

**06/28/2022 - Diagnostic Imaging in HOV WEST LA HOSP CT (continued)****Events (continued)**Unit: HOV WEST LA HOSP CT  
Patient class: Outpatient**Imaging****Imaging****CT ABD AND PELVIS NO CONTRAST [1554007163] (Final result)**Status: **Completed**Electronically signed by: **Lin, Daniel (D.O.), D.O. on 06/28/22 2137**

This order may be acted on in another encounter.

Ordering user: Lin, Daniel (D.O.), D.O. 06/28/22 2137

Authorized by: Lin, Daniel (D.O.), D.O.

Ordering mode: Standard

Frequency: STAT 06/28/22 -

Class: Normal

Quantity: 1

Lab status: Final result

Diagnoses

LUQ ABDOMINAL PAIN [R10.12]

**Provider Details**

Provider	NPI
Lin, Daniel (D.O.), D.O.	1689771842

**Questionnaire**

Question	Answer
Is the Patient Pregnant?	No
Do you authorize order modification to better answer the clinical question and relevant laboratory tests per radiology department directives?	Yes
Result Release to patient?	Immediate

**Scheduling instructions**

If the patient is not NPO, may have clear liquids prior to CT scan.

Contact Radiology Department for required prep instructions.

Notify staff if patient is over 300 pounds.

Patient must be able to lie flat and be cooperative.

Order comments: Acute left upper abdominal pain

**CT ABD AND PELVIS NO CONTRAST [1554007163]**

Resulted: 06/28/22 2209, Result status: Final result

Order status: Completed

Filed on: 09/29/22 1038

Accession number: 108375891

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

URGENTCARE TOLD PATIENT TO FOLLOW UP IN E.R. AFTER THE EXAM. PATIENT DID NOT WANT TO DO THAT. PATIENT DECIDED TO GO HOME. 10:10PM Is the Patient Pregnant?-&gt;No Do you authorize order modification to better answer the clinical question and relevant laboratory tests per radiology department directives?-&gt;Yes Result Release to patient?-&gt;Immediate

Acknowledged by

Wissa, Mark N (R.N.), R.N. on 07/01/22 1137

Moshiri, Hossein (R.N.), R.N. on 07/02/22 1026

**Transcription**

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	108375891	6/29/2022 8:18 AM	Dokko, Joon (M.D.), M.D.
Signed by Dokko, Joon (M.D.), MEDICAL DOCTOR on 06/29/22 at 0819			

CLINICAL HISTORY: Acute left upper abdominal pain

COMPARISON: 9/10/2020

TECHNIQUE: Study performed per protocol.

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**06/28/2022 - Diagnostic Imaging in HOV WEST LA HOSP CT (continued)**

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**Imaging (continued)**

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## CT Dose:

As required by California law, the CTDIvol and DLP radiation doses associated with this CT study are listed below. This represents the estimated dose to a standard lucite phantom resulting from the technique used for this study, but is not the dose to this specific patient.

Type / CTDIvol / DLP / Phantom

Helical / 23.37 / 1208.13 / B

Total Exam DLP: 1208.13

CTDIvol = mGy                      DLP = mGy-cm

Phantom: B=Body32, H=Head16

## CONTRAST:

FINDINGS: Abdomen and pelvic CT

## ABDOMEN:

Lung: Lung bases are unremarkable.

Liver: Liver is unremarkable.

Gallbladder: Gallbladder is unremarkable.

Spleen: Spleen is unremarkable.

Pancreas: Pancreas is unremarkable.

Adrenal: Adrenal glands are unremarkable.

Kidneys: kidneys are unremarkable. No hydronephrosis. No kidney stone is seen.

Bowel: There are a few colonic diverticula without inflammatory changes. Appendix appears normal. There is no pneumoperitoneum.

Aorta: Unremarkable.

Lymph node: No abnormal lymphadenopathy.

## Pelvis:

No obvious pelvic mass is seen. Hysterectomy changes are seen. 3.2 cm right ovarian cyst is seen.

## IMPRESSION:

Colonic diverticulosis without acute diverticulitis.

**06/28/2022 - Diagnostic Imaging in HOV WEST LA HOSP CT (continued)****Imaging (continued)**

No CT evidence of acute appendicitis.

3.2 cm right ovarian cyst.

This report electronically signed by Joon Dokko, MD on 6/29/2022 8:13 AM

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

**CT ABD AND PELVIS NO CONTRAST [1554007163]**

Resulted: 06/28/22 2209, Result status: In process

Order status: Completed

Filed on: 09/29/22 1038

Accession number: 108375891

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Is the Patient Pregnant?->No Do you authorize order modification to better answer the clinical question and relevant laboratory tests per radiology department directives?->Yes Result Release to patient?->Immediate

**Transcription**

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Signed by Dokko, Joon (M.D.), MEDICAL DOCTOR on 06/29/22 at 0819			

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COMPARISON: 9/10/2020

TECHNIQUE: Study performed per protocol.

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**06/28/2022 - Diagnostic Imaging in HOV WEST LA HOSP CT (continued)**

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**Imaging (continued)**

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No CT evidence of acute appendicitis.

3.2 cm right ovarian cyst.

This report electronically signed by Joon Dokko, MD on 6/29/2022 8:13 AM

**Reviewed by**

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Moshiri, Hossein (R.N.), R.N. on 07/02/22 1026  
Wissa, Mark N (R.N.), R.N. on 07/01/22 1137  
Wissa, Mark N (R.N.), R.N. on 07/01/22 1137  
Wissa, Mark N (R.N.), R.N. on 07/01/22 1137

**Testing Performed By**

**06/28/2022 - Diagnostic Imaging in HOV WEST LA HOSP CT (continued)****Imaging (continued)**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

**CT ABD AND PELVIS NO CONTRAST [1554007163]**

Resulted: 06/28/22 2201, Result status: In process

Order status: Completed

Filed on: 09/29/22 0336

Accession number: 108375891

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

**Transcription**

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Diagnostic imaging	108375891	6/29/2022 8:18 AM	Dokko, Joon (M.D.), M.D.
Signed by Dokko, Joon (M.D.), MEDICAL DOCTOR on 06/29/22 at 0819			

CLINICAL HISTORY: Acute left upper abdominal pain

COMPARISON: 9/10/2020

TECHNIQUE: Study performed per protocol.

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**06/28/2022 - Diagnostic Imaging in HOV WEST LA HOSP CT (continued)****Imaging (continued)**

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**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

**Indications**

LUQ ABDOMINAL PAIN [R10.12 (ICD-10-CM)]

**All Reviewers List**

Moshiri, Hossein (R.N.), R.N. on 7/2/2022 10:26  
Wissa, Mark N (R.N.), R.N. on 7/1/2022 11:37  
Wissa, Mark N (R.N.), R.N. on 7/1/2022 11:37  
Wissa, Mark N (R.N.), R.N. on 7/1/2022 11:37

**06/28/2022 - Diagnostic Imaging in HOV WEST LA HOSP CT (continued)****END OF ENCOUNTER****06/30/2022 - ED in EDWL****Visit Information****Admission Information**

Arrival Date/Time:	06/30/2022 1906	Admit Date/Time:	06/30/2022 2001	IP Adm. Date/Time:	
Admission Type:		Point of Origin:		Admit Category:	
Means of Arrival:		Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	SOUTHERN CALIFORNIA REGION	Unit:	EDWL
Admit Provider:	Jain, Sushil Kumar (M.D.), M.D.	Attending Provider:	Jain, Sushil Kumar (M.D.), M.D.	Referring Provider:	

**ED Disposition**

ED Disposition	Condition	User	Date/Time	Comment
Home	Improved	Jain, Sushil Kumar (M.D.), M.D.	Thu Jun 30, 2022 9:20 PM	

**Discharge Information**

Date/Time: 06/30/2022 2133	Disposition: Home Or Self Care.	Destination: —
Provider: Jain, Sushil Kumar (M.D.), M.D.	Unit: EDWL	

**Follow-up Information**

Follow up With	Specialties	Details	Why	Contact Info
Gastroenterology		Schedule an appointment as soon as possible for a visit		

**Level of Service**

Level of Service
ED VISIT LEVEL 4

**Location**

Name	Address	Phone
WEST LA MEDICAL CENTER L	6041 CADILLAC AVE Los Angeles CA 90034-1702	857-2000

**Reason for Visit****Chief Complaints**

- REFERRAL
- DIAGNOSTIC IMAGING RESULTS (Patient to the Er complaining of abdominal pain 9/10 x3 days. Patient denies any nausea or vomiting. )

**Visit Diagnosis**

Name	Code	Is ED?
EPIGASTRIC ABDOMINAL PAIN (primary)	R10.13	Yes

**Vitals**

Date/Time	Temp	Pulse	Resp	BP	SpO2	Weight
06/30/22 1919	97.9 °F (36.6 °C)	88	18	148/91 !	100 %	215 lb 13.3 oz (97.9 kg)

