MISSOURI UNIFORM CRASH REPORT

1 - GENERAL CRASH INFORMATION

SPACE USED FOR BARCODE

AGENCY NAME AND ORI: **NEOSHO POLICE DEPARTMENT - MO0730300**

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
☐ Yes ☒ No		☐ Yes ☐ No		☐	2	1	0714-120

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	07-16-2014	1545	07-16-2014	1550	07-16-2014	1400	☒ Yes ☐ No

CRASH TYPE

ROADWAY: ☒ On Roadway ☐ Off Roadway

NON-COLLISION: ☐ Overturning ☐ Fire / Explosion ☐ Immersion ☐ Jackknife ☐ Fell/Jumped From MV ☐ Cargo / Equip Loss / Shift ☐ Other Non-Collision

COLLISION INVOLVING: ☐ Animal ☐ Pedalcycle ☐ Fixed Object ☐ Other Object ☐ Pedestrian ☐ Railway Vehicle ☐ Animal Drawn Veh / Animal Ridden Trans. ☒ Motor Vehicle in Transport → ☐ Parked Motor Vehicle → ☐ Working Motor Vehicle →

DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE: ☐ Front to Front ☐ Front to Rear ☐ Rear to Rear ☐ Rear to Side ☒ Angle ☐ Sideswipe (Same Dir.) ☐ Sideswipe (Opp. Dir.) ☐ Falling / Shifting Cargo (Set in motion by MV) ☐ Other (Explain) ☐ Unknown (Explain)

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following?
   1a. A person fatally injured; OR
   1b. A person transported for medical attention; OR
   1c. A vehicle towed due to disabling damage.
   ☐ No - No commercial vehicle fields need completion.
   ☒ Yes - Go to number 2. →
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:
   2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR
   2b. A motor vehicle with seating for 9 or more including driver; OR
   2c. A vehicle with a hazardous materials placard.
   ☐ No - No commercial vehicle fields need completion.
   ☒ Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM ☐ Investigating Agency
☒ Yes ☐ No	OFC. J. BUCKNER 128	NEOSHO POLICE DEPT.
RECONSTRUCTION	**BY WHOM**	**AVAILABLE FROM ☐ Investigating Agency**
☒ Yes ☐ No	OFC. J. BUCKNER 128	NEOSHO POLICE DEPT.

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
NEWTON	NEOSHO	CR	NA	LAT: N LONG: W NA

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
RT HIGHWAY AA	W	☒ NA ____ Feet ____.____ Miles	☐ After ☐ Before ☒ At ☐ NA	RP INTERSTATE 49

SPEED LIMIT	ROAD MAINTAINED BY	SPEED LIMIT	INT. DIR.	GEO - CODE
55	☐ Unknown ☐ State ☒ County ☐ Municipal ☐ Private Property ☐ Other	45	N	NA

TRAFFICWAY: ☐ One-Way ☒ Two-Way; Not Divided ☐ Two-Way; Divided; Unprotected Median ☐ Other ☐ Two-Way; Not Divided; Continuous Center Turn Lane ☐ Two-Way; Divided; Positive Median Barrier ☐ Unknown

ROAD ALIGNMENT: ☒ Straight ☐ Curve ☐ Unknown (Explain)

ROAD PROFILE: ☒ Level ☐ Downhill ☐ Dip ☐ Uphill ☐ Hillcrest ☐ Unknown (Explain)

INTERSECTION TYPE: ☐ NA ☒ 4-way Intersection ☐ Y-Intersection ☐ 5-way / More ☐ Unknown (Explain) ☐ T-Intersection ☐ Roundabout ☐ Other (Explain)

ROAD CONDITION: ☒ Dry ☐ Snow ☐ Slush ☐ Standing Water ☐ Sand / Gravel ☐ Unknown (Explain) ☐ Wet ☐ Ice / Frost ☐ Mud / Dirt ☐ Moving Water ☐ Other (Explain)

ROAD SURFACE: ☒ Concrete ☐ Brick ☐ Dirt / Sand ☐ Cobblestone ☐ Asphalt ☐ Gravel ☐ Multi-Surface ☐ Unknown (Explain)

WEATHER CONDITION: ☒ Clear ☐ Rain ☐ Sleet / Hail ☐ Fog / Mist ☐ Other (Explain) ☐ Cloudy ☐ Snow ☐ Freezing (Temp) ☐ Severe Crosswind ☐ Unknown (Explain)

LIGHT CONDITION: ☒ Daylight ☐ Dark-Lighted ☐ Dark-Unlighted ☐ Dark-Unknown Lighting ☐ Other (Explain) ☐ Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES ☒ None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. ☐ MoDOT ☐ County ☐ Municipality

4 - WITNESS ☐ None Identified ☐ Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
GREEN, CARTER L	3863 HIGHWAY DD - SENCEA, MO 64865	

5 - PEDESTRIAN ☒ NA ☐ Law Enforcement Officer ☐ Other Emergency Services Personnel ☐ MoDOT Worker ☐ Other Trafficway Worker ☐ Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						☐ On Roadway ☐ In Driveway Access ☐ On Median / Crossing Island ☐ On Sidewalk ☐ Off Roadway ☐ Unknown

CROSSING ROAD: ☒ NA ☐ With Signal ☐ Against Signal ☐ No Signal ☐ Unknown ☐ Not At Crosswalk ☐ In Marked Crosswalk ☐ In Unmarked Crosswalk ☐ Unknown

OTHER ACTIONS: ☒ NA / None ☐ Getting On / Off Vehicle ☐ Standing / Lying / Sitting In Trafficway ☐ Pushing / Working On Vehicle ☐ Behind / In Front of Parked / Stopped Veh. ☐ Working In Trafficway ☐ Playing In Trafficway ☐ Walking / Running In Trafficway ☐ With Traffic ☐ Against Traffic ☐ Unknown ☐ Other (Explain)

SCHOOL INFO. ☒ NA ☐ Going To / From School ☐ Getting On / Off School Bus ☐ Both Of The Above ☐ Unknown (Explain)

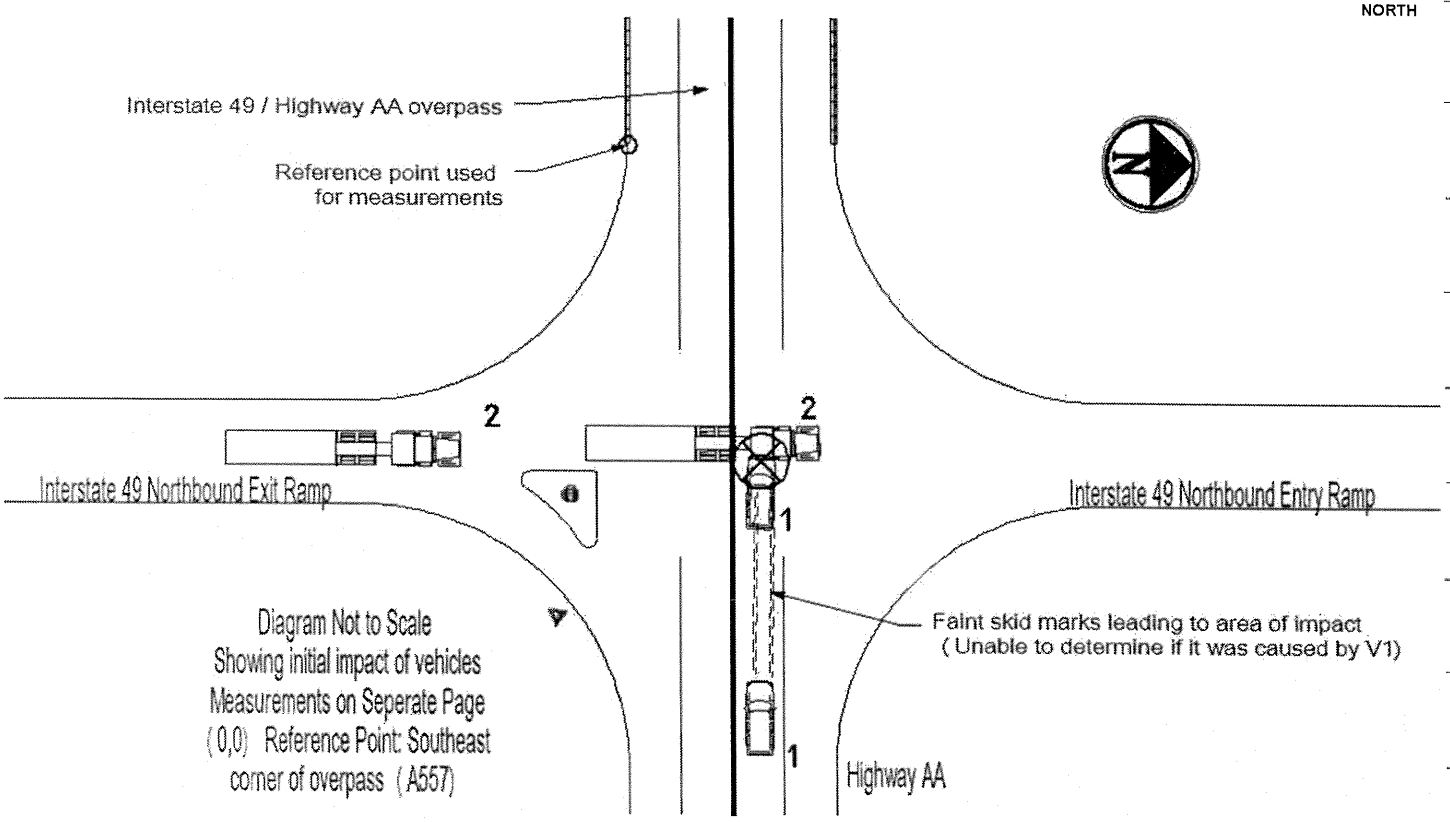
PROBABLE CONTRIBUTING CIRCUMSTANCES ☐ None ☐ Failed To Yield ☐ Distracted / Inattentive ☐ Alcohol ☐ Drugs ☐ Vision Obstructed (Explain) ☐ Physical Impairment (Explain) ☐ Other (Explain) ☐ Unknown (Explain)

DISTRACTED / INATTENTIVE CODE(S) ☒ NA

ALCOHOL USE ☐ Yes ☐ No ☐ Unknown

6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1 N E S (W) U	V2 (N) E S W U	V3 N E S W U	V4 N E S W U	V5 N E S W U	V6 N E S W U

INDICATE NORTH

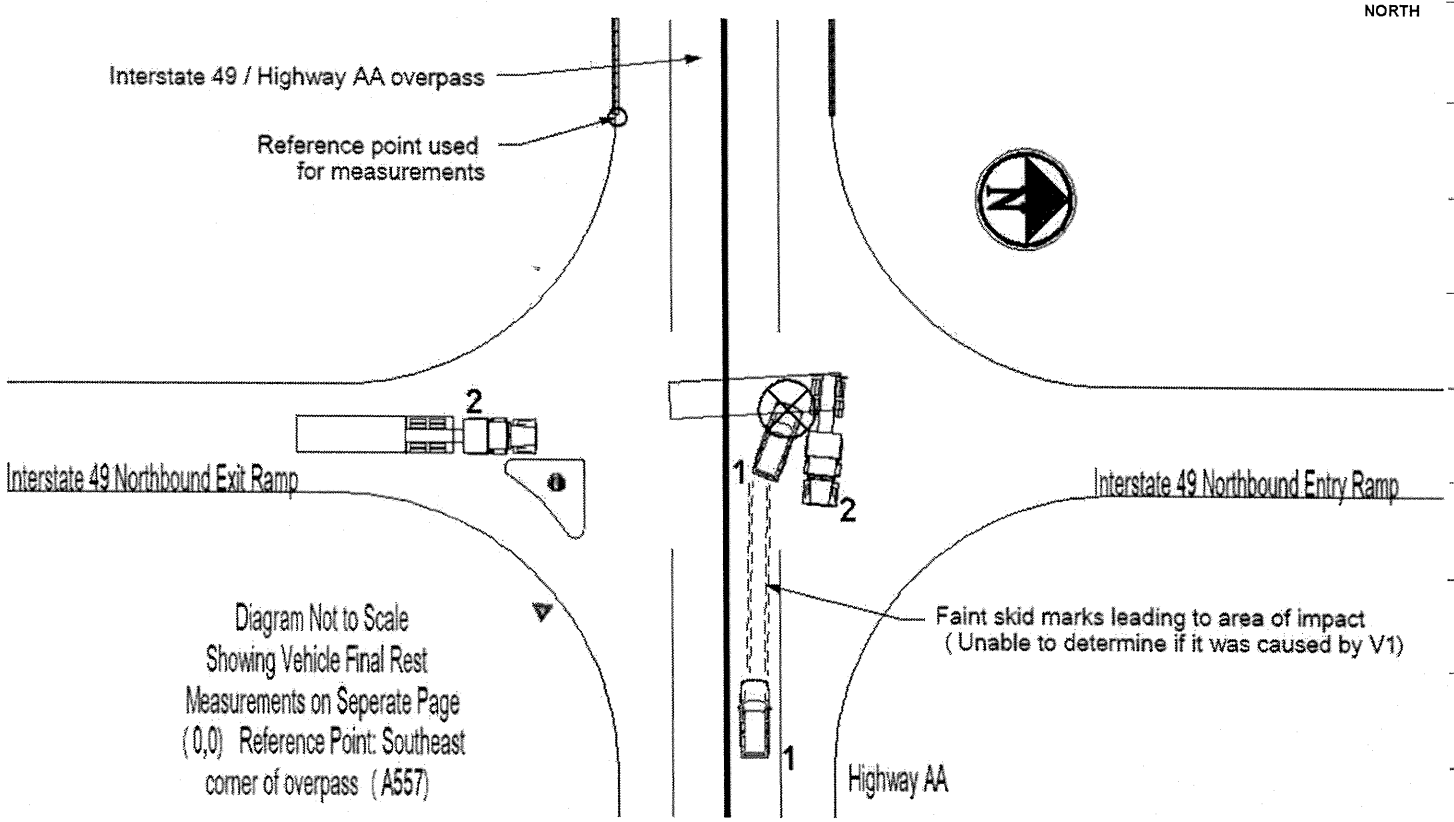


INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1 N E S (W) U	V2 (N) E S W U	V3 N E S W U	V4 N E S W U	V5 N E S W U	V6 N E S W U

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 | 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): GILL, KENNY DEAN 20510 JAGUAR RD - NEOSHO, MO 64850 | PHONE NUMBER: (417) 455-1678

DRIVER LICENSE / ID NUMBER: T079227005 | STATE: MO | LIC STATUS: [X] Valid [ ] Susp / Rev / Denied [ ] Canceled / Oth Invalid [ ] Expired [ ] Disqual CDL [ ] Unknown [ ] NA | LIC TYPE: [X] Operator Class F [ ] CDL Class ____ [ ] Interm / Grad [ ] Permit [ ] MC Only [ ] Unlicensed [ ] Unknown (Explain) [ ] NA | MC ENDORSEMENT: [ ] Yes [ ] No [X] NA [ ] Unknown (Explain)

DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES
11-29-1981	M	FL	2	2	2	05	02

VISION OBSTRUCTED: [X] Not Obstructed [ ] Windshield [ ] Load on Veh [ ] Trees / Brush [ ] Building [ ] Embankment [ ] Sign [ ] Hillcrest [ ] Parked Veh [ ] Moving Veh [ ] Stopped Veh [ ] Glare [ ] Other (Explain) [ ] Unknown (Explain) [ ] NA

PROOF OF INSURANCE: [ ] Yes [X] No [ ] Not Required | INSURANCE COMPANY [ ] Expired | PHONE NO. (Optional) | POLICY NUMBER [X] NA | [ ] Driver [ ] Vehicle

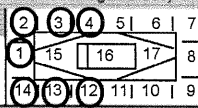
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [ ] SAD: HARRIS, LUCILLE DORIS 20526 JAGUAR RD - NEOSHO, MO 64850 | PHONE NUMBER [ ] SAD: (417) 451-1380

YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC.
2000	Ford	EXCURSIO	TAN	1	4

LICENSE - PLATE NO.: HF5V4R | STATE: MO | YEAR: 2014 | VIN: 1FMNU41S6YEE15058 | TOWED FROM SCENE [X] Yes [ ] No | TOWED DUE TO DIS. DAMAGE [X] Yes [ ] No

VEHICLE DAMAGE (Mark all damaged areas) [ ] None / No Damage

INITIAL IMPACT NO: [ ] NA 14



18 - Undercarriage
19 - Windshield
20 - Burned
21 - Towed Unit
22 - Cargo
23 - Unknown
24 - Other (Explain)

TOWED BY [ ] Unknown [ ] NA: Poore's Truck Salvage & Towing 451-4442

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [ ] Vehicle Used As Public Conveyance

- [ ] Passenger Car
- [ ] Van (< 9 W/Driver)
- [ ] Passenger Van (9+ W/Driver)
- [X] Sport Utility Vehicle
- [ ] Limousine (7-8 W/Driver)
- [ ] Limousine (9-15 W/Driver)
- [ ] Motorized Bicycle
- [ ] Pedalcycle → [ ] To / From School
- [ ] Small Bus (9-15 W/Driver)
- [ ] Large Bus (16+ W/Driver) → [ ] School Bus [ ] Intercity [ ] Transit / Commuter [ ] Charter / Tour [ ] Other
- [ ] Motorcycle
- [ ] ATV → [ ] 2 Wh [ ] 3 Wh [ ] 4 Wh [ ] 5 Wh / More [ ] Unknown
- [ ] Motor Home
- [ ] Farm Implements
- [ ] Construction Equip. Heavy Mach.
- [ ] Other Vehicle (Code) _____
- [ ] Cargo Van
- [ ] Pickup
- [ ] Other Heavy Truck
- [ ] Unknown (Explain)
- [ ] Single-unit Truck; 2 axles, 6 tires
- [ ] Single-unit Truck; 3 or more axles
- [ ] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
- [ ] Truck Tractor With No Units
- [ ] Truck Tractor With One Unit
- [ ] Truck Tractor With Two Units
- [ ] Truck Tractor With Three Units

GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
- [ ] Less than or equal to 10,000 lbs.
- [ ] 10,001 - 26,000 lbs.
- [ ] Greater than 26,000 lbs.
- [ ] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] NA: [ ] Police [ ] Fire [ ] Ambulance [ ] Other (Must check "A" / "B") → [ ] A. Emergency Vehicle on Emergency Run [ ] B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS [X] NA: [ ] Congestion Ahead [ ] Crash Ahead [ ] Other Incident Ahead [ ] Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES [ ] Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES [ ] Unknown: 01 07 34 | ANIMAL CODE(S) | FIXED OBJECT CODE(S) | ALCOHOL USE: [ ] Yes [X] Unk [ ] No [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] None

- [ ] Vehicle Defects (Explain)
- [ ] Speed - Exceeded Limit
- [ ] Too Fast For Conditions
- [ ] Violation Signal / Sign
- [ ] Failed To Yield
- [ ] Alcohol
- [ ] Drugs
- [ ] Vision Obstructed
- [ ] Driver Fatigue / Asleep
- [ ] Improper Signal
- [ ] Improper Backing
- [ ] Improper Turn
- [ ] Improper Passing
- [ ] Improperly Parked
- [ ] Failed To Dim Headlights
- [ ] Failed To Use Lights
- [ ] Following Too Close
- [ ] Wrong Side (Not Passing)
- [ ] Wrong Side (One-Way)
- [ ] Physical Impairment (Explain)
- [ ] Improper Start From Park
- [ ] Improper Towing / Pushing
- [ ] Improperly Stopped On Roadway
- [ ] Improper Lane Usage / Change
- [ ] Overcorrected
- [ ] Improper Riding / Clinging To Veh. Exterior
- [ ] Failed To Secure Load / Improper Loading
- [ ] Animal(s) In Roadway
- [ ] Object / Obstruction in Roadway
- [ ] Distracted / Inattentive (Designate Type)
- [ ] Unknown (Explain)
- [ ] Other (Explain)

DISTRACTED / INATTENTIVE CODE(S) [X] NA (See Codes in Section 8)

7E. WORK ZONE: [ ] Yes [X] No [ ] Unknown | Workers Present: [ ] Yes [X] No [ ] Unknown

TRAFFIC CONTROL [X] None [ ] Unknown
Electric: [ ] Green/Yellow/Red [ ] Flashing Red [ ] Flashing Yellow [ ] Ramp Meter [ ] Other (Explain)
Other Controls: [ ] Stop Sign [ ] No Passing Zone [ ] Turn Restricted [ ] Officer / Flagman [ ] Signal On School Bus [ ] Warning Sign / Device [ ] Railway Crossing Sign / Device [ ] School Zone [ ] Yield Sign [ ] Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING: [ ] Yes (Explain) [X] No [ ] Unknown [ ] NA

7F.

OCCUPANTS - NAME (Last, First, MI) / ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
HARRIS, LUCILLE DORIS 20526 JAGUAR RD - NEOSHO, MO 64850	07-07-1923	F	FR	1	2	2	05	02	(417) 451-1380
GILL, VIRGINIA MATASHA 20510 JAGUAR RD - NESOHO, MO 64850	02-08-1982	F	SL	2	2	2	01	02	(417) 592-9642
GILL, BRANTLEY 20510 JAGUAR RD - NEOSHO, MO 64850	07-11-2014	M	SR	5	2	2	01	12	(417) 685-3000

7G. COMMERCIAL MOTOR VEHICLE [ ] NA | Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) [ ] SAO | PHONE NUMBER [ ] SAO

COMMERCIAL / NON-COMMERCIAL: [ ] Interstate Carrier [ ] Intrastate Carrier [ ] Not In Commerce - Government Vehicle [ ] Not In Commerce - Rental Vehicle [ ] Not In Commerce - Other Vehicle | MC / MX / ICC NO. | USDOT NO.

CARGO BODY TYPE: [ ] Enclosed Box [ ] Cargo Tank [ ] Flatbed [ ] Dump [ ] Concrete Mixer [ ] Auto Transporter [ ] Garbage / Refuse [ ] Grain / Chip / Gravel [ ] Pole Trailer [ ] Log [ ] Vehicle Towing Another Veh. [ ] Intermodal Container Chassis [ ] NA (No Cargo Body) [ ] Other [ ] Unknown

HAZARDOUS MATERIALS	PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME
	[ ] Yes [ ] No [ ] Unknown			[ ] Yes [ ] No [ ] Unknown	[ ] Yes [ ] No [ ] Unknown	

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 2 | 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): TILTON, CARROLL D 205 OREGON ST - HIAWATHA, KS 66434 | PHONE NUMBER: (785) 741-3295

DRIVER LICENSE / ID NUMBER: K02484782 | STATE: KS | LIC STATUS: [X] Valid [ ] Susp / Rev / Denied [ ] Canceled / Oth Invalid [ ] Expired [ ] Disqual CDL [ ] Unknown [ ] NA | LIC TYPE: [ ] Operator Class ____ [X] CDL Class A [ ] Interm / Grad [ ] Permit [ ] MC Only [ ] Unlicensed [ ] Unknown (Explain) [ ] NA | MC ENDORSEMENT: [ ] Yes [ ] No [X] NA [ ] Unknown (Explain)

DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES
03-18-1968	M	FL	5	1	2	03	05

VISION OBSTRUCTED: [X] Not Obstructed [ ] Windshield [ ] Load on Veh [ ] Trees / Brush [ ] Building [ ] Embankment [ ] Sign [ ] Hillcrest. [ ] Parked Veh [ ] Moving Veh [ ] Stopped Veh [ ] Glare [ ] Other (Explain) [ ] Unknown (Explain) [ ] NA

PROOF OF INSURANCE: [X] Yes [ ] No [ ] Not Required | INSURANCE COMPANY [ ] Expired: ACUITY A MUTUAL INS | PHONE NO. (Optional): | POLICY NUMBER [ ] NA: X97047 | [ ] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [ ] SAD: TRIPLE K TRUCKING, 217 280TH RD - HIGHLAND, KS 66035 | PHONE NUMBER [ ] SAD: (785) 595-3334

YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC.
2007	Kenworth		BLU	1	1

LICENSE - PLATE NO.: 105854 | STATE: MO | YEAR: | VIN: 1 X K W D B 9 X 9 7 J 1 4 9 7 8 4 | TOWED FROM SCENE: [X] Yes [ ] No | TOWED DUE TO DIS. DAMAGE: [X] Yes [ ] No

VEHICLE DAMAGE (Mark all damaged areas) [ ] None / No Damage

INITIAL IMPACT NO.: [ ] NA 6

2 | 3 | 4 | (5) | (6) | (7) | 1 | 15 | 16 | 17 | 8 | 14 | 13 | 12 | 11 | 10 | 9

18 - Undercarriage
19 - Windshield
20 - Burned
(21) - Towed Unit
22 - Cargo
23 - Unknown
24 - Other (Explain)

TOWED BY [ ] Unknown [ ] NA: Ron's Towing 451-5787

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [ ] Vehicle Used As Public Conveyance

- [ ] Passenger Car
- [ ] Van (< 9 W/Driver)
- [ ] Passenger Van (9+ W/Driver)
- [ ] Sport Utility Vehicle
- [ ] Limousine (7-8 W/Driver)
- [ ] Limousine (9-15 W/Driver)
- [ ] Motorized Bicycle
- [ ] Pedalcycle → [ ] To / From School
- [ ] Small Bus (9-15 W/Driver)
- [ ] Large Bus (16+ W/Driver) → [ ] School Bus [ ] Intercity [ ] Transit / Commuter [ ] Charter / Tour [ ] Other
- [ ] Motorcycle
- [ ] ATV → [ ] 2 Wh [ ] 3 Wh [ ] 4 Wh [ ] 5 Wh / More [ ] Unknown
- [ ] Motor Home
- [ ] Farm Implements
- [ ] Construction Equip. Heavy Mach.
- [ ] Other Vehicle (Code) _____
- [ ] Cargo Van
- [ ] Pickup
- [ ] Other Heavy Truck
- [ ] Unknown (Explain)
- [ ] Single-unit Truck; 2 axles, 6 tires
- [ ] Single-unit Truck; 3 or more axles
- [ ] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
- [ ] Truck Tractor With No Units
- [X] Truck Tractor With One Unit
- [ ] Truck Tractor With Two Units
- [ ] Truck Tractor With Three Units

GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
- [ ] Less than or equal to 10,000 lbs.
- [ ] 10,001 - 26,000 lbs.
- [X] Greater than 26,000 lbs.
- [ ] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] NA
[ ] Police [ ] Ambulance [ ] Fire [ ] Other (Must check "A" / "B") → [ ] A. Emergency Vehicle on Emergency Run [ ] B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS [X] NA
[ ] Congestion Ahead [ ] Crash Ahead [ ] Other Incident Ahead [ ] Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES [ ] Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES [ ] Unknown: 12 09 18 34 | ANIMAL CODE(S): | FIXED OBJECT CODE(S): | ALCOHOL USE: [ ] Yes [ ] Unk [X] No [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [ ] None

- [ ] Vehicle Defects (Explain)
- [ ] Speed - Exceeded Limit
- [ ] Too Fast For Conditions
- [ ] Violation Signal / Sign
- [X] Failed To Yield
- [ ] Alcohol
- [ ] Drugs
- [ ] Vision Obstructed
- [ ] Driver Fatigue / Asleep
- [ ] Improper Signal
- [ ] Improper Backing
- [ ] Improper Turn
- [ ] Improper Passing
- [ ] Improperly Parked
- [ ] Failed To Dim Headlights
- [ ] Failed To Use Lights
- [ ] Following Too Close
- [ ] Wrong Side (Not Passing)
- [ ] Wrong Side (One-Way)
- [ ] Physical Impairment (Explain)
- [ ] Improper Start From Park
- [ ] Improper Towing / Pushing
- [ ] Improperly Stopped On Roadway
- [ ] Improper Lane Usage / Change
- [ ] Overcorrected
- [ ] Improper Riding / Clinging To Veh. Exterior
- [ ] Failed To Secure Load / Improper Loading
- [ ] Animal(s) In Roadway
- [ ] Object / Obstruction in Roadway
- [ ] Distracted / Inattentive (Designate Type)
- [ ] Unknown (Explain)
- [ ] Other (Explain)

DISTRACTED / INATTENTIVE CODE(S) [X] NA (See Codes in Section 8)

7E. WORK ZONE: [ ] Yes [ ] No [ ] Unknown
Workers Present: [ ] Yes [ ] No [ ] Unknown

TRAFFIC CONTROL [X] None [ ] Unknown
Electric: [ ] Green/Yellow/Red [ ] Flashing Red [ ] Flashing Yellow [ ] Ramp Meter [ ] Other (Explain)
Other Controls: [X] Stop Sign [ ] No Passing Zone [ ] Turn Restricted [ ] Officer / Flagman [ ] Signal On School Bus [ ] Warning Sign / Device [ ] Railway Crossing Sign / Device [ ] School Zone [ ] Yield Sign [ ] Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING: [ ] Yes (Explain) [X] No [ ] Unknown [ ] NA

7F. OCCUPANTS - NAME (Last, First, MI) / ADDRESS (Street, City, State, Zip)

DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE [ ] NA — Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) [ ] SAO: TRIPLE K 217 280TH RD - HIGHLAND, KS 66035 | PHONE NUMBER [ ] SAO: (785) 595-3334

COMMERCIAL / NON-COMMERCIAL: [X] Interstate Carrier [ ] Intrastate Carrier [ ] Not In Commerce - Government Vehicle [ ] Not In Commerce - Rental Vehicle [ ] Not In Commerce - Other Vehicle | MC / MX / ICC NO.: 535256 | USDOT NO.: 1413764

CARGO BODY TYPE: [ ] Enclosed Box [ ] Cargo Tank [ ] Flatbed [ ] Dump [ ] Concrete Mixer [ ] Auto Transporter [ ] Garbage / Refuse [X] Grain / Chip / Gravel [ ] Pole Trailer [ ] Log [ ] Vehicle Towing Another Veh. [ ] Intermodal Container Chassis [ ] NA (No Cargo Body) [ ] Other [ ] Unknown

HAZARDOUS MATERIALS	PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME
	[ ] Yes [X] No [ ] Unknown			[ ] Yes [X] No [ ] Unknown	[ ] Yes [ ] No [ ] Unknown	

8 - CODES

SEAT LOCATION

FR	SR	TR
FC	SC	TC
FL	SL	TL

XX - Not Known
B - Pedalcycle
M - Motorcycle
CP - Commercial Passenger
OE - Occupant - Enclosed Load Area
OU - Occupant - Unenclosed Load Area
RC - Rail Crew
SV - Other (Explain in Narrative)
NA - Not Applicable

INJURY
1. Fatal
2. Disabling
3. Evident - Not Disabling
4. Probable - Not Apparent
5. None Apparent
U. Unknown
N. NA

TRANSPORTED (For Medical Treatment)
1. No
2. EMS
3. Other
U. Unknown
N. NA

EJECTION
1. NA
2. No
3. Partially
4. Totally
U. Unknown

AIR BAG
1. None / NA
3. Not Deployed
4. Removed
5. Deployed - Front
6. Deployed - Side
7. Deployed - Curtain
8. Deployed - Other (Knee, Air Belt, etc.)
9. Deployed - Combination
10. Deployment Unknown
U. Air Bag Presence Unknown

SAFETY DEVICES
1. None
2. Not Used
3. Shoulder Belt Only
4. Lap Belt Only
5. Shoulder and Lap Belt
7. DOT Compliant MC Helmet
8. No Helmet
10. Booster Seat
11. Child Restraint - Forward Facing
12. Child Restraint - Rear Facing
13. Other Helmet
14. Reflective Clothing
15. Other
U. Use Unknown
N. Not Applicable

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)

1. Going Straight
2. Overtaking
3. Making Right Turn
4. Right Turn on Red
5. Making Left Turn
6. Making U-Turn
7. Skidding / Sliding
8. Slowing / Stopping
9. Start In Traffic
10. Start From Parked
11. Backing
12. Stopped In Traffic
13. Parked
14. Changing Lanes
15. Avoiding
16. Cross Median
17. Cross Center Of Road
18. Cross Road
19. Airborne
20. Ran Off Roadway - Right
21. Ran Off Roadway - Left
22. Overturn / Rollover
23. Fire / Explosion
24. Immersion
25. Jackknife
26. Cargo Loss / Shift
27. Equipment Failure
28. Separation Of Units
29. Returned To Roadway
30. Collision Inv. Pedestrian
31. Collision Inv. Bicycle/Pedalcycle
32. Collision Inv. Railway Veh.
33. Collision Inv. Animal (**)
34. Collision Inv. MV in Transport
35. Collision Inv. Parked MV
36. Collision Inv. Fixed Object (**)
37. Collision Inv. Other Object (Explain)
38. Other Non-collision
39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane
40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation
41. Collision Inv. Working MV
42. Downhill Runaway
43. Fell/Jumped From MV
44. Thrown/Falling Object
45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
46. Ran Off Roadway - Other (Explain)
47. Cross Separator

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS
60. Deer
61. Farm Animal
62. Dog
63. Other Animal
U. Unknown

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS
20. Tree / Stump (Standing)
21. Embankment / Driveway / Ground / Rock Bluff
22. Guardrail Face
23. Utility Pole
24. Fence
25. Street Light Support
26. Culvert
27. Highway Traffic Sign Post / Support
28. Bridge Pier / Abutment / Support
29. Curb
30. Mail Box
31. Concrete Traffic Barrier
32. Building
33. Traffic Signal Support
34. Impact Attenuator / Crash Cushion
35. Fire Hydrant
36. Other (Explain)
37. Bridge Parapet End
38. Bridge Rail
39. Guardrail End
40. Other Traffic Barrier
41. Overhead Sign Support
42. Ditch
43. Other Post / Pole / Support
44. Wall
45. Cable Barrier
46. Bridge Overhead Structure
47. Overhead Line / Cable
U. Unknown

DISTRACTED / INATTENTIVE CODES
1. External Distraction
2. Passengers
3. Stereo / Audio / Video Equipment
4. Navigation Device
5. Communication Device - Hand-held
6. Communication Device - Hands Free
7. Communication Device - Texting / E-mailing
8. Communication Device - Web Browsing
9. Eating / Drinking
10. Reading
11. Tobacco Use
12. Grooming
13. Computer Equipment / Electronic Games / etc.
14. Adjusting Vehicle Controls
15. Other (Explain)

VEHICLE TYPE CODES
1. Motor Vehicle In Transport
2. Parked Motor Vehicle
3. Working Motor Vehicle
4. Pedalcycle
5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
U. Unknown

OTHER VEHICLE CODES
1. Riding Mower / Garden Tractor
2. Golf Cart
3. Snowmobile
4. Forklift
5. Animal Drawn Vehicle / Animal Ridden For Transportation
6. Low Speed Vehicle
7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

See Supplemental Narrative Page

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PII TRENT GOLD	127	CR	NA

REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT BRADLEY FIENEN	106		

SUPPLEMENTAL REPORT NO.	SUPPLEMENTAL REPORT DATE	AGENCY NAME AND ORI
		NEOSHO POLICE DEPARTMENT - MO0730300

CRASH DATE	TRP / DIST / PCT	COUNTY
07-16-2014	NA	NEWTON

REPORTING OFFICER NAME	DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	DSN / BADGE NO.
PII TRENT GOLD	127	SGT BRADLEY FIENEN	106

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

MAIN NARRATIVE

On July 16th, 2014 at about 15:45 hours, I responded to the intersection of Missouri State Highway AA and Interstate Highway 49 to investigate a reported injury traffic crash.

Upon my arrival, I observed vehicle 2, a blue semi-truck towing a black trailer displaying Kansas registration 105954, in the middle of the roadway. I also observed vehicle 1, a gold colored 2000 Ford Excursion displaying Missouri registration HF5V4R 2014 expiration,up against the passenger side of the truck and trailer. I observed medical personnel tending to an unresponsive male subject in the driver's seat of vehicle 1. I also observed medical personnel tending to an elderly female seated in the front passenger seat. I further observed a female subject lying in the rear passenger floorboard.

I spoke with the driver of the semi-truck, identified as Mr. Carroll Tilton, who explained he was traveling northbound on Interstate 49 and exited on to Missouri State Highway AA. He said he stopped at the visible posted stop sign prior to pulling into traffic to cross Missouri State Highway AA and again continuing onto Interstate 49. He said as he was three quarters of the way across Missouri State Highway AA he was struck on the passenger side by vehicle 1. Due to the injuries sustained in this crash Mr. Tilton was tested by preliminary breath test for alcohol, which indicated negative results.

I spoke with a witness, identified as Mr. Carter Green, who explained he was traveling westbound behind vehicle 2 on Missouri State Highway AA nearing Interstate 49. He said he observed the semi-truck stopped at the intersection. He said he observed the semi-truck then pull onto Missouri State Highway AA in front the sport utility vehicle. He said the sport utility vehicle then struck the side of the semi-truck.

I was unable to speak with the four occupants of vehicle 1 due to them being transported to Freeman West for treatment of their injuries they sustained. The driver was identified by his Missouri Operator's license as Mr. Kenny Gill. I was able to locate the front passengers Missouri operator's license and identified her as Ms. Lucille Harris. I was unable to locate the other occupant's Missouri operator's license while on scene, however, she was later identified at Freeman West by her valid Missouri operator's license as Ms. Virginia Gill. The fourth occupant was later identified at Freeman West as Mr. Brantley Gill.

Vehicle 1 was towed from the scene by Poore's Truck Salvage and towing (417) 451-4442. Vehicle 2 was towed from the scene by Ron's Towing (417) 451-5787.

I later responded Freeman West, to inquire about vehicle 1's occupant's injuries. I was informed by medical personnel that Mr. Gill and Ms. Harris were both incapacitated from their injuries and unable to speak with me. I was able to speak with Ms. Gill, who explained they were traveling westbound on Missouri State Highway AA, when the semi-truck pulled out in front of them. She explained she really did not remember anything else after the collision. I was notified by Freeman West personnel that Mr. Brantley Gill was uninjured in the crash. I was informed Mr. Gill, Ms. Harris, and Ms. Gill were all being admitted to Freeman West for further treatment.

No further.

SUPPLEMENTAL NARRATIVE - UPDATED INFORMATION/DEATH **OFFICER:** RMS **7/17/2014**

On July 17th, 2014, I contacted Freeman West Hospital to check on the status of the occupants of the SUV that was involved in this accident.

I learned the Driver, Kenneth Gill was in critical condition and is currently on life support. The front seat passenger was identified as Lucille Harris, who was a 91 year old female and was transported by helicopter to Freeman West. I was informed that Ms. Harris passed away at 15:37 hours due to a result of her injuires. The rear seat passenger, Virginia Matasha Gill is responsive and in stable condition.

SUPPLEMENTAL NARRATIVE - PHOTOGRAPHS, DIAGRAM AND MEASUREMENTS **OFFICER:** JWB **7/17/2014**

On 07-16-2014 I was contacted by Lt. Kennedy in reference to a multiple injury traffic crash that occurred near the intersection of Highway AA and Interstate 49. At the time of this supplement; one of the passengers in Vehicle 1 has died as a result of the injuries sustained from the crash.

I arrived on scene and observed both vehicles in the middle of the roadway on Highway AA, in between the entry and exit ramps onto Interstate 49. Vehicle 2, a blue semi-truck was facing toward east at an angle and its trailer was still connected

SUPPLEMENTAL REPORT NO.	SUPPLEMENTAL REPORT DATE	AGENCY NAME AND ORI
		NEOSHO POLICE DEPARTMENT - MO0730300

CRASH DATE	TRP / DIST / PCT	COUNTY
07-16-2014	NA	NEWTON

REPORTING OFFICER NAME	DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	DSN / BADGE NO.
PII TRENT GOLD	127	SGT BRADLEY FIENEN	106

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

sitting across the roadway. Vehicle 1, a gold colored sport utility vehicle (SUV) was facing west and came to final rest against the trailer of Vehicle 2. The front of Vehicle 1 was wedged underneath the trailer of Vehicle 2.

I was told by Officers on scene Vehicle 2 was attempting to cross Highway AA in order to head north on Interstate 49. As Vehicle 2 started crossing Highway AA it was struck on the passenger side rear portion of semi-truck by Vehicle 1. The impact location of Vehicle 1 caused both passenger side fuel tanks of Vehicle 2 to rupture. Based on the final rest positions and damage to both vehicles; it was determined that was what had occurred.

While checking the area for evidence that would help in determining the speed of Vehicle 1 at the time of the crash, I located faint skid marks leading to the area of impact. The skid marks were measured and added to the diagram, but I do not feel they were left by Vehicle 1. It is to be noted that there were several sets of faint skid marks in the area left by other vehicles prior to this traffic crash. At the time of my investigation there was no evidence located that indicates either vehicle attempted to stop or avoid the traffic crash.

I took photographs of the entire scene and they have been attached to this report.

While investigating the scene I checked the seatbelts in Vehicle 1 for the seats all the passengers were sitting in at the time of the crash. None of the seatbelts had any stretching or marks of any kind indicating they were being worn by the occupants at the time of the crash. On the front passenger side I observed a point of impact on the windshield. The "Spider web" pattern and the long hairs imbedded in the windshield glass indicate it was caused by a female subjects head striking the windshield. This also coincides with the evidence showing that female passenger was not wearing her seatbelt at the time of the crash.

On the driver side of Vehicle 1 I located several long hairs imbedded in the a-pillar and the left side of the driver seat was broken at the hinge. This indicated the female passenger sitting behind the driver seat was not wearing her seatbelt at the time of the crash and was thrown forward. That passenger's head struck the a-pillar and the force of her body possible caused the driver's seat hinge to break.

I completed two diagrams of the traffic crash and measured it using the baseline coordinate method. One diagram shows the vehicles initial impact and the second shows the vehicles final rest position. I used the Southeast corner of the Interstate 49 overpass (A557) for the (0,0) reference point. Both diagrams and measurement page has been added to the report.

Nothing further.

