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Board of Legal Specialization

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WALL McCORMICK BAROLDI & DUGAN

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October 7, 2021

Natalia Foley
Workers Defenders Law Group
751 S. Weir Canyon Road, Suite 157-455
Anaheim, CA 90211

Re: Martin Lugo, Sr. vs. Westpac Labs, Inc./Sonic Healthcare
Safety National Casualty Corp. administered by Gallagher Bassett Services, Inc.
Case No: ADJ14468143; ADJ14468359; ADJ14468138
Claim No: 005834-002905-WC-01; 005834-002603-WC-01; 005834-002969-
WC-01

Dear Ms. Foley:

I have received the 12 volumes of records from Hoag Memorial Hospital. I have reviewed the records and have copied the pertinent portions for submission to Dr. Dizay. Please find attached a copy of those pertinent portions. If there are any other portions which you wish to include, please let me know. If there are any objections to forwarding the pertinent portions of the records to Dr. Dizay, please advise within the statutory time frame.

Very truly yours,

WALL McCORMICK BAROLDI &
DUGAN

BY 
ELLEN T. DUGAN

ETD/wl

Enclosure: Subpoenaed Records of Hoag Memorial Hospital (Designated Portions)

Copy to:

Diane Noble
Gallagher Bassett Services
P.O. Box 2934
Clinton, IA 52733

Re: Martin Lugo, Sr. vs. Westpac Labs, Inc./Sonic Healthcare
Safety National Casualty Corp. administered by Gallagher Bassett Services,
Inc.
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WC-01

SUBPOEANED RECORDS

**HOAG MEMORIAL HOSPITAL
(Designated Portions)**

(Pages: 12-13; 21; 23-26; 33-34; 443; 1915;
1972; 2064; 2082; 2115)

HHC HB HUNTINGTON BEACH
19582 BEACH BLVD
HUNTINGTON BEACH CA 92648-2996

Lugo, Martin Bernabe
MRN: 20011211373, DOB: 7/30/1964, Sex: M
Adm: 3/29/2021, D/C: 3/29/2021

03/29/2021 - Diagnostic Imaging Exam in HOAG HEALTH CENTER HUNTINGTON BEACH XRAY (continued)

Imaging (continued)

Reason for Auto-Finalizing?

Comments:

Patient shielded?

Total number of images taken:

Number of repeats:

Repeat reason:

XR Hip Left 2-3 Views [578321248]

Resulted: 03/29/21 1538, Result status: Final result

Order status: Completed

Filed by: Edi, 772303 03/29/21 1543

Accession number: 20983038PRV

Narrative:

Resulted by: Iris B Choo, MD

Performed: 03/29/21 1519 - 03/29/21 1536

Resulting lab: PHS IMAGING

LEFT HIP, 2 views

CLINICAL HISTORY: Left groin pain for several months.

COMPARISON: Abdominal radiograph 4/3/2010

FINDINGS:

Frontal view of the pelvis and frog-leg lateral view of the left hip were obtained.

No radiographic evidence of acute bony injury in the left hip. Mild degenerative changes in both hips, right greater than left.

The pubic symphysis and sacroiliac joints are intact. Degenerative change in the lower lumbar spine.

Bilateral pelvic calcifications, likely phleboliths.

Impression:

IMPRESSION:

1. No acute findings in the left hip.
2. Mild degenerative changes in both hips, right greater than left.

Electronically signed by Iris Choo 3/29/2021 3:38 PM

Indications

Acute hip pain, left [M25.552 (ICD-10-CM)]

Flowsheets - ALL

Readmission Risk

| Row Name | 03/30/21 0018 |
|------------------|---------------|
| OTHER | |
| Readmission Risk | 40 |

OTHER

Readmission Risk 40

Risk

03/29/2021 - Diagnostic Imaging Exam in HOAG HEALTH CENTER HUNTINGTON BEACH XRAY
Inpatient Record

HHC HB HUNTINGTON BEACH
19582 BEACH BLVD
HUNTINGTON BEACH CA 92648-2996

Lugo, Martin Bernabe
MRN: 20011211373, DOB: 7/30/1964, Sex: M
Adm: 3/29/2021, D/C: 3/29/2021

03/29/2021 - Diagnostic Imaging Exam in HOAG HEALTH CENTER HUNTINGTON BEACH XRAY
Inpatient Record (continued)

Encounter Messages

No messages in this encounter

03/29/2021 - Diagnostic Imaging Exam in HOAG HEALTH CENTER HUNTINGTON BEACH XRAY (continued)

Hardcopy Scans Individual

Scanned Registration Form

Scan on 3/29/2021 1509

Clinical date/time: 3/29/2021 0000

User: Andrea Hansen

Description: INFO SHEET

Scan (below)

PATIENT INFORMATION SHEET

NAME: MARTIN LUGO
DATE OF BIRTH: 7/30/64 GENDER: M or F
MARITAL STATUS: SINGLE SOCIAL SECURITY NUMBER: 561-71-1487
EMAIL ADDRESS: MARTINBLUGO@GMAIL.COM
STREET ADDRESS: PO BOX 12512
CITY: COSTA MESA STATE: CA
ZIP CODE: 92627 PRIMARY LANGUAGE: ENGLISH
HOME PHONE: _____ CELL PHONE: 949-609-9888
RACE: (please circle) AMERICAN INDIAN/ASIAN/AFRICAN AMERICAN/NATIVE HAWAIIAN/WHITE/OTHER
ETHNICITY: (please circle) HISPANIC/LATINO NON HISPANIC/LATINO
EMPLOYER: WGSIPAC LABS OCCUPATION: COURIER
ARE YOU A MEDICARE PATIENT? YES or NO IF YES, DATE OF RETIREMENT: _____

IF NOT SELF, GUARANTOR/INSURANCE SUBSCRIBER NAME: _____
DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
STREET ADDRESS (IF DIFFERENT FROM ABOVE): _____
CITY: _____ STATE: _____
ZIP CODE: _____ RELATIONSHIP: _____

IS TODAY'S VISIT RELATED TO AN ACCIDENT OR INJURY? YES or NO

PLEASE BRIEFLY EXPLAIN (INCLUDE DATE/TIME AND LOCATION) 3/25/21 1730 HRS
AS I WAS GETTING INTO MY WORK VEHICLE FELT
VERY SHARP PAIN IN LEFT HIP AND LOWER BACK AREA.

