Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

02/10/2012 - Office Visit: Bilateral Hip Pain w/transcription
Provider: Brent M Buchholz PA
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Low back pain. , I did obtain a lumbar x-ray here in the clinic today, per radiology patient does have mild disc disease.

I am going to have the patient take diclofenac 75 mg twice a day for 10 days with food. I also did give the patient some Flexeril she can take as needed for muscle spasms. I also did give the patient Ultram that she can take as needed for pain that is not controlled by the diclofenac. The patient was also given some ketoprofen muscle rub that she can use to the lower back, 20% ketoprofen, 5% cyclobenzaprine, 3% menthol.
#2: Throat irritation., No erythema is noted in the throat. I will give patient some viscous lidocaine mixed with Maalox that she can gargle and swallow for throat irritation as needed.

PLAN: Patient is to see me in the clinic in followup in 2 to 3 weeks if pain is not controlled in the lower back. The next action of plan, I would probably refer the patient to Dr. Rupkumar Nagala for lumbar and left sacroiliac joint injection at that time.

==========

In Time: 16:02
Reason for visit: Patient c/o bilateral hip pain.
Accompanied by: family member
Visit reason entered by: Rebecca R Wood LPN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 4; scale utilized: 0-10
Reported by: patient
Comment: bilateral hip pain-ibuprofen helps.
Patient concerns completed by: Rebecca R Wood LPN

History of Present Illness

This is a 35-year-old female patient that does not speak any English. We did use the interpreter line for helping with translation. The patient states that she has this, as she calls it, hip pain or low back pain. She said her low back pain has been hurting quite a bit of late and much worse. She states that she has had this low back pain for many years. It started in 2005. She states of late it has been worse. She, actually, is teary here in the clinic today with the amount of pain she is in. She states that if she tries to bend over that the pain is increased. She states that she works long hours and the more she works the lower back starts to hurt more. She does state that the pain does go into her bilateral buttocks. At times, it will even shoot down her legs. She points, actually, to the left lower part of her back, she says that is where it hurts the most. She denies any weakness, numbness, or tingling down either lower extremity. The patient does have a second complaint. She states that her throat is not really sore, but she says that her throat feels scratchy at times, irritated is the word she uses. She says at times that it bothers her when she swallows. She states with this lower back pain that it gets really stiff and sore. She says when she wakes in the morning it is stiff, feels tight, like the muscles are tight.

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Medication Review

Medications:
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 40units daily
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Completed by: Rebecca R Wood LPN

Past Medical History

DIABETES MELLITUS

Past Surgical History

CHOLECYSTECTOMY
APPENDECTOMY
C-SECTION X3
OVARIAN TUMOR
D&C
HYSTERECTOMY

Health Maintenance Risk Factors

Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Rebecca R Wood LPN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Have you been hit, slapped, kicked, or otherwise physically hurt by someone? yes
Has anyone put you down, called you names, or made you feel bad about yourself?yes
Has anyone forced you to have sexual activities? yes
Comment: Assistance offered to patient. She accepted a list of phone numbers and places for abuse & crisis hotlines. Patient states that she is hoping to move by the end of the month.
Risk Factors entered by: Rebecca R Wood LPN

Adult Preventive Services

Colorectal screening:
Colorectal screening comment: PER PATIENT LAST COLONOSCOPY 2003
Preventive Services entered by: Rebecca R Wood LPN

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

REVIEW OF SYSTEMS

CONSTITUTIONAL: no fever or chills
EARS, NOSE, MOUTH, THROAT: sore throat, throat irritation
MUSCULOSKELETAL: back pain, joint stiffness, muscle aches, low back pain
NEUROLOGICAL: no weakness, no tingling, no numbness
I have reviewed and concur with the past medical history including medications and allergies, social history and made revisions as necessary.

Vital Signs

Weight: 186 lbs (84.2 kg) (clothed without shoes)
Patient has lost or gained weight unintentionally? no
Temperature: 97.1 deg F. Site: tympanic
Pulse: 88 bpm Rhythm: regular Location: apical **Respirations:** 20 / min.
BP: 130 / 80 mmHg Cuff: regular-adult Site: left arm Method: manual
Vital signs entered by: Rebecca R Wood LPN

PHYSICAL EXAM

GENERAL APPEARANCE: well nourished, well hydrated, no acute distress

EARS, NOSE AND THROAT
DENTAL: good dentition
PHARYNX: tongue normal, protrudes mid line, posterior pharynx without erythema or exudate

MUSCULOSKELETAL
GAIT AND STATION: normal
RLE: normal ROM and strength, no joint enlargement or tenderness
LLE: normal ROM and strength, no joint enlargement or tenderness

SKIN
INSPECTION: no rashes or abnormal lesions

ADDITIONAL FINDINGS
Pateint able to walk on tip toes and heels without difficulty, no pain to the spine with palpation, Patient very tender to left SI joint with deep palpation,no pain to sciatic notches with deep palpation. No pain with palpation to muscular structures of lower back. Patellar reflex intact and equal bilaterally.

Impression / Plan

#1: Low back pain. , I did obtain a lumbar x-ray here in the clinic today, per radiology patient does have mild disc disease.

I am going to have the patient take diclofenac 75 mg twice a day for 10 days with food. I also did give the patient some Flexeril she can take as needed for muscle spasms. I also did give the patient Ultram that she can take as needed for pain that is not controlled by the diclofenac. The patient was also given some ketoprofen muscle rub that she can use to the lower back, 20% ketoprofen, 5% cyclobenzaprine, 3% menthol.
#2: Throat irritation., No erythema is noted in the throat. I will give patient some viscous lidocaine mixed with Maalox that she can gargle and swallow for throat irritation as needed.

PLAN: Patient is to see me in the clinic in followup in 2 to 3 weeks if pain is not controlled in the lower

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INGRID M ROJAS
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back. The next action of plan, I would probably refer the patient to Dr. Rupkumar Nagala for lumbar and left sacroiliac joint injection at that time.

Orders:
Added new Test order of XRAY-Lumbar Spine (XRAY) - Signed

Home Instructions
Clinic will call you with date and time of low back injection.
Rest teh back, and avoid aggravating activities.
After Visit Summary handout given to patient.

Prescriptions:
LIDOCAINE VISCOUS 2 % SOLN (LIDOCAINE HCL) Gargle and swallow 5 to 10ml every six hours as needed for throat irritation #120 ml[milliliter] x 0
Entered and Authorized by: Brent M Buchholz PA
Signed by: Brent M Buchholz PA on 02/10/2012
Method used: Electronically to
OAKES DRUG* (retail)
422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
Note to Pharmacy: mix with maalox
RxID: 1644513352156930

DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) Take one tablet by mouth with food twice daily for ten days #20[tablet] x 0
Entered and Authorized by: Brent M Buchholz PA
Signed by: Brent M Buchholz PA on 02/10/2012
Method used: Electronically to
OAKES DRUG* (retail)
422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
RxID: 1644513142156930

FLEXERIL 5 MG TABS (CYCLOBENZAPRINE HCL) Take one to two tablets every eight hours as needed for muscle spasms #20[tablet] x 0
Entered and Authorized by: Brent M Buchholz PA
Signed by: Brent M Buchholz PA on 02/10/2012
Method used: Electronically to
OAKES DRUG* (retail)
422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
RxID: 1644513112156930

ULTRAM 50 MG TABS (TRAMADOL HCL) Take one tablet every six hours as needed for pain #20[tablet] x 0
Entered and Authorized by: Brent M Buchholz PA
Signed by: Brent M Buchholz PA on 02/10/2012
Method used: Electronically to
OAKES DRUG* (retail)

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
RxID: 1644513022156930

Job ID: 7146086

D: 02/13/2012 9:38 AM
T: .....Sheila M Christianson February 14, 2012 2:52 PM

Electronically Signed by Brent M Buchholz PA on 02/14/2012 at 3:32 PM
Electronically Signed by Vani Nagala MD on 02/14/2012 at 9:43 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

02/10/2012 - Imaging Report: LUMBAR SPINE 2-3 VIEWS
Provider: Becky K Benz MD
Location of Care: Sanford Health Radiology

LUMBAR SPINE 2-3 VIEWS

ORDERING PROVIDER: BRENT BUCHHOLZ

MR#: 50083872

INDICATION: LOW BACK PAIN

LUMBAR SPINE THREE VIEWS:

INDICATION: Low back pain.
COMPARISON: None.

FINDINGS: AP, lateral and coned lateral views were obtained. There are five non-rib bearing lumbar type vertebral bodies. There is osteophyte formation at L2-L3 and of the superior end plate of L4. The vertebral body heights are relatively well maintained and alignment is unremarkable. There is mild loss of disc height of the upper to mid thoracic spine.
There are surgical clips from cholecystectomy and there are surgical clips in the right lower quadrant that may be from appendectomy. The sacroiliac joints are patent and there is no pubic diastasis.

IMPRESSION:
Mild degenerative disc disease of the upper to mid lumbar spine.

CC:

DICTATED BY: BECKY BENZ MD

SIGNED BY: BECKY BENZ MD

Signed before import by Becky K Benz MD
Filed automatically on 02/11/2012 at 8:02 AM
Electronically Signed by Brent M Buchholz PA on 02/13/2012 at 9:42 AM

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/15/2012 - Office Visit: Family Medicine - Clinic Chart Note
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Family Medicine - Clinic Chart Note

Sanford Health Oakes Clinic
420 South 7th St.
Oakes, ND 58474
(701) 742-3267

PROVIDER: Rupkumar Nagala, M.D., Family Medicine
LOCATION OF CARE: OK
DATE OF SERVICE: 03/15/2012

PATIENT NAME: ROJAS, INGRID M **MR#:** 5008387-2
DOB: 09/13/1976 **SEX:** F **HOME:** (479)426-2432 **WORK:**

This patient is a 35-year-old female originally from Guatemala who is now a resident in this country. The patient apparently had an accident in 2010 and was evaluated in Grand Forks, North Dakota, at that time. She was picking potatoes when a big truck came up from behind her and hit her back. The place of injury was thoracic and lumbar spine. She now complains of pain in the thoracic and lumbar spine with radiation to both the legs, perhaps the left more than the right side. She has difficulty walking. No bowel or bladder disturbance. The pain is made worse upon straining. She had lumbosacral spine x-rays, which showed mild degenerative disease at the upper and midlumbar spine. She has not had an MRI at this time. Patient also has type 2 diabetes mellitus. She is currently on metformin 1000 mg twice a day and also on insulin 40 units of Lantus in the morning. She takes Ultram 1 tablet every 6 hours as needed for pain relief, Flexeril 5 mg 1 or 2 tablets every night, and hydrocodone with acetaminophen 5/325 at 1 to 2 tablets 3 times a day as needed for pain relief. She did have 1 epidural injection in the back, which was moderately beneficial.

PHYSICAL EXAMINATION:
GENERAL: Reveals her to be alert, in a moderate amount of distress.
VITAL SIGNS: Revealed her weight to be 186 pounds and blood pressure is 134/62, pulse is 80, temperature is normal, respirations are 20.
HEENT: Patient's head is normocephalic. Eyes, normal. Ears, nose, and throat, normal.
NECK: Supple, with full range of motion. No midline swelling.
LUNGS: Clear to percussion and auscultation.
HEART: Regular rhythm. No thrills. No murmurs.
ABDOMEN: Soft.
MUSCULOSKELETAL: Extremities, patient has normal upper extremity strength. She has

some pain on the lower extremities. Also, quite a bit of low back pain. Flexion and extension movements are restricted. Sideways movements are also restricted. Straight leg raise is positive on the right side at 55 and 60 degrees on the left side. There is no weakness present. Other reflexes are normal. There is also moderate pain over the thoracic spine. There is limitation of side-to-side movement.

IMPRESSION:
1. Thoracic pain, lumbar pain. It appears that the pain has started since her accident in 2010. Plan will be to get a thoracic and lumbar MRI.
2. Type 2 diabetes mellitus, on insulin (insulin-dependent diabetes mellitus). Will keep a close eye on the situation.
3. Pain syndrome. Will continue with current medications until we know more about her MRI and other blood tests, which will include a CBC and sed rate to rule out any inflammatory spine disease.

All of these have been discussed with the patient through an interpreter. Will see this patient back in followup after she gets an MRI and the blood tests.

Rupkumar Nagala, M.D., Family Medicine

Job ID/Trans ID: 7310598/aks4
D: 03/15/2012 12:01:33
T: 03/16/2012 11:53:52

Signed by Rupkumar Nagala, M.D., Family Medicine on 03/18/2012 08:45:59

Signed before import by Rup K Nagala MD
Filed automatically on 03/18/2012 at 8:45 AM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/15/2012 - Lab Report: Comprehensive Metabolic Panel
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Patient: INGRID M ROJAS
ID: LABDAQ 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) Comprehensive Metabolic Panel (1000)

Glucose	[H]	168 mg/dL	70-100	OK
BUN		10.6 mg/dL	7.0-25.0	OK
Creatinine	[L]	0.40 mg/dL	0.60-1.10	OK
BUN/Creatinine Ratio		26.5		OK
Sodium		137 mmol/L	135-145	OK
Potassium		4.29 mmol/L	3.60-5.00	OK
Chloride		103.0 mmol/L	98.0-113.0	OK
CO2		23.2 mmol/L	16.3-33.3	OK
Calcium		9.4 mg/dL	8.4-10.2	OK
Albumin		4.1 g/dL	3.0-4.6	OK
Total Protein		7.1 g/dL	6.0-8.3	OK
Total Bilirubin		1.3 mg/dL	0.1-1.3	OK
Alk Phos		106.0 u/L	23.0-136.0	OK
AST (SGOT)		23.4 u/L	5.0-34.0	OK
ALT (SGPT)	[H]	43.5 u/L	8.0-40.0	OK
Glomerular Filtration Rate				
	[H]	193.1	15.0-90.0	OK

KDS1: GFR= 90+
KDS2: GFR= 60-89
KDS3: GFR= 30-59
KDS4: GFR= 15-29
KDS5: GFR= <15

OK - Sanford Health Oakes
420 S 7th St
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Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/15/2012 1:45 PM

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(1) Order result status: Final
Collection or observation date-time: 03/15/2012 12:12
Requested date-time:
Receipt date-time: 03/15/2012 12:12
Reported date-time:
Referring Physician:
Ordering Physician: Rup Nagala, MD (rnagal)
Specimen Source:
Source: LABDAQ
Filler Order Number: 143944
Lab site:

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Filed automatically (without signature) on 03/15/2012 at 1:45 PM

Electronically Signed by Rup K Nagala MD on 03/15/2012 at 2:46 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/15/2012 - Lab Report: Sedimentation Rate - Automated
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Patient: INGRID M ROJAS
ID: LABDAQ 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) Sedimentation Rate - Automated (5000)

ESR (Sed Rate)	[H]	24.0 mm/hr	0.0-20.0	OK

OK - Sanford Health Oakes
420 S 7th St
Oakes, ND 58474ASSanford

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/15/2012 12:48 PM

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(1) Order result status: Final
Collection or observation date-time: 03/15/2012 12:12
Requested date-time:
Receipt date-time: 03/15/2012 12:12
Reported date-time:
Referring Physician:
Ordering Physician: Rup Nagala, MD (rnagal)
Specimen Source:
Source: LABDAQ
Filler Order Number: 143944
Lab site:

Filed automatically (without signature) on 03/15/2012 at 12:48 PM

Electronically Signed by Rup K Nagala MD on 03/21/2012 at 4:20 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/15/2012 - Lab Report: CBC
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Patient: INGRID M ROJAS
ID: LABDAQ 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) CBC (500)

WBC		6.1 K/uL	4.5-11.0	OK
RBC		4.94 10*6/mm3	3.80-5.20	OK
HGB		13.6 g/dL	11.5-15.5	OK
HCT		38.9 %	33.0-45.0	OK
MCV	[L]	78.7 fL	80.0-100.0	OK
MCH		27.5 pg	26.0-34.0	OK
MCHC		35.0 %	31.0-37.0	OK
RDW		13.4 %	11.5-14.5	OK
PLT		213.0 K/uL	150.0-450.	OK
MPV		10.7 fL	7.0-12.0	OK
NEUT %		67.0 %	50.0-70.0	OK
Lymph %		23.9 %	18.0-45.0	OK
MONOS %		6.3 %	2.0-11.0	OK
EOS %		2.6 %	1.0-4.0	OK
BASOS %		0.2 %	0.0-2.0	OK
NEUT#		4.1 10*3/mm3	1.4-6.5	OK
Lymph #		1.5 10*3/mm3	1.2-3.4	OK
Mono #		0.4 10*3/mm3	0.1-0.6	OK
EOS #		0.2 10*3/mm3	0.0-0.7	OK
BASOS #		0.0 10*3/mm3	0.0-0.2	OK

OK - Sanford Health Oakes
420 S 7th St
Oakes, ND 58474ASSanford

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/15/2012 12:20 PM

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(1) Order result status: Final
Collection or observation date-time: 03/15/2012 12:12
Requested date-time:
Receipt date-time: 03/15/2012 12:12
Reported date-time:
Referring Physician:
Ordering Physician: Rup Nagala, MD (rnagal)
Specimen Source:
Source: LABDAQ
Filler Order Number: 143944
Lab site:

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420 South 7th St Oakes, ND 58474
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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

The following lab values were dispersed to the flowsheet
with no units conversion:

MCHC, 35.0 %, (F) expected units: G/DL

Filed automatically (without signature) on 03/15/2012 at 12:20 PM

Electronically Signed by Rup K Nagala MD on 03/15/2012 at 12:24 PM
Electronically Signed by Rup K Nagala MD on 03/15/2012 at 2:46 PM

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(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

04/23/2012 - Office Visit: pain in hip and leg and follow up with MRI results
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Thoracic and lumbar spine pain and radiculitis, uncontrolled, Relief with the previous epidural steroid injection plan would be to repeat the epidural steroid injection at the L2-3 level. We'll renew her drug hydrocodone prescription and will see her back in follow.

