

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Visit date: 4/15/2024

## 04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging

### Visit Information

#### Appointment Information

PLH XR PELVIS 1 OR 2 VIEWS  
4/15/2024 8:30 PM

Completed

Time	Provider	Department	Length
8:30 PM	RIS LM XR RM 1	LM DIAGNOSTIC IMG RAD	15 min

Referral Provider: WINDELS, DANIEL C  
Enc Form Number: 23515398  
Arrival Time: 8:17 PM

#### History

Made On:	4/15/2024 8:17 PM	By:	Elizabeth S Lampert, Technologist	RIS
Checked In:	4/15/2024 8:17 PM	By:	Elizabeth S Lampert, Technologist	ES
Remove Arr.:	4/15/2024 10:47 PM	By:	Audrey M Shaffer, RN	MR
EOD Status:	4/19/2024 12:01 AM	By:	Batch Job User Eh Cadence	ES

### AlvaradoTorres, Noel #M1811525

Admission Info: Emergency  
Hospital Account: 202365576

Description: 66yr M  
Primary Service: None  
Unit Info:

## 04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging RAC Coding Info

### CDI Query

No notes of this type exist for this encounter.

## END OF REPORT

## 04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging (continued)

July 1, 2024

500 Eldorado Blvd.  
Bldg 6 Ste 6300  
Broomfield, CO 80021-3408  
Ph. (866) 665 - 2636

Detailed Bill For

Patient Name: AlvaradoTorres, Noel

Admission Date:  
Discharge Date:  
Account Class:  
Attending Physician:

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Visit date: 4/15/2024

**04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging (continued)**

**Guarantor Number**  
810066599

**Guarantor Name & Address**  
Ramos Law  
10190 BANNOCK ST  
STE 200

**Account Number:** NORTHGLENN, CO 80260

Dear Ramos Law,

Please find enclosed the SCL Health Itemized Statement. This Itemized Statement summarizes charges, adjustments, credits, and payments made to your hospital account.

**For Medicare patients only:**

If you have Medicare Part D coverage and your treatment included self-administered (SAD) drugs, we included the NDC (National Drug Code) codes you need when you file a claim for reimbursement with Medicare.

At this time, SCL Health does not bill Medicare Part D on behalf of patients who have this coverage. If you need assistance with or have questions about filing a Medicare Part D reimbursement claim, please contact your insurance agent. You may also find helpful information at [www.medicare.gov](http://www.medicare.gov), which includes how to contact Medicare directly.

Hospital Account Balance:

LUTHERAN HOSPITAL  
8300 W 38th Ave  
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AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Visit date: 4/15/2024

## 04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging

### Visit Information

#### Appointment Information

PLH XR KNEE UNILATERAL MINIMUM 4 VIEWS  
4/15/2024 8:25 PM

Completed

Time	Provider	Department	Length
8:25 PM	RIS LM XR RM 1	LM DIAGNOSTIC IMG RAD	15 min

Referral Provider: WINDELS, DANIEL C  
Enc Form Number: 23515397  
Arrival Time: 8:17 PM

#### History

Made On:	4/15/2024 8:17 PM	By:	Elizabeth S Lampert, Technologist	RIS
Checked In:	4/15/2024 8:17 PM	By:	Elizabeth S Lampert, Technologist	ES
Remove Arr.:	4/15/2024 10:47 PM	By:	Audrey M Shaffer, RN	MR
EOD Status:	4/19/2024 12:01 AM	By:	Batch Job User Eh Cadence	ES

### AlvaradoTorres, Noel #M1811525

Admission Info: Emergency  
Hospital Account: 202365576

Description: 66yr M  
Primary Service: None  
Unit Info:

## 04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging RAC Coding Info

### CDI Query

No notes of this type exist for this encounter.

## END OF REPORT

## 04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging (continued)

July 1, 2024

500 Eldorado Blvd.  
Bldg 6 Ste 6300  
Broomfield, CO 80021-3408  
Ph. (866) 665 - 2636

Detailed Bill For

Patient Name: AlvaradoTorres, Noel

Admission Date:  
Discharge Date:  
Account Class:  
Attending Physician:

LUTHERAN HOSPITAL  
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AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
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**04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging (continued)**

**Guarantor Number**  
810066599

**Guarantor Name & Address**  
Ramos Law  
10190 BANNOCK ST  
STE 200

**Account Number:** NORTHGLENN, CO 80260

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Visit date: 4/15/2024

## 04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging

### Visit Information

#### Appointment Information

PLH XR CHEST PORTABLE 1 VIEW  
4/15/2024 8:20 PM

Completed

Time	Provider	Department	Length
8:20 PM	RIS LM XR RM 1	LM DIAGNOSTIC IMG RAD	15 min

Referral Provider: WINDELS, DANIEL C  
Enc Form Number: 23515396  
Arrival Time: 8:17 PM

#### History

Made On:	4/15/2024 8:17 PM	By:	Elizabeth S Lampert, Technologist	RIS
Checked In:	4/15/2024 8:17 PM	By:	Elizabeth S Lampert, Technologist	ES
Remove Arr.:	4/15/2024 10:47 PM	By:	Audrey M Shaffer, RN	MR
EOD Status:	4/19/2024 12:01 AM	By:	Batch Job User Eh Cadence	ES

### AlvaradoTorres, Noel #M1811525

Admission Info: Emergency  
Hospital Account: 202365576

Description: 66yr M  
Primary Service: None  
Unit Info:

## 04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging RAC Coding Info

### CDI Query

No notes of this type exist for this encounter.

## END OF REPORT

## 04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging (continued)

July 1, 2024

500 Eldorado Blvd.  
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Broomfield, CO 80021-3408  
Ph. (866) 665 - 2636

Detailed Bill For

Patient Name: AlvaradoTorres, Noel

Admission Date:  
Discharge Date:  
Account Class:  
Attending Physician:

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**04/15/2024 - Appointment in SCL Health - Lutheran Diagnostic Imaging (continued)**

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**Guarantor Name & Address**  
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Visit date: 4/15/2024

## 04/15/2024 - Appointment in SCL Health - Lutheran CT

### Visit Information

#### Appointment Information

PLH CT MAXILLOFACIAL AREA WO CONTRAST  
4/15/2024 8:05 PM

Completed

Time	Provider	Department	Length
8:05 PM	RIS LM CT RM B	LM CT RAD	30 min

Referral Provider: WINDELS, DANIEL C  
Enc Form Number: 23515356

Arrival Time: 8:02 PM

#### History

Made On:	4/15/2024 8:02 PM	By:	Kendra M Hutch, Technologist	RIS
Checked In:	4/15/2024 8:02 PM	By:	Kendra M Hutch, Technologist	ES
Lnk Req:	4/15/2024 8:02 PM	By:	Kendra M Hutch, Technologist	Vrfy Orders
Lnk Req:	4/15/2024 8:02 PM	By:	Kendra M Hutch, Technologist	Vrfy Orders
Remove Arr.:	4/15/2024 10:47 PM	By:	Audrey M Shaffer, RN	MR
EOD Status:	4/19/2024 12:01 AM	By:	Batch Job User Eh Cadence	ES

### AlvaradoTorres, Noel #M1811525

Admission Info: Emergency  
Hospital Account: 202365576

Description: 66yr M  
Primary Service: None  
Unit Info:

## 04/15/2024 - Appointment in SCL Health - Lutheran CT RAC Coding Info

### CDI Query

No notes of this type exist for this encounter.

## END OF REPORT

## 04/15/2024 - Appointment in SCL Health - Lutheran CT (continued)

July 1, 2024

500 Eldorado Blvd.  
Bldg 6 Ste 6300  
Broomfield, CO 80021-3408  
Ph. (866) 665 - 2636

Detailed Bill For

Patient Name: AlvaradoTorres, Noel

Admission Date:  
Discharge Date:

LUTHERAN HOSPITAL  
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AlvaradoTorres, Noel  
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Visit date: 4/15/2024

**04/15/2024 - Appointment in SCL Health - Lutheran CT (continued)**

Account Class:  
Attending Physician:

**Guarantor Number**  
810066599

**Guarantor Name & Address**  
Ramos Law  
10190 BANNOCK ST  
STE 200

**Account Number:** NORTHGLENN, CO 80260

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Hospital Account Balance:

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services

### Reason for Visit

#### Chief Complaint

- Motor Vehicle Crash

#### Visit Diagnoses

Name	Code	Qualifier	Is ED?
<b>Motor vehicle collision, initial encounter (primary)</b>	V87.7XXA	Active	Yes
Acute strain of neck muscle, initial encounter	S16.1XXA	Active	Yes

### Visit Information

#### Admission Information

Arrival Date/Time:	04/15/2024 1913	Admit Date/Time:	04/15/2024 1917	IP Adm. Date/Time:
Admission Type:	Emergency	Point of Origin:	Non Health Care Facility Point Of Origin	Admit Category:
Means of Arrival:	Ambulance	Primary Service:	Emergency Medicine	Secondary Service: N/A
Transfer Source:		Service Area:	SCL HEALTH	Unit: SCL Health - Lutheran Emergency Services
Admit Provider:		Attending Provider:	Daniel C Windels, MD	Referring Provider:

#### ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
<b>Discharged</b>	--	Daniel C Windels, MD	Mon Apr 15, 2024 9:51 PM	Noel AlvaradoTorres discharge to Home/Self Care

#### Discharge Information

Date/Time: 04/15/2024 2246	Disposition: Home Or Self Care	Destination: —
Provider: Daniel C Windels, MD	Unit: SCL Health - Lutheran Emergency Services	

### Medication List

#### Medication List

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

#### Prior To Admission

##### tiZANidine (ZANAFLEX) 4 mg tablet

Instructions: Take 1 tablet (4 mg) by mouth every eight hours as needed for Muscle spasms  
Authorized by: Christopher Tipton North, PA-C  
Start date: 7/9/2023  
Refill: No refills remaining

Ordered on: 7/9/2023  
Quantity: 20 tablet

##### oxyCODONE-acetaminophen, 5-325 mg/tab, (PERCOCET) tablet

Instructions: Take 1 tablet by mouth every six hours, as needed for Pain  
Authorized by: Christopher Tipton North, PA-C  
Start date: 7/9/2023  
Refill: No refills remaining

Ordered on: 7/9/2023  
Quantity: 12 tablet

#### Discharge Medication List

##### tiZANidine (ZANAFLEX) 4 mg tablet

Instructions: Take 1 tablet (4 mg) by mouth every eight hours as needed for Muscle spasms  
Authorized by: Christopher Tipton North, PA-C  
Start date: 7/9/2023  
Refill: No refills remaining

Ordered on: 7/9/2023  
Quantity: 20 tablet

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Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Medication List (continued)

#### **oxyCODONE-acetaminophen, 5-325 mg/tab, (PERCOCEP) tablet**

Instructions: Take 1 tablet by mouth every six hours, as needed for Pain

Authorized by: Christopher Tipton North, PA-C

Ordered on: 7/9/2023

Start date: 7/9/2023

Quantity: 12 tablet

Refill: No refills remaining

### Stopped in Visit

None

### Clinical Notes

#### Discharge Instructions

**Daniel C Windels, MD at 4/15/2024 2153**

IT IS IMPERATIVE THAT YOU FOLLOW UP WITH YOUR PRIMARY CARE PHYSICIAN. IT IS RECOMMENDED THAT YOU FOLLOWUP WITHIN 48 HOURS OF THIS EMERGENCY DEPARTMENT VISIT.  
IF YOU DO NOT HAVE A PHYSICIAN. PLEASE GO TO <https://connect.intermountainhealth.org/denver-primary-care>

Please take Tylenol and ibuprofen as needed for pain control. Use warm compresses and gentle stretching as needed for pain control. Please return to emergency department for any uncontrolled pain, numbness, weakness, loss coordination or any other concerning symptoms.

Sometimes it can be too early during an emergent presentation to rule out a life threatening medical condition in the ER or a condition that could cause serious injury or morbidity. This is why it is important to follow up within 48 hours. You also need to review the results of your ER workup with your primary doctor when you follow up with them as occasionally we will discover findings in the ER during your workup that may need further evaluation and/or treatment. Return right away if you develop any new or worsening symptoms before following up with a doctor.

IF YOU HAVE ANY CONCERNSS ABOUT PERSISTENT OR NEW SYMPTOMS CALL OR RETURN TO THE EMERGENCY DEPARTMENT NurseLine at 1-888-808-8828.

Electronically signed by Daniel C Windels, MD at 4/15/2024 9:53 PM

### ED Notes

**Brian M Lawson, RN at 4/15/2024 1917**

Bed: SR49

Expected date: 4/15/24

Expected time: 7:10 PM

Means of arrival: Ambulance

Comments:

DH 61 // 66 M MVC, neck pain, 30 mph, -LOC, -thinners, 160/100, HR 100, RR 18, 94 2LNC

Electronically signed by Brian M Lawson, RN at 4/15/2024 7:17 PM

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MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Clinical Notes (continued)

#### ED Provider Notes

Daniel C Windels, MD at 4/15/2024 1954

@USACSCWHEADER@

### EMERGENCY DEPARTMENT ENCOUNTER NOTE

#### MDM

Final diagnoses:

None

Differential diagnosis includes but is not limited to:

Intracranial injury, facial injury, spine injury, intrathoracic injury, intra-abdominal injury, fracture, dislocation, vascular injury, nerve injury

**Clinical Red Flags:** None

CT imaging without evidence of traumatic bodily injury. Suspect cervical strain at this time. Patient with normal neurologic examination indications for MRI. Reevaluation patient with no midline neck tenderness cervical collar cleared. Patient with no chest abdomen pelvis tenderness low concern for intra-abdominal or intrathoracic injury. Patient counseled on return precautions and aftercare.

#### ED Course as of 04/15/24 2153

Mon Apr 15, 2024

2145 Patient with pain bony nasal septum without evidence of septal hematoma or tenderness low concern for acute injury. [DW]

#### Clinical Impressions as of 04/15/24 2153

Motor vehicle collision, initial encounter  
Acute strain of neck muscle, initial encounter

#### Disposition

##### ED Disposition

None

#### New prescriptions:

##### New Prescriptions

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Clinical Notes (continued)**

No medications on file

**Vital signs at time of disposition:**

**Vitals**

Most recent update: 4/15/2024 7:30 PM

BP 162/88	Pulse 88	Temp 99.3 °F (37.4 °C)	Resp 16	Ht 6' 2" (188 cm)
Wt 115.2 kg (254 lb)	SpO2 95%			

**HPI**

Motor Vehicle Crash

Noel AlvaradoTorres is a 66yr male who presents face, neck pain after motor vehicle accident. Patient reports that someone pulled in front of. Patient had front end collision damage to vehicle. Wearing lap and shoulder belt. Positive airbag deployment. No loss of consciousness. Patient reports pain in his face, neck. Mild pain in left knee. No pain to the chest, back, abdomen or pelvis. No numbness, weakness, loss of coordination.

**History obtained by:** Patient and daughter

**Patient History:**

No past medical history on file.

**External data reviewed:**

Followed by ophthalmology for vitreous prolapse.

**Physical Exam**

**Triage Vitals**

Date and Time	BP	Pulse	Temp	Resp	SpO2	L/min	O2 Delivery	Recorded by
04/15/24 1928	162/88	88	99.3 °F (37.4 °C)	16	95 %	2 LPM	NC-Nasal cannula	AMS

**Vitals**

Most recent update: 4/15/2024 7:30 PM

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Clinical Notes (continued)**

BP 162/88	Pulse 88	Temp 99.3 °F (37.4 °C)	Resp 16	Ht 6' 2" (188 cm)
--------------	-------------	---------------------------	------------	----------------------

Wt 115.2 kg (254 lb)	SpO2 95%
-------------------------	-------------

Pulse oximetry as above. I have reviewed the pulse oximetry and my interpretation is that the oxygenation is normal.

General Appearance: The patient is alert, has no immediate need for airway protection, and no current signs of significant toxicity. The patient is in no distress.

Eyes: Pupils equal and round no injection.

Mouth: No acute dental trauma.

Respiratory: Chest is not tender to palpation. Breath sounds are equal.

Cardiac: Regular rate and rhythm.

Gastrointestinal: Abdomen is not tender to palpation.

There is no evidence of external or internal trauma by exam.

Neurological: Patient is alert and oriented to person place and time, cranial nerves intact, 5/5 shoulder flexion, elbow flexion/extension, equal bilaterally, no evidence of pronator drift, 5/5 grip strength, finger opposition, finger abduction equal bilaterally, sensation intact to light touch to axillary, median, radial and ulnar distribution equal bilaterally, 5/5 hip flexion, knee flexion/extension, plantar/dorsiflexion at ankle and great toe equal bilaterally, sensation intact to light touch equally to bilateral lower extremities.

Skin: Superficial abrasions to face.

Musculoskeletal

Head: Atraumatic without scalp tenderness

Neck: The cervical spine is not tender and there is not pain with active range of motion.

Back: There is no thoracic or lumbar spine tenderness and there is no paraspinal tenderness.

Extremities: Localized tenderness to left knee. Remainder of extremities nontender, full active range movement without elicited pain.

**Procedures, Interventions and Consults**

**Medications**

sodium chloride 0.9 % (flush) flush injection 3 mL  
(has no administration in time range)

sodium chloride 0.9% (NS)(FLUSH for intermittent  
IV) 30-50 mL IVF (has no administration in time  
range)

morPHINE PF (conc: 2 mg/mL) injection 4 mg (has  
no administration in time range)

**Data Interpreted**

Rhythm Strip: n/a

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## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Clinical Notes (continued)

12-Lead EKG:

### ECG Results

None

Pulse Ox: >91%, normal

### Laboratory

Labs Reviewed - No data to display

### Imaging

CT Maxillofacial Area WO Contrast (Trauma)  
(Results Pending)  
CT Head WO Contrast (Trauma) (Results Pending)  
CT Cervical Spine WO Contrast (Trauma) (Results Pending)  
XR Chest Portable 1 View (Results Pending)  
Left XR Knee Unilateral Minimum 4 Views (Results Pending)  
XR Pelvis 1 Or 2 Views (Results Pending)

### Attestations

Critical Care: None.

Electronically signed by Daniel C Windels, MD at 4/15/2024 9:54 PM

### ED Care Timeline

#### Patient Care Timeline (4/15/2024 19:13 to 4/15/2024 22:46)

4/15/2024	Event	Details	User
19:13	Patient arrived in ED		Alyssa Montoya
19:13:02	Emergency encounter created		Alyssa Montoya
19:13:23	Arrival Complaint	Other	
19:13:24	PATIENT SUMMARY EXTRACT		Alyssa Montoya
19:17:18	Patient roomed in ED	To room SR49	Alyssa Montoya

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**ED Care Timeline (continued)**

19:17:19	<b>ED Notes</b>	Bed: SR49 Expected date: 4/15/24 Expected time: 7:10 PM Means of arrival: Ambulance Comments: DH 61 // 66 M MVC, neck pain, 30 mph, -LOC, -thinners, 160/100, HR 100, RR 18, 94 2LNC	Brian M Lawson, RN
19:25:45	<b>Allergies Reviewed</b>		Audrey M Shaffer, RN
19:28	<b>Pain Assessment for Pain Alerts</b>		Audrey M Shaffer, RN
19:28	<b>Pain Alert Assessment</b>	<b>Pain Alert Assessment Timer</b> Pain Alert Assessment : Yes	Audrey M Shaffer, RN
19:28	<b>ED Adult Assessment</b>	<b>Assessment</b> Assessment Type: Initial Assessment (Complex 5+ systems) <b>Psychosocial WDL</b> Psychosocial WDL: WDL <b>HEENT WDL</b> HEENT WDL: X <b>HEENT Assessment</b> Head & Face: Trauma/injury (abrasions noted to L cheek and L forehead) Neck: Tenderness (placed in c collar upon arrival) <b>Neurological WDL</b> Neurological WDL: WDL <b>Respiratory WDL</b> Respiratory WDL: WDL <b>Cardiovascular WDL</b> Cardiovascular WDL: WDL Chest Pain: No <b>Musculoskeletal WDL</b> Musculoskeletal WDL: X <b>MS / CMS Site 1</b> Musculoskeletal (Site #1): Left; Upper; Leg CMS / Assessment (Site #1): Injury / trauma; Sensation intact; Pain Add MS Site 2: Yes <b>MS / CMS Site 2</b> Musculoskeletal (Site #2): Left; Arm CMS / Assessment (Site #2): Injury / trauma; Sensation intact; Pain Add MS Site 3: Yes <b>MS / CMS Site 3</b> CMS / Assessment (Site #3): Left; Face CMS / Assessment (Site #3): Sensation intact; Pain; Tenderness <b>Integumentary WDL</b> Integumentary WDL: X <b>Integumentary Assessment</b> Skin Condition: Wound (add Wound LDA to the LDA Avatar)	Audrey M Shaffer, RN

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**ED Care Timeline (continued)**

19:28

**Triage Data**

**Distress Level**

Distress Level: None

**History of Present Illness**

History of Present Illness: presents via EMS from car accident going approx 30mph where car turned in front of him and he hit the front of the other car. +air bag, +seatbelt, -LOC. Pt states L elbow/ lower arm, L thigh and L side of face pain. C/o c spine pain,, placed in C-collar upon arrival. Pt has abrasion to L cheek and L forehead whihc pt states is from him hitting the door. given 200mcg fent by EMS. Pt is spanish speeaking only.

EMS Data: Yes

**EMS Data**

BP: 144/91 !

