

Encounter Summary (October 30, 2025, 1:53:08PM -0400)

Patient	Legal: Emma THOMPSON Date of Birth: November 14, 1965 Gender: Female Patient-ID: PDHZTKZ8QTL9KKT (1.2.840.114350.1.13.330.2.7.3.688884.100)
Encounter	ID: 2307738641 (1.2.840.114350.1.13.330.2.7.3.698084.8), Type: Emergency - Emergency translation: Hospital Encounter translation: 0 (1.2.840.114350.1.72.1.30.1) Date/Time: June 22, 2025 4:50PM -0400 - 6PM -0400 Location: Emergency Department - Emergency Medicine translation: Emergency Medicine
Documentation Of	Care provision, Date/Time: June 22, 2025 4:50PM -0400 - 6PM -0400, Performer: Legal: Per Patient NOPCP MD
Author	Epic - Version 11.3, Organization: Piedmont Healthcare, Authored On: October 30, 2025, 1:53:08PM -0400

Reason for Visit

•	Reason	Comments
	Motor Vehicle Crash	Patient presented to ED completely ambulatory, walked with steady gait, GCS 15, Aox4, chief complaint pain from MVC today, denies L.O.C.

Encounter Details

Date	Type	Department	Care Team (Latest Contact Info)	Description
06/22/2025 4:50 PM EDT - 06/22/2025 6:00 PM EDT	Emergency	Piedmont Eastside Medical Emergency Department South Campus 2160 FOUNTAIN DR SNELLVILLE, GA 30078-7022 770-982-2313	Tinkham, Matthew T, MD 265 Brookview Center Way STE 400 KNOXVILLE, TN 37919 865-293-5617 (Work) 865-347-5180 (Fax)	MVC (motor vehicle collision), initial encounter (Primary Dx) Discharge Disposition: Home or Self Care

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Every Day	Cigarettes			
Smokeless Tobacco: Never				
Tobacco Cessation: Ready to Quit: Not Asked; Counseling Given: Not Answered				
Alcohol Use	Standard Drinks/Week	Comments		
Never	0 (1 standard drink = 0.6 oz pure alcohol)			
Pregnant	Comments			
Unknown				
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Not on file		
Legal Sex		Female	06/22/2025 4:50 PM EDT	
Gender Identity		Not on file		
Sexual Orientation		Not on file		

[1]. documented as of this encounter

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	184/87	06/22/2025 5:45 PM EDT	
Pulse	103	06/22/2025 4:58 PM EDT	

Vital Sign	Reading	Time Taken	Comments
Temperature	37.1 °C (98.8 °F)	06/22/2025 4:58 PM EDT	
Respiratory Rate	17	06/22/2025 4:58 PM EDT	
Oxygen Saturation	99%	06/22/2025 4:58 PM EDT	
Inhaled Oxygen Concentration	-	-	
Weight	60.8 kg (134 lb)	06/22/2025 4:58 PM EDT	
Height	157.5 cm (5' 2")	06/22/2025 4:58 PM EDT	
Body Mass Index	24.51	06/22/2025 4:58 PM EDT	

[2]. documented in this encounter

Discharge Instructions

-

Attachments

The following attachments cannot be sent through Care Everywhere.

- Motor Vehicle Collision Injury Adult Easy-to-Read (English)

[3]. documented in this encounter

Medications at Time of Discharge

Medication	Sig	Dispense Quantity	Refills	Last Filled	Start Date	End Date
acetaminophen (TYLENOL) 325 mg tablet	Take 2 tablets by mouth every 6 (six) hours as needed for Pain.	30 tablet			06/22/2025	07/02/2025
lidocaine (LIDODERM) 5 % patch	Place 1 patch onto the skin daily. Remove & Discard patch within 12 hours or as directed by MD	30 patch			06/22/2025	07/22/2025
methocarbamol (ROBAXIN) 500 MG tablet	Take 1 tablet by mouth in the morning and 1 tablet before bedtime. Do all this for 5 days.	10 tablet			06/22/2025	06/27/2025

[4]. documented as of this encounter

ED Notes

- **Shivani Patel, RN - 06/22/2025 5:49 PM EDT**
 Formatting of this note might be different from the original.
 Doctor has seen the patient and the patient is ready for discharge. Patient is updated and educated on discharge papers. Patient states no concerns at this time. Vital signs stable.

