (Verified)

Lafollette, Jennifer Charge Nurse Rn (2/17/2014 00:59 CST)

Lafollette, Jennifer Charge Nurse Rn (2/17/2014 00:59 CST)

**ED Triage Adult Entered On: 02/17/2014 01:03 CST**

**Performed On: 02/17/2014 00:59 CST by Lafollette, Jennifer Charge Nurse Rn**

**Triage**

*Triage Note:* pt comes through door will open eyes but not responding to verbal commands, once pt does start talking pt c/o abd pain

*Mode of Arrival:* Wheelchair

*Numeric Rating at Rest:* 8

*Preferred Pain Tool:* Numeric rating scale

*ED Allergies/Home Medications:* Document

*ED Height/Weight/Vital Signs:* Yes

*Numeric Rating Score Rest:* 8

Lafollette, Jennifer Charge Nurse Rn - 02/17/2014 00:59 CST

DGP GENERIC CODE

*Tracking Acuity:* 2

*Tracking Group:* ARB ED Tracking Group

Lafollette, Jennifer Charge Nurse Rn - 02/17/2014 00:59 CST

*ED Reason for Visit:* Yes

Lafollette, Jennifer Charge Nurse Rn - 02/17/2014 00:59 CST

**Ed Reason for Visit**

(As Of: 02/17/2014 01:03:23 CST)

Problems(Active)

DM - Diabetes mellitus  
(SNOMED CT  
:502372015)

*Name of Problem:* DM - Diabetes mellitus ; *Recorder:*

Lafollette, Jennifer Charge Nurse Rn; *Confirmation:* Confirmed

; *Classification:* Patient Stated ; *Code:* 502372015 ;

*Contributor System:* PowerChart ; *Last Updated:* 2/17/2014

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Emergency Documentation

01:03 CST ; Life Cycle Date: 2/17/2014 ; Life Cycle Status:  
Active ; Vocabulary: SNOMED CT

#### Diagnoses(Active)

Abdominal pain

Date: 2/17/2014 ; Diagnosis Type: Reason For Visit ;  
Confirmation: Complaint of ; Clinical Dx: Abdominal pain ;  
Classification: Medical ; Clinical Service: Non-Specified ;  
Code: PNED ; Probability: 0 ; Diagnosis Code:  
4858AFEB-7C01-4A67-B4F5-9B3A35EA1FC8

#### Allergies/Medications

(As Of: 02/17/2014 01:03:23 CST)

#### Allergies (Active)

penicillin

Estimated Onset Date: Unspecified ; Created By: Lafollette,  
Jennifer Charge Nurse Rn ; Reaction Status: Active ; Category:  
Drug ; Substance: penicillin ; Type: Allergy ; Severity:  
Unknown ; Updated By: Lafollette, Jennifer Charge Nurse Rn ;  
Reviewed Date: 02/17/2014 01:00 CST

#### Medication List

(As Of: 02/17/2014 01:03:23 CST)

#### Vitals/Ht/Wt

Weight Dosing Pounds : 170 lb(Converted to: 170 lb 0 ounce, 77 kg)  
Weight Dosing : 77.11 kg  
ED Height Stated : 62 in(Converted to: 5 ft 2 in, 157 cm, 5 ft)  
Height/Length Measured : 157 cm(Converted to: 5 ft 2 in, 5 ft, 62 in)  
Body Mass Index Dosing : 31 kg/m2  
Temperature Temporal Artery : 97.7 DegF(Converted to: 36.5 DegC)  
Peripheral Pulse Rate : 117 bpm (HI)  
Respiratory Rate : 22 br/min (HI)  
Systolic/Diastolic BP : 147 mmHg (HI)  
Systolic/Diastolic BP : 90 mmHg (HI)  
O2 : 98 %

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

***Emergency Documentation***

O2 Therapy: Room air

Lafollette, Jennifer Charge Nurse Rn - 02/17/2014 00:59 CST

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Cardiology Procedures**

\* Transcribed \*

Northwest Health Systems  
Dept: ER

2/17/2014 1:43:38 AM ROJAS, INGRID  
Resale

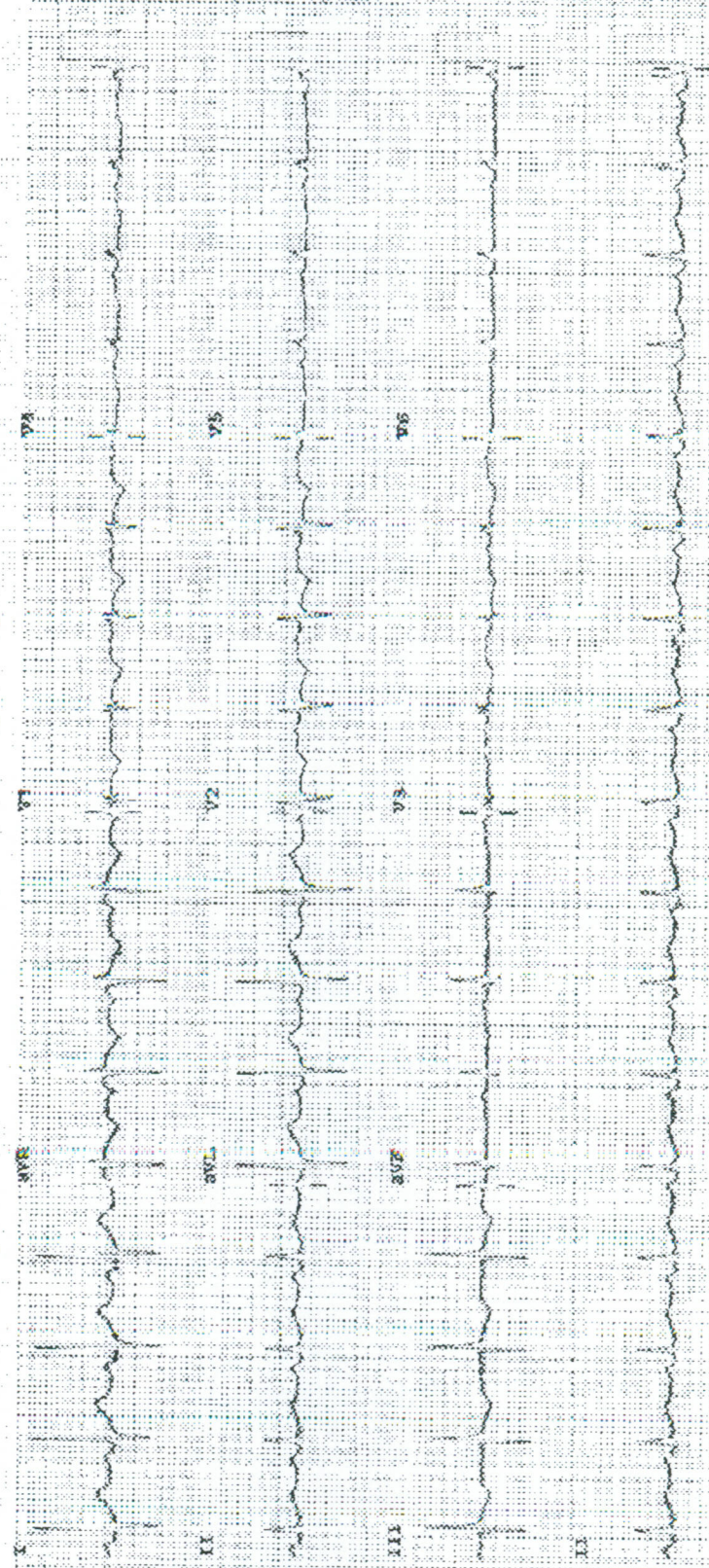
3054047  
Boer 3/12/1979

Rate 59 sinus rhythm  
 Low voltage, precordial leads  
 RV6 bp voltage  
 Monophasic T abnormalities, diffuse leads

Normal P axis, v-rate 50-55  
 precordial leads v1 Only  
 P > 1.10 in AVR  
 T < 0.10mV ant/lat/inf

ECG  
 Pac: RHC-Bentonville  
 Unconfirmed Diagnosis

ARRHYTHMIA, ECG -



Speed: 25 mm/sec  
 Chest: 17.0 mm/mV  
 60-0.50-0.50 sec W  
 FB1008 - Ct - P9

Patient Name: ROJAS INGRID  
Date of Birth: 9/13/1976

\* Transcribed \*

Northwest Health Systems  
Dept: RX

3054042 2/17/2014 1:43:38 AM ROUTES, INGRID  
Sex: Female

ECG DATE: 2/17/2014 1:43:38 AM  
ECG TIME: 1:43:38 AM  
ECG RATE: 50  
ECG P-R-T: P 0.10V, QRS 0.10V, T 0.10V

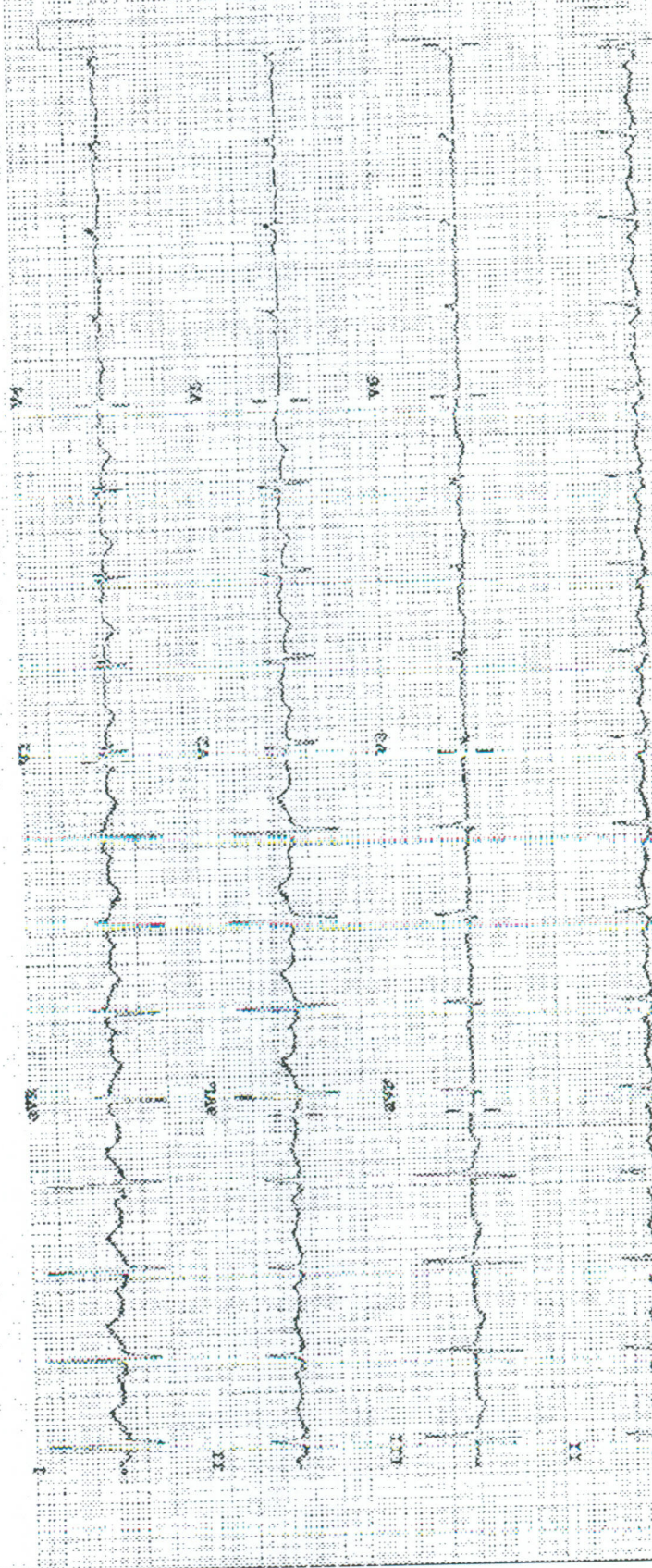
Normal P axis, V-rate 50-59  
Low voltage, precordial leads  
T wave by voltage  
Non-specific ST abnormalities, diffuse leads

Pac: RMC-Bentonville

Unconfirmed Diagnosis

- ABNORMAL ECG -

AXIS: P 22, QRS 41, T -5



60-0.50-1.50 sec W PRIBS: CL P

Speed: 25 mm/sec Lead: 1C mm/mv Chest: 10 C mm/mv  
Date: 20140217

Patient: ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Cardiology Procedures

Result Status:

Auth (Verified)

#### NIEKG-ED

[http://ar1550wepip/store/30/3054042/ecg/3054042\\_20140217014338.pdf](http://ar1550wepip/store/30/3054042/ecg/3054042_20140217014338.pdf)

#### Electrocardiogram ED

Stationary ECG Study  
Heart Hospital - Bentonville

Pat Name: INGRID ROJAS  
Patient ID: 320188  
Gender: F  
DOB: 09/13/1976  
Order Number: 80063139

Test Date: 2/17/2014 1:43:38 AM  
Department: ER  
Room:  
Technician:  
Requested by:  
Reading MD: Mansoor Alam

#### Intervals

Pate: 99  
: 152  
QRSD: 86  
QT: 361  
QTc: 464

#### Axie

P: 22  
QRS: 41  
T: -5

#### Interpretive Statements

Sinus rhythm  
Low voltage, precordial leads  
LVH by voltage  
Nonspecific T abnormalities, diffuse leads

Electronically Signed On 02-17-14 23:51:47 CST by Mansoor Alam

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Patient Care**



\* Auth (Verified) \*



Chest	
Current Chest X-Ray	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous CT Scan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest Pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coughing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lung Surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest Trauma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer History?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where?	_____ Surgery since then? _____
Where?	_____
How Long?	_____
Productive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood seen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where?	_____
Location?	_____
Last Treatment	_____
Last Treatment	_____
Abdomen Pelvis	
Pain?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Previous CT Scan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood seen in stools?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Blood seen in urine?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bowel Habit Change?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Previous Surgery on:	
Gallbladder	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Prostate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendix	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hysterectomy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Surgery?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cancer History?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Chemo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Radiation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location?	<u>mid to rt pain</u>
How Long?	<u>yesterday</u>
Where?	_____ Surgery since then? _____
Occult blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hematuria	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where?	<u>Tubal</u>
Location?	_____
Last Treatment:	_____
Last Treatment	_____
<b>Technologist to complete this section: <i>If answer is no, please select reason below.</i></b>	
Oral Contrast	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IV Contrast	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Per protocol for diagnosis <input type="checkbox"/> Physician ordered without contrast <input type="checkbox"/> Patient unable to drink <input type="checkbox"/> Patient attempted to drink contrast, unsuccessful <input type="checkbox"/> Patient refused to drink <input type="checkbox"/> Per protocol for diagnosis <input type="checkbox"/> Physician ordered without IV contrast <input type="checkbox"/> Patient refused IV contrast <input type="checkbox"/> No IV access <input type="checkbox"/> Abnormal lab values: BUN or creatinine	

