

540500 - 053-22-74 Galone
SUBPOENA (including command to produce document or object)

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PATRICIA J. CALDWELL CLERK OF COMMON PLEAS
CRAWFORD COUNTY COMMON PLEAS COURT
BUCYRUS, OHIO 44820

THE STATE OF OHIO

GRAND JURY
SUBPOENA

To: Keeper of the Records, Grand Hospital, 111 South Grant Drive,
Columbus, Ohio 43205

YOU ARE HEREBY COMMANDED to appear in the Common Pleas Court of Crawford County, Bucyrus, Ohio on the

21st day of March, 19 94 at 9:00 o'clock A M.

to attend and give testimony on behalf of the State of Ohio, to testify as a witness before the Grand Jury of said court, and not depart the court without leave. Herein fail not, under penalty of the law. And have you then and there this writ. Any and all medical records/documents concerning the treatment provided for Richard A. Warren, DOB: 7-3-70 from February 13, 1994 to end of treatment.

If this information is provided to the office of the Prosecuting Attorney at the address listed below, you will not need to appear before the Grand Jury.

Entire 2-22-94
February 24, 19 94
Russell B. Wiseman
Prosecuting Attorney
P.O. Box 509, Bucyrus, Ohio 44820
Phone: (619) 562-9782

Attorney Address and Phone

COPIED BY

MAR 7 1994

MEDCOR

PATRICIA J. CALDWELL
Clerk of Courts

Deputy Clerk

NOTE: Present this Subpoena to Clerk of Courts when claiming your fees.

GRANT MEDICAL CENTER

111 South Grant Avenue
Columbus, Ohio 43215

a U.S. Health affiliate

Telephone
(614) 461-3232

I, DIANA SCHNACK, A.. R. T., CUSTODIAN OF RECORDS AT GRANT MEDICAL CENTER, DO HEREBY CERTIFY THAT THE ATTACHED RECORD RICHARD (RICK) WARREN #540500 HOSPITAL ADMISSION RECORD FROM FEBRUARY 13, 1994 TO FEBRUARY 22, 1994 WERE PHOTOCOPIED ON THE 07TH DAY OF MARCH, 1994 ARE TRUE AND ACCURATE COPIES OF THE ORIGINAL RECORD PREPARED IN THE NORMAL COURSE OF DAILY BUSINESS AT GRANT MEDICAL CENTER.

Diana Schnack

FRANKLIN COUNTY

STATE OF OHIO

SWORN TO BEFORE ME AND SIGNED IN MY PRESENCE THIS 7th
DAY OF March 19 94.

Linda Bloomfield
NOTARY PUBLIC
LINDA F. BLOOMFIELD
NOTARY PUBLIC STATE OF OHIO
MY COMMISSION EXPIRES SEPTEMBER 23, 1995

ACCOUNT NO. 9402800157		ADMISSION DATE/TIME 02/13/94 23:03		BY NH	STATION/ROOM ICU 309-A		ACC. E	SERVICE TRA	TYPE I/P	AT 1	AS 7	EC SP	UNIT NO. 000540500
SEX M	RC B	MS 5	BIRTHDATE 01/01/74 20Y	SOC. SEC. NO.	DEN.	A.D.	O.D.	ACC. WK. REL? NO NATURE OF ACC.:					
PATIENT NAME AND ADDRESS WARREN, RICK 1530 EAST COMER AVENUE BUCYRUS OH 44820							PATIENT EMPLOYER						
GUARANTOR NAME AND ADDRESS WARREN, RICK 1530 EAST COMER AVENUE BUCYRUS OH 44820 SELF							GUARANTOR EMPLOYER						
RELATIVE 1 WARREN, PAM (317)784-5587 1530 COMER MOTHER INDIANAPOLIS IN 46203							RELATIVE 1 EMPLOYER						
INSURANCE 1							INSURANCE 2						
INSURANCE 3							INSURANCE 4						
DIAGNOSIS/COMPLAINT 959.8-INJURY MLT SITE/SITE NEC							ATTENDING PHYSICIAN FALCONE, ROBERT E				ARRIVAL MODE		
COMMENT							ADMITTING PHYSICIAN FALCONE, ROBERT E				PREV. ADMIT DATE		

Trauma Registry

PATIENT REGISTRATION



a U.S. Health affiliate

Patient Access Services
Columbus, Ohio

000540500 02/22/94



WARREN, RICK



CHART COPY

DIAGNOSES/PROCEDURES

CODE

Principal and Secondary Diagnoses (Include complications and/or infections)
Abbreviations Cannot Be Used in Final Diagnosis

GUN SHOT WOUNDS x 4

820.20

- FRACTURE @ MANDIBLE

904.9

- FEMORAL VEIN INJURY

TNM STAGING for newly diagnosed cancer cases.

(Refer to AJCC Staging manual or Call Tumor Registry at 3283 or 3187)

Clinical T _____ N _____ M _____ STAGE _____

Pathological T _____ N _____ M _____ STAGE _____

DISCHARGE STATUS

Condition on Discharge StableDisposition: ☒ Home/Selfcare ☐ Other Hospital ☐ Home Health Service ☐ SNF☐ ICF ☐ AMA ☐ Expired ☐ Other

Operation(s) and/or Treatment

Date

Coding

Repair @ Femoral Vein

2/14/94 39.32

Exploratory Laparotomy

2/14/94 86.22

ORIF / IMF @ Mandible

2/15/94 76.75

☐ RESIDENT TO DICTATE
DISCHARGE SUMMARY☒ DISCHARGE SUMMARY DICTATED/WRITTEN☐ OP DICTATED

Carbon Copy To: _____

Date 2/22/94

Date _____

DISCHARGE INSTRUCTIONS (☒ preprinted instructions given)

Medications: Frequency/Duration

Tylenol w/Codeine Elixir
15-30 ml every 4 hrs
As Needed For PainDiet: Soft, Purced/LiquidActivity: As LaidOther: FL & PR TROUBLE ON2/28/94 @ 2:00 PCALL TRIANA SERVICES
WHILE IN TOWN FOR FL

Follow-up Visit: Date- _____

With Whom: _____

I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

SIGNATURE OF ATTENDING PHYSICIAN

DATE

ADDRESSOGRAPH

Waller, Mark

9402800157

540500

Dr.

MEDICAL RECORDS CHART FORM



a U.S. Health affiliate

Columbus, Ohio



NO RELEASE OF INFORMATION AUTHORIZATION FORM

Hospital personnel will release no information to any inquirer about the following patient. No phone calls, message, visitors, mail, flowers or gifts are to be accepted by hospital personnel for this patient. Questions should be directed to the Security Supervisor on duty at ext. 3300.

Date 2/14/94Patient Name ~~XXXXXXXXXX~~ RICHARD WARRENDate of Admission 2/13/94Room 309Account Number 9402800157Alias Name Assigned* GREG GARRIDGE

*Note: Alias Names are to be used only on Unit Census Boards and door frame nametags.

Party Requesting NRI Order

Authorized Party

Signature

☒

Security Supervisor

☐

Clinical Supervisor

☐

Patient Registration

☐

Public Relations

☒

Patient or Immediate Family Member+

+(Patient or Family member signature required below only on patient-initiated NRI requests).

I, the undersigned agree that by requesting an NRI order, no information about my hospitalization will be released the public or the media. I will not receive unauthorized visitors, phone calls, flowers or mail during my hospital stay. If I should violate this order either by calling or seeing visitors other than those listed below, this NRI order will be immediately cancelled.

PARENT

Patient Signature

Date

The following individuals are authorized to visit this patient:

Name:

Name:

PHIL WARRENDOUG WARRENPAM WARREN

Received at Security Desk:

Time

Date

Security Supervisor's Authorization

Departmental Contact Checklist

The following department's must be verbally contacted by the Security Department immediately after an NRI Order has been authorized.

☒

Patient Registration

☒

Clinical Supervisor on Duty

☒

Patient's Nursing Unit

☒

Public Relations Office

Officer Verbally Contacting Departments

No Release of Information Order Cancellation

NRI Order Cancelled/Patient Discharge

Date

Authorized By:

Notification Checklist

☐ Patient Registration☐ Nursing Unit☐ Public Relations☐ Nursing Supervisor

All NRI orders must be cancelled by Security at the time of patient discharge. Security must be contacted at ext. 3300 at the time of patient discharge.

White - Security Desk

Canary - Patient Chart

Pink - Patient Registration

Golden Rod - Public Relations

PHYSICIAN'S ORDERS

DATE/TIME

PHYSICIAN'S ORDERS

INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.

FIRST / SECOND Call
circle one

Dr.

Physician(s) or Group

Phone or Pager #

FIRST / SECOND Call
circle one

Resident

Service

Pager #

ALLERGIES/REACTION:

NKA ☐

7/21/94 1730 am - ~~discharge~~
2/22/94 Noted @ 2610 ~~Janet Hampel RN~~
2/22/94 Abdominal staples (NOT THE GROIN STAPLES)
+ Chest staples # 2610
2/22/94/0908 JB nothing is
2/22/94 D/C TO HOME
E Instructions & Rx
2/22/94 D/C allutures.
(2) Instruct on use of peridex / water pik
(3) to follow-up w Dr. Burdge Mon. 2-28-94
@1400.
2/22/94 P.O. Dr. Burdge / Asphondoulis
Bordillo
7/21/94 1000

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Addressograph

PHYSICIAN'S ORDERS



GRANT
MEDICAL CENTER

a U.S. Health affiliate

Columbus, Ohio

9402800157

WARREN, RICK
1530 EAST COMER AVENUE
CUCYRUS OH 44820
175 FALCONE, ROBERT E
1/P ADM DATE 02/13/94
ENC 121 CC SP

000540500
20Y

PHYSICIAN'S ORDERS

DATE/TIME	PHYSICIAN'S ORDERS	INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.
-----------	--------------------	---

FIRST / SECOND Call circle one Dr. _____ Physician(s) or Group Phone or Pager #

FIRST / SECOND Call circle one Resident _____ Service _____ Pager #

ALLERGIES/REACTION:

NKA ☐

2-18-94 wired jaw diet 246
dietary

bordillo mdr

Mayfield, UC 2/18/94 1455

2-18-94 Onondaga @ 1845 by Kim Ruggen

2/18/94 /can straight cath prn of 4° if trouble w/ voiding

TO. Dr. Hosk 1 Peggy Faly RA 2100

noted Peggy Faly RA 2100

2/19/94 chart checked for orders @ 0600 Peggy Faly RA

2-19-94 Fleet's enema today #23 JDC Timentin

bordillo

Dr. Sherman Due 2-19-94 14:30

noted 14:45 Pam Brandtner IR089999

2-19-94 18:25 Chart checked for orders — Pam Brandtner IR089999

2/20/94 0645 Chart void for orders

M. Webb IR090185

2/20/94 0645 Chart void for orders

M. Webb IR090185

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PHYSICIAN'S ORDERS



a U.S. Health affiliate

Columbus, Ohio

9402800157 000340300
WARREN, RICK 20Y
1330 EAST CONER AVENUE
CUCYRUS OH 44620
173 FALCONE, ROBERT E
I/P ADM DATE 02/13/94
ENC. TRA EC SR

7354

PHYSICIAN'S ORDERS

DATE/TIME	PHYSICIAN'S ORDERS		INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.
FIRST / SECOND Call circle one	Dr. _____ Physician(s) or Group	Phone or Pager # _____	
FIRST / SECOND Call circle one	Resident _____ Service	Pager # _____	

ALLERGIES/REACTION:

NKA ☐

2/17/94 Pyridox to mouth + ID, water push per mouth care
8:36 Bone wax across mouth lines

J B Brodsky MD

2/17/94/0918

2-17-94 dulcolax + PR now
adv. to full liquids + full
pureed diet

borderline

2/17/94/1136

J B Brodsky MD 200

2/18/94 Chart noted @ 0700 Janet Stamp MD

2-18-94 D/C IV error - wrong patient
D/C to home
E/O Trauma clinic March 2nd 1994

borderline

2-18-94 Calorie counts
non 30cc po non

2/18/94/1420

J B Brodsky MD
#4210

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6189A

Kim Baggan
2-18-94
@ 1830

PHYSICIAN'S ORDERS



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Columbus, Ohio

730A
402800137
ARREN, RICK
UNKNOWN
LUCYRUS, OH 44820
JR FALCONE
ADN DATE 021394

PHYSICIAN'S ORDERS

DATE/TIME	PHYSICIAN'S ORDERS		INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.	
FIRST / SECOND Call circle one	Dr. _____	Physician(s) or Group	Phone or Pager # _____	
FIRST / SECOND Call circle one	Resident _____	Service	Pager # _____	

ALLERGIES/REACTION:

NKA ☐

2/14/94 0315 - Chart 10 *Sum-Richt*

2/16/94 Dietary Consult: IMF patient in #88

2/16/94 (2) NRI please

2/16/94 (3) Clear liquid - admet to JB *Brooklyn*

2/16/94 (4) Ensure tid *publed 3 admet to Ensure tid #4716 #7196*

2/16/94 0755

2/16/94 Noted 1130 Carolin Coffey IR089901

2/16/94 Lips ONLY of clear liq po

2/16/94 1530 *10 OK Spontaneous/meds for cordills*

2/16/94 out of bed tid 734

2/16/94 1530 *cordills red*

2/16/94 1712 *use. chuc 2/16/94*

2/16/94 1855 Carolin Coffey IR089901

2/16/94 1930 Chart 10 *Carol. Coffey IR089901*

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PHYSICIAN'S ORDERS

 **GRANT**
MEDICAL CENTER

a U.S. Health affiliate

Columbus, Ohio

735

730 A

40280157 003540500

ARMEN, RICK 20Y

UNKNOWN

UCYRUS, OH 44820

DR FALCONE

L/P ADM DATE 021194

REC

PHYSICIAN'S ORDERS

DATE/TIME

PHYSICIAN'S ORDERS

INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT
PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.

GRANT MEDICAL CENTER
Department of Pharmacy Services

Medication Order Clarification

Patient Warren Rick Room No. 730 Physician Burdge

Medication _____ Directions _____

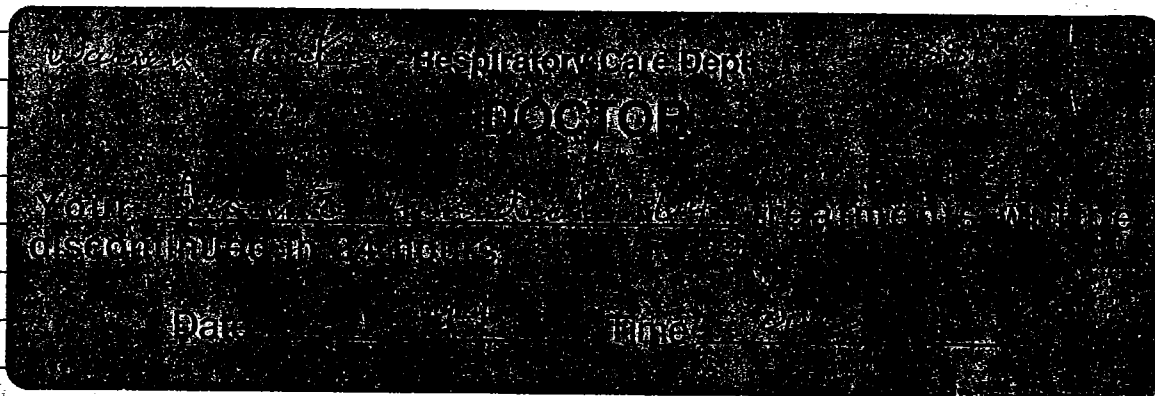
- 1 The order is being filled with the following equivalent pursuant to hospital formulary policy: _____
- 2 The Pharmacist has clarified the order to be: _____
- ☒ 3 The Physician has clarified/changed the order to be: Order for Augmentin
Continue Timenstin 3:pm q 6H - ftow in ICU

Please Make The Above Change(s) On The Patient Medication Profile.

- 4 Temporarily not available. Supply is anticipated by: _____ (date/time)
- 5 Other: _____

Pharmacist V.O. Burdge S. Smith Chas D R. Ph Date/Time 1600
08-0440-0070C WHITE - PATIENT CHART CANARY - DECENTRALIZED PHARMACIST PINK - PHARMACY PROFILE

2/15/94 1300 2/15/94 @ 1755 M. Thetor FRO 40185
Chart Vd for orders M. Thetor FRO 40185



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PHYSICIAN'S ORDERS



Columbus, Ohio

735
730A
000540500
ARRENTICK 20Y
UNKNOWN
TUCYRUS, OH 43220
18 FALCONE
L/P ADM. DATE 021391

Physician's Order Form

PHYSICIAN'S ORDERS

INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT
PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.

MEDICATION
DOSING SCHEDULE
CIRCLE FIRST DOSE

DATE/TIME	UNIT CLERK'S INITIALS	INTRAVENOUS ANTIBIOTIC ORDER FORM
		Antibiotic(s) 1. 2,000,000 y Penicillin IVPB stat.
		2. <u>Send to MOR</u>
		3.

2	4	6	8	10
12	14	16	18	20
22	24			
2	4	6	8	10
12	14	16	18	20
22	24			
2	4	6	8	10
12	14	16	18	20
22	24			

Please Check All Appropriate Boxes:

☐ PROPHYLAXIS (automatic stop after 48 hours)

Procedure:

- ☐ Cardiac
- ☐ GI/Colorectal
- ☐ OB/GYN
- ☐ Peripheral Vascular
- ☐ Other: _____

☐ EMPIRIC (automatic stop after 72 hours)

Infection site not identified

☐ THERAPEUTIC (automatic stop after 7 days)

Infection Site:

- ☐ Blood
- ☐ Lung
- ☐ Soft Tissue
- ☐ Urine
- ☐ Other: _____

X vo Mr Rurdge / Mr [Signature]
Physician's Signature

PLEASE NOTE: Notification of Automatic Stop will be posted in
the Physician Progress Notes 24 hours prior to
discontinuation of Antibiotic(s).

DIAGNOSIS.

ALLERGIES. NKA ☒

Physician's Order Form



Columbus, Ohio

Addressograph

9402800157

Rick Warren

Falcoy

TS

PHYSICIAN'S ORDERS

DATE/TIME	PHYSICIAN'S ORDERS	INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.
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FIRST / SECOND Call
circle one Dr. _____ Physician(s) or Group _____ Phone or Pager # _____

FIRST / SECOND Call
circle one Resident _____ Service _____ Pager # _____

ALLERGIES/REACTION:

NKA ☒

- 2-15-94
- ① Transfer to 7 West Trauma Service
 - ② dx: s/p mult. GSW, exploration of mandible
 - ③ cond: fair
 - ④ NKDA
 - ⑤ vitals q4 #167
 - ⑥ activity - ambulate i assist tid #166
 - ⑦ I's + O's v D/C NG + D/C foley → straight cath q6 prn no void
 - ⑧ chest drain to self suction + record output q shift
 - ⑨ NPO #169
 - ⑩ IV - D5/LR @ 125cc
 - ⑪ labs - no CBC, chem6 in a.m. 2/16 #170
 - ⑫ meds - Demerol & 50-75mg IVP q3 prn pain
Phenergan 12.5mg IVP q4 prn nausea
albuterol nebs per RT q4 #175 qm (R)
 - ⑬ call H.O. for T > 101° #171

cordillo m

- 2/15
- ① Augmentin 1gm IV q8h
 - ② Tape Scissors to H&B - Done
Cut Rubber Bands in case of N+ ✓ #177
- 2/15/94 1145

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PHYSICIAN'S ORDERS



a U.S. Health affiliate
Columbus, Ohio

730A
402800157 400540500
ARREN, RICK 207
UNKNOWN
UCYRUS, ON 44820
R FALCONE
20 APR DATE 031994

PHYSICIAN'S ORDERS

DATE/TIME	PHYSICIAN'S ORDERS	INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.
-----------	--------------------	---

FIRST / SECOND Call circle one Dr. _____ Physician(s) or Group _____ Phone or Pager # _____

FIRST / SECOND Call circle one Resident _____ Service _____ Pager # _____

ALLERGIES/REACTION:

NKA ☐

2-15-94 ~~DIAB~~
 2/15/94 Pull David drain #113
 7/10/94 Repture C-collar till spine ptns cleared ^{cancel} #115
 2/15/94-0725 J. Bradley MD
 #4210

2/15 C-Spine cleared by Dr. Bradley MD 2/14/1545.
 0715 10 Dr. Bradley / P. Williams

[Large X mark across the page]

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PHYSICIAN'S ORDERS



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Columbus, Ohio

309A
 000540500
 20Y
 UNKNOWN, OH 44820
 IR FALCONE
 EXP ADM DATE 021394

PHYSICIAN'S ORDERS

DATE/TIME

PHYSICIAN'S ORDERS

INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT
PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.FIRST / SECOND Call
circle one

Dr.

Physician(s) or Group

Phone or Pager #

FIRST / SECOND Call
circle one

Resident

Service

Pager #

ALLERGIES/REACTION:

NKA ☐

2/14/94 may want to comp Weg 30' p chng #78 4A 2/14/94
warning medication -

W.D. Nelson / Hickman

2/14/94 may want to comp Weg 30' p chng #78 4A 2/14/94
W.D. Nelson / Hickman

2/14/94 may want to comp Weg 30' p chng #78 4A 2/14/94
W.D. Nelson / Hickman

2/14/94 may want to comp Weg 30' p chng #78 4A 2/14/94
W.D. Nelson / Hickman

2/14/94 may want to comp Weg 30' p chng #78 4A 2/14/94
W.D. Nelson / Hickman

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PHYSICIAN'S ORDERS



a U.S. Health affiliate

Columbus, Ohio

402800157 000540500
ARREN, RICK 20Y
UNKNOWN, OH 44820
IN FALCONE
LSP LOW DATE 02/13/01

PHYSICIAN'S ORDERS

DATE/TIME	PHYSICIAN'S ORDERS	INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.
-----------	--------------------	---

FIRST / SECOND Call
circle one

Dr.

Physician(s) or Group

②

Phone or Pager #

FIRST / SECOND Call
circle one

Resident

Service

②

Pager #

ALLERGIES/REACTION:

NKA ☐

2/14 ② Altered 1-2 mg IV q 1-2^o prn agitation

Chlorazepate 2/14/94 0151

Ronald M. P.

Wally Hosen

2/14 ② FIO₂ to 40% #50
T.O. Dr. HOSS / J. Hosen

Chlorazepate Hae 0415 2/14/94 Ronald M. P.

2/14 ② Ventolin nebulizer per resp q 4^o ATC ② 2/14/94
Unit dose
Ulin 1200 2/14/94

2/14 ② add PEEP = 5 cm H₂O and PVI = 7 to Vent settings ② 2/14/94
↓ MIV to 180 CC^o and Δ to DS/45NS ± 20 KCl/L
repeat K⁺ @ 1400 today #75
↓ FIO₂ to 30%
↓
APG 30 min p vent

2/14 ② DC EKG
C, T + L-S spines this a.m. #76 Cordillo MD
Valium 10mg IV q 8^o prn spasms/cramps

2/14 ② Panorax + mandible series today #77 Cordillo

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2/14/94 - 1220

309A

PHYSICIAN'S ORDERS



GRANT
MEDICAL CENTER

a U.S. Health affiliate

Columbus, Ohio

000340500
JARRON, RICK 20Y
UNKNOWN,
LUCYRUS, OH 44820
IR FALCONE
C/P ADM DATE 021394

PHYSICIAN'S ORDERS

DATE/TIME	PHYSICIAN'S ORDERS	INDICATE WITH "THIS BRAND ONLY" IF AN EQUIVALENT PER HOSPITAL FORMULARY MAY NOT BE DISPENSED.
-----------	--------------------	---

FIRST / SECOND Call circle one Dr. _____ Physician(s) or Group _____ Phone or Pager # _____

FIRST / SECOND Call circle one Resident _____ Service _____ Pager # _____

2/13/94

ALLERGIES/REACTION:

NKA ☒

POST-OP ORDERS

- 1 Resume Trauma Orders
- 2 S/p Expl. Lap
- 3 Cend - fem
- 4 VS - q 1st #42
- 5 NPO ^{#34} NG - SLWS folly → str. diet #43
- 6 IV D5LR @ 150 cc/hr.
- 7 1 Axillary drain → self suction #44
- 8 Heparin 5000u SC q 12^h
- 9 Pneumatic compression stockings - thigh high #45
- 10 Timentin 3.1 gm IV q 6^h
- 11 Labs / meds per Trauma orders. #46
- 12 Maintain C-collar.
- 13 OK to remove backboard. #47
- 14 FIO2 50%, TV 900, 100W Portap 7 TPA 100

*Marking the
Hydro B-Gal*

Johnston

[Signature]

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PHYSICIAN'S ORDERS
 **GRANT**
 MEDICAL CENTER
 a U.S. Health affiliate
 Columbus, Ohio

402800137 000540500
 ARREN, RICK 20Y
 UNKNOWN
 LUCYRUS, OH 44820
 IR FALCONE
 LSP ADM DATE 021304

309A

DATE	TIME
------	------

PHYSICIAN'S ORDERS

Page 1 of 4

TRAUMA STANDING ADMISSION ORDERS

FIRST / SECOND Call circle one Dr. _____ Physician(s) or Group Phone or Pager #

FIRST / SECOND Call circle one Resident _____ Service Pager #

ALLERGIES/REACTION:

NKA ☒

Instructions: Line out any orders which do not apply.

TRAUMA ROOM

1. RADIOLOGY:

- ☒ a. C-spine series (Cross-table lateral, AP, obliques, open mouth odontoid)
- ☒ b. Chest
- ☒ c. KUB
- ☒ d. Pelvis
- f. Other:

2. LABORATORY - STAT:

- ☒ a. CBC, Chem 8, PT, PTT, ETOH, UA, Toxicology screen
- ☒ b. ABG
- ☒ c. Type and screen
- d. Peritoneal lavage fluid for: RBC, WBC, Amylase, Bile, Gram Stain

3. PATIENT CARE: Transfuse 4 units Type O blood

4. MEDICATIONS:

- ☒ a. Tetanus /diphtheria 0.5 cc IM
- b. Antibiotics
- ☒ 1. Cefazolin (Ancef) 1 gram IVPB
- ☒ 2. Cefoxitin 1 gm IVPB

5. ADDITIONAL ORDERS:

ADMISSION ORDERS: Admit to Dr. Falcaro

1. RADIOLOGY:

- ☒ a. Portable chest x-ray q AM x 3 if in SICU
- ☒ b. CT Head
- c. Complete the full C-spine series (Cross-table lateral, AP, obliques, open mouth odontoid)
- d. Complete thoracic, lumbar and sacral spine x-rays

Physician Signature: Wally Hoss

Addressograph

TRAUMA STANDING ADMISSION ORDERS

PHYSICIAN'S ORDERS



a U.S. Health affiliate

Columbus, Ohio

SG-0191.01

White - Chart Copy

Canary & Pink - Pharmacy Copy

9402800157 000540500
TRAUMA UNKNOWN 94Y
ACCOUNT NUMBER 9402800157
DATE 02/11/94
SVC IMA FC SP

Page 2 of 4

FIRST / SECOND Call
circle one

Dr

Physician(s) or Group

Phone or Pager # _____

FIRST / SECOND Call
circle one

Resident

Service

Page #

ALLERGIES/REACTION:

NKA

Instructions: Line out any orders which do not apply.

2. LABORATORY:

- a. MI panel.
 (b) First Post Trauma Day - CBC, Chem 12, UA, H/H q 6 hr X 4
 Then CBC, Chem 8 q AM x 2
 c. ~~HCG qualitative~~
 d. ~~Type and Cross~~ _____ units

3. ECG:

- ☒ a. ECG ~~qd x 3~~
- ☒ b. Continuous ECG monitor

4. RESPIRATORY THERAPY:

- a. Ventilator: Mode FIO_2 TV RR PEEP
 b. O2 4 l/m Titrated to SaO2 92%
 c. ABG 20 min $\bar{p}$ each ventilator change
 d. Pulse oximeter - notify MD if saturation $< 94\%$
 e. Pulmonary toilet:
 3. Incentive Spirometry
 4. Cough/deep breathe q
 f. Bronchodilators:

AC 10 602 40 70 TV 800
reeps. 1/14/94

5. DIET:

NPO. #39

6. PATIENT CARE:

RESPIRATORY:

- ~~a. Chest tube to 20 cm suction - notify physician if drainage > 200 cc/hr x 2h or large air leak~~

Physician Signature: _____

Wally Brown

~~TRAUMA STANDING ADMISSION ORDERS~~

PHYSICIAN'S ORDERS



GRANT
MEDICAL CENTER

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Columbus, Ohio

SG-0191.01

White - Chart Copy

Canary & Pink - Pharmacy Copy

Addressograph

~~9402800157~~

000540300

DOE, TRAUMA

444

UNKNOWN

XX 000 00

[illegible]

53

AGE DATE 02/19/94

34 143

FC SF

DATE	TIME
------	------

PHYSICIAN'S ORDERS

Page 3 of 4

TRAUMA STANDING ADMISSION ORDERS

FIRST / SECOND Call circle one	Dr. _____ Physician(s) or Group	• _____ Phone or Pager #
FIRST / SECOND Call circle one	Resident _____ Service	• _____ Pager #

ALLERGIES/REACTION:

NKA 

Instructions: Line out any orders which do not apply.

CARDIOVASCULAR:

- ☒ a. Cardiac monitor - notify physician if HR > 120 < 60
- ☒ b. Arterial line - notify physician if systolic BP < 100 > 180
- ☒ c. Swan-Ganz parameters:
- ☒ d. Hemodynamic parameters:
- ☒ e. Echocardiogram
- ☒ f. DVT prophylaxis: Compression stockings TED hose

NEUROLOGICAL:

- ☒ a. Neuro checks q _____
- ☒ b. Elevate HOB 30 - maintain head midline
- ☒ c. Maintain cervical immobilization
- ☒ d. Remove from backboard - logroll only

GASTROINTESTINAL:

- ☒ a. NG output q1h - hemostix q shift
- ☒ b. Surgical drains:

RENAL:

- ☒ a. Intake and output - notify MD if UO < .5cc/kg/h
- ☒ b. Foley to straight drain - record UO q1h
- ☒ c. Catheter care q6h

INTEGUMENT:

- ☒ a. Clean wounds bid with 1/2 strength peroxide and apply Bacitracin ointment
- ☒ b. Central line dressing changes per protocol
- ☒ c. Decubitus prevention measures:

[Handwritten signature]

Physician Signature:

TRAUMA STANDING ADMISSION ORDERS

PHYSICIAN'S ORDERS



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SG-0191.01

White - Chart Copy

Canary & Pink - Pharmacy Copy

Addressograph

9402800157 000540500
 00E, TRAUMA 94Y
 UNKNOWN
 11 10A, DR
 62 ADM DATE 02/13/94
 5YC TRA FC SP

DATE	TIME
------	------

PHYSICIAN'S ORDERS

Page 4 of 4

TRAUMA STANDING ADMISSION ORDERS

FIRST / SECOND Call circle one Dr. _____ Physician(s) or Group Phone or Pager #

FIRST / SECOND Call circle one Resident _____ Service _____ Pager #

ALLERGIES/REACTION:

NKA

Instructions: Line out any orders which do not apply

5. CONSULTATIONS:

a. ~~Neurosurgery:~~

b. ~~Orthopedics:~~

c. Physical Medicine:

d. ~~Social Service:~~

e. ~~TPN:~~

f. Other: Plastic Surgery - already called & scheduled

6. MEDICATIONS:

a. IV fluids: D5LR @ 150 cc/hr.

b. Sedation: Versed 1mg IV q 60 min

c. Analgesics: MSO4 1-5 mg IV q 20 min pain.

d. ~~DVT prophylaxis:~~

e. Carafate 1 gm q6h per-NG

f. Other: enter Prochlorperazine 10 mg IV q 80 min for nausea & vomiting. Timentin 3.1 gm IV q 60

7. ADDITIONAL ORDERS:

Physician Signature/Date:

Wally Brown

Addressograph

TRAUMA STANDING ADMISSION ORDERS

PHYSICIAN'S ORDERS



Columbus, Ohio

SG-0191.01

White - Chart Copy

Canary & Pink - Pharmacy Copy

402800157 000340500
DOE, TRAUMA 94Y
UNKNOWN
ADMA, DR XX 000 00
EQ ADP DATE 03/13/94
SVC IHA FC SP

DATE		2-20-94						2/21						2/22						2/23						2/24						
Hour		24	04	08	12	16	20	24	04	08	12	16	20	24	04	08	12	16	20	24	04	08	12	16	20	24	04	08	12	16	20	
TEMPERATURE ° OF	104°																															40°
	103°																															39.4°
	102°																															38.8°
	101°																															38.3°
	100°																															37.7°
	99°																															37.2°
TEMPERATURE CELSIUS	98°																															37°
	97°																															36.6°
	96°																															36.1°
																																35.5°
PULSE	140																															
	130																															
	120																															
	110																															
	100																															
	90																															
RESPIRATION	80																															
	70																															
	60																															
	50																															
	40																															
BLOOD PRESSURE	130/78																															
	140/90																															
	142/74																															
	120/82																															
	140/90																															
	138/84																															

GRAPHIC - BASIC DATA RECORD



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Patient Care Services
Columbus, Ohio

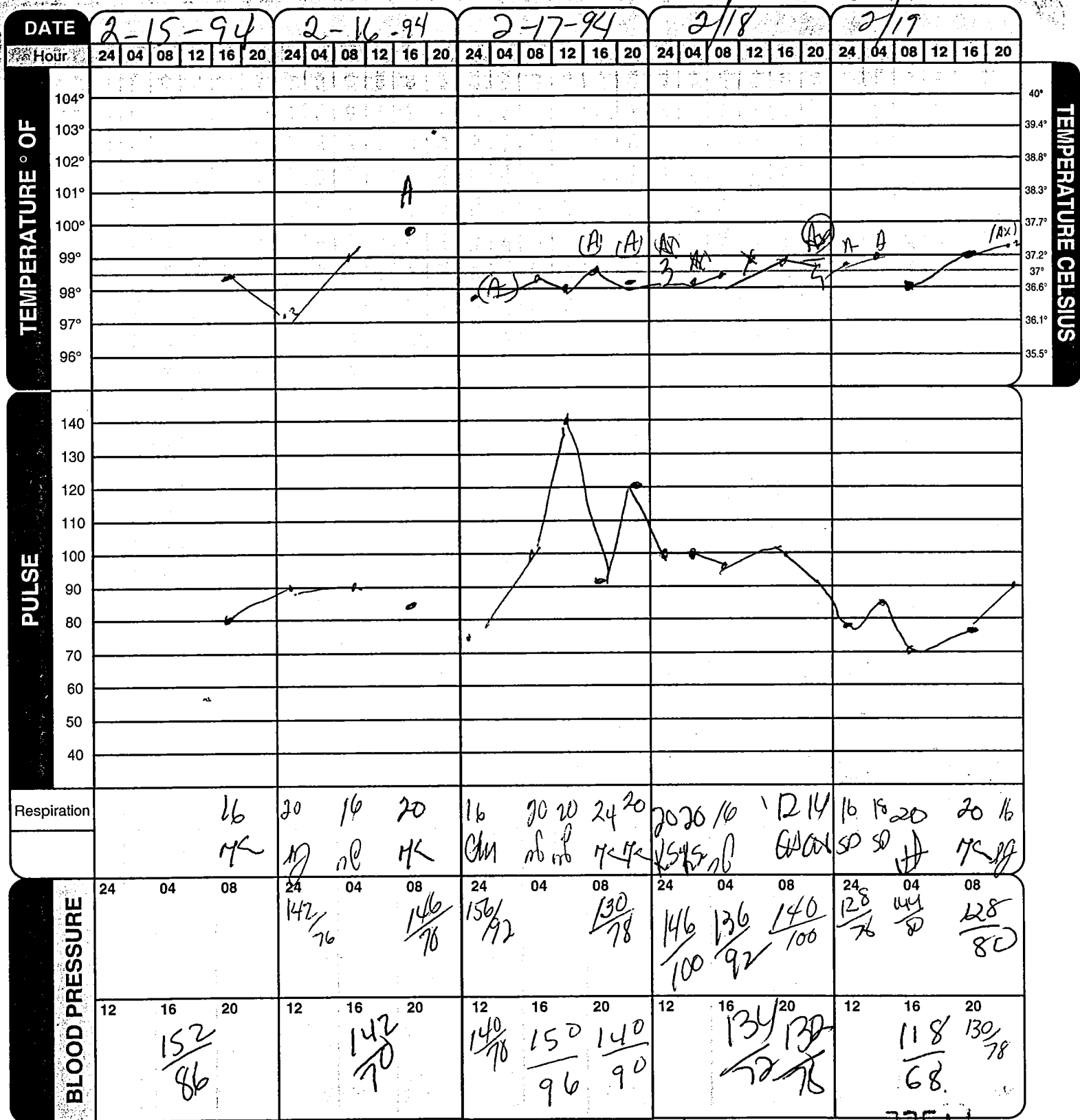
106-0410-0741 C

Addressograph

3402800157 000540500
 WARREN, RICK 20Y
 1330 EAST COMER AVENUE
 BUCYRUS OH 44820
 175 FALCONE, ROBERT E
 I/P ADM DATE 02/13/94
 SVC TRA FC SP

DATE	2/20	2/21/94	2/22/94		
WEIGHT					
GIRTH					
STOOL					
GUAIAC					
URINE SPECIFIC GRAVITY					

Times		22-06	06-14	14-22	22-06	06-14	14-22	22-06	06-14	14-22	22-06	06-14	14-22	22-06	06-14	14-22
I N T A K E	Oral		1400	5800	300	400	600	NPO								
	I.V.	931	360													
	I.V. Piggyback															
	T.P.N.															
	Tube Feeding															
Blood:																
8 Hr. Total		931	11760		300		600									
24 Hr. Total				cc.		1300	cc.			cc.			cc.			cc.
O U T P U T	Urine	140	600+	BRP	BRP	BRP	DRP	530								
	Emesis		BR XS													
	N/G Tube															
C.B.I. in																
C.B.I. out																
Net Urine																
8 Hr. Total		140	600+	BRP	BRP	BRP	530									
24 Hr. Total				cc.		cc.		cc.		cc.			cc.			cc.



GRAPHIC - BASIC DATA RECORD



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Patient Care Services
Columbus, Ohio

106-0410-0741 C

9402800157

WARREN, RICK
1530 EAST COMER AVENUE

BUCYRUS OH 44820

175 FALCONE, ROBERT E

I/P

ADM DATE 02/13/94

ENC TOA

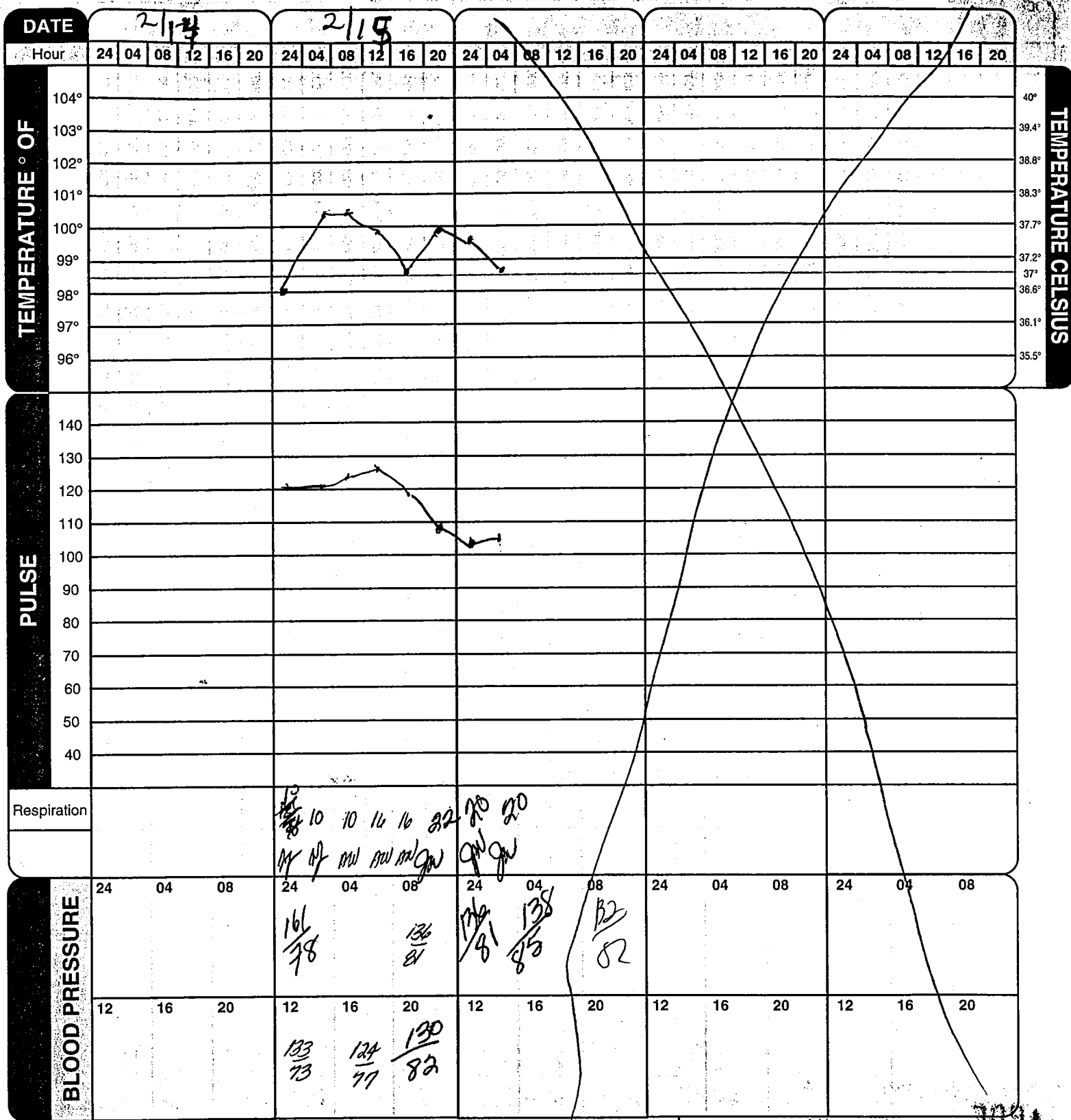
ENC SP

Addressograph 735A

000540500

20Y

Times		22-06	06-14	14-22	22-06	06-14	14-22	22-06	06-14	14-22	22-06	06-14	14-22	22-06	06-14	14-22
I N T A K E	Oral															
	I.V.															
	I.V. Piggyback															
	T.P.N.															
	Tube Feeding															
Blood:																
8 Hr. Total																
24 Hr. Total		cc.			cc.			cc.			cc.			cc.		
O U T P U T	Urine															
	Emesis															
	N/G Tube															
C.B.I. in																
C.B.I. out																
Net Urine																
8 Hr. Total																
24 Hr. Total		cc.			cc.			cc.			cc.			cc.		