HOAG HOSPITAL NEWPORT BEACH
 1 HOAG DR
 NEWPORT BEACH CA 92663-4162

Lugo, Martin Bernabe
 MRN: 20011211373, DOB: 7/30/1964, Sex: M
 Adm: 6/4/2020, D/C: 6/5/2020

06/04/2020 - ED in HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER
Coding Summary - HIM (continued)

Discharge Information (continued)

| Discharge Date/Time | Discharge Disposition | Discharge Destination | Discharge Provider | Unit |
|---------------------|-----------------------|-----------------------|--------------------|------------------|
| | | | | EMERGENCY CENTER |

Admission Diagnoses / Reasons for Visit (ICD-10-CM)

| Code | Description | Comments |
|-------|-------------|----------|
| M54.2 | Cervicalgia | |

Final Diagnoses (ICD-10-CM)

| Code | Description | POA | CC | HAC | Affects DRG |
|-------------------------|--|-----|----|-----|-------------|
| S16.1XXA [Principal] | Strain of muscle, fascia and tendon at neck level, initial encounter | | | | |
| S39.012A | Strain of muscle, fascia and tendon of lower back, initial encounter | | | | |
| E11.9 | Type 2 diabetes mellitus without complications (HCC) | | | | |
| I10 | Essential (primary) hypertension | | | | |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs | | | | |
| Z79.899 | Other long term (current) drug therapy | | | | |
| M62.830 | Muscle spasm of back | | | | |
| E78.5 | Hyperlipidemia, unspecified | | | | |

External Causes of Injury (ICD-10-CM)

| Code | Description | POA | CC | HAC | Affects DRG |
|----------|--|-----|----|-----|-------------|
| V43.52XA | Car driver injured in collision with other type car in traffic accident, initial encounter | | | | |
| Y92.410 | Unspecified street and highway as the place of occurrence of the external cause | | | | |

06/04/2020 - ED in HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER (continued)

Reason for Visit

Chief Complaint

- Motor Vehicle Crash

Visit Diagnoses

| Name | Qualifier | Is ED? |
|---|-----------|--------|
| Motor vehicle accident, initial encounter (primary) | Active | Yes |
| Strain of neck muscle, initial encounter | Active | Yes |
| Strain of lumbar region, initial encounter | Active | Yes |
| Muscle spasm | Active | Yes |

Treatment Team

| Provider | Service | Role | Specialty | From | To |
|-----------------------|--------------------|--------------------|--------------------|---------------|----|
| Steven R Callahan, MD | Emergency Medicine | Admitting Provider | Emergency Medicine | — | — |
| Patricia T Lash, NP | Emergency Medicine | Attending Provider | Nurse Practitioner | 06/04/20 2341 | — |

Events

ED Arrival at 6/4/2020 2316

Unit HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER

Admission at 6/4/2020 2339

Unit HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER Room: PIT Bed: PIT
 Patient class: Emergency

ED Roomed at 6/4/2020 2339

Unit HOAG MEMORIAL HOSPITAL Room: PIT Bed: PIT

HOAG HOSPITAL NEWPORT BEACH
1 HOAG DR
NEWPORT BEACH CA 92663-4162

Lugo, Martin Bernabe
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Adm: 6/4/2020, D/C: 6/5/2020

06/04/2020 - ED in HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER (continued)

ED Provider Note

ED Provider Notes

Patricia T Lash, NP at 6/4/2020 2332

Author: Patricia T Lash, NP
Filed: 06/05/20 0148
Editor: Patricia T Lash, NP (Nurse Practitioner)

Service: Emergency Medicine
Date of Service: 06/04/20 2332

Author Type: Nurse Practitioner
Status: Signed

EMERGENCY DEPARTMENT HISTORY AND PHYSICAL
HOAG HOSPITAL PRESBYTERIAN

6/4/2020
11:32 PM

Patient Name: Martin Bernabe Lugo DOB: 7/30/1964 Medical Record: 20011211373
Room: LDC
PCP: Terra Safer, MD

My Supervising physician is Dr. Steven Callahan

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Motor Vehicle Crash

HPI

Martin Bernabe Lugo is a 55 y.o. male who presents for evaluation of neck pain s/p MVA at 19:45 tonight. Patient states that he was the restrained driver of his vehicle stopped at a stoplight when a car from behind him rear ended his vehicle. He denies any airbag deployment, head trauma, or loss of consciousness. Patient currently complains of neck pain, lower back pain, and bilateral shoulder pain. He rates his neck pain at a 7/10 in severity and worse upon movement.

Onset: Just PTA, 19:45 PM

Timing: sudden onset

Duration: constant

Quality: sharp

Severity: 7

REVIEW OF SYSTEMS

See HPI for further details. Review of systems otherwise negative.

Constitutional: No fevers, No chills, + MVA (without loss of consciousness or airbag deployment)

HEENT: No Head Trauma, + neck pain

Cardiovascular: No chest pain, No palpitations

Respiratory: No shortness of breath, No cough

Gastrointestinal: No abdominal pain, no vomiting, no diarrhea

Musculoskeletal: No swelling, + lower back pain, + bilateral shoulder pain

GU: No hematuria

Neurologic: No headache, No focal weakness

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06/04/2020 - ED in HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER (continued)

ED Provider Note (continued)

Integumentary: No rash
Psychiatric: No anxiety

PAST MEDICAL HISTORY

Past Medical History:

| Diagnosis | Date |
|-----------|------|
|-----------|------|

- Carrier or suspected carrier of methicillin resistant Staphylococcus aureus
MRSA carrier
- Colon cancer (HCC)
- Colon polyps
- Diabetes (HCC)
- GERD (gastroesophageal reflux disease)
- HLD (hyperlipidemia)
- HTN (hypertension)

