

Provider Report

Details for

Emergency Department Note

Encounter ID: AS1512407063

Patient

TAMARA ANDERSON

Dictation Date

2/05/2024 8:16 AM

Facility

Sky Ridge Medical Center

10101 Ridgeway Pkwy.

Lone Tree CO 80124

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Summary

Sky Ridge Medical Center (COCSR) Main ED
 EMERGENCY PROVIDER REPORT
 REPORT#:0205-0127 REPORT STATUS: ESign
 DATE:02/05/24 TIME: 0816

PATIENT: ANDERSON,TAMARA UNIT #: AS00617251
 ACCOUNT#: AS1512407063 ROOM/BED: ER
 DOB: 08/14/96 AGE: 27 SEX: PCP PHYS: Bell, Crystal NP
 ADM DATE: 02/05/24 INI AUTH: Wilson,Katherine PA
 ED ADMIT DT: 02/05/24 LAST SIG: Dhaliwal,Ramnik Singh MD
 REP SERV DT: 02/05/24 REP SERV TM: 0816

* ALL edits or amendments must be made on the electronic/computer document *

Wilson,Katherine 02/05/24 0816:
 HPI GREET

General

Initial Greet Date/Time 02/05/24 0807

Clinical Note

Clinical Note

First Documented:

	Result	Date Time
Pulse Ox	96	02/05 0807
B/P	128/84	02/05 0807
B/P Mean	98	02/05 0807
O2 Delivery	Room air	02/05 0807
Pulse	79	02/05 0807
Resp	19	02/05 0807

Last Documented:

	Result	Date Time
Pulse Ox	96	02/05 1000
B/P	111/79	02/05 1000
B/P Mean	89	02/05 1000
O2 Delivery	Room air	02/05 1000
Pulse	71	02/05 1000
Resp	17	02/05 1000

PCP:

Dr. Julie Jeffers

CHIEF COMPLAINT:

MVC

HISTORY OF PRESENT ILLNESS:

27-year-old female presents via EMS for evaluation of left knee pain following MVC that occurred just prior to arrival. Patient was restrained passenger stopped in traffic on the highway, surrounded by a vehicle, EMS estimates traveling 30 to 40 mph. No airbag deployment in her car with small amount of rear end damage. The other vehicle did have airbag deployment with moderate front end damage. Patient had left ACL and meniscus surgery with Dr. McNair with panorama orthopedics last Tuesday. She was on her way to her follow-up appointment today when this occurred. She is complaining of left knee pain and denies chest pain, abdominal pain, headache, dizziness, neck pain, back pain, pain in the upper extremities. No nausea or vomiting. Took a dose of oxycodone this morning which initially helped with pain. No numbness, tingling, weakness in the leg. She is still wearing Ace wrap and knee immobilizer. Patient is allowed to weight-bear but is only been doing so with a few steps at a time. Has not yet tried to weight-bear following the accident due to pain.

PMH: Pertinent past medical history, social history, and family history reviewed in chart.

REVIEW OF SYSTEMS:

ROS negative except as noted above in HPI.

GENERAL: Well-nourished, well-developed. No current signs of toxicity or immediate need for airway protection. Cooperative and interactive.

HEENT: Normal HENT inspection, atraumatic, moist mucus membranes. Pupils equal and round with normal sclera.

NECK: Full ROM.

CARDIAC: Regular rate rhythm. Appears well perfused.

RESPIRATORY: No respiratory distress, no increased work of breathing, no tachypnea. Clear to auscultation bilaterally.

GASTROINTESTINAL: Soft, nondistended, nontender. No rebound or guarding.

SKIN: Pink, warm, and dry. No obvious rashes on exposed skin surfaces. No ecchymosis over chest wall or abdomen.

MUSCULOSKELETAL: Symmetric extremities with full range of motion bilaterally.

No gross deformity. No chest wall tenderness or crepitus. No midline vertebral tenderness with full range of motion of the neck. Pelvis stable nontender.

Upper extremities right lower extremity grossly nontender. Left lower extremity : Knee wrapped with Ace wrap, incisions appear clean dry and intact. Edema of the knee consistent with postsurgical changes. Calf, ankle, foot are nontender with full range of motion of the ankle.

NEUROLOGIC: Awake, alert and oriented with normal speech. Moves all extremities.

Bed of motion of bilateral upper extremities. No pronator drift. PERRLA.

EOMI. 5 out of 5 strength with plantarflexion dorsiflexion bilateral lower extremities. Normal finger-nose.

Psychiatric: Normal mood, normal affect.

DATA INTERPRETATION:

Radiology images independently viewed by me.

ED COURSE AND RE-EVALUATIONS:**INITIAL PLAN:**

Patient greeted on EMS arrival. Agrees plan for x-ray. Will give her dose of Percocet for this knee pain. No head imaging at this time per Canadian CT criteria. Continue to observe for mental status changes while she is in the department.

Reevaluation:

Knee pain is returning. Updated patient on all results. She has rescheduled her appointment with her orthopedist for later this afternoon. Discussed plan for discharge home to continue her home pain regimen. Will give one more dose of pain medications here. We discussed ED return precautions for new or worsening symptoms. Patient verbalized understanding and agreement with the plan. All questions answered.

DIFFERENTIAL DIAGNOSIS:

Differential diagnosis includes but is not limited to: ICH, closed head injury, fracture, dislocation, contusion, musculoskeletal strain, abdominal injury, DVT

MEDICAL DECISION MAKING:

This is a 27-year-old female who presented to the ED for evaluation of left knee pain following an MVC. Patient overall well appearing and in no acute distress. Vitals reviewed. Patient with ongoing left knee pain following knee surgery last Tuesday, with acute worsening of surgery after MVC. Extremity was neurovascularly intact. Diffusely tender around the surgical site with no evidence of erythema, wound dehiscence. X-rays obtained, negative for acute fracture or bony abnormality. Treated with oral pain medication. No head imaging indicated at this time per Canadian head CT criteria. Abdomen and chest wall nontender with no ecchymosis, crepitus, skin changes, low suspicion for intrathoracic or abdominal injury. Do not feel further imaging or workup is indicated at this time. patient had follow-up scheduled with orthopedics a few hours later. She is ambulatory with crutches and knee is already in a brace from surgery. Feel she is appropriate for outpatient follow-up. Given ER return precautions for new or worsening symptoms. All questions answered.

Medical Decision Making / Complexity of Problem

- Number and complexity of problems addressed: 1 undiagnosed new problem with uncertain prognosis.

- History obtained from additional independent historian(s): report from EMS.
- I have ordered: see below for labs/imaging tests that have been ordered and reviewed, see below for imaging study(s) that have been ordered and reviewed.
- I have independently interpreted test(s): final interpretation of images is by board certified radiologist, but I have reviewed the imaging studies and my interpretation is , no fracture seen on x-ray.
- Risk of Complications and/or Morbidity or Mortality of Patient Management: moderate.
- Medications/prescriptions management: prescriptions considered but not given, medications reviewed; recommend maintaining current prescription regimen.
- Based on the seriousness of patient's presentation and comorbidities, the following interventions were ordered and done: medications, an ambulation trial.
- Decision regarding limitation of imaging, limitation of diagnostic testing, or de-escalation of care: labs were not thought to be indicated based on risk assessment.
- Disposition of the patient/consideration of hospitalization: there is no indication for acute hospitalization at this time, patient will be discharged.

Past Medical History

Allergies

Coded Allergies:

Penicillins (Severe, ANAPHYLAXIS 12/28/21)

amoxicillin (Severe, ANAPHYLAXIS 02/05/24)

aspirin (UNKNOWN 12/28/21)

Home Medications

Active Scripts

Lidocaine (Lidoderm 5% Transdermal Patch) 1 PATCH TOPICAL DAILY

Lidocaine (Lidoderm 5% Transdermal Patch) 1 PATCH TOPICAL DAILY #10 PATCH

Prov: 12/02/22

CYCLOBENZAPRINE (FLEXERIL) 10 MG PO BID

3 Days #6 TAB

Prov: 12/02/22

Additional Medical History

Anxiety/depression

Additional Surgical History

With tube removal

Additional Family History

Father with MI

Drug Use In Recovery

Other Social History Good social support

Additional Social History

Lives with half sister

COURSE

Data

Diagnostics

Recent Impressions:

Diagnostic Radiology - XR KNEE LT AP LAT OBL 3 VW 02/05 0820

*** Report Impression - Status: SIGNED Entered: 02/05/2024 0838

IMPRESSION:

1. Negative for acute bony abnormality.
2. Degenerative changes of the renal joint compartment with possible intra-articular loose bodies.

