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One Children's Plaza
Dayton, OH 45404
Phone 937-641-3000

FAX COVER SHEET

Date: Thursday, March 25, 2021 11:40:04 AM

To: UHC Claims Appeals

From:

Message:

I hope that you are enjoying your day. Please review attached appeal letter with medical recordds supporting medical necessity regarding denied services rendered. Thank you for your time. Please call if you have any questions regarding attached patient's medical documentation please give me a call. Enjoy the rest of your day. Please try and stay healthy and safe you, your family and friends.

Thanks-Aja @ 937 641-3088 Fax 937 641-6436 E-

Mail:Olivera@childrensdayton.org

Patient: Luke Hupp DOB:06/07/2016

Member ID Number:908055530 DOS:01/06/2021

Claim Number:CK21276735 0167100788 Total Billed:8,829.98

CONFIDENTIALITY NOTICE

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Dayton Children's Hospital, One Children's Plaza, Dayton, Ohio 45404-1815

Dayton Childrens Hospital
436 Valley St.
Dayton OH 45404

Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Visit date: 10/9/2020

10/09/2020 - Office Visit in Pediatric ENT - Main campus

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Knecht, Elizabeth, MD	Knecht, Elizabeth, MD	Weeks, Donya, NP

Department

Name	Address	Phone	Fax
Pediatric ENT - Main campus	One Children's Plaza Dayton OH 45404-1815	937-641-4647	937-641-4617

Follow-up and Dispositions

- Return for Surgery.

Level of Service

Level of Service
PB OFFICE/OUTPATIENT VISIT NEW LEVEL 4

Clinical Notes

Nursing Note

Wilson, Ashlea at 10/9/2020 15:20

Author: Wilson, Ashlea
Filed: 10/9/2020 16:33
Editor: Wilson, Ashlea

Service: —
Encounter Date: 10/9/2020

Author Type: —
Status: Addendum

Rochelle B. RN., educated mother in regards to tonsillectomy with revision of adenoidectomy, bilateral eua of the ears and replacement of bilateral myringotomy with tubes procedure; Parent was given surgery letter, CHI sheets, H&P, and dosage forms during discharge; Surgery scheduled at DCH on 1/6/2021;

Electronically signed by Wilson, Ashlea at 10/9/2020 16:33

Progress Notes

Knecht, Elizabeth, MD at 10/9/2020 15:20

Author: Knecht, Elizabeth, MD
Filed: 10/12/2020 10:36
Editor: Knecht, Elizabeth, MD (Physician)

Service: —
Encounter Date: 10/9/2020

Author Type: Physician
Status: Signed

Dayton Children's Hospital
Pediatric Otolaryngology

New Patient - General

Today I had the pleasure of seeing Luke Thomas Hupp at the request of Dr. Weeks for evaluation and outpatient consultation regarding follow up for tubes and sleep concerns. Luke Thomas Hupp is accompanied today by mother.

Luke Thomas Hupp is a 4 y.o. male with a history of bilateral PET and adenoidectomy in April 2019 at Cincinnati Children's.

Since tube placement he has 12 ear infections with significant drainage, resolves with antibiotic ear drops.

No hearing or speech concerns.

Regarding his sleep he has loud snoring since he was an infant. They are not sure if there are pauses or gasping. There are no specific behavioral concerns. Has frequent choking with solid foods. No trouble with liquids.

Dayton Childrens Hospital
436 Valley St.
Dayton OH 45404

Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Visit date: 10/9/2020

10/09/2020 - Office Visit in Pediatric ENT - Main campus (continued)

Clinical Notes (continued)

No history of strep throat.

Past Medical History

No past medical history on file.

Past Surgical History

Past Surgical History:

Procedure	Laterality	Date
• HX ADENOIDECTOMY		2019
• TYMPANOSTOMY		2019

SOCIAL/BIRTH HISTORY:

School/Daycare: yes
Exposure to Smoking: no
Immunizations: up to date
Prenatal Issues: full term, no complications

Family History

Family History

Problem	Relation	Name	Age of Onset
• Asthma	Mother		
• Cancer	Paternal		
	Grandmother		

No outpatient medications have been marked as taking for the 10/9/20 encounter
(Office Visit) with Knecht, Elizabeth, MD.

