



Patch II

Document Separator

Used to Separate Each Transaction

00BREAK00

00BREAK00

SourceHOV, Inc
4868 GA HWY 85
Forest Park, GA 30297

00BREAK00



309CETPUA1063001-03889-03

UnitedHealthcare Insurance Company
 UnitedHealthcare
 P.O. Box 740805
 Atlanta, GA 30374-0805



203227007130010

PEAKVIEW EMERGENCY PHYSICIANS
 PO BOX 13719
 PHILADELPHIA PA 19101-3719

Claim Information	
Patient:	Angela Varela
Patient Acct #:	001762854332HIL
Date of Service:	07/26/2020
Provider:	Peakview Emergency Physicians
Claim ID:	925751907/SP/115291
Claim #:	CH31736067
Member:	Benedict Varela
Member ID:	925751907
Group:	RINGCENTRAL, INC.
Group #:	GA919237/AC/002
Letter ID:	PFA002

October 31, 2020

Dear Peakview Emergency Physicians:

We received the above claim for Angela Varela. Before we can process this claim, we need more information. Please send all of the treatment records for every date of service on the claim. These records should include but may not be limited to the first date of service referenced above. We frequently request treatment records as part of our routine claims processing to help us determine eligible expenses under the patient's health benefit plan.

Please provide the following information:

- A copy of this letter
- The patient's treatment records, including but not limited to, copies of:
 - History and physical
 - Presenting symptoms and complaints
 - Findings on examination
 - Lab test results
 - X-rays
 - Consultation reports
 - Daily progress notes
 - Medication records relative to the treatment
 - Durable medical equipment records that include copies of the physician orders that list the referring physician's name, the invoice and the delivery statement showing the date of receipt
 - Any other information that's not listed but part of the patient's treatment records

Do not send a new claim or Request for Reconsideration.
 If necessary, please provide an interpretation of these records in English.

Please mail the treatment records with a copy of this letter to:

UnitedHealthcare
 P.O. Box 740805
 Atlanta, GA 30374-0805

Thank you in advance for providing this information. The claim is on hold. It's important that we hear back from you in 90 days or we may not be able to process the claim. When you send us the information we need, we'll process the claim and notify you of our decision.



9102104968814

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CENTENNIAL MEDICAL CENTER (COCCT) SPRING HILL EMERGENCY ROOM

EMERGENCY PROVIDER REPORT

REPORT#: 0726-0046 REPORT STATUS: ESign

✓ DATE: 07/26/20 TIME: 0501

✓ PATIENT: VARELA, ANGELA M

ACCOUNT#: M00176285433

DOB: 06/22/74 AGE: 46

SEX:

ADM DATE: 07/26/20

UNIT #: M001914989

ROOM/BED: SHER

PCP PHYS: Undefined Provider

INI AUTH: Glaser, Alessandra MD

LAST SIG: Glaser, Alessandra MD

REP SERV DT: 07/26/20

REP SERV TM: 0501

* ALL edits or amendments must be made on the electronic/computer document *

HPI-Fever

General

Initial Greet Date/Time 07/26/20 0501

Presentation

Chief Complaint Fever, recent

)(Onset Occurred Hours ago

Free Text HPI Notes

Free Text HPI Notes

Patient is a 46 patient female who presents today with a cough or nasal congestion and a mild sore throat. She notes that this evening when her over-the-counter cold medication or not she felt like she had mucous congestion in the back for throat and was coughing. She felt at this time she is short of breath, denies shortness of breath now. She is concerned that she could have COVID-19. No known exposures.

Past Medical History - Adult

Stated Complaint SHORTNESS OF BREATH

Allergies

Coded Allergies:

iron (Severe, UNKNOWN 07/26/20)

amoxicillin (Intermediate, HIVES 08/22/18)

hydrogen peroxide (Mild, MAJOR BURNING 08/22/18)

Home Medications

Reported Medications

[WP THYROID] (Unknown Dose)

Past Medical History:

Reports: Thyroid disorder (hypothyroidism).

Additional Medical History

Hypokalemia

Alcohol Use Denies EtOH use

Drug Use Denies recreational drugs

Smoking status for patients 13 years old or older: Never Smoker

Physical Exam**Vital Signs****Vital Signs**

First Documented:

	Result	Date Time
Pulse Ox	100	07/26 0434
B/P	95/55	07/26 0434
B/P Mean	68	07/26 0434
O2 Delivery	Room air	07/26 0434
Temp	98.3	07/26 0434
Pulse	98	07/26 0434
Resp	16	07/26 0434

Last Documented:

	Result	Date Time
Pulse Ox	99	07/26 0652
O2 Delivery	Room air	07/26 0652
Pulse	71	07/26 0652
Resp	16	07/26 0652
B/P	95/55	07/26 0434
B/P Mean	68	07/26 0434
Temp	98.3	07/26 0434

Review of Vital Signs Reviewed, Vital signs normal

Basic Physical Exam

Basic PE HEAD: Atraumatic/NC, **EYES:** PERRL, conj clear, **ENT:** Membranes moist, **ABD:** Soft/non-tender, **EXT:** No gross abnormality, **PSYCH:** NL thought content

Focused PE**General/Const** **

General/Const Awake, Alert, No acute distress, Well appearing, Well developed, Well hydrated, Well nourished, Cooperative, Not toxic appearing

MS Head**Head** Atraumatic, Normocephalic**Eyes****Eyes** Atraumatic, PERRL, EOMI**Ears/Nose/Throat**

Ears/Nose/Throat Atraumatic, Airway patent, Mucous membranes moist, Pharynx NL, No peritonsillar abscess, No pooling of secretions, No trismus, Tympanic membs NL, Ext aud

canal NL, Mastoid area NL, Nose exam NL, No sinus tenderness, No facial swelling, Gums/dentition NL

MS Neck **

Neck Atraumatic, Supple, No meningismus, Full range of motion, No adenopathy, No swelling, Non-tender, No midline vertebral tend, No masses, No crepitus, No JVD, No carotid bruit, Thyroid NL, No tracheal deviation

Resp/Chest **

Respiratory/Chest Atraumatic, Breath sounds NL, Breath sounds = bilat, No respiratory distress, No rales, No rhonchi, No wheezing, No retractions, No stridor, No chest tenderness, No chest wall deformity, No crepitus

Cardiovascular **

Cardiovascular Heart rate NL, Regular rhythm, Heart sounds NL, No gallop, No murmurs, No rubs, Cap refill not delayed, Peripheral circulation NL

Skin **

Skin Atraumatic, Color NL, No rash, Warm, Dry, Intact, Turgor NL, No swelling

Neurologic **

Neurologic Oriented X3, Speech NL, No motor deficits, No sensory deficits, CN II - XII intact, Reflexes equal bilat, Cerebellar NL, Memory NL, Gait NL

Free Text PE Notes

Free Text PE Notes

Patient is in no acute distress, slightly red around the nares, nasal congestion. Clear to auscultation the lungs.

