


## ED MEDICAL RECORD \*

Patient	YESSENIA AMIEVA,		
Date of birth	05/19/1998	Sex	Female
Contact info	112 SILO PL MANHATTAN, KANSAS 66502-8628 Tel : 7863168898	Patient IDs	499172 OID: 2.16.840.1.113883.3.42.127.057.2 xxx-xx-1668 United States Social Security Number
Document Id	200829-00003_20200829045647_1241 OID: 2.16.840.1.113883.3.42.144.100001.17		
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Document maintained by			

### Emergency Department Medical Record

29Aug2020	ED ARRIVAL DATE	ED ARRIVAL TIME	0455	ARRIVAL MODE	PRIVATELY OWNED VEHICLE
1. TRIAGE					
Triage Time	0457				
Allergies	NKDA				
[X]	ID band placed				
Birthdate	19May1998				
Age	25				
Sex	F				
[X]	Direct Bedding				

Chief Complaint (From CHCS)	Seizure	
** See INITIAL/BEDSIDE NURSING ASSESSMENT **		
Triage HPI (Subjective)	Patient presents to ED after getting COVID swabbed for pre-screening for NTC. Husband states that during the swab, patient passed out and head started shaking rapidly lasting about 15-20 seconds.	
Triage Exam (Obj. Findings)	Patient alert and oriented, ambulated to room. NAD.	
Infectious Disease Travel Screen		
		
Contact with person with highly contagious disease like Ebola/MERS/COVID-19 within 21 days before onset of one of the listed symptoms?	No	
Travel to a country with wide-spread Ebola/MERS/COVID-19 within 21 days before onset of one of the listed symptoms?	No	
Verify Airborne, Contact Precautions for MERS/COVID-19 and immediately notify MTF, Public Health, and Infection Prevention & Control.	NA	
Pregnant?	[X]	No
LMP Blank if N/A	31Jul2020	

Vital Signs															
B P	9 0	/	5 1	Sourc e	L R	H R	6 3	R R	1 8	Pulse Ox(%)	9 9	R A	Temp(F )	98. 8	Tempo r
Is there any sign of Pain? 0															
Is the Patient High Risk for Falls or have a History of Falls? No [X]															
Abuse/Neglect? Have you ever been emotionally or physically abused or threatened by your partner or someone close to you? Have you ever been hit, slapped, kicked, pushed or otherwise physically hurt?															
[X] No															
Sexual Assault? Has anyone ever forced you to engage in any type of sexual activity or touched you in a way that made you feel uncomfortable?															
[X] No															
Mental Health Issues?															
[X] No															
Language(s) Spoken				English;				Language Preference for discussing Healthcare				English;			
Other Communication Needs				None											

HIPAA	Patient states, 'I DO AGREE to release information about my identity, condition, and location.'				
Tetanus Date	Up to date	Immunizations verified	Verified UTD by patient only		
up to date as of					
Triage Action(s)					
Triage Acuity (ESI)	3				
Tried By					
Hager, Kenneth RN					
Tried To	ED Bed# 5				
Best contact info for next 48hrs:					
786-316-8898					
2. MULTI-DISCIPLINARY PAST MEDICAL HISTORY					
Allergies					
NKDA					
Imported Allergies (via ICE/Melder)					
NKDA					
NKA					
Current Outpatient Medications List					
Not Taking	Medication	Last Fill Date	Not Taking	CHCS PDTS Drug Name	Last Fill Date

<input type="checkbox"/>	Birth Control	<input type="checkbox"/>	Medication Review Completed
<input type="checkbox"/>	Medication Review Completed		
Past Medical History			
Denies PMHx			
Past Surgical History			
	Surgery		Date
Denies PSHx			
Social History			
	Tobacco Use:	Denies	
	Alcohol Use:	Denies	
	Recreational Drug Use:	Denies	
	Living Situation:	Lives with family	
	Employment History:	AD	
<input checked="" type="checkbox"/>	3. INITIAL/BEDSIDE NURSING ASSESSMENT		
	Triage HPI (Subjective)	Patient presents to ED after getting COVID swabbed for pre-screening for NTC. Husband states that during the swab, patient passed out and head started shaking rapidly lasting about 15-20 seconds.	
<input checked="" type="checkbox"/>	GENERAL APPEARANCE	Well nourished; Healthy in appearance;	