Allergies

Allergen	Reactions
• Amoxicillin	Hives and Swelling
• Milk	Diarrhea
Cows milk	

REVIEW OF SYSTEMS:

Constitutional: Pertinent items are noted in HPI
Ears: infection or discharge
Eyes: negative
Cardiovascular: Negative
Respiratory: Negative
Neurological: negative
Gastrointestinal: negative
Genitourinary: negative
Hema/ Onc: negative
Endocrine: negative
Allergy/Immunology: negative
Musculoskeletal: Negative
Dev/ Behavioral: no
Family Hx Anesth: no

Dayton Childrens Hospital
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Hupp, Luke Thomas
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Visit date: 10/9/2020

10/09/2020 - Office Visit in Pediatric ENT - Main campus (continued)

Clinical Notes (continued)

Family Hx Bleeding: no

PE:

Vitals:

10/09/20 1527

Weight: 22.8 kg (50 lb 4.2 oz)

A comprehensive Ear, Nose, and Throat examination was performed

Constitutional/General Appearance: well appearing, alert, in no distress

Skin: no rashes or lesions

Cranial Nerves: CN VII intact bilaterally

Head & Face Inspection: normocephalic

Eyes Ocular Motility: extraocular movements intact; no spontaneous nystagmus;

External ears: normal pinnae shape and position, helices well formed, ears in normal position

Otосcopy:

Right TM: PET in good position, patent

Left TM: PET in good position but occluded.

External Nose: dorsum midline

Nasal Mucosa, Septum, Turbinates: patent, normal mucosa, septum midline

Mouth, Lips/Teeth/Gums: no lesions, dentition age appropriate

Tongue/Floor of Mouth: tongue: intact, full range of motion; floor of mouth: no lesions

Palate/Uvula: intact, mobile

Tonsils: 3+

Cervical Neck: no palpable masses

Thyroid: no palpable masses

Lymphatic Neck Nodes: no palpable nodes

Respiratory Auscultation: breath sounds clear

Cardiovascular: regular rate and rhythm, no murmurs

Chest Movement: symmetrical

Radiology films personally reviewed: not applicable

Audiogram: not performed

PROCEDURE: No.

Impression:

It is our impression that Luke Thomas Hupp presents with findings consistent with tonsil hypertrophy, snoring and dysphagia to solids. On exam tonsils are 3+. Because of his loud snoring and dysphagia I recommend that we proceed with tonsillectomy (possible revision adenoidectomy).

He has a history of tympanostomy tube placement on exam the left tube is occluded and he has had 12 episodes of acute otitis media since they were placed. I recommend that we replaced bilateral ear tubes.

We discussed in detail treatment options and the risks and benefits of these. The main risk of tonsillectomy and adenoidectomy include bleeding (3-5% risk), voice change, velopharyngeal insufficiency, oral/dental trauma from use of mouth gag and tongue numbness. I have discussed the risk of bilateral myringotomy and tympanostomy tube placement. This includes the risk of early extrusion, persistent perforation after extrusion, chronic drainage from the ear due to tympanostomy tube and need for surgical removal of the tube if it remains in the ear for longer than 3 years.

Plan:

Dayton Childrens Hospital
436 Valley St
Dayton OH 45404

Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Visit date: 10/9/2020

10/09/2020 - Office Visit in Pediatric ENT - Main campus (continued)

Clinical Notes (continued)

Follow up 4-6 weeks post-operatively for tube check with audiology. Then follow up annually until the tubes have extruded. They are appropriate for follow-up in our established care clinic. . Thank you very much for the opportunity to participate in the care of your patient.

