



UnitedHealth Group®

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04/21/2021

0330

United Health Group - West, Central and Cirrus RMO
Operated by Firstsource Solutions
1355 South 4700 West
Salt Lake City, UT 84104



Benefit Recovery Business Association
1111 North Loop West, Suite 1000
Houston, TX 77008

Provider Appeals
P.O. Box 30997
Salt Lake City, Utah 84130-0575

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UNITED STATES
POSTAL SERVICE
For Domestic and International Use Label 107PL May 2014

BELOIT HEALTH SYSTEM
Benefit Recovery Business Associate
1111 North Loop West, Suite 1000
Houston, TX 77008

UnitedHealthcare
Provider Appeals
P.O. Box 30997
Salt Lake City, Utah 84130-0575

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Mailing Address Cover Sheet

BELOIT HEALTH SYSTEM

Benefit Recovery Business Associate

1111 North Loop West, Suite 1000
Houston, TX 77008

Reconsideration Ticket #:PIQ-4658595

UnitedHealthcare

Provider Appeals

P.O. Box 30997

Salt Lake City, Utah 84130-0575

APPEAL LETTER

04/05/2021

Patient Name:	DIANA JEWSON
Date(s) of Service:	09/26/2019 - 10/03/2019
Amount:	\$132,044.20
Patient Control Number:	12811905
Patient ID Number:	003601069
Claim Number:	AY56058744

Dear Sir/Madam:

The provider has received a payment in the amount of \$38,306.22 for the above referenced claim.. However, we feel that the claim is underpaid. This letter is to serve as a **FORMAL UNDERPAYMENT APPEAL REQUEST.**

According to the contract BELOIT HEALTH SYSTEM has with United Healthcare, the allowance should have been higher based on the services billed.

At this time, we are requesting that you review the provider contract that was effective on the date of service and allow additional reimbursement for this claim. Should you require any additional information, please contact me at 800-388-2774 ext: 7274.

Sincerely,

Noelly Bazan

Note Type: ANES Progress Note - Physician

FIN: 012811905

Date of Visit: September 27, 2019 11:58 CDT

Name: JEWSON, DIANA

MRN: 614258

DOB: 12/26/64 00:00:00

Pre-anesthesia Evaluation

Patient: JEWSON, DIANA MRN: 614258 FIN: 012811905

Age: 54 years Sex: Female DOB: 12/26/1964

Associated Diagnoses: None

Author: Balabanova MD, Tania

Preoperative Information

Procedure/ Case: Laparoscopic right hemicolectomy for cecal volvulus.

Surgeon scheduled: Cadet MD, Nissage

Location scheduled: OR

Anesthesiologist scheduled: Balabanova MD, Tania

Date/ Time scheduled: 09/27/19 10:00:00

The patient has PEG tube

Anesthesia history

Patient's history: negative.

Family's history: negative.

Anesthesia Questionnaire: Questionnaire : Pre-Operative Anesthesia Questionnaire

Cold or flu symptoms in last week	No
Chest pain in the past month	No
Heart Condition	No
High Blood Pressure	No
Experience Shortness of Breath	Yes
Anes - Asthma, Bronchitis, Emphysema	No
Seizure Disorder	No
Diagnosed with Sleep Apnea	No
Use steroids or analgesic in last 3 days	No
History of Diabetes	Yes
Insulin Dependent	No
Hx of Hepatitis, Liver Disease or Jaundice	No
History of Thyroid Condition	No
History of Kidney Disease	No
Ulcers or Other Stomach Disorders	Yes
History of Hiatal Hernia	No
Back or Neck Pain	No
Numbness, Weakness, Paralysis of Extremities	Yes
Muscle or Nerve Disease	No
You or Family have Sickle Cell Disease	No
Bleeding Problems	No
Taking Blood Thinners	Yes
Loose, Chipped or Capped Teeth	No

Note Type: ANES Progress Note - Physician
 FIN: 012811905
 Date of Visit: September 27, 2019 11:58 CDT

Name: JEWSON, DIANA
 MRN: 614258
 DOB: 12/26/64 00:00:00

Bridgework or Dentures	No
Oral Piercings	No
Contact Lenses or Glasses	No
Hearing Aides	No
Pregnant	No