CT Patient History Sheet  
Chest, Abdomen, Pelvis, Oral and IV Contrast  
Diagnostic Imaging  
1550-RAID-7303HMS 05/12 (Rev. 11/12) Page 1 of 4

Patient Label  
NORTHWEST MEDICAL CENTER - BENTONVILLE  
ROJAS INGRID  
DOB: 1976-09-13 37 F EOP MR#: 320188  
DOCTOR NEW DCS: 2014-02-17  
Patient Account #: 3054042 Printed on 5/17/14 at 1:21

*Pt Speaks  
No English  
and has  
altered  
Mental  
Status  
and low  
abd pain*

\* Auth (Verified) \*

**Head**

Headache  Yes  No  
 Dizziness  Yes  No  
 Syncope  Yes  No  
 Trauma  Yes  No  
 Surgery  Yes  No  
 Nausea/Vomiting  Yes  No  
 History of Cancer  Yes  No

If yes, Location \_\_\_\_\_

Blurred Vision  Yes  No  
 Slurred Speech  Yes  No

Weakness  Yes  No  
 Right Leg  Right Arm  
 Left Leg  Left Arm

Chemo?  Yes  No Last date \_\_\_\_\_  
 Radiation?  Yes  No Last date \_\_\_\_\_

*altered mental status*

**Facial Bones / Orbits**

Affected side?  Right  Left  
 Pain?  Yes  No  
 Swelling?  Yes  No  
 Syncope?  Yes  No  
 Trauma?  Yes  No  
 Surgery?  Yes  No  
 History of Cancer?  Yes  No

If yes, Location \_\_\_\_\_

Chemo?  Yes  No Last date \_\_\_\_\_  
 Radiation?  Yes  No Last date \_\_\_\_\_

**Spine - Cervical / Thoracic / Lumbar**

Pain?  Yes  No How long? \_\_\_\_\_  
 Injury?  Yes  No Location? \_\_\_\_\_  
 Known fracture?  Yes  No Location? \_\_\_\_\_  
 Cancer History?  Yes  No Location? \_\_\_\_\_  
 Chemo?  Yes  No Last Treatment \_\_\_\_\_  
 Radiation?  Yes  No Last Treatment \_\_\_\_\_  
 Previous CT Scan?  Yes  No Where? \_\_\_\_\_ Surgery since then? \_\_\_\_\_

**Extremity: Right / Left**

Pain?  Yes  No How long? \_\_\_\_\_  
 Swelling?  Yes  No Location? \_\_\_\_\_  
 Injury?  Yes  No Location? \_\_\_\_\_  
 Known fracture?  Yes  No Location? \_\_\_\_\_  
 Cancer History?  Yes  No Location? \_\_\_\_\_  
 Chemo?  Yes  No Last Treatment \_\_\_\_\_  
 Radiation?  Yes  No Last Treatment \_\_\_\_\_

CT Patient History Sheet  
Chest, Abdomen, Pelvis, Oral and IV Contrast  
Diagnostic Imaging

1550-RAD-7303HMS 05/12 (Rev. 11/12) Page 2 of 4

Patient Label

NORTHWEST MEDICAL CENTER - BENTONVILLE  
ROJAS INGRID  
DOB: 1978 09 13 37 F EOP MR#: 320148  
DOCTOR NEW DOS: 2014-02-17



Patient Account #: 3054042 Printed on 2/17/14 at 1:21

\* Auth (Verified) \*

**Angio Head**

Headache?  Yes  No  
 Dizziness?  Yes  No  
 Syncope?  Yes  No  
 Trauma (Head)?  Yes  No  
 Surgery (Brain)?  Yes  No  
 Nausea/Vomiting?  Yes  No  
 Blurred Vision?  Yes  No  
 History of Cancer?  Yes  No  
 If yes, Location? \_\_\_\_\_

Chemo?  Yes  No Last date \_\_\_\_\_  
 Radiation?  Yes  No Last date \_\_\_\_\_

**Angio Neck**

Abnormal Carotid Ultrasound?  Yes  No  
 Occluded Carotid Artery?  Yes  No  
 Headache?  Yes  No  
 Dizziness?  Yes  No  
 Syncope?  Yes  No  
 Trauma?  Yes  No  
 Surgery?  Yes  No  
 Nausea/Vomiting?  Yes  No  
 History of Cancer?  Yes  No  
 If yes, Location \_\_\_\_\_

Affected side?  Right  Left  
 Blurred Vision?  Yes  No  
 Slurred Speech?  Yes  No  
 Weakness?  Yes  No  
 Right Leg  Right Arm  
 Left Leg  Left Arm

Chemo?  Yes  No Last date \_\_\_\_\_  
 Radiation?  Yes  No Last date \_\_\_\_\_

**Sinuses / Mastoids / IACs**

Sinus Infections?  Yes  No  
 Affected side?  Right  Left  
 Headache?  Yes  No  
 Dizziness?  Yes  No  
 Trauma?  Yes  No  
 Surgery?  Yes  No  
 History of Cancer?  Yes  No  
 If yes, Location \_\_\_\_\_

Chemo?  Yes  No Last date \_\_\_\_\_  
 Radiation?  Yes  No Last date \_\_\_\_\_


**Soft Tissue Neck**

Palpable Mass?  Yes  No Local on? \_\_\_\_\_  
 Pain?  Yes  No How long? \_\_\_\_\_  
 Injury?  Yes  No Local on? \_\_\_\_\_  
 Difficulty swallowing?  Yes  No  
 Cancer History?  Yes  No Local on? \_\_\_\_\_  
 Chemo?  Yes  No Last Treatment \_\_\_\_\_  
 Radiation?  Yes  No Last Treatment \_\_\_\_\_  
 Previous CT Scan?  Yes  No Where? \_\_\_\_\_ Surgery since then? \_\_\_\_\_

CT Patient History Sheet  
Chest, Abdomen, Pelvis, Oral and IV Contrast  
Diagnostic Imaging  
1550-RAD-7303HMS 05/12 (Rev. 11/12) Page 3 of 4

Patient Label

NORTHWEST MEDICAL CENTER - BENTONVILLE  
**ROJAS INGRID**  
 DOB: 1976-09-13 37 F EOP MR#: 320188  
 DOCTOR NEW DOG: 2014-02-17



Patient Account #: 3054042 Printed on 2/17/14 at 1:2

\* Auth (Verified) \*

**Cardiac Calcium Scoring**

Chest Pain?  Yes  No Where? \_\_\_\_\_  
How Long? \_\_\_\_\_

Hypertension?  Yes  No

Ethnicity? \_\_\_\_\_

Weight? \_\_\_\_\_

Height? \_\_\_\_\_

Cholesterol

LDL \_\_\_\_\_ if known

HDL \_\_\_\_\_ if known

Triglycerides \_\_\_\_\_ if known

Blood Pressure \_\_\_\_\_ if known

Diabetic?  Yes  No

Smoker?  Yes  No Pack(s) per day? \_\_\_\_\_ How many years? \_\_\_\_\_

Medication:

Aspirin? \_\_\_\_\_ mg/day

Antioxidants?  Yes  No  Not sure

Personal cardiac or heart history: *Explain:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family cardiac or heart history: *Explain:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


Cancer History?  Yes  No Location? \_\_\_\_\_

Chemo?  Yes  No Last Treatment \_\_\_\_\_

Radiation?  Yes  No Last Treatment \_\_\_\_\_

CT Patient History Sheet  
Chest, Abdomen, Pelvis, Oral and IV Contrast  
Diagnostic Imaging  
1550-RAD-7303IMS 05/12 (Rev. 11/12) Page 4 of 4

Northwest Medical Center - Bentonville  
**ROJAS INGRID**  
 DOB: 1976-09-13 37 F EOP MRN: 320188  
 DOCTOR NEW DOS: 2014-02-17



Patient Account #: **3054042** Printed on 2/17/14 at 1:21

\* Auth (Verified) \*



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F XR#: \_\_\_\_\_  
 MR#: \_\_\_\_\_ Procedure: \_\_\_\_\_ BUN: 11e Creatinine: 0.6 Date Drawn: 2/17/14  
 eGFR 112 \_\_\_\_\_  
 NORMAL VALUES NORMAL VALUES

Please complete the following: (compare to Medication Reconciliation form completed by the patient - RAD-1301)

**CONTRAST MEDIA**

- 1) Is the patient taking any drug containing metformin (e.g., Glucophage, Avandamet, Glucovance, etc.)?  YES  NO  
 Last dose(date): metformin If YES, follow hospital protocol.\*  
 2) Has the patient had a previous administration of radiographic contrast media?  YES\*  NO  
 3) Has the patient had a previous adverse reaction after an exam using contrast other than sensation of heat, flushing or a single episode of nausea or vomiting?  YES  NO If YES, please explain: \_\_\_\_\_

**ALLERGY INFORMATION**

- 4) Does the patient have a history of allergy to any of the following?:  
 Analgesics  Iodine  Penicillin  Sulfa Drugs juices  
 5) Does the patient have any other known allergies?  YES  NO  
 If YES, list: unknown  
 6) Does the patient have a history of Asthma?  YES  NO  
 7) Does the patient have a history of Anaphylaxis?  YES  NO

**MEDICAL HISTORY**

**CARDIAC CONDITIONS**

- 8) Heart attack within last 8 weeks?  YES  NO  
 9) History of other heart problems: (Check Box)  
 Cardiogenic Shock  Heart Valve Disorders  Pulmonary Heart Disease  
 Congestive Heart Failure  Hypertensive Heart Disease  Unstable Angina  
 Cor Pulmonale (Right heart failure)  Hypertensive Heart and Renal Disease  Cardiomyopathy  
 Cardiac Arrhythmia  Pericarditis  Other CV Disease: \_\_\_\_\_

**RENAL CONDITIONS**

- 10) Does the patient have a history of any of the following?  
 Renal Failure  YES  NO  
 Dialysis  YES  NO  
 Kidney Surgery  YES  NO  
heart cath

**OTHER MEDICAL CONDITIONS**

- 11) History of other medical problems? (Check Box)  
 Sickle-cell Anemia  Respiratory Failure  General Severe Debility  
 Diabetes Mellitus  Multiple Myeloma  Cancer  
 12) Has the patient had Radiation or chemotherapy?  YES\*  NO  
 13) Has the patient had previous surgery?  YES\*  NO  
 If yes, please list the surgery: \_\_\_\_\_

\* For those items with an asterisk (\*), a "Yes" answer does not require a physician signature. All other "Yes" answers require physician review and signature

**Patient Identification and Procedure Verification:**

- Patient positively identified using two unique identifiers: \_\_\_\_\_ Technologist initials  
 Written order for procedure matches exam requisition: \_\_\_\_\_ Technologist initials

Radiology

**Contrast Media Questionnaire Form**

RAD-1704CERHMS Page 1 of 2  
11:06 (Rev. 01/12, 03/12, 04/12, 08/12, 03/13, 10/13)  
ORIGINAL - Medical Record COPY - Patient's Film Jacket

Patient Label

NORTHWEST MEDICAL CENTER - BENTONVILLE  
ROJAS INGRID  
DOB: 1976-09-13 37 F EOP MR#: 320188  
DOCTOR NEW DOS: 2314-32-17



Patient Account #: 3054042 Printed on 2/17/14 at 1:21

\* Auth (Verified) \*

BUN / Creatinine values documented / reviewed: AS  
(Technologist initials)

If BUN / Creatinine values are out of range, or the patient has answered YES to any of the above questions, the information has been reviewed by a physician and permission has been obtained to inject.

Physician Name \_\_\_\_\_ Technologist initials \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Type of contrast media: ISOvue 370 Amount of contrast media: 80 ML

Lot Number: \_\_\_\_\_ NDC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Documented review of, contrast media agent and dose:

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

If Physician unavailable - Dual Signature (Radiologic Technologist(s), Registered Nurse - per policy):

Signature <u>Angela E. Bohm RTR</u>	Title <u>CT Tech</u>	Date <u>2/17/14</u>	Time <u>0139</u>
Signature <u>Walt D. ...</u>	Title <u>RN</u>	Date	Time

Injection site: R8 Lt hand Time of Injection: 0130  AM  PM

Reinjection # \_\_\_\_\_ Repuncture # \_\_\_\_\_ Extravasation?  YES  NO

Adverse Reaction  YES  NO \*If yes, type of reaction: \_\_\_\_\_

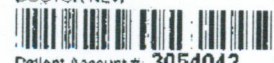
\*Adverse Drug Reactions must also be documented through the Pharmacy Department.

**FAXED**

Radiology  
Contrast Media Questionnaire Form  
RAD-1704CERHMS Page 2 of 2  
11/06 (Rev. 01/12, 03/12, 04/12, 08/12, 03/13, 10/13)  
ORIGINAL - Medical Record COPY - Patient's Film Jacket

Patient Label

NORTHWEST MEDICAL CENTER - BENTONVILLE  
ROJAS INGRID  
DOB: 1976-09-13 37 F EOP MR#: 320188  
DOCTOR NEW DOS: 2014-02-17  
Patient Account #: **3054042** Printed on: 2/17/14 at 1:21



**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

***Imaging Documents***

\* Transcribed \*

To: "NORTHWEST MEDICAL CENTER" From: ARIS Pages: 1

**aris** TELERADIOLOGY

5655 Hudson Drive, Suite 210  
Hudson, OH 44236  
1-866-631-ARIS  
330-655-3828 (fax)  
[www.aristeleradiology.com](http://www.aristeleradiology.com)

IMRT

*Patient Name:* ROJAS, INGRID  
*Patient DOB:* 9/13/1976  
*MRN:* 320188  
*Study description:* CT HEAD OR BRAIN WO  
*Date of Service:* 2/17/2014 4:14:03 AM (Facility Time)  
*Accession No:* 110140480067  
*Facility:* NORTHWEST MEDICAL CENTER  
*Interpreting Radiologist:* JACOBSON, LESLIE M.D.  
*Date/Time of Interpretation:* Signed by JACOBSON, LESLIE M.D. at 2/17/2014 5:44:55 AM EST

**PRELIMINARY REPORT**

**NONCONTRAST CT OF THE HEAD**

**CLINICAL HISTORY:** Altered mental status

**PROTOCOL:** A CT of the head was performed. No intravenous contrast was administered.

**COMPARISON:** None

**FINDINGS:**

There is no evidence of intracranial hemorrhage.  
There is no edema, mass effect or midline shift.  
There are no abnormal extra-axial fluid collections.  
The ventricles are appropriate for brain volume.  
There is no skull fracture seen.  
The visualized aspects of the sinuses are clear.