Interpretation & Diagnostics

Lab Results Interpretation

Results

Laboratory Tests:

	07/26 0548	07/26 0543	07/26 0520
Chemistry			
Troponin I, Qual (0.00 - 0.045 NG/ML)		<0.017	
POC B-Natriuretic Pept (0 - 100 pg/mL)	48		
Coagulation			
D-Dimer (0.00 - 1.20 mg/L FEU)		0.85	
Serology			
SARS-CoV-2 (PCR) (NOT DETECT)			Not Detected

Recent Impressions:

RADIOLOGY - XR CHEST 1 VIEW PORT 71045 07/26 0547

*** Report Impression - Status: SIGNED Entered: 07/26/2020 0642

Impression: No active disease

Impression By: DR.KLEWI - William J. Klein, MD

Lab Statement

Laboratory studies reviewed and considered in the medical decision-making.

Imaging Statement

Radiographic studies reviewed and considered in the medical decision-making.

ECG #1 Interpretation

Date 07/26/20

Time 0658

Interpreted by ED physician

NL ECG Interpretation Normal rate, No acute ischemic changes, No STEMI, Normal QRS, Normal ST waves, Normal T waves, Normal axis, Normal intervals, No change from prior ECGs, Adequate tracing, low voltage in QRS, new inverted T waves in III, old inverted t waves in avf old inverted t waves in V1 continues

Rate 77

Re-Evaluation & MDM**Free Text MDM Notes****Free Text MDM Notes**

Patient's d-dimer slightly elevated at 0.85 but with shortness of breath and just lasted with coughing, do not think that she surgery pursue CTA. Patient agrees. She'll return for worsening shortness of breath. She'll remain in isolation until COVID-19 comes back.

ED Course

Patient Course Stable, Improved

Differential Diagnosis

Differential Diagnosis Sinusitis, Upper resp infection, Viral syndrome, PE MI myocarditis

Patient Discharge & Departure**Vital Signs/Condition****Vital Signs**

First Documented:

	Result	Date Time
Pulse Ox	100	07/26 0434
B/P	95/55	07/26 0434
B/P Mean	68	07/26 0434
O2 Delivery	Room air	07/26 0434
Temp	98.3	07/26 0434
Pulse	98	07/26 0434
Resp	16	07/26 0434

Last Documented:

	Result	Date Time
Pulse Ox	99	07/26 0652
O2 Delivery	Room air	07/26 0652
Pulse	71	07/26 0652
Resp	16	07/26 0652
B/P	95/55	07/26 0434
B/P Mean	68	07/26 0434
Temp	98.3	07/26 0434

All vital signs available at the time of this entry have been reviewed.

Condition Stable

Clinical Impression

Clinical Impression

Primary Impression: URI (upper respiratory infection)

Time of Impression 0645

Disposition Decision

Discharge

☒ (Discharged to Home Yes

☒ (Time 0721

☒ (Date 07/26/20

Discharge/Care Plan

Prescriptions Reviewed Risks, Benefits, Alternative treatment

Patient Instructions 2020 03-23 COVID-19 Suspicion Tested Discharge Information, ED

URI Viral

Referrals

Undefined Provider (PCP)

Departure Forms

EXCUSE FROM WORK/ SCHOOL

Excuse from Work (Days): tested for COVID 19, pending results. See CDC guidelines

Discharge Note

I have spoken with the patient and/or caregivers. I have explained the patient's condition, diagnoses and treatment plan based on the information available to me at this time. I have answered the patient's and/or caregiver's questions and addressed any concerns. The patient and/or caregivers have as good an understanding of the patient's diagnosis, condition and treatment plan as can be expected at this point. The vital signs have been stable. The patient's condition is stable and appropriate for discharge from the emergency department.

The patient will pursue further outpatient evaluation with the primary care physician or other designated or consulting physician as outlined in the discharge instructions. The patient and/or caregivers are agreeable to this plan of care and follow-up instructions have been explained in detail. The patient and/or caregivers have received these instructions in written format and have expressed an understanding of the discharge instructions. The patient and/or caregivers are aware that any significant change in condition or worsening of symptoms should prompt an

immediate return to this or the closest emergency department or a call to 911.

Electronically Signed by Glaser,Alessandra MD on 07/27/20 at 0601

9102104968814

RPT #: 0726-0046
END OF REPORT

PART A - PATIENT INFORMATION - PLEASE COMPLETE PART A AND PART B

Pg 1 of 2

Today's Date: ____/____/____ Have you received care at this Facility before? ☐ Yes ☐ No

I came to the Emergency Department today because: _____

TIME STAMP (Facility Use Only)

Last Name: _____ First Name: _____ Middle Initial: _____ Check one: ☐ Male ☐ FemaleAddress: _____
(Number/Street) (City) (State) (Zip) Date of Birth: ____/____/____

Phone: (____) _____ Soc Sec Number: _____ Family Physician: _____

FOR FEMALE PATIENTS ONLY: Are you pregnant? ☐ Yes ☐ NoLast menstrual period: ____/____/____ Have you had a baby within the past 6 weeks? ☐ Yes ☐ NoForm completed by: ☐ Self ☐ Other: _____ Relationship: _____**PART B - CURRENT SYMPTOMS**

Please check any of the following symptoms you currently have:

