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Performed by: Darya Vavagiakis
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ED Patient Summary

Patient: RAKESH KUKATLA DOB: Oct 31, 1972

ED Patient Summary

Lourdes Emergency Department

169 Riverside Drive Binghamton, NY 13905 1-607-798-5231

Patient Visit Summary

Visit Date: 08/04/23 14:26:00

Visit Summary For KUKATLA, RAKESH

DOB: 10/31/1972 **MRN:** 89-11-43

Address: 7 ELM STREET BINGHAMTON NY 13905

Phone: (607)677-5994

Lourdes Emergency Department would like to thank you for allowing us to assist you with your healthcare needs. All test reports and a copy of your emergency chart will be sent to your private physician or the physician that you have been given for follow up care. All x-ray films taken will be reviewed by a radiologist. You will be contacted if any further instructions are needed.

Our entire staff strives to provide an excellent experience for our patients and their families. You may receive a survey by mail or a phone call about your experience with us.

PLEASE REMEMBER, you have been evaluated and treated today on an Emergency Care basis, PLEASE ENSURE YOU FOLLOW-UP PER THE INSTRUCTIONS BELOW!

You can also view these instructions and recent diagnostic results in your Lourdes Hospital patient portal. Please see the last page for further instructions on accessing your patient portal.

Primary Care Provider:

Name: Romoff, Peter DO, PGY-3

Phone: (607) 798-8058

Allergies

NKA

Emergency Department Care Providers:

Scharf, Nicholas D, NP

Diagnosis:

Chronic knee pain; Head injury

Vital Signs and Measurements This Visit:

| Blood Pressure: 157 mmHg / 99 mmHg | Measured Weight: 76.7 kg |
|------------------------------------|--------------------------|
| Pulse Rate: 105 bpm | Estimated/Stated Weight: |
| Respiratory Rate: 18 br/min | Height: 176 cm |
| Temperature Oral: 97.7 DegF | |
| Temperature Temporal: | |

Medications or Immunizations Administered During This Visit:

No Medications were given.

Medication Information:

You have been provided with a list of medications post discharge. If you have been instructed to stop taking a medication, please ensure you also follow up with this information to your Primary Care Physician. Unless otherwise noted, you will continue to take medications as prescribed prior to the Emergency Room visit. Any specific questions regarding your chronic medications and dosages should be discussed with your physician(s) and pharmacist.

Update information when medications are discontinued, doses are changed, or new medications (including over-the counter products) are added. Carry medication information with you at all times in the event of emergency situations.

Home Medications to Continue:

Other Meds

ibuprofen (ibuprofen 800 mg oral tablet) 1 tab(s) By Mouth every 8 hours (floating clock) as needed for pain. Refills: 0.

ofloxacin otic (ofloxacin 0.3% otic solution) 5 Drops Left ear 2 times a day for 10 Days. Refills: 0.

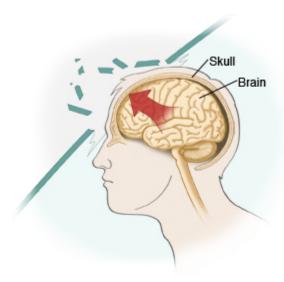
Follow-up Instructions:

| With: | Address: | When: |
|--------------|--|--------------------|
| Peter Romoff | 276 - 280 Robinson Street Binghamton, NY 13904 (607) 722-2769 Business (1) | Within 5 to 7 days |
| Comments: | | |

Call for follow up appointment

Patient Education Materials and Care Instructions:

Head Injury (Adult)



You have a head injury. It doesn't appear serious at this time. But symptoms of a more serious problem, such as a mild brain injury (concussion) or bruising or bleeding in the brain, may appear later. For this reason, you or someone caring for you will need to watch for the symptoms listed below. Once you're home, also be sure to follow any care instructions you're given.