GRAPHIC - BASIC DATA RECORD



GRANT
MEDICAL CENTER

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Patient Care Services
Columbus, Ohio

106-0410-0741 C

Addressograph

304A

000000137 000000000
APRIL, 1987 10Y
UNKNOWN
OCTOBER, 1987 11820
R. FALCONE
ANN DATE 021304

[illegible]

PHYSICAL EXAMINATION

BP 110/10	T	P 104	R	Height 6'4"	Weight 200#	Age 23
General Statement A-3 & 3						
Approximate, Cooperation						

BODY SYSTEMS

Within Normal Limits	GENERAL STATEMENT	COMMENTS (Required for all findings that do not fall within normal limits.)
✓	INTEGUMENTARY Normal color, pigmentation. Free of scars, lesions. Warm, good turgor. Normal texture. Hair and nails normal.	
	HEAD/NECK Head - Normocephalic. Face symmetrical. Eyes - PERRLA, EOMI. Fundus without hemorrhage or exudate. Ears - External ear normal. TM's intact. Hearing normal. Nose - Nasal passage patent. Mucosa normal. Mouth - Lips and mucosa normal color without lesions. Normal dentition. Neck - Supple. Trachea midline, no thyromegaly, or palpable adenopathy.	GSW @ Mandible = R
✓	BREASTS No tenderness, skin changes, masses, palpable adenopathy, or nipple discharge.	
✓	RESPIRATORY Thorax development and chest excursion symmetrical. Lungs clear to auscultation and percussion.	
	CARDIOVASCULAR Regular rate and rhythm. No murmurs, rubs, or gallops. Carotid, radial, femoral, and pedal pulses palpable and equal bilaterally. No JVD, bruits, edema, or varicosities.	Poss Trunc Damage Rxn DP/DTC/DLC
✓	ABDOMEN Symmetrical. Bowel sounds normal. Soft with no tenderness, masses, or organomegaly. No palpable hernia, adenopathy, or CVA tenderness.	
	MUSCULOSKELETAL Extremities equal with normal ROM. No tenderness, swelling, or joint deformities. No kyphosis or scoliosis.	GSW @ Pelvis, Lat Chest Buttocks
✓	NEUROLOGICAL Alert and cooperative; oriented x 3. Recent and remote memory intact. Gait and station normal. Cranial nerves II - XII grossly intact. Motor and sensory functions grossly intact. No weakness or paralysis. No involuntary movements or abnormal postures.	
✓	PSYCHOLOGICAL Appropriate mood affect, observation.	
✓	GENITOURINARY Normal penis and scrotum. Testes without tenderness or masses. Prostate nontender and symmetrical.	
MA	PETVIC Normal genitalia. Uterus and cervix nontender, normal in size and appearance. No adnexal masses. PAP PERFORMED ☐ YES ☐ NO	
✓	RECTAL No tenderness, hemorrhoids, fissures, masses. Stool guaiac negative.	

Impression/Plan:

GSW x IV

- TO G.R. - Lat / Groin Explore

- Mandible Rx - Pelvis to See

Examiner [Signature]	Date 2/17/99	Attending Physician	Date
----------------------	--------------	---------------------	------

STORY

PATIENT NAME <u>RICK WARREN</u>		DATE OF EXAM		DATE OF SURGERY	
DIAGNOSIS <u>G SW X IV</u>					
CHIEF COMPLAINT			CURRENT MEDICATIONS/DOSAGE		
HISTORY OF PRESENT ILLNESS If additional space is needed, utilize progress note.			7		
PT STATES HE WAS WATCHING TV R HOME WHEN AN ^{ARMED} PERSON OF THE CIRCUMFERENCE ENTERED & SHOT HIM 4 X'S.					
PAST MEDICAL HISTORY: To include surgeries; hospitalizations; chronic conditions; emotional illness; communicable diseases; immunizations for adolescents.			ALLERGIES/TYPE OF REACTION		
?			NONE		
			PREVIOUS ANESTHESIA/DRUG REACTIONS		
			Transfusion Complications:		
			Bleeding Tendencies:		
REVIEW OF SYSTEMS			FAMILY HISTORY AND RELATIONSHIPS		
Integumentary:					
EENT:					
Cardiopulmonary:			☐ Arthritis		
Genitourinary:			☐ Asthma		
Gastrointestinal:			☐ Cancer		
Musculoskeletal:			☐ Diabetes		
Neurological:			☐ Heart Disease		
Endocrine:			☐ Hypertension		
Emotional:			☐ Tuberculosis		
SOCIAL HISTORY		Race	Marital Status	Religion	Occupation
Emergency Contact		Tobacco	PPD X YRS	Caffeine Amt	Mood Altering Drugs
Alcohol Amt	Diet	ADL		ADDRESSOGRAPH	
		☐ Independent		☐ Dependent ☐ Lives Alone	

HISTORY AND PHYSICAL EXAMINATION



GRANT
MEDICAL CENTER

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COLUMBUS, OHIO

TRAUMA NUMBER: 540500

ACCOUNT NUMBER: 9402800157

Date	Each Note should be signed	Progress Notes
2/21/94		Social Service; I am continuing to follow along. Jody Bush, L.D.S.W.
2-21-94	Liaison Psychiatry Service	
1440	Pt. eval. written consult to follow	further info, M.D., R.N., C.S.
	Refers consult for complete evaluation.	Ry. H. H. H. L.S.W.
	Pt given written information: Adult Mental Hlth. Center, Indianapolis, Ind.	1-317-882-5122

Progress Notes



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Addressograph

007800117 000340300
 GREEN, RICK 201
 UNKNOWN
 MICYROS, OH 44870
 IN FALCONE
 1000 DATE 1994

3091

Date	Each Note should be signed	Progress Notes
2/19	T/S	pt doing better, still minimal p.o. intake VSS afebr abd - soft + ⊕ BS DBM yet wound clean some drainage (serosangu) from chest A/P: fleets enema needs better p.o. intake Cordell
2/20/99	T/S	pt Bim well - DBM x 11 days A+O x 3 - n/a L-CRT App 3/15 (H) DJ Enema P.O. Intake Wound clean Brodsky M/S
2/21/99	T/S	afetate A+O x 3 abdomen soft gain wound clean Tolerate p.o. Tylenol #3 pr pain Ankylosis D/C known abdomen Renal stones known Nephritis Brodsky M/S #4210

Progress Notes



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Columbus, Ohio

Addressograph

309A

Progress Notes

Date	Each Note should be signed
2/17/94	T/S S No lymphatics Tolerated clear, @ flabs 0 afebrile abd soft, incision clear AIR ① GSW, mandible fx - Conting clear for man - Conting antrolution <i>J. B. [Signature]</i>
2/18/94	T/S S No lymphatics ENIV, @ flabs @ BM 0 afebrile AIR ① GSW, mandible fx - @ wound p. o. with 2° to pain - M.O.M. (GBM) - Encourage p. o. with <i>J. B. [Signature]</i>

PLEASE PLACE ON PHYSICIAN'S PROGRESS NOTES
AUTOMATIC STOP OF INTRAVENOUS ANTIBIOTIC

Patient Rick Warren Room # 235

Imiculin 3.1 2/20 2200

Antibiotic Last Dose

Continuation requires a physician's renewal order on the Intravenous Antibiotic Order Form

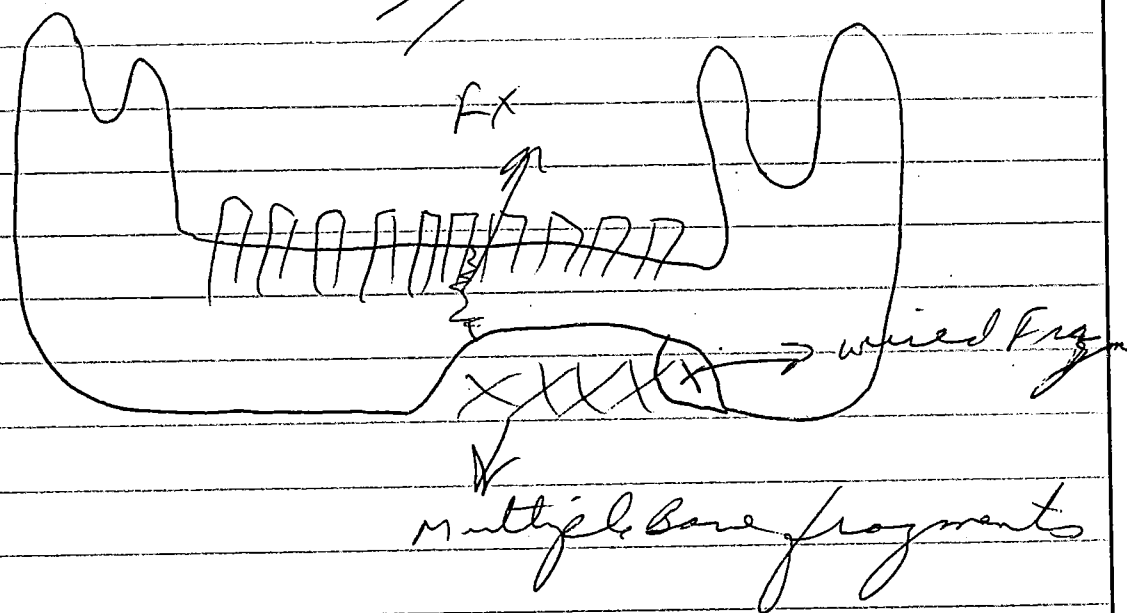
Please consider: 1) Oral Antibiotic Therapy 2) Home Antibiotic Therapy

106-0440-5600A Pharmacist M Date: 2/18

Addressograph



2400157 003540500
 J. B. [Signature] 20Y
 UNKNOWN
 CYRUS, OH 44820
 IN FALCONE
 L/P ADM DATE 021194

Date	Each Note should be signed	Progress Notes
2/15	Surgeon B	Prop Dx: GSW of Face Postop Dx: Same + Mandible FX Injury: Bruise Procedure: ORIF of Mandible + debridement of Mandible IMF  FX XXXXX → wired fragment multiple bone fragments

Progress Notes



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Columbus, Ohio

Addressograph

432830157 003340500
WARREN, RICK 20Y
UNKNOWN
MUCYRUS, OH 44820
DR FALCONE
ADM. DATE 02/13/91

VOW DATE 051388
 B L V E J W DATE 051388
 NCAB02: RE OH 051388
 AKW000

Date	Each Note should be signed	Progress Notes
2/14/94	T/S	
7:20	S Responsive	
	$\odot$ Temp 100.3 lungs no wheezes A/P CSW post op Patient remains intubated pending mandible evaluation - No groin wound found in O.R. - Maintain IV to maintain - Add PEEP to vent, $\downarrow$ P_{FiO₂} to 20% - JLT-L-S for C-spine, to clear - H₂ action, continue aerosols Z Brothman	
2/14/94		Social Service: Consult received & chart reviewed. will complete consult as a P. Jody Bush, LISA
2-15-94	T/S	
	Pt. extubated $\odot$ flatus Temp 99.7 abd soft, incision clean, $\oplus$ BS face no edema around jaw lungs CTA A/P: to OR today for OR exploration of mandible & possible ORIF - Collar removed however spine not cleared - Extubated yesterday, no problems - Transfer to floor after O.R. today Cordell	



Addressograph
 02300197 010549500
 GREEN, RICK 201
 UNKNOWN
 MICRUS, OH 44620
 R FALCONE
 A/P ADM DATE 02/15/94

PROGRESS NOTES

Date	EACH NOTE SHOULD BE SIGNED
2/14/74	T/S Post Op
0115	Pre-op Pt: GSW x IV
	Post-op Pt: Same E Fem Vn Int / Fr Mammal
	Procedure: Lnc / GSW Expl - E Removal of
	Femur Vn (L)
	Remove GSW chest sites x 111
	Se: Dr Falcone / Dr Young / Dr Hse
	Flo: EBL - ~200 cc / PRBCs - 2U
	Urine - 1400 cc / PLASMA Lys - 2500 cc
	Comp: Ø
	Comm: Spade → SICU
	Drain: (L) Hemo → self suction

Dr Falcone / Dr Young
J. B.

309A

00130137 002540500
ADEN, PICK 20Y
UNKNOWN
UCYROS, OH 44820
IR FALCONE
L/P ADM DATE 021304

PROGRESS NOTES

Progress Notes

STAFF ADMITTING INFORMATION:

Admitting Diagnosis/Reason for Hospitalization:

2-13-94

GSW FRO, C1A7 W30
F1A12

Plan of Care:

Plan Explor ASA

Signature:

[Signature]

2-13-94

2346 00 slip GSW

RHO - Amended F2

Left - Thigh (L) Epiz chn +

ASA - Insulin L Buttock

EMT L arm

Car - no blood

Boat - NI New car

(L) Arm, leg

↓ pulse L leg

NI pulse R arm

Exp GSW + 4

Plan Explor test

Chit box (L)

PS consult R Pac

Progress Notes



GRANT
MEDICAL CENTER

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Columbus, Ohio

Addressograph

440220015

ONE, TRAUMA

UNKNOWN

UNKNOWN

1294 TRAUMA, DR

ED

SVC TRA

XX 000 00

ADM DATE 02/13/

FC SP

#540500

MULTIDISCIPLINARY PROGRESS NOTES

Page No.

Date	
2/18/94	Nutrition Flv: See initial consult 2/16/94. Diet Rx: clear liquid - advance to pureed & Ensure tid ^{Ensure tid} common full liquids & pureed & Ensure tid. Caloric counts initiated today. Pt is poor intake - will not drink milk, cream soups. Drinking primarily fruit punch, a little Ensure. Plan - Will add Citraton x2 to each meal (total ~ 1008 kcal, 59 gm protein). Encouraged pt to drink Ensure tid (total ~ 750 kcal, 27 gm protein) (Family also to continue encouragement). Additional foods/fluids as pt will accept - ie blended chicken, noodle soup, juice. Caloric counts to be posted in graphics. — N. Miller MD?
2/21/94	Nutrition Flv: Caloric counts - see graphics. 2/20 - consumed ~ 1773 kcal (~ 59% est need) 53 gm protein (~ 59% est need). Is consuming Citraton & Ensure supplements & problems. Plans in progress for D/C tomorrow. Revised Wisc-Jaw diet instruction - stressed need to consume ↑ fluids/blended foods to provide adequate kcal/pro - suggested 2-6 sm. meals/d. Suggested continue to supplement - either Ensure, Instant Breakfast, Protein Slakes. Encouraged call RD per question - name / # provided. N. Miller MD?

MULTIDISCIPLINARY
PROGRESS NOTES
GRANT MEDICAL CENTER
COLUMBUS, OHIO

ADDRESSOGRAPH

8402800157
Warren, Rick

Consultation Request to Dr.: Psych. Res.	Specialty:	Date/Time Notified: 2/21/94 0900	Person Notified:	HUC Initials:
REASON FOR REQUEST: - Assault / Gunshot wound		☐ Consultant Not Available Attending Physician Notified: _____		HUC Initials:

Thank You for This Consult
Mellie Woods, MS, RN, CS

REQUESTED CONSULTANT RESPONSE TIME and NOTIFICATION PROCEDURE

☐ STAT/Urgent (Requesting physician to contact consultant) ☐ Prior to procedure/surgery on ____/____/____ at ____:____ AM PM
☐ Routine ☐ See after weekend/holiday

SCOPE OF CONSULT ☐ Evaluate only - Do not write orders ☐ Evaluate and follow

CONSULTATION NOTE:

This is a 20 year old, single, C, male who appears quite pale. The pt. was alert and oriented x4. Affect app. congruent to a euthymic mood. There was no evidence of an existing thought perceptual disorder. The pt. related hx/circumstances around the accident in a logical manner. The pt. denied suicidal/homicidal ideations. Some depression and "nervousness" admitted. No prob. appetite. The pt. reports diff. sleeping the night due to thinking. Memory and conc. appear = wnl. Fund of Knowledge adeq. The pt. engaged in appropriate eye contact. - appeared to think abstractly. Judgment and Intellectual insight app = fair.

The pt. is hosp'd under security X 8 days p being shot x4 (jaw, ribs, foot, buttocks) by a male who mortally wounded pt's girlfriend (Marcel) her aunt and 4 yr. old niece - Several other members (children) were shot. No loss of consciousness - reports "played dead". The pt. reports law enforcement theorized the shooting may have been drug related involving Marcel's bro. The pt. was able to make it to the restaurant across the street to summon help while still under gunfire. (-) MH hx (-) Subst. Abuse

The pt. had moved in c Marcel 2 mo. PTA and according to him ready to commit to ea. other. He denies feeling very depressed but reasons that "maybe it hasn't hit him yet". The pt's family appear supportive. Younger bro. was flown in by Red Cross to be c the pt/fam. Parents, from Indianapolis are returning to Ind. tomorrow to take him back c them if pt. is indeed o/cid. The pt. is un-employed - has performed a variety of positions - Pt. reports studied 6 mos. @ college (computer) - played sports at that school. Pt. reports moved from Indiana to Mansfield to stay c a friend - land lord would not honor this arrangement so pt. then began a co-habitation arrangement c Marcel. We have discussed a care arrangement at a MHC in order to cope c later stressors re: tragedy. C. Gale reviewed disp/tx card to pt. for Adult/child Mental Health ctr. 8320 Madison ave. Indianapolis Indiana 1-317-887-5133. Currently

Pt. app. dealing appropriately with stressors re: catastrophic loss of girlfriend, MS, RN, CS

CONSULTANT: Signature _____ Page # _____ Consultation completed: Date ____/____/____ Hour ____:____ AM/PM
 DISCUSSED WITH: Attending physician _____ Resident _____

CONSULTATION SHEET



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Patient Care Services
 Columbus, Ohio

White - Chart

Yellow - Attending

Pink - Consulting

Addressograph

735A

9402800157 000540500
 WARREN, RICK 20Y
 1530 EAST COMER AVENUE
 BUCYRUS OH 44820
 175 FALCONE, ROBERT E
 I/P ADM DATE 02/13/94
 SVC TRA FC SP

CONSULTATION SHEET

LIAISON PSYCHIATRY

IN HOUSE LIAISON PSYCHIATRY PLAN OF CARE

<u>Goals</u>	<u>Staff Responsible</u>	<u>Date</u>	<u>Completed Yes/No</u>
1. Initial Interview (MSE)	Muller Woods	2-21-94	YES
2. Provide linkage to a Mental Health Service in Parents Home locale	Muller Woods and Liaison Team	2-21-94	YES
	Adult/Child MHC Indianapolis, Ind		
3.			
4.			
5.			

Signature of Clinician: _____

Date: 735A

CONSULTATION SHEET



Columbus, Ohio

White - Chart Yellow - Attending Pink - Consulting

Addressograph:

9402800157
 WARREN, RICK
 1530 EAST COMER AVENUE
 BUCYRUS OH 44820
 175 FALCONE, ROBERT E
 1/P
 SVC TRA
 ADM DATE 02/13/94
 FC SP

000540500
 20Y

Consultation Request to Dr.: <u>Dietary</u>	Specialty:	Date/Time Notified:	Person Notified:	HUC Initials:
REASON FOR REQUEST:		☐ Consultant Not Available Attending Physician Notified: ____/____/____		HUC Initials:

Wired Jaw Diet

REQUESTED CONSULTANT RESPONSE TIME and NOTIFICATION PROCEDURE

- ☐ STAT/Urgent (Requesting physician to contact consultant)
☐ Routine ☐ See after weekend/holiday ☐ Prior to procedure/surgery on ____/____/____ at ____:____ AM PM

SCOPE OF CONSULT ☐ Evaluate only - Do not write orders ☐ Evaluate and follow

CONSULTATION NOTE:

Pt is a 23 y.o. ♂ in GSW X4 - s/p op of Mandible, POD #1
 Clearing diet ordered today to intake. Spoke to pt's
 Mother today who will be caring for pt and preparing his
 meals.

Ht: 6'4"

Wt: 200 lb

(BW: 202 lb)

Alb 2.6 ↓ d/sight to suggest moderate
 visceral protein depletion - suspect
 this is from fluid dilution.

Pt appears well nourished on admission however nutritional
 status compromised due to altered ability for per intake.

Estimated caloric needs: 3000 kcal/day (66 x 1.4)

Estimated protein needs: 90-110 gm/day (1.0-1.2 gm/kg)

Discussed T'd caloric needs + protein needs gave
 suggestions for blenderized food to recipes suggested
 supplements, instant breakfast etc. They understand
 importance of adequate caloric intake and have
 written info to my phone & in case they have questions.
 They also have a relative that is a dietitian who apparently will
 be able to assist them. Follow up as needed.

CONSULTANT: Signature _____ page # 2597 Consultation completed: Date 2/16/94 Hour 1400 AM PM

DISCUSSED WITH: Attending physician _____ Resident _____

CONSULTATION SHEET



GRANT
 MEDICAL CENTER

a U.S. Health affiliate

Patient Care Services
 Columbus, Ohio

White - Chart

Yellow - Attending

Pink - Consulting

Addressograph

1402800157

000540500
 20Y

JARREN, RICK

1530 EAST COMER AVENUE

TOCYNUS

OH 44820

175 FALCONE, ROBERT E

I/P

ADM DATE 02/13/94

SVC TRA

FC SP

Consultation Request to Dr.: <u>Powers / PM + R</u>	Specialty:	Date/Time Notified:	Person Notified:	HUC Initials:
REASON FOR REQUEST:		☐ Consultant Not Available Attending Physician Notified: ____/____/____		HUC Initials:

REQUESTED CONSULTANT RESPONSE TIME and NOTIFICATION PROCEDURE

☐ STAT/Urgent (Requesting physician to contact consultant)
☐ Routine ☐ See after weekend/holiday ☐ Prior to procedure/surgery on ____/____/____ at ____:____ AM PM

SCOPE OF CONSULT ☐ Evaluate only - Do not write orders ☐ Evaluate and follow

CONSULTATION NOTE:

Impression 23yo was admitted after multiple GSW involving @mandible, @groin, chest and abdomen. Major organs not affected and lower extremities, neurologically intact.

Plan: ① Bladder: dr Foley when appropriate, VPA xIII IF >50cc the IC, q6^o
 ② Bolusel; colace 100mg BID, Dacolax pr prn
 ③ DVT prophylaxis: PMS stockings
 ④ PT for ROM then ambulation when cleared
 ⑤ OT for UE ROM while intubated
 ⑥ Will Follow.

(Qjae)

HPI: 23yo was admitted 2/13 after multiple GSW involving Face, chest, Abdomen and Flank. Pt had ② Femoral Repair and Expl. Laprotomy. Bladder not affected and Bowel intact, Pt intubated. No major organs appeared affected. Is writing on command.

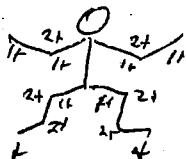
PE: A+O x3, conversion by writing

HEENT: PEELAT; EOMI, intubated

Neck: in collar

Ext: strength 5/5 in all muscle groups, all Ext.

Neuro: light touch and pinprick intact and symmetrical x @mandible



② Hoffmann

CW II-VIII, X-XII, intact; (CW X & XI 20 intubated)

CONSULTANT: Signature K. Powers pager # _____ Consultation completed: Date 2/14/94 Hour ____:____ AM PM

DISCUSSED WITH: Attending physician Powers Resident _____

CONSULTATION SHEET



a U.S. Health affiliate

Patient Care Services
Columbus, Ohio

White - Chart

Yellow - Attending

Pink - Consulting

Addressograph

309A

02900137 000540300
 ARREN, RICK 20Y
 UNKNOWN
 UCYRUS, OH 44820
 R FALCONE
 VP ADM DATE 021394

SOCIAL SERVICES CONSULTATION SHEET

Request for consultation by: Trauma Reason for referral:☒ Consultation only ☐ Reevaluation

Date 1-1-74 Age: 20 Sex: M Insurance: _____
 Information Source: ☐ Pt ☐ Family ☐ Chart ☐ Other _____
 Religious Preference: ☐ Prot. ☐ Jewish ☐ Cath ☐ Jehovah's Witness ☐ NRP ☐ Other _____

Admitting Diagnosis: _____ DATE OF SURGERY: _____

BACKGROUND:

Marital Status: ☐ Married ☐ Widowed ☐ Single ☐ Divorced ☐ Number/Age of Children: _____

Occupational History: _____

Military Service: ☐ Yes ☐ No ☐ N/AEducational History: ☐ Grade School ☐ High School ☐ College ☐ Post Graduate ☐ N/APt lives with: ☐ Spouse ☐ Children ☐ Significant Other ☐ Friend ☐ Alone ☐ ECF _____ ☐ Other _____Support Person (s): Phillip & Pam Warren Parents Lives with Pt? ☐ Yes ☐ NoHome Environment: ☐ Two-Story ☐ Trilevel If not ranch: Bedroom On ☐ First Floor? ☐ Second Floor?☐ Ranch Bathroom On ☐ First Floor? ☐ Second Floor?DME at home: ☐ Cane ☐ Walker ☐ Hosp Bed ☐ O2 ☐ Other _____ Where Obtained: _____Previous community home health services or agency involvement? ☐ Yes ☐ No Agency _____

PTA ADL: _____

Probable ability for self care after D/C: ☐ Independent ☐ Minimal Assistance ☐ Moderate Assistance ☐ Total CareSubstance Abuse: ☐ Yes ☐ No Problems NotedFinances: ☐ Assistance Needed ☐ No Problems Noted

Social Issues: patient was shot multiple x's by an unknown assailant.
Parents are here from Indianapolis & will be staying at the Holiday Inn, City Center (221 3281)

Education Deficits:

Plan of Care/Comments:

1. Discharge Planning
2. Checking Insurance
3. Emotional Support

CONSULTANT Signature: Jody Bush LSW pager# 2824 Consultation completed : Date 2/1/74 Hour 14 : 20 AM PMParticipants in plan of care: ☐ Pt ☐ Primary Nurse ☐ Physician ☒ Family ☐ Community Resources ☐ Other _____

Pt/caregiver _____ has been informed of plan of care.

SOCIAL SERVICES CONSULTATION SHEET



Social Services Department
Columbus, Ohio

White - Chart Pink - Social Services

Addressograph

309A

412920157 003540500
 ARREN, RICK 20Y
 UNKNOWN,
 UCYRUS, OH 44820
 R FALCONE
 7P ADM DATE 021394

Consultation Request to Dr.: <i>Bundge</i>	Specialty:	Date/Time Notified:	Person Notified:	HUC Initials:
REASON FOR REQUEST:		☐ Consultant Not Available Attending Physician Notified ____/____/____		HUC Initials:

REQUESTED CONSULTANT RESPONSE TIME and NOTIFICATION PROCEDURE

☐ STAT/Urgent (Requesting physician to contact consultant)
☐ Routine ☐ See after weekend/holiday ☐ Prior to procedure/surgery on ____/____/____ at ____:____ AM PM

SCOPE OF CONSULT ☐ Evaluate only - Do not write orders ☐ Evaluate and follow

CONSULTATION NOTE:

Pt = 65 w of Mandible - now for eval
of mandible

PE: through + through 65 w = entrance
under the chin + exit @ # @ Ramus
X-Ray show fx @ the mentum but
No injury into the mucosa + No
Bone instability - Will get X-Rays of
mandible + then plan ORIF of mandible
fx for tomorrow

CONSULTANT: Signature _____ page # _____ Consultation completed: Date ____/____/____ Hour ____:____ AM PM
 DISCUSSED WITH: Attending physician _____ Resident _____

CONSULTATION SHEET



a U.S. Health affiliate

Patient Care Services
Columbus, Ohio

White - Chart

Yellow - Attending

Pink - Consulting

Addressograph

309A

432800137 000540500
 ARREN, EICK 20Y
 UNKNOWN
 LUCYRUS, OH 44820
 DR FALCONE
 LSP ANN DATE 071104

OPERATIVE REPORT

Patient Name: Warren, Rick

Billing Number: 9402800157

Date of Surgery: 02/15/94

Room Number: 7W 735 A

Surgeon: JEREMY BURDGE, M.D.

MR Number: 000-540-500

Preoperative Diagnosis:

1. Gunshot wound to the mandible with mandible fracture.

Postoperative Diagnosis:

1. Same.

Operation:

1. Debridement of mandible.
2. Wiring of a small fragment of inner cortex of the mandible.
3. Intermaxillary fixation of the mandible.

Indications and Consent: This is a patient who suffered a gunshot wound of the mandible. He has an entrance wound just to the right of the menton and an exit wound over the left body of the mandible. On an x-ray, he had multiple comminuted fragments of bone from the mandible. His arch of his teeth was intact and, on physical examination, the mucosa was intact. There was a small amount of instability just between the central incisors of the mandible, but otherwise all of his teeth were stable, with no evidence of loose teeth or disruption of the mucosa. I explained to the patient that he needed open reduction and debridement of his mandible with fixation of the mandible in intermaxillary fixation, as well as possible fixation of any bone fragments which were large enough. He understands the procedure, as well as the risks, and agrees.

Procedure: The patient was taken to the operating room. After general anesthesia was obtained, I placed wires on his maxillary and mandibular teeth. I was careful to reapproximate the incisors back into their normal position with our arch bar. I then brought them up into intermaxillary fixation and found no evidence of malocclusion. I then checked the mucosa. There was no evidence of tears of the mucosa. I then made an elliptical incision around the entrance wound just below the right side of the menton. I came down onto the mandible and removed multiple fragments of copper sheathing from the bullet, as well as multiple small fragments of bone. There must have been at least 50 tiny, small fragments of bone measuring anywhere from 1-2 mm. all the way up to 1 cm. I was unable to find any significant fragments of bone to put back into position. I then opened up the exit wound in a similar fashion. I came down through subcutaneous tissue and identified multiple fragments of bone. Once again, there were multiple small fragments of bone. In this location, however, I was able to find a 2 cm. x 1 cm. fragment of bone along the inner medullary cortex of the mandible. I did not feel that I wanted to plate this since it would jeopardize the future reconstruction, but I did want to stabilize this fragment of bone as best I could. I, therefore, placed a wire through drill holes between the inner and outer cortex to snug them up together and to hold them in approximation. I

OPERATIVE REPORT

Page 1 of 2



111 SOUTH GRANT AVE
COLUMBUS, OHIO 43215

OPERATIVE REPORT

Patient Name: Warren, Rick

Billing Number: 9402800157
MR Number: 000-540-500

drilled 1 mm. drill holes and placed a 25 gauge dental wire through the inner and outer cortex to hold them together. I then continued to irrigate out the wound and remove all of the fragments of bone and necrotic tissue. I then irrigated out the wound one last time. I placed a Penrose drain into the depths of the wound and brought it out through the right submental incision. I then closed the muscle using interrupted 4-0 Vicryl sutures and closed the skin with interrupted 5-0 Prolene sutures. I closed the wound very loosely and left a large opening for the drain. I left the patient up in intermaxillary fixation and took him to the recovery room in stable condition. This patient will need a mandibular reconstruction with bone graft extending from the midline all the way across the left ramus, almost to the angle. Surprisingly, his teeth are intact and, except for his central incisor, there was no evidence of any loose teeth.

Signature: _____

Dict: JEREMY BURDGE, M.D.

D: 02/15/94

T: 02/16/94 7:46 P jca

Job ID #: 4445 Document #: 14064



111 SOUTH GRANT AVE.
COLUMBUS, OHIO 43215

OPERATIVE REPORT
Page 2 of 2

Hsh
9.6

ADMISSION

ASSESSMENT/REASSESSMENT

DISCHARGE

DATE 2-15-94 TIME 1130 PROCEDURE ORIF FACIAL FR. Application arch bar

Anesthesia ☒ General ☐ MAC ☐ Regional ☐ Epidural ☐ Caudal ☐ Spinal ☐ Local ☒ Side Rails Up ☒ ID Band

Airway Device ☒ None ☐ Oral out @ ☒ Nasal/NP out @ ☐ Trach. ☐ ET out @ ☒ BBS Equal/Clear ☒

Cardiac Monitor SR PMH NOI - contributory SLPG 35 Anesthesiologist Roh CRNA Ø

IV line site/Secure conditions/Solution Amt to count Additional fluids Time Additional fluids Time

(R) AC	☒ 05/12/20 KCL	600				
(L) AC	☒ LR	700				
(L) w/4	☒ A-line	Hb. 200				

Assess Dressings ☐ None Condition of suture line covered

Surgical site under (R) 5-ic of chin ☒ Dry ☒ Intact Drainage Ø

Surgical site ☐ Dry ☐ Intact Drainage

☐ Packing ☐ Dry ☐ Intact ☒ No visible non-surgical impairment to skin integrity

Drainage devices ☐ None NG to LWS ☒ patent Foley to SD ☐ patent ☐ patent ☐ patent

Temperature 96.8ax EBL Ø Position H-67 30 SCP.R

Activity	0= Moves 0 extremities voluntary or on command 1= Moves 2 extremities voluntary or on command 2= Moves 4 extremities voluntary or on command	ADM	15	30	45	60	75	Time
BP		115	120	125	130	135	140	145
Pulse		92	106	112	109	110	112	110
Resp.		20	18	14	12	14	14	14
SaO ₂ %		100	100	100	100	100	98	98
O ₂ %		98	98	98	40	RA	RA	RA
Circulation	0= B.P. ± 50 or P > 20 to preanesthetic level 1= B.P. ± 20-50 or P 20 to preanesthetic level 2= Stable B.P. & P. (minimum of 90 mm Hg systolic)	1	1	1	1	1	1	1
Neuro	0= No response to verbal/painful stimuli 1= Arouses to stimuli, drifts off to sleep 2= Awake, alert, oriented to time, place, person, events	0	0	1	1	1	2	2
Color	0= Cyanotic 1= Pale 2= Satisfactory	1	1	1	1	2	2	2
Totals		3	3	6	6	8	9	9

150/78 19 7 pre-PP 15.1

SUMMARY INTAKE AND OUTPUT

1200 ml IV OR	550 ml
9 ml blood products	
1200 Total OR	
400 ml IV PACU	
6 ml blood products	
400 Total PACU	
1600 Total fluids	550 Total

☐ Has not voided folley

☒ Inpatient-Transported per CPRT to 730A

Discharge time 1330 Report called to Sue

☐ Outpatient ☐ HOB gradually raised ☐ Discharge time

☐ Pt able to dangle without dizziness ☐ Transported to ASC per

Primary RN signature/initials Barbara P. Manning RD Date 2-15-94

Relief RN signature/initials Cassie Merkle RD Time 1130

Relief RN signature/initials Date 2-15-94

Reassess Dressings ☐ None Condition of suture line covered

Surgical site Chin ☐ Dry ☒ Intact Drainage MOD

Surgical site back ☐ Dry ☒ Intact Drainage MOD

☐ Packing ☐ Dry ☐ Intact ☒ No visible non-surgical impairment to skin integrity

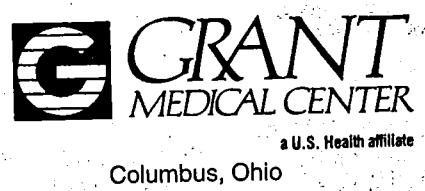
IV line site/Secure conditions/Solution Amt to count Discomfort Level Temperature

☐ None		☐ Denies	97.9
LAC ☒ Nasal		☒ Mild	
RAC ☐ D5LR	1000 TC	☐ Mod	
☐ <u> </u>		☐ Severe	

Cardiac Monit ST

Addressograph

Post Anesthesia Care Unit Record



9402800157 000540500
WARREN, RICK 20Y
1530 EAST COMER AVENUE
BUCYRUS OH 44820
175 FALCONE, ROBERT E
1/P ACM DATE 02/13/94
SVC TRA FC SP

Nursing Diagnosis	Expected Outcome/Eval.	Yes	No	N/A	Nursing Interventions/Documentation
☒ Potential impaired gas exchange. RT anesthesia	Patient will maintain stable respiratory status as evidenced by respiratory rate 10-28, satisfactory color and O ₂ saturation > 90%. Outcome achieved	CM			Reassess for adequate ventilation Stimulate patient by verbal/tactile stimuli Manual support of airway x _____ min. Suction as indicated Insert oral/nasal airway, In @ _____ Out @ _____ Ambu patient as necessary Assist with Reintubation Anesthesia _____ notified @ _____ Arrived @ _____ BBS ☐ Clear ☐ Equal Obtain ABG's as ordered Apply ventilator as ordered
☒ Alteration in comfort related to the surgical experience.	Patient verbalizes or exhibits no greater than mild discomfort on discharge. Outcome achieved	CM			Assesses/reassesses comfort level Provides comfort measures ☒ Warm blankets ☒ Repositioning Medicate as ordered Reassesses comfort level post intervention
☒ Potential fluid volume deficit related to NPO status and loss of body fluids.	Potential fluid volume will be maintained as evidenced by stable vital signs, intake/output. Outcome achieved	CM			Assesses/reassesses dressing, drainage devices, output, vital signs Maintain/infuse IV fluids per policy
☒ Potential for altered tissue perfusion, peripheral. related to A-line	Patient experiences no greater than slight edema and capillary refill time < 3 seconds on discharge. Outcome achieved	CM			Edema: Admission <u>2</u> Discharge <u>8</u> Capillary refill time: Admission <u>23</u> Discharge <u>53</u> Skin temperature: Admission <u>Warm</u> Discharge <u>Warm</u> Sensation: Admission <u>+</u> Discharge <u>+</u> Color: Admission <u>pink</u> Discharge <u>Normal</u> Pulses: Admission Right ☐ Radial ☐ Brachial ☐ Dorsalis Pedis ☐ Posterior tibial Left ☐ Radial <u>2+</u> ☐ Brachial <u>2+</u> ☐ Dorsalis Pedis ☐ Posterior tibial Discharge Right ☐ Radial ☐ Brachial ☐ Dorsalis Pedis ☐ Posterior tibial Left ☐ Radial <u>4+</u> ☐ Brachial <u>4+</u> ☐ Dorsalis Pedis ☐ Posterior tibial
☐	Outcome achieved				

TIME	MEDICATIONS	DOCUMENTATION
1130		staples intact to abd. numerous entrance & exit wounds noted on (L) side of chest. covered & dressed.
1230	MSO ₄ 3mg IV for C/O neck & mouth pain BTK	
1245		DDA line - applied pressure @ site x 5 min - site is scabbed over & swelling. Pulse 2+ BTK
1355		A LA IV to Agawell BTK
1360		Paged Dr. Goodell @ 4786 re chest drain BTK

1550 EAST COMER AVENUE
 BAYRUS OH 44220
 475 FALCONE ROBERT E
 ADM DATE 02/13/94

Surgical Procedure & Tissue Report

Surgery Date 2/15/94	Circulator M. O'NEAL RN	Operative room 04
Surgeon Name Dr. Hurdge	Instr. personnel T. Maloney CST	Pt. enters room 9:10
Assistants	Second scrub E. Murphy RN	Procedure started 9:35
Assistants	Relief personnel T. Lemaire RN	Procedure ended 11:25
Anesthesiologist Name Dr. Roth		Pt. exists room 11:30
CRNA		
Anesthesia Type Gen	Code	☒ Scheduled ☐ Emergency ☐ Wait List ☐ Cancelled ☐ Out Patient ☐ DOS ☐ Obs

Clinical Data	(Give sufficient data to promote maximum interpretation of pathology)
Pre Op Diag	(Must be given before surgery) GSW of Mandible ORIF of Mandible FX
Post Op Diag	Some
Op Name	ORIF of Mandible

Source of Spec	(Designate right, left, etc., if applicable) 1) Bullet Frag Removed 2/14/94 from jaw area to police 2) Bone Mandible
----------------	--

Counts	Raytec +10 +10 , Lg. Abdominal _____, Sm. Abdominal S , Dissectors _____ Neurological _____, Bulldogs _____, Suture Boots _____, U Tapes _____, R Tapes _____ Completed Count correct x 3 J. Malone ST
--------	--

Surgical Procedure & Tissue Report



Columbus, Ohio

402800157
 WARREN, RICK
 1530 EAST CORNER AVENUE
 DUCYRUS OH 43020
 175 FALCONE, ROBERT E
 ADM DATE 02/15/94

IMPLANT SHEET

Surgeon	Dr Byrd E.
Implant Type	grov b9rs x 2
Manufacturer	25 g wire Black ^{ETC} for x 10
Model	Size
Catalog or Reorder	
Lot / Serial #	
Expiration Date	5/21/2002 2/15/94
Comments:	

Implant Type	25 g wire
Manufacturer	ERICHOM
Model	Size 25 g
Catalog or Reorder	
Lot / Serial #	
Expiration Date	Still good 2/15/94
Comments:	Mandible

Implant Type	
Manufacturer	
Model	Size
Catalog or Reorder	
Lot / Serial #	
Expiration Date	
Comments:	

Implant Type	
Manufacturer	
Model	Size
Catalog or Reorder	
Lot / Serial #	
Expiration Date	
Comments:	

Signature Mark R. Mestres AL Date _____

Implant Type	
Manufacturer	
Model	Size
Catalog or Reorder	
Lot / Serial #	
Expiration Date	
Comments:	

Implant Type	
Manufacturer	
Model	Size
Catalog or Reorder	
Lot / Serial #	
Expiration Date	
Comments:	

[illegible]