- | | |
|---|--|
| <input type="checkbox"/> Persistent cough greater than 3 weeks | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Fever greater than 100.4°F | <input type="checkbox"/> Body aches |
| <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Cough (not related to allergies or COPD) |
| <input type="checkbox"/> Cough with blood production | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nasal congestion (not related to allergies or sinus infections) |
| <input type="checkbox"/> History of TB or Positive TB Skin Test | <input type="checkbox"/> Close contact with person who has influenza-like illness |
| <input type="checkbox"/> Close contact with person who has TB | <input type="checkbox"/> Unexplained weight loss |

PART C - TRIAGE INFORMATION (For Facility Use Only)1st Call for Triage at:
____:____ AM PM2nd Call for Triage at:
____:____ AM PM3rd Call for Triage at:
____:____ AM PM4th Call for Triage at:
____:____ AM PM

Triage Nurse Notes:

PART D - RAPID (INITIAL) TRIAGE (For Facility Use Only)

Time: _____ First Point of Contact Screening Positive: Y N Patient requested to mask? Y N

AIRWAY: ☐ Patent ☐ Impaired BREATHING - Respiratory Distress: ☐ None ☐ Mild ☐ Moderate ☐ SevereCIRCULATION: ☐ Warm/Dry/Normal Color ☐ Pale ☐ DiaphoreticPulse Rate: ☐ WNL ☐ Rapid Capillary Refill: ☐ < 2 seconds ☐ > 2 secondsDEFORMITY/DISABILITY - Loss of Consciousness: ☐ Yes ☐ No ☐ No Neuro Deficits ☐ Neuro ChangesExtremity: Neurovascular Integrity Intact: ☐ Yes ☐ No ☐ N/A

CHIEF COMPLAINT: _____

TRIAGE ACUITY:	1 Resuscitation	2 Emergent	3 Urgent	4 Semi Urgent	5 Non Urgent
DISPOSITION:	<input type="checkbox"/> Immediate Bed <input type="checkbox"/> Stable - To Waiting Area after Instructions				

Comments: _____

Triage

VARELA, ANGELA M

M00176285433

PRE ER

07/26/20

Q187370

DOB: 06/22/74 46

F MR# M001914989

USE FOR ARMBANDS AND POINT OF USE SYSTEM

Sign-in Sheet for Emergency Services

Last Reviewed: PRC, 8/2014; MEC, 8/2014; BOT, 080614 *EDPRS*



☐ **WAIVER OF RIGHT TO MEDICAL SCREENING EXAMINATION** Pg 2 of 2

SECTION 1: This section is only applicable for those individuals who leave prior to Triage (LPT) or who leave prior to Medical Screening Examination (LPMSE). Check either LPT to LPMSE to indicate the individual's status at the time the individual leaves the ED.

☐ Patient LPT

☐ Patient LPMSE

I, _____, came to the Emergency Department (ED) at (Facility Name to be inserted here) asking for examination and treatment for a medical problem, but I have now decided against being examined or treated and waive my right to receive a medical screening examination.

I understand that if I am pregnant, the waiver of my right to a medical screening examination and any necessary stabilizing treatment applies to both me and my unborn child.

I understand that a medical screening examination would benefit me and let me know whether or not I have an emergency medical condition and that a determination as to the seriousness of any medical problem I may be experiencing cannot be made if I do not have a medical screening examination.

I understand that if I have an emergency medical condition and do not receive a medical screening examination, my health, or the health of my unborn child, may get worse which could cause serious harm to my body, organs or even result in my death.

I know that I have a right to receive a medical screening examination to determine if I have an emergency medical condition and necessary stabilizing treatment regardless of my ability to pay for it.

I also understand that I may come back to the hospital at any time if I change my mind.

If this form was provided to me by a non-clinical staff member I acknowledge that I was provided the opportunity to discuss the risks and benefits related to my decision with a clinical staff member.

Finally, I am aware of the possible risks of waiving my right to a medical screening and any necessary stabilizing treatment. I accept these risks, accept the responsibility of my decision and release the hospital, its personnel, physicians and others who would participate in my care, from any responsibility whatsoever should I experience a bad outcome related to these risks.

SIGNATURE OF INDIVIDUAL Waiving a medical screening examination and treatment:

Individual _____

Date _____ Time AM / PM

Witness _____

Date _____ Time AM / PM

CLINICAL SIGNATURES:

Health Care Personnel or Registration Personnel _____

Date _____ Time AM / PM

Physician (if applicable) _____

Date _____ Time AM / PM

CERTIFICATION OF INTERPRETATION:

I certify that I have read the foregoing to the signor hereof in the _____ language.

Interpreter _____

Date _____ Time AM / PM

Last Reviewed: PRC, 8/2014; MEC, 8/2014; BOT, 080614 *EDPRS*

TriStar Centennial
MEDICAL CENTER



Patient Label

Centennial Medical Ctr EDN **LIVE**
EMERGENCY PATIENT RECORD

PAGE 3

RUN DATE: 07/28/20
RUN TIME: 0153
RUN USER: HPT-FEED

Patient: VARELA, ANGELA M Age/Sex: 46/F
ED Provider: Glaser, Alessandra MD ED Room: 133
Unit No: 1001914909

Initial onset of signs/symptoms: Yesterday

Symptoms frequency: Intermittent
Airway: Patent
Respirations even and unlabored: Yes
Bilateral lungs sounds clear, equal and undiminished: Yes
Oxygen therapy: None
Cardiac monitor: None
Is skin warm and dry: Yes
Color within expectations for ethnicity: Yes
Peripheral cap refill less than or equal to 3 seconds: Yes
Alert and oriented: Yes

RESPIRATORY ReAssessment

Occurred Date 07/26/20 0452 BLUNDA, RHETT, RN
Time User 07/26/20 0452 BLUNDA, RHETT, RN
Recorded Date 07/26/20 0452 BLUNDA, RHETT, RN
Time User 07/26/20 0452 BLUNDA, RHETT, RN

-- RESPIRATORY REASSESSMENT --
Patient condition assessment: No change

SEVERE SEPSIS SCREEN

Occurred Date 07/26/20 0452 BLUNDA, RHETT, RN
Time User 07/26/20 0452 BLUNDA, RHETT, RN
Recorded Date 07/26/20 0452 BLUNDA, RHETT, RN
Time User 07/26/20 0452 BLUNDA, RHETT, RN