SURGICAL HISTORY

Past Surgical History:

| Procedure | Laterality | Date |
|-----------|------------|------|
|-----------|------------|------|

- COLON SURGERY

SOCIAL HISTORY

Social History

Tobacco Use

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

Substance Use Topics

- Alcohol use: Not Currently
Comment: 13 years sober as of 6/4/2020
- Drug use: Never

CURRENT MEDICATIONS

Metformin
Lisinopril
Atorvastatin

ALLERGIES

No Known Allergies

PHYSICAL EXAM

VITAL SIGNS: Temp: 37.2 °C (99 °F) Pulse: 69 Resp: 20 BP: 149/88 SpO2: 96 %

General: Awake, alert, amicable, well oriented

HEENT: NC/AT, Eyelids normal, EOMI

Neck: Midline tenderness to cervical 3, 4, and 5

CV: Regular rate and rhythm

Chest: Negative barrel to chest

Respiratory: No respiratory distress

Abdomen: Soft, non-tender, non-distended.

Back: Paralumbar muscle spasms and discomfort, tenderness to palpation, no midline tenderness. No saddle

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06/04/2020 ED in HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER (continued)

ED Provider Note (continued)

anesthesia, good distal sensation

skin: Warm, dry, intact.

Extremities: Normal ROM, no edema, Moves all four extremities

Neurologic: Nonfocal. moves all 4 extremities well. sensation intact to light touch

Psychiatric: Normal mood and affect.

LABORATORY RESULTS

N/A

RADIOLOGY

CT Cervical Spine wo Contrast (Results Pending)

CT C Spine Lugo, Martin 7/30/64

No definite fracture/malalignment. Images from C5 to T1 limited by motion and body habitus.

Multilevel degenerative changes.

Radiology impression conveyed by Radiologist via TigerText

TREATMENT AND ED COURSE

Pertinent Labs & Imaging studies reviewed.

Medications

HYDROcodone-acetaminophen (NORCO) 5-325 mg
per tablet 1 tablet (has no administration in time
range)

cyclobenzaprine (FLEXERIL) tablet 10 mg (has no
administration in time range)

ibuprofen (ADVIL, MOTRIN) tablet 600 mg (has no
administration in time range)

RE-EVALUATION

The patient was re-evaluated at 12:31 AM

Most recent vital signs: Temp: 37.2 °C (99 °F) Pulse: 69 Resp: 20 BP: 149/88 SpO2: 96 %

Patient feeling better, agrees with plan for discharge. All questions were answered.

MEDICAL DECISION MAKING

55 yo male presents to the ED after being rearended by another driver tonight. Pt reports he was stopped at a light, rearended, + seatbelt, reports the seat broke. Pt was placed in cervical collar due to midline tenderness C3,4,5 and CT cervical spine obtained. CT showed no fracture however identified multilevel degenerative changes. Pt has no saddle anesthesia, is afebrile, denies bowel or bladder dysfunction. Pt will be prescribed motrin, flexeril, norco, will f/u PCP if not improving, pt may benefit from Physical Therapy.

This chart was sent for co-signature: no

CLINICAL IMPRESSION

1. Motor vehicle accident, initial encounter Active
2. Strain of neck muscle, initial encounter Active
3. Strain of lumbar region, initial encounter Active
4. Muscle spasm Active

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06/04/2020 ED in HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER (continued)

ED Provider Note (continued)

DISPOSITION

6/5/2020 12:31 AM

Discussed the historical points, exam findings, and any diagnostic results supporting the presumptive diagnosis. Patient is clinically stable, in no apparent danger of imminent deterioration, and deemed safe for outpatient management. Strict return precautions discussed. Advised to return immediately to the ED if symptoms worsen or persist, or if any concerns arise. All questions answered. Need for appropriate follow up discussed and understood.

Disposition: DISCHARGED

Condition: Improved

Discharged to: Home

Follow-up/Referrals:

Follow-up Information

Terra R. Safer, MD. Schedule an appointment as soon as possible for a visit in 2 days.

Specialty: Internal Medicine

Contact information:

510 SUPERIOR STE 200C

Newport Beach CA 92663

949-791-3002

Prescriptions:

New Prescriptions

| | |
|---|---|
| CYCLOBENZAPRINE (FLEXERIL) 10 MG TABLET | Take 1 tablet by mouth 3 times daily as needed for Muscle spasms (Do not drive on this medication, will make you drowsy) for up to 7 days. |
|---|---|

| | |
|---|--|
| HYDROCODONE- ACETAMINOPHEN (NORCO) 5-325 MG PER TABLET | Take 1 tablet by mouth EVERY 4 TO 6 HOURS AS NEEDED for Pain. Do not drive on this medication |
|---|--|

| | |
|---|---|
| IBUPROFEN (ADVIL, MOTRIN) 600 MG TABLET | Take 1 tablet by mouth every 6 hours as needed for Pain (take with food and large glass of water) for up to 7 days. |
|---|---|

ATTESTATION

SCRIBE ATTESTATION

Information entered by Olivia Alves acting as scribe for Patricia Lash, NP.

PROVIDER ATTESTATION

The above documentation recorded by the scribe accurately reflects the services I performed and the decisions made

HOAG HOSPITAL NEWPORT BEACH
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 NEWPORT BEACH CA 92663-4162

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 Adm: 6/4/2020, D/C: 6/5/2020

06/04/2020 - ED in HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER (continued)

Imaging (continued)

Patient Name: Lugo, Martin Bernabe
 Date of Birth: 7/30/1964
 Legal Sex: Male

MRN: 20011211373
 Home Phone: 949-609-9888
 Mobile: ~~949-609-9888~~

| Procedure | Ordering Provider | Authorizing Provider | Appointment Information |
|-------------------------------|-------------------------------------|-------------------------------------|--|
| CT CERVICAL SPINE WO CONTRAST | Patricia T Lash, NP 949-764-5689 | Patricia T Lash, NP 949-764-5689 | 6/4/2020 11:45 PM HHN CT 04 HHN CT |

Screening Form Questions

No questions have been answered for this form.