Pulse: 88

SpO2: 95 %

O2 Delivery: NC-Nasal cannula

Level of Consciousness: Alert

**Vital Signs**

Temp: 99.3 °F (37.4 °C)

Temp Source: Tympanic

BP: 162/88

MAP (Mean Arterial Pressure): 113

Pulse: 88

Resp: 16

SpO2: 95 %

O2 (l/min): 2 LPM

O2 Delivery: NC-Nasal cannula

**Height and Weight**

Height: 6' 2" (188 cm)

Weight: 115.2 kg (254 lb)

Scale Type: Stated

BSA (Calculated - sq m): 2.45 sq meters

BMI (Calculated): 32.598

**Have you had Surgery in the last 30 days ?**

Have you had Surgery in the last 30 days ?: No

**Patient Currently in Pain**

Pain assessment type: Assessment

Patient currently in pain: Yes

Scale type: The Defense and Veterans Pain Rating Scale (DVPRS) 0-10

Pain Location: Neck; Arm, lower; Leg, upper; Left

Pain Duration: Acute

\* Pain Score: 4

\* Respiratory Character (\*\*Document RR): Normal

\* Level of Consciousness (POSS Scale): 1-Awake and alert

**Level of Consciousness**

Level of Consciousness: Alert

**Glasgow Coma Scale \* If coma score is persistently 5 or less, patient may be potential organ donor. Call Donor Information Referral Line per facility protocol.**

Eye Opening: Spontaneous

Best Verbal Response: Oriented

Best Motor Response: Obeys commands

Glasgow Coma Scale Score (calc): 15

**SI / HI Screening**

Do You Have Thoughts Of Harming Yourself or Others?: No

**Patient Info**

Tetanus Shot Last Given: Unknown

Dialysis Type: Not Applicable

Audrey M Shaffer,  
RN

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### ED Care Timeline (continued)

19:28	<b>Custom Formula Data</b>	<b>Advanced Vital Signs</b> MAP (Mean Arterial Pressure): 113 <b>Height and Weight</b> Height Conversion (Calculated to inches): 74 inches Weight Conversion (Calculated to pounds): 254 pounds <b>Other flowsheet entries</b> Ideal Body Weight: 82.2 Adjusted Body Weight: 95.4 Weight Change in Grams from Previous (calc): 0 gm % Weight Change from Birth (calc): 0 % Weight Conversion (calculated to kg): 115.21 kg BMI (Calculated): 32.7 Height Conversion (Calculated to cm): 187.96 cm Initial BMI : 27.5 Weight Conversion (Calculated to kg): 115.45 kg SOFA GCS: 15 SOFA MAP: 113 BSA (Calculated - sq m): 2.45 sq meters BMI (Calculated): 32.6 IBW/kg (Calculated) Male: 82.2 kg	Audrey M Shaffer, RN
19:28:14	<b>Triage Started</b>		Audrey M Shaffer, RN
19:28:14	<b>Chief Complaints Updated</b>	<b>Motor Vehicle Crash</b>	Audrey M Shaffer, RN
19:30	<b>Triage Completed</b>		Audrey M Shaffer, RN
19:30	<b>ED Vital Signs/Pain</b>	<span style="color: red;">●</span> <b>Vital Signs</b> BP: 162/88 (Device Time: 19:22:29) MAP (Mean Arterial Pressure): 111 (Device Time: 19:22:29) Pulse: 56 Pulse Rate - SpO2 : 56 SpO2: 94 % (Device Time: 19:29:39)	Lauran K Kirby-Hancock, RN
19:30	<b>Custom Formula Data</b>	<b>Advanced Vital Signs</b> MAP (Mean Arterial Pressure): 113 <b>Other flowsheet entries</b> SOFA MAP: 111	Lauran K Kirby-Hancock, RN
19:30	<b>Sepsis Screening - Adult</b>	<b>Document Sepsis Screen</b> Are there risk factors of infection present/new?: No risk factors for infection Sepsis Escalation Criteria: No criteria met Screen Outcome (*REQUIRED*): Criteria Not Met	Audrey M Shaffer, RN
19:30	<b>Triage Plan</b>	<b>Triage Plan</b> Patient Acuity: 3 Reason for Visit: Medical Triage Complete: Triage complete	Audrey M Shaffer, RN
19:30	<b>Spinal Precautions</b>	<b>Spinal Immobilization Initiated</b> In ED: C-Collar Reason for Immobilization: Mechanism of Injury; Mid-Line Cervical Pain CMS Intact Before Immobilization Initiated: Yes CMS Intact after Immobilization Initiated: Yes Tolerated Procedure: Well	Audrey M Shaffer, RN
19:36:56	<b>Assign Nurse</b>	Lauran K Kirby-Hancock, RN assigned as Registered Nurse	Lauran K Kirby-Hancock, RN
19:37:43	<b>Provider/Patient Contact</b>	Daniel C Windels, MD assigned as Attending	Daniel C Windels, MD
19:37:43	<b>Assign Attending</b>	Attending Patient Assignment	Daniel C Windels, MD

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**ED Care Timeline (continued)**

19:39:44	<b>ED Reg Started</b>		Madeline C Mulvaney
19:53:46	<b>Orders Placed</b>	Nursing - Vital Signs: Include BP, pulse, RR, O2 sat, temp and pain eval per ED policy; Insert and Maintain IV Imaging - CT Maxillofacial Area WO Contrast (Trauma); CT Head WO Contrast (Trauma); CT Cervical Spine WO Contrast (Trauma); XR Chest Portable 1 View; Left XR Knee Unilateral Minimum 4 Views; XR Pelvis 1 Or 2 Views	Daniel C Windels, MD
19:53:47	<b>Rad Ordered</b>	XR PELVIS 1 OR 2 VIEWS, XR KNEE UNILATERAL MINIMUM 4 VIEWS, XR CHEST PORTABLE 1 VIEW, CT CERVICAL SPINE WO CONTRAST, CT HEAD WO CONTRAST, CT MAXILLOFACIAL AREA WO CONTRAST	Daniel C Windels, MD
19:53:47	<b>Orders Placed</b>	Nursing - Continuous Pulse Oximetry; Oxygen as Needed for O2 Sats <90; Telemetry Monitoring for ED Care Medications - sodium chloride 0.9 % (flush) flush injection 3 mL; sodium chloride 0.9% (NS)(FLUSH for intermittent IV) 30-50 mL IVF; morPHINE PF (conc: 2 mg/mL) injection 4 mg	Daniel C Windels, MD
19:56	<b>Orders Acknowledged</b>	New - CT Maxillofacial Area WO Contrast (Trauma); CT Head WO Contrast (Trauma); CT Cervical Spine WO Contrast (Trauma); XR Chest Portable 1 View; Left XR Knee Unilateral Minimum 4 Views; XR Pelvis 1 Or 2 Views; Vital Signs: Include BP, pulse, RR, O2 sat, temp and pain eval per ED policy; Insert and Maintain IV; sodium chloride 0.9 % (flush) flush injection 3 mL; sodium chloride 0.9% (NS)(FLUSH for intermittent IV) 30-50 mL IVF; Continuous Pulse Oximetry; Oxygen as Needed for O2 Sats <90; Telemetry Monitoring for ED Care; morPHINE PF (conc: 2 mg/mL) injection 4 mg	Lauran K Kirby-Hancock, RN
19:56:29	<b>Pt Ready for Rad</b>		Jennifer M Yindrick, RN
20:00	<b>ED Vital Signs/Pain</b>	<b>Vital Signs</b> BP: 139/73 (Device Time: 20:00:00) MAP (Mean Arterial Pressure): 94 (Device Time: 20:00:00) Pulse Rate - SpO2 : 49 † (Device Time: 19:59:38) SpO2: 95 % (Device Time: 19:59:38)	Audrey M Shaffer, RN
20:00	<b>Custom Formula Data</b>	<b>Advanced Vital Signs</b> MAP (Mean Arterial Pressure): 95 <b>Other flowsheet entries</b> SOFA MAP: 94	Audrey M Shaffer, RN
20:02:38	<b>Imaging Exam Started</b>	CT Maxillofacial Area WO Contrast (Trauma)	Kendra M Hutch, Technologist
20:06:21	<b>Patient Transport In Progress</b>	Transport to: LM CT RAD	Angel Samora
20:17:19	<b>Imaging Exam Started</b>	XR Chest Portable 1 View	Elizabeth S Lampert, Technologist
20:17:25	<b>Imaging Exam Started</b>	Left XR Knee Unilateral Minimum 4 Views	Elizabeth S Lampert, Technologist
20:17:33	<b>Imaging Exam Started</b>	XR Pelvis 1 Or 2 Views	Elizabeth S Lampert, Technologist
20:24:44	<b>Imaging Exam Started</b>	CT Maxillofacial Area WO Contrast (Trauma)	Kendra M Hutch, Technologist
20:24:44	<b>Imaging Exam Started</b>	CT Head WO Contrast (Trauma)	Kendra M Hutch, Technologist
20:24:44	<b>Imaging Exam Started</b>	CT Cervical Spine WO Contrast (Trauma)	Kendra M Hutch, Technologist
20:24:49	<b>Imaging Exam Ended</b>	CT Maxillofacial Area WO Contrast (Trauma)	Kendra M Hutch, Technologist

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**ED Care Timeline (continued)**

20:24:49	<b>Imaging Exam Ended</b>	CT Head WO Contrast (Trauma)	Kendra M Hutch, Technologist
20:24:49	<b>Imaging Exam Ended</b>	CT Cervical Spine WO Contrast (Trauma)	Kendra M Hutch, Technologist
20:30:13	<b>Order Performed</b>	CT Maxillofacial Area WO Contrast (Trauma) - ID: <b>LM14801921CT</b>	
20:34:28	<b>CT Maxillofacial Area WO Contrast (Trauma) Resulted</b>	Collected: <b>4/15/2024 20:30</b> Last updated: <b>4/15/2024 20:36</b> Status: <b>Final result</b>	Edi, Radiant Results In
20:34:32	<b>Order Performed</b>	CT Cervical Spine WO Contrast (Trauma) - ID: <b>LM14801922CT</b>	
20:36:34	<b>Imaging Result</b>	CT Maxillofacial Area WO Contrast (Trauma)	Edi, Radiant Results In
20:36:34	<b>Rad Resulted</b>	(Final result) CT MAXILLOFACIAL AREA WO CONTRAST	Edi, Radiant Results In
20:37:52	<b>CT Cervical Spine WO Contrast (Trauma) Resulted</b>	Collected: <b>4/15/2024 20:34</b> Last updated: <b>4/15/2024 20:40</b> Status: <b>Final result</b>	Edi, Radiant Results In
20:37:56	<b>Order Performed</b>	CT Head WO Contrast (Trauma) - ID: <b>LM14801923CT</b>	
20:40:03	<b>Imaging Result</b>	CT Cervical Spine WO Contrast (Trauma)	Edi, Radiant Results In
20:40:03	<b>Rad Resulted</b>	(Final result) CT CERVICAL SPINE WO CONTRAST	Edi, Radiant Results In
20:41:14	<b>Patient Transport In Progress</b>	Transport to: LM EMERG/TRAUMA SVCS SR49 / SR49	Julian H Gomez
20:42:36	<b>CT Head WO Contrast (Trauma) Resulted</b>	Collected: <b>4/15/2024 20:37</b> Last updated: <b>4/15/2024 20:44</b> Status: <b>Final result</b>	Edi, Radiant Results In
20:44:45	<b>Imaging Result</b>	CT Head WO Contrast (Trauma)	Edi, Radiant Results In
20:44:45	<b>Rad Resulted</b>	(Final result) CT HEAD WO CONTRAST	Edi, Radiant Results In
20:53:41	<b>Imaging Exam Started</b>	XR Pelvis 1 Or 2 Views	Sylvia A Hernandez, Technologist
20:53:48	<b>Imaging Exam Started</b>	Left XR Knee Unilateral Minimum 4 Views	Sylvia A Hernandez, Technologist
20:53:56	<b>Imaging Exam Started</b>	XR Chest Portable 1 View	Sylvia A Hernandez, Technologist
20:54:02	<b>Imaging Exam Ended</b>	XR Chest Portable 1 View	Sylvia A Hernandez, Technologist
20:55:11	<b>Imaging Exam Ended</b>	XR Pelvis 1 Or 2 Views	Sylvia A Hernandez, Technologist
20:56:12	<b>Imaging Exam Ended</b>	Left XR Knee Unilateral Minimum 4 Views	Sylvia A Hernandez, Technologist
20:59:27	<b>Order Performed</b>	Left XR Knee Unilateral Minimum 4 Views - ID: <b>LM14802055CR</b>	
21:00	<b>ED Vital Signs/Pain</b>	<b>Vital Signs</b> BP: 135/68 (Device Time: 21:00:00) MAP (Mean Arterial Pressure): 89 (Device Time: 21:00:00) Pulse Rate - SpO2 : 49 † (Device Time: 20:59:37) SpO2: 93 % (Device Time: 20:59:37)	Audrey M Shaffer, RN

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### ED Care Timeline (continued)

21:00	<b>ED Adult Req Info</b>	<p><b>General Information</b></p> <p>Two (2) Patient Identifiers (ID) Verified: Patient name; Birthdate ID Band Applied/On: Yes Precautions: None Call Light in Reach : Yes Bed Rails up: x2 Does Patient have any Weapons/Contraband: No</p> <p><b>Source of Information</b></p> <p>Information Obtained From: Patient</p> <p><b>Columbia Suicide Severity Rating Scale</b></p> <p>1. Have you wished you were dead or wished you could go to sleep and not wake up?: No 2. Have you actually had any thoughts of killing yourself?: No 6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?: No</p> <p><b>Morse Fall Risk Assessment</b></p> <p>History of Falls: No Secondary Diagnosis: No Ambulatory Aid: None/Bed Rest/Wheel Chair/Nurse IV / Heparin Lock: Yes Gait / Transferring: Normal/Bed Rest/Immobile Mental Status: Oriented to Own Ability Morse Fall Risk Score: 20</p> <p><b>Universal Fall Risk Interventions SCORE 0 - 49</b></p> <p>Universal Fall Risk Interventions: Place nurse call light or alternative call system within reach of patient; Instruct patient &amp; family in use of nurse call light &amp; fall prevention; Provide non-skid socks/footwear; Instruct patient to wear non-skid socks/footwear when ambulating; Keep glasses, dentures &amp; hearing aids within reach of patient; Encourage patient to wear their glasses; Keep bed/cart in lowest position &amp; wheels locked; Keep room/floor free of obstacles; Encourage use of side rails (3 or less); Maintain a clear path between bed/cart &amp; bathroom</p> <p><b>Skin Risk</b></p> <p>Sensory Perceptions: No impairment Moisture: Rarely moist Activity: Walks frequently Mobility: Full Nutrition: Adequate Friction and Shear: No problem Braden Scale Score: 22</p> <p><b>Living Arrangements</b></p> <p>Where Do You Live: Home Whom Do You Live With: Family Custody Issues: No</p> <p><b>Barriers/Other Needs</b></p> <p>Barriers to Learning: None Communication Devices: Dry erase board Other Needs: None</p>	Audrey M Shaffer, RN
21:00	<b>Custom Formula Data</b>	<p><b>Advanced Vital Signs</b></p> <p>MAP (Mean Arterial Pressure): 90</p> <p><b>Other flowsheet entries</b></p> <p>SOFA MAP: 89 Risk of Suicide: Low Risk</p>	Audrey M Shaffer, RN
21:00:06	<b>Left XR Knee Unilateral Minimum 4 Views Resulted</b>	Collected: <b>4/15/2024 20:59</b> Last updated: <b>4/15/2024 21:02</b> Status: <b>Final</b>	Edi, Radiant Results In
21:02:11	<b>Imaging Result</b>	Left XR Knee Unilateral Minimum 4 Views	Edi, Radiant Results In
21:02:11	<b>Rad Resulted</b>	(Final result) XR KNEE UNILATERAL MINIMUM 4 VIEWS	Edi, Radiant Results In
21:13:38	<b>Registration Completed</b>		Madeline C Mulvaney

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**ED Care Timeline (continued)**

21:15:41	<b>Remove Nurse</b>	Lauran K Kirby-Hancock, RN removed as Registered Nurse	Audrey M Shaffer, RN
21:15:41	<b>Assign Nurse</b>	Audrey M Shaffer, RN assigned as Registered Nurse	Audrey M Shaffer, RN
21:21:08	<b>Order Performed</b>	XR Pelvis 1 Or 2 Views - ID: <b>LM14802056CR</b>	
21:21:24	<b>XR Pelvis 1 Or 2 Views Resulted</b>	Collected: <b>4/15/2024 21:21</b> Last updated: <b>4/15/2024 21:23</b> Status: <b>Final result</b>	Edi, Radiant Results In
21:21:33	<b>Order Performed</b>	XR Chest Portable 1 View - ID: <b>LM14802054CR</b>	
21:21:53	<b>XR Chest Portable 1 View Resulted</b>	Collected: <b>4/15/2024 21:21</b> Last updated: <b>4/15/2024 21:24</b> Status: <b>Final result</b>	Edi, Radiant Results In
21:23:29	<b>Imaging Result</b>	XR Pelvis 1 Or 2 Views	Edi, Radiant Results In
21:23:29	<b>Rad Resulted</b>	(Final result) XR PELVIS 1 OR 2 VIEWS	Edi, Radiant Results In
21:24	<b>Imaging Result</b>	XR Chest Portable 1 View	Edi, Radiant Results In
21:24	<b>Rad Resulted</b>	(Final result) XR CHEST PORTABLE 1 VIEW	Edi, Radiant Results In
21:31	<b>Spinal Precautions</b>	<b>Spinal Immobilization Stopped</b> Authorized by: Provider C-Collar Removed at: 2132 CMS Intact Prior to Removal: Yes CMS Intact after Removal: Yes Tolerated Procedure: Well	Audrey M Shaffer, RN
21:32	<b>Medication Given</b>	morPHINE PF (conc: 2 mg/mL) injection 4 mg - Dose: <b>4 mg</b> ; Route: <b>Intravenous</b> ; Line: <b>Peripheral IV 04/15/24 Left;Hand 20 gauge 04/15/24 2246</b> ; Scheduled Time: <b>1955</b>	Audrey M Shaffer, RN
21:37:03	<b>ED All Studies Complete</b>		Audrey M Shaffer, RN
21:38:50	<b>Specimens Collected</b>	Glucose POCT - ID: <b>24M-106P0270</b> Type: <b>Blood</b>	
21:40:10	<b>Orders Placed</b>	Point of Care Testing - Glucose POCT	Edi, Telcor Instrument Results In
21:40:11	<b>Glucose POCT Resulted</b>	Abnormal Result Collected: <b>4/15/2024 21:38</b> Last updated: <b>4/15/2024 21:40</b> Status: <b>Final result</b> Glucose, POCT: <b>304 mg/dL</b> [Ref Range: 70 - 100] User ID: <b>590432857</b>	Schl, Beaker Lab Background
21:48:20	<b>Ready for Discharge</b>	ED Disposition set to Discharged.	Daniel C Windels, MD
21:52:18	<b>Disposition Task Needed</b>		Audrey M Shaffer, RN
21:53:11	<b>Patient Ready to Go</b>		Daniel C Windels, MD
21:54:24	<b>ED Provider Notes</b>	Note filed at this time	Daniel C Windels, MD

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**ED Care Timeline (continued)**

22:00	<b>ED Vital Signs/Pain</b>	 <b>Vital Signs</b> BP: 150/81 (Device Time: 22:00:00) MAP (Mean Arterial Pressure): 102 (Device Time: 22:00:00) Pulse Rate - SpO2 : 55 (Device Time: 21:59:35) Resp: 18 SpO2: 92 % (Device Time: 21:59:35) O2 Delivery: RA-room air <b>Level of Consciousness</b> Level of Consciousness: Alert <b>Glasgow Coma Scale *</b> If coma score is persistently 5 or less, patient may be potential organ donor. Call Donor Information Referral Line per facility protocol. Eye Opening: Spontaneous Best Verbal Response: Oriented Best Motor Response: Obeys commands Glasgow Coma Scale Score (calc): 15	Audrey M Shaffer, RN
22:00	<b>Custom Formula Data</b>	<b>Advanced Vital Signs</b> MAP (Mean Arterial Pressure): 104 <b>Other flowsheet entries</b> SOFA GCS: 15 SOFA MAP: 102	Audrey M Shaffer, RN
22:16:58	<b>AVS Printed</b>		Audrey M Shaffer, RN
22:16:58	<b>ESUMM ED AVS Triggered</b>	Excuses ED After Visit Summary	Audrey M Shaffer, RN
22:17:47	<b>AVS Printed</b>		Audrey M Shaffer, RN
22:17:47	<b>ESUMM ED AVS Triggered</b>	Excuses ED After Visit Summary	Audrey M Shaffer, RN
22:20:33	<b>AVS Printed</b>		Audrey M Shaffer, RN
22:20:33	<b>ESUMM ED AVS Triggered</b>	Excuses ED After Visit Summary	Audrey M Shaffer, RN
22:30	<b>ED Vital Signs/Pain</b>	<b>Vital Signs</b> Pulse Rate - SpO2 : 51 (Device Time: 22:29:35) SpO2: 93 % (Device Time: 22:29:35)	Audrey M Shaffer, RN

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**ED Care Timeline (continued)**

22:45	<b>Dispo Req Info</b> Dispo Req Info: Discharge <b>Discharge</b> Discharge to: Home Procedural Sedation/Controlled Substance given : Yes Accompanied by: Self; Family Discharge via: Private vehicle; Wheelchair After Care instructions given to: Self Prescriptions Reviewed: N/A Verbalizes understanding: Yes All belongings given to: Self; Family Date patient left unit: 04/15/24 Time patient left unit: 2245 <b>Procedural Sedation/Controlled Substance</b> Discharge instructions provided to patient/family with contact info if problems: Yes Patient or responsible adult demonstrates understanding of instructions: Yes Responsible adult to safely transport and accompany patient home. (patient may not drive themselves home): Yes Attending physician may exempt the patient from d/c with responsible adult. This needs clear physician order. Must still have a ride home.: Yes	Audrey M Shaffer, RN
22:46	<b>Patient discharged</b>	Audrey M Shaffer, RN
22:46	<b>Peripheral IV</b> <b>04/15/24 Left;Hand</b> <b>20 gauge 04/15/24</b> <b>2246 Removed</b>	Removal Date/Time: 04/15/24 2246 Placement Date: 04/15/24 Present on Admission: Yes Placed by External Staff?: EMS Location: Left;Hand Size: 20 gauge Line Secured: Taped Catheter Intact When Removed: Yes Post Removal Assessment: No complicati... Audrey M Shaffer, RN

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### ED Care Timeline (continued)

22:46	<b>ED Adult Assessment</b>	<b>Assessment</b> Assessment Type: Reassessment <b>Psychosocial WDL</b> Psychosocial WDL: WDL <b>HEENT WDL</b> HEENT WDL: X <b>HEENT Assessment</b> Head & Face: Trauma/injury (abrasions noted to L cheek and L forehead) Neck: Tenderness <b>Neurological WDL</b> Neurological WDL: WDL <b>Neurological Assessment</b> Level of Consciousness: Alert <b>Respiratory WDL</b> Respiratory WDL: WDL <b>Cardiovascular WDL</b> Cardiovascular WDL: WDL Chest Pain: No <b>Musculoskeletal WDL</b> Musculoskeletal WDL: X <b>MS / CMS Site 1</b> Musculoskeletal (Site #1): Left; Upper; Leg CMS / Assessment (Site #1): Injury / trauma; Sensation intact; Pain Add MS Site 2: Yes <b>MS / CMS Site 2</b> Musculoskeletal (Site #2): Left; Arm CMS / Assessment (Site #2): Injury / trauma; Sensation intact; Pain Add MS Site 3: Yes <b>MS / CMS Site 3</b> CMS / Assessment (Site #3): Left; Face CMS / Assessment (Site #3): Sensation intact; Pain; Tenderness <b>Integumentary WDL</b> Integumentary WDL: X <b>Integumentary Assessment</b> Skin Condition: Wound (add Wound LDA to the LDA Avatar)	Audrey M Shaffer, RN
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**AlvaradoTorres, Noel #M1811525**

Admission Info: **Emergency (Adm: 04/15/24)**

Hospital Account: **202365576**

Description: **66yr M**

Primary Service: **Emergency Medicine**

Unit Info: **ED**

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services RAC Coding Info

### CDI Query

No notes of this type exist for this encounter.