-- SEVERE SEPSIS SCREENING --
Temperature: No
WBC results:
No results past 48 hrs
Heart rate: Yes
Band results:
No results past 48 hrs
Respirations: No
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 1

PAIN Assessment/ReAssessment

Occurred Date 07/26/20 0548 BLUNDA, RHETT, RN
Time User 07/26/20 0549 BLUNDA, RHETT, RN
Recorded Date 07/26/20 0549 BLUNDA, RHETT, RN
Time User 07/26/20 0549 BLUNDA, RHETT, RN

-- PAIN ASSESSMENT --
Pain scale utilized: Verbal numeric
Pain intensity: 3
Numeric pain scale: Mild pain-3

RESPIRATORY ReAssessment

Occurred Date 07/26/20 0557 BLUNDA, RHETT, RN
Time User 07/26/20 0557 BLUNDA, RHETT, RN
Recorded Date 07/26/20 0557 BLUNDA, RHETT, RN
Time User 07/26/20 0557 BLUNDA, RHETT, RN

-- RESPIRATORY REASSESSMENT --
Patient condition assessment: No change

PAIN Assessment/ReAssessment

Occurred Date 07/26/20 0652 BLUNDA, RHETT, RN
Time User 07/26/20 0652 BLUNDA, RHETT, RN
Recorded Date 07/26/20 0652 BLUNDA, RHETT, RN
Time User 07/26/20 0652 BLUNDA, RHETT, RN

-- PAIN ASSESSMENT --

RESPIRATORY ReAssessment

Occurred Date 07/26/20 0704 BLUNDA, RHETT, RN
Time User 07/26/20 0704 BLUNDA, RHETT, RN
Recorded Date 07/26/20 0704 BLUNDA, RHETT, RN
Time User 07/26/20 0704 BLUNDA, RHETT, RN

-- RESPIRATORY REASSESSMENT --
Patient condition assessment: No change

Disposition - DC, TX, ADM, LPT

Occurred Date 07/26/20 0737 SLAUGHTER, JOYCE V., RN
Time User 07/26/20 0737 SLAUGHTER, JOYCE V., RN
Recorded Date 07/26/20 0738 SLAUGHTER, JOYCE V., RN
Time User 07/26/20 0738 SLAUGHTER, JOYCE V., RN

-- DISPOSITION --

Patient disposition: Discharge

Disposition Category: Discharged

Chief Complaint: Respiratory

Patient will remain injury free while patient is in restraint or seclusion: Not applicable
Expected outcome of chief complaint: Stabilized/maintained
Actual outcome of chief complaint: Stabilized/maintained

-- DISCHARGE ASSESSMENT --

Discharge information provided: Instructions
Discharge instructions given to and verbalized understanding by:

PATIENT

Patient discharged from ED by provider and not seen by RN: No

Patient left to: Home

Patient left with: Unaccompanied

Mode patient left: Ambulatory

===INFECTION===

===NEW ORGAN DYSFUNCTION within past 48 hours===

-- PATIENT/FAMILY TEACHING --

Primary learners preferred spoken language: ENG

Primary learners preferred written language: ENG

ISOLATION STATUS - TX

Occurred Date 07/26/20 0452 BLUNDA, RHETT, RN
Time User 07/26/20 0452 BLUNDA, RHETT, RN
Recorded Date 07/26/20 0452 BLUNDA, RHETT, RN
Time User 07/26/20 0452 BLUNDA, RHETT, RN

-- ISOLATION STATUS --

Isolation status: Standard precautions
Patient/family education provided: Yes

Centennial Medical Ctr ED ***LIVE***
EMERGENCY PATIENT RECORD

PAGE 5

RUN DATE: 07/26/20
RUN TIME: 0153
RUN USER: HPF.FEED

Patient: VALERIA, ANGELA M Age/Sex: 46/F Act No: M00176285452
ED Provider: Blaser, Alessandra MD ED Room: Unit No: M001914909

RESPIRATORY SYSTEM EVALUATION

Prescriptions/Reported Meds Type Issued Provider Last Edit
[HP THROAT] (Unknown Strength) No Conflict Check Reported 10/14/16
Unknown Dose
<Reviewed> => BLUNDA, RHETT 07/26/20 @ 0448

Primary Impression: URI (upper respiratory infection)

Secondary Impressions:

Disposition: ROUTINE HOME/SELF CARE - 01

Comment:

Condition: GOOD

Referrals:

Undefined Provider

Pt Instructions: 2020 03-23 COVID-19 Suspicion Tested Discharge Information, ED URI Viral

Departure Forms: EXCUSE FROM WORK/ SCHOOL

ASSESSMENT PARAMETERS

Definitions of Within Defined Parameters by Body System:

***NEUROLOGICAL* DEFINED PARAMETERS**
- Alert & Oriented X 4
- Pupils Equal & Reactive to Light
- Speech Clear & Appropriate for Age
- Moves All Extremities with Equal Strength & Symmetry
- Sensation Present & Symmetrical
- No Paralysis, Numbness or Tingling
- Steady Gait
- Ambulates Independently
*PEDS:
- Eyes Open Spontaneously
- Oriented Approp for Age
- Speech Approp for Age
- Maintains Eye Contact

***RESPIRATORY* DEFINED PARAMETERS**
- Resp Regular, Quiet & Unlabored
- Breath Sounds Present & Clear -All Lobes
- No Adventitious Breath Sounds
- No Cough or Sputum Production
- Nail Beds Pink
- No O2 or Assistive Devices
- Skin pink & warm to touch

***EENT* DEFINED PARAMETERS**

EYES: No Redness, Pain, Edema, Bulging, Photophobia, Tearing, Blurred/Distorted/Vision Loss, Itching, Drainage, Discoloration, Subconjunctival Hemorrhage, PB
EARS: No Ringing, Pain, or Drainage
NOSE: No Bleeding, Discharge, Congestion, Stuffy/Stuffed or Difficulty Breathing via Nares
ORAL: No Abnormal Color, Lesions, Nodules, Abnormal Symmetry, Ulcers, Loose Teeth
THROAT: No Redness, Soreness, Hoarseness.