Signature Mark R. Theodore AM

Date _____

Addressograph

IMPLANT SHEET



GRANT MEDICAL CENTER

a U.S. Health affiliate

Surgery
Columbus, Ohio

0470-0804

White - Chart

Canary - OR

44-02800157
WARREN, RICK
1530 EAST COMER AVENUE
BUCYRUS OH 44820
175 FALCONE, ROBERT E
I/P ADM DATE 02/13/94
SVC TRA

Anesthesia Record

Proposed OP TIME		Date	PHYS. STAT. 1 2 3 4 5 E
AGENTS			PREMEDICATION
Dose			
Fentanyl		1.5	
Propofol		200	
Vecuron		3	
Succinylcholine		60	
Nasuron		1/4	
Albuterol		1	
H/O			
SaO ₂		99 99 94 98 99 98 100	
ETCO ₂		45 45 45 45 45 45 47	
EKG		5.5 5.5 5.5 5.5 5.5 5.5 5.5	
O ₂ %		0.15 0.15 0.15 0.15 0.15 0.15 0.15	
TEMP		36.8 36.5 36.5 36.5 36.5 36.5 36.5	
u/o			
A Line		☒	
BLD WMR		☐	
K pad		☐	
Airway Humidifier		☐	
Swan-Ganz		☐	
Esoph Stetho-scope		☐	
Cell Saver		☐	
Rapid IV Infusion		☐	
ENDOTRACH.			
Oral #		1.0	
Nasal #		1.0	
Cuff		LTA	
Mask		☐	
Airway		☐	
Breath Sounds		☒	
Eye Care		☐	
Respirator		☐	
TV			
RR			
Note			
CODE: ●-● PULSE BP V-V SYSTOLIC A-A DIASTOLIC X-X ANESTHESIA ●-● PROCEDURE ① ② ETC. NOTES			
Position: Supine ☒ Lateral ☐ Prone ☐ Kidney ☐ Sitting ☐ T-Berg ☐ Multi-Surgeries ☐			
PROCEDURE(S)			
SURGEON(S)			
SIG/CRNA			
SIG/ANESTHESIOLOGIST			
Anesthesia Time			
Addressograph			
Warren, Rick			
ADMEN, RICK			
KNOWN			
UCYRUS, OH 44820			
IR FALCONE			
/P ADM DATE 02/13/94			

Equipment, drugs, and gas supply checked

NOTES

#16 Telco (+) intubated vein PRN
 (+) Radial A-line at 1 cm
 v O₂ by mask #7.0 - Ruc
 (+) nasal intubated 0 problems
 BB S
 D Pacillic 2 with 10 PRB
 2) tracheal 60 f 100

Total: EBL Urine
 IV Fluids: 1200 cc 309 A

START STOP

Anesthesia Record

Noted Cassie Maren 2-15-94

PRE-OPERATIVE

Date: 2-17-94 ; Time: 1400

LAB: _____

Hb. 10.7

Hct. 27

Electrolytes 44.6

Diagnosis: S/P GSW

Previous Surgery: my ortho h

Medicine: antibiotic intake PRN

Allergy: _____

Lungs: 7.39 41 213 92.0 intubated this AM

pt of asthma

X-Ray _____

Heart M

EKG _____

Metabolic: M

Intestinal: M

Neurological: M

Anesthesia of Choice: ☒ General Anesthesia ☐ Sedation ☐ Regional Class II

☒ Risks explained and accepted by patient

patient assured

[Signature]
(Signature)

POST-OPERATIVE

Date: 2/15/94 ; Time: 11:30

Post Anesthesia Care Unit Orders

1. Discontinue IV fluids when stable. (OP only)
2. For pain while in PACU 4-5 3-8 K2
3. Discharge from PACU PRN
4. Other _____

NOTES

BP _____ ; P _____ ; R _____ ; SaO₂ _____

T-piece 40% O₂
stable and alert

[Signature]

☒ No Apparent Anesthesia Complications

[Signature]
(Signature)

Addressograph

Anesthesia Record
Grant Medical Center

Columbus, Ohio

INTRAOPERATIVE NURSING NOTES

DATE 2/15/94

ASSESSMENT	SAFETY & SECURITY	SKIN INTEGRITY	SELF CONCEPT / COPING	OXYGENATION / CIRCULATION	COGNITION / PERCEPTION DEFICITS	ACTIVITY / REST
Arrived Holding <u>NA</u> NPO @ <u>2:45</u> ☒ Contacts/Glasses Removed ☒ Dentures Removed ☒ Jewelry Removed / Taped ☒ Prosthesis Removed ☐ Lab Data Within Normal Limits ☒ Abnormal Values / MD Notified ☒ NKA ☐ Allergic To _____	☐ Normal ☐ Red ☒ Edema ☐ Blister ☒ Abrasions ☒ Ecchymosis ☒ Drain / Catheter ☐ _____	☒ Alert ☐ Oriented, But Sedated ☐ Disoriented ☐ Lethargic ☐ Calm, Relaxed ☐ Anxiety (Mild, Moderate, Severe) ☐ Combative ☐ _____	☒ Regular ☐ Labored ☐ Assisted ☐ E.T.T./Trach/ Nasal Canula/Mask ☐ Oxygen _____ L/M ☐ _____ ☒ Assessment data reviewed and verified from Preoperative Nursing Care form.	☒ None ☐ Blind ☐ Deaf / Hard of Hearing ☐ Mute ☐ Language Barrier ☐ Hearing Aide Removed ☐ _____	☐ Normal ☐ Traction ☐ Paralysis ☐ Obesity ☐ Prosthesis ☒ Limited ROM ☐ Restraints ☒ <u>NA</u>	
Signature <u>[Signature]</u> Time _____						

Preoperative Comments NO Rob visited 11:19 JCG - M. [Signature]

☐ O2 Sat _____ Signature _____

NURSING DIAGNOSIS	EXPECTED OUTCOMES / EVAL.	YES	NO	N / A	NURSING INTERVENTION / DOCUMENTATION					
☒ High risk for injury related to inappropriate identification of patient.	Patient will undergo correct procedure performed by correct surgeon. Outcome achieved ☒	☒			Verify surgical site with patient Verify surgeon with patient Verify ID bracelet with patient Verify operative procedure with patient Signature <u>[Signature]</u>					
☒ High risk for anxiety related to impending surgery and unknown surroundings.	Patient will experience minimal anxiety while awake in O.R. suite. Outcome achieved ☒	☒			Provide quiet, comfortable O.R. atmosphere Remain at patient's side until anesthetized Explain procedures done in O.R. while patient is awake					
☒ High risk for infection related to surgical procedure.	Patient will experience an aseptic environment. Outcome achieved ☒	☒			Apply appropriate skin prep Monitor and enforce aseptic technique Check flash autoclave graph Check indicator strips <table border="1"> <thead> <tr> <th>Wound Classification</th> </tr> </thead> <tbody> <tr> <td>☐ Clean</td> </tr> <tr> <td>☒ Clean/Contaminated</td> </tr> <tr> <td>☐ Contaminated</td> </tr> <tr> <td>☐ Dirty</td> </tr> </tbody> </table>	Wound Classification	☐ Clean	☒ Clean/Contaminated	☐ Contaminated	☐ Dirty
Wound Classification										
☐ Clean										
☒ Clean/Contaminated										
☐ Contaminated										
☐ Dirty										
☒ High risk for injury / unplanned break in skin integrity related to ☒ Position ☒ Chemical ☐ Compression Devices ☐ Tourniquet Cuff ☐ Sequential Stockings ☒ Electro - Surgical Unit	Patient will be free of intraoperative injury as evidenced by no break in skin integrity due to position, chemical agents, compression and / or electrical equipment.	☒			Assess areas at risk related to positioning ☐ Lateral ☒ Supine ☐ Jackknife ☐ Prone ☐ Lithotomy ☐ Other _____ Apply appropriate padding and support devices ☐ Rolls ☒ Support ☒ Pads Electrosurgical equipment: Check pad / cord for expiration date and damage Choose a smooth fleshy pad site - avoid bony prominence Apply pad to clean dry skin that has minimal amount of hair Avoid spilling prep solution on or around pad site Reassess system if there are unusual requests for higher power Avoid wrinkled or wet sheets under patient Inspect tourniquet cuff integrity Test tourniquet cuff and tank pressures Pad tourniquet site _____ Reassess pressure points and ground pad when patient repositioned					

DOCUMENTATION	
☐ Tourniquet No. _____ Cuff up _____ Cuff down _____ Setting _____ ☐ K-thermia No. _____ Temperature _____	ELECTROSURGICAL GENERATOR No. <u>34</u> Cut <u>20</u> Coag. <u>20</u> No. _____ Cut _____ Coag. _____ SCD Settings: Ankle _____ Calf _____ Thigh _____
Outcome achieved ☒	

Addressograph

INTRAOPERATIVE NURSING NOTES

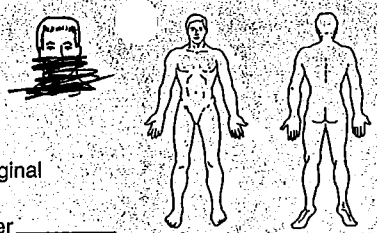


Surgery
Columbus, Ohio

9402800157
 WARREN, RICK
 1530 EAST COMER AVENUE
 BUCYRUS OH 44820
 175 FALCONE, ROBERT E
 1/P ADM DATE 02/13/94

ITEM LOCATIONS

1) Safety Strap = ☐
 2) Bovie Ground ☐
 3) Monitor Lead ☐
 4) Tourniquet +
 5) B/P Cuff ☐
 6) Skin Prep ☒ Oral ☐ Vaginal
 Prep Solution -
☒ Iodophor ☐ Sol ☐ Gel ☐ Other _____



SKIN INTEGRITY

	BEFORE				AFTER			
	Overall	Prep	Pad	Cuff	Overall	Prep	Pad	Cuff
Normal	☒	☒	☒	☒	☐	☐	☐	☐
Red	☐	☐	☐	☐	☒	☐	☐	☐
Edema	☒	☐	☐	☐	☒	☐	☐	☐
Blister	☐	☐	☐	☐	☐	☐	☐	☐
Abrasions	☒	☐	☐	☐	☒	☐	☐	☐
Ecchymosis	☒	☐	☐	☐	☒	☐	☐	☐

Time	Medication	Route / Dose	Dispensed By	Time	Medication	Route / Dose	Dispensed By
8:00	H ₂ O 50cc 100cc/kg	IV	ME				
1:00	170 xyllocain	local	ME				
	5 EPR 1:200,000						

NURSING DIAGNOSIS	EXPECTED OUTCOMES	YES	NO	N/A	NURSING INTERVENTION / DOCUMENTATION
5) High risk for injury related to medication administered from field or directly by nurse.	Patient will receive correct drug in proper dosage and route without allergic reaction. Outcome achieved	☒	☐	☐	Check for documented medication allergies Repeat drug and dose when presenting medication Medication labels applied to Syringe/Basin Check expiration date Document order for medication on order sheet
6) High risk for fluid volume deficit related to surgical process.	Patient's fluid output will be monitored to facilitate volume replacement as needed to maintain fluid electrolyte balance. Outcome achieved	☒	☐	☐	Place sponges in clear view of anesthesia Suction canister contents in view of/or reported to anesthesia Drain / Catheter ☐ Jackson - Pratt ☐ T-Tube ☐ Reliavac ☐ Sump ☐ N/G ☐ Chest ☐ Penrose ☐ Foley ☐ Other _____ Drainage _____
7) High risk for loss of body heat related to cool room temperature, body exposure, or open wound.	Patient will experience an environment where external factors that can affect the loss of body heat are controlled. Outcome achieved	☒	☐	☐	Expose only as much of patient's skin as needed Maintain warm irrigation solutions on field per procedure Monitor room temperature Apply warm blankets after procedure
8) High risk for injury related to retention of foreign body.	Patient will have absence of foreign body upon completion of surgery except when surgical procedure indicates. Outcome achieved	☒	☐	☐	Perform and document appropriate counts Complete and submit implant sheet Packing - Type _____ Size _____ Location _____ Number _____
9) High risk for injury related to laser.	Patient will be free from injury as demonstrated by no skin or tissue injuries related to use of laser. Outcome achieved	☒	☐	☐	Moist sponges on field Laser resistant E.T. Tube Water available in room

Intraoperative Comments: *pt trans from ICU 5:00 PM IV's intact - Foley in place pt placed on OR table 5:00 AM OR staff - induction done 5:15 AM D.O. from DCrist - per order on chart - 100mg placed no response seen by 5:20 AM*

Disposition ☐ PACU ☐ ICU / CCU ☐ Patient Room ☐ Ambulatory ☐ Other **Status** ☐ Alert ☐ Sedated / Drowsy ☐ Agitated ☐ Unresponsive

Transported ☐ Cart ☐ Bed ☐ Wheelchair ☐ Carried ☐ Ambulatory

PRN Signature / Initials _____

LASER DEPT. USE

Laser Type	Power	Time On	Time Off	Exposure Time
Total Energy	Total Spots	☐ Plume Tubing / Filter ☐ Disposable Fiber ☐ Contact Tip ☐ Plume in Line ☐ Glasses		
Signature				

LABORATORY

MEDICINE

Gerald M. Penn, M.D., Ph.D.

Medical Director

GRANT MEDICAL CENTER SURGICAL PATHOLOGY

CHART COPY

NAME WARREN, RICK
SERVICE TRAUMA, DR
FALCONE, ROBERT

AGE 20Y ROOM 309A (INT PATH NO. 94S01911
HOSPITAL NO. 540500 DATE 02/14/94
9402800157

DATE OF PROCEDURE 2/13/94
CLINICAL DATA GSW x 4
PRE-OP DIAGNOSIS Same
POST-OP DIAGNOSIS Same/femoral vein irrig/Fx mandible
OPERATION Lap/groin exploration, repair femoral vein, debride
GSW exit site x 3
SPECIMEN SOURCE 1. Exit wound flank L
2. Exit wound chest

PREVIOUS PATHOLOGY

IMMEDIATE INTERPRETATION N/A

GROSS DESCRIPTION

1. 'Warren, Rick, exit wound left flank'. Received is an ellipse of lightly pigmented skin and underlying tissue that is 2.1 x 1 x 0.8 cm thick. The skin surface has a centrally located opening throughout the entire thickness of the specimen that is 0.2 cm in diameter and the underlying cavity widens to 0.4 cm in diameter. The surrounding skin surface is irregular jagged and diffusely red discolored. A cross section is submitted under A.

2. 'Warren, Rick, exit wound chest'. Received is an oval, resected piece of lightly pigmented, hair bearing skin that is 3.2 x 2.1 x up to 0.9 cm thick. The skin surface has a centrally located, irregular jagged hole that is 1.1 x 0.9 cm that extends to the entire length of the specimen. The adjacent skin is focally red discolored. The underlying tissue is diffusely hemorrhagic. A partial cross section is submitted under B.

SAB/dy/djs

MICROSCOPIC DIAGNOSIS

1. Exit wound, left flank:

Full thickness skin from keratinized epidermis to subcutaneous fat:

Acute inflammatory infiltrate with coagulation of connective tissue margins.

No anthracotic tattooing identified microscopically in these sections.

SURGICAL PATHOLOGY

Phone: 614-461-3250

PAGE 1

FAX: 614-228-8422

L A B O R A T O R Y

M E D I C I N E

Gerald M. Pein, M.D., Ph.D.

Medical Director

NAME WARREN, RICK
SERVICE TRAUMA, DR
FALCONE, ROBERT

AGE 20Y ROOM 309A (INT PATH NO. 94S01911
HOSPITAL NO. 540500 DATE 02/14/94
9402800157

2. Exit wound chest:

Full thickness skin from epidermis to subcutaneous fat:
Coagulated margins with acute inflammation of fat but minimal
change within dermis.
No anthracotic tattooing is identified in these sections.

SAB/mg
2/15/94



PATHOLOGIST
STEVEN A BETRAS, MD

SURGICAL PATHOLOGY

Phone: 614-461-3250

PAGE 2

FAX: 614-228-8422

Surgical Procedure & Tissue Report

Surgery Date 2/13/94	Circulator <i>Anil Kosh</i>	Operative room 8
Surgeon Falcone	Instr. personnel <i>May Wooten ORT</i>	Pt. enters room 2345
Assistants <i>Wally Hoar</i>	Second scrub	Procedure started 2355
Assistants <i>Bayle Gordillo Byrne Briskow</i>	*Relief personnel	Procedure ended 0113
Anesthesiologist <i>Preston</i>		Pt. exists room 0122
CRNA		
Anesthesia Type General	Code 01	☐ Scheduled ☐ Wait List ☒ Emergency ☐ Cancelled ☒ In Patient ☐ Out Patient ☐ DOS ☐ Obs

Clinical Data	(Give sufficient data to promote maximum interpretation of pathology) GSW X 4
Pre Op Diag	(Must be given before surgery) Spine
Post Op Diag	Lg Arm / Femoral Ven. Dig. / R. n. mark
Op Name	LAP / GSW Expl. w/ m. op for femoral ven. Debr. GSW exit site x 3

Source of Spec	(Designate right, left, etc., if applicable) 1) Exit Wound Abdomen (D) 2) Exit Wound Chest
----------------	--

Counts	Raytec	Lg. Abdominal 55 x 55	Sm. Abdominal	Dissectors
	Neurological	Bulldogs	Suture Boots	U Tapes
	Completed Count 53	<i>Anil Kosh</i>	<i>May Wooten ORT</i>	R. Tapes

Surgical Procedure & Tissue Report



Columbus, Ohio

3402800157

00054030

3DE TRAUMA

UNKNOWN

UNKNOWN

1294 TRAUMA, DR

D

LYC TRA

ADH DATE 02/13/94

FC SP

MEDICAL RECORDS

Anesthesia Record

Proposed OP		Date	PHYS. STAT.					
TIME			1	2	3	4	5	E
			PREMEDICATION					EFFECT SU
AGENTS	O ₂							
DOSAGE	N ₂ O							
☐ Equipment, drugs, and gas supply checked NOTES: ① ORN, x bar to hbk & c-clip + bk bcl ② no respist an rct FMOR, C1 w/d p/m antullas off, cerv. trachea, femt, pmp, succ, DLM, MCB, F1 → L4 BJE ③ Lrad Mlin 7.44/34/533/24/t/3/10 139/4.1 4.2/20 20/6 ④ ho Hengertman - 3 send con - 5 kbb - ept hot to xline ⑤ bleed at fem ant exp 1 CO2 Q30 BP 140/116 P 95 sm spr vit 9w/10/20 disumnd need paralysii from airway 200 amny Total: EBL Urine IV Fluids: 2500 2PNNK								
FLUIDS								
MONITORS								
SaO ₂								
ETCO ₂								
EKG								
O ₂ %								
TEMP								
u/o								
A Line								
BLD WMR								
K pad								
Humidifier								
Swan-Ganz								
Esoph								
Stetho-scope								
Cell Saver								
Rapid IV Infusion								
ENDOTRACH								
Oral #								
Nasal #								
Cut								
LTA								
Mask								
Alrway								
Breath Sounds								
Eye Care								
Respirator								
TV								
RR								
Note								
CODE: ● - ● PULSE BP V - V SYSTOLIC A - A DIASTOLIC X - X ANESTHESIA ○ - ○ PROCEDURE ① ② ETC. NOTES Position: Supine ☐ Lateral ☐ Prone ☐ Kidney ☐ Sitting ☐ T-Berg ☐ Multi-Surgeries ☐ PROCEDURE(S) <u>Salap</u> OR # <u>8</u> Addressograph <u>402800157</u> 000540500 SURGEON(S) <u>Falcove</u> SIG/CRNA _____ SIG/ANESTHESIOLOGIST _____ DE. TRAUMA 98Y UNKNOWN UNKNOWN XX 000 00 0470-0010E Anesthesia Record 0294 TRAUMA, DR ADM DATE 02/13/94 Rev. 9/92 GRANT MEDICAL CENTER VC TRA FC SP								

Anesthesia Record

PRE-OPERATIVE

Date: _____; Time: _____

LAB: _____

Hb. _____

Hct. _____

Electrolytes _____

Diagnosis: _____

Previous Surgery: _____

Medicine: _____

Allergy: _____

Lungs: _____

X-Ray _____

Heart _____

EKG _____

Metabolic: _____

Intestinal: full stomach

Neurological: _____

Anesthesia of Choice: ☒ General Anesthesia ☐ Sedation ☐ Regional ☐ Class IV

☐ Risks explained and accepted by patient

(Signature)

POST-OPERATIVE

Date: _____; Time: _____

Post Anesthesia Care Unit Orders

1. Discontinue IV fluids when stable. (OP only)
2. For pain while in PACU
3. Discharge from PACU
4. Other _____

NOTES

BP: _____; P: _____; R: _____; SaO₂: _____

☐ No Apparent Anesthesia Complications

(Signature)

Addressograph

Anesthesia Record
Grant Medical Center
Columbus, Ohio

INTRAOPERATIVE NURSING NOTES

DATE 2/13/94

ASSESSMENT	SAFETY & SECURITY	SKIN INTEGRITY	SELF CONCEPT / COPING	OXYGENATION / CIRCULATION	COGNITION / PERCEPTION DEFICITS	ACTIVITY / REST
Arrived Preop 2345 NPO @ 1	☐ Contacts/Glasses Removed ☐ Dentures Removed ☐ Jewelry Removed / Taped ☐ Prosthesis Removed ☐ Lab Data Within Normal Limits ☐ Abnormal Values / MD Notified ☒ NKA ☐ Allergic To	☐ Normal ☐ Red ☒ Edema ☐ Blister ☐ Abrasions ☐ Ecchymosis ☐ Drain / Catheter ☒ Multiple ESW	☒ Alert ☐ Oriented, But Sedated ☐ Disoriented ☐ Lethargic ☐ Calm, Relaxed ☒ Anxiety (Mild, Moderate, Severe) ☐ Combative	☒ Regular ☐ Labored ☐ Assisted ☐ E.T.T./Trach/ Nasal Canula/Mask ☒ Oxygen 6 L/M ☐ _____	☒ None ☐ Blind ☐ Deaf / Hard of Hearing ☐ Mute ☐ Language Barrier ☐ Hearing Aide Removed ☐ _____	☐ Normal ☐ Traction ☐ Paralysis ☐ Obesity ☐ Prosthesis ☒ Limited ROM ☐ Restraints ☒ 2 C-Collar on backboard in place
☒ Assessment data reviewed and verified from Preoperative Nursing Care form. Signature: <i>Annel Hoch RN CNRN</i> Time: 0000 2/14/94						

Preoperative Comments: 2 OR #8 on backboard - C-Collar in place - Foley to Urethra - clear yellow urine - Supine to table per staff on backboard - C-Collar in place

☐ O2 Sat _____ Signature: *Annel Hoch RN CNRN*

NURSING DIAGNOSIS	EXPECTED OUTCOMES / EVAL.	YES	NO	N/A	NURSING INTERVENTION / DOCUMENTATION	Wound Classification		
High risk for injury related to inappropriate identification of patient.	Patient will undergo correct procedure performed by correct surgeon.	AA			Verify surgical site with patient Verify surgeon with patient Verify ID bracelet with patient Verify operative procedure with patient Signature: <i>Annel Hoch RN CNRN</i>	☐ Clean ☒ Clean/Contaminated ☐ Contaminated ☐ Dirty		
High risk for anxiety related to impending surgery and unknown surroundings.	Patient will experience minimal anxiety while awake in O.R. suite.	AA			Provide quiet, comfortable O.R. atmosphere Remain at patient's side until anesthetized Explain procedures done in O.R. while patient is awake			
High risk for infection related to surgical procedure.	Patient will experience an aseptic environment.	AA			Apply appropriate skin prep Monitor and enforce aseptic technique Check flash autoclave graph Check indicator strips			
High risk for injury / unplanned break in skin integrity related to: ☒ Position ☒ Chemical ☐ Compression Devices ☐ Tourniquet Cuff ☐ Sequential Stockings ☒ Electro - Surgical Unit	Patient will be free of intraoperative injury as evidenced by no break in skin integrity due to position, chemical agents, compression and / or electrical equipment.	AA			Assess areas at risk related to positioning ☐ Lateral ☒ Supine ☐ Jackknife ☐ Prone ☐ Lithotomy ☐ Other _____ Apply appropriate padding and support devices ☐ Rolls ☐ Support ☒ Pads Electrosurgical equipment: Check pad / cord for expiration date and damage Choose a smooth fleshy pad site - avoid bony prominence Apply pad to clean dry skin that has minimal amount of hair Avoid spilling prep solution on or around pad site Reassess system if there are unusual requests for higher power Avoid wrinkled or wet sheets under patient Inspect tourniquet cuff integrity Test tourniquet cuff and tank pressures Pad tourniquet site Reassess pressure points and ground pad when patient repositioned			
DOCUMENTATION <table border="1"> <tr> <td> ☐ Tourniquet No. _____ Cuff up _____ Cuff down _____ Setting <i>W/A</i> ☐ K-thermia No. _____ Temperature _____ </td> <td> ELECTROSURGICAL GENERATOR No. <i>8</i> Cut <i>40</i> Coag. <i>40</i> No. _____ Cut _____ Coag. _____ SCD Settings: Ankle _____ Calf _____ Thigh _____ </td> </tr> </table>							☐ Tourniquet No. _____ Cuff up _____ Cuff down _____ Setting <i>W/A</i> ☐ K-thermia No. _____ Temperature _____	ELECTROSURGICAL GENERATOR No. <i>8</i> Cut <i>40</i> Coag. <i>40</i> No. _____ Cut _____ Coag. _____ SCD Settings: Ankle _____ Calf _____ Thigh _____
☐ Tourniquet No. _____ Cuff up _____ Cuff down _____ Setting <i>W/A</i> ☐ K-thermia No. _____ Temperature _____	ELECTROSURGICAL GENERATOR No. <i>8</i> Cut <i>40</i> Coag. <i>40</i> No. _____ Cut _____ Coag. _____ SCD Settings: Ankle _____ Calf _____ Thigh _____							
Outcome achieved		AA						

INTRAOPERATIVE NURSING NOTES



a U.S. Health affiliate

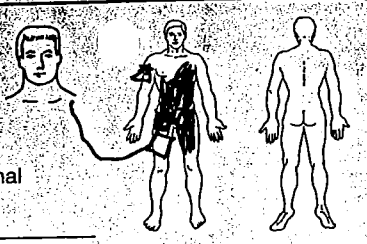
Surgery
Columbus, Ohio

Addressograph

402800157 000540500
 JE. TRAUMA 98Y
 UNKNOWN
 UNKNOWN XX 000 00
 294 TRAUMA, DR
 J ADM DATE 02/13/94
 VC TRA FC SP

ITEM LOCATIONS

- 1) Safety Strap = ☐
- 2) Bovie Ground ☐
- 3) Monitor Lead ☐
- 4) Tourniquet + ☐
- 5) B/P Cuff ☐
- 6) Skin Prep ☐ Oral ☐ Vaginal
- Prep Solution - ☐ Iodophor ☐ Sol ☐ Gel ☐ Other _____



SKIN INTEGRITY	BEFORE				AFTER			
	Overall	Prep	Pad	Cuff	Overall	Prep	Pad	Cuff
Normal	☐	☐	☒	☒	Normal	☐	☒	☒
Red	☐	☐	☐	☐	Red	☐	☐	☐
Edema	☒	☒	☐	☐	Edema	☒	☐	☐
Blister	☐	☐	☐	☐	Blister	☐	☐	☐
Abrasions	☐	☐	☐	☐	Abrasions	☐	☐	☐
Ecchymosis	☐	☐	☐	☐	Ecchymosis	☐	☐	☐

Time	Medication	Route / Dose	Dispensed By	Time	Medication	Route / Dose	Dispensed By
1000	Ancef 1 gram in	litter 0.9 NaCl			for irrigation in or	per 100 ml saline	

NURSING DIAGNOSIS		EXPECTED OUTCOMES		YES	NO	N/A	NURSING INTERVENTION / DOCUMENTATION	
☒ 1	High risk for injury related to medication administered from field or directly by nurse.	Patient will receive correct drug in proper dosage and route without allergic reaction.	Outcome achieved	AA			Check for documented medication allergies	
							Repeat drug and dose when presenting medication	
☒ 2	High risk for fluid volume deficit related to surgical process.	Patient's fluid output will be monitored to facilitate volume replacement as needed to maintain fluid electrolyte balance.	Outcome achieved	AA			Medication labels applied to Syringe/Basin	
							Check expiration date	
☒ 3	High risk for fluid volume deficit related to surgical process.	Patient's fluid output will be monitored to facilitate volume replacement as needed to maintain fluid electrolyte balance.	Outcome achieved	AA			Document order for medication on order sheet	
							Place sponges in clear view of anesthesia	
☒ 4	High risk for fluid volume deficit related to surgical process.	Patient's fluid output will be monitored to facilitate volume replacement as needed to maintain fluid electrolyte balance.	Outcome achieved	AA			Suction canister contents in view of/or reported to anesthesia	
							Drain / Catheter ☐ Jackson - Pratt ☐ T-Tube	
☒ 5	High risk for fluid volume deficit related to surgical process.	Patient's fluid output will be monitored to facilitate volume replacement as needed to maintain fluid electrolyte balance.	Outcome achieved	AA			☐ Reliavac ☐ Sump ☐ N/G 18	
							☐ Chest ☐ Penrose ☐ Foley 16	
☒ 6	High risk for fluid volume deficit related to surgical process.	Patient's fluid output will be monitored to facilitate volume replacement as needed to maintain fluid electrolyte balance.	Outcome achieved	AA			☐ Other _____ Drainage	
							Expose only as much of patient's skin as needed	
☒ 7	High risk for loss of body heat related to cool room temperature, body exposure, or open wound.	Patient will experience an environment where external factors that can affect the loss of body heat are controlled.	Outcome achieved	AA			Maintain warm irrigation solutions on field per procedure	
							Monitor room temperature	
☒ 8	High risk for loss of body heat related to cool room temperature, body exposure, or open wound.	Patient will experience an environment where external factors that can affect the loss of body heat are controlled.	Outcome achieved	AA			Apply warm blankets after procedure	
							Perform and document appropriate counts	
☒ 9	High risk for injury related to laser.	Patient will have absence of foreign body upon completion of surgery except when surgical procedure indicates.	Outcome achieved	AA		AA	Complete and submit implant sheet	
							Packing - Type _____	
☒ 10	High risk for injury related to laser.	Patient will be free from injury as demonstrated by no skin or tissue injuries related to use of laser.	Outcome achieved	AA			Size _____ Location _____ Number _____	
							Moist sponges on field	
☒ 11	High risk for injury related to laser.	Patient will be free from injury as demonstrated by no skin or tissue injuries related to use of laser.	Outcome achieved	AA			Laser resistant E.T. Tube	
							Water available in room	

Intraoperative Comments: *Supine on table - Bilateral arms on padded armboards. After procedure transferred to ICU bed & escorted to ICU per staff. Dr. Preston's incident.*

Disposition ☐ PACU ☒ ICU / CCU ☐ Patient Room ☐ Ambulatory ☐ Other Status ☐ Alert ☐ Sedated / Drowsy ☐ Agitated ☐ Unresponsive

Transported ☐ Cart ☒ Bed ☐ Wheelchair ☐ Carried ☐ Ambulatory

RN Signature / Initials: *Amel Hoda RN cross AA*

LASER DEPT. USE

Laser Type	Power	Time On	Time Off	Exposure Time
Total Energy	Total Spots	☐ Plume Tubing / Filter	☐ Disposable Fiber	☐ Contact Tip
Signature		☐ Plume In Line	☐ Glasses	

L A B O R A T O R Y • M E D I C I N E

Gerald M. Penn, M.D., Ph. D.

SUMMARY OF LABORATORY TESTS

Medical Director

***** BLOOD CELL COUNT *****

DAY:	4	3	2				1		
DATE:	02/16/94	02/15/94		02/14/94			02/13/94		
TIME:	+0630	0435	1734	1025	0553	0156	2322	NORMAL	UNITS
LOC:	7EST	ICU	ICU	ICU	ED	ED	ED		
WBC	7.5	9.5			15.7 H	15.3 H	17.9 H	4.8-10.8	K/CMM
REC	2.29 L	3.02 L			3.58 L	3.84 L	3.48 L	4.70-6.10	M/CMM
HGB	7.2 L	9.6 L	10.1 L	10.7 L	11.4 L	12.4 L	11.3 L	14.0-18.0	GM/DL
	CKD								
HCT	20.5 L	26.9 L	27.6 L	29.1 L	31.8 L	33.9 L	31.0 L	42.0-52.0	%
						CKD			
MCV	89.5	89.1			88.8	88.3	89.1	83.0-103.0	FL
RDW	12.5	13.0			12.8	12.7	12.5	11.5-14.5	%
PLT	239	255			303	307	323	130-400	K/CMM
MPV	9.2	9.6			10.2	10.0	9.5	7.4-10.4	FL
LYMPH	19 L	17 L			5 L	8 L	10 L	25-45	%
MONO	14 H	8			9 H	14 H	14 H	5-8	%
GRANS	67	75 H			86 H	78 H	75 H	50-70	%
EOS	0 L	0 L			0 L	0 L	1 L	2-3	%
BASO	0	0			0	0	0	0-1	%
ABS LYMPH	1.4	1.6			0.8 L	1.2	1.7	1.2-4.8	K
ABS MONO	1.0 H	0.8 H			1.3 H	2.2 H	2.6 H	0.1-0.6	K
ABS GRANS	5.1	7.0			13.5 H	11.8 H	13.4 H	2.4-7.5	K
ABS EOS	0.0	0.0			0.0	0.0	0.1	0-0.7	K
ABS BASOS	0.0	0.0			0.0	0.0	0.1	0-0.2	K

***** ROUTINE COAGULATION *****

DAY:	2	1		
DATE:	02/14/94	02/13/94		
TIME:	1024	2322		
LOC:	ICU	ED		
PT (Rx=14.6-17.1 SEC)	13.0	13.2		9.5-13.5 SEC
PTT	25.6	20.8 L		23.0-35.0 SEC
		CKD		

---FOOTNOTES---

CKD RESULT CHECKED

PATIENT NAME	SEX	AGE	PHYSICIAN	ROOM	PATIENT NUMBER	PAGE
WARREN, RICK	M	20Y	175 FALCONE, ROBERT	735A	540500 9402300157 SURGERY	1

CHART COPY

02/16/94 20:06

L A B O R A T O R Y • M E D I C I N E

Gerald M. Penn, M.D., Ph. D.

SUMMARY OF LABORATORY TESTS

Medical Director

***** BLOOD GASES *****

DAY#	2			1				
DATE#	02/14/94			02/13/94				
TIME#	1802	1111	0958	0440	0240	2325	NORMAL	UNITS
LOC#	ICU	ICU	ICU	ED	ED	ED		
pH	7.42	7.39	7.42	7.39	7.39	7.39	7.35-7.45	
PCO2	39	35	38	34 L	38	41	35-45	MM/HG
PO2	194 H	161 H	151 H	199 H	227 H	213 H	85-105	MM/HG
BICARBONATE	25	21 L	24	20 L	22	24	22-26	MMOL/L
BASE EXCESS	0.8		0.0				0.0-2.0	
BASE DEFICIT		3.5 H		3.3 H	1.8	0.1	0-2.0	
O2 SATURATION	99.3	98.9	99.1	99.5	99.6	99.6	>95	%
FIO2	4	30	30%	40	50%	100		
	CANNULA							
ARTERIAL SITE	LINE	LINE	LINE	LINE	LINE	RTF		
RESPIRATORY RATE	N/A	N/A	10	N/A	N/A	N/A		/MIN
IMV	N/A	N/A	N/A	10	10	N/A		
PEEP	N/A	5	5	N/A	N/A	N/A		
		PSV7	PSV 8					
TIDAL VOLUME	N/A	N/A	900	900	900	N/A		ML

***** CHEM 6 *****

DAY#	2			1				
DATE#	02/16/94			02/14/94				
TIME#	+0630	1734	1024	0553	0156	2322	NORMAL	UNITS
LOC#	7EST	ICU	ICU	ED	ED	ED		
SODIUM	138		138	139	139	141	135-153	MMOL/L
POTASSIUM	3.7	4.1	4.3	4.6	5.0	4.5	3.5-5.3	MMOL/L
CHLORIDE	105		107	109 H	110 H	110 H	97-108	MMOL/L
CARBON DIOXIDE	27		22 L	24	21 L	23 L	24-31	MMOL/L
ANION GAP	9.7		13.9	10.6	13.0	12.5	8.0-16.0	
GLUCOSE	116		171 H	196 H	155 H	120	72-128	MG/DL
BUN	7		11	12	10	12	5-25	MG/DL
CREATININE	0.9		1.1	1.1	0.9	1.1	0.5-1.4	MG/DL
BUN/CREAT RATIO	8		10	11	11	11	8-21	
CALCULATED OSMOLARITY	271 L		275 L	277	276 L	278	277-300	mOSM/KG

---FOOTNOTES---

RTF RIGHT FEMORAL

PATIENT NAME	SEX	AGE	PHYSICIAN	ROOM	PATIENT NUMBER	PAGE
WARREN, RICK	M	20Y	175 FALCONE, ROBERT	735A	540500 9402800157 SURGERY	2

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02/16/94 20:06

L A B O R A T O R Y M E D I C I N E

Gerald M. Penn, M.D., Ph. D.

SUMMARY OF LABORATORY TESTS

Medical Director

***** CHEM 6 *****

DAY#	4	2			1		
DATE#	02/16/94	02/14/94	02/14/94	02/13/94			
TIME#	+0630	1734	1024	0553	0156	2322	NORMAL UNITS
LOC#	7EST	ICU	ICU	ED	ED	ED	
CALCIUM						7.5 L	8.4-10.2 MG/DL
MAGNESIUM						1.5 L	1.6-2.4 MG/DL

***** THERAPEUTIC DRUGS *****

DAY#	1		
DATE#	02/13/94		
TIME#	2322		NORMAL UNITS
LOC#	ED		
ACETAMINOPHEN	<10 L		10-25 uG/ML
SALICYLATE	NON		15-30 MG/DL

***** URINE TOXICOLOGY *****

DAY#	1		
DATE#	02/13/94		
TIME#	2322		NORMAL UNITS
LOC#	ED		
BARBS	NEGATIVE		NEG
BENZODIAZEPINE SCREEN	NEGATIVE		NEG
COCAINE MET SCREEN	NEGATIVE		NEG
METHADONE SCREEN	NEGATIVE		NEG
(A)			
OPIATE SCREEN	NEGATIVE		NEG
MARIJUANA MET SCREEN	NEGATIVE		NEG
PROPOXYPHENE SCREEN	NEGATIVE		NEG
(A)			
SYMPATHOMIMETIC SCREEN	NEGATIVE		
PHENCYCLIDINE SCREEN	NEGATIVE		NEG

---FOOTNOTES---

NON NONE DETECTED
(A) UA RECIEVED AT 0202

PATIENT NAME	SEX	AGE	PHYSICIAN	ROOM	PATIENT NUMBER	PAGE
WARREN, RICK	M	20Y	175 FALCONE, ROBERT	735A	540500 9402800157 SURGERY	3

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L A B O R A T O R Y • M E D I C I N E

Gerald M. Penn, M.D., Ph. D.

SUMMARY OF LABORATORY TESTS

Medical Director

***** URINE TOXICOLOGY *****

DAY: 1
 DATE: 02/13/94
 TIME: 2322
 LOC: ED
 CARBAMATE SCREEN: NEGATIVE
 NORMAL UNITS
 NEG

***** TOXICOLOGY SERUM *****

DAY: 1
 DATE: 02/13/94
 TIME: 2322
 LOC: ED
 ALCOHOL: NON
 TCA SCREEN: NEGATIVE
 NORMAL UNITS
 NON MG/DL

***** ROUTINE CHEMISTRY *****

	3	2	1	
DAY:	3	2	1	
DATE:	02/15/94	02/14/94	02/13/94	
TIME:	0435	0553	2322	
LOC:	ICU	ED	ED	
ALBUMIN	2.7	2.6		2.6-5.2 G/DL
GLOBULIN CALCULATED	1.9	1.6 L		1.85-4.20 G/DL
A/G RATIO	1.4	1.6		
ALK PHOSPHATASE	44	41		37-107 U/L
AMYLASE			35	34-122 U/L
AST (SGOT)	51 H	48 H		12-45 U/L
BILIRUBIN TOTAL	1.3 H	2.3 H		0.2-1.0 MG/DL
BILIRUBIN DIRECT		0.6 H		0.0-0.2 MG/DL
CALCIUM	7.8 L	8.0 L		8.4-10.2 MG/DL
CHOLESTEROL TOTAL	<100	<100		<200 MG/DL
GLUCOSE	140 H	195 H		72-128 MG/DL
LDH	171	202		100-250 U/L
LIPASE			25	7-60 U/L

----FOOTNOTES----

NON NONE DETECTED

PATIENT NAME	SEX	AGE	PHYSICIAN	ROOM	PATIENT NUMBER	PAGE
WARREN, RICK	M	20Y	175 FALCONE, ROBERT	735A	540500 9402800157 SURGERY	4

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L A B O R A T O R Y • M E D I C I N E

Gerald M. Penn, M.D., Ph. D.

SUMMARY OF LABORATORY TESTS

Medical Director

***** ROUTINE CHEMISTRY *****

DAY#	3	2	1	NORMAL	UNITS
DATE#	02/15/94	02/14/94	02/13/94		
TIME#	0435	0553	2322		
LOC#	ICU	ED	ED		
PHOSPHOROUS	2.8	2.6		2.6-4.9	MG/DL
PROTEIN TOTAL	4.6 L	4.2 L		6.0-8.5	G/DL
URIC ACID	3.3 L	3.4 L		3.9-7.8	MG/DL

***** URINALYSIS *****

02/15/94

0434 URINALYSIS

URINE APPEARANCE	YELLOW HAZY		
SPECIFIC GRAVITY	1.025	[1.003-1.030]	
PH URINE	6.5	[4.5-8.0]	
LEUKOCYTE ESTERASE	NEGATIVE	[NEG]	
NITRITE	NEGATIVE	[NEG]	
PROTEIN	*30	[NEG]	MG/DL
GLUCOSE	NEGATIVE	[NEG]	
KETONE	NEGATIVE	[NEG]	
UROBILINOGEN	2.0		EU/DL
BILIRUBIN	NEGATIVE	[NEG]	
HEMOGLOBIN	NEGATIVE	[NEG]	
SSA PROTEIN	NEGATIVE		MG/DL

02/15/94

0434 MICROSCOPIC ANALYSIS

RBCs URINE	0 TO 3	[0-5]	/HPF
WBCs URINE	2 TO 4	[0-5]	/HPF
EPITHELIAL CELLS	0 TO 1	[0-5]	/HPF
MISC	MODERATE MUCUS		

02/13/94

2322 URINALYSIS

URINE APPEARANCE	CLEAR
------------------	-------

<< RESULTS CONTINUED ON NEXT PAGE >>

PATIENT NAME WARREN, RICK	SEX M	AGE 20Y	PHYSICIAN 175 FALCONE, ROBERT	ROOM 735A	PATIENT NUMBER 540500 SURGERY	PAGE 5
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02/16/94 20:06

L A B O R A T O R Y M E D I C I N E

Gerald M. Penn, M.D., Ph. D.