CR

Case Number: 0714-120

Baseline Coordinate Measurements

Reference point (0,0) – Southeast corner of bridge (A5557)

All measurements are North and East of (0,0)

Vehicle 1 final rest position: Ford SUV

Driver-front tire: 178'9"E, 32'8"N	-	Passenger-front tire: 180'2"E, 39'1"N
Driver-rear tire: 178'10"E, 32'9"N	-	Passenger-rear tire: 191'E, 33'7"N

Vehicle 1 left skid: Start 257'4"E, 22'8"N	-	Vehicle 1 right skid: Start 265'11"E, 28'2"N
Length left skid: 64'7"		Length right skid: 73'2"

Vehicle 2 final rest position: (Kenworth Tractor)

Driver-front tire: 190'8"E, 48'11"N	-	Passenger-front tire: 191'11"E, 40'10"N
Driver-front dual tire: 175'E, 51'11"N	-	Passenger-front dual tire: 172'E, 43'9"N
Driver-rear dual tire: 169'7"E, 52'4"N	-	Passenger-rear dual tire: 167'7"E, 44'4"N

Vehicle 2 final rest position: (Trailer)

Driver front dual tire: 173'11"E, 13'4"N	-	Passenger front dual tire: 181'10"E, 15'1"N
Driver rear dual tire: 174'6"E, 9'5"N	-	Passenger rear dual tire: 183'5"E, 11'N

0714-120

CR

SUBPOENA

ORDER TO APPEAR/PRODUCE DOCUMENTS

TO: Freeman West Hospital
1102 West 32nd Street
Joplin, Mo 64804
(417)- 347-1111

YOU ARE HEREBY COMMANDED TO PRODUCE, pursuant to Section 56.085 RSMo, on or before the17th day of August 2014, to the Office of the Prosecuting Attorney, located at the Newton County Courthouse, Neosho, Missouri, the following information to be examined in certain matters involving a criminal investigation:

Any and all medical records also to include blood samples for Gill, Kenny Dean date of birth 11/29/1981, for an emergency room visit that took place on July 16th, 2014.

To be released to Neosho Police Department upon presentation of subpoena.

NEOSHO POLICE DEPARTMENT
201 N. College St
Neosho, Mo. 64850

Witness my hand this 17th day of July, 2014

Requested by: _____
Prosecuting Attorney

Ordered by: _____
Circuit Judge

Subscribed and sworn to before me: _____
Circuit Clerk

_____
Deputy Clerk

Section 577.021 requires investigating officer to make all reasonable efforts to chemically test of surviving drivers involved in a fatal traffic accident.

On 07-16-2014, the driver, Mr. Kenny Gill was transported to Freeman West Hospital for injuries sustained in a traffic accident. The driver of vehicle 2, Carroll Tilton was given a PBT on scene at the time of the accident.

Due to the injuries sustained by Mr. Gill we were not able to perform that so we obtained the hospital urinalysis report.

It is attached to this supplement and it shows negative in all areas checked.

DAVID KENNEDY

OFFICERS

Date	Role	Officer Name	Agency	Duty Assignment
08/04/2014 14:30:00	*Primary Officer*	*LT DAVID KENNEDY*	*NPD*	*Patrol*

CR 0714-120

Health System
1102 W. 32nd St. Joplin, MO 64804

MEDICAL RECORD FAX COVER SHEET

DATE: 8-4-14

TO: Neosho P.D. PHONE

FAX: 451 8008

PAGES 11

FROM: RELEASE OF INFORMATION PHONE: 417-347-6685
FAX: 417-347-6842

Comments:

This faxsimile contains confidential information, which is intended only for the use of the individual or entity named above. If the reader of this FAX is not the intended recipient or agent responsible for delivering it to the intended recipient, he/she is hereby notified that you are in possession of confidential and privileged information. If you have received the FAX in error, please notify the sender immediate by telephone. State and federal law prohibits you from making further disclosure of this information without specific written consent of the person to whom it pertains or as otherwise permitted by law.

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

PAGE 1

CR 0714-12

LOCATION

PATIENT: GILL,KENNY D
REG DR: Carney,Brock MD

ACCT: J00337019723 LOC: ON U: JU00553804
AGE/SX: 32/M ROOM: 481 REG: 07/16/14
STATUS: DIS IN BED: 1 DIS: 07/24/14

HEMATOLOGY/AUTOMATED COMPLETE BLOOD COUNT

Day	5	4	3	2	Reference	Units
Date	JUL 20	JUL 19	JUL 18	JUL 17		
Time	0515	0510	0455	0527		
=> WBC	8.2	11.6 H	8.6	10.2	(4.0-11.0)	x10E3/uL
=> RBC	4.18 L	3.97 L	4.00 L	4.55	(4.5-6.2)	x10E6/uL
=> Hgb	12.3 L	11.7 L	11.8 L	13.6 # L	(13.7-17.5)	g/dL
=> HCT	37.1 L	36.2 L	36.2 L	41.0	(40.1-52.0)	%
=> MCV	88.8	91.2	90.5	90.1	(80-100)	fL
=> MCH	29.4	29.5	29.5	29.9	(26-33)	pg
=> MCHC	33.2	32.3	32.6	33.2	(32-36)	g/dL
=> RDW	13.3	13.7	13.6	14.0	(12.0-14.5)	%
=> Platelet Count	211	181	159	213	(150-450)	x10E3/uL
=> MPV	9.6	9.9	9.7	9.9	(9.5-12.5)	fl
=> Grans%	73.3	73.3	73.5	73.9	(34.0-75.0)	%
=> Lymphs%	16.8 L	18.1	17.1	16.9 L	(17.0-50.0)	%
=> Monos%	8.7	7.8	8.8	7.7	(4.0-12.0)	%
=> Eos%	0.6	0.2	0	0.9	(0-6)	%
=> Baso%	0.1	0.2	0.1	0.2	(0-2.0)	%
=> Gran#	6.0	8.5 H	6.3	7.5	(1.5-8.0)	T/CMM
=> Lymphs#	1.4	2.1	1.5	1.7	(0.6-6.0)	T/CMM
=> Mono#	0.7	0.9	0.8	0.8	(0-1.1)	T/CMM
=> Eos#	0.1	0.0	0.0	0.1	(0-0.6)	T/CMM
=> Basos#	0.0	0.0	0.0	0.0	(0-0.2)	T/CMM

Day	1	Reference	Units
Date	JUL 16		
Time	1700		
=> WBC	10.5	(4.0-11.0)	x10E3/uL
=> RBC	5.30	(4.5-6.2)	x10E6/uL
=> Hgb	15.7	(13.7-17.5)	g/dL
=> HCT	46.8	(40.1-52.0)	%
=> MCV	88.3	(80-100)	fL
=> MCH	29.6	(26-33)	pg
=> MCHC	33.5	(32-36)	g/dL
=> RDW	13.4	(12.0-14.5)	%
=> Platelet Count	263	(150-450)	x10E3/uL
=> MPV	9.5	(9.5-12.5)	fl
=> Grans%	69.3	(34.0-75.0)	%
=> Lymphs%	21.9	(17.0-50.0)	%
=> Monos%	6.0	(4.0-12.0)	%
=> Eos%	1.8	(0-6)	%

CR

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

LOCATION

0714-120

Patient: GILL,KENNY D J00337019723 (Continued)

HEMATOLOGY/AUTOMATED COMPLETE BLOOD COUNT

	Day	Date	Time	Reference	Units
	1	JUL 16	1700		
=> Baso%	0.2			(0-2.0)	%
=> Gran#	7.3			(1.5-8.0)	T/CMM
=> Lymphs#	2.3			(0.6-6.0)	T/CMM
=> Mono#	0.6			(0-1.1)	T/CMM
=> Eos#	0.2			(0-0.6)	T/CMM
=> Basos#	0.0			(0-0.2)	T/CMM

COAGULATION

	Day	Date	Time	Reference	Units
	3	2	1		
	JUL 18	JUL 17	JUL 16		
	0455	0527	1700		
=> PT		13.8	13.2	(11.5-14.2)	SEC.
=> INR *		(a)	(c)	(0.9-1.15)	

NOTES: (a) 1.1
See also (b)

(b) New test methodology November 2008. INR remains standardized.

The INR Reference Interval applies to adults 18-60 years, NOT on anticoagulant therapy.

*Suggested INR Therapeutic Range for oral anticoagulant therapy (stably anticoagulated patients):

*Routine oral anticoagulant therapy = 2.0-3.0

*Oral anticoagulant therapy for patients with thromboembolic events while on standard doses of coumadin and those with mechanical heart valves = 2.5-3.5

(c) 1.0
See also (b)

CR

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

0714-120

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

COAGULATION

Day	3	2	1		
Date	JUL 18	JUL 17	JUL 16		
Time	0455	0527	1700	Reference	Units
=> PTT		(d)	(f)	(23.0-35.0)	SEC.
=> PROCALCITONIN	(g) L			(0.05-0.09)	ng/mL

NOTES: (d) 26.9
See also (e)

(e) ***ATTENTION***
Normal Reference Range has changed to 23.0 - 35.0 sec.

Heparin Therapeutic Reference Range is 73 - 114 seconds. Please refer to Heparin Protocol of 2013/2014.

Reference interval applies to adults 18-60 years.

(f) 26.5
See also (e)

(g) < 0.05 L
See also (h)

(h) DIAGNOSIS OF SYSTEMIC BACTERIAL INFECTION/SEPSIS:
<0.5 ng/ml - Systemic infection (sepsis) is not likely. Local bacterial infection is possible.
>/= 0.5 ng/ml - <2 ng/ml - systemic infection (sepsis) is possible.
>/= 2 ng/ml - 10 ng/ml - systemic infection (sepsis) is likely.
>/= 10 ng/ml - Important systemic innflamatory response, almost exclusively due to bacterial sepsis or septic shock.

DIFFERENTIAL DIAGNOSIS OF LOWER RESPIRATORY DISEASE
<0.1 ng/ml - Indicates absence of bacterial infection. Use of antibiotics is strongly discouraged, even in the presence of impaired pulmonary reserve in AECOPD.
>/= 0.1 ng/ml - <0.25 ng/ml Bacterial infection unlikely. The use of antibiotics id discouraged.
>/= 0.25 ng/ml - <0.5 ng/ml - Bacterial infection is possible . Recommend to initiate antimicrobial therapy.
>/= 0.5 ng/ml Suggests the presence of bacterial infection. Antibotic treatment is strongly recommended.

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

CR 0714-120

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

CHEMISTRY

Day	4	3	2	1		
Date	JUL 19	JUL 18	JUL 17	JUL 16		
Time	0628	0455	0527	1700	Reference	Units
=> Sodium	137	140	139	142	(135-148)	mmol/L
=> Potassium	3.7	3.6	3.9 #	4.5	(3.6-5.0)	mmol/L
=> Chloride	101 #	106	106	104	(98-107)	mmol/L
=> CO2	30	27	26	23	(22-30)	mmol/L
=> Anion Gap	6	7	7	15	(5-20)	
=> Glucose	97	94	101	137 H	(75-110)	mg/dL
=> BUN	13	11	13	13	(9-20)	mg/dL
=> Creatinine	0.6 L	0.6 L	0.9	0.8	(0.8-1.5)	mg/dL
=> BUN/Creat ratio	22	18	14	16	(10-30)	
=> GFR	(i)	(l)	98(m)	(n)	(SEE BELOW)	mL/min
=> Osmolality,calc	273	279	278	285	(279-310)	mOsm/kg
=> ALP		43			(38-126)	U/L
=> SGPT		76 H			(21-72)	U/L
=> Phosphorus		3.0			(2.5-4.5)	mg/dL
=> Calcium	7.8 L	7.8 L	8.0 L	8.9	(8.8-10.8)	mg/dL
=> Total Protein		5.9 L			(6.3-8.2)	g/dL
=> Albumin		3.2			(3.0-4.8)	g/dL

NOTES: (i) 156
See also (j), (k)
(j) REFERENCE for GLOMERULAR FILTRATION RATE
AVERAGE GFR FOR 30-39 YEARS OLD = 107 mL/min/1.73 sq.meters
CHRONIC KIDNEY DISEASE LESS THAN 60 mL/min/1.73 sq.meters
KIDNEY FAILURE LESS THAN 15 mL/min/1.73 sq.meters

THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY 2003
(k) The GFR is calculated using a modified MDRD calculation. This GFR should not be used to determine patient medication dosages. The Cockcroft-Gault calculation should be used to determine medication dosage.

It is recommended that this formula not be used with patients of extreme body size or muscle mass (e.g. obese, severely malnourished, amputees, paraplegics or other muscle wasting diseases) or with unusual dietary intake (e.g. vegetarian, creatine supplements, etc.).
(l) 156
See also (j), (k)
(m) See (j), (k)
(n) 112
See also (j), (k)

CR

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

0714-120

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

CHEMISTRY

Day	4	3	2	1		
Date	JUL 19	JUL 18	JUL 17	JUL 16		
Time	0628	0455	0527	1700	Reference	Units
=> Globulin		2.7			(2.3-4.0)	g/dL
=> A/G ratio		1.2			(1.0-2.5)	
=> SGOT		98 H			(17-59)	U/L
=> T Bilirubin		0.6			(0.2-1.3)	mg/dL
=> Alcohol				(o)	(<0.01 NEG)	%(w/v)
=> Magnesium		2.0			(1.6-2.3)	mg/dL

NOTES: (o) < 0.01
See also (p)
(p) REFERENCE RANGE for ALCOHOL %(w/v)
NEGATIVE <0.01 %(w/v)
TOXIC 0.05-0.10 %(w/v)
FATALITIES REPORTED >0.40 %(w/v)
MO. DWI THRESHOLD 0.08 %(w/v)

CR

0714-120

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

BLOOD GASES / ACID-BASE MANAGEMENT

Day	3	2		1		
Date	JUL 18	------JUL 17------		JUL 16		
Time	2031	1653	1230	1835	Reference	Units
=> pH,arterial	7.374	7.352	7.314 L	7.305 L	(7.35-7.45)	
=> pCO2,arterial	44.6	42.0	44.5	51.0 H	(35-45)	mmHg
=> pO2,arterial	125 H	72 L	71 L	422 H	(80-105)	mmHg
=> HCO3,arterial	26.0	23.3	22.6	25.4	(22-26)	mmol/L
=> TCO2,arterial	27	25	24	27	(23-27)	mmol/L
=> B.E.,arterial	1	-2	-4 L	-2	(-2.0-3.0)	mmol/L
=> O2 Sat,arterial	99 H	94 L	92 L	100 H	(95-98)	%

THERAPEUTIC DRUGS / ENDOCRINOLOGY

Day	3		
Date	JUL 18		
Time	1300	Reference	Units
=> Vancomycin	(q) L	(10-40)	ug/mL
=> Sample type	(s)		

NOTES: (q) 8.96 L
See also (r)
(r) VANCOMYCIN EXPECTED RESULTS ON VITROS
Vanco Trough : 5.0-10.0 ug/mL
Vanco Peak : 20.0-40.0 ug/mL
Toxic Level : > or = 40 ug/mL
Outpatient toxic Trough levels: >20.0 ug/mL
Inpatient Trough levels >20.0 ug/mL - Notify inpatient pharmacist.

FOR FREEMAN HEALTH SYSTEM IN-HOUSE PATIENTS
*Trough levels of 10-20 ug/mL may be indicated for some conditions.
*Trough levels of >20 are considered TOXIC - please contact a Freeman Health In-House Clinical Pharmacist.
(s) TROUGH

CR

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

0714-120

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

ROUTINE URINALYSIS

Day	3	1		
Date	JUL 18	JUL 16		
Time	1400	1720	Reference	Units
Color	YELLOW	YELLOW	(YELLOW)	
Appearance	CLOUDY H	CLEAR	(CLEAR)	
Glucose	NEGATIVE	NEGATIVE	(NEGATIVE)	
Bilirubin	NEGATIVE	NEGATIVE	(NEGATIVE)	
Ketone	NEGATIVE	NEGATIVE	(NEGATIVE)	
SP.GR.		1.046 H	(1.001-1.030)	
Sp Graw	1.020		(1.001-1.030)	
Blood/Hgb	2+ H	2+ H	(NEGATIVE)	
PH	6.0	6.0	(5.0-8.5)	
Protein	NEGATIVE	2+ H	(NEGATIVE)	
SSA - Protein	NEGATIVE	2+ H	(NEGATIVE)	
Urobil	1.0	0.2	(0.2-1.0)	E.U.
Nitrite	NEGATIVE	NEGATIVE	(NEGATIVE)	
Leuk Ester	2+ H	NEGATIVE	(NEGATIVE)	
Squamous Epi	20-30 H	10-20 H	(0-5/HPF)	
Mucus	3+ H		(NONE SEEN)	
WBC	60-99 H	1-5	(0-5/HPF)	
RBC	10-20 H	6-10 H	(0-5/HPF)	
Bacteria	NONE SEEN	NONE SEEN	(NONE SEEN)	
Casts	1-5 C GRN		(NONE SEEN)	
CULT. INDICATOR	(A)	(B)		

(A) CULTURE TO FOLLOW
(B) CULT. NOT INDICATED

**** ATTENTION ****
As of 11/14/12 the reflex criteria for a culture has changed.
Adults to 2 mo. the reflex criteria is >10 WBC's/HPF.
Children <2 mo. reflex criteria remains the same.

Test	Day	Date	Time	Result	Reference	Units
=> Creatinine	1	JUL 16	1700	0.9	(0.6-1.3)	mg/dL
=> O2 status	1	JUL 16	1835	100.0		
=> O2 status	2	JUL 17	1230	0.4		
=> O2 status	2	JUL 17	1653	40.0		
=> O2 status	3	JUL 18	2031	40.0		
=> THC-Cannabinoid	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> PCP-Phencyclidi	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	

CR

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

D714-120

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

Test	Day	Date	Time	Result	Reference	Units
=> Cocaine metabol	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> MAMP-Methamphet	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> OPI - Opiates	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> AMP- Amphetamin	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> BZO-Benzodiazep	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> TCA -Tricyclic	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> MTD -Methadone	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> BAR -Barbiturat	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> OXY -Oxycodone	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> PPX-Propoxyphen	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> BUP- Buprenorph	1	JUL 16	1720	(t)	(NEGATIVE)	

NOTES: (t) NEGATIVE
See also (u)

(u) The Cut-off concentrations for the rapid drug screen are provided below:

AMP	Amphetamine	500 ng/mL
BAR	Barbiturates	200 ng/mL
BZO	Benzodiazepines	150 ng/mL
BUP	Buprenorphine	10 ng/mL
COC	Benzoylecgonine	150 ng/mL
MAMP	Methamphetamine	500 ng/mL
MTD	Methadone	200 ng/mL
OPI	Morphine	100 ng/mL
OXY	Oxycodone	100 ng/mL
PCP	Phencyclidine	25 ng/mL
PPX	Propoxyphene	300 ng/mL
THC	Marijuana	50 ng/mL
TCA	Tricyclic Antidepressants	300 ng/mL

This test provides only a preliminary test result. Any positive reactions are unconfirmed. The patient results are to be used for medical purposes only. A more specific alternate chemical method such as GC/MS should be used in order to obtain a confirmed analytical judgement. Clinical consideration and professional judgement should be applied to any drugs of abuse test results, particularly when preliminary positive results are used.
FOR MEDICAL PURPOSES ONLY

****NOVEMBER 2012**** NEW METHODOLOGY, PLEASE NOTE NEW CUTOFF VALUES AND ADDITIONAL TESTS ON DRUG SCREEN.

CR

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

0714-120

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

Microbiology Specimen Summary

	Col Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms
>	07/18/14	1400	14:B0018299R	UR FOLEY		F	<none>
>	07/17/14	1252	14:B0018172R	SPUT		F	<none>

Patient: GILL,KENNY D Age/Sex: 32/M AcctJ00337019723 UnitJU00553804

CR

RUN DATE: 07/25/14
RUN TIME: 0943

Freeman Health System LAB *Live*
Summary Discharge Report - SCA

0714-120

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

Source: SPUTUM

> Gram Stain Final 07/17/14
Loaded wbc's and no organisms observed.

> Aerobic Culture Final 07/19/14
Result No growth 2 days

Source: URINE, FOLEY CATHETER

> Aerobic Culture Final 07/20/14
Result No growth 2 days

On July 16th, 2014 at about 15:45 hours, I responded to the intersection of Missouri State Highway AA and Interstate Highway 49 to investigate a reported injury traffic crash, which was later found to be a fatality traffic crash.

Section 577.021 requires investigating officer to make all reasonable efforts to chemically test of surviving drivers involved in a fatal traffic accident.

On 07-16-2014, the driver, Mr. Kenny Gill, was transported to Freeman West Hospital for injuries sustained in a traffic accident. The driver of vehicle 2, Carroll Tilton, was given a PBT on scene at the time of the accident.

Due to the injuries sustained by Mr. Gill, I was unable to perform a chemical test on scene. I completed a court order subpoena to obtain the hospital urinalysis report on Mr. Gill.

On August 6th, 2014 I received 172 pages of medical records for Mr. Gill from Freeman West. The 172 pages of medical records are attached to this supplement and they show negative in all areas checked.

No further.

No further.

OFFICERS

Date	Role	Officer Name	Agency	Duty Assignment
08/06/2014 13:56:19	Primary Officer	PII TRENT GOLD	NPD	Patrol
08/06/2014 13:56:27	Review Officer	PII TRENT GOLD	NPD	Patrol
08/06/2014 13:56:30	Approved-By Officer	PII TRENT GOLD	NPD	Patrol

T. Gold 127

0714-120
0714-120-004

MEDICAL RECORDS AFFIDAVIT

STATE OF MISSOURI

COUNTY OF NEWTON

My name is Melanie Belnap. I am of sound mind, capable of making this Affidavit, and personally acquainted with the facts stated:

I am records custodian from Freeman Health System attached hereto are 172 pages of records regarding Kenny Gill.

These records are kept in the regular course of business and it was the regular course of business of this office for and employee or representative of this office with the knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion or diagnosis. The records attached hereto are the original or exact duplicates of the original copied.

Melanie Belnap
AFFIANT
(Records Librarian)

Before me, personally appeared affiant, who, being by my duly sworn that the facts stated therein are true and correct according to their best information and belief.

In witness whereof, I have hereunto subscribed my name and affixed my official seal this 17 day of July, 2014

Kate L. Ogle
NOTARY PUBLIC

My commission expires:
Nov. 4th, 2017

KATE L. OGLE
Notary Public – Notary Seal
STATE OF MISSOURI
Jasper County
My Commission Expires Nov. 4, 2017
Commission #13544425

0714-120
0714-120-004

FREEMAN Health System

PATIENT REGISTRATION / ADMISSION FORM

1102 WEST 32ND STREET
JOPLIN, MISSOURI 64804
417-FHS-1111

Patient Status: NEW ER
Patient Location: ED RED
HIPAA Policy Signed: 04/19/13
FastPass Agreement Signed:

ACCOUNT NUMBER	ADMISSION DATE/TIME	BIRTH DATE	AGE	SEX	ETHNICITY	RACE	MARITAL STATUS	SMOKER	ROOM	BED	UNIT NUMBER
J00337019723	07/16/14 1649	11/29/1981	32	M	OTH	01	S		41		JU00553804

PATIENT

NAME OF PATIENT / ADDRESS	SOCIAL SECURITY	OTHER / MAIDEN NAME	PRIMARY LANGUAGE	DATE OF LAST ADM.	PT. STATUS
GILL,KENNY D 20510 JAGUAR RD NEOSHO,MO 64850-8328	444-82-6674 COUNTY: NEWT		ENGL	06/26/14	REG ER

HOME PHONE	OTHER PHONE	RELIGION	REG. BY
417-674-2083	417-658-3000	NO PREFERENCE	SNHAIL

PATIENT EMPLOYER / ADDRESS	PATIENT OCCUPATION	BUSINESS PHONE
SIMMONS SOUTH WEST CITY 10700 S STATE HWY 43 SOUTH WEST CITY,MO 64863	MAINTENANCE	417-762-3001
	HOME PHONE: 417-674-2083	OTHER PHONE: 417-658-3000

GUARANTOR

NAME OF GUARANTOR / ADDRESS	SOCIAL SECURITY	OCCUPATION	HOW LONG EMP.	GUARANTOR EMPLOYER / ADDRESS
GILL,KENNY D 20510 JAGUAR RD NEOSHO,MO 64850-8328	444-82-6674	MAINTENANCE		SIMMONS SOUTH WEST CITY 10700 S STATE HWY 43 SOUTH WEST CITY,MO 64863
		HOME PHONE / EXTENSION: 417-674-2083	BUS. PHONE / EXTENSION: 417-762-3001	
		RELATION TO PATIENT: SAME AS PATIENT (SELF		

NEXT OF KIN

NEXT OF KIN / ADDRESS	RELATION	PERSON TO NOTIFY / ADDRESS	RELATION
GILL,MATOSHA 20510 JAGUAR RD NEOSHO,MO 64850-8328	W H 417-674-2083 W	NONE,GIVEN 20510 JAGUAR RD NEOSHO,MO 64850-8328	S H 417-674-2083 W

INSURANCE

BLUE CROSS PPO
PO BOX 105187
ATLANTA, GA 30348
POL#:SFTM6141401000 GRP#:0206510100 SIMMONS SOUTH W
SUBSCRIBER NAME:GILL,KENNY D
SUBSCRIBER DOB:11/29/81
PT RELATION TO SUBSCRIBER S

POL#: GRP#:
SUBSCRIBER NAME:
SUBSCRIBER DOB:
PT RELATION TO SUBSCRIBER

ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	NATURE OF VISIT
	Boulware,Chad DO	ONSET OF ILLNESS
FAMILY PHYSICIAN	**REFERRING PHYSICIAN**	**DATE OF ONSET/ACCIDENT**
Johnson,Steven DO		07/16/14

ADMITTING DIAGNOSIS: MVA

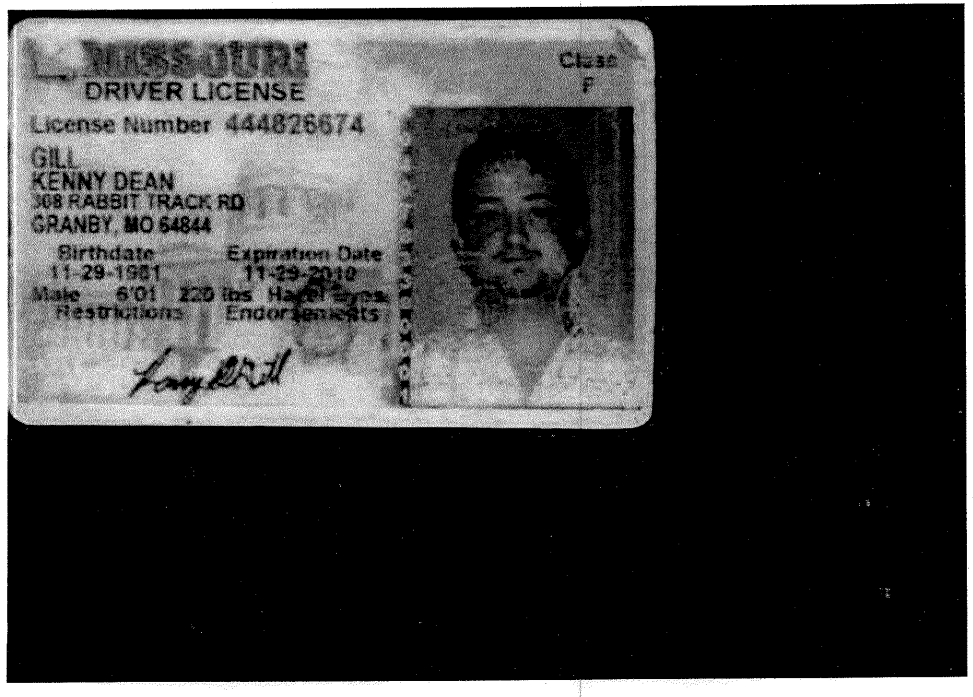
COMMENTS: SNH--41 | AMD | DISCHARGE DATE

NONSTAFF PHYS:

x PHYSICIAN'S SIGNATURE

FACE

0714-120
0714-120-004
CR

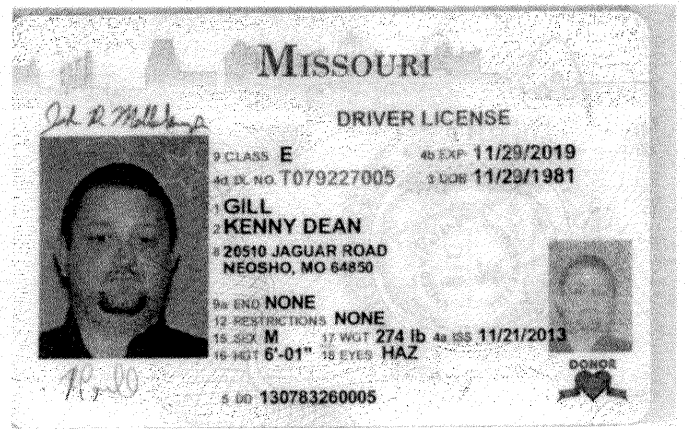


0714-120-004 CR

0714-120
0714-120-004
CR

MISSOURI
DRIVER LICENSE
Class
E
License Number T079227005
GILL
KENNY DEAN
501 SELLERS RD.
ANDERSON, MO 64831
Birthdate
11-29-1981
Expiration Date
11-29-2013
Male 6'01 260 lbs Hazel Eyes
Restrictions
Endorsements

0714-120
0714-120-004
CR



MISSOURI

DRIVER LICENSE

9 CLASS E
4b EXP 11/29/2019
4d DL NO. T079227005
3 DOB 11/29/1981
1 GILL
2 KENNY DEAN
8 20510 JAGUAR ROAD
NEOSHO, MO 64850
9a END NONE
12 RESTRICTIONS NONE
15 SEX M
17 WGT 274 lb
4a ISS 11/21/2013
16 HGT 6'-01"
18 EYES HAZ
DONOR
5 DD 130783260005

CR
0714-120
0714-120-004

BlueCross.
BlueShield.

Simmons

MEMBER NAME
KENNY D GILL
MEMBER ID
SFTM6141401000

DIVISION #: 0206510100
RXBIN: 800004
RXPCN: 008126
RXGRP: 10001978

SIMMONS FOODS, INC

PPO

0714-120 CR

0714-120-004

BlueAdvantage Administrators of Arkansas

Providers: File claims with Local Blue Cross and/or Blue Shield Plan.

Members: Refer to your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.

On-line Service: For claims, eligibility or finding a provider, visit the website address on this card.

Finding a Provider: To find a Provider in your service area or when traveling, call the Provider Locator number.

MEDTRAK

www.blueadvantagearkansas.com

CUSTOMER SERVICE 800-285-6659
PRECERTIFICATION 800-451-7302
EAP SERVICES 800-624-5544
PROVIDER LOCATOR 800-810-2583
MEDTRAK* 800-771-4648

*Contracts directly with group

BlueAdvantage Administrators of Arkansas
P.O. Box 1460, Little Rock AR 72203

BlueAdvantage Administrators of Arkansas, an independent licensee of the Blue Cross and Blue Shield Association, provides administrative claim payment services only and does not assume any financial risk or obligation with respect to claims.

Pharmacy benefits administrator

0714-120
0714-120-004
CR

BlueCross.
BlueShield.

Simmons

MEMBER NAME
KENNY D GILL
MEMBER ID
SFTM6141401000

DIVISION #: 0206510100
RXBIN: 800004
RXPCN: 008126
RXGRP: 10001978

SIMMONS FOODS, INC

PPO

Freeman Health System | Patient Audit Trail | Page: 1
Emergency Department Mgmt | Date: 07/17/14 13:43
User: BROMLEY,WHITNEY L

Patient: GILL,KENNY D | Acct Num: J00337019723 | Med Rec #: JU00553804
ED Physician: BOUCH | Age/Sex: 32/M | Location: INTENSIVE CARE UNIT 2
Chief Complaint: TRAUMA P1 | Status: ADM IN

Date/Time	User	Field	Action	Value
07/16/14 16:49	CNDURHAM	Ed Status	New	In Room
07/16/14 16:49	CNDURHAM	Reg Status	New	Pre Emergency
07/16/14 16:49	CNDURHAM	Arrived At	New	07/16/14 16:49
07/16/14 16:49	CNDURHAM	Arrived By	New	MEDFLIGHT
07/16/14 16:49	CNDURHAM	Stated Complaint	New	MVA
07/16/14 16:49	CNDURHAM	Treatment Area	New	41
07/16/14 16:49	CNDURHAM	ED Location	New	ED Red
07/16/14 16:49	CNDURHAM	Station	New	41
07/16/14 16:49	CNDURHAM	Assessment	Added	Triage Assessment
07/16/14 16:49	CNDURHAM	Assessment	Added	Home Medication Confirmation
07/16/14 16:49	CNDURHAM	Assessment	Added	Discharge Assessment
07/16/14 16:49	CNDURHAM	Assessment	Added	Height / Weight Assessment
07/16/14 16:49	CNDURHAM	Assessment	Added	History Assessment
07/16/14 16:49	CNDURHAM	Assessment	Added	Vital Sign / Pain Assessment
07/16/14 16:49	CNDURHAM	Status Event	New	Received
07/16/14 16:56	KKLONG	Chief Complaint	New	TRAUMA P1
07/16/14 16:56	KKLONG	Assessment	Added	Language / Interpreter
07/16/14 16:56	KKLONG	Assessment	Added	Log Sheet
07/16/14 16:56	KKLONG	Assessment	Added	Log Sheet - Admit
07/16/14 16:56	KKLONG	Assessment	Added	Log Sheet - Bed Assignment
07/16/14 16:56	KKLONG	Assessment	Added	Oxygen Start Time
07/16/14 16:56	KKLONG	Assessment	Added	Oxygen Stop Time
07/16/14 16:56	KKLONG	Assessment	Added	Report
07/16/14 16:56	KKLONG	Assessment	Added	TFS 0 Trauma Activation
07/16/14 16:56	KKLONG	Assessment	Added	TFS 1 Patient Arrival
07/16/14 16:56	KKLONG	Assessment	Added	TFS 2 Primary Assessment
07/16/14 16:56	KKLONG	Assessment	Added	TFS 3 IV Treatment
07/16/14 16:56	KKLONG	Assessment	Added	TFS 4 Secondary Assessment
07/16/14 16:56	KKLONG	Assessment	Added	TFS 5 Additional Interventions
07/16/14 16:56	KKLONG	Assessment	Added	TFS 6 Vital Signs / Pain / GCS
07/16/14 16:56	KKLONG	Assessment	Added	TFS 7A Intake & Output
07/16/14 16:56	KKLONG	Assessment	Added	TFS 7B Notifications
07/16/14 16:56	KKLONG	Assessment	Added	TFS 7C Patient Belongings
07/16/14 16:57	KKLONG	Priority	New	1T - Priority 1 Trauma
07/16/14 17:00	KKLONG	Assessment	Added	CT Oral Contrast - CT Oral Contr
07/16/14 17:00	KKLONG	Assessment	Added	Uncollected Specimen - Alcohol,
07/16/14 17:00	KKLONG	Assessment	Added	Uncollected Specimen - Basic Met
07/16/14 17:00	KKLONG	Assessment	Added	Uncollected Specimen - CBC/Diff
07/16/14 17:00	KKLONG	Assessment	Added	Uncollected Specimen - Drug Scre
07/16/14 17:00	KKLONG	Assessment	Added	Uncollected Specimen - PT/PTT
07/16/14 17:00	KKLONG	Assessment	Added	Uncollected Specimen - UA & Cult
07/16/14 17:06	SDEGBERT	Midlevel Provider	New	EGBERT,SAMANTHA D
07/16/14 17:06	SDEGBERT	Time Seen by Provider	New	07/16/14 17:06
07/16/14 17:12	BOUCH	Ed Provider	New	Boulware,Chad DO
07/16/14 17:14	KKLONG	Triaged At	New	07/16/14 17:12
07/16/14 17:15	BOUCH	Clinical Impression	Added	blunt chest trauma
07/16/14 17:15	BOUCH	Clinical Impression	Added	head injury
07/16/14 17:18	BCLONG	Triaged At	Edit	07/16/14 16:49
07/16/14 17:20	BCLONG	Ed Status	Edit	Nurse in Room
07/16/14 17:20	BCLONG	Ed Nurse	New	LONG,BENJAMIN C
07/16/14 17:31	SNHAIL	Ed Status	Edit	Registered
07/16/14 17:31	SNHAIL	Reg Status	Edit	Reg Emergency
07/16/14 17:31	SNHAIL	Service Date/Time	New	07/16/14 16:49

07/16/14 17:31	SNHAIL	Primary Care Provider	New	Johnson,Steven DO
07/16/14 17:51	CLGRUBEN	Treatment	Added	RT-Ventilation Charges
07/16/14 17:51	CLGRUBEN	Treatment	Added	RT-Progress Record
07/16/14 17:51	CLGRUBEN	Treatment	Added	RT-Skin Inspection
07/16/14 17:51	CLGRUBEN	Treatment	Added	RT-Ventilation/ARM Record
07/16/14 18:01	PC.CAI	Assessment	Added	Pastoral Services Assessment
07/16/14 18:20	SDEGBERT	Forms	Added	Portal Enrollment
07/16/14 18:20	SDEGBERT	Patient Instructions	Added	Patient Instructions
07/16/14 18:36	SDEGBERT	Condition	New	Serious
07/16/14 19:20	NURS.BAH4	Ed Nurse	Edit	JONES,JEREMY R
07/16/14 19:20	MCLEE	Reg Status	Edit	Adm Inpatient
07/16/14 19:20	MCLEE	Admitted At	New	07/16/14 18:00
07/16/14 19:20	MCLEE	Admitting Provider	New	Carney,Brock MD
07/16/14 19:20	MCLEE	Attending Provider	New	Carney,Brock MD
07/16/14 19:21	BKG DAEMON	Forms	Deleted	Portal Enrollment
07/16/14 19:21	BKG DAEMON	Patient Instructions	Deleted	Patient Instructions
07/16/14 21:37	MR.KLY	Ed Status	Edit	Pending Admission
07/16/14 22:14	NURS.BAH4	Treatment Area	Edit	HR
07/16/14 22:14	NURS.BAH4	Station	Edit	HR
07/16/14 22:29	NURS.JRJ	Ed Status	Edit	Left Department
07/16/14 22:29	NURS.JRJ	Discharged At	New	07/16/14 22:15
07/16/14 22:29	NURS.JRJ	Disposition	New	ADMIT AS INPATIENT TO FHS
07/16/14 22:29	NURS.JRJ	Treatment Area	Deleted	HR
07/16/14 22:29	NURS.JRJ	Station	Deleted	HR

GILL,KENNY D
Fac: Joplin **Loc:** INTENSIVE CARE UNIT 2 **Bed:** 261-1
32 M 11/29/1981 **Med Rec Num:** JU00553804 **Visit:** J00337019723
Attending: Brock A Carney **Reg Date:** 07/16/14
Reason: MVA, PULMONARY CONTUSTION

ED / UC Patient Record

Last Name:	GILL	Status:	Left Department
First Name:	KENNY	Priority:	1T - Priority 1 Trauma
Middle:	D	Condition:	Serious
Birthdate:	11/29/1981	Arrival Date/Time:	07/16/14 16:49
Age:	32	Arrival Mode:	MEDFLIGHT
Sex:	M	Triaged At:	07/16/14 16:49
Language:		Time Seen by Provider:	07/16/14 17:06

Stated Complaint: MVA
Chief Complaint: TRAUMA P1

ED Location: ED Red
Area:
Station:
Group:
ED Provider: Boulware,Chad A
ED Midlevel Provider: EGBERT,SAMANTHA D
ED Nurse: JONES,JEREMY R
Primary Care Provider: Johnson,Steven
Other Provider: SADO,ANTHONY S; Yarosh,Cherylon

Discharge Data

ED Provider: Boulware,Chad A
Status: Left Department
Time Seen by Provider: 07/16/14 17:06
Condition: Serious
Triaged At: 07/16/14 16:49
Other ED Providers: SADO,ANTHONY S
Yarosh,Cherylon

Emergency Discharge Date/Time: 07/16/14 22:15
Emergency Discharge Disposition: ADMIT AS INPATIENT TO FHS
Clinical Impression head injury
blunt chest trauma
Emergency Discharge Comment:

Admit Intervention	Last Done
Home Medication Confirmation	07/16/14 18:30

Query	Result
All Home Medications Confirmed	Yes

Discharge Assessment	07/16/14 22:01
TFS 0 Trauma Activation	07/16/14 17:12
TFS 1 Patient Arrival	07/16/14 16:49
TFS 2 Primary Assessment	07/16/14 16:49
TFS 3 IV Treatment	07/16/14 16:49
TFS 4 Secondary Assessment	07/16/14 16:49
TFS 5 Additional Interventions	07/16/14 17:25
TFS 6 Vital Signs / Pain / GCS	07/16/14 18:06
TFS 7A Intake & Output	07/16/14 18:05

Continued on Page 2

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Medications - Continued

eMAR-Side Right
eMAR-IV Sites Forearm

Phenylephrine HCl 10 mg/ (Sodium Chloride) 251 mls @ 0 mls/hr IV UD SCH; Titrate
PRN Reason: Protocol
Last Admin: 07/17/14 05:04 Dose: 15 MLS/HR

eMAR-IV Sites
Document 07/17/14 05:04 SMSWITZER (Rec: 07/17/14 05:04 SMSWITZER ICUCART27)
IV Site
eMAR-Side Left
eMAR-IV Sites Antecubital

Fentanyl Citrate (Sublimaze) 100 mls @ 0 mls/hr IV UD SCH; Titrate
PRN Reason: Protocol
Stop: 07/24/14 11:04
Last Admin: 07/17/14 11:58 Dose: 50 MLS/HR

eMAR-PRN Assessment
Document 07/17/14 11:58 WLB (Rec: 07/17/14 11:58 WLB ICUCART27)
PRN Assessment
Medication Type Sedation

Potassium Chloride/Sodium Chloride (Ns 20kcl) 1,000 mls @ 100 mls/hr IV UD SCH
Last Admin: 07/17/14 11:57 Dose: 100 MLS/HR

eMAR-IV Sites
Document 07/17/14 11:57 WLB (Rec: 07/17/14 11:57 WLB ICUCART27)
IV Site
eMAR-Side Left
eMAR-IV Sites Antecubital

Vancomycin HCl 2,000 mg/ (Sodium Chloride) 500 mls @ 250 mls/hr IV 0100,1300 SCH
Stop: 07/18/14 02:59
Last Admin: 07/17/14 13:11 Dose: 250 MLS/HR

eMAR-IV Sites
Document 07/17/14 13:11 WLB (Rec: 07/17/14 13:11 WLB ICUCART27)
IV Site
eMAR-Side Left
eMAR-IV Sites Antecubital

Morphine Sulfate (Morphine) 5 mg IV Q2H PRN
PRN Reason: PAIN
Stop: 07/23/14 22:32
Last Admin: 07/16/14 23:16 Dose: 5 MG

eMAR-PRN Assessment
Document 07/16/14 23:16 SMSWITZER (Rec: 07/16/14 23:16 SMSWITZER ICUCART27)
PRN Assessment
Assessment Type Pre-Medication
Medication Type Pain

Pain
Document 07/16/14 23:16 SMSWITZER (Rec: 07/16/14 23:16 SMSWITZER ICUCART27)
Pain Scale
Pain Scale Used Visual Analog Scale

