FINAL (SIGNED)

[redacted]

PHH Emergency Department Record-Scribe to Mid-Level

Patient:	Sex:	Arrival date:	MR#:
[redacted]	Male	[redacted]	[redacted]

Attending Physician:	Age:	DOB:	Bed:	Visit #:
	60Y	[redacted]	[redacted]	[redacted]

Primary Care Physician:	Created By:	Creation Date:
	[redacted]	[redacted]

HISTORY OF PRESENT ILLNESS:

Provider Contact Time: [redacted]

Chief Complaint: Left lower back pain

HPI Narrative: 60 year old male presents to ED via POV complaining of left lower back pain. Patient has reportedly been experiencing pain to his left lower back over the course of the past 3 months, significantly worsening over the past several days. Patient states the pain radiates down his left lower leg and has been unable to straighten his leg or walk normally without severe pain. Patient denies any recent injury or trauma. Patient attests to taking Tylenol 650MG in doses of 3 tablets each time. Patient also had x-rays completed at Urgent care 1 month ago without significant findings. No other symptoms or complaints.

Allergies: No known drug allergies
Medications: Reviewed
Past medical history: Chronic lower back pain, Sciatica, Lumbago, HTN
Past surgical history: Denies
Immunizations: up-to-date
Social history: Single. Admits to smoking cigarettes at least 1 pack/day since 12 years old. Denies ETOH or illicit drug use.
Previous medical records reviewed.

MODE OF ARRIVAL:

Ambulance Air ~~Private Vehicle~~ Police Ambulatory Carry Wheelchair

ALLERGIES:

Last Verified By: [redacted]

Allergy	Severity	Reaction
No Known Drug Allergies	Unknown	

HOME MEDICATIONS:

Last Verified By: [redacted]

Home Med	Dose	Route	Freq	Duration	PRN	PRN Reason	Discharge Dose Due	Start Date
baclofen 10 mg tablet	10 milligram	orally	3 times per day		Yes	muscle spasm		
ibuprofen 800 mg tablet	800 milligram	orally	3 times per day		Yes	pain		

SOCIAL HISTORY

Tobacco Use Current every day smoker

Substance	Usage	Frequency	Duration	Pack Years	Quit Date
Cigarettes		Daily			

Comments:

Alcohol Use None Reported : ALCOHOL HISTORY [redacted]

REVIEW OF SYSTEMS

ROS Popup: Review: All Systems Reviewed and Negative, Except as Noted Below:
MUSCULOSKELETAL: Left lower back pain

VITAL SIGNS:

T-max (Last 24 hours):
98.0 F 01/10/2024 08:30

Last Set of Vitals: BP: 154/84 01/10/2024 08:30
Pulse: 117 01/10/2024 08:30
Temp: 98.0 F 01/10/2024 08:30
Resp: 20 01/10/2024 08:30
O2 Sat: 98%(Room Air) 01/10/2024 08:30
Calculated BMI: 25.8 01/10/2024 08:30

Additional Vitals: [redacted]

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[redacted]

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Patient:	Sex:	Arrival date:	MR#:
[redacted]	Male	[redacted]	[redacted]

Pain: Scale: Numeric 0 1 2 3 4 5 6 7 8 9 (10)

Wong Baker ©

ASSESSMENT

Physical Exam: CONSTITUTION: Age appropriate; + facial grimacing
EYES: conjuctivae without pallor; sclera anicteric; Pupils equal, round and reactive to light; extraoccular movements in tact
HEAD, EARS, NOSE AND THROAT: normocephalic and atraumatic; nares normal; oropharynx normal; oral mucosa moist; gross hearing intact
NECK: no thyromegaly; no c-spine tenderness
RESPIRATORY: no stridor; effort normal; no retractions; no accessory muscle use; breath sounds clear bilateral
CARDIOVASCULAR: regular rhythm and rate; S1 and S2 normal; no murmur; no peripheral edema
ABDOMINAL: nondistended; bowel sounds normal; soft; nontender; no mass; no hepatosplenomegaly
GENITOURINARY: no costovertebral angle tenderness
MUSCULOSKELETAL: no extremity deformity; no thoracic spine tenderness; Lumbar: Negative tenderness palpation. Limited AROM. Negative crepitus or gross deformities. Negative step-offs, tics, tremors, fasciculations, muscle spasm. Skin intact, warm, dry. Negative erythema, edema, ecchymosis, rashes, lesions, wounds.
Left lower extremity: nttp. limited AROM. Negative crepitus or gross deformities.Skin intact, warm, dry. Negative erythema, edema, ecchymosis, rashes, lesions, wounds. NVI. pedal pulses 2+ strong intact
SKIN: warm; dry; normal color; no rash
NEUROLOGICAL: Alert; Oriented to person, place, time and situation; speech normal; motor strength intact; sensation intact to light touch; antalgic gait
PSYCHOLOGICAL: mood normal
Reflexes: Patellar Left: 2+; Patellar Right: 2+; Achilles Left: 2+; Achilles Right: 2+