Electronically signed by Knecht, Elizabeth, MD at 10/12/2020 10:36

Procedures

POST-OP TUBE CHECK (FOR ENT PHYSICIANS) (Active)

Electronically signed by: Knecht, Elizabeth, MD on 10/09/20 1626

Status: Active

Ordering user: Knecht, Elizabeth, MD 10/09/20 1626

Ordering provider: Knecht, Elizabeth, MD

Authorized by: Knecht, Elizabeth, MD

Ordering mode: Standard

Frequency: Routine 10/09/20 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

History of placement of ear tubes [Z96.22]

Indications

History of placement of ear tubes [Z96.22 (ICD-10-CM)]

Case request operating room: MYRINGOTOMY WITH TUBES, TONSILLECTOMY, Revision ADENOIDE CTOMY (Active)

Electronically signed by: Knecht, Elizabeth, MD on 10/09/20 1626

Status: Active

Ordering user: Knecht, Elizabeth, MD 10/09/20 1626

Ordering provider: Knecht, Elizabeth, MD

Authorized by: Knecht, Elizabeth, MD

Ordering mode: Standard

Frequency: Routine Once 10/09/20 1624 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Instance released by: Knecht, Elizabeth, MD (auto-released)
10/9/2020 16:26

Diagnoses

History of placement of ear tubes [Z96.22]

Tonsillar hypertrophy [J35.1]

Snoring [R06.83]

Recurrent acute otitis media [H66.90]

Purulent otorrhea, bilateral [H92.13]

Non-functioning tympanostomy tube, initial encounter [T85.618A]

Questionnaire

Question

Answer

Case Classification

F - Elective

Planned Post Op Destination

Home

Risk of malignant hyperthermia [MH]?

No known Malignant Hyperthermia risk

Indications

History of placement of ear tubes [Z96.22 (ICD-10-CM)]

Tonsillar hypertrophy [J35.1 (ICD-10-CM)]

Snoring [R06.83 (ICD-10-CM)]

Recurrent acute otitis media [H66.90 (ICD-10-CM)]

Purulent otorrhea, bilateral [H92.13 (ICD-10-CM)]

Non-functioning tympanostomy tube, initial encounter [T85.618A (ICD-10-CM)]

Dayton Childrens Hospital
436 Valley St.
Dayton OH 45404

Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Adm: 1/6/2021, D/C: 1/6/2021

01/06/2021 - Admission (Discharged) in Surgical Services

Visit Information

Admission Information

Arrival Date/Time:	Admit Date/Time:	01/06/2021 1015	IP Adm. Date/Time:
Admission Type:	Point of Origin:	Physician Or Clinic Office	Admit Category:
Means of Arrival:	Primary Service:	Otolaryngology	Secondary Service:
Transfer Source:	Service Area:	DAYTON CHILDREN'S HOSPITAL	Unit:
			N/A Surgical Services
Admit Provider:	Knecht, Elizabeth, MD	Attending Provider:	Knecht, Elizabeth, MD
		Referring Provider:	Knecht, Elizabeth, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
01/06/2021 1459	Discharge To Home Or Self Care	Home	None	Surgical Services

H&P Notes

H&P by Sullenberger, Stacy, NP at 1/6/2021 10:31

Author: Sullenberger, Stacy, NP	Service: Surgery	Author Type: Nurse Practitioner
Filed: 1/6/2021 10:32	Date of Service: 1/6/2021 10:31	Status: Attested
Editor: Sullenberger, Stacy, NP (Nurse Practitioner)		Cosigner: Knecht, Elizabeth, MD at 1/6/2021 11:18

Attestation signed by Knecht, Elizabeth, MD at 1/6/2021 11:18

Attestation: I have reviewed the below note and agree with the findings. I have seen and examined the patient and answered any questions regarding surgery.

Patient Name: Luke Thomas Hupp
MR #: 1064506

History and Physical

Luke Thomas Hupp is a 4 y.o. 6 m.o. male.

Indicators for Surgery: History of placement of ear tubes, tonsillar hypertrophy, snoring, recurrent acute otitis media, purulent otorrhea bilateral, non-functioning tympanostomy tube.