***CARDIAC* DEFINED PARAMETERS**
- Heart Sounds Regular, without Murmur or Rub
- If Monitored (Telemetry) - NSR with no Ectopy
- Extremities Symmetrically even in Color, Warmth & Moisture
- No Calf Tenderness
- Peripheral Pulses Intact
- Capillary Refill <3 sec
*PEDS:
- Rate: 6mo - <3yrs = 90-120

***CIRCULATORY* DEFINED PARAMETERS**

- Oral Mucosa Pink & Moist
- Skin Color Appropriate to Ethnic Color
- Denies Sensory Complaints
- No Edema Noted

***GASTROINTESTINAL* DEFINED PARAMETERS**

- Abdomen Soft, non-distended, non-tender
- Bowel Sounds Present in ALL Four Quadrant
- No Nausea or Vomiting
- No GI Tubes or Drains
- No Ostomies
- No Incontinence
- No c/o Constipation or Diarrhea

***INTEGUMENTARY* DEFINED PARAMETERS**

- Warm and Dry
- Color within Patient Norms
- Good Turgor
- No Lesions, Rash, Wounds, Bruises, Petechiae, or Abrasions
- No Edema Present

***PSYCHOSOCIAL* DEFINED PARAMETERS**

- With Regards for Cultural Influences: Mood/Affect is Appropriate
- Patient Demonstrates Effective Coping Skills/Patterns for Situation
- No Abusive Behavior/Threats of Harm to Self or Others
- No Suicidal/Homicidal Thoughts or Violent Behavior Not on Suicide Precautions or Camera Room for Psychosocial Concern
- Adequate Support System Available

Definitions of Within Defined Parameters for the *NUTRITIONAL* & *FUNCTIONAL* Screenings

NUTRITIONAL

- No Swallowing/Chewing Impairments
- No Nausea and/or Vomiting and/or Diarrhea for 3 or more Days
- No Reported Unintentional Weight Loss > 10 lbs in Last 3 Months
- No Reported Decrease in Intake > 50% of Usual in Last 2 weeks

***PEDS:**

- No difficulty in ability to feed self
- No unintentional wt loss of 10% of UBW in past month
- No N/V/D

Definition for the Evidence of *PHYSICAL* &/or *PSYCHOLOGICAL* ABUSE question:

~~~~~ ABUSE HISTORY TO INCLUDE, BUT NOT LIMITED TO ~~~~~  
PT DOES NOT REPORT / NO EVIDENCE OF - ANY OF THE FOLLOWING ~~~~~

- Abuse/Neglect OR Hx of Abuse/Neglect  
- Unexplained/Suspicious Bruises/Injuries  
- Defensive about Injuries  
- Recurrent/Suspicious Injuries  
- Injuries do not Match Event Hx  
- Withdrawn/Fearful Behavior  
- Patient/Caregiver Story Changes  
- Undemourished Despite Good Appetite  
- Fear of Return to Prev Arrangements

|                                                                          |  |                                                                 |  |                                              |
|--------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|----------------------------------------------|
| RUN DATE: 07/28/20<br>RUN TIME: 0153<br>RUN USER: HPF.FEED               |  | Centennial Medical Ctr EDM **LIVE**<br>EMERGENCY PATIENT RECORD |  | PAGE 6                                       |
| Patient: VARELA-ANGELA M<br>ED Provider: Glaser, Alessandra MD           |  | Age/Sex: 46/F<br>ED Room:                                       |  | Acct No: W00176265933<br>Unit No: W001914909 |
| <b>PATIENT SAFETY PARAMETERS</b>                                         |  |                                                                 |  |                                              |
| **> Patient ID Band in Place & Validated                                 |  |                                                                 |  |                                              |
| **> Allergy Band, if used, in Place & Validated                          |  |                                                                 |  |                                              |
| **> If in a Bed - Side Rails Up & Bed in Low Position with Wheels Locked |  |                                                                 |  |                                              |
| **> If in a Wheelchair - Wheels Locked                                   |  |                                                                 |  |                                              |
| **> Call Light Function Explained & within Reach                         |  |                                                                 |  |                                              |
| **> Standard Precautions Observed                                        |  |                                                                 |  |                                              |
| <u>Arrival/Departure</u>                                                 |  |                                                                 |  |                                              |
| Arrival Date/Time: 07/26/20/0422                                         |  |                                                                 |  |                                              |
| Physically Leaves Date/Time: 07/26/20/0723                               |  |                                                                 |  |                                              |
| <b>RETURN TO SCHOOL/WORK</b>                                             |  |                                                                 |  |                                              |
| Return to work: tested for COVID 19,                                     |  |                                                                 |  |                                              |
| Return to school:                                                        |  |                                                                 |  |                                              |
| Comment:                                                                 |  |                                                                 |  |                                              |
| Limitations:                                                             |  |                                                                 |  |                                              |



|                                                                                                                   |  |                                                                                                                       |  |        |
|-------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|--------|
| RUN DATE: 07/28/20<br>RUN TIME: 0106<br>RUN USER: HPF.FEED                                                        |  | MEDITECH FACILITY: COCCT<br>IDEV : Discharge Report                                                                   |  | PAGE 1 |
| PATIENT: VARELA, ANGELA M<br>ACCOUNT NO: M00176285433<br>ATTEND DR: Glaser, Alessandra MD<br>REPORT STATUS: FINAL |  | A/S: 46 F<br>LOC: M.SHER<br>RM:<br>BD:<br>ADMIT: 07/26/20<br>DISCH/DEP: 07/26/20<br>STATUS: ER<br>UNIT NO: M001914989 |  |        |

Order Date: 07/26/20      —Service—  
 Category Procedure Name      Order Number Date Time Pri Qty Ord Source Status Ordered By  
 LAB D-DIMER      20200726-1171 07/26/20 0517 S E CMP GLAAL  
 Other Provider :      Sig Lvl Provider :

Add on Test?  
 Comment:

## Order's Audit Trail of Events

1 07/26/20 0517 DR.GLAAL Order ENTER in EDM/POM  
 2 07/26/20 0517 DR.GLAAL Ordering Doctor: Glaser, Alessandra MD  
 3 07/26/20 0517 DR.GLAAL Order Source: CPOE ORDER  
 4 07/26/20 0517 DR.GLAAL Signed by Glaser, Alessandra MD  
 5 07/26/20 0517 interface cc'd doctors edited in LAB  
 6 07/26/20 0517 interface order's status changed from TRANS to LOGGED by LAB  
 7 07/26/20 0517 interface order's status changed from LOGGED to IN PRO by LAB  
 8 07/26/20 0601 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Glaser, Alessandra MD on 07/26/20 at 0517

Order Date: 07/26/20      —Service—  
 Category Procedure Name      Order Number Date Time Pri Qty Ord Source Status Ordered By  
 LAB TROPONIN-I SPRINGHILL LAB ONLY 20200726-1172 07/26/20 0517 S E CMP GLAAL  
 Other Provider :      Sig Lvl Provider :

Add on Test?  
 Comment:

## Order's Audit Trail of Events

1 07/26/20 0517 DR.GLAAL Order ENTER in EDM/POM  
 2 07/26/20 0517 DR.GLAAL Ordering Doctor: Glaser, Alessandra MD  
 3 07/26/20 0517 DR.GLAAL Order Source: CPOE ORDER  
 4 07/26/20 0517 DR.GLAAL Signed by Glaser, Alessandra MD  
 5 07/26/20 0517 interface cc'd doctors edited in LAB  
 6 07/26/20 0517 interface order's status changed from TRANS to LOGGED by LAB  
 7 07/26/20 0517 interface order's status changed from LOGGED to IN PRO by LAB  
 8 07/26/20 0607 interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Glaser, Alessandra MD on 07/26/20 at 0517

Order Date: 07/26/20      —Service—  
 Category Procedure Name      Order Number Date Time Pri Qty Ord Source Status Ordered By  
 LAB Coronavirus 2019 Evaluation 20200726-1173 07/26/20 0517 S E CNC GLAAL  
 Other Provider :      Sig Lvl Provider :

Reason for testing:      Symptomatic ED pt - D/C  
 \*\* For inpatient testing, positive result will reflex D-dimer series for

PROTECT COVID-19 Clinical Trial consideration. \*\*