**06/30/2022 - ED in EDWL (continued)****Treatment Team**

Provider	Service	Role	Specialty	From	To
Jain, Sushil Kumar (M.D.), M.D.	—	Admitting Provider	Emergency Medicine	—	—
Jain, Sushil Kumar (M.D.), M.D.	—	Attending Provider	Emergency Medicine	06/30/22 2059	—

**Events****Admission at 6/30/2022 2001**

Unit: EDWL	Room: HE06	Bed: 06
Patient class: Emergency	Service: Emergency Medicine	

**Transfer Out at 6/30/2022 2058**

Unit: EDWL	Room: HE06	Bed: 06
Patient class: Emergency	Service: Emergency Medicine	

**Transfer In at 6/30/2022 2058**

Unit: EDWL	Room: HE02	Bed: 02
Patient class: Emergency	Service: Emergency Medicine	

**Transfer Out at 6/30/2022 2058**

Unit: EDWL	Room: HE02	Bed: 02
Patient class: Emergency	Service: Emergency Medicine	

**Transfer In at 6/30/2022 2058**

Unit: EDWL	Room: YWR	Bed: 01
Patient class: Emergency	Service: Emergency Medicine	

**Transfer Out at 6/30/2022 2130**

Unit: EDWL	Room: YWR	Bed: 01
Patient class: Emergency	Service: Emergency Medicine	

**Transfer In at 6/30/2022 2130**

Unit: EDWL	Room: WNDC	Bed: 01
Patient class: Emergency	Service: Emergency Medicine	

**Discharge at 6/30/2022 2133**

Unit: EDWL	Room: WNDC	Bed: 01
Patient class: Emergency	Service: Emergency Medicine	

**ED Provider Note****ED Provider Notes by Jain, Sushil Kumar (M.D.), M.D. at 6/30/2022 2115**

Author: Jain, Sushil Kumar (M.D.), M.D.	Service: —	Author Type: Physician
Filed: 7/4/2022 4:02 PM	Date of Service: 6/30/2022 9:15 PM	Creation Time: 6/30/2022 9:15 PM
Status: Signed	Editor: Jain, Sushil Kumar (M.D.), M.D. (Physician)	

**EMERGENCY DEPARTMENT NOTE**

PEPPER SMITH

MRN: 000004779300

DOB: 5/22/1971

PMD: Stahl, Jerusha Emily (M.D.)

9:15 PM

Chief Complaint: REFERRAL and DIAGNOSTIC IMAGING RESULTS



06/30/2022 - ED in EDWL (continued)

## ED Provider Note (continued)

## History Reviewed:

I have reviewed the Medical/Surgical, Family and Social history as displayed in HealthConnect on the date of the encounter and recent physician visits.

Of note is: (if left blank, then no pertinent facts found in recent chart)

## TRIAGE NURSE

## Presenting Vital Signs:

BP: (!) 148/91 | Pulse: 88 | Temp: 97.9 °F (36.6 °C) | Resp: 18 | SpO2: 100 % | unremarkable by my interpretation

History of Present Illness: Pepper Smith is a 51 year old female with unremarkable presents to the Emergency Department with LUQ abd pain.

- pt with 3 days of LUQ abd pain pain, dull, burning, possibly worse after food
- seen in the 2 days ago with negative CT abdomen pelvis and right upper quadrant ultrasound, labs unremarkable
- patient had received a CT and ultrasound while in urgent care and was supposed to come to the ED for result but patient based understood and went home
- she came back today for her results
- continues to have pain
- denies fevers, cough, chest pain, shortness of breath, diarrhea

## Past Medical History:

**Past Medical History:**

## Diagnosis

- SEVERE OBESITY, BMI 40-44.9, ADULT
- VITAMIN D DEFICIENCY
- UTERINE FIBROIDS
- IRON DEFICIENCY ANEMIA

## Date

4/11/2006  
3/30/2011  
8/25/2016  
10/13/2016

## Patient Active Problem List:

VITAMIN D DEFICIENCY  
HX OF TOTAL HYSTERECTOMY, NO VAGINAL PAP SMEAR REQUIRED  
VARICOSE VEINS  
OBESITY, BMI 39-39.9, ADULT

## Past Surgical History:

**Past Surgical History:**

## Procedure

- LAPAROSCOPIC HYSTERECTOMY

## Laterality

N/A

## Date

8/17/2017

*Procedure: ABDOMINAL HYSTERECTOMY LAPAROSCOPIC; Laterality: N/A; Surgeon: Lansdowne, Elisa Danielle (M.D.), M.D.*

- LAPAROSCOPIC SALPINGECTOMY

Left

8/17/2017

**06/30/2022 - ED in EDWL (continued)**

**ED Provider Note (continued)**

*Procedure: SALPINGECTOMY LAPAROSCOPIC; Laterality: Left; Surgeon: Lansdowne, Elisa Danielle (M.D.), M.D.*

- CYSTOSCOPY PROCEDURES N/A 8/17/2017

*Procedure: CYSTOSCOPY; Laterality: N/A; Surgeon: Lansdowne, Elisa Danielle (M.D.), M.D.*

- LAPAROSCOPIC LYSIS OF INTRA-ABDOMINAL ADHESION N/A 8/17/2017

*Procedure: INTRA ABDOMINAL LYSIS OF ADHESIONS LAPAROSCOPIC; Laterality: N/A; Surgeon: Lansdowne, Elisa Danielle (M.D.), M.D.*

- CHOLECYSTECTOMY LAPAROSCOPIC N/A 11/3/2020

*Procedure: CHOLECYSTECTOMY LAPAROSCOPIC; Laterality: N/A; Surgeon: Plehn, Charles Ronald (M.D.), M.D.*

- FALLOPIAN TUBE(S), LIGATION OR TRANSECTION, ABDOMINAL OR VAGINAL APPROACH, UNILAT OR BILAT

- SALPINGECTOMY COMPLETE Right  
*two ectopic pregnancies after BTL*

Family History:

**Family History**

Problem	Relation	Age of Onset
• Glaucoma	Father	
• COPD <i>heavy smoker</i>	Father	
• Other (gallbladder ca [Other]) <i>pancreatic mets</i>	Mother	
• Crohn's Disease	Daughter	

Social History:

**Social History**

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Vaping Use

- Vaping Use: Never used

Substance Use Topics

- Alcohol use: No  
Alcohol/week: 0.0 oz  
*Comment: occassional*
- Drug use: No

ALLERGIES:

**Allergies**

Allergen	Reactions
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**06/30/2022 - ED in EDWL (continued)**

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**ED Provider Note (continued)**

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- No Known Drug Allergies

**Review of Systems**

Constitutional: Negative for chills, fatigue and fever.

HENT: Negative for congestion, rhinorrhea and sore throat.

Eyes: Negative for photophobia, pain and redness.

Respiratory: Negative for cough, chest tightness and shortness of breath.

Cardiovascular: Negative for chest pain and leg swelling.

Gastrointestinal: Positive for abdominal pain. Negative for diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria, flank pain and hematuria.

Musculoskeletal: Negative for back pain, joint swelling and neck pain.

Skin: Negative for pallor and rash.

Neurological: Negative for weakness, numbness and headaches.

Psychiatric/Behavioral: Negative for agitation and behavioral problems.

**Physical Exam**

Vitals and nursing note reviewed.

**Constitutional:**

General: She is in acute distress.

Appearance: She is well-developed.

Comments: **Mild distress due to pain.**

**HENT:**

Head: Normocephalic and atraumatic.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

**Eyes:**

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds. No murmur heard.

No friction rub. No gallop.

**Pulmonary:**

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

**Abdominal:**

General: There is no distension.

Palpations: Abdomen is soft. There is no mass.

Tenderness: There is abdominal tenderness. There is no guarding or rebound.

Comments: **Epigastric tenderness.**

**Musculoskeletal:**

General: No swelling or tenderness. Normal range of motion.

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**06/30/2022 - ED in EDWL (continued)**

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**ED Provider Note (continued)**

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Cervical back: Normal range of motion and neck supple.

**Lymphadenopathy:**

Cervical: No cervical adenopathy.

**Skin:**

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not pale.

Findings: No rash.

**Neurological:**

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time.

Cranial Nerves: No cranial nerve deficit.

**Psychiatric:**

Mood and Affect: Mood normal.

Behavior: Behavior normal.