==========

In Time: 14:07
Reason for visit: pain in hip and leg and follow up with MRI results
Accompanied by: self
Living situation: lives with family
PCP: Brent Buccholz
Interpreter: Phone Language Line **Language:** Spanish
Learning needs Assessment reviewed
Visit reason entered by: Amy Heim RN

Any other concerns: liver problems as well
Pain Assessment
Pain: has pain; severity level: 6; scale utilized: 0-10
Reported by: patient
Comment: pain in lower back and hips that goes down the legs, left side, all the way down to foot; medication is used, unsure of name but it helps
Patient concerns completed by: Amy Heim RN

History of Present Illness

This patient comes in today for follow up of her back pain with radiation. She states that the pain has been getting worse especially in the lumbosacral region of the back with radiation down the buttocks and thighs of the legs. She has trouble walking around. She received one epidural steroid injection with moderate benefit. She also got the results of her MRI of the thoracic spine and the lumbosacral spine. She does have moderately significant disease at the L2-3 level when she has some degree of spinal canal stenosis and arthritis. She also has some thoracic spine arthritis. The pain is present mostly in the lumbar region with radiation into the lumbar second and third nerve roots. She finds it difficult to bend and walk and do her usual household chores. There is no increased pain upon coughing but some increased pain upon straining.

Medication and Allergy Review

Medications:
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
ULTRAM 50 MG TABS (TRAMADOL HCL) Take one tablet every six hours as needed for pain
HYDROCODONE-ACETAMINOPHEN 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tablets orally up to three times daily as needed for pain
ZOLOFT 50 MG TABS (SERTRALINE HCL) take one tablet daily
Medication list reviewed.

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Daily aspirin use: no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Completed by: Amy Heim RN

Health Maintenance Risk Factors

Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Amy Heim RN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Amy Heim RN

REVIEW OF SYSTEMS

CONSTITUTIONAL: unremarkable
EYES: unremarkable
EARS, NOSE, MOUTH, THROAT: unremarkable
CARDIOVASCULAR: unremarkable
RESPIRATORY: unremarkable
GASTROINTESTINAL: unremarkable
GENITOURINARY: unremarkable
MUSCULOSKELETAL: back pain
INTEGUMENTARY: unremarkable
NEUROLOGICAL: unremarkable
PSYCHIATRIC: unremarkable
ENDOCRINE: unremarkable
HEMATOLOGICAL/LYMPHATIC: unremarkable
ALLERGIC/IMMUNOLOGIC: unremarkable
ROS entered by: Amy Heim RN
I have reviewed and concur with the review of systems, past medical history including medications and allergies, family history, social history and made revisions as necessary.

Vital Signs

Temperature: 96.8 deg F. Site: tympanic
Pulse: 88 bpm Rhythm: regular Location: radial **Respirations:** 16 / min.
BP: 124 / 78 mmHg Cuff: regular-adult Site: left arm Method: manual
Vital signs entered by: Amy Heim RN

PHYSICAL EXAM

EARS, NOSE AND THROAT
HEARING: grossly intact

NECK
NECK: supple, no masses, trachea midline
THYROID: no nodules, masses, tenderness, or enlargement

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
PALPATION: no thrill or palpable murmurs, no displacement of PMI

GASTROINTESTINAL
LIVER AND SPLEEN: no enlargement or nodularity
HERNIA: no hernias

MUSCULOSKELETAL
SPINE, RIBS, PELVIS: paravertebral spasm

NECK - BACK EXAM
MOVEMENT: stiff
POSTURE: head forward

NECK
EXTENSION: minimal
FLEXION: 1 inch from chest
RIGHT LATERAL BENDING: 10-15 degrees
LEFT LATERAL BENDING: 10-15 degrees
RIGHT ROTATION: 15-30 degrees
LEFT ROTATION: 0-15 degrees
VERTEBRAL TENDERNESS: mild
MUSCLE TENDERNESS: mild
HYPERTONICITY: mild

THORACIC
MUSCLE TENDERNESS: right parascapular, left parascapular
HYPERTONICITY: mild

LUMBAR
RANGE OF MOTION: labored **Flexes:** 15 degrees **Flexes:** 2 inches from floor **Extends:** slowly
PARASPINOUS MUSCLE TENDERNESS: bilateral
HYPERTONICITY: mild
VERTEBRAL TENDERNESS: mild

NEURO
REFLEXES: Right leg: 2+ **Left leg:** 1+
STRENGTH - LEGS: decreased symmetrically

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Impression / Plan

#1: Thoracic and lumbar spine pain and radiculitis, uncontrolled, Relief with the previous epidural steroid injection plan would be to repeat the epidural steroid injection at the L2-3 level. We'll renew her drug hydrocodone prescription and will see her back in follow.
After Visit Summary handout given to patient.

Patient Education

General Learning Needs Assessment:
Primary language: Spanish
Communication barriers: none
Preferred learning methods/medium: dialogue, demonstration/hands on
General assessment by: Amy Heim RN
Comprehensive Assessment:
Comments: Language line used starting at 1305 until 1330
Assessed by: Amy Heim RN

Electronically Signed by Rup K Nagala MD on 04/23/2012 at 2:36 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

04/24/2012 - Imaging Report: FOOT MIN 3 VIEWS/LEFT
Provider: Daniel G Mickelson MD
Location of Care: Sanford Health Radiology

FOOT MIN 3 VIEWS/LEFT

ORDERING PROVIDER: BRUCE MORGAN

MR#: 50083872

INDICATION: BILAT FOOT PAIN

LEFT FOOT:

FINDINGS: Normal alignment. Small plantar calcaneal spur is present. No fractures or bone destruction.
RIGHT FOOT:

FINDINGS: Alignment is within normal limits. No fractures, dislocations or bone destruction.

CC:

DICTATED BY: DANIEL MICKELSON MD

SIGNED BY: DANIEL MICKELSON MD

Signed before import by Daniel G Mickelson MD
Filed automatically on 04/27/2012 at 10:21 AM

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

04/24/2012 - Imaging Report: FOOT MIN 3 VIEWS/RIGHT
Provider: Daniel G Mickelson MD
Location of Care: Sanford Health Radiology

FOOT MIN 3 VIEWS/RIGHT

ORDERING PROVIDER: BRUCE MORGAN

MR#: 50083872

INDICATION: BILAT FOOT PAIN

LEFT FOOT:

FINDINGS: Normal alignment. Small plantar calcaneal spur is present. No fractures or bone destruction.
RIGHT FOOT:

FINDINGS: Alignment is within normal limits. No fractures, dislocations or bone destruction.

CC:

DICTATED BY: DANIEL MICKELSON MD

SIGNED BY: DANIEL MICKELSON MD

Signed before import by Daniel G Mickelson MD
Filed automatically on 04/27/2012 at 10:21 AM

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

06/05/2012 - Office Visit: Family Medicine - Clinic Chart Note
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Family Medicine - Clinic Chart Note

Sanford Health Oakes Clinic
420 South 7th St.
Oakes, ND 58474
(701) 742-3267

PROVIDER: Rupkumar Nagala, M.D., Family Medicine
LOCATION OF CARE: OK
DATE OF SERVICE: 06/05/2012

PATIENT NAME: ROJAS, INGRID M **MR#:** 5008387-2
DOB: 09/13/1976 **SEX:** F **HOME:** (479)426-2432 **WORK:**

The patient states the pain is much worse and therefore we will go ahead and make some expedient arrangement for her to be seen at the emergency room at Sanford Medical Center. We will follow the recommendations that come back her visit there. This was communicated with the patient via the interpreter.

Rupkumar Nagala, M.D., Family Medicine

Job ID/Trans ID: 7724070/smc6
D: 06/05/2012 18:10:27
T: 06/08/2012 11:21:24

Signed by Rupkumar Nagala, M.D., Family Medicine on 06/08/2012 18:08:09

Signed before import by Rup K Nagala MD
Filed automatically on 06/08/2012 at 6:08 PM

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

06/05/2012 - Office Visit: Family Medicine - Clinic Chart Note
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Family Medicine - Clinic Chart Note

Sanford Health Oakes Clinic
420 South 7th St.
Oakes, ND 58474
(701) 742-3267

PROVIDER: Rupkumar Nagala, M.D., Family Medicine
LOCATION OF CARE: OK
DATE OF SERVICE: 06/05/2012

PATIENT NAME: ROJAS, INGRID M **MR#:** 5008387-2
DOB: 09/13/1976 **SEX:** F **HOME:** (479)426-2432 **WORK:**

This is a 35-year-old female patient who is here today for followup of her back pain problems. She has received 2 epidural steroid injections, which have helped somewhat, but she states that she is still having quite a bit of pain in the back with some radiation. She is on ibuprofen, Metformin, Lantus, and hydrocodone, which are helping her somewhat. She states the pain is mostly located in the back with some radiation to the buttock and thigh, but not down to the legs. She has no bowel or bladder dysfunction. No weakness. She is sitting in the office and stating that she has quite a bit of pain, although it was noticed that she was sitting in the waiting room and, at that point, did not exhibit any significant pain. In fact, she was playing with her children.

PAST MEDICAL HISTORY: Reviewed.

MEDICATIONS: Reviewed.

REVIEW OF SYSTEMS:
HEAD AND NECK: No complaints.
EYES: No complaints.
EAR, NOSE, AND THROAT: No complaints.
HEART AND LUNGS: No complaints.
BACK: See present history.

PHYSICAL EXAMINATION:
GENERAL: Reveals a very pleasant, middle-aged patient in no immediate distress at this time. She is somewhat emotional.
VITAL SIGNS: Pulse 84. Respirations 22. Blood pressure 150/80. Temperature is normal.

HEAD: Negative.
HEART/LUNGS: Stable.
ABDOMEN: Soft.
BACK: Examination reveals some degree of paravertebral muscle spasm. Flexion, extension, are somewhat reduced because of the pain and some spasm. Straight leg raising test is positive slightly at about 55 degrees bilaterally. No weakness noted.

The rest of the exam is stable.

The MRI of the thoracic spine and lumbar spine were reviewed today.

IMPRESSION: Low back pain, probably on a mechanical basis, improved. She has received some benefit from the previous epidural steroid injections. Currently she states the pain is much worse at this time.

PLAN: The plan will be to not proceed with any further epidural injections at this time. We will advise her to lose weight, continue physical therapy, and use her medications. Translation services were employed today. We will see this patient back in follow up in about 3 weeks.

Rupkumar Nagala, M.D., Family Medicine

Job ID/Trans ID: 7724069/rlm
D: 06/05/2012 17:59:42
T: 06/08/2012 11:17:29

Signed by Rupkumar Nagala, M.D., Family Medicine on 06/08/2012 18:10:06

Signed before import by Rup K Nagala MD
Filed automatically on 06/08/2012 at 6:10 PM

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

06/20/2012 - Office Visit: Follow-up thoracic, lumbar spine pain
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Back pain due to thoracic arthritis and discogenic disease, controlled, Patient is to use ibuprofen cautiously. May use hydrocodone acetaminophen 5/325 mg one or 2 tablets up to 3 times a day only. This is to be used on a very cautious basis. Lumbar strengthening exercises to be implemented by the patient. We'll refer the patient to physical therapy also.

==========

In Time: 14:10
Reason for visit: Follow-up thoracic, lumbar spine pain
Accompanied by: family member
Living situation: lives with family
Interpreter: declined **Language:** Spanish
Learning needs Assessment reviewed
Visit reason entered by: Leslie A Sanders CMA

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain
Reported by: patient
Comment: states she only has pain when he is working, and currently she isn't. For work she lifts sacks of potatoes.
Patient concerns completed by: Leslie A Sanders CMA

History of Present Illness

33-year-old female patient comes in today for follow up of back pain and previous traumatic spine injury. He has been doing well since discharge from hospital. It has improved. He takes hydrocodone on a when necessary basis very infrequently.

Medication and Allergy Review

Medications:
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
HYDROCODONE-ACETAMINOPHEN 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tablets orally up to three times daily as needed for pain
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) take one twice a day by mouth
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Allergies were reviewed at this visit.
Completed by: Leslie A Sanders CMA

Health Maintenance Risk Factors

Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Leslie A Sanders CMA
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Leslie A Sanders CMA

REVIEW OF SYSTEMS

CONSTITUTIONAL: unremarkable
EYES: unremarkable
EARS, NOSE, MOUTH, THROAT: unremarkable
CARDIOVASCULAR: unremarkable
RESPIRATORY: unremarkable
GASTROINTESTINAL: unremarkable
GENITOURINARY: unremarkable
MUSCULOSKELETAL: back pain
INTEGUMENTARY: unremarkable
NEUROLOGICAL: unremarkable
PSYCHIATRIC: unremarkable
ENDOCRINE: unremarkable
HEMATOLOGICAL/LYMPHATIC: unremarkable
ALLERGIC/IMMUNOLOGIC: unremarkable
ROS entered by: Leslie A Sanders CMA
I have reviewed and concur with the review of systems, past medical history including medications and allergies, medications and allergies and made revisions as necessary.

Vital Signs

Weight: 186 lbs (84.2 kg)
Previous Weight: 186 lb (84.2 kg) 02/10/2012
Patient has lost or gained weight unintentionally? no
Temperature: 98.6 deg F. Site: tympanic
Pulse: 76 bpm Rhythm: regular Location: radial **Respirations:** 24 / min.
BP: 120 / 78 mmHg Cuff: regular-adult Site: left arm Method: manual
Vital signs entered by: Leslie A Sanders CMA

PHYSICAL EXAM

GENERAL APPEARANCE: well nourished, well hydrated, no acute distress

EARS, NOSE AND THROAT
HEARING: grossly intact
NECK: supple, no masses, trachea midline

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
PEDAL PULSES: pulses 2+, symmetric

GASTROINTESTINAL
ABDOMEN: soft, non-tender, no masses, bowel sounds normal
LIVER AND SPLEEN: no enlargement or nodularity
HERNIA: no hernias

LYMPHATIC
NECK: no cervical adenopathy

Review of Lab, X-ray, Special Tests, Other
Direct visualization of imaging film(s)

Impression / Plan
#1: Back pain due to thoracic arthritis and discogenic disease, controlled, Patient is to use ibuprofen cautiously. May use hydrocodone acetaminophen 5/325 mg one or 2 tablets up to 3 times a day only. This is to be used on a very cautious basis. Lumbar strengthening exercises to be implemented by the patient. We'll refer the patient to physical therapy also.
After Visit Summary handout given to patient.