Past History

Past Medical History:

Diagnosis	Date
• Enlarged tonsils	
• Snoring	

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Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Adm: 1/6/2021, D/C: 1/6/2021

01/06/2021 - Admission (Discharged) in Surgical Services (continued)

H&P Notes (continued)

Past Surgical History:

Procedure	Laterality	Date
• HX ADENOIDECTOMY		2019
• TYMPANOSTOMY		2019

Birth History

- Gestation Age: 40 wks
- No complications

Allergies

Allergen	Reactions
• Amoxicillin	Hives and Swelling

Medications Prior to Admission

Medication	Sig	Dispense	Refill	Last Dose
• acetaminophen (MAPAP, ACETAMINOPHEN,) 160 mg/5 mL oral liquid	Take 7.5 mL by mouth every 6 hours as needed for Pain.	236 mL	3	
• ibuprofen (MOTRIN) 100 mg/5 mL oral suspension	Take 7.5 mL by mouth every 6 hours as needed for Pain.	237 mL	3	
• ofloxacin (FLOXIN) 0.3 % otic solution	Administer 4 Drops in both ears 2 times daily.	1 Bottle	3	

Family History

Problem	Relation	Name	Age of Onset
• Asthma	Mother		
• Cancer	Paternal		
	Grandmother		
• Post-Op Nausea/Vomiting	Neg Hx		
• Anesth Problems	Neg Hx		
• Bleeding Prob	Neg Hx		
• Malignant Hyperthermia	Neg Hx		

Review of Systems

Anesthesia Evaluation

ROS/HX

General:

HPI: ROS per mother. Recent illness: no. Indications for today's planned procedure: History of placement of ear tubes, tonsillar hypertrophy, snoring, recurrent acute otitis media, purulent otorrhea bilateral, non-functioning tympanostomy tube. Past Surgical History: ear tubes x1, adenoidectomy. Complications: no. Family anesthesia history: none. Pertinent medical history: Chronic OM. Snoring: yes, sleep apnea: no.

Dayton Childrens Hospital
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Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Adm: 1/6/2021, D/C: 1/6/2021

01/06/2021 - Admission (Discharged) in Surgical Services (continued)

H&P Notes (continued)

Bleeding or clotting history: no. Cigarette smoke exposure: no. Loose or chipped teeth: no. Medically implanted devices: no.

Patient summary reviewed, nursing notes reviewed, NPO status verified, surgical history reviewed and pre-procedure vital signs reviewed.

History obtained prior to surgery by phone with parent at 12/22/2020 12:34.

No history of anesthetic complications

No significant anesthesia-related problems or events

No family history of anesthetic complications

Perinatal: No perinatal complications

HEENT:

Neck: Patient has hypertrophic adenoids and hypertrophic tonsils.

Ear:

Chronic ear infection

Nose:

No nosebleeds

Mouth/Throat:

Hypertrophic adenoids and snoring

No sleep apnea:

Neurological: Negative neuro ROS.No seizures

Cardiovascular: Negative cardio ROS.

No functional murmur or functional murmur.

Exercise tolerance is good.

Respiratory: No sleep apnea.

Snores.

No second-hand smoke exposure

No asthma

Hypertrophic adenoids

Genitourinary: Negative renal ROS.

Gastrointestinal: negative GI/hepatic ROS.Gastroesophageal: No GERD

Dayton Childrens Hospital
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Adm: 1/6/2021, D/C: 1/6/2021

01/06/2021 - Admission (Discharged) in Surgical Services (continued)

H&P Notes (continued)

Endocrine/Metabolic: Negative endocrine ROS.

Hematological / Oncological: Negative hematology/oncology ROS. Hematologic/oncologic history within normal limits

No anemia

Does not have bleeding problem or bleeding problem.

Behavioral/Psychiatric: Growth and development history within normal limits

No attention deficit hyperactivity disorder and attention deficit disorder.

No attention deficit disorder or attention deficit hyperactivity disorder.

Syndromes: negative genetics/syndromes ROS

Physical Exam

Vitals

Temperature: 36.6 ºC (97.9 ºF)

Heart Rate: 110

Respirations: 22

Blood Pressure: 104/55

O2 Sat (%): 98 %

Weight: 23.2 kg

Height: 107.4 cm]

Physical Exam

Constitutional: He appears well-developed. He is active.