Electronically signed by Shivani Patel, RN at 06/22/2025 5:49 PM EDT

- **Matthew T Tinkham, MD - 06/22/2025 5:34 PM EDT**
 Formatting of this note is different from the original.

History

Chief Complaint

Patient presents with

- Motor Vehicle Crash

Patient presented to ED completely ambulatory, walked with steady gait, GCS 15, Aox4, chief complaint pain from MVC today, denies L.O.C.

Patient is a 59-year-old female past medical history of CKD and hypertension here after motor vehicle collision. Patient was a restrained front passenger. Patient was in a car that was rear-ended. Patient states that she did hit the side of her head on the window during the incident, but had no LOC. Patient states she does have neck pain and pain down her back. Patient with no weakness, numbness, dizziness, inability to ambulate. Patient denies chest pain or shortness of breath.

Motor Vehicle Crash

Past Medical History:

Diagnosis Date

- Chronic kidney disease
- Hypertension

History reviewed. No pertinent surgical history.

No family history on file.

Additional Information

Social History

Tobacco Use

- Smoking status: Every Day

Types: Cigarettes

- Smokeless tobacco: Never

Vaping Use

- Vaping status: Never Used

Substance Use Topics

- Alcohol use: Never
- Drug use: Never

Review of Systems

Constitutional: Negative for chills and fever.

HENT: Negative for ear pain and sore throat.

Eyes: Negative for pain and visual disturbance.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain and vomiting.

Genitourinary: Negative for dysuria and hematuria.

Musculoskeletal: Positive for back pain. Negative for arthralgias.

Skin: Negative for color change and rash.

Neurological: Negative for seizures and syncope.

All other systems reviewed and are negative.

Physical Exam

BP (!) 182/95 (BP Location: Left arm, Patient Position: Sitting, BP Cuff Size: Medium) | Pulse 103 | Temp 98.8 °F (37.1 °C) (Oral) | Resp 17 | Ht 5' 2" (1.575 m) | Wt 60.8 kg (134 lb) | SpO2 99% | BMI 24.51 kg/m²

Physical Exam

Vitals reviewed.

Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is normal weight. She is not ill-appearing, toxic-appearing or diaphoretic.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: No oropharyngeal exudate or posterior oropharyngeal erythema.

Eyes:

General: No scleral icterus.

Right eye: No discharge.

Left eye: No discharge.

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds. No murmur heard.

No friction rub. No gallop.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Musculoskeletal:

General: No swelling, tenderness, deformity or signs of injury. Normal range of motion.

Cervical back: Normal range of motion and neck supple. No rigidity.

Skin:

General: Skin is warm.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced or pale.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.

Cranial Nerves: No cranial nerve deficit.

Sensory: No sensory deficit.

Motor: No weakness.

Coordination: Coordination normal.

Gait: Gait normal.

Deep Tendon Reflexes: Reflexes normal.

ED Course

ED Course as of 06/22/25 1751

Sun Jun 22, 2025

1747 Patient reassessed. Patient well-appearing, vitals have improved. Discussed reasons to return to emergency department, including change in pain, new symptoms, neurological symptoms, passing out, or anything that concerns the patient at all. Patient endorsed understanding and agrees with plan for discharge at this time. [MT]

ED Course User Index

[MT] Matthew T Tinkham, MD

Thrombolytic Stroke Assessment

NIH Stroke Assessment Scale

Procedures

Medical Decision Making

Patient here after motor vehicle collision. Patient with normal physical exam including stable vitals, no evidence of traumatic injury on exam, neurological exam intact. Patient fully ambulatory and with full range of motion in all extremities. Patient has full sensation and normal pulses in all extremities. Patient unlikely to have intracranial trauma, unlikely to have fracture or dislocation in spine or any other areas. Discussed utility of imaging with patient including obtaining plain films and obtaining CT head. After discussion and shared decision making, decision was made to defer imaging at this time. Patient instructed to return to this emergency department or any emergency department if symptoms change or worsen or if patient has any concerns that would require imaging. Patient endorsed understanding agrees with plan. Plan at this time will be to treat patient symptomatically, reassess, discharged with outpatient follow-up.