End Exam Questions

| Question | Answer | Comment |
|--|--------|---------|
| Who verified the patient's identity and procedural site? | | |
| Auto finalize? | | |
| Are you absolutely positive a Radiologist dictation is NOT REQUIRED to complete this exam? | | |
| Reason for Auto-Finalizing? | | |
| Has the patient had immunotherapy within the past 3 months? (contrast exams only) | | |
| Comments: | | |
| Patient shielded? | | |

CT Cervical Spine wo Contrast [578321242] Resulted: 06/05/20 0809. Result status: Final result
 Ordering provider: Patricia T Lash, NP 06/04/20 2343 Order status: Completed
 Resulted by: William J Vandalsem, MD Filed by: Edi, Rad Results In 06/05/20 0815
 Performed: 06/04/20 2356 - 06/04/20 2359 Accession number: 18900591PRV
 Resulting lab: PHS IMAGING
 Narrative:

CT CERVICAL SPINE WITHOUT CONTRAST

CLINICAL HISTORY: Status post MVA. Restrained driver high speed rear end accident and neck pain.

COMPARISON: None

TECHNIQUE: Using a multidetector helical CT scanner, thin slice acquisition was performed through the cervical spine without intravenous contrast. Multiplanar reformations were obtained. CT scan done according to ALARA.

DOSE INFORMATION:

CTDIvol (mGy)
 Series 3 - Spiral - 20.84 (mGy)
 Total DLP (mGy-cm): 464.73 mGy.cm.
 (Note: The above reported CTDIvol and DLP values are CT scanner radiation output related dose indices, and, as such, they do NOT represent actual patient dose estimates. A medical physicist should be consulted for specific questions regarding the radiation dose for this exam).

Note that evaluation of the solid organs, soft tissues, and vascular structures is limited without intravenous contrast.

CERVICAL SPINE FINDINGS:

Spinal Column: No evidence of acute bony injury. Vertebral body height and alignment maintained. No worrisome bony lesions.

Disc Spaces: Multilevel cervical degenerative disc disease.

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Adm: 6/4/2020, D/C: 6/5/2020

06/04/2020 ED in HOAG MEMORIAL HOSPITAL NEWPORT EMERGENCY CENTER (continued)

Imaging (continued)

Soft Tissues: Prevertebral soft tissues within normal limits.

Other Findings: Visualized brain parenchyma and posterior fossa unremarkable. Lung apices clear.

Impression:
IMPRESSION:

1. No evidence of acute bony injury of the cervical spine.
2. Preliminary report was provided to PATRICIA T LASH by the on-call radiologist shortly after the exam.

Electronically signed by William Van Dalsem 6/5/2020 8:09 AM

Medication Administrations - Entire Chart

cyclobenzaprine (FLEXERIL) tablet 10 mg [578321240]

Ordering Provider: Patricia T Lash, NP
Ordered On: 06/04/20 2343
Dose (Remaining/Total): 10 mg (0/1)
Frequency: ONCE

Status: Completed (Past End Date/Time)
Starts/Ends: 06/04/20 2345 - 06/04/20 2346
Route: Oral
Rate/Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|---------------------------|--------|-------|-------|--------------------------------------|
| Performed 06/04/20 2346 | Given | 10 mg | Oral | Performed by: Linda Chirieleison, RN |
| Documented: 06/05/20 0053 | | | | Scanned Package: 63739-531-10 |

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 tablet [578321239]

Ordering Provider: Patricia T Lash, NP
Ordered On: 06/04/20 2343
Dose (Remaining/Total): 1 tablet (0/1)
Frequency: ONCE

Status: Completed (Past End Date/Time)
Starts/Ends: 06/04/20 2345 - 06/04/20 2347
Route: Oral
Rate/Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|---------------------------|--------|----------|-------|--------------------------------------|
| Performed 06/04/20 2347 | Given | 1 tablet | Oral | Performed by: Linda Chirieleison, RN |
| Documented: 06/05/20 0059 | | | | Scanned Package: 68084-895-11 |

ibuprofen (ADVIL, MOTRIN) tablet 600 mg [578321241]

Ordering Provider: Patricia T Lash, NP
Ordered On: 06/04/20 2343
Dose (Remaining/Total): 600 mg (0/1)
Frequency: ONCE
Admin Instructions: Give with food.

Status: Completed (Past End Date/Time)
Starts/Ends: 06/04/20 2345 - 06/04/20 2345
Route: Oral
Rate/Duration: — / —

| Timestamps | Action | Dose | Route | Other Information |
|------------|--------|------|-------|-------------------|
|------------|--------|------|-------|-------------------|

06 Hoag Memorial Hospital Presbyterian
EMERGENCY PHYSICIAN RECORD
Upper Extremity Injury

DATE SEEN: 06/25/2010 on arrival ROOM: 4 EMS Arrival
 HISTORIAN: patient paramedic / translator / mother / father / other
 HX / EXAM LIMITED BY: _____
 EMS directed by ED physician _____

HPI

chief complaint: Injury to: R/L hand wrist forearm elbow arm shoulder collar-bone area

| | |
|--|---|
| onset / duration: just prior to arrival today / yesterday <u>1 human</u> min / hrs / days ago | where: <u>home</u> school neighbor's park work street |
| severity of pain: mild <u>moderate</u> severe (1/10) | worse / persistent since: pain intermittent / lasting |
| context: fall blow incision crush burn <u>Pt saw by Dr. Melomack yesterday for fall. Pt injured back / lower back. Pt had tetice done / non-tetice done</u> | |
| associated symptoms: tingling / numbness distally loss feeling / power arms | modifying factors: none <u>pain on movement</u> |

ROS

| | |
|----------------------------|---|
| neck / back pain | nausea / vomiting |
| recent illness | problems urinating |
| fever / chills | headache |
| chest pain | rash |
| shortness of breath | leg / ankle swelling |
| cough productive | anxiety / depression |
| LNMP _____ preg post-menop | <u>all</u> systems neg except as marked |