Health Status

Allergies:

Allergic Reactions (Selected)

No Known Allergies,

Allergies (1) Active Reaction

No Known Allergies None Documented

Current medications: (Selected)

Inpatient Medications

Ordered

Anbesol 10% mucous membrane liquid: 1 app, Oral, QID

NS 1,000 mL: 100 mL/hr, IV

Zofran: 4 mg, 2 mL, IV Push, q6hr INT, PRN: nausea/vomiting

Zosyn IVPB: 3.375 gm, 100 mL/hr, IV Piggyback, q6hr SCHED

albuterol 2.5 mg/3 mL (0.083%) inhalation solution: 3 mL, NEB, RESP q4hr, PRN: shortness of breath or wheezing

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution: 3 mL, NEB, RESP QID

scopolamine patch removal: 1 EA, TD, q3day

scopolamine: 1.5 mg, 1 patch(es), TD, q3day

Prescriptions

Prescribed

ondansetron 4 mg oral tablet, disintegrating: 4 mg, 1 tab(s), Oral, q8hr INT, for 2 day(s), PRN: nausea/vomiting, 6 tab(s), 0 Refill(s)

Documented Medications

Documented

Glucagon Emergency Kit for Low Blood Sugar: mg, IV, Once, 0 Refill(s)

Orajel 10% mucous membrane gel: 1 app, TOP, QID, 10 gm, 0 Refill(s)

Transderm-Scop 1.5 mg transdermal film, extended release: TOP, q72hr, 0 Refill(s)

acetaminophen 160 mg oral tablet, chewable: mg, tab(s), Chewed, q4hr INT, 0 Refill(s)

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL inhalation solution: mL, NEB, QID, 0 Refill(s)

amLODIPine 5 mg oral tablet: mg, tab(s), Oral, Daily, 0 Refill(s)

aspirin 81 mg oral tablet: 81 mg, 1 tab(s), Oral, Daily, 90 tab(s), 0 Refill(s)

atorvastatin 40 mg oral tablet: mg, tab(s), Oral, Daily, 0 Refill(s)

atropine 0.1 mg/mL injectable solution: See Instructions, to trach 2 drops every 4 hours ENDO Once, 0 Refill(s)

ferrous sulfate (as elemental iron) 15 mg/1.5 mL oral liquid: 220mL/5mL, give 7mL, 0 Refill(s)

ferrous sulfate: Oral, 0 Refill(s)

gabapentin 100 mg oral capsule: 200 mg, 2 cap(s), Oral, TID, 180 cap(s), 0 Refill(s)

Note Type: ANES Progress Note - Physician

FIN: 012811905

Date of Visit: September 27, 2019 11:58 CDT

Name: JEWSON, DIANA

MRN: 614258

DOB: 12/26/64 00:00:00

lisinopril 40 mg oral tablet: mg, tab(s), Oral, Daily, 0 Refill(s)

metoclopramide 5 mg/5 mL oral syrup: 10 mg, 10 mL, Oral, QID, 600 mL, 0 Refill(s)

senna 8.8 mg/5 mL oral syrup: 17.6 mg, 10 mL, Oral, BID, PRN: for constipation, 240 mL, 0 Refill(s)

tamsulosin 0.4 mg oral capsule: mg, cap(s), Oral, Daily, 0 Refill(s),

Medications (8) Active

Scheduled: (5)

albuterol-ipratropium 2.5 mg-0.5 mg/3 mL Soln UD 3 mL, NEB, RESP QID

benzocaine topical 10% Liqu 1 app, Oral, QID

piperacillin-tazobactam 3.375 g 3.375 gm, IV Piggyback, q6hr SCHED

scopolamine 1.5 mg Transderm 1.5 mg 1 patch(es), TD, q3day

scopolamine patch removal 1 EA, TD, q3day

Continuous: (1)

Sodium Chloride 0.9% 1,000 mL 1,000 mL, IV, 100 mL/hr

PRN: (2)

albuterol 0.083% Inh Sol 3 mL neb 3 mL, NEB, RESP q4hr

ondansetron 2 mg/mL Inj 2 ml 4 mg 2 mL, IV Push, q6hr INT

Problem list:

Medical

Type 2 diabetes mellitus / 197761014 / Confirmed

Tracheostomy status / 251947011 / Confirmed

Retention of urine, unspecified / 397937013 / Confirmed

Muscle weakness / 44445016 / Confirmed

Hypertension / 1215744012 / Confirmed

Hyperlipidemia / 92826017 / Confirmed

Encephalopathy / 2474931015 / Confirmed

Dysphagia / 67950018 / Confirmed

CVA (cerebral vascular accident) / 345637012 / Confirmed

Chronic respiratory failure with hypoxia and hypercapnia / 67242018 / Confirmed

Aphasia / 145043012 / Confirmed

Anemia / 406636013 / Confirmed,

Active Problems (20)

Anemia

Aphasia

At risk for aspiration

At risk for falls

Chronic respiratory failure with hypoxia and hypercapnia

CVA (cerebral vascular accident)

Disorientated

Disturbed body image

Dysphagia

Encephalopathy

Fluid overload

Hyperlipidemia

Note Type: ANES Progress Note - Physician
FIN: 012811905
Date of Visit: September 27, 2019 11:58 CDT

Name: JEWSON, DIANA
MRN: 614258
DOB: 12/26/64 00:00:00

Hypertension
Impaired skin integrity
Knowledge deficit
Muscle weakness
Retention of urine, unspecified
Self-care deficit
Tracheostomy status
Type 2 diabetes mellitus

Histories

Past Medical History:

Resolved

Hysterectomy (355048014): Onset in 2008 at 44 years. Resolved in 2008 at 44 years.
CVA - Cerebrovascular accident (345635016): Resolved.

Family History:

Heart disease
Family History
Stroke
Family History

Procedure history:

Hysterectomy.

Social History

Social & Psychosocial Habits

Alcohol

10/23/2014 Use: Current

Frequency: Occasionally

Tobacco

09/29/2014 Risk Assessment: Denies Tobacco Use

12/16/2016 Use: Never smoker

Cessation Counseling Intervention None

12/18/2017 Use: Never smoker

Cessation Counseling Intervention Supplementary materials p

12/18/2018 Use: Never (less than 100 in l

Cessation Counseling Intervention None.

Physical Examination

Note Type: ANES Progress Note - Physician
 FIN: 012811905
 Date of Visit: September 27, 2019 11:58 CDT

Name: JEWSON, DIANA
 MRN: 614258
 DOB: 12/26/64 00:00:00

VS/Measurements

Vital Signs (last 24 hrs)	Last Charted
Temp Oral	36.7 DegC (SEP 27 08:12)
Heart Rate Peripheral	H 105bpm (SEP 27 08:12)
Resp Rate	16 br/min (SEP 27 08:12)
SBP	99 mmHg (SEP 27 08:12)
DBP	63 mmHg (SEP 27 08:12)
SpO2	96 % (SEP 27 08:12)
Weight	59.5 kg (SEP 27 08:00)
Height	154.9 cm (SEP 27 08:00)
BMI	24.8 (SEP 27 08:00)

General: Severe distress.

Airway: The patient has aphasia after stroke..

Mallampati classification: II (soft palate, fauces, uvula visible).

Head: Normocephalic, Atraumatic.

Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion, Noit able to ventilate her base of lung, S/p tracheostomy, 2 weeks the canula was taken ..

Cardiovascular: Normal rate, Regular rhythm, No murmur, Non-displaced PMI, Good pulses equal in all extremities.

Gastrointestinal: Soft.

Musculoskeletal: Right side hemiplegia. not ablen to walk..

Integumentary: Intact, Warm.

Neurologic: Alert, She can chake her head to say Yes or No.

Review / Management

Results review:

Labs (Last four charted values)

WBC		H 12.5 (SEP 27)
Hgb	12.7	(SEP 27)
Hct	39.0	(SEP 27)
Na	136	(SEP 27)
K	4.0	(SEP 27)
CO2	H 32	(SEP 27)
Cl	L 96	(SEP 27)
Cr	L 0.53	(SEP 27)
BUN	18	(SEP 27)
Glucose Random	H 115	(SEP 27)
Ca	9.2	(SEP 27)

Assessment and Plan

American Society of Anesthesiologists#(ASA) physical status classification: Class IV, E.

Anesthetic Preoperative Plan

Premedication: None.

Printed by: Cardenas, Sanjuanita Ben Recovery

Printed on: 04/15/21 08:53 CDT

Note Type: ANES Progress Note - Physician
FIN: 012811905
Date of Visit: September 27, 2019 11:58 CDT

Name: JEWSON, DIANA
MRN: 614258
DOB: 12/26/64 00:00:00

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Anesthetic technique: General anesthesia.
Induction: intravenously.
Maintenance airway: Oral endotracheal tube.
Special techniques: Warming device.
Special monitoring: Arterial line.
Postoperative pain management: Per surgeon.
Risks discussed: nausea, vomiting, headache, sore throat, dental injury, hypotension, allergic reaction, serious complications.
Informed consent: signed by legal guardian.
Notes: HTN, DM, CVA, S/p stroke, S/p tracheostomy, right side hemiplegia, muscle weakness, Aphasia, Peg on place. Acute abdomen cecal volvulus.
Two weeks the tracheostomy canula was taken out.
The patient will be leave intubated on vent after surgery..

Signature Line

Electronically Signed on 09/27/2019 12:15 PM CDT

Balabanova MD, Tania

Completed Action List:

- * Perform by Balabanova MD, Tania on September 27, 2019 12:15 CDT
- * Sign by Balabanova MD, Tania on September 27, 2019 12:15 CDT
- * VERIFY by Balabanova MD, Tania on September 27, 2019 12:15 CDT

Note Type: Postoperative Note

FIN: 012811905

Date of Visit: September 27, 2019 15:14 CDT

* Final Report *

Name: JEWSON, DIANA

MRN: 614258

DOB: 12/26/64 00:00:00

* Final Report *

Postoperative Note: General

Patient: JEWSON, DIANA MRN: 614258 FIN: 012811905

Age: 54 years Sex: Female DOB: 12/26/1964

Associated Diagnoses: Ischemic colon; Pneumatosis coli; Cecal bascule

Author: Korbol PA, Michael M

Postoperative Information

Date/ Time: 09/27/19 15:14:00

Preoperative Diagnosis: Ischemic colon (ICD10-CM K55.9), Pneumatosis coli (ICD10-CM K63.89), Cecal bascule (ICD10-CM K56.2).

PROCEDURE: 1. cystoscopy with ureteral lighted stents (by Dr. Tomera, see his report)

2. diagnostic laparoscopy

3. laparoscopic right hemicolectomy

4. ilio-transverse colon side to side anastomosis

5. #7 JP drain intra-abdominal placement

6. Prevena wound dressing

7. PEG tube replacement from existing 24 french to a 20 french).

Postoperative Diagnosis: same.

Performed by: Cadet MD, Nissage.

Assistant: Korbol PA, Michael M.

Findings: confirming radiographic interpretation, cecal bascule volvulus and pneum atosis coli.

Specimens Removed: right colon including cecum and appendix and ascending colon and hepatic flexure.

Estimated Blood Loss: 5 ml.

Intake and Output: 2000 ml crystalloids.

Medications: General endo tracheal anesthesia; local infiltrative anesthesia using a total of 10 ml of a 1:1 solution of 1% xylocaine and 0.5% bupivacaine plain

pathology for bowel specimen

Complications: None.

Notes: Mr Jewson tolerated the anesthesia and the procedure well, she left the OR in stable condition and brought to the ICU still intubated as planned.

Completed Action List:

* Perform by Korbol PA, Michael M on September 27, 2019 15:22 CDT

* Sign by Korbol PA, Michael M on September 27, 2019 15:22 CDT

* VERIFY by Korbol PA, Michael M on September 27, 2019 15:22 CDT

Printed by: Cardenas, Sanjuanita Ben Recovery

Printed on: 04/15/21 08:55 CDT

Note Type: Postoperative Note

FIN: 012811905

Date of Visit: September 27, 2019 15:14 CDT

* Final Report *

Name: JEWSON, DIANA

MRN: 614258

DOB: 12/26/64 00:00:00

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Note Type: Operative Report

FIN: 012811905

Date of Visit: September 27, 2019 01:00 CDT

* Final Report *

Name: JEWSON, DIANA

MRN: 614258

DOB: 12/26/64 00:00:00

*** Final Report ***

Operative Report

DATE OF PROCEDURE:

09/27/2019

PREOPERATIVE DIAGNOSIS:

Colon lesion.

POSTOPERATIVE DIAGNOSIS:

Colon lesion.

PROCEDURE:

Cystoscopy, bilateral lighted ureteral stents.

COSURGEON:

Nissage Cadet, MD

SURGEON:

Kevin Tomera, MD

COMPLICATIONS:

None.

SPECIMENS:

None.

The patient is on Zosyn.

FINDINGS:

The patient had a cystoscopy performed. Bladder was otherwise unremarkable. #5-French lighted ureteral catheter stents were set up bilaterally in both sides. Lighted stents were put inside. #16 French Foley was inserted.

Signature Line

Electronically Signed on 09/30/2019 07:37 AM CDT

Tomera MD, Kevin

Completed Action List:

* Perform by Tomera MD, Kevin on September 27, 2019 11:23 CDT

Printed by: Cardenas, Sanjuanita Ben Recovery

Printed on: 04/15/21 08:55 CDT

Page 1 of 2

Note Type: Operative Report

FIN: 012811905

Date of Visit: September 27, 2019 01:00 CDT

* Final Report *

Name: JEWSON, DIANA

MRN: 614258

DOB: 12/26/64 00:00:00

* Transcribe by on September 27, 2019 12:53 CDT

* Sign by Tomera MD, Kevin on September 30, 2019 07:37 CDTRequested on September 27, 2019 11:53 CDT

* VERIFY by Tomera MD, Kevin on September 30, 2019 07:37 CDT

Note Type: Operative Report

FIN: 012811905

Date of Visit: September 27, 2019 01:00 CDT

* Final Report *

Name: JEWSON, DIANA

MRN: 614258

DOB: 12/26/64 00:00:00

* Final Report *

Operative Report (Verified)

DATE OF PROCEDURE:

09/27/2019

PREOPERATIVE DIAGNOSIS:

Acute surgical abdomen, cecal volvulus, (cecal bascule), pneumatosis coli of the ascending colon.

POSTOPERATIVE DIAGNOSIS:

Acute surgical abdomen, cecal volvulus, (cecal bascule), pneumatosis coli of the ascending colon.

PROCEDURES:

1. Cystoscopy with placement of bilateral lighted ureteral stents by Dr. Tomera of urology.
2. Diagnostic laparoscopy, laparoscopic right hemicolectomy with stapled ileotransverse colonic anastomosis.
3. Placement of negative pressure dressing to the incision.
4. Removal of a nonfunctioning gastrostomy tube feeding and placement of 20 French gastrostomy tube feeding.

SURGEON:

Nissage Cadet, MD

ASSISTANT:

Mike Korbol (PA)

ANESTHESIA:

General anesthesia with endotracheal intubation, placement of an arterial line.

ESTIMATED BLOOD LOSS:

10 mL

INTRAVENOUS FLUID HYDRATION:

2 liters of crystalloid.

SPECIMEN:

Right including that includes terminal ileum, appendix, cecum, hepatic flexure, and proximal segment of the transverse colon.

DRAINS:

A #7 flat Jackson-Pratt placed in the pelvic cavity.

FINDINGS:

Liver appeared to be normal. Gallbladder appeared to be normal. There was no sign of dyspepsia of the duodenum or the stomach. The G-tube was found to be dislodged going throughout the duodenum, therefore, obstructing stomach, but the adhesions of the stomach to the anterior abdominal wall seemed to be a well-healed and well adhered. However, it was immediately obvious that the patient had extensive pneumatosis coli of the right colon with a cecal volvulus leading the appendix, cecum to be in the right upper quadrant, almost over the liver causing sign of ischemia. There was no sign of malignancy. There were prior adhesions from a history of hysterectomy.

Printed by: Cardenas, Sanjuanita Ben Recovery

Printed on: 04/15/21 08:55 CDT

Page 1 of 3

Note Type: Operative Report

FIN: 012811905

Date of Visit: September 27, 2019 01:00 CDT

* Final Report *

Name: JEWSON, DIANA

MRN: 614258

DOB: 12/26/64 00:00:00

DISPOSITION:

Patient withstood the procedure very well, left the OR to PACU, intubated and sedated in fair condition.

INDICATION FOR SURGERY:

Patient is an unfortunate 54-year-old white female who was brought to the hospital from a nursing home after the patient began to vomit and complaining of acute abdominal pain associated with abdominal distention. She has a history of recent cerebral CVA stroke causing the patient to have expressive aphasia and without any control of her upper and lower extremities. Patient has a PEG tube and also recent tracheostomy, which was decannulated about less than 2 weeks ago. Upon further evaluation in the ER, patient was found to have significant pneumatosis coli of the right colon associated with a cecal volvulus (cecal bascule). Given this patient's current conditions, I had a long talk with the patient and her husband going over findings on examination, diagnosis, different modalities of treatment. He understood and signed the informed consent for us to proceed with diagnostic laparoscopy, possible colectomy.

DESCRIPTION OF PROCEDURE:

Patient was brought to the operating room after appropriate time-out protocol. Then, the patient underwent induction of anesthesia and intubation with ET tube, also placement of arterial line because of the patient's instability. Then, the patient underwent a cystoscopy and placement of bilateral ligated ureteral stents by Dr. Tonera.

Then, when Dr. Tonera was done with his part of the procedure, the case was turned over to me. Once again, an active pause was performed reviewing the patient's medical record number, date of birth, antibiotic selection and time of delivery. Since there were no objections from anyone in the room, the operation continued. Patient was in the supine position. The patient has a previous open gastrostomy tube where there was a scar in the epigastrium. We proceeded with using the same scar to get access to the abdominal cavity under direct vision. Then, a 10 balloon Hasson cannula was introduced. Then, pneumoperitoneum achieved with carbon dioxide insufflation. Then, the laparoscope was introduced into the abdominal cavity and quick visual inspection was performed. The liver appeared to be normal. The stomach could be seen stuck into the abdominal wall consistent with a gastrostomy tube feeding. It was also obvious the patient had acute surgical findings with a significant pneumatosis coli of the right colon and the cecum was completely pulled up into the right upper quadrant with a twist causing ischemia of the bowel. There were other adhesions, but there were no other findings consistent with malignancy. There was no liver cirrhosis. There was no seed or implants consistent with liver mets.

Therefore, the procedure continued with placement of ports with a 5-mm trocar placed in the suprapubic area, another 5-mm trocar placed in the left lower quadrant and in the left upper quadrant at the midclavicular line. Then, the patient was placed in Trendelenburg position, and dissection started in the avascular line of Toldt and in the right paracolic gutter. Then, the dissection continued with cauterization using the LigaSure cautery device from Covidien. Then, we dissected the hepatic flexure by taking down all the lateral attachments. Then we proceeded starting the procedure from the transverse colon aspect. We separated the gastric omentum from the transverse colonic omentum, at least the proximal part of the transverse colon. Once we were able to do so with care to avoid injury to the duodenum, then we proceeded off the medial to lateral approach of the operation by identifying the ileocolic vasculature. Then, both ileocolic artery and vein were then cauterized and then transected with the LigaSure. Then we continued and transected under direct vision. Once this was done to satisfaction, and we decided to use the prior 5 cm incision of the open G-tube from the patient's prior surgery to open this incision and then brought the right colon out of the abdominal cavity. Then we transected the terminal ileum with a GIA stapler and the transverse colon with a GIA stapler and the specimen was then sent to pathology. It comprised of the terminal ileum, appendix, cecum, colon, hepatic flexure and part of the transverse colon. Then, with care to avoid any twist, the tenia libera of the transverse colonic stump was brought to the antimesenteric border of the terminal ileum and then secured with a GIA stapler. Then, the anastomosis was then closed in a triangular fashion using a GIA stapler. The staple line was then reinforced with multiple simple sutures of 3-0 CI silk. Care was taken to avoid any twists of the anastomosis. Then, the extracorporeal anastomosis was then pushed back into the abdominal cavity. The small incision in the epigastrium was then closed with #2 Vicryl continuously with multiple interrupted #2 Vicryl as retention suture, and the skin was closed in a subcuticular fashion using 4-0 Monocryl. Once again, we got back into the abdominal cavity with pneumoperitoneum and we cleansed and irrigated the abdominal cavity with more than 3 liters of normal saline solution. After all the fluid was then suctioned out, a quick inspection was performed once again, and there were no new findings. Then, a #7 Jackson-Pratt was placed in the pelvic cavity to suction remaining fluid. After all sponge and instruments were

Note Type: Operative Report

FIN: 012811905

Date of Visit: September 27, 2019 01:00 CDT

* Final Report *

Name: JEWSON, DIANA

MRN: 614258

DOB: 12/26/64 00:00:00

counted and found to be correct, all of the trocars were removed under direct vision. The 5 mm trocar site was simply closed with approximation of the skin only with 4-0 Monocryl. Patient received about 20 mL of a mixture of 1% lidocaine and 0.5% Marcaine as local anesthetic. A negative pressure dressing was applied to the epigastrium. At the end of surgery, both lighted ureteral stents were removed. Patient withstood the procedure very well, left the OR to PACU, extubated, awake, alert, and in stable condition.

* It is of note to mention that Mike Korbol participated in the entire performance of this operation by helping with holding camera, retracting, helping with exposure, suturing, ligating, and closing of the epigastric incision.

cc: Nissage Cadet, MD

Signature Line

Electronically Signed on 10/02/2019 11:59 AM CDT

Cadet MD, Nissage

Completed Action List:

- * Perform by Cadet MD, Nissage on September 29, 2019 11:56 CDT
- * Transcribe by on September 29, 2019 15:09 CDT
- * Modify by Cadet MD, Nissage on October 02, 2019 11:59 CDT
- * Sign by Cadet MD, Nissage on October 02, 2019 11:59 CDT Requested on September 29, 2019 14:09 CDT
- * VERIFY by Cadet MD, Nissage on October 02, 2019 11:59 CDT

Note Type: ED Triage and Assessment Adult - Text
FIN: 012811905
Date of Visit: September 27, 2019 00:10 CDT

Name: JEWSON, DIANA
MRN: 614258
DOB: 12/26/64 00:00:00

ED Assessment Adult Entered On: 09/27/19 00:15 CDT
Performed On: 09/27/19 00:10 CDT by Morse RN, Bethany

Pain Assessment

Preferred Pain Tool: FACES pain scale

Morse RN, Bethany - 09/27/19 00:14 CDT

Respiratory

Respirations: Unlabored, Quiet

Respiratory Pattern Description: Regular

Morse RN, Bethany - 09/27/19 00:14 CDT

Glasgow Coma

Eye Opening: Spontaneously

Best Verbal Response: None

Best Motor Response: Obeys commands

Glasgow Coma Score: 11

Morse RN, Bethany - 09/27/19 00:14 CDT

Gastrointestinal

Symptoms: Abdominal tenderness, Vomiting

Morse RN, Bethany - 09/27/19 00:14 CDT

Safety

Environmental Safety in Place: Bed in low position, Call device within reach, Siderails up x 1, Traffic path in room free of clutter, Wheels locked

Morse RN, Bethany - 09/27/19 00:14 CDT

General

Residence: Home with family

Domestic Concerns: None

Morse RN, Bethany - 09/27/19 00:14 CDT

Infectious Disease Screening

Risk Factors: No recent travel

Morse RN, Bethany - 09/27/19 00:14 CDT

Social History

Did Patient Smoke Cigarettes During Past 12 Months Prior to Hospital Arrival?: No

Morse RN, Bethany - 09/27/19 00:14 CDT

Social History

(As Of: 09/27/19 00:15:42 CDT)

Tobacco:

Denies Tobacco Use

Never smoker, None (Last Updated: 12/16/16 10:51:54 CST by Casey-Schmidt LPN, Todd) Never smoker, Supplementary materials provided (Last Updated: 12/18/17 10:34:36 CST by Casey-Schmidt LPN, Todd) Tobacco Use: Never (less than 100 in lifetime). None (Last Updated: 12/18/18 09:42:40 CST by Bluhm CMA, Renee)