PERMANENT MEDICAL RECORD COPY

|                                                            |  |                                                     |  |                                                                             |
|------------------------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------------------------------------------|
| RUN DATE: 07/28/20<br>RUN TIME: 0106<br>RUN USER: HPF.FEED |  | MEDITECH FACILITY: COCCT<br>IDEV - Discharge Report |  | PAGE 2                                                                      |
| PATIENT: VARELA, ANGELA M<br>ACCOUNT NO: M00176285433      |  | A/S: 46 F<br>LOC: M.SHER<br>RM:<br>BD:              |  | ADMIT: 07/26/20<br>DISCH/DEP: 07/26/20<br>STATUS: ER<br>UNIT NO: M001914989 |
| ATTEND DR: Glaser, Alessandra MD<br>REPORT STATUS: FINAL   |  |                                                     |  |                                                                             |

## Order's Audit Trail of Events

1 07/26/20 0517 DR.GLAAL Order ENTER in EDM/POM  
 2 07/26/20 0517 DR.GLAAL Ordering Doctor: Glaser, Alessandra MD  
 3 07/26/20 0517 DR.GLAAL Order Source: CPOE ORDER  
 4 07/26/20 0517 DR.GLAAL Signed by Glaser, Alessandra MD  
 5 07/26/20 0517 interface cc'd doctors edited in LAB  
 6 07/26/20 0517 interface order's status changed from TRANS to LOGGED by LAB  
 7 07/26/20 0517 interface order's status changed from LOGGED to IN PRO by LAB  
 8 07/26/20 0524 interface order's status changed from IN PRO to CANCEL by LAB

Cancel comment: COVID19 TEST RE-ORDERED BY LAB, TESTING IN PR

Electronically signed by Glaser, Alessandra MD on 07/26/20 at 0517

| Order Date: 07/26/20 |                          | —Service—          |          |      |     |     |     |        |        |            |  |  |  |
|----------------------|--------------------------|--------------------|----------|------|-----|-----|-----|--------|--------|------------|--|--|--|
| Category             | Procedure Name           | Order Number       | Date     | Time | Pri | Qty | Ord | Source | Status | Ordered By |  |  |  |
| RAD                  | XR CHEST 1 VIEW PORTABLE | 20200726-0053      | 07/26/20 | 0547 | S   |     | E   |        | CMP    | GLAAL      |  |  |  |
| Other Provider :     |                          | Sig Lvl Provider : |          |      |     |     |     |        |        |            |  |  |  |
| Order                |                          |                    |          |      |     |     |     |        |        |            |  |  |  |

details below

Reason: SOB  
 Requested Service Time:  
 Comments:

## Order's Audit Trail of Events

1 07/26/20 0517 DR.GLAAL Order ENTER in EDM/POM  
 2 07/26/20 0517 DR.GLAAL Ordering Doctor: Glaser, Alessandra MD  
 3 07/26/20 0517 DR.GLAAL Order Source: CPOE ORDER  
 4 07/26/20 0517 DR.GLAAL Signed by Glaser, Alessandra MD  
 5 07/26/20 0517 DR.GLAAL This procedure has reflexed the following order(s)  
 6 07/26/20 0517 DR.GLAAL ED: Unit Clerk Notify (NURORDED)  
 7 07/26/20 0517 interface order's status changed from TRANS to LOGGED by RAD  
 8 07/26/20 0629 interface order's status changed from LOGGED to IN PRO by RAD  
 9 07/26/20 0632 interface order service time edited: old value - 0517  
 10 07/26/20 0642 interface order's status changed from IN PRO to COMP by RAD

Electronically signed by Glaser, Alessandra MD on 07/26/20 at 0517

| Order Date: 07/26/20 |                       | —Service—          |          |      |     |     |     |        |        |            |  |  |  |
|----------------------|-----------------------|--------------------|----------|------|-----|-----|-----|--------|--------|------------|--|--|--|
| Category             | Procedure Name        | Order Number       | Date     | Time | Pri | Qty | Ord | Source | Status | Ordered By |  |  |  |
| NURORDED             | ED: Unit Clerk Notify | 20200726-0060      | 07/26/20 | 0517 | S   |     | E   |        | TRN    | GLAAL      |  |  |  |
| Other Provider :     |                       | Sig Lvl Provider : |          |      |     |     |     |        |        |            |  |  |  |

Comments: Please see orders for further instructions regarding radiology orders

## Order's Audit Trail of Events

1 07/26/20 0517 DR.GLAAL Order ENTER in EDM/POM  
 2 07/26/20 0517 DR.GLAAL Order from set: ED: RADIOLOGY NOTIFICATION  
 3 07/26/20 0517 DR.GLAAL Ordering Doctor: Glaser, Alessandra MD  
 4 07/26/20 0517 DR.GLAAL Order Source: CPOE ORDER  
 5 07/26/20 0517 DR.GLAAL Signed by Glaser, Alessandra MD

PERMANENT MEDICAL RECORD COPY

|                                                                                                                   |  |                                                     |  |                                                                             |
|-------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------------------------------------------|
| RUN DATE: 07/28/20<br>RUN TIME: 0106<br>RUN USER: HPF.FEED                                                        |  | MEDITECH FACILITY: COCCT<br>IDEV - Discharge Report |  | PAGE 3                                                                      |
| PATIENT: VARELA, ANGELA M<br>ACCOUNT NO: M00176285433<br>ATTEND DR: Glaser, Alessandra MD<br>REPORT STATUS: FINAL |  | A/S: 46 F<br>LOC: M.SHER<br>RM:<br>BD:              |  | ADMIT: 07/26/20<br>DISCH/DEP: 07/26/20<br>STATUS: ER<br>UNIT NO: M001914989 |

6 07/26/20 0517 DR.GLAAL This Procedure was triggered by :  
 7 07/26/20 0517 DR.GLAAL XR CHEST 1 VIEW PORTABLE (RAD)

Electronically signed by Glaser, Alessandra MD on 07/26/20 at 0517

|                      |                                |               |                 |
|----------------------|--------------------------------|---------------|-----------------|
| Order Date: 07/26/20 |                                | —Service—     |                 |
| Category             | Procedure Name                 | Order Number  | Date            |
| NURORDED             | ED: BNP POC - SPRING HILL ONLY | 20200726-0061 | 07/26/20 0517 S |
| Other Provider :     | Sig Lvl Provider :             |               |                 |

Order's Audit Trail of Events

|   |                        |                                        |
|---|------------------------|----------------------------------------|
| 1 | 07/26/20 0517 DR.GLAAL | Order ENTER in EDM/POM                 |
| 2 | 07/26/20 0517 DR.GLAAL | Ordering Doctor: Glaser, Alessandra MD |
| 3 | 07/26/20 0517 DR.GLAAL | Order Source: CPOE ORDER               |
| 4 | 07/26/20 0517 DR.GLAAL | Signed by Glaser, Alessandra MD        |

Electronically signed by Glaser, Alessandra MD on 07/26/20 at 0517

|                      |                    |                            |                 |
|----------------------|--------------------|----------------------------|-----------------|
| Order Date: 07/26/20 |                    | —Service—                  |                 |
| Category             | Procedure Name     | Order Number               | Date            |
| LAB                  | Novel Coronavirus  | 2019nCoV PGL 20200726-1177 | 07/26/20 0520 R |
