

PHYSICAL FINDINGS

9/13/2015 11:37:32 AM HMC

WEIGHT: 200 LBS; 90 KG

PHYSICAL ASSESSMENT

EXTREMITIES:

LEFT ARM

POSITIVE: WEAKNESS

HEAD: SYMMETRICAL

NECK: NO JVD

CHEST: SYMMETRIC WITH BILATERAL CHEST RISE

ABDOMEN: SOFT, NON-TENDER

PELVIS: STABLE

BACK: SYMMETRIC

IMPRESSION

PRIMARY IMPRESSION: OTHER - GENERALIZED WEAKNESS

SECONDARY IMPRESSION: VASCULAR - HYPERTENSION

VITAL SIGNS

TIME	PRESSURE	PULSE	RESP	GLASCO COMA SCALE				EKG	SP02	BLOOD GLUCOSE	PAIN SCALE
				E	V	M	TOTAL				
21:29	210/108 (142)	72	18	4	5	6	15				
21:44	210/110 (143)	80	18	4	5	6	15				

TREATMENTS

PTA	TIME	CAREGIVER	PROCEDURE
	21:29	HATHORN, MARY-LOUISE,AMR	VITAL SIGNS - GLASCO COMA SCALE GCS EYES: 4; GCS VERBAL: 5; GCS MOTOR: 6; GCS SCORE: 15 VITALS BP: 210/108; PULSE: 72; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 18; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL
	21:44	HATHORN, MARY-LOUISE,AMR	VITAL SIGNS - GLASCO COMA SCALE GCS EYES: 4; GCS VERBAL: 5; GCS MOTOR: 6; GCS SCORE: 15 VITALS BP: 210/110; PULSE: 80; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 18; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL

NARRATIVE

RESPONDED PRIORITY TO 911 CALL FOR 63 Y/O MALE C/O LEFT ARM WEAKNESS/TWITCHING. FIRE STATED THAT PATIENT HAD THESE POSSIBLE CVA SYMPTOMS STARTING AT APPROXIMATELY 1930HR TONIGHT. FIRE STATED THAT PATIENT ADMITTED TO MARIJUANA USE IN AN UNSPECIFIED AMOUNT TONIGHT, BUT NO OTHER DRUGS OR ALCOHOL CONSUMED. FIRE ALSO STATED THAT PATIENT HAD AN "ASTRONOMICAL" BLOOD PRESSURE, 212/110. PATIENT DENIED ANY PAIN, STATED THAT THEY HAD BEEN TYPING AT THEIR COMPUTER WHEN THEY HAD STARTED TO EXPERIENCE SOME TWITCHING/WEAKNESS IN THEIR LEFT ARM. PATIENT STATED THAT HE HAD STOPPED THE TYPING TO REST HIS ARM IN THE HOPES THAT THE FEELING WOULD GO AWAY, BUT AFTER "A WHILE" IT HADN'T, SO 911 HAD BEEN CALLED. UNCLEAR WHO CALLED 911, PATIENT POSSIBLY POOR HISTORIAN, OFTEN SPEAKING IN NON-SEQUITORS AND GOING ON TANGENTS. PATIENT DID STATE THAT WEAKNESS IN HIS LEFT ARM SEEMED TO CORRESPOND TO WHEN THE ARM WAS TWITCHING.

PATIENT WAS FOUND UPRIGHT AND WALKING ON SCENE. PATIENT WAS TALKING ALMOST NON-STOP THROUGHOUT TRANSPORT, SOME SLURRING OF SPEECH PRESENT. PATIENT INITIALLY HAD SOME LEFT SIDED GRIP WEAKNESS AND STATED THAT THE ARM FELT TWITCHY AND WEAK. GRIP SEEMED TO IMPROVE SOMEWHAT DURING TRANSPORT. PATIENT WAS OTHERWISE IN NO OBVIOUS DISTRESS, A&O 4/4, AND WITH INTACT AIRWAY.

C/O POSSIBLE CVA

RECEIVED REPORT FROM FIRE. PATIENT WAS ASSISTED TO STRETCHER AND MOVED INTO AMBULANCE. PATIENT EXAM, HISTORY, AND VITALS WERE OBTAINED. PATIENT WAS TRANSPORTED PRIORITY TO HMC DUE TO POTENTIAL FOR CVA WITHIN THE PAST 2 HOURS. PATIENT WAS MET IN THE ED AND EVALUATED. DETERMINED THAT PATIENT COULD BE TRANSFERRED TO HOSPITAL BED IN BLUE, AND PATIENT CARE WAS TRANSFERRED TO RN ON DUTY.

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				E	V	M	TOTAL				
21:29	210/108 (142)	72	18	4	5	6	15				
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red yeast rice

Patient Education and Follow-up Information

Instructions:

ED, Palpitations (Custom)

Follow up:

With:

Address:

When:

Return to Emergency Department

Comments:

Return to the emergency department for worsening chest pain that does not resolve with rest, shortness of breath or other concerning symptoms.