Impression By: DR.GRAWI11 - William Graf MD

Med Data

Med Data

Medication(s) Ordered:

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Oxycodone/	1 TAB	X1ED ONE	02/05 0956	DC	
Acetaminophen		PO	02/05 0957		
Oxycodone/	1 TAB	X1ED ONE	02/05 0812	DC	02/05
Acetaminophen		PO	02/05 0813		0829

Patient Discharge Departure

Vital Signs/Condition

Vital Signs

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Pulse	71	02/05 1000
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All vital signs available at the time of this entry have been reviewed.

Clinical Impression

Clinical Impression

Primary Impression: MVA, restrained passenger

Secondary Impressions: Left knee pain

Disposition Decision

Discharge

)(Discharged to Home Yes

)(Time 1007

)(Date 02/05/24

Discharge/Care Plan

Counseled Regarding Diagnosis, Imaging studies, Need for follow-up, When to return to ED

Patient Instructions Motor Vehicle Accident (ED)

Additional Instructions

It was a pleasure taking care of you today. Your x-ray today did not show any bony abnormalities. Please follow-up with Dr. McNair the next day or 2. Continue taking your pain medications as prescribed by your surgeon. Please return to the ER if you have any new or worsening symptoms and we are happy to care for you again. I hope you feel better!

Departure Forms

*CAREPOINT ED ADULT

DHALIWAL, RAMNIK S MD 02/07/24 2159:

Patient Discharge Departure

Discharge/Care Plan

Referrals

Provider Referral: McNair, Patrick J MD

Address:

660 Golden Ridge Rd #205

Golden, CO 80401

Provider Referral: Bell, Crystal NP

Address:

10103 Ridgeway Pkwy #112

Lone Tree, CO 80124

Supervising Physician Note

MidLv/Doc Saw Pt 2

The PA/NP has seen the patient and I have performed this visit along with the involvement of the PA/NP. I agree with the PA/NPs findings and plan. I have performed all aspects of MDM as documented including: evaluation of the patient/patient's condition(s), review and analysis of available data, and determination of risk of patient management decisions.

I have discussed the evaluation and management of this patient with the APP and agree with their assessment and disposition plan. I also evaluated the patient personally and my assessment is as follows:

History: 27-year-old female presents via EMS for evaluation of left knee pain following MVC that occurred just prior to arrival. Patient was restrained passenger stopped in traffic on the highway, surrounded by a vehicle, EMS estimates traveling 30 to 40 mph. Patient with recent meniscal surgery and was then wrote for follow-up with orthopedist. Complaining of left knee pain which is the knee which was operated on.

Physical Exam: Vital signs reviewed. Tenderness to palpation over the left knee with brace and wound dressing overlying. No active bleeding noted.

MDM: 27-year-old female who was involved in MVA. She has no pain anywhere except for to her left knee which was the one that was operated on. X-ray of the knee showed no evidence of bony abnormality. No evidence of bleeding or wound dehiscence. Patient was treated symptomatically with 2 tabs of 5 mg Percocets. Reevaluate for separate occasions with significant proving her symptoms and she will be discharged with plan for close follow-up with orthopedics who will actually see her today. No laboratory evaluation indicated at this time and no other imaging studies necessary as patient's pain is

localized to the left knee.

I performed a substantive portion of the visit including all aspects of the medical decision making. My assessment is that I believe patient is safe for discharge.

Electronically Signed by Wilson,Katherine PA on 02/06/24 at 1710

Electronically Signed by Dhaliwal,Ramnik Singh MD on 02/07/24 at 2201

RPT #: 0205-0127

END OF REPORT