Prescriptions:
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain #186 x 0

Entered by: Amy Heim RN
Authorized by: Rup K Nagala MD
Signed by: Amy Heim RN on 06/20/2012
Method used: Telephoned to ...
OAKES DRUG* (retail)
422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
RxID: 1655822657209130

Prescription was sent with above details with the exception of quantity was 126 tabs, not 186 as above.....Amy Heim RN June 20, 2012 2:47 PM

Verbal order-read back and verified Dr. Rup Nagala MD/ Amy Heim RN June 20, 2012 2:44 PM

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Patient Education

General Learning Needs Assessment:

Primary language: Spanish

Electronically Signed by Rup K Nagala MD on 06/20/2012 at 6:01 PM

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

07/11/2012 - Office Visit: pain to back and left leg
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan
#1: Back pain due to discogenic disease osteoarthritis and old trauma., controlled, History much better than her last visit. Continue her medications including ibuprofen and hydrocodone as necessary. Cyclobenzaprine as necessary. Follow up in one month.

==========

In Time: 17:08
Reason for visit: follow up with pain to back and lower legs
Accompanied by: self
Living situation: lives with family
Learning needs Assessment reviewed
Visit reason entered by: Brenda E Schreiner RN
Pain Assessment
Pain: has pain; severity level: 5; scale utilized: 0-10; onset date: 06/01/2012; duration: >1 month
Comment: pain to back and left leg medication makes it better lifting makes worse
Patient concerns completed by: Brenda E Schreiner RN

History of Present Illness
Comes in complaining of back pain. Her pain has improved since the last visit here. Spasm and the pain is also much better. Bending flexing moments have improved. She is doing fairly well at this time.

Medication and Allergy Review
Medications:
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
CYCLOBENZAPRINE HCL 10 MG TABS (CYCLOBENZAPRINE HCL) take one twice a day by mouth
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Completed by: Brenda E Schreiner RN

Health Maintenance Risk Factors
Alcohol usage:

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Brenda E Schreiner RN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Brenda E Schreiner RN

REVIEW OF SYSTEMS
MUSCULOSKELETAL: back pain, left leg pain
ROS entered by: Brenda E Schreiner RN

Vital Signs
Weight: 197.6 lbs (89.5 kg)
Patient has lost or gained weight unintentionally? no
Temperature: 97.0 deg F.
Pulse: 74 bpm Rhythm: regular **Respirations:** 18 / min.
BP: 110 / 70 mmHg Method: manual
Vital signs entered by: Brenda E Schreiner RN

PHYSICAL EXAM

EYES
OPHTHALMOSCOPIC: discs sharp and flat, no a/v nicking, hemorrhages, or exudates

EARS, NOSE AND THROAT
NASAL: mucosa, septum, and turbinates normal

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
PEDAL PULSES: pulses 2+, symmetric

GASTROINTESTINAL
ABDOMEN: soft, non-tender, no masses, bowel sounds normal
LIVER AND SPLEEN: no enlargement or nodularity
HERNIA: no hernias

MUSCULOSKELETAL
RUE: normal ROM and strength, no joint enlargement or tenderness
LUE: normal ROM and strength, no joint enlargement or tenderness
RLE: SLR positive at 60°.
LLE: Slight SLR positive at 60°.

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

SKIN
INSPECTION: no rashes or abnormal lesions
PALPATION: no subcutaneous nodules or induration

MENTAL STATUS EXAM
JUDGMENT, INSIGHT: intact
ORIENTATION: oriented to time, place, and person
MEMORY: intact
MOOD AND AFFECT: no depression, anxiety
LANGUAGE: no aphasia
FUNDAMENTS OF KNOWLEDGE: able to name months, seasons, current president
ATTENTION SPAN/CONCENTRATION: normal

Impression / Plan

#1: Back pain due to discogenic disease osteoarthritis and old trauma., controlled, History much better than her last visit. Continue her medications including ibuprofen and hydrocodone as necessary. Cyclobenzaprine as necessary. Follow up in one month.
After Visit Summary handout given to patient.

Electronically Signed by Rup K Nagala MD on 07/11/2012 at 6:12 PM

Sanford Clinic Oakes
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(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

08/15/2012 - Office Visit: follow up
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Persistent right upper quadrant pain executor is not determined, We'll get an ultrasound of this area to further delineate her problem. Also get a basic metabolic panel to include liver function tests and amylase. In addition patient should get Helicobacter pylori infection test.

==========

In Time: 16:42
Room number: 2
Reason for visit: follow up
Accompanied by: self
Living situation: lives with family
PCP: Brent Buccholz
Language: Spanish
Learning needs Assessment reviewed
Visit reason entered by: Amy Heim RN

Any other concerns: right upper quadrant pain, nausea, dizziness
Pain Assessment
Pain: has pain; severity level: 3; scale utilized: 0-10; duration: > 1year
Reported by: patient
Comment: lower back pain, ache, every day it is getting less and less, works makes it worse
Patient concerns completed by: Amy Heim RN

History of Present Illness

This 35-year-old female patient comes in today complaining of pain in the epigastric and right upper quadrant region for the last several weeks. The patient previously has had a cholecystectomy not consult many years ago. She is complaining of intolerance to fried and fatty foods to. The pain appears to be in the right upper quadrant and also in the mid epigastric region. Some nausea but no vomiting. No change in the color of the stools. No weight loss.

Medication and Allergy Review

Medications:
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)

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420 South 7th St Oakes, ND 58474
(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Completed by: Amy Heim RN

Health Maintenance Risk Factors

Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Amy Heim RN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Amy Heim RN

REVIEW OF SYSTEMS

CONSTITUTIONAL: unremarkable
EYES: unremarkable
EARS, NOSE, MOUTH, THROAT: unremarkable
CARDIOVASCULAR: unremarkable
RESPIRATORY: unremarkable
GASTROINTESTINAL: abdominal pain, vomiting, right upper quadrant pain
GENITOURINARY: unremarkable
MUSCULOSKELETAL: back pain
INTEGUMENTARY: unremarkable
NEUROLOGICAL: vertigo
PSYCHIATRIC: unremarkable
ENDOCRINE: unremarkable
HEMATOLOGICAL/LYMPHATIC: unremarkable
ALLERGIC/IMMUNOLOGIC: unremarkable
ROS entered by: Amy Heim RN

Vital Signs

Weight: 193 lbs (87.4 kg)
Temperature: 96.9 deg F. Site: tympanic
Pulse: 104 bpm Rhythm: regular Location: radial **Respirations:** 16 / min.
BP: 108 / 76 mmHg Cuff: regular-adult Site: right arm Method: manual
Vital signs entered by: Amy Heim RN

PHYSICAL EXAM

GENERAL APPEARANCE: well nourished, well hydrated, no acute distress

EYES
PUPILS: equal, round, reactive to light and accommodation

Sanford Clinic Oakes
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(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

EARS, NOSE AND THROAT
HEARING: grossly intact
NECK: supple, no masses, trachea midline

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
PALPATION: no thrill or palpable murmurs, no displacement of PMI
PEDAL PULSES: pulses 2+, symmetric

GASTROINTESTINAL
ABDOMEN: Mild right upper quadrant pain is noted. No rebound
LIVER AND SPLEEN: no enlargement or nodularity
HERNIA: no hernias

SKIN
INSPECTION: no rashes or abnormal lesions

MENTAL STATUS EXAM
JUDGMENT, INSIGHT: intact
ATTENTION SPAN/CONCENTRATION: normal

Impression / Plan

#1: Persistent right upper quadrant pain executor is not determined, We'll get an ultrasound of this area to further delineate her problem. Also get a basic metabolic panel to include liver function tests and amylase. In addition patient should get Helicobacter pylori infection test.
After Visit Summary handout given to patient.
Orders:
Added new Test order of BMP (BAS8) - Signed
Added new Test order of Amylase (AMYL) - Signed
Added new Test order of US-Abdomen Survey (US) - Signed
Added new Test order of Helicobacter pylori AB (HELIC) - Signed
Added new Test order of Hepatic Function Panel (HEP7) - Signed

---

Patient Education

General Learning Needs Assessment:
Primary language: Spanish

Electronically Signed by Rup K Nagala MD on 08/15/2012 at 5:28 PM

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

09/05/2012 - Office Visit: follow up back
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Recent history of low back pain due to traumatic injury while at work, controlled, This problem has resolved itself quite nicely. The patient is anxious to get back to work. I told that it would be possible with some restrictions. She should not lift more than 25 to30 pounds and that to occasionally for up to 2 weeks. She will continue with physical therapy for back strengthening exercises. We will slowly try to get her back to her baseline level over the next several weeks.
#2: Diabetes mellitus2, uncontrolled, This patient's A1c level is high and she will need help with try to get this down. We will contact our nurses to try to help this patient.

==========

In Time: 15:50
Room number: 3
Reason for visit: follow up back
Accompanied by: self
Living situation: lives with family
PCP: Brent Buccholz
Interpreter: declined **Language:** Spanish
Learning needs Assessment reviewed
Visit reason entered by: Amy Heim RN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 4; scale utilized: 0-10; duration: > 1year
Reported by: patient
Comment: back pain, has been taking pain meds and they help; working makes it worse, she takes hydrocodone every six hours
Patient concerns completed by: Amy Heim RN

History of Present Illness

35-year-old female patient is here today for follow up of the recent hospitalization for a back injury. The patient is much improved since she has been discharged. She states that the back pain is improved quite a bit. She is anxious to get back to work as her pills are piling up. She had an MRI which did not show any serious injuries to her back.

Medication and Allergy Review

Medications:
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
Medication list reviewed.

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Completed by: Amy Heim RN

Health Maintenance Risk Factors

Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Amy Heim RN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Amy Heim RN
I have reviewed and concur with the review of systems, past medical history including medications and allergies, medications and allergies and made revisions as necessary.

Vital Signs

Weight: 4190.4 lbs (1897.4 kg)
Temperature: 97.5 deg F. Site: tympanic
Pulse: 76 bpm Rhythm: regular Location: radial **Respirations:** 16 / min.
BP: 118 / 76 mmHg Cuff: regular-adult Site: right arm Method: manual
Vital signs entered by: Amy Heim RN

PHYSICAL EXAM

GENERAL APPEARANCE: Alert, in good mood
NECK: supple, no masses, trachea midline

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
PALPATION: no thrill or palpable murmurs, no displacement of PMI
PEDAL PULSES: pulses 2+, symmetric

GASTROINTESTINAL
ABDOMEN: soft, non-tender, no masses, bowel sounds normal

Sanford Clinic Oakes
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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

MUSCULOSKELETAL
SPINE, RIBS, PELVIS: normal alignment and mobility, no deformity
RUE: normal ROM and strength, no joint enlargement or tenderness
LUE: normal ROM and strength, no joint enlargement or tenderness
RLE: normal ROM and strength, no joint enlargement or tenderness
LLE: normal ROM and strength, no joint enlargement or tenderness

SKIN
INSPECTION: no rashes or abnormal lesions

MENTAL STATUS EXAM
JUDGMENT, INSIGHT: intact
ATTENTION SPAN/CONCENTRATION: normal

Impression / Plan
#1: Recent history of low back pain due to traumatic injury while at work, controlled, This problem has resolved itself quite nicely. The patient is anxious to get back to work. I told that it would be possible with some restrictions. She should not lift more than 25 to30 pounds and that to occasionally for up to 2 weeks. She will continue with physical therapy for back strengthening exercises. We will slowly try to get her back to her baseline level over the next several weeks.
#2: Diabetes mellitus2, uncontrolled, This patient's A1c level is high and she will need help with try to get this down. We will contact our nurses to try to help this patient.
After Visit Summary handout given to patient.
Excuse: Ingrid can be released to work with restrictions.
Reason: Back injury
Duration: 2 weeks
Excuse printed.

Patient Education
General Learning Needs Assessment:
Primary language: Spanish

Electronically Signed by Rup K Nagala MD on 09/05/2012 at 8:27 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

08/20/2012 - Imaging Report: US ABDOMEN SURVEY
Provider: Electronic Copy
Location of Care: Sanford Health Radiology

US ABDOMEN SURVEY

ORDERING PROVIDER: RUPKUMAR NAGALA

MR#: 50083872

INDICATION: ABDOMINAL PAIN; MOSTLY RUQ PAIN

ABDOMINAL ULTRASOUND:

FINDINGS: Liver parenchyma is fairly dense and heterogeneous, probably related to fatty infiltration. The gallbladder has been removed surgically. The common bile duct is normal at 3.1 mm. Pancreas poorly delineated due to gas blocking, however appears slightly hyperechoic, maybe fatty infiltration, chronic pancreatitis or the like but again is poorly delineated. Inferior vena cava normal, measuring 2.14 cm proximally and 0.603 cm distally. The aorta is normal approximately 1 cm in diameter. Spleen upper limits of normal at 12.95 x 5.39 x 10.67 cm. Right kidney 11.82 x 4.7 x 5.66 cm, left kidney 11.59 x 5.84 x 5.37 cm. No hydronephrosis or mass identified at this time.

IMPRESSION:
Fatty infiltration of the liver.
Status post cholecystectomy.
Probably fatty infiltration of the pancreas, although nonspecific hyperechoic changes.
Borderline splenomegaly.

CC:

DICTATED BY: ROBERT SHOOK MD

SIGNED BY: ROBERT SHOOK MD

Signed before import by Electronic Copy
Filed automatically on 08/20/2012 at 3:17 PM
Electronically Signed by Rup K Nagala MD on 08/20/2012 at 3:26 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

09/14/2012 - Office Visit: shortness of breath
Provider: Brent M Buchholz PA
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Exacerbation of asthma
#2: DM
1.CXR is clear, will await reveiw by radiology.
CBC unremarkable. BMP shows glucose elevated at 291.
Albuterol neb given in clinic did help slightly with patient's breathing.
With patient's DM I am not going to prescribe any prednisone at this time, no wheezing ausculated.
Refilled patient's albuterol inhaler. Xanax 0.25 mg TID PRN ordered.
Work note given.
Instructed patient to wear mask around dust/pollens.

2. Hgb A1c on 8/15/12 was elevated at 8.1. Continue on metformin and Lantus at current dosing follow up with Dr. Rup in four months.

==========

In Time: 9:08
Room number: 3
Reason for visit: shortness of breath, cough going on about a wk.Past couple of days her asthma has gotten worse from working.
Living situation: lives with family
Language: Spanish
Learning needs Assessment reviewed
Visit reason entered by: Kathy A Anderson LPN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 5-6; scale utilized: 0-10; duration: 2-3 days
Reported by: patient
Comment: Chest from coughing
Patient concerns completed by: Kathy A Anderson LPN

History of Present Illness

patient has history of asthma and she states thta the last week she has been more SOB, she has been using her albuterol inhaler but it has not helped much. She states that the dust from the potato truck causes her to cough and makes her more SOB. Denies fever. She states that it feels tight in her throat, but denies a sore throat.