[X]	MENTAL STATUS	Awake, Alert, Oriented X3; Age Appropriate;	
[X]	NEUROLOGICAL		
[X]	Detailed:		
[X]	GCS - Adult		
	Eye Opening Response:	4	
	Verbal Response:	5	
	Motor Response:	6	
	Total Score:	15	
[X]	Pupils		
		Right	Left
	Size:	3mm	3mm
	Shape:	R	R
	Reaction:	B	B
	Movement:	FR	FR
[X]	Level of Consciousness	3	
[X]	Extremity Strength		
		Right	Left
	Arm Strength:	4	4
	Hand Grasp:	S	S
	Leg Strength:	4	4

	Dorsiflexion:	Equal
	Volar Flexion:	Equal
[X]	Abnormal Movement	
	Seizure Activity:	None
[X]	Speech	Appro
[X]	HEENT	
[X]	Free Text:	Normocephalic atraumatic; Hearing grossly intact;
[X]	CARDIOVASCULAR	
[X]	Free Text:	Regular Rate and Rhythm; S1-S2 present; No dependent edema; Extremities warm and dry; Capillary refill <2 seconds all extremities;
[X]	PULMONARY	
[X]	Free Text:	Breathing unlabored; Bilateral breath sounds clear to auscultation; Equal chest wall rise and fall;
[X]	GASTROINTESTINAL	
[X]	Free Text:	Denies nausea/vomiting/diarrhea; Abdomen soft non-tender non-distended; Bowel sounds present in all four quadrants;
[X]	GENITOURINARY	
[X]	Female	
	Genitals:	No complaints or concerns;
		Urine: Clear yellow urine and urinates without difficulty;
	Vaginal Secretions:	None
	Pregnant:	No

<input checked="" type="checkbox"/>	SKIN		
<input checked="" type="checkbox"/>	Appearance:	Color normal for patient; Good turgor <1-2 seconds; Warm, dry, and intact;	
<input checked="" type="checkbox"/>	PSYCHOSOCIAL		
	Behavior/Emotional State:	Expression relaxed, manner alert, affect appropriate; General appearance clean and well groomed; Cooperative and participative;	
	Affect:	Normal	Eye Contact: Yes
	Escort with Patient:	Yes	Spouse;
FALLS RISK PROTOCOL			
	Criteria:		
<input type="checkbox"/>	Mental Status: confusion, impaired, or inability to understand/follow directions.		
<input type="checkbox"/>	Age: Over 60 or infant/child.		
<input type="checkbox"/>	Elimination: incontinent or increased urgency/frequency.		
<input type="checkbox"/>	Impaired physical status (e.g. dizzy, impaired balance/strength, hypotension, post-op within 24 hours, anemia, vision/hearing impairment, seizure disorder, assistive device, sedated.)		
<input type="checkbox"/>	History or fear of falls.		
<input checked="" type="checkbox"/>	Equipment: any device that tethers the patient (e.g. cardiac monitor, infusion, catheter, chest tube).		
<input type="checkbox"/>	Medications (e.g. diuretics, vasoactive drugs that alter thought processes, increase GI motility)		
	Patient meets:	<input checked="" type="checkbox"/>	1



<input checked="" type="checkbox"/> Falls Protocol Initiated							
Level 1 Interventions:							
<ul style="list-style-type: none"> <li>- Provide a clear environment.</li> <li>- Maintain room illumination, adequate lighting.</li> <li>- Ensure that side rails are up, carts, bed, table in locked position.</li> <li>- Offer toileting assistance at least every two hours.</li> </ul>							
Patient placed on universal fall precautions							
<input checked="" type="checkbox"/> Bed in low position				<input checked="" type="checkbox"/> Call bell within reach			
<input checked="" type="checkbox"/> Patient/family verbalizes understanding of risk for falls and measures taken to counter the risk.							
Assessment completed by:		Hager, Kenneth RN		Time/Date:		0500 29Aug2020	
4. PROVIDER HISTORY / ROS / PHYSICAL EXAM							
RES	-	Staff	ams	Time Seen	0457	ChkIn Time	0455
<input checked="" type="checkbox"/> Triage Reviewed							
Triage HPI (Subjective)		Patient presents to ED after getting COVID swabbed for pre-screening for NTC. Husband states that during the swab, patient passed out and head started shaking rapidly lasting about 15-20 seconds.					
CC		Seizure					
Infectious Disease Travel Screen							
Contact with person with highly contagious disease like Ebola/MERS/COVID-19 within 21 days before onset of one of the listed symptoms?					No		