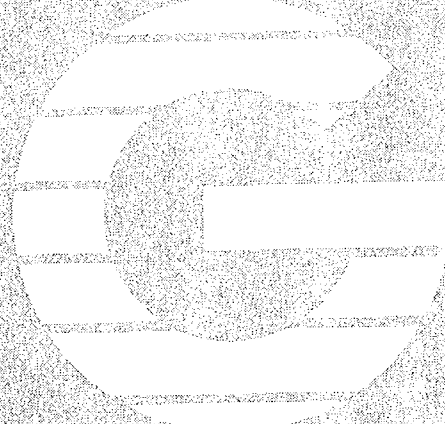
SUMMARY OF LABORATORY TESTS

Medical Director

***** URINALYSIS *****

<< CONTINUED FROM PREVIOUS PAGE >>

	YELLOW	
SPECIFIC GRAVITY	1.020	[1.003-1.030]
PH URINE	7.0	[4.5-8.0]
LEUKOCYTE ESTERASE	NEGATIVE	[NEG]
NITRITE	NEGATIVE	[NEG]
PROTEIN	NEGATIVE	[NEG] MG/DL
GLUCOSE	NEGATIVE	[NEG]
KETONE	NEGATIVE	[NEG]
UROBILINOGEN	0.2	EU/DL
BILIRUBIN	NEGATIVE	[NEG]
HEMOGLOBIN	NEGATIVE	[NEG]



PATIENT NAME	SEX	AGE	PHYSICIAN	ROOM	PATIENT NUMBER	PAGE
WARREN, RICK	M	20Y	175 FALCONE, ROBERT	735A	540500 9402800157 SURGERY	6

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L A B O R A T O R Y . M E D I C I N E

Gerald M. Penn, M.D., Ph. D.

SUMMARY OF LABORATORY TESTS

Medical Director

***** BLOOD BANK REQUESTS FOR TRANSFUSION *****

DATE: 02/13/94
 TIME: +2323
 LOC: ED

COMPONENT RED BLOOD CELLS
 NO. OF UNITS 12
 XM SPECIMEN EXPIRES 021694

***** BLOOD TYPE AND ANTIBODY TESTS *****

DATE: 02/13/94
 TIME: +2323
 LOC: ED

ABO/RH(D) O POSITIVE
 ANTIBODY SCREEN NEGATIVE

***** RED CELL PRODUCTS ISSUED *****

DATE	COMPONENT	UNIT ABO/RH	UNIT NUMBER	VOLUME	COMMENT
02/14/94					
0009	ARC LURE RBC	O POS	16FC29700	350	
	ARC LURE RBC	O POS	16GH22426	350	

PATIENT NAME	SEX	AGE	PHYSICIAN	ROOM	PATIENT NUMBER	PAGE
WARREN, RICK	M	20Y	175 FALCONE, ROBERT	735A	540500 SURGERY	7

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Gerald M. Penn, M.D., Ph. D.

SUMMARY OF LABORATORY TESTS

Medical Director

***** RED CELL PRODUCTS CROSSMATCHED, NOT TRANSFUSED *****

	COMPONENT	UNIT ABO/RH	UNIT NUMBER	STATUS
02/13/94				
R2323	ARC LURE RBC	O POS	16C49296	REL FROM ALLOC
	ARC LURE RBC	O POS	16C49334	REL FROM ALLOC
	ARC LURE RBC	O POS	16FC28991	REL FROM ALLOC
	ARC LURE RBC	O POS	16FC29460	REL FROM ALLOC
	ARC LURE RBC	O POS	16FC29483	REL FROM ALLOC
	ARC LURE RBC	O POS	16FC29508	REL FROM ALLOC
	ARC LURE RBC	O POS	16FJ22880	REL FROM ALLOC
	ARC LURE RBC	O POS	16GL21535	REL FROM ALLOC
	ARC LURE RBC	O POS	16GL21539	REL FROM ALLOC
	ARC LURE RBC	O POS	16GL21540	REL FROM ALLOC



PATIENT NAME	SEX	AGE	PHYSICIAN	ROOM	PATIENT NUMBER	PAGE
WARREN, RICK	M	20Y	175 FALCONE, ROBERT	735A	540500 9402800157	8
					SURGERY	

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02/16/94 20:06

L A B O R A T O R Y • M E D I C I N E

Gerald M. Penn, M.D., Ph. D.

SUMMARY OF LABORATORY TESTS

Medical Director

***** SURGICAL PATHOLOGY *****

02/15/94

1141 SURGICAL

SPECIMEN DESCRIPTION BONE
 PATHOLOGY NUMBER PEND
 DATE OF PROCEDURE PEND
 REPORT STATUS PEND

02/14/94

0814 SURGICAL

SPECIMEN DESCRIPTION DEBRIDEMENT
 DEBRIDEMENT
 PATHOLOGY NUMBER 94501911
 DATE OF PROCEDURE 2/13/94
 REPORT STATUS FINAL
 SEE PATHOLOGY REPORT

***** CANCELLED TESTS *****

02/14/94

1400 CANCELLED: HGB AND HCT
 REASON: ORDERED INCORRECTLY

PATIENT NAME	SEX	AGE	PHYSICIAN	ROOM	PATIENT NUMBER	PAGE
WARREN, RICK	M	20Y	175 FALCONE, ROBERT	735A	540500 9402800157 SURGERY	9

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02/16/94 20:00

Laboratory Reports

The first report received is attached to the left side of this sheet by tape along the right margin of the report form.

TRANSFUSION RECORD

GRANT MEDICAL CENTER - COLUMBUS, OHIO

BLOOD INSPECTED
AND RELEASED BY:
BLOOD TRANSPORTED BY:
COMMENTS/INSTRUCTIONS

DATE TIME

PRIOR TO THE ADMINISTRATION OF THIS UNIT WE HAVE CHECKED AT THE BEDSIDE THE FOLLOWING INFORMATION AND FOUND THEM TO AGREE.

☐ PATIENT NAME ON SLIP & ARMBAND
☐ PATIENT ID NUMBER ON SLIP & ARMBAND
☐ DONOR NUMBER ON SLIP & UNIT
☐ DONOR BLOOD TYPE ON SLIP & UNIT
☐ PATIENT BLOOD TYPE ON SLIP
☐ IV SOLUTION IS NORMAL SALINE

PRE TEMP PULSE RESP B.P.

POST

INFUSION BEGUN: DATE TIME AM PM PATIENT WAS OBSERVED FOR 5 MIN. ☐ Y ☐ N

SIGNATURES OF PERSONS STARTING TRANSFUSION INFUSION COMPLETED/ DISCONTINUED: DATE TIME AM PM PATIENT WAS CHECKED AT 15 MIN. ☐ Y ☐ N

AMOUNT GIVEN IF LESS THAN AMOUNT ISSUED: ml ANY REACTION? YES ☐ NO ☐

WARNING: DO NOT REMOVE UNTIL TRANSFUSED

IF AMOUNT ISSUED:

WARNING: DO NOT REMOVE UNTIL TRANSFUSED

PATIENT NAME

DOE, TRAUMA

PATIENT ROOM NO.

ED-18

ACCESS NO.

X12024

MEDICAL RECORDS NO.

540500

PATIENT GROUP AND Rh

O-POSITIVE

DONOR NO.

16GH22426

DONOR GROUP AND Rh

O-POSITIVE

DONOR EXPIRATION

03/07/94 2359

COMPONENT

(A3) LEUKOCYTE-REDUCED RB

UNITS/POOL AMT

350 ml.

CROSSMATCH

COMPATIBLE

BY TAGGART, KELLY

DATE 02/14/94

FOR REACTION SYMPTOMS AND PROCEDURE SEE BACK OF LAB COPY.

CHART COPY

CHART COPY

Addressograph

212470157 000540500
ARREN, RICK 20Y
UNKNOWN.
MUCYRUS. OH 44820
IR FALCONE
LXP ADM DATE 021394

Grant Medical Center
Columbus, Ohio

Laboratory Reports

The first report received is attached to the left side of this sheet by tape along the right margin of the report form.

TRANSFUSION RECORD

GRANT MEDICAL CENTER - COLUMBUS, OHIO

BLOOD INSPECTED AND RELEASED BY:		DATE		TIME	
BLOOD TRANSPORTED BY:					
COMMENTS/INSTRUCTIONS					
PRIOR TO THE ADMINISTRATION OF THIS UNIT WE HAVE CHECKED AT THE BEDSIDE THE FOLLOWING INFORMATION AND FOUND THEM TO AGREE: ☐ PATIENT NAME ON SLIP & ARMBAND ☐ PATIENT ID NUMBER ON SLIP & ARMBAND ☐ DONOR BLOOD TYPE ON SLIP & UNIT ☐ PATIENT BLOOD TYPE ON SLIP ☐ DONOR NUMBER ON SLIP & UNIT ☐ IV SOLUTION IS NORMAL SALINE					
PRE	TEMP	PULSE	RESP	B.P.	
POST					
INFUSION BEGUN:	DATE	TIME	AM	PATIENT WAS OBSERVED FOR 5 MIN.	☐ Y ☐ N
SIGNATURES OF PERSONS STARTING TRANSFUSION				PATIENT WAS CHECKED AT 15 MIN.	☐ Y ☐ N
INFUSION COMPLETED/	DATE	TIME	AM	ANY REACTION?	☐ YES ☐ NO
AMOUNT GIVEN IF LESS THAN AMOUNT ISSUED: _____ ml					

PATIENT NAME		DOE, TRAUMA	
PATIENT ROOM NO.	ED-18		
MEDICAL RECORDS NO.	540500		
PATIENT GROUP AND Rh	O-POSITIVE		
DONOR NO.	16FC29700		
DONOR GROUP AND Rh	O-POSITIVE		
DONOR EXPIRATION	02/28/94		
COMPONENT	(A3) LEUKOCYTE-REDUCED RB		
CROSSMATCH	COMPATIBLE		
UNITS/POOL	AMT 350ml		
BY	TAGGART, KELLY		
DATE	02/14/94		
FOR REACTION SYMPTOMS AND PROCEDURE SEE BACK OF LAB COPY.			

05114104
 03101104
 5300
 370
 05114104
 03101104
 5300
 370
 05114104
 03101104
 5300
 370

Grant Medical Center
Columbus, Ohio

1R FALCONE
 LVP ADM DATE 021394

GRANT MEDICAL CENTER
a U.S. Health affiliate
RADIOLOGY SERVICES
111 S. GRANT AVE.
COLUMBUS, OH 43215
(614) 461-3350

NAME: WARREN, RICK

D.O.B.: 01/01/74 AGE: 20Y SEX: M
ACCT. NO: 9402800157
UNIT NO: G000540500
ROOM/PT TYPE: 7W-735-A I/P
EXAM DATE: 02/17/94

ATTENDING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

ORDERING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

Chk-in #	Order	Exam	
19519	0032	5062	GD-CHEST, AP/PA Ord Diag: MULTI GSW

** Portable **

PORTABLE AP CHEST DATED 02-17-94 AND OBTAINED AT 0730 HOURS:

In comparison with 02-15-94 and obtained at 0600 hours, the nasogastric tube has been removed. The cardiomediastinal silhouette and lung fields are normal in appearance. There is no pneumothorax.

Impression: No acute process.

SML

Read By: Robert H. Darwin MD
Released By: Robert H. Darwin MD
Released On: 02/20/94 0927

*In order for the report to have been electronically released,
it was reviewed by the Radiologist.

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RADIOLOGY SERVICES
111 S. GRANT AVE.
COLUMBUS, OH 43215
(614) 461-3350

NAME: WARREN, RICK

D.O.B.: 01/01/74 AGE: 20Y SEX: M
ACCT. NO: 9402800157
UNIT NO: G000540500
ROOM/PT TYPE: 7W-735-A I/P
EXAM DATE: 02/15/94

ATTENDING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

ORDERING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

Chk-in #	Order	Exam	
18906	0032	5062	GD-CHEST, AP/PA Ord Diag: MULTI GSW

** Portable **

CHEST X-RAY: Nasogastric tube is in the stomach with the tip pointing towards the apex of the stomach. It is at or above the critical lung. The cardiac shadow itself is normal. The lungs are clear. The bony thorax looks normal.

CONCLUSION: No active disease in the Chest.

RG

Read By: Robert Siren DO
Released By: Robert Siren DO
Released On: 02/17/94 1622

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it was reviewed by the Radiologist.

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(614) 461-3350

NAME: WARREN, RICK

D.O.B.: 01/01/74 AGE: 20Y SEX: M
ACCT. NO: 9402800157
UNIT NO: G000540500
ROOM/PT TYPE: 7W-735-A I/P
EXAM DATE: 02/14/94

ATTENDING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

ORDERING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

Chk-in #	Order	Exam	
18905	0032	5062	GD-CHEST, AP/PA Ord Diag: MULTI GSW

** Portable **

PORTABLE CHEST dated 2/14/94 at 0600 hours: The dates on this film indicate that it was taken on 2/13/94. However, since the patient was admitted late the evening before, I am almost certain that this film was actually taken on 2/14/94. The lung volumes are low but generally the chest looks normal.

DR

Read By: J. C. Johnson MD
Released By: J. C. Johnson MD
Released On: 02/15/94 1911

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COLUMBUS, OH 43215
(614) 461-3350

NAME: WARREN, RICK

D.O.B.: 01/01/74 AGE: 20Y SEX: M
ACCT. NO: 9402800157
UNIT NO: G000540500
ROOM/PT TYPE: 7W-735-A I/P
EXAM DATE: 02/14/94

ATTENDING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

ORDERING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

Chk-in #	Order	Exam	
19129	0090	7025	CT-SINUSES Ord Diag: GSW

CT OF THE SINUSES dated 2/14/94:

Findings: The patient is status post gunshot wound to the mandible. The entry wound is in the left body where a severely comminuted fracture involves the anterior two-thirds of the left mandible. Bone and bullet fragments tract through the submental soft tissues. An exist wound is present on the right adjacent to the symphysis pubis where a minimally displaced fracture extending into the base of the right lower incisors is seen. The remainder of the right mandible is intact. No significant distortion or displacement of the oropharyngeal airway is seen. A nasogastric tube is in place. Small air fluid levels are present i the sphenoid sinuses. The paranasal sinuses are otherwise clear.

Impression: Status post gunshot wound to the left mandible with fracture lines involving the anterior aspect of the right mandible and bullet and bone fragments scattered throughout the submandibular soft tissues.

DR

Read By: Martha Brogan MD
Released By: Martha Brogan MD
Released On: 02/19/94 1137

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COLUMBUS, OH 43215
(614) 461-3350

NAME: WARREN, RICK

D.O.B.: 01/01/74 AGE: 20Y SEX: M
ACCT. NO: 9402800157
UNIT NO: G000540500
ROOM/PT TYPE: 7W-735-A I/P
EXAM DATE: 02/14/94

ATTENDING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

ORDERING PHYSICIAN:

GORDILLO, GAYLE
111 S. GRANT AVENUE
COLUMBUS OH 43215

Chk-in #	Order	Exam	
19048	0076	5047	GD-LUMBAR SPINE (ROUTINE) Ord Diag: MULT GSW
19048	0076	5065	GD-CERVICAL SPINE W/OBLIQUES Ord Diag: MULT GSW
19048	0076	5071	GD-DORSAL SPINE Ord Diag: MULT GSW

MULTIPLE PLAIN FILMS dated 2/14/94:

Findings:

C-Spine Series with Bilateral Obliques: Cervical spinal alignment is normal. There is a comminuted fracture and gunshot wound to the left mandible with multiple bone and bullet fragments in the submental soft tissues. The prevertebral soft tissues are normal. No cervical fracture or dislocation is seen.

Thoracic and Lumbar Spine Series: There is mild thoracolumbar scoliosis. Schmorl's node deformities are seen in the lower thoracic region. Mild fusion anomaly is present at S1. No fractures or dislocations are seen. The bowel gas and soft tissue shadows of the abdomen and pelvis are unremarkable. Cutaneous staples related to recent laparotomy are present.

Impression: No acute cervical, thoracic, or lumbar spine abnormality.

DR

Read By: Martha Brogan MD
Released By: Martha Brogan MD
Released On: 02/18/94 1509

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it was reviewed by the Radiologist.

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RADIOLOGY SERVICES
111 S. GRANT AVE.
COLUMBUS, OH 43215
(614) 461-3350

NAME: WARREN, RICK

D.O.B.: 01/01/74 AGE: 20Y SEX: M
ACCT. NO: 9402800157
UNIT NO: G000540500
ROOM/PT TYPE: 7W-735-A I/P
EXAM DATE: 02/14/94

ATTENDING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

ORDERING PHYSICIAN:

GORDILLO, GAYLE
111 S. GRANT AVENUE
COLUMBUS OH 43215

Chk-in #	Order	Exam	
19049	0077	5001	GD-MANDIBLE Ord Diag: MULT GSW

MANDIBLE SERIES DATED 02-14-94 AT 1330 HOURS:

Findings: The mandible series is essentially non-diagnostic due to the patient's limited mobility and body habitus. A CT will be required to delineate the mandible.

DR

Read By: Martha Brogan MD
Released By: Martha Brogan MD
Released On: 02/20/94 1024

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it was reviewed by the Radiologist.

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RADIOLOGY SERVICES
111 S. GRANT AVE.
COLUMBUS, OH 43215
(614) 461-3350

NAME: WARREN, RICK

D.O.B.: 01/01/74 AGE: 20Y SEX: M
ACCT. NO: 9402800157
UNIT NO: G000540500
ROOM/PT TYPE: 7W-735-A I/P
EXAM DATE: 02/13/94

ATTENDING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

ORDERING PHYSICIAN:

TRAUMA, DR

Chk-in #	Order	Exam	
18883	0027	5062	GD-CHEST, AP/PA Ord Diag: TRAUMA

** Portable **

PORTABLE CHEST DATED 02-13-94:

The cardiomediastinal silhouette is within normal limits. The lungs are clear. There is no fracture or pneumothorax.

Impression: No acute process.

SML

Read By: Robert H. Darwin MD
Released By: Robert H. Darwin MD
Released On: 02/20/94 0927

*In order for the report to have been electronically released,
it was reviewed by the Radiologist.

GRANT MEDICAL CENTER
a U.S. Health affiliate
RADIOLOGY SERVICES
111 S. GRANT AVE.
COLUMBUS, OH 43215
(614) 461-3350

NAME: WARREN, RICK

D.O.B.: 01/01/74 AGE: 20Y SEX: M
ACCT. NO: 9402800157
UNIT NO: G000540500
ROOM/PT TYPE: 7W-735-A I/P
EXAM DATE: 02/13/94

ATTENDING PHYSICIAN:

FALCONE, ROBERT E
393 E TOWN ST #102
COLUMBUS OH 43215

ORDERING PHYSICIAN:

TRAUMA, DR

Chk-in #	Order	Exam		
18883	0027	5007	GD-PELVIS	
			Ord Diag: TRAUMA	** Portable **
18883	0027	5040	GD-ABD, 1-VIEW	
			Ord Diag: TRAUMA	** Portable **
18883	0027	5067	GD-CERVICAL SPINE (LAT ONLY)	
			Ord Diag: TRAUMA	** Portable **

PORTABLE VIEWS OF THE ABDOMEN AND PELVIS DATED 2/13/94 AT 2330 HOURS:

Grossly normal

PORTABLE LATERAL VIEW OF THE CERVICAL SPINE: The upper five or five and one-half segments are grossly normal.

PORTABLE CHEST dated 2/13/94 at 2330 hours: This film is not currently available. However, I have reviewed the chest x-ray done at the referring hospital approximately 2 hours earlier and it looks normal.

DR

Read By: J. C. Johnson MD
Released By: J. C. Johnson MD
Released On: 02/15/94 1911

*In order for the report to have been electronically released, it was reviewed by the Radiologist.

73

LOWER EXTREMITY VENOUS DUPLEX REPORT

Patient Name: Warren
Date: 16-Feb-94

, Rick
Referring Physician: Falcone

Status: I

Asymptomatic: N Pain: N Pregnancy: Pre-OP: N
Prev. DVT/PE: N Edema: N Skin Changes: L Post-OP: Y
Varicose veins: N Trauma: N Stasis Ulcer: N P.E.:
Calf tenderness: R/O DVT: B Other:

Cardiac: N Hypertension: N Diabetes: N Smoker: N

	R	L
Common Femoral	C-A	NV
Superficial Femoral	C-A	C-A
Profunda Femoral		
Popliteal	C-A	C-A
Calf	C-A	C-A
Saphenous		

C-A Compressible - Augmented
C-U Compressible - Unaugmented
U-A Uncompressible - Augmented
U-U Uncompressible - Unaugmented
NV Not Visualized

	Right	Left
RESULTS:	Normal	Normal

Comment: _____

Physician: _____

Peripheral Vascular Lab
Cardiovascular Services
Grant Medical Center
111 South Grant Avenue
Columbus, Ohio 43215
(614) 461-3091

R. Warren
Account #: 9402800157
Record #: 000-00-1462

Technician: L. Shook

Dietary Goal:

DAILY NUTRIENT INTAKE

[illegible]**Clinical Dietitian:**

ADDRESSOGRAPH

METHOD OF NUTRITIONAL SUPPORT

PO - oral intake (meals)
OS - oral supplement

TF - tube feeding
TPN - total parenteral nutrition

NUTRITIONAL INTAKE PROFILE



U.S. Health officials

Dietary Department
Columbus, Ohio

0200-0672

9402800157

Warren, Rick

735

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2	
***** SCHEDULED MEDICATION ORDERS *****									
0029 (D) AD	CHLORHEXIDINE GLUCONATE MOUTHWASH (PERIDEX) Dose: 473 ML [ORAL] to mouth tid	TID		02/17 1300			0900 1300 JMS JMS	1800 TM	
***** UNSCHEDULED MEDICATION ORDERS *****									
0013 (6) SL	MEPERIDINE HCL 75 MG INJECTION (DEMEROL) Dose: 50-75 MG/0.67-1 ML [IV]	Q3HP	PRN	02/15 1500					
0014 (4) SL	PROMETHAZINE HCL 25 MG INJECTION (PHENERGAN) Dose: 12.5 MG/0.5 ML [IV] PRN NAUSEA AND VOMITING	Q4HP	PRN	02/15 1500					
0032 (D) JRL	SODIUM CHLORIDE INJECTION Dose: 2 ML [IV] HEPWELL FLUSH PER GMC POLICY START WHEN PO WELL AND SWAN OUT. **NOTIFY PHARMACY**	Q8H	PRN	02/20 1400					
0033 (8) JRL	ACETAMINOPHEN-CODEINE PHOS SUSPENSION (TYLENOL W/CODEINE ELIXIR) Dose: 15-30 ML/15 ML [ORAL]	Q34HP	PRN	02/20 1300		03(30cc)AD			
Stat/NOW Medication (Dose,Route)		Signature		Time		Stat/NOW Medication (Dose,Route)		Signature Time	
Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh I-Iliac Crest AB-Abdomen Z-Z track O-Other				Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other					
Clinical Information: Age: 20Y Height: Weight: 77.3kg BSA: Dx: INJURY MLT SITE/SITE NE Allergy: NKA Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E Sex: M G9402800157 735-A WARREN, RICK G000540500				INT SIGNATURE JMS JMS JMS		INT SIGNATURE JMS JMS JMS		MAR Verified by: JMS RN 20194 02:30	
				Page: 1 (more orders follow...) Covers Doses from 02/22/94 00:00 to 02/22/94 23:59					

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
*****	UNSCHEDULED MEDICATION ORDERS (cont.)	*****						
0034 (1) JH	TEMAZEPAM 15 MG CAPSULE (RESTORIL) Dose: 15 MG/1 CAPSULE [ORAL]	HS	PRN	02/21 2200				

Stat/NOW Medication (Dose, Route)	Signature	Time	Stat/NOW Medication (Dose, Route)	Signature	Time

Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh I-Iliac Crest AB-Abdomen Z-Z track O-Other Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other

Clinical Information:

Age: 20Y Height: Weight: 77.3kg BSA:
 Dx: INJURY MLT SITE/SITE NE Allergy: NKA
 Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E
 Sex: M G9402800157
 735-A
 WARREN, RICK G000540500

INT	SIGNATURE	INT	SIGNATURE	MAR Verified by:
	<i>[Signature]</i>			<i>[Signature]</i> RN
				2/21/94 22:30

Page: 2 (End of MAR)
 Covers Doses from 02/22/94 00:00 to 02/22/94 23:59

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2	
***** SCHEDULED MEDICATION ORDERS *****									
0029 (D) AD	CHLORHEXIDINE GLUCONATE MOUTHWASH (PERIDEX) Dose: 473 ML [ORAL] to mouth tid	TID		02/17 1300			0900 pm 1300 pm	1800 pm	
	RESTORIL po KE Q 45								
0034 (1) HS JH	WARREN, RICK 7W 735-A TEMAZEPAM 15 MG CAPSULE (RESTORIL) PRN Start Start: 02/21 2200 Dose: 15 MG/1 CAPSULE [ORAL]							22 PF	
***** UNSCHEDULED MEDICATION ORDERS *****									
0013 (6) SL	MEPERIDINE HCL 75 MG INJECTION (DEMEROL) Dose: 50-75 MG/0.67-1 ML [IV]	Q3HP	PRN	02/15 1500					
0014 (4) SL	PROMETHAZINE HCL 25 MG INJECTION (PHENERGAN) Dose: 12.5 MG/0.5 ML [IV] PRN NAUSEA AND VOMITING	Q4HP	PRN	02/15 1500					
0032 (D) JRL	SODIUM CHLORIDE INJECTION Dose: 2 ML [IV] HEPWELL FLUSH PER GMC POLICY START WHEN PO WELL AND SWAN OUT. **NOTIFY PHARMACY**	Q8H	PRN	02/20 1400					
0033 (4) JRL	ACETAMINOPHEN-CODEINE PHOS SUSPENSION (TYLENOL W/CODEINE ELIXIR) Dose: 15-30 ML/15 ML [ORAL]	Q34HP	PRN	02/20 1300	6040 30 CC MO				
Stat/NOW Medication (Dose, Route)		Signature		Time		Stat/NOW Medication (Dose, Route)		Signature Time	
Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh I-Iliac Crest AB-Abdomen Z-Z track O-Other				Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other					
Clinical Information: Age: 20Y Height: Weight: 77.3kg BSA: Dx: INJURY MLT SITE/SITE NE Allergy: NKA Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E Sex: M G9402800157 735-A WARREN, RICK G000540500				INT SIGNATURE 24 R. Havens RN B. [Signature] J. [Signature] P. [Signature]		INT SIGNATURE		MAR Verified by: R. Havens RN 2/20/94 23:59	
				Page: 1 (more orders follow...) Covers Doses from 02/21/94 00:00 to 02/21/94 23:59					

Stat/NOW Medication (Dose,Route)	Signature	Time	Stat/NOW Medication (Dose,Route)	Signature	Time

Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused
P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other

INT	SIGNATURE	INT	SIGNATURE
1	[Signature]		

MAR Verified by: _____
RN _____
//_/___:

MEDICATION ADMINISTRATION RECORD

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
*****	SCHEDULED MEDICATION ORDERS *****							
0029 (D) AD	CHLORHEXIDINE GLUCONATE MOUTHWASH (PERIDEX) Dose: 473 ML [ORAL] to mouth tid	TID		02/17 1300			0900 1300 <i>del</i>	1800 <i>del</i>
0031 PS	DEXTROSE 5 %/50 ML TICARCILLIN-CLAVULANIC A 3.1 GM/15 ML [IV] LAST DOSE 2/20/94 2200	Q6HO		02/20 0400	02/20 2200	0400	1000	1600 2200

***** UNSCHEDULED MEDICATION ORDERS *****

0013 (6) SL	MEPERIDINE HCL 75 MG INJECTION (DEMEROL) Dose: 50-75 MG/0.67-1 ML [IV]	Q3HP	PRN	02/15 1500				
0014 (4) SL	PROMETHAZINE HCL 25 MG INJECTION (PHENERGAN) Dose: 12.5 MG/0.5 ML [IV] PRN NAUSEA AND VOMITING	Q4HP	PRN	02/15 1500				

WARREN, RICK 7W 735-A
0033 ACETAMINOPHEN-CODEINE PHOS SUSPENSION
(4) (TYLENOL W/CODEINE ELIXIR)
Q34HP PRN Start
JRL Start: 02/20 1300
Dose: 15-30 ML/15 ML [ORAL]

Stat/NOW Medication (Dose, Route)	Signature	Time	Stat/NOW Medication (Dose, Route)	Signature	Time

Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh
I-Iliac Crest AB-Abdomen Z-Z track O-Other

Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused
P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other

Clinical Information:
Age: 20Y Height: Weight: 77.3kg BSA:
Dx: INJURY MLT SITE/SITE NE Allergy: NKA
Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E
Sex: M G9402800157
735-A
WARREN, RICK G000540500

INT	SIGNATURE	INT	SIGNATURE	MAR Verified by
	<i>[Signature]</i>			<i>[Signature]</i>
				2/20/94 02:00

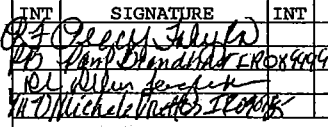
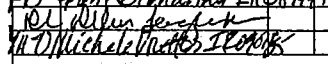
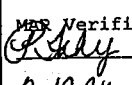
Page: 1 (End of MAR)
Covers Doses from 02/20/94 00:00 to 02/20/94 23:59

Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
***** SCHEDULED MEDICATION ORDERS *****							
0007 DEXTROSE 5 %/50 ML DD TICCARCILLIN-CLAVULANIC A 3.1 GM/15 ML [IV] LAST DOSE- 2/20/94--2200	Q6HO		02/14 0400	02/20 2200	0400 PF	1000 PL	1600 2200
0029 CHLORHEXIDINE GLUCONATE MOUTHWASH (D) (PERIDEX) AD Dose: 473 ML [ORAL] to mouth tid	TID		02/17 1300			0900 1300 PB	1800 PB

***** UNSCHEDULED MEDICATION ORDERS *****							
0013 MEPERIDINE HCL 75 MG INJECTION (6) (DEMEROL) SL Dose: 50-75 MG/0.67-1 ML [IV]	Q3HP	PRN	02/15 1500		0135(50) PF 0430(50) PF	7:50(50) PL 14:30(75) PL 1040(50) PL	18:00 PL 24:15 50mg IV
0014 PROMETHAZINE HCL 25 MG INJECTION (4) (PHENERGAN) SL Dose: 12.5 MG/0.5 ML [IV] PRN NAUSEA AND VOMITING	Q4HP	PRN	02/15 1500				24:15 12.5mg IV

Stat/NOW Medication (Dose,Route)	Signature	Time	Stat/NOW Medication (Dose,Route)	Signature	Time

Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh I-Iliac Crest AB-Abdomen Z-Z track O-Other
Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other

Clinical Information: Age: 20Y Height: Weight: 77.3kg BSA: Dx: INJURY MLT SITE/SITE NE Allergy: NKA Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E Sex: M G9402800157 735-A WARREN, RICK G000540500		INT SIGNATURE  INT SIGNATURE  Page: 1 (End of MAR) Covers Doses from 02/19/94 00:00 to 02/19/94 23:59	MAR Verified by:  RN 2/19/94 00:40
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Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
*****	SCHEDULED MEDICATION ORDERS	*****						
0007 DD	DEXTROSE 5 %/50 ML TICARCILLIN-CLAVULANIC A 3.1 GM/15 ML [IV] LAST DOSE- 2/20/94--2200	Q6HO		02/14 0400	02/20 2200	0400	1000 KB	1600 KB 2200 PF
0029 (D) AD	CHLORHEXIDINE GLUCONATE MOUTHWASH (PERIDEX) Dose: 473 ML [ORAL] to mouth tid	TID		02/17 1300			0900 KB 1300 KB	1800 KB

*****	UNSCHEDULED MEDICATION ORDERS	*****						
0013 (6) SL	MEPERIDINE HCL 75 MG INJECTION (DEMEROL) Dose: 50-75 MG/0.67-1 ML [IV]	Q3HP	PRN	02/15 1500		0530 PF	0945 KB (50) 1345 KB (50)	1815 KB (50) 2135 (50) PF
0014 (4) SL	PROMETHAZINE HCL 25 MG INJECTION (PHENERGAN) Dose: 12.5 MG/0.5 ML [IV] PRN NAUSEA AND VOMITING	Q4HP	PRN	02/15 1500				2215 (PF)

Stat/NOW Medication (Dose, Route)	Signature	Time	Stat/NOW Medication (Dose, Route)	Signature	Time
2/18 Mon 30 cc to now	Hum Bagon	1400			

Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh I-Iliac Crest AB-Abdomen Z-Z track O-Other		Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other																	
Clinical Information: Age: 20Y Height: Weight: 77.3kg BSA: Dx: INJURY MLT SITE/SITE NE Allergy: NKA Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E Sex: M G9402800157 735-A WARREN, RICK G000540500		<table border="1"> <tr> <th>INT</th> <th>SIGNATURE</th> <th>INT</th> <th>SIGNATURE</th> </tr> <tr> <td></td> <td>Janet Thompson</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Hum Bagon</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Deanna Taylor</td> <td></td> <td></td> </tr> </table> MAR Verified by: J. Thompson RN 2/18/94 00:00		INT	SIGNATURE	INT	SIGNATURE		Janet Thompson				Hum Bagon				Deanna Taylor		
INT	SIGNATURE	INT	SIGNATURE																
	Janet Thompson																		
	Hum Bagon																		
	Deanna Taylor																		
Page: 1 (End of MAR) Covers Doses from 02/18/94 00:00 to 02/18/94 23:59																			

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
*****	SCHEDULED MEDICATION ORDERS *****							
0007 DD	DEXTROSE 5 %/50 ML TICARCILLIN-CLAVULANIC A 3.1 GM/15 ML [IV] LAST DOSE- 2/20/94--2200	Q6HO		02/14 0400	02/20 2200	0400	1000 2200	1600 2200
	PERIDEX TID TO MOUTH & WATER PIK						14 IN	18 IN 2298

*****	UNSCHEDULED MEDICATION ORDERS *****							
0013 (6) SL	MEPERIDINE HCL 75 MG INJECTION (DEMEROL) Dose: 50-75 MG/0.67-1 ML [IV]	Q3HP	PRN	02/15 1500		01 (75) 03 04 03	1015LW(75) 1315LW(75) 1015LW	1615LW(75) 1925LW(75) 2325LW(75)
0014 (4) SL	PROMETHAZINE HCL 25 MG INJECTION (PHENERGAN) Dose: 12.5 MG/0.5 ML [IV] PRN NAUSEA AND VOMITING	Q4HP	PRN	02/15 1500			1615LW 1925LW	

Stat/NOW Medication (Dose,Route)	Signature	Time	Stat/NOW Medication (Dose,Route)	Signature	Time
Dilcolor R/S + PR now	Libman	17			

Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh
I-Iliac Crest AB-Abdomen Z-Z track O-Other

Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused
P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other

Clinical Information:

Age: 20Y Height: Weight: 77.3kg BSA:
Dx: INJURY MLT SITE/SITE NE Allergy: NKA
Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E
Sex: M G9402800157
735-A
WARREN, RICK G000540500

INT	SIGNATURE	INT	SIGNATURE	MAR Verified by:
	[Signature]		[Signature]	RN
				2-17-94 00:05

Page: 1 (End of MAR)

Covers Doses from 02/17/94 00:00 to 02/17/94 23:59

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
*****	SCHEDULED MEDICATION ORDERS *****							
0007 DD	DEXTROSE 5 %/50 ML TICARCILLIN-CLAVULANIC A 3.1 GM/15 ML [IV] LAST DOSE- 2/20/94--2200	Q6HO		02/14 0400	02/20 2200	0400 <i>sf</i>	1000 <i>cc</i>	1600 2200 <i>cc</i> <i>4</i>

*****	UNSCHEDULED MEDICATION ORDERS *****							
0013 (6) SL	MEPERIDINE HCL 75 MG INJECTION (DEMEROL) Dose: 50-75 MG/0.67-1 ML [IV]	Q3HP	PRN	02/15 1500		02 SR	0850 <i>cc</i> (50) 1205 <i>cc</i> (50)	1530 <i>cc</i> (75) 1900 <i>cc</i> (75) 2200 (75) <i>cc</i>
0014 (4) SL	PROMETHAZINE HCL 25 MG INJECTION (PHENERGAN) Dose: 12.5 MG/0.5 ML [IV] PRN NAUSEA AND VOMITING	Q4HP	PRN	02/15 1500		02 SR	0850 <i>cc</i> (50) 1205 <i>cc</i> (50)	1530 <i>cc</i> 1900

Stat/NOW Medication (Dose,Route)	Signature	Time	Stat/NOW Medication (Dose,Route)	Signature	Time

Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh
I-Iliac Crest AB-Abdomen Z-Z track O-Other

Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused
P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other

Clinical Information:
Age: 20Y Height: Weight: 77.3kg BSA:
Dx: INJURY MLT SITE/SITE NE Allergy: NKA
Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E
Sex: M G9402800157
735-A
WARREN, RICK
G000540500

INT	SIGNATURE	INT	SIGNATURE	MAR Verified by:
	<i>[Signature]</i>		<i>[Signature]</i>	RN
	<i>[Signature]</i>		<i>[Signature]</i>	

Page: 1 (End of MAR)
Covers Doses from 02/16/94 00:00 to 02/16/94 23:59

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
	Augmentin 1 gm IVPB	q8h						
	Timentin 3.1 gm IVPB	q6h						225R
	Unscheduled Demerol 50-75mg IVP	q5h pm				1850 50mg IVP NV	1430 50mg IVP NV	1850 50mg IVP NV
	Phenergan 12.5mg Nausea IVP	q4h pm				125mg IVP NV	125mg IVP NV	1850 125mg IVP NV
Stat/NOW Medication (Dose,Route)		Signature	Time	Stat/NOW Medication (Dose,Route)		Signature	Time	
Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh I-Iliac Crest AB-Abdomen Z-Z track O-Other		Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other						
Clinical Information: Age: 20Y Height: Weight: 77.3kg BSA: Dx: INJURY MLT SITE/SITE NE Allergy: Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E Sex: M G9402800157 730-A WARREN, RICK				INT SIGNATURE INT SIGNATURE MAR Verified by: RN _/_/_/___		Page: Covers Doses from		
G000540500								

Stat/NOW Medication (Dose,Route)		Signature	Time	Stat/NOW Medication (Dose,Route)		Signature	Time

MEDICATION ADMINISTRATION RECORD

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
*****	UNSCHEDULED MEDICATION ORDERS							
0005 (6) DD	MORPHINE SULFATE 4 MG INJECTION Dose: 1-5 MG/0.25-1.25 ML [IV]	Q2HP	PRN	02/14 0200		0230 (4) JN		

Stat/NOW Medication (Dose,Route)	Signature	Time	Stat/NOW Medication (Dose,Route)	Signature	Time

Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh
I-Iliac Crest AB-Abdomen Z-Z track O-Other

Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused
P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other

Clinical Information:
Age: 20Y Height: Weight: BSA:
Dx: INJURY MLT SITE/SITE NE Allergy: NKA
Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E
Sex: M G9402800157
309-A
WARREN, RICK G000540500

INT	SIGNATURE	INT	SIGNATURE	MAR Verified by
	<i>[Signature]</i>			<i>[Signature]</i>

Page: 2 (End of MAR)
Covers Doses from 02/15/94 00:00 to 02/15/94 23:59

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
***** SCHEDULED MEDICATION ORDERS *****								
0002 (D) DD	BACITRACIN 500 U OINTMENT Dose: [TOP]	BID	.	02/14 0900		-----	0900 <i>11 AM</i>	1800 <i>AM</i>
0006 DD	SUCRALFATE 1 G TABLET (CARAFATE) Dose: 1 G/1 TABLET [NG]	Q6H		02/14 0000		0000 <i>0600</i>	1200 <i>AM</i>	1800 <i>AM</i>
0007 DD	DEXTROSE 5 %/50 ML TICARCILLIN-CLAVULANIC A 3.1 GM/15 ML [IV] LAST DOSE- 2/20/94--2200	Q6HO		02/14 0400	02/20 2200	0400 <i>NY</i>	1000 <i>AM</i>	1600 <i>AM</i> 2200 <i>JN</i>
0008 (2) DD	HEPARIN SODIUM 5000 UNITS INJECTION Dose: 5000 UNITS/1 ML [SC]	Q12H		02/13 2100			0900 <i>AM</i>	2100 <i>JN</i>
***** UNSCHEDULED MEDICATION ORDERS *****								
0004 (4) DD	MIDAZOLAM HYDROCHLORIDE 2 MG INJECTION (VERSED) Dose: 1 MG/1 ML [IV]	Q6HP	PRN	02/14 0200		0200		
0005 (6) DD	MORPHINE SULFATE 4 MG INJECTION Dose: 1-5 MG/0.25-1.25 ML [IV]	Q2HP	PRN	02/14 0200		0230 <i>(C) 44</i>	0800 <i>AM</i>	
Stat/NOW Medication (Dose,Route)		Signature	Time	Stat/NOW Medication (Dose,Route)		Signature	Time	
Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh I-Iliac Crest AB-Abdomen Z-Z track O-Other				Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other				
Clinical Information: Age: 20Y Height: Weight: BSA: Dx: INJURY MLT SITE/SITE NE Allergy: NKA Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E Sex: M G9402800157 309-A WARREN, RICK				INT SIGNATURE <i>[Signature]</i>		INT SIGNATURE <i>[Signature]</i>		MAR Verified by: <i>[Signature]</i> RN 2/14/94 02:00
G000540500				Page: 1 (more orders follow...) Covers Doses from 02/14/94 00:00 to 02/14/94 23:59				

Ord#	Drug/Dose Route, Comments	Freq	Int	Start	Stop	Shift 3	Shift 1	Shift 2
WARREN, RICK 0010	ICU 309-A DIAZEPAM 10 MG INJECTION (VALIUM)							
QBHP	QD Start							
SL	Start: 02/14 1300 Dose: 10 MG/2 ML prn spasms/cramps							
	[IV]							

Morphine Sulfate 1-5mg q 2 nd PM PRN						08 PM (4) 1130 PM (2) 1A-PM (4)	1705 PM (4) 1940 (4) JN 2240 (4) JN
--	--	--	--	--	--	---------------------------------------	---

WARREN, RICK 0004	ICU 309-A MIDAZOLAM HYDROCHLORIDE 2 MG INJECTION (VERSED)							
Q1-2P	PRN Revise							
DD	Start: 02/14 0200 Dose: 1-2 MG/1-2 ML							
	[IV]							

Stat/NOW Medication (Dose, Route)	Signature	Time	Stat/NOW Medication (Dose, Route)	Signature	Time

Site Code: R-Right L-Left D-Deltoid G-Gluteus T-Thigh I-Iliac Crest AB-Abdomen Z-Z track O-Other	Reason for Omission: L-Low Pulse/BP M-Med Not Avail N-NPO R-Refused P-IV/NG Not Patent S-Sleeping U-Pt Off Unit V-Emesis/Nausea X-Other
---	--

Clinical Information: Age: 20Y Height: Weight: BSA: Dx: INJURY MLT SITE/SITE NE Allergy: NKA Adm: 02/13/94 Dob: 01/01/74 Dr: 175 FALCONE, ROBERT E Sex: M G9402800157	<table border="1"> <tr> <th>INT</th> <th>SIGNATURE</th> <th>INT</th> <th>SIGNATURE</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	INT	SIGNATURE	INT	SIGNATURE													MAR Verified by: RN 2/14/94 QJ
INT	SIGNATURE	INT	SIGNATURE															

WARREN, RICK	G000540500	Page: 2 (End of MAR) Covers Doses from 02/14/94 00:00 to 02/14/94 23:59
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DISCHARGE SUMMARY

Activity:

No Restrictions: ☐

Special Instructions: NO DRIVING ~ RECHECK WOUND SEEN BY TRAUMA DOCTORS
Today

Nutrition:

No Restrictions: ☐ USED SAW DENT

Therapeutic Diet Prescribed: SCISSOR CUTS TO CUT BANDS IF NAUSEATED

Instructed: Yes ☒; No ☐; By: Eric Smith

Comments: _____

Medications:

None Prescribed: ☐

Physician _____ reports giving prescriptions, ☐; and instructions ☐.