| Other Provider :     | Sig Lvl Provider : |                            |                 |

Order's Audit Trail of Events

|   |                         |                                                   |
|---|-------------------------|---------------------------------------------------|
| 1 | 07/26/20 0524 M.LAB.LSV | Order ENTER in LAB                                |
| 2 | 07/26/20 0524 M.LAB.LSV | Ordering Doctor: Glaser, Alessandra MD            |
| 3 | 07/26/20 2210 interface | order's status changed from IN PRO to COMP by LAB |

|                      |                          |               |                 |
|----------------------|--------------------------|---------------|-----------------|
| Order Date: 07/26/20 |                          | —Service—     |                 |
| Category             | Procedure Name           | Order Number  | Date            |
| NURORDED             | ED: EKG Nurse to Perform | 20200726-0067 | 07/26/20 0650 S |
| Other Provider :     | Sig Lvl Provider :       |               |                 |

Order's Audit Trail of Events

|   |                        |                                                    |
|---|------------------------|----------------------------------------------------|
| 1 | 07/26/20 0651 DR.GLAAL | Order ENTER in EDM/POM                             |
| 2 | 07/26/20 0651 DR.GLAAL | Ordering Doctor: Glaser, Alessandra MD             |
| 3 | 07/26/20 0651 DR.GLAAL | Order Source: CPOE ORDER                           |
| 4 | 07/26/20 0651 DR.GLAAL | Signed by Glaser, Alessandra MD                    |
| 5 | 07/26/20 0651 DR.GLAAL | This procedure has reflexed the following order(s) |
| 6 | 07/26/20 0651 DR.GLAAL | EKG (CARD)                                         |

Electronically signed by Glaser, Alessandra MD on 07/26/20 at 0651

PERMANENT MEDICAL RECORD COPY

|                                                            |  |                                                     |  |                                                                             |
|------------------------------------------------------------|--|-----------------------------------------------------|--|-----------------------------------------------------------------------------|
| RUN DATE: 07/28/20<br>RUN TIME: 0106<br>RUN USER: HPF.FEED |  | MEDITECH FACILITY: COCCT<br>IDEV - Discharge Report |  | PAGE 4                                                                      |
| PATIENT: VARELA,ANGELA M<br>ACCOUNT NO: M00176285433       |  | A/S: 46 F<br>LOC: M.SHER<br>RM:<br>BD:              |  | ADMIT: 07/26/20<br>DISCH/DEP: 07/26/20<br>STATUS: ER<br>UNIT NO: M001914989 |
| ATTEND DR: Glaser,Alessandra MD<br>REPORT STATUS: FINAL    |  |                                                     |  |                                                                             |

Order Date: 07/26/20      —Service—  
 Category    Procedure Name      Order Number    Date    Time    Pri    Qty    Ord Source    Status    Ordered By  
 CARD       EKG                    20200726-0027   07/26/20   0650   S       E           TRN       GLAAL  
 Other Provider :                    Sig Lvl Provider :

Patient Location:  
 Comment to Cardiology:

## Order's Audit Trail of Events

|   |                        |                                       |
|---|------------------------|---------------------------------------|
| 1 | 07/26/20 0651 DR.GLAAL | Order ENTER in EDM/POH                |
| 2 | 07/26/20 0651 DR.GLAAL | Order from set: ED: EKG ORDER         |
| 3 | 07/26/20 0651 DR.GLAAL | Ordering Doctor: Glaser,Alessandra MD |
| 4 | 07/26/20 0651 DR.GLAAL | Order Source: CPOE ORDER              |
| 5 | 07/26/20 0651 DR.GLAAL | Signed by Glaser,Alessandra MD        |
| 6 | 07/26/20 0651 DR.GLAAL | This Procedure was triggered by :     |
| 7 | 07/26/20 0651 DR.GLAAL | ED: EKG Nurse to Perform (NURORDED)   |

Electronically signed by Glaser,Alessandra MD on 07/26/20 at 0651

\*\* IDEV END OF REPORT \*\*

PERMANENT MEDICAL RECORD COPY

CENTENNIAL MEDICAL CENTER  
2300 Patterson Street  
Nashville, TN 37203

\*\*\*\*EKG REPORT\*\*\*\*

ROOM:  
STATUS: DEP ER  
PATIENT: VARELA, ANGELA M  
MR#: M001914989  
ACC#: M00176285433  
DOB: 06/22/74  
PHYSICIAN: Jefferson, Brian K MD

DATE OF EKG: 07/26/20  
TIME OF EKG: 0658

---

Test Reason :

Blood Pressure : \*\*\*/\*\* mmHG

Vent. Rate : 077 BPM      Atrial Rate : 077 BPM

P-R Int : 148 ms      QRS Dur : 070 ms

QT Int : 386 ms      P-R-T Axes : -16 -15 -10 degrees

QTc Int : 436 ms

Normal sinus rhythm with sinus arrhythmia

Low voltage QRS

Inferior infarct , age undetermined

Abnormal ECG

Confirmed by Jefferson MD, Brian (4032) on 7/26/2020 9:11:25 AM

Referred By: SELF REFERRED

Confirmed By: Brian Jefferson MD

---

Brian K Jefferson, MD

REPORT ID: 0726-0072

Electronically Signed by Brian K Jefferson, MD on 07/26/20 at 0911

PT: VARELA, ANGELA M

UNIT: M001914989

ACCT: M00176285433

## CENTENNIAL MEDICAL CENTER

ACCOUNT NO: M00176285433      ADMIT DATE/TIME : 07/26/20 0422      UNIT NUMBER: M001914989  
 ROOM/BED:      SERVICE/LOCATION: SPRING HILL EMERGENC      URN: Q187370  
 PRIORITY: EMERGENCY      ADMIT SOURCE: NON HEALTHCARE FAC REFERRED 1      STATUS: DEP ER

VARELA, ANGELA M  
 1002 RUDDER DR  
 SPRING HILL, TN 37174  
 MAURY

ALT ADDRESS: N

## PATIENT INFORMATION

Maiden/Other:  
 Birthdate: 06/22/74 Age: 46 Sex: F Race: W  
 Marital Stat: M Religion: CHRISTIAN  
 Home Phone: 615-261-9961 Soc Sec #: xxx-xx-9764  
 Ethnicity: Not Hispanic or Latin

VARELA, BENEDICT  
 1002 RUDDER DR  
 SPRING HILL, TN 37174

## PERSON TO NOTIFY

RELATIONSHIP: SPOUSE  
 PHONE (H) : 615-261-9961  
 PHONE (W) : 615-392-0427

PATIENT EMPLOYER  
 UNEMPLOYED

## ACCIDENT/ILLNESS/CONDITION

Date Time Type  
 07/26/20 11 ONSET OF SYMPTOMS/ILLNESS

Phone No.:  
 Occupation: HOME MAKER

Condition 1:

GUARANTOR  
 VARELA, ANGELA M  
 1002 RUDDER DR  
 SPRING HILL TN 37174  
 Phone: 615-261-9961 Soc Sec: xxx-xx-9764  
 Relationship: PATIENT

GUARANTOR EMPLOYER  
 UNEMPLOYED

Phone:  
 Occupation: HOME MAKER

OTHER GUARANTOR  
 VARELA, BENEDICT  
 1002 RUDDER DR  
 SPRING HILL, TN 37174  
 xxx-xx-7777 SPOUSE

OTHER GUARANTOR EMPLOYER  
 ASPECT

19790324

| INSURANCE NAME/ADDRESS               | POLICY    | GROUP#/INSURED    | REL/DOB              | EMP/STATUS |
|--------------------------------------|-----------|-------------------|----------------------|------------|
| 1. UHC CHOICE PLUS                   | 925751907 | 919237            | SA                   | UNEMP      |
| PO BOX 740800 ATLANTA, GA 30374-0800 |           | VARELA, ANGELA M  | 06/22/74             | NE         |
| IPLAN: 92363 DATE: 07/26/20 BY:      |           | PH#: 877-842-3210 | PC PH#: 000-000-0000 |            |

2.

IPLAN:      DATE:      BY:      PH#:      PC PH#:

3.

IPLAN:      DATE:      PH#:      PC PH#:

TX AUTH #1:  
 AUTH DATE:

AUTH #2:

ADMIT PHYS:  
 FAMILY PHYS:  
 PRIMARY CARE PHYS:  
 RFV: SHORTNESS OF BREATH  
 ADM COMMENT:  
 CENSUS COMMENT:

ATTENDING PHYS: Glaser, Alessandra MD  
 OTHR PHYS:

Advance Directive: N  
 On-Line Consent:  
 FC: 08 M.REG. CXAL