Back pain 2° yesterday's fall

* NEURO / MS components also addressed in HPI

PAST HX R / L HANDED

cardiac disease AMI CHF A-Fib hepatitis / HIV
 diabetes Type 1 Type 2 hypertension
 diet / oral / insulin _____ prior injury
Acid Reflux, Cholelithiasis CA phlebotomy last Thursday

ChartMaxx accessed _____

Tetanus immun. UTD

Med: none / patient's home medication list reviewed Backbone

Allergies- NKDA / see nurses note

SOCIAL HX smoker _____ drugs _____
 alcohol (recent / heavy / occasional) _____ occupation _____
FAMILY HX cardiac disease _____

RN _____

Nursing Assessment Reviewed Vitals Reviewed
 V/S BP 115/76 Temp 97.6 P 89 R 16
 Pulse Ox 100% on RA L O₂ Intub: nml / apoxic Time: _____

PHYSICAL EXAM

General Appearance c-collared / backboard (PTA / in ED)
 no acute distress mild / moderate / severe distress
 alert anxious

EXTREMITIES

HAND

nml inspection
 non-tender

WRIST

nml inspection
 non-tender
 nml ROM

FOREARM / ELBOW

nml inspection
 non-tender
 nml ROM

ARM / SHOULDER

nml inspection
 non-tender
 pain ROM

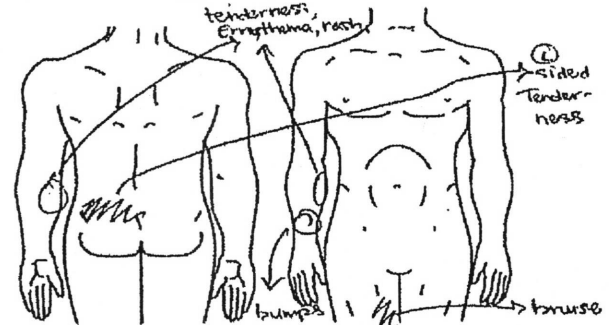
see diagram. Swelling bilateral LE
 tenderness soft-tissue / bony
 swelling / ecchymosis
 deformity

see diagram
 tenderness soft-tissue / bony
 tenderness in anatomical snuff box
 wrist pain on axial thumb load
 swelling / ecchymosis
 limited ROM
 deformity

see diagram fracture (R) bone
 tenderness soft-tissue / bony
 swelling / ecchymosis bone
 limited ROM fracture
 deformity fracture like shape

see diagram fracture (R) bone
 tenderness soft-tissue / bony
 swelling / ecchymosis bone
 limited ROM fracture
 deformity fracture like shape

see diagram fracture (R) bone
 tenderness soft-tissue / bony bone
 swelling / ecchymosis bone
 limited ROM fracture
 deformity fracture like shape



T=Tenderness PT=Point Tenderness S=Swelling E=Ecchymosis B=Burn
 C=Contusion L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
 (S=without m=mild mod=moderate s=severe)

NEURO / VASC / TENDON

sensation nml sensory / motor deficit
 motor nml pallor / cool skin / abnml cap refill
 no vascular pulse deficit radial ulnar
 compromise deficit in tendon function
 tendon function nml

PMD Nguyen M Duc last seen
E-boat



06/25/2010 17096838
 084-12-01
 LUGO, MARTIN BERNABE
 DOB 07/30/1964 45Y M

HOAG MEMORIAL HOSPITAL PRESBYTERIAN

ONE HOAG DRIVE P.O. BOX 6100 NEWPORT BEACH, CA 92658-6100 PHONE (949) 645-8800

ORDERING PHYSICIAN:
GOLDSWORTHY M.D., CHARLES

SEX: M AGE: 44Y

DATE OF BIRTH: 07/30/1964

LOCATION IN HOSPITAL: EMERG-

DATE OF EXAM: 02/04/2009

NAME: LUGO, MARTIN

MR#: 084-12-01 ORD#:90001-9668133

EXAMINATION: CERVICAL SPINE: 4 views performed on 02/02/2009.

CLINICAL HISTORY: Pain.

COMPARISON: None.

FINDINGS: Degenerative changes are seen at C6-C7 with interspace narrowing and osteophytosis. The C7-T1 interspace is not seen. Degenerative changes of the facets of a mild degree are present. No compression fractures are noted. The atlantoaxial junction is normal.

CONCLUSION:

1. C6-C7 degenerative disease.
2. Possible cervical spasm.
3. No fracture is seen.
4. Mild arthritis.

Thank you for referring your patient to Hoag Hospital Radiology.

Distribution: (This may be a partial list)
GENE MIZUMOTO
HOWARD NAKASHIOYA
CHARLES GOLDSWORTHY

Transcribed By: MSH: Feb 4 2009 8:50A
Approved Electronically by: RMT Feb 4 2009 8:54A
9668133

Read By: RICHARD TAKETA, M.D., AE
Newport Harbor Radiology

Page:1

Radiology Report NAME: LUGO, MARTIN

Acct #: 90206829

MRN: 084-12-01

*CONFIDENTIAL: CHART COPY OF LUGO, MARTIN B, 0841201 90206829, cnt12580
Radiology Head & Neck - Page 1/1