Home care

Watch for the following symptoms

Seek emergency medical care if you have any of these symptoms over the next hours to days:

- Headache that gets worse or doesn't go away
- Nausea or vomiting
- Dizziness
- Sensitivity to light or noise
- Unusual sleepiness or grogginess
- Trouble falling asleep
- Personality changes
- Vision changes
- Memory loss
- Confusion
- Trouble walking or clumsiness
- •Loss of consciousness (even for a short time)
- Inability to be awakened

- Stiff neck
- •Weakness or numbness in any part of the body
- Seizures

General care

- •If you were prescribed medicines for pain, use them as directed. Note: Don't take other medicines for pain without talking to your provider first.
- •To help reduce swelling and pain, apply a cold source to the injured area for up to 20 minutes at a time. Do this as often as directed. Use a cold pack or bag of ice wrapped in a thin towel. Never apply a cold source directly to the skin.
- •If you have cuts or scrapes as a result of your head injury, care for them as directed.
- •For the next 24 hours (or longer, if instructed):
 - oDon't drink alcohol or use sedatives or other medicines that make you sleepy.
 - oDon't drive or operate machinery.
 - oDon't do anything strenuous, such as heavy lifting or straining.
 - oLimit tasks that require concentration. This includes reading, using a smartphone or computer, watching TV, and playing video games.
 - oDon't return to sports or other activities that could result in another head injury until approved by your healthcare provider.

Follow-up care

Follow up with your healthcare provider, or as directed. If imaging tests were done, they will be reviewed by a doctor. You will be told the results and any new findings that may affect your care.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Pain doesn't get better or worsens
- New or increased swelling or bruising
- •Increased redness, warmth, drainage, or bleeding from the injured area
- •Fluid drainage or bleeding from the nose or ears
- •Any depression or bony abnormality in the injured area
- Persistent confusion or lethargy
- Personality changes

Bruising behind the ears or bruising around the eyes

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Knee Pain

Knee pain is very common. It's especially common in active people who put a lot of pressure on their knees, like runners. It affects women more often than men.

Your kneecap (patella) is a thick, round bone. It covers and protects the front portion of your knee joint. It moves along a groove in your thighbone (femur) as part of the patellofemoral joint. A layer of cartilage surrounds the underside of your kneecap. This layer protects it from grinding against your femur.

When this cartilage softens and breaks down, it can cause knee pain. This is partly because of repetitive stress. The stress irritates the lining of the joint. This causes pain in the underlying bone.

What causes knee pain?

Many things can cause knee pain. You may have more than one cause. Some of these include:

- Overuse of the knee joint
- •The kneecap doesn't line up with the tissue around it
- Damage to small nerves in the area
- Damage to the ligament-like structure that holds the kneecap in place (retinaculum)
- Breakdown of the bone under the cartilage
- •Swelling in the soft tissues around the kneecap
- Injury

You might be more likely to have knee pain if you:

- Exercise a lot
- •Recently increased the intensity of your workouts
- •Have a body mass index (BMI) greater than 25
- Have poor alignment of your kneecap
- •Walk with your feet turned overly outward or inward
- •Have weakness in surrounding muscle groups (inner quad or hip adductor muscles)
- Have too much tightness in surrounding muscle groups (hamstrings or iliotibial band)

- •Have a recent history of injury to the area
- Are female

Symptoms of knee pain

This type of knee pain is a dull, aching pain in the front of the knee in the area under and around the kneecap. This pain may start quickly or slowly. Your pain might be worse when you squat, run, or sit for a long time. Climbing stairs may be painful or hard to do. You might also sometimes feel like your knee is giving out. You may have symptoms in one or both of your knees.

Diagnosing knee pain

Your healthcare provider will ask about your medical history and your symptoms. Be sure to describe any activities that make your knee pain worse. They will look at your knee. This will include tests of your range of motion, strength, and areas of pain of your knee. Your knee alignment will be checked.

Your healthcare provider will need to rule out other causes of your knee pain, such as arthritis. You may need an imaging test, such as an X-ray or MRI.