Medication and Allergy Review

Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Completed by: Kathy A Anderson LPN

Past Medical History
DM
SHORTNESS OF BREATH
OTHER ABNORMAL GLUCOSE
ABDOMINAL PAIN RIGHT UPPER QUADRANT
LOW BACK PAIN, CHRONIC

Past Surgical History
CHOLECYSTECTOMY
APPENDECTOMY
C-SECTION X3
OVARIAN TUMOR
D&C
HYSTERECTOMY

Health Maintenance Risk Factors
Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Kathy A Anderson LPN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Kathy A Anderson LPN

REVIEW OF SYSTEMS
CONSTITUTIONAL: no fever or chills, no recent change in energy level
EARS, NOSE, MOUTH, THROAT: no earache, no nasal congestion, no sore throat, no post nasal drip

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

CARDIOVASCULAR: no chest pain, no rapid heartbeat, no irregular heartbeat
RESPIRATORY: wheezing, cough, shortness of breath
GASTROINTESTINAL: no abdominal pain, no frequent diarrhea, no vomiting
MUSCULOSKELETAL: no muscle aches
INTEGUMENTARY: no rash
NEUROLOGICAL: no frequent headaches
HEMATOLOGICAL/LYMPHATIC: no swollen glands
ROS entered by: Brent M Buchholz PA
I have reviewed and concur with the past medical history including medications and allergies, social history and made revisions as necessary.

Vital Signs

Weight: 183.4 lbs (83.0 kg) (clothed with shoes)
Patient has lost or gained weight unintentionally? no
Temperature: 96.6 deg F. Site: tympanic
Pulse: 108 bpm Rhythm: irregular Location: pulse oximetry **Respirations:** 22 / min.
BP: 118 / 88 mmHg Cuff: regular-adult Site: right arm
Pulse oximetry-room air-resting: 98%
Vital signs entered by: Kathy A Anderson LPN

PHYSICAL EXAM

GENERAL APPEARANCE: well nourished, well hydrated, no acute distress

EARS, NOSE AND THROAT
EXTERNAL EARS: normal, no lesions or deformities
EXTERNAL NOSE: normal, no lesions or deformities
OTOSCOPIC: canals clear, tympanic membranes intact, no fluid
HEARING: grossly intact
NASAL: mucosa, septum, and turbinates normal
DENTAL: good dentition
PHARYNX: tongue normal, protrudes mid line, posterior pharynx without erythema or exudate

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: upper airway noise but not stridor, lung sounds clear

LYMPHATIC
NECK: no cervical adenopathy

SKIN
INSPECTION: no rashes or abnormal lesions

MENTAL STATUS EXAM
JUDGMENT, INSIGHT: intact
ORIENTATION: oriented to time, place, and person
MEMORY: intact

ADDITIONAL FINDINGS
No sinus tenderness noted with palpation to frontal, maxillary or ethmoid sinuses

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Impression / Plan

#1: Exacerbation of asthma
#2: DM
1.CXR is clear, will await reveiw by radiology.
CBC unremarkable. BMP shows glucose elevated at 291.
Albuterol neb given in clinic did help slightly with patient's breathing.
With patient's DM I am not going to prescribe any prednisone at this time, no wheezing ausculated.
Refilled patient's albuterol inhaler. Xanax 0.25 mg TID PRN ordered.
Work note given.
Instructed patient to wear mask around dust/pollens.

2. Hgb A1c on 8/15/12 was elevated at 8.1. Continue on metformin and Lantus at current dosing follow up with Dr. Rup in four months.
After Visit Summary handout given to patient.
Benefits, risks and side effects of new medications discussed.
Patient verbalized understanding of plan of care and had no further questions.
Orders:
Added new Test order of XRAY-Chest PA/LAT (XRAY) - Signed
Added new Test order of CBC w/ Diff (CBC or CBCR) - Signed
Added new Test order of BMP (BAS8) - Signed
Excuse: Please excuse Ingrid from work.
Reason: illness
Duration: 2 days
Excuse printed.

Prescriptions:

ALPRAZOLAM 0.25 MG TBDP (ALPRAZOLAM) Take one tablet every eight hours as needed for anxiety #20 x 0
Entered and Authorized by: Brent M Buchholz PA
Signed by: Brent M Buchholz PA on 09/14/2012
Method used: Print then Give to Patient
RxID: 1663236674175630

PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed #1[Undefined] x 1
Entered and Authorized by: Brent M Buchholz PA
Signed by: Brent M Buchholz PA on 09/14/2012
Method used: Electronically to
OAKES DRUG* (retail)
422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
RxID: 1663236524625630

Patient Education

General Learning Needs Assessment:
Primary language: Spanish

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Nebulizer Treatment(s)

Verbal order read back and verified..Kathy A Anderson LPN
Treatment #1 (on room air)
Medication(s) used:
Albuterol Pre Mix 0.083% (2.5mg/3mL) **NDC#:** 0487-9501-01 **Vial size:** 3 ml **Expiration date:** 10/01/2013
Administered by: Kathy A Anderson LPN

Electronically Signed by Brent M Buchholz PA on 09/14/2012 at 2:23 PM
Electronically Signed by Vani Nagala MD on 09/15/2012 at 6:55 AM
Electronically Signed by Rup K Nagala MD on 09/17/2012 at 3:05 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

09/14/2012 - Imaging Report: CHEST PA AND LAT
Provider: Daniel G Mickelson MD
Location of Care: Sanford Health Radiology

CHEST PA AND LAT

ORDERING PROVIDER: BRENT BUCHHOLZ

MR#: 50083872

INDICATION: SOB

CHEST - PA AND LATERAL:

FINDINGS: No previous studies available. Heart and vasculature are normal. Lungs are clear. No effusions.

IMPRESSION: Negative chest.

CC:

DICTATED BY: DANIEL MICKELSON MD

SIGNED BY: DANIEL MICKELSON MD

Signed before import by Daniel G Mickelson MD
Filed automatically on 09/18/2012 at 10:24 AM
Electronically Signed by Brent M Buchholz PA on 09/18/2012 at 1:45 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

11/26/2012 - Office Visit: SOB, chest pain
Provider: Nancy J Gulsvig PA
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: SHORTNESS OF BREATH/ASTHMA, She was started on Prednisone 20 mg po for 5 days. She will follow-up after prednisone is completed. She may need to be started on Advair or Symbicort. I have advised her to be transferred to another area of her place of work due to the respiratory irritants which led to her exacerbation.
#2: DM, This will be addressed at follow-up appointment. The solu-medrol and prednisone will most likely make the blood glucose increase. She will monitor her blood sugars and bring her log in to the clinic with her at her next appointment.

==========

Reason for visit: Short of breath and chest pain
Accompanied by: family member
Living situation: lives with family
Language: Spanish
Visit reason entered by: Reva R Bohnenkamp LPN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 7; scale utilized: 0-10; onset date: 11/21/2012
Reported by: patient
Comment: pain in chest
Patient concerns completed by: Reva R Bohnenkamp LPN

History of Present Illness

Ingrid was seen in the Emergency Room on 11/24/2012 for shortness of breath. She was given a Duoneb treatment and an additional Albuterol treatment. She also received Solumedrol and Magnesium Sulfate. She was given a peak flow meter. and discharged from the ER with instructions to follow-up.

She is a **type 2 diabetic** and is currently on insulin and oral agents. She does not exercise. She is not watching diet.

Medication and Allergy Review

Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ALPRAZOLAM 0.25 MG TBDP (ALPRAZOLAM) Take one tablet every eight hours as needed for anxiety
Medication list reviewed.

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Completed by: Reva R Bohnenkamp LPN
Reviewed by: Nancy J Gulsvig PA
Problem List:
DM
SHORTNESS OF BREATH
OTHER ABNORMAL GLUCOSE
ABDOMINAL PAIN RIGHT UPPER QUADRANT
LOW BACK PAIN, CHRONIC

Past Medical History
reviewed-no changes required
DM
SHORTNESS OF BREATH
OTHER ABNORMAL GLUCOSE
ABDOMINAL PAIN RIGHT UPPER QUADRANT
LOW BACK PAIN, CHRONIC

Past Surgical History
CHOLECYSTECTOMY
APPENDECTOMY
C-SECTION X3
OVARIAN TUMOR
D&C
HYSTERECTOMY

Health Maintenance Risk Factors
Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Reva R Bohnenkamp LPN
Risk Factors reviewed/edited by: Nancy J Gulsvig PA
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Reva R Bohnenkamp LPN

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Adult Preventive Services
Immunizations:
Preventive Services reviewed/edited by: Reva R Bohnenkamp LPN

REVIEW OF SYSTEMS
RESPIRATORY: see HPI
ROS entered by: Nancy J Gulsvig PA
I have reviewed and concur with the past medical history including medications and allergies, family history, social history and made revisions as necessary.

Vital Signs
Temperature: 96.8 deg F. Site: tympanic
Pulse: 76 bpm Rhythm: regular **Respirations:** 20 / min.
BP: 110 / 80 mmHg Cuff: regular-adult Site: left arm Method: manual
Pulse oximetry-room air-resting: 98% time: 438pm
-Verbal orders read back and verified.
Vital signs entered by: Reva R Bohnenkamp LPN

PHYSICAL EXAM
GENERAL APPEARANCE: well nourished, well hydrated, no acute distress
HEAD: normocephalic

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
AUSCULTATION: S1, S2, no murmur, rub, or gallop

SKIN
INSPECTION: no rashes or abnormal lesions
PALPATION: no subcutaneous nodules or induration

Impression / Plan
#1: SHORTNESS OF BREATH/ASTHMA, She was started on Prednisone 20 mg po for 5 days. She will follow-up after prednisone is completed. She may need to be started on Advair or Symbicort. I have advised her to be transferred to another area of her place of work due to the respiratory irritants which led to her exacerbation.
#2: DM, This will be addressed at follow-up appointment. The solu-medrol and prednisone will most likely make the blood glucose increase. She will monitor her blood sugars and bring her log in to the clinic with her at her next appointment.
After Visit Summary handout given to patient.
Medication List:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ALPRAZOLAM 0.25 MG TBDP (ALPRAZOLAM) Take one tablet every eight hours as needed for anxiety
PREDNISONE TABS 20 MG (PREDNISONE) take one daily by mouth for 5 days

Benefits, risks and side effects of new medications discussed.
Patient verbalized understanding of plan of care and had no further questions.

Orders:
Added new Test order of EKG (EKG) - Signed
After Visit Summary handout given to patient.
Excuse: Please relocate Ingrid to different position where she does not have exposure to inhaled particles (if possible)
Reason: Asthma
Duration: Indefinitely
Excuse printed.

Prescriptions:
PREDNISONE TABS 20 MG (PREDNISONE) take one daily by mouth for 5 days #5[tablet] x 0
Entered and Authorized by: Nancy J Gulsvig PA
Signed by: Nancy J Gulsvig PA on 11/26/2012
Method used: Electronically to
OAKES DRUG* (retail)
422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
RxID: 1669568400206370

Patient Education
General Learning Needs Assessment:
Primary language: Spanish

Electronically Signed by Nancy J Gulsvig PA on 12/05/2012 at 1:57 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

12/10/2012 - Office Visit: Follow up
Provider: Nancy J Gulsvig PA
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: ASTHMA, improved, She is using her proventil every 2-3 hours. She'll start on an inhaled steroid/long acting beta agonist (Advair).
#2: DM, Hgb A1c drawn today. Results will be communicated to her.
#3: ABDOMINAL PAIN RIGHT UPPER QUADRANT, Abdominal ultrasound scheduled. She is s/p TAH with BSO and appendectomy

==========

Reason for visit: Follow up
Accompanied by: family member
Living situation: lives with family
Language: Spanish
Visit reason entered by: Reva R Bohnenkamp LPN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 6; scale utilized: 0-10; duration: >1 week
Reported by: patient
Comment: Chest pain and back pain. Patient taking motrin with little relief
Patient concerns completed by: Reva R Bohnenkamp LPN

History of Present Illness

Ingrid was previously seen non 11/26/2012 for exacerbation of asthma. She was started on Prednisone and instructed to continue using her Proventil inhaler. She is using Proventil inhaler 5-6 times per day. At her previous appointment we discussed starting her on a steroid/long acting beta agonist ie Advair or Symbicort.

She has complaints of **right upper quadrant pain**. The pain started 2 weeks ago. The pain comes and goes. It is worse with eating. Denies nausea, vomiting, diarrhea, constipation, blood in stool, fever/chills, weight loss, vaginal symptoms, urinary complaints. She also c/o some RLQ pain. She reports being THA/BSO and appendectomy.

She is a **type 2 diabetic** and is currently on insulin and oral agents. She does not exercise. She is aware of appropriate diet but not following. She has recently been on oral steroids for exacerbation of asthma.

Medication and Allergy Review

Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ALPRAZOLAM 0.25 MG TBDP (ALPRAZOLAM) Take one tablet every eight hours as needed for anxiety
PREDNISONE TABS 20 MG (PREDNISONE) take one daily by mouth for 5 days
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Completed by: Reva R Bohnenkamp LPN
Reviewed by: Nancy J Gulsvig PA
Problem List:
DM
SHORTNESS OF BREATH
OTHER ABNORMAL GLUCOSE
ABDOMINAL PAIN RIGHT UPPER QUADRANT
LOW BACK PAIN, CHRONIC

Past Medical History
reviewed-no changes required
DM
SHORTNESS OF BREATH
OTHER ABNORMAL GLUCOSE
ABDOMINAL PAIN RIGHT UPPER QUADRANT
LOW BACK PAIN, CHRONIC

Past Surgical History
CHOLECYSTECTOMY
APPENDECTOMY
C-SECTION X3
OVARIAN TUMOR
D&C
HYSTERECTOMY

Health Maintenance Risk Factors
Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Reva R Bohnenkamp LPN
Risk Factors reviewed/edited by: Nancy J Gulsvig PA
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Reva R Bohnenkamp LPN
Preventive Services reviewed/edited by: Reva R Bohnenkamp LPN

REVIEW OF SYSTEMS
CONSTITUTIONAL: unremarkable
EYES: unremarkable
EARS, NOSE, MOUTH, THROAT: unremarkable
CARDIOVASCULAR: unremarkable
RESPIRATORY: see HPI
GASTROINTESTINAL: unremarkable
GENITOURINARY: unremarkable
MUSCULOSKELETAL: unremarkable
INTEGUMENTARY: unremarkable
NEUROLOGICAL: unremarkable
PSYCHIATRIC: unremarkable
ENDOCRINE: unremarkable
HEMATOLOGICAL/LYMPHATIC: unremarkable
ALLERGIC/IMMUNOLOGIC: unremarkable
ROS entered by: Nancy J Gulsvig PA
I have reviewed and concur with the past medical history including medications and allergies, family history, social history and made revisions as necessary.