@WORKSHEET@

**ED COURSE:**

Orders placed for this ED visit are as follows:

**Orders Placed This Encounter**

- CBC W AUTOMATED DIFFERENTIAL
- ELECTROLYTE PANEL (NA, K, CL, CO2, ANION GAP)
- BUN
- CREATININE
- GLUCOSE
- AST
- ALT
- ALKALINE PHOSPHATASE
- BILIRUBIN, TOTAL
- LIPASE
- BILIRUBIN, DIRECT
- URINALYSIS, AUTOMATED
- WBC AUTO DIFF
- REFERRAL GI
- Alum-Mag Hydrox-Simeth (MYLANTA/MAALOX) 200-200-20 mg/5 mL Oral Susp
- Famotidine (PEPCID) 20 mg Oral Tab

**RESULTS:**

Vital Sign Trend:

**Vitals:**

06/30/22 1919

BP: (!) 148/91

06/30/2022 - ED in EDWL (continued)

## ED Provider Note (continued)

BP Location: LA-LEFT ARM  
Pulse: 88  
Resp: 18  
Temp: 97.9 °F (36.6 °C)  
SpO2: 100%  
Weight: 97.9 kg (215 lb 13.3 oz)  
Height: 1.6 m (5' 3")

Other Radiologic Studies (none unless otherwise noted)

Labs:  
**Results for orders placed or performed during the hospital encounter of 06/30/22**

**CBC W AUTOMATED DIFFERENTIAL**

Result	Value	Ref Range
WBC'S AUTO	5.4	4.0 - 11.0 x1000/mcL
RBC, AUTO	4.67	3.70 - 5.20 Mill/mcL
HGB	14.1	11.5 - 16.0 g/dL
HCT, AUTO	41.9	35.0 - 47.0 %
MCV	89.7	81.0 - 99.0 fL
MCH	30.2	25.0 - 35.0 pg/cell
MCHC	33.7	30.0 - 35.0 g/dL
RDW, BLOOD	11.9	11.5 - 16.0 %
PLATELETS, AUTOMATED COUNT	279	130 - 400 x1000/mcL

**ELECTROLYTE PANEL (NA, K, CL, CO2, ANION GAP)**

Result	Value	Ref Range
SODIUM	134 (L)	135 - 145 mEq/L
POTASSIUM	3.5	3.5 - 5.0 mEq/L
CHLORIDE	98 (L)	101 - 111 mEq/L
CO2	29	21 - 31 mEq/L
ANION GAP (NA - (CL + CO2))	7	3 - 11 mEq/L

**BUN**

Result	Value	Ref Range
BUN	14	<=18 mg/dL

**CREATININE**

Result	Value	Ref Range
CREATININE	0.77	<=1.10 mg/dL
EGFR, CREATININE-BASED FORMULA (CKD-EPI 2021)	93	>=60 mL/min/BSA

**GLUCOSE**

Result	Value	Ref Range
GLUCOSE, RANDOM	101	70 - 140 mg/dL

**AST**

Result	Value	Ref Range
AST	19	<=30 U/L

## 06/30/2022 - ED in EDWL (continued)

## ED Provider Note (continued)

Result	Value	Ref Range
<b>ALT</b>		
Result	Value	Ref Range
ALT	21	<=54 U/L
<b>ALKALINE PHOSPHATASE</b>		
Result	Value	Ref Range
ALKALINE PHOSPHATASE	48	<=125 U/L
<b>BILIRUBIN, TOTAL</b>		
Result	Value	Ref Range
BILIRUBIN, TOTAL	0.5	<=1.0 mg/dL
<b>LIPASE</b>		
Result	Value	Ref Range
LIPASE	37	<=58 U/L
<b>BILIRUBIN, DIRECT</b>		
Result	Value	Ref Range
BILIRUBIN, DIRECT	0.1	<=0.2 mg/dL
<b>URINALYSIS, AUTOMATED</b>		
Result	Value	Ref Range
GLUCOSE, UA	Negative	Negative mg/dL
KETONES, UA	Negative	Negative mg/dL
SPECIFIC GRAVITY, UA	1.011	1.005 - 1.030
UA HGB	Negative	Negative mg/dL
PH, UA	7.0	5.0 - 8.0
PROTEIN, UA	Negative	Negative mg/dL
NITRITE, UA	Negative	Negative
LEUKOCYTE ESTERASE, UA	Negative	Negative
UROBILINOGEN, UA, QL	Negative	Negative mg/dL
BILIRUBIN, UA	Negative	Negative mg/dL
<b>WBC AUTO DIFF</b>		
Result	Value	Ref Range
NEUTROPHILS %, AUTOMATED COUNT	43.3	
LYMPHOCYTES %, AUTOMATED COUNT	47.0	
MONOS %, AUTO	7.4	
EOSINOPHILS %, AUTOMATED COUNT	1.5	
BASOPHILS %, AUTOMATED COUNT	0.6	
IMMATURE GRANULOCYTES %, AUTOMATED COUNT	0	
RBC NUCLEATED AUTO COUNT, BLD	0	<=0 %
NEUTROPHILS, ABSOLUTE, AUTOMATED COUNT	2.35	1.80 - 7.70 x1000/mcL
LYMPHOCYTES, AUTOMATED COUNT	2.54	1.00 - 3.60 x1000/mcL
MONOCYTES, AUTOMATED COUNT	0.40	0.10 - 1.00 x1000/mcL
EOSINOPHILS, AUTOMATED COUNT	0.08	0.00 - 0.70 x1000/mcL
BASOPHILS, AUTOMATED COUNT	0.03	0.00 - 0.20 x1000/mcL
IMMATURE GRANULOCYTES, AUTOMATED COUNT	0.01	0.01 - 0.09 x1000/mcL

06/30/2022 - ED in EDWL (continued)

ED Provider Note (continued)

URINE PREGNANCY, POCT: No data found.  
PREGNANCY CONTROL BAR: No data found.

All lab and radiology results reviewed. Pertinent findings discussed with the patient. She understands the findings.

#### Procedures

#### MEDICAL DECISION MAKING:

Pepper Smith is a 51 year old female with unremarkable presents to the Emergency Department with LUQ abd pain. On arrival, patient with stable vitals nontoxic-appearing. Based on history and exam with recent negative workup including CT and ultrasound, patient likely with gastritis versus peptic ulcer disease. Biliary colic, cholecystitis, pancreatitis, hepatitis ruled out.

#### Progress Note:

Labs repeated today and negative again. UA negative.  
DC home with antacids as below, referral to GI.

#### ASSESSMENT

##### 1. EPIGASTRIC ABDOMINAL PAIN

#### PLAN

- Discharge home.
- Follow-up with outpatient physician(s) as arranged in Discharge Navigator.
- Continue previously prescribed medications as directed.
- 

#### Discharge Medication List as of 6/30/2022 9:21 PM

#### START taking these medications

	Details
<b>Alum-Mag Hydrox-Simeth (MYLANTA/MAALOX) 200-200-20 mg/5 mL Oral Susp</b>	Take 30 mL by mouth 4 times a day between meals and at bedtime, Disp-355 mL, R-0, 4 TIMES A DAY Starting Thu 6/30/2022, Active through Mon 6/29/2026, Fill Now
<b>Famotidine (PEPCID) 20 mg Oral Tab</b>	Take 1 tablet by mouth 2 times a day, Disp-60 tablet, R-0, 2 TIMES A DAY Starting Thu 6/30/2022, Active through Mon 6/29/2026, Fill Now

- Aftercare instructions provided (see AVS). Warning signs and symptoms for return to the Emergency

**06/30/2022 - ED in EDWL (continued)****ED Provider Note (continued)**

Department were discussed and understood. All questions were answered.

Electronically signed by  
SUSHIL KUMAR JAIN MD  
Staff Physician, Emergency Dept  
Kaiser Permanente, Kaiser WLA

Electronically signed by Jain, Sushil Kumar (M.D.), M.D. at 7/4/2022 4:02 PM

**Clinical Notes****ED Provider Triage Note****Hong, Albert Luther (M.D.), M.D. at 6/28/2022 2215**

Author: Hong, Albert Luther (M.D.), M.D.	Service: —	Author Type: Physician
Filed: 6/28/2022 10:17 PM	Date of Service: 6/28/2022 10:15 PM	Creation Time: 6/28/2022 10:15 PM
Status: Signed	Editor: Hong, Albert Luther (M.D.), M.D. (Physician)	

Urgent Care referral:

51 year old female LUQ abd pain coming to ED for follow up US and CT abd.

Albert Hong MD  
10:17 PM

Electronically signed by Hong, Albert Luther (M.D.), M.D. at 6/28/2022 10:17 PM

**Labs****CBC W AUTOMATED DIFFERENTIAL [1554007164] (Final result)**

Electronically signed by: <b>Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933</b>	Status: <b>Completed</b>
Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933	Ordering provider: Robertson, Edward Ehime (M.D.), M.D.
Authorized by: Robertson, Edward Ehime (M.D.), M.D.	Ordering mode: Standard
Frequency: STAT Once 06/30/22 1945 - 06/30/22	Class: Nurse Collect
Quantity: 1	Lab status: Final result

**Provider Details**

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

**Questionnaire**

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	NURSE

**Specimen Information**

ID	Type	Source	Collected By
C0000220221810	—	BLOOD	P547076 06/30/22 1940



## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

81096

**CBC W AUTOMATED DIFFERENTIAL [1554007164]**

Resulted: 06/30/22 1952, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORYOrder status: Completed  
Collected by: P547076 06/30/22 1940**Components**

Component	Value	Reference Range	Flag	Lab
WBC'S AUTO	5.4	4.0 - 11.0 x1000/mcL	—	305
RBC, AUTO	4.67	3.70 - 5.20 Mill/mcL	—	305
HGB	14.1	11.5 - 16.0 g/dL	—	305
HCT, AUTO	41.9	35.0 - 47.0 %	—	305
MCV	89.7	81.0 - 99.0 fL	—	305
MCH	30.2	25.0 - 35.0 pg/cell	—	305
MCHC	33.7	30.0 - 35.0 g/dL	—	305
RDW, BLOOD	11.9	11.5 - 16.0 %	—	305
PLATELETS, AUTOMATED COUNT	279	130 - 400 x1000/mcL	—	305

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

**CBC W AUTOMATED DIFFERENTIAL [1554007164]**

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336Order status: Completed  
Collected by: P547076 06/30/22 1940**ELECTROLYTE PANEL (NA, K, CL, CO2, ANION GAP) [1554007165] (Final result)**Electronically signed by: **Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933** Status: **Completed**

Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.

Authorized by: Robertson, Edward Ehime (M.D.), M.D.

Ordering mode: Standard

Frequency: STAT Once 06/30/22 1945 - 06/30/22

Class: Nurse Collect

Quantity: 1

Lab status: Final result

**Provider Details**

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

**Questionnaire**

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	LAB

**Specimen Information**

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

**ELECTROLYTE PANEL (NA, K, CL, CO2, ANION GAP) [1554007165]**  
(Abnormal)

Resulted: 06/30/22 2014, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORY

Order status: Completed

Collected by: P547076 06/30/22 1940

## Components

Component	Value	Reference Range	Flag	Lab
SODIUM	134	135 - 145 mEq/L	L ▼	305
POTASSIUM	3.5	3.5 - 5.0 mEq/L	—	305
CHLORIDE	98	101 - 111 mEq/L	L ▼	305
CO2	29	21 - 31 mEq/L	—	305
ANION GAP (NA - (CL + CO2))	7	3 - 11 mEq/L	—	305

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

**ELECTROLYTE PANEL (NA, K, CL, CO2, ANION GAP) [1554007165]**

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336

Order status: Completed

Collected by: P547076 06/30/22 1940

**BUN [1554007166] (Final result)**

Electronically signed by: Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933

Status: Completed

Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22  
1933

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.

Authorized by: Robertson, Edward Ehime (M.D.), M.D.

Ordering mode: Standard

Frequency: STAT Once 06/30/22 1945 - 06/30/22

Class: Nurse Collect

Quantity: 1

Lab status: Final result

## Provider Details

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

## Questionnaire

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	NURSE

## Specimen Information

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

**BUN [1554007166]**

Resulted: 06/30/22 2004, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORY

Order status: Completed

Collected by: P547076 06/30/22 1940

## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

## Components

Component	Value	Reference Range	Flag	Lab
BUN	14	<=18 mg/dL	—	305

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

## BUN [1554007166]

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336

Order status: Completed  
Collected by: P547076 06/30/22 1940

## CREATININE [1554007168] (Final result)

Electronically signed by: **Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933** Status: **Completed**  
 Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933  
 Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
 Authorized by: Robertson, Edward Ehime (M.D.), M.D.  
 Frequency: STAT Once 06/30/22 1945 - 06/30/22  
 Quantity: 1  
 Ordering mode: Standard  
 Class: Nurse Collect  
 Lab status: Final result

## Provider Details

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

## Questionnaire

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	NURSE

## Specimen Information

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

## CREATININE [1554007168]

Resulted: 06/30/22 2004, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORY

Order status: Completed  
Collected by: P547076 06/30/22 1940

## Components

Component	Value	Reference Range	Flag	Lab
CREATININE	0.77	<=1.10 mg/dL	—	305
EGFR, CREATININE-BASED FORMULA (CKD-EPI 2021)	93	>=60 mL/min/BSA	—	305

Comment:

GFR estimate is by the CKD-EPI 2021 equation which uses age, sex, and serum creatinine. GFR estimate is less reliable if on dialysis or if acute kidney injury. Additional advice for the provider is available in Renal Failure Risk Assessment below.

## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

CKD Categorization by GFR & ACR (urine Albumin/Creatinine Ratio = microalbumin/creatinine)

GFR >3 months	ACR <30(A1)	ACR 30-<300(A2)	ACR 300+(A3)
>=90		CKD1 A2 or *	CKD1 A3
60-<90		CKD2 A2 or *	CKD2 A3
45-<60	CKD3a A1 or *	CKD3a A2	CKD3 A3
30-<45	CKD3b A1	CKD3b A2	CKD3 A3
15-<30	CKD4 A1	CKD4 A2	CKD4 A3
<15	CKD5 A1	CKD5 A2	CKD5 A3

\* or may label 'abnormal kidney function' or 'proteinuria' as appropriate.

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

Resulted: 06/30/22 2004, Result status: Preliminary result

## CREATININE [1554007168]

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORY

Order status: Completed

Collected by: P547076 06/30/22 1940

## Components

Component	Value	Reference Range	Flag	Lab
CREATININE	0.77	<=1.10 mg/dL	—	305

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

## CREATININE [1554007168]

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336

Order status: Completed

Collected by: P547076 06/30/22 1940

## GLUCOSE [1554007169] (Final result)

Electronically signed by: Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933

Status: Completed

Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.

Authorized by: Robertson, Edward Ehime (M.D.), M.D.

Ordering mode: Standard

Frequency: STAT Once 06/30/22 1945 - 06/30/22

Class: Nurse Collect

Quantity: 1

Lab status: Final result

## Provider Details

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

## Questionnaire

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	NURSE

## Specimen Information

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

## GLUCOSE [1554007169]

Resulted: 06/30/22 2004, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORY

Order status: Completed  
Collected by: P547076 06/30/22 1940

## Components

Component	Value	Reference Range	Flag	Lab
GLUCOSE, RANDOM	101	70 - 140 mg/dL	—	305

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

## GLUCOSE [1554007169]

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336

Order status: Completed  
Collected by: P547076 06/30/22 1940

## AST [1554007170] (Final result)

Electronically signed by: **Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933** Status: **Completed**  
Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933  
Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
Authorized by: Robertson, Edward Ehime (M.D.), M.D.  
Frequency: STAT Once 06/30/22 1945 - 06/30/22  
Quantity: 1  
Ordering mode: Standard  
Class: Nurse Collect  
Lab status: Final result

## Provider Details

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

## Questionnaire

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	NURSE

## Specimen Information

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

## AST [1554007170]

Resulted: 06/30/22 2016, Result status: Final result

## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

Ordering provider: Robertson, Edward Ehime (M.D.), M.D. Order status: Completed  
 06/30/22 1933  
 Filed on: 09/29/22 1038 Collected by: P547076 06/30/22 1940  
 Resulting lab: KFH WEST LA LABORATORY

## Components

Component	Value	Reference Range	Flag	Lab
AST	19	<=30 U/L	—	305

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

## AST [1554007170]

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D. Order status: Completed  
 06/30/22 1933  
 Filed on: 09/29/22 0336 Collected by: P547076 06/30/22 1940

## ALT [1554007171] (Final result)

Electronically signed by: **Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933** Status: **Completed**  
 Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
 1933  
 Authorized by: Robertson, Edward Ehime (M.D.), M.D. Ordering mode: Standard  
 Frequency: STAT Once 06/30/22 1945 - 06/30/22 Class: Nurse Collect  
 Quantity: 1 Lab status: Final result

## Provider Details

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

## Questionnaire

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	NURSE

## Specimen Information

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

## ALT [1554007171]

Resulted: 06/30/22 2016, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D. Order status: Completed  
 06/30/22 1933  
 Filed on: 09/29/22 1038 Collected by: P547076 06/30/22 1940  
 Resulting lab: KFH WEST LA LABORATORY

## Components

Component	Value	Reference Range	Flag	Lab
ALT	21	<=54 U/L	—	305

## Testing Performed By

## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

## ALT [1554007171]

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336

Order status: Completed

Collected by: P547076 06/30/22 1940

## ALKALINE PHOSPHATASE [1554007172] (Final result)

Electronically signed by: Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933 Status: Completed

Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.

Authorized by: Robertson, Edward Ehime (M.D.), M.D.

