

Medical record 2

Patient:
DOB:
Age/Sex:
Loc: ER
Attending Dr:
Documented by:

MR#:
Acct:
ADM Date/Time: /
Service Date/Time: 11/28/24

CC: ~

History of Present Illness

HPI - General

General

Chief Complaint: Fall

Stated Complaint: fall off of 4 wheeler, L wrist pain

Time Seen by Provider: 11/28/24 15:10

History of Present Illness

Related Data

Home Medications

Medication	Instructions	Recorded	Confirmed
polyethylene glycol 3350 17 gram/dose oral powder (Miralax)	4 g PO DAILY	09/19/23	07/18/24

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	07/18/24 14:45

PFSH

Medical History (Reviewed 07/18/24 @ 15:04 by

Bicuspid aortic valve

Family History (Reviewed 07/18/24 @ 15:04 by

Father

Meckels diverticulum

Mother

No problems noted.

Brother

No problems noted.

Sister

No problems noted.

Emergency Department 1128-00045

Social History

Tobacco

Smoking Status: Never smoker

Alcohol

Alcohol intake: never

Substance Use

Substance use type: does not use

Medical Decision Making

MDM Narrative

Medical decision making narrative:

This is a otherwise healthy 9-year-old who was riding on the back of an ATV when he fell off as they went around a curve. He says he was not going very fast. He only has pains in his left wrist. No other pain complaints did not hit his head or neck. No seizures tremors or blackouts.

Patient on exam has tenderness of the left wrist but other. Otherwise no no long bone or joint tenderness. I am able to examine the skin across the patient to see no other injuries or traumas. He has no neck, thoracic or lumbar tenderness.

Only tender on the left wrist. We get x-ray of this and reassess.

Patient's x-ray shows a concerning area on the distal radius of suspect he may have a "buckle" type fracture of this area. This is where he is tender he did have a trauma I do feel it is reasonable to place him at least in a Velcro splint having followed by orthopedics. We discussed rest, ice, elevation. Discussed proper use of the splint reflectors. Mom reports understanding Prideaux questions were answered. Plan for discharge

Medical Records

Attestation: I attest that I reviewed the patient's medical records and included these findings in my medical decision-making.

Attestation: I reviewed the patient's medical records.

Radiology Data

Attestation: I attest that I reviewed, interpreted and included these X-Ray results in my medical decision-making.

Attestation: I reviewed the patient's radiology results.

Course

Vital Signs

Vital signs:

Vital Signs - Initial

Temperature	97.6 F	11/28/24 15:13
Pulse Rate	96	11/28/24 15:13
Respiratory Rate	18	11/28/24 15:13
Blood Pressure	119/58 L	11/28/24 15:13
O2 Sat by Pulse Oximetry	98	11/28/24 15:13
Oxygen Delivery Method	Room Air	11/28/24 15:13

Vital Signs - Final

Emergency Department 1128-00045

Emergency Department Note

Temperature	97.6 F	11/28/24 15:13
Pulse Rate	96	11/28/24 15:13
Respiratory Rate	18	11/28/24 15:13
Blood Pressure	119/58 L	11/28/24 15:13
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Discharge Plan**Impressions**

Chief Complaint: Fall

Orders

Prescriptions:

No Action**amoxicillin 400 mg/5 mL suspension for reconstitution**

500 mg PO TID Qty: 190 0RF

polyethylene glycol 3350 [Miralax] 17 gram/dose powder

4 g PO DAILY

Referrals:

PCP NOT PROVIDED [Primary Care Provider] - Call for Appointment

ED Data

ED Provider:

Time Seen by Provider: 11/28/24 15:10

Triage At: 11/28/24 15:13

Documented By:

Signed By:

Signed By:

Signed By:

Date/Time: 11/28/24 15:23

Date/Time:

Emergency Department 1128-00045

EMR MDM

Medical Decision Making**MDM Narrative**

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11/30

Patient's x-ray was reviewed. It did show my concerns for a fracture. I called the mother and had her come back in for a sugar-tong splint. This was applied. He otherwise continue plan of care. Mom reports understanding.

Medical Records

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