## END OF REPORT

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Labs

#### Glucose POCT (Final result)

##### Specimen Information

ID	Type	Source	Collected By
24M-106P0270	Blood	—	04/15/24 2138

#### Glucose POCT (Abnormal)

Resulted: 04/15/24 2140, Result status: Final result

Order status: Completed

Collected by: 04/15/24 2138

Filed by: Sclh, Beaker Lab Background 04/15/24 2140

Resulting lab: LUTHERAN MEDICAL CENTER LABORATORY

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Labs (continued)

CLIA number: 06D0511273

Narrative:

Results performed on POC testing are not called by the laboratory.

#### Components

Component	Value	Reference Range	Flag	Lab
Glucose, POCT	304	70 - 100 mg/dL	H <sup>▲</sup>	LMC Lab
User ID	590432857	—	—	LMC Lab

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22004 - LMC Lab	LUTHERAN MEDICAL CENTER LABORATORY	Unknown	8300 West 38th Avenue WHEAT RIDGE CO 80033	09/09/14 1558 - Present

### Imaging

#### Imaging

##### Left XR Knee Unilateral Minimum 4 Views (Final result)

Left XR Knee Unilateral Minimum 4 Views	Resulted: 04/15/24 2100, Result status: Final result
Ordering provider: Daniel C Windels, MD 04/15/24 1953	Order status: Completed
Resulted by: William Rhey Dunfee, MD	Filed by: Edi, Radiant Results In 04/15/24 2102
Performed: 04/15/24 2040 - 04/15/24 2056	Accession number: LM14802055CR
Resulting lab: RADIANT	
Narrative:	
LEFT KNEE RADIOGRAPHS	
VIEW: 4	
EXAM DATE AND TIME: 4/15/2024 20:40 MDT	
INDICATION: Knee pain.	
COMPARISON: None.	

#### FINDINGS:

There is osteoarthritic change within the knee with marginal osteophyte formation. There is mild fullness within the suprapatellar recess of the joint which may correspond to a small effusion. There is enthesopathy along the patella. No patella subluxation. No acute fracture is appreciated.

#### IMPRESSION:

1. Osteoarthritic change within the knee.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED:

WILLIAM DUNFEE, MD

4/15/2024 21:00 MDT

Contributed By:

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
53 - Radian	RADIANT	Unknown	Unknown	01/18/22 1455 - Present

Consultation Reports

### Study Notes

Sylvia A Hernandez, Technologist on 4/15/2024 8:56 PM MDT

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Imaging (continued)

presents via EMS from car accident going approx 30mph where car turned in front of him and he hit the front of the other car. +air bag, +seatbelt, -LOC. Pt states L elbow/ lower arm, L thigh and L side of face pain. C/o c spine pain,, placed in C-collar upon arrival. Pt has abrasion to L cheek and L forehead whihc pt states is from him hitting the door. given 200mcg fent by EMS. Pt is spanish speeaking only.AMS

## END OF REPORT

### XR Pelvis 1 Or 2 Views (Final result)

XR Pelvis 1 Or 2 Views	Resulted: 04/15/24 2121, Result status: Final result
Ordering provider: Daniel C Windels, MD 04/15/24 1953	Order status: Completed
Resulted by: Andrew Joel Fisher, MD	Filed by: Edi, Radiant Results In 04/15/24 2123
Performed: 04/15/24 2040 - 04/15/24 2055	Accession number: LM14802056CR
Resulting lab: RADIANT	
Narrative:	
PELVIS RADIOGRAPHS	
VIEWS: ONE	
EXAM DATE AND TIME: 4/15/2024 20:40 MDT	
INDICATION: Pain post trauma	
COMPARISON: None.	

#### FINDINGS:

There is no fracture or osteonecrosis. The acetabular margins and hips are intact. Pubic rami are normal. The SI joints and pubis symphysis are normal.

#### IMPRESSION:

Negative for acute osseous abnormality.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED:

ANDREW FISHER, MD  
4/15/2024 21:21 MDT

Contributed By:

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
53 - Radiant	RADIANT	Unknown	Unknown	01/18/22 1455 - Present

Consultation Reports

### Study Notes

Sylvia A Hernandez, Technologist on 4/15/2024 8:56 PM MDT

presents via EMS from car accident going approx 30mph where car turned in front of him and he hit the front of the other car. +air bag, +seatbelt, -LOC. Pt states L elbow/ lower arm, L thigh and L side of face pain. C/o c spine pain,, placed in C-collar upon arrival. Pt has abrasion to L cheek and L forehead whihc pt states is from him hitting the door. given 200mcg fent by EMS. Pt is spanish speeaking only.AMS

## END OF REPORT

### XR Chest Portable 1 View (Final result)

XR Chest Portable 1 View	Resulted: 04/15/24 2121, Result status: Final result
Ordering provider: Daniel C Windels, MD 04/15/24 1953	Order status: Completed
Resulted by: Andrew Joel Fisher, MD	Filed by: Edi, Radiant Results In 04/15/24 2124
Performed: 04/15/24 2040 - 04/15/24 2054	Accession number: LM14802054CR
Resulting lab: RADIANT	
Narrative:	
CHEST PORTABLE RADIOGRAPH	
VIEWS: ONE	

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Imaging (continued)**

EXAM DATE AND TIME: 4/15/2024 20:40 MDT

INDICATION: Pain following trauma

COMPARISON: None.

FINDINGS:

Lungs: The lungs are well-expanded and clear. There is no consolidation or effusion. There is no pneumothorax.

Mediastinum: The cardiac silhouette is normal in size. The thoracic aorta is normal in caliber.

Bones: The osseous structures are unremarkable.

Support Catheters: None.

IMPRESSION:

1. No radiographic evidence for acute cardiopulmonary disease.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED:

ANDREW FISHER, MD

4/15/2024 21:21 MDT

Contributed By:

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
53 - Radiant	RADIANT	Unknown	Unknown	01/18/22 1455 - Present

Consultation Reports

**Study Notes**

Sylvia A Hernandez, Technologist on 4/15/2024 8:55 PM MDT

presents via EMS from car accident going approx 30mph where car turned in front of him and he hit the front of the other car. +air bag, +seatbelt, -LOC. Pt states L elbow/ lower arm, L thigh and L side of face pain. C/o c spine pain,, placed in C-collar upon arrival. Pt has abrasion to L cheek and L forehead whihc pt states is from him hitting the door. given 200mcg fent by EMS. Pt is spanish speeaking only.AMS

**END OF REPORT**

**CT Maxillofacial Area WO Contrast (Trauma) (Final result)**

**CT Maxillofacial Area WO Contrast (Trauma)**

Resulted: 04/15/24 2034, Result status: Final result

Ordering provider: Daniel C Windels, MD 04/15/24 1953

Order status: Completed

Resulted by: Cameron Lee Bahr, MD

Filed by: Edi, Radiant Results In 04/15/24 2036

Performed: 04/15/24 2024 - 04/15/24 2024

Accession number: LM14801921CT

Resulting lab: RADIANT

Narrative:

CT FACE WITHOUT CONTRAST

EXAM DATE AND TIME: 4/15/2024 20:24 MDT

INDICATION: 66-year-old with trauma, facial injury, car accident.

TECHNIQUE: Axial CT images of the facial bones were performed without contrast. Multiplanar reformatted images were also obtained. Dose reduction techniques were employed.

COMPARISON: None.

FINDINGS:

BONE: There is no acute facial bone fracture. The orbital walls and floors are intact. The nasal bone, maxilla, and mandible are unremarkable. There is mild S-shaped bowing of the nasal septum which appears chronic.

PARANASAL SINUSES: There is thin mucosal thickening in the maxillary and ethmoid sinuses bilaterally. The other paranasal sinuses and the mastoids are clear.

SOFT TISSUES: The patient is status post right lens extraction. The orbital contents are unremarkable. There is no significant soft tissue stranding or swelling in the facial soft tissues. Airways

04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

**Imaging (continued)**

unremarkable.

OTHER: There is no appreciable acute intracranial abnormality.

IMPRESSION:

1. No acute facial bone fracture.
2. Mild mucosal thickening in the maxillary and ethmoid sinuses bilaterally.
3. Mild S-shaped bowing of the nasal septum which appears chronic.

This study was interpreted by an ABR certified radiologist with subspecialty training and additional board certification in neuroradiology. Please call 720-493-3777 with any questions.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED:

CAMERON L. BAHR, MD

4/15/2024 20:34 MDT

Contributed By:

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
53 - Radiant	RADIANT	Unknown	Unknown	01/18/22 1455 - Present

Consultation Reports

**Study Notes**

Kendra M Hutch, Technologist on 4/15/2024 8:04 PM MDT

Non Contrast

Triage: presents via EMS from car accident going approx 30mph where car turned in front of him and he hit the front of the other car. +air bag, +seatbelt, -LOC. Pt states L elbow/ lower arm, L thigh and L side of face pain. C/o c spine pain,, placed in C-collar upon arrival. Pt has abrasion to L cheek and L forehead whihc pt states is from him hitting the door. given 200mcg fent by EMS. Pt is spanish speeaking only.

KH

**END OF REPORT**

**CT Head WO Contrast (Trauma) (Final result)**

**CT Head WO Contrast (Trauma)**

Resulted: 04/15/24 2042, Result status: Final result

Ordering provider: Daniel C Windels, MD 04/15/24 1953

Order status: Completed

Resulted by: Cameron Lee Bahr, MD

Filed by: Edi, Radiant Results In 04/15/24 2044

Performed: 04/15/24 2024 - 04/15/24 2024

Accession number: LM14801923CT

Resulting lab: RADIANT

Narrative:

CT HEAD WITHOUT CONTRAST

EXAM DATE AND TIME: 4/15/2024 20:24 MDT

INDICATION: 66-year-old with head trauma, MVA.

COMPARISON: None.

TECHNIQUE: CT images of the brain were acquired in the axial plane.

Dose reduction techniques were employed.

FINDINGS:

INTRACRANIAL CONTENTS:

There is no acute intra-axial nor extra-axial hemorrhage or hematoma.

There is no acute infarct by CT. The gray-white matter differentiation is normal.

Normal white matter for age.

Parenchymal volume appropriate for age. No hydrocephalus.

CALVARIUM: There is no acute fracture or suspicious bony lesion.

EXTRACRANIAL STRUCTURES:

There is scattered mucosal thickening in the maxillary and ethmoid sinuses. The mastoids are clear.

The orbits and globes are unremarkable other than a right lens extraction.

04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

Imaging (continued)

IMPRESSION:

1. No acute intracranial findings.
2. Scattered mucosal thickening in the maxillary and ethmoid sinuses.

This study was interpreted by an ABR certified radiologist with subspecialty training and additional board certification in neuroradiology. Please call 720-493-3777 with any questions.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED:

CAMERON L. BAHR, MD

4/15/2024 20:42 MDT

Contributed By:

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
53 - Radiant	RADIANT	Unknown	Unknown	01/18/22 1455 - Present

Consultation Reports

Study Notes

Kendra M Hutch, Technologist on 4/15/2024 8:04 PM MDT

Non Contrast

Triage: presents via EMS from car accident going approx 30mph where car turned in front of him and he hit the front of the other car. +air bag, +seatbelt, -LOC. Pt states L elbow/ lower arm, L thigh and L side of face pain. C/o c spine pain,, placed in C-collar upon arrival. Pt has abrasion to L cheek and L forehead whihc pt states is from him hitting the door. given 200mcg fent by EMS. Pt is spanish speeaking only.

KH

END OF REPORT

CT Cervical Spine WO Contrast (Trauma) (Final result)

CT Cervical Spine WO Contrast (Trauma)	Resulted: 04/15/24 2037, Result status: Final result
Ordering provider: Daniel C Windels, MD 04/15/24 1953	Order status: Completed
Resulted by: Cameron Lee Bahr, MD	Filed by: Edi, Radiant Results In 04/15/24 2040
Performed: 04/15/24 2024 - 04/15/24 2024	Accession number: LM14801922CT
Resulting lab: RADIANT	
Narrative:	
CT CERVICAL SPINE WITHOUT CONTRAST	
EXAM DATE AND TIME: 4/15/2024 20:24 MDT	
INDICATION: 66-year-old with MVA, head and face trauma.	
TECHNIQUE: Helical CT scanning of the cervical spine was performed in the axial plane using thin collimation. Coronal and sagittal reconstructed images were performed and viewed. Dose reduction techniques were employed.	
COMPARISON: None.	
FINDINGS:	
ALIGNMENT: There is straightening of the normal cervical lordosis with 1.5 mm anterolisthesis of C5 on C6. Lateral masses of C1 and C2 are appropriately aligned.	
BONE: Cervical vertebral bodies are normal in height. There is no acute fracture or cortical break. No suspicious osseous lesion identified by CT. There is slight disc space narrowing at C5-C6 and C6-C7.	
OTHER: There is no suspicious adenopathy in the neck. The lung apices are clear.	
DEGENERATIVE: There is mild left neural foraminal narrowing at C6-C7.	
IMPRESSION:	
1. No acute findings in the cervical spine.	
2. Straightening of the normal cervical lordosis with 1.5 mm anterolisthesis of C5 on C6.	

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Imaging (continued)

3. Mild disc space narrowing at C5-C6 and C6-C7.

4. Mild left neural foraminal narrowing at C6-C7.

This study was interpreted by an ABR certified radiologist with subspecialty training and additional board certification in neuroradiology. Please call 720-493-3777 with any questions.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED:

CAMERON L. BAHR, MD

4/15/2024 20:37 MDT

Contributed By:

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
53 - Radiant	RADIANT	Unknown	Unknown	01/18/22 1455 - Present

Consultation Reports

### Study Notes

Kendra M Hutch, Technologist on 4/15/2024 8:04 PM MDT

Non Contrast

Triage: presents via EMS from car accident going approx 30mph where car turned in front of him and he hit the front of the other car. +air bag, +seatbelt, -LOC. Pt states L elbow/ lower arm, L thigh and L side of face pain. C/o c spine pain,, placed in C-collar upon arrival. Pt has abrasion to L cheek and L forehead whihc pt states is from him hitting the door. given 200mcg fent by EMS. Pt is spanish speeaking only.

KH

## END OF REPORT

### Medication Administrations

#### morPHINE PF (conc: 2 mg/mL) injection 4 mg [495900521]

Ordering Provider: Daniel C Windels, MD

Status: Completed (Past End Date/Time)

Ordered On: 04/15/24 1953

Starts/Ends: 04/15/24 1955 - 04/15/24 2132

Ordered Dose (Remaining/Total): 4 mg (0/1)

Route: Intravenous

Frequency: ONE TIME

Ordered Rate/Order Duration: — / —

Admin Instructions: Time to Peak: IV - 20 minutes

Duration: 3 - 5 hours

Line	Med Link Info	Comment
Peripheral IV 04/15/24 Left;Hand 20 gauge 04/15/24 2246	04/15/24 2132 by Audrey M Shaffer, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 04/15/24 2132	Given	4 mg	Intravenous	Performed by: Audrey M Shaffer, RN Scanned Package: 0409-1890-03, 0409-1890-03

#### sodium chloride 0.9 % (flush) flush injection 3 mL [495900516]

Ordering Provider: Daniel C Windels, MD

Status: Discontinued (Past End Date/Time), Reason: Patient

Ordered On: 04/15/24 1953

Discharge

Ordered Dose (Remaining/Total): 3 mL (—/—)

Starts/Ends: 04/15/24 1953 - 04/16/24 0047

Frequency: AS NEEDED

Route: Intravenous

Admin Instructions: Flush PERIPHERAL line after medication administration and blood draws \* If no medications or blood draws in 24 hours, flush line each shift.

Ordered Rate/Order Duration: — / —

LUTHERAN HOSPITAL  
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Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Medication Administrations (continued)

(No admins scheduled or recorded for this medication in the specified date/time range)

#### sodium chloride 0.9% (NS)(FLUSH for intermittent IV) 30-50 mL IVF [495900517]

Ordering Provider: Daniel C Windels, MD      Status: Discontinued (Past End Date/Time), Reason: Patient Discharge  
Ordered On: 04/15/24 1953      Starts/Ends: 04/15/24 1953 - 04/16/24 0047  
Ordered Dose (Remaining/Total): 30-50 mL (—/—)      Route: Intravenous  
Frequency: AS NEEDED      Ordered Rate/Order Duration: — / —  
Admin Instructions: Dispense bag from floor stock. Flush line with 30 mL (50 mL if tubing extender is used) as needed after any intermittent IV medications. Infuse at same rate as intermittent IV medication was infusing. Change bag every 24 hours.