Vital Signs
Temperature: 97.0 deg F. Site: tympanic
Pulse: 72 bpm Rhythm: regular **Respirations:** 20 / min.
BP: 110 / 70 mmHg Cuff: regular-adult Site: right arm Method: manual
Vital signs entered by: Reva R Bohnenkamp LPN

PHYSICAL EXAM
GENERAL APPEARANCE: well nourished, well hydrated, no acute distress
HEAD: normocephalic

EARS, NOSE AND THROAT
EXTERNAL EARS: normal, no lesions or deformities
EXTERNAL NOSE: normal, no lesions or deformities
OTOSCOPIC: canals clear, tympanic membranes intact, no fluid
HEARING: grossly intact
NASAL: mucosa, septum, and turbinates normal
DENTAL: good dentition
PHARYNX: tongue normal, protrudes mid line, posterior pharynx without erythema or exudate

NECK
NECK: supple, no masses, trachea midline
THYROID: no nodules, masses, tenderness, or enlargement

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
AUSCULTATION: S1, S2, no murmur, rub, or gallop
PEDAL EDEMA: none

SKIN
INSPECTION: no rashes or abnormal lesions
PALPATION: no subcutaneous nodules or induration

Impression / Plan

#1: ASTHMA, improved, She is using her proventil every 2-3 hours. She'll start on an inhaled steroid/long acting beta agonist (Advair).
#2: DM, Hgb A1c drawn today. Results will be communicated to her.
#3: ABDOMINAL PAIN RIGHT UPPER QUADRANT, Abdominal ultrasound scheduled. She is s/p TAH with BSO and appendectomy
After Visit Summary handout given to patient.
Medication List:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ALPRAZOLAM 0.25 MG TBDP (ALPRAZOLAM) Take one tablet every eight hours as needed for anxiety
ADVAIR DISKUS 250-50 MCG/DOSE MISC (FLUTICASONE-SALMETEROL) inhale in the morning and at bedtime

Benefits, risks and side effects of new medications discussed.
Patient verbalized understanding of plan of care and had no further questions.
Orders:
Orders:
Added new Test order of Glyc Hgb (A1C) (A1C) - Signed
Added new Test order of Comp Panel 14 (COM14) - Signed
Added new Test order of CBC w/ Diff (CBC or CBCR) - Signed
Added new Test order of US-Abdomen Survey (US) - Signed
Labs to be completed today
After Visit Summary handout given to patient.
Excuse: Please excuse Ingrid from work.
Reason: Medical appointment
Duration: 12/10/2012
Excuse printed.
Prescriptions:
ADVAIR DISKUS 250-50 MCG/DOSE MISC (FLUTICASONE-SALMETEROL) inhale in the morning and

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

at bedtime #1[Undefined] x 5
Entered and Authorized by: Nancy J Gulsvig PA
Signed by: Nancy J Gulsvig PA on 12/10/2012
Method used: Electronically to
OAKES DRUG* (retail)
422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
RxID: 1670769168173460

Patient Education
General Learning Needs Assessment:
Primary language: Spanish

Electronically Signed by Nancy J Gulsvig PA on 12/11/2012 at 3:29 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

12/14/2012 - Office Visit: Follow up
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: DM, uncontrolled, Uncontrolled . Start novolog 70/30 25 units bid and check BS QID and bring results back to me in 10 days .
#2: Recent Chest Pain , controlled, EKG and the cardiac enzymes are both negative. There is no sign of myocardial ischemia. Patient reassured. She may have chest wall pain. If this is persistent, she may be a candidate for some chest wall type injections.

==========

Reason for visit: Follow up
Accompanied by: self
Living situation: lives with family
Language: Spanish
Visit reason entered by: Reva R Bohnenkamp LPN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 6; scale utilized: 0-10; duration: >1 month
Reported by: patient
Comment: chest pain. No meds helping with pain.
Patient concerns completed by: Reva R Bohnenkamp LPN

History of Present Illness

36-year-old female patient is here today for follow up of recent hospitalization for chest pain and breathing difficulty. The patient is known to have insulin-dependent diabetes and her A1c level was very high at over 10. Apparently she was working at the knee and factory and she developed chest pain and shortness of breath. She also has complained about her foreman being rough on her although this could not be corroborated. The patient has been taking 40 units of Lantus at bedtime but no mealtime insulin. She has also not been checking her blood sugars regularly.

Medication and Allergy Review

Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
LANTUS 100 UNIT/ML SOLN (INSULIN GLARGINE) 45 units daily
IBUPROFEN 200 MG CAPS (IBUPROFEN) take as needed.
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ALPRAZOLAM 0.25 MG TBDP (ALPRAZOLAM) Take one tablet every eight hours as needed for anxiety
ADVAIR DISKUS 250-50 MCG/DOSE MISC (FLUTICASONE-SALMETEROL) inhale in the morning and at bedtime
Medication list reviewed.

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Completed by: Reva R Bohnenkamp LPN

Past Medical History
DM
SHORTNESS OF BREATH
OTHER ABNORMAL GLUCOSE
ABDOMINAL PAIN RIGHT UPPER QUADRANT
LOW BACK PAIN, CHRONIC

Past Surgical History
CHOLECYSTECTOMY
APPENDECTOMY
C-SECTION X3
OVARIAN TUMOR
D&C
HYSTERECTOMY

Health Maintenance Risk Factors
Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Reva R Bohnenkamp LPN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Reva R Bohnenkamp LPN
Preventive Services reviewed/edited by: Reva R Bohnenkamp LPN
I have reviewed and concur with the review of systems, past medical history including medications and allergies and made revisions as necessary.

Vital Signs
Temperature: 97.5 deg F. Site: tympanic
Pulse: 80 bpm Rhythm: regular **Respirations:** 20 / min.
BP: 120 / 80 mmHg Cuff: regular-adult Site: left arm Method: manual
Vital signs entered by: Reva R Bohnenkamp LPN

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

PHYSICAL EXAM
GENERAL APPEARANCE: well nourished, well hydrated, no acute distress

EYES
PUPILS: equal, round, reactive to light and accommodation

EARS, NOSE AND THROAT
HEARING: grossly intact
NECK: supple, no masses, trachea midline

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
PALPATION: no thrill or palpable murmurs, no displacement of PMI
PEDAL PULSES: pulses 2+, symmetric

GASTROINTESTINAL
ABDOMEN: soft, non-tender, no masses, bowel sounds normal
LIVER AND SPLEEN: no enlargement or nodularity
HERNIA: no hernias

SKIN
INSPECTION: no rashes or abnormal lesions

MENTAL STATUS EXAM
JUDGMENT, INSIGHT: intact
ATTENTION SPAN/CONCENTRATION: normal

Impression / Plan
#1: DM, uncontrolled, Uncontrolled . Start novolog 70/30 25 units bid and check BS QID and bring results back to me in 10 days .
#2: Recent Chest Pain , controlled, EKG and the cardiac enzymes are both negative. There is no sign of myocardial ischemia. Patient reassured. She may have chest wall pain. If this is persistent, she may be a candidate for some chest wall type injections.

Patient Education
General Learning Needs Assessment:
Primary language: Spanish

Electronically Signed by Rup K Nagala MD on 12/14/2012 at 3:58 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

12/12/2012 - Imaging Report: US ABDOMEN SURVEY
Provider: Michael J Weiner MD
Location of Care: Sanford Health Radiology

US ABDOMEN SURVEY

ORDERING PROVIDER: NANCY GULSVIG

MR#: 50083872

INDICATION: ABDOMIANL PAIN RUQ

ULTRASOUND ABDOMINAL SURVEY

INDICATION: Right upper quadrant pain.

FINDINGS: Liver is echogenic and dense. There may be fatty infiltration. Gallbladder is absent. Common bile duct is 0.55 cm in diameter. Pancreas is slightly hyperechoic, with smooth margins. There are no visible masses.
IVC and aorta are normal. Normal spleen. Normal right kidney. Normal left kidney.

IMPRESSION: Probable fatty liver. Status-post cholecystectomy. Otherwise, ultrasound abdominal survey is within normal limits.

CC:

DICTATED BY: MICHAEL WEINER MD

SIGNED BY: MICHAEL WEINER MD

Signed before import by Michael J Weiner MD
Filed automatically on 12/12/2012 at 2:59 PM
Electronically Signed by Nancy J Gulsvig PA on 12/18/2012 at 12:54 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

12/21/2012 - Office Visit: follow up
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Insulin-dependent diabetes mellitus, uncontrolled, Patient is advised to cut back her diet. She is advised to increase her NovoLog 70/30-28 units in the daytime and 25 units in the bedtime. Follow up in one month with blood sugar readings.

==========

In Time: 16:53
Room number: 3
Reason for visit: follow up
Accompanied by: self
Living situation: lives with family
PCP: Brent Buccholz
Language: Spanish
Learning needs Assessment reviewed
Visit reason entered by: Amy Heim RN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 4; scale utilized: 0-10
Reported by: patient
Comment: chest pain, squeezing; new meds have helped
Patient concerns completed by: Amy Heim RN

History of Present Illness

36-year-old female patient is here today for follow up of her diabetes mellitus which was not in very good control. Her insulin was changed to NovoLog 7030 at 25 units twice a day and she brought fax blood sugar readings over the last week or 10 days. Her fasting blood sugars have been ranging in the 200-220 range and bedtime sugars have been running around 200-220 range also. Plan will be to increase the dosage of insulin to 28 units in the daytime and 25 units in the night time.

Medication and Allergy Review

Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ADVAIR DISKUS 250-50 MCG/DOSE MISC (FLUTICASONE-SALMETEROL) inhale in the morning and at bedtime
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP (INSULIN ASPART PROT & ASPART) inject 25 units twice daily
TERAZOL 7 0.4 % CREA (TERCONAZOLE) apply every evening x 7 days

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Pharmacy verified
Completed by: Amy Heim RN

Health Maintenance Risk Factors

Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Amy Heim RN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Amy Heim RN

Vital Signs

Temperature: 97.9 deg F. Site: tympanic
Pulse: 76 bpm Rhythm: regular Location: radial **Respirations:** 16 / min.
BP: 112 / 64 mmHg Cuff: regular-adult Site: right arm Method: manual
Vital signs entered by: Amy Heim RN

PHYSICAL EXAM

GENERAL APPEARANCE: well nourished, well hydrated, no acute distress

EARS, NOSE AND THROAT
HEARING: grossly intact
NECK: supple, no masses, trachea midline

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
PALPATION: no thrill or palpable murmurs, no displacement of PMI
PEDAL PULSES: pulses 2+, symmetric

GASTROINTESTINAL

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

ABDOMEN: soft, non-tender, no masses, bowel sounds normal
LIVER AND SPLEEN: no enlargement or nodularity
HERNIA: no hernias

LYMPHATIC
NECK: no cervical adenopathy
MISCELLANEOUS LYMPH NODES: no other adenopathy

MUSCULOSKELETAL
GAIT AND STATION: normal
HEAD AND NECK: normal alignment and mobility
SPINE, RIBS, PELVIS: normal alignment and mobility, no deformity
RUE: normal ROM and strength, no joint enlargement or tenderness
LUE: normal ROM and strength, no joint enlargement or tenderness
RLE: normal ROM and strength, no joint enlargement or tenderness
LLE: normal ROM and strength, no joint enlargement or tenderness

SKIN
INSPECTION: no rashes or abnormal lesions

MENTAL STATUS EXAM
JUDGMENT, INSIGHT: intact

Impression / Plan

#1: Insulin-dependent diabetes mellitus, uncontrolled, Patient is advised to cut back her diet. She is advised to increase her NovoLog 70/30-28 units in the daytime and 25 units in the bedtime. Follow up in one month with blood sugar readings.

Patient Education

General Learning Needs Assessment:
Primary language: Spanish

Electronically Signed by Rup K Nagala MD on 12/21/2012 at 5:10 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

01/14/2013 - Office Visit: Follow up
Provider: Rup K Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Chronic pain due to excessive physical exertion at her job, uncontrolled, Patient advised to find a lighter job. However she does not have any classroom skills and therefore we'll have to continue doing her physical job.
#2: Diabetes mellitus previously uncontrolled, Random blood sugar at this 5:30 is being drawn today.(332mgm). Again patient advised to decrease carbohydrateintake and take her insulin injections regularly. Advised patient to bring me several bood sugar readings so we can give further proper advice.

==========

Reason for visit: Follow up
Accompanied by: family member
Living situation: lives with family
Language: Spanish
Visit reason entered by: Reva R Bohnenkamp LPN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 5; scale utilized: 0-10; duration: >1 week
Reported by: patient
Comment: Stomach pain. Has not tried anything for the pain.
Patient concerns completed by: Reva R Bohnenkamp LPN

History of Present Illness

36-year-old female patient is here today for follow up of her chronic pain syndrome and also her diabetes mellitus. Patient works at a very physically demanding job between 10-12 hours everyday. She stands and bends and takes the and sorts onions. She complains of low back pain neck pain knee pain and upper extremity pain as well. She states that she is watching her diabetes. Last time her A1c level was quite high at greater than 10. He was placed on 2 injections of Novolin 70/30 daily. She is excessive carbohydrate intake. She is advised to cut back on the carbohydrates.

Medication and Allergy Review

Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ADVAIR DISKUS 250-50 MCG/DOSE MISC (FLUTICASONE-SALMETEROL) inhale in the morning and at bedtime
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP (INSULIN ASPART PROT & ASPART) inject 25 units twice daily
TERAZOL 7 0.4 % CREA (TERCONAZOLE) apply every evening x 7 days

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Pharmacy verified
Completed by: Reva R Bohnenkamp LPN

Past Medical History
DM
SHORTNESS OF BREATH
OTHER ABNORMAL GLUCOSE
ABDOMINAL PAIN RIGHT UPPER QUADRANT
LOW BACK PAIN, CHRONIC

Past Surgical History
CHOLECYSTECTOMY
APPENDECTOMY
C-SECTION X3
OVARIAN TUMOR
D&C
HYSTERECTOMY

Health Maintenance Risk Factors
Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Reva R Bohnenkamp LPN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Unable to screen, patient not alone in room
Risk Factors entered by: Reva R Bohnenkamp LPN
Preventive Services reviewed/edited by: Reva R Bohnenkamp LPN
I have reviewed and concur with the review of systems, past medical history including medications and allergies, medications and allergies and made revisions as necessary.

Vital Signs
Temperature: 97.4 deg F. Site: tympanic

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Pulse: 80 bpm Rhythm: regular **Respirations:** 20 / min.
BP: 120 / 70 mmHg Cuff: regular-adult Site: left arm Method: manual
Vital signs entered by: Reva R Bohnenkamp LPN

PHYSICAL EXAM
GENERAL APPEARANCE: well nourished, well hydrated, no acute distress

EYES
PUPILS: equal, round, reactive to light and accommodation

EARS, NOSE AND THROAT
HEARING: grossly intact
NECK: supple, no masses, trachea midline

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

CARDIOVASCULAR
PALPATION: no thrill or palpable murmurs, no displacement of PMI
PEDAL PULSES: pulses 2+, symmetric

GASTROINTESTINAL
ABDOMEN: soft, non-tender, no masses, bowel sounds normal
LIVER AND SPLEEN: no enlargement or nodularity
HERNIA: no hernias

SKIN
INSPECTION: no rashes or abnormal lesions

MENTAL STATUS EXAM
JUDGMENT, INSIGHT: intact
ATTENTION SPAN/CONCENTRATION: normal

Impression / Plan
#1: Chronic pain due to excessive physical exertion at her job, uncontrolled, Patient advised to find a lighter job. However she does not have any classroom skills and therefore we'll have to continue doing her physical job.
#2: Diabetes mellitus previously uncontrolled, Random blood sugar at this 5:30 is being drawn today.(332mgm). Again patient advised to decrease carbohydrateintake and take her insulin injections regularly. Advised patient to bring me several bood sugar readings so we can give further proper advice.
Orders:
Added new Test order of BMP (BAS8) - Signed

Patient Education
General Learning Needs Assessment:
Primary language: Spanish

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Electronically Signed by Rup K Nagala MD on 01/15/2013 at 1:17 PM

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420 South 7th St Oakes, ND 58474
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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

01/29/2013 - Office Visit: Right wrist injury
Provider: Brent M Buchholz PA
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Left wrist sprain
X-ray obtained of left wrist. No acute fractures were seen. I will await review by radiology.
Left wrsit splint applied. Leave on except to bathe.
Diclofenac BID for ten days
Work restrictions
Follow up in ten days
PT at that time if still having pain and decreased ROM

==========

In Time: 11:20
Room number: 4
Reason for visit: Right wrist injury at work on THursday while pushing on a broom and garbage. States she is having pain down the right arm to the elbow. Went to the Chiropractor on Friday and Monday with no relief. Pt purchased a wrist brace and has been wearing that.
Injury date: 01/24/2013
Accompanied by: family member
Living situation: lives with family
Language: Spanish
Learning needs Assessment reviewed
Visit reason entered by: Ashley Reed RN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 5; scale utilized: 0-10; onset date: 01/24/2013
Reported by: patient
Comment: Right wrist pain that is constant pressure with sharp pains starting thursday. Pt has take Hydrocodone with some relief and also tried ice and bengay with no relief.Movement increases the pain.
Patient concerns completed by: Ashley Reed RN

History of Present Illness

Patient states she was at work this past Thursday sweeping the floor when she noticed a sharp pain to her left wrist. She states she bought a wrist splint that has helped a little but it still hurts. She went to the chiropractor and he did some treatment that seemed to only help for a short period of time. She states it hurts to flex or extend to wrist, it hurts to the entire wrist. The inside, outside, and top.