Continued on Page 4

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Discharge Data - Continued

Query	Result
Intake, IV Amount	1,500

TFS 7B Notifications 07/16/14 18:05
TFS 7C Patient Belongings 07/16/14 16:49
Oxygen Start Time 07/16/14 16:49
Oxygen Stop Time
Log Sheet 07/16/14 21:25

Query	Result
Workmans Compensation	No
EKG obtained this visit	Yes
EKG documented by Nurse	Yes
EKG Order entered	Yes
EKG on chart	Yes
EKG Physician Interpretation documented	Yes
Patient Transfer to Non-Freeman Facility	No

Log Sheet - Admit 07/16/14 21:25

Query	Result
Admit patient	Yes
Initial Admit Orders Submitted	Yes
ACTUAL Date	07/16/14
Time	18:00
Core Measure Checklist Initiated	Yes
Date Bed Request Made	07/16/14
Time	18:58

Log Sheet - Bed Assignment 07/16/14 21:25

Query	Result
Not Applicable	No
Date Bed Assignment Made	07/16/14
Time	21:22
Room #	261clean
Bed ready: Date:	07/16/14
Time:	21:22

Inpatient Discharge Date/Time:
Inpatient Discharge Disposition:
Inpatient Discharge Comment:

Medications

Propofol (Diprivan) 100 mls @ 0 mls/hr IV UD SCH
PRN Reason: Per Protocol
Last Admin: 07/17/14 11:57 Dose: 16 MLS/HR

eMAR-IV Sites
Document 07/17/14 11:57 WLB (Rec: 07/17/14 11:57 WLB ICUCART27)
IV Site

Continued on Page 3

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Medications - Continued

Visual Analog Scale
Visual Analog Pain Scale 6
Nursing Assessment of Pain
Type of Pain Acute
Location back
Character Aching
Tingling

Re-Assess: eMAR-PRN Assessment
Document 07/17/14 00:16 SMSWITZER (Rec: 07/17/14 00:51 SMSWITZER ICUPC13)
PRN Assessment
Assessment Type Post-Medication
Medication Type Pain

Re-Assess: Pain
Document 07/17/14 00:16 SMSWITZER (Rec: 07/17/14 00:51 SMSWITZER ICUPC13)
Pain Scale
Pain Scale Used Visual Analog Scale
Visual Analog Scale
Visual Analog Pain Scale 2

Re-Assess: Sedation/Agitation Level
Document 07/17/14 00:16 SMSWITZER (Rec: 07/17/14 00:51 SMSWITZER ICUPC13)

Pantoprazole Sodium (Protonix) 40 mg IV 0600 SCH
Last Admin: 07/17/14 06:07 Dose: 40 MG

eMAR-IV Sites
Document 07/17/14 06:07 SMSWITZER (Rec: 07/17/14 06:07 SMSWITZER ICUCART27)
IV Site
eMAR-Side Right
eMAR-IV Sites Forearm

Discontinued Medications

Bacitracin (Bacitracin) Confirm Administered Dose 50,000 units .ROUTE .STK-MED ONE
Stop: 07/17/14 06:24
Last Admin: 07/17/14 08:57 Dose: 50,000 UNITS
Comments: ORM Administered Route: IRR

Fentanyl Citrate (Sublimaze) Confirm Administered Dose 100 mcg .ROUTE .STK-MED ONE
Stop: 07/16/14 16:58
Last Admin: 07/16/14 17:56 Dose: Not Given
Non-Admin Reason: Duplicate

Fentanyl Citrate (Sublimaze) 100 mcg IV .Q15MIN PRN
PRN Reason: AGITATION
Stop: 07/23/14 17:08
Last Admin: 07/16/14 21:36 Dose: 100 MCG

eMAR-PRN Assessment
Document 07/16/14 21:36 JRJ (Rec: 07/16/14 21:36 JRJ MTCTX25)
PRN Assessment
Assessment Type Pre-Medication

Pain
Document 07/16/14 21:36 JRJ (Rec: 07/16/14 21:36 JRJ MTCTX25)
Pain Scale
Pain Scale Used Visual Analog Scale

Continued on Page 5

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Medications - Continued

Visual Analog Scale
Visual Analog Pain Scale 10

Re-Assess: eMAR-PRN Assessment
Document 07/16/14 22:36 SMSWITZER (Rec: 07/16/14 22:36 SMSWITZER ICUPC13)
PRN Assessment
Assessment Type Post-Medication

Re-Assess: Pain
Document 07/16/14 22:36 SMSWITZER (Rec: 07/16/14 22:36 SMSWITZER ICUPC13)
Pain Scale
Pain Scale Used Visual Analog Scale
Visual Analog Scale
Visual Analog Pain Scale 4

Re-Assess: Sedation/Agitation Level
Document 07/16/14 22:36 SMSWITZER (Rec: 07/16/14 22:36 SMSWITZER ICUPC13)

Propofol (Diprivan) Confirm Administered Dose 100 mls @ ud .ROUTE .STK-MED ONE
Stop: 07/16/14 17:31
Last Admin: 07/16/14 17:56 Dose: Not Given
Non-Admin Reason: Duplicate

Sodium Chloride (Normal Saline) 1,000 mls @ 200 mls/hr IV UD SCH
Last Admin: 07/17/14 04:24 Dose: 200 MLS/HR

eMAR-IV Sites
Document 07/17/14 04:24 SMSWITZER (Rec: 07/17/14 04:25 SMSWITZER ICUCART27)
IV Site
eMAR-Side Right
eMAR-IV Sites Forearm

Re-Assess: eMAR-Time Infusion Complete
Document 07/17/14 11:58 WLB (Rec: 07/17/14 11:58 WLB ICUCART27)
Infusion Completion
Time Infusion Complete 11:58

Levofloxacin/Dextrose (Levaquin) 150 mls @ 100 mls/hr IV 1830 SCH
Stop: 07/23/14 18:29
Last Admin: 07/16/14 21:37 Dose: 100 MLS/HR

eMAR-IV Sites
Document 07/16/14 21:37 JRJ (Rec: 07/16/14 21:37 JRJ MTCTX25)
IV Site
eMAR-Side Left
eMAR-IV Sites Antecubital

Re-Assess: eMAR-Time Infusion Complete
Document 07/16/14 22:07 SMSWITZER (Rec: 07/16/14 22:37 SMSWITZER ICUPC13)
Infusion Completion
Time Infusion Complete 22:07

Sodium Chloride (Normal Saline) 1,000 mls @ 0 mls/hr IV 1830 SCH
PRN Reason: Wide Open
Stop: 07/16/14 20:30
Last Admin: 07/16/14 21:37 Dose: 999 MLS/HR

eMAR-IV Sites
Document 07/16/14 21:37 JRJ (Rec: 07/16/14 21:37 JRJ MTCTX25)
IV Site
eMAR-Side Left

Continued on Page 6

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Medications - Continued

eMAR-IV Sites Antecubital

Re-Assess: eMAR-Time Infusion Complete
Document 07/16/14 21:53 SMSWITZER (Rec: 07/16/14 22:36 SMSWITZER ICUPC13)
Infusion Completion
Time Infusion Complete 22:00

Clindamycin Phosphate 600 mg/ (Sodium Chloride) 54 mls @ 108 mls/hr IV Q8H SCH
Stop: 07/24/14 03:59
Last Admin: 07/17/14 04:43 Dose: 108 MLS/HR

eMAR-IV Sites
Document 07/17/14 04:43 SMSWITZER (Rec: 07/17/14 04:43 SMSWITZER ICUCART27)
IV Site
eMAR-Side Right
eMAR-IV Sites Forearm

Re-Assess: eMAR-Time Infusion Complete
Document 07/17/14 05:13 SMSWITZER (Rec: 07/17/14 05:34 SMSWITZER ICUCART27)
Infusion Completion
Time Infusion Complete 05:13

Vancomycin HCl 2,000 mg/ (Sodium Chloride) 500 mls @ 250 mls/hr IV 0500 SCH
Stop: 07/17/14 08:00
Last Admin: 07/17/14 05:33 Dose: 250 MLS/HR

eMAR-IV Sites
Document 07/17/14 05:33 SMSWITZER (Rec: 07/17/14 05:34 SMSWITZER ICUCART27)
IV Site
eMAR-Side Right
eMAR-IV Sites Forearm

Vancomycin HCl 2,000 mg/ (Sodium Chloride) 500 mls @ 250 mls/hr IV Q8H SCH
Stop: 07/24/14 08:59
Last Admin: 07/17/14 10:02 Dose:

Sodium Chloride (Normal Saline) Confirm Administered Dose 500 mls @ ud .ROUTE .STK-MED ONE
Stop: 07/17/14 04:48
Last Admin: 07/17/14 04:50 Dose: 10 ML
Comments: tko with neo

eMAR-IV/IM Site
Document 07/17/14 04:50 SMSWITZER (Rec: 07/17/14 04:50 SMSWITZER ICUCART27)
IV Site
eMAR-Side Left
eMAR-IV Sites Antecubital

Lidocaine HCl (Xylocaine 1%/30 Ml) Confirm Administered Dose 30 ml .ROUTE .STK-MED ONE
Stop: 07/17/14 08:18
Last Admin: 07/17/14 08:58 Dose: 1 ML
Comments: ORM Administered Route: LOCAL

Thrombin (Thrombin 5,000 Units Kit) Confirm Administered Dose 5,000 units .ROUTE .STK-MED ONE
Stop: 07/17/14 06:24
Last Admin: 07/17/14 08:58 Dose: 5,000 UNITS

Continued on Page 7

GILL,KENNY D
Fac: Joplin **Loc:** INTENSIVE CARE UNIT 2 **Bed:** 261-1
32 M 11/29/1981 **Med Rec Num:** JU00553804 **Visit:** J00337019723

Interventions / Assessments / Treatments

CT Oral Contrast Start: 07/16/14 17:00
Freq: ONE Status: Complete
Document 07/16/14 17:00 BCL (Rec: 07/16/14 18:02 BCL MTCTX77)
CT Oral Contrast

Amount (ml)	0

Discharge Assessment Start: 07/16/14 16:49
Freq: Status: Active
Document 07/16/14 22:01 JRJ (Rec: 07/16/14 22:02 JRJ MTCTX25)
Discharge Assessment

Description of Services Provided	Diagnostic Studies Medication / IV fluids Trauma care
P1 or P2 Trauma	Yes
Coma Scale Eye Opening	Spontaneous
Coma Scale Verbal Response	Oriented
Coma Scale Motor Response	Obeys Commands
Coma Scale Total	15
Primary Trauma Nurse	BENJAMIN C LONG
Was patient in department <1 hour?	No
Temperature (97 F-100.1 F)	97.6 F
Pulse Rate (60-90 Beats/Min)	94
Respiratory Rate (12-24 Breaths/Min)	16
Blood Pressure (94/68-120/80 mmHg)	107/55
O2 Sat by Pulse Oximetry (92-100 %)	96
Vital Signs Reviewed	Yes
Vital Signs Stable	Yes
Pain Intensity	5
Mode of Dismissal	Cart
Discharge Instructions Given to Pt/ Caregiver	NA
Patient offered access to Portal	Yes
Pt/Caregiver verbalized understanding	NA
Patient belongings sent with patient:	Yes
IV D/C'd	NA
IV fluids continued after Discharge	Yes
C-Collar Removal	No
Backboard Removal	Yes
Report Called:	Yes
Time:	22:02
Name	Shannon

Height / Weight Assessment Start: 07/16/14 16:49
Freq: Status: Active
Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:18 BCL MTCTX77)
Height / Weight Assessment

Height (5 ft 4.3 in-6 ft 2.8 in)	6 ft 1 in
Weight (119 lb 0.794 oz-222 lb 3.615 oz)	250 lb
Method of weight measurement	Estimated
Body Mass Index (kg/m2)	33.0

History Assessment Start: 07/16/14 16:49
Freq: Status: Active
Document 07/16/14 18:30 BCL (Rec: 07/16/14 18:30 BCL MTCTX77)
History Assessment

Does the patient have past Medical	Yes

Continued on Page 8

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Interventions / Assessments / Treatments - Continued

History

Hx Diabetes	No
Hx Hypertension	Yes
Surgical History	Yes
Hx Gastrointestinal Disorders	Yes: Ing. Hernia - Bilat
Hx Tattoo(s)	No
Tobacco Use	None
Smoking Status	Unknown if ever smoked
Hx Alcohol Use	No
Recreational Drug Use	No
Hx Tetanus, Diphtheria Vaccination	Yes
Hx Influenza Vaccination	No
Hx Pneumococcal Vaccination	No

Home Medication Confirmation — Start: 07/16/14 16:49
Freq: — Status: Active
Document 07/16/14 18:30 BCL (Rec: 07/16/14 18:30 BCL MTCTX77)
Home Med Confirmation

All Home Medications Confirmed	Yes

INT / IV — Start: 07/16/14 22:42
Freq: 08,20 — Status: Active
Document 07/16/14 22:00 SMSWITZER (Rec: 07/17/14 04:34 SMSWITZER ICUCART27)
IV Site

Right Forearm

Infusion Device	Peripheral IV
Present on Admission to Hospital	Yes
IV Gauge	16
Start Date	07/16/14
Site Status	Benign
Thrombophlebitis	None
Flushes Easily	Yes
Dressing Dry & Intact	Yes
Date Dressing Changed	07/16/14
Dressing	opsite
Line Used for Invasive Monitoring	No

Left Antecubital

Infusion Device	Peripheral IV
Present on Admission to Hospital	Yes
IV Gauge	18
Start Date	07/16/14
Site Status	Benign
Thrombophlebitis	None
Flushes Easily	Yes
Dressing Dry & Intact	Yes
Date Dressing Changed	07/16/14
Dressing	opsite

Language / Interpreter — Start: 07/16/14 16:56
Freq: — Status: Active
Document 07/16/14 18:09 BCL (Rec: 07/16/14 18:09 BCL MTCTX77)
Language / Interpreter

Patient's Primary Language	ENGLISH
Understands English	Yes
Did Patient Require An Interpreter	No

Log Sheet — Start: 07/16/14 16:56
Freq: — Status: Active

Continued on Page 9

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Interventions / Assessments / Treatments - Continued

Document 07/16/14 19:01 BAH (Rec: 07/16/14 19:01 BAH EDPC25)
Log Sheet

Workmans Compensation	No
EKG obtained this visit	Yes
EKG documented by Nurse	Yes
EKG Order entered	Yes
EKG on chart	Yes
EKG Physician Interpretation documented	Yes
Patient Transfer to Non-Freeman Facility	No

Document 07/16/14 19:09 BAH (Rec: 07/16/14 19:09 BAH EDPC25)
Log Sheet

Workmans Compensation	No
EKG obtained this visit	Yes
EKG documented by Nurse	Yes
EKG Order entered	Yes
EKG on chart	Yes
EKG Physician Interpretation documented	Yes
Patient Transfer to Non-Freeman Facility	No

Document 07/16/14 21:25 BAH (Rec: 07/16/14 21:25 BAH EDPC25)
Log Sheet

Workmans Compensation	No
EKG obtained this visit	Yes
EKG documented by Nurse	Yes
EKG Order entered	Yes
EKG on chart	Yes
EKG Physician Interpretation documented	Yes
Patient Transfer to Non-Freeman Facility	No

Log Sheet - Admit Start: 07/16/14 16:56
Freq: Status: Active

Document 07/16/14 19:01 BAH (Rec: 07/16/14 19:01 BAH EDPC25)
Log Sheet - Admit

Admit patient	Yes
Initial Admit Orders Submitted	Yes
ACTUAL Date	07/16/14
Time	18:00
Core Measure Checklist Initiated	Yes
Date Bed Request Made	07/16/14
Time	18:58

Document 07/16/14 19:09 BAH (Rec: 07/16/14 19:09 BAH EDPC25)
Log Sheet - Admit

Admit patient	Yes
Initial Admit Orders Submitted	Yes
ACTUAL Date	07/16/14
Time	18:00
Core Measure Checklist Initiated	Yes
Date Bed Request Made	07/16/14
Time	18:58

Document 07/16/14 21:25 BAH (Rec: 07/16/14 21:25 BAH EDPC25)
Log Sheet - Admit

Admit patient	Yes
Initial Admit Orders Submitted	Yes
ACTUAL Date	07/16/14
Time	18:00
Core Measure Checklist Initiated	Yes

Continued on Page 10

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Interventions / Assessments / Treatments - Continued

Date Bed Request Made	07/16/14
Time	18:58

Log Sheet - Bed Assignment — Start: 07/16/14 16:56
Freq: — Status: Active
Document 07/16/14 19:09 BAH (Rec: 07/16/14 19:09 BAH EDPC25)
Log Sheet - Bed Assignment

Not Applicable	No
Date Bed Assignment Made	07/16/14
Time	19:04
Room #	260dirty

Document 07/16/14 21:25 BAH (Rec: 07/16/14 21:25 BAH EDPC25)
Log Sheet - Bed Assignment

Not Applicable	No
Date Bed Assignment Made	07/16/14
Time	21:22
Room #	261clean
Bed ready: Date:	07/16/14
Time:	21:22

Oxygen Start Time — Start: 07/16/14 16:56
Freq: — Status: Active
Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:19 BCL MTCTX77)
Oxygen Start Times

Supplemental Oxygen	Yes
%	100
O2 Start Time	16:49

Pastoral Services Assessment — Start: 07/16/14 18:01
Freq: — Status: Active
Document 07/16/14 18:01 CAI (Rec: 07/16/14 18:03 CAI PCPC1)
Pastoral Services Assessment

Reason for Visit	Priority One Trauma/Medical
Assisted Staff	Yes
Assisted Family	Yes
Spiritual Needs Identified	Yes

07/16/14 18:02 Pastoral Services by IANNUCILLI,CHRISTINE
This pt has not been conscious and his injuries are being assessed.His parents will be coming to the hospital.

Initialized on 07/16/14 18:02 - END OF NOTE

RT-Progress Record — Start: 07/16/14 17:51
Freq: — Status: Active
Document 07/16/14 17:51 CLG (Rec: 07/16/14 17:58 CLG EDCART4)
Pre-treatment Assessment

Respiratory Rate	18
Respiratory Effort	Assisted
Respiratory Retraction Type	NA
Breath Sound Origination	Bilateral
Breath Sounds	Clear

RT-Skin Inspection — Start: 07/16/14 17:51
Freq: — Status: Active
Document 07/16/14 17:51 CLG (Rec: 07/16/14 17:58 CLG EDCART4)
RT- Skin Inspection

Continued on Page 11

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Interventions / Assessments / Treatments - Continued

Type of Ventilation	Invasive
Endotracheal Tube	Yes
Tracheostomy Tube	No
RT Skin Inspection	Yes
RT Skin Redness	No
RT Skin Breakdown	No

RT-Ventilation Charges Start: 07/16/14 17:51
Freq: Status: Active
Document 07/16/14 17:51 CLG (Rec: 07/16/14 17:58 CLG EDCART4)
Mechanical Ventilation Charges

Ventilator Setup	Yes
Vent Setup Date	07/16/14
Vent Setup Time	16:49

RT-Ventilation/ARM Record Start: 07/16/14 17:51
Freq: Status: Active
Document 07/16/14 17:51 CLG (Rec: 07/16/14 17:58 CLG EDCART4)

Mechanical Ventilation	
Ventilator	Servo 300-A
Ventilation Type	Invasive
Vent/BiPAP Number	
Vent/BiPAP Number	v8
Ventilation Appliance	
Ventilation Interface	ETT
ET Tube Size (cm)	8.0
ETT Placement	Center
ETT cm @ lip	28
ETT Moved	No
Ventilation Mode	
Ventilator Mode	PRVC/APV
Ventilator Tidal Volume/Pressure Setting	500
Ventilator Respiratory Rate Setting	18
PEEP	5
Fraction of Inspired Oxygen (FiO2)	100
Automode	Off
AVAPS	No
Additional Settings	
Inspiratory Phase Time (seconds)	1.0
Respiratory Cycle Inspiratory: Expiratrory Ratio	1:2.4
Ventilator Alarms	
Ventilator High Pressure Alarm Setting	40
High Minute Ventilation	20
Ventilator Low Minute Volume Alarm Setting	3
Patient Parameters	
Respiratory Rate (12-24 Breaths/Min)	18
O2 Sat by Pulse Oximetry (92-100 %)	100
Exhaled Tidal Volume	495
Minute Ventilation (L/min)	8.0
Peak Inspiratory Airway Pressure	24
Mean Airway Pressure	10
Total PEEP	5
Breath Sounds	
Breath Sound Origination	Bilateral

Continued on Page 12

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Interventions / Assessments / Treatments - Continued

Pastoral Care Notified	Yes
Security Notified	Yes
Comment	BB@ 1635/ TRAUMA TEAM HERE FOR PREV TRAUMA

TFS 1 Patient Arrival Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:18 BCL MTCTX77)
TFS 1 Patient Arrival

Arrival mode	EMS / Ambulance
Ambulance	Medflight
Date of Onset	07/16/14
Time	16:15
Emergency Severity Index	1
Priority	1T
Transferred From	Scene
Treatment prior to arrival	Backboard C-collar Intubation IV/IV fluids Medication Oxygen See ambulance record
Mechanism of Injury	Motor Vehicle Crash
Extraction	No
Speed:	>55
Event	Accidental
Protective Device	Airbag Lap Belt Shoulder Belt
Position	Driver
Reason for Visit	MEDFLIGHT REPORTS PT WAS DRIVER OF EXCUSION TRUCK AND " T-BONED" A SEMI TRUCK.
Temperature (97 F-100.1 F)	97.6 F
Temperature Source	Temporal Artery
Pulse Rate (60-90 Beats/Min)	124
Respiratory Rate (12-24 Breaths/Min)	21
Blood Pressure (94/68-120/80 mmHg)	133/106
O2 Sat by Pulse Oximetry (92-100 %)	99
Height (5 ft 4.3 in-6 ft 2.8 in)	6 ft 1 in
Weight (119 lb 0.794 oz-222 lb 3.615 oz)	250 lb
Body Mass Index (kg/m2)	33.0
Method of weight measurement	Estimated

TFS 2 Primary Assessment Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:18 BCL MTCTX77)
TFS 2 Primary Assessment

Endotracheal Tube Insertion Date	07/16/14
By	ems
Oral	Yes
@ lip	28
Bilateral Throughout	
Breath Sounds	Clear
Time	16:50

Continued on Page 14

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Interventions / Assessments / Treatments - Continued

Breath Sounds Lobe	Throughout
Lung Sound Respiratory Phase	Inspiratory & Expiratory
Breath Sounds	Clear
Quality Indicators Ventilation	
Power Connected to Red Outlet	Yes
Ambu/Mask at Bedside	Yes
Ventilator Arm in Place and in Use	No
Goals of Ventilation	Advance Toward Liberation Maintain Ventilation
Evidence of Improvement	ABGs Breath Sounds Chest X-Ray
Alveolar Recruitment	
Alveolar Recruitment	No

Document 07/16/14 18:56 MJB (Rec: 07/16/14 18:57 MJB RTPC9)

Mechanical Ventilation	
Ventilator	Servo 300-A
Ventilation Type	Invasive
Vent/BiPAP Number	
Vent/BiPAP Number	v8
Ventilation Appliance	
Ventilation Interface	ETT
ET Tube Size (cm)	8.0
ETT Placement	Center
ETT cm @ lip	28
ETT Moved	No
Ventilation Mode	
Ventilator Mode	PRVC/APV
Ventilator Respiratory Rate Setting	22
Fraction of Inspired Oxygen (FiO2)	50

TFS 0 Trauma Activation Start: 07/16/14 16:56
Freq: Status: Active

Document 07/16/14 17:12 KKL (Rec: 07/16/14 17:14 KKL EDPC25)

TFS 0 Trauma Activation

Priority	1T
Team Activation Time	16:38
Name	Chad A Boulware
ED Physician Evaluation	16:43
Primary Trauma Nurse	BENJAMIN C LONG
Procedure Nurse	MEGAN J NOAH
Tech	JARED E NISWONGER
Secretary	KAYLEE K LONG
ICU Nurse Arrival Time	16:37
Respiratory Arrival Time	16:34
Lab Arrival Time	16:34
Radiology Arrival Time	16:32
Trauma Surgeon Activation: Name	Brock A Carney
Time Notified	16:35
Time Call Returned	16:37
Time of Arrival	16:39
Anesthesia	Alan Knutsen
Time Notified	16:38
Time Call Returned	16:31
Time of Arrival	16:40

Continued on Page 13

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Interventions / Assessments / Treatments - Continued

Cardiac Monitor Rhythm Normal Sinus Rhythm
Edit Result 07/16/14 16:49 BCL (Rec: 07/16/14 17:47 BCL MTCTX77)
TFS 2 Primary Assessment

Time	16:49
Airway patent	No
Oral airway size	8
Intervention	INTUBATION
Airway Open Now	Yes
C-spine protection present	Yes
Manually stabilized	No
Endotracheal Tube Insertion Date	
Comment	PRIOR TO ARRIVAL
Time	16:49
Respiratory Effort	Nonlabored Ventilator Assisted
Supplemental Oxygen	Yes: 100%
Airway Adjunct	ET Tube
%	100
Time	16:49
Capillary Refill	<2 Seconds
Skin Pale	No
Time	16:49
Warm LR / NS IV fluids	Yes
Rapid Infuser	No
Time	16:49
Coma Scale Eye Opening	Spontaneous
Coma Scale Verbal Response	None
Coma Scale Motor Response	Obeys Commands
Coma Scale Total	11
Rt Pupil Size	3 mm
Right Pupil Reaction	Reactive to light
Lt Pupil Size	3 mm
Left Pupil Reaction	Reactive to light

TFS 3 IV Treatment Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:18 BCL MTCTX77)
TFS 3 IV/Blood Draws

Right Forearm

Infusion Device	IV Catheter
Present on Admission to Hospital	Yes
Start Date	07/16/14
IV Catheter Gauge	16
Inserted By:	EMS
Blood Draw With IV Start	No
For Central Lines: Antimicrobial Patch in Place	No
Site Status	Benign
Blood Return	Yes
Flushes Easily	Yes
Dressing Dry & Intact	Yes
Line Used for Invasive Monitoring	No

Left Antecubital

Infusion Device	IV Catheter
Present on Admission to Hospital	Yes

Continued on Page 15

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Interventions / Assessments / Treatments - Continued

Start Date	07/16/14
IV Catheter Gauge	18
Inserted By:	ems
Blood Draw With IV Start	No
Site Status	Benign
Flushes Easily	Yes
Dressing Dry & Intact	Yes
Line Used for Invasive Monitoring	No

TFS 4 Secondary Assessment Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:18 BCL MTCTX77)
TFS 4 Secondary Assessment

Time	17:00
Normal	Yes
C-Collar Correct Size	Yes
Time	17:00
Normal	Yes
Breath Sounds Normal	Yes
Heart	Regular Heart Rate
Cardiac Rhythm	Normal Sinus Rhythm
Time	17:00
Normal	Yes
Time	17:00
Normal	Yes
Time	16:55
Normal	Yes
Log rolled with spinal immobilization	Yes
Backboard Removal	Yes
BY	Chad A Boulware
Time	16:55
Vertebral Step Off	None
Spinal Pain Location	None
Flank Ecchymosis	None

Edit Result 07/16/14 16:49 BCL (Rec: 07/16/14 17:53 BCL MTCTX77)
TFS 4 Secondary Assessment

Time	17:00
Normal	Yes
C-Collar Removal	No
Deviated Trachea	No
Jugular Vein Distention	No
Penetrating Wound	None
Bowel Sounds x 4	Yes
Penetrating Wound	None
Time	17:00
Normal	No: ABRASIONS TO LOWER LEGS

TFS 5 Additional Interventions Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 17:25 BCL (Rec: 07/16/14 17:26 BCL MTCTX77)
TFS 5 Additional Interventions

Urinary Catheter	Yes
Time	16:55
Size	16
Urine to Lab	Yes
Gastric Tube	Yes

Continued on Page 16

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Interventions / Assessments / Treatments - Continued

Oral	Yes
To CT	Yes
Time	17:00
O2	Yes
Monitor/Defibrillator	Yes
RN	Yes

Edit Result 07/16/14 17:25 BCL (Rec: 07/16/14 18:02 BCL MTCTX77)
TFS 5 Additional Interventions

Portable Radiology	Yes
Time	17:35
C-Spine	Yes
CXR	Yes
Pelvis	Yes
Size	16
Return Time	17:30
Left Elbow	
Description	SMALL ABRASIONS
Wound Cleansing	Sterile Saline
Right Lower Anterior Leg	
Description	SMALL ABRASIONS

TFS 6 Vital Signs / Pain / GCS Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 18:06 BCL (Rec: 07/16/14 18:09 BCL MTCTX77)
TFS 6 Vital Signs / Pain / GCS

Pulse Rate (60-90 Beats/Min)	103
Respiratory Rate (12-24 Breaths/Min)	19
Blood Pressure (94/68-120/80 mmHg)	110/71
O2 Sat by Pulse Oximetry (92-100 %)	100
Pain Intensity	0

TFS 7A Intake & Output Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 18:05 BCL (Rec: 07/16/14 18:05 BCL MTCTX77)
TFS 7A Intake & Output

Intake, IV Amount	1,500

TFS 7B Notifications Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 18:05 BCL (Rec: 07/16/14 18:06 BCL MTCTX77)
TFS 7B Notifications

Family Member	WIFE
Report to Police Department	Yes
Comment	WIFE IN TRAUMA BAY AS PT, BOTH PARTIES AWARE OF EACH OTHERS PROGRESS.

TFS 7C Patient Belongings Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:18 BCL MTCTX77)
TFS 7C Patient Belongings

Patient and Family Were Given the Opportunity to Secure	No
Advised of Their Responsibility for Any Other Items	No
Comment	PT UNRESPONSIVE AT THIS TIME

Triage Assessment Start: 07/16/14 16:49
Freq: Status: Active

Continued on Page 17

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Interventions / Assessments / Treatments - Continued

Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:18 BCL MTCTX77)
Triage Assessment
Requires life-saving interventions Yes

Uncollected Specimen: Alcohol, Ethyl Start: 07/16/14 17:15
Freq: ONCE Status: Complete
Document 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Edit Status 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Active=>Completed

Uncollected Specimen: Basic Metabolic Panel Start: 07/16/14 17:15
Freq: ONCE Status: Complete
Document 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Edit Status 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Active=>Completed

Uncollected Specimen: CBC/Diff 5 Start: 07/16/14 17:15
Freq: ONCE Status: Complete
Document 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Edit Status 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Active=>Completed

Uncollected Specimen: Drug Screen Rapid, Urine Rand Start: 07/16/14 17:15
Freq: ONCE Status: Complete
Document 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Edit Status 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Active=>Completed

Uncollected Specimen: PT/PTT Start: 07/16/14 17:15
Freq: ONCE Status: Complete
Document 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Edit Status 07/16/14 17:15 KKL (Rec: 07/16/14 17:15 KKL EDPC25)
Active=>Completed

Uncollected Specimen: UA & Culture if Indicated Start: 07/16/14 16:58
Freq: ONCE Status: Complete
Document 07/16/14 16:58 BCL (Rec: 07/16/14 17:21 BCL MTCTX77)
Edit Status 07/16/14 16:58 BCL (Rec: 07/16/14 17:21 BCL MTCTX77)
Active=>Completed

Vital Sign / Pain Assessment Start: 07/16/14 16:49
Freq: Q1H Status: Active
Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:18 BCL MTCTX77)
Vital Signs / Pain Assessment

Temperature (97 F-100.1 F)	97.6 F
Temperature Source	Temporal Artery
Pulse Rate (60-90 Beats/Min)	124
Respiratory Rate (12-24 Breaths/Min)	21
O2 Sat by Pulse Oximetry (92-100 %)	99
Supplemental Oxygen	Yes
%	100
Blood Pressure (94/68-120/80 mmHg)	133/106
BP Extremity	Upper right extremity

Document 07/16/14 18:02 BCL (Rec: 07/16/14 18:03 BCL MTCTX77)
Vital Signs / Pain Assessment

Pulse Rate (60-90 Beats/Min)	95
Respiratory Rate (12-24 Breaths/Min)	20
O2 Sat by Pulse Oximetry (92-100 %)	100
Supplemental Oxygen	Yes
%	100
Blood Pressure (94/68-120/80 mmHg)	109/51

Continued on Page 18

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Interventions / Assessments / Treatments - Continued

BP Extremity	Upper right extremity
Pain Intensity	0

Document 07/16/14 21:31 RFM (Rec: 07/16/14 21:33 RFM MTCTX22)
Vital Signs / Pain Assessment

Pulse Rate (60-90 Beats/Min)	94
Respiratory Rate (12-24 Breaths/Min)	16
O2 Sat by Pulse Oximetry (92-100 %)	96
Blood Pressure (94/68-120/80 mmHg)	107/55
BP Extremity	Upper left extremity
Pain Intensity	10

Document 07/16/14 22:00 JRJ (Rec: 07/16/14 22:01 JRJ MTCTX25)
Vital Signs / Pain Assessment

Temperature (97 F-100.1 F)	97.6 F
Temperature Source	Temporal Artery
Pulse Rate (60-90 Beats/Min)	94
Respiratory Rate (12-24 Breaths/Min)	16
O2 Sat by Pulse Oximetry (92-100 %)	96
Blood Pressure (94/68-120/80 mmHg)	107/55
BP Extremity	Upper left extremity
Pain Intensity	10

Vital Sign / Pain Assessment Start: 07/16/14 22:42
Freq: Q1H Status: Active
Document 07/16/14 22:15 SMSWITZER (Rec: 07/17/14 01:46 SMSWITZER ICUPC13)
Inpatient Vital Signs

Temperature (97 F-100.1 F)	98.0 F
Temperature Source	Temporal Artery
Pulse Rate (60-90 Beats/Min)	97
Respiratory Rate (12-24 Breaths/Min)	15
O2 Sat by Pulse Oximetry (92-100 %)	100
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	142/91
Blood Pressure Mean (mmHg)	108
BP Extremity	Upper left extremity

Vital Signs

	Temp	Pulse	Resp	BP	Pulse Ox
07/16/14 22:01	97.6 F	94 H	16	107/55 L	96
07/16/14 22:00	97.6 F	94 H	16	107/55 L	96
07/16/14 21:31		94 H	16	107/55 L	96
07/16/14 18:06		103 H	19	110/71	100
07/16/14 18:02		95 H	20	109/51 L	100
07/16/14 17:51			18		100
07/16/14 16:49	97.6 F	124 H	21	133/106 H	99

Orders

07/16/14 16:57
Fentanyl [Sublimaze] 100 mcg .ROUTE .STK-MED ONE

07/16/14 16:58

Continued on Page 19

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Orders - Continued

Abdomen/Pelvis W/ Contrast [CT] Stat
Mode Of Transportation: Portable
Reason For Exam: P1
Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes
Brain W/O Contrast [CT] Stat
Is Patient Pregnant:
Mode Of Transportation: Portable
Reason For Exam: P1
Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes
Cervical Spine W/O Contrast [CT] Stat
Is Patient Pregnant:
Mode Of Transportation: Portable
Reason For Exam: P1
Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes
Chest W/ Contrast [CT] Stat
Is Patient Pregnant:
Mode Of Transportation: Portable
Reason For Exam: P1
Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes
Facial Bones W/O Contrast [CT] Stat
Is Patient Pregnant:
Mode Of Transportation: Portable
Reason For Exam: P1
Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes
Chest Single View [RAD] Stat
Is Patient Pregnant:
Mode Of Transportation: Portable
Reason For Exam: P1
Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes
Pelvis Multi View [RAD] Stat
Is Patient Pregnant:
Mode Of Transportation: Portable
Reason For Exam: P1
Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes

07/16/14 17:00
CT Oral Contrast ONE
Alcohol, Ethyl Stat

Continued on Page 20

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Orders - Continued

Comment:
Specimen: Has been collected
Basic Metabolic Panel Stat
Specimen: Has been collected
Fasting: No
CBC/Diff 5 [HEMA] Stat
Specimen: Has been collected
Creatinine, ISTAT Routine
PT/PTT Stat
Comment:
Specimen: Has been collected

07/16/14 17:09
Fentanyl [Sublimaze] 100 mcg IV .Q15MIN PRN

07/16/14 17:20
Drug Screen Rapid, Urine Rand Stat
Specimen: Has been collected
UA & Culture if Indicated Stat
Specimen: Has been collected
Source: URINE, FOLEY CATHETER

07/16/14 17:30
Propofol 10 mg/ml [Diprivan] 100 ml .ROUTE .STK-MED

07/16/14 17:40
Propofol 10 mg/ml [Diprivan] 100 ml IV UD

07/16/14 17:42
Normal Saline Flush [Sod Chl 0.9% Flush] 0 ml IV PRN PRN

Notes

07/16/14 17:26 Quick Note by LONG,BENJAMIN C
PT ARRIVES TO ED BY MEDFLIGHT. PT IS INTUBATED AT TIME OF ARRIVAL. PT UNRESPONSIVE AT THIS TIME. EMS REPORTS PT WAS RESTRAINED DRIVER OF AN EXCURSION THAT "T-BONED" A SEMI TRUCK.

Initialized on 07/16/14 17:26 - END OF NOTE

Laboratory

	07/16/14 17:00	07/16/14 17:20	Range/Units
WBC	10.5		(4.0-11.0) x10E3/uL
RBC	5.30		(4.5-6.2) x10E6/uL
Hgb	15.7		(13.7-17.5) g/dL

Continued on Page 21

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Laboratory - Continued

Hct	46.8		(40.1-52.0) %
MCV	88.3		(80-100) fL
MCH	29.6		(26-33) pg
MCHC	33.5		(32-36) g/dL
RDW	13.4		(12.0-14.5) %
Plt Count	263		(150-450) x10E3/uL
MPV	9.5		(9.5-12.5) fl
Neut %	69.3		(34.0-75.0) %
Lymph %	21.9		(17.0-50.0) %
Mono %	6.0		(4.0-12.0) %
Eos %	1.8		(0-6) %
Baso %	0.2		(0-2.0) %
Absolute Neuts (auto)	7.3		(1.5-8.0) T/CMM
Absolute Lymphs (auto)	2.3		(0.6-6.0) T/CMM
Absolute Monos (auto)	0.6		(0-1.1) T/CMM
Absolute Eos (auto)	0.2		(0-0.6) T/CMM
Absolute Basos (auto)	0.0		(0-0.2) T/CMM
PT	13.2		(11.5-14.2) SEC.
INR	1.0		(0.9-1.15)
PTT	26.5		(23.0-35.0) SEC.
Sodium	142		(135-148) mmol/L
Potassium	4.5		(3.6-5.0) mmol/L
Chloride	104		(98-107) mmol/L
Carbon Dioxide	23		(22-30) mmol/L
Plasma Anion Gap	15		(5-20)
BUN	13		(9-20) mg/dL
Creatinine	0.8		(0.8-1.5) mg/dL
POC Creatinine	0.9		(0.6-1.3) mg/dL
GFR Calculation	112		(SEE BELOW) mL/min
BUN/Creatinine Ratio	16		(10-30)
Glucose	137 H		(75-110) mg/dL
Calculated Osmolality	285		(273-310) mOsm/kg
Plasma Calcium	8.9		(8.8-10.8) mg/dL
Urine Color		YELLOW	(YELLOW)
Urine Appearance		CLEAR	(CLEAR)
Urine pH		6.0	(5.0-8.5)
Ur Specific Gravity		1.046 H	(1.001-1.030)
Urine Protein		2+ H	(NEGATIVE)
Urine Glucose (UA)		NEGATIVE	(NEGATIVE)
Urine Ketones		NEGATIVE	(NEGATIVE)
Urine Blood		2+ H	(NEGATIVE)
Urine Nitrite		NEGATIVE	(NEGATIVE)
Urine Bilirubin		NEGATIVE	(NEGATIVE)
Prot Sulfosalicylic Acd		2+ H	(NEGATIVE)
Urine Urobilinogen		0.2	(0.2-1.0) E.U.
Ur Leukocyte Esterase		NEGATIVE	(NEGATIVE)
Urine RBC		6-10 H	(0-5/HPF)
Urine WBC		1-5	(0-5/HPF)
Ur Squamous Epith Cells		10-20 H	(0-5/HPF)
Urine Bacteria		NONE SEEN	(NONE SEEN)
Ur Culture Indicated?		CULT. NOT INDICATED	

Continued on Page 22

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Laboratory - Continued

Urine Opiates Screen		NEGATIVE	(NEGATIVE)
Ur Buprenorphine Scrn		NEGATIVE	(NEGATIVE)
Ur Oxycodone Screen		NEGATIVE	(NEGATIVE)
Urine Methadone Screen		NEGATIVE	(NEGATIVE)
Ur Propoxyphene Screen		NEGATIVE	(NEGATIVE)
Ur Barbiturates Screen		NEGATIVE	(NEGATIVE)
U Tricyclic Antidepress		NEGATIVE	(NEGATIVE)
Ur Phencyclidine Scrn		NEGATIVE	(NEGATIVE)
Ur Amphetamine Screen		NEGATIVE	(NEGATIVE)
U Methamphetamines Scrn		NEGATIVE	(NEGATIVE)
U Benzodiazepines Scrn		NEGATIVE	(NEGATIVE)
Urine Cocaine Screen		NEGATIVE	(NEGATIVE)
U Cannabinoids Screen		NEGATIVE	(NEGATIVE)
Alcohol, Quantitative	< 0.01		(<0.01 NEG) %(w/v)

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
Penicillins	Allergy	Intermediate	UNKNOWN	Verified	07/16/14 18:30

Intake & Output

	07/15/14 23:59	07/16/14 23:59	07/17/14 23:59
Weight		250 lb	
Height/Weight			
Height		6 ft 1 in	
Weight		250 lb	

User Key

Monogram	Mnemonic	Name	Provider Type
	SMSWITZER	SWITZER,SHANNON M	NURSING CARE
BAH	NURS.BAH4	HANKINS,BEVERLY A	UNIT SECRETARY
BCL	BCLONG	LONG,BENJAMIN C	NURSING CARE
CAI	PC.CAI	IANNUCILLI,CHRISTINE	PASTORAL SERVICES
CLG	CLGRUBEN	GRUBEN,CHRISTIN L	RESPIRATORY THERAPY
JRJ	NURS.JRJ	JONES,JEREMY R	NURSING CARE
KKL	KKLONG	LONG,KAYLEE K	UNIT SECRETARY
MJB	MJBRISTOW	BRISTOW,MICHAEL J	RESPIRATORY THERAPY
RFM	RFMOUNTJOY	MOUNTJOY,RICHARD F	NURSE TECH
WLB	NURS.WLS	BROMLEY,WHITNEY L	NURSING CARE

CR

Freeman Health System
Phys Doc ED Faculty Note

Name: GILL,KENNY D
Age: 32 **Sex:** M **DOB:** 11/29/1981
Account Number: J00337019723
Admitted: 07/16/14
Report Status: ISigned

Location: EDR
Unit Number: JU00553804
Dictated By: Boulware,Chad DO
Facility: JOPLIN

==========

ED Faculty Note

Linking statement:
I have personally seen and examined the patient. I have reviewed and agree with the resident/NP/PA findings, assessment and plan. Any edits have been entered by me or noted below.