(No admins scheduled or recorded for this medication in the specified date/time range)

### Other Orders

#### Medications

##### sodium chloride 0.9% (NS)(FLUSH for intermittent IV) 30-50 mL IVF (Discontinued)

Electronically signed by: **Daniel C Windels, MD on 04/15/24 1953**      Status: **Discontinued**  
Ordering user: Daniel C Windels, MD 04/15/24 1953      Ordering provider: Daniel C Windels, MD  
Authorized by: Daniel C Windels, MD      Ordering mode: Standard  
PRN reasons: See Administration Instructions  
Frequency: STAT PRN 04/15/24 1953 - 04/16/24 0047      Class: Normal  
Indications of use: Hypovolemia      Discontinued by: User Autodiscontinue 04/16/24 0047 [Patient Discharge]  
Acknowledged: Lauran K Kirby-Hancock, RN 04/15/24 1956 for Placing Order  
Admin instructions: Dispense bag from floor stock. Flush line with 30 mL (50 mL if tubing extender is used) as needed after any intermittent IV medications. Infuse at same rate as intermittent IV medication was infusing. Change bag every 24 hours.  
Package: 99999037253

##### morPHINE PF (conc: 2 mg/mL) injection 4 mg (Completed)

Electronically signed by: **Daniel C Windels, MD on 04/15/24 1953**      Status: **Completed**  
Ordering user: Daniel C Windels, MD 04/15/24 1953      Ordering provider: Daniel C Windels, MD  
Authorized by: Daniel C Windels, MD      Ordering mode: Standard  
Frequency: Once Now 04/15/24 1955 - 1 occurrence      Class: Normal  
Acknowledged: Lauran K Kirby-Hancock, RN 04/15/24 1956 for Placing Order  
Admin instructions: Time to Peak: IV - 20 minutes  
Duration: 3 - 5 hours  
Package: 0409-1890-03

##### sodium chloride 0.9 % (flush) flush injection 3 mL (Discontinued)

Electronically signed by: **Daniel C Windels, MD on 04/15/24 1953**      Status: **Discontinued**  
Ordering user: Daniel C Windels, MD 04/15/24 1953      Ordering provider: Daniel C Windels, MD  
Authorized by: Daniel C Windels, MD      Ordering mode: Standard  
PRN reasons: See Administration Instructions  
Frequency: STAT PRN 04/15/24 1953 - 04/16/24 0047      Class: Normal  
Discontinued by: User Autodiscontinue 04/16/24 0047 [Patient Discharge]  
Acknowledged: Lauran K Kirby-Hancock, RN 04/15/24 1956 for Placing Order  
Admin instructions: Flush PERIPHERAL line after medication administration and blood draws \* If no medications or blood draws in 24 hours, flush line each shift.  
Package: 8881579121

### Nursing

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Other Orders (continued)

#### Vital Signs: Include BP, pulse, RR, O2 sat, temp and pain eval per ED policy (Discontinued)

Electronically signed by: **Daniel C Windels, MD on 04/15/24 1953** Status: **Discontinued**  
Ordering user: Daniel C Windels, MD 04/15/24 1953 Ordering provider: Daniel C Windels, MD  
Authorized by: Daniel C Windels, MD Ordering mode: Standard  
Frequency: STAT Until Discontinued 04/15/24 1954 - Until Class: Hospital Performed  
Specified  
Quantity: 1 Instance released by: Daniel C Windels, MD (auto-released)  
Discontinued by: User Autodiscontinue 04/16/24 0053 [Patient Discharge] 4/15/2024 7:53 PM

#### Insert and Maintain IV (Discontinued)

Electronically signed by: **Daniel C Windels, MD on 04/15/24 1953** Status: **Discontinued**  
Ordering user: Daniel C Windels, MD 04/15/24 1953 Ordering provider: Daniel C Windels, MD  
Authorized by: Daniel C Windels, MD Ordering mode: Standard  
Frequency: STAT Until Discontinued 04/15/24 1954 - Until Class: Hospital Performed  
Specified  
Quantity: 1 Instance released by: Daniel C Windels, MD (auto-released)  
Discontinued by: User Autodiscontinue 04/16/24 0053 [Patient Discharge] 4/15/2024 7:53 PM

#### Continuous Pulse Oximetry (Discontinued)

Electronically signed by: **Daniel C Windels, MD on 04/15/24 1953** Status: **Discontinued**  
Ordering user: Daniel C Windels, MD 04/15/24 1953 Ordering provider: Daniel C Windels, MD  
Authorized by: Daniel C Windels, MD Ordering mode: Standard  
Frequency: STAT Continuous 04/15/24 1954 - Until Specified Class: Hospital Performed  
Quantity: 1 Instance released by: Daniel C Windels, MD (auto-released)  
Discontinued by: User Autodiscontinue 04/16/24 0053 [Patient Discharge] 4/15/2024 7:53 PM

#### Questionnaire

Question	Answer
Desired O2 Sat Level or Range:	Maintain O2 saturation > 90%

#### Oxygen as Needed for O2 Sats <90 (Discontinued)

Electronically signed by: **Daniel C Windels, MD on 04/15/24 1953** Status: **Discontinued**  
Ordering user: Daniel C Windels, MD 04/15/24 1953 Ordering provider: Daniel C Windels, MD  
Authorized by: Daniel C Windels, MD Ordering mode: Standard  
Frequency: STAT PRN 04/15/24 1954 - 1 occurrence Class: Hospital Performed  
Quantity: 1 Instance released by: Daniel C Windels, MD (auto-released)  
Discontinued by: User Autodiscontinue 04/16/24 0053 [Patient Discharge] 4/15/2024 7:53 PM

#### Questionnaire

Question	Answer
Desired O2 Sat Range, greater than:	90%
O2 Type?	Cannula

#### Telemetry Monitoring for ED Care (Discontinued)

Electronically signed by: **Daniel C Windels, MD on 04/15/24 1953** Status: **Discontinued**  
Ordering user: Daniel C Windels, MD 04/15/24 1953 Ordering provider: Daniel C Windels, MD  
Authorized by: Daniel C Windels, MD Ordering mode: Standard  
Frequency: STAT Continuous 04/15/24 1954 - Until Specified Class: Hospital Performed  
Quantity: 1 Instance released by: Daniel C Windels, MD (auto-released)  
Discontinued by: User Autodiscontinue 04/16/24 0053 [Patient Discharge] 4/15/2024 7:53 PM

#### Questionnaire

Question	Answer
Indication for Telemetry:	ED Care
Can the patient be off telemetry for activities (including therapy, ambulation, off-unit procedures, showers, bathroom)?	No

LUTHERAN HOSPITAL  
8300 W 38th Ave  
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AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Other Orders (continued)

### Flowsheets

#### Custom Formula Data

Row Name	04/15/24 2200	04/15/24 2100	04/15/24 2000	04/15/24 1930	04/15/24 1928
<b>OTHER</b>					
Ideal Body Weight	—	—	—	—	82.2 -AS at 04/15/24 1930
Adjusted Body Weight	—	—	—	—	95.4 -AS at 04/15/24 1930
Weight Change in Grams from Previous (calc)	—	—	—	—	0 gm -AS at 04/15/24 1930
% Weight Change from Birth (calc)	—	—	—	—	0 % -AS at 04/15/24 1930
Weight Conversion (calculated to kg)	—	—	—	—	115.21 kg -AS at 04/15/24 1930
BMI (Calculated)	—	—	—	—	32.7 -AS at 04/15/24 1930
Height Conversion (Calculated to cm)	—	—	—	—	187.96 cm -AS at 04/15/24 1930
Initial BMI	—	—	—	—	27.5 -AS at 04/15/24 1930
Weight Conversion (Calculated to kg)	—	—	—	—	115.45 kg -AS at 04/15/24 1930
SOFA GCS	15 -AS at 04/15/24 2218	—	—	—	15 -AS at 04/15/24 1930
SOFA MAP	102 -AS at 04/15/24 2217	89 -AS at 04/15/24 2217	94 -AS at 04/15/24 2217	111 -LK at 04/15/24 1956	113 -AS at 04/15/24 1930
BSA (Calculated - sq m)	—	—	—	—	2.45 sq meters -AS at 04/15/24 1930
BMI (Calculated)	—	—	—	—	32.6 -AS at 04/15/24 1930
IBW/kg (Calculated) Male	—	—	—	—	82.2 kg -AS at 04/15/24 1930
Risk of Suicide	—	Low Risk -AS at 04/15/24 2138	—	—	—

#### Advanced Vital Signs

MAP (Mean Arterial Pressure)	104 -AS at 04/15/24 2217	90 -AS at 04/15/24 2217	95 -AS at 04/15/24 2217	113 -LK at 04/15/24 1956	113 -AS at 04/15/24 1930
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#### Height and Weight

Height Conversion (Calculated to inches)	—	—	—	—	74 inches -AS at 04/15/24 1930
Weight Conversion (Calculated to pounds)	—	—	—	—	254 pounds -AS at 04/15/24 1930

#### Dispo Req Info

Row Name	04/15/24 2245
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Dispo Req Info

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Flowsheets (continued)**

Dispo Req Info	Discharge -AS at 04/15/24 2245
<b>Discharge</b>	
Discharge to	Home -AS at 04/15/24 2245
Procedural Sedation/Controlled Substance given	Yes -AS at 04/15/24 2245
Accompanied by	Self;Family -AS at 04/15/24 2245
Discharge via	Private vehicle;Wheelchair -AS at 04/15/24 2245
After Care instructions given to	Self -AS at 04/15/24 2245
Prescriptions Reviewed	N/A -AS at 04/15/24 2245
Verbalizes understanding	Yes -AS at 04/15/24 2245
All belongings given to	Self;Family -AS at 04/15/24 2245
Date patient left unit	04/15/24 -AS at 04/15/24 2245
Time patient left unit	2245 -AS at 04/15/24 2245
<b>Procedural Sedation/Controlled Substance</b>	
Discharge instructions provided to patient/family with contact info if problems	Yes -AS at 04/15/24 2245
Patient or responsible adult demonstrates understanding of instructions	Yes -AS at 04/15/24 2245
Responsible adult to safely transport and accompany patient home. (patient may not drive themselves home)	Yes -AS at 04/15/24 2245
Attending physician may exempt the patient from d/c with responsible adult. This needs clear physician order. Must still have a ride home.	Yes -AS at 04/15/24 2245

**ED Adult Assessment**

Row Name	04/15/24 2246	04/15/24 1928
Assessment		

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Flowsheets (continued)**

Assessment Type	Reassessment -AS at 04/15/24 2246	Initial Assessment (Complex 5+ systems) -AS at 04/15/24 1932
<b>Psychosocial WDL</b>		
Psychosocial WDL	Within Defined Limits -AS at 04/15/24 2246	Within Defined Limits -AS at 04/15/24 1932
<b>HEENT WDL</b>		
HEENT WDL	Exceptions to WDL -AS at 04/15/24 2246	Exceptions to WDL -AS at 04/15/24 1932
<b>HEENT Assesment</b>		
Head & Face	Trauma/injury  abrasions noted to L cheek and L forehead - AS at 04/15/24 2246	Trauma/injury  abrasions noted to L cheek and L forehead - AS at 04/15/24 1932
Neck	Tenderness -AS at 04/15/24 2246	Tenderness  placed in c collar upon arrival -AS at 04/15/24 1932
<b>Neurological WDL</b>		
Neurological WDL	Within Defined Limits -AS at 04/15/24 2246	Within Defined Limits -AS at 04/15/24 1932
<b>Neurological Assessment</b>		
Level of Consciousness	Alert -AS at 04/15/24 2246	—
<b>Respiratory WDL</b>		
Respiratory WDL	Within Defined Limits -AS at 04/15/24 2246	Within Defined Limits -AS at 04/15/24 1932
<b>Cardiovascular WDL</b>		
Cardiovascular WDL	Within Defined Limits -AS at 04/15/24 2246	Within Defined Limits -AS at 04/15/24 1932
Chest Pain	No -AS at 04/15/24 2246	No -AS at 04/15/24 1932
<b>Musculoskeletal WDL</b>		
Musculoskeletal WDL	Exceptions to WDL -AS at 04/15/24 2246	Exceptions to WDL -AS at 04/15/24 1932
<b>MS / CMS Site 1</b>		
Musculoskeletal (Site #1)	Left;Upper;Leg -AS at 04/15/24 2246	Left;Upper;Leg -AS at 04/15/24 1932
CMS / Assessment (Site #1)	Injury / trauma;Sensation intact;Pain -AS at 04/15/24 2246	Injury / trauma;Sensation intact;Pain -AS at 04/15/24 1932
Add MS Site 2	Yes -AS at 04/15/24 2246	Yes -AS at 04/15/24 1932
<b>MS / CMS Site 2</b>		
Musculoskeletal (Site #2)	Left;Arm -AS at 04/15/24 2246	Left;Arm -AS at 04/15/24 1932
CMS / Assessment (Site #2)	Injury / trauma;Sensation intact;Pain -AS at 04/15/24 2246	Injury / trauma;Sensation intact;Pain -AS at 04/15/24 1932
Add MS Site 3	Yes -AS at 04/15/24 2246	Yes -AS at 04/15/24 1932
<b>MS / CMS Site 3</b>		
CMS / Assessment (Site #3)	Left;Face -AS at 04/15/24 2246	Left;Face -AS at 04/15/24 1932

LUTHERAN HOSPITAL  
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Adm: 4/15/2024, D/C: 4/15/2024

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Flowsheets (continued)**

CMS / Assessment (Site #3)	Sensation intact;Pain;Tendern ess -AS at 04/15/24 2246	Sensation intact;Pain;Tendern ess -AS at 04/15/24 1932
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**Integumentary WDL**

Integumentary WDL	Exceptions to WDL -AS at 04/15/24 2246	Exceptions to WDL -AS at 04/15/24 1932
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**Integumentary Assesment**

Skin Condition	Wound (add Wound LDA to the LDA Avatar) -AS at 04/15/24 2246	Wound (add Wound LDA to the LDA Avatar) -AS at 04/15/24 1932
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**ED Adult Req Info**

Row Name	04/15/24 2100
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**General Information**

Two (2) Patient Identifiers (ID) Verified	Patient name;Birthdate -AS at 04/15/24 2138
ID Band Applied/On	Yes -AS at 04/15/24 2138
Precautions	None -AS at 04/15/24 2138
Call Light in Reach	Yes -AS at 04/15/24 2138
Bed Rails up	x2 -AS at 04/15/24 2138
Does Patient have any Weapons/Contra band	No -AS at 04/15/24 2138

**Source of Information**

Information Obtained From	Patient -AS at 04/15/24 2138
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**Columbia Suicide Severity Rating Scale**

1. Have you wished you were dead or wished you could go to sleep and not wake up?	No -AS at 04/15/24 2138
2. Have you actually had any thoughts of killing yourself?	No -AS at 04/15/24 2138
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	No -AS at 04/15/24 2138

**Morse Fall Risk Assessment**

History of Falls	No -AS at 04/15/24 2138
Secondary Diagnosis	No -AS at 04/15/24 2138
Ambulatory Aid	None/Bed Rest/Wheel Chair/Nurse -AS at 04/15/24 2138

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Flowsheets (continued)**

IV / Heparin Lock	Yes -AS at 04/15/24 2138
Gait / Transferring	Normal/Bed Rest/Immobile -AS at 04/15/24 2138
Mental Status	Oriented to Own Ability -AS at 04/15/24 2138
Morse Fall Risk Score	20 -AS at 04/15/24 2138

**Universal Fall Risk Interventions SCORE 0 - 49**

Universal Fall Risk Interventions	Place nurse call light or alternative call system within reach of patient;Instruct patient & family in use of nurse call light & fall prevention;Provide non-skid socks/footwear;Instruct patient to wear non-skid socks/footwear when ambulating;Keep glasses, dentures & hearing aids within reach of patient;Encourage patient to wear their glasses;Keep bed/cart in lowest position & wheels locked;Keep room/floor free of obstacles;Encourage use of side rails (3 or less);Maintain a clear path between bed/cart & bathroom -AS at 04/15/24 2138
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**Skin Risk**

Sensory Perceptions	No impairment -AS at 04/15/24 2138
Moisture	Rarely moist -AS at 04/15/24 2138
Activity	Walks frequently -AS at 04/15/24 2138
Mobility	Full -AS at 04/15/24 2138
Nutrition	Adequate -AS at 04/15/24 2138
Friction and Shear	No problem -AS at 04/15/24 2138
Braden Scale Score	22 -AS at 04/15/24 2138

**Living Arrangements**

Where Do You Live	Home -AS at 04/15/24 2138
Whom Do You Live With	Family -AS at 04/15/24 2138
Custody Issues	No -AS at 04/15/24

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Flowsheets (continued)**

2138

**Barriers/Other Needs**

Barriers to Learning	None -AS at 04/15/24 2138
Communication Devices	Dry erase board -AS at 04/15/24 2138
Other Needs	None -AS at 04/15/24 2138

**ED Vital Signs/Pain**

Row Name	04/15/24 2230	04/15/24 2200	04/15/24 2100	04/15/24 2000	04/15/24 1930
<b>Vital Signs</b>					
BP	—	150/81 -AS at 04/15/24 2217	135/68 -AS at 04/15/24 2217	139/73 -AS at 04/15/24 2217	162/88 -LK at 04/15/24 1956
MAP (Mean Arterial Pressure)	—	102 -AS at 04/15/24 2217	89 -AS at 04/15/24 2217	94 -AS at 04/15/24 2217	111 -LK at 04/15/24 1956
Pulse	—	—	—	—	56 -LK at 04/15/24 1957
Pulse Rate - SpO2	51 -AS at 04/15/24 2246	55 -AS at 04/15/24 2217	49 ! -AS at 04/15/24 2217	49 ! -AS at 04/15/24 2217	56 -LK at 04/15/24 1957
Resp	—	18 -AS at 04/15/24 2218	—	—	—
SpO2	93 % -AS at 04/15/24 2246	92 % -AS at 04/15/24 2217	93 % -AS at 04/15/24 2217	95 % -AS at 04/15/24 2217	94 % -LK at 04/15/24 1956
O2 Delivery	—	RA-room air -AS at 04/15/24 2246	—	—	—

**Level of Consciousness**

Level of Consciousness	—	Alert -AS at 04/15/24 2218	—	—	—
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Glasgow Coma Scale \* If coma score is persistently 5 or less, patient may be potential organ donor. Call Donor Information Referral Line per facility protocol.

Eye Opening	—	Spontaneous -AS at 04/15/24 2218	—	—	—
Best Verbal Response	—	Oriented -AS at 04/15/24 2218	—	—	—
Best Motor Response	—	Obeys commands - AS at 04/15/24 2218	—	—	—
Glasgow Coma Scale Score (calc)	—	15 -AS at 04/15/24 2218	—	—	—

**Pain Alert Assessment**

Row Name	04/15/24 1928
<b>Pain Alert Assessment Timer</b>	
Pain Alert Assessment	Yes -AS at 04/15/24 1930

**Sepsis Screening - Adult**

Row Name	04/15/24 1930
<b>Document Sepsis Screen</b>	
Are there risk factors of infection present/new?	No risk factors for infection -AS at 04/15/24 1931
Sepsis Escalation Criteria	No criteria met -AS at 04/15/24 1931
Screen Outcome (*REQUIRED*)	Criteria Not Met -AS at 04/15/24 1931

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Flowsheets (continued)**

**Spinal Precautions**

Row Name	04/15/24 2131	04/15/24 1930
<b>Spinal Immobilization Initiated</b>		
In ED	—	C-Collar -AS at 04/15/24 2120
Reason for Immobilization	—	Mechanism of Injury;Mid-Line Cervical Pain -AS at 04/15/24 2120
CMS Intact Before Immobilization Initiated	—	Yes -AS at 04/15/24 2120
CMS Intact after Immobilization Initiated	—	Yes -AS at 04/15/24 2120
Tolerated Procedure	—	Well -AS at 04/15/24 2120
<b>Spinal Immobilization Stopped</b>		
Authorized by	Provider -AS at 04/15/24 2132	—
C-Collar Removed at	2132 -AS at 04/15/24 2132	—
CMS Intact Prior to Removal	Yes -AS at 04/15/24 2132	—
CMS Intact after Removal	Yes -AS at 04/15/24 2132	—
Tolerated Procedure	Well -AS at 04/15/24 2132	—

**Triage Data**

Row Name	04/15/24 1928
<b>Distress Level</b>	
Distress Level	None -AS at 04/15/24 1930
<b>History of Present Illness</b>	
History of Present Illness	presents via EMS from car accident going approx 30mph where car turned in front of him and he hit the front of the other car. +air bag, +seatbelt, -LOC. Pt states L elbow/ lower arm, L thigh and L side of face pain. C/o c spine pain,, placed in C-collar upon arrival. Pt has abrasion to L cheek and L forehead whihc pt states is from him hitting the door. given 200mcg fent by EMS. Pt is spanish speeaking

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Flowsheets (continued)**

only. -AS at 04/15/24  
1930

EMS Data Yes -AS at 04/15/24  
1930

**EMS Data**

BP **144/91 !** -AS at  
04/15/24 1930

Pulse **88** -AS at 04/15/24 1930

SpO2 **95 %** -AS at 04/15/24  
1930

O2 Delivery **NC-Nasal cannula** -  
AS at 04/15/24 1930

Level of Consciousness **Alert** -AS at 04/15/24  
1930

**Vital Signs**

Temp **99.3 °F (37.4 °C)** -  
AS at 04/15/24 1930

Temp Source **Tympanic** -AS at  
04/15/24 1930

BP **162/88** -AS at 04/15/24  
1930

MAP (Mean Arterial Pressure) **113** -AS at 04/15/24  
1930

Pulse **88** -AS at 04/15/24 1930

Resp **16** -AS at 04/15/24 1930

SpO2 **95 %** -AS at 04/15/24  
1930

O2 (l/min) **2 LPM** -AS at 04/15/24  
1930

O2 Delivery **NC-Nasal cannula** -  
AS at 04/15/24 1930

**Height and Weight**

Height **6' 2" (188 cm)** -AS at  
04/15/24 1930

Weight **115.2 kg (254 lb)** -  
AS at 04/15/24 1930

Scale Type **Stated** -AS at 04/15/24  
1930

BSA (Calculated - sq m) **2.45 sq meters** -AS  
at 04/15/24 1930

BMI (Calculated) **32.598** -AS at 04/15/24  
1930

**Have you had Surgery in the last 30 days ?**

Have you had  
Surgery in the  
last 30 days ? No -AS at 04/15/24  
1930

**Patient Currently in Pain**

Pain assessment type **Assessment** -AS at  
04/15/24 1930

Patient currently in pain **Yes** -AS at 04/15/24  
1930

Scale type **The Defense and  
Veterans Pain  
Rating Scale  
(DVPRS) 0-10** -AS at  
04/15/24 1930

Pain Location **Neck;Arm,  
lower;Leg,  
upper;Left** -AS at  
04/15/24 1930

Pain Duration **Acute** -AS at 04/15/24  
1930

\* Pain Score **4** -AS at 04/15/24 1930

\* Respiratory **Normal** -AS at

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Flowsheets (continued)

Character (**Document RR)	04/15/24 1930
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* Level of Consciousness (POSS Scale)	1-Awake and alert - AS at 04/15/24 1930
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#### Level of Consciousness

Level of Consciousness	Alert -AS at 04/15/24 1930
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Glasgow Coma Scale \* If coma score is persistently 5 or less, patient may be potential organ donor. Call Donor Information Referral Line per facility protocol.