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| HOAG | | MEMORIAL | | HOSPITAL | | PRESBYTERIAN | |
|--|--------------|---|--------------|---|------------|--|------------------------|
| [] WALK-IN [] W/C [] PARAMEDIC [] EMT [] POLICE [] OTHER: | | PRIMARY LANGUAGE () ENGLISH () | | Medical 1 2 3 4 5 | | Fast-track | |
| INITIAL VS B. Brouer | TIME 0725 | BP 115/75 | Temp 99.2 | HR 70 | R.R. 20 | SPO2 97% | O2 R/A Patient's MD |
| CC/ONSET Pain B, 10 Low Back Pain | | Treatment Prior to Arrival | | CODE 10 | | Emergency | |
| ALLERGIES NKDA | | wt (Kg only) | LMP | Pregnant | FHT | Reassess | |
| PMH [] none [] see T-sheet [] Cardiac () HTN () DM () CVA [] COPD/ASTHMA | | IMMUNIZATIONS AGE ≤ 14 OR LAST TETANUS [] CURRENT [] | | VISION <u>2</u> / 5 Glasses | | Treatment | |
| CHRONIC BACK PAIN | | see Fall Risk Assessment and Abuse Screening | | see Medication Reconciliation Sheet | | MD | |
| FOCUSED PHYSICAL ASSESSMENT | | | | | | | |
| A [] Normal [] Partial [] Total obstruction | | Alert Oriented x <u>4</u> Person <u>3</u> Place <u>3</u> Time <u>3</u> Season | | WNL N/A ABNORMAL | | Comments | |
| B [] Normal [] Labored [] Rapid [] Shallow [] Absent | | [] ETOH Odor [] Lethargic [] Uncooperative [] Unconscious | | NEURO [] [] [] | | P | |
| C [] Normal [] Weak [] Bounding [] Irregular [] Absent | | [] Silent/Slurred [] Confused [] Violent/Combative [] Post-ictal | | HEAD [] [] [] | | Q | |
| M [] Normal [] Dry [] Moist [] Wet [] T | | C [] Normal [] Pale [] Flushed [] Cyanotic | | NECK [] [] [] | | R | |
| O [] Dry [] Moist [] Wet [] T | | T [] Normal [] Warm [] Cool [] Hot [] Cold | | CHEST [] [] [] | | S | |
| S [] Dry [] Moist [] Wet [] T | | E [] Warm [] Cool [] Hot [] Cold | | LUNGS [] [] [] | | T | |
| T [] Dry [] Moist [] Wet [] T | | M [] Cool [] Hot [] Cold | | ABD [] [] [] | | A | |
| GLASCOW () () () | | PUPILS L R [] [] PEFLA | | EXTREM(ES) [] [] [] | | - | |
| [] Pinpoint [] Midrange [] Constricted [] Responds [] Fixed [] Sluggish [] Dilated [] Cataract [] Blind [] Size mm | | BACK/SPINE [] [] | | [] [] | | [] [] | |
| RN NOTES [] SEE NEURO SHEET [] SEE CONSCIOUS SEDATION SHEET [] SEE FREQ VS SHEET [] CONTINUATION NOTES | | LABS/XR | | LABS | | ABG | |
| Time Out to Confirm () NO BLANK BOXES | | Procedure | | ERG | | BC 1 | |
| [] Correct Patient [] Consented/Procedure RN [] Side/Site Doctor [] Allergies [] Position [] Implant [] Equipment | | DASH - MEDICATED FOR LOW BACK PAIN. (M) 0825 - ↓ PAIN. ONLY VSS. (M) | | UA | | BC 2 | |
| EXIT V/S TIME 0819 PAIN 4/10 BP 125/85 Temp HR 72 R.R. 18 SPO2 93 O2 (R/A) | | Condition at Exit: | | SPTUM | | STOOL | |
| [] See Narrative [] IV DC checked | | [] A/C/V/VERBAE UNDERSTANDING [] Family/other involved in D/C Plan [] Car seat info signed [] Patient wrist band checked [] Screened for Pneumonia Vaccine [] Screened for Flu Vaccine (10/1 - 3/1) [] Smoking cessation education | | [] APPROPRIATE ROOM ASSIGNED ROOM/FACILITY | | [] PEFLA | |
| EXIT BY RN/ECT/MD: TIME 0824 | | [] side effects of discharge medications explained | | REPORT TO TIME | | [] VALUABLES LOGGED BY [] CLOTHING WITH PT. OR | |
| TRANSFER BY: TIME: | | Exit via: <u>WU</u> | | TIME MD | | 1 All STAT/Now orders done | |
| TRANSFER BY: TIME: | | The written & verbal orders, vitals, and assessments on the front and back of this sheet have been ordered, noted and/or implemented by the persons assigned/initialed below | | TIME MD | | 2 Patient's status reviewed | |
| TRANSFER BY: TIME: | | RN Signature [Signature] | | RN Signature [Signature] | | 3 Response to therapy reviewed | |
| RN Signature [Signature] | | Initial [Signature] | | RN Signature [Signature] | | 4 Bed matches latest order | |
| RN Signature [Signature] | | Initial [Signature] | | ECT Signature [Signature] | | | |
| RN Signature [Signature] | | Initial [Signature] | | ECT Signature [Signature] | | | |
| ECU COLLABORATIVE ASSESSMENT AND RESPONSE EVALUATION FORM | | BED 5 | | 10/29/2007 71033261 | | | |
| [Barcode] | | LUGO, MARTIN BERNABE | | 084-12-01 | | | |
| CONFIDENTIAL CHART COPY OF LUGO, MARTIN B, 084120171033261, CNT12580 | | DOB 07/30/1964 | | 43Y M | | | |

HOAG MEMORIAL HOSPITAL PRESBYTERIAN

ONE HOAG DRIVE P.O. BOX 6100 NEWPORT BEACH, CA 92658-6100 PHONE (949) 645-8600

PHYSICIAN

FRANCINI M.D., ALEXANDER

SEX: M

AGE: 42Y

DATE OF BIRTH: 07/30/1964

LOCATION IN HOSPITAL: HBWC-

DATE OF EXAM: 08/17/2006

NAME: LUGO, MARTIN

MR#: 084-12-01 ORD#: 90009-7885254

Hoag Imaging Center/Huntington Beach - Phone (714) 378-4992

EXAMINATION: Left Shoulder MRI:

Clinical History: Shoulder pain.

Comparison: None.

Technique: Gradient recalled axial, dual echo coronal, T2 weighted sagittal and T1 weighted coronal sequences were obtained through the shoulder joint. All these utilized the 1.5 tesla magnet.