Medication and Allergy Review

Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ADVAIR DISKUS 250-50 MCG/DOSE MISC (FLUTICASONE-SALMETEROL) inhale in the morning and at bedtime
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP (INSULIN ASPART PROT & ASPART) inject 25 units twice daily
TERAZOL 7 0.4 % CREA (TERCONAZOLE) apply every evening x 7 days
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) Take one three times a day by mouth as needed.
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Pharmacy verified
Completed by: Ashley Reed RN

Past Medical History
WRIST INJURY, RIGHT
DM
SHORTNESS OF BREATH
OTHER ABNORMAL GLUCOSE
ABDOMINAL PAIN RIGHT UPPER QUADRANT
LOW BACK PAIN, CHRONIC

Past Surgical History
CHOLECYSTECTOMY
APPENDECTOMY
C-SECTION X3
OVARIAN TUMOR
D&C
HYSTERECTOMY

Health Maintenance Risk Factors
Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Ashley Reed RN

Adult Preventive Services

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Immunizations:

Date last flu shot: 11/26/2012 declined
Date last tetanus: 12/31/2010 TDAP

REVIEW OF SYSTEMS

MUSCULOSKELETAL: joint pain, joint swelling, joint stiffness, muscle aches
ROS entered by: Brent M Buchholz PA
I have reviewed and concur with the past medical history including medications and allergies, social history and made revisions as necessary.

PHYSICAL EXAM

GENERAL APPEARANCE: well nourished, well hydrated, no acute distress

MENTAL STATUS EXAM
JUDGMENT, INSIGHT: intact
ORIENTATION: oriented to time, place, and person
MEMORY: intact

ADDITIONAL FINDINGS
left wrist is mildly edematous, vey painful with any movement of left wrist. No erythema.

Impression / Plan

#1: Left wrist sprain
X-ray obtained of left wrist. No acute fractures were seen. I will await review by radiology.
Left wrsit splint applied. Leave on except to bathe.
Diclofenac BID for ten days
Work restrictions
Follow up in ten days
PT at that time if still having pain and decreased ROM
After Visit Summary handout given to patient.
Benefits, risks and side effects of new medications discussed.
Patient verbalized understanding of plan of care and had no further questions.
Orders:
Added new Test order of XRAY-Wrist Right (XRAY) - Signed
After Visit Summary handout given to patient.

Prescriptions:

DICLOFENAC SODIUM 75 MG TBEC (DICLOFENAC SODIUM) Take one tablet by mouth with food twice daily for ten days #20[tablet] x 0

Entered and Authorized by: Brent M Buchholz PA
Signed by: Brent M Buchholz PA on 01/29/2013
Method used: Electronically to
OAKES DRUG* (retail)
422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
RxID: 1675080006158530

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Patient Education

General Learning Needs Assessment:

Primary language: Spanish

Electronically Signed by Brent M Buchholz PA on 01/29/2013 at 2:26 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

01/29/2013 - Imaging Report: WRIST MIN 3V - RIGHT
Provider: Electronic Copy
Location of Care: Sanford Health Radiology

WRIST MIN 3V - RIGHT

ORDERING PROVIDER: BRENT BUCHHOLZ

MR#: 50083872

INDICATION: RIGHT WRIST PAIN

THREE IMAGES OF THE RIGHT WRIST

HISTORY: Right wrist pain.

IMPRESSION:
1. Minimal degenerative change of the scaphotrapezium joint.
2. No fracture or malalignment.

CC:

DICTATED BY: ERIC PROMERSBERGER MD

SIGNED BY: ERIC PROMERSBERGER MD

Signed before import by Electronic Copy
Filed automatically on 01/30/2013 at 5:12 PM
Electronically Signed by Brent M Buchholz PA on 01/31/2013 at 10:37 AM

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(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

02/05/2013 - Office Visit: not feeling well
Provider: Brent M Buchholz PA
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Unspecified viral illness
CBC and CMP unremarkable
Influenza swab negative
Tamiflu for five days
Push fluids, get plenty of rest and adequate sleep.
Return to clinic or call in 3-5 days if symptoms worsen or not improved
OTCs discussed with patient.
Work note

==========

In Time: 9:34
Room number: 4
Reason for visit: not feeling well
Accompanied by: family member
Living situation: lives with family
Language: Spanish
Learning needs Assessment reviewed
Visit reason entered by: Kathy A Anderson LPN

Any other concerns: Dizzy
Pain Assessment
Pain: denies pain
Reported by: patient
Patient concerns completed by: Kathy A Anderson LPN

History of Present Illness

Patient c/o dizziness, weak, shaky since Sunday. Just not feeling well. Denies fever or chills. pain in her eyes. Denies nausea, stomach ache, HA cough or sore throat.

Medication and Allergy Review

Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ADVAIR DISKUS 250-50 MCG/DOSE MISC (FLUTICASONE-SALMETEROL) inhale in the morning and at bedtime
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP (INSULIN ASPART PROT & ASPART) inject 25 units twice daily
TERAZOL 7 0.4 % CREA (TERCONAZOLE) apply every evening x 7 days

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) Take one three times a day by mouth as needed.
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Pharmacy verified
Completed by: Kathy A Anderson LPN

Past Medical History
DIZZINESS
WRIST INJURY, RIGHT
DM
SHORTNESS OF BREATH
OTHER ABNORMAL GLUCOSE
ABDOMINAL PAIN RIGHT UPPER QUADRANT
LOW BACK PAIN, CHRONIC

Past Surgical History
CHOLECYSTECTOMY
APPENDECTOMY
C-SECTION X3
OVARIAN TUMOR
D&C
HYSTERECTOMY

Health Maintenance Risk Factors
Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Kathy A Anderson LPN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Kathy A Anderson LPN

REVIEW OF SYSTEMS
CONSTITUTIONAL: recent change in energy level, no fever or chills
EARS, NOSE, MOUTH, THROAT: no earache, no nasal congestion, no sore throat, no post nasal drip

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

CARDIOVASCULAR: no chest pain, no rapid heartbeat, no irregular heartbeat
RESPIRATORY: no cough
GASTROINTESTINAL: no abdominal pain, no frequent diarrhea, no vomiting
MUSCULOSKELETAL: no muscle aches
INTEGUMENTARY: no rash
NEUROLOGICAL: no frequent headaches
ROS entered by: Brent M Buchholz PA
I have reviewed and concur with the past medical history including medications and allergies, social history and made revisions as necessary.

Vital Signs

Temperature: 96.9 deg F. Site: tympanic
Pulse: 72 bpm Rhythm: irregular Location: radial **Respirations:** 20 / min.
BP: 102 / 70 mmHg Cuff: regular-adult Site: left arm Method: manual
Vital signs entered by: Kathy A Anderson LPN

PHYSICAL EXAM

GENERAL APPEARANCE: well nourished, well hydrated, no acute distress

EARS, NOSE AND THROAT
EXTERNAL EARS: normal, no lesions or deformities
EXTERNAL NOSE: normal, no lesions or deformities
OTOSCOPIC: canals clear, tympanic membranes intact, no fluid
HEARING: grossly intact
NASAL: mucosa, septum, and turbinates normal
DENTAL: good dentition
PHARYNX: tongue normal, protrudes mid line, posterior pharynx without erythema or exudate

RESPIRATORY
RESPIRATORY EFFORT: no intercostal retractions or use of accessory muscles
AUSCULTATION: no rales, rhonchi, or wheezes

LYMPHATIC
NECK: no cervical adenopathy

SKIN
INSPECTION: no rashes or abnormal lesions

MENTAL STATUS EXAM
JUDGMENT, INSIGHT: intact
ORIENTATION: oriented to time, place, and person
MEMORY: intact

ADDITIONAL FINDINGS
No sinus tenderness noted with palpation to frontal, maxillary or ethmoid sinuses

Impression / Plan

#1: Unspecified viral illness
CBC and CMP unremarkable

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Influenza swab negative
Tamiflu for five days
Push fluids, get plenty of rest and adequate sleep.
Return to clinic or call in 3-5 days if symptoms worsen or not improved
OTCs discussed with patient.
Work note
After Visit Summary handout given to patient.
Benefits, risks and side effects of new medications discussed.
Patient verbalized understanding of plan of care and had no further questions.
Orders:
Added new Test order of Comp Panel 14 (COM14) - Signed
Added new Test order of CBC w/ Diff (CBC or CBCR) - Signed
Added new Test order of Influenza A&B AG (FLUAB) - Signed

Home Instructions
Push fluids, get plenty of rest and adequate sleep.
Return to clinic or call in 3-5 days if symptoms worsen or not improved

After Visit Summary handout given to patient.
Excuse: Please excuse Ingrid from work.
Reason: illness
Duration: 2 days
Excuse printed.

Prescriptions:
TAMIFLU 75 MG CAPS (OSELTAMIVIR PHOSPHATE) Take one tablet by mouth twice daily for five days #10[capsule] x 0
Entered and Authorized by: Brent M Buchholz PA
Signed by: Brent M Buchholz PA on 02/05/2013
Method used: Electronically to
OAKES DRUG* (retail)
422 MAIN AVENUE
OAKES, ND 58474
Ph: 7017422118
Fax: 7017423101
RxID: 1675680141175950

Patient Education
General Learning Needs Assessment:
Primary language: Spanish

Electronically Signed by Brent M Buchholz PA on 02/05/2013 at 11:26 AM

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/12/2013 - Office Visit: Chest Pain, w/trans
Provider: Vani Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan
#1: Acute chest pain, question non-ST elevation MI ,
Cardiac enzymes were drawn. The patient was started on oxygen. Four chewable baby aspirin were given. The patient received IV morphine 6 mg and 1 sublingual nitroglycerin. The patient's blood pressure stayed stable. EKG showed sinus rhythm with occasional PVCs. Oakes ambulance was consulted, and the patient was transferred to the emergency room at the Oakes Hospital for further treatment.

==========

In Time: 12:45
Reason for visit: chest pain
Accompanied by: self
Living situation: lives with family
Learning needs Assessment reviewed
Visit reason entered by: Brenda E Schreiner RN
Pain Assessment
Pain: has pain
Reported by: patient
Comment: Patient was unable to rate severity of her pain.
Patient concerns completed by: Brenda E Schreiner RN

History of Present Illness
The patient comes into the clinic today with complaints of chest pain. The patient was extremely uncomfortable and was somewhat hard to understand also due to a language barrier.

The patient states that she was exercising this morning and developed severe chest pain. She states that the pain is in the anterior chest. The patient stated that the pain was very severe. She complained of shortness of breath with it and also complained of dizziness. The patient is a diabetic, and the diabetes has been very poorly controlled. She is on NovoLog as well as metformin. The patient also has GERD and is on omeprazole daily.

She has a history of chronic pain related to low back problems and takes hydrocodone and tramadol on a p.r.n. basis.

Allergy Review
Daily aspirin use: no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Completed by: Brenda E Schreiner RN

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Health Maintenance Risk Factors

Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Brenda E Schreiner RN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Comment: unable to ask patient questions due to acute state.
Risk Factors entered by: Brenda E Schreiner RN

Additional Blood Pressure(s):
Repeat: 133 / 90 mmHg - auto
Assessed by: Brenda E Schreiner RN

Vital Signs

BP: 140 / 105 mmHg Method: auto
Vital signs entered by: Brenda E Schreiner RN

PHYSICAL EXAM

GENERAL APPEARANCE: The patient is in acute distress.

RESPIRATORY
AUSCULTATION: Lungs are clear with no rales, rhonchi, or wheezes.

CARDIOVASCULAR
PALPATION: Chest pain is not reproducible by palpation.
AUSCULTATION: S1 and S2 to be normal with no rub, gallop, or murmur.
PEDAL EDEMA: There is no pedal edema.

Review of Lab, X-ray, Special Tests, Other

The patient's 12-lead EKG shows T-wave inversions in V1 and V2.

Impression / Plan

#1: Acute chest pain, question non-ST elevation MI ,
Cardiac enzymes were drawn. The patient was started on oxygen. Four chewable baby aspirin were given. The patient received IV morphine 6 mg and 1 sublingual nitroglycerin. The patient's blood pressure stayed stable. EKG showed sinus rhythm with occasional PVCs. Oakes ambulance was consulted, and the patient was transferred to the emergency room at the Oakes Hospital for further treatment.
Orders:
Added new Test order of EKG (EKG) - Signed

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Morphine Sulfate Administration
Time: 1pm
Verbal order read back and verified..Brenda E Schreiner RN
Indication: Chest Pain
Expiration date: 04/01/2013
Dose: 8mg **Route:** IV push
Patient has a driver: Yes
Comments: Per verbal order from Dr. Vani Nagala. Patient left the ambulance per ambulance.
Administered by: Brenda E Schreiner RN

Vascular Access Device-PICC
Site: left arm

Job ID: 9023865
D: 03/12/2013, 1:32 PM
T: .....Lisa J Barnick March 13, 2013 7:04 AM

Electronically Signed by Vani Nagala MD on 03/14/2013 at 8:14 AM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/12/2013 - Lab Report: CKMB
Provider: Vani Nagala MD
Location of Care: Sanford Clinic Oakes Laboratory

Patient: INGRID M ROJAS
ID: BEAKER 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) CKMB (BLOD1167)

CKISO CKMB SVPROCSOFTLB	CKMB		
CK-MB	0.7 ng/mL		0.6-6.3

FC - Sanford Laboratory Broadway Fargo, 737 Broadway, Fargo, ND 58122

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/12/2013 1:24 PM

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(1) Order result status: Final
Collection or observation date-time: 03/12/2013 12:45
Requested date-time: 03/12/2013
Receipt date-time: 03/12/2013 12:57
Reported date-time: 03/12/2013 13:25:00
Referring Physician:
Ordering Physician: VANI NAGALA (vnagal)
Specimen Source: BLOOD&BLOOD VENOUS&VENOUS
Source: BEAKER
Filler Order Number: 13OK071C0031 Beaker
Lab site:

Filed automatically (without signature) on 03/12/2013 at 1:24 PM

Electronically Signed by Vani Nagala MD on 03/12/2013 at 1:33 PM
Electronically Signed by Vani Nagala MD on 03/12/2013 at 1:33 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/12/2013 - Lab Report: TROPONIN I
Provider: Vani Nagala MD
Location of Care: Sanford Clinic Oakes Laboratory

Patient: INGRID M ROJAS
ID: BEAKER 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) TROPONIN I (8095)

1001812 TROPONIN I SVPROCSVH TROPONINI			
TROPONIN I	<0.10 ng/mL		0.00-0.30

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Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/12/2013 1:21 PM

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(1) Order result status: Final
Collection or observation date-time: 03/12/2013 12:45
Requested date-time: 03/12/2013
Receipt date-time: 03/12/2013 12:57
Reported date-time: 03/12/2013 13:22:00
Referring Physician:
Ordering Physician: VANI NAGALA (vnagal)
Specimen Source: BLOOD&BLOOD VENOUS&VENOUS
Source: BEAKER
Filler Order Number: 13OK071C0031 Beaker
Lab site:

The following non-numeric lab results were dispersed to the flowsheet even though numeric results were expected:

TROPONIN I, <0.10

Filed automatically (without signature) on 03/12/2013 at 1:21 PM

Electronically Signed by Vani Nagala MD on 03/12/2013 at 1:33 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/12/2013 - Lab Report: COMPREHENSIVE METABOLIC PANEL
Provider: Vani Nagala MD
Location of Care: Sanford Clinic Oakes Laboratory

Patient: INGRID M ROJAS
ID: BEAKER 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) COMPREHENSIVE METABOLIC PANEL (3502)
1020043 COMPREHENSIVE METABOLIC PANEL SVPROCSVH CMP

GLUCOSE	[H] 330 mg/dL		70-100
BUN	9 mg/dL		6-22
CREATININE	[L] 0.43 mg/dL		0.60-1.10
BUN/CREATININE RATIO	[H] 20.9		15.0-20.0
SODIUM	[L] 132 meq/L		135-145
POTASSIUM	4.5 meq/L		3.5-5.3
CHLORIDE	100 meq/L		99-110
CO2	23 meq/L		23-32
ANION GAP	9 meq/L		8-12
CALCIUM	10.1 mg/dL		8.5-10.2
PROTEIN TOTAL	[H] 8.3 g/dL		5.5-8.2
ALBUMIN	4.7 g/dL		3.5-5.0
ALKALINE PHOSPHATASE	89 U/L		30-125
AST	17 U/L		0-33
ALT	27 U/L		0-36
BILIRUBIN TOTAL	[H] 2.0 mg/dL		0.2-1.2
! AGE	36 Years		
EGFR AFRICAN AMERICAN	>90 mL/min/1.73m2		
EGFR NON-AFRICAN AMERICAN	>90 mL/min/1.73m2		
! FASTING	Unknown		Yes, No, Unknown
! &GDT	"Result Below..."		