Additional instructions: Yes ☐; No ☐; By: _____

Comments: TYLENOL #3 ELIXIR 15-30w PAIN Q4HRS

Follow-up Appointments(s):

None Ordered: ☐

Physician GRADINO reports giving instructions, ☒.

Patient ☒ and/or significant other (PARENTS) confirm understanding.

Comments: FLV DR. BURDOE 7/28 - 1400 - CHAD GIVE

FLV TRAUMA STAFF DR. VICKI NURSE ADVISED WOUND AVAILABLE - CHAD GIVE

Referrals:

None Required: ☒

Continuity of Care Referral made: Yes ☐; No ☐; To: _____

Other referrals: _____

Comments: _____

Special Instructions:

None: ☐

Call trauma service w/ family doctor if any problems w/ wound dressing & stitches
NEEDS GOOD ORAL CARE PAIN RELIEF & WOUND CARE ~ INSTRUCTED

Discharge Information:

Valuables, medication and prescriptions (brought by patient) given to patient ☒; or significant other _____; None ☐

Discharged: Ambulatory ☐; Wheelchair ☒; Other _____

On: date 7/28/94, time 1600. Accompanied by: Mum & Dad

Eric Smith R.N.
Signature

Addressograph

Discharge Summary

Nursing Services

Grant Medical Center
Columbus, Ohio

4402800157

00054050
WARREN, RICK
1530 EAST COMER AVENUE
BUCYRUS OH 44820
175 FALCONE, ROBERT E
1/P ADM DATE 02/13/9
FC SP

DISCHARGE SUMMARY

PATIENT'S HEALTH STATUS ON DISCHARGE: Emphasize Nursing Needs and/or Problems:

Admitted on 11/13/94 SIP 65W (Multiple). Status is now @ Home & Able to
 Self-care. Multiple Wounds ~ Extensive Wounds @ Rgt Wound Healed. Also sustained Fr
 Mandible which was repaired. Discharge of Intake / Output 0/0. Wound Healing Well. And Band
 removed & placed. Discharge in stable condition. R/L

135A

Discharge Summary
 Nursing Services

462800157 000540500
 WARREN, RICK 20Y
 1530 EAST COMER AVENUE
 BUCYRUS OH 44820
 175 FALCONE, ROBERT E
 1/P ADM DATE 02/13/94
 FVC TOL FC SP

UNIT FROM: <i>Sicu</i>	ROOM # FROM: <i>309</i>	UNIT TO: <i>OR</i>	ROOM # TO:	TRANSFER 1 ☐
ADMISSION DATE: <i>2/12/94</i>		TRANSFER DATE: <i>2/15/94</i>		TIME: ☒ NKA
ALLERGIES: <i>NKA</i>				
PRESENT PROBLEM / DIAGNOSIS: <i>mult CSW, mandibular fx, CSW chest superficial</i>				
<i>lear D commar Femoral vein</i>				
<i>Exp Lap</i>				
PATIENT HISTORY SUMMARY: <i>NONE</i>				

CURRENT STATUS				
OXYGENATION CIRCULATION	BP <i>132/82</i>	P <i>108</i>	R <i>16</i>	T <i>99.5</i>
	BREATH SOUNDS <i>clear & equal</i>			
	O2 <i>4L NC</i> VENT			
	CIRCULATION <i>2+ Pulses</i>			
NUTRITION	DIET <i>NPO</i> TOLERANCE			
	☐ TPN ☒ NASOENTERIC TUBE			
	☐ IV LOCATION:			
	☒ PERIPHERAL <i>R AC</i>			
ELIMINATION	INDWELLING TUBES <i>116 tube</i>			
	VOIDING <i>10/14</i> BOWELS			
	FOLEY <i>Q3</i> LAST BM			
	RISK SCORE TODAY ☐			
SKIN INTEGRITY	WOUNDS <i>medial and incision OT well app</i>			
	SKIN CONDITION <i>CSW face, chest, abdomen</i>			
	LOC <i>QAX 3</i> COOP PUPILS <i>PERC 3</i>			
	MOTOR / SENSORY			
COGNITION / PERCEPTION	PAIN MANAGEMENT			
	CHECK LEVEL OF ABILITY			
	SELF	ASSIST	UNABLE	N/A
	AMBULATORY	<i>BR</i>		
TRANSFER / CHAIR				
BATHING / DRESSING				
FEEDING			<i>NPO</i>	
BRP / COMMODE			<i>N</i>	
* REQUIRES MORE THAN 1 CAREGIVER TO COMPLETE				
SKELETAL SUPPORTS				
SAFETY SECURITY	FALL RISK SCORE TODAY ☐			
	PRECAUTIONS			
	ISOLATION <i>univ prec</i>			

UNIT FROM:	ROOM # FROM:	UNIT TO:	ROOM # TO:	TRANSFER 2 ☐
ADMISSION DATE:		TRANSFER DATE:		TIME:
ALLERGIES: ☐ NKA				
PRESENT PROBLEM / DIAGNOSIS:				
PATIENT HISTORY SUMMARY:				

CURRENT STATUS				
OXYGENATION CIRCULATION	BP	P	R	T
	BREATH SOUNDS			
	O2 VENT			
	CIRCULATION			
NUTRITION	DIET			
	☐ TPN ☐ NASOENTERIC TUBE			
	☐ IV LOCATION:			
	☐ PERIPHERAL <i>R L</i>			
ELIMINATION	INDWELLING TUBES			
	VOIDING BOWELS			
	FOLEY LAST BM			
	RISK SCORE TODAY ☐			
SKIN INTEGRITY	WOUNDS			
	SKIN CONDITION			
	LOC PUPILS			
	MOTOR / SENSORY			
COGNITION / PERCEPTION	PAIN MANAGEMENT			
	CHECK LEVEL OF ABILITY			
	SELF	ASSIST	UNABLE	N/A
	AMBULATORY			
TRANSFER / CHAIR				
BATHING / DRESSING				
FEEDING				
BRP / COMMODE				
* REQUIRES MORE THAN 1 CAREGIVER TO COMPLETE				
SKELETAL SUPPORTS				
SAFETY SECURITY	FALL RISK SCORE TODAY ☐			
	PRECAUTIONS			
	ISOLATION			



PATIENT CARE SERVICES
Columbus, Ohio

309
Rick Warren 000540500
20Y
7800 P 8001570
WARREN, RICK
1530 EAST COMER AVENUE
BUENOS AIRES, OH 44820
FALCONE, ROBERT E
ADM DATE 02/13/94
175
1/P
SVC TRA

FEB 22 1994

Page 1 of 4

PERSONNEL	2300-0700		0700-1500		1500-2300		
	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	
Registered Nurse			AS	<i>[Signature]</i>			
Licensed Practical Nurse							
Patient Care Assistant							
Patient Care Technician							
Time of Initial Assessment							
OXYGENATION & CIRCULATION	Temperature	2400	0400	0800	1200	1600	2000
	Pulse (A=apical)	80	80				
	Respirations	20	16				
	Blood Pressure	110/70	120/70				
	Orthostatic Blood Pressure						
	Weight ☐ Standing ☐ Chair ☐ Bed ☐ Lift						
	Heart Sounds	☒ WNL		☒ WNL		☐ WNL	
	Skin Color & Temperature	☒ WNL		☒ WNL		☐ WNL	
	DVT Prophylaxis ☐ PAS ☐ TED	☐ On ☐ Off		☒ On ☐ Off		☐ On ☐ Off	
	Breath Sounds	☒ WNL		☒ WNL		☐ WNL	
	Cough / Expectoration	☒ WNL		☒ WNL		☐ WNL	
	Coughing & Deep Breathing						
	Incentive Spirometry						
	Oxygen Therapy						
	Ventilator Settings						
Suctioning							
Tracheostomy / Care							
Oximeter Reading ☐ Continuous ☐ Spot check							
CIRCULATION CHECKS	Upper Extremity						
	Temperature	24		0800			
	Color	W		N			
	Edema	2+		2+			
	Radial	2+		2+			
	Brachial	2+		2+			
	Capillary Time (sec)	23		13-13			
	Lower Extremity						
	Temperature	24		0800			
	Color	W		N			
	Edema	2+		2+			
	Posterior Tibial	2+		2+			
	Dorsalis Pedis	2+		2+			
	Capillary Time (sec)	23		13-13			
	Ankle / Brachial Index						

PATIENT CARE FLOWSHEET



a U.S. Health affiliate

Patient Care Services
Columbus, Ohio

Addressograph

735A1

7402800157
WARREN, RICK000540500
20Y

1530 EAST COMER AVENUE

BUCYRUS

OH 44820

175 FALCONE, ROBERT E

I/P

ADM DATE 02/13/94

SVC TRA

FC SP

2300 - 0700		0700 - 1500		1500 - 2300	
Diet / Supplements Taken: <i>Wine & sugar</i>		Breakfast	Lunch	Dinner	Snack
☐ Calorie Count	<i>taber P.O. pass</i> <i>Wine</i>	☒ none ☐ assist ☐ total	☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total
Assistance Required with feeding					
Tube Feedings	2400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	0800 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	1600 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml		
Formula _____ Rate _____ Method ☐ Pump ☐ Bolus ☐ Gravity verify tube placement q4h	0400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	1200 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	2000 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml		
Tube: <i>65W</i> <i>chin</i> <i>(L)</i> Location: <i>entrance</i>	<i>stitches OTD -</i> <i>stitching - healing</i>	<i>stitches OTD -</i> <i>stitching - healing</i>			
Tube: <i>65W</i> <i>exit</i> <i>(L)</i> Location: <i>flank</i>	<i>stitches OTD -</i> <i>stitching - healing</i>	<i>(1) stich (stitch) OTD -</i> <i>stitching - healing</i> <i>1000 stitches (stitches)</i> <i>stitching - healing</i>			
Tube: <i>65W</i> <i>chin</i> <i>(R)</i> Location: <i>exit</i>	<i>1/2" x 1" pink tissue -</i> <i>OTD - healing</i>	<i>small wound (wound) -</i> <i>stitching - healing</i>			
Urinary Elimination, Catheter Insertion & Care	☒ WNL	☒ WNL <i>left Vals. BS</i>	☐ WNL		
Bowel Elimination, Bowel Sounds, Abdomen, Enemas, Stoma	☒ WNL	☒ WNL <i>ABD in hand, soft</i> <i>& non-tender</i> <i>BS x 4 times</i>	☐ WNL		

SKIN BREAKDOWN

Pressure Sore Risk Score =

3

— General Physical Condition
— Mental Status
— Activity

— Mobility
— Incontinence
— Nutrition / Fluid Intake

— Existing Breakdown

Preventive Skin Care, Skin Care Consult, Skin Care Products

Prinect II

Amfortas (Amfortas) H

☐ Specialty bed

☐ Specialty bed

☐ Specialty bed

Wound/Incision/Pressure Sore

WOUND COLOR
DRAINAGE COLOR
AMOUNT
TREATMENT
ODOR/DIMENSIONS

1
2
1
1
1
stitching intact

1
0
1
1
1
healing ABD (stitch) OTD
stitching intact
1000 stitches (stitches)
stitching - healing

Wound/Incision/Pressure Sore

WOUND COLOR
DRAINAGE COLOR
AMOUNT
TREATMENT
ODOR/DIMENSIONS

65W
1
1
1
1
post. (post) size (size) entrance
scabbed (scabbed) order -
ant. (ant) stitches OTD -
stitching - healing

1
1
1
1
1
post. (post) small wound (wound) -
ant. (ant) & healing (healing)
hr. (hr) stitches OTD -
healing (healing) (healing)
1000 stitches (stitches) BS applied

Wound/Incision/Pressure Sore

WOUND COLOR
DRAINAGE COLOR
AMOUNT
TREATMENT
ODOR/DIMENSIONS

65W *exit*
1
1
1
1
stitching intact

1
1
1
1
1
(1) (stitch) (stitch) OTD
stitching intact
(1) (stitch) (stitch) (stitch)

Wound/Incision/Pressure Sore

WOUND COLOR
DRAINAGE COLOR
AMOUNT
TREATMENT
ODOR/DIMENSIONS

65W *entrance*
1
1
1
1
5cm (5cm) (5cm) sized
scabbed (scabbed) area -
stitching

1
1
1
1
1
small wound (wound) -
scabbed (scabbed)
(1) (stitch) (stitch) (stitch)

Other Skin Care (foot care, padding, pin care, etc)

WOUND COLOR
1 = Pink/WNL
2 = Red
3 = Eschar/Necrotic

DRAINAGE COLOR
1 = Serous
2 = Serosanguineous
3 = Fibrinous
4 = Clear
5 = Cloudy

DRAINAGE AMOUNT
1 = None
2 = Scant
3 = Moderate
4 = Copious

TREATMENT
1 = Open to air
2 = Dry sterile dressing
3 = Wet to wet (specify)
4 = Wet to dry (specify)
5 = Other (specify)

SKIN INTEGRITY

LEGEND

Date 8/28/24

2300 - 0700

0700 - 1500

1500 - 2300

Orientation*		#5				A200 K3									
Pain/Discomfort	Time	03				0800									
	Assessment	c/o pain 3/5				hmg									
	Intervention	coged 30cc													
	Pain Control*	PS													
	Sedation*	3													
Special Analgesia		SL													
☐ Patient Controlled	ml given														
☐ Epidural	Respirations														
☐ Subcutaneous	Pain Control*														
☐ Intrathecal	Sedation*														
	Blood Pressure														
	Epidural Rate														
Sensation*		R	L	R	L	R	L	R	L	R	L	R	L	R	L
	Upper	3						3	3						
	Lower	3						3	3						
Pupils*															
	Size (mm)	3				3, 3									
	Reactive	+				+									
	Deviated					d-l									
Limb Movement*															
	Upper	6				6									
	Lower	6				6									

COGNITION / PERCEPTION

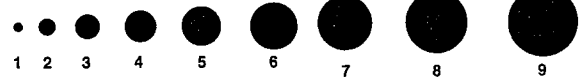
LEGEND

- | | | | | |
|----------------------------|------------------------------|-------------------------------|-----------------------|------------------------------|
| ORIENTATION | PAIN CONTROL | SEDATION | SENSATION | LIMB MOVEMENT |
| 5 - Oriented | 5 - Voices excruciating pain | 5 - Only awakens when aroused | 3 - Intact | 6 - Full strength/no deficit |
| 4 - Lethargic but oriented | 4 - Voices severe pain | 4 - Mostly sleeping | 2 - Numbness/Tingling | 5 - Weakness/deficit |
| 3 - Confused | 3 - Voices moderate pain | 3 - Dozing intermittently | 1 - Absent | 4 - Flaccid |
| 2 - Incoherent | 2 - Voices mild pain | 2 - Drowsy | | 3 - Rigid |
| 1 - No response | 1 - Voices comfort | 1 - Wide awake | | 2 - Flexion |
| | As - Asleep | | | 1 - Extension |

*HIGH RISK FALL CRITERIA SCORES

History of previous falls	Medical diagnosis
Mental status	Sensory deficit
Age	Medication
Mobility	

PUPIL SIZE IN mm.



SELF CONCERN/COPIING ROLES/RELATIONSHIPS

Emotional Status, Mood, Coping Ability	Adm	Quick & Cooperative w/ staff	
Family Visits, Interaction, Involvement/Pastoral Care	-	None call 15th floor/Intensive group De-escalated involving 1st floor	

SAFETY/SECURITY

*High Risk Fall Score <u>3</u>	Bed in low position	☒		
	Call light in reach	☒		
	Siderails X	☒		
Restraints	☐ Mittens ☒ Limb ☐ Vest	☐ Mittens ☐ Limb ☐ Vest	☐ Mittens ☐ Limb ☐ Vest	
	Specify extremities _____	Specify extremities _____	Specify extremities _____	
	Other _____	Other _____	Other _____	
	☐ Release/ROM/circ q2h	☐ Release/ROM/circ q2h	☐ Release/ROM/circ q2h	
Special Precautions, Isolation	Universal NPT	Universal precautions		

	ACTIVITIES OF DAILY LIVING	2300 - 0700	0700 - 1500	1500 - 2300	
ACTIVITY / REST	Bath & Hygiene	☒ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	
	Oral Care	☒ None ☐ Self ☐ Assist ☐ Complete oral fixator inserted - sealers @ HOB	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	
	Turning & Repositioning	Self @ HOB 30°	Self		
	Activity & Tolerance	Sitting in bed Assistance From ☐ one ☐ none	↑ shower ✓ Assistance from ☐ one ☐ none	Assistance From ☐ one ☐ none	
	ROM Exercises / Mobility Aids / Traction	☐ Walker ☐ Crutches ☐ Cane ☐ Overhead Trapeze	walker	↑ walker as needed	
	Sleep / Rest Pattern	sleeper intervals	awake		
	Specimen Collection	{			
	Diagnostic Tests / Medical Procedures				
	Equipment in Use: (e.g., telemetry, IV/feeding pump, antiembolic device, CPM, wall suction, K-pad, etc.)	TAS	Weed Anticoagulant P/S		

[illegible]

1. No redness/swelling dressing dry and intact 2. Other Specify 3. D/C 4. Dressing change

Comments/Physician notification

08) assessed as checked (his last)
1516 Discharge for W.C. Following distinctive growth of P.P. during. Vascularized undergrowth. Vascular & Vascular
distinction. 15

FEB 21 1994

Date

2300-0700

0700-1500

1500-2300

PERSONNEL

Registered Nurse

Licensed Practical Nurse

Patient Care Assistant

Patient Care Technician

Time of Initial Assessment

OXYGENATION & CIRCULATION

	2400	0400	0800	1200	1600	2000	2400
Temperature	98.8		96.7	97.2	96.2	96.2	98.8
Pulse (A=apical)	80		88	88	96	96	88
Respirations	20		16	20	16	24	20
Blood Pressure	122/72		134/90	120/82	140/90		135/84
Orthostatic Blood Pressure							
Weight ☐ Standing ☐ Bed ☐ Chair ☐ Lift							
Heart Sounds	☒ WNL		☒ WNL S, S, S		☒ WNL S, S, S		
Skin Color & Temperature	☒ WNL Pale		☒ WNL Pale, WID, Juncal good, nail beds pink		☒ WNL hot		
DVT Prophylaxis ☐ PAS ☐ TED	☒ On ☐ Off Intervals		☒ On ☐ Off		☒ On ☐ Off		
Breath Sounds / Respiratory Pattern	☒ WNL		☒ WNL lung sounds clear		☒ WNL lung sounds clear		
Cough / Expectoration	☒ WNL None Noted		☐ WNL Coughed 5 COPS @ night		☒ WNL Coughed 5 COPS		
Coughing & Deep Breathing	Enc. 920 W/A				Enc. 1 JMC		
Incentive Spirometry							
Oxygen Therapy / Ventilator Settings	R/A		R		R		
Suctioning							
Tracheostomy / ET Care							
Oximeter Readings ☐ Continuous ☐ Spot-check						20 100%	
LEGEND: Temp w=warm d=cool cd=cold Color n=normal pl=pale cy=cyanotic Pulse d=doppler 2+=normal 1+=weak/interm							
Upper Extremity							
Temperature	W		W		W		W
Color	N		N		N		N
Edema	0		0		0		0
Radial	2+		2+		2+		2+
Brachial	2+		2+		2+		2+
Capillary Refill Time (sec)	23		23		23		23
Lower Extremity							
Temperature	W		W		W		W
Color	N		N		N		N
Edema	0		0		0		0
Posterior Tibialis	2+		2+		2+		2+
Dorsalis Pedis	2+		2+		2+		2+
Capillary Refill Time (sec)	23		23		23		23
Ankle / Brachial Index							135/84

PATIENT CARE FLOWSHEET



a U.S. Health affiliate

Patient Care Services
Columbus, Ohio

Addressograph

4402800157

000540500
20Y
 WARREN, RICK
 1530 EAST COMER AVENUE
 OH 44820
 BUCYRUS
 175 FALCONE, ROBERT E
 ADM DATE 02/13/94
 I/P
 SVC TRA FC SP

ELIMINATION, NUTRITION, METABOLISM

SKIN INTEGRITY

LEGEND

1 = Open to air 3 = Wet to wet (specify)
2 = Dry sterile dressing 4 = Wet to dry (solution)
5 = Other (specify)

Date 2/1/94

		2300 - 0700	0700 - 1500	1500 - 2300
Orientation*		5 AXO K3	AXO K3	AXO K3 #5
Pain/Discomfort	Time	6040	0800	1200
	Assessment		no P	no P
	Intervention	Ke's Kydol codeine elixir given		
	Pain Control*		/	/
	Sedation*			
Special Analgesia				
☐ Patient Controlled	ml given			
☐ Epidural	Respirations			
☐ Subcutaneous	Pain Control*			
☐ Intrathecal	Sedation*			
	Blood Pressure			
	Epidural Rate			
Sensation*				
	Upper	B	3	3
	Lower	3	3	3
Pupils*				
	Size (mm)	3-3	3-3	3-3
	Reactive	++	++	++
	Deviated	-	2 P	2 P
Limb Movement*				
	Upper	6	6	6
	Lower	6	6	6
ORIENTATION		PAIN CONTROL		
5 - Oriented		5 - Voices excruciating pain		
4 - Lethargic but oriented		4 - Voices severe pain		
3 - Confused		3 - Voices moderate pain		
2 - Incoherent		2 - Voices mild pain		
1 - No response		1 - Voices comfort		
		As - Asleep		
SEDATION		SENSATION		
5 - Only awakens when aroused		3 - Intact		
4 - Mostly sleeping		2 - Numbness/Tingling		
3 - Dozing intermittently		1 - Absent		
2 - Drowsy				
1 - Wide awake				
LIMB MOVEMENT				
6 - Full strength/no deficit		5 - Weakness/deficit		
5 - Weakness/deficit		4 - Flaccid		
4 - Flaccid		3 - Rigid		
3 - Rigid		2 - Flexion		
2 - Flexion		1 - Extension		
1 - Extension				
*HIGH RISK FALL CRITERIA SCORES		PUPIL SIZE IN mm.		
0 History of previous falls		1 2 3 4 5 6 7 8 9		
0 Mental status				
0 Age				
1 Mobility				
0 Medical diagnosis				
0 Sensory deficit				
2 Medication				
Emotional Status, Mood, Coping Ability		Coop. & Care Pleasant	Peaceful (longer words)	Demands & calm behavior cooperation
Family Visits, Interaction, Involvement/Pastoral Care		6	same as all	Visiting family w/ 8
*High Risk Fall Score 3		Bed in low position	1	1
		Call light in reach	1	1
		Siderails X 2	1	1
Restraints		☐ Mittens ☐ Limb ☐ Vest	☐ Mittens ☐ Limb ☐ Vest	☐ Mittens ☐ Limb ☐ Vest
		Specify extremities	Specify extremities	Specify extremities
		Other	Other	Other
		☐ Release/ROM/circ/v q2h	☐ Release/ROM/circ/v q2h	☐ Release/ROM/circ/v q2h
Special Precautions, Isolation		Universal	Universal	Universal

ACTIVITIES OF DAILY LIVING		2300 - 0700	0700 - 1500	1500 - 2300
Bath & Hygiene	☐ None ☐ Self ☒ Assist ☐ Complete	☐ None ☐ Self ☒ Assist ☐ Complete	☐ None ☐ Self ☒ Assist ☐ Complete	☐ None ☐ Self ☒ Assist ☐ Complete
Oral Care	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☒ Assist ☐ Complete
Turning & Repositioning	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☒ Assist ☐ Complete
Activity & Tolerance	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☒ Assist ☐ Complete
ROM Exercises / Mobility Aids / Traction	☐ Walker ☐ Crutches ☐ Cane ☐ Overhead Trapeze	☐ Walker ☐ Crutches ☐ Cane ☐ Overhead Trapeze	☐ Walker ☐ Crutches ☐ Cane ☐ Overhead Trapeze	☐ Walker ☐ Crutches ☐ Cane ☐ Overhead Trapeze
Sleep / Rest Pattern	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete
Specimen Collection				
Diagnostic Tests / Medical Procedures				
Equipment in Use: (e.g., telemetry, IV/feeding pump, antiembolic device, CPM, wall suction, K-pad, etc.)				

SITE	INSERTION DATE/SIZE	SITE ASSESSMENT			TIME	IV VOLUME / SOLUTION / RATE	PUMP	14-22	2200-0600	0600-1400	1400-2200	TUBING CHANGE TIME		
		N	D	E				TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT
RA			1		24	HW								
LTA			3		1907	HW ~ 1130 Bleed. 100% S return (normal)								
no IV access noted @ 2030														

1. No redness/swelling dressing dry and intact 2. Other Specify 3. D/C 4. Dressing change

Comments/Physician notification

2400 Assessment Complete. Pt. resting quietly, watching TV. M. Thibault
0800 Assessment as noted - unchanged
1600 Assessment as noted. Condition Unchanged - unchanged
1830 to better after the exam. going to sleep well
03) 191. all wounds cleaned & bandaged appropriately

FEB 20 1994

2300-0700

0700-1500

1500-2300

PERSONNEL

Registered Nurse

Licensed Practical Nurse

Patient Care Assistant

Patient Care Technician

Time of Initial Assessment

INITIALS

SIGNATURE

INITIALS

SIGNATURE

INITIALS

SIGNATURE

Temperature

Pulse (A=apical)

Respirations

Blood Pressure

Orthostatic Blood Pressure

Weight ☐ Standing ☐ Bed
☐ Chair ☐ Lift

Heart Sounds

Skin Color & Temperature

DVT Prophylaxis

☐ PAS ☐ TEDBreath Sounds / Respiratory
Pattern

Cough / Expectoration

Coughing & Deep Breathing
Incentive SpirometryOxygen Therapy /
Ventilator Settings

Suctioning

Tracheostomy / ET Care

Oximeter Readings

☐ Continuous ☐ Spot checkLEGEND: Temp w=warm n=normal d=doppler
cd=cool pl=pale 2+=normal
cy=cyanotic 1+=weak/intermUpper Extremity
Temperature
Color
Edema
Radial
Brachial
Capillary Refill Time (sec)Lower Extremity
Temperature
Color
Edema
Posterior Tibialis
Dorsalis Pedis
Capillary Refill Time (sec)
Ankle / Brachial Index

	2400	0400	0800	1200	1600	2000
Temperature	98.4 (A)		97.7	98.3	98.8	99
Pulse (A=apical)	88		76	92	96	80
Respirations	20		16	12	20	20
Blood Pressure	130/78		140/90	136/84	140/90	142/74
Orthostatic Blood Pressure						
Weight ☐ Standing ☐ Bed ☐ Chair ☐ Lift						
Heart Sounds	☒ WNL		☒ WNL		☒ WNL	WNL
Skin Color & Temperature	☒ WNL		☒ WNL		☒ WNL	WNL
DVT Prophylaxis ☐ PAS ☐ TED	☒ On ☐ Off		☒ On ☐ Off white in bed		☒ On ☐ Off	
Breath Sounds / Respiratory Pattern	☒ WNL		☒ WNL		☒ WNL	WNL
Cough / Expectoration	☐ WNL none 4/6		☐ WNL no cough noted		☒ WNL	none noted
Coughing & Deep Breathing Incentive Spirometry	Encouraged to cough		Encouraged to cough 92 h			Encouraged
Oxygen Therapy / Ventilator Settings	R/A		R/A		R/A	R/A
Suctioning						
Tracheostomy / ET Care						
Oximeter Readings						
☐ Continuous ☐ Spot check						
LEGEND: Temp w=warm n=normal d=doppler cd=cool pl=pale 2+=normal cy=cyanotic 1+=weak/interm						
Upper Extremity						
Temperature	W		W		W	W
Color	N		N		N	N
Edema	0		0		0	0
Radial	2+		2+		2+	2+
Brachial	2+		2+		2+	2+
Capillary Refill Time (sec)	23		23		23	23
Lower Extremity						
Temperature	W		W		W	W
Color	N		N		N	N
Edema	0		0		0	0
Posterior Tibialis	2+		2+		2+	2+
Dorsalis Pedis	2+		2+		2+	2+
Capillary Refill Time (sec)	23		23		23	23
Ankle / Brachial Index						

Addressograph

PATIENT CARE FLOWSHEET



a U.S. Health affiliate

Patient Care Services
Columbus, Ohio3402800157
WARREN, RICK
1530 EAST COMER AVENUE
CUCYRUS OH 44820175 FALCONE, ROBERT E
1/P
SVC TRA
ADM DATE 02/13/94
FC SP000540500
20Y

Date 2/20/46

Diet / Supplements Taken: (type, amount, tolerance)	2300 - 0700		0700 - 1500		1500 - 2300	
			Breakfast	Lunch	Dinner	Snack
☐ Calorie Count <u>High</u>			☐ none ☒ assist total	☐ none ☒ assist total	☐ none ☒ assist total	☐ none ☒ assist total
Assistance Required with feeding						
Tube Feedings Formula _____ Rate _____ Method ☐ Pump ☐ Bolus ☐ Gravity verify tube placement q4h	2400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 0400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	0800 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 1200 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	1600 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 2000 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml			
Tube: _____ Location: _____						
Tube: _____ Location: _____						
Tube: _____ Location: _____						
Urinary Elimination, Catheter Insertion & Care	☒ WNL <u>Urinal</u>	☒ WNL <u>voids per usual clear yellow urine output QS.</u>	☒ WNL <u>Urinal or BPT no clots observed</u>			
Bowel Elimination, Bowel Sounds, Abdomen, Enemas, Stoma	☒ WNL	☒ WNL <u>abd soft - BS x4 Quadrants</u>	☒ WNL			

SKIN BREAKDOWN

Pressure Sore
Risk Score = 3
☒ General Physical Condition
☐ Mental Status
☐ Activity

☐ Mobility
☐ Incontinence
☐ Nutrition / Fluid Intake
☒ Existing BreakdownPreventive Skin Care, Skin Care
Consult, Skin Care ProductsGenesis II☐ Specialty bed☐ Specialty bed☐ Specialty bedWound/Incision/
Pressure Sore

WOUND COLOR

DRAINAGE COLOR

AMOUNT

TREATMENT

Location: face / chin

ODOR/DIMENSIONS

Staples Intact
OTA, drainage, red
drainage noted
at timesStaples intact
OTA - serous red
drainage at midline
cleaned w H2O2Genesis II
3000
Staples Intact
OTA sm. amt
of larger pinkish
drainage on
chinWound/Incision/
Pressure Sore

WOUND COLOR

DRAINAGE COLOR

AMOUNT

TREATMENT

Location: Med-line
Abdomen

ODOR/DIMENSIONS

Staples OTA, well
approx. 5 drainage
5 redness, swellingmidline abd
staples OTA 5
drainage. cleaned w
H2O2Staples OTA, well
approx 5 drainageWound/Incision/
Pressure Sore

WOUND COLOR

DRAINAGE COLOR

AMOUNT

TREATMENT

Location: Chest / Harek
Upper

ODOR/DIMENSIONS

Drsg DTI - Not
cleared i Betadine
VDO appliedChest fluk dry
A II
1430 drsg changed -
wound to staples
intact wound cleaned
w H2O2 Betadine DSDrsg DTI - Not
cleared i Betadine
VDO appliedWound/Incision/
Pressure Sore

WOUND COLOR

DRAINAGE COLOR

AMOUNT

TREATMENT

Location: Shoulder
Back

ODOR/DIMENSIONS

Band aids Intact
5 drainage
No change to tubingBand aids intactBand aids
IntactOther Skin Care (foot care,
padding, pin care, etc)Assessed
MaintainedAssessed
Maintained

WOUND COLOR

1 = Pink/WNL

2 = Red

3 = Echin/Neurotic

DRAINAGE COLOR

1 = Serous

2 = Serosanguineous

3 = Fibrinous

4 = Clear

5 = Cloudy

DRAINAGE AMOUNT

1 = None

2 = Scant

3 = Moderate

4 = Copious

TREATMENT

1 = Open to air

2 = Dry sterile dressing

3 = Wet to wet (specify)

4 = Wet to dry (specify)

5 = Other (specify)

ELIMINATION, NUTRITION, METABOLISM

SKIN INTEGRITY

LEGEND

Date 2/20/04

2300 - 0700

0700 - 1500

1500 - 2300

Orientation*

5

5

05

Pain/
Discomfort

Time

0245

Assessment

12.5 Phenyton
50mg Depo

Intervention

Pain Control*

Sedation*

Special Analgesia

- ☐ Patient Controlled
☐ Epidural
☐ Subcutaneous
☐ Intrathecal

ml given

Respirations

Pain Control*

Sedation*

Blood Pressure

Epidural Rate

Sensation*

R L R L R L R L R L R L R L R L R L R L

Upper

3

3

3

Lower

3

3

3

Pupils*

Size (mm)

3 3

4 4

3 3

Reactive

✓

✓

✓

Deviated

✓

✓

✓

Limb Movement*

Upper

6

6

6

Lower

6

6

6

ORIENTATION

- 5 - Oriented
4 - Lethargic but oriented
3 - Confused
2 - Incoherent
1 - No response

PAIN CONTROL

- 5 - Voices excruciating pain
4 - Voices severe pain
3 - Voices moderate pain
2 - Voices mild pain
1 - Voices comfort
As - Asleep

SEDATION

- 5 - Only awakens when aroused
4 - Mostly sleeping
3 - Dozing intermittently
2 - Drowsy
1 - Wide awake

SENSATION

- 3 - Intact
2 - Numbness/Tingling
1 - Absent

LIMB MOVEMENT

- 6 - Full strength/no deficit
5 - Weakness/deficit
4 - Flaccid
3 - Rigid
2 - Flexion
1 - Extension

*HIGH RISK FALL CRITERIA SCORES

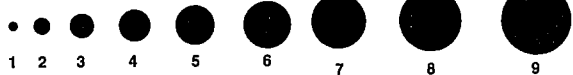
- ☐ History of previous falls
☐ Mental status
☐ Age
☐ Mobility

Medical diagnosis

Sensory deficit

Medication

PUPIL SIZE IN mm.



Emotional Status, Mood,
Coping Ability

Cope & Care
Pleasant

Quiet - cooperative

Cope Care

Family Visits, Interaction,
Involvement/Pastoral Care

✓

Visitors in + out

*High Risk
Fall Score

3

Bed in low position

Call light in reach

Siderails X

✓

✓

✓

✓

✓

✓

✓

✓

✓

Restraints

☐ Mittens ☐ Limb ☐ Vest

Specify extremities

Other

☒ Release/ROM/circ v q2h

☐ Mittens ☐ Limb ☐ Vest

Specify extremities

Other

☐ Release/ROM/circ v q2h

☐ Mittens ☐ Limb ☐ Vest

Specify extremities

Other

☒ Release/ROM/circ v q2h

Special Precautions, Isolation

Universal

Universal

Universal

COGNITION / PERCEPTION

*LEGEND

SELF CONCEPT/COPING
ROLES/RELATIONSHIPS

SAFETY/SECURITY

[illegible]

1. No redness/swelling dressing dry and intact 2. Other Specify 3. D/C 4. Dressing change

Comments/Physician notification:

Comments/Physician notification

2400 Assessment Complete. Pt. Resting quietly. ~ M. Vetter

7³⁰ AM Pt sleeping - Resp easy & regular.

8³⁰ AM Pt assessed. States still drowsy - sleepy. Ate breakfast

10 AM awake - taking chicken soup - Hatacode - doing well & fluids. Pleading

11 AM C/O intermittent "spasms @ groin - pulse good - no hiccups noted - states comes & goes. 11⁰⁰ AM up to walker - ambulated length of hallway - did well.

13³⁵ C/O pain - Tylenol & codeine elixir given. At 14³⁰ PM @ plank dog A.D. stopped. ^{abdominal} extreme wound to abd with drainage cleared w/ H₂O2 - betadine - O.S.D. applied. At 15⁰⁰ PM reassessed.

2600 Assessment Complete. Pt. Resting 3 Amy Cb plan ~ M. Vetter

Dr. Treasler

Diet / Supplements Taken: (type, amount, tolerance)	2300 - 0700		0700 - 1500		1500 - 2300	
	Breakfast	Lunch	Dinner	Snack		
☐ Calorie Count <i>liquids</i>						
Assistance Required with feeding	☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total		
Tube Feedings Formula _____ Rate _____ Method ☐ Pump ☐ Bolus ☐ Gravity verify tube placement q4h	2400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 0400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	0800 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 1200 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	1600 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 2000 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml			
Tube: _____ Location: _____						
Tube: _____ Location: _____						
Tube: _____ Location: _____						
Urinary Elimination, Catheter Insertion & Care	☐ WNL <i>voids per urinal - clear yellow urine</i>	☐ WNL <i>voids per urinal</i>	☐ WNL <i>voids per urinal</i>			
Bowel Elimination, Bowel Sounds, Abdomen, Enemas, Stoma	☒ WNL <i>Bowel sounds active x4 abdomen slightly firm - no</i>	☒ WNL <i>⊕ BS x4 no BM</i>	☒ WNL <i>⊕ BS x4 / no BM</i> <i>Fleets enema given @ 17:45 - no BM</i>			

SKIN BREAKDOWN

Pressure Sore Risk Score = <i>8</i>	General Physical Condition		Mobility		Existing Breakdown	
	Mental Status	Activity	Incontinence	Nutrition / Fluid Intake		
Preventive Skin Care, Skin Care Consult, Skin Care Products	<i>Lotion to Back Genesis</i>					
	☐ Specialty bed	<i>Genesis</i>	☐ Specialty bed	<i>Genesis</i>	☐ Specialty bed	<i>Genesis</i>
Wound/Incision/Pressure Sore <i>face/chin</i> Location: _____	WOUND COLOR DRAINAGE COLOR AMOUNT TREATMENT ODOR/DIMENSIONS	<i>sutures intact OTA - no drainage</i>	<i>sutures intact OTA & yellowish-brown drainage</i>	<i>no change</i>	<i>no change</i>	
Wound/Incision/Pressure Sore <i>midline chest</i> Location: _____	WOUND COLOR DRAINAGE COLOR AMOUNT TREATMENT ODOR/DIMENSIONS	<i>midline incision well approximated staples OTA - no drain age - cleaned & Betadine</i>	<i>midline incision staples intact well approximated & no redness or swelling</i>	<i>no change</i>		
Wound/Incision/Pressure Sore <i>Chest - flank</i> Location: _____	WOUND COLOR DRAINAGE COLOR AMOUNT TREATMENT ODOR/DIMENSIONS	<i>Drsg - wet - No Dsg staples intact - other area open - red-yellow drainage - cleaned & Betadine - applied</i>	<i>Drsg - dry & intact</i>	<i>1 2 3 2</i>	<i>Drsg changed to @ chest area Betadine applied. new DSD.</i>	
Wound/Incision/Pressure Sore <i>Shoulder</i> <i>buttock</i> Location: _____	WOUND COLOR DRAINAGE COLOR AMOUNT TREATMENT ODOR/DIMENSIONS	<i>Bandaids intact - no drainage</i>	<i>Bandaids intact</i>		<i>Bandaids intact</i>	
Other Skin Care (foot care, padding, pin care, etc)	<i>No Breakdown</i>		<i>No Breakdown</i>			

WOUND COLOR

1 = Pink/WNL
2 = Red
3 = Eschar/Necrotic

DRAINAGE COLOR

1 = Serous 4 = Clear
2 = Serosanguineous 5 = Cloudy
3 = Purulent

DRAINAGE AMOUNT

1 = None 3 = Moderate
2 = Scant 4 = Copious

TREATMENT

1 = Open to air 3 = Wet to wet (specify)
2 = Dry sterile dressing 4 = Wet to dry (specify)
5 = Other (specify)

Date 2/19/94

2300 - 0700

0700 - 1500

1500 - 2300

Orientation*

A+0 x 355Pain/
Discomfort

Time

012504257:30 PM2215

Assessment

C/OC/Ono p2jaw - old

Intervention

50mg50mgDemerol50mg50mg

Pain Control*

333

Sedation*

2-32-32-3

Special Analgesia

☐ Patient

ml given

Controlled

Respirations

☐ Epidural

Pain Control*

☐ Subcutaneous

Sedation*

☐ Intrathecal

Blood Pressure

Epidural Rate

Sensation*

R

L

R

L

R

L

R

L

R

L

R

L

R

L

Upper

3/33/3333

Lower

3/33/3333

Pupils*

Size (mm)

3/33/3333/3

Reactive

✓✓✓✓++✓✓

Deviated

✓✓✓✓--✓✓

Limb Movement*

Upper

6/66/6666

Lower

5/55/5556/5

ORIENTATION

5 - Oriented

4 - Lethargic but oriented

3 - Confused

2 - Incoherent

1 - No response

PAIN CONTROL

5 - Voices excruciating pain

4 - Voices severe pain

3 - Voices moderate pain

2 - Voices mild pain

1 - Voices comfort

As - Asleep

SEDATION

5 - Only awakens when

aroused

4 - Mostly sleeping

3 - Dozing intermittently

2 - Drowsy

1 - Wide awake

SENSATION

3 - Intact

2 - Numbness/

Tingling

1 - Absent

LIMB MOVEMENT

6 - Full strength/no deficit

5 - Weakness/deficit

4 - Flaccid

3 - Rigid

2 - Flexion

1 - Extension

*HIGH RISK FALL CRITERIA SCORES

History of previous falls

Mental status

Age

Mobility

Medical diagnosis

Sensory deficit

Medication

PUPIL SIZE IN mm.