- Personal findings

Relevant HPI & prior diagnostic studies:
Patient was involved in an MVA, he was the restrained driver of a large SUV that don't a semi-tractor trailer. Apparently the trailer pulled out in front of the patient's vehicle, resulting in the patient's vehicle hitting the trailer and the trailer rolling up onto the patient's vehicle. Patient was found to be unresponsive on the scene and subsequently intubated for airway protection by ground EMS. Flight EMS has brought the patient to us, they do not know the details of the intubation or any other patient complaints. (Boulware,Chad A)

Relevant findings on PE/diagnostic studies this visit:
Patient is intubated and has had paralytic and sedative medication prior to arrival
Patient has a abrasion to the left chest wall, no subcutaneous emphysema or crepitus appreciated
Breath sounds are coarse but symmetric
Abdomen is mildly distended and soft
Pelvis is stable
No long bone deformity, neurovascularly intact in all 4 extremities
Pupils are reactive
No step-off along the spinal column (Boulware,Chad A)

- Diagnosis

Clinical Impression:
head injury, blunt chest trauma

Plan of Care:
Trauma surgeon present upon patient arrival, trauma protocols enacted (Boulware,Chad A)
1800-Dr Carney has evaluated patient- has assumed management (Schimmel,Lori M)

==========

CC: ;~
Dictated Date / Time: 07/16/14 1712
Transcribed Date / Time: 07/16/14 1712

Report ID: 0716-0694
Transcriptionist: BOUCH
Printed on 07/16/14 **at** 1811

CR

Report Status: ISigned

Name: GILL,KENNY D
Account Number: J00337019723

Phys Doc ED Faculty Note (continued)

==========

<Electronically signed by Lori M Schimmel, DO>
07/16/14 1810

==========

CC: ;~
Dictated Date / Time: 07/16/14 1712
Transcribed Date / Time: 07/16/14 1712

Report ID: 0716-0694
Transcriptionist: BOUCH
Printed on 07/16/14 **at** 1811

CR

Report Status: Draft

ED Visit Documentation

Name: GILL,KENNY D
Age: 32 **Sex:** M **DOB:** 11/29/1981
Account Number: J00337019723
Admitted: 07/16/14
Location: EDR
Unit Number: JU00553804
Dictated By: EGBERT,SAMANTHA D DO
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Neosho Hospital
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

MVC Adult HPI

Reason for Visit: MEDFLIGHT REPORTS PT WAS DRIVER OF EXCUSION TRUCK AND "T-BONED" A SEMI TRUCK.
Time Seen by Provider: 07/16/14 17:06
Source of History: Pt
Comment:
32 y/o male presents to the ER w complaint of MVC. He was the driver of a vehicle that T boned a semi. The patient's wife reported that a truck pulled out in front of the patient's vehicle. The patient was unresponsive on scene and was intubated and paralysed per EMS. No other history was available due to patient's intubation.
Position in Vehicle: Driver
Mechanism: MVC
Onset: Sudden
Duration: Since onset
Pre-Hospital: IV/IO, O2, C-Collar, Backboard, Intubation

Allergies / Home Medications

Allergies/Adverse Reactions:

Allergies

Allergy/ AdvReac	Type	Severity	Reaction	Status	Date / Time
Penicillins	Allergy	Intermediate	UNKNOWN	Verified	07/16/14 18:30

Ambulatory Medications

Medication	Instructions	Recorded	Confirmed	Type
Methylprednisolone [Medrol Dosepak*]	0 mg PO .AS DIRECT #1 dosepak	03/26/14		Rx

==========

CC: ;~
Dictated Date / Time: 07/16/14 1820
Transcribed Date / Time: 07/16/14 1820

Report ID: 0716-0724
Transcriptionist: SDEGBERT
Printed on 07/16/14 **at** 1837

Report Status: Draft

Name: GILL,KENNY D
Account Number: J00337019723

ED Visit Documentation (continued)

==========

Naproxen Sodium [Aleve Arthritis]	440 mg PO Q6 PRN	03/26/14	03/26/14	History
Tramadol HCl [Ultram*]	1 - 2 tab PO Q6H PRN #20 tab	03/26/14		Rx

Past Medical History - Adult
Medical History: None
CV Disease: Reports: HTN
GI: Denies: GERD, Ulcer
GU: Denies: Kidney Stones
Endocrine/Heme: Denies: Diabetes
Surgeries: Reports: None
GI: Reports: Other (bilateral inguinal hernia)
Family History: Reports: CAD, Diabetes

Review of Systems
Reason Unable to Obtain History: Pt intubated, no family available, no hx prior to intubation

Immunizations - Adult
Tetanus, Diphtheria: Yes
Influenza: No
Pneumococcal: No

MVC Adult PE
***Initial Vital Signs Reviewed:** Yes
General: Unresponsive (intubated and medication), Medicated
ENT: Epistaxis
Neck: Immobilized
Respiratory/Chest: Norm Breath Sounds (With intubation and ventilation.), Other (Abrasion on the L chest wall.)
Cardiovascular: Regular rate & rhythm, Norm heart sounds
Abdomen: Soft, No distention
Extremities: No swelling, Neurovascular intact
Back: Norm inspection, Other (no spinal step off)
Skin: Contusion (Chest wall, some facial contusions.)
Lymphatic: No adenopathy
Pelvis: Atraumatic
Neurologic: Other (babinski negative bilaterally. Patient moving extremities.)
Psychiatric: Unable to evaluate

Interpretations/ Diagnostics
Result Diagrams:

07/16/14 17:00

==========

CC: ;~
Dictated Date / Time: 07/16/14 1820
Transcribed Date / Time: 07/16/14 1820

Report ID: 0716-0724
Transcriptionist: SDEGBERT
Printed on 07/16/14 **at** 1837

Report Status: Draft

Name: GILL,KENNY D
Account Number: J00337019723

ED Visit Documentation (continued)

==========

10.5 | 15.7 / 46.8 | 263

07/16/14 17:00

142 | 104 | 13 | 137H
4.5 | 23 | 0.8

Lab/Micro/VS:

Lab

	07/16/14 17:00
WBC	10.5
RBC	5.30
Hgb	15.7
Hct	46.8
MCV	88.3
MCH	29.6
MCHC	33.5
RDW	13.4
Plt Count	263
MPV	9.5
Neut %	69.3
Lymph %	21.9
Mono %	6.0
Eos %	1.8
Baso %	0.2
Absolute Neuts (auto)	7.3
Absolute Lymphs (auto)	2.3
Absolute Monos (auto)	0.6
Absolute Eos (auto)	0.2
Absolute Basos (auto)	0.0
PT	13.2
INR	1.0
PTT	26.5
Sodium	142
Potassium	4.5
Chloride	104
Carbon Dioxide	23
Plasma Anion Gap	15
BUN	13
Creatinine	0.8
POC Creatinine	0.9
GFR Calculation	112
BUN/Creatinine Ratio	16
Glucose	137 H
Calculated Osmolality	285

==========

CC: ;~
Dictated Date / Time: 07/16/14 1820
Transcribed Date / Time: 07/16/14 1820

Report ID: 0716-0724
Transcriptionist: SDEGBERT
Printed on 07/16/14 **at** 1837

Report Status: Draft

Name: GILL,KENNY D
Account Number: J00337019723

ED Visit Documentation (continued)

==========

Plasma Calcium	8.9
Alcohol, Quantitative	< 0.01

Vital Signs

	Temp	Pulse	Resp	BP	Pulse Ox
07/16/14 18:06		103 H	19	110/71	100
07/16/14 18:02		95 H	20	109/51 L	100
07/16/14 17:51			18		100
07/16/14 16:49	97.6 F	124 H	21	133/106 H	99

Imaging Interpretation:
CT abdomen with pelvis: Fatty liver. No acute findings.

CT chest with contrast: Bilateral lung densities, differential diagnosis included contusion, hemorrhage, aspiration, atelectasis.

CT cervical spine without contrast: Chronic stenosis C4 to 5 with chronic cord compression, which could predispose to cord injury, MRI C-spine may be considered if clinically indicated.

CT facial bones without contrast: Minimally to nondisplaced fracture anterior wall left maxillary sinus.

CT brain without contrast: No acute findings and brain. NG tube looped in mouth.

Nursing

- Nursing Notes
Nursing Notes:

Nursing Notes

07/16/14 17:26 Quick Note by LONG,BENJAMIN C
PT ARRIVES TO ED BY MEDFLIGHT. PT IS INTUBATED AT TIME OF ARRIVAL. PT UNRESPONSIVE AT THIS TIME. EMS REPORTS PT WAS RESTRAINED DRIVER OF AN EXCURSION THAT "T-BONED" A SEMI TRUCK.

Initialized on 07/16/14 17:26 - END OF NOTE

Depart

07/16/14 18:35

==========

CC: ;~
Dictated Date / Time: 07/16/14 1820
Transcribed Date / Time: 07/16/14 1820

Report ID: 0716-0724
Transcriptionist: SDEGBERT
Printed on 07/16/14 **at** 1837

Report Status: Draft

Name: GILL,KENNY D
Account Number: J00337019723

ED Visit Documentation (continued)

==========

Patient came in by helicopter after motor vehicle accident. Patient was unresponsive on scene and intubated. Trauma surgeon present when patient arrived. Patient is in critical condition. Initial scans do not show any acute brain injury. Show chronic stenosis of cervical spine. Fatty liver on the abdominal films. The patient remains intubated. Transfer of care to trauma surgery at 1800.
Prior VS reviewed at departure: Yes
***Disposition:** I/P
***Condition:** Serious
***Impression / Diagnosis:**
head injury, blunt chest trauma
Instructions: Patient Instructions
Forms: Portal Enrollment
Critical Care Time (minutes) Excluding Procedures: 30-74

- Referral/Consultation
** #1 Referral/Consultation
Name: Brock A Carney
Consultant: Agrees with evaluation, Agrees with plan, Accepts admit, Will see in ED

==========

CC: ;~
Dictated Date / Time: 07/16/14 1820
Transcribed Date / Time: 07/16/14 1820

Report ID: 0716-0724
Transcriptionist: SDEGBERT
Printed on 07/16/14 **at** 1837

Report Status: Draft

History & Physical

Name: GILL,KENNY D
Age: 32 **Sex:** M **DOB:** 11/29/1981
Account Number: J00337019723
Admitted: 07/16/14 **Discharged:**
Room: EDREDOF-41 **Location:** EDOFR
Unit Number: JU00553804
Dictated By: Carney,Brock MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Neosho Hospital
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

HISTORY:
The patient is a 32-year-old male who was a front seat restrained driver in a motor vehicle accident today. The patient hit a semi truck that pulled out in front of them on a ramp. He was intubated at the scene for unresponsiveness. He was transported to Freeman Emergency Room as a level I trauma. He was reportedly stable hemodynamically en route. CT scan of the brain is negative. CT scan of the cervical spine shows chronic cervical stenosis. No evidence of fracture. He has a questionable left anterior maxillary sinus fracture. If it is a fracture, it is subtle. CT scan of the brain is negative. CT scan of the abdomen and pelvis is negative. CT scan of the chest demonstrates right pulmonary contusion and possible aspiration in the right upper lobe. His hemoglobin is 15.7. Coagulation profile is normal. Electrolytes were unremarkable. Liver panel is normal with the exception of slightly elevated ALT at 73. Urinalysis is negative. Alcohol level is normal.

PAST MEDICAL HISTORY:
Obtained from his wife who is also a patient in the accident but she is awake and alert, and she states that he has chronic low-back pain.

PAST SURGICAL HISTORY:
Bilateral inguinal hernia repair.

MEDICATIONS:
None.

ALLERGIES:
Penicillin.

SOCIAL HISTORY:
He is married. They have a 3-month-old child.

FAMILY HISTORY:
Cannot be obtained because of the patient condition.

REVIEW OF SYSTEMS:
Cannot be obtained because of the patient's condition.

==========

CC: ;~
Dictated Date / Time: 07/16/14 1813
Transcribed Date / Time: 07/16/14 2149

Report ID: 0716-0805
Transcriptionist: MR.KKA
Printed on 07/16/14 **at** 2201

Report Status: Draft

History & Physical (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

PHYSICAL EXAMINATION

The patient is an obese male. He is large. He is intubated.

Temperature is 97.6, pulse 124, blood pressure 133/106.

HEENT:
Pupils are equal, round, reactive to light. No obvious facial fractures. Trachea is midline. Endotracheal tube is in place. Cervical collar is in place. No obvious skull fracture.

LUNGS:
Clear to auscultation bilaterally.

HEART:
Sinus tachycardia.

ABDOMEN:
Large abdominal pannus. FAST exam was negative. Abdomen is soft.

PELVIS:
Stable to AP and lateral compression.

EXTREMITIES:
No obvious extremity fracture. No crepitus. Extremities are warm. Capillary refill is brisk.

NEUROLOGIC EXAM:
The patient is agitated. He is moving all extremities. He requires restraints and sedation due to his agitation.

IMPRESSION:
1. Motor vehicle accident, restrained driver.
2. Pulmonary contusion and possible aspiration the right upper lobe.
3. Questionable left anterior maxillary sinus.

PLAN:
The patient will be admitted to Intensive Care Unit on my service. He will stay at least 2 nights in the hospital. He will be admitted as an inpatient. I will consult Critical Care to manage the ventilator. Will start him on Levaquin for suspected aspiration. He will be on a Versed Fentanyl drip. Will place sequential compression devices and start Lovenox in the morning if he shows no signs of bleeding. Foley catheter is required due to patient being intubated and unresponsive, also needed for I's and O's and fluid management. Plan for discharge depends on his neurologic status but anticipate discharge home if he recovers appropriately.

==========

CC: ;~
Dictated Date / Time: 07/16/14 1813
Transcribed Date / Time: 07/16/14 2149

Report ID: 0716-0805
Transcriptionist: MR.KKA
Printed on 07/16/14 **at** 2201

CR

Report Status: Draft

History & Physical (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

==========

CC: ;~
Dictated Date / Time: 07/16/14 1813
Transcribed Date / Time: 07/16/14 2149

Report ID: 0716-0805
Transcriptionist: MR.KKA
Printed on 07/16/14 **at** 2201

CR

Report Status: Draft

Consultation

Name: GILL,KENNY D
Age: 32 **Sex:** M **DOB:** 11/29/1981
Account Number: J00337019723
Admitted: 07/16/14 **Discharged:**
Room: 261-1 **Location:** ICU2
Unit Number: JU00553804
Dictated By: SADO,ANTHONY S MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Neosho Hospital
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

DATE:
07/17/14

APPROXIMATE TIME:
2:30 a.m.

LENGTH OF CRITICAL CARE CONSULTATION:
60 minutes.

PHYSICAL REQUESTING CONSULTATION:
Brock Carney, MD, trauma surgeon, for evaluation of patient's respiratory status and spinal cord compression syndrome.

This is a 32 year old gentleman who was involved in a motor vehicle accident today. The history is limited, but evidently, a semi trailer basically hit his vehicle. He was a passenger in the front seat, restrained driver. The semi truck pulled out in front of them on a ramp and evidently sideswiped them against a car resulting in part of the trailer landing on the roof of the car. Patient had lost consciousness and did not remember much; therefore, was unconscious with some type of closed head injury, although CT scan did show a significant closed head injury. Patient was transferred to our facility for further stabilization. Patient underwent a CT scan that showed evidence of a chronic cervical stenosis with probably some spinal cord compression. This was confirmed by an MRI, which showed a spinal cord contusion with some at C4-C5. There was no fracture of the C4-C5 and there was no other injury associated. Patient has been evaluated recently for progressive lower extremity weakness and has a known history of cervical cord stenosis with secondary degenerative arthritis. Patient was intubated initially in the field. His chest CT did show evidence of a right upper lobe and right lower lobe posterior segment infiltrate, which may be aspiration versus just pulmonary contusion. Patient's other respiratory laboratory was unremarkable, oxygenated. He was extubated slowly. It was noted post extubation that patient was very weak in the lower extremity. He can wiggle his toes, but can't move it. He had some increased tingling and burning sensation in the lower extremities, but did have some feeling and hyperesthesias. He could have a variation of a central cord or anterior cord syndrome or just plain spinal cord contusion with some cord impingement, but being incomplete. At the present time, patient is weak in the lower extremities, but does have sensation and moves some minimal movement in the lower

==========

CC: ;~
Dictated Date / Time: 07/17/14 0411
Transcribed Date / Time: 07/17/14 1117

Report ID: 0717-0450
Transcriptionist: MR.MYL
Printed on 07/17/14 **at** 1246

extremities and upper extremity has much more movement to it. Patient has no ventilatory impairment. Is able to expand his diaphragm very well and oxygenation has been good.

PAST MEDICAL HISTORY:
1. Cervical stenosis with degenerative arthritis.
2. Cardiovascular recent injuries were included.

HISTORY OF PENICILLIN ALLERGY WITH HIVES OR ANAPHYLAXIS.

MEDICATIONS:
None.

SOCIAL HISTORY:
Patient is married to his wife, who was involved in the motor vehicle accident. He has a total of 10 children by several marriages, but also has a 3-month-old child who survived the accident and is doing well. Patient is a maintenance worker and also he told me he was a cop.

REVIEW OF SYSTEMS:
Only positive for no shortness of breath, no pain, no tightness in the chest, no seizure disorder, no history of depression. Is positive for weakness in the lower extremities and increased hyperesthesia in the lower extremities.

PHYSICAL EXAMINATION:
VITAL SIGNS:
Patient's blood pressure is 110/40, respiratory rate is 18, temperature is 97, pulse is 92.
HEENT:
Normocephalic. Supple. Pupils are reactive to light. Extraocular movements intact.
NECK:
Cervical spine collar was in place. Complaining of discomfort from the spine collar.
CHEST:
Clear to auscultation.
CARDIOVASCULAR:
Regular rate and rhythm without murmur, gallops, rub.
ABDOMEN:
Soft and nontender. No organomegaly.
PERIPHERAL VASCULAR:
2+.
NEUROLOGIC:
He is able to move 2 to 3+/5 in the upper extremities, minimal to 1+/5 lower extremities. He is able to wiggle his toes, but not move it in a very meaningful manner. Sensation is intact from the diaphragm all the way down to the toes. He has hip esthesias on the lower extremities and feels some sensation in the

lower extremities including the dorsum of his foot. Reflexes are 1+ in the lower extremity, 2+ in the upper extremities. The rest of the neurological exam is unremarkable.

LABORATORY DATA:
This evening on admission showed a white count of 10.5, hemoglobin 15.7, hematocrit 46, platelet count is 63. Patient has no shift to the left. INR is 1.0. PTT is 26.5. Sodium 142, potassium 4.5, chloride 104, bicarbonate is 23, BUN is 15, creatinine 0.8, glucose 137, osmolality is 285. Chest MRI shows evidence of C4-C5 cervical cord contusion. There are no obvious bony fractures of the cervical spine. Urine drug screen and alcohol screen was negative for any significant drugs. As mentioned, chest CT showed contusions and aspiration in the left lung. The rest of the abdominopelvic CT was unremarkable. Chest x-ray, which was done at 4:00 this morning, shows plate-like atelectasis at right midlung, maybe something in the left lung, but otherwise unremarkable.

IMPRESSION:
1. Closed head injury with concussion with recent loss of consciousness. No active neurologic deficits, but having some decrease in some of the short-term memory.
2. Cervical C4-C5 cervical cord contusion with some incomplete cord injury or compression. May be a variant of anterior cord compression or central cord compression; however, patient does have sensation in the lower extremities and does have minimal movement in the lower extremities.
3. Acute respiratory failure, resolved.
4. Pulmonary contusion with aspiration, stable.
5. Chronic cervical spine disease with cervical spinal stenosis secondary to degenerative arthritis.
6. Obesity.

PLAN/RECOMMENDATIONS:
1. Will aggressively treat with antibiotics with Vancomycin and Clindamycin for prevention of aspiration. Will continue to observe him closely.
2. The things to treat him will be to avoid hypoxia and maintain adequate blood pressure MAP of 70 or greater as needed.
3. Normal Saline will be given, and Neo-Synephrine will be started. We have reviewed prescriptions with Solu-Medrol with steroids and injuries occurred more than 8 hours away. At the present time, I have deferred on systemic steroids.
4. DVT prophylaxis will be performed with SCD's and later Protonix IV for GI prophylaxis as well.

Overall prognosis guarded. Total E and M is approximately 1 hour.

CR

Report Status: Draft

Consultation (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

==========

CC: ;~
Dictated Date / Time: 07/17/14 0411
Transcribed Date / Time: 07/17/14 1117

Report ID: 0717-0450
Transcriptionist: MR.MYL
Printed on 07/17/14 **at** 1246

0714-120-004 CR

Freeman Health System

Patient Order Summary

Date: 07/17/14 13:43
User: THOMPSON,RUTH L

J00337019723 GILL,KENNY D
32/M

Location: ICU2

Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION

Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
Medications	4071-616573459300	Completed	07/16/14 16:57		

Sublimaze

Order Source:

Medication	Dose	Per
Discontinued 07/16/14 16:58		
Fentanyl [Sublimaze]	100 MCG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/16/14 16:58

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 16:57	PHA -	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 16:57	PHA -	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/16/14 16:57	PHA -	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	

CT Scanning	4071-617003472700	Cancelled	07/16/14 16:58	Boulware,Chad A DO	LONG,KAYLEE K

Abdomen/Pelvis W&W/O Contrast — Stat — Order Source: Written

Stop Reason: Changed to 07/16 1658 CT / CTAWPW

Mode Of Transportation	Portable
Reason For Exam	P1

Campus	W
Isolation	Not Applicable
Patient at Risk for Fall	Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Reflex Set: ED CT Oral Contrast INT generated	NA
2	07/16/14 17:01	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed:	NA
				New: Transmitted	
				Old: Verified	
3	07/16/14 17:01	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Logged	
				Old: Transmitted	
4	07/16/14 17:03	ITS - ADKINS,VICKIE S	MTFRHCM03	Status changed:	NA
				New: Cancelled	

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
				Old: Logged	
CT Scanning	4071-617003472701 Brain W/O Contrast	Completed	07/16/14 16:58 Stat	Boulware,Chad A DO Order Source: Written	LONG,KAYLEE K

Mode Of Transportation: Portable
Reason For Exam: P1

Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:01	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: New: Transmitted Old: Verified	NA
3	07/16/14 17:01	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
4	07/16/14 17:31	ITS - THURMAN,TASHA N	MTFRHCM03	Status changed: New: Taken Old: Logged	NA
5	07/17/14 07:34	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: Taken	NA

CT Scanning	4071-617003472702 Cervical Spine W/O Contrast	Completed	07/16/14 16:58 Stat	Boulware,Chad A DO Order Source: Written	LONG,KAYLEE K

Mode Of Transportation: Portable
Reason For Exam: P1

Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
2	07/16/14 17:01	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: New: Transmitted Old: Verified	NA
3	07/16/14 17:01	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
4	07/16/14 17:31	ITS - THURMAN,TASHA N	MTFRHCM03	Status changed: New: Taken Old: Logged	NA
5	07/16/14 18:41	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: Taken	NA

CT Scanning 4071-617003472703 Completed 07/16/14 16:58 Boulware,Chad A DO LONG,KAYLEE K
Chest W/ Contrast Stat Order Source: Written

Mode Of Transportation Portable
Reason For Exam P1

Campus W
Isolation Not Applicable
Patient at Risk for Fall Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:01	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: New: Transmitted Old: Verified	NA
3	07/16/14 17:01	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
4	07/16/14 17:32	ITS - THURMAN,TASHA N	MTFRHCM03	Status changed: New: Taken Old: Logged	NA
5	07/16/14 18:55	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: Taken	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
CT Scanning	4071-617003474300	Completed	07/16/14 16:58	Boulware,Chad A DO	LONG,KAYLEE K
	Facial Bones W/O Contrast		Stat	Order Source: Written	

Mode Of Transportation: Portable
Reason For Exam: P1

Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:01	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: New: Transmitted Old: Verified	NA
3	07/16/14 17:01	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
4	07/16/14 17:32	ITS - THURMAN,TASHA N	MTFRHCM03	Status changed: New: Taken Old: Logged	NA
5	07/16/14 18:49	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: Taken	NA

Category	Order	Status	Start	Ord Provider	Entered By
Routine Care	4071-617003474301	Completed	07/16/14 17:00	Boulware,Chad A DO	LONG,KAYLEE K
	Ct Oral Contrast		ONE	Order Source: Written	

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Reflex Order generated from Abdomen/Pelvis W&W/O Contra	NA
2	07/17/14 07:25	BROMLEY,WHITNEY L	ICUPC13	Status changed: New: Completed Old: In Process	NA

Category	Order	Status	Start	Ord Provider	Entered By
Radiology	4071-617003474302	Completed	07/16/14 16:58	Boulware,Chad A DO	LONG,KAYLEE K
	Chest Single View		Stat	Order Source: Written	

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M

Location: ICU2
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION

Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Mode Of Transportation: Portable
Reason For Exam: P1

Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:01	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: New: Transmitted Old: Verified	NA
3	07/16/14 17:01	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
4	07/16/14 17:59	ITS -	MTFRHCM03	Status changed: New: Taken Old: Logged	NA
5	07/17/14 06:10	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: Taken	NA

Radiology 4071-617003474303 Completed 07/16/14 16:58 Boulware,Chad A DO LONG,KAYLEE K
Pelvis Multi View Stat Order Source: Written

Mode Of Transportation: Portable
Reason For Exam: P1

Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:01	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: New: Transmitted Old: Verified	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
3	07/16/14 17:01	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
4	07/16/14 17:59	ITS -	MTFRHCM03	Status changed: New: Taken Old: Logged	NA
5	07/17/14 07:35	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: Taken	NA

CHEMISTRY HEPAR 4071-617003475900 Completed 07/16/14 17:00 Boulware,Chad A DO LONG,KAYLEE K
Alcohol, Ethyl Stat Order Source: Written
Specimen Has been collected

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Order is collected	NA
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Start Time edited: New: 17:15 Old: 16:58	NA
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Query Specimen edited: New: Has been collected Old: Nurse/Care Provider to collect	NA
4	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed: New: Verified Old: Uncollected	NA
5	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed: New: Transmitted Old: Verified	NA
6	07/16/14 17:15	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
7	07/16/14 17:16	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Start Time edited: New: 17:00 Old: 17:15	NA
8	07/16/14 17:16	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: In Process	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
9	07/16/14 17:32	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Old: Logged Status changed: New: Completed Old: In Process	NA

CHEMISTRY HEPAR 4071-617003475902 Completed 07/16/14 17:00 Boulware,Chad A DO LONG,KAYLEE K
Basic Metabolic Panel Stat Order Source: Written
Specimen Has been collected

Fasting No

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Order is collected	NA
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Start Time edited: New: 17:15 Old: 16:58	NA
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Query Specimen edited: New: Has been collected Old: Nurse/Care Provider to collect	NA
4	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed: New: Verified Old: Uncollected	NA
5	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed: New: Transmitted Old: Verified	NA
6	07/16/14 17:15	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
7	07/16/14 17:16	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Start Time edited: New: 17:00 Old: 17:15	NA
8	07/16/14 17:16	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: In Process Old: Logged	NA
9	07/16/14 17:32	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
				Old: In Process	
HEMATOLOGY	4071-617003477401	Completed	07/16/14 17:00	Boulware,Chad A DO	LONG,KAYLEE K
	Cbc/Diff 5		Stat	Order Source: Written	
Specimen		Has been collected			

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Order is collected	NA
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Start Time edited: New: 17:15 Old: 16:58	NA
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Query Specimen edited: New: Has been collected Old: Nurse/Care Provider to collect	NA
4	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed: New: Verified Old: Uncollected	NA
5	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed: New: Transmitted Old: Verified	NA
6	07/16/14 17:15	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
7	07/16/14 17:16	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Start Time edited: New: 17:00 Old: 17:15	NA
8	07/16/14 17:16	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: In Process Old: Logged	NA
9	07/16/14 17:20	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: In Process	NA

CHEMISTRY URINE	4071-617003477403	Completed	07/16/14 17:20	Boulware,Chad A DO	LONG,KAYLEE K
	Drug Screen Rapid, Urine Rand		Stat	Order Source: Written	
Specimen		Has been collected			

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Order is collected	NA
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Start Time edited:	NA
				New: 17:15	
				Old: 16:58	
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Query Specimen edited:	NA
				New: Has been collected	
				Old: Nurse/Care Provider to collect	
4	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed:	NA
				New: Verified	
				Old: Uncollected	
5	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed:	NA
				New: Transmitted	
				Old: Verified	
6	07/16/14 17:15	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Logged	
				Old: Transmitted	
7	07/16/14 18:02	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Start Time edited:	NA
				New: 17:20	
				Old: 17:15	
8	07/16/14 18:02	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: In Process	
				Old: Logged	
9	07/16/14 18:34	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: In Process	

COAGULATION 4071-617003479001 Completed 07/16/14 17:00 Boulware,Chad A DO LONG,KAYLEE K
Pt/Ptt Stat Order Source: Written
Specimen Has been collected

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Order is collected	NA
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Start Time edited:	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
				New: 17:15 Old: 16:58	
3	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Query Specimen edited: New: Has been collected Old: Nurse/Care Provider to collect	NA
4	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed: New: Verified Old: Uncollected	NA
5	07/16/14 17:15	LONG,KAYLEE K	EDPC25	Status changed: New: Transmitted Old: Verified	NA
6	07/16/14 17:15	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
7	07/16/14 17:16	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Start Time edited: New: 17:00 Old: 17:15	NA
8	07/16/14 17:16	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: In Process Old: Logged	NA
9	07/16/14 17:43	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: In Process	NA

URINALYSIS 4071-617003480600 Completed 07/16/14 17:20 Boulware,Chad A DO LONG,KAYLEE K
Ua & Culture If Indicated Stat
Order Source: Written
Specimen Has been collected

Source URINE, FOLEY CATHETER

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	No Signature is Necessary	NA
1	07/16/14 17:00	LONG,KAYLEE K	EDPC25	Order is Entered	NA
2	07/16/14 17:21	LONG,BENJAMIN C	MTCTX77	Order is collected	NA
3	07/16/14 17:21	LONG,BENJAMIN C	MTCTX77	Query Specimen edited: New: Has been collected Old: Nurse/Care Provider to collect	NA
4	07/16/14 17:21	LONG,BENJAMIN C	MTCTX77	Status changed:	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
5	07/16/14 17:21	LONG,BENJAMIN C	MTCTX77	New: Verified Old: Uncollected Status changed: New: Transmitted Old: Verified	NA
6	07/16/14 17:21	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
7	07/16/14 18:02	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Start Time edited: New: 17:20 Old: 16:58	NA
8	07/16/14 18:02	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: In Process Old: Logged	NA
9	07/16/14 18:48	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: In Process	NA

CT Scanning 4071-617033072400 Completed 07/16/14 16:58 Boulware,Chad A DO ADKINS,VICKIE S
Abdomen/Pelvis W/ Contrast Stat
Order Source: Written

Mode Of Transportation Portable
Reason For Exam P1

Campus W
Isolation Not Applicable
Patient at Risk for Fall Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:03	ADKINS,VICKIE S	MTFRHCM03	Order created from the edit of: Abdomen/Pelvis W&W/O Contrast [CT] Stat	NA
2	07/16/14 17:32	ITS - THURMAN,TASHA N	MTFRHCM03	Status changed: New: Taken Old: Logged	NA
3	07/16/14 19:02	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: Taken	NA

CHEMISTRY SERUM 4071-617105818100 Completed 07/16/14 17:00 INFCE, INFCE,
Creatinine, Istat Routine
Order Source:

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:10	LAB - INFCE,	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 17:10	LAB - INFCE,	MTFRHCM03	Order is Entered	NA
2	07/16/14 17:11	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: In Process	

Medications 4071-617103476500 Completed 07/16/14 17:09 Bowles,Randy MD GELSO,ROBERT D
Sublimaze
Order Source: Written

Medication	Dose	Per
Discontinued 07/16/14 22:32		
Fentanyl [Sublimaze]	100 MCG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
IV	.Q15MIN	PRN	Agitation					

Stop Date/Time: 07/23/14 17:08

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:10	PHA - GELSO,ROBERT D	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 17:10	PHA - GELSO,ROBERT D	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/16/14 22:32	PHA - HOPPER,RYAN M	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	

Medications 4071-617310897700 Completed 07/16/14 17:30
Diprivan
Order Source:

Medication	Dose	Per
Discontinued 07/16/14 17:31		
Diprivan	Vol: 100ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
.ROUTE	.STK-MED	ONE						

Rate: UD
Stop Date/Time: 07/16/14 17:31

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:31	PHA -	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 17:31	PHA -	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/16/14 17:31	PHA -	MTFRHCM03	Status changed:	NA
				New: Completed	

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
				Old: Pha Verified	
Medications	4071-617410456200 Propofol Drip	In Process	07/16/14 17:40	Schimmel,Lori M DO	Schimmel,Lori M

Order Source: Physician Order

Medication	Dose	Per
Diprivan	Vol: 100ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	UD	SCH						

Rate: Per Protocol
Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:41	Schimmel,Lori M	EDPACSPC2	Order is Entered and Signed	NA
2	07/16/14 17:41	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: New: Transmitted Old: Verified	NA
3	07/16/14 17:41	PHA - DAEMON,DO NOT USE BKG	MTFRHCM03	Duration edited: New: 0 SEC Old: 50 HR	NA
3	07/16/14 17:41	PHA - DAEMON,DO NOT USE BKG	MTFRHCM03	Dose added: New: mg Old:	NA
4	07/16/14 17:41	PHA - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
5	07/16/14 17:41	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	Status changed: New: Pha Verified Old: Logged	NA
6	07/17/14 01:33	SWITZER,SHANNON M	ICUPC13	Order reviewed	NA

Medications	4071-617420631500 Sod Chl 0.9% Flush	In Process	07/16/14 17:42	Schimmel,Lori M DO	ROBERTSON,CASSANDRA

Order Source: Written

Medication	Dose	Per
Normal Saline Flush [Sod Chl 0.9% Flush	10ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
IV	PRN	PRN	Flush					

Stop Date/Time:

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 17:42	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 17:42	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 01:33	SWITZER,SHANNON M	ICUPC13	Order reviewed	NA

Medications 4071-618201089500 Completed 07/16/14 18:20 Carney,Brock A MD MOREY,CALEB S
Normal Saline
Order Source: Written

Medication	Dose	Per
Discontinued 07/17/14 11:14		
Normal Saline	Vol: 1,000ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	UD	SCH						

Rate: 200 MLS/HR
Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 01:33	SWITZER,SHANNON M	ICUPC13	Order reviewed	NA
3	07/17/14 03:48	PHA - BOUDREAU,REX E	MTFRHCM03	Rate edited:	NA
				New: 200 MLS/HR	
				Old: 125 MLS/HR	
3	07/17/14 03:48	PHA - BOUDREAU,REX E	MTFRHCM03	Duration edited:	NA
				New: 5 HR	
				Old: 8 HR	
4	07/17/14 11:14	PHA - LACEY,ABBEY R	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	

Medications 4071-618201153500 Completed 07/16/14 18:30 Carney,Brock A MD MOREY,CALEB S
Levaquin
Order Source: Written

Medication	Dose	Per
Discontinued 07/17/14 11:17		
Levaquin	Vol: 150ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	1830	SCH						

Rate: 100 MLS/HR
Stop Date/Time: 07/23/14 18:29

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 01:33	SWITZER,SHANNON M	ICUPC13	Order reviewed	NA
3	07/17/14 11:17	PHA - LACEY,ABBEY R	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	

Medications 4071-618201222100 In Process 07/17/14 06:00 Carney,Brock A MD MOREY,CALEB S
Protonix
Order Source: Written

Medication	Dose	Per
Pantoprazole [Protonix]	40 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
IV	0600	SCH						

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 01:33	SWITZER,SHANNON M	ICUPC13	Order reviewed	NA

Medications 4071-618201281400 Completed 07/17/14 09:00 Carney,Brock A MD MOREY,CALEB S
Lovenox
Order Source: Written

Medication	Dose	Per
Discontinued 07/17/14 09:00		
Enoxaparin [Lovenox]	40 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
SC	QAM	SCH						

Stop Date/Time: 07/31/14 08:59

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 00:40	PHA - BOUDREAU,REX E	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	

Medications 4071-618201348500 Completed 07/16/14 18:20 Carney,Brock A MD MOREY,CALEB S
Versed 50mg/100ml Ns Bag
Order Source: Written

Medication	Dose	Per

0714-120-004

CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Discontinued 07/16/14 22:32
Versed 50Mg/100Ml Ns Bag
Vol: 100ML

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	UD	SCH						

Rate: Titrate
Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/16/14 18:20	DAEMON,DO NOT USE BKG	MTFRHCM03	Alternating Link with:	NA
				New: Sublimaze (Rx #JM002834628)	
				Old:	
3	07/16/14 22:32	PHA - HOPPER,RYAN M	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	

Category	Order	Status	Start	Ord Provider	Entered By
Medications	4071-618201415500 Sublimaze	Completed	07/16/14 18:20	Carney,Brock A MD	MOREY,CALEB S

Order Source: Written

Medication	Dose	Per

Discontinued 07/16/14 22:32
Sublimaze
Vol: 100ML

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	UD	SCH						

Rate: Titrate
Stop Date/Time: 07/23/14 18:19

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 18:20	PHA - MOREY,CALEB S	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/16/14 18:20	DAEMON,DO NOT USE BKG	MTFRHCM03	Alternating Link with:	NA
				New: Versed 50Mg/100Ml Ns Bag (Rx #JM002834627)	
				Old:	
3	07/16/14 22:32	PHA - HOPPER,RYAN M	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	

Category	Order	Status	Start	Ord Provider	Entered By
Medications	4071-618212922300 Normal Saline	Completed	07/16/14 18:30	Carney,Brock A MD	HOPPER,RYAN M

Order Source: Written

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
Medication		Dose	Per		

Discontinued 07/16/14 20:30

Normal Saline — Vol: 1,000ML

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	1830	SCH						

Rate: Wide Open
Stop Date/Time: 07/16/14 20:30

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 18:21	PHA - HOPPER,RYAN M	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 18:21	PHA - HOPPER,RYAN M	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/16/14 20:30	PHA - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	

BLOOD GASES — 4071-618412022400 — Completed — 07/16/14 18:35 — Boulware,Chad A DO — INFCE,
Blood Gas, Arterial — Istat — Routine — Order Source:

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 18:41	LAB - INFCE,	MTFRHCM03	No Signature is Necessary	NA
1	07/16/14 18:41	LAB - INFCE,	MTFRHCM03	Order is Entered	NA

CT Scanning — 4071-620371729500 — Completed — 07/16/14 20:36 — Carney,Brock A MD — HANKINS,BEVERLY A
Lumbar Spine W/O Contrast — Stat — Order Source: Written

Mode Of Transportation: Bed
Reason For Exam: trauma

Campus W
Isolation Not Applicable
Patient at Risk for Fall Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 20:37	HANKINS,BEVERLY A	EDPC25	No Signature is Necessary	Y
1	07/16/14 20:37	HANKINS,BEVERLY A	EDPC25	Order is Entered	Y
2	07/16/14 20:37	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed:	NA
				New: Transmitted	
				Old: Verified	
3	07/16/14 20:37	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Logged	

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
4	07/16/14 20:56	ITS - THURMAN,TASHA N	MTFRHCM03	Old: Transmitted Status changed: New: Taken	NA
5	07/17/14 00:54	SWITZER,SHANNON M	ICUPC13	Old: Logged Order acknowledged	NA
6	07/17/14 05:01	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: Taken	NA

CT Scanning 4071-620371729501 Completed 07/16/14 20:36 Carney,Brock A MD HANKINS,BEVERLY A
Thoracic Spine W/O Contrast Stat Order Source: Written

Mode Of Transportation Bed
Reason For Exam trauma

Campus W
Isolation Not Applicable
Patient at Risk for Fall Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 20:37	HANKINS,BEVERLY A	EDPC25	No Signature is Necessary	Y
1	07/16/14 20:37	HANKINS,BEVERLY A	EDPC25	Order is Entered	Y
2	07/16/14 20:37	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: New: Transmitted Old: Verified	NA
3	07/16/14 20:37	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
4	07/16/14 20:56	ITS - THURMAN,TASHA N	MTFRHCM03	Status changed: New: Taken Old: Logged	NA
5	07/17/14 00:54	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
6	07/17/14 04:57	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: Taken	NA

Consultations 4071-622341193700 Verified 07/16/14 22:32 Carney,Brock A MD SWITZER,SHANNON M
Neurology Consult Routine Order Source: Written
Consulting Provider Yarosh,Cherylon

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Consultation Only (Y/N) No

Consultation and Participation in Overall Management (Y/N) Yes

Consultation and Assume Care (Y/N) No

Consultation and Management of MVA

I Have Notified the Physician (Y/N) Yes

Comments Dr Carney notified Dr Yarosh of need for consult

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 22:34	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/16/14 22:34	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
2	07/17/14 00:54	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA

Medications 4071-622333122100 In Process 07/16/14 22:33 Carney,Brock A MD HOPPER,RYAN M
Morphine
Order Source: Written

Medication	Dose	Per
Morphine	5 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
IV	Q2H	PRN	Pain					

Stop Date/Time: 07/23/14 22:32

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 22:33	PHA - HOPPER,RYAN M	MTFRHCM03	No Signature is Necessary	Y
1	07/16/14 22:33	PHA - HOPPER,RYAN M	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/16/14 22:36	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
3	07/17/14 01:33	SWITZER,SHANNON M	ICUPC13	Order reviewed	NA

Magnetic Resona 4071-622353972000 Completed 07/16/14 22:34 Carney,Brock A MD SWITZER,SHANNON M
Cervical Spine W/O Contrast Stat
Order Source: Written

Mode Of Transportation Bed
Reason For Exam MVA

Campus W
Isolation Not Applicable

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Patient at Risk for Fall Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 22:35	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/16/14 22:35	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
2	07/16/14 22:35	DAEMON,DO NOT USE BKG	MTFRHBG09	Queued to destination:	NA
				New: ICUCOPIER2 #799813	
				Old:	
3	07/16/14 22:35	DAEMON,DO NOT USE BKG	MTFRHBG09	Queued to destination:	NA
				New: ICUCOPIER2 #799814	
				Old:	
4	07/16/14 22:35	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed:	NA
				New: Transmitted	
				Old: Verified	
5	07/16/14 22:36	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Logged	
				Old: Transmitted	
6	07/16/14 23:51	ITS - MADL,AMANDA D	MTFRHCM03	Status changed:	NA
				New: Taken	
				Old: Logged	
7	07/17/14 00:54	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
8	07/17/14 06:47	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Taken	

HEMATOLOGY 4071-622481304200 Completed 07/17/14 05:27 Carney,Brock A MD SWITZER,SHANNON M
Cbc/Diff 5 Routine **Order Source:** Written
Specimen Has been collected

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 22:48	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/16/14 22:48	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
2	07/17/14 00:54	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
3	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Order is collected	Y
4	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Start Time edited:	Y
				New: 04:23	
				Old: 05:30	
4	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Query Specimen edited:	Y

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
5	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	New: Has been collected Old: Nurse/Care Provider to collect Status changed:	Y
6	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	New: Verified Old: Uncollected Status changed:	NA
7	07/17/14 04:23	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	New: Transmitted Old: Verified Status changed:	NA
8	07/17/14 05:42	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	New: In Process Old: Transmitted Start Time edited:	Y
9	07/17/14 06:44	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	New: 05:27 Old: 04:23 Status changed:	NA
10	07/17/14 06:47	BROMLEY,WHITNEY L	ICUPC13	New: Completed Old: In Process Order acknowledged	NA

Radiology 4071-622481304202 Resulted 07/17/14 04:00 Carney,Brock A MD SWITZER,SHANNON M
Chest Single View Routine Order Source: Written

Mode Of Transportation Portable
Reason For Exam MVA, pulm contusion

Campus W
Isolation Not Applicable
Patient at Risk for Fall Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 22:48	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/16/14 22:48	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
2	07/16/14 22:48	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: New: Transmitted Old: Verified	NA
3	07/16/14 22:48	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Logged Old: Transmitted	NA
4	07/17/14 00:54	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider		Entered By	
5	07/17/14 02:52	ITS -		MTFRHCM03	Status changed:		NA
					New: Taken		
					Old: Logged		
6	07/17/14 07:36	ITS - DAEMON,DO NOT USE BKG		MTFRHCM03	Status changed:		NA
					New: Completed		
					Old: Taken		
7	07/17/14 08:18	ITS - Ball,Joshua M		MTFRHCM03	Status changed:		Y
					New: Resulted		
					Old: Completed		
8	07/17/14 09:46	BROMLEY,WHITNEY L		ICUPC13	Order acknowledged		NA

CHEMISTRY HEPAR 4071-622481302700 Completed 07/17/14 05:27 Carney,Brock A MD SWITZER,SHANNON M
CHEM7 [Basic Metabolic Panel] Routine Order Source: Written
Specimen Has been collected

Fasting Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/16/14 22:48	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/16/14 22:48	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
2	07/17/14 00:54	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
3	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Order is collected	Y
4	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Start Time edited:	Y
				New: 04:23	
				Old: 05:30	
4	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Query Specimen edited:	Y
				New: Has been collected	
				Old: Nurse/Care Provider to collect	
5	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Status changed:	Y
				New: Verified	
				Old: Uncollected	
6	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Status changed:	NA
				New: Transmitted	
				Old: Verified	
7	07/17/14 04:23	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: In Process	
				Old: Transmitted	
8	07/17/14 05:42	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Start Time edited:	Y

CR
0714-120-004

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
				New: 05:27 Old: 04:23	
9	07/17/14 06:19	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed: New: Completed Old: In Process	NA
10	07/17/14 06:47	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Consultations 4071-700472624000 Verified 07/17/14 00:47 Carney,Brock A MD SWITZER,SHANNON M
Critical Care Consult Routine Order Source: Written
Consulting Provider SADO,ANTHONY S
Reason For Exam MVA

Consultation Only (Y/N) No

Consultation and Participation in Overall Management (Y/N) Yes

Consultation and Assume Care (Y/N) No

Consultation and Management of MVA, probable reintubation for surgery in AM

I Have Notified the Physician (Y/N) Yes

Comments TT DR Sado in pod.