Ordering mode: Standard

Frequency: STAT Once 06/30/22 1945 - 06/30/22

Class: Nurse Collect

Quantity: 1

Lab status: Final result

## Provider Details

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

## Questionnaire

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	LAB

## Specimen Information

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

## ALKALINE PHOSPHATASE [1554007172]

Resulted: 06/30/22 2016, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038

Order status: Completed

Collected by: P547076 06/30/22 1940

Resulting lab: KFH WEST LA LABORATORY

## Components

Component	Value	Reference Range	Flag	Lab
ALKALINE PHOSPHATASE	48	<=125 U/L	—	305

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

## ALKALINE PHOSPHATASE [1554007172]

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336

Order status: Completed

Collected by: P547076 06/30/22 1940

## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

**BILIRUBIN, TOTAL [1554007173] (Final result)**

Electronically signed by: **Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933** Status: **Completed**  
 Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933 Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
 Authorized by: Robertson, Edward Ehime (M.D.), M.D. Ordering mode: Standard  
 Frequency: STAT Once 06/30/22 1945 - 06/30/22 Class: Nurse Collect  
 Quantity: 1 Lab status: Final result

**Provider Details**

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

**Questionnaire**

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	NURSE

**Specimen Information**

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

**BILIRUBIN, TOTAL [1554007173]**

Resulted: 06/30/22 2016, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D. Order status: Completed  
 06/30/22 1933  
 Filed on: 09/29/22 1038 Collected by: P547076 06/30/22 1940  
 Resulting lab: KFH WEST LA LABORATORY

**Components**

Component	Value	Reference Range	Flag	Lab
BILIRUBIN, TOTAL	0.5	<=1.0 mg/dL	—	305

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

**BILIRUBIN, TOTAL [1554007173]**

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D. Order status: Completed  
 06/30/22 1933  
 Filed on: 09/29/22 0336 Collected by: P547076 06/30/22 1940

**LIPASE [1554007174] (Final result)**

Electronically signed by: **Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933** Status: **Completed**  
 Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933 Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
 Authorized by: Robertson, Edward Ehime (M.D.), M.D. Ordering mode: Standard  
 Frequency: STAT Once 06/30/22 1945 - 06/30/22 Class: Nurse Collect  
 Quantity: 1 Lab status: Final result

**Provider Details**

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154



## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

## Questionnaire

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	LAB

## Specimen Information

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

## LIPASE [1554007174]

Resulted: 06/30/22 2016, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORY

Order status: Completed  
Collected by: P547076 06/30/22 1940

## Components

Component	Value	Reference Range	Flag	Lab
LIPASE	37	<=58 U/L	—	305

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

## LIPASE [1554007174]

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336

Order status: Completed  
Collected by: P547076 06/30/22 1940

## BILIRUBIN, DIRECT [1554007175] (Final result)

Electronically signed by: **Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933** Status: **Completed**  
Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933 Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
Authorized by: Robertson, Edward Ehime (M.D.), M.D. Ordering mode: Standard  
Frequency: STAT Once 06/30/22 1945 - 06/30/22 Class: Nurse Collect  
Quantity: 1 Lab status: Final result

## Provider Details

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

## Questionnaire

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	LAB

## Specimen Information

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	P547076 06/30/22 1940

## BILIRUBIN, DIRECT [1554007175]

Resulted: 06/30/22 2016, Result status: Final result

## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORY

Order status: Completed  
Collected by: P547076 06/30/22 1940

## Components

Component	Value	Reference Range	Flag	Lab
BILIRUBIN, DIRECT	0.1	<=0.2 mg/dL	—	305

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

## BILIRUBIN, DIRECT [1554007175]

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336

Order status: Completed  
Collected by: P547076 06/30/22 1940

## WBC AUTO DIFF [1554007177] (Final result)

Status: **Completed**

Order placed as a reflex to CBC W AUTOMATED DIFFERENTIAL ordered on 06/30/22 at 1933  
Ordering user: Interface, Scal\_Lab\_Cerner 06/30/22 1940  
Authorized by: Robertson, Edward Ehime (M.D.), M.D.  
Frequency: STAT Once 06/30/22 1940 -  
Quantity: 1

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
Ordering mode: Standard  
Class: Nurse Collect  
Lab status: Final result

## Provider Details

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

## Specimen Information

ID	Type	Source	Collected By
C0000220221810 81096	—	BLOOD	Romero, Jessica Lissette 06/30/22 1940

## WBC AUTO DIFF [1554007177]

Resulted: 06/30/22 1952, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1940  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORY  
Narrative:

Order status: Completed  
Collected by: Romero, Jessica Lissette 06/30/22 1940

## Components

Component	Value	Reference Range	Flag	Lab
NEUTROPHILS %, AUTOMATED COUNT	43.3	—	—	305
LYMPHOCYTES %, AUTOMATED COUNT	47.0	—	—	305
MONOS %, AUTO	7.4	—	—	305
EOSINOPHILS %, AUTOMATED COUNT	1.5	—	—	305
BASOPHILS %, AUTOMATED COUNT	0.6	—	—	305
IMMATURE GRANULOCYTES %, AUTOMATED COUNT	0	—	—	305
RBC NUCLEATED AUTO COUNT, BLD	0	<=0 %	—	305

**06/30/2022 - ED in EDWL (continued)****Labs (continued)**

NEUTROPHILS, ABSOLUTE, AUTOMATED COUNT	2.35	1.80 - 7.70	—	305
LYMPHOCYTES, AUTOMATED COUNT	2.54	1.00 - 3.60	—	305
MONOCYTES, AUTOMATED COUNT	0.40	0.10 - 1.00	—	305
EOSINOPHILS, AUTOMATED COUNT	0.08	0.00 - 0.70	—	305
BASOPHILS, AUTOMATED COUNT	0.03	0.00 - 0.20	—	305
IMMATURE GRANULOCYTES, AUTOMATED COUNT	0.01	0.01 - 0.09	—	305

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

**WBC AUTO DIFF [1554007177]**

Resulted: 06/30/22 1946, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1940  
Filed on: 09/29/22 0336  
Narrative:

Order status: Completed

Collected by: Romero, Jessica Lissette 06/30/22 1940

**URINALYSIS, AUTOMATED [1554007176] (Final result)**Electronically signed by: **Robertson, Edward Ehime (M.D.), M.D. on 06/30/22 1933** Status: **Completed**

Ordering user: Robertson, Edward Ehime (M.D.), M.D. 06/30/22 1933

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.

Authorized by: Robertson, Edward Ehime (M.D.), M.D.

Ordering mode: Standard

Frequency: STAT Once 06/30/22 1945 - 06/30/22

Class: Nurse Collect

Quantity: 1

Lab status: Final result

**Provider Details**

Provider	NPI
Robertson, Edward Ehime (M.D.), M.D.	1104191154

**Questionnaire**

Question	Answer
Result Release to patient?	Immediate
WHO IS OBTAINING THIS SAMPLE ?	NURSE

**Specimen Information**

ID	Type	Source	Collected By
C0000220221810 81097	—	URINE	CONTRIBUTOR_SYSTEM, KPHC 06/30/22 1942

**URINALYSIS, AUTOMATED [1554007176]**

Resulted: 06/30/22 2047, Result status: Final result

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 1038  
Resulting lab: KFH WEST LA LABORATORY

Order status: Completed

Collected by: CONTRIBUTOR\_SYSTEM, KPHC 06/30/22 1942

**Components**

## 06/30/2022 - ED in EDWL (continued)

## Labs (continued)

Component	Value	Reference Range	Flag	Lab
GLUCOSE, UA	Negative	Negative mg/dL	—	305
KETONES, UA	Negative	Negative mg/dL	—	305
SPECIFIC GRAVITY, UA	1.011	1.005 - 1.030	—	305
UA HGB	Negative	Negative mg/dL	—	305
PH, UA	7.0	5.0 - 8.0	—	305
PROTEIN, UA	Negative	Negative mg/dL	—	305
NITRITE, UA	Negative	Negative	—	305
LEUKOCYTE ESTERASE, UA	Negative	Negative	—	305
UROBILINOGEN, UA, QL	Negative	Negative mg/dL	—	305
BILIRUBIN, UA	Negative	Negative mg/dL	—	305

## Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
321 - 305	KFH WEST LA LABORATORY	Neena Singh, MD	6041 Cadillac Ave. LOS ANGELES CA 90034	05/23/17 0009 - Present

## URINALYSIS, AUTOMATED [1554007176]

Resulted: 06/30/22 2035, Result status: In process

Ordering provider: Robertson, Edward Ehime (M.D.), M.D.  
06/30/22 1933  
Filed on: 09/29/22 0336

Order status: Completed

Collected by: CONTRIBUTOR\_SYSTEM, KPHC 06/30/22 1942

## Other Orders

## Medications

## Alum-Mag Hydrox-Simeth (GERI-MOX ANTACID-ANTIGAS) 200-200-20 mg/5 mL Oral Susp [1554000604] (Discontinued)

Electronically signed by: Jain, Sushil Kumar (M.D.), M.D. on 06/30/22 2120

Status: Discontinued

Ordering user: Jain, Sushil Kumar (M.D.), M.D. 06/30/22 2120

Ordering provider: Jain, Sushil Kumar (M.D.), M.D.

Authorized by: Jain, Sushil Kumar (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine QID 06/30/22 - 08/16/22

Class: Fill Now

Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 08/16/22 1321

Diagnoses

EPIGASTRIC ABDOMINAL PAIN [R10.13]

## Provider Details

Provider	NPI
Jain, Sushil Kumar (M.D.), M.D.	1093150476

## Questionnaire

Question	Answer
Is this medication for a workers' compensation condition?	No

Admin instructions: between meals and at bedtime

## Indications

EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)]

## Famotidine (PEPCID) 20 mg Oral Tab [1554000605] (Discontinued)

Electronically signed by: Jain, Sushil Kumar (M.D.), M.D. on 06/30/22 2120

Status: Discontinued

Ordering user: Jain, Sushil Kumar (M.D.), M.D. 06/30/22 2120

Ordering provider: Jain, Sushil Kumar (M.D.), M.D.

Authorized by: Jain, Sushil Kumar (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine BID 06/30/22 - 08/16/22

Class: Fill Now

Discontinued by: Stahl, Jerusha Emily (M.D.), M.D. 08/16/22 1321

Diagnoses

**06/30/2022 - ED in EDWL (continued)****Other Orders (continued)**

EPIGASTRIC ABDOMINAL PAIN [R10.13]

**Provider Details**

Provider	NPI
Jain, Sushil Kumar (M.D.), M.D.	1093150476

**Questionnaire**

Question	Answer
Is this medication for a workers' compensation condition?	No

**Indications**

EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)]

**Referral****REFERRAL GI [1554007178] (Active)**

Electronically signed by: **Jain, Sushil Kumar (M.D.), M.D. on 06/30/22 2120** Status: **Active**  
 Ordering user: Jain, Sushil Kumar (M.D.), M.D. 06/30/22 2120 Ordering provider: Jain, Sushil Kumar (M.D.), M.D.  
 Authorized by: Jain, Sushil Kumar (M.D.), M.D. Ordering mode: Standard  
 Frequency: Routine 06/30/22 - Class: Internal referral  
 Quantity: 1

**Diagnoses**

EPIGASTRIC ABDOMINAL PAIN [R10.13]

**Provider Details**

Provider	NPI
Jain, Sushil Kumar (M.D.), M.D.	1093150476

**Questionnaire**

Question	Answer
Reason (Click the magnify symbol for full list):	*Consult/Referral (Do not use this for procedure requests - use list below)
For consults, do you authorize this department to book a telephone or video visit if available?	Yes

Order comments: Reason: possible gastritis vs PUD For Hepatology, GI Transplant Evals, and Fibroscan, please select the correct reason from the list above to ensure it routes correctly. Do NOT use Consult/Referral if you are trying to route to one of these hubs.

**Referral Details**

Referred By	Diagnoses	Referred To	Type	Priority
Jain, Sushil Kumar (M.D.), M.D. 6041 CADILLAC AVE LOS ANGELES CA 90034-1702 Phone: 833-574-2273 Fax: 833-574-2273	EPIGASTRIC ABDOMINAL PAIN Order: Referral Gi Reason: Specialty Services Required	<b>*WEST LOS ANGELES (WLA)</b> FOR REFERRALS ONLY LOS ANGELES CA 90034-1702 Specialty: Gastroenterology	Outpatient Service	Routine

Comment: Reason: possible gastritis vs PUD

For Hepatology, GI Transplant Evals, and Fibroscan, please select the correct reason from the list above to ensure it routes correctly. Do NOT use Consult/Referral if you are trying to route to one of these hubs.

Question	Answer
Reason (Click the magnify symbol for full list)::	*Consult/Referral (Do not use this for procedure requests - use list below)
For consults, do you authorize this department to book a telephone or video visit if available?:	Yes

**Indications**

EPIGASTRIC ABDOMINAL PAIN [R10.13 (ICD-10-CM)]

**06/30/2022 - ED in EDWL (continued)****Other Orders (continued)****Care Plan****Active****Problem: Adult Inpatient Plan of Care**

Disciplines: Nursing, Pt Care Team

**Goal: Plan of Care Review**Dates: Start: 06/29/22  
Disciplines: Nursing, Pt Care Team**Goal: Patient-Specific Goal (Individualized)**Dates: Start: 06/29/22  
Disciplines: Nursing, Pt Care Team**Goal: Absence of Hospital-Acquired Illness or Injury**

Disciplines: Nursing, Pt Care Team

**Intervention: Identify and Manage Fall Risk**

Frequency: Per CPG  
Description: Perform standard risk assessment on admission using a validated tool or comprehensive approach appropriate to the patient; reassess fall risk frequently, with change in status or transfer to another level of care.  
Communicate fall injury risk to interprofessional healthcare team.  
Determine need for increased observation, equipment and environmental modification, such as low bed, signage and supportive, nonskid footwear.  
Adjust safety measures to individual developmental age, stage and identified risk factors.  
Reinforce the importance of safety and physical activity with patient and family.  
Perform regular intentional rounding to assess need for position change, pain assessment and personal needs, including assistance with toileting.

**Intervention: Prevent Skin Injury**

Frequency: Per CPG  
Description: Perform a screening for skin injury risk, such as pressure or moisture associated skin damage on admission and at regular intervals throughout hospital stay.  
Keep all areas of skin (especially folds) clean and dry.  
Maintain adequate skin hydration.  
Relieve and redistribute pressure and protect bony prominences; implement measures based on patient-specific risk factors.  
Match turning and repositioning schedule to clinical condition.  
Encourage weight shift frequently; assist with reposition if unable to complete independently.  
Float heels off bed; avoid pressure on the Achilles tendon.  
Keep skin free from extended contact with medical devices.  
Encourage functional activity and mobility, as early as tolerated.  
Use aids (e.g., slide boards, mechanical lift) during transfer.

**Intervention: Prevent and Manage VTE (Venous Thromboembolism) Risk**

Frequency: Per CPG  
Description: Assess for VTE (venous thromboembolism) risk.  
Encourage and assist with early ambulation.  
Initiate and maintain compression or other therapy, as indicated, based on identified risk in accordance with organizational protocol and provider order.  
Encourage both active and passive leg exercises while in bed, if unable to ambulate.

**Intervention: Prevent Infection**

Frequency: Per CPG  
Description: Maintain skin and mucous membrane integrity; promote hand, oral and pulmonary hygiene.  
Optimize fluid balance, nutrition, sleep and glycemic control to maximize infection resistance.  
Identify potential sources of infection early to prevent or mitigate progression of infection (e.g., wound, lines, devices).

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**06/30/2022 - ED in EDWL (continued)**

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**Care Plan (continued)**

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Evaluate ongoing need for invasive devices; remove promptly when no longer indicated.

**Goal: Optimal Comfort and Wellbeing**

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Disciplines: Nursing, Pt Care Team

**Intervention: Monitor Pain and Promote Comfort**

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Frequency: Per CPG  
Description: Assess pain level, treatment efficacy and patient response at regular intervals using a consistent pain scale.  
Consider the presence and impact of preexisting chronic pain.  
Encourage patient and caregiver involvement in pain assessment, interventions and safety measures.

**Intervention: Provide Person-Centered Care**

---

Frequency: Per CPG  
Description: Use a family-focused approach to care.  
Develop trust and rapport by proactively providing information, encouraging questions, addressing concerns and offering reassurance.  
Acknowledge emotional response to hospitalization.  
Recognize and utilize personal coping strategies.  
Honor spiritual and cultural preferences.

06/30/2022 - ED in EDWL (continued)

AFTER VISIT SUMMARY

Pepper Smith MRN: 000004779300



6/30/2022 EDWL 323-857-2000

Instructions

Your medications have changed today  
**See your updated medication list for details.**

Read the attached information  
Gastritis or Ulcer (No Antibiotic Treatment) (English)

Pick up these medications at KP WL WEST LA 1ST FLOOR  
Alum-Mag Hydrox-Simeth • Famotidine  
Address: 6041 Cadillac Ave 1st Flr, Los Angeles CA 90034  
Phone: 866-391-2673

REFERRAL GASTROENTEROLOGY (GI)  
Where: \*WEST LOS ANGELES (WLA)  
Address: FOR REFERRALS ONLY LOS ANGELES CA 90034-1702  
Expires: 6/30/2023 (requested)

Schedule an appointment with Gastroenterology as soon as possible for a visit

What's Next

You currently have no upcoming appointments scheduled.

Your Treatment Team

Provider	Role
Jain, Sushil Kumar (M.D.), M.D.	Attending Provider

You are allergic to the following

Allergen	Reactions
No Known Drug Allergies	Not Noted

Today's Visit

You were seen by SUSHIL KUMAR JAIN MD, M.D.

Reason for Visit  
• REFERRAL  
• DIAGNOSTIC IMAGING RESULTS

Diagnosis  
ABDOMINAL PAIN, EPIGASTRIC

Lab Tests Completed  
ALANINE AMINOTRANSFERASE (ALT)  
ALKALINE PHOSPHATASE  
ASPARTATE AMINOTRANSFERASE (AST)  
BLOOD UREA NITROGEN (BUN)  
CBC (COMPLETE BLOOD COUNT) WITH DIFFERENTIAL  
CREATININE  
DIRECT BILIRUBIN  
ELECTROLYTE PANEL  
GLUCOSE  
LIPASE  
TOTAL BILIRUBIN  
URINALYSIS  
WHITE BLOOD CELL DIFFERENTIAL

Blood Pressure	BMI
148/91	38.23
Weight	Height
215 lb 13.3 oz	5' 3"
Temperature	Pulse
97.9 °F	88
Respiration	Oxygen Saturation
18	100%



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06/30/2022 - ED in EDWL (continued)

Information on File

✉ pepper360@gmail.com  
323-377-1787 (Home Phone)  
800-777-0133 (Work Phone)  
323-377-1787 (KPNS ONLY TEXT)  
323-445-2714 (Mobile)  
🏠 2822 7TH AVE  
LOS ANGELES California 90018

Preferred language: English  
Date of birth: 5/22/1971  
Ethnicity: American/United States  
Race: Black/African American

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**06/30/2022 - ED in EDWL (continued)**

## Changes to Your Medication List

START taking these medications

Alum-Mag Hydrox-Simeth 200-200-20 mg/5 mL Susp  
Commonly known as: MYLANTA/MAALOX

Take 30 mL by mouth 4 times a day between meals and at bedtime

Famotidine 20 mg Tab  
Commonly known as: PEPCID

Take 1 tablet by mouth 2 times a day

kp.org

View your After Visit Summary and more online at <https://healthy.kaiserpermanente.org/hconline/ie/>.

Continue taking all other medications that you reported taking during this Emergency Department visit. The above list of medications was based on information you provided at this visit.

Also,

1. Tell your healthcare provider what medications you are taking - including over the counter medications and herbal supplements.
2. Take medications as directed by your doctor. If you are given a prescription for antibiotics, it is important to take them as ordered by your doctor until they are all gone.
3. If you have additional questions about your medications, please call your doctor.
4. If you have problems that may be caused by your medications such as rash, itching, swelling, or stomach pain, call your doctor.
5. If you note any discrepancies with medications at home, please address these with your primary physician.
6. You should always keep an accurate list of all your medications with you in case of emergency..

The exam and treatment that you received today has been provided on an emergency basis only. You may return to the Emergency Department if your condition worsens or you have new concerns. Further examination and care may be required and you should coordinate this with your regular physician.

### Discharge Destination

Patient agrees to discharge destination

Discharge Destination: Home

Mode of Transportation: Private Automobile

Transportation Arrangements: Patient

Patient Disposition: N/A - Patient agrees to destination

**06/30/2022 - ED in EDWL (continued)**

**VERBALIZED UNDERSTANDING OF DISCHARGE INSTRUCTIONS AND COPY GIVEN.**

A copy of the Discharge Instructions was printed, given to and reviewed with the patient.

A signature is only required for patients identified as homeless patients and evaluated and treated according to the hospital Policy For Homeless Patient Management and Discharge and/or National Policy NATL.HPHO.4

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

Mental health assistance is available 24 hours a day, 7 days a week. If you need mental health assistance and are a Kaiser Permanente health plan member, please call either 911 or the Behavioral Health Helpline 1-800-900-3277. If you are not a Kaiser Permanente member call the National Suicide Prevention Lifeline 1-800-784-2433.

## Thrive Local

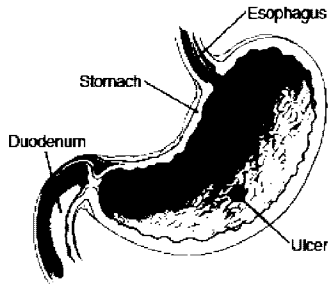
**Find help in your community**

We're here to support you however we can. If you need help with essentials like housing, childcare, or food, Thrive Local Connections can help connect you to resources in your community. Call 1-800-443-6328 (TTY 711), Monday through Friday between 8 a.m. and 5 p.m.

## 06/30/2022 - ED in EDWL (continued)

[Attached Information](#)

Gastritis or Ulcer (No Antibiotic Treatment) (English)



Gastritis is irritation and inflammation of the stomach lining. This means the lining is red and swollen. It can cause shallow sores in the stomach lining called erosions. An ulcer is a deeper open sore in the lining of the stomach. It may also occur in the first part of the small intestine (duodenum). The causes and symptoms of gastritis and ulcers are very similar.

Causes and risk factors for both problems can include:

- Long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen
- *H. pylori* bacteria infection
- Tobacco use
- Alcohol use
- Certain other conditions such as immune disorders, certain medicines such as high-dose iron supplements, and street drugs such as cocaine

Symptoms for both problems can include:

- Dull or burning pain in the upper part of the belly
- Loss of appetite
- Heartburn or upset stomach
- Frequent burping
- Bloating feeling
- Nausea with or without vomiting

You likely had an assessment to help find the exact cause and extent of your problem. This may have included a health history, exam, and certain tests.

Results showed that your problem is not from *H. pylori* infection. For this reason, you don't need antibiotics as part of your treatment.

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**06/30/2022 - ED in EDWL (continued)**

Whether your problem is gastritis or an ulcer, you will still need to take other medicines. You will also need to follow instructions to help reduce stomach irritation so your stomach can heal.

**Home care**

- Take any medicines you're prescribed exactly as directed. Common medicines used to treat gastritis include:
  - Antacids. These help neutralize the normal acids in your stomach.
  - Proton pump inhibitors. These block your stomach from making any acid.
  - H2 blockers. These reduce the amount of acid your stomach makes.
  - Bismuth subsalicylate. This helps protect the lining of your stomach from acid.
- Don't take any NSAIDs during your treatment. If you take NSAID to help treat other health problems, tell your healthcare provider. They may need to adjust your medicine plan or change the dosage.
- Don't use tobacco. Also don't drink alcohol. These products can increase the amount of acid your stomach makes. This can delay healing. It can also worsen symptoms.

**Follow-up care**

Follow up with your healthcare provider, or as advised. In some cases, you may need more tests.

**When to seek medical advice**

Call your healthcare provider right away if any of these occur:

- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Stomach pain that gets worse or moves to the lower right part of belly
- Extreme tiredness (fatigue)
- Weakness or dizziness
- Continued weight loss
- Frequent vomiting, blood in your vomit, or coffee-groundlike substance in your vomit
- Black, tarry, or bloody stools
- Symptoms get worse or you have new symptoms

**Call 911**

Call 911 if any of these occur:

- Chest pain appears or worsens, or spreads to the back, neck, shoulder, or arm
- Unusually fast heart rate
- Trouble breathing or swallowing
- Confusion
- Extreme drowsiness or trouble waking up
- Fainting
- Large amounts of blood present in vomit or stool

**StayWell last reviewed this educational content on 11/1/2021**

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**06/30/2022 - ED in EDWL (continued)**

Narcotic Administration Instructions

**Your Kaiser Permanente Care Instructions****Safe Use of Opiate Pain Medicine: Care Instructions****Your Care Instructions:**

Pain is your body's way of warning you that something is wrong. Pain feels different for everybody. Only you can describe your pain.

A doctor can suggest or prescribe many types of medicines for pain. These range from nonprescription medicines like acetaminophen (Tylenol) to powerful medicines called opiates.

Opiates work well to relieve pain. But they also can cause problems, especially if they are taken too often or in too large a dose. They can interact with other medicines, or they may make it hard for you to do your job or to think clearly. They can even cause death. For these reasons, doctors are very careful about how they prescribe opiates.

The doctor carefully considered what pain medicine is right for you. You may not have received opiate pain medicine if your doctor was concerned about drug interactions or your safety, or if he or she had other concerns.

It is best to have one doctor or clinic treat your pain. This way you will get the pain medicine that will help you the most, and a doctor will be able to watch for any problems that the medicine might cause.

The doctor has checked you carefully, but problems can develop later. If you notice any problems or new symptoms, **get medical treatment right away.**

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

**How can you care for yourself at home?**

- Try other ways to reduce pain:
  - Relax, and reduce stress. Relaxation techniques such as deep breathing or meditation can help.
  - Keep moving. Gentle, daily exercise can help reduce pain over the long run. Try low- or no-impact exercises such as walking, swimming, and stationary biking. Do stretches to stay flexible.
  - Try heat, cold packs, and massage.
  - Get enough sleep. Pain can make you tired and drain your energy. Talk with your doctor if you have trouble sleeping because of pain.
  - Think positive. Your thoughts can affect your pain level. Do things that you enjoy to distract yourself when you have pain instead of focusing on the pain. See a movie, read a book, listen to music, or spend time with a friend.
- If the doctor gave you a prescription medicine, take it as prescribed.
- If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.

**When should you call for help?**

**Call your doctor now** or seek immediate medical care if:

- You have a new kind of pain.
- You have new symptoms, such as a fever or rash, along with the pain.

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**06/30/2022 - ED in EDWL (continued)**

## Narcotic Administration Instructions (continued)

Watch closely for changes in your health, and be sure to contact your doctor if:

- You think you might be using too much pain medicine, and you need help to use less or stop.
- Your pain gets worse.
- You would like a referral to a doctor or clinic that specializes in pain management.

**Where can you learn more?**

Go to <http://www.kp.org>

Enter **R108** in the search box to learn more about "**Safe Use of Opiate Pain Medicine: Care Instructions.**"

Current as of: February 20, 2015

Content Version: 10.6

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- This medicine may/can contain acetaminophen (Tylenol). Check other medicines that you take to see if they contain this medicine. It is not safe to take more than 4 grams of Tylenol in a 24-hour period.
- 

## Naloxone Discharge Instruction

**Your Kaiser Permanente Care Instructions****Learning about Opioid Overdose and Naloxone (A Rescue Medication): Be Prepared for Possible Opioid Side Effects, Know Your Risks, and Know Your Options**

When you're taking an opioid medication, also known as a narcotic, it's very important that you know the possible side effects and how to use it safely. Opioid medications provide good pain relief, but they also come with serious life-threatening risks.

It's important to know the possible bad reactions to opioid medications, especially the risk of breathing problems like slowed breathing, difficulty breathing, or even to stop breathing altogether. This is known as respiratory depression and is a result of opioid overdose.

This life-threatening side effect can happen at any time and at any dose if the opioid medication is not used appropriately, especially if you have other risk factors that increase the chance of it occurring. It is quickly followed by becoming unresponsive or unconscious. If not treated right away, this can lead to death.

You must know how to safely take opioids to prevent this potential life-threatening side effect and to be prepared if it does happen. In an emergency when you have slow breathing, or you cannot breathe, and you become unresponsive, a bystander or someone trained can give you naloxone, a rescue medication.

**What Are Opioids?**

**06/30/2022 - ED in EDWL (continued)**

## Naloxone Discharge Instruction (continued)

Opioids, also known as narcotics, are substances that produce opium/morphine-like effects. Opioids can be found in prescription medications and in some illegal drugs (like heroin). Prescription opioids can be used to treat moderate to severe pain, as a cough suppressant, to slow diarrhea, and to help treat certain addictions.

Opioids can be habit-forming and can cause your body to begin to rely on this medication to feel good. This is called physical dependency. This opioid habit may progress to more serious conditions and begin to impact your behavior as well, and may result in an opioid use disorder or addiction.

**Opioid Side Effects**

There are many potential side effects of opioids in addition to breathing problems, such as constipation, dry mouth, nausea, vomiting or increased sensitivity to pain. Sometimes the opioid dosage needs adjusting for you to obtain pain relief. If you stop the opioid too quickly, you can get withdrawal symptoms. For breathing problems, other side effects, dosage adjustment or withdrawal symptoms, contact your doctor. DO NOT attempt to increase the opioid dosage on your own.

**Possible Life-Threatening Opioid Side Effect: Respiratory Depression due to Opioid Overdose**

All opioids can cause breathing to slow or even stop. This is due to opioid overdose. It can happen by accident at any dose at any time and can cause death within a few minutes. All opioids put people at risk for this respiratory depression.

This side effect can happen when you:

- Take more opioids than your body can handle.
- Use opioids while taking other prescription medicines, over-the-counter medications, or street drugs that can also slow breathing or cause you to be confused or sleepy.
- Have other medical conditions or risk factors that slow breathing or increase the chance of respiratory depression.

Risk for respiratory depression or overdose caused by opioids is greater in people with the following:

- Respiratory disease or breathing conditions (asthma, COPD, emphysema, pneumonia, bronchitis, sleep apnea)
- Decreased kidney or liver function
- Older age (65 years or older)
- Pregnancy
- History of drug misuse, substance use disorder, or overdose of any drug
- Mental health conditions (such as depression or anxiety)
- Taking alcohol or benzodiazepines, such as lorazepam (Ativan), diazepam (Valium), alprazolam (Xanax), and other medicines that can make you sleepy, such as antihistamines, muscle relaxants, such as methocarbamol (Robaxin), and sleeping pills, such as zolpidem (Ambien)
- Change in your ability to tolerate the dose of opioid medication. For example, you suddenly restart the opioid at the same dose you previously were taking, but it is too high of a dose to restart the medication since your body has already adjusted to being without the opioid.
- Social situations in which you are urged or tempted to take the prescription opioid in a way not directed on the label or in combination with alcohol at any amount, over-the-counter medication, or street drugs.

**Signs of decreased, slowed breathing or stopped breathing (respiratory depression due to opioid overdose):**



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## Naloxone Discharge Instruction (continued)

- Heavy nodding, deep sleep
- Snoring, gurgling, choking
- Unresponsive, unconscious (won't wake even if you shake the person or say his or her name loudly)
- Slow breathing (less than one breath every five seconds)
- When breathing stops, even for short periods
- Blue or gray lips and fingernails
- Pale, sticky, or damp skin

**How to Prevent Respiratory Depression Due to Opioid Overdose**

Safe use of opioids can prevent potential harms that not only impact you but also your family, friends, and the public. Here are some tips to prevent opioid overdose:

- Use opioids at the lowest dose to control severe pain symptoms and improve function. Take them only for the shortest time needed.
- Know what opioid you're taking, including the color, shape, size, and name.
- Never take opioids in greater amounts or more often than prescribed.
- Do not restart an old prescription at any time unless told to do so by a doctor.
- Help prevent misuse and abuse. Never sell or share prescription opioids. Never use another person's prescription opioids.
- Keep prescription opioids in a locked container and out of reach of others (visitors, children, friends, and family).
- Follow up with your doctor at least every six months, or more often if needed. Work together to make a plan to manage your pain, including ways that don't use opioids. Talk about any concerns and side effects.
- Some pain treatment options without opioids may work better for you, have fewer risks and side effects, while still controlling your pain. These may include:
  - Non-opioid medications: over-the-counter pain relievers, such as acetaminophen, ibuprofen, naproxen, and medication applied to the skin, such as lidocaine patches, and others. Be sure to get permission to use these medications from your doctor as they, too, have potential risk.
  - Physical therapy and safe stretching and movement exercises, such as yoga and Pilates
  - Electrical nerve stimulation
  - Acupuncture and acupressure
  - Cognitive behavioral therapy (CBT)
  - Meditation and mindfulness, positive visualization
  - Certain medical procedures to block nerve pain, as determined by your doctor.

**DO NOT** mix or take opioids with any of the following:

- Alcohol
- Benzodiazepines, such as alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin), and diazepam (Valium)
- Muscle relaxants, such as baclofen (Lioresal), cyclobenzaprine (Flexeril), and methocarbamol (Robaxin)
- Sleep medications, such as zolpidem (Ambien), or medications that cause sleepiness
- Antihistamines, such as diphenhydramine (Benadryl)
- Illicit or street drugs, such as heroin, cocaine, and methamphetamine (meth)
- Cannabis, marijuana, or CBD oil

**Naloxone Rescue Medication to Prevent Possible Death Caused by Respiratory Depression and Overdose Due to Opioids**

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**06/30/2022 - ED in EDWL (continued)**

## Naloxone Discharge Instruction (continued)

Naloxone is an emergency rescue medication that, when given right away, temporarily works to reverse the effects of opioids, including slowed or stopped breathing. It may prevent possible death.

What you need to know about naloxone:

- It will temporarily restore your breathing until emergency personnel arrive to safely take you to a hospital for treatment.
- Keep naloxone with you at all times while taking opioids in case it's needed in an emergency.
- Naloxone is given to you by someone else (a bystander or someone trained to use it) when your breathing is slowed, or if you cannot breathe and you become unresponsive or unconscious.
- Naloxone only works if opioids are the cause of the overdose. It has no effect on alcohol or other drugs.
- Naloxone takes two to five minutes to start working. It may require more than one dose. The effects only last for 30 to 90 minutes, so someone must call 911 before giving you naloxone. If only one other person is present, have them give the naloxone first and then immediately call 911.
- Never rely on the recovery after naloxone administration as overdose symptoms will recur and you must be taken to the emergency room by emergency response personnel.
- Naloxone may result in withdrawal symptoms (nausea, vomiting, agitation, cramps, etc.). If these symptoms occur, they will go away as the naloxone wears off.
- It's very important to share this information with family and friends. Make a plan so others are prepared to respond to an emergency.
- Tell people where your naloxone is so it's easy to get to in an emergency. This is important because someone else will have to give you the naloxone while you are unconscious when breathing stops.
- Contact your doctor if your naloxone was used to treat an overdose. Always keep two doses on hand (each prescription has two doses) and be sure it has not expired.

**How to Use Naloxone Nasal Spray (Narcan) Rescue Medication**

Teach your family, friends, and caregivers who may be around you when using an opioid how to respond to respiratory depression due to opioid overdose and how to use naloxone. When you pick up your medication, a pharmacist must go over these instructions with you in more detail.

1. **Recognize respiratory depression, slow or no breaths, due to opioid overdose.**
2. **Check for a response.**
  - Lightly shake the person and yell his or her name.
  - If the person does not respond, give naloxone first and then call 911.
3. **Give naloxone and call 911.**
  - If you have naloxone nasal spray, **DO NOT PRIME OR TEST** the spray device.
  - Gently insert the tip of the nozzle into one nostril and press the plunger firmly to give the entire dose.
  - When calling 911, give the address of your location and say that the person is not breathing.
  - Stay with the person until emergency personnel arrive.
4. **Check whether the airway is open.**
  - Give rescue breathing if you witness an overdose and the person is not breathing.

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Naloxone Discharge Instruction (continued)

- Give chest compressions if you did not see the person collapse and there is no pulse.
- 5. **Consider giving a second dose.**
  - If the person is not responsive and breathing in three to five minutes give a second dose of naloxone. If using naloxone nasal spray, spray the second dose in the other nostril when possible.
- 6. **Recovery position.**
  - If the person is breathing but unresponsive, put the person on his or her side to prevent choking with vomiting.
  - Stay with the person until emergency personnel arrive for transport to a hospital.

If you have questions about opioid medications or naloxone, speak with any pharmacist.

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**06/30/2022 - ED in EDWL (continued)**

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**END OF ENCOUNTER**

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