1

2

3

4

5

6

7

8

9

Emotional Status, Mood,
Coping AbilityPleasant + Coopera-
tiveCooperativeCooperativeFamily Visits, Interaction,
Involvement/Pastoral CareNone noted @
BedsideMom, Dad, Brother
at bedsideMom, dad, brother
at bedside*High Risk
Fall Score4

Bed in low position

✓

Call light in reach

✓

Siderails X

2yes

Restraints

☐ Mittens☐ Limb☐ Vest

Specify extremities

Other

☐ Release/ROM/circ v q2h☐ Mittens☐ Limb☐ Vest

Specify extremities

Other

☐ Release/ROM/circ v q2h☐ Mittens☐ Limb☐ Vest

Specify extremities

Other

☐ Release/ROM/circ v q2h

Special Precautions, Isolation

Universal &
Fall-maintainedUniversal, fallUniversal, fall

COGNITION / PERCEPTION

*LEGEND

SELF CONCEPT/COPING
ROLES/RELATIONSHIPS

SAFETY/SECURITY

Date 2/19/94

Page 4 of 4

ACTIVITY / REST	ACTIVITIES OF DAILY LIVING	2300 - 0700	0700 - 1500	1500 - 2300
		☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete
Bath & Hygiene				assist w/ bath M J HS
Oral Care				
Turning & Repositioning	self		self	self
Activity & Tolerance	Bedrest Assistance from ☐ one ☐ none	TID & assist	TID & assist	
ROM Exercises / Mobility Aids / Traction ☐ Walker ☐ Crutches ☒ Cane ☐ Overhead Trapeze	MOE x 4	AMOEX 4	AMOEX 4	
Sleep / Rest Pattern	Sleeping	awake	awake	
Specimen Collection				
Diagnostic Tests / Medical Procedures				
Equipment in Use: (e.g., telemetry, IV/feeding pump, antiembolic device, CPM, wall suction, K-pad, etc.)	PAS - hose IV - pump	PAS hose Baxter pump	PAS hose Doflu pump	

SITE	INSERTION DATE/SIZE	SITE ASSESSMENT			TIME	IV VOLUME / SOLUTION / RATE	PUMP	14-22	2200-0600		0600-1400		1400-2200		TUBING CHANGE TIME		
		N	D	E				TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT	P	PB	
FA	2/20 2/18	1			2200	D5LR @ 125 CC/1°		1000	1000								
					0630	D5LR @ 125 CC/1°				1000	700	300	300	—			
					10 ⁰⁰	Transmitt	✓				50	—					
					16 ⁰⁰	D5LR @ 125 cc/hr	✓										
					22	D5LR @ 125 cc/hr								147			

1. No redness/swelling dressing dry and intact 2. Other Specify 3. D/C 4. Dressing change

Comments/Physician notification

8:20 Assessment completed. See flow sheet for details

Pam Brandhurst, 5K089999

10:20 Assessment completed. See flow sheet for details

Pam Brandhurst, 5K089999

2:00 Assessment Complete, No R/S noted

M. Mott, IR090255

Date **FEB 18 1994**

PERSONNEL

	2300-0700		0700-1500		1500-2300	
	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE
Registered Nurse	J0	Janet Dampier RN	KB	Kim Blapp RN	PT	Peggy Kelly RN
Licensed Practical Nurse						
Patient Care Assistant						
Patient Care Technician						
Time of Initial Assessment						

OXYGENATION & CIRCULATION

	2400	0400	0800	1200	1600	2000
Temperature	98.3	98.2	98.5		98.8	98.7
Pulse (A=apical)	100	100	96		100	92
Respirations	20	20	16		12	17
Blood Pressure	146/100	136/92	140/100		134/72	132/78
Orthostatic Blood Pressure						
Weight	☐ Standing ☐ Bed ☐ Chair ☐ Lift					
Heart Sounds	☒ WNL	☒ WNL	☒ WNL		☒ WNL	☒ WNL
Skin Color & Temperature	Slightly pale	Slightly pale	Slightly pale		pale warm + dry	pale warm + dry
DVT Prophylaxis	☒ On ☐ Off	☒ On ☐ Off	☒ On ☐ Off		☒ On ☐ Off	☒ On ☐ Off
Breath Sounds / Respiratory Pattern	CTA, supine	CTA, supine	CTA, supine		CTA, supine	CTA, supine
Cough / Expectoration						
Coughing & Deep Breathing	encouraged	encouraged	encouraged		encouraged	encouraged
Incentive Spirometry	room air	room air	room air		room air	room air
Oxygen Therapy / Ventilator Settings	room air	room air	room air		room air	room air
Suctioning	Yonkers @ BS	Yonkers @ BS	Yonkers @ BS		Yonkers @ BS	Yonkers @ BS
Tracheostomy / ET Care	Scissors @ HOB	Scissors @ HOB	Scissors @ HOB		Scissors @ HOB	Scissors @ HOB
Oximeter Readings	98%	98%	98%		98%	98%
☐ Continuous ☒ Spot check						
LEGEND: Temp w=warm d=cool cd=cold Color n=normal p=pale cy=cyanotic Pulse d=doppler 2+=normal 1+=weak/interm						
Upper Extremity	Temperature: WW	Temperature: WW	Temperature: WW		Temperature: WW	Temperature: WW
Color: NN	Color: NN	Color: NN		Color: NN	Color: NN	
Edema: 0	Edema: 0	Edema: 0		Edema: 0	Edema: 0	
Radial: 2+	Radial: 2+	Radial: 2+		Radial: 2+	Radial: 2+	
Brachial: 2+	Brachial: 2+	Brachial: 2+		Brachial: 2+	Brachial: 2+	
Capillary Refill Time (sec): 3	Capillary Refill Time (sec): 3	Capillary Refill Time (sec): 3		Capillary Refill Time (sec): 3	Capillary Refill Time (sec): 3	
Lower Extremity	Temperature: WW	Temperature: WW	Temperature: WW		Temperature: WW	Temperature: WW
Color: NN	Color: NN	Color: NN		Color: NN	Color: NN	
Edema: 0	Edema: 0	Edema: 0		Edema: 0	Edema: 0	
Posterior Tibialis: 2+	Posterior Tibialis: 2+	Posterior Tibialis: 2+		Posterior Tibialis: 2+	Posterior Tibialis: 2+	
Dorsalis Pedis: 2+	Dorsalis Pedis: 2+	Dorsalis Pedis: 2+		Dorsalis Pedis: 2+	Dorsalis Pedis: 2+	
Capillary Refill Time (sec): 3	Capillary Refill Time (sec): 3	Capillary Refill Time (sec): 3		Capillary Refill Time (sec): 3	Capillary Refill Time (sec): 3	
Ankle / Brachial Index						

Addressograph

PATIENT CARE FLOWSHEET



a U.S. Health affiliate

Patient Care Services
Columbus, Ohio

735A

9402800157

000540500

WARREN, RICK

1530 EAST COMER AVENUE

DUCYRUS OH 44820

175 FALCONE, ROBERT E.

ADM DATE 02/13/94

Diet / Supplements Taken: (type, amount, tolerance)	2300 - 0700		0700 - 1500		1500 - 2300	
			Breakfast	Lunch	Dinner	Snack
☐ Calorie Count <i>gelling</i>	<i>fluids</i>		<i>25%</i> <i>tol well</i>	<i>25%</i>		
Assistance Required with feeding	<i>assist</i>		☐ none ☒ assist ☐ total	☐ none ☒ assist ☐ total	☐ none ☒ assist ☐ total	☐ none ☒ assist ☐ total
Tube Feedings Formula _____ Rate _____ Method ☐ Pump ☐ Bolus ☐ Gravity verify tube placement q4h	2400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 0400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml		0800 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 1200 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml		1600 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 2000 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	
Tube: _____ Location: _____						
Tube: _____ Location: _____						
Tube: _____ Location: _____						
Urinary Elimination, Catheter Insertion & Care	☒ WNL <i>per wound denies dysuria</i>		☐ WNL <i>voiding per wound</i>		☐ WNL <i>voids per urinal. Clear yellow mix</i>	
Bowel Elimination, Bowel Sounds, Abdomen, Enemas, Stoma	☒ WNL <i>abd. soft BBS x4</i>		☒ WNL <i>Stool x1</i>		☒ WNL <i>Bowel sounds active x4 abdomen soft slightly firm</i>	

SKIN BREAKDOWN

Pressure Sore Risk Score =	General Physical Condition			Mobility			Existing Breakdown					
	☒ Mental Status ☒ Activity			☒ Incontinence ☒ Nutrition / Fluid Intake								
Preventive Skin Care, Skin Care Consult, Skin Care Products	<i>Genesis</i>			<i>Comfortex mattress</i>			<i>Genesis II</i>					
	☐ Specialty bed			☐ Specialty bed			☐ Specialty bed					
Wound/Incision/Pressure Sore	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT
<i>face/chin</i>		<i>drug D/I</i>				<i>OTA</i>		<i>Sutures intact.</i>		<i>sutures intact</i>		<i>OTA - no drainage</i>
Wound/Incision/Pressure Sore	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT
<i>mid abd/groin</i>	<i>1</i>	<i>8</i>	<i>1</i>	<i>Staples intact</i>	<i>1</i>	<i>8</i>	<i>1</i>	<i>Staples well approximated</i>	<i>1</i>	<i>8</i>	<i>1</i>	<i>Staples intact</i>
Wound/Incision/Pressure Sore	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT
<i>Left chest</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>Staples intact</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>Staples intact to one side.</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>Staples intact to other side - old site</i>
Wound/Incision/Pressure Sore	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT	WOUND COLOR	DRAINAGE COLOR	AMOUNT	TREATMENT
<i>@ shoulder @ flank @ buttock</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>Drug D/I</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>Band-aids in place to @ shoulder @ buttock</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>Band-aids in place to @ groin</i>
Other Skin Care (foot care, padding, pin care, etc)	<i>Arch bars in place perianal mouth care</i>			<i>Arch bars in place Pharyngeal pharynx mouth with patch</i>			<i>Arch bars in place perianal mouth care</i>					

WOUND COLOR

1 = Pink/WNL
2 = Red
3 = Eschar/Necrotic

DRAINAGE COLOR

1 = Serous 4 = Clear
2 = Serosanguineous 5 = Cloudy
3 = Purulent

DRAINAGE AMOUNT

1 = None 3 = Moderate
2 = Scant 4 = Copious

TREATMENT

1 = Open to air 3 = Wet to wet (specify)
2 = Dry sterile dressing 4 = Wet to dry (specify)
5 = Other (specify)

Date		2300 - 0700	0700 - 1500	1500 - 2300
Orientation*		5	5	5
Pain/Discomfort	Time	2825 0225	0940 1345	1820 2130
	Assessment	c/o pain	c/o pain	c/o pain
	Intervention	75mg IV	Dilaudid 50mg IV given	Dilaudid 50mg IV given
	Pain Control*	2	2	2
	Sedation*	4	1	1
Special Analgesia		☐ Patient Controlled ☐ Epidural ☐ Subcutaneous ☐ Intrathecal		
Sensation*		R L R L R L R L R L R L R L R L R L R L Upper 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 Lower 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
Pupils*		Size (mm) 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 Reactive 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 Deviated -		
Limb Movement*		Upper 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 Lower 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
ORIENTATION 5 - Oriented 4 - Lethargic but oriented 3 - Confused 2 - Incoherent 1 - No response		PAIN CONTROL 5 - Voices excruciating pain 4 - Voices severe pain 3 - Voices moderate pain 2 - Voices mild pain 1 - Voices comfort As - Asleep		SEDATION 5 - Only awakens when aroused 4 - Mostly sleeping 3 - Dozing intermittently 2 - Drowsy 1 - Wide awake
*HIGH RISK FALL CRITERIA SCORES 0 History of previous falls 0 Mental status 0 Age 2 Mobility		PUPIL SIZE IN mm. 1 2 3 4 5 6 7 8 9		LIMB MOVEMENT 6 - Full strength/no deficit 5 - Weakness/deficit 4 - Flaccid 3 - Rigid 2 - Flexion 1 - Extension
Emotional Status, Mood, Coping Ability		Pleasant & cooperative		
Family Visits, Interaction, Involvement/Pastoral Care		Family @ bedside til 2030.		
*High Risk Fall Score 5		Bed in low position 4 Call light in reach 4 Siderails X 4		
Restraints		☐ Mittens ☐ Limb ☐ Vest Specify extremities _____ Other _____ ☐ Release/ROM/circ v q2h		
Special Precautions, Isolation		universal fall Safety + comfort vs mode of universal		

COGNITION / PERCEPTION

*LEGEND

SELF CONCEPT / COPING ROLES / RELATIONSHIPS

SAFETY / SECURITY

ACTIVITY / REST	2300 - 0700				0700 - 1500				1500 - 2300			
	☐ None	☐ Self	☒ Assist	☐ Complete	☐ None	☐ Self	☐ Assist	☐ Complete	☐ None	☐ Self	☐ Assist	☐ Complete
Bath & Hygiene	☐ None	☐ Self	☒ Assist	☐ Complete	☐ None	☐ Self	☐ Assist	☐ Complete	☐ None	☐ Self	☐ Assist	☐ Complete
Oral Care	☐ None	☐ Self	☒ Assist	☐ Complete	☐ None	☐ Self	☐ Assist	☐ Complete	☐ None	☐ Self	☐ Assist	☐ Complete
Turning & Repositioning	per self				Per self				self			
Activity & Tolerance	resting in bed				↑ hall				Bed rest			
ROM Exercises / Mobility Aids / Traction ☐ Walker ☐ Crutches ☐ Cane ☒ Overhead Trapeze	MOEXY				MOEXY				MOEXY			
Sleep / Rest Pattern	Naps				pm.				Awake			
Specimen Collection												
Diagnostic Tests / Medical Procedures												
Equipment in Use: (e.g., telemetry, IV/feeding pump, antiembolic device, CPM, wall suction, K-pad, etc.)	Baxter PAS								PAS - hose IV - pump			

SITE	INSERTION DATE/SIZE	SITE ASSESSMENT			TIME	IV VOLUME / SOLUTION / RATE	PUMP	14-22		2200-0600		0600-1400		1400-2200		TUBING CHANGE TIME	
		N	D	E				TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT	P	PB	
② AC	4/18 2/13	1	1	3		D5LR @ 125		500	500	0							
④ AC			1	3													
② AC					02	D5LR @ 125		1000	400	600		600					
② AC		1			04	Ticarcillin			50	/							
① PA	4/20 2/18			1		D5LR @ 125						400	600	600			

1. No redness/swelling dressing dry and intact 2. Other Specify 3. D/C 4. Dressing change

Comments/Physician notification

1800: Pt. reassessed no AS unless otherwise noted

VB

Addressograph

WARREN, RICK
1530 EAST COMER AVENUE
BUCYRUS OH 44820
173 FALCONE, ROBERT E
1/P ADM DATE 02/13
SYC TRA FC SP

Diet / Supplements Taken: (Type, amount, tolerance)	2300 - 0700	0700 -		1500 - 2300	
		Breakfast	Lunch	Dinner	Snack
☐ Calorie Count	taking P.O. fluids 3 difficulty	at lig 20%	full rehydrated cal lig	at lig K 480cc	P.O. fluids
Assistance Required with feeding	assist	☐ none ☒ assist ☐ total	☐ none ☒ assist ☐ total	☐ none ☒ assist ☐ total	☐ none ☒ assist ☐ total
Tube Feedings Formula _____ Rate _____ Meths ☐ Pump ☐ B.I.S. ☐ Gravity verify the placement q4h	2400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 0400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	0800 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 1200 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	1600 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 2000 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml		
Tube: Location:					
Tube: Location:					
Tube: <u>PIN ROSE DRAIN</u> - Intact Location: <u>(R) Neck</u>		intact, small amount serousy drng	pulled per Dr. Burdge		
Urinary Elimination, Catheter Insertion & Care	☒ WNL Per urinal Clear Amber urine	☒ WNL Clear amber per urinal	☒ WNL per urinal	per WNL urinal	
Bowel Elimination, Bowel Sounds, Abdomen, Enemas, Stoma	☒ WNL Abd. soft @ BSXY	☒ WNL BS & DX, abd soft, & incisional tenderness	☒ WNL BS & DX, Dulcatory R/S & Peristalsis	abd. soft @ BSXY quads	

SKIN BREAKDOWN

Pressure Sore

Risk Score =

8

1 General Physical Condition

2 Mental Status

4 Activity

2 Mobility

2 Incontinence

2 Nutrition / Fluid Intake

Existing Breakdown

Preventive Skin Care, Skin Care
Consult, Skin Care Products

Genesis

Genesis II

Genesis II

☐ Specialty bed☒ Specialty bed☐ Specialty bedWound/Incision/
Pressure Sore

WOUND COLOR

DRAINAGE COLOR

AMOUNT

TREATMENT

ODOR/DIMENSIONS

Location:

WOUND COLOR

DRAINAGE COLOR

AMOUNT

TREATMENT

ODOR/DIMENSIONS

Location:

Wound/Incision/
Pressure Sore

WOUND COLOR

DRAINAGE COLOR

AMOUNT

TREATMENT

ODOR/DIMENSIONS

Location:

Wound/Incision/
Pressure Sore

WOUND COLOR

DRAINAGE COLOR

AMOUNT

TREATMENT

ODOR/DIMENSIONS

Location:

Other Skin Care (foot care,
padding, pin care, etc)

WOUND COLOR

1 = Pink/WNL

2 = Red

3 = Eschar/Necrotic

DRAINAGE COLOR

1 = Serous

2 = Serosanguineous

3 = sanguineous

4 = Clear

5 = Cloudy

DRAINAGE AMOUNT

1 = None

2 = Scant

3 = Moderate

4 = Copious

TREATMENT

1 = Open to air

2 = Dry sterile dressing

3 = Wet to wet (specify)

4 = Wet to dry (solution)

5 = Other (specify)

Date

2300 - 0700

0700 - 1500

1500 - 2300

Orientation*

5

05 alert et oriented

5

Pain/
Discomfort

Time

22

01

04

Assessment

c/o
pain

c/o
pain

c/o
pain

Intervention

75mg
Demoral
IV

75mg
Demoral
IV

75mg
Demoral
IV

Pain Control*

3

3

4

Sedation*

3

3

4

08-
resting
fine
close
medicated
9:30
75mg
Demoral

08-
1015-
1315-
1615-
1925-

Special Analgesia

☐ Patient

ml given

2400

Controlled

Respirations

☐ Epidural

Pain Control*

☐ Subcutaneous

Sedation*

☐ Intrathecal

Blood Pressure

Epidural Rate

Sensation*

R

L

R

L

R

L

R

L

R

L

R

L

R

L

Upper

33

33

33

33

Lower

33

33

33

33

Pupils*

Size (mm)

33

33

44

Reactive

✓✓

✓✓

++

Deviated

—

—

—

Limb Movement*

Upper

66

66

66

66

Lower

66

66

66

66

ORIENTATION

- 5 - Oriented
- 4 - Lethargic but oriented
- 3 - Confused
- 2 - Incoherent
- 1 - No response

PAIN CONTROL

- 5 - Voices excruciating pain
- 4 - Voices severe pain
- 3 - Voices moderate pain
- 2 - Voices mild pain
- 1 - Voices comfort
- As - Asleep

SEDATION

- 5 - Only awakens when aroused
- 4 - Mostly sleeping
- 3 - Dozing intermittently
- 2 - Drowsy
- 1 - Wide awake

SENSATION

- 3 - Intact
- 2 - Numbness/Tingling
- 1 - Absent

LIMB MOVEMENT

- 6 - Full strength/no deficit
- 5 - Weakness/deficit
- 4 - Flaccid
- 3 - Rigid
- 2 - Flexion
- 1 - Extension

*HIGH RISK FALL CRITERIA SCORES

- 0 History of previous falls
- 0 Mental status
- 0 Age
- 2 Mobility

- 1 Medical diagnosis
- 0 Sensory deficit
- 2 Medication

PUPIL SIZE IN mm.


Emotional Status, Mood,
Coping Ability

coop. & care

cooperative & care

pleasant & coop.

Family Visits, Interaction,
Involvement/Pastoral Care

all nursing
procedures
explained

care discussed

*High Risk
Fall Score

5

Bed in low position

Call light in reach

Siderails X

4 x 4

4 x 4

4 x 4

Restraints

☐ Mittens ☐ Limb ☐ Vest

Specify extremities

Other

☐ Release/ROM/circ q2h

☐ Mittens ☐ Limb ☐ Vest

Specify extremities

Other

☐ Release/ROM/circ q2h

☐ Mittens ☐ Limb ☐ Vest

Specify extremities

Other

☐ Release/ROM/circ q2h

Special Precautions, Isolation

universal
fall

universal, fall

universal
fall

COGNITION / PERCEPTION

*LEGEND

SELF CONCERNING
ROLES/RELATIONSHIPS

SAFETY/SECURITY

ACTIVITIES OF DAILY LIVING		2300 - 0700	0700 - 1500	1500 - 2300
Bath & Hygiene	☐ None ☐ Self ☐ Assist ☒ Complete	☐ None ☐ Self ☐ Assist ☒ Complete	☐ None ☐ Self ☐ Assist ☒ Complete	☐ None ☐ Self ☒ Assist ☐ Complete
Oral Care	☐ None ☐ Self ☒ Assist ☐ Complete	☐ None ☐ Self ☒ Assist ☐ Complete	☐ None ☐ Self ☒ Assist ☐ Complete	☐ None ☐ Self ☒ Assist ☐ Complete
Turning & Repositioning	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete
Activity & Tolerance	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete
ROM Exercises / Mobility Aids / Traction	☐ Walker ☐ Goggles ☐ Cane ☒ Overhead Trapeze	☐ Walker ☐ Goggles ☐ Cane ☒ Overhead Trapeze	☐ Walker ☐ Goggles ☐ Cane ☒ Overhead Trapeze	☐ Walker ☐ Goggles ☐ Cane ☒ Overhead Trapeze
Sleep / Rest Pattern	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete
Specimen Collection	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete
Diagnostic Tests / Medical Procedures	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete
Equipment in Use: (e.g., telemetry, IV/feeding pump, antiembolic device, CPM, wall suction, K-pad, etc.)	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☐ Complete

SITE	INSERTION DATE/SIZE	SITE ASSESSMENT			TIME	IV VOLUME / SOLUTION / RATE	PUMP	14-22	2200-0600	0600-1400	1400-2200	TUBING CHANGE TIME		
		N	D	E				TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT
② PAC	#18 2/13	1			23	D5LR @ 125	✓	1000	900	1000				
PAC	#16 2/13	1				Hu								
PAC	—	1				Ticarcillin		50	—					
					16	Ticarcillin				50	—			
					16	Ticarcillin					50	—		
					16	D5LR @ 125				1000	500	500		
					12	Ticarcillin					50	—		

1. No redness/swelling dressing dry and intact 2. Other Specify 3. D/C 4. Dressing change

Comments/Physician notification

Date **FEB 16 1994**

PERSONNEL

Registered Nurse

Licensed Practical Nurse

Patient Care Assistant

Patient Care Technician

Time of Initial Assessment

2300-0700

0700-1500

1500-2300

INITIALS

SIGNATURE

INITIALS

SIGNATURE

INITIALS

SIGNATURE

3x

Susan Baker RN

JL

Carol C. Hoffman RN

JD

Janet O'Connor RN

RA

Vicki Ambrose PC

Gul

Chenon W. Dunn

2400

0400

0800

1200

1600

2000

Temperature

Pulse (A=apical)

Respirations

Blood Pressure

Orthostatic Blood Pressure

Weight ☐ Standing ☐ Bed
☐ Chair ☐ Lift

Heart Sounds

Skin Color & Temperature

DVT Prophylaxis

☐ PAS ☐ TEDBreath Sounds / Respiratory
Pattern

Cough / Expectoration

Coughing & Deep Breathing

Incentive Spirometry

Oxygen Therapy /

Ventilator Settings

Suctioning

Tracheostomy / ET Care

Oximeter Readings

☐ Continuous ☐ Spot checkLEGEND: Temp w=warm n=normal d=doppler
c=cool pl=pale 2+=normal
cd=cold cy=cyanotic 1+=weak/intermTemperature
Color
Edema
Radial
Brachial
Capillary Refill Time (sec)Temperature
Color
Edema
Posterior Tibialis
Dorsalis Pedis
Capillary Refill Time (sec)
Ankle / Brachial Index

24

R L R L R L R L

R L R L R L R L

0800

R L R L R L R L

R L R L R L R L

R L R L R L R L

20

R L R L R L R L

W
N
0
+2
+2
3W
N
0
+2
+2
3W
N
0
+2
+2
3W
N
0
+2
+2
3W
N
0
+2
+2
3W
N
0
+2
+2
3W
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+2
+2
3W
N
0
+2
+2
3W
N
0
+2
+2
3W
N
0
+2
+2
3W
N
0
+2
+2
3

CIRCULATION CHECKS

Upper Extremity

Lower Extremity

Addressograph

735A

PATIENT CARE FLOWSHEET



a U.S. Health affiliate

Patient Care Services
Columbus, Ohio

3402800157
 WARREN, RICK
 1530 EAST COMER AVENUE
 3UCYRUS OH 44820
 175 FALCONE, ROBERT E
 ADM DATE 02/13/94
 1/P
 SVC TRA
 FC SP

	2300 - 0700	0700 - 1500	1500 - 2300
Diet / Supplements Taken: (type, amount, tolerance) <i>liquid</i>		Breakfast <i>poor</i> Lunch <i>ex. lig 10%</i>	Dinner <i>taking 360cc</i> Snack <i>360cc</i>
☐ Calorie Count		☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total
Assistance Required with feeding		☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total
Tube Feedings Formula _____ Rate _____ Method ☐ Pump ☐ Bolus ☐ Gravity verify tube placement q4h	2400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 0400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	0800 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 1200 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	1600 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 2000 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml
Tube: _____ Location: _____			
Tube: _____ Location: _____			
Tube: _____ Location: _____			
Urinary Elimination, Catheter Insertion & Care	☐ WNL <i>Per Urinal</i>	☒ WNL <i>per error cc straight cath</i>	☒ WNL <i>clear yellow per urinal</i>
Bowel Elimination, Bowel Sounds, Abdomen, Enemas, Stoma	☒ WNL <i>BSx4</i>	☒ WNL	☐ WNL <i>per urinal clear amber urine</i> <i>Abd. soft</i> <i>BSx4</i>

SKIN BREAKDOWN

Pressure Sore

Risk Score =

6

— General Physical Condition
— Mental Status
— Activity

— Mobility
— Incontinence
— Nutrition / Fluid Intake

— Existing Breakdown

Preventive Skin Care, Skin Care Consult, Skin Care Products

☐ Specialty bed☐ Specialty bed☐ Specialty bedWound/Incision/
Pressure SoreWOUND COLOR
DRAINAGE COLOR
AMOUNT

TREATMENT

Location: *luc/chin*

ODOR/DIMENSIONS

Wound/Incision/
Pressure SoreWOUND COLOR
DRAINAGE COLOR
AMOUNT

TREATMENT

Location: *Mid abd/groin*

ODOR/DIMENSIONS

Wound/Incision/
Pressure SoreWOUND COLOR
DRAINAGE COLOR
AMOUNT

TREATMENT

Location: *D Chest*

ODOR/DIMENSIONS

Wound/Incision/
Pressure SoreWOUND COLOR
DRAINAGE COLOR
AMOUNT

TREATMENT

Location: *D Stomach*

ODOR/DIMENSIONS

Other Skin Care (foot care, padding, pin care, etc)

WOUND COLOR

1 = Pink/WNL
2 = Red
3 = Eschar/Necrotic

DRAINAGE COLOR

1 = Serous 4 = Clear
2 = Serosanguineous 5 = Cloudy
3 = Purulent

DRAINAGE AMOUNT

1 = None 3 = Moderate
2 = Scant 4 = Copious

TREATMENT

1 = Open to air 3 = Wet to wet (specify)
2 = Dry sterile dressing 4 = Wet to dry (specify)
5 = Other (specify)

Date _____

2300 - 0700

0700 - 1500

1500 - 2300

Orientation*

Pain/
Discomfort

Time

Assessment

Intervention

Pain Control*

Sedation*

Special Analgesia

☐ Patient
Controlled

☐ Epidural

☐ Subcutaneous

☐ Intrathecal

ml given

Respirations

Pain Control*

Sedation*

Blood Pressure

Epidural Rate

Sensation*

Upper

Lower

Pupils*

Size (mm)

Reactive

Deviated

Limb Movement*

Upper

Lower

ORIENTATION

- 5 - Oriented
- 4 - Lethargic but oriented
- 3 - Confused
- 2 - Incoherent
- 1 - No response

PAIN CONTROL

- 5 - Voices excruciating pain
- 4 - Voices severe pain
- 3 - Voices moderate pain
- 2 - Voices mild pain
- 1 - Voices comfort
- As - Asleep

SEDATION

- 5 - Only awakens when aroused
- 4 - Mostly sleeping
- 3 - Dozing intermittently
- 2 - Drowsy
- 1 - Wide awake

SENSATION

- 3 - Intact
- 2 - Numbness/Tingling
- 1 - Absent

LIMB MOVEMENT

- 6 - Full strength/no deficit
- 5 - Weakness/deficit
- 4 - Flaccid
- 3 - Rigid
- 2 - Flexion
- 1 - Extension

*HIGH RISK FALL CRITERIA SCORES

- ____ History of previous falls
- ____ Mental status
- ____ Age
- ____ Mobility

- ____ Medical diagnosis
- ____ Sensory deficit
- ____ Medication

PUPIL SIZE IN mm.



Emotional Status, Mood,
Coping Ability

Family Visits, Interaction,
Involvement/Pastoral Care

*High Risk
Fall Score

Bed in low position

Call light in reach

Siderails X

Restraints

- ☐ Mittens ☐ Limb ☐ Vest
- Specify extremities _____
- Other _____
- ☐ Release/ROM/circ v q2h

- ☐ Mittens ☐ Limb ☐ Vest
- Specify extremities _____
- Other _____
- ☐ Release/ROM/circ v q2h

- ☐ Mittens ☐ Limb ☐ Vest
- Specify extremities _____
- Other _____
- ☐ Release/ROM/circ v q2h

Special Precautions, Isolation

COGNITION / PERCEPTION

*LEGEND

SELF CONCEPT/COPING
ROLES/RELATIONSHIPS

SAFETY/SECURITY

ACTIVITY / REST	ACTIVITIES OF DAILY LIVING	2300 - 0700	0700 - 1500	1500 - 2300
		☐ None ☐ Self ☒ Assist ☐ Complete	☐ None ☐ Self ☐ Assist ☒ Complete	☐ None ☐ Self ☐ Assist ☐ Complete
Bath & Hygiene				1700 - linen - D'd
Oral Care				
Turning & Repositioning		<i>C. Baxley</i>	<i>C assist</i>	<i>C assist</i>
Activity & Tolerance		<i>Assist from [] one [] none</i>	<i>B.R. from [] one [] none</i>	<i>to chair C assist</i>
ROM Exercises / Mobility Aids / Traction				<i>active ROM x4</i>
☐ Walker ☐ Crutches ☐ Cane ☐ Overhead Trapeze				
Sleep / Rest Pattern		<i>Sleeping</i>	<i>dozing</i>	<i>dozing</i>
Specimen Collection				
Diagnostic Tests / Medical Procedures				
Equipment in Use: (e.g., telemetry, IV/feeding pump, antiembolic device, CPM, wall suction, K-pad, etc.)		<i>Baxter C2</i>	<i>pole</i>	<i>IV pump PAS</i>

SITE	INSERTION DATE/SIZE	SITE ASSESSMENT			TIME	IV VOLUME / SOLUTION / RATE	PUMP	14-22	2200-0600	0600-1400	1400-2200	TUBING CHANGE TIME				
		N	D	E				TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT	TOTAL GIVEN	TO COUNT	P	PB
R FA		1	1		23	DSLK @ 125			1000	1000	1000					
R FA			1		10	Ticarcillin - Cla				50						
				1	13 ⁰⁰	DSLK at 125 u/hr					1000	1000	1000			
					22	Ticarcillin					50					
EAC			1			HW										

1. No redness/swelling dressing dry and intact 2. Other Specify 3. D/C 4. Dressing change

Comments/Physician notification 0600 - All drsg L'd Staples Intact SI drainage. SKach
 1300 Bed & Bath None Hair washed V. Ambrose PCT
 1030 Dr. Indullo notified of A/H 7.2/20.7. ~ JN Agnew
 1300 Straight cath. 200cc clear yellow urine. Caroli Coff PRO899C
 1530 Voided 100cc clear yellow urine per urinal. Caroli Coff PRO899C
 1545 Pt. reassessed. See flow sheet for A's. Caroli Coff PRO899C

PERSONNEL	2300-0700		0700-1500		1500-2300			
	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE		
Registered Nurse					JK	Susan Kucel R		
Licensed Practical Nurse								
Patient Care Assistant			SD	Sue Dillon RN				
Patient Care Technician								
Time of Initial Assessment								
	2400	0400	0800	1200	1430	1600	2000	
Temperature					98.4			
Pulse (A=apical)					80			
Respirations					16			
Blood Pressure					152/86			
Orthostatic Blood Pressure								
Weight ☐ Standing ☐ Bed ☐ Chair ☐ Lift								
Heart Sounds	☐ WNL		☐ WNL	S, S2 present apical 78		☐ WNL		
Skin Color & Temperature	☐ WNL		☐ WNL	pale, warm + dry		☐ WNL		
DVT Prophylaxis ☐ PAS ☐ TED	☐ On ☐ Off		☒ On ☐ Off	PAS		☐ On ☐ Off	PAS	
Breath Sounds / Respiratory Pattern	☐ WNL		☐ WNL	clear + eg		☐ WNL		
Cough / Expectoration	☐ WNL		☐ WNL	+ moist		☐ WNL		
Coughing & Deep Breathing								
Incentive Spirometry								
Oxygen Therapy / Ventilator Settings				2L				
Suctioning				at BS				
Tracheostomy / ET Care								
Oximeter Readings ☐ Continuous ☐ Spot check								
LEGEND: Temp w=warm c=cool cd=cold Color n=normal p=pale cy=cyanotic Pulse d=doppler 2+=normal 1+=weak/interm								
	R	L	R	L	R	L	R	L
Upper Extremity								
Temperature					W W		W W	
Color					N N		N N	
Edema					1+ 1+		1+ 1+	
Radial					2+ 2+		2+ 2+	
Brachial					2+ 2+		2+ 2+	
Capillary Refill Time (sec)					3 3		3 3	
Lower Extremity								
Temperature					W W		W W	
Color					N N		N N	
Edema					0 0		0 0	
Posterior Tibialis					2+ 2+		2+ 2+	
Dorsalis Pedis					2+ 2+		2+ 2+	
Capillary Refill Time (sec)					3 3		3 3	
Ankle / Brachial Index								

PATIENT CARE FLOWSHEET



a U.S. Health affiliate

Patient Care Services
Columbus, Ohio

Addressograph

735A1

3402800157
WARREN, RICK

000540500
20Y

1530 EAST COMER AVENUE
BUCYRUS OH 44820

175 FALCONE, ROBERT E.
I/P ADM DATE 02/13/94
SVC TRN FC SP

ELIMINATION, NUTRITION, METABOLISM

SKIN INTEGRITY

LEGEND

Date	2300 - 0700	0700 - 1500	1500 - 2300
Diet / Supplements Taken: (type, amount, tolerance)	Breakfast	Lunch	Dinner
☐ Calorie Count	☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total
Assistance Required with feeding	☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total	☐ none ☐ assist ☐ total
Tube Feedings Formula _____ Rate _____ Method ☐ Pump ☐ Bolus ☐ Gravity verify tube placement q4h	2400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 0400 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	0800 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 1200 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml	1600 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml 2000 ☐ Air auscultated in epigastric area ☐ HOB elevated Residual _____ ml
Tube: _____ Location: _____		NG — clamped	1800 NG QC'd
Tube: _____ Location: _____			
Tube: _____ Location: _____			
Urinary Elimination, Catheter Insertion & Care	☐ WNL	☐ WNL <i>foley → SD light amber QC'd</i>	☐ WNL <i>urinal</i>
Bowel Elimination, Bowel Sounds, Abdomen, Enemas, Stoma	☐ WNL	☐ WNL <i>rounded + 2 sq 5x4</i>	☐ WNL

SKIN BREAKDOWN

Pressure Sore Risk Score = 6	General Physical Condition	Mobility	Existing Breakdown
	Mental Status	Incontinence	
	Activity	Nutrition / Fluid Intake	
Preventive Skin Care, Skin Care Consult, Skin Care Products	☐ Specialty bed	☐ Specialty bed <i>Genesis</i>	☐ Specialty bed
Wound/Incision/Pressure Sore <i>face</i> Location: _____	WOUND COLOR DRAINAGE COLOR AMOUNT TREATMENT ODOR/DIMENSIONS	<i>surgical drsg. chest 1800 drsg. A, perineal drain leaky drainage, cath drsg. A'd</i>	<i>dry / intact</i>
Wound/Incision/Pressure Sore <i>midline abd.</i> Location: _____	WOUND COLOR DRAINAGE COLOR AMOUNT TREATMENT ODOR/DIMENSIONS	<i>midline incision staples intact ② groin staple line x 2</i>	<i>OTA WNL approx ② drainage</i>
Wound/Incision/Pressure Sore <i>② chest</i> Location: _____	WOUND COLOR DRAINAGE COLOR AMOUNT TREATMENT ODOR/DIMENSIONS	<i>suture line staples GSD below drsg. A</i>	<i>drsg dry / intact</i>
Wound/Incision/Pressure Sore <i>GSD</i> Location: _____	WOUND COLOR DRAINAGE COLOR AMOUNT TREATMENT ODOR/DIMENSIONS	<i>② shoulder ② flank in + out, vaseline gauze drsg. to ② chest.</i>	<i>drsg dry / intact</i>
Other Skin Care (foot care, padding, pin care, etc)			

WOUND COLOR
1 = Pink/WNL
2 = Red
3 = Eschar/Necrotic

DRAINAGE COLOR
1 = Serous 4 = Clear
2 = Serosanguineous 5 = Cloudy
3 = Icteric

DRAINAGE AMOUNT
1 = None 3 = Moderate
2 = Scant 4 = Copious

TREATMENT
1 = Open to air 3 = Wet to wet (specify)
2 = Dry sterile dressing 4 = Wet to dry (specify)
5 = Other (specify)

[illegible]

1. No redness/swelling dressing dry and intact 2. Other Specify 3. D/C 4. Dressing change

Comments/Physician notification

DATE: <u>2/15/94</u> TIME: <u>07</u>	PAGE #: <u>1</u>	IV THERAPY	7
DRY Wt. <u>200</u> Kg	/ Present Wt. Kg	1 <u>1545 cc 20KCP</u>	8
BSA _____ Height <u>6'4"</u> Wt Yesterday _____	☒ Infusion Pump ☐ Bottle Change ☐ Tubing Change ☒ Concentration Change	2 _____ 5 _____	9
Previous 24 hr. Total Intake _____ 24 hr. Total Output _____		3 _____ 6 _____	10 IVPB / VOLUME

TIME	HEMODYNAMICS														DIET	INTAKE									
	ARTERIAL			HR	TEMP.	RESP.	CARDIAC RHYTHM	PULM ART		CVP SVR	CO CI	ZEROED	TUBE FEED RESID	A.mcg / kg / min		B.mg / hr	C.mcg / min		D.cc / hr		E.Units/r				
	B.P.	MEAN	CUFF					SYS DIAS	MEAN PWP					1			2	3	4	5	6	7	8	9	10
A 07	152/74	97		108	20	SI	/	/	/	/	/	/	MR	100											
B 08	134/94	132/82		107	20	SI	/	/	/	/	/	/	MR	100											
C 09	152/74			108	16	SI	/	/	/	/	/	/	MR	100											
D							/	/	/	/	/	/													
E							/	/	/	/	/	/													
F							/	/	/	/	/	/													
G							/	/	/	/	/	/													
H							/	/	/	/	/	/													
I							/	/	/	/	/	/													
J							/	/	/	/	/	/													
K							/	/	/	/	/	/													
L							/	/	/	/	/	/													
M							/	/	/	/	/	/													
N							/	/	/	/	/	/													
O							/	/	/	/	/	/													
P							/	/	/	/	/	/													
Q							/	/	/	/	/	/													
R							/	/	/	/	/	/													

HEMATOLOGY LAB RESULTS													
TIME	Hgb	Hct	WBC	PLT	PT	FSP	PTT	FIB					
04	9.6	26.9	9.5	255									

309A

12200157
 WARREN, RICK
 UNKNOWN,
 INCYRUS, OH 44820
 IR FALCONE
 LXP ADM DATE 021394

000540500
 20Y

CRITICAL CARE FLOWSHEET

 **GRANT**
 MEDICAL CENTER
 a U.S. Health affiliate

PATIENT CARE SERVICES
 COLUMBUS, OHIO

[illegible][illegible]

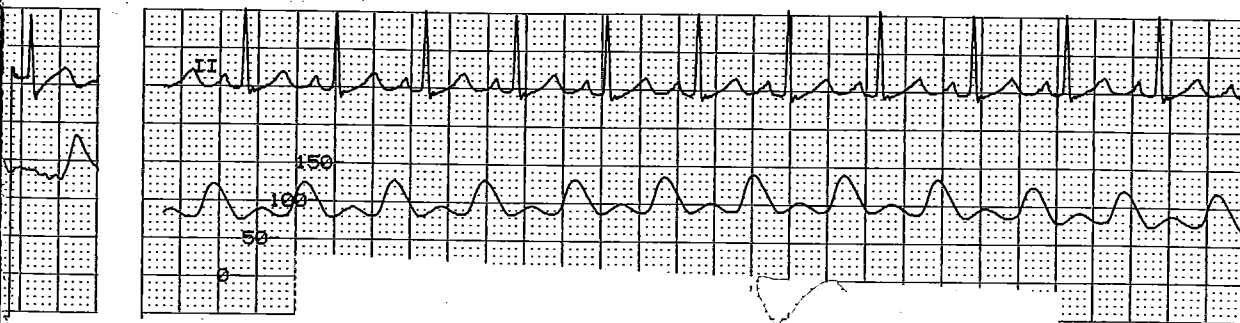
SAFETY	AT RISK FOR FALL? (Score ≥ 4) ☐ History of Previous Falls ☐ Mental Status ☐ Mobility ☐ Sensory Deficit ☐ Age ☐ Medical Diagnosis ☐ Medication HIGH RISK FALL SCORE = ☐				TRACTION/ORTHOPEDIC DEVICES	
	ID BAND <i>RT Wust</i>		BED POSITION: <i>↓</i> SIDERAILS UP X <i>1 & 4</i>			
	ALLERGY BAND		EMER MEDS <i>med</i> ATROPINE <i>q8</i> LIDOCAINE <i>15</i> EPINEPHRINE <i>q5</i>			
	ISOLATION <i>unlocked</i>		ALARMS: <i>off</i>			

MULTIDISCIPLINARY PROGRESS NOTES

Page No.