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 00:47	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/17/14 00:47	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
2	07/17/14 00:54	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA

Consultations - 4071-700582227900 Cancelled 07/17/14 00:57 Carney,Brock A MD SWITZER,SHANNON M
Nutrition Consult Request Routine Order Source: Written
Stop Reason: EIE

How Much Weight Loss in Past 3 Months Without Trying	0-5 lbs
Do You Have Difficulty Chewing or Swallowing	No
BMI	Greater than 39
(Score of 2 or More = Consult) Total	1
Date Medical Nutrition Consult Ordered	07/17/14
Comments	bmi greater than 39, now has fx mandible from mva

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 00:58	SWITZER,SHANNON M	ICUCART27	No Signature is Necessary	Y
1	07/17/14 00:58	SWITZER,SHANNON M	ICUCART27	Order is Entered	Y
2	07/17/14 00:58	DAEMON,DO NOT USE BKG	MTFRHBG09	Queued to destination:	NA
				New: NSCOPIER #799940	
				Old:	
3	07/17/14 00:58	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed:	NA
				New: Transmitted	
				Old: Verified	
4	07/17/14 01:53	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
5	07/17/14 12:47	THOMPSON,RUTH L	NUTPC10	Order cancelled	N
6	07/17/14 12:47	THOMPSON,RUTH L	NUTPC10	Status changed:	N
				New: Cancelled	
				Old: Transmitted	

COAGULATION 4071-703435931800 Completed 07/17/14 05:27 SADO,ANTHONY S MD SWITZER,SHANNON M
Pt/Ptt Routine Order Source: Written
Specimen Has been collected

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 03:43	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/17/14 03:43	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
2	07/17/14 03:51	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
3	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Order is collected	Y
4	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Start Time edited:	Y
				New: 04:23	
				Old: 05:30	
4	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Query Specimen edited:	Y
				New: Has been collected	
				Old: Nurse/Care Provider to collect	
5	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Status changed:	Y
				New: Verified	

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
6	07/17/14 04:23	SWITZER,SHANNON M	ICUPC13	Old: Uncollected Status changed: New: Transmitted	NA
7	07/17/14 04:23	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Old: Verified Status changed: New: In Process	NA
8	07/17/14 05:42	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Old: Transmitted Start Time edited: New: 05:27	Y
9	07/17/14 06:04	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Old: 04:23 Status changed: New: Completed	NA
10	07/17/14 06:47	BROMLEY,WHITNEY L	ICUPC13	Old: In Process Order acknowledged	NA

Medications 4071-703562489500 Completed 07/17/14 04:00 SADO,ANTHONY S MD BOUDREAU,REX E
Cleocin
Order Source: Written

Medication	Dose	Per
Discontinued 07/17/14 11:17		
Cleocin	600MG	
Normal Saline	Vol: 50ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	Q8H	SCH						

Rate: 108 MLS/HR
Stop Date/Time: 07/24/14 03:59

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 03:56	PHA - BOUDREAU,REX E	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 03:56	PHA - BOUDREAU,REX E	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 03:57	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
3	07/17/14 11:18	PHA - LACEY,ABBEY R	MTFRHCM03	Status changed: New: Completed Old: Pha Verified	Y
4	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-704161661400 Completed 07/17/14 05:00 SADO,ANTHONY S MD BOUDREAU,REX E
Vancomycin
Order Source: Written

Medication	Dose	Per
Discontinued 07/17/14 08:00		

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Vancomycin 2,000MG
Normal Saline Vol: 500ML

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	0500	SCH						

Rate: 250 MLS/HR
Stop Date/Time: 07/17/14 08:00

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 04:16	PHA - BOUDREAU,REX E	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 04:16	PHA - BOUDREAU,REX E	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 04:19	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
3	07/17/14 04:28	PHA - BOUDREAU,REX E	MTFRHCM03	Pha Stop Date edited:	Y
				New: Thu Jul 17	
				Old: Thu Jul 24	
3	07/17/14 04:28	PHA - BOUDREAU,REX E	MTFRHCM03	Pha Stop Time edited:	Y
				New: 08:00	
				Old: 04:59	
4	07/17/14 04:50	SWITZER,SHANNON M	ICUCART27	Order acknowledged	NA
5	07/17/14 07:59	PHA - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	Y
				New: Completed	
				Old: Pha Verified	
6	07/17/14 08:16	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-704161733200 Completed 07/17/14 09:00 SADO,ANTHONY S MD BOUDREAU,REX E
Vancomycin
Order Source: Written

Medication	Dose	Per
Discontinued 07/17/14 12:05		
Vancomycin	2,000MG	
Normal Saline	Vol: 500ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	Q8H	SCH						

Rate: 250 MLS/HR
Stop Date/Time: 07/24/14 08:59

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 04:16	PHA - BOUDREAU,REX E	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 04:16	PHA - BOUDREAU,REX E	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 04:19	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By	
3	07/17/14 12:05	PHA - FREITAS,SARA S	MTFRHCM03	Status changed:		Y
				New: Completed		
				Old: Pha Verified		
4	07/17/14 12:19	BROMLEY,WHITNEY L	ICUCART27	Order acknowledged		NA

Medications 4071-704193546900 Completed 07/18/14 08:00 SADO,ANTHONY S MD BOUDREAU,REX E
Vancomycin Level Due
Order Source: Written

Medication Dose Per
Discontinued 07/18/14 08:00
Vancomycin Level [Vancomycin Level Due]

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
IV	0800	SCH					1	

Stop Date/Time: 07/18/14 08:01

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 04:19	PHA - BOUDREAU,REX E	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 04:19	PHA - BOUDREAU,REX E	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 04:20	SWITZER,SHANNON M	ICUPC13	Order acknowledged	NA
3	07/17/14 12:05	PHA - FREITAS,SARA S	MTFRHCM03	Status changed:	Y
				New: Completed	
				Old: Pha Verified	
4	07/17/14 12:19	BROMLEY,WHITNEY L	ICUCART27	Order acknowledged	NA

CHEMISTRY SERUM 4071-704210537200 Uncollected 07/18/14 08:00 SADO,ANTHONY S MD SWITZER,SHANNON M
Vancomycin Level Routine
Order Source: Written

Specimen Nurse/Care Provider to collect

Peak, Trough, Timed or Random TROUGH
Verify Time of Draw 08:00

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 04:21	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/17/14 04:21	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
2	07/17/14 06:47	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Communication 4071-704223153200 Transmitted 07/17/14 04:22 SADO,ANTHONY S MD SWITZER,SHANNON M
Pharmacy Communication Routine
Order Source: Written

Item Please add Neo gtt to Mar per order dated 7/17 0351. Thank you.

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 04:22	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/17/14 04:22	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
2	07/17/14 04:22	DAEMON,DO NOT USE BKG	MTFRHBG09	Queued to destination:	NA
				New: RXCOP #800012	
				Old:	
3	07/17/14 04:22	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed:	NA
				New: Transmitted	
				Old: Verified	
4	07/17/14 06:47	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-704313880900 In Process 07/17/14 04:30 SADO,ANTHONY S MD BOUDREAU,REX E
Normal Saline
Order Source: Written

Medication	Dose	Per
Phenylephrine 1% Inj	10MG	
Normal Saline	Vol: 250ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	UD	SCH						

Rate: Titrate
Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 04:31	PHA - BOUDREAU,REX E	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 04:31	PHA - BOUDREAU,REX E	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 04:34	SWITZER,SHANNON M	ICUCART27	Order acknowledged	NA

Medications 4071-704473947500 Completed 07/17/14 04:47
Normal Saline
Order Source:

Medication	Dose	Per
Discontinued 07/17/14 04:48		
Normal Saline	Vol: 500ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
.ROUTE	.STK-MED	ONE						

Rate: UD
Stop Date/Time: 07/17/14 04:48

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 04:47	PHA -	MTFRHCM03	No Signature is Necessary	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M

Location: ICU2
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION

Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider		Entered By	
1	07/17/14 04:47	PHA -		MTFRHCM03	Order is Entered in Pharmacy		NA
2	07/17/14 04:47	PHA -		MTFRHCM03	Status changed:		NA
					New: Completed		
					Old: Pha Verified		

Nursing Communi 4071-705301014600 Completed 07/17/14 05:30 SADO,ANTHONY S MD SWITZER,SHANNON M
Confirm Signed Consent On Char ONE Order Source: Written
Physician Instructions Get signed consent for PICC place on chart

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 05:30	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/17/14 05:30	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
1	07/17/14 05:30	SWITZER,SHANNON M	ICUPC13	Reflex Order generated from PICC Line	Y
2	07/17/14 05:30	SWITZER,SHANNON M	ICUPC13	Status changed:	NA
				New: Completed	
				Old: In Process	
3	07/17/14 06:47	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Request for Pro 4071-705301014601 Transmitted 07/17/14 05:29 SADO,ANTHONY S MD SWITZER,SHANNON M
Picc Line Routine Order Source: Written

Is Nephrology Consulting on Patient No

Diagnosis MVA, Pulm contusion, aspiration
New or existing line New Line

Indications for Catheter Hydration/IV Fluids
Anti-Infectives

Patient Discharged with PICC Line No

Other comments or instructions for PICC nurse Pt to have surgery this AM

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 05:30	SWITZER,SHANNON M	ICUPC13	No Signature is Necessary	Y
1	07/17/14 05:30	SWITZER,SHANNON M	ICUPC13	Order is Entered	Y
1	07/17/14 05:30	SWITZER,SHANNON M	ICUPC13	Reflex Set: Get Consent for PICC generated	Y
2	07/17/14 05:30	DAEMON,DO NOT USE BKG	MTFRHBG09	Queued to destination:	NA
				New: PICCLAS #800032	

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
3	07/17/14 05:30	DAEMON,DO NOT USE BKG	MTFRHBG09	Old: Status changed: New: Transmitted Old: Verified	NA
4	07/17/14 06:47	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-706241518200 Once 07/17/14 06:22
Bacitracin Ointment
Order Source:

Medication	Dose	Per
Discontinued 07/17/14 06:23		
Bacitracin [Bacitracin Ointment]	28 GM	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/17/14 06:23

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 06:24	PHA -	MTFRHCM03	No Signature is Necessary	NA
1	07/17/14 06:24	PHA -	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 06:24	PHA -	MTFRHCM03	Status changed: New: Completed Old: Pha Verified	NA

Medications 4071-706241638300 Once 07/17/14 06:22
Sod Chl 0.9%
Order Source:

Medication	Dose	Per
Discontinued 07/17/14 06:23		
Ns [Sod Chl 0.9%]	20 ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/17/14 06:23

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 06:24	PHA -	MTFRHCM03	No Signature is Necessary	NA
1	07/17/14 06:24	PHA -	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 06:24	PHA -	MTFRHCM03	Status changed: New: Completed Old: Pha Verified	NA

Medications 4071-706241775500 Completed 07/17/14 06:23 Yarosh,Cherylon MD
Thrombin 5,000 Units Kit
Order Source: Written

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Medication Dose Per
Discontinued 07/17/14 06:24
Thrombin [Thrombin 5,000 Units Kit] 5,000 UNITS

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/17/14 06:24

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 06:24	PHA -	MTFRHCM03	No Signature is Necessary	NA
1	07/17/14 06:24	PHA -	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 06:24	PHA -	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	
3	07/17/14 08:59	PHA - POOL,DANIEL K	MTFRHCM03	Ordering Provider edited:	NA
				New: Yarosh,Cherylon	
				Old:	
3	07/17/14 08:59	PHA - POOL,DANIEL K	MTFRHCM03	Ordering Source added:	NA
				New: Written	
				Old:	

Medications 4071-706241891000 Completed 07/17/14 06:23 Yarosh,Cherylon MD
Bacitracin
Order Source: Written

Medication Dose Per
Discontinued 07/17/14 06:24
Bacitracin 50,000 UNITS

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/17/14 06:24

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 06:24	PHA -	MTFRHCM03	No Signature is Necessary	NA
1	07/17/14 06:24	PHA -	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 06:24	PHA -	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	
3	07/17/14 08:59	PHA - POOL,DANIEL K	MTFRHCM03	Ordering Provider edited:	NA
				New: Yarosh,Cherylon	

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
3	07/17/14 08:59	PHA - POOL,DANIEL K	MTFRHCM03	Old: Ordering Source added: New: Written Old:	NA

Medications 4071-706433462600 Once 07/17/14 06:43
Versed
Order Source:

Medication	Dose	Per
Discontinued 07/17/14 06:44		
Midazolam HCl [Versed]	2 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/17/14 06:44

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 06:43	PHA -	MTFRHCM03	No Signature is Necessary	NA
1	07/17/14 06:43	PHA -	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 06:43	PHA -	MTFRHCM03	Status changed: New: Completed Old: Pha Verified	NA

Medications 4071-706433590500 Once 07/17/14 06:43
Diprivan
Order Source:

Medication	Dose	Per
Discontinued 07/17/14 06:44		
Propofol [Diprivan]	200 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/17/14 06:44

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 06:43	PHA -	MTFRHCM03	No Signature is Necessary	NA
1	07/17/14 06:43	PHA -	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 06:43	PHA -	MTFRHCM03	Status changed: New: Completed Old: Pha Verified	NA

Medications 4071-706440595100 Once 07/17/14 06:43
Sublimaze
Order Source:

Medication	Dose	Per

CR 0714-120-004

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Discontinued 07/17/14 06:44
Fentanyl [Sublimaze] 250 MCG

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/17/14 06:44

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 06:44	PHA -	MTFRHCM03	No Signature is Necessary	NA
1	07/17/14 06:44	PHA -	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 06:44	PHA -	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: Pha Verified	

Radiology 4071-706454575900 Taken 07/17/14 Carney,Brock A MD DAY,JENNIFER
Cervical Spine Ap / Lat Routine Order Source:
Mode Of Transportation Bed

Isolation Not Applicable
Patient at Risk for Fall Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 06:45	ITS - DAY,JENNIFER	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 06:45	ITS - DAY,JENNIFER	MTFRHCM03	Order is Entered	Y
2	07/17/14 06:47	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA
3	07/17/14 12:33	ITS -	MTFRHCM03	Status changed:	NA
				New: Taken	
				Old: Logged	

Medications 4071-707364383100 Once 07/17/14 07:35 HULSEY,MONICA L
Normal Saline Order Source:
Medication Dose Per
Discontinued 07/17/14 07:36
Normal Saline Vol: 250ML

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
.ROUTE	.STK-MED	ONE						

Rate: UD
Stop Date/Time: 07/17/14 07:36

Date & Time	User	Device	Event	Acknowledged

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider		Entered By
1	07/17/14 07:36	PHA - HULSEY,MONICA L	MTFRHCM03	No Signature is Necessary		NA
1	07/17/14 07:36	PHA - HULSEY,MONICA L	MTFRHCM03	Order is Entered in Pharmacy		NA
2	07/17/14 07:36	PHA - HULSEY,MONICA L	MTFRHCM03	Status changed:		NA
				New:	Completed	
				Old:	Pha Verified	

Medications 4071-707384599600 Once 07/17/14 07:37 HULSEY,MONICA L
Phenylephrine 1% Inj
Order Source:

Medication	Dose	Per
Discontinued 07/17/14 07:38		
Phenylephrine 1% Inj	50 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/17/14 07:38

	Date & Time	User	Device	Event		Acknowledged
1	07/17/14 07:38	PHA - HULSEY,MONICA L	MTFRHCM03	No Signature is Necessary		NA
1	07/17/14 07:38	PHA - HULSEY,MONICA L	MTFRHCM03	Order is Entered in Pharmacy		NA
2	07/17/14 07:38	PHA - HULSEY,MONICA L	MTFRHCM03	Status changed:		NA
				New:	Completed	
				Old:	Pha Verified	

Medications 4071-708190230100 Completed 07/17/14 08:17 Yarosh,Cherylon MD
Xylocaine 1%/30 Ml
Order Source: Written

Medication	Dose	Per
Discontinued 07/17/14 08:18		
Lidocaine 1% [Xylocaine 1%/30 ML]	30 ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
.ROUTE	.STK-MED	ONE						

Stop Date/Time: 07/17/14 08:18

	Date & Time	User	Device	Event		Acknowledged
1	07/17/14 08:19	PHA -	MTFRHCM03	No Signature is Necessary		NA
1	07/17/14 08:19	PHA -	MTFRHCM03	Order is Entered in Pharmacy		NA
2	07/17/14 08:19	PHA -	MTFRHCM03	Status changed:		NA
				New:	Completed	
				Old:	Pha Verified	
3	07/17/14 08:59	PHA - POOL,DANIEL K	MTFRHCM03	Ordering Provider edited:		NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
3	07/17/14 08:59	PHA - POOL,DANIEL K	MTFRHCM03	New: Yarosh,Cherylon Old: Ordering Source added: New: Written Old:	NA

Medications 4071-709210551500 Once 07/17/14 09:20 HULSEY,MONICA L
Normal Saline
Order Source:

Medication	Dose	Per
Discontinued 07/17/14 09:21		
Normal Saline	Vol: 250ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
.ROUTE	.STK-MED	ONE						

Rate: UD
Stop Date/Time: 07/17/14 09:21

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 09:21	PHA - HULSEY,MONICA L	MTFRHCM03	No Signature is Necessary	NA
1	07/17/14 09:21	PHA - HULSEY,MONICA L	MTFRHCM03	Order is Entered in Pharmacy	NA
2	07/17/14 09:21	PHA - HULSEY,MONICA L	MTFRHCM03	Status changed: New: Completed Old: Pha Verified	NA

Medications 4071-711035434300 In Process 07/17/14 11:05 Carney,Brock A MD FREITAS,SARA S
Sublimaze
Order Source: Written

Medication	Dose	Per
Sublimaze	Vol: 100ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication
IV	UD	SCH						

Rate: Titrate
Stop Date/Time: 07/24/14 11:04

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:03	PHA - FREITAS,SARA S	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:03	PHA - FREITAS,SARA S	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

HEMATOLOGY 4071-711151101700 Uncollected 07/18/14 05:30 Al Hasan,Muthanna MD BROMLEY,WHITNEY L
Cbc/Diff 5 Routine
Order Source: Written
Specimen Nurse/Care Provider to collect

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	Y
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

CHEMISTRY HEPAR 4071-711151101702 Uncollected 07/18/14 05:30 Al Hasan,Muthanna MD BROMLEY,WHITNEY L
Comprehensive Metabolic Panel Routine **Order Source:** Written
Specimen Nurse/Care Provider to collect

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	Y
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

CHEMISTRY HEPAR 4071-711151103301 Uncollected 07/18/14 05:30 Al Hasan,Muthanna MD BROMLEY,WHITNEY L
Magnesium Level Routine **Order Source:** Written
Specimen Nurse/Care Provider to collect

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	Y
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

CHEMISTRY HEPAR 4071-711151104900 Uncollected 07/18/14 05:30 Al Hasan,Muthanna MD BROMLEY,WHITNEY L
Phosphorus Routine **Order Source:** Written
Specimen Nurse/Care Provider to collect

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	Y
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Radiology 4071-711151104902 Logged 07/18/14 05:30 Al Hasan,Muthanna MD BROMLEY,WHITNEY L
Chest Single View Routine **Order Source:** Written
Mode Of Transportation Portable
Reason For Exam line placement

Campus W
Isolation Not Applicable
Patient at Risk for Fall Yes

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	Y
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	Y
2	07/17/14 11:15	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed:	NA
				New: Transmitted	
				Old: Verified	
3	07/17/14 11:15	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Logged	
				Old: Transmitted	
4	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

BACTERIOLOGY 4071-711151106400 In Process 07/17/14 12:52 Al Hasan,Muthanna MD BROMLEY,WHITNEY L
Culture, Respiratory Routine Order Source: Written
MIC Source Sputum
Specimen Has been collected

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	Y
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	Y
2	07/17/14 11:15	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed:	NA
				New: Transmitted	
				Old: Verified	
3	07/17/14 11:15	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: In Process	
				Old: Transmitted	
4	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA
5	07/17/14 12:56	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Start Time edited:	N
				New: 12:52	
				Old: 11:14	

COAGULATION 4071-711155574300 Uncollected 07/18/14 05:30 Al Hasan,Muthanna MD BROMLEY,WHITNEY L
Procalcitonin Routine Order Source: Written
Specimen Nurse/Care Provider to collect

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	Y
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	Y
2	07/17/14 11:43	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
Radiology	4071-711155575900	Taken	07/17/14 11:15	Al Hasan,Muthanna MD	BROMLEY,WHITNEY L
	Chest Single View		Stat	Order Source: Written	

Mode Of Transportation: Bed
Reason For Exam: post intubation

Campus: W
Isolation: Not Applicable
Patient at Risk for Fall: Yes

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	Y
1	07/17/14 11:15	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	Y
2	07/17/14 11:16	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed:	NA
				New: Transmitted	
				Old: Verified	
3	07/17/14 11:16	ITS - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Logged	
				Old: Transmitted	
4	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA
5	07/17/14 11:50	ITS -	MTFRHCM03	Status changed:	NA
				New: Taken	
				Old: Logged	

Medications	4071-711161734100	In Process	07/17/14 11:14	Yarosh,Cherylon MD	LACEY,ABBEY R
	Dulcolax			Order Source: Written	

Medication	Dose	Per
Bisacodyl [Dulcolax]	10 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
RECT	QD	PRN	Constipation					

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:16	PHA - LACEY,ABBEY R	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:16	PHA - LACEY,ABBEY R	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications	4071-711161793400	In Process	07/17/14 11:14	Yarosh,Cherylon MD	LACEY,ABBEY R
	Tylenol			Order Source: Written	

Medication	Dose	Per

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
Acetaminophen [Tylenol]	650 MG				

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
PO	Q4H	PRN	See Comments					

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:16	PHA - LACEY,ABBEY R	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:16	PHA - LACEY,ABBEY R	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-711161857300 In Process 07/17/14 11:14 Yarosh,Cherylon MD LACEY,ABBEY R
Tylenol
Order Source: Written

Medication	Dose	Per
Acetaminophen [Tylenol]	650 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
RECT	Q4H	PRN	See Comments					

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:16	PHA - LACEY,ABBEY R	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:16	PHA - LACEY,ABBEY R	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-711161921300 In Process 07/17/14 11:14 Yarosh,Cherylon MD LACEY,ABBEY R
Zofran
Order Source: Written

Medication	Dose	Per
Ondansetron [Zofran]	4 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
IV	Q6H	PRN	Nausea					

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:16	PHA - LACEY,ABBEY R	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:16	PHA - LACEY,ABBEY R	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-711172956900 In Process 07/17/14 11:20 Yarosh,Cherylon MD LACEY,ABBEY R
Ns 20kcl
Order Source: Written

Medication	Dose	Per
Ns 20KCL	Vol: 1,000ML	

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Route	Frequency	Sched	PRN Reason	Days Hours	Tot Vol	Bags	Clinical Indication
IV	UD	SCH					

Rate: 100 MLS/HR
Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:17	PHA - LACEY,ABBEY R	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:17	PHA - LACEY,ABBEY R	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-711193072000 In Process 07/17/14 14:00 Al Hasan,Muthanna MD LACEY,ABBEY R
Merrem
Order Source: Written

Medication	Dose	Per
Merrem	500MG	
Normal Saline Mini Bag Plus	Vol: 50ML	

Route	Frequency	Sched	PRN Reason	Days Hours	Tot Vol	Bags	Clinical Indication
IV	Q8	SCH					

Rate: 17 MLS/HR
Stop Date/Time: 07/24/14 13:59

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:19	PHA - LACEY,ABBEY R	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:19	PHA - LACEY,ABBEY R	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:36	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Central Supply 4071-711325479000 Transmitted 07/17/14 11:32 SADO,ANTHONY S MD MOSER,MICHELLE D
TRACH [Shiley Trach Supplies] Routine
Order Source: Protocol

Return Phone Number 7928

Height 6 ft 0.83 in
Weight 296 lb 1.293 oz

00220 Trach 8 Cuffed/Non-Fen 1

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:32	MOSER,MICHELLE D	ICUCART23	No Signature is Necessary	N
1	07/17/14 11:32	MOSER,MICHELLE D	ICUCART23	Order is Entered	N
2	07/17/14 11:33	DAEMON,DO NOT USE BKG	MTFRHBG09	Queued to destination:	NA

0714-120-004

CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
3	07/17/14 11:33	DAEMON,DO NOT USE BKG	MTFRHBG09	New: CSLAS #800390 Old: Status changed: New: Transmitted Old: Verified	NA

Medications 4071-711400825600 In Process 07/17/14 11:40 Al Hasan,Muthanna MD ROBERTSON,CASSANDRA
Lacrilube (Akwa Tears)
Order Source: Written

Medication	Dose	Per
Lacrilube [Lacrilube (Akwa Tears)]	0 GM	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
BTEYES	TID	PRN	EYE CARE					

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:43	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-711400900500 In Process 07/17/14 11:40 Al Hasan,Muthanna MD ROBERTSON,CASSANDRA
Colace 100 Mg/10 Ml
Order Source: Written

Medication	Dose	Per
Docusate Sodium [Colace 100 MG/10 ML]	100 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
TUBE	TID	PRN	No Bm					

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:43	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-711400976900 In Process 07/17/14 11:40 Al Hasan,Muthanna MD ROBERTSON,CASSANDRA
Mom
Order Source: Written

Medication	Dose	Per
Milk of Mag. Conc. [Mom]	30 ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
TUBE	HS	PRN	Prn					

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:43	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-711401056500 In Process 07/17/14 11:40 Al Hasan,Muthanna MD ROBERTSON,CASSANDRA
Senokot
Order Source: Written

Medication	Dose	Per
Senokot	1 EA	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
TUBE	BID	PRN	Prn					

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:43	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-711401132900 In Process 07/17/14 11:40 Al Hasan,Muthanna MD ROBERTSON,CASSANDRA
Protonix Suspension
Order Source: Written

Medication	Dose	Per
Pantoprazole [Protonix Suspension]	40 MG	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Doses	Clinical Indication
TUBE	.IF	SCH						

Stop Date/Time:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 11:40	PHA - ROBERTSON,CASSANDRA	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 11:43	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Medications 4071-712071201600 In Process 07/17/14 13:00 Yarosh,Cherylon MD FREITAS,SARA S
Vancomycin
Order Source: Pharmacy

Medication	Dose	Per
Vancomycin	2,000MG	
Normal Saline	Vol: 500ML	

Route	Frequency	Sched	PRN Reason	Days	Hours	Tot Vol	Bags	Clinical Indication

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By
IV	0100,1300	SCH			

Rate: 250 MLS/HR
Stop Date/Time: 07/18/14 02:59

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 12:07	PHA - FREITAS,SARA S	MTFRHCM03	No Signature is Necessary	Y
1	07/17/14 12:07	PHA - FREITAS,SARA S	MTFRHCM03	Order is Entered in Pharmacy	Y
2	07/17/14 12:19	BROMLEY,WHITNEY L	ICUCART27	Order acknowledged	NA

CHEMISTRY HEPAR 4071-712224900700 Uncollected 07/18/14 05:30 Yarosh,Cherylon MD BROMLEY,WHITNEY L
Basic Metabolic Panel Routine **Order Source:** Written
Specimen Nurse/Care Provider to collect

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 12:22	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	Y
1	07/17/14 12:22	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	Y
2	07/17/14 12:35	BROMLEY,WHITNEY L	ICUPC13	Order acknowledged	NA

Consultations - 4071-712373098000 Transmitted 07/17/14 12:37 Al Hasan,Muthanna MD BROMLEY,WHITNEY L
Metabolic Support - Consult Routine **Order Source:** Written

What is Order PER VENT BUNDLE

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 12:37	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	N
1	07/17/14 12:37	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	N
2	07/17/14 12:37	DAEMON,DO NOT USE BKG	MTFRHBG09	Queued to destination: **New:** RXMSLS #800463 **Old:**	NA
3	07/17/14 12:37	DAEMON,DO NOT USE BKG	MTFRHBG09	Queued to destination: **New:** NSCOPIER #800464 **Old:**	NA
4	07/17/14 12:37	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed: **New:** Transmitted **Old:** Verified	NA

Physical Therap 4071-712373098001 Transmitted 07/17/14 12:37 Al Hasan,Muthanna MD BROMLEY,WHITNEY L
Physical Therapy General Routine **Order Source:** Written

0714-120-004 CR

J00337019723 GILL,KENNY D
32/M
Attending: Carney,Brock A
Reason: MVA, PULMONARY CONTUSTION
Location: ICU2
Medical Record Number: JU00553804
Account Number: J00337019723
Registration: 07/16/14

Category	Order	Status	Start	Ord Provider	Entered By

Diagnosis CSPIN INJURY

Physical Therapy - Evaluate Patient, Develop Plan of Care and Implement Plan Including:

Other (Specify) PER VENT BUNDLE

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 12:37	BROMLEY,WHITNEY L	ICUPC13	No Signature is Necessary	N
1	07/17/14 12:37	BROMLEY,WHITNEY L	ICUPC13	Order is Entered	N
2	07/17/14 12:37	DAEMON,DO NOT USE BKG	MTFRHBG09	Queued to destination:	NA
				New: PTCOPIER #800465	
				Old:	
3	07/17/14 12:37	DAEMON,DO NOT USE BKG	MTFRHBG09	Status changed:	NA
				New: Transmitted	
				Old: Verified	

BLOOD GASES 4071-712404708900 Completed 07/17/14 12:30 Carney,Brock A MD INFCE,
Blood Gas, Arterial Istat Routine
Order Source:

	Date & Time	User	Device	Event	Acknowledged
1	07/17/14 12:40	LAB - INFCE,	MTFRHCM03	No Signature is Necessary	NA
1	07/17/14 12:40	LAB - INFCE,	MTFRHCM03	Order is Entered	NA
2	07/17/14 12:41	LAB - DAEMON,DO NOT USE BKG	MTFRHCM03	Status changed:	NA
				New: Completed	
				Old: In Process	

CR

(41) male

Priority 1 / 2 Trauma Patient
Physician Order Set for ED

CMS requires signature, date, and time on all orders, including verbal or telephone orders, within 48 hours of being written
For patient safety, all verbal orders require verification by a "read-back" process between physician and receiver.

WRITTEN		Noted by Nurse	
Date:	Time:		**TRAUMA ED ORDER SET**
			Trauma Surgeon Arrival Time _____
		1.	***LAB TRAUMA PANEL*** ***(TYPE/SCREEN; CBC; BMP; PT/PTT; ETOH/DRUG SCREEN; UA)*** ***[ ] HCG [ ] OTHER: [ ] MTP (Massive Transfusion Protocol)***
		2.	***X-RAYS:*** [ ] C-SPINE 5 VIEW [✓] CHEST (SINGLE VIEW) [ ] OTHER: [✓] PELVIS [ ] THORACIC SPINE [ ] LUMBAR SPINE **REPORT TO DR.** _____
		3.	***CT SCANS:*** [✓] HEAD WITHOUT [✓] FACIAL BONES WITHOUT [✓] ABDOMEN WITH IV / PO [✓] PELVIS WITH IV [ ] OTHER: [✓] C-SPINE WITHOUT [ ] T-SPINE WITHOUT [ ] L-SPINE WITHOUT [✓] CHEST WITH IV ***CREAT:*** _____ **REPORT TO DR.** _____
		4.	***MEDICATION:*** Fentanyl 100 mcg IV q 15 min PRN agitation not if SBP < 90
		5.	***TDaP***

TRAUMA PHYSICIAN: _____ TRAUMA RN: _____

UNIT NUMBER: _____ DATE: _____

PRE ER EDR J00337019723
GILL,KENNY D M
11/29/1981 32 07/16/14
Boulware,Chad DO

ORD

LOCATION

PATIENT: GILL,KENNY D
REG DR: Carney,Brock MD

ACCT: J00337019723 | LOC: ICU2 | U: JU00553804
AGE/SX: 32/M | ROOM: 261 | REG: 07/16/14
STATUS: ADM IN | BED: 1 | DIS:

HEMATOLOGY/AUTOMATED COMPLETE BLOOD COUNT

Day	2	1	Reference	Units
Date	JUL 17	JUL 16		
Time	0527	1700		
=> WBC	10.2	10.5	(4.0-11.0)	x10E3/uL
=> RBC	4.55	5.30	(4.5-6.2)	x10E6/uL
=> Hgb	13.6 # L	15.7	(13.7-17.5)	g/dL
=> HCT	41.0	46.8	(40.1-52.0)	%
=> MCV	90.1	88.3	(80-100)	fL
=> MCH	29.9	29.6	(26-33)	pg
=> MCHC	33.2	33.5	(32-36)	g/dL
=> RDW	14.0	13.4	(12.0-14.5)	%
=> Platelet Count	213	263	(150-450)	x10E3/uL
=> MPV	9.9	9.5	(9.5-12.5)	fl
=> Grans%	73.9	69.3	(34.0-75.0)	%
=> Lymphs%	16.9 L	21.9	(17.0-50.0)	%
=> Monos%	7.7	6.0	(4.0-12.0)	%
=> Eos%	0.9	1.8	(0-6)	%
=> Baso%	0.2	0.2	(0-2.0)	%
=> Gran#	7.5	7.3	(1.5-8.0)	T/CMM
=> Lymphs#	1.7	2.3	(0.6-6.0)	T/CMM
=> Mono#	0.8	0.6	(0-1.1)	T/CMM
=> Eos#	0.1	0.2	(0-0.6)	T/CMM
=> Basos#	0.0	0.0	(0-0.2)	T/CMM

COAGULATION

Day	2	1	Reference	Units
Date	JUL 17	JUL 16		
Time	0527	1700		
=> PT	13.8	13.2	(11.5-14.2)	SEC.

CR

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

COAGULATION

Day	2	1		
Date	JUL 17	JUL 16		
Time	0527	1700	Reference	Units
=> INR *	(a)	(c)	(0.9-1.15)	
=> PTT	(d)	(f)	(23.0-35.0)	SEC.

NOTES: (a) 1.1
See also (b)

(b) New test methodology November 2008. INR remains standardized.

The INR Reference Interval applies to adults 18-60 years, NOT on anticoagulant therapy.

*Suggested INR Therapeutic Range for oral anticoagulant therapy (stably anticoagulated patients):

*Routine oral anticoagulant therapy = 2.0-3.0

*Oral anticoagulant therapy for patients with thromboembolic events while on standard doses of coumadin and those with mechanical heart valves = 2.5-3.5

(c) 1.0
See also (b)

(d) 26.9
See also (e)

(e) ***ATTENTION***
Normal Reference Range has changed to 23.0 - 35.0 sec.

Heparin Therapeutic Reference Range is 73 - 114 seconds. Please refer to Heparin Protocol of 2013/2014.

Reference interval applies to adults 18-60 years.

(f) 26.5
See also (e)

CR

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

CHEMISTRY

	Day	2	1		
	Date	JUL 17	JUL 16		
	Time	0527	1700	Reference	Units
=>	Sodium	139	142	(135-148)	mmol/L
=>	Potassium	3.9 #	4.5	(3.6-5.0)	mmol/L
=>	Chloride	106	104	(98-107)	mmol/L
=>	CO2	26	23	(22-30)	mmol/L
=>	Anion Gap	7	15	(5-20)	
=>	Glucose	101	137 H	(75-110)	mg/dL
=>	BUN	13	13	(9-20)	mg/dL
=>	Creatinine	0.9	0.8	(0.8-1.5)	mg/dL
=>	BUN/Creat ratio	14	16	(10-30)	
=>	GFR	98(g)	(j)	(SEE BELOW)	mL/min
=>	Osmolality,calc	278	285	(273-310)	mOsm/kg
=>	Calcium	8.0 L	8.9	(8.8-10.8)	mg/dL
=>	Alcohol		(k)	(<0.01 NEG)	%(w/v)

NOTES: (g) See (h), (i)

(h) REFERENCE for GLOMERULAR FILTRATION RATE
AVERAGE GFR FOR 30-39 YEARS OLD = 107 mL/min/1.73 sq.meters
CHRONIC KIDNEY DISEASE LESS THAN 60 mL/min/1.73 sq.meters
KIDNEY FAILURE LESS THAN 15 mL/min/1.73 sq.meters

THIRD NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY 2003

(i) The GFR is calculated using a modified MDRD calculation. This GFR should not be used to determine patient medication dosages. The Cockcroft-Gault calculation should be used to determine medication dosage.

It is recommended that this formula not be used with patients of extreme body size or muscle mass (e.g. obese, severely malnourished, amputees, paraplegics or other muscle wasting diseases) or with unusual dietary intake (e.g. vegetarian, creatine supplements, etc.).

(j) 112
See also (h), (i)

(k) < 0.01
See also (l)

(l) REFERENCE RANGE for ALCOHOL %(w/v)

NEGATIVE	<0.01 %(w/v)
TOXIC	0.05-0.10 %(w/v)
FATALITIES REPORTED	>0.40 %(w/v)
MO. DWI THRESHOLD	0.08 %(w/v)

CR

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

BLOOD GASES / ACID-BASE MANAGEMENT

	Day 2 JUL 17 1230		Day 1 JUL 16 1835		Reference	Units
=> pH,arterial	7.314	L	7.305	L	(7.35-7.45)	
=> pCO2,arterial	44.5		51.0	H	(35-45)	mmHg
=> pO2,arterial	71	L	422	H	(80-105)	mmHg
=> HCO3,arterial	22.6		25.4		(22-26)	mmol/L
=> TCO2,arterial	24		27		(23-27)	mmol/L
=> B.E.,arterial	-4	L	-2		(-2.0-3.0)	mmol/L
=> O2 Sat,arterial	92	L	100	H	(95-98)	%

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

ROUTINE URINALYSIS

Day	1			
Date	JUL 16			
Time	1720		Reference	Units
Color	YELLOW		(YELLOW)	
Appearance	CLEAR		(CLEAR)	
Glucose	NEGATIVE		(NEGATIVE)	
Bilirubin	NEGATIVE		(NEGATIVE)	
Ketone	NEGATIVE		(NEGATIVE)	
SP.GR.	1.046	H	(1.001-1.030)	
Blood/Hgb	2+	H	(NEGATIVE)	
PH	6.0		(5.0-8.5)	
Protein	2+	H	(NEGATIVE)	
SSA - Protein	2+	H	(NEGATIVE)	
Urobil	0.2		(0.2-1.0)	E.U.
Nitrite	NEGATIVE		(NEGATIVE)	
Leuk Ester	NEGATIVE		(NEGATIVE)	
Squamous Epi	10-20	H	(0-5/HPF)	
WBC	1-5		(0-5/HPF)	
RBC	6-10	H	(0-5/HPF)	
Bacteria	NONE SEEN		(NONE SEEN)	
CULT. INDICATOR	(A)			

(A) CULT. NOT INDICATED
**** ATTENTION ****
As of 11/14/12 the reflex criteria for a culture has changed.
Adults to 2 mo. the reflex criteria is >10 WBC's/HPF.
Children <2 mo. reflex criteria remains the same.