Vital Signs:

Reviewed the patient's vital signs.

Nursing Notes: Reviewed and utilized the nursing notes.

Old Medical Records:

The patient's available past medical records and past encounters were reviewed.

Allergies:

-- Morphine -- Hives

Laboratory Studies:

Ordered and independently reviewed and interpreted laboratory tests. Abnormal findings are listed below:

Labs Reviewed - No data to display

Imaging Studies:

Imaging studies were ordered.

Radiology studies results reviewed by the Emergency Department Provider:

No orders to display

Medications given in the ED:

Current Facility-Administered Medications: · lidocaine (Salonpas) 4 % topical patch 1 patch, 1 patch, Transdermal, Once, Matthew T Tinkham, MD, 1 patch at 06/22/25 1724

No current outpatient medications on file.

Repeat Vitals:

|-----|
| | 06/22/25 |
| | 1658 |
|-----|
| BP: | (!) 182/95 |
| BP Location:| Left arm |
| Patient Position:| Sitting |
| BP Cuff Size:| Medium |
| Pulse: | 103 |
| Resp: | 17 |
| Temp: |98.8 °F (37.1 °C)|

TempSrc:	Oral
SpO2:	99%
Weight:	60.8 kg (134 lb)
| Height: | 5' 2" (1.575 m) |
|-----|

Orders:
No orders of the defined types were placed in this encounter.

Medications Given in ED:
Medications
lidocaine (Salonpas) 4 % topical patch 1 patch (1 patch Transdermal Patch Applied 6/22/25 1724)
methocarbamol (Robaxin) tablet 500 mg (500 mg Oral Given 6/22/25 1724)
acetaminophen (Tylenol) tablet 650 mg (650 mg Oral Given 6/22/25 1724)

----- COUNSELING -----
Counseling: The emergency provider has spoken with the patient and discussed today's findings, in addition to providing specific details for the plan of care. Questions are answered and there is agreement with the plan. Counseling was provided regarding the diagnosis and prognosis.

Disclaimer: Voice recognition software may have been used for the composition of this note. Occasionally, unintentional substitution of words or phrases may occur when using this software. An attempt was made to proofread for accuracy, but to expedite availability, some errors may persist. Please read for context and please contact author with any need for correction or further clarification.

Electronically Signed by Matthew T Tinkham, MD

Matthew T Tinkham, MD
06/22/25 1751

Electronically signed by Matthew T Tinkham, MD at 06/22/2025 5:51 PM EDT

[5]. documented in this encounter

Plan of Treatment

Not on file

[6]. documented as of this encounter

Visit Diagnoses

Diagnosis
MVC (motor vehicle collision), initial encounter - Primary

[7]. documented in this encounter

Administered Medications

Inactive Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
acetaminophen (Tylenol) tablet 650 mg 650 mg, Oral, ONCE, On Sun 6/22/25 at 1715, For 1 dose, 3250 MG/DAY MAX FOR ACETAMINOPHEN, LORTAB/VICODIN 5-325 CONTAINS 325MG,PERCOCET 5-325 CONTAINS 325MG	Given	06/22/2025 5:24 PM EDT	650 mg		
lidocaine (Salonpas) 4 % topical patch 1 patch	Patch Applied	06/22/2025 5:24 PM EDT	1 patch		Other

Medication Order	MAR Action	Action Date	Dose	Rate	Site
1 patch, Transdermal, Administer over 8 Hours, ONCE, On Sun 6/22/25 at 1720, For 1 dose					
methocarbamol (Robaxin) tablet 500 mg 500 mg, Oral, ONCE, On Sun 6/22/25 at 1715, For 1 dose, May discolor urine. Use for muscle relaxation may cause drowsiness	Given	06/22/2025 5:24 PM EDT	500 mg		

[8]. documented in this encounter

Active and Recently Administered Medications

Times are shown in EDT.