Eye Opening	Spontaneous -AS at 04/15/24 1930
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Best Verbal Response	Oriented -AS at 04/15/24 1930
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Best Motor Response	Obeys commands - AS at 04/15/24 1930
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Glasgow Coma Scale Score (calc)	15 -AS at 04/15/24 1930
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#### SI / HI Screening

Do You Have Thoughts Of Harming Yourself or Others?	No -AS at 04/15/24 1930
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#### Patient Info

Tetanus Shot Last Given	Unknown -AS at 04/15/24 1930
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Dialysis Type	Not Applicable -AS at 04/15/24 1930
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[REMOVED] Peripheral IV 04/15/24 Left;Hand 20 gauge 04/15/24 2246

IV Properties	Present on Admission: Yes -AS, 04/15/24 1932 Placement Date: 04/15/24 -AS, 04/15/24 1932 Placed by External Staff?: EMS -AS, 04/15/24 1932 Location: Left;Hand -AS, 04/15/24 1932 Size: 20 gauge -AS, 04/15/24 1932 Line Secured: Taped -AS, 04/15/24 1932 Removal Date: 04/15/24 -AS, 04/15/24 2246 Removal Time: 2246 -AS, 04/15/24 2246 Catheter Intact When Removed: Yes -AS, 04/15/24 2246 Post Removal Assessment: No complications -AS, 04/15/24 2246 Reason for Removal: Removed at Discharge - AS, 04/15/24 2246
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#### Triage Plan

Row Name	04/15/24 1930
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#### Triage Plan

Patient Acuity	Urgent -AS at 04/15/24 1931
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Reason for Visit	Medical -AS at 04/15/24 1931
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Triage Complete	Triage complete -AS at 04/15/24 1931
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#### User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline
LK	Lauran K Kirby-Hancock, RN	Registered Nurse	Nurse
AS	Audrey M Shaffer, RN	Registered Nurse	Nurse

#### After Visit Summary

Excuses (below)

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**After Visit Summary (continued)**

**Excuses**

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### After Visit Summary (continued)

ED After Visit Summary (below)



### RESUMEN DE LA VISITA

Noel AlvaradoTorres MRN: M1811525 4/15/2024 SCL Health - Lutheran Emergency Services 303-425-2087

#### Instrucciones

IT IS IMPERATIVE THAT YOU FOLLOW UP WITH YOUR PRIMARY CARE PHYSICIAN. IT IS RECOMMENDED THAT YOU

FOLLOWUP WITHIN 48 HOURS OF THIS EMERGENCY DEPARTMENT VISIT.

IF YOU DO NOT HAVE A PHYSICIAN. PLEASE GO TO <https://connect.intermountainhealth.org/denver-primary-care>

Please take Tylenol and ibuprofen as needed for pain control. Use warm compresses and gentle stretching as needed for pain control. Please return to emergency department for any uncontrolled pain, numbness, weakness, loss coordination or any other concerning symptoms.

Sometimes it can be too early during an emergent presentation to rule out a life threatening medical condition in the ER or a condition that could cause serious injury or morbidity. This is why it is important to follow up within 48 hours. You also need to review the results of your ER workup with your primary doctor when you follow up with them as occasionally we will discover findings in the ER during your workup that may need further evaluation and/or treatment. Return right away if you develop any new or worsening symptoms before following up with a doctor.

IF YOU HAVE ANY CONCERNSS ABOUT PERSISTENT OR NEW SYMPTOMS CALL OR RETURN TO THE EMERGENCY DEPARTMENT NurseLine at 1-888-808-8828.



#### Lea la información adjunta

1. MVA, No Serious Injury (Spanish)
2. Strains and Sprains, Self-Care for (Spanish)

### Visita de hoy

Le ha tratado Daniel C Windels

Razón de la cita

Motor Vehicle Crash

Diagnósticos

- Motor vehicle collision, initial encounter
- Acute strain of neck muscle, initial encounter

Exámenes de laboratorio completos

Glucose POCT

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### After Visit Summary (continued)

#### Visita de hoy (continuación)

##### Exámenes de imagen

CT Cervical Spine WO Contrast (Trauma)  
CT Head WO Contrast (Trauma)  
CT Maxillofacial Area WO Contrast (Trauma)  
Left XR Knee Unilateral Minimum 4 Views  
XR Chest Portable 1 View  
XR Pelvis 1 Or 2 Views

##### Medicamentos administrados

morPHINE PF Última administración a la(s) 9:32 PM

Presión sanguínea  
150/81

Temperatura  
99.3 °F

Pulso  
56

Respiración  
18

Saturación de oxígeno  
92%

#### ¿Qué sigue?

Actualmente no tiene ninguna cita programada.

En SCL Health, creemos la transparencia de información, y creemos que usted merece ver su información tan pronto como esté disponible. Creemos que esto crea confianza y mejores relaciones.

Publicamos TODOS LOS resultados de laboratorio y de imágenes por vía de MyChart tan pronto como estén disponibles. Por lo tanto, usted pudiera ver algunos resultados incluso antes que nosotros. Por favor permitanos 2 días laborales para revisar y déjese saber lo que pensamos. Vemos cada resultado. Le contactaremos con cualquier resultado que nos preocupe.

Si sus resultados no son preocupantes, enviaremos una carta, o enviaremos un mensaje en línea sobre los resultados. Si sus resultados son preocupantes, tal vez lo contactemos por teléfono o programemos una cita de seguimiento. Sin embargo, si usted tiene una preocupación inmediata, usted puede enviarnos un mensaje o llamar a nuestra clínica. De otra forma, preferimos que usted espere 2 días laborales para nosotros contactarle o que hablemos de los resultados en próxima cita.

Enlazado a una descripción de confianza en línea de muchos resultados de pruebas: <https://medlineplus.gov/>

#### Equipo de tratamiento

Personal médico	Rol	Especialidad	De	Para
Daniel C Windels, MD	Personal médico a cargo	Emergency Medicine	04/15/24 1937	—

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**After Visit Summary (continued)**

**Tiene alergias a lo siguiente**

No tiene alergias

**Follow-up Information**

Ninguno/a

**Imaging Orders** (From admission, onward)

Comenzar	Autorizado
04/15/24 1954 XR Pelvis 1 Or 2 Views 1 TIME IMAGING	04/15/24 1953
04/15/24 1953 CT Maxillofacial Area WO Contrast (Trauma) 1 TIME IMAGING	04/15/24 1953
04/15/24 1953 CT Head WO Contrast (Trauma) 1 TIME IMAGING	04/15/24 1953
04/15/24 1953 CT Cervical Spine WO Contrast (Trauma) 1 TIME IMAGING	04/15/24 1953
04/15/24 1953 XR Chest Portable 1 View 1 TIME IMAGING	04/15/24 1953
04/15/24 1953 Left XR Knee Unilateral Minimum 4 Views 1 TIME IMAGING	04/15/24 1953

**Compromiso con nuestros pacientes acerca de los antibióticos**

Antibioticos solamente luchan contra infecciones causadas por bacteria. Como todas las drogas, pueden ser dañinas y deben ser utilizadas solamente cuando sea necesario. Tomar antibioticos cuando usted tiene un virus puede hacer más mal que bien: usted todavía se sentirá enfermo y el antibiotico podrían causarle irritación de la piel, diarrea, infección de iste, o peor.

Los antibioticos tambien le dan una oportunidad a la bacteria hacerse más resistentes a ellos. Esto puede hacer que infecciones en el futuro sean más difíciles de matar. Esto significa que los antibioticos pudieran no trabajar cuando usted realmente los necesite. Debido a esto, esto es importante que usted solamente utilice antibioticos cuando es necesario para tratar su enfermedad.

¿Cómo puede usted ayudar? Cuando usted tiene tos, garganta adolorida, u otra enfermedad, dígale a su doctor que usted solo quiere antibioticos si es realmente necesario. Si no le recetan un antibiotico, pregunte lo que usted puede hacer para sentirse mejor y aliviar sus síntomas.

Su salud es importante para nosotros. Como sus proveedores de cuidados médicos, prometemos proporcionar el mejor tratamiento para su condición. Si un antibiotico no es necesario determinaremos plan del tratamiento diferente que le ayude. Estamos comprometidos a recetar antibioticos solamente cuando son necesarios, y evitaremos darle antibioticos cuando puedan hacer más mal que bien.

Si tiene alguna pregunta, por favor pregunte.

Adaptado de CDC Get Smart: Know When Antibiotics Work

**Identificación CareEverywhere**

If your provider participates in Care Everywhere, they may ask if you know your Care Everywhere ID. Your Care Everywhere ID for SCL Health is: EXE-G987-7W6C-SFT9

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### After Visit Summary (continued)

## Pain Medication Safety Information

### Seguridad de Medicamentos de Opioide para el Dolor

La medicina de opioide para el dolor es un tipo de medicina recetada usada para dolor desde moderado a severo y solamente debe ser utilizada por un corto período de tiempo. Algunos de los nombres más comunes de las medicinas de opioide incluyen: Oxycodone (Roxicodone o Percocet), codeine, fentanyl, hydrocodone (Norco o Vicodin), hydromorphone (Dilaudid) and morphine.

A usted también pudieron haberle dado una receta para un medicamento de opioides para el dolor mezclada con Tylenol. Algunos de los nombres más comunes de estas medicinas mezcladas para el dolor incluyen: Percocet, Lortab, y Vicodin.

#### Usando medicina de opioides para el dolor de forma segura

- Las medicinas de opioides para el dolor que usted tiene son parte del plan para manejar su dolor después de que usted salga del hospital.
- Llame a su doctor o farmacéutico si usted tiene alguna pregunta sobre sus medicinas o cómo manejar su dolor.
- Siga las instrucciones en la botella de la medicina de opioides para el dolor para saber cómo tomar la medicina.
- No cambie la forma de tomar sus medicinas o pare de tomar el medicamento de opioide para el dolor sin primero hablar con su doctor.
- Hable con su doctor si las cosas cotidianas hacen más difícil manejar su dolor.
- Dígale a su doctor si no puede hacer sus actividades cotidianas debido al dolor o los efectos secundarios del medicamento de opioide para el dolor.
- Los efectos secundarios comunes de los medicamentos de opioides para el dolor son problema para hacer del baño (estreñimiento), sueño, malestar del estómago (náuseas) o vomito. Si usted tiene alguno de estos efectos secundarios mientras que está tomando un medicamento para el dolor de opioide, avise a su doctor.
- Nunca comparta sus medicinas de opioides para el dolor con otra persona o tome medicina de opioides para el dolor de otra persona. Es peligroso.
- No utilice alcohol o marihuana mientras está tomando medicinas de opioides para el dolor.
- Mantenga una lista de la hora que tomo medicamento de opioides para el dolor y cuanto tomo cada vez.
- Almacene medicamentos de opioides en un lugar seguro, lejos de niños y mascotas.
- Deshágase de medicamento extra de una forma segura (vea el revés de esta hoja).
- Los signos de tomar demasiado medicamento de opioides para el dolor (sobredosis) son: sentirse o actuar confundido, hablar lento o no claro, pupilar muy pequeñas (la parte negra del ojo), problemas para despertar, demasiados mareos o desmayos, actuar ebrio, tener problemas para respirar, ronquido inusual o falta de aire mientras duerme.
- Si usted o alguien más está mostrando alguno de estos signos o pudo haber tomado demasiado medicamento de opioide para el dolor, obtenga ayuda médica inmediatamente. No espere para ver si se quitan los síntomas por sí mismo. Llame al 911 inmediatamente.

#### Tratando el dolor sin medicamento de opioides.

Hay diversos tipos de dolor. Certo dolor se puede manejar bien sin medicinas de opioides para dolor. Hay muchas otras maneras de manejar el dolor, incluyendo:

- Terapia Física u Ocupacional
- Asesoramiento
- Meditación
- Aceites esenciales
- Música

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### After Visit Summary (continued)

#### Pain Medication Safety Information (continuación)

- Comer sano
- Masaje
- Ejercicio
- lienzos calientes o fríos
- Medicina, tal como acetaminophen (Tylenol) o ibuprofen (Advil, Motrin). Hable con su doctor antes de tomar estas medicinas mientras esté tomando medicamentos de opioide para el dolor.

#### Cómo deshacerse de extra medicamento de opioides para el dolor

Una dosis de algunas medicinas de opioides para el dolor puede dañar o matar a niños o mascotas. Es muy importante guardar estas medicinas lejos de niños y mascotas y deshacerse de una forma segura de estos medicamentos de opioides para el dolor.

Algunos medicamentos extra o espirados de opioides para el dolor pueden ser desechados de una forma segura en el inodoro. Estos medicamentos ya sea en pastilla, líquido o parche, incluyen:

- Dilaudid (hydromorphone)
- Fentanilo
- Oxycodone (Oxycontin, Roxicodone o Percocet)
- Morfina

Otra opción para deshacerse de medicamentos de opioides para el dolor de una forma segura es regresarlo a una de las farmacias conocidas como "colector DEA-autorizado". Usted puede saber si su farmacia local puede tomar medicamentos extra de opioides para el dolor llamando a la oficina de la Agencia para el Control de Drogas División de Control llamando al 1-800-882-9539 o viendo en línea <https://sclhealth/2R2qxLB>

Finalmente, usted puede deshacerse de todo el suplemento o las medicinas expiradas en un envase sellado añadiendo arena para gatos, asientos de café o carbón. Mesclando medicamentos con arena para gatos, asientos de café o carbón antes de tirarlos ayuda a prevenir que niños o mascotas consuman medicamentos que encuentran en la basura.

#### Recursos para la adicción de opioides

Si usted piensa que usted o un ser querido pudieran estar usando demasiado medicamento de opioides para el dolor o pudiera estar enviando a medicamento de opioides para el dolor, hay recursos gratis que pueden ayudar. Por favor llame el servicio de ayuda nacional para el uso de sustancias al 1-800-662-HELP (4357). Este servicio de ayuda es gratis, confidencial, y abierto las 24 horas al día, 365 días del año. Ellos le pueden dar la ayuda e información sobre centros de tratamiento y grupos de soporte locales en inglés y español. Usted puede también encontrar esta información en línea en [www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)

## Información Adicional

### EMERGENCY DEPARTMENT GENERAL DISCHARGE INSTRUCTIONS

Thank you for coming to SCLHS Lutheran Medical Center Emergency Department (ED) today and trusting us with your care. It is our expectation that our staff will provide excellent patient care. If you have any questions about your care, discharge instructions or need immediate assistance please call 303-425-2087 or call 911 for a medical emergency.

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**After Visit Summary (continued)**

**Información Adicional (continuación)**

We value your feedback and would like to hear about what we are doing right and also what we can do better. You may be receiving an automated phone survey within the next 72 hours and/or a hard copy survey in the mail from our vendor, Press-Ganey. We encourage you to participate in both surveys. If you wish to speak to a member of the department Management team during business hours (7a-5p) you can contact the department Manager at (303) 467-8866, or you may contact the Patient Representative at (303) 425-2964. After hours please leave a message we will return your call at our earliest convenience.

YOUR FOLLOW UP INSTRUCTIONS ARE AS FOLLOWS:

Do you have a private doctor? If you do not have a private doctor, please ask for a resource list of physicians or clinics that may be able to assist you with follow up care.

The Emergency Physician has interpreted your x-rays. The X-ray specialist will also review them. If there is a change in the findings you will be notified in 48 hours when at all possible.

If a lab test or lab culture has been done, your results will be reviewed and you will be notified if you need a change in treatment.

**IF YOUR SYMPTOMS WORSEN OR NEW SYMPTOMS DEVELOP, OR YOU HAVE CONCERNs ABOUT YOUR CONDITION; OR IF YOUR CONDITION WORSENS WHILE YOU ARE WAITING FOR YOUR FOLLOW UP APPOINTMENT; EITHER CONTACT YOUR PRIMARY CARE PHYSICIAN, THE PHYSICIAN WHOSE NAME AND NUMBER YOU WERE GIVEN, OR RETURN TO THE ED IMMEDIATELY.**

**ADDITIONAL INSTRUCTIONS AND INFORMATION**

Your care today has been supervised by a physician who is specially trained in emergency care. Many problems require more than one evaluation for a complete diagnosis and treatment. We recommend that you schedule your follow up appointment as recommended to ensure complete treatment of your illness or injury. If you are unable to obtain follow up care and continue to have a problem, or if your condition worsens we recommend that you return to the ED.

The providers in this Emergency Department utilize the Colorado Drug Monitoring Program to review the prescription drug usage of our patients with the goal of enhancing safe care. This website provides a history of controlled drug usage for each individual patient in the state of Colorado. Any controlled substance that is filled from a prescription written at your visit today will be reported to the state monitoring program. Please ask your provider if you have any questions. This is not a voluntary program.

We are not able to safely determine your condition over the phone nor are we able to give sound medical advice over the phone. For these safety reasons, if you call for medical advice we will ask you to come to the ED for further evaluation

If you have any questions regarding these discharge instructions please call the ED at 303-425-2087

**SAFETY INFORMATION**

In the interest of safety, wellness, and injury prevention; we encourage you to wear your seatbelt, if you smoke; quit smoking, and we encourage your family to use protective helmet for bicycling and other sporting events that present an increased risk for head injury.

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**After Visit Summary (continued)**

[Información Adicional \(continuación\)](#)

**Recordatorios Importantes Respecto a su Lista de Medicamentos:**

- Dé una lista de sus medicamentos actuales (incluyendo productos recetados, sin receta y herbales) a su doctor de cabecera así como a cualquier otro médico que usted vea.
- Lleve una lista de sus medicamentos (incluyendo productos recetados, sin receta y herbales) siempre con usted. Actualice la lista cuando los medicamentos son descontinuados, cambian las dosis, o nuevos medicamentos son añadidos.
- Las instrucciones en las botellas del medicamento pueden ser diferentes de estas instrucciones. Si usted no entiende cuando o cómo tomar sus medicamentos o por qué las está tomando, por favor hable con su médico o farmacéutico antes de tomar la medicina.
- Algunas comidas y productos herbales pueden interferir con los medicamentos. Consulte a su médico o farmacéutico si usted planea comenzar a tomar suplementos o herbales.

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**After Visit Summary (continued)**

**Su lista de medicamentos**

**CONSULTE con su médico sobre estos medicamentos**



**oxyCODONE-acetaminophen (5-325 mg/tab)**  
tablet  
También conocido como: PERCOSET

Take 1 tablet by mouth every six hours, as needed for  
Pain



**tizANidine** 4 mg tablet  
También conocido como: ZANAFLEX

Take 1 tablet (4 mg) by mouth every eight hours as  
needed for Muscle spasms

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**After Visit Summary (continued)**

**MyChart**

April 15, 2024

Dear Noel:

Thank you for enrolling in MyChart. MyChart allows you to view your test results, medications, allergies, and more.

Please follow the instructions below to securely access your online medical record.

**How Do I Sign Up?**

1. In your Internet browser, go to <https://mychart.sclhealth.org/>.
2. Click on the **Sign Up Now** link in the New User box. You will see the New Member Sign Up page.
3. Enter your MyChart Activation Code exactly as it appears below. You will not need to use this code after you've completed the sign-up process. NOTE: If you do not activate your MyChart account before the expiration date, you must request a new code by visiting your clinic or hospital at which you have been a recent patient and provide proper identification.

MyChart Activation Code: 5QS8H-K8HR9-VN8BP

Expires: 5/25/2024 10:17 PM

4. Enter your Date of Birth (mm/dd/yyyy), residential Zip Code and click **Submit**.
5. Create a MyChart Username. This will be your MyChart login ID and cannot be changed. Think of one that is secure and easy to remember.
6. Create a MyChart Password. You can change your password at any time.
7. Choose a Security Question and Answer, and click **Next**. The Security Question and Answer can be used to access MyChart if you forget your password.
8. Enter your e-mail address. You will receive e-mail notification when new information is available in MyChart.
9. Click **Sign In**. You can now view your medical record.

**Additional Information**

If you have questions, please call 855-274-2517 to talk with our MyChart staff. Remember, MyChart is NOT to be used for urgent needs. For medical emergencies, dial **911**.

Sincerely,

MyChart Team

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**After Visit Summary (continued)**

 **Información adjunta**

MVA, No Serious Injury (Spanish)

**Accidente automovilístico sin lesiones graves**

A usted o a su hijo los atendieron hoy porque sufrieron un accidente automovilístico. El examen no muestra signos de lesiones graves a causa del accidente. Es importante que observe si tiene síntomas nuevos que puedan señalar una lesión oculta.

Es normal que sienta los músculos y la espalda tensos y doloridos al día siguiente, y no solo los músculos dañados inicialmente. Recuerde que todas las partes del cuerpo están conectadas, aunque hoy le duela una zona, mañana le podría doler otra. Las lesiones causan inflamación. Esto hace que los músculos se tensen y duelan más. Al principio puede agravarse, pero poco a poco mejorará en los días siguientes. Sin embargo, hable con su proveedor de atención médica si tiene dolor más intenso.

Incluso si no tiene una lesión evidente en la cabeza, podría tener una conmoción cerebral por sacudir la cabeza adelante, atrás o a los costados repentinamente. Es común que tenga dolor de cabeza leve y sienta cansancio, náuseas o mareos. Puede haber conmociones cerebrales e incluso sangrado, en especial si tuvo una lesión reciente, toma anticoagulantes o es mayor de 65 años. Conozca los signos de advertencia para informar a su proveedor de atención médica.

Aunque no tenga lesiones físicas, haber estado en un accidente automovilístico puede ser estresante. Puede causar síntomas emocionales o mentales luego del incidente. Por ejemplo:

- Una sensación general de ansiedad y miedo
- Pensamientos o pesadillas recurrentes sobre el accidente
- Dificultad para dormir o cambios en el apetito
- Sentimiento de depresión, tristeza o falta de energía
- Irritabilidad o poca tolerancia
- Necesidad de evitar actividades, lugares o personas que le recuerdan lo que le ocurrió

En la mayoría de los casos, son reacciones normales. No son graves como para afectar sus actividades normales. Deberían irse en unos pocos días o algunas semanas. Consulte con su proveedor de atención médica si estas reacciones duran más de lo esperado, empeoran o afectan su vida diaria.