Test	Day	Date	Time	Result	Reference	Units
=> Creatinine	1	JUL 16	1700	0.9	(0.6-1.3)	mg/dL
=> O2 status	1	JUL 16	1835	100.0		
=> O2 status	2	JUL 17	1230	0.4		
=> THC-Cannabinoid	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> PCP-Phencyclidi	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> Cocaine metabol	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> MAMP-Methamphet	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> OPI - Opiates	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> AMP- Amphetamin	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> BZO-Benzodiazep	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> TCA -Tricyclic	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

Test	Day	Date	Time	Result	Reference	Units
=> MTD -Methadone	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> BAR -Barbiturat	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> OXY -Oxycodone	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> PPX-Propoxyphen	1	JUL 16	1720	NEGATIVE	(NEGATIVE)	
=> BUP- Buprenorph	1	JUL 16	1720	(m)	(NEGATIVE)	

NOTES: (m) NEGATIVE
See also (n)
(n) The Cut-off concentrations for the rapid drug screen are provided below:

AMP	Amphetamine	500 ng/mL
BAR	Barbiturates	200 ng/mL
BZO	Benzodiazepines	150 ng/mL
BUP	Buprenorphine	10 ng/mL
COC	Benzoylecgonine	150 ng/mL
MAMP	Methamphetamine	500 ng/mL
MTD	Methadone	200 ng/mL
OPI	Morphine	100 ng/mL
OXY	Oxycodone	100 ng/mL
PCP	Phencyclidine	25 ng/mL
PPX	Propoxyphene	300 ng/mL
THC	Marijuana	50 ng/mL
TCA	Tricyclic Antidepressants	300 ng/mL

This test provides only a preliminary test result. Any positive reactions are unconfirmed. The patient results are to be used for medical purposes only. A more specific alternate chemical method such as GC/MS should be used in order to obtain a confirmed analytical judgement. Clinical consideration and professional judgement should be applied to any drugs of abuse test results, particularly when preliminary positive results are used.
FOR MEDICAL PURPOSES ONLY

****NOVEMBER 2012**** NEW METHODOLOGY, PLEASE NOTE NEW CUTOFF VALUES AND ADDITIONAL TESTS ON DRUG SCREEN.

LOCATION

Patient: GILL,KENNY D J00337019723 (Continued)

Pending List

14:B0018172R RECD, Coll: 07/17/14-1252 Recd: 07/17/14-1255 (R#01761179) Al Hasan,Muthanna
Ordered: CULTURE, RESP
Pending: CULTURE, RESP

CR

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted:
Discharged:
Room:
Location: EDR
Ordering Physician: Boulware, Chad A DO
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: CT Scanning-Cervical Spine W/O Contrast (00000000767593J) performed on 07/16/14

CT of the cervical spine without contrast

HISTORY:
Motor vehicle accident. Vehicle versus semi. Multi car accident.

The examination was performed without contrast. Following helical image, multiplanar image reconstruction was performed.

Lung densities are identified particularly in the visualized portion of the right upper lobe which may represent areas of contusion, hemorrhage, atelectasis or aspiration. Please see the chest CT scan report for complete discussion of chest findings. An NG tube is looped in the oropharyngeal region. Chronic bony endplate spur and endplate changes are identified particularly at C4-C5, accompanied by some kyphosis. Some associated chronic spinous process fanning appears to be present at C4-C5. No associated acute fracture or prevertebral soft tissue swelling is identified. No cervical disk space widening identified. Chronic calcification is identified in the anterior longitudinal ligament at C4-C5 on image 42, series 605. Mild facet arthropathy is identified in the cervical spine. No locked or perched facets identified. No spinous process fracture. Intact dens. No dens fracture. ADI (atlantodental interval) is within normal range. Central spinal canal stenosis are identified particularly at C4-C5.

IMPRESSION:
1. Chronic degenerative changes particularly C4-C5 as discussed in detail above. Spinal canal stenosis is identified at C4-C5 chronic in character with associated chronic cord compression. This

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1743
Transcribed Date / Time: 07/16/14 1828
Transcriptionist: MR.NJD
Technologist: THURMAN,TASHA N
Report ID: 0716-0493
Printed on 07/16/14 **at** 1842

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: CT Scanning-Cervical Spine W/O Contrast (00000000767593J) performed on 07/16/14

may predispose to cord injury. Correlation with MRI of the cervical spine may be helpful if also clinically indicated for the care of this individual.

2. No acute cervical spine fracture identified.
3. Mild scoliosis identified accompanied by straightening of cervical lordosis.
4. If clinical concern leads to further imaging evaluation, MRI of the cervical spine would be recommended.
5. As discussed above, the NG tube is looped in the oropharyngeal region.
6. I transmitted a report to Dr. Boulware of the ED, 5:47 p.m. 7/16/14.

This dictation will be designated as a STAT transcription.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1743
Transcribed Date / Time: 07/16/14 1828
Transcriptionist: MR.NJD
Technologist: THURMAN,TASHA N
Report ID: 0716-0493
Printed on 07/16/14 **at** 1842

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted: 07/16/14
Discharged:
Room: 261-1
Location: ICU2
Ordering Physician: Boulware, Chad A DO
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: CT Scanning-Facial Bones W/O Contrast (00000000767595J) performed on 07/16/14

CT facial bones without contrast

HISTORY:
Motor vehicle accident. Vehicle versus semi. Multi-car accident.

The examination was performed without contrast. Following helical image, multiplanar image reconstruction was performed.

Bony angulation of the anterior wall of the left maxillary sinus is identified, particularly visualized on image 23, series 7. Findings are consistent with a minimally to nondisplaced anterior wall of left maxillary sinus fracture. No more than trace associated hemorrhage is identified in the left maxillary sinus. Turbinate swelling is identified. NG tube noted. The NG tube is looped in the oropharyngeal region. Endotracheal tube identified. Globes are symmetric in size. No globe rupture. No retrobulbar hematoma. Facial and periorbital soft tissue swelling and edema are identified. No fracture identified in the nasal bones, mandible, nasal septum, lateral orbits, orbital floors, zygomatic arches, zygomas, or pterygoid processes of the sphenoid bones. Prominent deviation of the nasal septum is identified for which the differential diagnosis might include an old nasal septum fracture.

IMPRESSION:
1. Minimally to nondisplaced fracture of the anterior wall of the left maxillary sinus.
2. I transmitted a report to Dr. Boulware of the ED, 5:58 p.m. 7/16/14.

This dictation will be designated as a STAT transcription.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1747
Transcribed Date / Time: 07/16/14 1840
Transcriptionist: MR.NJD
Technologist: THURMAN,TASHA N
Report ID: 0716-0494
Printed on 07/17/14 **at** 0724

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: CT Scanning-Facial Bones W/O Contrast (00000000767595J) performed on 07/16/14

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1747
Transcribed Date / Time: 07/16/14 1840
Transcriptionist: MR.NJD
Technologist: THURMAN,TASHA N
Report ID: 0716-0494
Printed on 07/17/14 **at** 0724

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted:
Discharged:
Room:
Location: EDR
Ordering Physician: Boulware, Chad A DO
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: CT Scanning-Chest W/ Contrast (00000000767594J) performed on 07/16/14

CT chest with contrast

HISTORY:
Motor vehicle accident. Vehicle versus semi. Multi car accident.

The examination was performed with contrast. 100 mL Omnipaque 300. Following helical image, multiplanar image reconstruction was performed.

Endotracheal tube identified. Lung densities are identified which may represent areas of lung contusion, atelectasis, aspiration or hemorrhage. No pneumothorax identified. No hemopericardium. No pneumomediastinum or mediastinal hematoma identified. No hemothorax identified.

IMPRESSION:
1. Bilateral lung densities are identified as discussed in further detail above, for which the differential diagnosis might include areas of lung contusion or aspiration and for which the differential diagnosis is discussed in complete detail above.
2. No evidence of mediastinal hematoma, pneumomediastinum, pneumothorax, or hemothorax.
3. I discussed findings with Dr. Carney, 5:55 p.m. 7/16/14 and also transmitted a report to Dr. Boulware of the ED, 5:57 p.m. 7/16/14.

This dictation will be designated as a STAT transcription.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1750
Transcribed Date / Time: 07/16/14 1848
Transcriptionist: MR.NJD
Technologist: THURMAN,TASHA N
Report ID: 0716-0495
Printed on 07/16/14 **at** 1857

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: CT Scanning-Chest W/ Contrast (00000000767594J) performed on 07/16/14

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1750
Transcribed Date / Time: 07/16/14 1848
Transcriptionist: MR.NJD
Technologist: THURMAN,TASHA N
Report ID: 0716-0495
Printed on 07/16/14 **at** 1857

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted:
Discharged:
Room:
Location: EDR
Ordering Physician: Boulware, Chad A DO
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: CT Scanning-Abdomen/Pelvis W/ Contrast (00000000767591J) performed on 07/16/14

CT abdomen and pelvis with contrast

HISTORY:
Motor vehicle accident. Vehicle versus semi. Multi car accident.

The examination was performed with contrast. 100 mL Omnipaque 300. Following helical image, multiplanar image reconstruction was performed.

Fatty infiltration of the liver is identified. No liver laceration is identified. The spleen is normal in size. No evidence of splenic rupture identified. The kidneys demonstrate contrast opacification consistent with functioning kidneys. No hydronephrosis identified. A rounded hypodensity is identified in the superior pole of the left kidney, statistically a cortical cyst. No renal fracture. No subcapsular hematoma. Unremarkable appendix identified. The adrenal glands are relatively small in size. No pancreatic transection identified. Excess colonic and gastric gas are identified. Chronic pars interarticularis defects are identified at L5 accompanied by associated spondylolisthesis, for which MRI of the lumbar spine may be considered if also clinically indicated for the care of this individual.

No pelvic fracture. No pelvic hematoma. The urinary bladder is intact. No urinary bladder rupture. Foley catheter is identified.

IMPRESSION:
1. The examination is negative for liver laceration or splenic rupture.
2. I discussed the findings with Dr. Carney of General Surgery, 5:50 p.m. 7/16/14. I also

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1758
Transcribed Date / Time: 07/16/14 1854
Transcriptionist: MR.NJD
Technologist: THURMAN,TASHA N
Report ID: 0716-0496
Printed on 07/16/14 **at** 1903

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: CT Scanning-Abdomen/Pelvis W/ Contrast (00000000767591J) performed on 07/16/14

transmitted a report to Dr. Boulware of the ED, 6:02 p.m. 7/16/14.

This dictation will be designated as a STAT transcription.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1758
Transcribed Date / Time: 07/16/14 1854
Transcriptionist: MR.NJD
Technologist: THURMAN,TASHA N
Report ID: 0716-0496
Printed on 07/16/14 **at** 1903

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted: 07/16/14
Discharged:
Room: 261-1
Location: ICU2
Ordering Physician: Carney, Brock A MD
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: CT Scanning-Thoracic Spine W/O Contrast (00000000767724J) performed on 07/16/14

CT Thoracic Spine Without Contrast

CLINICAL HISTORY:
Motor vehicle accident. Multi-vehicle accident.

Examination was performed without contrast. Following helical imaging, multiplanar image reconstruction was performed.

High resolution axial images were obtained followed by multiplanar image reconstruction for multiplanar analysis of complex three-dimensional thoracic spine anatomy, as well as vertebral alignment and vertebral body height.

Bony alignment is satisfactory with no listhesis identified. Height of the thoracic vertebral bodies is maintained and no acute compression deformity is seen. No pathologic thoracic spine fracture identified. No paravertebral soft tissue mass. Please see chest CT scan report for complete discussion of chest findings.

Although no post-traumatic thoracic spinal canal stenosis is identified, a central spinal canal stenosis of degenerative character is identified at T1-T2 accompanied by mild bony spur visualized on image #9 series 2 and sagittal images 43-44 series 602. If this
finding may be of possible concern, it would probably be visualized on an MRI of the cervical spine, if obtained. I discussed this finding with Dr. Carney, 10:12 p.m.,
7-16-14.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 2105
Transcribed Date / Time: 07/17/14 0455
Transcriptionist: MR.SRG
Technologist: THURMAN,TASHA N
Report ID: 0717-0005
Printed on 07/17/14 **at** 0728

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: CT Scanning-Thoracic Spine W/O Contrast (00000000767724J) performed on 07/16/14

If clinical concerns lead to additional imaging, MRI scan, if not contraindicated, would be suggested.

Should additional studies become available, we would appreciate the opportunity to review them.

IMPRESSION:
1. No findings are seen to suggest the presence of an acute thoracic compression deformity.
2. A thoracic disc herniation or thoracic spinal cord lesion, if present, would be more optimally delineated with MRI scanning of the thoracic spine, if not contraindicated. Therefore, MRI scanning of the thoracic spine would be recommended if needed.
3. This dictation will be designated as a STAT transcription.

NOTE:
Transmitted report to the ED physician, 9:08 p.m. 07/16/14.

This dictation will be designated as a STAT transcription.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 2105
Transcribed Date / Time: 07/17/14 0455
Transcriptionist: MR.SRG
Technologist: THURMAN,TASHA N
Report ID: 0717-0005
Printed on 07/17/14 **at** 0728

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted: 07/16/14
Discharged:
Room: 261-1
Location: ICU2
Ordering Physician: Carney, Brock A MD
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: CT Scanning-Lumbar Spine W/O Contrast (00000000767723J) performed on 07/16/14

CT Of the Lumbar Spine Without Contrast

HISTORY:
Motor vehicle accident. Multivehicle accident. Trauma.

The examination was performed without contrast. Following helical imaging, multiplanar image reconstruction was performed.

Chronic pars interarticularis defects are identified at L5, accompanied by a grade I-II anterolisthesis L5-S1 and grade I retrolisthesis L4-L5. Associated disc protrusion is identified, together with bony endplate spur and facet arthropathy causing foraminal encroachment at L5-S1 with associated comprmosie of the foraminal segments of the L5 nerve roots. A milder broad protrusion of the L4-L5 disc is also identified. No acute compression deformity. Intact spinous processes are indentified. Transverse processes are intact. No acute transverse process or spinous process fracture identified.

IMPRESSION:
1. Chronic pars interarticularis defects at L5 consistent with spondylolysis, accompanied by spondylolistheses and L5 foraminal encroachment with severe compromise of the foraminal segments of the L5 nerve roots likely chronic in character. Surgical consultation may be considered especially if signs and symptoms of neural compression are present.
2. Please see the abdominal CT scan report for complete discussion of abdominal and pelvic findings.
3. I transmitted a report to the ED physician, 9:10 p.m. 07/16/14.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 2107
Transcribed Date / Time: 07/17/14 0456
Transcriptionist: MR.SRG
Technologist: THURMAN,TASHA N
Report ID: 0717-0006
Printed on 07/17/14 **at** 0502

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: CT Scanning-Lumbar Spine W/O Contrast (00000000767723J) performed on 07/16/14

4. This dictation will be designated as a STAT transcription.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 2107
Transcribed Date / Time: 07/17/14 0456
Transcriptionist: MR.SRG
Technologist: THURMAN,TASHA N
Report ID: 0717-0006
Printed on 07/17/14 **at** 0502

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted: 07/16/14
Discharged:
Room: 261-1
Location: ICU2
Ordering Physician: Boulware, Chad A DO
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: Radiology-Chest Single View (00000000767596J) performed on 07/16/14

Chest X-ray Single View

HISTORY:
Motor vehicle accident. Priority 1 trauma.

Anteroposterior chest radiograph, 5:33 p.m. on 7/16/14.

Compared with 1/7/14.

Bilateral lung densities are identified which may reflect the presence of atelectasis, contusions, aspiration or hemorrhage. Endotracheal tube identified. Cardiac monitoring electrodes are noted.

IMPRESSION:
1. Bilateral lung densities are identified for which the differential diagnosis is discussed in detail above.
2. Please see the subsequent CT scan reports of the thoracic spine and chest for additional delineation of chest findings.

This dictation will be designated as a STAT transcription.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 2155
Transcribed Date / Time: 07/17/14 0606
Transcriptionist: MR.TLK
Technologist:
Report ID: 0717-0012
Printed on 07/17/14 **at** 0611

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: Radiology-Chest Single View (00000000767596J) performed on 07/16/14

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 2155
Transcribed Date / Time: 07/17/14 0606
Transcriptionist: MR.TLK
Technologist:
Report ID: 0717-0012
Printed on 07/17/14 **at** 0611

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted: 07/16/14
Discharged:
Room: 261-1
Location: ICU2
Ordering Physician: Carney, Brock A MD
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: Magnetic Resonance Imaging-Cervical Spine W/O Contrast (00000000767742J) performed on 07/16/14

MRI Cervical Spine without Contrast

HISTORY:
Motor vehicle accident. Neck pain. Extremity tingling. Unable to move lower extremities. No prior history of cervical spine surgery.

Detailed comparison is made to the prior CT scan of the cervical spine and the prior CT scan of the thoracic spine. Please see the cervical spine and thoracic spine CT scan reports.

A chronic central spinal canal stenosis is identified at C4-C5 with contributory broad protrusion of disk and bony endplate spur. Associated spinal cord signal alteration is identified which may represent a manifestation of spinal cord ischemia, gliosis, and/or contusion on this examination for which there is a presenting history of a motor vehicle accident. The cervical spinal cord is chronically compressed at the C4-5 level. Cerebellar tonsils reveal normal positions. No cerebellar tonsillar ectopia identified. Mild scoliosis identified accompanied by straightening of cervical lordosis. Multilevel cervical disk desiccation identified. Mild to moderate foraminal encroachment identified at C4-C5. Less severe but significant spinal canal stenosis also identified at C3-C4, C5-C6.

No expansile cord hematoma identified. A left paracentral/left lateral recess disk herniation may be superimposed upon the chronic disk/spur complex identified at C4-C5.

IMPRESSION:
1. Multilevel central spinal canal stenoses of chronic character more severe at C4-C5 with

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/17/14 0003
Transcribed Date / Time: 07/17/14 0638
Transcriptionist: MR.TLK
Technologist: MADL,AMANDA D
Report ID: 0717-0036
Printed on 07/17/14 **at** 0648

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: Magnetic Resonance Imaging-Cervical Spine W/O Contrast (00000000767742J) performed on 07/16/14

associated chronic cord compression identified, possibly superimposed by an acute left paracentral disk herniation and accompanied by cervical spinal cord signal alteration which may represent areas of gliosis, contusion or ischemia affecting the cervical spinal cord at and about the C4-C5 level of the cervical spinal cord.

2. Neurosurgical consultation recommended if not already performed.
3. I called Dr. Carney and verbally communicated the findings by telephone at 12:07 a.m. on 7/17/14. I discussed findings with Dr. Yarosh by telephone at 12:10 a.m. 7/17/14.

This dictation will be designated as a STAT transcription.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/17/14 0003
Transcribed Date / Time: 07/17/14 0638
Transcriptionist: MR.TLK
Technologist: MADL,AMANDA D
Report ID: 0717-0036
Printed on 07/17/14 **at** 0648

CR

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted: 07/16/14
Discharged:
Room: 261-1
Location: ICU2
Ordering Physician: Boulware, Chad A DO
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: CT Scanning-Brain W/O Contrast (00000000767592J) performed on 07/16/14

CT Brain without Contrast

HISTORY:
Motor vehicle accident. Vehicle versus semi. Multi-car accident.

The examination was performed without contrast. Following helical imaging, multiplanar image reconstruction was performed.

No acute intracranial hemorrhage. No depressed calvarial fracture. No findings are seen to strongly suggest the presence of a neoplastic brain mass or acute cortical macroinfarct. Should clinical concern for a nonvisualized recent infarct lead to follow-up imaging, timely reevaluation with CT and/or MRI scan of the brain with diffusion weighted images, if not contraindicated, would be recommended. The visualized portions of the paranasal sinuses and mastoid air cells reveal no inflammatory changes.

Some prominence of the cerebrospinal fluid spaces is identified, a little more advanced than expected for age, suggesting atrophy. A similar appearance may result from serotherapy, anticonvulsive therapy, prior head injury, toxins, alcohol, arachnoid villi dysfunction, etc. Endotracheal tube and NG tube are identified. The NG tube is looped in the oropharyngeal region. Although no paranasal sinus air-fluid levels are identified, chronic paranasal sinus mucosal thickening is identified.

Mildly prominent cisterna magna identified, consistent with a mild mega cisterna magna.

Should any additional studies become available, we would appreciate the opportunity to review them.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1740
Transcribed Date / Time: 07/17/14 0729
Transcriptionist: MR.TLK
Technologist: THURMAN,TASHA N
Report ID: 0717-0065
Printed on 07/17/14 **at** 0735

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: CT Scanning-Brain W/O Contrast (00000000767592J) performed on 07/16/14

If clinical concerns lead to additional imaging, MRI scan, if not contraindicated, would be suggested.

I transmitted a report to Dr. Boulware of the ED, 5:43 p.m. on 7/16/14.

IMPRESSION:
Examination is negative for acute intracranial hemorrhage.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 1740
Transcribed Date / Time: 07/17/14 0729
Transcriptionist: MR.TLK
Technologist: THURMAN,TASHA N
Report ID: 0717-0065
Printed on 07/17/14 **at** 0735

Report Status: Draft

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted: 07/16/14
Discharged:
Room: 261-1
Location: ICU2
Ordering Physician: Boulware, Chad A DO
Dictated By: Farnham,Mark MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: Radiology-Pelvis Multi View (00000000767597J) performed on 07/16/14

Pelvis One View

HISTORY:
Trauma. Motor vehicle accident. Priority 1 trauma.

Anteroposterior pelvic radiograph, 5:33 p.m. on 7/16/14.

Compared to the prior radiograph of 7/2/13.

Screening radiographic evaluation of the pelvis reveals no findings to strongly suggest the presence of a displaced pelvic fracture or a destructive neoplastic mass of the bony pelvis. The sacroiliac articulations and hips reveal no marked arthropathy.

Should clinical concern lead to follow-up imaging, options might include timely reevaluation with plain radiographs, CT, and/or MR scanning, if not contraindicated, if needed.

Should any additional studies become available, we would appreciate the opportunity to review them.

IMPRESSION:
No radiographic findings are seen to strongly suggest the presence of a displaced pelvic fracture, arthropathic disease of the sacroiliac articulations, or hips, or expansile destructive neoplastic lesion of the bony pelvis.

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 2155
Transcribed Date / Time: 07/17/14 0734
Transcriptionist: MR.TLK
Technologist:
Report ID: 0717-0067
Printed on 07/17/14 **at** 0736

Report Status: Draft

Radiology Report (continued)

Name: GILL,KENNY D
Account Number: J00337019723 Joplin, Missouri 64804

==========

Examinations: Radiology-Pelvis Multi View (00000000767597J) performed on 07/16/14

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/16/14 2155
Transcribed Date / Time: 07/17/14 0734
Transcriptionist: MR.TLK
Technologist:
Report ID: 0717-0067
Printed on 07/17/14 **at** 0736

Report Status: Signed

Radiology Report

Name: GILL,KENNY D
Age: 32
Sex: M **DOB:** 11/29/1981
Account Number: J00337019723
Unit Number: JU00553804
Admitted: 07/16/14
Discharged:
Room: 261-1
Location: ICU2
Ordering Physician: Carney, Brock A MD
Dictated By: Ball,Joshua M MD
Supervising Dr:
Facility: JOPLIN

Freeman Health System
1102 W. 32nd Street
Joplin, Missouri 64804
417.347.1111

Freeman Health System
Neosho Campus
113 W. Hickory
Neosho, Missouri 64850
417.451.1234

==========

Examinations: Radiology-Chest Single View (00000000767745J) performed on 07/17/14

AP Chest 07/17/2014

Comparison with prior day.

CLINICAL HISTORY:
Trauma, contusion.

FINDINGS:
Interval extubation. Decreasing scattered areas of bilateral atelectasis or contusion. Right midlung probable atelectasis should be followed up.

See the prior day chest CT report for full details.

<Electronically signed by Joshua M Ball, MD>
07/17/14 0818

==========

Radiology Report

CC: ;~
Dictated Date / Time: 07/17/14 0655
Transcribed Date / Time: 07/17/14 0735
Transcriptionist: MR.TLK
Technologist:
Report ID: 0717-0068
Printed on 07/17/14 **at** 0819

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723
Attending: Brock A Carney **Reg Date:**07/16/14
Reason:MVA, PULMONARY CONTUSTION

Respiratory Therapy

RT-Ventilation Charges Start: 07/16/14 17:51
Freq: Status: Active
Document 07/17/14 10:48 MDMOSER (Rec: 07/17/14 10:51 MDMOSER RTCART2)
Mechanical Ventilation Charges
ALL Vent and NIV charges are a daily (0000-2359) charges.
* Vent or NIV Setup: must be done by the responsible RT at the time of the setup.
* Ensure that the date/time are accurate.
* Vent or NIV D/C: make certain to document the Vent/NIV D/C date and time AND any Daily Charges that are appropriate.

Vent Setup (1st Day Charge)	Yes
Vent Setup Date	07/17/14
Vent Setup Time	10:40
Ventilator Daily Charge (Subsequent Days)	
NIV Setup (1st Day Charge)	
NIV Setup Date	
NIV Setup Time	
NIV Daily Charge (Subsequent Days)	
Vent/NIV Discontinuation	
Vent/NIV Discontinutation Date	
Vent/NIV Discontinutation Time	

RT Equipment
~~~
RT Equipment Cleaned upon D/C
Terminal Wean
~~~
Prior to extubation of a terminal wean patient both of the following should be completed by nursing. RT's role is to simply remind nursing of each.
Withdrawal of Care form complete?
Midwest Transplant Network notified?

RT-Ventilation/ARM Record Start: 07/16/14 17:51
Freq: Status: Active
Document 07/16/14 18:56 MJB (Rec: 07/16/14 18:57 MJB RTPC9)
Mechanical Ventilation
~~~

Ventilator	Servo 300-A
Ventilation Type	Invasive

Vent/BiPAP Number
~~~

Vent/BiPAP Number	v8

Ventilation Appliance
~~~

Ventilation Interface	ETT
ET Tube Size (cm)	8.0
ETT Placement	Center
ETT cm @ lip	28

Continued on Page 2
~~~

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Respiratory Therapy - Continued

ETT Moved	No
Ventilation Mode	
~~	
Mode	PRVC/APV
Comment	
General Settings	
Vt/PC	
PS/IPAP	
Low IPAP (AVAPS)	
Set Resp Rate	22
PEEP	
FIO2	50
Automode	
AVAPS	
BiVent/APRV	
High Pressure (cmH2O)	
Time High	
PEEP	
Time PEEP	
PS High	
PS Low	
Nitric Oxide	
~~	
NO Set (ppm)	
NO Delivered (ppm)	
FiO2 Delivered	
NO2	
Met HgB	
Tank Pressure (psi)	
Additional Settings	
~~	
I-time (seconds)	
I/E ratio	
Rise/Ramp Time	
Trigger Sensitivity	
Ventilator Alarms	
~~	
High Pressure	
Low Pressure	
High Minute Ventilation	
Low Minute Ventilation	
High Respiratory Rate	
Low Respiratory Rate	
High End Pressure	
Low End Pressure	
High Tidal Volume	
Low Tidal Volume	
High End Tidal CO2	
Low End Tidal CO2	
Patient Parameters	
~~	
Heart Rate	
Respiratory Rate (12-24 Breaths/Min)	
O2 Sat by Pulse Oximetry (92-100 %)	

Continued on Page 3

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Respiratory Therapy - Continued

Exhaled Tidal Volume
Minute Ventilation (L/min)
Peak Inspiratory Airway Pressure
Mean Airway Pressure
Plateau Pressure
Total PEEP
Dynamic Compliance
Static Compliance
End-tidal CO2
vCO2

Breath Sounds
Auscultation
Location
Lobe
Respiratory Phase
Breath Sounds

Secretions
~~~
Suctioned
Saline Irrigation
Sputum Amount
Sputum Color
Sputum Consistency

Therapy
Treatment
Aerosol/Drug Delivery
Medications
Bronchopulmonary Hygiene
Secretion Mobilization

Quality Indicators Ventilation
~~~
Power Connected to Red Outlet
Ambu/Mask at Bedside
Ventilator Arm in Place and in Use
Goals of Ventilation
Evidence of Improvement

Alveolar Recruitment
~~~
Alveolar Recruitment
Set PIP
PEEP
Initial Dynamic Compliance
Optimal PEEP
Post Dynamic Compliance

Document 07/17/14 10:48 MDMOSER (Rec: 07/17/14 10:51 MDMOSER RTCART2)

07/17/14 10:51 Respiratory Therapy by MOSER,MICHELLE D
Received pt from OR. Pt on vent current settings charted. Hollister placed. Will continue to monitor.

Initialized on 07/17/14 10:51 - END OF NOTE

Mechanical Ventilation
~~~
Ventilator Servo-I

Continued on Page 4

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Respiratory Therapy - Continued

Ventilation Type	Invasive
Vent/BiPAP Number	
~~	
Vent/BiPAP Number	V13
Ventilation Appliance	
~~	
Ventilation Interface	ETT
ET Tube Size (cm)	8.0
ETT Placement	
ETT cm @ lip	24
ETT Moved	
Ventilation Mode	
~~	
Mode	PRVC/APV
Comment	
General Settings	
Vt/PC	500
PS/IPAP	
Low IPAP (AVAPS)	
Set Resp Rate	16
PEEP	5
FIO2	40
Automode	
AVAPS	
BiVent/APRV	
High Pressure (cmH2O)	
Time High	
PEEP	
Time PEEP	
PS High	
PS Low	
Nitric Oxide	
~~	
NO Set	
NO Delivered (ppm)	
FiO2 Delivered	
NO2	
Tank Pressure (psi)	
Additional Settings	
~~	
I-time (seconds)	1.25
I/E ratio	1:2
Rise/Ramp Time	
Trigger Sensitivity	
Ventilator Alarms	
~~	
High Pressure	40
Low Pressure	
High Minute Ventilation	20
Low Minute Ventilation	3
High Respiratory Rate	30
Low Respiratory Rate	5
High End Pressure	10
Low End Pressure	2

Continued on Page 5

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Respiratory Therapy - Continued

High Tidal Volume	
Low Tidal Volume	
High End Tidal CO2	
Low End Tidal CO2	
Patient Parameters	
~~	
Heart Rate	88
Respiratory Rate (12-24 Breaths/Min)	19
O2 Sat by Pulse Oximetry (92-100 %)	95
Exhaled Tidal Volume	435
Minute Ventilation (L/min)	8.5
Peak Inspiratory Airway Pressure	11
Mean Airway Pressure	7
Plateau Pressure	
Total PEEP	
Dynamic Compliance	
Static Compliance	
End-tidal CO2	
vCO2	
Breath Sounds	
Auscultation	
Location	Bilateral
Lobe	
Respiratory Phase	
Breath Sounds	Clear Diminished
Secretions	
~~	
Suctioned	
Saline Irrigation	
Sputum Amount	
Sputum Color	
Sputum Consistency	
Therapy	
Treatment	
Aerosol/Drug Delivery	
Medications	
Bronchopulmonary Hygiene	
Secretion Mobilization	
Quality Indicators Ventilation	
~~	
Power Connected to Red Outlet	Yes
Ambu/Mask at Bedside	Yes
Ventilator Arm in Place and in Use	Yes
Goals of Ventilation	Maintain Ventilation
Evidence of Improvement	ABGs
Alveolar Recruitment	
~~	
Alveolar Recruitment	
Set PIP	
PEEP	
Initial Dynamic Compliance	
Optimal PEEP	
Post Dynamic Compliance	

Continued on Page 6

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Respiratory Therapy - Continued

07/17/14 10:51 Respiratory Therapy by MOSER,MICHELLE D
Received pt from OR. Pt on vent current settings charted. Hollister placed. Will continue to monitor.

Initialized on 07/17/14 10:51 - END OF NOTE

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723
Attending:Brock A Carney Reg Date:07/16/14
Reason:MVA, PULMONARY CONTUSTION

Respiratory Therapy Notes

07/17/14 12:31 Respiratory Therapy by METCALF,JOY L
ABG drawn Right Radial Artery. Modified Allens test +
Pt vented on PRVC Vt 500, RR 16, P+8, Fio2 40%

PH 7.314

PC02 44.5

PO2 71

BE -4

HC03 22.6

SPO2 92%

Initialized on 07/17/14 12:31 - END OF NOTE

07/17/14 10:51 Respiratory Therapy by MOSER,MICHELLE D
Received pt from OR. Pt on vent current settings charted. Hollister placed. Will continue to monitor.

Initialized on 07/17/14 10:51 - END OF NOTE

07/16/14 19:41 Respiratory Therapy by BRISTOW,MICHAEL J
PLACED BITE BLOCK IN ETT ATT.

Initialized on 07/16/14 19:41 - END OF NOTE

07/16/14 18:57 Respiratory Therapy by BRISTOW,MICHAEL J

Laboratory Tests

	07/16/14 18:35
POC ABG pH	7.305 L
POC ABG pCO2	51.0 H
POC ABG pO2	422 H
POC ABG HCO3	25.4
POC ABG Total CO2	27
POC ABG O2 Sat	100 H
POC ABG Base Excess	-2

Continued on Page 2

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Respiratory Therapy Notes - Continued

Patient Status	100.0

ABG DRAWN LEFT RADIAL, POS MODIFIED ALLEN'S TEST. VENT SETTINGS PRVC VT500, RR18, P5, 100%, INCREASED RR TO 22, DECREASED FIO2 TO 50% PER RT VENT PROTOCOL.

Initialized on 07/16/14 18:57 - END OF NOTE

07/16/14 18:07 Respiratory Therapy by GRUBEN,CHRISTIN L
Patient arrived intubated with an 8.0 ET tube secured at 28 cm at the lip. Tube position confirmed by equal bilateral breath sounds, positive color change x6 on ETCO2 detector, and chest x-ray. Patient taken to CT, manually ventilated by RT. Patient transported back to room and placed on mechanical ventilation at the following settings. VT 500, RR 18, FiO2 100%, Peep of 5. Continuing to monitor closely and will titrate as indicated.

Initialized on 07/16/14 18:07 - END OF NOTE

0714-120-004 CR

DATE: 07/17/14 @ 1227
USER: BKG DAEMON

Freeman Health System PHA *Live*
Medication Discharge Summary Report

MEDICATION DISCHARGE SUMMARY

07/17/14

Name	GILL,KENNY D	Admit Date 07/16/14	Age 32
Unit Num	JU00553804	Discharge Date	Sex M
Account Num	J00337019723	Status ADM IN	
Allergies	**Penicillins-UNKNOWN**		

ADMINISTRATION PERIOD: 0600 07/16/14 to 0559 07/17/14	START/ STOP	
Sublimaze (FENTANYL 50 MCG/ML 2MLVIAL) 100 MCG .ROUTE .STK-MED/ONE RX #: JM002834332	07/16/14 07/16/14	*1657 BCLONG at 1756 D DM 1657 CDE DC 1657 STK MED
Diprivan 100 ML **(PROPOFOL 1000 MG/100 ML BOT)** UD .ROUTE .STK-MED/ONE RX #: JM002834461	07/16/14 07/16/14	NDC/DIN: (SOURCE: eMAR) 6332326965 DIPR100 - PROPOFOL 1000 MG/100 ML BOT *1730 BCLONG at 1756 D DC 1731 STK MED DM 1731 CDE
Diprivan 100 ML **(PROPOFOL 1000 MG/100 ML BOT)** 0 MLS/HR IV AS DIRECTED Comments: CHANGE TUBING EVERY 12 HOURS RX #: JM002834479	07/16/14	NDC/DIN: (SOURCE: eMAR) 6332326965 DIPR100 - PROPOFOL 1000 MG/100 ML BOT 1735 BCLONG at 1735 GAVE: 17 MLS/HR eMAR-Side: Right eMAR-IV Sites: Forearm ED 1741 CLROBERTSO REV 0133 SMSWITZER
Normal Saline 1,000 ML **(NS 1,000 ML BAG)** 200 MLS/HR IV AS DIRECTED RX #: JM002834623	07/16/14	ENTER 1820 PHA.CSM NDC/DIN: (SOURCE: eMAR) 0409798309 NS1000 - NS 1,000 ML BAG EDADM 2137 NURS.JRJ at 2137 GAVE: 125 MLS/HR eMAR-Side: Left eMAR-IV Sites: Antecubital 07/16/14-2138 by NURS.JRJ EDADM 07/16/14-2237 by NURS.JRJ REV 0133 SMSWITZER 0200 REASSESS by SMSWITZER at 0200 Reassessment: eMAR-Time Infusion Complete Time Infusion Complete: 0424 ED 0348 PHA.REB NDC/DIN: (SOURCE: eMAR) 0409798309 NS1000 - NS 1,000 ML BAG EDADM 0424 SMSWITZER at 0424 GAVE: 200 MLS/HR eMAR-Side: Right eMAR-IV Sites: Forearm 07/17/14-0425 by SMSWITZER EDADM 07/17/14-0534 by SMSWITZER EDADM 07/17/14-0859 by SMSWITZER

*** Continued on Page 2 ***

This document is part of the legal medical record.

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/16/14 to 0559 07/17/14 (Continued)	START/ STOP	
Levaquin 150 ML	07/16/14	ENTER 1820 PHA.CSM
(LEVOFLOXACIN PREMIX 750 MG/150 ML 150MLBAG)	07/23/14	NDC/DIN: (SOURCE: eMAR)
100 MLS/HR IV 1830		2502113283 LEVA750PM - LEVOFLOXACIN PREMIX 750 MG/15..
Comments: LEVAQUIN DOSED ONCE DAILY		1830 NURS.JRJ at 2137 GAVE: 100 MLS/HR eMAR-Side: Left eMAR-IV Sites: Antecubital
INFUSE OVER 90 MINUTES		2207 REASSESS by SMSWITZER at 2207
RX #: JM002834624		Reassessment: eMAR-Time Infusion Complete
		Time Infusion Complete: 2207
		REV 0133 SMSWITZER
Protonix (PANTOPRAZOLE 40 MG VIAL)	07/17/14	ENTER 1820 PHA.CSM
40 MG IV 0600		REV 0133 SMSWITZER
Comments: AUTO SUB FOR NEXIUM/PRILOSEC/PREVACID/ACIPHEX PER P&T		
RX #: JM002834625		
Lovenox (ENOXAPARIN 40 MG/0.4 ML SYR)	07/17/14	ENTER 1820 PHA.CSM
40 MG SC EVERY MORNING	07/31/14	DC 0040 PHA.REB
Comments: **FOR SC ADMINISTRATION**		
RX #: JM002834626		
Versed 50Mg/100Ml Ns Bag 100 ML	07/16/14	ENTER 1820 PHA.CSM
(MIDAZOLAM 50MG/100ML NS BAG)		DC 2232 PHA.RMH
0 MLS/HR IV AS DIRECTED		
Comments: CONCENTRATION 0.5 MG/ML		
2 MG/HR IV, ADJUST INFUSION BY 1 MG Q20MIN TO SEDATION GOAL		
(MAXIMUM OF 10 MG/HR) (DESIRED RANGE 1-7 MG/HR)		
RX #: JM002834627		
Sublimaze 100 ML	07/16/14	ENTER 1820 PHA.CSM
(FENTANYL 1000 MCG/100 ML NS BAG)	07/23/14	DC 2232 PHA.RMH
0 MLS/HR IV AS DIRECTED		
Comments: CONCENTRATION 10 MCG/ML		
50 MCG/HR IV, ADJUST 25 MCG/HR Q 20 MIN PRN PAIN TO MAXIMUM		
OF 300 MCG/HR		
RX #: JM002834628		

*** Continued on Page 3 ***

This document is part of the legal medical record.

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/16/14 to 0559 07/17/14 (Continued)	START/ STOP	
Normal Saline 1,000 ML **(NS 1,000 ML BAG)** 0 MLS/HR IV 1830 RX #: JM002834629	07/16/14 07/16/14	ENTER 1821 PHA.RMH NDC/DIN: (SOURCE: eMAR) 0409798309 NS1000 - NS 1,000 ML BAG 1830 NURS.JRJ at 2137 GAVE: 999 MLS/HR eMAR-Side: Left eMAR-IV Sites: Antecubital DC 2029 PHABKGJOB 2153 REASSESS by SMSWITZER at 2153 Reassessment: eMAR-Time Infusion Complete Time Infusion Complete: 2200
Normal Saline 50 ML **(NS 50 ML BAG)** **Cleocin 600 MG** **(CLINDAMYCIN 600 MG/4 ML 4ML)** 108 MLS/HR IV Q8H RX #: JM002835397	07/17/14 07/24/14	ENTER 0356 PHA.REB ACK 0357 SMSWITZER 0400 SMSWITZER at 0443 GAVE: 108 MLS/HR eMAR-Side: Right eMAR-IV Sites: Forearm 0513 REASSESS by SMSWITZER at 0513 Reassessment: eMAR-Time Infusion Complete Time Infusion Complete: 0513
Normal Saline 500 ML **(NS 500 ML BAG)** **Vancomycin 2,000 MG** **(Vancomycin 1,000 MG VIAL)** 250 MLS/HR IV 0500 RX #: JM002835403	07/17/14 07/17/14	ENTER 0416 PHA.REB ACK 0419 SMSWITZER ED 0427 PHA.REB ACK 0450 SMSWITZER EDADM 0500 SMSWITZER at 0533 GAVE: 250 MLS/HR eMAR-Side: Right eMAR-IV Sites: Forearm 07/17/14-0534 by SMSWITZER EDADM 07/17/14-0718 by SMSWITZER
Normal Saline 500 ML **(NS 500 ML BAG)** **Vancomycin 2,000 MG** **(Vancomycin 1,000 MG VIAL)** 250 MLS/HR IV Q8H RX #: JM002835404	07/17/14 07/24/14	ENTER 0416 PHA.REB ACK 0419 SMSWITZER
VANCOMYCIN LEVEL DUE (VANCOMYCIN LEVEL UNK) **See Dose Ins.** IV 0800 Dose Ins: TROUGH Comments: VANCOMYCIN LEVEL RN TO DRAW TIMED LEVELS RX #: JM002835406	07/18/14 07/18/14	ENTER 0419 PHA.REB ACK 0420 SMSWITZER

*** Continued on Page 4 ***

0714-120-004 CR

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/16/14 to 0559 07/17/14 (Continued)	START/ STOP	
Normal Saline 250 ML **(NS 250 ML BAG)** **Phenylephrine 1% Inj 10 MG** **(PHENYLEPHRINE 1% 10 MG/ML 1ML VIAL)** 0 MLS/HR IV AS DIRECTED Comments: CONCENTRATION 40 MCG/ML PROTECT FROM LIGHT RX #: JM002835447	07/17/14	ENTER 0431 PHA.REB ACK 0434 SMSWITZER EDADM 0504 SMSWITZER at 0504 GAVE: 15 MLS/HR eMAR-Side: Left eMAR-IV Sites: Antecubital 07/17/14-0534 by SMSWITZER EDADM 07/17/14-0608 by SMSWITZER
Normal Saline 500 ML **(NS 500 ML BAG)** UD .ROUTE .STK-MED/ONE RX #: JM002835453	07/17/14 07/17/14	NDC/DIN: (SOURCE: eMAR) 0409798303 NS500 - NS 500 ML BAG 0447 SMSWITZER at 0450 GAVE: 10 ML eMAR-Side: Left eMAR-IV Sites: Antecubital tko with neo DC 0447 STK MED DM 0447 SMS
Sublimaze (FENTANYL 50 MCG/ML 2MLVIAL) **100 MCG** IV .Q15MIN/PRN PRN Reason: AGITATION Comments: DO NOT GIVE IF SBP<90 WHEN GIVING IVP, FLUSH WITH 10 ML SALINE RX #: JM002834390	07/16/14 07/23/14	ENTER 1710 PHA.RDG NDC/DIN: (SOURCE: eMAR) 0641602701 SUBL2I - FENTANYL 50 MCG/ML 2MLVIAL 1731 BCLONG at 1657 GAVE: 100 MCG eMAR-Side: Right eMAR-IV Sites: Forearm Assessment Type: Pre-Medication Medication Type: Pain 1757 REASSESS by NURS.JRJ at 1757 NDC/DIN: (SOURCE: eMAR) 0641602701 SUBL2I - FENTANYL 50 MCG/ML 2MLVIAL 2136 NURS.JRJ at 2136 GAVE: 100 MCG Assessment Type: Pre-Medication Pain Scale Used: Visual Analog Scale Visual Analog Pain Scale: 10 DC 2232 PHA.RMH 2236 REASSESS by SMSWITZER at 2236 Reassessment: Pain Pain Scale Used: Visual Analog Scale Visual Analog Pain Scale: 4 Reassessment: eMAR-PRN Assessment Assessment Type: Post-Medication

*** Continued on Page 5 ***

This document is part of the legal medical record.