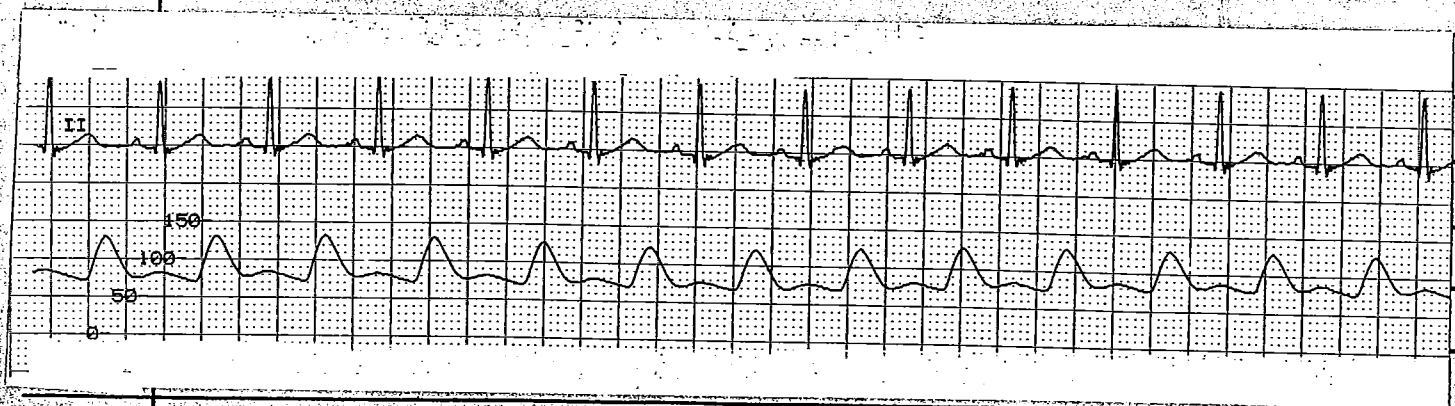
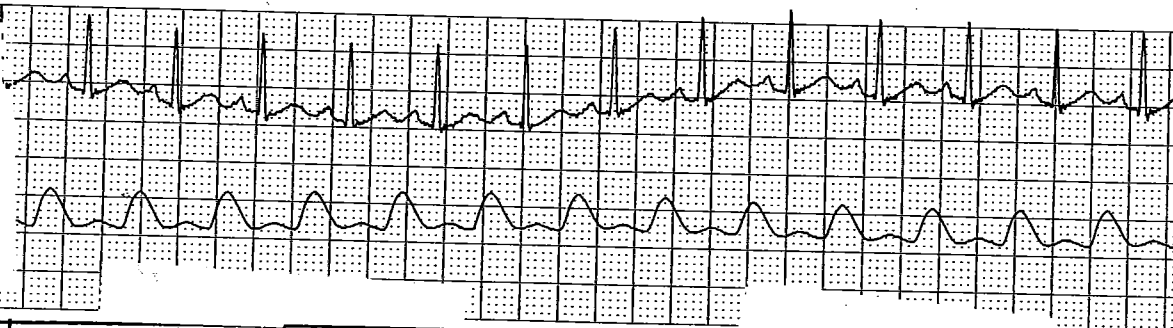
Date

ALM VOL 70% @25 MM/S
SPO2 99 PPR 125



SICU-309 WARREN 1
0 NBP X/X <X> ARI

PR 129 mm/s



309A

MULTIDISCIPLINARY
PROGRESS NOTES
GRANT MEDICAL CENTER
COLUMBUS, OHIO

ADDRESSOGRAPH

000540500
20Y
OH 44820
DATE 021394

[illegible]

DIAGNOSIS: Mult. P.S.W. Pt. Mandible
 SURGERY: Exposure - Right side of common femoral vein
 D: 2 ALLERGIES: NSDA
 OD: 1

INITIALS: Jr SIGNATURES: George Williamson DATE: 2/14 PAGE #: 2
 SIGNATURE: _____
 CCT SIGNATURE: _____

DATE: _____

TIME: _____

NURSING CARE ROUTINES										OUTPUT CT, DRAINS, GI ACCESS, STOOL				BLOOD		TO COUNT		PUMPS CLEARED ☐	
REF	ORAL CARE ET/THATCH	POSITION - SKINCARE	SUCTION C & DB	BREATH SOUNDS	SIVQ PULSE SAT	FOV TV	RATE MODE	PEEP PSV	URINE	IN	TOTAL	BALANCE	IN	TOTAL	BALANCE	OBSERVATIONS / PHYSICIAN NOTIFICATION			
✓	✓	R ✓	C ✓	✓	98	4	NC	70	10	105	5X						Report to operating RN 5:52 AM. Lung clear bilaterally. abd light 5 bowel sounds. A+O. + commands. MS4mg IV for pain @ 1300 range intervals. denies pain present		
✓	✓	R		✓	98	4	NC	70	10	105	5X								
✓	✓	B ✓		✓	100	4	NC	70	10	105	5X								
✓	✓	B		✓	100	4	NC	70	10	105	5X								
✓	✓	L	C	✓	100	4	NC	70	10	105	5X						Coughing & expectorating lg amt old lung & thick sputum. Sleeping.		
✓	✓	L		✓	98	4	NC	70	10	105	5X								
✓	✓	B ✓		✓	100	4	NC	70	10	105	5X								
✓	✓	R	C	✓	100	4	NC	70	10	105	5X								
✓	✓	R		✓	98	4	NC	70	10	105	5X						Sleeping. Vitals stable. 0230 MS4mg IV given for c/o pain @ 5:52 AM. awake. Coughing productive MENT. abd remains distended & bowel sounds. 1st green drsg changed. saturated & draining drainage. Penis & scrotum edematous & erythematous 0430 1st drain 6500 bpt face & lt neck drsg changed & wet → dry saline soaks.		
✓	✓	B		✓	100	4	NC	70	10	105	5X								
✓	✓	R	C	✓	100	4	NC	70	10	105	5X								
✓	✓	R		✓	98	4	NC	70	10	105	5X								
✓	✓	B		✓	98	4	NC	70	10	105	5X								

COGNITION/PERCEPTION

NO N/A YES

☒	☐	☐	SENSORY DEFICIT	☐ Taste	☐ Smell	☒ Vision: <u>R</u> _____ <u>L</u> _____
☐	☐	☐		☐ Touch/Feeling		☐ Hearing: <u>R</u> _____ <u>L</u> _____
☒	☐	☐	SENSITIVITY TO HEAT/COLD	<u>Wear glasses</u>		
☒	☐	☐	SENSORY AIDS USED	☐ Glasses	☐ Brought to Hospital	☐ Contact Lens ☐ Brought to Hospital
☐	☐	☐		☐ Hearing Aid	☐ Brought to Hospital	
☒	☐	☐	PRIMARY LANGUAGE IS OTHER THAN ENGLISH	Language _____	Requires	☐ Interpreter ☐ Translator
☐	☐	☐	ABLE TO MAKE SELF UNDERSTOOD BY:	☐ Verbal	☐ Writing	☐ Gestures ☐ Sign Language ☐ Other _____
☒	☐	☐	COMPLAINTS OF PAIN/DISCOMFORT	Type _____	Intensity Scale (1-5) _____	
☐	☐	☐		Location _____	Frequency _____	
☐	☐	☐		Duration _____	☐ Acute	☐ Chronic
☐	☐	☐		Aggravated By _____	Relieved By _____	

SELF CONCEPT/COPING ROLES
RELATIONSHIPS/SPIRITUALITY

☒	☐	☐	CONCERNS ABOUT IMPACT OF HOSPITALIZATION ON:	☐ Family/Significant Others	☐ Home Environment	☐ Pets	☐ Job
☐	☐	☐		☐ Other _____			
☐	☐	☐	INTERESTS/HOBBIES _____				
☐	☐	☐	EDUCATIONAL GRADE COMPLETED _____				
☒	☐	☐	CONCERNS ABOUT ABILITY TO MAINTAIN SPIRITUAL PRACTICES/BELIEFS WHILE IN HOSPITAL _____				
☒	☐	☐	DESIRES VISIT FROM:	☐ Hospital Chaplain	☐ Own Spiritual Advisor		
☐	☐	☐	LIVES	☒ Alone	☐ With _____	at _____	
☐	☐	☐	MAJOR SUPPORT PERSON AVAILABLE TO HELP AFTER DISCHARGE _____	Lives with Patient?		☐ Yes	☐ No
☐	☐	☐	PROBABLE ABILITY FOR SELF CARE	☐ Independent	☐ Minimal Assist	☐ Moderate Assist	☐ Total Care
☒	☐	☐	PROBABLE NEED FOR SUPPLIES/EQUIPMENT _____				
☒	☐	☐	PROBABLE NEED TO ADAPT ENVIRONMENT _____				
☒	☐	☐	CURRENT USE OF COMMUNITY RESOURCES/SUPPORTS _____				

PRE-ADMISSION

 DATA COLLECTED BY Juan P. RN 2-14-94 0300
 RN Signature Date Time
INPATIENT
ADMISSION

ARRIVAL FROM	Date <u>2-14-94</u>	Time <u>0120</u>	Room <u>309</u>
MODE OF TRAVEL	☒ Direct Admission	☐ Emergency Department	☒ OR ☐ PACU
ACCOMPANIED BY	☐ Walking	☐ Wheelchair	☐ Cart
	☐ No One	☐ Hospital Staff	☐ _____

READINESS
TO LEARN

☒	Sufficient Concentration
☒	Able To Follow Directions
☒	Able To Read And Write English
☒	Has Relevant Past Experience/Teaching
☒	Has Psychomotor Skills

LEARNING
NEEDS

☒	Pre-op or Pre-procedure Teaching	☐ Effect Of Disease/Condition On Lifestyle	☐ Diet
☐	Preventive Health Measures	☒ Medications	☐ Home Procedures
☐	Coping Skills	☐ No Learning Needs Identified On Admission	

NOTES

 DATA ☒ Collected By Juan P. RN 2-14-94 0300
☒ Reviewed/ Analyzed By _____ RN Signature Date Time
CARE PLAN INITIATED ☒ Yes ☐ No

REASON FOR ADMISSION
NAME PREFERENCE
DATA SOURCE

Multiple Gun Shot Wounds
RICK WARREN

Weight *140* Height *6'4"*

☐ Self ☐ Other ☐ Not available

PATIENT HISTORY

Describe condition and current treatment

☐ None Known ☒ Lung Problem ☐ Liver Problem ☐ Reproductive Problem
☐ Heart Problem ☐ Sugar Problem ☐ Stomach/Bowel Problem ☐ Cancer
☐ Circulation Problem ☐ Kidney/Bladder Problem ☐ Bone/Muscle Problem ☐ Emotional Problem

Aspirin

Previous Surgery

States ☐ Adherence ☐ Non-adherence to treatment plan

none

ALLERGIES

☒ Denied

TYPE OF ALLERGIC REACTION

☐ Drugs

☐ Foods

☐ Others

MEDICATIONS

☐ None

☐ Unknown

☐ Yes (list)

MEDICATION

PRESCRIBED DOSE/FREQUENCY

ACTUAL DOSE/FREQUENCY

LAST DOSE

REASON FOR TAKING

1

2

3

4

5

6

7

8

9

10

11

12

13

Wintolol Inhaler - PRN

Medications brought to hospital

☐ No

☐ Yes

Disposition of meds:

☐ Sent Home

☐ Locked Cupboard

☐ In Room

OTHER DRUGS

(Not prescribed to patient, over-the-counter, recreational, street, alcohol)

PREGNANT

☒ N/A ☐ No ☐ Yes; Prenatal care initiated _____ trimester.

UTERINE CYTOLOGIC EXAM

☒ MALE

☐ YES

☐ NO

I REQUEST THE TEST
I DECLINE THE TEST

State House Bill #1000 requires us to make available a Pap test for cancer to every female in-patient 18 years of age or over. The hospital charge for the test is minimal.

Your insurance coverage will probably **not** pay for the test. This test assists in detecting cancer of the cervix, not cancer of the uterus.

Date _____ Patient's Signature _____

Witness _____

Declined by physician: Physician's Signature _____

Date _____

NURSING HISTORY



GRANT
MEDICAL CENTER

a U.S. Health affiliate

Patient Care Services
Columbus, Ohio

Addressograph

412323157

020540300

WARREN, RICK

201

GRANT

UCYRUS

OH

44820

R FALCONE

ADH DATE 021394

	NO	N/A	YES
OXYGENATION CIRCULATION	☒	☐	☐
	☐	☒	☐
	☐	☐	☒

SMOKES _____ packs/day _____ years Other Tobacco Products _____
 PREVIOUSLY SMOKED _____ packs/day _____ years Quit _____
 USES RESPIRATORY AIDS/TREATMENTS AT HOME _____

SKIN INTEGRITY				PRESENCE OF SKIN ALTERATIONS	☐ Rash/Hives ☐ Ecchymosis ☐ Laceration ☐ Blister ☐ Ulceration ☐ Incision ☐ Burn ☐ Scar ☐ Pressure Sore		
	Number and indicate on drawing Describe: ① GSW Mandible X2 ② GSW ④ Upper Chest Wall ③ Multiple Rib Fractures ④ GSW ⑥ Upper Scapula ⑤ GSW Mid Back ⑦ Arm ⑥ GSW Buttock Area						
AT RISK FOR SKIN BREAKDOWN? (Score ≥ 8) ☒ General Physical Condition ☒ Activity ☐ Incontinence ☐ Existing Breakdown ☐ Mental Status ☒ Mobility ☒ Nutrition / Fluid Intake				PRESSURE SORE RISK SCORE = 3			

NUTRITION/ METABOLISM				DIFFICULTY WITH DIET/EATING?	Diet _____ Supplements _____		Eats _____ Meals _____
	APPETITE FLUID CONSUMPTION _____ cc/daily Last Oral Intake _____ RECENT WEIGHT CHANGE _____ SELF BLOOD GLUCOSE MONITORING Frequency _____ Usual Results _____ Last Done _____				☐ Good ☐ Fair ☐ Poor		Snacks _____ /daily
DENTITION ☐ Own Teeth ☐ Edentulous ☐ Partial Plate ☐ Upper Denture ☐ Lower Denture ☐ Brought to GMC							

ELIMINATION				DIFFICULTY WITH URINATION	Type _____ Date Last Changed _____	
	CATHETER DIFFICULTY WITH BOWEL ELIMINATION USES ELIMINATION AIDS AT HOME ☐ Laxative _____ ☐ Enemas _____ ☐ Colostomy ☐ Ileostomy ☐ Ureterostomy					
OSTOMY DIALYSIS						

ACTIVITY AND REST				REQUIRES ASSISTANCE WITH MOBILITY/ADL	☐ Walking ☐ Bathing ☐ Toileting ☐ Eating ☐ Dressing/Grooming ☐ Climbing Stairs ☐ Housework ☐ Other _____					
	HAS ACTIVITIES WHICH CAUSE DIFFICULTY EXERCISES REGULARLY USES ASSISTIVE DEVICE ☐ Cane ☐ Walker ☐ Crutches ☐ Brace ☐ Wheelchair ☐ _____ HAS ABSENT LIMB _____ Prosthesis _____ HAS PROBLEMS SLEEPING Sleeps _____ hrs daily Sleep aids used _____									

SAFETY AND SECURITY				SAFETY HAZARDS IN HOME/WORK ENVIRONMENT:	
	HISTORY OF SUSCEPTIBILITY TO INFECTION: HISTORY OF INFECTIOUS DISEASE:				
AT RISK FOR FALL? (Score ≥ 4) ☒ History of Previous Falls ☐ Sensory Deficit ☒ Mental Status ☒ Mobility ☐ Medical Diagnosis ☒ Medication ☒ Age				HIGH RISK FALL SCORE = 2	

DATE

EVALUATION OF PROGRESS TOWARD ACHIEVEMENT OF EXPECTED OUTCOMES

RESOLUTION
DATE

2/14/94

Extubated & placed on N/C sets at 98-100 %.

2/15/94

Resolved

J. Williams MD

0-19

[illegible]

009A

PATIENT CARE PLAN



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Patient Care Services
Columbus, Ohio

0410-9917

ADDRESSOGRAPH

4-18071397 000343500
A-HEN, NICK 20Y
UNKNOWN
SUCYRUS OH 44820
DR FALCONE
C/D ADM DATE 021304

DATE	EVALUATION OF PROGRESS TOWARD ACHIEVEMENT OF EXPECTED OUTCOMES	RESOLUTION DATE
2/14/94	MS04 4mg IV for pain - holding him. Helping to turn self.	
2/15/94	Intervent. Max 3. 4/4 Stars	
2/16/94	Demerol 75mg IV for pain. Doses intermittent. APOX 3. Continue to plan.	
2/17/94	Calm. Coop & care. - APOX 3. Doses intermittently. Take Demerol for pain & good relief.	
2/20/94	0445 Night, releases. Demerol 50mg IV 9:30 PM. Cont. Plan of care.	
2/21/94	055 PM progressing towards goals - Cont. & plan of care - M. Miller	

DATE	COLLABORATIVE PROBLEM/ NURSING DIAGNOSIS	EXPECTED OUTCOMES	TIME FRAME	INTERVENTIONS/NURSING ORDERS
3/13/94	Potential for sensory/perceptual alterations related to: ☒ Residual effects of anesthesia ☒ Pain ☐ Fluid & electrolyte imbalance ☐ Hypoxemia ☐ Hypercapnia ☐ Sedative, tranquilizers, narcotics ☐ Neurological alterations ☐ _____ ☐ _____	Patient will have no deterioration of sensory/perceptual status as evidenced by no increase/absence of: ☐ hallucinations ☒ mood alterations ☒ sleep pattern disturbances ☒ confusion or irrational ideas	by NHS	1. Assess q shift and prn: • causative & contributing factors to sensory/perceptual alterations • level of consciousness • for sensory aid use to improve deficits: ☐ hearing _____ ☐ vision _____ ☐ _____ • high risk fall score and implementation of preventive measures 2. Reorient patient verbally, with clock, calendar, prn 3. Familiarize patient with environment: • identify sources of noise e.g. alarms, intercom • explain all activities 4. Instruct family/significant others and implement methods to reduce excessive environmental stimuli: • limit caretakers • limit visitors • adjust lights • reduce noise • cluster care activities • approach patient in calm, accepting manner 5. Monitor lab results: ☐ drug levels ☐ ABG's <i>unc's</i> ☐ electrolytes ☐ _____ 6. Monitor effects of tranquilizers/sedatives, and narcotics, prn. 7. Notify physician with change in patient status

Care Plan has been initiated by *[Signature]* R.N.

☒ Patient/_____ has been informed of plan and care.

ADDRESSOGRAPH

PATIENT CARE PLAN



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Patient Care Services
Columbus, Ohio

4 400187 000540500
 APREN, WICK 20Y
 UNKNOWN
 ID CYRUS, OH 44820
 ID FALCONE
 APR 1994 02 1201

309A

[illegible]

DATE	COLLABORATIVE PROBLEM/ NURSING DIAGNOSIS	EXPECTED OUTCOMES	TIME FRAME	INTERVENTIONS/NURSING ORDERS
2/18/94	impaired physical mobility RT	Patient will maintain/regain mobility skills, as exhibited by:		1. Assess: ☒ present mobility level ☐ potential mobility level ☐ environmental safety factors for mobility
	☒ surgical procedures ☐ disease processes ☐ physical disability ☐ _____ ☐ _____	☒ performance of post-op exercises ☐ use of proper body mechanics ☐ correct use of assistive devices ☐ use of correct gait/ambulation techniques ☒ compliance with activity restrictions ☒ use of safety measures		2. Adapt environment for mobility safety i.e., mobility aids within reach, objects out of mobility path 3. Instruct patient & significant others concerning: ☐ proper body, mechanics ☐ transfer techniques ☒ activity restrictions ☐ strengthening exercise ☒ R.O.M. techniques ☐ _____ 4. Collaborate with P.T./O.T. in developing plan for patient to acquire mobility skills 5. Reinforce instruction and use of: • assistive devices • proper gait • ambulation technique 6. Medicate for pain prior to activities per & evaluate activity tolerance 7. Observe for complications of immobility, i.e. skin integrity, weakness

Care Plan has been initiated by

R.N.

☒ Patient/

has been informed of plan and care.

735A1

PATIENT CARE PLAN


GRANT
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 Patient Care Services
 Columbus, Ohio

 ADDRESSOGRAPH
 4402800157 000540500
 WARREN, RICK 20Y
 1530 EAST COMER AVENUE
 BUCYRUS OH 44820
 175 FALCONE, ROBERT E
 I/P ADM DATE 02/13/94
 SVC TRA F.C. SP

[illegible]

DATE	COLLABORATIVE PROBLEM/ NURSING DIAGNOSIS	EXPECTED OUTCOMES	TIME FRAME	INTERVENTIONS/NURSING ORDERS
2/18/94	Impaired verbal communication RT ☐ Disease Process ☐ Language Barrier ☐ Sensory Deficit ☒ Pain <i>facial trauma - mouth injured</i>	Patient will effectively communicate with minimal or no: ☒ Pain ☒ Anxiety ☐ Dyspnea ☐ Frustration Pt/_____ will demonstrate communication techniques: ☐ Letter board/picture board ☐ Yes/no questions ☒ Pen/paper ☐ _____	1	Reduce: • Pain • Anxiety • Dyspnea utilizing the following strategies: ☐ Repositioning ☐ Distraction ☒ Breathing techniques ☒ Medicate as ordered ☐ _____
			2	Facilitate communication ability: • Maintain eye contact • Provide quiet unhurried atmosphere • Involve family • Combine verbal with non-verbal communication • Call bell/_____ within reach • Reassure/encourage communication attempts • Consult speech therapist as needed Provide/instruct pt/_____ on use of communication techniques. ☐ Translator ☐ Letter board/picture board ☐ Yes/no questions ☒ Pen/paper ☐ _____
			3	

Care Plan has been initiated by Janet Stimpach RN R.N.☒ Patient/_____ has been informed of plan and care

PATIENT CARE PLAN



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Columbus, Ohio

4402800157 ADDRESSOGRAPH 000540500
 WARREN, RICK 20Y
 1530 EAST COMER AVENUE
 BUCYRUS OH 44820
 175 FALCONE, ROBERT E
 I/P ADM DATE 02/13/94
 SVC TRA EC SP

Page

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Signature		Initial	Teaching Methods	Evaluation	Follow-Up
			E-Explanation D-Demonstration R-Role Play AV-Audio Visual H-Handout	1) Identifies key points 2) Verbalizes understanding 3) Returns demonstrations 4) Performs skills independently 5) Applies knowledge 6) No evidence of learning	1) Re-teach material 2) Reinforce content 3) Repeat demonstration 4) Assist with skills 5) Other (describe)

MULTIDISCIPLINARY TEACHING/LEARNING FLOWSHEET

Page 1 of 2

Date/ Contact Time	Teaching Interventions (Learner if other than patient, content, and materials)	Teaching Methods	Evaluation	Follow- Up	Initials	Progress/Comments (Date and initial all entries)
2/14/94	Therapy:			2	JA	
	A. "How to Use Your Inhaler" handout given.					
	1. Bronchodilator MDI's	EH				
	• Method of action.					
	• Time for onset					
	• Duration of effectiveness					
	• Type of MDI patient is receiving:					
	<u>Proventil</u>					
	• When to use					
	2. Anti-inflammatory MDI's		1-5		JA	
	• Method of action.					
	• Duration of effectiveness					
	• Importance of good oral hygiene and spacer use					
	• Type of MDI patient is receiving:					

	• When to use		2		JA	
	B. MDI Technique	EDH				
	☒ Patient instructed on open-mouth technique		2			
	☒ Patient instructed on closed-mouth technique		1-5		JA	

Signature <i>J. Hickman 6229</i>	Initial <i>JA</i>	Teaching Methods	Evaluation	Follow-Up
		E-Explanation D-Demonstration R-Role Play AV-Audio Visual H-Handout IC-Individual Class GC-Group Class	1) Identifies key points 2) Verbalizes understanding 3) Returns demonstrations 4) Performs skills independently 5) Applies knowledge 6) No evidence of learning	1) Re-teach material 2) Reinforce content 3) Repeat demonstration 4) Assist with skills 5) Other (describe)

MULTIDISCIPLINARY TEACHING/LEARNING FLOWSHEET



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 44820
 ADM. DATE 021394
 021394

Page

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Signature		Initial	Teaching Methods	Evaluation	Follow-Up
			E-Explanation D-Demonstration R-Role Play AV-Audio Visual H-Handout	1) Identifies key points 2) Verbalizes understanding 3) Returns demonstrations 4) Performs skills independently 5) Applies knowledge 6) No evidence of learning	1) Re-teach material 2) Reinforce content 3) Repeat demonstration 4) Assist with skills 5) Other (describe)
			IC-Individual Class GC-Group Class		

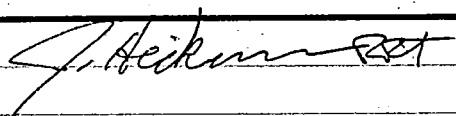
Incentive Spirometer Teaching

MULTIDISCIPLINARY TEACHING/LEARNING FLOWSHEET

Page 1 of 1

Date/ Contact Time	Teaching Interventions (Learner if other than patient, content, and materials)	Teaching Methods	Evaluation	Follow- Up	Initials	Progress/Comments (Date and initial all entries)
2/12/94	I. Reasons for Incentive Spirometer (IS) reviewed.	E	2		JA	
	A. Prevent/treat atelectasis and pneumonitis.					
	B. Promote cough and secretion removal.					
	C. Establish baseline for patient monitoring.					
	II. IS-Technique	EDH	1-5		JA	1600 cc Volume
	Patient instructed on correct IS technique.	AV				
	III. Patient instructed on correct cough maneuver	ED	1-5		JA	
	Including incision support if needed.					
	IV. Frequency of use.	E	2		JA	

Signature



Initial



Teaching Methods

E-Explanation
D-Demonstration
R-Role Play
AV-Audio Visual
H-Handout

IC-Individual Class
GC-Group Class

Evaluation

- 1) Identifies key points
- 2) Verbalizes understanding
- 3) Returns demonstrations
- 4) Performs skills independently
- 5) Applies knowledge
- 6) No evidence of learning

Follow-Up

- 1) Re-teach material
- 2) Reinforce content
- 3) Repeat demonstration
- 4) Assist with skills
- 5) Other (describe)

MULTIDISCIPLINARY TEACHING/LEARNING FLOWSHEET



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Columbus, Ohio

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309A

1-800-433-1557 070580500
 WHEATWICK 20Y
 KNOX,
 CYPHUS, OH 44820
 FALCONE
 P ADM DATE 021394

Pharmacist Trauma Flowsheet

Date 2/13/94	Time of patient arrival 2310	Time of Pharmacist arrival 2300	Trauma Surgeon Jalcone	Time of Arrival 2311
Medications PTA / Home Meds if known			Allergies Ø	

Site #	Time	Site	Angio Size	Solution	Initial Volume	Volume on Arrival
#1	PTA	Antecub	18 Ga	LR	1000	500
#2	PTA	Antecub	18 Ga	NS	1000	900
#3	2319	Antecub	8.5			
#4						

VITAL SIGNS			
Time	BP	P	R
2311	110/90		
2312	118/90	100	
2318	108/90		
	122/90	119	

FLUID RECORD									
Crystalloid					Blood				
Time	Site #	Bag #	Solution	Volume	Time	Site #	Unit #	Type	
PTA	2	1							
PTA	1	2							
PTA	2	3							
PTA	1	4	LR	1000					
PTA	2	5	NS	1000					
Total Volume Prior to Arrival: 3600ml					Total Crystalloid Infused:				
					Total Blood Infused:				

TIME	MEDICATION AND DOSE	RESPONSE RECORD
2324	Tetanus Deltoid Cefazolin 1 gm IVPB	
2323	Cefazolin 1Gm IVPB	

LAB RESULTS	Blood Gases: pH 7.38 pO2 87 pCO2 29 HCO3	- Reported @ 2321	Hgb	Hct

X - RAYS	☐ Chest ☐ C - Spine AP ☐ C - Spine Lateral	☐ Abd ☐ Pelvis ☐ Skull	EXTREMITY ☐ Upper Right ☐ Upper Left ☐ Lower Right ☐ Lower Left	☐ IVP - Contrast Amount _____ Type _____	☐ Cystogram - Contrast Amount _____ Type _____	Other Foley in PTA
----------	---	---	---	---	---	-----------------------

Time Pharmacist released 2325	Pharmacist Signature Jalcone RAK
----------------------------------	-------------------------------------

Pharmacist Trauma Flowsheet



Grant Emergency Care Center
Columbus, Ohio

0710-0872

Addressograph
Acct # 9402800157 Warren, Rick
Trauma 540500

RN
Signature

B. Dawson

Nursing Trauma Flowsheet 3

INTERVENTIONS

Intervention	Time	Comments
Airway 1		spontaneous + maintained
Airway 2		
Intubation		
Cricothyrotomy		
Ambu Bag		
Suction	2330	PRN - c yankees
O2 L/min.	PTA	100% NRB mask.
Chest Decompression		
C - Spine Immob.	PTA	maintained
Chest Tube 1		Output
Chest Tube 2		Output
Mast	PTA	diplotted x3
Cardiac Monitor	PTA	ST E ectopy
Ventilator Settings		
Trauma Labs	2319	(R) femoral artery

INTERVENTIONS

Intervention	Time	Comments
Art Line		
RSAS	2325	#8.5 to (L) AC - no turbo.
Autotransfuser		
Open Chest		
Restraints		
Nasogastric Tube		Output
Foley	PTA	Heme ☐ Pos ☒ Neg Output 1300 cc
Dressings	PTA	(L) chest wounds - vaseline drag.
Cooling Measures		
Warming Measures	PTA	Blankets
Code Blue		
Splint		
Peritoneal Lavage		cc In cc Out Heme ☐ Pos ☐ Neg
		N-rays as ordered.

Total Intake

(From Pharmacy Flowsheet)

3600 cc

Total Output

urine - 1300 cc

COMMENTS

Arrives per LFI S/P victim of multiple GSW, see trauma notes for details. Pt is C40K3, appears 3 deficits to extremities. 2+ peripheral pulses.

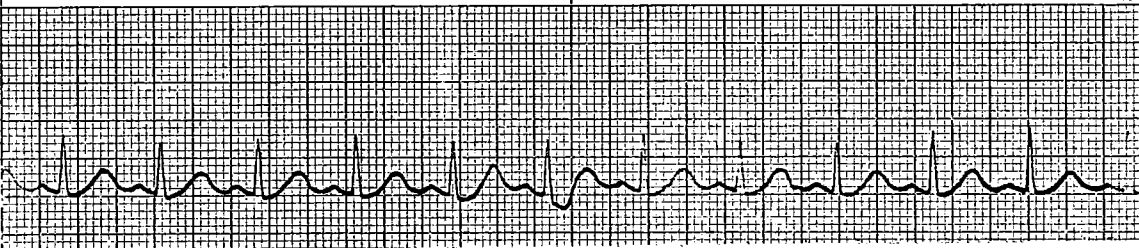
2330 - OR alerted - need for exploratory lap.

2340 - to OR per cart c O2, monitor, trauma blood + N-rays. Dr. Falcone at surgical residents assists c transport.

MONITOR STRIP

MEDI-TRACE

GRAPHIC CONTROLS CORPORATION BUFFALO, NEW YORK



FAMILY

Time Notified

Notified By Whom

Family Member Contacted (Relationship)

per transferring facility

PATIENT
DISPOSITION

- ☒ To OR - 2340
☐ Expired in ER
☐ Transfer to Unit
 Room No 309
☐ Report Called, Time 2352

Valuables

- ☐ Family
☐ Admitting
☒ Patient

EMS Equipment

- ☒ Transferred with Patient - backboard
☐ Removed in ER - mast pants.
☐ Other

(see Property / Equipment Transfer form)

Addressograph

Nursing Trauma Flowsheet 3



Grant Emergency Care Center
 Columbus, Ohio

0710-0871

White - Inpatient Chart Canary - E.D. Chart Pink - Trauma Services Golden Rod - ED Physician

TRAUMA

ACCOUNT

NUMBER

NUMBER

ADH DATE

02/13/94

9402800157

540600

RN Signature B. Davis M. **Nursing Trauma Flowsheet 1**

Name Warren, Rick **Trauma No.** 540 500 **Date** 2-13-94 **Time of Arrival** 2316 **Age** 23 **Sex** ☒ Male ☐ Female

Mode of Arrival ☒ LF1 ☐ LF2 ☐ MEDIC/SQUAD No. ☐ Ambulatory ☒ multiple Gun shot wound - Range Caliber No.

Risk Codes (if avail. from EMS) ☐ Deform (> 12 inches) ☐ Fatality in same vehicle ☐ Hypotension ☐ Fall Feet ☐ Trapped mins ☐ Rollover ☐ Evidence of high impact ☐ Ejected

Seatbelt? ☐ Yes ☐ No ☐ Unknown **Helmet?** ☐ Yes ☐ No ☐ Unknown **Speed** ☐ 0 - 30 mph ☐ 31 - 55 mph ☐ > 55 mph **Other**

Treatment prior to Arrival O₂ NC Mask 100% Intubated No. ☐ Oral ETT ☐ Nasal ETT ☐ EGTA ☐ EOA ☐ CRIC ☒ Yes ☐ No **Monitor** ST

Backboard ☒ Yes ☐ No **CSI** ☒ Yes ☐ No **MAST** ☐ Inflated ☐ Abd ☐ Legs ☒ Deflated **Splints** none **NG** ☐ Yes ☐ No

Foley ☒ Yes, size 16 ☐ No **CPR** ☐ Yes ☒ No **Police at scene** ☒ Yes ☐ No **Condition of clothes** ☐ Intact ☒ Cut off at Scene ☐ Cut off in Emergency Room ☐ Other

Medical History **Allergies** NKDA **Medical History** asthma

Medications proventil

Time of last meal (if known) **Tetanus Tox** ☒ >10 yrs ☐ <10 yrs **Trauma Alert Called** ☐ No ☒ Yes, Time called 2255 level I

Airway ☒ WNL ☐ CIRCO ☐ Nasal Airway ☐ Oropharyngeal Airway ☐ Obstructed ☐ Intubated

Breathing ☒ WNL ☒ Spontaneous ☐ Rate ☐ Labored ☐ Accessory Muscles ☐ Shallow ☐ Deep ☐ Assisted ☐ None

Circulation ☒ WNL ☐ Cap Refill **IV SITES/ANGIO SIZE** 8.5 fr. (L) AC / #16 fr. (R) AC.

	Carotid	Brachial	Radial	Femoral	Popliteal	Post. Tib.	DP
Pulses							
R	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent
L	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent	2+ ☐ Absent

Skin Signs ☒ WNL ☒ Warm ☒ Dry ☐ Cool ☐ Diaphoretic ☐ Hot ☐ Flushed ☐ Cyanotic ☐ Pale ☐ Rash

LOC Behavior ☒ WNL ☒ Cooperative ☐ Uncooperative ☐ Non-Responsive ☐ Agitated ☐ Combative ☐ Dispondent ☐ Suicidal

LOC Mental Status ☒ WNL ☒ Conscious ☐ Unconscious ☒ Oriented x 3 ☐ Lethargic ☐ Confused

Head ☒ WNL ☐ Drainage bleeding controlled ☐ Deformity

☒ Wounds GSW - (L) jaw ☐ Symmetrical

Ears ☒ WNL ☒ TM's Clear ☐ TMS Abnormal, ☐ Right ☐ Left

Neck ☒ WNL ☒ Trachea Midline ☐ Trachea Deviated ☒ Non - Tender ☐ Tender

☐ Neck Veins ☐ Wounds

☐ Swelling

Chest ☐ WNL ☐ Symmetrical ☐ Lacerations R L ☐ Abrasions R L ☐ Crepitus R L ☐ Paradoxical Movement R L ☐ Deformity R L

☒ Wounds (L) upper lat. chest + wounds / (L) mid lat wound x 2 poss in/out.

Breath Sounds ☐ WNL ☐ Clear Throughout ☐ Rales R L ☐ Wheezing R L ☐ Rhonchi R L ☐ Absent R L ☐ Decreased R L

Abdomen ☐ WNL ☐ Soft ☐ Flat ☐ Tender ☐ Non - Tender ☐ Rigid ☐ Distended **Bowel Sounds -** ☐ Present ☐ Absent **FHT's** +

☒ Wounds GSW (L) lower abd / suprapubic area

Genito-Urinary ☒ WNL **Blood at Meatus -** ☐ Yes ☒ No **Rectal Sphincter Tone -** ☒ Present ☐ Absent **Guaiac -** ☐ Pos. ☒ Neg. **Stool -** ☐ Pos. ☒ Neg.

Urine Description clear yellow

Pelvis ☒ WNL ☒ Stable ☐ Unstable ☐ Pain on Compression **Wounds**

Upper Extremities ☒ WNL ☐ Motor Sensory Abnormal R L ☐ Laceration R L ☐ Deformity R L ☐ Capillary Refill ☐ Wounds

Lower Extremities ☒ WNL ☐ Motor Sensory Abnormal R L ☐ Capillary Refill ☐ Laceration R L ☐ Deformity R L

Back ☐ WNL ☐ Lacerations R L ☐ Abrasions R L ☒ Wounds (L) buttocks / (L) supilar area ☐ Echinomosis R L

Nursing Trauma Flowsheet 1

GRANT MEDICAL CENTER
U.S. Health affiliate

Grant Emergency Care Center
Columbus, Ohio

TRAUMA NUMBER 540500 **XX** 000 00

ACCOUNT NUMBER 9402800157 **DATE** 02/13/94

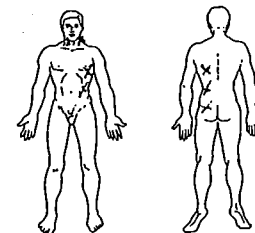
SVC TRA **FC SP**

9402800157 **540500**

0710-0869

White - Inpatient Chart Canary - E.D. Chart Pink - Trauma Services Golden Rod - ED Physician

Date 2-13-94	Code 2	CM# 11547	Call Received 2121	Patient's Name Rock Walker
Request Number 18198	Flight Number 12860	Stand By 2121	Address	
Referring Physician	Dispatch 2133	City	State	Zip Code
Requesting County	Lift Off 2137	S.S.#	Wt 170	Age 23
Referring Agency Bucyrus Com	Arrive 2204	Meds. By Referring Agency PTA		
Patient Location ER	Depart 2250	Ground Transport Y/N ☒	Medication	Dose
Receiving Physician Janczak / Falcone	Arrive 2314		Time	Route
Receiving Facility Hosp	Pertinent Lab Data			
Receiving Unit Trauma Room	Sending Facility			
Referring Agency Impression / Diagnosis Mult GSW				
History				
Mechanism of Injury Penetrating	Receiving Facility			
Time of Injury AKA				
Time BP P R T				



— = Laceration
X = Fracture / Deformity
O = Abrasion / Burn

Allergies N/A	Assessment	
PMH Asthma	to ER via triage LFT to 2nd pod	
Hx Present Event: 23yo white	to allow room for incoming	
Puncture of multiple	LFT and SkyMed T. ER	
GSW reportedly 9mm	physician req 5yo 0' betrans-	
by reportedly unknown	ported first, p initial triage	
blast. 2 adults	LFT RN (concious) 5yo 0' path-	
DA @ scene, 2 children	aged for flight 2nd PWR	
transported per EMS	ported per LFT RN, VSS, 4yo	
ER 5yo black 0'	F VSS (conscious) to transport	
alid GSW 4yo F	23yo 0' to GMC per LFT, AAO,	
alid GSW 4yo F	VSS upon LFT RN arrive report	
alid soft tissue	to Sallus RN. Phone report to	
8yo F riding 0'	ER Physicians (CH per LFT	
multiple GSW to alid	RN. Report to SkyMed crew	
trauma arrest -	upon their arrival - 23yo 0' 0'	
T arrest, crew	sk physician in attendance, he-	

Interventions	Time	Done By	Nursing Diagnosis	Flight Notes / Interventions
Application of Mast Trousers ☒ 1 + X 2			☒ Potential For	to hemorrhage controlled, CC @
Needle Decompression L R			☐ Ineffective Airway clearance related to	this time (R) chest wall intact
Defibrillation / Cardioversion			☒ Penetrating Jaw Injury	(A) chest wall & PW (B) chest
Cricothyroidotomy ☐ Needle. ☐ Surgical Size:			☒ Potential for C-Spine Trauma related to	and anterior apicaly like
Intubation ☐ Oral ☐ Nasal Size:			☒ Mechanism of Injury	& minimal hemorrhage noted
Insertion of Tube-Size:			☒ Potential For	no bubbling, sterile 4x4's
Percent of Splints Type:			☐ Impaired Gas Exchange related to	applied @ this time, separ-
Site:			☒ Penetrating Chest Trauma	bly associated PW to (A)
Cardiocentesis			☒ Potential For	posterior chest wall @ lower
Spine Immobilization			☐ Alteration in Cardiac Output related to	scapulars like fracture hem-
Arterial - Size 16			☐ Potential For	orrhage. 4x4's to site, request
Ek Board			☐ Other	for occlusive dress @ this
Site ☐ External ☐ Transvenous				time. Alid flat, not intended
Start X 2				PW noted (A) supple alid, PW
Oxygen Administration ☒ 100% ☐ Mask ☐ Bag Valve ☐ Other				noted (A) flank & hemorrhage
EEP cm H2O				

Continued PW pulse is area & hemorrhage
Continued Report to PW to (A) Burtch

24	20	24	20	20	20
91%	98%	98%	91%	90%	90%
97%	99%	97%	98%	99%	99%
SR					SR

Temp and we used: 124/70, 119/70, 104/70, 110/70, 110/70, 110/70
 Color: Pale pink, warm, dry
 Size: 5, 5, 5, 5, 5, 5
 Position: 5, 5, 5, 5, 5, 5
 Best Eye Opening: 5, 5, 5, 5, 5, 5
 Response: 5, 5, 5, 5, 5, 5
 Best Motor Response: 6, 6, 6, 6, 6, 6
 Glasgow Coma Score Total: 15, 15, 15, 15, 15, 15
 A. Glasgow Coma Score: 5, 5, 5, 5, 5, 5
 Respiratory Rate: 4, 4, 4, 4, 4, 4
 Respiratory Effort: 1, 1, 1, 1, 1, 1
 Systolic BP: 4, 4, 4, 4, 4, 4
 Capillary Refill: 1, 1, 1, 1, 1, 1
 Guma Score Total: 15, 15, 15, 15, 15, 15
 B + C + D + E = 15, 15, 15, 15, 15, 15

Additional Notes/EKG Strip

Pedal pulses x prepuke, feet cool to touch. CRT Spec to penetration to touch, intact. Extremities atraumatic to PIV x2 to Kga angles to LR x2 wo. occlusion drag to anterior position. Patient well Pw per ER staff. Logrolled onto CR, blanket pulled to head. C-spine to tape securing same to BB. Foley intact to straight

Time	Site	Solution	Initial Volume	Infusion Rate	Needle Catheter	Pre-flight Count	Fluid Left To Count
PTA	(R) AC	RL	1000	W0	18g	0	0
PTA	(L) AC	RL	1000	W0	18ga	0	0
		RL	1000	W0		800	0
		RL	1000	W0		700	300
		0.9%	100	W0		0	500

Medication	Concentration		Start Time	Rate	Rate Changes	
	Dose	Solution + cc			Time	Δ To
/						

Medication	Dose	Route	Time	Initial	Time	Initial
/						

Fluid		Blood	Urine	NG / Emesis	Other
PTA	2500	/	PTA	200	/
Flight	1100		Flight	200	
Totals	3600		Totals	400	

(size in mm.)