**Cuidados en el hogar**

**Dolor muscular, esguinces y distensiones**

Incluso cuando no tenga una lesión visible, es común sentir dolor general y que aparezcan dolores nuevos en los primeros días después de un accidente. Tómelo con calma al principio y no se exija de más.

- Al principio, no intente estirar los puntos sensibles. Si tiene una distensión muscular, estirarse podría empeorarla.
- Use una compresa de hielo o fría en las zonas doloridas durante no más de 20 minutos por vez, con la frecuencia que le sea cómoda. Puede ayudar a reducir la inflamación, la hinchazón y el dolor. Para hacer una compresa de hielo, coloque cubos de hielo en una bolsa plástica y ciérrela arriba. Envuelva la bolsa en un paño o toalla delgada. No coloque la compresa de hielo directamente sobre la piel.
- En ocasiones, luego de que el dolor y la inflamación desaparecen, puede quedarle bastante rigidez. En ese caso, use una almohadilla caliente, especialmente en la parte baja de la espalda.

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### After Visit Summary (continued)

#### Cuidado de la herida

- Si tiene raspaduras o abrasiones, suelen sanar en unos diez días. Es importante mantener las abrasiones limpias al principio, cuando comienzan a sanar. Siga todas las instrucciones que le dé su proveedor de atención médica para cuidar la herida. Vigile cualquier signo de infección incipiente, como los siguientes:
  - Más enrojecimiento, calor o hinchazón alrededor de la herida
  - Fiebre
  - Manchas rojas alrededor de la herida
  - Pus

#### Medicamentos

- Consulte con su proveedor de atención médica antes de usar medicamentos, especialmente si tiene otros problemas médicos o toma otros medicamentos.
- Si necesita algo para el dolor, use paracetamol o ibuprofeno, a menos que le hayan recetado otro analgésico. El ibuprofeno es un agente antiinflamatorio y es más efectivo para dolores musculares. Si es alérgico a ciertos medicamentos, tiene una enfermedad crónica del hígado o de los riñones, úlceras estomacales o sangrados gastrointestinales, o toma medicamentos anticoagulantes, hable con su proveedor antes de tomar estos medicamentos. Siempre siga las instrucciones de su proveedor.
- Tenga cuidado si le recetan analgésicos, narcóticos o medicamentos para el espasmo muscular. Pueden causar somnolencia, mareos y afectar su coordinación, sus reflejos y su juicio. Mientras use estos medicamentos, no conduza ni haga trabajos en los que pueda lastimarse.

#### Visita de seguimiento

Asista a las citas de seguimiento con su proveedor de atención médica o según le hayan indicado. Si los síntomas emocionales o mentales empeoran o no desaparecen, vaya a los controles con su proveedor de inmediato. Tal vez tenga una reacción traumática por estrés más grave. Hay tratamientos que pueden ayudarlo.

Si le hicieron radiografías o tomografías computarizadas, le dirán si hay cambios que afecten el tratamiento.

#### Cuándo llamar al 911

Llame al 911 si ocurre algo de lo siguiente:

- Dificultad para respirar
- Una pupila está más grande que la otra
- Vómitos persistentes
- Dolor de cabeza que empeora y no desaparece
- Inquietud o agitación
- Confusión, somnolencia o dificultad para despertarse
- Desmayo, pérdida del conocimiento o convulsiones
- Frecuencia cardíaca acelerada
- Dificultades en el habla o la vista
- Dificultad para caminar, pérdida del equilibrio, entumecimiento o debilidad en un lado del cuerpo, parálisis facial

#### Cuándo buscar atención médica

Llame a su proveedor de atención médica de inmediato ante cualquiera de los siguientes signos o síntomas:

- Dolor nuevo o que empeora en el cuello, la espalda, el abdomen, el brazo o la pierna
- Enrojecimiento, hinchazón o supuración de pus de alguna herida
- Síntomas mentales y emocionales que no mejoran o que empeoran

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**After Visit Summary (continued)**

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**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**After Visit Summary (continued)**

 **Información adjunta**

Strains and Sprains, Self-Care for (Spanish)

**Cuidado personal de las distensiones musculares y los esguinces**

La mayoría de las distensiones musculares y los esguinces pueden tratarse con el cuidado personal. La recuperación de las distensiones musculares y los esguinces puede tardar entre 6 a 8 semanas. Su objetivo en el cuidado personal debe ser reducir el dolor e inmovilizar la lesión para acelerar el proceso de curación.

**Dé soporte a la zona lesionada**

Envolver la zona lesionada proporciona el soporte necesario para las actividades cotidianas de corta duración. Tenga cuidado de no envolver la zona de manera muy apretada. Esto podría cortar la circulación de la sangre.

- Utilice un cabestrillo para dar soporte a una muñeca, codo u hombro lesionado.
- Envuelva el tobillo o la rodilla lesionada con una venda elástica.
- Si tiene un dedo lesionado en la mano o en el pie, inmovilícelo sujetándolo con cinta al dedo contiguo.

**Use frío y calor**

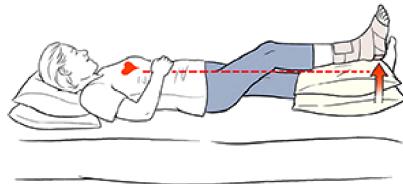
El frío reduce la hinchazón. Tanto el calor como el frío disminuyen el dolor. Pero no debe usar calor en el primer momento que trata la lesión. Al usar frío o calor, siempre ponga una toalla delgada entre la compresa y la piel.

- Aplique hielo o una compresa fría durante 10 a 15 minutos cada hora que esté despierto durante los primeros 2 días. Para hacer una compresa de hielo, coloque cubos de hielo en una bolsa plástica y ciérrela. Envuelva la bolsa en un paño o toalla delgada. No aplique hielo ni una compresa fría directamente sobre la piel.
- Una vez reducida la inflamación, aplique frío o calor para controlar el dolor. No aplique calor al final del día, ya que puede causarle inflamación cuando no esté activo.

**Haga reposo y eleve la zona afectada**

Hacer reposo y elevar la zona afectada puede ayudar a acelerar la curación.

- Eleve la zona lesionada por encima del nivel del corazón.
- Evite que la zona lesionada se mueva.
- Limite el uso de la articulación o extremidad lesionada.



**Use medicamentos**

- La aspirina reduce el dolor y la inflamación. (Nota: No le dé aspirina a un menor de 18 años, a menos que se lo indique el proveedor de atención médica. Tomar aspirina puede hacer que el niño corra riesgo de padecer síndrome de Reye. Este es un trastorno poco frecuente pero muy grave. Normalmente afecta el cerebro y el hígado).

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### After Visit Summary (continued)

- Los medicamentos antinflamatorios no esteroides (AINE), como el ibuprofeno, también pueden reducir el dolor y la inflamación. Pida sugerencias a su proveedor de atención médica. Si tiene una enfermedad crónica del hígado o de los riñones, consulte con su proveedor antes de tomar estos medicamentos. Hable también con su proveedor si tuvo una úlcera estomacal o hemorragia gastrointestinal.

#### Cuándo llamar a su proveedor de atención médica

Llame a su proveedor de atención médica en los siguientes casos:

- No puede mover articulación lesionada o escucha un crujido al mover los huesos
- No puede aplicar peso sobre la zona lesionada, incluso después de 24 horas
- Tiene hormigueo o entumecimiento en la zona lesionada, o la zona se enfriá o se vuelve de color azul
- La articulación o la extremidad parece torcida o arqueada
- El dolor aumenta o no mejora en 4 días
- Al hacer presión sobre el área lesionada, hay un punto en el que el dolor es muy intenso

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### Documents

#### Admission Record

Scan on 4/15/2024 9:05 PM

Scan (below)

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Documents (continued)**

**Valuables, Patient Rights & Responsibilities, Notice of Privacy Practices**

**1. VALUABLES/PERSONAL PROPERTY**

I understand and acknowledge that this facility or clinic will not be liable for the loss or damage of any money, jewelry, glasses, hearing aids, dentures, prosthetic devices, documents, garments, or other articles, regardless of the article's value or size, unless such article is formally transferred to the care, custody and control of the applicable facility or clinic as evidenced by issuance of a receipt. Without such receipt this facility or clinic shall not be liable for any loss or damage of any personal property. State or other law may limit the liability for loss of any personal property unless a written receipt has been obtained by me from the Intermountain Health facility.

**2. PATIENT RIGHTS & RESPONSIBILITIES**

A copy of Patient Rights and Responsibilities has been offered to me. I may also find a copy of Patient Rights and Responsibilities posted throughout the facilities, on the sclhealth.org website, or I may request a paper copy. I understand that I have the right and obligation to express any concerns about my care and treatment to a Management Representative.

**3. NOTICE OF PRIVACY PRACTICES**

I acknowledge receipt of the Notice of Privacy Practices (NPP) in effect for the Intermountain Health arrangement, as stated in the NPP. For explanation of additional use and disclosure of my medical records in the course of receiving services, I may refer to the Intermountain Health Notice of Privacy Practices.

Select the person signing the form  Signature complete!

Verbal Consent

Patient  ALVARADOTORRES , NOEL

Patient or Authorized Representative Signature  
Electronically signed on 04/15/2024, 9:04 PM

Other

Relationship to Self  
Patient:

Reason Patient --  
Unable to Sign:

Electronically witnessed by: Madeline  
Mulvaney: S175445 04/15/2024  
09:04:29 pm



Valuables, Patient Rights & Responsibilities,  
Notice of Privacy Practices  
A-TX-3844-1223

**Lutheran Medical Center**

M1811525 Emergency 273754748  
ALVARADOTORRES , NOEL  
66 y 8/25/1957 M ADM: 4/15/2024  
WINDELS, DANIEL

**Ambulance Record**

**Scan on 5/1/2024 4:08 PM**

Scan (below)

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

<b>Denver Health Paramedic Division</b> Patient Care Record Name: ALVARADOTORRES, NOEL										Incident #: 202404-038967	Date: 04/15/2024	Patient 1 of 1					
<b>Patient Information</b>										<b>Clinical Impression</b>							
Last	ALVARADOTORRES		Address	5030 Broadway			Primary Impression	Injury of Neck									
First	NOEL		Address 2				Secondary Impression	Acute Pain, not elsewhere classified									
Middle			City	Denver			Protocols Used										
Gender	Male		State	CO			Local Protocol Provided										
DOB	08/25/1957		Zip	80216			Care Level										
Age	66 Yrs, 7 Months, 22 Days		Country	US			Anatomic Position										
Weight	195.0 lbs - 88.5 kg		Tel				Onset Time										
Height			Physician				Last Known Well										
Pedi Color			Phys. Tel				Chief Complaint	Neck pain									
SSN			Ethnicity	Hispanic or Latino			Duration										
Race	Hispanic or Latino						Secondary Complaint										
Advance Directives							Duration										
Resident Status							Patient's Level of Distress	Mild									
Patient Resides in Service Area							Signs & Symptoms	Neck pain (Primary) Injury to neck									
Temporary Residence Type							Injury	Motorized Vehicle Accident - Auto traffic accident injures occupant - Street or Highway - 04/15/2024									
							Additional Injury										
							Mechanism of Injury	Blunt									
							Medical/Trauma	Trauma									
							Barriers of Care	None Noted									
							Alcohol/Drugs	None Reported									
							Pregnancy										
							Initial Patient Acuity	Lower Acuity (Green)									
							Final Patient Acuity	Lower Acuity (Green)									
							Patient Activity										
<b>Medications/Allergies/History/Immunizations</b>																	
Medications										Lisinopril, Metformin							
Allergies										No known allergies							
History										Hypertension (HTN), Type 2 Diabetes							
Immunizations																	
Last Oral Intake																	
<b>Vital Signs</b>																	
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RASS	BARS	RTS	PTS
18:40	Alert	L	Sit	160/ P	100 II	18 R						6	15= 4 + 5 + 6			12	
19:05	Alert	L	Lay	144/92 M	80 R	18 R	96 Ox						15= 4 + 5 + 6			12	
<b>Flow Chart</b>																	
Time	Treatment		Description								Provider						
18:57	IV Therapy		Size: 20 ga; Hand-Left; Saline Lock; Total Fluid: 20; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);								Weyer, Cameron						
18:58	Fentanyl		100 Micrograms (mcg); Intravenous (IV); Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);								Weyer, Cameron						
19:04	Fentanyl		100 Micrograms (mcg); Intravenous (IV); Patient Response: Improved; Complication: None; Medical Control: Protocol (Standing Order);								Weyer, Cameron						
19:04	Oxygen		Device: Nasal Cannula (NC); Flow Rate: 2 lpm; Patient Response: Improved; Successful; Complication: None; Medical Control: Protocol (Standing Order);								Weyer, Cameron						
<b>Assessments</b>																	
Assessment Time: 04/15/2024 18:43:25																	
Category	Comments			Subcategory													
Mental Status				Mental Status		Normal Baseline For Patient											
Skin				Skin		No Abnormalities											

Hospital Chart Number: 273754748

Page 1 of 6

04/15/2024 22:57:50  
PCRID: 358c7ee2-95fb-4beb-b412-b15301338cc7  
Electronically Signed by: Weyer, Cameron  
Template Version: PCR-EXTRACT-1.3.1  
Data Version: AAAAABFRVCg=

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

Denver Health Paramedic Division Patient Care Record			
Name: ALVARADOTORRES, NOEL		Incident #: 202404-038967	Date: 04/15/2024 Patient 1 of 1
Assessments			
Assessment Time: 04/15/2024 18:43:25			
Category	Comments	Subcategory	
HEENT		Face	<b>Face:</b> No Abnormalities
		Head	<b>Head:</b> No Abnormalities
		Eyes	<b>Both Eyes:</b> PERRL
		Neck	No Abnormalities
Chest		Chest	<b>Anterior - General:</b> No Abnormalities <b>Anterior - Left:</b> No Abnormalities <b>Anterior - Right:</b> No Abnormalities <b>Left - Side:</b> No Abnormalities <b>Posterior - General:</b> No Abnormalities <b>Posterior - Left:</b> No Abnormalities <b>Posterior - Right:</b> No Abnormalities <b>Right - Side:</b> No Abnormalities
		Heart Sounds	No Abnormalities
		Lung Sounds	<b>Bilateral:</b> No Abnormalities LL: No Abnormalities LU: No Abnormalities RL: No Abnormalities RU: No Abnormalities
			No Abnormalities
Abdomen	General	No Abnormalities	
Back	Cervical	<input checked="" type="checkbox"/> <b>Midline:</b> Pain	
Pelvis/GU/GI	Pelvis/GU/GI	<b>Pelvis/GU/GI:</b> No Abnormalities	
Extremities	Left Arm	<input checked="" type="checkbox"/> <b>Elbow:</b> Pain	
	Right Arm	<b>Whole Arm and Hand:</b> No Abnormalities	
	Left Leg	<b>Left Leg and Foot:</b> No Abnormalities	
	Right Leg	<b>Right Leg and Foot:</b> No Abnormalities	
Neurological	Neurological	Normal Baseline For Patient	

#### Narrative

DG 61 C10 to above address for MVA. Per pt, he was driving at ~30MPH and someone turned in front of him and he got T-boned on the driver side. Pt denies hitting his head or any LOC. Pt denies any other recent illness or trauma.

Pt found standing next to his vehicle U/A. Pt vehicle is a newer model sedan with moderate L front end damage, airbag deployment, dashboard and windshield intact. Pt AAOx4 and mentation is appropriate. Pt has tenderness to midline cervical neck with increase in pain on ROM of head, no deformity or step off noted. Pt has tenderness to L elbow, no redness or deformity noted. Pt CSMx4, PEARRL, LS CTAB. Physical exam otherwise unremarkable, see assessment.

Neck injury. Arm injury.

Pt assessed and observed during transport c9 to LMC. Pt pain improves after Fentanyl. No other changes in pt condition upon arrival and transport without incident. Pt and care transferred to ED staff without complications. All times approximate.

Specialty Patient - Motor Vehicle Collision			
<b>Patient Injured</b>	Yes	<b>Law Enforcement Case #</b>	
<b>Vehicle Type</b>	Automobile	<b>Collision Indicators</b>	EMS Provider Judgment
<b>Position in Vehicle</b>	Front Seat - Left Side (or motorcycle driver)	<b>Damage Location</b>	Center Front, Left Front
<b>Seat Row</b>	1	<b>Airbag Deployment</b>	Air Bag(s) Deployed - Side Deployed, Front Deployed
<b>Number of Vehicles</b>		<b>Safety Devices</b>	Shoulder and Lap Belt Used
<b>Weather</b>	Clear	<b>Extrication Comments</b>	
<b>Extrication Required</b>	No	<b>Extrication Time</b>	
<b>Estimated Speed</b>	30mph/48 kph		
<b>Exterior Damage</b>			

Incident Details		Destination Details		Incident Times	
<b>Location Type</b>	Street or Highway	<b>Disposition</b>		<b>PSAP Call</b>	18:29:49
<b>Location</b>	UNK DOT	<b>Unit Disposition</b>	Patient Contact Made	<b>Dispatch Notified</b>	
<b>Address</b>	N Broadway St / E 49th Ave	<b>Patient Evaluation and/or Care Disposition</b>	Patient Evaluated and Care Provided	<b>Call Received</b>	18:29:49
<b>Address 2</b>		<b>Crew Disposition</b>	Initiated and Continued Primary Care	<b>Dispatched</b>	18:30:03
<b>Mile Marker</b>		<b>Transport Disposition</b>	Transport by This EMS Unit (This Crew Only)	<b>En Route</b>	18:31:20
<b>City</b>	Denver	<b>Reason for Refusal or Release</b>		<b>Staged</b>	

Hospital Chart Number: 273754748

Page 2 of 6

04/15/2024 22:57:50  
PCRID: 358c7ee2-95fb-4beb-b412-b15301338cc7  
Electronically Signed by: Weyer, Cameron  
Template Version: PCR-EXTRACT-1.3.1  
Data Version: AAAAABFRVCg=

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

Denver Health Paramedic Division		Patient Care Record	
Name: ALVARADOTRRES, NOEL		Incident #: 202404-038967	Date: 04/15/2024
Incident Details		Destination Details	
County	Denver	Transport Mode Descriptors	Lights and Sirens
State	CO	Transport Due To	Patient's Choice, Family Choice
Zip	80216	Transported To	Lutheran Medical Center
Country	US	Requested By	Bystander
Medic Unit	61	Destination	Hospital
Medic Vehicle	14	Department	Emergency Room
Run Type	Emergency Response (Primary Response Area)	Address	8300 W 38th Ave
Response Mode	Emergent	Address 2	
Response Mode Descriptors	Lights and Sirens	City	Wheat Ridge
Shift	Street Ops - Controlled Meds 14	County	Jefferson
Zone	Denver	State	Colorado
Level of Service		Zip	80033
EMD Complaint	Traffic Accident	Country	US
EMD Card Number	29E Traffic/Transpor	Zone	
Dispatch Priority	Priority 2 (Emergent)	Condition at Destination	Improved
		State Wristband #	
		Destination Record #	
		Trauma Registry ID	
Alternative Disposition Offered			
Crew Members			
Personnel	Role	Certification Level	
Weyer, Cameron	Lead	EMT-Paramedic (Colorado) - 057218	
MONTGOMERY, ABIGAIL	Driver	EMT-Paramedic (Colorado) - Q172255	
Mileage		Delays	Additional Agencies
Scene	1.0	Category	Delays
Destination	7.6	Response Delays	None/No Delay
Loaded Miles	6.6	Scene Delays	None/No Delay
Start		Transport Delays	None/No Delay
End			
Total Miles			
Personal Items			
Item	Given To		Comment
Clothes on patient			
Clothing			
Government Issued ID			
Purse/Wallet			
Patient Transport Details			
How was Patient Moved To Stretcher		How was Patient Moved To Ambulance	Assisted/Walk, Stretcher
How was Patient Moved From Ambulance	Stretcher	Patient Position During Transport	Supine
Condition of Patient at Destination	Improved		

04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

Documents (continued)



Denver Health Paramedic Division

Patient Care Record

Name: ALVARADOTORRES, NOEL

Incident #: 202404-038967

Date: 04/15/2024

Patient 1 of 1

Billing Authorization

Authorization

Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On

Billing Authorization

HIPAA Acknowledgement

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.  
Authorized representatives include only the following:(Check one)

- Patient's Legal Guardian
- Patient's Medical Power of Attorney
- Relative or other person who receives benefits on behalf of the patient
- Relative or other person who arranges treatment or handles the patient's affairs
- Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature

Signed On

Printed Name

Reason unable to sign

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)



**Denver Health Paramedic Division**

Patient Care Record

Name: ALVARADOTRRES, NOEL

Incident #: 202404-038967

Date: 04/15/2024

Patient 1 of 1

#### Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

##### EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signed On	04/15/2024 22:56:57
Printed Name	C Weyer
Reason unable to sign	Language

##### Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient.  
**My signature is not an acceptance of financial responsibility for the services rendered..**

Signed On	04/15/2024 22:57:06
Notice of Privacy Practices Provided	No
Printed Name	Denise
Title of Representative	RN

#### Facility Signatures

Signed On	
Receiving	

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Documents (continued)**

 **Denver Health Paramedic Division**  
Patient Care Record  
Name: ALVARADOTORRES, NOEL

Incident #: 202404-038967      Date: 04/15/2024      Patient 1 of 1

Provider Signatures



Lead Provider	Weyer, Cameron	Certification Level	EMT-Paramedic (Colorado) - 057218
Provider	Certification Level		
Provider	Certification Level		
Provider	Certification Level		

Hospital Chart Number: 273754748

Page 6 of 6

04/15/2024 22:57:50  
PCRID: 358c7ee2-95fb-4beb-b412-b15301338cc7  
Electronically Signed by: Weyer, Cameron  
Template Version: PCR-EXTRACT-1.3.1  
Data Version: AAAAABFRVCg=