07/17/14 Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/16/14 to 0559 07/17/14 (Continued)	START/ STOP	
Sod Chl 0.9% Flush (NS FLUSH 10 ML SYR) **See Dose Ins.** IV AS NEEDED/PRN PRN Reason: FLUSH Dose Ins: FLUSH RX #: JM002834480	07/16/14	ENTER 1742 CLROBERTSO REV 0133 SMSWITZER
Morphine (MORPHINE 10 MG/ML INJ) 5 MG IV Q2H/PRN PRN Reason: PAIN Comments: WHEN GIVING IVP, FLUSH WITH 10 ML SALINE RX #: JM002835063	07/16/14 07/23/14	ENTER 2233 PHA.RMH ACK 2236 SMSWITZER NDC/DIN: (SOURCE: eMAR) 0409189301 MORPI10 - MORPHINE 10 MG/ML INJ 2316 SMSWITZER at 2316 GAVE: 5 MG Assessment Type: Pre-Medication Medication Type: Pain Pain Scale Used: Visual Analog Scale Visual Analog Pain Scale: 6 Location: back Character: Aching Tingling Type of Pain: Acute 0016 REASSESS by SMSWITZER at 0016 Reassessment: Pain Pain Scale Used: Visual Analog Scale Visual Analog Pain Scale: 2 Reassessment: eMAR-PRN Assessment Assessment Type: Post-Medication Medication Type: Pain REV 0133 SMSWITZER

ADMINISTRATION PERIOD: 0600 07/17/14 to 0559 07/18/14	START/ STOP	
Diprivan 100 ML **(PROPOFOL 1000 MG/100 ML BOT)** 0 MLS/HR IV AS DIRECTED Comments: CHANGE TUBING EVERY 12 HOURS RX #: JM002834479	07/16/14	NDC/DIN: (SOURCE: eMAR) 6332326965 DIPR100 - PROPOFOL 1000 MG/100 ML BOT 1157 NURS.WLS at 1157 GAVE: 16 MLS/HR eMAR-Side: Right eMAR-IV Sites: Forearm
Normal Saline 1,000 ML **(NS 1,000 ML BAG)** 200 MLS/HR IV AS DIRECTED RX #: JM002834623	07/16/14	DC 1114 ARLACEY 1200 REASSESS by NURS.WLS at 1158 Reassessment: eMAR-Time Infusion Complete Time Infusion Complete: 1158

*** Continued on Page 6 ***

0714-120-004 CR

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/17/14 to 0559 07/18/14 (Continued)	START/ STOP	
Levaquin 150 ML **(LEVOFLOXACIN PREMIX 750 MG/150 ML 150MLBAG)** 100 MLS/HR IV 1830 Comments: LEVAQUIN DOSED ONCE DAILY INFUSE OVER 90 MINUTES RX #: JM002834624	07/16/14 07/23/14	DC 1117 ARLACEY
Protonix (PANTOPRAZOLE 40 MG VIAL) 40 MG IV 0600 Comments: AUTO SUB FOR NEXIUM/PRILOSEC/PREVACID/ACIPHEX PER P&T RX #: JM002834625	07/17/14	NDC/DIN: (SOURCE: eMAR) 0008092351 PROTIV - PANTOPRAZOLE 40 MG VIAL 0600 SMSWITZER at 0607 GAVE: 40 MG eMAR-Side: Right eMAR-IV Sites: Forearm
Normal Saline 50 ML **(NS 50 ML BAG)** **Cleocin 600 MG** **(CLINDAMYCIN 600 MG/4 ML 4ML)** 108 MLS/HR IV Q8H RX #: JM002835397	07/17/14 07/24/14	DC 1117 ARLACEY ACK 1136 NURS.WLS
Normal Saline 500 ML **(NS 500 ML BAG)** **Vancomycin 2,000 MG** **(Vancomycin 1,000 MG VIAL)** 250 MLS/HR IV 0500 RX #: JM002835403	07/17/14 07/17/14	0733 REASSESS by NURS.WLS at 0733 Not Done: out of department DC 0759 PHABKGJOB ACK 0816 NURS.WLS
Normal Saline 500 ML **(NS 500 ML BAG)** **Vancomycin 2,000 MG** **(Vancomycin 1,000 MG VIAL)** 250 MLS/HR IV Q8H RX #: JM002835404	07/17/14 07/24/14	*0900 NURS.WLS at 1002 med dc'd DC 1205 PHA.SSF ACK 1219 NURS.WLS

*** Continued on Page 7 ***

This document is part of the legal medical record.

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/17/14 to 0559 07/18/14 (Continued)	START/ STOP	
VANCOMYCIN LEVEL DUE (VANCOMYCIN LEVEL UNK)	07/18/14	DC 1205 PHA.SSF
See Dose Ins. IV 0800	07/18/14	ACK 1219 NURS.WLS
Dose Ins: TROUGH		
Comments: VANCOMYCIN LEVEL		
RN TO DRAW TIMED LEVELS		
RX #: JM002835406		
Bacitracin Ointment (BACITRACIN 28 GM/TUBE TUBE)	07/17/14	0622
28 GM .ROUTE .STK-MED/ONE	07/17/14	DC 0624 STK MED
RX #: JM002835601		DM 0624 MLC1
Sod Chl 0.9% (NS 20 ML PRESERVATIVE FREE)	07/17/14	0622
20 ML .ROUTE .STK-MED/ONE	07/17/14	DC 0624 STK MED
RX #: JM002835602		DM 0624 MLC1
Thrombin 5,000 Units Kit (THROMBIN 5,000 UNITS KIT)	07/17/14	0623 YARCH at 0858 GAVE: 5,000 UNITS
5,000 UNITS .ROUTE .STK-MED/ONE	07/17/14	DC 0624 STK MED
RX #: JM002835603		DM 0624 MLC1
		ED 0859 DKPOOL
		DC 0859 PHABKGJOB
Bacitracin (BACITRACIN 50000 UNITS/VIAL)	07/17/14	0623 YARCH at 0857 GAVE: 50,000 UNITS
50,000 UNITS .ROUTE .STK-MED/ONE	07/17/14	ORM Administered Route: IRR
RX #: JM002835604		DM 0624 MLC1
		DC 0624 STK MED
		ED 0859 DKPOOL
		DC 0859 PHABKGJOB
Versed (MIDAZOLAM HCL 2 MG/2 ML)	07/17/14	0643
2 MG .ROUTE .STK-MED/ONE	07/17/14	DC 0643 STK MED
RX #: JM002835654		DM 0643 AME
Diprivan (PROPOFOL 200 MG/20 ML AMP)	07/17/14	0643
200 MG .ROUTE .STK-MED/ONE	07/17/14	DC 0643 STK MED
RX #: JM002835655		DM 0643 AME

*** Continued on Page 8 ***

This document is part of the legal medical record.

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/17/14 to 0559 07/18/14 (Continued)	START/ STOP	
Sublimaze (FENTANYL 50 MCG/ML 5MLVIAL)	07/17/14	0643
250 MCG .ROUTE .STK-MED/ONE	07/17/14	DM 0644 AME
RX #: JM002835661		DC 0644 STK MED
Normal Saline 250 ML	07/17/14	0735
(NS 250 ML BAG)	07/17/14	DC 0736 STK MED
UD .ROUTE .STK-MED/ONE		DM 0736 MLH
RX #: JM002835822		
Phenylephrine 1% Inj (PHENYLEPHRINE 1% INJ 10 MG/ML 5MLVIAL)	07/17/14	0737
50 MG .ROUTE .STK-MED/ONE	07/17/14	DM 0738 MLH
RX #: JM002835827		DC 0738 STK MED
Xylocaine 1%/30 ML (LIDOCAINE 1% 30 ML/% SDV)	07/17/14	EDADM 0817 YARCH at 0858 GAVE: 1 ML
30 ML .ROUTE .STK-MED/ONE	07/17/14	ORM Administered Route: LOCAL
RX #: JM002835957		07/17/14-0900 by YARCH
		EDADM 07/17/14-1102 by YARCH
		DOSE changed from 30 ML to 1 ML
		DC 0818 STK MED
		DM 0818 KDT2
		ED 0859 DKPOOL
		DC 0859 PHABKGJOB
Normal Saline 250 ML	07/17/14	0920
(NS 250 ML BAG)	07/17/14	DC 0921 STK MED
UD .ROUTE .STK-MED/ONE		DM 0921 MLH
RX #: JM002836140		
Sublimaze 100 ML	07/17/14	ENTER 1103 PHA.SSF
(FENTANYL 1000 MCG/100 ML NS BAG)	07/24/14	ACK 1136 NURS.WLS
0 MLS/HR IV AS DIRECTED		NDC/DIN: (SOURCE: eMAR)
Comments: CONCENTRATION 10 MCG/ML		6155311252 FENTFM - FENTANYL 1000 MCG/100 ML NS BAG
50 MCG/HR IV, ADJUST 25 MCG/HR Q 20 MIN PRN PAIN TO MAXIMUM		1158 NURS.WLS at 1158 GAVE: 50 MLS/HR Medication Type: Sedation
OF 300 MCG/HR		
RX #: JM002836743		

*** Continued on Page 9 ***

This document is part of the legal medical record.

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/17/14 to 0559 07/18/14 (Continued)	START/ STOP	
Ns 20KCL 1,000 ML	07/17/14	ENTER 1117 ARLACEY
(NS W/20 MEQ KCL 1,000 ML BAG)		ACK 1136 NURS.WLS
100 MLS/HR IV AS DIRECTED		NDC/DIN: (SOURCE: eMAR)
RX #: JM002836796		0409711509 NS20KCL - NS W/20 MEQ KCL 1,000 ML BAG
		1157 NURS.WLS at 1157 GAVE: 100 MLS/HR eMAR-Side: Left eMAR-IV Sites: Antecubital
Normal Saline Mini Bag Plus 50 ML	07/17/14	ENTER 1119 ARLACEY
(NS 50 ML MINI BAG PLUS)	07/24/14	ACK 1136 NURS.WLS
Merrem 500 MG		1400
(MEROPENEM 500 MG VIAL)		2200
17 MLS/HR IV EVERY 8 HOURS (06.14.22)		
Comments: AUTO SUB FOR PRIMAXIN PER P&T APPROVAL		
RX #: JM002836798		
Protonix Suspension (PANTOPRAZOLE 40 MG SUSP)	07/17/14	ENTER 1140 CLROBERTSO
40 MG TUBE .IF		ACK 1143 NURS.WLS
Comments: **SUSPENSION IN APPLE JUICE OR APPLESAUCE ONLY**		
FOR DELAYED RELEASE ORAL SUSPENSION		
40 MG PACKET		
AUTOSUB FOR NEXIUM/PREVACID/PRILOSEC/ACIPHEX		
GIVE Q24H IV		
MAY CHANGE TO PO/NG/OG WHEN ABLE TO TOLERATE TF/PO FEEDS		
NOTIFY PHARMACY WHEN NEEDED		
RX #: JM002836930		
Normal Saline 500 ML	07/17/14	ENTER 1207 PHA.SSF
(NS 500 ML BAG)	07/18/14	ACK 1219 NURS.WLS
Vancomycin 2,000 MG		1300
(Vancomycin 1,000 MG VIAL)		
250 MLS/HR IV 0100,1300		
Comments: X 2 DOSES POST OP..THEN DC		
RX #: JM002837102		
Dulcolax (BISACODYL 10 MG SUPP)	07/17/14	ENTER 1116 ARLACEY
10 MG RECT EVERY DAY/PRN		ACK 1136 NURS.WLS
PRN Reason: CONSTIPATION		
RX #: JM002836792		

*** Continued on Page 10 ***

This document is part of the legal medical record.

0714-120-004 CR

0714-120-004 CR

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/17/14 to 0559 07/18/14 (Continued)	START/ STOP	
Tylenol (ACETAMINOPHEN 325 MG TAB) **650 MG** PO Q4H/PRN PRN Reason: SEE COMMENTS Comments: ****** MAX RECOMMENDED DOSE: 4000 MG/DAY ********* PRN DISCOMFORT OR FEVER > 102.3 F PER TEMP ARTERY THERMOMETER (38.5C) MAY GIVE PO OR SUPP DO NOT GIVE WITHIN 4 HOURS OF OTHER MEDS CONTAINING TYLENOL RX #: JM002836793	07/17/14	ENTER 1116 ARLACEY ACK 1136 NURS.WLS
Tylenol (ACETAMINOPHEN 650 MG SUPP) **650 MG** RECT Q4H/PRN PRN Reason: SEE COMMENTS Comments: *** MAX RECOMMENDED DOSE: 4000 MG/DAY *** PRN DISCOMFORT OR FEVER > 102.3 F PER TEMP ARTERY THERMOMETER (38.5 C) MAY GIVE PO OR SUPP DO NOT GIVE WITHING 4 HOURS OF OTHER MEDS CONTAINING TYLENOL RX #: JM002836794	07/17/14	ENTER 1116 ARLACEY ACK 1136 NURS.WLS
Zofran (ONDANSETRON 4MG/2ML VIAL) **4 MG** IV Q6H/PRN PRN Reason: NAUSEA Comments: WHEN GIVING IVP, FLUSH WITH 10 ML SALINE RX #: JM002836795	07/17/14	ENTER 1116 ARLACEY ACK 1136 NURS.WLS
Lacrilube (Akwa Tears) (LACRILUBE 3.5 GM OPTHOINT) **See Dose Ins.** BTEYES 3 X A DAY/PRN PRN Reason: EYE CARE Dose Ins: APPLY RX #: JM002836926	07/17/14	ENTER 1140 CLROBERTSO ACK 1143 NURS.WLS
Colace 100 MG/10 ML (DOCUSATE SODIUM 100 MG/10ML CUP) **100 MG** TUBE 3 X A DAY/PRN PRN Reason: NO BM Comments: PRN NO BM IN 48 HOURS RX #: JM002836927	07/17/14	ENTER 1140 CLROBERTSO ACK 1143 NURS.WLS

*** Continued on Page 11 ***

This document is part of the legal medical record.

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/17/14 to 0559 07/18/14 (Continued)	START/ STOP	
Mom (MILK OF MAG. CONC. 30MLCUP)	07/17/14	ENTER 1140 CLROBERTSO
30 ML TUBE AT BEDTIME/PRN		ACK 1143 NURS.WLS
PRN Reason: PRN		
Comments: DC IF SRCR > 1.5		
30 ML MILK OF MAG = 10 ML CONC MILK OF MAG		
RX #: JM002836928		
Senokot (SENOKOT 1 EA TAB)	07/17/14	ENTER 1140 CLROBERTSO
1 EA TUBE TWICE A DAY/PRN		ACK 1143 NURS.WLS
PRN Reason: PRN		
Comments: IF NO BM IN 48 HOURS		
RX #: JM002836929		

ADMINISTRATION PERIOD: 0600 07/18/14 to 0559 07/19/14	START/ STOP	
Normal Saline Mini Bag Plus 50 ML	07/17/14	0600
(NS 50 ML MINI BAG PLUS)	07/24/14	1400
Merrem 500 MG		2200
(MEROPENEM 500 MG VIAL)		
17 MLS/HR IV EVERY 8 HOURS (06.14.22)		
Comments: AUTO SUB FOR PRIMAXIN PER P&T APPROVAL		
RX #: JM002836798		

ADMINISTRATION PERIOD: 0600 07/19/14 to 0559 07/20/14	START/ STOP	
Normal Saline Mini Bag Plus 50 ML	07/17/14	0600
(NS 50 ML MINI BAG PLUS)	07/24/14	1400
Merrem 500 MG		2200
(MEROPENEM 500 MG VIAL)		
17 MLS/HR IV EVERY 8 HOURS (06.14.22)		
Comments: AUTO SUB FOR PRIMAXIN PER P&T APPROVAL		
RX #: JM002836798		

*** Continued on Page 12 ***

This document is part of the legal medical record.

0714-120-004

07/17/14

Medication Discharge Summary

Name GILL,KENNY D | Unit Num JU00553804 | Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/20/14 to 0559 07/21/14	START/ STOP	
Normal Saline Mini Bag Plus 50 ML	07/17/14	0600
(NS 50 ML MINI BAG PLUS)	07/24/14	1400
Merrem 500 MG		2200
(MEROPENEM 500 MG VIAL)		
17 MLS/HR IV EVERY 8 HOURS (06.14.22)		
Comments: AUTO SUB FOR PRIMAXIN PER P&T APPROVAL		
RX #: JM002836798		

ADMINISTRATION PERIOD: 0600 07/21/14 to 0559 07/22/14	START/ STOP	
Normal Saline Mini Bag Plus 50 ML	07/17/14	0600
(NS 50 ML MINI BAG PLUS)	07/24/14	1400
Merrem 500 MG		2200
(MEROPENEM 500 MG VIAL)		
17 MLS/HR IV EVERY 8 HOURS (06.14.22)		
Comments: AUTO SUB FOR PRIMAXIN PER P&T APPROVAL		
RX #: JM002836798		

ADMINISTRATION PERIOD: 0600 07/22/14 to 0559 07/23/14	START/ STOP	
Normal Saline Mini Bag Plus 50 ML	07/17/14	0600
(NS 50 ML MINI BAG PLUS)	07/24/14	1400
Merrem 500 MG		2200
(MEROPENEM 500 MG VIAL)		
17 MLS/HR IV EVERY 8 HOURS (06.14.22)		
Comments: AUTO SUB FOR PRIMAXIN PER P&T APPROVAL		
RX #: JM002836798		

ADMINISTRATION PERIOD: 0600 07/23/14 to 0559 07/24/14	START/ STOP	

*** Continued on Page 13 ***

This document is part of the legal medical record.

0714-120-004

0714-120-004

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

ADMINISTRATION PERIOD: 0600 07/23/14 to 0559 07/24/14 (Continued)	START/ STOP	
Normal Saline Mini Bag Plus 50 ML	07/17/14	0600
(NS 50 ML MINI BAG PLUS)	07/24/14	1400
Merrem 500 MG		2200
(MEROPENEM 500 MG VIAL)		
17 MLS/HR IV EVERY 8 HOURS (06.14.22)		
Comments: AUTO SUB FOR PRIMAXIN PER P&T APPROVAL		
RX #: JM002836798		

ADMINISTRATION PERIOD: 0600 07/24/14 to 0559 07/25/14	START/ STOP	
Normal Saline Mini Bag Plus 50 ML	07/17/14	0600
(NS 50 ML MINI BAG PLUS)	07/24/14	
Merrem 500 MG		
(MEROPENEM 500 MG VIAL)		
17 MLS/HR IV EVERY 8 HOURS (06.14.22)		
Comments: AUTO SUB FOR PRIMAXIN PER P&T APPROVAL		
RX #: JM002836798		

*** Continued on Page 14 ***

This document is part of the legal medical record.

07/17/14

Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

Legends

Activity Codes
* - Not Administered
ACK - Acknowledged Order
DC - Discontinue
DM - Dispensing Machine
ED - Edit or Verification
EDADM - Edit Administration
ENTER - Order Entry
REASSESS - Reassessment
REV - Review Order

Reason Codes
D - DIARRHEA
out of department -

Site Codes

Administered By

User	User Name/Type
BCLONG	BENJAMIN C LONG, RN
YARCH	Yarosh,Cherylon MD
NURS.JRJ	JONES,JEREMY R
NURS.WLS	BROMLEY,WHITNEY L
SMSWITZER	SHANNON M SWITZER

Pharmacy

User	User Name
ARLACEY	ABBEY R LACEY
PHA.CSM	MOREY,CALEB S
PHA.SSF	FREITAS,SARA S
CLROBERTSO	ROBERTSON,CASSANDRA
PHA.RDG	GELSO,ROBERT D
DKPOOL	DANIEL K POOL, RN
PHA.REB	BOUDREAU,REX E
MLH	HULSEY,MONICA L
PHA.RMH	HOPPER,RYAN M

Allergy History

Date	Time	User Name	Database	Type	Allergy
04/19/13	0815	NELSON,ALISA	PCM	New	Penicillins
		NEW: Type: Allergy Severity: Intermediate Reaction: UNKNOWN Status: Verified 04/19/13 0815			
04/29/13	0819	COLE,LYNETTE C	PHA.FRH	Bypass	
		NEW: Comments: User bypassed allergy record in PHA.			
04/29/13	0819	COLE,LYNETTE C	PHA.FRH	Bypass	
		NEW: Comments: User bypassed allergy record in PHA.			
04/29/13	0819	COLE,LYNETTE C	PHA.FRH	Bypass	
		NEW: Comments: User bypassed allergy record in PHA.			
04/29/13	0820	COLE,LYNETTE C	PHA.FRH	Bypass	
		NEW: Comments: User bypassed allergy record in PHA.			

*** Continued on Page 15 ***

07/17/14 Medication Discharge Summary

Name GILL,KENNY D Unit Num JU00553804 Account Num J00337019723

```
04/29/13 0821 COLE,LYNETTE C                    PHA.FRH      Bypass
              NEW:   Comments:
                     User bypassed allergy record in PHA.

04/29/13 0821 COLE,LYNETTE C                    PHA.FRH      Bypass
              NEW:   Comments:
                     User bypassed allergy record in PHA.

04/29/13 0822 COLE,LYNETTE C                    PHA.FRH      Bypass
              NEW:   Comments:
                     User bypassed allergy record in PHA.

07/02/13 2228 GRIFFIN,GLORIA C                  PCM          Edit          Penicillins
              OLD:   Status: Verified     04/19/13 0815
              NEW:   Status: Verified     07/02/13 2228
              NEW:   Comments:
                     Rx as a child, unknown what

08/06/13 1012 BARRATT,SABRINA R                 PCM          Verify        Penicillins
              OLD:   Status: Verified     07/02/13 2228
              NEW:   Status: Verified     08/06/13 1012
10/09/13 1215 ANTILLON,GEORGIA C                PCM          Verify        Penicillins
              OLD:   Status: Verified     08/06/13 1012
              NEW:   Status: Verified     10/09/13 1215
10/30/13 0846 WYLIE,STEPHANIE L                 PCM          Verify        Penicillins
              OLD:   Status: Verified     10/09/13 1215
              NEW:   Status: Verified     10/30/13 0846
11/13/13 0834 GRIFFIN,GLORIA C                  PCM          Verify        Penicillins
              OLD:   Status: Verified     10/30/13 0846
              NEW:   Status: Verified     11/13/13 0834
01/07/14 1523 HOLLOWAY,SARAH E                  PCM          Verify        Penicillins
              OLD:   Status: Verified     11/13/13 0834
              NEW:   Status: Verified     01/07/14 1523
03/26/14 1912 GRIFFIN,GLORIA C                  PCM          Verify        Penicillins
              OLD:   Status: Verified     01/07/14 1523
              NEW:   Status: Verified     03/26/14 1912
03/27/14 1522 CLEVELAND,RONALD L                PHA.FRH      Acknowledge
              NEW:   Comments:
                     User acknowledged allergy record in PHA.

07/16/14 1830 BENJAMIN C LONG, RN               PCM          Verify        Penicillins
              OLD:   Status: Verified     03/26/14 1912
              NEW:   Status: Verified     07/16/14 1830
07/16/14 2232 HOPPER,RYAN M                     PHA.FRH      Acknowledge
              NEW:   Comments:
                     User acknowledged allergy record in PHA.
```


This document is part of the legal medical record.

0714-120-004

GILL,KENNY D
Fac: Joplin **Loc:** INTENSIVE CARE UNIT 2 **Bed:** 261-1
32 M 11/29/1981 **Med Rec Num:** JU00553804 **Visit:** J00337019723
Attending: Brock A Carney **Reg Date:** 07/16/14
Reason: MVA, PULMONARY CONTUSTION

Pastoral Services

PS-Pastoral Services Assessment Start: 07/17/14 08:58
Freq: Status: Active
Document 07/17/14 08:58 WCC (Rec: 07/17/14 09:00 WCC PCPC2)
Pastoral Services Assessment
~~~

Reason for Visit	Routine/Initial
If Death, Name of Funeral Home	
Assisted Staff	No
Assisted Family	No
Spiritual Needs Identified	No
Charitable Support- Date/Need	
Approached for Organ/Tissue Donation	No

07/17/14 08:58 Pastoral Services by COX,WILLIAM C
Visited pt's room. Pt was out of room and nurse said pt was in surgery. I gave support and prayed with his wife for pt's recovery.

Initialized on 07/17/14 08:58 - END OF NOTE
~~~

GILL,KENNY D
Fac: Joplin **Loc:** INTENSIVE CARE UNIT 2 **Bed:** 261-1
32 M 11/29/1981 **Med Rec Num:** JU00553804 **Visit:** J00337019723
Attending: Brock A Carney **Reg Date:** 07/16/14
Reason: MVA, PULMONARY CONTUSTION

Pastoral Notes

07/17/14 08:58 Pastoral Services by COX,WILLIAM C
Visited pt's room. Pt was out of room and nurse said pt was in surgery. I gave support and prayed with his wife for pt's recovery.

Initialized on 07/17/14 08:58 - END OF NOTE

07/16/14 18:02 Pastoral Services by IANNUCILLI,CHRISTINE
This pt has not been conscious and his injuries are being assessed.His parents will be coming to the hospital.

Initialized on 07/16/14 18:02 - END OF NOTE

GILL,KENNY D
Fac: Joplin **Loc:** INTENSIVE CARE UNIT 2 **Bed:** 261-1
32 M 11/29/1981 **Med Rec Num:** JU00553804 **Visit:** J00337019723
Attending: Brock A Carney **Reg Date:** 07/16/14
Reason: MVA, PULMONARY CONTUSTION

Nursing

Adult Fall Risk Assessment Start: 07/16/14 22:42
Freq: 08,20 Status: Active

Document 07/16/14 23:00 SMSWITZER (Rec: 07/17/14 01:37 SMSWITZER ICUPC13)
Adult Fall Risk Assessment
Adult Fall Risk

Has Pt. Fallen this Hospitalization	No
Age > 70	No
Hearing/Vision Deficits	No
LOC Deficit/Change	Yes
Cognitive Impairment	No
Acute Pain	Yes
Narcotic/Psychotropic/Diuretic Medications	Yes
Infusion Device	Yes
Incontinence	No
Dysuria/Retention/Urgency/Frequency	No
Constipation	No
Unsteady Gait/Motor Disturbances/ Weakness	Yes
Ambulatory Aid	No
Mobility Limitations	Yes

ADAPT Fall Risk if > 5 in Any Category

Toileting	2
Confusion	4
Activity	4
Post Medication	8
Patient at Risk for Fall	Yes

Document 07/17/14 07:23 WLB (Rec: 07/17/14 07:24 WLB ICUPC13)
Adult Fall Risk Assessment
Adult Fall Risk

Has Pt. Fallen this Hospitalization	No
Age > 70	No
Hearing/Vision Deficits	No
LOC Deficit/Change	Yes
Cognitive Impairment	Yes
Acute Pain	Yes
Narcotic/Psychotropic/Diuretic Medications	Yes
Infusion Device	Yes
Incontinence	No
Dysuria/Retention/Urgency/Frequency	No
Constipation	No
Unsteady Gait/Motor Disturbances/ Weakness	Yes
Ambulatory Aid	No
Mobility Limitations	Yes

ADAPT Fall Risk if > 5 in Any Category

Toileting	2
Confusion	6

Continued on Page 2

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Nursing - Continued

Activity	4
Post Medication	8
Patient at Risk for Fall	Yes

Adult Skin Risk Assessment Start: 07/16/14 22:42
Freq: 08,20 Status: Active

Document 07/16/14 23:00 SMSWITZER (Rec: 07/17/14 01:37 SMSWITZER ICUPC13)
Adult Skin Risk Assessment
Skin Risk

Admission Assessment	Yes
Skin Verification Witness	MICHAEL K MATHENY
Sensory Perception	Slightly Limited
Moisture Risk	Rarely Moist
Activity Risk	Bedfast
Mobility Risk	Very Limited
Nutrition Risk	Adequate
Friction & Shear Risk	Potential Problem
Skin Risk Total Score (points)	15
Date Wound Care Consult Ordered	07/17/14

Document 07/17/14 07:23 WLB (Rec: 07/17/14 07:24 WLB ICUPC13)
Adult Skin Risk Assessment
Skin Risk

Admission Assessment	No
Sensory Perception	Slightly Limited
Moisture Risk	Rarely Moist
Activity Risk	Bedfast
Mobility Risk	Very Limited
Nutrition Risk	Probably Inadequate
Friction & Shear Risk	Potential Problem
Skin Risk Total Score (points)	14

Aspiration Risk Assessment Start: 07/16/14 22:42
Freq: 08 Status: Active

Document 07/16/14 23:00 SMSWITZER (Rec: 07/17/14 01:37 SMSWITZER ICUPC13)
Aspiration Risk Assessment
Aspiration Risk

Chewing/Swallowing Problems	No
Unintentional Recent Weight Loss	No
Reflux/GERD	No
Recurrent/Aspiration Pneumonia	No
Aspiration Risk (if 3+)	0

Document 07/17/14 07:23 WLB (Rec: 07/17/14 07:24 WLB ICUPC13)
Aspiration Risk Assessment
Aspiration Risk

Chewing/Swallowing Problems	No
Unintentional Recent Weight Loss	No
Reflux/GERD	No
Recurrent/Aspiration Pneumonia	No
Aspiration Risk (if 3+)	0

Bedside/Shift Report Start: 07/16/14 22:42
Freq: 07,19 Status: Active

Document 07/17/14 07:00 WLB (Rec: 07/17/14 07:22 WLB ICUPC13)
Shift Report
Shift Report Completed

Clinical Equipment Verified On and Set	Apnea Monitors ECG Monitors

Continued on Page 3

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

	IV Pumps
	Pulse Oximetery/CO2 Monitors
Report Complete at Bedside	Yes
Chart and Medication Reviewed	Yes
Skin Visualized with Shift Report	Yes
Verifying Nurse	SHANNON M SWITZER

CHF Education Start: 07/16/14 22:42
Freq: 09 Status: Active
Document 07/17/14 08:17 WLB (Rec: 07/17/14 08:18 WLB ICUPC13)
Heart Failure Education Provided
1)Activity Level 2)Diet/Fluid Intake 3)Follow-up 4)Worsening of HF Symptoms 5)Weight Monitoring

Post-Discharge CHF Instructions/Written Material Given	Yes
Patient Refused Instructions	No: PACKET AT THE BEDSIDE

Cardiac Monitoring / Telemetry Start: 07/16/14 22:42
Freq: QS Status: Active
Document 07/17/14 01:34 SMSWITZER (Rec: 07/17/14 01:34 SMSWITZER ICUPC13)
Cardiac Monitoring
Assessment

Monitoring Device	Bedside Monitor
Underlying Rhythm	Normal Sinus Rhythm

Document 07/17/14 07:24 WLB (Rec: 07/17/14 07:24 WLB ICUPC13)
Cardiac Monitoring
Assessment

Monitoring Device	Bedside Monitor
Underlying Rhythm	Normal Sinus Rhythm

Central Line Progression Worksheet Start: 07/16/14 22:42
Freq: 06 Status: Active
Document 07/17/14 06:00 SMSWITZER (Rec: 07/17/14 07:23 SMSWITZER ICUEDPC2)
Progression Worksheet
Step One

Central IV Access Retained	No

Reason(s) for Retention

Current Central Femoral IV Exists > 48 Hours	No

If all Answers are No, Contact Physician for Orders to Proceed to Steps 2 &/or 3

Confirm Signed Consent on Chart Start: 07/17/14 05:30
Freq: ONE Status: Complete
Edit Status 07/17/14 05:30 SMSWITZER (Rec: 07/17/14 05:30 SMSWITZER ICUPC13)
Active=>Complete

Controlled Drug Record Start: 07/16/14 22:42
Freq: 07,19 Status: Inactive
Edit Status 07/17/14 03:32 SMSWITZER (Rec: 07/17/14 03:32 SMSWITZER ICUPC13)
Active=>Inactive

Discharge Planning/Education Start: 07/16/14 22:42
Freq: 04,16 Status: Active
Document 07/17/14 04:00 SMSWITZER (Rec: 07/17/14 04:16 SMSWITZER ICUPC13)
Discharge Planning
Orientation to Unit

Check All That Apply	Call Light
	Bed Controls
	TV Controls

Continued on Page 4

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Nursing - Continued

	Visitation Policy
Ongoing Patient Teaching Record	
Medications	
Date of Instruction	07/16/14
Comment	per mar
Response	Verbalize Understanding
Methods	Discussion
Recipient	Patient
Tests/Procedures	
Date of Instruction	07/16/14
Comment	MRI
Response	Verbalize Understanding
Methods	Discussion
Recipient	Patient
	Family
Complete Before Discharge	
Patient offered access to Portal	Yes
DC/Transfer with PICC Line in Place	Not Applicable
Comment	
Comment	no plans for dc at this time

End of Shift Summary Start: 07/16/14 22:42
Freq: 06,18 Status: Active
Document 07/17/14 06:00 SMSWITZER (Rec: 07/17/14 07:31 SMSWITZER ICUEDPC2)
Summary of Care

Use Shift Summary Note for Additional Sp	
New Diagnosis this Shift	NA
Seizures This Admission	No
Shift Overview	Patient taken to stat MRI at beginning of shift. Neuro and Critical Care consulted this shift. Plan for surgery this AM and for the following morning. All consents obtained. Order for PICC placed. Neo gtt currently running at 15 mcg to keep map above 70. Patient remains in c-collar, foley to DD.
Physician Notified of Changes	Yes
SBAR Info	
Safety Bracelets	Allergy (Red) Blood Band (Red) Identification (White)
End of Shift Business	
Oxygen Hours Utilized This shift	10
Chart and eMar Check Complete	Yes
Rounding per Hospital Policy Completed this Shift	Yes

Gastric Tube Start: 07/17/14 11:37
Freq: Q4H Status: Active
Document 07/17/14 11:37 WLB (Rec: 07/17/14 12:52 WLB ICUPC13)
Gastric Tube
~~~
Orogastric Tube

Continued on Page 5
~~~

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Nursing - Continued

New this Shift	Yes
Date Inserted	07/17/14
Gastric Tube Size	16 French
Gastric Tube Suction Type	Low Intermittent
Placement Checked	Air Bolus Auscultation
Flushed	Yes
Date Dressing Changed	07/17/14
Dressing	tape
Insertion Site Status	Benign

Hemodynamic Monitoring Start: 07/16/14 22:42
Freq: Q1H Status: Inactive
Edit Status 07/16/14 22:42 SMSWITZER (Rec: 07/16/14 22:42 SMSWITZER ICUPC13)
Active=>Inactive

INT / IV Start: 07/16/14 22:42
Freq: 08,20 Status: Active
Document 07/16/14 22:00 SMSWITZER (Rec: 07/17/14 04:34 SMSWITZER ICUCART27)
IV Site
IV Location
Right Forearm

Infusion Device	Peripheral IV
Present on Admission to Hospital	Yes
IV Gauge	16
Start Date	07/16/14
Site Status	Benign
Thrombophlebitis	None
Flushes Easily	Yes
Dressing Dry & Intact	Yes
Date Dressing Changed	07/16/14
Dressing	opsite
Line Used for Invasive Monitoring	No

Left Antecubital

Infusion Device	Peripheral IV
Present on Admission to Hospital	Yes
IV Gauge	18
Start Date	07/16/14
Site Status	Benign
Thrombophlebitis	None
Flushes Easily	Yes
Dressing Dry & Intact	Yes
Date Dressing Changed	07/16/14
Dressing	opsite

Document 07/17/14 07:29 WLB (Rec: 07/17/14 07:29 WLB ICUPC13)
IV Site
IV Location
Right Forearm

Infusion Device	Peripheral IV
Present on Admission to Hospital	Yes
IV Gauge	16
Site Status	Benign
Thrombophlebitis	None
Flushes Easily	Yes
Dressing Dry & Intact	Yes
Date Dressing Changed	07/16/14
Dressing	tegaderm

Continued on Page 6

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Line Used for Invasive Monitoring	No
Left Antecubital	
Infusion Device	Peripheral IV
Present on Admission to Hospital	Yes
IV Gauge	18
Start Date	07/16/14
Site Status	Benign
Thrombophlebitis	None
Flushes Easily	Yes
Dressing Dry & Intact	Yes
Date Dressing Changed	07/16/14
Dressing	tegaderm
Line Used for Invasive Monitoring	No

IV Flowsheet Start: 07/16/14 22:42
Freq: 09,21 Status: Active
Document 07/17/14 07:25 WLB (Rec: 07/17/14 07:27 WLB ICUPC13)
IV Flowsheet
IV Medication
Phenylephrine 1% Inj 10 MG In Normal Saline 250 ML @ Titrate IV UD SCH Rx#:JM002835447

Dose	15
Unit of Measure	Micrograms/minute
IV Line Rate (ml/hr)	22.5
Side	Left
IV Site	Antecubital
Infusion Device	Peripheral IV

Normal Saline 1,000 ML @ 200 mls/hr IV UD SCH Rx#:JM002834623

IV Line Rate (ml/hr)	200
Side	Right
IV Site	Forearm
Infusion Device	Peripheral IV

Document 07/17/14 13:21 WLB (Rec: 07/17/14 13:26 WLB ICUCART27)
IV Flowsheet
IV Medication
Ns 20KCL 1,000 ML @ 100 mls/hr IV UD SCH Rx#:JM002836796

IV Line Rate (ml/hr)	100
Side	Left
IV Site	Antecubital
Infusion Device	Peripheral IV

Phenylephrine 1% Inj 10 MG In Normal Saline 250 ML @ Titrate IV UD SCH Rx#:JM002835447

Dose	STANDBY

Sublimaze 100 ML @ Titrate IV UD SCH Rx#:JM002834628

Dose	50
Unit of Measure	Micrograms/hour
IV Line Rate (ml/hr)	5
Side	Right
IV Site	Forearm
Infusion Device	Peripheral IV
Verifying RN	ELIZABETH J MARSHALL

Diprivan 100 ML @ Per Protocol IV UD SCH Rx#:JM002834479

Dose	20
Unit of Measure	Micrograms/kg/minute
IV Line Rate (ml/hr)	16
Side	Right
IV Site	Forearm

Continued on Page 7

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Infusion Device Peripheral IV
Verifying RN ELIZABETH J MARSHALL

Immunization Record Start: 07/16/14 22:42
Freq: 06,18 Status: Active
Document 07/17/14 06:00 SMSWITZER (Rec: 07/17/14 07:25 SMSWITZER ICUEDPC2)
Immunization Status
~~~
Immunization Status Change No
Immunization Record
Vaccine
Pediatric Immunizations Up to Date Unknown

Infectious Disease History Start: 07/16/14 22:42
Freq: .ADMIT Status: Complete
Document 07/17/14 00:56 SMSWITZER (Rec: 07/17/14 00:56 SMSWITZER ICUCART27)
Infectious Disease History
~~~
Hx of Infectious Disease or STD Yes
Disease History
Chicken Pox Yes
Edit Status 07/17/14 00:58 SMSWITZER (Rec: 07/17/14 00:58 SMSWITZER ICUCART27)
Active=>Complete

Intake & Output Start: 07/16/14 22:42
Freq: 05,17 Status: Active
Document 07/17/14 05:00 SMSWITZER (Rec: 07/17/14 07:02 SMSWITZER ICUPC13)
Intake and Output
General Nutritional Intake
Oral (ml) 0
IV Fluids
IV (ml) 1,694
Output
Urine Volume from Catheter 550
Other Output
Estimated Blood Loss/Drawn (ml) 10

Language / Interpreter Start: 07/16/14 16:56
Freq: Status: Active
Document 07/16/14 18:09 BCL (Rec: 07/16/14 18:09 BCL MTCTX77)
Language / Interpreter
Patient's Primary Language ENGLISH
Understands English Yes
Did Patient Require An Interpreter No

Lift Equipment Transfer/Mobility Start: 07/16/14 22:42
Freq: 08,20 Status: Active
Document 07/17/14 07:29 WLB (Rec: 07/17/14 07:30 WLB ICUPC13)
Lift Equip Trans/Mobility
~~~
Can Stand, Pivot and Walk W/O Staff Assist, No Risk of Fall No
~~~
Weighs Less than 120.45 kg No
Able to Pull Themself into a Standing Position No
~~~
Weighs Less than 190.9 kg Yes
Can Bear Weight on at Least One Leg No

Continued on Page 8
~~~

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Able to Follow Simple Instructions	Yes
Can Grip w/ at Least 1 Hand, or Staff Member x2 to Transfer	Yes
Able to Undergo Moderate Pressure to Mid to Lower Back	No
~~	
Weighs Less than 200 kg	Yes
Can Undergo a Semi-Reclined Position	No
On a Turning Schedule	Yes
Unresponsive	No
~~	
Transfer Equipment Required	Maxislide