With:

Address:

When:

Follow up with primary care provider

Comments:

Follow up with your primary physician in 1-2 weeks to discuss this emergency room visit.

CC Address Information

none

9/11/2015 4:32:39 AM AMBREC

PHYSICAL FINDINGS

WEIGHT: 160 LBS; 72 KG

PHYSICAL ASSESSMENT

HEAD: SYMMETRICAL

NECK: NO JVD

CHEST: SYMMETRIC WITH BILATERAL CHEST RISE

ABDOMEN: SOFT, NON-TENDER

PELVIS: STABLE

BACK: SYMMETRIC

EXTREMITIES: FULLY INTACT, PURPOSEFUL MOVEMENT

IMPRESSION

PRIMARY IMPRESSION: TOXICOLOGICAL - ILLEGAL DRUGS

SECONDARY IMPRESSION: OTHER - NO SECONDARY IMPRESSION

VITAL SIGNS

TIME	PRESSURE	PULS E	RESP	GLASCOW COMA SCALE				EKG	SP02	BLOOD GLUCOSE	PAIN SCALE
				E	V	M	TOTAL				
06:10	180/100 (127)	90	24	3	4	6	13				
06:23	180/110 (133)	92	24	3	4	6	13				

TREATMENTS

PTA	TIME	CAREGIVER	PROCEDURE
	06:10	YI, JAMES,AMR	VITAL SIGNS - GLASGOW COMA SCALE GCS EYES: 3; GCS VERBAL: 4; GCS MOTOR: 6; GCS SCORE: 13 VITALS BP: 180/100; PULSE: 90; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 24; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL
	06:23	YI, JAMES,AMR	VITAL SIGNS - GLASGOW COMA SCALE GCS EYES: 3; GCS VERBAL: 4; GCS MOTOR: 6; GCS SCORE: 13 VITALS BP: 180/110; PULSE: 92; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 24; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL

NARRATIVE

S.

63 YEAR OLD MALE ALTERED LOC. PATIENT CALLED 911 FROM A BUS STOP IN WEST SEATTLE. PATIENT COMPLAINING OF CONFUSION AND HEART PALPITATIONS. PATIENT STH ROOMMATES WHO USE METH. PATIENT DENIES USING METH. PATIENT DENIES ANY PAIN OR OTHER DISCOMFORTS. PATIENT EASILY AGITATED WHEN ASKED QUESTION ABOUT INCIDENT.

O.
UPON ARRIVAL PATIENT FOUND SEATED AT BUS STOP.
SEE PHYSICAL EXAM.

A.
POSSIBLE USE OF METH

P.
PATIENT CARE, HISTORY, EXAM, VITALS, ASSISTED PATIENT TO STRETCHER, TRANSPORTED TO HMC, 0 CHANGES EN ROUTE.

FOLLOW-UP-CAREFOLLOW-UP:

FOLLOW-UP-DATE:

FOLLOW-UP-TIME:

FOLLOW-UP CARE:

9/12/2015 11:37:32 AM HHS



AMR SEATTLE OPERATIONS PRE-HOSPITAL CARE REPORT

Case #: 556755

Unit ID: 907B

Date: 9/12/2015

SERVICE	DISPATCH INFORMATION	TIMES
FROM: 4606 SOUTHWEST FRONTENAC STREET SEATTLE, WA 98136 (HOME/RESIDENCE)	RESPONSE MODE: LIGHTS AND SIREN TRANSPORT MODE: LIGHTS AND SIREN ALS ASSESSMENT: NONE DISPOSITION: TRANSPORTED - TO HOSPITAL ER/ED	CALL RECEIVED: 21:15:00 DISPATCHED: 21:16:00 ENROUTE: 21:16:39 AT SCENE: 21:26:00 AT PT SIDE: 21:27:00 TRANSPORT: 21:29:00 ARRIVAL: 21:37:00 AVAILABLE: 22:14:03 DEST MILES: 8 TOTAL MILES: 8
PATIENT DEMOGRAPHICS		
NAME: PRIDE, DANIEL ADDRESS: 4606 SW FRONTENAC ST CITY, STATE ZIP: SEATTLE, WA 98136 USA PHONE: CELL PHONE: SSN:	DOB: 5/11/1952 AGE: 63 GENDER: MALE ETHNICITY: CAUCASIAN	
INSURANCE NO INSURANCE AVAILABLE	POLICY GROUP	
RESPONSIBLE PARTY: PRIDE, DANIEL PHONE: HOSPITAL MRN: HOSPITAL FIN:	NAME OF EMPLOYER: EMPLOYER PHONE: SUPERVISOR: SUPERVISOR PHONE:	
MEDICAL HISTORY		
HISTORY OBTAINED FROM:	PATIENT	
MEDICAL HISTORY: MYOCARDIAL INFARCTION		
ALLERGIES: NONE, ALLERGY DESCRIPTION:		
HISTORY OF PRESENT ILLNESS:		
CHIEF COMPLAINTS		
CHIEF COMPLAINT CATEGORY: STROKE/CV/TIA		