Findings:

Rotator Cuff: There is increased signal intensity in the bursal surface of the mid supraspinatus tendon at the myotendinous junction consistent with a focal partial tear. There is also increased signal intensity in the undersurface of the posterior aspect of the supraspinatus tendon consistent with a partial tear. The high signal intensity extends to the distal infraspinatus tendon, again concerning for focal undersurface partial tear. Teres minor is intact. Subscapularis tendons are also intact.

Biceps Tendon: The biceps tendon is in anatomic location with normal function.

Glenohumeral Joint: The articulation is normal. No fracture or marrow infiltration is seen. Labrum is grossly intact.

AC Joint: There is a double hook appearance of the acromion. Degenerative changes are seen. Thickening of the coracoacromial ligament is also noted.

CONCLUSION:

1. Partial tear of the supraspinatus tendon at the myotendinous junction involving the bursal surface as well as posterior distal undersurface.
2. Partial tear of the undersurface of the infraspinatus tendon.
3. Double hook appearance of the acromion.

Thank you for referring your patient to Hoag Huntington Beach.

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Radlology Report NAME: LUGO, MARTIN

Acct #: 60815782

MRN: 084-12-01

MRI - MRA - Page 1/2 *CONFIDENTIAL: CHART COPY OF LUGO, MARTIN B, 0841201 60815782, cnt12580
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HOAG MEMORIAL HOSPITAL PRESBYTERIAN

ONE HOAG DRIVE P.O. BOX 6100 NEWPORT BEACH, CA 92658-6100 PHONE (949) 645-8600

PHYSICIAN

FRANCINI M.D., ALEXANDER

SEX: M

AGE: 41Y

DATE OF BIRTH: 07/30/1964

LOCATION IN HOSPITAL: HBWC-

DATE OF EXAM: 07/18/2006

NAME: LUGO, MARTIN

MR#: 084-12-01 ORD#: 90006-7830216

Hoag Imaging Center/Huntington Beach - Phone (714) 378-4992

EXAMINATION: MRI of the Cervical Spine:

Clinical History: Left arm weakness.

Comparison: No prior study is available for direct comparison.

Technique: T1 weighted coronal and sagittal sequences were obtained. A dual echo T2 weighted sagittal cardiac synchronized sequence was performed, and gradient echo T2 STAR weighted axial sequence. All four utilized 1.0 tesla with thin section, limited field of view technique for optimal resolution.

Findings: Bone marrow signal appears normal. No significant disc desiccation is noted. C2-C3 appears normal. At C3-C4, there is a broad disc bulge with some asymmetry and right-sided predominance with extension into the right lateral recess. There is some slight mass effect on the anterior thecal sac, but no significant central stenosis. There is mild narrowing of the right neural foramen inferiorly, but no definite mass effect on the exiting nerve root. There is no left neural foraminal narrowing. C4-C5 appears normal. At C5-C6, there is a central disc protrusion causing mass effect on the anterior thecal sac, but no significant central stenosis. There is no significant neural foraminal narrowing at this level. At C6-C7, there is right paracentral disc extrusion, effacement of the anterior CSF and mass effect on the cord at this level with mild to moderate central stenosis. No abnormal cord signal is seen. There is no significant neural foraminal narrowing. At C7-T1, there is no significant neural foraminal narrowing or central stenosis.

CONCLUSION:

Areas of disc pathology, the most prominent of which is at C6-C7 where there is extrusion, mild to moderate central stenosis and mass effect on the cord.

Thank you for referring your patient to Hoag Huntington Beach.

Distribution: (This may be a partial list)

JOHN EILBERT
ALEXANDER FRANCINI

Transcribed By: JAC: Jul 19 2006 8:52A
Approved Electronically by: PDG Jul 19 2006 9:32A

Page:1

Radology Report NAME: LUGO, MARTIN

Acct #: 60718883

MRN: 084-12-01

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MRI - MRA - Page 1/2 Job 11265 (08/02/2021 09:31:24) - Page 2002 Doc# 520

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HOAG MEMORIAL HOSPITAL PRESBYTERIAN