RESULT: The estimated Glomerular Filtration Rate (eGFR) is calculated using the Abbreviated Modification of Diet in Renal Disease (MDRD) equation. The eGFR is reported out in mL/min. per 1.73 meter squared units. (R)
! &GDT <No Reported Value>
! &GDT "Result Below..."
RESULT: The National Kidney Foundation action value for patients without a diagnosis of chronic kidney disease is a eGFR of < 60 mL/min per 1.73M2. (R)
! &GDT <No Reported Value>
! &GDT "Result Below..."
RESULT: The National Kidney Foundation stages listed below apply to patients with a diagnosis of chronic kidney disease (defined as either kidney damage or eGFR <60 mL/min/1.73 m2 for 3 months). Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies. These stages apply to adults. No standardized classification has yet been established for pediatric patients. (R)
! &GDT <No Reported Value>
! &GDT "Result Below..."
RESULT: Stage eGFR in ml/min per 1.73M2 (R)
! &GDT <No Reported Value>

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

```
! &GDT                          "Result Below..."
      RESULT: 1 Kidney abnormality with normal or increased eGFR     >or=90
(R)
! &GDT                          "Result Below..."
      RESULT: 2 Kidney abnormality with mild decreased eGFR           60-89
(R)
! &GDT                          "Result Below..."
      RESULT: 3 Moderately decreased  eGFR                            30-59
(R)
! &GDT                          "Result Below..."
      RESULT: 4 Severely decreased eGFR                               15-29
(R)
! &GDT                          "Result Below..."
      RESULT: 5 Kidney failure                                         <15
(R)
! &GDT                          <No Reported Value>
! &GDT                          "Result Below..."
      RESULT: The eGFR varies with age, sex, race and body size and normally
decreases with age.  (R)
! &GDT                          <No Reported Value>
! &GDT                          <No Reported Value>

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Note: An exclamation mark (!) indicates a result that was not dispersed into
the flowsheet.
Document Creation Date: 03/12/2013 1:17 PM
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(1) Order result status: Final
Collection or observation date-time: 03/12/2013 12:45
Requested date-time: 03/12/2013
Receipt date-time: 03/12/2013 12:57
Reported date-time: 03/12/2013 13:17:00
Referring Physician:
Ordering Physician: VANI NAGALA (vnagal)
Specimen Source: BLOOD&BLOOD   VENOUS&VENOUS
Source: BEAKER
Filler Order Number: 13OK071C0031 Beaker
Lab site:


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The following tests had no related values for dispersal to the flowsheet:

  &GDT, [No Value Reported], (R)
  &GDT, [No Value Reported], (R)
  &GDT, [No Value Reported], (R)
  &GDT, [No Value Reported], (R)
  &GDT, [No Value Reported], (R)
  &GDT, [No Value Reported], (R)
  &GDT, [No Value Reported], (R)
```

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

The following results differed from their previous value:

&GDT Old Value: The estimated Glomerular Filtration Rate (eGFR) is calculated using the Abbreviated Modification of Diet in Renal Disease (MDRD) equation. The eGFR is reported out in mL/min. per 1.73 meter squared units. New Value: The National Kidney Foundation action value for patients without a diagnosis of chronic kidney disease is a eGFR of < 60 mL/min per 1.73M2.

&GDT Old Value: The National Kidney Foundation action value for patients without a diagnosis of chronic kidney disease is a eGFR of < 60 mL/min per 1.73M2. New Value: The National Kidney Foundation stages listed below apply to patients with a diagnosis of chronic kidney disease (defined as either kidney damage or eGFR <60 mL/min/1.73 m2 for 3 months). Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies. These stages apply to adults. No standardized classification has yet been established for pediatric patients.

&GDT Old Value: The National Kidney Foundation stages listed below apply to patients with a diagnosis of chronic kidney disease (defined as either kidney damage or eGFR <60 mL/min/1.73 m2 for 3 months). Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies. These stages apply to adults. No standardized classification has yet been established for pediatric patients. New Value: Stage
eGFR in ml/min per 1.73M2

&GDT Old Value: Stage eGFR in ml/min per 1.73M2 New Value: 1 Kidney abnormality with normal or increased eGFR >or=90

&GDT Old Value: 1 Kidney abnormality with normal or increased eGFR >or=90 New Value: 2 Kidney abnormality with mild decreased eGFR 60-89

&GDT Old Value: 2 Kidney abnormality with mild decreased eGFR 60-89 New Value: 3 Moderately decreased eGFR 30-59

&GDT Old Value: 3 Moderately decreased eGFR 30-59 New Value: 4 Severely decreased eGFR 15-29

&GDT Old Value: 4 Severely decreased eGFR 15-29 New Value: 5 Kidney failure <15

&GDT Old Value: 5 Kidney failure <15 New Value: The eGFR varies with age, sex, race and body size and normally decreases with age.

The following lab values were dispersed to the flowsheet with no units conversion:

SODIUM, 132 MEQ/L, (F) expected units: mmol/L
POTASSIUM, 4.5 MEQ/L, (F) expected units: mmol/L
CHLORIDE, 100 MEQ/L, (F) expected units: mmol/L
CO2, 23 MEQ/L, (F) expected units: mmol/L

The following non-numeric lab results were dispersed to

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

the flowsheet even though numeric results were expected:

EGFR AFRICAN AMERICAN, >90
EGFR NON-AFRICAN AMERICAN, >90

The following results were not dispersed to the flowsheet:

AGE, 36 Years, (F)
FASTING, Unknown, (F)
&GDT, The estimated Glomerular Filtration Rate (eGFR) is calculated using the Abbreviated Modification of Diet in Renal Disease (MDRD) equation. The eGFR is reported out in mL/min. per 1.73 meter squared units., (R)
&GDT, The National Kidney Foundation action value for patients without a diagnosis of chronic kidney disease is a eGFR of < 60 mL/min per 1.73M2., (R)
&GDT, The National Kidney Foundation stages listed below apply to patients with a diagnosis of chronic kidney disease (defined as either kidney damage or eGFR <60 mL/min/1.73 m2 for 3 months). Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies. These stages apply to adults. No standardized classification has yet been established for pediatric patients., (R)
&GDT, Stage eGFR in ml/min per 1.73M2, (R)
&GDT, 1 Kidney abnormality with normal or increased eGFR >or=90, (R)
&GDT, 2 Kidney abnormality with mild decreased eGFR 60-89, (R)
&GDT, 3 Moderately decreased eGFR 30-59, (R)
&GDT, 4 Severely decreased eGFR 15-29, (R)
&GDT, 5 Kidney failure <15, (R)
&GDT, The eGFR varies with age, sex, race and body size and normally decreases with age., (R)

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Electronically Signed by Vani Nagala MD on 03/12/2013 at 1:32 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/12/2013 - Lab Report: CK
Provider: Vani Nagala MD
Location of Care: Sanford Clinic Oakes Laboratory

Patient: INGRID M ROJAS
ID: BEAKER 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) CK (3070)
1000719 CK SVPROCSVH CK

! CK	92 U/L		20-150

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Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/12/2013 1:17 PM

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(1) Order result status: Final
Collection or observation date-time: 03/12/2013 12:45
Requested date-time: 03/12/2013
Receipt date-time: 03/12/2013 12:57
Reported date-time: 03/12/2013 13:17:00
Referring Physician:
Ordering Physician: VANI NAGALA (vnagal)
Specimen Source: BLOOD&BLOOD VENOUS&VENOUS
Source: BEAKER
Filler Order Number: 13OK071C0031 Beaker
Lab site:

The following results were not dispersed to the flowsheet:

CK, 92 U/L, (F)

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/12/2013 - Lab Report: COMPLETE BLOOD COUNT WITH DIFFERENTIAL
Provider: Vani Nagala MD
Location of Care: Sanford Clinic Oakes Laboratory

Patient: INGRID M ROJAS
ID: BEAKER 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) COMPLETE BLOOD COUNT WITH DIFFERENTIAL (3586)

2000060 COMPLETE BLOOD COUNT WITH DIFFERENTIAL SVPROCSVH		CBC
WBC	6.3 K/uL	4.0-11.0
RBC	4.94 M/uL	3.80-5.20
HEMOGLOBIN	13.9 g/dL	11.5-15.5
HEMATOCRIT	40.2 %	33.0-45.0
MCV	81.4 fL	80.0-100.0
MCH	28.1 pg	26.5-33.0
MCHC	34.6 g/dL	31.0-37.0
RDW-CV	13.4 %	11.0-15.0
RDW-SD	38.4 fl	35.5-49.5
PLATELET COUNT	199 K/uL	150-400
MPV	11.3 fL	8.0-12.0
LYMPHOCYTES PERCENT	32 %	15-45
MONOCYTES PERCENT	6 %	4-13
NEUTROPHILS PERCENT	60 %	40-80
EOSINOPHILS PERCENT	2 %	0-6
BASOPHIL PERCENT	0 %	0-2
LYMPHOCYTES ABSOLUTE	2.0 K/uL	0.7-4.5
MONOCYTES ABSOLUTE	0.4 K/uL	0.2-1.4
SEG NEUT ABSOLUTE	3.8 K/uL	1.6-8.8
EOSINOPHILS ABSOLUTE	0.1 K/uL	0.0-0.6
BASOPHIL ABSOLUTE	0.0 K/uL	0.0-0.1
! NEUTROPHILS ABS. (SEGS AND BANDS)		
	3780 /uL	

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Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/12/2013 1:03 PM

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(1) Order result status: Final
Collection or observation date-time: 03/12/2013 12:45
Requested date-time: 03/12/2013
Receipt date-time: 03/12/2013 12:57
Reported date-time: 03/12/2013 13:04:00
Referring Physician:
Ordering Physician: VANI NAGALA (vnagal)
Specimen Source: BLOOD&BLOOD VENOUS&VENOUS
Source: BEAKER
Filler Order Number: 13OK071H0016 Beaker
Lab site:

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

The following lab values were dispersed to the flowsheet with no units conversion:

RBC, 4.94 M/UL, (F) expected units: 10*6/mm3

The following results were not dispersed to the flowsheet:

NEUTROPHILS ABS. (SEGS AND BANDS), 3780 /uL, (F)

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Electronically Signed by Vani Nagala MD on 03/12/2013 at 1:35 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/13/2013 - Imaging Report: CT CHEST PULMONARY EMBOLISM
Provider: Florian Weilke MD
Location of Care: Sanford Health Radiology

CT CHEST PULMONARY EMBOLISM

ORDERING PROVIDER: DOUGLAS HUSHKA

MR#: 50083872

INDICATION: Chest pain

CT CHEST WITH IV CONTRAST

TECHNIQUE: Helical images were obtained through the chest after bolus administration of 88 mL Omnipaque 350 for intravenous contrast. MIP was used to obtained sagittal and coronal reformations.

FINDINGS: Careful review of the pulmonary artery branches does not reveal any pulmonary arterial filling defects. No mediastinal or hilar adenopathy is seen. No axillary adenopathy. The lungs are clear and no infiltrates or abnormal nodules or masses are seen.

IMPRESSION: Negative for pulmonary embolus.

CC:
DOUGLAS HUSHKA MD

DICTATED BY: FLORIAN WEILKE MD

SIGNED BY: FLORIAN WEILKE MD

Signed before import by Florian Weilke MD
Filed automatically on 03/13/2013 at 11:23 PM

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/13/2013 - Lab Report: Bedside Glucose
Provider: Douglas J Hushka MD
Location of Care: Sanford Emergency/Trauma Center

Patient: INGRID M ROJAS
ID: SIGNLAB 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) Bedside Glucose (GLUB)

Bedside Glucose	[L]	61 mg/dL	70-100	FC

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Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/13/2013 8:21 PM

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(1) Order result status: Final
Collection or observation date-time: 03/13/2013 20:10
Requested date-time: 03/13/2013 20:21
Receipt date-time: 03/13/2013 20:10
Reported date-time: 03/13/2013 20:21
Referring Physician:
Ordering Physician:
Specimen Source:
Source: SIGNLAB
Filler Order Number: J5133774
Lab site:

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Sanford Clinic Oakes
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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/13/2013 - Lab Report: Troponin-I
Provider: Douglas J Hushka MD
Location of Care: Sanford Emergency/Trauma Center

Patient: INGRID M ROJAS
ID: SIGNLAB 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) Troponin-I (TROP)

Troponin-I	<0.012 ng/mL	0.000-0.03	FC

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Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/13/2013 6:50 PM

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(1) Order result status: Final
Collection or observation date-time: 03/13/2013 18:15
Requested date-time: 03/13/2013 18:07
Receipt date-time: 03/13/2013 18:20
Reported date-time: 03/13/2013 18:50
Referring Physician:
Ordering Physician:
Specimen Source:
Source: SIGNLAB
Filler Order Number: J5133639
Lab site:

The following non-numeric lab results were dispersed to the flowsheet even though numeric results were expected:

Troponin-I, <0.012

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/13/2013 - Lab Report: D-Dimer
Provider: Douglas J Hushka MD
Location of Care: Sanford Emergency/Trauma Center

Patient: INGRID M ROJAS
ID: SIGNLAB 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) D-Dimer (DDIME)

D-Dimer	0.42 mg/L FEU	0.17-0.49	FC

If D-dimer is less than 0.50 mg/L FEU, PE or DVT is not likely.

Increases in D-dimer concentration observed with thromboembolic events can be variable due to localization, size, and age of the thrombus. Therefore, a thromboembolic event cannot be diagnosed with certainty on the basis of the reference range, and thrombosis and/or embolism is not completely excluded by a normal value. D-dimers may also be elevated for a variety of disorders including: advanced age, pregnancy, coronary disease, cancer, liver disease, infection, inflammation, hematoma, DIC, trauma, post-surgery, diabetes, thrombolytic therapy, stress and generalized hospitalization. D-dimer levels may be decreased in patients on anticoagulant therapy.

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Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/13/2013 6:42 PM

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(1) Order result status: Final
Collection or observation date-time: 03/13/2013 18:15
Requested date-time: 03/13/2013 18:07
Receipt date-time: 03/13/2013 18:20
Reported date-time: 03/13/2013 18:42
Referring Physician:
Ordering Physician:
Specimen Source:
Source: SIGNLAB
Filler Order Number: J5133639
Lab site:

The following lab values were dispersed to the flowsheet
with no units conversion:

D-Dimer, 0.42 MG/L FEU, (F) expected units: mcg/mL

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/13/2013 - Lab Report: Basic Panel 8
Provider: Douglas J Hushka MD
Location of Care: Sanford Emergency/Trauma Center

Patient: INGRID M ROJAS
ID: SIGNLAB 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) Basic Panel 8 (BAS8)

Sodium	141 mmol/L	135-145	FC
Potassium	4.1 mmol/L	3.5-5.3	FC
Chloride	102 mmol/L	99-110	FC
Bicarbonate	25 mmol/L	23-32	FC
Glucose	81 mg/dL	70-100	FC
Creatinine	0.6 mg/dL	0.6-1.1	FC
Glomerular Flt. Rate	>60 ml/min	>60	FC
BUN	17 mg/dL	6-22	FC
Calcium	10.1 mg/dL	8.5-10.2	FC

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Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/13/2013 6:39 PM

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(1) Order result status: Final
Collection or observation date-time: 03/13/2013 18:15
Requested date-time: 03/13/2013 18:07
Receipt date-time: 03/13/2013 18:20
Reported date-time: 03/13/2013 18:39
Referring Physician:
Ordering Physician:
Specimen Source:
Source: SIGNLAB
Filler Order Number: J5133639
Lab site:

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/13/2013 - Lab Report: CBC with Platelets
Provider: Douglas J Hushka MD
Location of Care: Sanford Emergency/Trauma Center

Patient: INGRID M ROJAS
ID: SIGNLAB 50083872
Note: All result statuses are Final unless otherwise noted.