Travel to a country with wide-spread Ebola/MERS/COVID-19 within 21 days before onset of one of the listed symptoms?		No
Verify Airborne, Contact Precautions for MERS/COVID-19 and immediately notify MTF, Public Health, and Infection Prevention & Control.		NA
** Refer to Triage Section for documentation of actions taken **		
History of Present Illness		
Pt is a 22 y/o female who presents for evaluation of possible seizure episode after being swabbed for COVID. Pt is getting ready for deployment. She becomes unresponsive and had a "shaking episode" that lasted for about 15-20 seconds. She quickly recovered and came to the ED for evaluation. Pt states she does not have a history of seizures. Her last period is less than a month ago. Pt did not eat breakfast today before the test. Pt has no known COVID symptoms or exposed to anyone with COVID		
[X] All other ROS/systems reviewed and are negative		
Physical Exam		
GEN	Well nourished, well developed and in no acute distress.	
*HEAD	Atraumatic (or No lacs, bruises, contusions.)	
*EYES	Anicteric, EOMI, PERL	
*EARS	TM's normal bilaterally	
*NOSE	No active bleeding	
*MOUTH	Moist mucosa	
CV	RRR, no murmurs, rubs, gallops	PULM [X] B CTA with good aeration; no retractions, no wheeze, rhonchi or rales

ABD	Soft, NTND without masses, no HSM	BACK	No midline TTP, no CVAT		
EXTREM	Full ROM, no calf tenderness, no edema	DERM	No rash, skin warm and dry		
NEURO	A&Ox3, CN II-XII intact, Full strength x 4				
6. TESTS / PROCEDURES / IMAGES / FILES					
INTERVENTIONS:					
EKG	<input checked="" type="checkbox"/>	Narrative interpretation			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonspecific STTW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG with nonspecific ST-T wave changes but no evidence of QT prolongation, ST elevations or depressions, or PR shortening. sinus brady rate 57, inverted T wave lead III					
LABORATORY TESTS					
NI/Unremarkable Labs:	<input checked="" type="checkbox"/>	CBC	<input checked="" type="checkbox"/>	Chem	<input checked="" type="checkbox"/> UA
Remarkable Labs:					
UA: leukocyte pos					
7. MEDICAL DECISION MAKING / DIAGNOSIS					
Time Seen by Provider:	0457				
Medical Decision Making:	Time/Date				
1	syncope/shaking episode: suspect vasovagal episode when her nose was stimulated to get COVID swab. Labs and UA stable, pt is not pregnant, close follow up required. Pt active, alert and normal appearing at discharge. Pt is in slight sinus brady rythm with no obvious acute changes				

2	UTI: stable, incidental finding, Rx for bactrim, pt is not pregnant		
Diagnosis			
Diagnosis 1	vasovagal syncope episode		
Diagnosis 2	URINARY TRACT INFECTION UTI (ICD9: 599.0, ICD10: N39.0)		
8. DISPOSITION			
Condition	Stable		
Disposition	Discharge		
Discharge			
Discharge Instructions			
drink plenty of fluids, rest, call and see your doctor for close followup. Your labs, urine and EKG were essentially normal in the ED			
Patient Aftercare/Discharge Instructions/AAEM Patient Education Brochures:			
DI 1:	vasovagal episode/syncope		
DI 2:	UTI		
Contract for Safety			
Discharge Medications			
Name			
SULFAMETHOXAZOLE/TRIMETHOPRIM {800/160MG TAB} ...			
Discharge Medication Reconciliation			
Medication	Not Taking	Corrected SIG (If needed)	Discharge Plan

Birth Control	[ ]		
Medication Review Completed	[ ]		
CHCS PDTS Drug Name	Not Taking	Corrected SIG (If needed)	Discharge Plan
Medication Review Completed	[ ]		
9. ELECTRONIC SIGNATURES			
Staff Provider Comments/Signature			
Unless otherwise noted, all patient care documented in this note was performed under the direct care and supervision of the Attending Staff Emergency Physician.			
Staff Provider (Responsible for case)	Skinner, Adam D.O.		
Time/Date:	0611 29Aug2020		
10. CODING ASSISTANCE SECTION (autopopulated by documentation above)			

**Ebola Symptoms**

Fever, headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage.

**MERS (Middle East Respiratory Syndrome) Symptoms**

Fever, chills/rigors, headache, sore throat, cough, shortness of breath, nausea, vomiting, diarrhea, abdominal pain or hemorrhage.

**COVID-19 Symptoms**

Fever and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)

**High risk countries for Ebola:**

Democratic Republic of Congo – North Kivu (Nord), South Kivu (Sud), and Ituri Provinces.

**High risk countries for MERS:**

Middle East – Bahrain, Gaza, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, United Arab Emirates, West Bank, Yemen.

**High risk countries for COVID-19:**

China, Iran, Italy, Japan, and South Korea.