Meals Start: 07/16/14 22:42
Freq: 08,12,18,21 Status: Active
Document 07/17/14 07:27 WLB (Rec: 07/17/14 07:28 WLB ICUPC13)
Meals
Diet

Meal	Breakfast
Percent Meal Consumed	0
Eating (Feeding) Ability	NPO

Document 07/17/14 11:42 WLB (Rec: 07/17/14 11:42 WLB ICUPC13)
Meals
Diet

Eating (Feeding) Ability	NPO

NR-VTE Risk Assessment Start: 07/16/14 22:42
Freq: 08 Status: Active
Document 07/17/14 08:00 WLB (Rec: 07/17/14 08:20 WLB ICUPC13)
VTE Risk Assessment
Compression Stockings/IPC

Compression Stockings/IPC Ordered	Yes
Compression Stockings/IPC Placed on Patient	Yes
Specify IPC/Stockings Applied	IPC Calf/Thigh Pump
Observed/Measured for Proper Fit	Yes

VTE Risk Identified

Is this an ICU Patient	Yes
Is Patient Less than 18 Years Old	No
Is Patient an Actively Delivering Mom	No
Acute Ortho/Neuro Surgical Patient	Yes
Receiving Arixtra, Lovenox, Heparin, Xarelto, or Coumadin	No
Physician has Completed Order Set	No

VTE Specific Assessment

Ambulating <100 ft in Hall in Current 24 hrs	Yes
Central Lines/PICC	0
Arterial Lines	0
Motor Disturbances (Weak, Paresis, Paralysis)	Yes
Surgery this Admit or Last 30 Days	Yes
Major Trauma this Admit or Last 30 Days	Yes

VTE Related History

Age > 40	No
Previous Thromboemboli/Thrombophlebitis	No

Continued on Page 9

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Clotting Problems	No
Inflammatory Bowel Disease	No
Lupus (Collagen Vascular Disease)	No
Peripheral Vascular Disease	No
Stroke	No
COPD/Emphysema	No
CHF	No
AMI	No
Pregnant in Last 6 Months	No
Oral Contraceptive/Estrogen Replacement	No
Cancer	No
Obesity (> 20% Body Weight)	Yes
VTE Risk Score	
At Risk=2+;<2 Indicates Low Risk, No VTE Prophylaxis Necessa	5

Neuro Flowsheet Start: 07/17/14 11:37
Freq: Q1H Status: Active

Document 07/17/14 11:00 WLB (Rec: 07/17/14 12:10 WLB ICUCART27)
Neuro Flowsheet

~~	
Level of Consciousness	Sedated
Right Eye	
Right Pupil Size	3 mm
Reaction	Sluggish/Slow
Left Eye	
Left Pupil Size	3 mm
Reaction	Sluggish/Slow
Upper Extremities	
Right Arm	Flaccid
Left Arm	Flaccid
Lower Extremities	
Right Leg	Flaccid
Left Leg	Flaccid
Glasgow Coma Scale	
Assess	
Eye Opening	Spontaneous
Motor	None
Verbal	None
Total	
Coma Scale Total	6

Document 07/17/14 12:00 WLB (Rec: 07/17/14 12:14 WLB ICUCART27)
Neuro Flowsheet

~~	
Level of Consciousness	Awake Drowsy
Right Eye	
Right Pupil Size	3 mm
Reaction	Sluggish/Slow
Left Eye	
Left Pupil Size	3 mm
Reaction	Sluggish/Slow
Upper Extremities	
Right Arm	Weakness - Severe
Left Arm	Weakness - Severe

Continued on Page 10

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Nursing - Continued

Lower Extremities	
Right Leg	Flaccid
Left Leg	Flaccid
Glasgow Coma Scale	
Assess	
Eye Opening	Spontaneous
Motor	None
Verbal	None
Total	
Coma Scale Total	6

Document 07/17/14 13:00 WLB (Rec: 07/17/14 13:17 WLB ICUCART27)

Neuro Flowsheet	
~~	
Level of Consciousness	Sedated
Right Eye	
Right Pupil Size	3 mm
Reaction	Reactive to Light
Left Eye	
Left Pupil Size	3 mm
Reaction	Reactive to Light
Upper Extremities	
Right Arm	Noxious Stimuli Only
Left Arm	Noxious Stimuli Only
Lower Extremities	
Right Leg	Flaccid
Left Leg	Flaccid
Glasgow Coma Scale	
Assess	
Eye Opening	Spontaneous
Motor	None
Verbal	None
Total	
Coma Scale Total	6

Nutrition Risk Screening Start: 07/16/14 22:42
Freq: .ADMIT Status: Complete

Document 07/17/14 00:56 SMSWITZER (Rec: 07/17/14 00:57 SMSWITZER ICUCART27)

Nurse Screening	
~~	
How Much Weight Loss in Past 3 Months Without Trying	0-5 lbs
Do You Have Difficulty Chewing or Swallowing	No
Body Mass Index (kg/m2)	39.4
BMI	Greater than 39
(Score of 2 or More = Consult) Total	1
Date Medical Nutrition Consult Ordered	07/17/14

Edit Status 07/17/14 00:56 SMSWITZER (Rec: 07/17/14 00:57 SMSWITZER ICUCART27)
Complete=>Complete

Oxygen Assessment Start: 07/16/14 22:42
Freq: QS Status: Active

Document 07/16/14 23:00 SMSWITZER (Rec: 07/17/14 01:45 SMSWITZER ICUPC13)

Oxygen	
Oxygen	
Oxygen in Use	Yes

Continued on Page 11

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Nursing - Continued

Respiratory/Oxygen Adjuncts	Nasal Cannula Continuous Pulse Oximeter
Oxygen Flow Rate (L/min)	3

Document 07/17/14 07:28 WLB (Rec: 07/17/14 07:28 WLB ICUPC13)

Oxygen

Oxygen

Oxygen in Use	Yes
Respiratory/Oxygen Adjuncts	Nasal Cannula
Oxygen Flow Rate (L/min)	2

Patient Assessment Start: 07/16/14 22:42
Freq: 08,20 Status: Active

Document 07/16/14 23:00 SMSWITZER (Rec: 07/17/14 01:45 SMSWITZER ICUPC13)

Shift Assessment

Type	Admission
L.O.C.	Awake Drowsy
Orientation	Person Place Time
Cognitive Impairment	Poor Judgement Forgetfulness
Affect	Sad
Anxiety Level	6 Out of 10 Scale
Pupil Equality	PERRL
Mobility	Bedrest/Immobile Turn W/ Assistance
Right Handgrip	None/No Grip
Left Handgrip	None/No Grip
Motor Response	
Bilateral Lower	
Motor Response	Weakness - Severe
Bilateral Upper	
Motor Response	Weakness - Severe
Abnormal Heart Sounds	No/ None
Capillary Refill	< 3 Seconds
Bilateral Dorsalis Pedis	
Pulse Assessment Method	Palpation
Pulse Strength	Normal 3+
Bilateral Radial	
Pulse Assessment Method	Palpation
Pulse Strength	Normal 3+
Bilateral Throughout	
Breath Sounds	Clear
Respiratory Effort	Normal
Gastrointestinal Symptoms	No Symptoms
Abdomen	Round Soft
Bowel Function	No New Changes
Urinary Function	Catheter in Place
Urine Color	Yellow Dark
Skin Integrity	Intact
Color	Pink
Temperature	Warm and Dry

Continued on Page 12

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Nursing - Continued

Turgor	Elastic
Mucous Membranes	Moist
Comment	multiple abraisons
Comment	pt has chronic back pain

Document 07/17/14 07:00 WLB (Rec: 07/17/14 07:38 WLB ICUPC13)
Shift Assessment

Type	Shift
L.O.C.	Alert
	Awake
Orientation	Person
	Place
	Time
	Situation
Cognitive Impairment	Forgetfulness
Affect	Sad
Anxiety Level	8 Out of 10 Scale
Exhibits Appropriate Behavior	Yes
Pupil Equality	PERRL
Mobility	Bedrest/Immobile
Right Handgrip	None/No Grip
Left Handgrip	None/No Grip
Abnormal Heart Sounds	No/ None
Capillary Refill	< 3 Seconds
Bilateral Dorsalis Pedis	
Pulse Assessment Method	Palpation
Pulse Strength	Normal 3+
Bilateral Radial	
Pulse Assessment Method	Palpation
Pulse Strength	Normal 3+
Bilateral Throughout	
Breath Sounds	Clear
Respiratory Effort	Normal
Gastrointestinal Symptoms	No Symptoms
Abdomen	Round
	Soft
Bowel Function	No New Changes
Urinary Function	Catheter in Place
Urine Color	Yellow
	Dark
Skin Integrity	Intact
Color	Pink
Temperature	Warm and Dry
Turgor	Elastic
Mucous Membranes	Moist
Comment	multiple abrasions/bruising to face

Patient Belonging Start: 07/16/14 22:42
Freq: .ADMIT Status: Complete
Document 07/17/14 01:00 SMSWITZER (Rec: 07/17/14 01:00 SMSWITZER ICUCART27)
Patient Belongings

Dentures	
Dentures(s) - Type	No/ None
Visual Aids	
Visual Aid(s) - Type	No/ None

Continued on Page 13

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Hearing Aids	
Hearing Aid(s)	No/ None
Ambulatory Aids	
Ambulatory Aid(s) - Type	No/None
Patient and Family Were	
Given the Opportunity to Secure Valuables	Yes
Advised That They are Responsible For Any Other Items	Yes

Edit Status 07/17/14 01:00 SMSWITZER (Rec: 07/17/14 01:00 SMSWITZER ICUCART27)
Complete=>Complete

Patient History Start: 07/16/14 22:42
Freq: .ADMIT Status: Complete
Document 07/17/14 01:01 SMSWITZER (Rec: 07/17/14 01:11 SMSWITZER ICUCART27)

General Information	
Preferred Name	
Preferred Name	Kenny
Language	
Patient's Primary Language	ENGLISH
Understands English	Yes
Developmental Age	
Developmental Age	18-40 Years of Age
History Obtainable	
History Obtainable	Yes
History Obtained from	Mother
Living Arrangements	
Is Patient a Caregiver	No
Patient Lives With	Wife
Does Family Need Assist With Homecare	No
Contact Person/ Name and Number	Linda Gill 417-364-8738 home 417-389-4821
Cultural/Spiritual Concerns	
Cultural/Spiritual Concerns	No
Blood Products	
Blood Transfusions	
Patient Agrees to Blood OR Blood Products if Needed	Yes
Previous Blood Transfusion	No
Clinical Trial	
Clinical Trial Participation	
Clinical Trial Participant	No
Palliative Care	
Palliative Care	
Are You a Hospice Patient	No
Substance Use	
Tobacco	
Tobacco Use	None
Smoking Status	Never smoker
Caffeine	
Caffeine Use	Yes
Amount	5 cans a day
Alcohol	
Alcohol Use	No
Recreational Drug	

Continued on Page 14

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Recreational Drug Use	No
Recent Fall	
History	
Does Patient Have a History of Recent Fall	No
Surgical History	
History	
Does Patient Have History of Surgery	Yes
Chronic Pain	
History	
Does Patient Have Chronic Pain	Yes
Location	
Back	
Description	Chronic
Intensity	8
Scale Used	Visual Analog Scale
Radiation Location	bil legs
Pain Aggravating Factors	Walking
Management Techniques	Ice
Neurological	
History	
Does Patient Have Neurologic History	No
EENT	
History	
Does Patient Have EENT History	Yes
Nose Diseases/Symptoms	
Hx Allergic Rhinitis	Yes
Musculoskeletal	
History	
Does Patient Have Musculoskeletal History	Yes
Diseases/Symptoms	
Hx Back Injury	Yes
Hx Degenerative Disk Disease	Yes
Cardiac	
History	
History of Heart Failure Prior to this Admission	No
Does Patient Have Cardiac History	Yes
Diseases/Symptoms	
Hx Hypertension	Yes
Respiratory	
History	
Does Patient Have Respiratory History	Yes
Diseases/Symptoms	
Hx Asthma	Yes
Sleep Apnea	
Hx Sleep Apnea	No
Do You Snore Loudly	Yes
Do You Feel Tired or Fatigued During the Day	No
Have You Been Told That You Stop Breathing While Sleeping	Yes
Do You Have Or Have You Been Treated for	Yes

Continued on Page 15

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Nursing - Continued

High B/P	
Gastrointestinal	
History	
Does Patient Have Gastrointestinal History	No
Diseases/Symptoms	
Hx Peptic Ulcer	No
Genitourinary	
History	
Does Patient Have Genitourinary History	No
Diseases/Symptoms	
Hx Kidney Stones	No
Reproductive	
History	
Does Patient Have Reproductive History	No
Endocrine	
History	
Does Patient Have Endocrine History	No
Diabetes	
History of Diabetes Prior to this Admission	No
Genetic/Syndrome	
History	
Does Patient Have Genetic/Syndrome History	No
Hematologic	
History	
Does Patient have Hematologic History	No
Skin	
History	
Does Patient Have Skin History	No
Psychosocial	
History	
Are You Having Thoughts of Harming Self or Others	No
Does Patient Have Psychosocial History	No
Domestic Violence	
Recent Domestic Violence	
Physically, Verbally, or Emotionally Threatened	No
Learning Barriers	
Barriers to Learning	
Factors Affecting Learning	Health/Acuity Status Pain/Discomfort
Cultural or Religious Factors that Would Influence Learning	Yes
Learning Preference	Verbal
Safety	
Venipuncture	
Blood Pressure	
Safety Bracelets	
Safety Bracelets	Allergy (Red) Blood Band (Red) Identification (White)

Continued on Page 16

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Edit Status 07/17/14 01:01 SMSWITZER (Rec: 07/17/14 01:11 SMSWITZER ICUCART27)
Complete=>Complete

Patient Measurements Start: 07/16/14 23:04
Freq: 05 Status: Active
Document 07/17/14 05:00 SMSWITZER (Rec: 07/17/14 07:22 SMSWITZER ICUEDPC2)
Patient Measurements

Weight (119 lb 0.794 oz-222 lb 3.615 oz)	296 lb 1.293 oz
Height (5 ft 4.3 in-6 ft 2.8 in)	6 ft 0.83 in
Body Mass Index (kg/m2)	39.2
Measurement Method	Bedscale
Open Here for Additional Calculations (Not for Children)	
Calculated Ideal Body Weight (IBW) (lbs)	182.98
% Ideal Body Weight (%IBW) (lbs)	162
Adjusted Body Weight (ABW) (lbs)	211.26

Pneumonia Risk Assessment Start: 07/16/14 22:42
Freq: .ADMIT Status: Complete
Document 07/17/14 00:59 SMSWITZER (Rec: 07/17/14 01:00 SMSWITZER ICUCART27)
Pneumonia Risk Assessment

Is Pt. 19 - 64 y/o and Have Any of the	
Does Patient have Current Diagnosis	
Select Applicable Diagnosis	Asthma
Will Patient Qualify for Pneumonia Vaccine?	
Has the Patient Received the Pneumococcal Vaccine	No
Vaccine Qualification	
Qualifies for Pneumococcal Vaccination	Yes
Contraindications	
Is Patient Pregnant?	No
Declined Due to History of Serious Previous Reaction	No
Patient/Caregiver Declined Vaccine	Yes
Administer Pneumococcal Vaccine	No

Edit Status 07/17/14 00:59 SMSWITZER (Rec: 07/17/14 01:00 SMSWITZER ICUCART27)
Complete=>Complete

Restraint Flowsheet Start: 07/17/14 11:38
Freq: Q1H Status: Active
Document 07/17/14 11:00 WLB (Rec: 07/17/14 11:41 WLB ICUPC13)
Restraint Flowsheet
~~~

Time Limited: Acute Medical/Surgical - 24 Hrs	Yes
Primary Behavioral Health Care	No
Physician Order	Yes
Start Time	11:00
Potential Harm to	Self
Behavior/Reason for Restraint	Interfere W/Life Support Lacks/Fluctuates Decision Removes Medical Devices Unable to Follow Instruct
Alternatives Attempted	Increased Observation Personal Alarm Redirection Reorientation
Restraint Type	Cloth

Continued on Page 17
~~~

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Restraint Location	Bilateral Wrists
Education Provided to	Patient
Pt. Ability to Participate in Care Assessed	Yes
Comfortable Temperature/Clean Environment Maintained	Yes
Circulation/Condition of Limbs Assessed	Yes
Behavior Assessed for Early Release/ Discontinue	Yes
Patient Observed/Assessed for Safety	Yes
Fluids Offered	Yes
Toileting Offered	Yes
Nourishment Offered	Yes
Skin Condition Assessed	Yes
Privacy/Modesty Maintained	Yes
Range of Motion Completed	Yes
Position Changed	Yes
Call Light Within Reach	Yes
Released for Patient Care	Yes

Document 07/17/14 12:00 WLB (Rec: 07/17/14 12:18 WLB ICUCART27)
Restraint Flowsheet
~~~

Time Limited: Acute Medical/Surgical - 24 Hrs	Yes
Primary Behavioral Health Care	No
Physician Order	Yes
Potential Harm to	Self
Behavior/Reason for Restraint	Attempts to Get Up Lacks/Fluctuates Decision Removes Medical Devices Unable to Follow Instruct
Alternatives Attempted	Increased Observation Low Bed Personal Alarm Redirection Reorientation
Restraint Type	Cloth
Restraint Location	Bilateral Wrists
Education Provided to	Patient
Pt. Ability to Participate in Care Assessed	Yes
Comfortable Temperature/Clean Environment Maintained	Yes
Circulation/Condition of Limbs Assessed	Yes
Behavior Assessed for Early Release/ Discontinue	Yes
Patient Observed/Assessed for Safety	Yes
Fluids Offered	Yes
Toileting Offered	Yes
Nourishment Offered	Yes
Skin Condition Assessed	Yes
Privacy/Modesty Maintained	Yes
Range of Motion Completed	Yes
Position Changed	Yes

Continued on Page 18
~~~

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Call Light Within Reach	Yes
Released for Patient Care	Yes

Document 07/17/14 13:00 WLB (Rec: 07/17/14 13:18 WLB ICUCART27)
Restraint Flowsheet
~~~

Time Limited: Acute Medical/Surgical - 24 Hrs	Yes
Primary Behavioral Health Care	No
Physician Order	Yes
Potential Harm to	Self
Behavior/Reason for Restraint	Attempts to Get Up Lacks/Fluctuates Decision Removes Medical Devices Unable to Follow Instruct
Alternatives Attempted	Increased Observation Personal Alarm Redirection Reorientation
Restraint Type	Cloth
Restraint Location	Bilateral Wrists
Education Provided to	Patient
Pt. Ability to Participate in Care Assessed	Yes
Comfortable Temperature/Clean Environment Maintained	Yes
Circulation/Condition of Limbs Assessed	Yes
Behavior Assessed for Early Release/ Discontinue	Yes
Patient Observed/Assessed for Safety	Yes
Fluids Offered	Yes
Toileting Offered	Yes
Nourishment Offered	Yes
Skin Condition Assessed	Yes
Privacy/Modesty Maintained	Yes
Range of Motion Completed	Yes
Position Changed	Yes
Call Light Within Reach	Yes
Released for Patient Care	Yes

Skin Rounding Observations Start: 07/16/14 22:42
Freq: 02,04,06,08,10,12,14,16,18,20,22,00 Status: Inactive
Edit Status 07/17/14 01:13 SMSWITZER (Rec: 07/17/14 01:13 SMSWITZER ICUCART27)
Active=>Inactive

Smoking Cessation Education Start: 07/16/14 22:42
Freq: 0900 Status: Active
Not Done 07/17/14 09:00 WLB (Rec: 07/17/14 08:18 WLB ICUPC13)
Out of Department

Surgical Drains Start: 07/17/14 11:37
Freq: 09,21 Status: Active
Document 07/17/14 12:25 WLB (Rec: 07/17/14 12:26 WLB ICUPC13)
Surgical Drains
Surgical Drain
Anterior Neck

New This Shift	Yes
Insertion Date	07/17/14

Continued on Page 19
~~~

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Surgical Drain Suction Type	Bulb
Surgical Drain Drainage	Sanguinous
Site Status	Benign
Date Dressing Changed	07/17/14
Dressing	surgical dressing c/d/i

Tasks-Critical Care Start: 07/16/14 22:42
Freq: Q2H Status: Active

Frequency 07/16/14 22:43 SMSWITZER (Rec: 07/16/14 22:43 SMSWITZER ICUPC13)

Date/Time	Frequency
07/17/14 00:00	Q2H

Document 07/17/14 00:00 SMSWITZER (Rec: 07/17/14 01:52 SMSWITZER ICUPC13)
Critical Care
Frequent Documentation

Turn/Reposition	Back
Side Rails Up x	3
Call Light in Reach	Yes
Alarms on/Limit Set	Yes
Family Visit/Update	mother at bedside, update given
Teaching Methods	Discussion

Every Shift

Activity	Bedrest
Comment	NPO

Document 07/17/14 02:00 SMSWITZER (Rec: 07/17/14 02:27 SMSWITZER ICUPC13)
Critical Care
Frequent Documentation

Turn/Reposition	Back
Side Rails Up x	3
Call Light in Reach	Yes
Alarms on/Limit Set	Yes
Family Visit/Update	spinal cord inj, on back

Every Shift

Activity	Bedrest
Comment	NPO

Document 07/17/14 04:00 SMSWITZER (Rec: 07/17/14 04:12 SMSWITZER ICUPC13)
Critical Care
Frequent Documentation

Turn/Reposition	Back
Side Rails Up x	3
Call Light in Reach	Yes
Alarms on/Limit Set	Yes
Family Visit/Update	spinal cord inj, on back

Every Shift

Activity	Bedrest
Comment	NPO

Document 07/17/14 06:00 SMSWITZER (Rec: 07/17/14 07:25 SMSWITZER ICUEDPC2)
Critical Care
Frequent Documentation

Turn/Reposition	Back
Side Rails Up x	3
Call Light in Reach	Yes
Alarms on/Limit Set	Yes
Family Visit/Update	spinal cord inj, on back

Every Shift

Continued on Page 20

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Activity Bedrest
Comment NPO
Not Done 07/17/14 08:00 WLB (Rec: 07/17/14 07:38 WLB ICUPC13)
Out of Department
Not Done 07/17/14 10:00 WLB (Rec: 07/17/14 10:03 WLB ICUPC13)
Out of Department
Document 07/17/14 12:00 WLB (Rec: 07/17/14 12:16 WLB ICUCART27)
Critical Care
Frequent Documentation
Turn/Reposition Back
Side Rails Up x 3
Call Light in Reach Yes
Alarms on/Limit Set Yes
Family Visit/Update hob flat on back, cervical injury
Every Shift
Activity Bedrest
Oral Care Provided Yes

Vent Riker Sedation/Agitation Scale Start: 07/17/14 11:37
Freq: Q1H Status: Active
Document 07/17/14 11:37 WLB (Rec: 07/17/14 11:39 WLB ICUPC13)
Sedation/Agitation Level
Choose Most Appropriate Level
Sedation/Agitation Level Sedated
Riker Sedation/Agitation Scale 3
Edit Status 07/17/14 11:39 WLB (Rec: 07/17/14 11:39 WLB ICUPC13)
Active=>Hold Until: 07/17/14 12:00
Document 07/17/14 12:00 WLB (Rec: 07/17/14 12:17 WLB ICUCART27)
Sedation/Agitation Level
Choose Most Appropriate Level
Sedation/Agitation Level Agitated
Riker Sedation/Agitation Scale 5
Document 07/17/14 13:00 WLB (Rec: 07/17/14 13:18 WLB ICUCART27)
Sedation/Agitation Level
Choose Most Appropriate Level
Sedation/Agitation Level Sedated
Riker Sedation/Agitation Scale 3

Ventilator Assessment - ICU Start: 07/17/14 11:37
Freq: Q4H Status: Active
Document 07/17/14 11:37 WLB (Rec: 07/17/14 11:40 WLB ICUPC13)
Ventilator Settings
~~~
Ventilation Mode PRVC/APV
FiO2 (% oxygen) 40
Vt/PC 400
Set Resp Rate 16
PEEP (cm H2O) 8
Exhaled Tidal Volume 578
Secretions
~~~
Suctioned Yes
Saline Irrigation No
Sputum Amount Small
Sputum Color Yellow

Continued on Page 21

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Sputum Consistency	Thick

Airway Device
~~~

Ambu/Mask at Bedside	Yes
Ventilation Interface	ETT
ET Tube Size (cm)	8
Endotracheal Tube Insertion Date	07/17/14
ETT Placement	Center
ETT cm @ lip	24

Edit Status 07/17/14 11:41 WLB (Rec: 07/17/14 11:41 WLB ICUPC13)
Active=>Hold Until: 07/17/14 16:00

Vital Sign / Pain Assessment Start: 07/16/14 16:49
Freq: Q1H Status: Active

Document 07/16/14 16:49 BCL (Rec: 07/16/14 17:18 BCL MTCTX77)
Vital Signs / Pain Assessment

Temperature (97 F-100.1 F)	97.6 F
Temperature Source	Temporal Artery
Pulse Rate (60-90 Beats/Min)	124
Respiratory Rate (12-24 Breaths/Min)	21
SPO2 (92-100 %)	99
Supplemental Oxygen	Yes
Percent Oxygen	100
Blood Pressure (94/68-120/80 mmHg)	133/106
BP Extremity	Upper right extremity

Document 07/16/14 18:02 BCL (Rec: 07/16/14 18:03 BCL MTCTX77)
Vital Signs / Pain Assessment

Pulse Rate (60-90 Beats/Min)	95
Respiratory Rate (12-24 Breaths/Min)	20
SPO2 (92-100 %)	100
Supplemental Oxygen	Yes
Percent Oxygen	100
Blood Pressure (94/68-120/80 mmHg)	109/51
BP Extremity	Upper right extremity
Intensity	0

Document 07/16/14 21:31 RFM (Rec: 07/16/14 21:33 RFM MTCTX22)
Vital Signs / Pain Assessment

Pulse Rate (60-90 Beats/Min)	94
Respiratory Rate (12-24 Breaths/Min)	16
SPO2 (92-100 %)	96
Blood Pressure (94/68-120/80 mmHg)	107/55
BP Extremity	Upper left extremity
Intensity	10

Document 07/16/14 22:00 JRJ (Rec: 07/16/14 22:01 JRJ MTCTX25)
Vital Signs / Pain Assessment

Temperature (97 F-100.1 F)	97.6 F
Temperature Source	Temporal Artery
Pulse Rate (60-90 Beats/Min)	94
Respiratory Rate (12-24 Breaths/Min)	16
SPO2 (92-100 %)	96
Blood Pressure (94/68-120/80 mmHg)	107/55
BP Extremity	Upper left extremity
Intensity	10

Vital Sign / Pain Assessment Start: 07/16/14 22:42
Freq: Q1H Status: Active

Continued on Page 22
~~~

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Document 07/16/14 22:15 SMSWITZER (Rec: 07/17/14 01:46 SMSWITZER ICUPC13)
Inpatient Vital Signs

Temperature (97 F-100.1 F)	98.0 F
Temperature Source	Temporal Artery
Pulse Rate (60-90 Beats/Min)	97
Respiratory Rate (12-24 Breaths/Min)	15
SPO2 (92-100 %)	100
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	142/91
Blood Pressure Mean (mmHg)	108
BP Extremity	Upper left extremity

Frequency 07/16/14 22:43 SMSWITZER (Rec: 07/16/14 22:43 SMSWITZER ICUPC13)

Date/Time	Frequency
07/16/14 23:00	Q1H

Document 07/16/14 23:00 SMSWITZER (Rec: 07/17/14 01:51 SMSWITZER ICUPC13)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	103
Respiratory Rate (12-24 Breaths/Min)	15
SPO2 (92-100 %)	100
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	139/52
Blood Pressure Mean (mmHg)	81
BP Extremity	Upper left extremity

Document 07/17/14 00:00 SMSWITZER (Rec: 07/17/14 01:51 SMSWITZER ICUPC13)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	94
Respiratory Rate (12-24 Breaths/Min)	16
SPO2 (92-100 %)	95
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	117/48
Blood Pressure Mean (mmHg)	71
BP Extremity	Upper left extremity

Document 07/17/14 01:00 SMSWITZER (Rec: 07/17/14 01:51 SMSWITZER ICUPC13)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	91
Respiratory Rate (12-24 Breaths/Min)	11
SPO2 (92-100 %)	97
Supplemental Oxygen	Yes
BP Extremity	Upper left extremity

Document 07/17/14 02:00 SMSWITZER (Rec: 07/17/14 02:29 SMSWITZER ICUPC13)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	94
Respiratory Rate (12-24 Breaths/Min)	11
SPO2 (92-100 %)	96
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	108/50
Blood Pressure Mean (mmHg)	69
BP Extremity	Upper left extremity

Document 07/17/14 03:00 SMSWITZER (Rec: 07/17/14 03:28 SMSWITZER ICUPC13)
Inpatient Vital Signs

Temperature (97 F-100.1 F)	99.3 F
Temperature Source	Temporal Artery
Pulse Rate (60-90 Beats/Min)	99
Respiratory Rate (12-24 Breaths/Min)	17

Continued on Page 23

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

SPO2 (92-100 %)	100
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	105/43
Blood Pressure Mean (mmHg)	63
BP Extremity	Upper left extremity

Document 07/17/14 04:00 SMSWITZER (Rec: 07/17/14 04:18 SMSWITZER ICUPC13)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	90
Respiratory Rate (12-24 Breaths/Min)	10
SPO2 (92-100 %)	97
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	111/48
Blood Pressure Mean (mmHg)	69
BP Extremity	Upper left extremity

Document 07/17/14 05:00 SMSWITZER (Rec: 07/17/14 07:23 SMSWITZER ICUEDPC2)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	96
Respiratory Rate (12-24 Breaths/Min)	10
SPO2 (92-100 %)	100
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	108/50
Blood Pressure Mean (mmHg)	69
BP Extremity	Upper left extremity

Document 07/17/14 06:00 SMSWITZER (Rec: 07/17/14 07:23 SMSWITZER ICUEDPC2)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	98
Respiratory Rate (12-24 Breaths/Min)	11
SPO2 (92-100 %)	100
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	128/42
Blood Pressure Mean (mmHg)	70
BP Extremity	Upper left extremity

Document 07/17/14 07:00 WLB (Rec: 07/17/14 07:28 WLB ICUPC13)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	96
Respiratory Rate (12-24 Breaths/Min)	16
SPO2 (92-100 %)	99
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	119/58
Blood Pressure Mean (mmHg)	78
BP Extremity	Upper left extremity

Not Done 07/17/14 08:00 WLB (Rec: 07/17/14 07:38 WLB ICUPC13)
Out of Department
Not Done 07/17/14 09:00 WLB (Rec: 07/17/14 08:56 WLB ICUPC13)
Out of Department
Not Done 07/17/14 10:00 WLB (Rec: 07/17/14 10:03 WLB ICUPC13)
Out of Department
Document 07/17/14 10:40 WLB (Rec: 07/17/14 11:38 WLB ICUPC13)
Inpatient Vital Signs

Temperature (97 F-100.1 F)	98.1 F
Temperature Source	Temporal Artery
Pulse Rate (60-90 Beats/Min)	87
Respiratory Rate (12-24 Breaths/Min)	18
SPO2 (92-100 %)	95

Continued on Page 24

GILL,KENNY D
Fac: Joplin Loc:INTENSIVE CARE UNIT 2 Bed:261-1
32 M 11/29/1981 Med Rec Num:JU00553804 Visit:J00337019723

Nursing - Continued

Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	148/74
Blood Pressure Mean (mmHg)	98

Document 07/17/14 11:00 WLB (Rec: 07/17/14 11:39 WLB ICUPC13)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	93
Respiratory Rate (12-24 Breaths/Min)	19
SPO2 (92-100 %)	95
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	116/45
Blood Pressure Mean (mmHg)	68

Document 07/17/14 12:00 WLB (Rec: 07/17/14 12:17 WLB ICUCART27)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	102
Respiratory Rate (12-24 Breaths/Min)	13
SPO2 (92-100 %)	100
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	134/54
Blood Pressure Mean (mmHg)	80

Document 07/17/14 13:00 WLB (Rec: 07/17/14 13:18 WLB ICUCART27)
Inpatient Vital Signs

Pulse Rate (60-90 Beats/Min)	89
Respiratory Rate (12-24 Breaths/Min)	16
SPO2 (92-100 %)	97
Supplemental Oxygen	Yes
Blood Pressure (94/68-120/80 mmHg)	133/52
Blood Pressure Mean (mmHg)	79
BP Extremity	Upper right extremity

Weights and Measurements Start: 07/16/14 22:42
Freq: Status: Active
Document 07/16/14 23:04 SMSWITZER (Rec: 07/16/14 23:04 SMSWITZER ICUPC13)
Patient Measurements

Weight (119 lb 0.794 oz-222 lb 3.615 oz)	298 lb 8.094 oz
Height (5 ft 4.3 in-6 ft 2.8 in)	6 ft 1 in
Body Mass Index (kg/m2)	39.4
Measurement Method	Bedscale

Open Here for Additional Calculations (Not for Children)

Calculated Ideal Body Weight (IBW) (lbs)	184.00
% Ideal Body Weight (%IBW) (lbs)	162
Adjusted Body Weight (ABW) (lbs)	212.63

Discharge

ED Provider:	Boulware,Chad A
Status:	Left Department
Time Seen by Provider:	07/16/14 17:06
Condition:	Serious
Triaged At:	07/16/14 16:49
Other ED Providers:	SADO,ANTHONY S Yarosh,Cherylon

Emergency Discharge Date/Time:	07/16/14 22:15
Emergency Discharge Disposition:	ADMIT AS INPATIENT TO FHS
Clinical Impression	head injury

Continued on Page 25

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Discharge - Continued

blunt chest trauma
Emergency Discharge Comment:

Admit Intervention	Last Done
Home Medication Confirmation	07/16/14 18:30

Query	Result
All Home Medications Confirmed	Yes

Discharge Assessment	07/16/14 22:01
TFS 0 Trauma Activation	07/16/14 17:12
TFS 1 Patient Arrival	07/16/14 16:49
TFS 2 Primary Assessment	07/16/14 16:49
TFS 3 IV Treatment	07/16/14 16:49
TFS 4 Secondary Assessment	07/16/14 16:49
TFS 5 Additional Interventions	07/16/14 17:25
TFS 6 Vital Signs / Pain / GCS	07/16/14 18:06
TFS 7A Intake & Output	07/16/14 18:05

Query	Result
Intake, IV Amount	1,500

TFS 7B Notifications	07/16/14 18:05
TFS 7C Patient Belongings	07/16/14 16:49
Oxygen Start Time	07/16/14 16:49
Oxygen Stop Time	
Log Sheet	07/16/14 21:25

Query	Result
Workmans Compensation	No
EKG obtained this visit	Yes
EKG documented by Nurse	Yes
EKG Order entered	Yes
EKG on chart	Yes
EKG Physician Interpretation documented	Yes
Patient Transfer to Non-Freeman Facility	No

Log Sheet - Admit 07/16/14 21:25

Query	Result
Admit patient	Yes
Initial Admit Orders Submitted	Yes
ACTUAL Date	07/16/14
Time	18:00
Core Measure Checklist Initiated	Yes
Date Bed Request Made	07/16/14
Time	18:58

Log Sheet - Bed Assignment 07/16/14 21:25

Query	Result
Not Applicable	No
Date Bed Assignment Made	07/16/14
Time	21:22

Continued on Page 26

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Discharge - Continued

Room #	261clean
Bed ready: Date:	07/16/14
Time:	21:22

Inpatient Discharge Date/Time:
Inpatient Discharge Disposition:
Inpatient Discharge Comment:

Instructions:
Stand-Alone Forms:
Prescriptions:
Visit Report
- Forms:
- Referrals:

Clinical Data

Diagnosis MVA, Pulm contusion, aspiration
Resuscitation Status Full Code
Isolation Not Applicable
Does Patient have a Designated Representative No
Contact Name
Contact Number
Advance Directives No
Advance Directives Information Provided
Advanced Directive on File
Advance Directives Date on File
Date Current Copy Placed on Chart
Power of Attorney No
Type of DPOA (Financial/Medical/NA)
Power of Attorney Name
Power of Attorney Phone Number
Date Durable Power of Attorney on File
Health Care Proxy No
Health Care Proxy Name
Health Care Proxy Phone Number
Health Care Proxy Verified Date
Patient or Family Confirms Information Current and Accurate No
Comment

CR

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723
Attending: Brock A Carney **Reg Date:**07/16/14
Reason:MVA, PULMONARY CONTUSTION

Problems

Anxiety, R/T — Start: 07/17/14 01:45
Freq: — Status: Active
Created 07/17/14 01:45 SMSWITZER (Rec: 07/17/14 01:45 SMSWITZER ICUPC13)

Braden < 19, actual/potential for — Start: 07/17/14 01:37
Text: impaired skin integrity — Status: Active
Freq:
Created 07/17/14 01:37 SMSWITZER (Rec: 07/17/14 01:37 SMSWITZER ICUPC13)

Develomental Age (18 - 40 years) — Start: 07/17/14 01:11
Freq: — Status: Active
Created 07/17/14 01:11 SMSWITZER (Rec: 07/17/14 01:11 SMSWITZER ICUCART27)

Fall Risk - Medications — Start: 07/17/14 01:37
Freq: — Status: Active
Created 07/17/14 01:37 SMSWITZER (Rec: 07/17/14 01:37 SMSWITZER ICUPC13)

Fall Risk - Universal — Start: 07/17/14 01:12
Freq: — Status: Active
Created 07/17/14 01:12 SMSWITZER (Rec: 07/17/14 01:12 SMSWITZER ICUCART27)

Mobility, impaired physical, R/T — Start: 07/17/14 01:45
Freq: — Status: Active
Created 07/17/14 01:45 SMSWITZER (Rec: 07/17/14 01:45 SMSWITZER ICUPC13)

Pain, acute/chronic, R/T — Start: 07/17/14 01:11
Freq: — Status: Active
Created 07/17/14 01:11 SMSWITZER (Rec: 07/17/14 01:11 SMSWITZER ICUCART27)

Respiratory Care- Breathing — Start: 07/17/14 10:52
Freq: — Status: Active
Created 07/17/14 10:52 MDMOSER (Rec: 07/17/14 10:52 MDMOSER RTCART2)

Skin integrity, risk for impaired — Start: 07/17/14 10:52
Freq: — Status: Active
Created 07/17/14 10:52 MDMOSER (Rec: 07/17/14 10:52 MDMOSER RTCART2)

Tissue perfusion, ineffective, R/T — Start: 07/17/14 08:20
Freq: — Status: Active
Created 07/17/14 08:20 WLB (Rec: 07/17/14 08:20 WLB ICUPC13)

GILL,KENNY D
Fac: Joplin
Loc:INTENSIVE CARE UNIT 2
Bed:261-1
32 M 11/29/1981
Med Rec Num:JU00553804
Visit:J00337019723
Attending:Brock A Carney
Reg Date:07/16/14
Reason:MVA, PULMONARY CONTUSTION

07/17/14 13:19 Nursing by BROMLEY,WHITNEY L
DR. YAROSH INFORMED PT MOVING UPPER EXT INDEPENDENTLY BUT NOT TO COMMANDS. UNABLE TO MOVE LOWER EXT ATT.

Initialized on 07/17/14 13:19 - END OF NOTE

07/17/14 12:26 Nursing by BROMLEY,WHITNEY L
1040- PT RETURN TO ROOM FROM SURGERY. PT INTUBATED; ETT #8 24 AT THE LIP. TUBE TO VENT SETTINGS PER RT. MIAMI J COLLAR ON. JP DRAIN TO BULB SUCTION FROM ANTERIOR NECK, DRESSING C/D/I. MONITORS APPLIED. VSS. NEO ON STANDBY. FOLEY TO DD. SCD'S ON.
1050- DR. AL-HASSAN AT THE BEDSIDE. ORDERS RECEIVED.
1100- RESTRAINTS APPLIED. DIPRIVAN /FENTANYL STARTED. NS WITH 20KCL AT 100ML/HR.
1200- PT BECOMING MORE AWAKE AND AGITATED. SHAKING HEAD SIDE TO SIDE. SEDATION INCREASED. MOVING UPPER EXT. INDEPENDENTLY BUT NOT TO COMMANDS. DENIES THAT HE CAN FEEL SENSATION TO BILATERAL LOWER EXT. DR. YAROSH PAGED ATT.

Initialized on 07/17/14 12:26 - END OF NOTE

07/17/14 07:38 Nursing by BROMLEY,WHITNEY L
0700- AM ASSESSMENT COMPLETED. PT IS AWAKE/ALERT/ORIENTED BUT FORGETFUL AND REPEATS QUESTIONS OCCASIONALLY. VERY CONCERNED ABOUT FAMILY MEMBERS AND ANXIETY ABOUT SURGERY THIS AM ASKING "AM I GOING TO BE PARALIZED". SURGICAL TEAM CURRENTLY AT THE BEDSIDE PREPARING PT FOR TX TO SURG. VSS. LUNGS CLEAR. PT CAN MOVE HANDS BUT UNABLE TO WIGGLE FINGERS OR GRIP ON COMMAND. UNABLE TO WIGGLE TOES, BUT HAS SENSATION WHEN I TOUGH THEM. FOLEY TO DD. NEO AT 15MCG/MIN. NS AT 200ML/HR.
0708- PT TRANSFERRED TO SURGERY. WHEELED PT BY PT'S WIFE ROOM PRIOR TO SURGERY SO THEY COULD SEE EACH OTHER.

Initialized on 07/17/14 07:38 - END OF NOTE

07/17/14 06:00 (created 07/17/14 07:25) Nursing by SWITZER,SHANNON M
Dr Yarosh at bedside, new orders rcvd.

Initialized on 07/17/14 07:25 - END OF NOTE

07/17/14 03:00 (created 07/17/14 03:29) Nursing by SWITZER,SHANNON M
Dr Sado at bedside to assess patient.

Initialized on 07/17/14 03:29 - END OF NOTE

07/17/14 00:25 (created 07/17/14 02:31) Nursing by SWITZER,SHANNON M
Dr Yarosh on phone, new order rcvd.

Continued on Page 2

GILL,KENNY D
Fac: Joplin **Loc:**INTENSIVE CARE UNIT 2 **Bed:**261-1
32 M 11/29/1981 **Med Rec Num:**JU00553804 **Visit:**J00337019723

Initialized on 07/17/14 02:31 - END OF NOTE

07/16/14 22:07 (created 07/17/14 02:30) Nursing by SWITZER,SHANNON M
Dr Carney at bedside to assess patient, new orders rcvd.

Initialized on 07/17/14 02:30 - END OF NOTE