**IMPRESSION:**

There is no acute intracranial abnormality identified.

NORTHWEST MEDICAL CENTER BENTONVILLE  
ROJAS INGRID MSV:RQP  
Admit: 02/17/14 Med Rec #: 000320188  
Adm Dr.: NEW DOCTOR NAME  
DOB: 09/13/1976 Age: 37 y  
Sex: F RH / Pat #: 3054042





\* Transcribed \*

To: "NORTHWEST MEDICAL CENTER" From: ARIS Pages: 2

**aris** TELERADIOLOGY

5655 Hudson Drive, Suite 210  
Hudson, OH 44236  
1-866-631-ARIS  
330-655-3828 (fax)  
[www.aristeleradiology.com](http://www.aristeleradiology.com)

*Patient Name:* ROJAS, INGRID  
*Patient DOB:* 9/13/1976  
*MRN:* 320188  
*Study description:* CT ABDOMEN PELVIS W  
*Date of Service:* 2/17/2014 4:23:25 AM (Facility Time)  
*Accession No:* 110140480068  
*Facility:* NORTHWEST MEDICAL CENTER  
*Interpreting Radiologist:* JACOBSON, LESLIE M.D.  
*Date/Time of Interpretation:* Signed by JACOBSON, LESLIE M.D. at 2/17/2014 5:54:23 AM EST

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**PRELIMINARY REPORT**

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CT OF THE ABDOMEN AND PELVIS with CONTRAST

CLINICAL HISTORY: Right lower abdominal pain

PROTOCOL: Images were obtained after the administration of IV contrast. Oral contrast was administered.

COMPARISON: None

**FINDINGS:**

There is some dependent atelectasis bilaterally.

The patient is status post cholecystectomy.

The visualized liver, spleen, pancreas, adrenal glands and kidneys demonstrate no significant abnormalities.

There is no evidence of abdominal aortic aneurysm.

There is no evidence of intestinal obstruction.

Patient is status post appendectomy.

There is minimal diverticulosis involving descending colon. There is no diverticulitis seen.

There is no free intraperitoneal air.

There are no abnormal fluid collections seen.

The bladder is unremarkable.

There is no abnormal pelvic mass or fluid collection seen.

**IMPRESSION:**

Minimal diverticulosis. No diverticulitis seen.

There is no significant acute abnormality seen.

\* Transcribed \*

To: "NORTHWEST MEDICAL CENTER" From: ARIS Pages: 2

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*Patient Name:* ROJAS, INGRID  
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*Date/Time of Interpretation:* Signed by JACOBSON, LESLIE M.D. at 2/17/2014 5:54:23 AM EST

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PRELIMINARY REPORT

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**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Computed Tomography**

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
110-14-048-00067	2/17/2014 04:53 CST	CT Head or Brain WO	COLVERT, LUNDY W	37 years

**Reason for Exam**

(CT Head or Brain WO) Altered level of Consciousness

**Report**

DICTATED BY: Jong, David G MD

DATE OF EXAM: 02/17/2014 04:53 AM

CT HEAD WITHOUT CONTRAST

No comparison.

INDICATION: Altered level of consciousness. Headache. Dizziness.

FINDINGS: No extra-axial fluid collections are identified. Ventricles and basal cisterns are within limits of normal. No evidence of mass effect or midline shift. Gray-white differentiation is well maintained. No evidence of an intracranial bleed, territorial infarct, or intracranial mass. Minimal mucosal thickening identified in the maxillary sinus bilaterally, ethmoid air cells, and left sphenoid sinus. Visualized portions of the mastoid air cells are clear.

IMPRESSION: Minimal mucosal thickening of the ethmoid air cells, maxillary sinuses, and left sphenoid sinus.

No acute intracranial abnormality identified.

Preliminary report provided by Aris, February 17, 2014, at the time of the examination.

CC:

D Date/Time: 02/17/2014 08:16 AM CT  
T Date/Time: 02/17/2014 08:41 AM CT  
R Date/Time:  
S Job #: NWAR70754164  
D Job #: 67103  
MT: 1111636  
D: DJ

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Office Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Computed Tomography

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
110-14-048-00067	2/17/2014 04:53 CST	CT Head or Brain WO	COLVERT, LUNDY W	37 years

#### Report

\*\*\*\*\* Final \*\*\*\*\*

Dictated by: JONG, DAVID G MD  
Dictated DT/TK: 02/17/2014 08:16 am CST  
Signed by: JONG, DAVID G MD  
Signed (Electronic Signature): 02/17/2014 12:51 pm CST

Transcribed DT/TK: 02/17/2014 08:41 am CST

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
110-14-048-00068	2/17/2014 04:53 CST	CT Abdomen Pelvis W	COLVERT, LUNDY W	37 years

#### Reason for Exam

(CT Abdomen Pelvis W) Abdominal pain, generalized

#### Report

DICTATED BY: Jong, David G MD

DATE OF EXAM: 02/17/2014 04:53 AM

CT ABDOMEN AND PELVIS IV CONTRAST, 02/17/2014

COMPARISON: CT abdomen and pelvis with IV contrast, May 8, 2010.

INDICATION: Mid right abdominal pain.

FINDINGS: There is mild diffuse fatty infiltration of the liver. Gallbladder surgically absent. Pancreas, spleen, adrenal glands, and kidneys unremarkable. No lymphadenopathy identified. No free fluid identified. A few scattered diverticula involving the descending colon. No evidence of acute diverticulitis.

No pelvic mass or pelvic adenopathy identified. No free fluid identified. Urinary bladder is within limits normal.

IMPRESSION: Mild diverticulosis distal descending colon and proximal sigmoid colon. No evidence of acute diverticulitis. Mild diffuse fatty infiltration of the liver. Status post cholecystectomy.

Preliminary report provided by ARIS, February 17, 2014, at the time of the examination.

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Computed Tomography

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
110-14-048-00068	2/17/2014 04:53 CST	CT Abdomen Pelvis W	COLVERT, LUNDY W	37 years

#### Report

CC:

D Date/Time: 02/17/2014 08:27 AM CT  
T Date/Time: 02/17/2014 09:12 AM CT  
R Date/Time:  
S Job #: NWAR70754528  
D Job #: 67105  
MT: 1128699  
D DJ

\*\*\*\* Final \*\*\*\*

Dictated by: JONG, DAVID G MD  
Dictated DT/PM: 02/17/2014 09:27 am CST  
Signed by: JONG, DAVID G MD  
Signed (Electronic Signature): 02/17/2014 12:51 pm CST

Transcribed DT/PM: 02/17/2014 09:12 am CST

**Patient:** ROJAS, INGRID  
 MRN: 000320188  
 Account #: BV3054042  
 Service Code: EOP ER OUTPATIENT  
 Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
 Attending: COLVERT, LUNDY W  
 Primary Care: WALDON, GENE BRUCE MD  
 DOB/Age/Sex: 9/13/1976 38 years Female

### Hematology

c = Corrected Results    @ = Abnormal    C = Critical    L = Low    H = High    f = Result Comments    i = Interpretive Data    \* = Performing Locations

Collected Date: 2/17/2014 01:02 CST

Procedure	Results	Units	Reference Range	Verified Date/Time
WBC	10.4 <sup>*1</sup>	x10 <sup>9</sup> /L	[3.5-10.5]	2/17/2014 01:14 CST
RBC	5.07 <sup>H*1</sup>	x10 <sup>12</sup> /L	[3.90-5.03]	2/17/2014 01:14 CST
Hgb	14.7 <sup>*1</sup>	gm/dL	[12.0-15.3]	2/17/2014 01:14 CST
HCT	42.7 <sup>*1</sup>	%	[36.0-46.0]	2/17/2014 01:14 CST
MCH	29.0 <sup>*1</sup>	pg	[26.0-34.0]	2/17/2014 01:14 CST
MCHC	34.4 <sup>*1</sup>	gm/dL	[31.0-37.0]	2/17/2014 01:14 CST
MCV	84.2 <sup>*1</sup>	fL	[81.6-98.3]	2/17/2014 01:14 CST
Plt Cnt	226 <sup>*1</sup>	x10 <sup>3</sup> /mcL	[150-450]	2/17/2014 01:14 CST
MPV	9.5 <sup>*1</sup>	fL	[7.4-10.4]	2/17/2014 01:14 CST
RDW	12.9 <sup>*1</sup>	%	[11.7-14.4]	2/17/2014 01:14 CST
Neutrophils% Auto	70.8 <sup>*1</sup>	%	[34.0-71.0]	2/17/2014 01:14 CST
Lymphocytes% Auto	25.0 <sup>*1</sup>	%	[15.0-44.0]	2/17/2014 01:14 CST
Monocytes% Auto	3.7 <sup>L*1</sup>	%	[4.0-7.0]	2/17/2014 01:14 CST
Basophils% Auto	0 <sup>*1</sup>	%	[0-2]	2/17/2014 01:14 CST
Eosinophils% Auto	0.4 <sup>*1</sup>	%	[0.0-7.0]	2/17/2014 01:14 CST
Neutrophils# Auto	7.30 <sup>H*1</sup>	x10 <sup>3</sup> /mcL	[1.70-7.00]	2/17/2014 01:14 CST
Lymphocytes# Auto	2.60 <sup>*1</sup>		[0.80-3.70]	2/17/2014 01:14 CST
Monocytes# Auto	0.4 <sup>*1</sup>	x10 <sup>3</sup> /mcL	[0.2-1.3]	2/17/2014 01:14 CST
Basophils# Auto	0.0 <sup>*1</sup>	x10 <sup>3</sup> /mcL	[0.0-2.0]	2/17/2014 01:14 CST
Eos# Auto	0.0 <sup>*1</sup>	x10 <sup>3</sup> /mcL	[0.0-0.5]	2/17/2014 01:14 CST

**Performing Locations**

\*1: This test was performed at:  
 Northwest Medical Center - Bentonville, 3000 Medical Center Pkwy, Bentonville, AR, 72712-

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

### Urinalysis

c = Corrected Results    @ = Abnormal    C = Critical    L = Low    H = High    f = Result Comments    i = Interpretive Data    \* = Performing Locations

Collected Date: 2/17/2014 03:40 CST

Procedure	Results	Units	Reference Range	Verified Date/Time
Ur Color	Yellow		[Straw]	2/17/2014 04:03 CST
Ur Appearance	Clear		[Clear]	2/17/2014 04:03 CST
Ur Specific Gravity	1.020 <sup>†</sup>		[1.015-1.025]	2/17/2014 03:56 CST
Ur pH	5 <sup>†</sup>			2/17/2014 03:56 CST
Ur Protein	Neg		[Neg]	2/17/2014 03:56 CST
Ur Glucose	3+ @ <sup>†</sup>		[neg]	2/17/2014 03:56 CST
Ur Ketone	2+ @ <sup>†</sup>		[Neg]	2/17/2014 03:56 CST
Ur Bili	Neg		[Neg]	2/17/2014 03:56 CST
Ur Blood	Neg		[Neg]	2/17/2014 03:56 CST
Ur Nitrite	neg <sup>†</sup>			2/17/2014 03:56 CST
Ur Urobilinogen	norm <sup>†</sup>	mg/dL		2/17/2014 03:56 CST
Ur Leukocyte Esterase	Neg		[Neg]	2/17/2014 03:56 CST
Ur Collection Source	Void <sup>†</sup>			2/17/2014 03:56 CST
Ur WBC	0-2 @ <sup>†</sup>		[None Seen]	2/17/2014 04:03 CST
RBC	None Seen		[None Seen]	2/17/2014 04:03 CST
Epithelial Cells	0-5 <sup>†</sup>		[None Seen]	2/17/2014 04:03 CST
Ur Bacteria	None Seen		[None Seen]	2/17/2014 04:03 CST

**Performing Locations**

\*1: This test was performed at:  
 Northwest Medical Center - Bentonville, 3000 Medical Center Pkwy, Bentonville, AR, 72712-

**Patient:** ROJAS, INGRID  
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 Account #: BV3054042  
 Vice Code: EOP ER OUTPATIENT  
 Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
 Attending: COLVERT, LUNDY W  
 Primary Care: WALDON, GENE BRUCE MD  
 DOB/Age/Sex: 9/13/1976 38 years Female

**Chemistry**

c = Corrected Results @ = Abnormal C = Critical L = Low H = High f = Result Comments i = Interpretive Data \* = Performing Locations

Collected Date: 2/17/2014 05:25 CST

Procedure	Results	Units	Reference Range	Verified Date/Time
Blood Glucose, Capillary	<b>305<sup>H</sup></b>	mg/dL	[70-200]	2/17/2014 05:25 CST

Collected Date: 2/17/2014 01:03 CST

Procedure	Results	Units	Reference Range	Verified Date/Time
Blood Glucose, Capillary	<b>361<sup>H</sup></b>	mg/dL	[70-200]	2/17/2014 01:03 CST

Collected Date: 2/17/2014 01:02 CST

Procedure	Results	Units	Reference Range	Verified Date/Time
Sodium	<b>135<sup>L</sup></b>	mmol/L	[136-145]	2/17/2014 01:28 CST
Potassium	<b>4.2<sup>L</sup></b>	mmol/L	[3.6-5.2]	2/17/2014 01:28 CST
Chloride	<b>99<sup>L</sup></b>	mmol/L	[98-110]	2/17/2014 01:28 CST
Carbon Dioxide	<b>20<sup>L</sup></b>	mmol/L	[21-32]	2/17/2014 01:28 CST
BUN	<b>16<sup>L</sup></b>	mg/dL	[7-18]	2/17/2014 01:28 CST
Creatinine	<b>0.60<sup>L</sup></b>	mg/dL	[0.60-1.10]	2/17/2014 01:28 CST
CrFR Non African American	<b>112<sup>L</sup></b>	mL/min/1.73 m2		2/17/2014 01:28 CST
Glucose	<b>413<sup>C</sup></b>	mg/dL	[70-110]	2/17/2014 01:28 CST
Calcium	<b>9.4<sup>L</sup></b>	mg/dL	[8.6-10.4]	2/17/2014 01:28 CST
Anion Gap	<b>16.0<sup>L</sup></b>			2/17/2014 01:28 CST
Albumin	<b>4.1<sup>L</sup></b>	gm/dL	[3.4-5.0]	2/17/2014 01:31 CST
Alkaline Phosphatase	<b>201<sup>H</sup></b>	unit/L	[50-136]	2/17/2014 01:31 CST
ALT	<b>43<sup>L</sup></b>	unit/L	[30-65]	2/17/2014 01:31 CST
AST	SEE NOTE <sup>f2</sup>	unit/L	[15-37]	2/17/2014 01:44 CST
Bili Total	<b>0.8<sup>L</sup></b>	mg/dL	[0.2-1.0]	2/17/2014 01:31 CST
Prot Total	<b>8.3<sup>H</sup></b>	gm/dL	[6.4-8.2]	2/17/2014 01:31 CST
Globulin	<b>4.2<sup>H</sup></b>	gm/dL	[2.5-4.0]	2/17/2014 01:31 CST
Albumin/Globulin Ratio	<b>1.0<sup>L</sup></b>		[1.0-2.0]	2/17/2014 01:31 CST
ETOH RawVal	<b>&lt;3<sup>L</sup></b>	mg/dL	[0-5]	2/17/2014 01:31 CST
Ethanol Lvl	<b>&lt;0.003<sup>L</sup></b>	%	[0.000-0.005]	2/17/2014 01:31 CST

**Result Comments**

- f1: Glucose  
The critical value was called to BRITTANY (Nurse or Doctor) at 02/17/2014 01:28:19 CST (Date/Time) by LEE (Tech) and read back and verified by BRITTANY (Nurse or Doctor).
- f2: AST  
UNABLE TO TEST, INTERFERING SUBSTANCE



**Patient:** ROJAS, INGRID  
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Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Chemistry

c = Corrected Results    @ = Abnormal    C = Critical    L = Low    H = High    f = Result Comments    i = Interpretive Data    \* = Performing Locations

#### Interpretive Data

i1: Creatinine

The estimated GFR (Glomerular Filtration Rate), using the MDRD Study Equation, should be used with caution for patients with serious comorbid conditions, and with patients with extremes of body mass, muscle mass, or nutritional status and for pregnant women. The formula has not been validated in patients less than 18 or over 70 years of age.

#### Performing Locations

\*1: This test was performed at:  
Northwest Medical Center - Bentonville, 3000 Medical Center Pkwy, Bentonville, AR, 72712-

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Chemistry Body Fluid**

c = Corrected Results    @ = Abnormal    C = Critical    L = Low    H = High    f = Result Comments    i = Interpretive Data    \* = Performing Locations

Collected Date: 2/17/2014 08:40 CST

Procedure	Results	Units	Reference Range	Verified Date/Time
HCG Ur Ql	Neg		[Neg]	2/18/2014 09:17 CST

Performing Locations

\*1: This test was performed at:  
Northwest Medical Center - Bentonville, 3000 Medical Center Pkwy, Bentonville, AR, 72712-

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Toxicology**

c = Corrected Results    @ = Abnormal    C = Critical    L = Low    H = High    f = Result Comments    i = Interpretive Data    \* = Performing Locations

Collected Date: 2/17/2014 03:40 CST

Procedure	Results	Units	Reference Range	Verified Date/Time
U Amp Man	Neg <sup>i1</sup> *			2/17/2014 03:56 CST
U Barb Man	Neg <sup>i2</sup> *			2/17/2014 03:56 CST
U Benz Man	Pos @ <sup>i3</sup> *			2/17/2014 03:56 CST
U COC Man	Neg <sup>i4</sup> *			2/17/2014 03:56 CST
U Methadone Man	Neg <sup>i5</sup> *			2/17/2014 03:56 CST
U Opiate Man	Pos @ <sup>i6</sup> *			2/17/2014 03:56 CST
U PCP Man	Neg <sup>i7</sup> *			2/17/2014 03:56 CST
U TCA Man	Neg <sup>i8</sup> *			2/17/2014 03:56 CST
U THC Man	Neg <sup>i9</sup> *			2/17/2014 03:56 CST
U mAmp Man	Neg <sup>i10</sup> *			2/17/2014 03:56 CST

Interpretive Data

- i1: U Amp Man  
Cut-Off Concentrations:  
AMP 1000 ng/ml
- U Barb Man  
Cut-Off Concentrations:  
BARB 300 ng/ml
- i3: U Benz Man  
Cut-Off Concentrations:  
BENZO 300 ng/ml
- i4: U COC Man  
Cut-Off Concentrations:  
COC 300 ng/ml
- i5: U Methadone Man  
Cut-Off Concentrations:  
METHADONE 300 ng/ml

A positive test result is consistent with the presence of a drug or drug metabolite at a level equal to or greater than the cut-off concentration for that drug and does not indicate the level of intoxication or urinary concentration. "This test provides only a presumptive result". A more specific analytical chemical method must be used in order to obtain a confirmed analytical result. Clinical consideration and professional judgment should be applied to the interpretation of any drug of abuse test result and particularly when presumptive positive results are used. Please notify the laboratory immediately if follow-up confirmatory drug testing is needed on this urine sample otherwise, it will not be done.

Testing is for medical purposes only.

- i6: U Opiate Man  
Cut-Off Concentrations:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
vice Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Toxicology

c = Corrected Results    @ = Abnormal    C = Critical    L = Low    H = High    f = Result Comments    i = Interpretive Data    \* = Performing Locations

#### Interpretive Data

- i6: U Opiate Man  
OPI 300 ng/mL
- i7: U PCP Man  
Cut-Off Concentrations:  
PCP 25 ng/mL
- i8: U TCA Man  
Cut-Off Concentrations:  
TCA 1000 ng/mL
- i9: U THC Man  
Cut-Off Concentrations:  
THC 50 ng/mL
- i10: U mAmp Man  
Cut-Off Concentrations:  
METHAMP 1000 ng/mL

#### Performing Locations

- \*1: This test was performed at:  
Northwest Medical Center - Bentonville, 3000 Medical Center Pkwy, Bentonville, AR, 72712-

Patient: **ROJAS, INGRID**  
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Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Point of Care**

c = Corrected Results    @ = Abnormal    C = Critical    L = Low    H = High    f = Result Comments    i = Interpretive Data    \* = Performing Locations

Collected Date: 2/17/2014 05:17 CST

Procedure	Results	Units	Reference Range	Verified Date/Time
Glu POC Bdside	305 <sup>H</sup>	mg/dL	[65-110]	2/17/2014 05:17 CST

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**vice Code:** EOP ER OUTPATIENT  
**Room #:** 1002      **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Allergy History**

Substance	Recorded Date/Time	Recorded By	Reaction
penicillin	2/17/2014 01:00 CST	Lafollette, Jennifer Charge Nurse Rn	<b>Allergy Type:</b> Allergy; <b>Category:</b> Drug; <b>Reaction Severity:</b> Unknown; <b>Recorded On Behalf Of:</b> Lafollette, Jennifer Charge Nurse Rn; <b>Reaction Status:</b> Active; <b>Reviewed Date/Time:</b> 7/21/2014 19:15 CDT; <b>Reviewed By:</b> JONES, JOEL S DO

Substance	Recorded Date/Time	Recorded By	Reaction
ampicillin	7/21/2014 18:57 CDT	Frost, William W Charge Nurse Rn	<b>Allergy Type:</b> Allergy; <b>Category:</b> Drug; <b>Reaction Severity:</b> Moderate; <b>Recorded On Behalf Of:</b> Frost, William W Charge Nurse Rn; <b>Reaction Status:</b> Active; <b>Reviewed Date/Time:</b> 7/21/2014 19:15 CDT; <b>Reviewed By:</b> JONES, JOEL S DO

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Clinical Diagnosis**

**Diagnosis:** Right lower quadrant abdominal pain 789.03

**Last Reviewed Date:** 2/17/2014

**Responsible Provider:** COLVERT, LUNDY W

**Diagnosis Date:** 2/17/2014

**Status:** Active

**Clinical Service:** Emergency medicine; **Code:** 789.03 (ICD-9-CM)

**Diagnosis:** Abdominal pain

**Last Reviewed Date:** 2/17/2014

**Responsible Provider:**

**Diagnosis Date:** 2/17/2014

**Status:** Active

**Clinical Service:** Emergency medicine; **Code:** 4858AFEB-7C01-4A67-B4F5-9B3A35EA1FC8 (PNED)

**Diagnosis:** Abdominal pain

**Last Reviewed Date:** 2/17/2014

**Responsible Provider:**

**Diagnosis Date:** 2/17/2014

**Status:** Active

**Clinical Service:** Non-Specified; **Code:** 4858AFEB-7C01-4A67-B4F5-9B3A35EA1FC8 (PNED)

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Diagnosis Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Intake and Output**

INTAKE		2/16/2014 - 2/17/2014		
All time in CST		0700 -	1900 -	Total
		1900	0700	
diphenhydRAMINE	mL	-	0.5	0.5
lorazepam	mL	-	0.5	0.5
morphine	mL	-	0.8	0.8
ondansetron	mL	-	2	2
<b>12 Hour Total</b>	mL	-	<b>3.8</b>	
<b>24 Hour Total</b>	mL		<b>3.8</b>	

OUTPUT		2/16/2014 - 2/17/2014		
All time in CST		0700 -	1900 -	Total
		1900	0700	
<b>12 Hour Total</b>	mL	-	-	
<b>24 Hour Total</b>	mL	No documented output results for date range		

**Clinical Range Total from 2/16/2014 to 2/17/2014**

Total Intake (mL)	Total Output (mL)	Fluid Balance (mL)
	0	3.8



**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT,LUNDY W  
**Primary Care:** WALDON,GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

### Medication Administration Record

#### Medications

**Admin Date/Time:** 2/17/2014 05:25 CST

**Medication Name:** insulin regular (insulin regular 100 units/mL human recombinant injectable solution)

**Recorded Date/Time:** 2/17/2014 05:25 CST

**Ingredients:** ireg3 10 unit(s) 0.1 mL

**Admin Details: (Auth)** Subcutaneous, Left Upper Arm

**Blood Glucose, Capillary:** 305 mg/dL

**Action Details:** Order: COLVERT,LUNDY W 2/17/2014 05:18 CST; Perform: Hampp,William Charles Rn 2/17/2014 05:25 CST; VERIFY: Hampp,William Charles Rn 2/17/2014 05:25 CST

**Admin Date/Time:** 2/17/2014 04:51 CST

**Medication Name:** diatrizoate

**Recorded Date/Time:** 2/17/2014 04:51 CST

**Ingredients:** Gastrografin 30 mL 30 mL 30 mL

**Admin Details: (Auth)** PO

**Action Details:** Order: COLVERT,LUNDY W 2/17/2014 04:51 CST; Perform: Baker,Angela Eileen Ct Technologist I 2/17/2014 04:51 CST; VERIFY: Baker,Angela Eileen Ct Technologist I 2/17/2014 04:51 CST

**Admin Date/Time:** 2/17/2014 04:51 CST

**Medication Name:** iopamidol

**Recorded Date/Time:** 2/17/2014 04:52 CST

**Ingredients:** LOCM 300-399 (Isovue 370) 75 mL Inj Sol 80 mL 80 mL

**Admin Details: (Auth)** IV

**Action Details:** Order: COLVERT,LUNDY W 2/17/2014 04:51 CST; Perform: Baker,Angela Eileen Ct Technologist I 2/17/2014 04:52 CST; VERIFY: Baker,Angela Eileen Ct Technologist I 2/17/2014 04:52 CST

**Admin Date/Time:** 2/17/2014 01:47 CST

**Medication Name:** morphine

**Recorded Date/Time:** 2/17/2014 01:54 CST

**Admin Details: Auth (Verified)**

**Medication Effective:** Yes

**Action Details:** Order: COLVERT,LUNDY W 2/17/2014 01:51 CST; Perform: Hampp,William Charles Rn 2/17/2014 01:54 CST; VERIFY: Hampp,William Charles Rn 2/17/2014 01:54 CST

**Admin Date/Time:** 2/17/2014 01:35 CST

**Medication Name:** diphenhydrAMINE (Benadryl)

**Recorded Date/Time:** 2/17/2014 01:55 CST

**Ingredients:** diph50i 25 mg 0.5 mL

**Admin Details: (Auth)** IV Push, Left Hand

**Action Details:** Order: COLVERT,LUNDY W 2/17/2014 01:51 CST; Perform: Hampp,William Charles Rn 2/17/2014 01:55 CST; VERIFY: Hampp,William Charles Rn 2/17/2014 01:55 CST

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Medication Administration Record

#### Medications

**Admin Date/Time:** 2/17/2014 01:20 CST  
**Medication Name:** LORazepam  
**Recorded Date/Time:** 2/17/2014 01:54 CST  
**Ingredients:** lora2l 1 mg 0.5 mL  
**Admin Details:** (Auth) IV Push, Left Hand  
**Action Details:** Order: COLVERT,LUNDY W 2/17/2014 01:51 CST; Perform: Hampp,William Charles Rn 2/17/2014 01:54 CST; VERIFY: Hampp,William Charles Rn 2/17/2014 01:54 CST

**Admin Date/Time:** 2/17/2014 01:17 CST  
**Medication Name:** morphine  
**Recorded Date/Time:** 2/17/2014 01:54 CST  
**Ingredients:** mor5i 4 mg 0.8 mL  
**Admin Details:** (Auth) IV Push, Left Hand  
Numeric Rating at Rest: 8  
**Action Details:** Order: COLVERT,LUNDY W 2/17/2014 01:51 CST; Perform: Hampp,William Charles Rn 2/17/2014 01:54 CST; VERIFY: Hampp,William Charles Rn 2/17/2014 01:54 CST

**Admin Date/Time:** 2/17/2014 01:15 CST  
**Medication Name:** ondansetron (Zofran)  
**Recorded Date/Time:** 2/17/2014 01:53 CST  
**Ingredients:** onda4l 4 mg 2 mL  
**Admin Details:** (Auth) IV Push, Left Hand  
**Action Details:** Order: COLVERT,LUNDY W 2/17/2014 01:51 CST; Perform: Hampp,William Charles Rn 2/17/2014 01:53 CST; VERIFY: Hampp,William Charles Rn 2/17/2014 01:53 CST

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Admit/Transfer/Discharge

Order: **Discharge Patient**

Order Start Date/Time: 2/17/2014 05:24 CST

Order Date/Time: 2/17/2014 05:24 CST

Order Status: Discontinued

Department Status: Discontinued

Activity Type: Admit/Transfer/Discharge

End-state Date/Time: 2/20/2014 06:02 CST

End-state Reason:

Ordering Physician: COLVERT,LUNDY W

Consulting Physician:

Entered By: SYSTEM on 2/20/2014 06:02 CST

Order Details: 02/17/14 05:24:00 CST, to Home/Self Care

Order Comment:

Action Type: Discontinue

Action Date/Time: 2/20/2014 06:02 CST

Electronically Signed By: SYSTEM

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: 02/17/14 05:24:00 CST, to Home/Self Care

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 2/17/2014 05:24 CST

Electronically Signed By: COLVERT,  
LUNDY W

Responsible Provider: COLVERT,LUNDY W

Communication Type: Verbal with Read Back

Order Details: 02/17/14 05:24:00 CST, to Home/Self Care

Review Information:

Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 05:25 CST

Doctor Cosign: Not Required

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Cardiology**

Order: **Electrocardiogram ED (EKG ED)**  
Order Start Date/Time: 2/17/2014 01:02 CST  
Order Date/Time: 2/17/2014 01:02 CST  
Order Status: Completed Department Status: Completed Activity Type: Cardiac Tx/Procedures  
End-state Date/Time: 2/17/2014 23:54 CST End-state Reason:  
Ordering Physician: COLVERT, LUNDY W Consulting Physician:  
Entered By: SYSTEM on 2/17/2014 23:54 CST  
Order Details: 02/17/14 01:02:00 CST  
Order Comment:  
Action Type: Complete Action Date/Time: 2/17/2014 23:54 CST Electronically Signed By: SYSTEM  
Responsible Provider: COLVERT, LUNDY W Communication Type: ESI Default  
Order Details: 02/17/14 01:02:00 CST  
Review Information:  
Doctor Cosign: Not Required  
Order Comment:  
Action Type: Status Change Action Date/Time: 2/17/2014 08:01 CST Electronically Signed By: SYSTEM  
Responsible Provider: COLVERT, LUNDY W Communication Type: ESI Default  
Order Details: 02/17/14 01:02:00 CST  
Review Information:  
Doctor Cosign: Not Required  
Order Comment:  
Action Type: Order Action Date/Time: 2/17/2014 01:02 CST Electronically Signed By: COLVERT, LUNDY W  
Responsible Provider: COLVERT, LUNDY W Communication Type: Written  
Order Details: 02/17/14 01:02:00 CST  
Review Information:  
Nurse Review: Electronically Signed, Hampp, William Charles Rn on 2/17/2014 01:26 CST  
Doctor Cosign: Not Required  
Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Laboratory

Order: **HCG Urine Qual Manual**

Order Start Date/Time: 2/17/2014 08:40 CST

Order Date/Time: 2/18/2014 08:40 CST

Order Status: Completed

Department Status: Completed

Activity Type: General Lab

End-state Date/Time: 2/18/2014 09:17 CST

End-state Reason:

Ordering Physician: COLVERT,LUNDY W

Consulting Physician:

Entered By: Martin,Dean Medical Lab Technician on 2/18/2014 09:17 CST

Order Details: Urine, RT collect, Collected, 02/17/14 08:40:00 CST by DMARTI71, Stop date 02/17/14 08:40:00 CST, Ur Random Collection NC

Order Comment:

Action Type: Complete

Action Date/Time: 2/18/2014 09:17 CST

Electronically Signed By: Martin,Dean  
Medical Lab Technician

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Urine, RT collect, Collected, 02/17/14 08:40:00 CST by DMARTI71, Stop date 02/17/14 08:40:00 CST, Ur Random Collection NC

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 2/18/2014 08:40 CST

Electronically Signed By: SYSTEM

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Urine, RT collect, Collected, 02/17/14 08:40:00 CST by DMARTI71, Stop date 02/17/14 08:40:00 CST, Ur Random Collection NC

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 2/18/2014 08:40 CST

Electronically Signed By: Martin,Dean  
Medical Lab Technician

Responsible Provider: COLVERT,LUNDY W

Communication Type: Written

Order Details: Urine, RT collect, Collected, 02/17/14 08:40:00 CST by DMARTI71, Stop date 02/17/14 08:40:00 CST, Ur Random Collection NC

Review Information:

Nurse Review: No Longer Needing Review, SYSTEM on 3/10/2014 23:03 CDT

Doctor Cosign: Not Required

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Laboratory**

Order: **Glucose POC Bedside**

Order Start Date/Time: 2/17/2014 05:17 CST

Order Date/Time: 2/17/2014 13:09 CST

Order Status: Completed Department Status: Completed Activity Type: General Lab

End-state Date/Time: 2/17/2014 13:09 CST

End-state Reason:

Ordering Physician: COLVERT, LUNDY W

Consulting Physician:

Entered By: SYSTEM on 2/17/2014 13:09 CST

Order Details: Blood, Collected, 02/17/14 05:17:26 CST

Order Comment:

Action Type: Complete Action Date/Time: 2/17/2014 13:09 CST Electronically Signed By: SYSTEM

Responsible Provider: COLVERT, LUNDY W

Communication Type:

Order Details: Blood, Collected, 02/17/14 05:17:26 CST

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 13:09 CST Electronically Signed By: SYSTEM

Responsible Provider: COLVERT, LUNDY W

Communication Type: Written

Order Details: Blood, Collected, 02/17/14 05:17:26 CST

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Laboratory

Order: **Differential Automated**

Order Start Date/Time: 2/17/2014 01:02 CST

Order Date/Time: 2/17/2014 01:08 CST

Order Status: Completed Department Status: Completed Activity Type: General Lab

End-state Date/Time: 2/17/2014 01:14 CST End-state Reason:

Ordering Physician: COLVERT,LUNDY W Consulting Physician:

Entered By: Moreland,Paige Medical Technologist on 2/17/2014 01:14 CST

Order Details: Blood, Enter Source, Stat collect, Collected, 02/17/14 01:02:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect, Enter Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source,...

Order Comment:

Action Type: Complete Action Date/Time: 2/17/2014 01:14 CST Electronically Signed By: Moreland,Paige Medical Technologist

Responsible Provider: COLVERT,LUNDY W Communication Type:

Order Details: Blood, Enter Source, Stat collect, Collected, 02/17/14 01:02:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect, Enter Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source,...

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 01:08 CST Electronically Signed By: SYSTEM

Responsible Provider: COLVERT,LUNDY W Communication Type:

Order Details: Blood, Enter Source, Stat collect, Collected, 02/17/14 01:02:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect, Enter Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source,...

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 01:08 CST Electronically Signed By: SYSTEM

Responsible Provider: COLVERT,LUNDY W Communication Type: Discern Expert

Order Details: Blood, Enter Source, Stat collect, Collected, 02/17/14 01:02:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect, Enter Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source, Enter Specimen Source,...

Review Information:

Doctor Cosign: Not Required

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Laboratory

Order: **Ethanol Level (Alcohol Level)**

Order Start Date/Time: 2/17/2014 01:02 CST

Order Date/Time: 2/17/2014 01:01 CST

Order Status: Completed

Department Status: Completed

Activity Type: General Lab

End-state Date/Time: 2/17/2014 01:31 CST

End-state Reason:

Ordering Physician: COLVERT,LUNDY W

Consulting Physician:

Entered By: Manuel,R Medical Technologist on 2/17/2014 01:31 CST

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Order Comment:

Action Type: Complete

Action Date/Time: 2/17/2014 01:31 CST

Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 01:35 CST

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 2/17/2014 01:08 CST

Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 2/17/2014 01:08 CST

Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 2/17/2014 01:02 CST

Electronically Signed By: COLVERT,  
LUNDY W

Responsible Provider: COLVERT,LUNDY W

Communication Type: Written

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 01:26 CST

Doctor Cosign: Not Required

Order Comment:



**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Laboratory

Order: **UDS 10A Urine Qual Panel Manual**

Order Start Date/Time: 2/17/2014 03:40 CST

Order Date/Time: 2/17/2014 01:01 CST

Order Status: Completed Department Status: Completed Activity Type: General Lab

End-state Date/Time: 2/17/2014 03:56 CST

End-state Reason:

Ordering Physician: COLVERT,LUNDY W

Consulting Physician:

Entered By: Manuel,R Medical Technologist on 2/17/2014 03:56 CST

Order Details: Urine, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Order Comment:

Action Type: Complete Action Date/Time: 2/17/2014 03:56 CST Electronically Signed By: Manuel,R Medical Technologist

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Urine, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 03:51 CST Electronically Signed By: Moreland,Paige Medical Technologist

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Urine, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 03:51 CST Electronically Signed By: Moreland,Paige Medical Technologist

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Urine, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 01:02 CST Electronically Signed By: COLVERT, LUNDY W

Responsible Provider: COLVERT,LUNDY W

Communication Type: Written

Order Details: Urine, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Nurse Review: Electronically Signed, Hamp,William Charles Rn on 2/17/2014 01:26 CST

Doctor Cosign: Not Required

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Laboratory

Order: **HCG Qual**

Order Start Date/Time: 2/17/2014 01:02 CST

Order Date/Time: 2/17/2014 01:01 CST

Order Status: Discontinued Department Status: Discontinued Activity Type: General Lab

End-state Date/Time: 2/20/2014 06:02 CST

End-state Reason:

Ordering Physician: COLVERT,LUNDY W

Consulting Physician:

Entered By: SYSTEM on 2/20/2014 06:02 CST

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Order Comment:

Action Type: Discontinue

Action Date/Time: 2/20/2014 06:02 CST Electronically Signed By: SYSTEM

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 2/17/2014 01:11 CST Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 2/17/2014 01:08 CST Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 2/17/2014 01:08 CST Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 2/17/2014 01:02 CST Electronically Signed By: COLVERT,  
LUNDY W

Responsible Provider: COLVERT,LUNDY W

Communication Type: Written

Order Details: Blood, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Laboratory**

Order: **HCG Qual**

Review Information:

Nurse Review: Electronically Signed, Hampp, William Charles Rn on 2/17/2014 01:26 CST

Doctor Cosign: Not Required

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Laboratory

**Order: Urinalysis w/Reflex Microscopic Automated**

Order Start Date/Time: 2/17/2014 03:40 CST

Order Date/Time: 2/17/2014 01:01 CST

Order Status: Completed Department Status: Completed Activity Type: General Lab

End-state Date/Time: 2/17/2014 04:03 CST End-state Reason:

Ordering Physician: COLVERT, LUNDY W Consulting Physician:

Entered By: Moreland, Paige Medical Technologist on 2/17/2014 04:03 CST

Order Details: Urine, Void, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Order Comment:

Action Type: Complete Action Date/Time: 2/17/2014 04:03 CST Electronically Signed By: Moreland, Paige Medical Technologist

Responsible Provider: COLVERT, LUNDY W Communication Type:

Order Details: Urine, Void, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 03:56 CST Electronically Signed By: Manuel, R Medical Technologist

Responsible Provider: COLVERT, LUNDY W Communication Type:

Order Details: Urine, Void, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 03:51 CST Electronically Signed By: Moreland, Paige Medical Technologist

Responsible Provider: COLVERT, LUNDY W Communication Type:

Order Details: Urine, Void, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 03:51 CST Electronically Signed By: Moreland, Paige Medical Technologist

Responsible Provider: COLVERT, LUNDY W Communication Type:

Order Details: Urine, Void, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 01:02 CST Electronically Signed By: COLVERT, LUNDY W

Responsible Provider: COLVERT, LUNDY W Communication Type: Written

Order Details: Urine, Void, Stat collect, 02/17/14 01:01:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Laboratory**

Order: **Urinalysis w/Reflex Microscopic Automated**

Review Information:

Nurse Review: Electronically Signed, Hampp, William Charles Rn on 2/17/2014 01:26 CST

Doctor Cosign: Not Required

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Laboratory**

Order: **Comprehensive Metabolic Profile (CMP)**

Order Start Date/Time: 2/17/2014 01:02 CST

Order Date/Time: 2/17/2014 01:00 CST

Order Status: Completed Department Status: Completed Activity Type: General Lab

End-state Date/Time: 2/17/2014 01:44 CST End-state Reason:

Ordering Physician: COLVERT,LUNDY W Consulting Physician:

Entered By: Manuel,R Medical Technologist on 2/17/2014 01:44 CST

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Order Comment:

Action Type: Complete Action Date/Time: 2/17/2014 01:44 CST Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 01:28 CST Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 01:08 CST Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 01:08 CST Electronically Signed By: Manuel,R  
Medical Technologist

Responsible Provider: COLVERT,LUNDY W Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 01:02 CST Electronically Signed By: COLVERT,  
LUNDY W

Responsible Provider: COLVERT,LUNDY W Communication Type: Written

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Laboratory**

Order: **Comprehensive Metabolic Profile (CMP)**

Review Information:

Nurse Review: Electronically Signed, Hampp, William Charles Rn on 2/17/2014 01:26 CST

Doctor Cosign: Not Required

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Laboratory

Order: **CBC w/Differential Automated**

Order Start Date/Time: 2/17/2014 01:02 CST

Order Date/Time: 2/17/2014 01:00 CST

Order Status: Completed

Department Status: Completed

Activity Type: General Lab

End-state Date/Time: 2/17/2014 01:14 CST

End-state Reason:

Ordering Physician: COLVERT, LUNDY W

Consulting Physician:

Entered By: Moreland, Paige Medical Technologist on 2/17/2014 01:14 CST

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Order Comment:

Action Type: Complete

Action Date/Time: 2/17/2014 01:14 CST

Electronically Signed By: Moreland, Paige  
Medical Technologist

Responsible Provider: COLVERT, LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 2/17/2014 01:08 CST

Electronically Signed By: Manuel, R  
Medical Technologist

Responsible Provider: COLVERT, LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 2/17/2014 01:08 CST

Electronically Signed By: Manuel, R  
Medical Technologist

Responsible Provider: COLVERT, LUNDY W

Communication Type:

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 2/17/2014 01:02 CST

Electronically Signed By: COLVERT,  
LUNDY W

Responsible Provider: COLVERT, LUNDY W

Communication Type: Written

Order Details: Blood, Stat collect, 02/17/14 01:00:00 CST, Once, Stop date 02/17/14 01:02:00 CST, Nurse collect

Review Information:

Doctor Cosign: Not Required

Order Comment:



**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Pharmacy**

Order: **insulin regular (insulin regular 100 units/mL human recombinant injectable solution)**  
Order Start Date/Time: 2/17/2014 06:00 CST  
Order Date/Time: 2/17/2014 05:18 CST  
Order Status: Completed Department Status: Completed Activity Type: Pharmacy  
End-state Date/Time: 2/17/2014 05:25 CST End-state Reason:  
Ordering Physician: COLVERT, LUNDY W Consulting Physician:  
Entered By: Hampp, William Charles Rn on 2/17/2014 05:25 CST  
Order Details: 10 unit(s) 0.1 mL, Soln-Inj, Subcutaneous, Once, Routine, First Dose: 02/17/14 06:00:00 CST, Stop Date: 02/17/14 06:00:00 CST  
Order Comment:  
Action Type: Complete Action Date/Time: 2/17/2014 05:25 CST Electronically Signed By: Hampp, William Charles Rn  
Responsible Provider: COLVERT, LUNDY W Communication Type:  
Order Details: 10 unit(s) 0.1 mL, Soln-Inj, Subcutaneous, Once, Routine, First Dose: 02/17/14 06:00:00 CST, Stop Date: 02/17/14 06:00:00 CST  
Review Information:  
Doctor Cosign: Not Required  
Order Comment:  
Action Type: Order Action Date/Time: 2/17/2014 05:19 CST Electronically Signed By: COLVERT, LUNDY W  
Responsible Provider: COLVERT, LUNDY W Communication Type: Written  
Order Details: 10 unit(s) 0.1 mL, Soln-Inj, Subcutaneous, Once, Routine, First Dose: 02/17/14 06:00:00 CST, Stop Date: 02/17/14 06:00:00 CST  
Review Information:  
Nurse Review: Electronically Signed, Hampp, William Charles Rn on 2/17/2014 05:25 CST  
Pharmacist Verify: Not Reviewed  
Pharmacist Verify: Electronically Signed, SYSTEM on 2/17/2014 05:19 CST  
Doctor Cosign: Not Required  
Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
vice Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Pharmacy

Order: **diatrizoate**  
Order Start Date/Time: 2/17/2014 04:51 CST  
Order Date/Time: 2/17/2014 04:51 CST  
Order Status: Completed Department Status: Completed Activity Type: Pharmacy  
End-state Date/Time: 2/17/2014 04:51 CST End-state Reason:  
Ordering Physician: COLVERT,LUNDY W Consulting Physician:  
Entered By: Baker,Angela Eileen Ct Technologist I on 2/17/2014 04:51 CST  
Order Details: 30 mL, Soln, PO, AdHoc, First Dose: 02/17/14 04:51:00 CST, Stop Date: 02/17/14 04:51:00 CST  
Order Comment:  
Action Type: Order Action Date/Time: 2/17/2014 04:51 CST Electronically Signed By: Baker,Angela Eileen Ct Technologist I  
Responsible Provider: COLVERT,LUNDY W Communication Type:  
Order Details: 30 mL, Soln, PO, AdHoc, First Dose: 02/17/14 04:51:00 CST, Stop Date: 02/17/14 04:51:00 CST  
Review Information:  
Doctor Cosign: Not Required  
Order Comment:

Order: **iopamidol**  
Order Start Date/Time: 2/17/2014 04:51 CST  
Order Date/Time: 2/17/2014 04:51 CST  
Order Status: Completed Department Status: Completed Activity Type: Pharmacy  
End-state Date/Time: 2/17/2014 04:51 CST End-state Reason:  
Ordering Physician: COLVERT,LUNDY W Consulting Physician:  
Entered By: Baker,Angela Eileen Ct Technologist I on 2/17/2014 04:52 CST  
Order Details: 80 mL, Soln-Inj, IV, AdHoc, First Dose: 02/17/14 04:51:00 CST, Stop Date: 02/17/14 04:51:00 CST  
Order Comment:  
Action Type: Order Action Date/Time: 2/17/2014 04:52 CST Electronically Signed By: Baker,Angela Eileen Ct Technologist I  
Responsible Provider: COLVERT,LUNDY W Communication Type:  
Order Details: 80 mL, Soln-Inj, IV, AdHoc, First Dose: 02/17/14 04:51:00 CST, Stop Date: 02/17/14 04:51:00 CST  
Review Information:  
Doctor Cosign: Not Required  
Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Pharmacy**

Order: **diphenhydrAMINE (Benadryl)**  
Order Start Date/Time: 2/17/2014 01:52 CST  
Order Date/Time: 2/17/2014 01:51 CST  
Order Status: Completed Department Status: Completed Activity Type: Pharmacy  
End-state Date/Time: 2/17/2014 01:55 CST End-state Reason:  
Ordering Physician: COLVERT,LUNDY W Consulting Physician:  
Entered By: Hampp,William Charles Rn on 2/17/2014 01:55 CST  
Order Details: 25 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST  
Order Comment:  
Action Type: Complete Action Date/Time: 2/17/2014 01:55 CST Electronically Signed By: Hampp,William Charles Rn  
Responsible Provider: COLVERT,LUNDY W Communication Type:  
Order Details: 25 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST  
Review Information:  
Pharmacist Verify: Not Reviewed  
Pharmacist Verify: Electronically Signed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST  
Doctor Cosign: Not Required  
Order Comment:  
Action Type: Order Action Date/Time: 2/17/2014 01:52 CST Electronically Signed By: Hampp,William Charles Rn  
Responsible Provider: COLVERT,LUNDY W Communication Type: Verbal with Read Back - Cosign  
Order Details: 25 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST  
Review Information:  
Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 02:16 CST  
Pharmacist Verify: Not Reviewed  
Doctor Cosign: Electronically Signed, COLVERT,LUNDY W on 2/17/2014 06:41 CST  
Pharmacist Verify: Reviewed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST  
Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Vice Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Pharmacy**

Order: **LORazepam**

Order Start Date/Time: 2/17/2014 01:52 CST

Order Date/Time: 2/17/2014 01:51 CST

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 2/17/2014 01:54 CST End-state Reason:

Ordering Physician: COLVERT,LUNDY W Consulting Physician:

Entered By: Hampp,William Charles Rn on 2/17/2014 01:54 CST

Order Details: 1 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST

Order Comment:

Action Type: Complete Action Date/Time: 2/17/2014 01:54 CST Electronically Signed By: Hampp,William Charles Rn

Responsible Provider: COLVERT,LUNDY W Communication Type:

Order Details: 1 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST

Review Information:

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 01:52 CST Electronically Signed By: Hampp,William Charles Rn

Responsible Provider: COLVERT,LUNDY W Communication Type: Verbal with Read Back - Cosign

Order Details: 1 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST

Review Information:

Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 02:16 CST

Pharmacist Verify: Not Reviewed

Doctor Cosign: Electronically Signed, COLVERT,LUNDY W on 2/17/2014 06:41 CST

Pharmacist Verify: Reviewed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST

Order Comment:

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT,LUNDY W  
**Primary Care:** WALDON,GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Orders**

**Pharmacy**

Order: **morphine**

Order Start Date/Time: 2/17/2014 01:51 CST

Order Date/Time: 2/17/2014 01:51 CST

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 2/17/2014 01:54 CST End-state Reason:

Ordering Physician: COLVERT,LUNDY W Consulting Physician:

Entered By: Hampp,William Charles Rn on 2/17/2014 01:54 CST

Order Details: 4 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:51:00 CST, Stop Date: 02/17/14 01:51:00 CST

Order Comment:

Action Type: Complete Action Date/Time: 2/17/2014 01:54 CST Electronically Signed By: Hampp,William Charles Rn

Responsible Provider: COLVERT,LUNDY W Communication Type:

Order Details: 4 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:51:00 CST, Stop Date: 02/17/14 01:51:00 CST

Review Information:

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 01:52 CST Electronically Signed By: Hampp,William Charles Rn

Responsible Provider: COLVERT,LUNDY W Communication Type: Verbal with Read Back - Cosign

Order Details: 4 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:51:00 CST, Stop Date: 02/17/14 01:51:00 CST

Review Information:

Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 02:16 CST

Pharmacist Verify: Not Reviewed

Doctor Cosign: Electronically Signed, COLVERT,LUNDY W on 2/17/2014 06:41 CST

Pharmacist Verify: Reviewed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Icd Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Pharmacy**

Order: **ondansetron (Zofran)**

Order Start Date/Time: 2/17/2014 02:00 CST

Order Date/Time: 2/17/2014 01:51 CST

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 2/17/2014 01:53 CST

End-state Reason:

Ordering Physician: COLVERT, LUNDY W

Consulting Physician:

Entered By: Hampp, William Charles Rn on 2/17/2014 01:53 CST

Order Details: 4 mg, Soln-Inj. IV Push, Once, Routine. First Dose: 02/17/14 02:00:00 CST, Stop Date: 02/17/14 02:00:00 CST

Order Comment:

Action Type: Complete Action Date/Time: 2/17/2014 01:53 CST Electronically Signed By: Hampp, William Charles Rn

Responsible Provider: COLVERT, LUNDY W

Communication Type:

Order Details: 4 mg, Soln-Inj. IV Push, Once, Routine. First Dose: 02/17/14 02:00:00 CST, Stop Date: 02/17/14 02:00:00 CST

Review Information:

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, Montoya, Debra E Pharmacist on 2/17/2014 09:00 CST

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 01:52 CST Electronically Signed By: Hampp, William Charles Rn

Responsible Provider: COLVERT, LUNDY W

Communication Type: Verbal with Read Back - Cosign

Order Details: 4 mg, Soln-Inj. IV Push, Once, Routine. First Dose: 02/17/14 02:00:00 CST, Stop Date: 02/17/14 02:00:00 CST

Review Information:

Nurse Review: Electronically Signed, Hampp, William Charles Rn on 2/17/2014 02:16 CST

Pharmacist Verify: Not Reviewed

Doctor Cosign: Electronically Signed, COLVERT, LUNDY W on 2/17/2014 06:41 CST

Pharmacist Verify: Reviewed, Montoya, Debra E Pharmacist on 2/17/2014 09:00 CST

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders

#### Radiology

Order: **CT Abdomen Pelvis W**

Order Start Date/Time: 2/17/2014 01:02 CST

Order Date/Time: 2/17/2014 01:02 CST

Order Status: Completed Department Status: Completed Activity Type: Radiology

End-state Date/Time: 2/17/2014 12:52 CST End-state Reason:

Ordering Physician: COLVERT, LUNDY W Consulting Physician:

Entered By: JONG, DAVID G MD on 2/17/2014 12:52 CST

Order Details: 02/17/14 01:02:00 CST, STAT, One Time Unscheduled, Reason: Abdominal pain, generalized, Transport Mode: Stretcher

Order Comment:

Action Type: Complete Action Date/Time: 2/17/2014 12:52 CST Electronically Signed By: JONG, DAVID G MD

Responsible Provider: COLVERT, LUNDY W Communication Type: Written

Order Details: 02/17/14 01:02:00 CST, STAT, One Time Unscheduled, Reason: Abdominal pain, generalized, Transport Mode: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 04:53 CST Electronically Signed By: Baker, Angela Eileen Ct Technologist I

Responsible Provider: COLVERT, LUNDY W Communication Type: Written

Order Details: 02/17/14 01:02:00 CST, STAT, One Time Unscheduled, Reason: Abdominal pain, generalized, Transport Mode: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change Action Date/Time: 2/17/2014 04:50 CST Electronically Signed By: Baker, Angela Eileen Ct Technologist I

Responsible Provider: COLVERT, LUNDY W Communication Type: Written

Order Details: 02/17/14 01:02:00 CST, STAT, One Time Unscheduled, Reason: Abdominal pain, generalized, Transport Mode: Stretcher

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 01:02 CST Electronically Signed By: COLVERT, LUNDY W

Responsible Provider: COLVERT, LUNDY W Communication Type: Written

Order Details: 02/17/14 01:02:00 CST, STAT, One Time Unscheduled, Reason: Abdominal pain, generalized, Transport Mode: Stretcher

Review Information:

Nurse Review: Electronically Signed, Hampp, William Charles Rn on 2/17/2014 01:26 CST

Doctor Cosign: Not Required

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002      **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Orders**

**Radiology**

**Order:** CT Abdomen Pelvis W

**Order Comment:**



**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Diagnosis Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders**

**Radiology**

Order: **CT Head or Brain WO**  
Order Start Date/Time: 2/17/2014 01:01 CST  
Order Date/Time: 2/17/2014 01:01 CST  
Order Status: Completed Department Status: Completed Activity Type: Radiology  
End-state Date/Time: 2/17/2014 12:52 CST End-state Reason:  
Ordering Physician: COLVERT,LUNDY W Consulting Physician:  
Entered By: JONG,DAVID G MD on 2/17/2014 12:52 CST  
Order Details: 02/17/14 01:01:00 CST, STAT, Stop date 02/17/14 01:01:00 CST, Reason: Altered level of Consciousness,  
Transport Mode: Stretcher  
Order Comment:  
Action Type: Complete Action Date/Time: 2/17/2014 12:52 CST Electronically Signed By: JONG,DAVID G MD  
Responsible Provider: COLVERT,LUNDY W Communication Type: Written  
Order Details: 02/17/14 01:01:00 CST, STAT, Stop date 02/17/14 01:01:00 CST, Reason: Altered level of Consciousness,  
Transport Mode: Stretcher  
Review Information:  
Doctor Cosign: Not Required  
Order Comment:  
Action Type: Status Change Action Date/Time: 2/17/2014 04:53 CST Electronically Signed By: Baker,Angela Eileen Ct Technologist I  
Responsible Provider: COLVERT,LUNDY W Communication Type: Written  
Order Details: 02/17/14 01:01:00 CST, STAT, Stop date 02/17/14 01:01:00 CST, Reason: Altered level of Consciousness,  
Transport Mode: Stretcher  
Review Information:  
Doctor Cosign: Not Required  
Order Comment:  
Action Type: Status Change Action Date/Time: 2/17/2014 04:50 CST Electronically Signed By: Baker,Angela Eileen Ct Technologist I  
Responsible Provider: COLVERT,LUNDY W Communication Type: Written  
Order Details: 02/17/14 01:01:00 CST, STAT, Stop date 02/17/14 01:01:00 CST, Reason: Altered level of Consciousness,  
Transport Mode: Stretcher  
Review Information:  
Doctor Cosign: Not Required  
Order Comment:  
Action Type: Order Action Date/Time: 2/17/2014 01:02 CST Electronically Signed By: COLVERT, LUNDY W  
Responsible Provider: COLVERT,LUNDY W Communication Type: Written  
Order Details: 02/17/14 01:01:00 CST, STAT, Stop date 02/17/14 01:01:00 CST, Reason: Altered level of Consciousness,  
Transport Mode: Stretcher  
Review Information:  
Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 01:26 CST  
Doctor Cosign: Not Required