Pupil Chart: 1 2 3 4 5 6 7 8 9

Mark Reynolds
Bouee

Flight Paramedic: John Moser EMT-P

Equipment / Valuables Disposition

Left in ER & Patient: Mast, CID, BB, Straps, Collar, Other

Returned to LF Office: Mast, CID, BB, Straps, Collar, Other

Valuables with Patient to ER: /

I hereby refuse the services, treatment and / or transportation recommended and offered to (ME) (MY SON) (MY DAUGHTER) (MY HUSBAND) (MY WIFE) (MY _____), by the LIFEFLIGHT personnel and understand that I accept full responsibility for any consequences of such refusal. I further release the individual LIFEFLIGHT personnel and GRANT MEDICAL CENTER from any liability for injury, loss and damage which I or _____ may suffer, both known and unknown, as a result of my refusal of such services, treatment and / or transportation.

0010C Patient's Signature: _____ Witness: _____

Flight Nurse Signature: Mabelyn Watson RN, CEN, CFAI, EMT-P RN

GRANT MEDICAL CENTER
"LifeFlight"

Continuation of
Nurses Notes/Run Sheet

Completed Mission # 11547
Patient Name: Rick Blanton

dark) $\tau \approx 20000$ yellow) white. #1 sides LK indurated
and acid. #2 $\uparrow$ (at this time a low petr. from sections so
small and dark black. Bundled so warmth, pleated or
LF cut - So full

No flight: Remains AHO NML. No complaint of pain or discomfort.
Remains calm with normal dry & bland CRT of 4-5 sec.

Away from stimulus = fly + no flight - significant
bite threat, expectant ~ 100% 72 hr. WPM ~ Oz scale of
97-99%. Inexorably showing SR & muscular intensity
in 40% Pupation 2+. Spinal immobilization into RT
no CR (blatant hell, trackia midline to Gubernator). About
well exuberant ~ full lateral expansion. Liss. MMT remains
to lig sections excited. PIV's x2. Lateralizing mull. #2 site.
LR reflexes: #4 (x2) (x4) (x4) (x4) (x4) (x4) (x4) (x4) (x4) (x4).

Calm and relaxed. #3 site O'vibrated 45° / 45°. Liss.,
No trauma from dorsal neck X-rayed (head cut)
Find in ER stable 100% speak and balance transfer. Later...

Signature.

EMERGENCY DEPARTMENT RECORD

Patient Name: Warren, Rick

Billing Number: 9402800157

Date of Service: 02/13/94

Room Number: 7W 735 A

Private Physician:

MR Number: 000-540-500

Trauma Number: 540500

History: This is a 20-ish year old male brought in via LifeFlight I from Bucyrus Hospital emergency room after suffering multiple gunshot wounds. He apparently was shot several times from behind. He has been awake and alert throughout this incident.

Physical Examination: He arrives in the trauma room awake, alert, oriented. Airway is spontaneous. Breath sounds are positive bilaterally. Cardiac exam reveals a heart rate of 100, with blood pressure 118/palp. He did have spontaneous movement of all four extremities. HEENT revealed a gunshot wound just under the omentum of the mandible. It appeared to enter from the left, exit from the right. There was palpable bony deformity, but no instability of the mandible, no malocclusion. The airway and oropharynx were clear, although there was some blood in the mouth. There was a gunshot wound to the left lateral chest. It appeared to enter from the posterior deltoid area at about the level of the fourth rib, with an exit wound anteriorly at approximately the level of the fourth rib. There was no air or crepitus at the wound and chest x-ray revealed no pneumothorax. There is also a bullet wound to the left gluteal area, with what appears to be an exit over the left lower quadrant.

Disposition: The patient remained stable in the Emergency Department. Dr. Falcone was present throughout the evaluation and he was transferred to the OR where a chest tube will be placed and an exploratory laparotomy will be performed.

Final Impression: Multiple gunshot wounds.

Signature: _____

Dict: RICHARD JANCZAK, M.D.

D: 02/13/94 11:31 P

T: 02/16/94 1:38 P nli

Job ID #: 4167 Document #: 13970



a U.S. Health affiliate

111 SOUTH GRANT AVE.
COLUMBUS, OHIO 43215

EMERGENCY DEPARTMENT SERVICES
Page 1 of 1

EMERGENCY TREATMENT RECORD

2-13-94

ER Bed # TR

Area TR

GRANT EMERGENCY CARE CENTER

Name

Warren, Rick

Age

23.

LAB/X-RAY

TIME

NURSING OBSERVATIONS

2316

Arrive per LFI from Bucyrus ER
3/p GSW - multiple times. PT presents
CAO x3, 100% NRB, mask & dyspnea.
CSI at long spine board per EMS
PTA. See trauma flow sheets for
details. B. Davis RN.

ORDERS

HISTORY & PHYSICAL

Time

V. LFI from Bucyrus ER
after multiple GSW

RN Signature

Time in Room

2316

DISCHARGE MEDICATIONS/INSTRUCTIONS

Dictated

Consult

Time Called

Time Responded

Impression

Multit. GSW
Spont.

Physician Signature

Patient Physician

Referred To

Date Discharged

2-13-94

Time Discharged

2340

Signature

B. Davis RN

☐ Code Blue

☐ Expired

☐ No

☐ Yes

Time

Notified

☐ Admitting

☐ Coroner

☐ Police

☐ Family

Time

Room #

309

Report Called by

B. Davis RN

Time

2352

Addressograph

EMERGENCY TREATMENT RECORD



GRANT
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Grant Emergency Care Center
Columbus, Ohio

TR # 540500

94028 00157

940280015

99% TRAUMA

UNKNOWN

UNKNOWN

1294 TRAUMA, DR

EO

0710-0866

XX 000 00

ADM DATE 02/13/94

Charting Sheet

Date: 2/14/94	Time: 1130	F _i O ₂	Therapy - ☐ Acorn ☐ IPPB ☐ IS ☐ PD&P ☒ O ₂ ☒ MDI ☐ Oximeter	SpO ₂	%
Frequency: ☐ BID ☐ TID ☐ QID ☒ Q4h ☐ Q6h ☐ ATC	Lmin		☒ mp ☐ Mask ☐ Trach ☐ ET Tube ☒ N/C		
Medications	Amount	IPPB / IS Vol	PD & P Lobes / Positions: 16030		
Albuterol	2puffs		Pre - TX Observations -		
Alupent			HR: 108	RR: 20	Breath Sounds: Clear
Bronkosol		cMH ₂ O	Post - TX Observations -		
Mucomyst		Pred	HR: 112	RR: 20	Breath Sounds: Clear
Cough / Sputum / Suct: leg RN					
Miscellaneous: O ₂ on @ 4L per w/c pta.					
Therapist: J. Hahnert					

Date: 2/15/94	Time: 0740	F _i O ₂	Therapy - ☐ Acorn ☐ IPPB ☐ IS ☐ PD&P ☒ O ₂ ☐ MDI ☐ Oximeter	SpO ₂	%
Frequency: ☐ BID ☐ TID ☐ QID ☐ Q4h ☐ Q6h ☐ ATC	Lmin		☐ mp ☐ Mask ☐ Trach ☐ ET Tube ☒ N/C		
Medications	Amount	IPPB / IS Vol	PD & P Lobes / Positions:		
Albuterol			Pre - TX Observations -		
Alupent			HR:	RR:	Breath Sounds:
Bronkosol		cMH ₂ O	Post - TX Observations -		
Mucomyst		Pred	HR:	RR:	Breath Sounds:
Cough / Sputum / Suct: Pt. wearing nasal cannula on @ 4L/min. Pt. also evaluated for					
Miscellaneous: per MDI to Alb. therapy. Breath sounds are clear bilat to auscultation. No tx. given @ this time.					
Therapist: S. Ratiff / RRT					

Date:	Time:	F _i O ₂	Therapy - ☐ Acorn ☐ IPPB ☐ IS ☐ PD&P ☐ O ₂ ☐ MDI ☐ Oximeter	SpO ₂	%
Frequency: ☐ BID ☐ TID ☐ QID ☐ Q4h ☐ Q6h ☐ ATC	Lmin		☐ mp ☐ Mask ☐ Trach ☐ ET Tube ☐ N/C		
Medications	Amount	IPPB / IS Vol	PD & P Lobes / Positions:		
Albuterol			Pre - TX Observations -		
Alupent			HR:	RR:	Breath Sounds:
Bronkosol		cMH ₂ O	Post - TX Observations -		
Mucomyst		Pred	HR:	RR:	Breath Sounds:
Cough / Sputum / Suct -					
Miscellaneous:					
Therapist:					

Addressograph 109A

Charting Sheet



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Respiratory Care
Columbus, Ohio

83.330157 007540300
ARLEN WICK 20Y
UNKNOWN
UCYRUS, OH 44820
IR FALCONE
I/P ADM DATE 021394

DATE: 2/14/94 PAGE #: 3 TIME: 20 TIME: 24 TIME: 04

CHEST TUBES TIME: TIME: TIME:

SITE DSG OPERATOR SEAL Drainage BUBB FLUCT DSG OPERATOR SEAL Drainage BUBB FLUCT DSG OPERATOR SEAL Drainage BUBB FLUCT

Chest Excursion: Symmetrical Asymmetrical R > L L > R Flail L/R

Respirations: No Distress SOB / Labored / Shallow / Use of Access. Muscles / Retractions

Pattern: Eupnea / Tachypnea / Bradypnea / Irregular / Assists Vent

Cough: Productive Nonproductive / Absent

Sputum: Color Yellow Consistency Thick Amount Log

Trachea: Midline Deviated (L) / (R)

Tracheostomy: Site Cond N/A Drainage / Type / Size

Endotracheal Tube: Meas. N/A mm Size / Cuff Inflated yes no Nasal / Oral

JVD 2 JVD HOB 30°

Heart Sounds S1 S2 S3

Temporary Pacer Mode N/A Atr Ma Vent. Ma Rate AV Interval

On/Off electrically isolated Epicardial / Transvenous

PAS: Bil TED:

TIME: 20 24 04

LEGEND

TEMP. w = warm cl = cool cd = cold

COLOR n = normal pl = pale cy = cyanotic m = mottled

PULSE D = doppler Ø = absent 2+ = normal 1+ = weak/interm.

LUNG SOUNDS C = clear Rh = rhonchi Ra = rales WH = wheeze I = inspiratory E = expiratory D = diminished A = Absent

UPPER EXTREMITY

Temp. 40 36 36

Color NA

CRT (sec.) 23

Radial 85

Brachial 85

LOWER EXTREMITY

Temp. 36 36

Color pale

CRT (sec.) 23

Poster. Tibial 85

Dorsalis 145

GI Access / Drains: NG Placement Check Via Air Bolus

Type Location Status Drainage Character Time 20 Time 24 Time 04

R NG Rt nares patent med dr bloody

Daval Lft chest Bulb Sx

ABDOMEN: Bowel Sounds: Normal hyperactive hypoactive absent

Soft Firm Tender Distended Girth

Nauseated Last BM Guaiac Stool character

URINE: COLOR Yellow / CHARACTER clean GENITALIA: APPEARANCE Nov / DRAINAGE 0

VOIDING: CONTINENT / INCONTINENT / CATHETER TYPE 30 FOLEY CARE

OSTOMY COLOSTOMY ILEOSTOMY UROSTOMY

AT RISK FOR FALL? (Score ≥ 4) History of Previous Falls Mental Status Mobility Sensory Deficit HIGH RISK FALL SCORE = 3

Age Medical Diagnosis Medication

ID BAND L. wrist BED POSITION Low SIDERAILS UP X 4

ALLERGY BAND NKA EMER MEDS BS ATROPINE 95 LIDOCAINE 95 EPINEPHRINE 95

ISOLATION unv pree ALARMS all alarm on

TRACTION/ORTHOPEDIC DEVICES

DATE: <u>2-14-94</u> TIME: <u>0700</u> PAGE #: <u>1</u>	IV THERAPY	7
DRY Wt. _____ Kg / Present Wt. _____ Kg	1 <u>D5LR</u>	4
BSA _____ Height _____ Wt Yesterday _____	2 <u>D5LR 204ml</u>	5
Previous 24 hr. Total Intake _____ 24 hr. Total Output _____	3	6
☒ Infusion Pump ☒ Bottle Change ☒ Tubing Change ☒ Concentration Change	10 IVPB / VOLUME	

TIME	HEMODYNAMICS														DIET	INTAKE									
	ARTERIAL				HR	TEMP	RESR	CARDIAC RHYTHM	PULM ART		CVP	CO	CI	ZEROED		A.mcg / kg / min		B.mg / hr		C.mcg / min		D.cc / hr		E.Units/hr	
	B.P.	MEAN	CUFF	SYS					MEAN	TUBE FEED RESID						1	2	3	4	5	6	7	8	9	10
A 0700	112/73	-	15/64	126	-	10	ST									150									
B 0800	108/67	78	13/81	123	100	10	ST								N/A	150									
C 0900	113/68			124		10	ST								N/A		* 100								50
D 1000	108/71			113		10	ST								N/A		100								
E 1100	111/66			126		17	ST								N/A		100								
F 1200	109/70	87	13/73	126	99	16	ST								N/A		100								
G 1300	124/75	89	-	118	-	18	ST								N/A		100								
H 1400	114/71			116		20	ST								N/A		100								
I 1500	132/70			112		16	ST								N/A		100								
J 1600	124/77	104	15/83	118	98	16	ST								N/A		100								50
K 1700	147/81			109		16	ST								100		100								
L 1800	133/70			108		16	ST										225								100
M																									
N																									
O																									
P																									
Q																									
R																									

3094

442533157 000540300
 (ARON, RICK 20Y CRITICAL CARE FLOWSHEET
 UNKNOWN.
 MUCYRUS, OH 44820
 IR FALCONE
 C/P ADM DATE 021394


GRANT
 MEDICAL CENTER
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PATIENT CARE SERVICES
 COLUMBUS, OHIO

HEMATOLOGY LAB RESULTS									
TIME	Hgb	Hct	WBC	PLT	PT	FSP	PTT	FIB	
0400	11.4	31.8	15.7	363					
10	10.7	29.1							
16	10.1	27.6							

INITIALS	SIGNATURES	DATE: 2-14-94	PAGE #: 2
MM	<i>[Signature]</i>		RN SIGNATURE
	<i>[Signature]</i>		CCT SIGNATURE

OP: _____

[illegible][illegible][illegible]

Prunella Roxburghi & *M. Andersoni*.

Warning parameters obtained TV-900 VC-2000 N/A²

700 9% CL 44 NC / 570 105 ✓
1200 - Gravel measurement around NO change noted.

$\frac{1}{2}$ $\frac{1}{4}$ $\frac{1}{8}$ $\frac{1}{16}$ $\frac{1}{32}$ $\frac{1}{64}$ $\frac{1}{128}$ $\frac{1}{256}$ $\frac{1}{512}$ $\frac{1}{1024}$ $\frac{1}{2048}$ $\frac{1}{4096}$ $\frac{1}{8192}$ $\frac{1}{16384}$ $\frac{1}{32768}$ $\frac{1}{65536}$ $\frac{1}{131072}$ $\frac{1}{262144}$ $\frac{1}{524288}$ $\frac{1}{1048576}$ $\frac{1}{2097152}$ $\frac{1}{4194304}$ $\frac{1}{8388608}$ $\frac{1}{16777216}$ $\frac{1}{33554432}$ $\frac{1}{67108864}$ $\frac{1}{134217728}$ $\frac{1}{268435456}$ $\frac{1}{536870912}$ $\frac{1}{1073741824}$ $\frac{1}{2147483648}$ $\frac{1}{4294967296}$ $\frac{1}{8589934592}$ $\frac{1}{17179869184}$ $\frac{1}{34359738368}$ $\frac{1}{68719476736}$ $\frac{1}{137438953472}$ $\frac{1}{274877906944}$ $\frac{1}{549755813888}$ $\frac{1}{1099511627776}$ $\frac{1}{2199023255552}$ $\frac{1}{4398046511104}$ $\frac{1}{8796093022208}$ $\frac{1}{17592186044416}$ $\frac{1}{35184372088832}$ $\frac{1}{70368744177664}$ $\frac{1}{140737488355328}$ $\frac{1}{281474976710656}$ $\frac{1}{562949953421312}$ $\frac{1}{1125899906842624}$ $\frac{1}{2251799813685248}$ $\frac{1}{4503599627370496}$ $\frac{1}{9007199254740992}$ $\frac{1}{18014398509481984}$ $\frac{1}{36028797018963968}$ $\frac{1}{72057594037927936}$ $\frac{1}{144115188075855872}$ $\frac{1}{288230376151711744}$ $\frac{1}{576460752303423488}$ $\frac{1}{1152921504606846976}$ $\frac{1}{2305843009213693952}$ $\frac{1}{4611686018427387904}$ $\frac{1}{9223372036854775808}$ $\frac{1}{18446744073709551616}$ $\frac{1}{36893488147419103232}$ $\frac{1}{73786976294838206464}$ $\frac{1}{147573952589676412928}$ $\frac{1}{295147905179352825856}$ $\frac{1}{590295810358705651712}$ $\frac{1}{1180591620717411303424}$ $\frac{1}{2361183241434822606848}$ $\frac{1}{4722366482869645213696}$ $\frac{1}{9444732965739290427392}$ $\frac{1}{18889465931478580854784}$ $\frac{1}{37778931862957161709568}$ $\frac{1}{75557863725914323419136}$ $\frac{1}{151115727451828646838272}$ $\frac{1}{302231454903657293676544}$ $\frac{1}{604462909807314587353088}$ $\frac{1}{1208925819614629174706176}$ $\frac{1}{2417851639229258349412352}$ $\frac{1}{4835703278458516698824704}$ $\frac{1}{9671406556917033397649408}$ $\frac{1}{19342813113834066795298816}$ $\frac{1}{38685626227668133590597632}$ $\frac{1}{77371252455336267181195264}$ $\frac{1}{154742504910672534362390528}$ $\frac{1}{309485009821345068724781056}$ $\frac{1}{618970019642690137449562112}$ $\frac{1}{1237940039285380274899124224}$ $\frac{1}{2475880078570760549798248448}$ $\frac{1}{4951760157141521099596496896}$ $\frac{1}{9903520314283042199192993792}$ $\frac{1}{19807040628566084398385987584}$ $\frac{1}{39614081257132168796771975168}$ $\frac{1}{79228162514264337593543950336}$ $\frac{1}{158456325028528675187087900672}$ $\frac{1}{316912650057057350374175801344}$ $\frac{1}{633825300114114700748351602688}$ $\frac{1}{1267650600228229401496703205376}$ $\frac{1}{2535301200456458802993406410752}$ $\frac{1}{5070602400912917605986812821504}$ $\frac{1}{10141204801825835211973625643008}$ $\frac{1}{20282409603651670423947251286016}$ $\frac{1}{40564819207303340847894502572032}$ $\frac{1}{81129638414606681695789005144064}$ $\frac{1}{162259276829213363391578010288128}$ $\frac{1}{324518553658426726783156020576256}$ $\frac{1}{649037107316853453566312041152512}$ $\frac{1}{1298074214633706907132624082305024}$ $\frac{1}{2596148429267413814265248164610048}$ $\frac{1}{5192296858534827628530496329220096}$ $\frac{1}{10384593717069655257060992658440192}$ $\frac{1}{20769187434139310514121985316880384}$ $\frac{1}{41538374868278621028243970633760768}$ $\frac{1}{83076749736557242056487941267521536}$ $\frac{1}{166153499473114484112975882535043072}$ $\frac{1}{332306998946228968225951765070086144}$ $\frac{1}{664613997892457936451903530140172288}$ $\frac{1}{1329227995784915872903807060280344576}$ $\frac{1}{2658455991569831745807614120560689152}$ $\frac{1}{5316911983139663491615228241121378304}$ $\frac{1}{10633823966279326983230456482242756608}$ $\frac{1}{21267647932558653966460912964485513216}$ $\frac{1}{42535295865117307932921825928971026432}$ $\frac{1}{85070591730234615865843651857942052864}$ $\frac{1}{170141183460469231731687303715884105728}$ $\frac{1}{340282366920938463463374607431768211456}$ $\frac{1}{680564733841876926926749214863536422912}$ $\frac{1}{1361129467683753853853498429727072845824}$ $\frac{1}{2722258935367507707706996859454145691648}$ $\frac{1}{5444517870735015415413993718908291383296}$ $\frac{1}{10889035741470030830827987437816582766592}$ $\frac{1}{217780$

[illegible]

1200 - Returned to Slick - all items unchanged. Swallow
9:00 AM - 10:00 AM - Mounds of pasture. Milk & me. MS 10K

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478
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[illegible][illegible]

Boom 102

CHEMISTRY LAB RESULTS										BLOOD CAGES					
				Ck				DR-						Sp.	S

[illegible][illegible][illegible][illegible][illegible]

DATE: PAGE #: 3 TIME: 12:00 TIME: 12:00 TIME: 14:00

CHEST TUBES			TIME:			TIME:			TIME:			BREATH SOUNDS					
SITE	DEB	SUCKION	Drainage	DEB	SUCKION	Drainage	DEB	SUCKION	Drainage	DEB	SUCKION	RUL	LUL	RUL	LUL	PLR	PLI
N/A												C	C	C	C	C	C
												RML	C	RML	C	RML	C
												C	LLL	C	LLL	C	C
												RL	C	RLL	C	RL	C

Chest Excursion: Symmetrical / Asymmetrical R > L L > R / Flail L / R
Respirations: No Distress / SOB / Labored / Shallow / Use of Access. Muscles / Retractions
Pattern: Eupnea / Tachypnea / Bradypnea / Irregular / Assists Vent
Cough: Productive / Nonproductive / Absent
Sputum: Color: White Consistency: Thick Amount: 300
Trachea: Midline / Deviated (L) / (R)
Tracheostomy: Site Cond: N/A / Drainage: / Type: / Size:
Endotracheal Tube: Meas. 24 mm Size 0.5 / Cuff Inflated: yes no Nasal / Oral: Oral

JVD: NO JVD HOB: 30°
Heart Sounds: S1 S2 + RLL
Temporary Pacer Mode: N/A Atr Ma: Vent. Ma: Rate: AV Interval:
On/Off electrically isolated: N/A Epicardial / Transvenous
PAS: Normal TED:

		TIME: 08		TIME: 12		TIME: 14																LEGEND	
UPPER EXTREMITY	Temp.	W	W	W	W	W	W															TEMP. w = warm cl = cool cd = cold COLOR n = normal pl = pale cy = cyanotic m = mottled PULSE D = doppler Ø = absent 2+ = normal 1+ = weak/interm.	LUNG SOUNDS C = clear Rh = rhonchi Ra = rales WH = wheeze I = inspiratory E = expiratory D = diminished A = Absent
	Color	N	N	N	N	N	N																
	CRT (sec.)	13	13	13	13	13	13																
	Radial	1+	1+	1+	1+	1+	1+																
	Brachial	1+	1+	1+	1+	1+	1+																
	Temp.	W	W	W	W	W	W																
LOWER EXTREMITY	Color	pl	pl	pl	pl	pl	pl																
	CRT (sec.)	13	13	13	13	13	13																
	Poster. Tibial	1+	1+	1+	1+	1+	1+																
	Dorsalis	1+	1+	1+	1+	1+	1+																
	Temp.	W	W	W	W	W	W																

GI Access / Drains: ☒ NG Placement Check Via Air Bolus
Type: NB Location: Bowel Status: 100% Drainage Character: White Brown Time 08: 100% Time 12: 100% Time 14: 100%
ABDOMEN: Bowel Sounds: Normal / hyperactive / hypoactive / absent
Soft: SL Firm: SL Tender: SL Distended: SL Girth: SL
Nauseated: SL Last BM: SL Guaiac: SL Stool character: SL
URINE: COLOR: Yellow / CHARACTER: Normal GENITALIA: APPEARANCE: Normal / DRAINAGE: Normal
VOIDING: CONTINENT / INCONTINENT / CATHETER-TYPE: Foley-750 ☐ FOLEY CARE
OSTOMY: ☐ COLOSTOMY ☐ ILEOSTOMY ☐ UROSTOMY

AT RISK FOR FALL?
(Score ≥ 4) ☒ History of Previous Falls ☒ Mobility ☒ Sensory Deficit ☒ Medication
☒ Mental Status ☒ Medical Diagnosis ☒ Medication
☒ Age
HIGH RISK FALL SCORE = 2
TRACTION/ORTHOPEDIC DEVICES: Phis. Cervical Collar and
ID BAND: Bowel BED POSITION: 100% SIDERAILS UP X 4
ALLERGY BAND: N/A EMER MEDS: ATROPINE 95 LIDOCAINE 95 EPINEPHRINE 95
ISOLATION: Universal Precautions ALARMS: Extr. Ventr. Alarm, Pulse ox etc

[illegible][illegible]

100

100 F0045 ON 44520
 34 FAL GONE
 12# 40# DATE 021104

CRITICAL CARE FLOWSHEET



GRANT MEDICAL CENTER

U.S. Health affiliate

PATIENT CARE SERVICES
COLUMBUS, OHIO

DIAGNOSIS: Multiple SW - Chest, Jaw, Abd										INITIALS		SIGNATURES		DATE: 2-14-98 PAGE #: 2					
SURGERY: Epilepsy 12 months, Epilepsy										CCT SIGNATURE		RN SIGNATURE							
ALLERGIES:										CCT SIGNATURE		RN SIGNATURE							
DOB: 1-1-1978										CCT SIGNATURE		RN SIGNATURE							
NURSING CARE ROUTINES										OUTPUT		BLOOD		TO					
CT, DRAINS, GI ACCESS, STOOL										COUNT		PUMPS CLEARED							
OBSERVATIONS / PHYSICIAN NOTIFICATION																			
7 AM OK to 10:00																			
Vaccination 10 mg, IV for combat																			
injection. MS 04 4mg IV																			
Lab + ABP's draws.																			
Venous 2mg IV for Sedation																			
Follows Commands - no 10 pain agitated anguished																			
Assessment Repeated - A+G - 40 Painful - MS 04 4mg																			
Venous 2mg IV - 2TS 2 0 secretion large 2 slight the 1st																			
- A+G 5 minutes waiting 10:00																			
CHEMISTRY LAB RESULTS										BLOOD GASES					URINE				
TIME										TIME					TIME				
BUN										pH					pH				
CR										pCO2					Sp. gr.				
Na										PO2					HEM				
K										Bicarb					S / A				
Cl										Sat									
CO2																			
Gluc																			
OSMO																			
CK																			
MB																			
Lactate																			
Ca																			
Mg																			
PO-4																			
200										0200 7.39 38 227 22 100									
10																			
0.9																			
5.0																			
110																			
155																			

DATE: 3/14/94 E/N PAGE #: 3 TIME: 0130 TIME: 0400 TIME: 0130 TIME: 0400

CHEST TUBES TIME: 0130 TIME: 0400

SITE	Des		Drainage	BUBB		Des	Drainage	BUBB		Des	Drainage	BUBB	
	FLUCT	SEAL		FLUCT	SEAL			FLUCT	SEAL			FLUCT	SEAL
			NA										

Chest Excursion: Symmetrical / Asymmetrical R > L L > R / Flail L / R

Respirations: No Distress / SOB / Labored / Shallow / Use of Access. Muscles / Retractions

Pattern: Eupnea / Tachypnea / Bradypnea / Irregular / Assists Vent

Cough: Productive / Nonproductive / Absent ET 2x

Sputum: Color Blood Consistency Thick Amount small

Trachea: Midline / Deviated (L) / (R)

Tracheostomy: NA Site Cond / Drainage / Type / Size

Endotracheal Tube: Meas. 24 mm Size 8.5 / Cuff Inflated yes no Nasal (Oral)

JVD: C collar HOB flat

Heart Sounds: S1 S2 = extra sounds

Temporary Pacer Mode Atr Ma Vent. Ma Rate AV Interval NA

On/Off electrically isolated Epicardial / Transvenous

PAS: Bil TED:

TIME: 0120 04

	Temp.	Color	CRT (sec.)	Radial	Brachial	Temp.	Color	CRT (sec.)	Poster. Tibial	Dorsalis	LEGEND															
											TEMP				COLOR				PULSE				LUNG SOUNDS			
UPPER EXTREMITY											w = warm					C = clear										
											cl = cool					Rh = rhonchi										
											cd = cold					Ra = rales										
																WH = wheeze										
																I = inspiratory										
LOWER EXTREMITY																E = expiratory										
																D = diminished										
																A = Absent										

GI Access / Drains: ☒ NG Placement Check Via Air Bolus

Type	Location	Status	Drainage Character	Time 0130	Time 0400	Time
NA	@ rare	LWS	cloudy brown dry	0130	0400	0400

ABDOMEN: Bowel Sounds: Normal / hyperactive / hypoactive / absent

Soft / Firm Tender / Distended / Girth

Nauseated / Last BM / Guaiac / Stool character

URINE: COLOR light yellow CHARACTER clear GENITALIA: APPEARANCE WNL / DRAINAGE

VOIDING: CONTINENT / INCONTINENT / CATHETER-TYPE Foley SD ☐ FOLEY CARE

OSTOMY ☐ COLOSTOMY ☐ ILEOSTOMY ☐ PROSTOMY ☒ NA

AT RISK FOR FALL? (Score ≥ 4)

History of Previous Falls	Mental Status	Age	Mobility	Medical Diagnosis	Sensory Deficit	Medication	TRACTION/ORTHOPEDIC DEVICES
☐	☐	☐	☐	☐	☐	☐	C-collar in place

HIGH RISK FALL SCORE =

ID BAND: Patient

ALLERGY BAND: Universal precautions

ISOLATIONS: Universal precautions

BED POSITION: 2 SIDERAILS UP X 4

EMER MEDS: B5 ATROPINE 95 LIDOCAINE 95 EPINEPHRINE 95

ALARMS:

[illegible]

SKIN INTEGRITY

COGNITION / PERCEPTION

Skin Turgor: <u>Normal</u> / Loose / Tight / Tenting / # Seconds		TIME <u>0130</u>	TIME <u>04</u>	TIME:
Color: <u>Normal</u> / Pale / Cyanotic / Mottled / Jaundice: Sclera / Skin				
Skin: <u>Warm</u> / Cool / <u>Dry</u> / Moist / Diaphoretic / Clammy				
Mucous Membranes: <u>Moist</u> / Dry / Cracked / Color: <u>pink</u>				
Edema: <u>face + neck</u>				
Skin Breakdown:				
Skin Alterations/Treatment: <u>25W midline under chin and @ cheek. Dry to TC chest wall = dorsal to bulb up at lower boards. Mid abd dry O + I. Lower @ lat dry O + I.</u>				
Bed Therapy: <u>Comfortex</u>				
AT RISK FOR SKIN BREAKDOWN? (Score > 10)		PRESSURE SCORE RISK SCORE = 		
☐ General Physical Condition	☐ Activity	☐ Incontinence		
☐ Level of Consciousness	☐ Mobility	☐ Nutrition		

ACTIVITY AND REST	ABILITY FOR SELF CARE	
	☐ Independent	☐ Moderate Assist
	☐ Minimal Assist	☒ Total Care
	Bath: <u>X 0225 HCB</u> Linen changes: <u>0225 HCB</u>	
PSYCHOSOCIAL	Pt / Family Education ☐ EMOTIONAL SUPPORT:	
CARE PLANS UPDATED:		

☐ Independent ☐ Moderate Assist
☐ Minimal Assist ☒ Total Care

Bath: X 0225 HCB
 Linen changes: 0225 HCB

Pt / Family Education ☐
 EMOTIONAL SUPPORT:

CARE PLANS UPDATED:

[illegible]

ORIENTATION TO HOSPITAL ENVIRONMENT

INFORMATION PROVIDED ON

☐ use of signal light/intercom

☐ use of bed controls

☐ use of room lighting

☐ location of bathroom and call light

☐ telephone

☐ smoking policy

☐ visiting hours

☐ visitors' lounge

☐ bedside stand and overbed table

☐ use of electrical equipment from home

☐ sending personal items/articles home

☐ TV service

☐ mail service

☐ discharge time

By _____
Signature

Information not provided because:

PERSONAL BELONGINGS RETAINED AT HOSPITAL

ITEM	DESCRIPTION

VALUABLES

VALUABLES	DISPOSITION
	☐ In safe ☐ Sent home with:
	☐ In safe ☐ Sent home with:
	☐ In safe ☐ Sent home with:
	☐ In safe ☐ Sent home with:

Person Transferring: Person Receiving:

RELEASE OF VALUABLES

I have been informed and understand that Grant Medical Center maintains an appropriate place for safekeeping money, valuables or other personal effects. The hospital shall not be responsible for any loss of property not deposited with the hospital for safekeeping during my period of hospitalization. Further, I understand that I am responsible for all personal items which I choose to retain with me during my hospital stay.

Signature of patient

Signature of witness

Date

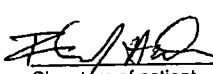
Time

Date

Time

RELEASE OF PROPERTY AT DISCHARGE

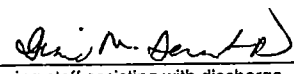
I hereby acknowledge receipt of all clothing and other personal items in my room at this time.


Signature of patient

8/28/94

Date

I have checked thoroughly; all patient's belongings are accounted for including flowers, vases, and articles in all drawers and cupboards.


Signature of nursing staff assisting with discharge

Page

[illegible]

Signature		Initial	Teaching Methods	Evaluation	Follow-Up
			E-Explanation D-Demonstration R-Role Play AV-Audio Visual H-Handout IC-Individual Class GC-Group Class	1) Identifies key points 2) Verbalizes understanding 3) Returns demonstrations 4) Performs skills independently 5) Applies knowledge 6) No evidence of learning	1) Re-teach material 2) Reinforce content 3) Repeat demonstration 4) Assist with skills 5) Other (describe)

Addressograph

735A

MULTIDISCIPLINARY TEACHING/LEARNING FLOWSHEET



GRANT
MEDICAL CENTER

a U.S. Health affiliate

Patient Care Services
Columbus, Ohio

7402800157 000540500
WARREN, RICK 20Y
1530 EAST COMER AVENUE
BUCYRUS OH 44820
175 FALCONE, ROBERT E
I/P ADM DATE 02/13/94
SVC TOL FC SP

DATE	2-14	2/14	2-14	2-14	2/14/94	2/14/94	2/14/94	2/14/94				
TIME	0130	0225	0300	0510	0710	0910	1040	1135				
MODE	SEMV		SEMV	SEMV	J2MV	SEMV	CPAP					
SENSITIVITY	-2		-2	-2	-2	-2	-2					
PEAK FLOW	60		60	60	60	60						
	LIMIT	60	45	45	45	45						
	ACTUAL	35	22	13	20	20						
PRESSURE	PEEP/CPAP				5	5	5					
	PRESS. SUPPORT				7							
	FLOWBY					5/3	5/3					
	DRIVE PRESSURE											
PCV	I:E											
	INSPIRATORY TIME											
	MINUTE VOLUME											
RATE	SET	10	10	10	10	10						
	ACTUAL	14	10	10	10	10	11					
	SET	900	900	900	900	900						
Vt	ACTUAL	946	950	950	920	940						
	SPONTANEOUS	290	0	0			890					
	LIMIT											
Sigh	ACTUAL											
	VOL. SET											
	VOL. MEASURE											
FiO2	SET	50% 40%	40%	40%	30	30	30					
	ANALYZED		46%									
CIRCUIT	SETTING	START	5	5	5	5						
TEMP.	MEASURED		31.2	32.2	32.2	32						
ET	SIZE/PLACEMENT	8.5/24	8.5/24	21	8.5/24							
SpO2			100%	99%	98	97						
WEANING	Vt						800					
PARAMETERS	VC						2.0					
	NIF						46					
Apnea parameters		SET	SET		Set on							
EQUIP:	1 - Ballard 3 - Column	NEW										
	2 - Water 4 - Circuit											
	LOW EXHALED Vt	160	160	100	100	100						
ALARMS	LO PEEP				0	3						
	LO INSP	10	10	10	10	10						
	LOW MINUTE VOLUME	60	6.6	6.0	0	6						
THERAPIST		JFA	JFA	JFA	JFA	JFA						
COMMENTS:												

VENT TYPE 7200 #

Cuff Pressure

24 cm

Addressograph

VENTILATOR CARE RECORD



a U.S. Health affiliate

Respiratory Care
Columbus, Ohio

309A

402300157 000540500
ARREN, RICK 20Y
UNKNOWN
UCYRUS, OH 44820
IR FALCONE
LTD ADM DATE 02/10/94

VENTILATOR CARE RECORD

[illegible]

Charting Sheet

Date: 2-15	Time: 2110	F ₁ O ₂	Therapy - ☒ Acorn ☐ IPPB ☐ IS ☐ PD&P ☐ O ₂ ☐ MDI ☐ Oximeter	SpO ₂ %
Frequency: ☐ BID ☐ TID ☐ QID ☒ Q4h ☐ Q6h ☐ ATC			RA Lmin ☐ mp ☒ Mask ☐ Trach ☐ ET Tube ☐ N/C	
Medications	Amount	IPPB / IS Vol	PD & P Lobes / Positions:	
Albuterol <i>unit dose</i>			Pre - TX Observations -	
Alupent			HR: 80 RR: 16 Breath Sounds: clear r/o	
Bronkosol		cMH ₂ O	Post - TX Observations -	
Mucomyst		Pred	HR: 82 RR: 16 Breath Sounds: Remains clear	
Cough / Sputum / Suct - NPC - Tol. well - h. fingers - TAC 74m for				
Miscellaneous: clarification of meds - pt. resting well Therapist: J. Michael				

Date: 2-16	Time: 0250	F ₁ O ₂	Therapy - ☐ Acorn ☐ IPPB ☐ IS ☐ PD&P ☐ O ₂ ☐ MDI ☐ Oximeter	SpO ₂ %
Frequency: ☐ BID ☐ TID ☐ QID ☐ Q4h ☐ Q6h ☐ ATC			Lmin ☐ mp ☐ Mask ☐ Trach ☐ ET Tube ☐ N/C	
Medications	Amount	IPPB / IS Vol	PD & P Lobes / Positions:	
Albuterol <i>unit dose</i>			Pre - TX Observations -	
Alupent			HR: RR: Breath Sounds:	
Bronkosol		cMH ₂ O	Post - TX Observations -	
Mucomyst		Pred	HR: RR: Breath Sounds:	
Cough / Sputum / Suct - Error - JM				
Miscellaneous: Therapist: J. Michael				

Date	Time	F ₁ O ₂	Therapy - ☐ Acorn ☐ IPPB ☐ IS ☐ PD&P ☐ O ₂ ☐ MDI ☐ Oximeter	SpO ₂ %
Frequency: ☐ BID ☐ TID ☐ QID ☐ Q4h ☐ Q6h ☐ ATC			Lmin ☐ mp ☐ Mask ☐ Trach ☐ ET Tube ☐ N/C	
Medications	Amount	IPPB / IS Vol	PD & P Lobes / Positions:	
Albuterol			Pre - TX Observations -	
Alupent			HR: RR: Breath Sounds:	
Bronkosol		cMH ₂ O	Post - TX Observations -	
Mucomyst		Pred	HR: RR: Breath Sounds:	
Cough / Sputum / Suct -				
Miscellaneous: Therapist:				

Addressograph **735A1**

Charting Sheet



a U.S. Health affiliate

Respiratory Care
Columbus, Ohio

4402800157 000540500
WARREN, RICK 20Y
1530 EAST COMER AVENUE
POCYNUS OH 44820
175 FALCONE, ROBERT E
1/P ADM DATE 02/13/94
SVC TRA EC CB