RESULTS:

LABORATORY

No Lab Results for the past 24 hours

Order	Test	Value	Reference Range	Comments	Status	Collection

PULSE OXIMETRY
Time: 0830
Sat: 98 %
Narrative: NRA

PROCEDURES IN THE EMERGENCY DEPARTMENT

Procedure Narrative: 01/10/2024 09:15 KETOROLAC 60 MG/2 ML IM
Pain in hip, M25.552

Pain in leg, M79.606
ONCE Active [redacted]
01/10/2024 09:15 Return if Condition Increases in Severity or Persists One time Today [redacted]
SUMMERLIN, ELENA R. HEMET GLOBAL MEDICAL CENTER
01/10/2024 09:15 Follow up with Primary Care Physician One time Today [redacted]
01/10/2024 09:15 Discharge to Home One time Today [redacted]
MEDICAL CENTER

CURRENT PROBLEMS:

ED COURSE / MEDICAL DECISION MAKING

ED Course: 60 year old male presenting for left lower back pain.

External/Internal records reviewed: Prior ED documentation.

Differential diagnosis includes but are not limited to: Chronic back pain exacerbation, Sciatica, DDD, Avascular necrosis

Patient brought back to triage. History of present illness obtained from patient/family/parent/EMS and physical exam obtained by me. Patient administered Toradol 60MG IM. Will continue to monitor.

0910: Patient was reevaluated and feels improved after treatment in the ED. After shared decision making, patient is agreeable to going home at this

[redacted]

[redacted]

FINAL (SIGNED)

[redacted]

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[redacted]	Male	[redacted]	[redacted]

time.

I prescribed patient with Rx Prednisone 5MG, Nabumetone 500MG, and Cyclobenzaprine 10MG. I discussed medication warnings with patient at length. Patient instructed to follow up with primary care provider in 3-4 days for re-evaluation of symptoms. Patient verbalizes understanding to return to ED for new or worsening symptoms, if follow up cannot be obtained, or as needed. Patient feels comfortable going home at this time. All questions addressed.

*All review of tests, imaging and outside records are my own independent interpretation.

DISPOSITION

Time: 0915 **Diagnosis:** Acute exacerbation of chronic left hip and leg pain
History of chronic lower back pain
History of Sciatica and Lumbago

Condition:	Unchanged	Improved	Stable	Serious	Critical	Expired
Discharge:	Home	LWBS	Transfer	Other:		

SIGNATURE

I [redacted] am scribing for, and in the presence of [redacted] [redacted] [redacted]

Scribe Signature | Mid-Level Name | Date | Time

Provider Attestation:

I personally performed the services depicted in this documentation, as described by the Scribe in my presence, and it is both accurate and complete.

[redacted] [redacted]

NP/PA/Resident Signature | Date

Attestation when both Attending with NP/PA/Resident see patient:

☐ I have evaluated this patient with the NP/PA/Resident. I have addressed significant history and physical examination findings with the patient. We have developed an assessment of plan of care. The above was discussed at the time of visit with the patient, NP/PA/Resident, and healthcare team.

Attestation when ONLY NP/PA/Resident see patient:

☒ I have reviewed the documentation, agree with the documentation, medical decision and treatment plan as outlined by the NP/PA/Resident.

Signature attests that all pages have been reviewed and completed. The attestation reflects any changes or corrections to the Provider Note as documented.

[redacted] [redacted]

Physician Signature | Date

[redacted]