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002      **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Orders**

**Radiology**

Order: **CT Head or Brain WO**

Order Comment:

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders - Medication

Order: **insulin regular (insulin regular 100 units/mL human recombinant injectable solution)**

Order Start Date/Time: 2/17/2014 06:00 CST

Order Date/Time: 2/17/2014 05:18 CST

Order Status: Completed

End-state Date/Time: 2/17/2014 05:25 CST

End-state Reason:

Ordering Physician: COLVERT, LUNDY W

Consulting Physician:

Entered By: Hampp, William Charles Rn on 2/17/2014 05:25 CST

Order Details: 10 unit(s) 0.1 mL, Soln-Inj, Subcutaneous, Once, Routine, First Dose: 02/17/14 06:00:00 CST, Stop Date: 02/17/14 06:00:00 CST

Order Comment:

Action Type: Complete

Action Date/Time: 2/17/2014 05:25 CST

Electronically Signed By: Hampp, William Charles Rn

Responsible Provider: COLVERT, LUNDY W

Communication Type:

Order Details: 10 unit(s) 0.1 mL, Soln-Inj, Subcutaneous, Once, Routine, First Dose: 02/17/14 06:00:00 CST, Stop Date: 02/17/14 06:00:00 CST

Review Information:

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 2/17/2014 05:19 CST

Electronically Signed By: COLVERT, LUNDY W

Responsible Provider: COLVERT, LUNDY W

Communication Type: Written

Order Details: 10 unit(s) 0.1 mL, Soln-Inj, Subcutaneous, Once, Routine, First Dose: 02/17/14 06:00:00 CST, Stop Date: 02/17/14 06:00:00 CST

Review Information:

Nurse Review: Electronically Signed, Hampp, William Charles Rn on 2/17/2014 05:25 CST

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, SYSTEM on 2/17/2014 05:19 CST

Doctor Cosign: Not Required

Order: **diatrizoate**

Order Start Date/Time: 2/17/2014 04:51 CST

Order Date/Time: 2/17/2014 04:51 CST

Order Status: Completed

End-state Date/Time: 2/17/2014 04:51 CST

End-state Reason:

Ordering Physician: COLVERT, LUNDY W

Consulting Physician:

Entered By: Baker, Angela Eileen Ct Technologist I on 2/17/2014 04:51 CST

Order Details: 30 mL, Soln, PO, AdHoc, First Dose: 02/17/14 04:51:00 CST, Stop Date: 02/17/14 04:51:00 CST

Order Comment:

Action Type: Order

Action Date/Time: 2/17/2014 04:51 CST

Electronically Signed By: Baker, Angela Eileen Ct Technologist I

Responsible Provider: COLVERT, LUNDY W

Communication Type:

Order Details: 30 mL, Soln, PO, AdHoc, First Dose: 02/17/14 04:51:00 CST, Stop Date: 02/17/14 04:51:00 CST

Review Information:

Doctor Cosign: Not Required

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
vice Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders - Medication**

Order: **iopamidol**

Order Start Date/Time: 2/17/2014 04:51 CST

Order Date/Time: 2/17/2014 04:51 CST

Order Status: Completed

End-state Date/Time: 2/17/2014 04:51 CST

End-state Reason:

Ordering Physician: COLVERT, LUNDY W

Consulting Physician:

Entered By: Baker, Angela Eileen Ct Technologist I on 2/17/2014 04:52 CST

Order Details: 80 mL, Soln-Inj, IV, AdHoc. First Dose: 02/17/14 04:51:00 CST, Stop Date: 02/17/14 04:51:00 CST

Order Comment:

Action Type: Order Action Date/Time: 2/17/2014 04:52 CST Electronically Signed By: Baker, Angela Eileen Ct Technologist I

Responsible Provider: COLVERT, LUNDY W

Communication Type:

Order Details: 80 mL, Soln-Inj, IV, AdHoc. First Dose: 02/17/14 04:51:00 CST, Stop Date: 02/17/14 04:51:00 CST

Review Information:

Doctor Cosign: Not Required

Order: **metFORMIN**

Order Start Date/Time: 2/17/2014 02:17 CST

Order Date/Time: 2/17/2014 02:17 CST

Order Status: Documented

Ordering Physician:

Consulting Physician:

Entered By: Hampp, William Charles Rn on 2/17/2014 02:18 CST

Order Details: 1,000 mg, Oral, BID. 0 Refill(s)

Order Comment:

Action Type: Document Action Date/Time: 2/17/2014 02:18 CST Electronically Signed By: Hampp, William Charles Rn

Responsible Provider:

Communication Type:

Order Details: 1,000 mg, Oral, BID. 0 Refill(s)

Review Information:

Doctor Cosign: Not Required

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Orders - Medication

Order: **diphenhydrAMINE (Benadryl)**  
Order Start Date/Time: 2/17/2014 01:52 CST  
Order Date/Time: 2/17/2014 01:51 CST  
Order Status: Completed  
End-state Date/Time: 2/17/2014 01:55 CST End-state Reason:  
Ordering Physician: COLVERT,LUNDY W Consulting Physician:  
Entered By: Hampp,William Charles Rn on 2/17/2014 01:55 CST  
Order Details: 25 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST  
Order Comment:  
Action Type: Complete Action Date/Time: 2/17/2014 01:55 CST Electronically Signed By: Hampp,William Charles Rn  
Responsible Provider: COLVERT,LUNDY W Communication Type:  
Order Details: 25 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST  
Review Information:  
Pharmacist Verify: Not Reviewed  
Pharmacist Verify: Electronically Signed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST  
Doctor Cosign: Not Required  
Action Type: Order Action Date/Time: 2/17/2014 01:52 CST Electronically Signed By: Hampp,William Charles Rn  
Responsible Provider: COLVERT,LUNDY W Communication Type: Verbal with Read Back - Cosign  
Order Details: 25 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST  
Review Information:  
Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 02:16 CST  
Pharmacist Verify: Not Reviewed  
Doctor Cosign: Electronically Signed, COLVERT,LUNDY W on 2/17/2014 06:41 CST  
Pharmacist Verify: Reviewed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST

Patient: **ROJAS, INGRID**  
MRN: 000320188  
Account #: BV3054042  
Diagnosis Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders - Medication**

Order: **LORazepam**

Order Start Date/Time: 2/17/2014 01:52 CST

Order Date/Time: 2/17/2014 01:51 CST

Order Status: Completed

End-state Date/Time: 2/17/2014 01:54 CST

End-state Reason:

Ordering Physician: COLVERT,LUNDY W

Consulting Physician:

Entered By: Hampp,William Charles Rn on 2/17/2014 01:54 CST

Order Details: 1 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST

Order Comment:

Action Type: Complete

Action Date/Time: 2/17/2014 01:54 CST

Electronically Signed By: Hampp,William Charles Rn

Responsible Provider: COLVERT,LUNDY W

Communication Type:

Order Details: 1 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST

Review Information:

Pharmacist Verify: Not Reviewed

Pharmacist Verify: Electronically Signed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 2/17/2014 01:52 CST

Electronically Signed By: Hampp,William Charles Rn

Responsible Provider: COLVERT,LUNDY W

Communication Type: Verbal with Read Back - Cosign

Order Details: 1 mg, Soln-Inj, IV Push, Once, STAT, First Dose: 02/17/14 01:52:00 CST, Stop Date: 02/17/14 01:52:00 CST

Review Information:

Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 02:16 CST

Pharmacist Verify: Not Reviewed

Doctor Cosign: Electronically Signed, COLVERT,LUNDY W on 2/17/2014 06:41 CST

Pharmacist Verify: Reviewed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders - Medication**

Order: **morphine**  
Order Start Date/Time: 2/17/2014 01:51 CST  
Order Date/Time: 2/17/2014 01:51 CST  
Order Status: Completed  
End-state Date/Time: 2/17/2014 01:54 CST End-state Reason:  
Ordering Physician: COLVERT, LUNDY W Consulting Physician:  
Entered By: Hampp, William Charles Rn on 2/17/2014 01:54 CST  
Order Details: 4 mg, Soln-Inj. IV Push, Once, STAT, First Dose: 02/17/14 01:51:00 CST, Stop Date: 02/17/14 01:51:00 CST  
Order Comment:  
Action Type: Complete Action Date/Time: 2/17/2014 01:54 CST Electronically Signed By: Hampp, William Charles Rn  
Responsible Provider: COLVERT, LUNDY W Communication Type:  
Order Details: 4 mg, Soln-Inj. IV Push, Once, STAT, First Dose: 02/17/14 01:51:00 CST, Stop Date: 02/17/14 01:51:00 CST  
Review Information:  
Pharmacist Verify: Not Reviewed  
Pharmacist Verify: Electronically Signed, Montoya, Debra E Pharmacist on 2/17/2014 09:00 CST  
Doctor Cosign: Not Required  
Action Type: Order Action Date/Time: 2/17/2014 01:52 CST Electronically Signed By: Hampp, William Charles Rn  
Responsible Provider: COLVERT, LUNDY W Communication Type: Verbal with Read Back - Cosign  
Order Details: 4 mg, Soln-Inj. IV Push, Once, STAT, First Dose: 02/17/14 01:51:00 CST, Stop Date: 02/17/14 01:51:00 CST  
Review Information:  
Nurse Review: Electronically Signed, Hampp, William Charles Rn on 2/17/2014 02:16 CST  
Pharmacist Verify: Not Reviewed  
Doctor Cosign: Electronically Signed, COLVERT, LUNDY W on 2/17/2014 06:41 CST  
Pharmacist Verify: Reviewed, Montoya, Debra E Pharmacist on 2/17/2014 09:00 CST

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT,LUNDY W  
Primary Care: WALDON,GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Orders - Medication**

Order: **ondansetron (Zofran)**  
Order Start Date/Time: 2/17/2014 02:00 CST  
Order Date/Time: 2/17/2014 01:51 CST  
Order Status: Completed  
End-state Date/Time: 2/17/2014 01:53 CST End-state Reason:  
Ordering Physician: COLVERT,LUNDY W Consulting Physician:  
Entered By: Hampp,William Charles Rn on 2/17/2014 01:53 CST  
Order Details: 4 mg, Soln-Inj, IV Push, Once, Routine. First Dose: 02/17/14 02:00:00 CST Stop Date: 02/17/14 02:00:00 CST  
Order Comment:  
Action Type: Complete Action Date/Time: 2/17/2014 01:53 CST Electronically Signed By: Hampp,William Charles Rn  
Responsible Provider: COLVERT,LUNDY W Communication Type:  
Order Details: 4 mg, Soln-Inj, IV Push, Once, Routine. First Dose: 02/17/14 02:00:00 CST Stop Date: 02/17/14 02:00:00 CST  
Review Information:  
Pharmacist Verify: Not Reviewed  
Pharmacist Verify: Electronically Signed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST  
Doctor Cosign: Not Required  
Action Type: Order Action Date/Time: 2/17/2014 01:52 CST Electronically Signed By: Hampp,William Charles Rn  
Responsible Provider: COLVERT,LUNDY W Communication Type: Verbal with Read Back - Cosign  
Order Details: 4 mg, Soln-Inj, IV Push, Once, Routine. First Dose: 02/17/14 02:00:00 CST Stop Date: 02/17/14 02:00:00 CST  
Review Information:  
Nurse Review: Electronically Signed, Hampp,William Charles Rn on 2/17/2014 02:16 CST  
Pharmacist Verify: Not Reviewed  
Doctor Cosign: Electronically Signed, COLVERT,LUNDY W on 2/17/2014 06:41 CST  
Pharmacist Verify: Reviewed, Montoya,Debra E Pharmacist on 2/17/2014 09:00 CST



**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### Problems

Problem Name: **Abdominal pain**

Last Updated: 2/17/2014

**Classification:** Medical; **Confirmation:** Complaint of; **Code:** 4858AFEB-7C01-4A67-B4F5-9B3A35EA1FC8; **Course:** ;  
**Onset Date:** 2/17/2014; **Status Date:** 2/17/2014; **Prognosis:** ;  
**Persistence:** ;

**Recorder:** Douthit, Lisa Renee Rn F/t; **Responsible Provider:** Douthit, Lisa Renee Rn F/t

Problem Name: **Acute cervical radiculopathy**

Last Updated: 8/3/2014

**Classification:** Medical; **Confirmation:** Confirmed; **Code:** 723.4; **Course:** ; **Onset Date:** 6/15/2014; **Status Date:** 6/15/2014; **Prognosis:** ; **Persistence:** ;

**Recorder:** AKIN, CHARLES R MD; **Responsible Provider:** AKIN, CHARLES R MD

Problem Name: **Anxiety**

Last Updated: 4/23/2014

**Classification:** Patient Stated; **Confirmation:** Confirmed; **Code:** 81133019; **Course:** ; **Onset Date:** ; **Status Date:** 2/17/2014; **Prognosis:** ; **Persistence:** ;

**Recorder:** Lafollette, Jennifer Charge Nurse Rn; **Responsible Provider:** ;

Problem Name: **Appendectomy**

Last Updated: 2/17/2014

**Classification:** Patient Stated; **Confirmation:** Confirmed; **Code:** 132967011; **Course:** ; **Onset Date:** ; **Status Date:** 2/17/2014; **Prognosis:** ; **Persistence:** ;

**Recorder:** Lafollette, Jennifer Charge Nurse Rn; **Responsible Provider:** ;

Problem Name: **Cholecystectomy**

Last Updated: 2/17/2014

**Classification:** Patient Stated; **Confirmation:** Confirmed; **Code:** 64698015; **Course:** ; **Onset Date:** ; **Status Date:** 2/17/2014; **Prognosis:** ; **Persistence:** ;