Medication Order	Scheduled		
	06/20/2025	06/21/2025	06/22/2025
acetaminophen (Tylenol) tablet 650 mg (COMPLETED) 650 mg, Oral, ONCE, On Sun 6/22/25 at 1715, For 1 dose, 3250 MG/DAY MAX FOR ACETAMINOPHEN, LORTAB/VICODIN 5-325 CONTAINS 325MG,PERCOCET 5-325 CONTAINS 325MG			<ul style="list-style-type: none">1724 (Given - Provider: Shivani Patel, RN)
lidocaine (Salonpas) 4 % topical patch 1 patch 1 patch, Transdermal, Administer over 8 Hours, ONCE, On Sun 6/22/25 at 1720, For 1 dose			<ul style="list-style-type: none">1724 (Patch Applied - Provider: Shivani Patel, RN - Comment: back)
methocarbamol (Robaxin) tablet 500 mg (COMPLETED) 500 mg, Oral, ONCE, On Sun 6/22/25 at 1715, For 1 dose, May discolor urine. Use for muscle relaxation may cause drowsiness			<ul style="list-style-type: none">1724 (Given - Provider: Shivani Patel, RN)

[9]. documented in this encounter

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
Nopcp, Per Patient, MD 000-000-0000 (Fax)	PCP - General		6/22/25	

[10]. documented as of this encounter

Document	ID	1.2.840.114350.1.13.330.2.7.8.688883.1596741773	Created On	October 30, 2025, 1:53:08PM -0400
	Version	3		
	Set-ID	893bb3e9-4fb8-11f0-98aa-005056bc8b04 (1.2.840.114350.1.13.330.2.7.1.1)		
Custodian	Piedmont Healthcare		Contact Details	Workplace: 1968 Peachtree Road Northwest Atlanta, GA 30309 USA
Patient	Legal: Emma THOMPSON		Contact Details	Home Primary: 123 Collins Street Melbourne Melbourne, VIC 3000 USA Period from June 22, 2025 to

			Home Primary: USA Period from June 22, 2025 to June 21, 2025 Tel Home Primary: +1-770- 777-7777, Mail: emma.thompson@example.com
Date of Birth	November 14, 1965	Gender	Female
Race	Black or African American	Ethnicity	Not Hispanic or Latino
Patient-IDs	PDHZTKZ8QTL9KKT (1.2.840.114350.1.13.330.2.7.3.688884.100)	Language Communication	eng, preferred: yes
Provider Organization	Piedmont Healthcare <i>ID</i> 20800 (1.2.840.114350.1.13.330.2.7.2.688879)	Contact Details (Organization)	Workplace: 1968 Peachtree Road Northwest Atlanta, GA 30309 USA

Documentation Of - care provision	June 22, 2025 4:50PM -0400 - 6PM -0400		
Performer - Primary Care Provider - General	Legal: Per Patient NOPCP MD of Piedmont Healthcare	Contact Details	unknown Fax: +1-000-000-0000
Encounter	<i>ID</i> 2307738641 (1.2.840.114350.1.13.330.2.7.3.698084.8) <i>Type</i> Emergency - Emergency translation: Hospital Encounter translation: 0 (1.2.840.114350.1.72.1.30.1)	Encounter Date	June 22, 2025 4:50PM -0400 - 6PM -0400
Discharge Disposition	Home or Self Care		
Encounter Location	Piedmont Eastside Medical Emergency Department South Campus (Workplace: 2160 FOUNTAIN DR SNELLVILLE, GA 30078-7022) of		
Responsible Party	Matthew T TINKHAM of Piedmont Healthcare	Contact Details	Workplace: 265 Brookview Center Way STE 400 KNOXVILLE, TN 37919 USA Tel Workplace: +1-865-293- 5617, Fax: +1- 865-347-5180
attender (at June 22, 2025, 4:50PM -0400)	Legal: Matthew T TINKHAM MD	Contact Details	Workplace: 265 Brookview Center Way STE 400 KNOX KNOXVILLE, TN 37919 USA Tel Workplace: +1-865-293- 5617, Fax: +1- 865-347-5180

Author	Epic - Version 11.3, Organization: Piedmont Healthcare	Contact Details	not applicable
		Contact Details (Organization)	Workplace: 1968 Peachtree Road Northwest Atlanta, GA 30309 USA
Legal Authenticator	unknown signed at October 30, 2025, 1:53:08PM -0400	Contact Details	unknown