Tests: (1) CBC with Platelets (CBC)

	WBC	9.0 10*3/ul	4.0-11.0	FC
	RBC	5.04 10*6/uL	3.80-5.20	FC
	Hemoglobin	14.8 g/dL	11.5-15.5	FC
	Hematocrit	41.4 %	33.0-45.0	FC
	MCV	82 fL	80-100	FC
	MCH	29.4 pg	26.5-33.0	FC
	MCHC	35.7 g/dL	31.0-37.0	FC
	RDW-CV	13.0 %	11.0-15.0	FC
!	RDW-SD	39.0 fL	35.5-49.5	FC
	Platelet Count	203 10*3/ul	150-400	FC
	MPV	11.1 fL	8.0-12.0	FC
	Lymph	29 %	15-45	FC
	Monoc	4 %	4-13	FC
	Seg	66 %	40-80	FC
	Eos	1 %	0-6	FC
	Baso	0 %	0-2	FC
	Immature Granulocytes	0.4 %	0.0-0.7	FC
	NRBC	0 /100 WBC		FC
	Note: WBC is corrected if NRBCs are present.			
	Absolute Lymph	2.610 10*3/ul	0.700-4.50	FC
	Absolute Monoc	0.360 10*3/ul	0.200-1.40	FC
	Absolute Seg	5.940 10*3/ul	1.600-8.80	FC
	Absolute Eos	0.090 10*3/ul	0.000-0.60	FC
	Absolute Baso	0.000 10*3/ul	0.000-0.10	FC
	Abs Imm Granulocytes	0.036 10*3/ul	0.000-0.06	FC

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Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 03/13/2013 6:31 PM

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(1) Order result status: Final
Collection or observation date-time: 03/13/2013 18:15
Requested date-time: 03/13/2013 18:07
Receipt date-time: 03/13/2013 18:20
Reported date-time: 03/13/2013 18:31
Referring Physician:
Ordering Physician:
Specimen Source:
Source: SIGNLAB
Filler Order Number: J5133639
Lab site:

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

The following lab values were dispersed to the flowsheet
with no units conversion:

Abs Imm Granulocytes, 0.036 10*3/UL, (F) expected units: 10E3/uL

The following results were not dispersed to the flowsheet:

RDW-SD, 39.0 fL, (F)

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/15/2013 - Office Visit: chest pain - w/trans
Provider: Vani Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan

#1: Chest pain, etiology not determined. , The patient is set up for a coronary angiogram on Monday. If this is within normal limits other causes such as atypical gallbladder disease would have to be ruled out. The patient will also be started on Prilosec 20 mg daily if the angiogram is negative. The patient's chest pain, however, does not appear to be in the epigastric area and there are no complaints of heartburn. We will continue to follow. Meanwhile the patient is asked to take ibuprofen 600 mg t.i.d. as needed for the pain.

==========

In Time: 12:49
Room number: er
Reason for visit: chest pain
Accompanied by: significant other
Living situation: lives with family
PCP: Brent Buccholz
Language: Spanish
Learning needs Assessment reviewed
Visit reason entered by: Amy Heim RN

Any other concerns: Patient has no other concerns.
Pain Assessment
Pain: has pain; severity level: 10; scale utilized: 0-10; duration: 2-3 days
Reported by: patient
Comment: pain in chest under left breast that goes deep into the chest; "it is pain inside"; unsure of things that make it worse or better
Patient concerns completed by: Amy Heim RN

History of Present Illness

The patient is brought in today by her husband complaining of chest pain. The patient said the pain has been present all day. She describes it as being an 8/10. The patient describes the pain as being deeper in her chest and piercing through her back. She denies any complaints of shortness of breath. The patient was seen 2 days ago with similar pain. She was admitted to the Oakes Hospital and myocardial infarction was ruled out. The patient is a diabetic and has hyperlipidemia. She was started recently also on Lipitor. Following discussion with Dr. McDowell the patient was set up tentatively for a coronary angiogram on Monday due to her risk factors. The patient does not speak English and most of the history is obtained from her husband.

Medication and Allergy Review

Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ADVAIR DISKUS 250-50 MCG/DOSE MISC (FLUTICASONE-SALMETEROL) inhale in the morning and at bedtime
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP (INSULIN ASPART PROT & ASPART) inject 25 units twice daily
TERAZOL 7 0.4 % CREA (TERCONAZOLE) apply every evening x 7 days
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) Take one three times a day by mouth as needed.
LIPITOR 20 MG TABS (ATORVASTATIN CALCIUM) take one daily by mouth
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Pharmacy verified
Completed by: Amy Heim RN

Health Maintenance Risk Factors

Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Amy Heim RN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Have you been hit, slapped, kicked, or otherwise physically hurt by someone? no
Has anyone put you down, called you names, or made you feel bad about yourself?no
Has anyone forced you to have sexual activities? no
Risk Factors entered by: Amy Heim RN

Adult Preventive Services

Immunizations:

Date last flu shot: 11/26/2012 declined
Date last tetanus: 12/31/2010 TDAP
Preventive Services entered by: Amy Heim RN

Vital Signs

Temperature: 98.2 deg F. Site: tympanic
Pulse: 99 bpm Rhythm: regular Location: pulse oximetry **Respirations:** 20 / min.
BP: 102 / 77 mmHg Cuff: regular-adult Site: left arm Method: manual

Sanford Clinic Oakes
420 South 7th St Oakes, ND 58474
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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

Vital signs entered by: Amy Heim RN

PHYSICAL EXAM

GENERAL APPEARANCE: The patient appears to be in moderate distress. She has tears in her eyes and seems to be quite uncomfortable.

RESPIRATORY
AUSCULTATION: Lungs are clear with no rales, rhonchi, or wheezes. O2 saturation is normal.

CARDIOVASCULAR
PALPATION: Chest pain is not reproducible by palpation.
AUSCULTATION: Cardiac exam shows S1, S2 to be normal with no rub, gallop, or murmur.

Review of Lab, X-ray, Special Tests, Other

The patient had chest x-ray as well left rib detail done. These appear to be normal pending radiologist diagnosis. Sed rate and a CRP is elevated.

Impression / Plan

#1: Chest pain, etiology not determined. , The patient is set up for a coronary angiogram on Monday. If this is within normal limits other causes such as atypical gallbladder disease would have to be ruled out. The patient will also be started on Prilosec 20 mg daily if the angiogram is negative. The patient's chest pain, however, does not appear to be in the epigastric area and there are no complaints of heartburn. We will continue to follow. Meanwhile the patient is asked to take ibuprofen 600 mg t.i.d. as needed for the pain.
Orders:
Added new Test order of EKG (EKG) - Signed
Added new Test order of EKG (EKG) - Signed
Added new Test order of XRAY-Chest PA/LAT (XRAY) - Signed
Added new Test order of XRAY-Ribs Lt (XRAY) - Signed
Verbal order-read back and verified Dr. Vani Nagala MD/ Amy Heim RN March 15, 2013 12:53 PM

Patient Education

General Learning Needs Assessment:
Primary language: Spanish

Job ID: 9041026

D: 03/15/2013, 02:40 PM
T: .....Barbara A Kennedy March 16, 2013 2:47 PM

Electronically Signed by Vani Nagala MD on 03/19/2013 at 2:37 PM

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INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/15/2013 - Imaging Report: RIBS UNILATERAL MIN 2 VIEWS LEFT
Provider: Donald J Stallman MD
Location of Care: Sanford Health Radiology

RIBS UNILATERAL MIN 2 VIEWS LEFT

ORDERING PROVIDER: VANI NAGALA

MR#: 50083872

INDICATION: CHEST PAIN, SOB, LT RIB PAIN

LEFT RIBS:

FINDINGS: No evidence of displaced rib fracture or destructive rib lesion.
CHEST PA AND LATERAL:

FINDINGS: Heart size is normal. Lungs are clear. Mediastinum and pulmonary vasculature are within normal limits. There is mild elevation of the right hemidiaphragm, which appears to be chronic.

IMPRESSION: No active cardiopulmonary disease. No significant change from 09/14/12.

CC:

DICTATED BY: DONALD STALLMAN MD

SIGNED BY: DONALD STALLMAN MD

Signed before import by Donald J Stallman MD
Filed automatically on 03/18/2013 at 10:24 AM
Electronically Signed by Vani Nagala MD on 03/19/2013 at 2:37 PM

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(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/15/2013 - Imaging Report: CHEST PA AND LAT
Provider: Donald J Stallman MD
Location of Care: Sanford Health Radiology

CHEST PA AND LAT

ORDERING PROVIDER: VANI NAGALA

MR#: 50083872

INDICATION: CHEST PAIN, SOB, LT RIB PAIN

LEFT RIBS:

FINDINGS: No evidence of displaced rib fracture or destructive rib lesion.
CHEST PA AND LATERAL:

FINDINGS: Heart size is normal. Lungs are clear. Mediastinum and pulmonary vasculature are within normal limits. There is mild elevation of the right hemidiaphragm, which appears to be chronic.

IMPRESSION: No active cardiopulmonary disease. No significant change from 09/14/12.

CC:

DICTATED BY: DONALD STALLMAN MD

SIGNED BY: DONALD STALLMAN MD

Signed before import by Donald J Stallman MD
Filed automatically on 03/18/2013 at 10:24 AM
Electronically Signed by Vani Nagala MD on 03/19/2013 at 2:37 PM

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

03/21/2013 - Office Visit: Incision site to be looked at w/trans
Provider: Vani Nagala MD
Location of Care: Sanford Clinic Oakes

Impression/Plan
#1: Local bruising related to angiogram.
#2: Chest pain, resolved.
#3: Diabetes mellitus, the patient will resume her insulin as well as metformin. BUN, creatinine will be checked today.
#4: Hyperlipidemia, patient will continue on Lipitor. Patient will be followed again in 2 weeks' time.
==========
In Time: 16:54
Room number: 1
Reason for visit: Incision site to be looked at. It is black and blue from the procedure on the left femoral area.
Accompanied by: driver
Living situation: lives with family
Visit reason entered by: Kathy A Anderson LPN

Any other concerns: Would like her eyes looked at.
Pain Assessment
Pain: has pain; severity level: 5; scale utilized: 0-10; duration: 3 days
Reported by: patient
Comment: Incision site has taken Ibuprofen for the pain. Also has taken hydrocodone for the pain.

History of Present Illness
Patient comes in today following her angiogram. Patient states that she has been having bruising as well as pain in the area of the right inguinal area. The patient states that it is hard for her to walk around or bend. The patient's angiogram was within normal limits with no evidence of any coronary artery disease. Patient states that she is much relieved with this.

The patient was asked to hold off on the metformin after the angiogram for 3 days. However, it appears that she has also held back her insulin. Blood sugar continues elevated at this time. Patient was also started on Lipitor at 20 mg daily for hyperlipidemia. The patient states that she is tolerating this well.

Medication and Allergy Review
Medications:
METFORMIN HCL 1000 MG TABS (METFORMIN HCL) take one twice a day by mouth
PROVENTIL HFA 108 (90 BASE) MCG/ACT AERS (ALBUTEROL SULFATE) inhale 2 puffs every 4-6 hours as needed
HYDROCODONE-ACETAMINOPHEN 5-325 MG TABS (HYDROCODONE-ACETAMINOPHEN) take one to two tabs orally up to three times a day as needed for pain
VIVELLE-DOT 0.0375 MG/24HR PTTW (ESTRADIOL) Apply 1 patch twice weekly remove old patch
OMEPRAZOLE 40 MG CPDR (OMEPRAZOLE) take one daily by mouth for 2 weeks.
ADVAIR DISKUS 250-50 MCG/DOSE MISC (FLUTICASONE-SALMETEROL) inhale in the morning and at bedtime
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP (INSULIN ASPART PROT & ASPART)

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(701) 742-3267 or Toll Free: (800) 450-3267

INGRID M ROJAS
Female DOB: 09/13/1976 50083872

inject 25 units twice daily
TERAZOL 7 0.4 % CREA (TERCONAZOLE) apply every evening x 7 days
TRAMADOL HCL 50 MG TABS (TRAMADOL HCL) Take one three times a day by mouth as needed.
LIPITOR 20 MG TABS (ATORVASTATIN CALCIUM) take one daily by mouth
IBUPROFEN 600 MG TABS (IBUPROFEN) Take one three times a day by mouth with meals as needed
Medication list reviewed.
Daily aspirin use: no
Daily calcium supplement use: no
Patient takes Vitamin D daily? no
Allergies:
PENICILLIN (PENICILLIN V POTASSIUM) (Critical)
AMPICILLIN (AMPICILLIN) (Critical)
* NO KNOWN LATEX ALLERGY

Allergies were reviewed at this visit.
Pharmacy verified
Completed by: Kathy A Anderson LPN

Past Medical History
DM
LOW BACK PAIN, CHRONIC

Past Surgical History
CHOLECYSTECTOMY
APPENDECTOMY
C-SECTION X3
OVARIAN TUMOR
D&C
HYSTERECTOMY

Health Maintenance Risk Factors
Alcohol usage:
Number of times in the past year > 4 drinks: never
Average drink(s): Type: OCCASIONAL WINE
Tobacco usage:
Cigarettes: never
Oral tobacco: never
Cigars: never
Pipes: never
Passive smoke exposure: none
Risk Factors entered by: Kathy A Anderson LPN
Abuse and Neglect:
Any risk factors/warning signs of abuse or neglect observed or reported? no
Risk Factors entered by: Kathy A Anderson LPN

Adult Preventive Services
Immunizations:
Date last flu shot: 03/21/2013 declined

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INGRID M ROJAS
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Date last tetanus: 12/31/2010 TDAP

Vital Signs

Weight: 173.8 lbs (78.7 kg) (clothed with shoes)
Patient has lost or gained weight unintentionally? no
Temperature: 97.6 deg F. Site: tympanic
Pulse: 72 bpm Rhythm: regular Location: radial **Respirations:** 18 / min.
BP: 108 / 62 mmHg Cuff: regular-adult Site: right arm Method: manual
Vital signs entered by: Kathy A Anderson LPN

PHYSICAL EXAM

GENERAL APPEARANCE: The patient is in no acute distress.

RESPIRATORY
AUSCULTATION: The lungs are clear.

CARDIOVASCULAR
AUSCULTATION: S1, S2 normal.

ADDITIONAL FINDINGS
There is some bruising in the area of the right inguinal region. There is no significant tenderness.

Impression / Plan

#1: Local bruising related to angiogram.
#2: Chest pain, resolved.
#3: Diabetes mellitus, the patient will resume her insulin as well as metformin. BUN, creatinine will be checked today.
#4: Hyperlipidemia, patient will continue on Lipitor. Patient will be followed again in 2 weeks' time.
Orders:
Added new Test order of BUN (BUN) - Signed
Added new Test order of Creatinine (CRE) - Signed
After Visit Summary handout given to patient.
Appointment(s):
Return to clinic: 2 week(s)
Excuse: Please excuse Ingrid from work.Until Monday March 25th, 2013
Reason:Increased pain to the femoral area from recent procedure
Duration:
Excuse printed.

Job ID: 9067926
D: 03/21/2013, 5:31 PM
T:.....Amanda M Wilson March 22, 2013 11:28 AM

Electronically Signed by Vani Nagala MD on 03/23/2013 at 12:02 PM