H2062961 BD:5/11/1952 63YM
 PRIDE
 DANIEL
 CLAYTON
 H EMERGENCY DEPARTMENT
 DOS:9/12/2015
 Enc:1797934738 RES:

Case #: 556755
 PCR: 2015091221554693208

Page: 1 of 3
 Printed : 9/12/2015

PRIDE, DANIEL CLAYTON U2949162

ED Note Authenticated

Service Date: Sep-10-2015

Dictated by Karels, MD, Jake Michael on Sep-10-2015

ED NOTE

ID/CC:

Chest tingling

HISTORY OF PRESENT ILLNESS:

Mr. Pride is a 63 yo male with a history of MI x3 who presents to the ER via EMS after he called 911 from a bus stop for tingling in his chest. Pt reports that he went home this morning and inhaled 'a bunch of fumes from a meth lab.' Pt states that his roommates use meth. He immediately left the apartment and went to the bus stop when he started having tingling. On presentation, pt states that tingling is persistent but improving. Pt denies shoulder, arm, neck or jaw pain. No pain with deep inspiration. Pt is very concerned about his 'medical condition' and his heart rate (which he states has to be 60).

PAST MEDICAL HISTORY:

MI x3 s/p 3 stents

Hernia

PROBLEM LIST:

Chronic ischemic heart disease

1) status post PTCA in 1996

2) s/p BMS stents to the mid (3.5 x 23 mm Vision) and distal (3.0 x 15 mm Vision) RCA 3/2009 after a positive stress test.

Hyperlipidemia

MEDICATIONS:

DHEA

Testosterone

ASA

Fish oil

ALLERGIES:

red yeast rice

NKDA

FAMILY HISTORY:

Labs-Full List (PRIDE, DANIEL CLAYTON:U2949162)

Tests performed between 09-10-2015 and 09-13-2015

Panel/Test Description	Test Results			Reference Range
	* means outside reference range			
Glucose POC, HMC	Sep 12, 2015 21:48	HMC	Final	
Glucose POC, HMC	* 129.0 mg/dL			62-125
1st Extra Lime Green Top	Sep 10, 2015 10:00	HMC	Final	
1st Extra Lime Green Top	Additional collection tube			unavailable
Troponin_I	Sep 10, 2015 10:00	HMC	Final	
Troponin_I	<0.03 ng/mL A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG			<0.04
Troponin_I Interpretation	Normal			unavailable
1st Extra Urine Gray top	Sep 10, 2015 09:04	HMC	Final	
1st Extra Urine Gray top	Additional collection tube			unavailable
Standard Drug Screen, URN	Sep 10, 2015 09:04	HMC	Final	
Amphet/Metamphetamine Qual, URN	Negative	<i>This doesn't make sense designer drugs?</i>		
Barbiturate (Qual), URN	Negative			NRN
Benzodiazepines (Qual), URN	Negative			NRN
Cocaine (Qual), URN	Negative			NRN
Alcohol (Ethyl), URN	Negative Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL mg/dL			NRN
Methadone (Qual), URN	Negative			NRN
Opiates (Qual), URN	Negative			NRN
Phencyclidine (Qual), URN	Negative			NRN
Cannabinoids (Qual), URN	* Positive			NRN
Tricyclic Antidepressants, URN	Negative			NRN
Acetaminophen Qualitative, URN	Negative			NRN
Drug Screen Test Info, URN	Positive results are presumptive and have not been confirmed by an alternate method. Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing. Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants. Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinolic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL. Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.			unavailable
1st Extra Blue Top	Sep 10, 2015 07:22	HMC	Final	
1st Extra Blue Top	Additional collection tube			unavailable
Alcohol (Ethyl)	Sep 10, 2015 07:00	HMC	Final	
Alcohol (Ethyl)	Negative mg/dL			NRN
Basic Metabolic Panel	Sep 10, 2015 07:00	HMC	Final	
Sodium	139.0 mEq/L			135-145
Potassium	* 3.2 mEq/L			3.6-5.2
Chloride	105.0 mEq/L			98-108
Carbon Dioxide	* 20.0 mEq/L			22-32
Anion Gap	* 14.0			4-12
Glucose	108.0 mg/dL			62-125
Urea Nitrogen	14.0 mg/dL			8-21
Creatinine	0.89 mg/dL			0.51-1.18
Calcium	9.8 mg/dL			8.9-10.2
eGFR, Calc, European American	>60 mL/min			>59
eGFR, Calc, African American	>60 mL/min			>59
eGFR, Information	Calculated GFR in mL/min/1.73 m ² by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html			unavailable
CBC (Hemogram)	Sep 10, 2015 07:00	HMC	Final	