Treatment for knee pain

Treatments that can help ease your symptoms may include:

- Avoiding activities for a while that make your pain worse, returning to activity over time
- •lcing the outside of your knee when it causes you pain
- •Taking over-the-counter pain medicine such as a non-steroidal anti-inflammatory drug (NSAID) like ibuprofen
- Wearing a knee brace or taping your knee to support it
- Compression to help prevent swelling
- •Wearing special shoe inserts to help keep your feet in the proper alignment
- Elevating your knee
- Doing special exercises to stretch and strengthen the muscles around your hip and your knee

These steps help most people manage knee pain. But some cases of knee pain need to be treated with surgery. You rarely need surgery right away. You may need it later if other treatments don't work. Your healthcare provider may refer you to an orthopedic surgeon. He or she will talk with you about your choices.

Preventing knee pain

Losing weight and correcting excess muscle tightness or muscle weakness may help lower your risk.

In some cases, you can prevent knee pain. To help prevent a flare-up of knee pain, do these things:

- Regularly do all the exercises your healthcare provider or physical therapist (PT) advises
- Warm up fully before exercising
- Support your knee as advised by your provider or PT
- Increase training gradually, and ease up on training when needed
- Have an expert check your gait for running or other sporting activities
- Stretch properly before and after exercise
- Replace your running shoes regularly
- Lose excess weight

When to call your healthcare provider

Call your healthcare provider right away if:

- •Your symptoms don't get better after a few weeks of treatment
- You have any new symptoms

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Medication Leaflets Given:

Laboratory and Other Results this visit:

Pending Laboratory and Other Results this visit:

Blood Culture Blood Cult Peripheral, 08/04/23 14:32:00 EDT, Stat collect, Stop Date 08/04/23 14:47:00 EDT

Blood Culture Blood Cult Peripheral, 08/04/23 14:37:00 EDT, Timed Study collect, Stop Date 08/04/23 14:47:00 EDT

Lactic Acid Level Blood, 08/04/23 17:32:00 EDT, TS collect, Stop Date 08/04/23 17:32:00 EDT

Lourdes Patient Portal Information

Please check your email for a letter to get into the Lourdes Hospital patient portal. Your personal identification number (PIN) will be needed. This is the last 4 digits of your Social Security number or the

number you provided staff with your email address. If you didn't receive an email letter and you have checked your junk mail, self-enrollment is now available.

To self-enroll, go to https://lourdes.iqhealth.com/self-enroll/. You will be asked to enter your name, date of birth, the last 4 digits of your Social Security number, and your Medical Record Number (MRN) for security purposes.

MRN: 89-11-43

Go to <u>www.lourdes.com</u> web site for step by step directions. If you need technical assistance, please contact 1 (877) 621-8014.

We now offer the ability for you to securely connect some of the health management apps you may use to your health record. Contact Lourdes Health Information Management at 607-798-5264 to begin the process of connecting your information to the app.

Thank you for trusting Lourdes Hospital with your healthcare needs. Completion of any additional testing at a Lourdes facility will help us to continue to provide you with the best care possible. Please ask your provider or hospital staff for locations or in answering any questions that will assist you in this process.

If at any time following discharge you feel unsafe and may hurt yourself or others, either call 911 or go to the nearest emergency room. This telephone hotline is also available 24 hours a day, 7 days a week: National Suicide Prevention Lifeline (dial) 988.

Call for a follow up appointment. Return if symptoms become worse.

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|-------|-----|--------------|------|--------|------------|-----|---------------|-------|------------|--------------|------|
| had | an | opportunity | to | ask | questions. | I | understand | the | discharge | instructions | and |
| ackr | owl | edge receipt | of a | a prir | ited copy. | | | | | | |

| Patient/Responsible | Party Signature |
|---------------------|-----------------|
| Date | Time |
| Provider Signature | |
| Date | Time |