| | | | | | | | | | | | | | |
|---|--|---|--|--|--|--|-----------------------------------|---------------------------------|-----------------------------------|---|--|---|--|
| WALK IN <input type="checkbox"/> W/C <input type="checkbox"/> PARAMEDIC <input type="checkbox"/> EMT <input type="checkbox"/> POLICE <input type="checkbox"/> OTHER <input type="checkbox"/> | | PRIMARY LANGUAGE: ENGLISH <input type="checkbox"/> | | Medical <input type="checkbox"/> | | | | | | | | | |
| INITIAL VS <i>SN</i> | TIME <i>2300</i> | BP <i>140/83</i> | Temp <i>99</i> | HR <i>75</i> | R.R. <i>18</i> | SPO2 <i>96</i> | O2 <i>R/A</i> | Patient's MD <i>Elbert</i> | Enter/Card # <i>225</i> | | | | |
| CC/ONSET <i>Pain 8/10</i> | | Treatment Prior to Arrival <i>Vicodin ibuprofen</i> | | CODE 10 <input type="checkbox"/> | Emergency <input type="checkbox"/> | | Reassess <input type="checkbox"/> | | Triage + <input type="checkbox"/> | | | | |
| ALLERGIES <i>NKDA</i> | | wt(Kg only) | LMP | Pregnant wk | FHT | VISION E / S Glasses R: <i>L</i> L: <i>L</i> Both: <i>L</i> | | Triage <input type="checkbox"/> | | | | | |
| PMH <input type="checkbox"/> none <input type="checkbox"/> see T sheet <input type="checkbox"/> Cardiac <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> CVA <input type="checkbox"/> COPD/ASTHMA | | IMMUNIZATIONS AGE ≤ 14 OR LAST TETANUS <input type="checkbox"/> CURRENT <input type="checkbox"/> | | MD <i>0046</i> | | MD <i>0014</i> | | MD <input type="checkbox"/> | | | | | |
| <p><i>Cholelithiasis</i></p> <p><input type="checkbox"/> see Medication Reconciliation Sheet</p> <p>FOCUSED PHYSICAL ASSESSMENT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"> A <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Partial <input type="checkbox"/> Total obstruction </td> <td style="width: 20%;"> L <input checked="" type="checkbox"/> Alert Oriented x <i>4</i> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation <input type="checkbox"/> Anxious <input type="checkbox"/> ETOH Odor <input type="checkbox"/> Lethargic <input type="checkbox"/> Uncooperative <input type="checkbox"/> Shallow <input type="checkbox"/> Absent <input type="checkbox"/> Silent/Sturred <input type="checkbox"/> Confused <input type="checkbox"/> Violent/Combative <input type="checkbox"/> Post ictal </td> <td style="width: 20%;"> WNL N/A ABNORMAL NEURO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HEAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NECK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHEST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LUNGS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ABD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PELVIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXTREM(ES) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BACK/SPINE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 20%;"> Comments <i>Shoulder pain/shoulder block radiating to neck and in between shoulders</i> <i>Denies CP, SOB</i> </td> </tr> </table> | | | | | | | | | | A <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Partial <input type="checkbox"/> Total obstruction | L <input checked="" type="checkbox"/> Alert Oriented x <i>4</i> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation <input type="checkbox"/> Anxious <input type="checkbox"/> ETOH Odor <input type="checkbox"/> Lethargic <input type="checkbox"/> Uncooperative <input type="checkbox"/> Shallow <input type="checkbox"/> Absent <input type="checkbox"/> Silent/Sturred <input type="checkbox"/> Confused <input type="checkbox"/> Violent/Combative <input type="checkbox"/> Post ictal | WNL N/A ABNORMAL NEURO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HEAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NECK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHEST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LUNGS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ABD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PELVIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXTREM(ES) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BACK/SPINE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Comments <i>Shoulder pain/shoulder block radiating to neck and in between shoulders</i> <i>Denies CP, SOB</i> |
| A <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Partial <input type="checkbox"/> Total obstruction | L <input checked="" type="checkbox"/> Alert Oriented x <i>4</i> <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation <input type="checkbox"/> Anxious <input type="checkbox"/> ETOH Odor <input type="checkbox"/> Lethargic <input type="checkbox"/> Uncooperative <input type="checkbox"/> Shallow <input type="checkbox"/> Absent <input type="checkbox"/> Silent/Sturred <input type="checkbox"/> Confused <input type="checkbox"/> Violent/Combative <input type="checkbox"/> Post ictal | WNL N/A ABNORMAL NEURO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HEAD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NECK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHEST <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LUNGS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ABD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PELVIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXTREM(ES) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BACK/SPINE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Comments <i>Shoulder pain/shoulder block radiating to neck and in between shoulders</i> <i>Denies CP, SOB</i> | | | | | | | | | | |
| M <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Wet <input type="checkbox"/> Cold | C <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic | T <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Cold | GLASCOW () () Eyes: _____ Motor: _____ Verbal: _____ Total: _____ | PUPILS L: <input type="checkbox"/> Pinpoint <input type="checkbox"/> Midrange R: <input type="checkbox"/> Constricted <input type="checkbox"/> Responds <input type="checkbox"/> Fixed <input type="checkbox"/> Sluggish <input type="checkbox"/> Dilated <input type="checkbox"/> Cataract <input type="checkbox"/> Blind _____ Size mm | PERLA <input type="checkbox"/> Midrange <input type="checkbox"/> Responds <input type="checkbox"/> Sluggish <input type="checkbox"/> Cataract <input type="checkbox"/> Size mm | | | | | | | | |

| **RN NOTES** SEE NEURO SHEET SEE CONSCIOUS SEDATION SHEET SEE FREQ VS SHEET CONTINUATION NOTES | | | | | **LABS/XR** LABS: _____ ABG: _____ EKG: _____ BCL: _____ UA: _____ BC: _____ CSF: _____ Culture: _____ SPUTUM: _____ # _____ MORNING: _____ # _____ Accucheck: _____ Breathalyzer: _____ Pwv Exam: _____ W/O Foley: _____ PCXR: _____ TO X ray: _____ TO US: _____ TO CTscan: _____ TO MRI: _____ | | | | |
| Time Out to Confirm _____ NO BLANK BOXES Procedure _____ Correct Patient Time _____ Consented/Procedure RN _____ Side/Site Doctor _____ Position Implant Equipment _____ | | | | | (0100) assumed pt case as noted above - pt states he saw his chiropractor approx 2 months ago for some complaint, was had pain for 2 days consistently - denies trauma or injury. (0105) pt medicated for pain and analgesia. | | | | |
| EXIT V/S TIME *0255* PAIN */10* BP *137/10* Temp *99* HR *75* R.R. *18* SPO2 *96* O2 *R/A* | | Condition at Exit A/Cs/VERBAL UNDERSTANDING Family/other _____ Car seat info signed Double wrap band checked Screened for Pertussis Vaccine Screened for Flu Vaccine (10/1 3 1) Smoking cessation education | | APPROPRIATE ROOM ASSIGNED ROOM/FACILITY _____ REPORT TO _____ TIME _____ VALIABLES LOGGED BY _____ CLOTHING WITH PT OR _____ | | **RN/MD EXIT REASSESSMENT** TIME _____ MD _____ All STAT/Now orders done Patient's status reviewed Response to therapy reviewed Bed matches latest order | |
| The written & verbal orders, vitals and assessments on the front and back of this sheet have been ordered, noted and/or implemented by the persons as signed. Initialized below. | | | | | | | | | |
| RN Signature _____ | | Initial _____ | | RN Signature *Jay Craft RN* | | Initial *JC* | | | |
| RN Signature _____ | | Initial _____ | | ECT Signature _____ | | Initial _____ | | | |
| RN Signature _____ | | Initial _____ | | ECT Signature *001012 RN* | | Initial *00* | | | |

ECU COLLABORATIVE ASSESSMENT AND RESPONSE EVALUATION FORM

BED

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06/10/2006 60612561
084-12-01
LUGO MARTIN BERNABE

DOB 07/30/1964 41Y M
B, 0841201 60612561, cnt12580
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