**Scan on 4/16/2024 2:40 AM**

Scan (below)

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

<b>Denver Health Paramedic Division</b> Patient Care Record Name: ALVARADOTORRES, NOEL										Incident #: 202404-038967	Date: 04/15/2024	Patient 1 of 1					
<b>Patient Information</b>										<b>Clinical Impression</b>							
Last	ALVARADOTORRES		Address	5030 Broadway			Primary Impression	Injury of Neck									
First	NOEL		Address 2				Secondary Impression	Acute Pain, not elsewhere classified									
Middle			City	Denver			Protocols Used										
Gender	Male		State	CO			Local Protocol Provided										
DOB	08/25/1957		Zip	80216			Care Level										
Age	66 Yrs, 7 Months, 22 Days		Country	US			Anatomic Position										
Weight	195.0 lbs - 88.5 kg		Tel				Onset Time										
Height			Physician				Last Known Well										
Pedi Color			Phys. Tel				Chief Complaint	Neck pain									
SSN			Ethnicity	Hispanic or Latino			Duration										
Race	Hispanic or Latino						Secondary Complaint										
Advance Directives										Duration							
Resident Status										Patient's Level of Distress	Mild						
Patient Resides in Service Area										Signs & Symptoms	Neck pain (Primary) Injury to neck						
Temporary Residence Type										Injury	Motorized Vehicle Accident - Auto traffic accident injures occupant - Street or Highway - 04/15/2024						
										Additional Injury							
										Mechanism of Injury	Blunt						
										Medical/Trauma	Trauma						
										Barriers of Care	None Noted						
										Alcohol/Drugs	None Reported						
										Pregnancy							
										Initial Patient Acuity	Lower Acuity (Green)						
										Final Patient Acuity	Lower Acuity (Green)						
										Patient Activity							
<b>Medications/Allergies/History/Immunizations</b>																	
Medications										Lisinopril, Metformin							
Allergies										No known allergies							
History										Hypertension (HTN), Type 2 Diabetes							
Immunizations																	
Last Oral Intake																	
<b>Vital Signs</b>																	
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RASS	BARS	RTS	PTS
18:40	Alert	L	Sit	160/ P	100 II	18 R						6	15= 4 + 5 + 6			12	
19:05	Alert	L	Lay	144/92 M	80 R	18 R	96 Ox						15= 4 + 5 + 6			12	
<b>Flow Chart</b>																	
Time	Treatment		Description								Provider						
18:57	IV Therapy		Size: 20 ga; Hand-Left; Saline Lock; Total Fluid: 20; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);								Weyer, Cameron						
18:58	Fentanyl		100 Micrograms (mcg); Intravenous (IV); Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);								Weyer, Cameron						
19:04	Fentanyl		100 Micrograms (mcg); Intravenous (IV); Patient Response: Improved; Complication: None; Medical Control: Protocol (Standing Order);								Weyer, Cameron						
19:04	Oxygen		Device: Nasal Cannula (NC); Flow Rate: 2 lpm; Patient Response: Improved; Successful; Complication: None; Medical Control: Protocol (Standing Order);								Weyer, Cameron						
<b>Assessments</b>																	
Assessment Time: 04/15/2024 18:43:25																	
Category	Comments			Subcategory													
Mental Status				Mental Status		Normal Baseline For Patient											
Skin				Skin		No Abnormalities											

Hospital Chart Number: 273754748

Page 1 of 6

04/15/2024 22:57:50  
PCRID: 358c7ee2-95fb-4beb-b412-b15301338cc7  
Electronically Signed by: Weyer, Cameron  
Template Version: PCR-EXTRACT-1.3.1  
Data Version: AAAAABFRVCg=

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

Denver Health Paramedic Division Patient Care Record			
Name: ALVARADOTORRES, NOEL		Incident #: 202404-038967	Date: 04/15/2024 Patient 1 of 1
Assessments			
Assessment Time: 04/15/2024 18:43:25			
Category	Comments	Subcategory	
HEENT		Face	<b>Face:</b> No Abnormalities
		Head	<b>Head:</b> No Abnormalities
		Eyes	<b>Both Eyes:</b> PERRL
		Neck	No Abnormalities
Chest		Chest	<b>Anterior - General:</b> No Abnormalities <b>Anterior - Left:</b> No Abnormalities <b>Anterior - Right:</b> No Abnormalities <b>Left - Side:</b> No Abnormalities <b>Posterior - General:</b> No Abnormalities <b>Posterior - Left:</b> No Abnormalities <b>Posterior - Right:</b> No Abnormalities <b>Right - Side:</b> No Abnormalities
		Heart Sounds	No Abnormalities
		Lung Sounds	<b>Bilateral:</b> No Abnormalities <b>LL:</b> No Abnormalities <b>LU:</b> No Abnormalities <b>RL:</b> No Abnormalities <b>RU:</b> No Abnormalities
		General	No Abnormalities
Back	Cervical	<input checked="" type="checkbox"/> <b>Midline:</b> Pain	
Pelvis/GU/GI	Pelvis/GU/GI	<b>Pelvis/GU/GI:</b> No Abnormalities	
Extremities	Left Arm	<input checked="" type="checkbox"/> <b>Elbow:</b> Pain	
	Right Arm	<b>Whole Arm and Hand:</b> No Abnormalities	
	Left Leg	<b>Left Leg and Foot:</b> No Abnormalities	
	Right Leg	<b>Right Leg and Foot:</b> No Abnormalities	
Neurological	Neurological	Normal Baseline For Patient	

### Narrative

DG 61 C10 to above address for MVA. Per pt, he was driving at ~30MPH and someone turned in front of him and he got T-boned on the driver side. Pt denies hitting his head or any LOC. Pt denies any other recent illness or trauma.

Pt found standing next to his vehicle U/A. Pt vehicle is a newer model sedan with moderate L front end damage, airbag deployment, dashboard and windshield intact. Pt AAOx4 and mentation is appropriate. Pt has tenderness to midline cervical neck with increase in pain on ROM of head, no deformity or step off noted. Pt has tenderness to L elbow, no redness or deformity noted. Pt CSMx4, PEARRL, LS CTAB. Physical exam otherwise unremarkable, see assessment.

Neck injury. Arm injury.

Pt assessed and observed during transport c9 to LMC. Pt pain improves after Fentanyl. No other changes in pt condition upon arrival and transport without incident. Pt and care transferred to ED staff without complications. All times approximate.

Specialty Patient - Motor Vehicle Collision			
Patient Injured	Yes	Law Enforcement Case #	
Vehicle Type	Automobile	Collision Indicators	EMS Provider Judgment
Position in Vehicle	Front Seat - Left Side (or motorcycle driver)	Damage Location	Center Front, Left Front
Seat Row	1	Airbag Deployment	Air Bag(s) Deployed - Side Deployed, Front Deployed
Number of Vehicles		Safety Devices	Shoulder and Lap Belt Used
Weather	Clear	Extrication Comments	
Extrication Required	No	Extrication Time	
Estimated Speed	30mph/48 kph		
Exterior Damage			

Incident Details		Destination Details		Incident Times	
Location Type	Street or Highway	Disposition		PSAP Call	18:29:49
Location	UNK DOT	Unit Disposition	Patient Contact Made	Dispatch Notified	
Address	N Broadway St / E 49th Ave	Patient Evaluation and/or Care Disposition	Patient Evaluated and Care Provided	Call Received	18:29:49
Address 2		Crew Disposition	Initiated and Continued Primary Care	Dispatched	18:30:03
Mile Marker		Transport Disposition	Transport by This EMS Unit (This Crew Only)	En Route	18:31:20
City	Denver	Reason for Refusal or Release		Staged	

Hospital Chart Number: 273754748

Page 2 of 6

04/15/2024 22:57:50  
PCRID: 358c7ee2-95fb-4beb-b412-b15301338cc7  
Electronically Signed by: Weyer, Cameron  
Template Version: PCR-EXTRACT-1.3.1  
Data Version: AAAAABFRVCg=

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Documents (continued)**

Denver Health Paramedic Division		Patient Care Record		
Name: ALVARADOTRES, NOEL		Incident #: 202404-038967	Date: 04/15/2024	
<b>Incident Details</b>		<b>Destination Details</b>		
County	Denver	Transport Mode Descriptors	Lights and Sirens	
State	CO	Transport Due To	Patient's Choice, Family Choice	
Zip	80216	Transported To	Lutheran Medical Center	
Country	US	Requested By	Bystander	
Medic Unit	61	Destination	Hospital	
Medic Vehicle	14	Department	Emergency Room	
Run Type	Emergency Response (Primary Response Area)	Address	8300 W 38th Ave	
Response Mode	Emergent	Address 2		
Response Mode Descriptors	Lights and Sirens	City	Wheat Ridge	
Shift	Street Ops - Controlled Meds 14	County	Jefferson	
Zone	Denver	State	Colorado	
Level of Service		Zip	80033	
EMD Complaint	Traffic Accident	Country	US	
EMD Card Number	29E Traffic/Transpor	Zone		
Dispatch Priority	Priority 2 (Emergent)	Condition at Destination	Improved	
		State Wristband #		
		Destination Record #		
		Trauma Registry ID		
<b>Alternative Disposition Offered</b>				
<b>Crew Members</b>				
Personnel	Role	Certification Level		
Weyer, Cameron	Lead	EMT-Paramedic (Colorado) - 057218		
MONTGOMERY, ABIGAIL	Driver	EMT-Paramedic (Colorado) - Q172255		
<b>Mileage</b>		<b>Delays</b>		<b>Additional Agencies</b>
Scene	1.0	Category	Delays	Denver FD, Denver PD
Destination	7.6	Response Delays	None/No Delay	
Loaded Miles	6.6	Scene Delays	None/No Delay	
Start		Transport Delays	None/No Delay	
End				
Total Miles				
<b>Personal Items</b>				
Item	Given To		Comment	
Clothes on patient				
Clothing				
Government Issued ID				
Purse/Wallet				
<b>Patient Transport Details</b>				
How was Patient Moved To Stretcher		How was Patient Moved To Ambulance	Assisted/Walk, Stretcher	
How was Patient Moved From Ambulance	Stretcher	Patient Position During Transport	Supine	
Condition of Patient at Destination	Improved			

04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

Documents (continued)



Denver Health Paramedic Division

Patient Care Record

Name: ALVARADOTORRES, NOEL

Incident #: 202404-038967

Date: 04/15/2024

Patient 1 of 1

Billing Authorization

Authorization

Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On

Billing Authorization

HIPAA Acknowledgement

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.  
Authorized representatives include only the following:(Check one)

- Patient's Legal Guardian
- Patient's Medical Power of Attorney
- Relative or other person who receives benefits on behalf of the patient
- Relative or other person who arranges treatment or handles the patient's affairs
- Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature

Signed On

Printed Name

Reason unable to sign

04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

Documents (continued)



Denver Health Paramedic Division

Patient Care Record

Name: ALVARADOTRRES, NOEL

Incident #: 202404-038967

Date: 04/15/2024

Patient 1 of 1

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signed On	04/15/2024 22:56:57
Printed Name	C Weyer
Reason unable to sign	Language

Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient.  
**My signature is not an acceptance of financial responsibility for the services rendered..**

Signed On	04/15/2024 22:57:06
Notice of Privacy Practices Provided	No
Printed Name	Denise
Title of Representative	RN

Facility Signatures

Signed On	
Receiving	

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

 **Denver Health Paramedic Division**  
Patient Care Record  
Name: ALVARADOTORRES, NOEL

Incident #: 202404-038967      Date: 04/15/2024      Patient 1 of 1

Provider Signatures



Lead Provider	Weyer, Cameron	Certification Level	EMT-Paramedic (Colorado) - 057218
Provider	Certification Level		
Provider	Certification Level		
Provider	Certification Level		

Hospital Chart Number: 273754748

Page 6 of 6

04/15/2024 22:57:50  
PCRID: 358c7ee2-95fb-4beb-b412-b15301338cc7  
Electronically Signed by: Weyer, Cameron  
Template Version: PCR-EXTRACT-1.3.1  
Data Version: AAAAABFRVCg=

Scan on 4/15/2024 11:14 PM

Scan (below)

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

Patient Information										Clinical Impression									
Last	ALVARADOTORRES			Address	5030 Broadway			Primary Impression	Injury of Neck										
First	NOEL			Address 2				Secondary Impression	Acute Pain, not elsewhere classified										
Middle				City	Denver			Protocols Used											
Gender	Male			State	CO			Local Protocol Provided											
DOB	08/25/1957			Zip	80216			Care Level											
Age	66 Yrs, 7 Months, 22 Days			Country	US			Anatomic Position											
Weight	195.0 lbs - 88.5 kg			Tel				Onset Time											
Height				Physician				Last Known Well											
Pedi Color				Phys. Tel				Chief Complaint	Neck pain										
SSN				Ethnicity	Hispanic or Latino			Duration											
Race	Hispanic or Latino							Secondary Complaint											
Advance Directives								Duration											
Resident Status								Patient's Level of Distress	Mild										
Patient Resides in Service Area								Signs & Symptoms	Neck pain (Primary) Injury to neck										
Temporary Residence Type								Injury	Motorized Vehicle Accident - Auto traffic accident injures occupant - Street or Highway - 04/15/2024										
Additional Injury																			
Mechanism of Injury																			
Medical/Trauma																			
Barriers of Care																			
Alcohol/Drugs																			
Pregnancy																			
Initial Patient Acuity																			
Final Patient Acuity																			
Patient Activity																			
Medications/Allergies/History/Immunizations																			
Medications										Lisinopril, Metformin									
Allergies										No known allergies									
History										Hypertension (HTN), Type 2 Diabetes									
Immunizations																			
Last Oral Intake																			
Vital Signs																			
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RASS	BARS	RTS	PTS		
18:40	Alert	L	Sit	160/ P	100 II	18 R						6	15= 4 + 5 + 6			12			
19:05	Alert	L	Lay	144/92 M	80 R	18 R	96 Ox						15= 4 + 5 + 6			12			
Flow Chart																			
Time	Treatment			Description												Provider			
18:57	IV Therapy			Size: 20 ga; Hand-Left; Saline Lock; Total Fluid: 20; Patient Response: Unchanged; Successful; Complication: None; Medical Control: Protocol (Standing Order);												Weyer, Cameron			
18:58	Fentanyl			100 Micrograms (mcg); Intravenous (IV); Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);												Weyer, Cameron			
19:04	Fentanyl			100 Micrograms (mcg); Intravenous (IV); Patient Response: Improved; Complication: None; Medical Control: Protocol (Standing Order);												Weyer, Cameron			
19:04	Oxygen			Device: Nasal Cannula (NC); Flow Rate: 2 lpm; Patient Response: Improved; Successful; Complication: None; Medical Control: Protocol (Standing Order);												Weyer, Cameron			
Assessments																			
Assessment Time: 04/15/2024 18:43:25																			
Category	Comments			Subcategory															
Mental Status				Mental Status		Normal Baseline For Patient													
Skin				Skin		No Abnormalities													

Hospital Chart Number: 273754748

Page 1 of 6

04/15/2024 22:57:50  
PCRID: 358c7ee2-95fb-4beb-b412-b15301338cc7  
Electronically Signed by: Weyer, Cameron  
Template Version: PCR-EXTRACT-1.3.1  
Data Version: AAAAAABFRKwY=

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

Denver Health Paramedic Division Patient Care Record			
Name: ALVARADOTORRES, NOEL		Incident #: 202404-038967	Date: 04/15/2024 Patient 1 of 1
Assessments			
Assessment Time: 04/15/2024 18:43:25			
Category	Comments	Subcategory	
HEENT		Face	<b>Face:</b> No Abnormalities
		Head	<b>Head:</b> No Abnormalities
		Eyes	<b>Both Eyes:</b> PERRL
		Neck	No Abnormalities
Chest		Chest	<b>Anterior - General:</b> No Abnormalities <b>Anterior - Left:</b> No Abnormalities <b>Anterior - Right:</b> No Abnormalities <b>Left - Side:</b> No Abnormalities <b>Posterior - General:</b> No Abnormalities <b>Posterior - Left:</b> No Abnormalities <b>Posterior - Right:</b> No Abnormalities <b>Right - Side:</b> No Abnormalities
		Heart Sounds	No Abnormalities
		Lung Sounds	<b>Bilateral:</b> No Abnormalities LL: No Abnormalities LU: No Abnormalities RL: No Abnormalities RU: No Abnormalities
			No Abnormalities
Abdomen	General	No Abnormalities	
Back	Cervical	<input checked="" type="checkbox"/> <b>Midline:</b> Pain	
Pelvis/GU/GI	Pelvis/GU/GI	<b>Pelvis/GU/GI:</b> No Abnormalities	
Extremities	Left Arm	<input checked="" type="checkbox"/> <b>Elbow:</b> Pain	
	Right Arm	<b>Whole Arm and Hand:</b> No Abnormalities	
	Left Leg	<b>Left Leg and Foot:</b> No Abnormalities	
	Right Leg	<b>Right Leg and Foot:</b> No Abnormalities	
Neurological	Neurological	Normal Baseline For Patient	

### Narrative

DG 61 C10 to above address for MVA. Per pt, he was driving at ~30MPH and someone turned in front of him and he got T-boned on the driver side. Pt denies hitting his head or any LOC. Pt denies any other recent illness or trauma.

Pt found standing next to his vehicle U/A. Pt vehicle is a newer model sedan with moderate L front end damage, airbag deployment, dashboard and windshield intact. Pt AAOx4 and mentation is appropriate. Pt has tenderness to midline cervical neck with increase in pain on ROM of head, no deformity or step off noted. Pt has tenderness to L elbow, no redness or deformity noted. Pt CSMx4, PEARRL, LS CTAB. Physical exam otherwise unremarkable, see assessment.

Neck injury. Arm injury.

Pt assessed and observed during transport c9 to LMC. Pt pain improves after Fentanyl. No other changes in pt condition upon arrival and transport without incident. Pt and care transferred to ED staff without complications. All times approximate.

Specialty Patient - Motor Vehicle Collision			
<b>Patient Injured</b>	Yes	<b>Law Enforcement Case #</b>	
<b>Vehicle Type</b>	Automobile	<b>Collision Indicators</b>	EMS Provider Judgment
<b>Position in Vehicle</b>	Front Seat - Left Side (or motorcycle driver)	<b>Damage Location</b>	Center Front, Left Front
<b>Seat Row</b>	1	<b>Airbag Deployment</b>	Air Bag(s) Deployed - Side Deployed, Front Deployed
<b>Number of Vehicles</b>		<b>Safety Devices</b>	Shoulder and Lap Belt Used
<b>Weather</b>	Clear	<b>Extrication Comments</b>	
<b>Extrication Required</b>	No	<b>Extrication Time</b>	
<b>Estimated Speed</b>	30mph/48 kph		
<b>Exterior Damage</b>			

Incident Details		Destination Details		Incident Times	
<b>Location Type</b>	Street or Highway	<b>Disposition</b>		<b>PSAP Call</b>	18:29:49
<b>Location</b>	UNK DOT	<b>Unit Disposition</b>	Patient Contact Made	<b>Dispatch Notified</b>	
<b>Address</b>	N Broadway St / E 49th Ave	<b>Patient Evaluation and/or Care Disposition</b>	Patient Evaluated and Care Provided	<b>Call Received</b>	18:29:49
<b>Address 2</b>		<b>Crew Disposition</b>	Initiated and Continued Primary Care	<b>Dispatched</b>	18:30:03
<b>Mile Marker</b>		<b>Transport Disposition</b>	Transport by This EMS Unit (This Crew Only)	<b>En Route</b>	18:31:20
<b>City</b>	Denver	<b>Reason for Refusal or Release</b>		<b>Staged</b>	

Hospital Chart Number: 273754748

Page 2 of 6

04/15/2024 22:57:50  
PCRID: 358c7ee2-95fb-4beb-b412-b15301338cc7  
Electronically Signed by: Weyer, Cameron  
Template Version: PCR-EXTRACT-1.3.1  
Data Version: AAAAAABFRKwY=

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Documents (continued)**

Denver Health Paramedic Division		Patient Care Record		
Name: ALVARADOTRRES, NOEL		Incident #: 202404-038967	Date: 04/15/2024	
<b>Incident Details</b>		<b>Destination Details</b>		
County	Denver	Transport Mode Descriptors	Lights and Sirens	
State	CO	Transport Due To	Patient's Choice, Family Choice	
Zip	80216	Transported To	Lutheran Medical Center	
Country	US	Requested By	Bystander	
Medic Unit	61	Destination	Hospital	
Medic Vehicle	14	Department	Emergency Room	
Run Type	Emergency Response (Primary Response Area)	Address	8300 W 38th Ave	
Response Mode	Emergent	Address 2		
Response Mode Descriptors	Lights and Sirens	City	Wheat Ridge	
Shift	Street Ops - Controlled Meds 14	County	Jefferson	
Zone	Denver	State	Colorado	
Level of Service		Zip	80033	
EMD Complaint	Traffic Accident	Country	US	
EMD Card Number	29E Traffic/Transpor	Zone		
Dispatch Priority	Priority 2 (Emergent)	Condition at Destination	Improved	
		State Wristband #		
		Destination Record #		
		Trauma Registry ID		
<b>Alternative Disposition Offered</b>				
<b>Crew Members</b>				
Personnel	Role	Certification Level		
Weyer, Cameron	Lead	EMT-Paramedic (Colorado) - 057218		
MONTGOMERY, ABIGAIL	Driver	EMT-Paramedic (Colorado) - Q172255		
<b>Mileage</b>		<b>Delays</b>		<b>Additional Agencies</b>
Scene	1.0	Category	Delays	Denver FD, Denver PD
Destination	7.6	Response Delays	None/No Delay	
Loaded Miles	6.6	Scene Delays	None/No Delay	
Start		Transport Delays	None/No Delay	
End				
Total Miles				
<b>Personal Items</b>				
Item	Given To		Comment	
Clothes on patient				
Clothing				
Government Issued ID				
Purse/Wallet				
<b>Patient Transport Details</b>				
How was Patient Moved To Stretcher		How was Patient Moved To Ambulance	Assisted/Walk, Stretcher	
How was Patient Moved From Ambulance	Stretcher	Patient Position During Transport	Supine	
Condition of Patient at Destination	Improved			

04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

Documents (continued)



Denver Health Paramedic Division

Patient Care Record

Name: ALVARADOTORRES, NOEL

Incident #: 202404-038967

Date: 04/15/2024

Patient 1 of 1

Billing Authorization

Authorization

Section I - Patient / Parent of Minor Authorization Signature

Signature

Signed On

Billing Authorization

HIPAA Acknowledgement

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.  
Authorized representatives include only the following:(Check one)

- Patient's Legal Guardian
- Patient's Medical Power of Attorney
- Relative or other person who receives benefits on behalf of the patient
- Relative or other person who arranges treatment or handles the patient's affairs
- Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature

Signed On

Printed Name

Reason unable to sign

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)



**Denver Health Paramedic Division**

Patient Care Record

Name: ALVARADOTRRES, NOEL

Incident #: 202404-038967

Date: 04/15/2024

Patient 1 of 1

#### Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

##### EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signed On	04/15/2024 22:56:57
Printed Name	C Weyer
Reason unable to sign	Language

##### Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient.  
**My signature is not an acceptance of financial responsibility for the services rendered..**

Signed On	04/15/2024 22:57:06
Notice of Privacy Practices Provided	No
Printed Name	Denise
Title of Representative	RN

#### Facility Signatures

Signed On	
Receiving	

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

 **Denver Health Paramedic Division**  
Patient Care Record  
Name: ALVARADOTORRES, NOEL

Incident #: 202404-038967      Date: 04/15/2024      Patient 1 of 1

Provider Signatures



Lead Provider	Weyer, Cameron	Certification Level	EMT-Paramedic (Colorado) - 057218
Provider	Certification Level		
Provider	Certification Level		
Provider	Certification Level		

Hospital Chart Number: 273754748

Page 6 of 6

04/15/2024 22:57:50  
PCRID: 358c7ee2-95fb-4beb-b412-b15301338cc7  
Electronically Signed by: Weyer, Cameron  
Template Version: PCR-EXTRACT-1.3.1  
Data Version: AAAAAABFRKwY=

### Consent Forms

Scan on 4/15/2024 9:05 PM

Scan (below)

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

#### AGREEMENT FOR TREATMENT, EXAMINATION, AND ADMISSION

DEFINITIONS: All references in this consent form to "Intermountain Health" shall mean Sisters of Charity of Leavenworth Health System, Inc. and any and all of its controlled affiliates, including but not limited to its hospitals and clinics.