HENT:

Head: Normocephalic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat: Mucous membranes are moist. Oropharynx is clear.

Eyes: Conjunctivae are normal. Right eye exhibits no discharge. Left eye exhibits no discharge.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and normal pulses.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abdominal: Normal appearance.

Musculoskeletal: Normal range of motion.

Neurological: He is alert and oriented for age.

Skin: Skin is warm and dry. Capillary refill takes less than 2 seconds.

Nursing note and vitals reviewed.

Assessment

Dayton Childrens Hospital
436 Valley St
Dayton OH 45404

Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Adm: 1/6/2021, D/C: 1/6/2021

01/06/2021 - Admission (Discharged) in Surgical Services (continued)

H&P Notes (continued)

Recent illness: no. Indications for today's planned procedure: History of placement of ear tubes, tonsillar hypertrophy, snoring, recurrent acute otitis media, purulent otorrhea bilateral, non-functioning tympanostomy tube. Past Surgical History: ear tubes x1, adenoidectomy. Complications: no. Family anesthesia history: none. Pertinent medical history: Chronic OM. Snoring: yes, sleep apnea: no. Bleeding or clotting history: no. Cigarette smoke exposure: no. Loose or chipped teeth: no. Medically implanted devices: no.

Plan

Myringotomy with tubes bilateral, tonsillectomy and revision of adenoidectomy.

Electronically signed by Sullenberger, Stacy, NP at 1/6/2021 10:32
Electronically signed by Knecht, Elizabeth, MD at 1/6/2021 11:18

Clinical Notes

Op Note

Knecht, Elizabeth, MD at 1/6/2021 12:15

Author: Knecht, Elizabeth, MD

Service: —

Author Type: Physician

Filed: 1/7/2021 13:02

Date of Service: 1/6/2021 12:15

Status: Signed

Editor: Knecht, Elizabeth, MD (Physician)

Please refer to other op note in patients chart

Electronically signed by Knecht, Elizabeth, MD at 1/7/2021 13:02

Knecht, Elizabeth, MD at 1/6/2021 12:15

Author: Knecht, Elizabeth, MD

Service: —

Author Type: Physician

Filed: 1/7/2021 12:58

Date of Service: 1/6/2021 12:15

Status: Signed

Editor: Knecht, Elizabeth, MD (Physician)

Tonsillectomy

Bilateral myringotomy with tympanostomy tube placement

Pre-Op Diagnosis:

1. Tonsil hypertrophy
2. Sleep disordered breathing
3. Snoring
3. Eustachian tube dysfunction, bilateral
4. Recurrent acute otitis media
5. Non functioning tympanostomy tubes

Post-Op Diagnosis: Same

Procedure(s):

Bilateral - MYRINGOTOMY WITH TUBES - Wound Class: II - Clean Contaminated: In Resp, GI, Genital, Urinary Tract without signs of infection

Dayton Childrens Hospital
436 Valley St.
Dayton OH 45404

Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Adm: 1/6/2021, D/C: 1/6/2021

01/06/2021 - Admission (Discharged) in Surgical Services (continued)

Clinical Notes (continued)

Bilateral - TONSILLECTOMY - Wound Class: II - Clean Contaminated: In Resp, GI, Genital, Urinary Tract without signs of infection

Surgery Date: 1/6/2021

Surgery Time: 0 Hr 42 Min 45 Sec

Surgeon(s) and Role:

*Knecht, Elizabeth, MD - Primary

Anesthesia Type: General

Estimated Blood Loss: 1 cc

Complications: None Apparent

Fluids: Per anesthesia record

Specimens removed: bilateral tonsils were sent together in formalin

Condition: Stable

Indications for procedure: Luke Thomas Hupp is a 4 y.o. 7 m.o. male who presented to me with enlarged tonsils resulting in sleep disordered breathing and dysphagia. He also had non functioning PETs with recurrent ear infections.

PROCEDURE AND FINDINGS: After obtaining informed consent, the patient was taken to the operating room and placed supine on the operating table. A preoperative time out was completed. After induction of anesthesia, the patient was intubated by the anesthesiology service without difficulty.

Next, the operating microscope was brought in to view the left ear. Cerumen was removed from the external ear canal to allow visualization of the underlying tympanic membrane. The tympanic membrane was noted to be intact, with evidence of an obstructed tympanostomy tube. The non-function tube was removed. A myringotomy blade was used to make an incision in the anterior-inferior quadrant as the underlying ear drum had already healed. There was a small serous effusion. A Sheehy collar tube was placed through the incision and ofloxacin drops were applied. Next, the operating microscope was brought in to view the right ear. Cerumen was removed from the external ear canal to allow visualization of the underlying tympanic membrane. The tympanic membrane was noted to be intact, with evidence of an obstructed tympanostomy tube. The non-function tube was removed. A myringotomy blade was used to make an incision in the anterior-inferior quadrant as the underlying ear drum had already healed. The middle ear space was clear. A Sheehy collar tube was placed through the incision and ofloxacin drops were applied.

Then the table was turned 90 degrees and the patient was positioned and draped in the usual fashion for this procedure. A mouth gag was placed to allow visualization of the oropharynx. The tonsils were 4+ in size. The palate was examined and there was no evidence of a submucous cleft. A catheter was placed to provide retraction of the soft palate.

Next, the left tonsil was removed via extracapsular dissection with monopolar electrocautery. An identical procedure was performed to remove the right tonsil.

Any areas of bleeding were cauterized with suction cautery. Next, the adenoid bed was inspected. There was minimal adenoid re-growth. The adenoid tissue was then removed with suction electrocautery. The mouth gag was then released and the operative beds were inspected. There was no evidence of ongoing bleeding. An orogastric tube was then passed to evacuate the stomach contents.

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01/06/2021 - Admission (Discharged) in Surgical Services (continued)

Clinical Notes (continued)

The mouth gag and catheter were removed, and the patient was returned to Anesthesia. The patient was extubated and brought to the recovery room in stable condition.

I was present and scrubbed for the entire procedure.

PLAN:

Discharge to home.

Ofloxacin ear drops for 5 days. Follow up with audiology in 4-6 weeks. Follow up in established care clinic annually until tubes have extruded.

Electronically signed by Knecht, Elizabeth, MD at 1/7/2021 12:58

Progress Notes

Melton, Angela at 1/5/2021 10:11

Author: Melton, Angela

Service: —

Author Type: PCA

Filed: 1/5/2021 10:11

Date of Service: 1/5/2021 10:11

Status: Signed

Editor: Melton, Angela (PCA)

Spoke to legal guardian listed in demographics section of epic. Provided surgery times and instructions. Reminded guardian that surgery is scheduled at main campus in Dayton. Instructed guardian that we are currently allowing 2 parents or guardians over the age of 18 to accompany patients for surgery. No siblings or additional visitors will be permitted to enter the hospital. Informed guardian that they will be screened for symptoms of illness including a temperature screening upon entering hospital. Instructed guardian about universal masking process. Instructed no food or beverage is allowed in pre-op, PACU, or post-op areas. Guardian instructed to get Covid-19 test per protocol and all pertinent details.

Electronically signed by Melton, Angela at 1/5/2021 10:11

Wagaman, Collin, RN at 1/6/2021 14:58

Author: Wagaman, Collin, RN

Service: Nursing

Author Type: Registered Nurse

Filed: 1/6/2021 14:59

Date of Service: 1/6/2021 14:58

Status: Signed

Editor: Wagaman, Collin, RN (Registered Nurse)

Patient walked to restroom with assistance. Patient did not have any issues with nausea.

Electronically signed by Wagaman, Collin, RN at 1/6/2021 14:59

Labs

Pre-Surgery/Procedure COVID PCR - Only to be used for pre-op/pre-procedure patients (Completed)

Electronically signed by: Kinsman, Lisa, NP on 12/30/20 1006

Status: Completed

Ordering user: Kinsman, Lisa, NP 12/30/20 1006

Ordering provider: Kinsman, Lisa, NP

Authorized by: Kinsman, Lisa, NP

Ordering mode: Standard

Frequency: Routine 12/30/20 -

Class: Ancillary Performed

Quantity: 1

Diagnoses

Screening for viral disease [Z11.59]

Questionnaire

Dayton Childrens Hospital
436 Valley St.
Dayton OH 45404

Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Adm: 1/6/2021, D/C: 1/6/2021

01/06/2021 - Admission (Discharged) in Surgical Services (continued)

Labs (continued)

Question	Answer
Employed in Healthcare?	Unknown
Symptomatic?	Unknown
Hospitalized?	No
ICU?	No
Resident in congregate care?	Unknown
First test?	Unknown

Indications

Screening for viral disease [Z11.59 (ICD-10-CM)]

PATHOLOGY EXAM (Final result)

Electronically signed by: Knecht, Elizabeth, MD on 01/06/21 1603

Status: Completed

Mode: Ordering in Verbal with readback mode

Communicated by: Chaney, Emily, RN

Ordering user: Chaney, Emily, RN 01/06/21 1219

Ordering provider: Knecht, Elizabeth, MD

Authorized by: Knecht, Elizabeth, MD

Ordering mode: Verbal with readback

Frequency: ASAP Release Upon Ordering 01/06/21 1219 - 1 occurrence

Class: Clinic Performed

Quantity: 1

Lab status: Final result

Instance released by: Chaney, Emily, RN 1/6/2021 12:19

Diagnoses

History of placement of ear tubes [Z96.22]

Tonsillar hypertrophy [J35.1]

Snoring [R06.83]

Recurrent acute otitis media [H66.90]

Purulent otorrhea, bilateral [H92.13]

Non-functioning tympanostomy tube, initial encounter [T85.618A]

Specimen Information

ID	Type	Source	Collected By
A	Tissue	Ear, Left	Knecht, Elizabeth, MD 01/06/21 1218

PATHOLOGY EXAM

Resulted: 01/07/21 1642, Result status: Final result

Ordering provider: Knecht, Elizabeth, MD 01/06/21 1219

Order status: Completed

Resulted by: Boyd, Jeffrey, MD

Filed by: 947317-Interfaces, Pathology Results 01/07/21 1642

Collected by: Knecht, Elizabeth, MD 01/06/21 1218

Resulting lab: MEDICAL IMAGING AT CMC

Narrative:

CASE: SUR-21-00037

PATIENT: LUKE HUPP

TISSUE REMOVED:

A EAR, LEFT MIDDLE EAR

FINAL DIAGNOSIS:

Ear, left middle, myringotomy: No tissue for evaluation.

PREOPERATIVE DIAGNOSIS: History of placement of ear tubes, tonsillar hypertrophy, snoring recurrent acute otitis media, purulent otorrhea bilateral, non-function tympanostomy tube initial encounter

POST-OPERATIVE DIAGNOSIS: Same

PROCEDURE: Bilateral myringotomy with tubes, tonsillectomy, revision adenoidectomy

GROSS EXAMINATION:

Labeled ear, left middle ear. Received in formalin, a telfa pad in formalin with a minute fragment of transparent tissue measuring less than 0.1 cm. Tissue may not survive processing. Specimen is entirely submitted in one cassette.

TB/sn/226089900

MICROSCOPIC EXAMINATION:

1 slide H&E:

A microscopic examination has been performed on all specimens and all relevant histological findings are incorporated into the final diagnosis.

Dayton Childrens Hospital
436 Valley St.
Dayton OH 45404

Hupp, Luke Thomas
MRN: 1064506, DOB: 6/7/2016, Sex: M
Adm: 1/6/2021, D/C: 1/6/2021

01/06/2021 - Admission (Discharged) in Surgical Services (continued)

Labs (continued)

The following statement applies to immunohistochemistry, in-situ hybridization and special stains, if performed.

Quality of hematoxylin and eosin staining was appropriate for slide evaluation. All positive and internal negative tissue controls are adequately stained.

TB/sr/226133289

Final Diagnosis performed by J. TODD BOYD DO Electronically signed 1/7/2021 4:41:02PM
Acknowledged by: Knecht, Elizabeth, MD on 01/08/21 0851

View Image (below)

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