**Recorder:** Lafollette, Jennifer Charge Nurse Rn; **Responsible Provider:** ;

Problem Name: **DM -Diabetes mellitus**

Last Updated: 2/17/2014

**Classification:** Patient Stated; **Confirmation:** Confirmed; **Code:** 502372015; **Course:** ; **Onset Date:** ; **Status Date:** 2/17/2014; **Prognosis:** ; **Persistence:** ;

**Recorder:** Lafollette, Jennifer Charge Nurse Rn; **Responsible Provider:** ;

Problem Name: **Hypertension**

Last Updated: 4/23/2014

**Classification:** Patient Stated; **Confirmation:** Confirmed; **Code:** 64176011; **Course:** ; **Onset Date:** ; **Status Date:** 2/17/2014; **Prognosis:** ; **Persistence:** ;

**Recorder:** Lafollette, Jennifer Charge Nurse Rn; **Responsible Provider:** ;

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002      **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Problems**

**Problem Name:** Syncope/Near syncope

**Last Updated:** 2/17/2014

**Classification:** Medical; **Confirmation:** Complaint of; **Code:** 70FDE7AC-597D-44A5-AFD9-2217D7F8C36C; **Course:** ;  
**Onset Date:** 2/17/2014; **Status Date:** 2/17/2014; **Prognosis:** ;  
**Persistence:**

**Recorder:** Douthit, Lisa Renee Rn F/t; **Responsible Provider:** Douthit, Lisa Renee Rn F/t

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Service Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Assessment Forms**

Result Status:

Auth (Verified)

**Medication Administration Follow Up Entered On: 02/17/2014 01:54 CST**  
**Performed On: 02/17/2014 01:47 CST by Hampp, William Charles Rn**

**Medication Effectiveness Evaluation**

*Medication Effective:* Yes

Hampp, William Charles Rn - 02/17/2014 01:54 CST

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Admit-Transfer-Discharge Information**

**Visit Information**

Recorded Date	2/17/2014		
Recorded Time	00:59 CST		
Recorded By	Lafollette, Jennifer Charge Nurse Rn		
Procedure		Units	Reference Range
Chief Complaint	See Below T1		
Lynx Mode of Arrival	Wheelchair		

**Textual Results**

T1: 2/17/2014 00:59 CST (Chief Complaint)  
pt comes through door will open eyes but not responding to verbal commands, once pt does start talking pt c/o abd pain

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Cardiovascular**

**Cardiac Rhythm Analysis**

Recorded Date	2/17/2014	2/17/2014		
Recorded Time	02:30 CST	02:00 CST		
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn		
Procedure			Units	Reference Range
Cardiac Rhythm	Sinus tachycardia	Sinus tachycardia		

Recorded Date	2/17/2014	2/17/2014		
Recorded Time	01:15 CST	01:03 CST		
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn		
Procedure			Units	Reference Range
Cardiac Rhythm	Sinus tachycardia	Sinus tachycardia		
Monitoring Lead	-	II, V1/MCL1		

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Dialysis**

**Intra-Dialysis Information**

Recorded Date	2/17/2014	2/17/2014		
Recorded Time	05:00 CST	04:00 CST		
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn		
Procedure			Units	Reference Range
Systolic Blood Pressure	119	128	mmHg	[69-141]
Diastolic Blood Pressure	69	75	mmHg	[59-81]
Heart Rate Monitored	79	91	bpm	[60-100]

Recorded Date	2/17/2014	2/17/2014		
Recorded Time	03:00 CST	02:30 CST		
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn		
Procedure			Units	Reference Range
Systolic Blood Pressure	120	129	mmHg	[69-141]
Diastolic Blood Pressure	77	84 <sup>H</sup>	mmHg	[59-81]
Heart Rate Monitored	97	-	bpm	[60-100]

Recorded Date	2/17/2014	2/17/2014		
Recorded Time	02:00 CST	01:15 CST		
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn		
Procedure			Units	Reference Range
Systolic Blood Pressure	125	164 <sup>H</sup>	mmHg	[69-141]
Diastolic Blood Pressure	79	91 <sup>H</sup>	mmHg	[59-81]

Recorded Date	2/17/2014			
Recorded Time	01:00 CST			
Recorded By	Hampp, William Charles Rn			
Procedure		Units	Reference Range	
Systolic Blood Pressure	158 <sup>H</sup>	mmHg	[69-141]	
Diastolic Blood Pressure	109 <sup>H</sup>	mmHg	[59-81]	

Recorded Date	2/17/2014			
Recorded Time	00:59 CST			
Recorded By	Lafollette, Jennifer Charge Nurse Rn			
Procedure		Units	Reference Range	
Systolic Blood Pressure	147 <sup>H</sup>	mmHg	[69-141]	
Diastolic Blood Pressure	90 <sup>H</sup>	mmHg	[59-81]	

**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Diagnosis Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

### **Echocardiograms**

#### **Echocardiograms**

Recorded Date	2/17/2014		
Recorded Time	01:48 CST		
Recorded By	Lafollette, Jennifer Charge Nurse Rn		
Procedure		Units	Reference Range
ED EKG Start Time	2/17/2014 01:43 CST		

#### **EKG Completed Date and Time**

Recorded Date	2/17/2014		
Recorded Time	01:48 CST		
Recorded By	Lafollette, Jennifer Charge Nurse Rn		
Procedure		Units	Reference Range
ED EKG Interpreted by	COLVERT, LUNDY W		

**Patient:** ROJAS, INGRID  
**MRN:** 000320188  
**Account #:** BV3054042  
**Office Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Gastrointestinal**

**Gastrointestinal Assessment**

Recorded Date	2/17/2014		
Recorded Time	01:03 CST		
Recorded By	Hampp, William Charles Rn		
Procedure	Units	Reference Range	
GI Symptoms	Abdominal tenderness, Nausea		
Abdomen Description	Rounded, Symmetric		
Emesis Description	Clear, Watery		
Bowel Sounds All Quadrants	Present		



**Patient:** ROJAS, INGRID  
MRN: 000320188  
Account #: BV3054042  
Diagnosis Code: EOP ER OUTPATIENT  
Room #: 1002 Bed #: E

Adm Date: 2/17/2014  
Attending: COLVERT, LUNDY W  
Primary Care: WALDON, GENE BRUCE MD  
DOB/Age/Sex: 9/13/1976 38 years Female

**Genitourinary**

**Genitourinary Assessment**

Recorded Date	2/17/2014		
Recorded Time	01:03 CST		
Recorded By	Hamp, William Charles Rn		
Procedure		Units	Reference Range
Genitourinary Symptoms	None		

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**DOB/Age/Sex:** 9/13/1976 38 years Female

***Integumentary***

**Integumentary Assessment**

Recorded Date: 2/17/2014  
 Recorded Time: 01:03 CST  
 Recorded By: Hampp, William Charles Rn

Procedure	Units	Reference Range
Skin Color General		Usual for ethnicity
Skin Temperature		Warm
Skin Moisture General		Dry
Skin Turgor General		Elastic
Skin Integrity General		Intact
Mucous Membrane Color		Pink
Mucous Membrane Description		Moist

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**Measurements**

Recorded Date	2/17/2014		
Recorded Time	00:59 CST		
Recorded By	Lafollette, Jennifer Charge Nurse Rn		
Procedure		Units	Reference Range
Height/Length Measured	157	cm	
Weight Dosing	77.11	kg	

**Patient:** ROJAS, INGRID  
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**DOB/Age/Sex:** 9/13/1976 38 years Female

**Neurological**

**Neurological Assessment**

Recorded Date	2/17/2014	2/17/2014		
Recorded Time	01:10 CST	01:03 CST		
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn		
Procedure			Units	Reference Range
Neurological Symptoms	-	None		
Gait	-	Unable to assess		
Extremity Movement	-	See Below <sup>T1</sup>		
Aspiration Risk	-	None		
Facial Symmetry	-	Symmetric		
Level of Consciousness	Stuporous	Lethargic		

**Textual Results**

**T1:** 2/17/2014 01:03 CST (Extremity Movement)  
 Lower extremity equal, Upper extremity equal

**Patient:** ROJAS, INGRID  
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 ICD Code: EOP ER OUTPATIENT  
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Adm Date: 2/17/2014  
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**Pain**

**Pain Assessment**

Recorded Date	2/17/2014		
Recorded Time	01:17 CST		
Recorded By	Hampp, William Charles Rn		
Procedure		Units	Reference Range
Numeric Rating at Rest	8		

Recorded Date	2/17/2014		
Recorded Time	00:59 CST		
Recorded By	Lafollette, Jennifer Charge Nurse Rn		
Procedure		Units	Reference Range
Preferred Pain Tool	Numeric rating scale		
Numeric Rating at Rest	8		
Numeric Rating Score Rest	8		

**Patient:** ROJAS, INGRID  
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**Account #:** BV3054042  
**Service Code:** EOP ER OUTPATIENT  
**Room #:** 1002 **Bed #:** E

**Adm Date:** 2/17/2014  
**Attending:** COLVERT, LUNDY W  
**Primary Care:** WALDON, GENE BRUCE MD  
**DOB/Age/Sex:** 9/13/1976 38 years Female

**Psychosocial**

**Psychological Functions**

Recorded Date	2/17/2014	2/17/2014	
Recorded Time	01:10 CST	01:03 CST	
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn	
Procedure			Units Reference Range
Affect/Behavior	See Below	Flat, Drowsy	
Appearance BH	Appropriate	Appropriate	
Orientation Assessment	Identifies self	Disoriented x 4	

**Textual Results**

T1: 2/17/2014 01:10 CST (Affect/Behavior)  
 Anxious, Crying, Hysterical, Restless

**Psychosocial**

Recorded Date	2/17/2014	2/17/2014	
Recorded Time	01:10 CST	01:03 CST	
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn	
Procedure			Units Reference Range
Affect/Behavior	See Below	Flat, Drowsy	
Appearance BH	Appropriate	Appropriate	
Orientation Assessment	Identifies self	Disoriented x 4	

**Textual Results**

T1: 2/17/2014 01:10 CST (Affect/Behavior)  
 Anxious, Crying, Hysterical, Restless

**Patient:** ROJAS, INGRID  
 MRN: 000320188  
 Account #: BV3054042  
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 Room #: 1002 Bed #: E

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**Respiratory**

**Respiratory Assessment**

Recorded Date	2/17/2014		
Recorded Time	01:03 CST		
Recorded By	Hampp, William Charles Rn		
Procedure	Units	Reference Range	
Respiratory Symptoms		None	
Respirations		Unlabored	
Respiratory Pattern		Regular	
Chest Motion		Symmetrical	
All Lobes Breath Sounds		Clear	

**Oxygen Therapy & Oxygenation Information**

Recorded Date	2/17/2014	2/17/2014		
Recorded Time	05:00 CST	04:00 CST		
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn		
Procedure	Units	Reference Range		
Oxygen Therapy	Room air	Room air		
SpO2	96	96	%	[92-100]

Recorded Date	2/17/2014	2/17/2014		
Recorded Time	03:00 CST	02:30 CST		
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn		
Procedure	Units	Reference Range		
Oxygen Therapy	Room air	Room air		
SpO2	96	96	%	[92-100]

Recorded Date	2/17/2014	2/17/2014		
Recorded Time	02:00 CST	01:03 CST		
Recorded By	Hampp, William Charles Rn	Hampp, William Charles Rn		
Procedure	Units	Reference Range		
Oxygen Therapy	Room air	Room air		
SpO2	97	-	%	[92-100]

Recorded Date	2/17/2014		
Recorded Time	00:59 CST		
Recorded By	Lafollette, Jennifer Charge Nurse Rn		
Procedure	Units	Reference Range	
Oxygen Therapy		Room air	
SpO2		98 % [92-100]	

**Patient:** ROJAS, INGRID  
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**Room #:** 1002 **Bed #:** E

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**DOB/Age/Sex:** 9/13/1976 38 years Female

**Vascular Access**

**Peripheral IV's**

Recorded Date	2/17/2014		
Recorded Time	01:00 CST		
Recorded By	Hampp, William Charles Rn		
Procedure		Units	Reference Range
Hand Over the needle Left 18 gauge			
Peripheral IV Activity:	Inserted		
Peripheral IV Number of Attempts:	1		
Peripheral IV Site Condition:	No complications		
Peripheral IV Drainage Description:	None		
Peripheral IV Infiltration Score:	0		
Peripheral IV Phlebitis Score:	0		
Peripheral IV Dressing:	Dry, Intact, Transparent		
Peripheral IV Patency:	No complications		



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### Vital Signs

Recorded Date:	2/17/2014		
Recorded Time:	05:00 CST		
Recorded By:	Hampp, William Charles Rn		
Procedure		Units	Reference Range
Heart Rate Monitored	79	bpm	[60-100]
Systolic Blood Pressure	119	mmHg	[69-141]
Diastolic Blood Pressure	69	mmHg	[59-81]
Mean Arterial Pressure, Cuff	86	mmHg	

Recorded Date:	2/17/2014		
Recorded Time:	04:00 CST		
Recorded By:	Hampp, William Charles Rn		
Procedure		Units	Reference Range
Heart Rate Monitored	91	bpm	[60-100]
Systolic Blood Pressure	128	mmHg	[69-141]
Diastolic Blood Pressure	75	mmHg	[59-81]
Mean Arterial Pressure, Cuff	93	mmHg	

Recorded Date:	2/17/2014		
Recorded Time:	03:00 CST		
Recorded By:	Hampp, William Charles Rn		
Procedure		Units	Reference Range
Heart Rate Monitored	97	bpm	[60-100]
Systolic Blood Pressure	120	mmHg	[69-141]
Diastolic Blood Pressure	77	mmHg	[59-81]
Mean Arterial Pressure, Cuff	91	mmHg	

Recorded Date:	2/17/2014		
Recorded Time:	02:30 CST		
Recorded By:	Hampp, William Charles Rn		
Procedure		Units	Reference Range
Peripheral Pulse Rate	<b>101<sup>H</sup></b>	bpm	[60-100]
Systolic Blood Pressure	129	mmHg	[69-141]
Diastolic Blood Pressure	<b>84<sup>H</sup></b>	mmHg	[59-81]
Mean Arterial Pressure, Cuff	99	mmHg	

Recorded Date:	2/17/2014		
Recorded Time:	02:00 CST		
Recorded By:	Hampp, William Charles Rn		
Procedure		Units	Reference Range
Peripheral Pulse Rate	100	bpm	[60-100]
Systolic Blood Pressure	125	mmHg	[69-141]
Diastolic Blood Pressure	79	mmHg	[59-81]
Mean Arterial Pressure, Cuff	94	mmHg	