#### AGREEMENT FOR MEDICAL EXAMINATION - TREATMENT CONSENT, REPORTING REQUIREMENTS OF CERTAIN MEDICAL CONDITIONS AND INDEPENDENT CONTRACTOR STATUS OF SOME HEALTHCARE PROVIDERS.

This "Agreement for Medical Examination - Treatment Consent, Reporting Requirement for Certain Medical Conditions and Independent Contractor Status of Some Healthcare Providers" section gives Intermountain Health and affiliated Clinicians permission to perform medical treatments, procedures, examinations and tests on you as explained below:

- I understand that my care is under the supervision and control of my attending/treating physician(s) and/or health care providers such as Physician Assistants or Nurse Practitioners (collectively "Clinicians"), as allowed by law.
- I give permission for all medical treatments, procedures, examinations including X-Ray/Medical imaging, administration of drugs, and/or any other diagnostic or therapeutic tests reasonably necessary for my proper care, including HIV testing. I understand that all of these procedures and/or tests may be done on an inpatient, observation or outpatient basis while I am in the hospital and on an outpatient basis after my discharge from the hospital or as a clinic patient without regard to any hospital status. My permission is given for continued procedures and tests on a recurring or on an as needed/as individually ordered basis. I understand that I have the right to more complete information concerning any particular diagnostic or therapeutic procedure and I may be asked for a more specific consent (verbal or written) to such procedures.
- I understand and agree that there may be circumstances under which the Clinician(s) or the hospital/health care facility is required to report to outside third parties such as health departments or the Center for Disease Control and Prevention (CDC) information pertaining to communicable diseases such as HIV, TB, and viral meningitis. I understand that disclosure of my Federal Social Security Number in reference to Medical Devices is required by the FDA under the Safe Medical Devices Act of 1990 and also for other state and federally mandated requests.
- I give permission that aspects of my care and treatment may be recorded and/or filmed for internal Intermountain Health purposes, such as medical/nursing student education or for quality purposes.
- I understand that no person has the authority to alter or amend this paragraph or any other paragraph in any manner.
- I give permission to the disposal by Intermountain Health of any tissues or parts which may be removed in the course of any procedure performed upon me. Body fluid exposures will be managed according to the laws of the state in which the Intermountain Health facility is located or by other applicable law.
- If I am pregnant I also give permission for testing and treatment of my unborn child and my newborn infant – all of this form applies equally to me, my unborn child, and my newborn infant.

I recognize and understand that all Clinicians furnishing services to me, including, but not limited to, my attending physicians, other physicians holding clinical privileges at this facility or clinic, and other physicians such as those providing services to me in anesthesiology, radiology, pathology, and emergency medicine, may be independent contractors and are not the employees or agents of Intermountain Health or of each other while providing professional services. I am signing this form with the understanding that Intermountain Health and the Clinicians are providing services to me in express reliance on this written statement/my signature.

#### CERTIFICATION OF AGREEMENT TO BE BOUND BY THIS AGREEMENT

I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME AS TO THE RESULT OF TREATMENT OR SERVICES PROVIDED OR TO BE PROVIDED TO ME. I CERTIFY THAT I HAVE READ THE ABOVE AGREEMENT (OR IT HAS BEEN READ TO ME) AND I UNDERSTAND WHAT IT SAYS. MY QUESTIONS WERE ANSWERED TO MY SATISFACTION. I HAVE BEEN OFFERED A COPY OF THIS DOCUMENT. I CERTIFY THAT I AM THE PATIENT OR PERSON DULY AUTHORIZED BY THE PATIENT TO EXECUTE THIS AGREEMENT AND I AGREE TO ITS TERMS.

Select the person signing the form  Signature complete!

Verbal Consent

Patient  ALVARADOTORRES , NOEL

Other



Patient or Authorized Representative Signature  
Electronically signed on 04/15/2024, 9:03 PM

Relationship to Self  
Patient:

Reason Patient --  
Unable to Sign:

Electronically witnessed by: Madeline  
Mulvaney: S175445 04/15/2024  
09:03:49 pm



Agreement for Treatment, Examination,  
and Admission  
A-TX-0678-1223

#### Lutheran Medical Center

M1811525 Emergency 273754748  
ALVARADOTORRES , NOEL  
66 y 8/25/1957 M ADM: 4/15/2024  
WINDELS. DANIEL

### Facesheet/Demographics

Scan on 4/15/2024 10:56 PM

Scan (below)

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

P A T I E N T  I N F O	MED REC # <b>M1811525</b>	ROOM/BED SR49 SR49	CSN <b>273754748</b>	ICD CODE	ADMIT DATE/TIME 4/15/2024 1917			PATIENT CLASS Emergency	
	SERV/LOC ED			BIRTHDATE 8/25/1957	AGE 66yr	SEX M	MARITAL STATUS Married	FINANCIAL CLASS Commercial	
	PATIENT NAME AND ADDRESS <b>ALVARADOTORRES, NOEL</b> 5030 BROADWAY ST DENVER, CO 80216			SSN xxx-xx-9773	DISCHARGE DATE 4/15/2024		MOM'S #		
				ADM CLERK MONTOYA,	ACCOM Emergency	ADMISSION SOURCE Non Health Care Facility*			
				ARRIVAL MODE Ambulance		RELIGION Catholic			
				VISIT REASON Motor Vehicle Crash					
	HOME PHONE 720-925-1904      OTHER PHONE			PATIENT E-MAIL la.grndta.25@gmail.com					
	EMPLOYER JH PAVIAN			EMPLOYER ADDRESS JH PAVIAN					
	OCCUPATION			EMP PHONE					
	PRIMARY CARE PHYSICIAN NONE, PCP (GENERAL)			PCP PHONE None	REFERRING PHYSICIAN				
M I N D F O	ATTENDING/ER PHYSICIAN			ATT PHONE	REFERRING PHONE				
	ADMITTING PHYSICIAN			ADM PHONE					
E M E R G C O N T A C T	CONTACT #1 ALVARADO,LUISA		RELATIONSHIP Daughter	CONTACT #1 PHONE 720-793-1691		CONTACT #1 WORK PHONE			
	CONTACT #1 ADDRESS			CONTACT #2 MARTHA ALVARADO					
				CONTACT #2 PHONE	CONTACT #2 WORK PHONE				
G A R A N T O R	GUARANTOR NAME AND ADDRESS ALVARADOTORRES,NOEL 5030 BROADWAY ST DENVER, CO 80216						GUAR PHONE 720-276-9263		
				GUARANTOR EMPLOYER GP			GUAR EMPLOYER PHONE		
				GUARANTOR SSN xxx-xx-9773		RELATIONSHIP Self			
I N S # 1	INSURANCE NAME AUTO THIRD PARTY LIABILITY - AUTO			INSURANCE PHONE 877-930-5606	POLICY # AUTO123		GROUP #		
	INSURANCE PLAN ADDRESS CONTINUUM PO BOX 173610			INSURANCE PLAN NAME AUTO INSURANCE	SUB DOB 08/25/1957	AUTHORIZATION #			
	DENVER, CO 80217			SUBSCRIBER ALVARADOTORRES,NOEL		SUB SSN xxx-xx- 9773			
I N S # 2	INSURANCE NAME			INSURANCE PHONE	POLICY #		GROUP #		
	INSURANCE PLAN ADDRESS			INSURANCE PLAN NAME	SUB DOB	AUTHORIZATION #			
				SUBSCRIBER	SUB SSN				
M D O P T N O T E S L	FINAL DIAGNOSIS: OPERATIONS/PROCEDURES:				H I M	DATE	INITIALS		
						DISCHARGE			
						PICKED UP			
						SCANNED			
						CA REG			
				ASSEMBLED					
				ANALYZED					
				COMPLETE					
PATIENT INFORMATION									



Lutheran Medical Center



M1811525



04/15/24

M1811525 Emergency 273754748

ALVARADOTORRES, NOEL

8/25/1957 (66 yrs) M ADM: 4/15/2024

WINDELS, DANIEL C



### Payment/Ins/Billing Info

Scan on 4/15/2024 9:05 PM

Scan (below)

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

## 04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)

### Documents (continued)

### AGREEMENT FOR ASSIGNMENT OF INSURANCE BENEFITS

DEFINITIONS: All references in this consent form to "Intermountain Health" shall mean Sisters of Charity of Leavenworth Health System, Inc. and any and all of its controlled affiliates, including but not limited to its hospitals and clinics.

#### SECTION 1. ASSIGNMENT OF INSURANCE BENEFITS

This "Assignment of Insurance Benefits" allows Intermountain Health to bill your insurance company and for your insurance company to pay Intermountain Health as explained below: I for myself or for the patient (referred to as "I" or "Patient" or "me" or "my") give my permission for my insurance company(ies) to make payment directly to Intermountain Health of inpatient and outpatient hospital and/or clinic services and related benefits, including major medical, otherwise payable to me. I certify that information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act is true and correct to the best of my knowledge. I irrevocably assign to Intermountain Health all right, title and interest in compensation or payment received or to be received from any source as a result of injuries sustained by me, and any person or corporation having notice of this assignment is hereby authorized and directed to pay directly to Intermountain Health the amount of any indebtedness due Intermountain Health for services provided by them to me. Additionally, I understand and agree that each Clinical group, to include certain Intermountain Health affiliates, or individual health care providers/ practitioner thereof (referred to as the "Clinicians" or "health care providers") who provide professional services to me will bill and collect for their own professional services separate and apart from Intermountain Health facility charges, but subject to the authorizations granted by me in accordance with this agreement, and I hereby authorize and request that insurance benefits for medical and professional services, otherwise payable to me, be assigned and paid directly to the Clinicians who rendered care to me. In the case of Medicare benefits, payment may not exceed the maximum allowable charge as determined by the Medicare carrier.

#### SECTION 2. STATEMENT OF FINANCIAL RESPONSIBILITY/TRANSFER OF CREDITS

This "Statement of Financial Responsibility/Transfer of Credits" is your promise to pay for any services not covered by your insurance company as explained below: I understand the services provided by Intermountain Health and/or the Clinicians, today or in the future, may or may not be paid for by my health plan or health insurance. If my health plan/insurance deems any or all of these services are not covered and/or not medically necessary for any reason, then I understand that I am personally financially responsible for payment of those services and/or supplies provided to me and I agree to be the guarantor of payment for all services rendered to me in accordance with the regular charges and terms of Intermountain Health and the Clinicians for such services. If this agreement is executed by a spouse or a financial guarantor of the Patient, the spouse or the financial guarantor shall be jointly and severally liable with me (meaning that both I and my spouse or financial guarantor will be obligated to pay the Clinicians and Intermountain Health), and by me or my personal representative signing this agreement, those persons, together with me, do hereby promise to pay the Clinicians and Intermountain Health all amounts due and owing for my account. Although the Clinicians and/or Intermountain Health may file insurance claims as a courtesy, I understand that the Clinicians and/or Intermountain Health cannot accept responsibility for collecting insurance payments or for negotiating a disputed claim, unless a contractual or legal obligation of the Clinicians and/or Intermountain Health provides otherwise. Insurance reimbursement is a contract between me and my insurance carrier and an insurance company's Usual, Customary and Reasonable ("UCR") allowables or fee schedules are generally established without regard to the Clinicians' or Intermountain Health's charges except in circumstances where the Clinicians and/or Intermountain Health have a contractual agreement(s) with a health plan that prohibits such collection of payment from me and/or the subscriber. Should this account be referred to an attorney or collection agency, reasonable attorney's fees and/or collection expenses shall be payable by me in addition to any other amounts due. I hereby authorize the transfer of monies paid to Intermountain Health by me or on my behalf and otherwise refundable to me, to be transferred to settle any indebtedness I owe to Intermountain Health, for which I am responsible.

Continued on next page



Agreement for Assignment of  
Insurance Benefits  
A-TX-0679-1223 | Page 1 of 2

#### Lutheran Medical Center

M1811525 Emergency 273754748  
ALVARADOTORRES , NOEL  
66 y 8/25/1957 M ADM: 4/15/2024  
WINDELS, DANIEL

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Documents (continued)**

**SECTION 3. PERMISSION TO BE CONTACTED BY DIFFERENT METHODS TO INCLUDE CELL PHONE**

This "Permission to be Contacted by Different Methods to Include My Cell Phone" allows Intermountain Health to contact me and how it will contact me as explained below: By signing below and as part of my admission, treatment, evaluation, diagnosis, prescriptions, testing and/or lab results ("Services"), I expressly understand, consent and agree that Intermountain Health and its hospitals/clinics, affiliated physician groups, as well as any and all of their affiliates, sub-contractors, agents, labs, vendors, assigns, representatives, successors and debt collectors ("the Calling Parties") may call or contact me for any reason related to the provision of the above Services using an automatic telephone dialing systems, predictive dialer, artificial or prerecorded voice and/or prerecorded messages, via any electronic mail addresses through individual or automatically generated electronic mail, and via text messaging through individual and automatically generated text messages at (a) any cellular telephone number or land-line number or electronic mail address that I or any person acting on my behalf may provide to the Calling Parties at the time of, during, or after any hospital/clinic admission, follow up visit, telephone call, payment or address update, or (b) at any telephone number the Calling Parties can find me at in the future as a result of skip-tracing, call capture, caller ID technology, internet search engines, White Pages and/or similar search methods. This consent applies to all healthcare providers covered under this agreement. If I wish to revoke consent to call my cell phone, I agree to provide you notice of that revocation by emailing you at Donotcall@mail.org, mailing it to Intermountain Health, Attn: Do Not Call-Self Pay, 500 Eldorado Blvd., Broomfield, CO 80021 or calling the toll free line at 1-866-665-2636. This consent includes any updated or additional contact information that I may provide and includes contact that employs auto-dialer technology and/or prerecorded messages.

**I AGREE TO BE BOUND BY SECTIONS 1, 2, AND 3.**

Select the person signing the form ✓ Signature complete!

Verbal Consent



Patient  ALVARADOTORRES , NOEL



Patient or Authorized Representative Signature  
Electronically signed on 04/15/2024, 9:04 PM

Other

Relationship to Self  
Patient:



Reason Patient --  
Unable to Sign:

Electronically witnessed by: Madeline  
Mulvaney: S175445 04/15/2024  
09:04:10 pm



Agreement for Assignment of  
Insurance Benefits  
A-TX-0679-1223 | Page 2 of 2

**Lutheran Medical Center**

M1811525 Emergency 273754748  
ALVARADOTORRES , NOEL  
66 y 8/25/1957 M ADM: 4/15/2024  
WINDELS, DANIEL

**Scan on 4/15/2024 9:05 PM**

Scan (below)

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Documents (continued)**

**Patient Rights and Protections Against Surprise Medical Bills**

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

**What is “Balance Billing” (sometimes called “Surprise Billing”)?**

When you see a doctor or health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a healthcare facility that is not in your health plan’s network.

“Out-of-network” describes providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called **“balance billing”**. This amount is likely higher than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you cannot control who is involved in your care, for example, when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

**You are protected from Balance Billing for:**

**1. Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You **cannot** be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

**2. Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensives services. These providers **cannot** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **cannot** balance bill you, unless you give written consent and give up your protections.

**You are never required to give up your protection from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan’s network.**

Continued on next page



Surprise Billing Disclosure – Colorado  
A-TX-4301-1223 | Page 1 of 2

**Lutheran Medical Center**

M1811525 Emergency 273754748  
ALVARADOTORRES , NOEL  
66 y 8/25/1957 M ADM: 4/15/2024  
WINDELS, DANIEL

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

**Documents (continued)**

**3. Additional protections under Colorado State Law (applicable to Colorado-Based Health Plans only):**

- Your insurer will pay out-of-network providers and facilities directly. You are only responsible for paying your in-network cost-sharing for covered services.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider or facility or agency must refund any amount you overpay within 60 days of being notified.
- Provider, hospital, or outpatient surgical facility cannot ask you to limit or give up these rights.

**4. When balance billing is not allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - ▷ Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - ▷ Cover emergency services by out-of-network providers.
  - ▷ Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - ▷ Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you have been wrongly billed, please contact Intermountain Health Customer Service at 1-866-665-2636.

If we are unable to resolve your complaint, you may contact the No Surprises Helpdesk at 1-800-985-3059. Please visit <https://www.cms.gov/nosurprises/consumers> for more information about your rights under Federal law.

Patients with Colorado-based health plans (your ID card will have "CO-DOI" printed on it) may also contact the Colorado State Division of Insurance at 303-894-7490 or 1-800-930-3745, or visit <https://doi.colorado.gov/for-consumers/file-a-complaint>

**Select the person signing the form**  Signature complete!

Verbal Consent

Patient  ALVARADOTORRES , NOEL

Patient or Authorized Representative Signature  
Electronically signed on 04/15/2024, 9:04 PM

Other

Relationship to Patient: Self

Reason Patient Unable to Sign: --

Electronically witnessed by: Madeline Mulvaney: S175445 04/15/2024  
09:04:53 pm



Surprise Billing Disclosure – Colorado  
A-TX-4301-1223 | Page 2 of 2

**Lutheran Medical Center**

M1811525 Emergency 273754748  
ALVARADOTORRES , NOEL  
66 y 8/25/1957 M ADM: 4/15/2024  
WINDELS. DANIEL

July 1, 2024

500 Eldorado Blvd.  
Bldg 6 Ste 6300  
Broomfield, CO 80021-3408

LUTHERAN HOSPITAL  
8300 W 38th Ave  
Wheat Ridge CO 80033

AlvaradoTorres, Noel  
MRN: M1811525, DOB: 8/25/1957, Legal Sex: M  
Adm: 4/15/2024, D/C: 4/15/2024

**04/15/2024 - ED in SCL Health - Lutheran Emergency Services (continued)**

Ph. (866) 665 - 2636

Detailed Bill For

Patient Name: AlvaradoTorres, Noel

Admission Date:

Discharge Date:

Account Class:

Attending Physician:

**Guarantor Number**  
810066599

**Guarantor Name & Address**  
Ramos Law  
10190 BANNOCK ST  
STE 200

**Account Number:** NORTHGLENN, CO 80260

Dear Ramos Law,

Please find enclosed the SCL Health Itemized Statement. This Itemized Statement summarizes charges, adjustments, credits, and payments made to your hospital account.

**For Medicare patients only:**

If you have Medicare Part D coverage and your treatment included self-administered (SAD) drugs, we included the NDC (National Drug Code) codes you need when you file a claim for reimbursement with Medicare.

At this time, SCL Health does not bill Medicare Part D on behalf of patients who have this coverage. If you need assistance with or have questions about filing a Medicare Part D reimbursement claim, please contact your insurance agent. You may also find helpful information at [www.medicare.gov](http://www.medicare.gov), which includes how to contact Medicare directly.

Hospital Account Balance: