

**MRO  
1000 Madison Avenue  
Suite 100  
Norristown, PA 19403**

## **Medical Records Transmittal**

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Date: 6/24/2025

Request Number: 99617501

Page Count: 57

**Your requested medical records are attached.**

Patient Name: Keith Franklin

Medical Facility: UnityPoint Health - Meriter Hospitals

Requester: Tyler Crosby

Organization: Crosby & Crosby LLP

Your reference number:

Thank you,

*MRO*

*MROcorp.com*

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—  
&  
C

## 2ND REQUEST

### Crosby & Crosby LLP Attorneys At Law

*3815 N. Mulford Rd. Rockford, IL 61114  
(815) 367-6432*

Tyler M. Crosby  
Attorney

Mason S. Crosby  
Attorney

***www.crosbyandcrosbylaw.com***

TELEPHONE: (815) 367-6432

Email: eservice@crosbyandcrosbylaw.com

**March 17, 2025**

UnityPoint Health – Meriter  
202 S. Park Street  
Madison, WI 53715  
[MSN\\_HIMROI@unitypoint.org](mailto:MSN_HIMROI@unitypoint.org)  
Sent via Electronic Delivery

Re: Keith Franklin  
DOB: 04/13/1980

Dear Medical Records Department,

I am writing to formally request copies of the complete medical records and itemized billing statements for Keith Franklin related to treatment received at your facility following an auto accident. This request includes, but is not limited to, all physician notes, diagnostic test results, imaging reports, operative reports, discharge summaries, and billing details from February 1, 2025, to the present.

Enclosed with this request is a signed HIPAA authorization form allowing the release of these records. Please provide the records in electronic format if possible. You may send them via email to [bmatz@crosbyandcrosbylaw.com](mailto:bmatz@crosbyandcrosbylaw.com).

If there are any fees associated with this request, please provide an invoice in advance. Kindly process this request at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

*Tyler M. Crosby*  
Tyler M. Crosby



\*HIM ROI Authorization\*



UnityPoint Health

## UnityPoint Health Authorization/Request for Release of Medical Information

<b>INSTRUCTIONS:</b>	Make sure all blanks are filled in. Failure to do so could prevent or delay processing				
<b>PATIENT IDENTIFICATION</b>	Name (Legal/Maiden/Other) <u>Keith Franklin</u> Address <u>3224 Hanover Drive</u> City <u>Rockford</u> State <u>IL</u> Zip <u>61101</u> Phone # <u>779-772-0192</u> Date of Birth <u>4/13/1980</u> Social Security Number (optional) _____				
<b>PROVIDER/ORGANIZATION</b> (Who is authorized to release the information)	Provider Name <u>Unity Point Health - Meriter Hospital</u> Address <u>202 South Park Street</u> City <u>Madison</u> State <u>WI</u> Zip <u>53715</u>				
<b>REQUESTOR:</b> (Where do you want the information sent)	Requestor Name <u>Crosby &amp; Crosby LLP</u> Address <u>3815 North Mulford Road, Suite 4</u> City <u>Rockford</u> State <u>Illinois</u> Zip <u>61114</u>				
<b>INFORMATION REQUESTED:</b> <i>charge may apply</i>	Service Dates <u>February 2, 2025 - Present</u> <input type="checkbox"/> Abstract (all physician dictations/test results) <input type="checkbox"/> Lab/Radiology Results <input checked="" type="checkbox"/> Entire Record <input type="checkbox"/> Other, please specify _____				
<b>PURPOSE OF RELEASE:</b>	(Check all that apply) <input type="checkbox"/> Continuing Care <input type="checkbox"/> Insurance Coverage <input checked="" type="checkbox"/> Legal <input type="checkbox"/> SSA/Disability <input type="checkbox"/> Personal Use <input type="checkbox"/> Other _____				
<b>Requested Format:</b>	<input checked="" type="checkbox"/> Paper <input type="checkbox"/> CD (Password Protected): _____				

### **SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW**

I authorize the release of the information listed below, which requires specific consent under federal law: **(check all that apply)**  
**(Note: Depending on what is checked we may be unable to fulfill this authorization.)**

Substance Abuse     Mental Health Treatment (excluding psychotherapy notes)     HIV/AIDS related testing

Signature of Patient or  
Authorized Representative: X \_\_\_\_\_ Relationship \_\_\_\_\_

Witness Signature (Illinois Only): X \_\_\_\_\_

X

**ILLINOIS ONLY:** Minor's signature required if ages 12-17 for mental health records.

**For Illinois or Wisconsin Residents Only:** Under state law, you must separately and expressly authorize release of any of the following confidential information (check those that apply for your state):     Genetic Testing (**Illinois**)     Sexual Assault (**Illinois**)

Child Abuse/Neglect (**Illinois**)     Abuse of Adult with a Disability (**Illinois**)     Developmental Disabilities (**Wisconsin and Illinois**)

Signature of Patient or  
Authorized Representative: X \_\_\_\_\_ Relationship \_\_\_\_\_

This authorization is effective for 11 months but no longer than 1 year from the date on which it was signed. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to the Medical Records Department of the source facility. I understand that I have the right to inspect the information to be disclosed upon the proper notification to and under conditions established by the source facility. I understand that my health care and payment for my health care will not be affected if I do not sign this form. I understand this authorization is voluntary. I understand that if the recipient of this information is not a health plan or provider, the released information may no longer be protected by federal privacy regulations and may be subject to re-disclosure. I understand that I am entitled to receive a copy of this completed authorization form.

Prohibition of re-disclosure: This form does not authorize re-disclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, and HIV/AIDS tests results, federal requirements (42 CFR Part2) and state requirements (IA Code ch.228&ch.141) (740 Ill. Comp. Stat. § 110/5) (Wis. Code §§252.15(6), 50.30) prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations. A general authorization for release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may result from unauthorized disclosure of alcohol/drug abuse, mental health or HIV/AIDS related testing and or treatment.

Signature of Patient or Authorized Representative

Print Name/Relationship to Patient

3/14/2025

Date

MHM EMERGENCY DEPT  
202 SOUTH PARK STREET  
MADISON WI 53715-1507

Franklin, Keith  
MRN: 98450821, DOB: 4/13/1980, Legal Sex: M  
Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

**02/03/2025 - ED in Meriter Hospital Emergency Department**



**Visit Information**

**Admission Information**

Arrival Date/Time:	02/03/2025 1115	Admit Date/Time:	02/03/2025 1135	IP Adm. Date/Time:
Admission Type:	Emergency	Point of Origin:	Self	Admit Category:
Means of Arrival:	Car	Primary Service:	Emergency Medicine	Secondary Service:
Transfer Source:		Service Area:	UNITYPOINT HEALTH SERVICE AREA	Unit: N/A Meriter Hospital Emergency Department
Admit Provider:		Attending Provider:	Van Bendegom, Jeffrey M, MD	Referring Provider:

**ED Disposition**

ED Disposition	Condition	User	Date/Time	Comment
Discharge	Stable	Van Bendegom, Jeffrey M, MD	Mon Feb 3, 2025 1:58 PM	--

**Discharge Information**

Date/Time: 02/03/2025 1436	Disposition: Home - Discharge To Home Or Self Care	Destination: Home
Provider: Van Bendegom, Jeffrey M, MD	Unit: Meriter Hospital Emergency Department	

**Department**

Name	Address	Phone
Meriter Hospital Emergency Department	202 South Park Street Madison WI 53715	608-417-6206

**Admission Information**

Arrival Date/Time:	02/03/2025 1115	Admit Date/Time:	02/03/2025 1135	IP Adm. Date/Time:
Admission Type:	Emergency	Point of Origin:	Self	Admit Category:
Means of Arrival:	Car	Primary Service:	Emergency Medicine	Secondary Service:
Transfer Source:		Service Area:	UNITYPOINT HEALTH SERVICE AREA	Unit: N/A Meriter Hospital Emergency Department
Admit Provider:		Attending Provider:	Van Bendegom, Jeffrey M, MD	Referring Provider:

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
02/03/2025 1436	Home - Discharge To Home Or Self Care	Home	Van Bendegom, Jeffrey M, MD	Meriter Hospital Emergency Department

**Final Diagnoses (ICD-10-CM)**

Code	Description	POA	CC	HAC	Affects DRG
M54.50 [Principal]	Low back pain, unspecified				

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Events

#### ED Arrival at 2/3/2025 1115

Unit: Meriter Hospital Emergency Department

#### Admission at 2/3/2025 1135

Unit: Meriter Hospital Emergency Department  
Patient class: Emergency

Room: ED07

Bed: ED07-01

Service: Emergency Medicine

#### ED Roomed at 2/3/2025 1135

Unit: Meriter Hospital Emergency Department  
Patient class: Emergency

Room: ED07

Bed: ED07-01

Service: Emergency Medicine

#### Discharge at 2/3/2025 1436

Unit: Meriter Hospital Emergency Department  
Patient class: Emergency

Room: ED07

Bed: ED07-01

Service: Emergency Medicine

#### Discharge at 2/3/2025 1436

Unit: Meriter Hospital Emergency Department  
Patient class: Emergency

Room: ED07

Bed: ED07-01

Service: Emergency Medicine

### Treatment Team

Provider	Service	Role	Provider Team	Specialty	From	To
Van Bendegom, Jeffrey M, MD	—	Attending	—	Emergency Medicine	02/03/25 1136	02/03/25 1436
Graap, Rachel M, RN	—	Registered Nurse	—	Emergency Medicine	02/03/25 1135	—

### Reason for Visit

#### Chief Complaint

- Back Pain-New <28 days

#### Visit Diagnoses

- Acute bilateral low back pain without sciatica (primary)
- Motor vehicle accident injuring restrained driver, initial encounter

## 02/03/2025 - ED in Meriter Hospital Emergency Department Model Inpatient Patient Information

Attending Provider: (none)

Isolation: None

Ht: 177.8 cm (5' 10")

Admission Cmt: None

Allergies: No Known

Code Status: Not on file

Wt: 95.3 kg (210 lb)

Allergies

Admission Wt: 95.3 kg (210 lb)

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Vitals

Date/Time	Temp	Pulse	Resp	BP	SpO2	Weight
02/03/25 1435	—	55	16	138/74	100 %	—
02/03/25 1132	36.9 °C (98.5 °F)	54	18	146/74	100 %	95.3 kg (210 lb)

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Vitals (continued)

### Patient as-of Visit

#### Allergies as of 2/3/2025

Allergies last reviewed by La Crosse, Rochelle M, RN on 2/3/2025 1134 - Review Complete  
No Known Allergies

#### Problem List as of 2/3/2025

No documentation.

#### History as of 2/3/2025

##### Medical History as of 2/3/2025

No documentation.

##### Surgical History as of 2/3/2025

No documentation.

##### Social Documentation History as of 2/3/2025

No documentation.

##### Substance & Sexuality History as of 2/3/2025

No documentation.

##### Activities of Daily Living History as of 2/3/2025

No documentation.

##### Lifestyle History as of 2/3/2025

No documentation.

##### Family History as of 2/3/2025

No documentation.

##### Relationships History as of 2/3/2025

No documentation.

##### Obstetric History as of 2/3/2025

No documentation.

##### Birth History as of 2/3/2025

No documentation.

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Patient as-of Visit (continued)

#### Immunizations as of 2/3/2025

No documentation.

#### Active Coverages as of 2/3/2025

##### MRA MVA

Plan: MRA REVECORE MVA  
Subscriber: FRANKLIN,KEITH  
Member: 348684554  
Subscriber ID: 348684554  
Effective from: 2/2/2025

##### AETNA - COVENTRY

Plan: AETNA HMO 60054  
Subscriber: FRANKLIN,KEITH  
Member: W260457868  
Subscriber ID: W260457868  
Effective from: 1/1/2025

### Care Team as of 2/3/2025

#### Active

Name	Identifier	Relationship	Specialty	Phone	Duration
Patient, None Per	—	PCP - General	—	—	02/03/2025 - Present

### Stratification Score and Category

Stratification Score:

Stratification Category:

## 02/03/2025 - ED in Meriter Hospital Emergency Department ED Visit Information

### ED Arrival Information

Expected -	Arrival 2/3/2025 11:15	Acuity 2=Emergent	
Means of arrival Car	Escorted by Self	Service Emergency Medicine	Admission type Emergency
Arrival complaint Back pain			

### Physical Diagram

No physical diagram documentation exists for this encounter

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### ED Provider Note

#### ED Provider Notes by Van Bendegom, Jeffrey M, MD at 2/3/2025 1115

Author: Van Bendegom, Jeffrey M, MD  
Service: Emergency Medicine  
Filed: 2/3/2025 8:05 PM  
Date of Service: 2/3/2025 11:15 AM  
Editor: Van Bendegom, Jeffrey M, MD (Physician)  
Author Type: Physician  
Status: Signed

### Chief Complaint from Triage:

Chief Complaint

Patient presents with

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Provider Note (continued)**

- Back Pain-New <28 days

**History of Present Illness:**

This 44 y.o. male patient presents to the ER for back pain flank pain, MVA. Patient was the restrained driver in an MVA yesterday. Patient had just exited the interstate, stopped at a light, and was rear-ended by somebody traveling at highway speeds. He provides photos of the crash, showing significant impact to the rear of the car. No airbag deployment on driver side. No frontal impact. Belted, recalls events and denies loss of consciousness. No immediate pain. Gradually over the next several hours, developed pain in the midline thoracolumbar back as well as in the left flank and left low back. Also points to the left SI joint. Symptoms worse with position changes and movement. He is at times noted some radicular pain in both legs, at present no radicular pain weakness numbness or paresthesias. No saddle anesthesia. No incontinence. No dysuria or hematuria. No frank abdominal pain. Able to eat and drink without pain or nausea or vomiting. No syncope or dizziness. No shortness of breath. No head or neck pain. History obtained from patient, wife

**Medications & Allergies:**

Medication List Reviewed

**Past Medical History:**

No past medical history on file. Healthy

**Past Surgical History:**

No past surgical history on file.

**Family History:**

No family history on file.

**Social History:**

Social History

Socioeconomic History

- Marital status: Single

**Review of Systems:**

Per HPI

**Physical Examination:**

BP 138/74 | Pulse 55 | Temp 36.9 °C (98.5 °F) (Oral) | Resp 16 | Ht 177.8 cm (5' 10") | Wt 95.3 kg (210 lb) | SpO2 100% | BMI 30.13 kg/m<sup>2</sup>

GENERAL: Nurse's notes and vital signs reviewed. Patient is awake and alert in no distress

HEENT: Atraumatic and normocephalic head. Pupils are equal and reactive to light. Oral cavity is clear. There are no facial step-offs and no visible evidence of facial trauma. No epistaxis. No loose teeth.

NECK: NEXUS criteria are met. The patient has no pain on midline palpation of the cervical spine. No pain with axial loading. Patient demonstrates painless range of motion

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### ED Provider Note (continued)

LUNGS: Clear to auscultation bilaterally without any wheezes rales or rhonchi. No seatbelt abrasions chest contusions or crepitance or step-offs

CARDIAC: Regular rate and rhythm without murmurs rubs or gallops

ABDOMEN: Soft, nontender and nondistended. No rebound guarding or mass. No flank ecchymoses. No abrasions or visible signs of trauma.

MSK: No gross deformities or obvious signs of injury. No gross tenderness to palpation. Distal capillary refill <2sec

BACK: Some tenderness in the lower thoracic about T11-T12 and upper lumbar left L1-L2 midline and left greater than right paraspinal areas.

Flank: No ecchymosis, no rib tenderness. No CVA tenderness.

PELVIS: Stable to stressors. Tender to palp at the left SI joint.

NEURO: Alert and oriented X3. GCS 15. Patient follows commands appropriately. No focal neurologic findings

PSYCH: Mood and affect appropriate. Patient has insight into their history.

### ED Course:

**Bedside FAST ultrasound exam** performed and interpreted by me with images archived per standard protocol:

Indication: Thoraco-abdominal trauma

Views: Subxyphoid cardiac, RUQ, LUQ, suprapubic, bilateral 2nd-4th intercostal spaces

Findings: no pericardial fluid, normal wall motion. No intra-abdominal free fluid in Morrison's Pouch, spleno-renal recess, or pelvis. No evidence of PTX

Impression: Negative FAST exam

ED interventions include

ED Medication Administration from 02/03/2025 1115 to 02/03/2025 2005

Date/Time	Order	Dose	Route	Action
02/03/2025 1231 CST	<b>acetaminophen (TYLENOL) tablet</b>	650 mg	Oral	Given
02/03/2025 1231 CST	<b>ibuprofen tablet</b>	800 mg	Oral	Given

Nurses notes reviewed.

### Results:

#### **Emergency Department testing independently interpreted by myself include:**

Results for orders placed or performed during the hospital encounter of 02/03/25 (from the past 12 hours)

UA with Microscopic - No Culture

Specimen: Urine, Clean Catch

Result	Value	Ref Range
Specimen, UA	CLN CATCH	

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### ED Provider Note (continued)

Color, UA	YELLOW	YELLOW^YELLOW
Clarity, UA	CLEAR	CLEAR^CLEAR
Glucose, UA	NEG	NEG^NEG mg/dL
Bilirubin, UA	NEG	NEG^NEG
Ketones, UA	10 (A)	NEG^NEG mg/dL
Specific Gravity, UA	1.032 (H)	1.005 - 1.030
Blood, UA	NEG	NEG^NEG
PH, UA	6.5	5.0 - 8.0
Protein, UA	20 (A)	NEG^NEG mg/dL
Urobilinogen,UA	2.0 (A)	LT2^LESS THAN 2 [Ehrlich'U]/dL
Nitrite, UA	NEG	NEG^NEG
Leukocyte Esterase, UA	NEG	NEG^NEG
RBC	0	0 - 2 /[HPF]
WBC	1	0 - 10 /[HPF]
Bacteria,UR	OCCASIONAL	/[HPF]
Squam Epithel, UA	FEW (0-5)	F05^FEW (0-5) /[LPF]

### Medications

acetaminophen (TYLENOL) tablet (650 mg Oral Given 2/3/25

1231)

ibuprofen tablet (800 mg Oral Given 2/3/25 1231)

### X-ray:

### Imaging Results

XR Pelvis 1 or 2 Views (Final result)

Result time 02/03/25 13:34:36

Final result by Chase, Peter J, MD (02/03/25 13:34:36)

#### Impression:

IMPRESSION:

No fracture or dislocation.

Peter Chase - Electronically signed on 02/03/2025 1334

#### Narrative:

\*\*THIS IS A SIGNED REPORT\*\*

XR PELVIS 1 OR 2 VIEWS 2/3/2025

PROVIDED INDICATION: MVA 70mph. pain, r/out fx

COMPARISON: CT 7/16/2010

TECHNIQUE: 1 or 2 standard views were obtained of the pelvis.

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Adm: 2/3/2025, D/C: 2/3/2025

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Provider Note (continued)**

FINDINGS: No fracture is evident. Joint alignment is normal. Bilateral hip joints are well-maintained and symmetric. The sacroiliac joints and pubic symphysis are within normal limits.

XR Thoracic Spine 3 Views (Final result)

Result time [02/03/25 13:35:16](#)

**Final result by Chase, Peter J, MD (02/03/25 13:35:16)**

**Impression:**

IMPRESSION:  
No fracture or traumatic subluxation.

Peter Chase - Electronically signed on 02/03/2025 1335

**Narrative:**

\*\*THIS IS A SIGNED REPORT\*\*

XR THORACIC SPINE 3 VIEWS 2/3/2025

PROVIDED INDICATION: MVA 70mph. pain, r/out fx

COMPARISON: None.

TECHNIQUE: AP, swimmer's and lateral views of the thoracic spine.

FINDINGS: Spinal alignment is normal. No fracture is evident. Disc spaces are well-maintained. Paravertebral soft tissues are normal. Visualized lungs are clear.

XR Lumbosacral Spine 2 or 3 Views (Final result)

Result time [02/03/25 13:35:43](#)

**Final result by Ozel, Bora, MD (02/03/25 13:35:43)**

**Impression:**

IMPRESSION:  
No acute disease.

Bora Ozel - Electronically signed on 02/03/2025 1335

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**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Provider Note (continued)**

**Narrative:**

\*\*THIS IS A SIGNED REPORT\*\*

XR LUMBOSACRAL SPINE 2 OR 3 VIEWS 2/3/2025

PROVIDED INDICATION: MVA 70mph. pain, r/out fx MVA 70mph. pain, r/out fx

COMPARISON: None.

TECHNIQUE: AP and lateral views of the lumbar spine.

FINDINGS: There are 5 lumbar-type vertebrae. Spinal alignment is normal. No fracture or osseous lesion is evident. Disc spaces are well-maintained. Normal sacroiliac joints.

XR Chest 2 Views (Final result)

Result time **02/03/25 13:17:40**

**Final result by Charles, Samuel S, MD (02/03/25 13:17:40)**

**Impression:**

IMPRESSION:

No acute cardiopulmonary disease.

Samuel Charles - Electronically signed on 02/03/2025 1317

**Narrative:**

\*\*THIS IS A SIGNED REPORT\*\*

XR CHEST 2 VIEWS 2/3/2025

PROVIDED INDICATION: MVA 70mph. Pain, r/out fx MVA 70mph. Pain, r/out fx

COMPARISON: None.

TECHNIQUE: Frontal and lateral views of the chest.

FINDINGS: The cardiomediastinal contours and pulmonary vasculature are within normal limits. The lungs are clear. There is no pneumothorax or pleural effusion. No fracture is noted.

Labs: Results noted.

Labs Reviewed

UA WITH MICROSCOPIC- NO CULTURE - Abnormal;

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Provider Note (continued)**

Notable for the following components:

Result	Value
Ketones, UA	10 (*)
Specific Gravity, UA	1.032 (*)
Protein, UA	20 (*)
Urobilinogen,UA	2.0 (*)
All other components within normal limits	

Test results independently interpreted by me UA, trace ketones. X-rays, no fracture

Records Reviewed none

Medical decision-making thoracic or lumbar fracture, disc herniation, acicular insufficiency fracture, etc. Low suspicion for intra-abdominal solid or hollow viscous organ injury.

Labs and abdominal CT imaging were considered but in the absence of focal pain, no vomiting, no other red flag symptoms, and with a normal FAST exam by ultrasound, this can be reasonably deferred.

Impression: Musculoskeletal back pain, status post high-speed MVA.

**Diagnosis:**

ICD-10-CM

- |   |              |
|---|--------------|
| 1. Acute bilateral low back pain without sciatica                       | M54.50       |
| 2. Motor vehicle accident injuring restrained driver, initial encounter | V89.2XX<br>A |

**Disposition:**

Discharge

**Prescribed Medications:**

**Discharge Medication List as of 2/3/2025 2:30 PM**

**START taking these medications**

	Details
cyclobenzaprine (FLEXERIL) 10 MG tablet	Take 1 (one) tablet (10 mg total) by mouth nightly as needed for Muscle spasms., Starting Mon 2/3/2025, Normal
ibuprofen 600 MG tablet	Take 1 (one) tablet (600 mg total) by mouth every 6 (six) hours as needed for Pain., Starting Mon 2/3/2025, Normal

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**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Provider Note (continued)**

Van Bendegom, Jeffrey M, MD  
02/03/2025 2005

Electronically signed by Van Bendegom, Jeffrey M, MD at 2/3/2025 8:05 PM

**ED Notes**

**ED Notes by Hesseling, Sarah M, RN at 2/3/2025 1146**

Author: Hesseling, Sarah M, RN	Service: —	Author Type: Registered Nurse
Filed: 2/3/2025 11:49 AM	Date of Service: 2/3/2025 11:46 AM	Status: Signed
Editor: Hesseling, Sarah M, RN (Registered Nurse)		

Denies abdominal pain, cervical tenderness or urinary symptoms. Tenderness with palpation to R lower back.

Electronically signed by Hesseling, Sarah M, RN at 2/3/2025 11:49 AM

**ED Notes by Heller, Kaitlin E, RN at 2/3/2025 1139**

Author: Heller, Kaitlin E, RN	Service: —	Author Type: Registered Nurse
Filed: 2/3/2025 11:41 AM	Date of Service: 2/3/2025 11:39 AM	Status: Signed
Editor: Heller, Kaitlin E, RN (Registered Nurse)		

Emergency Services RN Report

**S (Situation):**

Chief Complaint(s): Back Pain-New <28 days

Associated Symptoms: None

**B (Background):**

*Events leading to and Treatment PTA:* Pt presents to ED with reports of MVC yesterday. Pt was driver and was wearing seatbelt. Was at a stop when he was rear ended by a car going approx 70 mph. Pt denies hitting head, LOC. Denies blood thinner use. Pt reporting R upper back pain and bilateral leg pain.

Past Medical History:

No past medical history on file.

**A (Assessment):**

**See documentation for Focused Assessment.**

Initial Vital Signs:

ED Triage Vitals [02/03/25 1132]

Encounter Vitals Group

BP                    **146/74**

Systolic BP Percentile

Diastolic BP Percentile

Heart Rate            **54**

MHM EMERGENCY DEPT  
202 SOUTH PARK STREET  
MADISON WI 53715-1507

Franklin, Keith  
MRN: 98450821, DOB: 4/13/1980, Legal Sex: M  
Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Notes (continued)**

Respiratory Rate	18
Temp	36.9 °C (98.5 °F)
Temp src	Oral
SpO2	100 %
Weight	95.3 kg (210 lb)
Height	1.778 m (5' 10")
Head Circumference	
Peak Flow	
Pain Score	
Pain Loc	
Pain Education	
Exclude from Growth	
Chart	

Pain on Presentation:

0-10 pain scale: 7

Pain Location: Back

Safety: Patient is oriented to person, place, time/date, situation, day of week, month of year, and year. The patient is oriented and cooperative. Patient is able to make needs known by using call light appropriately.

Does the patient require enhanced safety measures? No

Mobility: The patient's mobility is ambulates independently

Isolation Needs: None

Learning Needs Assessment:

Primary Learner Name: Keith Franklin

Primary Learner Role: Patient

Barriers to Learning: No Barriers

Primary Language for the Primary Learner: English

Is an interpreter Required: no

How does the primary learner prefer to learn new concepts: Listening, Reading, and Demonstration

Patient's Desired Outcome:

"What are you hoping to get out of today's visit?": Evaluation

**R (Recommendation):**

Plan of Care; developed with patient: Yes

Comfort and Safety: see *Intentional Rounding, MAR*

MHM EMERGENCY DEPT  
202 SOUTH PARK STREET  
MADISON WI 53715-1507

Franklin, Keith  
MRN: 98450821, DOB: 4/13/1980, Legal Sex: M  
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Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### ED Notes (continued)

Activations: None

Tests/Procedures:

ED Medications and Procedures - No data to display

Electronically signed by Heller, Kaitlin E, RN at 2/3/2025 11:41 AM

### ED Triage Notes by La Crosse, Rochelle M, RN at 2/3/2025 1130

Author: La Crosse, Rochelle M, RN Service: Nursing  
Filed: 2/3/2025 11:35 AM Date of Service: 2/3/2025 11:30 AM Author Type: Registered Nurse  
Editor: La Crosse, Rochelle M, RN (Registered Nurse) Status: Addendum

Pt reports his was in a car accident yesterday and was rear ended by another sedan around 1530 that was going about 70 mph. Pt reports airbag deployment on the passenger side, but not on his side. Was wearing his seatbelt. Is not on blood thinner. Is c/o pain in the lower back that extends down to his bilateral thighs. No meds PTA. Call placed to charge RN for probable trauma d/t speed of the car and less than 24 hours since accident.

Electronically signed by La Crosse, Rochelle M, RN at 2/3/2025 11:35 AM

### ED Care Timeline

#### Patient Care Timeline (2/3/2025 11:15 to 2/3/2025 14:36)

2/3/2025	Event	Details	User
11:15	<b>Patient arrived in ED</b>		Edwards, Venita M, UC
11:15:28	<b>Emergency encounter created</b>		Edwards, Venita M, UC
11:15:56	<b>Arrival Complaint</b>	Back pain	
11:30	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
11:30	<b>Triage Started</b>		La Crosse, Rochelle M, RN
11:30	<b>Arrival Documentation</b>	<b>Triage Start</b> Triage Start: Start <b>Triage Call</b> Triage Call: Call 1x <b>Communication Needs Assessment</b> Primary Language: English	La Crosse, Rochelle M, RN
11:30:55	<b>ED Triage Notes Addendum</b>	Pt reports his was in a car accident yesterday and was rear ended by another sedan around 1530 that was going about 70 mph. Pt reports airbag deployment on the passenger side, but not on his side. Was wearing his seatbelt. Is not on blood thinner. Is c/o pain in the lower back that extends down to his bilateral thighs. No meds PTA. Call placed to charge RN for probable trauma d/t speed of the car and less than 24 hours since accident.	La Crosse, Rochelle M, RN

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Care Timeline (continued)**

11:30:55	<b>Chief Complaints Updated</b>	<b>Back Pain-New &lt;28 days</b>	La Crosse, Rochelle M, RN
11:32	<b>Vitals</b>	<b>Vitals Assessment</b> Restart Vitals Timer: Yes   <b>Vitals</b> Temp: 36.9 °C (98.5 °F) Temp src: Oral Heart Rate: 54 Respiratory Rate: 18 SpO2: 100 % BP: 146/74 Mean Arterial Pressure: 94 BP Location: LUA BP Method: Automatic Patient Position: Sitting <b>Oxygen Therapy</b> O2 Device: None (Room air) <b>Pain Assessment</b> Pain Screening: 0-10 scale 0-10 pain scale: 7 Pain Location: Back Pain Orientation: Right; Left Pain Frequency: Continuous Pain Onset: Acute <b>Height and Weight</b> Height: 177.8 cm (5' 10") Weight: 95.3 kg (210 lb) <b>Patient Alertness (AVPU)</b> *AVPU (Responsiveness): Alert <b>Other flowsheet entries</b> Sedation Level: 1 - Awake and alert Respiratory Quality: Regular Without Distress	La Crosse, Rochelle M, RN
11:32	<b>Core Measure Custom Formula Template</b>	<b>Other flowsheet entries</b> High Pain - 0-10 Scale: High	La Crosse, Rochelle M, RN

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Care Timeline (continued)**

11:32	<b>Custom Formula Data</b>	<p><b>Z Scores</b> BSA Haycock: 2.193</p> <p><b>Height and Weight</b> Percent Weight Change Since Admission: 0 % Weight Change Since Admission (kg): 0 kg</p> <p><b>Relevant Labs and Vitals</b> Temp (in Celsius): 36.9</p> <p><b>Sleep Apnea Screening</b> BMI &gt;35 = "1" . BMI &lt;=35 = "0": 0</p> <p><b>6MWT</b> Expected Distance: 646</p> <p><b>Other flowsheet entries</b> BMI (Calculated): 30 Age: 45 mg per minute: 13.34 Oxygen Device Changed To: None (Room air) BSA (Calculated - sq m): 2.17 sq meters BMI (Calculated): 30.1 IBW/kg (Calculated) Male: 73 kg Low Range Vt 6cc/kg MALE: 438 mL Adult Moderate Range Vt 8cc/kg MA: 584 mL Adult High Range Vt 10cc/kg MALE: 730 mL IBW/kg (Calculated) FEMALE: 68.5 kg Low Range Vt 6cc/kg FEMALE: 411 mL Adult Moderate Range vt 8cc/kg FEMALE: 548 mL IBW/kg (Calculated) : 73 Low Range Vt 6cc/kg : 438 mL Adult Moderate Range Vt 8cc/kg : 584 mL Adult High Range Vt 10cc/kg : 730 mL 7-Day Average weight gain: 0 Grams BMI: 30.19 BMI Frailty: 30.2 Male Grasp Threshold: 32 Female Grasp Threshold: 21</p>	La Crosse, Rochelle M, RN
11:33	<b>Triage Completed</b>		
11:33	<b>Triage Plan</b>	<p><b>Triage Plan</b> Patient Acuity: 2 Post Triage Alerts Called: Trauma Triage Complete: Triage Complete</p>	
11:33	<b>Custom Formula Data</b>	<p><b>Other flowsheet entries</b> Triage Complete Patient Status Update for ED to ED Transfers: Triage Complete</p>	
11:34	<b>Travel Screening</b>	<p>Do you have any of the following new or worsening symptoms? <b>None of these</b> ; Have you traveled internationally in the last month? <b>No</b> Travel Locations: <b>Travel history not shown for past encounters</b></p>	
11:34	<b>Core Measure Custom Formula Template</b>	<p><b>Other flowsheet entries</b> Refused Influenza Vaccine: Y</p>	
11:34	<b>Columbia Suicide Screen</b>	<p><b>Columbia Suicide Screening</b></p> <p>1. In the last month have you wished you were dead or wished you could go to sleep and not wake up?: No</p> <p>2. In the last month have you actually had any thoughts of killing yourself?: No</p> <p>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?: No</p>	

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Care Timeline (continued)**

11:34	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> Columbia Calculated Risk Level: N/A - No interventions required	La Crosse, Rochelle M, RN
11:34	<b>Agitation</b>	<b>Agitation Assessment</b> BARS-H : Quiet and awake (normal activity level without signs of agitation)	La Crosse, Rochelle M, RN
11:34	<b>Influenza Vaccine Status</b>	<b>Influenza Vaccine Status</b> Flu vaccine up to date?: No Does the patient want to receive the Flu vaccine for this season?: Declines	La Crosse, Rochelle M, RN
11:34:06	<b>Allergies Reviewed - Review Complete</b>		La Crosse, Rochelle M, RN
11:35:18	<b>Patient roomed in ED</b>	To room ED07	Heller, Kaitlin E, RN
11:35:21	<b>Assign Nurse</b>	Graap, Rachel M, RN assigned as Registered Nurse	Heller, Kaitlin E, RN
11:36:25	<b>Assign Physician</b>		Van Bendegom, Jeffrey M, MD
11:36:25	<b>Assign Attending</b>	Van Bendegom, Jeffrey M, MD assigned as Attending	Van Bendegom, Jeffrey M, MD
11:39:09	<b>Abuse Indicators</b>	<b>Domestic Abuse Screen</b> Are you currently in danger of being physically, mentally or sexually abused?: No Are you safe in your relationship?: Yes <b>Dependent Adult Abuse Screen</b> Is there any reason to suspect dependent adult abuse of the patient?: No	Heller, Kaitlin E, RN
11:39:13	<b>Custom Formula Data</b>	<b>Other flowsheet entries</b> (Calculated MU Data Element): Met	Heller, Kaitlin E, RN
11:39:13	<b>Healthcare Directives</b>	<b>*Advance Directives (For Healthcare)</b> *Healthcare Directive: No, patient does not have an advance directive for healthcare treatment and information was provided on Healthcare Directives !	Heller, Kaitlin E, RN
11:39:18	<b>Custom Formula Data</b>	<b>*Hester Davis Fall Risk</b> *Hester Davis Fall Risk Total: 2 Hester Davis Fall Risk Total (Age Included): 2 Hester Davis Fall Risk Total: 0 Hester Davis Fall Risk Total (Age Included): 2	Heller, Kaitlin E, RN
11:39:18	<b>Fall Risk Assessment</b>	<b>*Hester Davis Fall Risk</b> Last Known Fall: No falls Mobility: No limitations Medications: No meds Mental Status/LOC/Awareness: Awake, alert, and oriented to date, place, and person Toileting Needs: No needs Volume/Electrolyte Status: No problems Communication/Sensory: No deficits Behavior: Appropriate behavior Hester Davis Fall Risk Total: 2	Heller, Kaitlin E, RN
11:39:25	<b>Primary Assessment (Triage)</b>	<b>Circulation (WDL)</b> Circulation (WDL): Within Defined Limits <b>Airway / Breathing (WDL)</b> Airway / Breathing (WDL): Within Defined Limits <b>Disability (WDL)</b> Disability (WDL): Within Defined Limits	Heller, Kaitlin E, RN

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Care Timeline (continued)**

11:39:30	Sepsis Screen	<b>Sepsis Screen Questions</b> Do you suspect in any way, that the patient has an infection? (based on your judgement): No	Heller, Kaitlin E, RN
11:39:34	Intentional Rounding	<b>Intentional Rounding</b> Intentional Rounding: All 5 Ps addressed Standards of care/comfort: Cart in locked/low position Patient and family support: Pt/family updated on plan of care	Heller, Kaitlin E, RN
11:39:38	Musculoskeletal	<b>Musculoskeletal</b> Musculoskeletal (WDL): Exceptions to WDL <b>Musculoskeletal Details</b> Musculoskeletal Additional Assessments: Yes Upper Back: Full movement; No deformity; Injury/trauma Lower Back: Full movement; No deformity; Injury/trauma	Heller, Kaitlin E, RN
11:39:54	ED Notes	Emergency Services RN Report	Heller, Kaitlin E, RN

**S (Situation):**

Chief Complaint(s): Back Pain-New <28 days

Associated Symptoms: None

**B (Background):**

*Events leading to and Treatment PTA:* Pt presents to ED with reports of MVC yesterday. Pt was driver and was wearing seatbelt. Was at a stop when he was rear ended by a car going approx 70 mph. Pt denies hitting head, LOC. Denies blood thinner use. Pt reporting R upper back pain and bilateral leg pain.

Past Medical History:

No past medical history on file.

**A (Assessment):**

***See documentation for Focused Assessment.***

Initial Vital Signs:

ED Triage Vitals [02/03/25 1132]

Encounter Vitals Group

BP	<b>146/74</b>
Systolic BP Percentile	
Diastolic BP Percentile	
Heart Rate	<b>54</b>
Respiratory Rate	<b>18</b>
Temp	<b>36.9 °C (98.5 °F)</b>
Temp src	<b>Oral</b>
SpO2	<b>100 %</b>
Weight	<b>95.3 kg (210 lb)</b>
Height	<b>1.778 m (5' 10")</b>

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Care Timeline (continued)**

Head Circumference  
Peak Flow  
Pain Score  
Pain Loc  
Pain Education  
Exclude from Growth  
Chart

Pain on Presentation:

0-10 pain scale: 7  
Pain Location: Back

Safety: Patient is oriented to person, place, time/date, situation, day of week, month of year, and year. The patient is oriented and cooperative. Patient is able to make needs known by using call light appropriately.

Does the patient require enhanced safety measures? No

Mobility: The patient's mobility is ambulates independently

Isolation Needs: None

Learning Needs Assessment:

Primary Learner Name: Keith Franklin

Primary Learner Role: Patient

Barriers to Learning: No Barriers

Primary Language for the Primary Learner: English

Is an interpreter Required: no

How does the primary learner prefer to learn new concepts: Listening, Reading, and Demonstration

Patient's Desired Outcome:

"*What are you hoping to get out of today's visit?*": Evaluation

**R (Recommendation):**

Plan of Care; developed with patient: Yes

Comfort and Safety: see *Intentional Rounding, MAR*

Activations: None

Tests/Procedures:

ED Medications and Procedures - No data to display

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Care Timeline (continued)**

11:44:32	<b>Peripheral Vascular</b>	<b>Peripheral Vascular</b> Peripheral Vascular (WDL): Exceptions to WDL <b>RLE Neurovascular Assessment</b> Capillary Refill: Less than/equal to 3 seconds Color: Appropriate for ethnicity Temperature: Warm R Dorsalis Pedis: Strong <b>LLE Neurovascular Assessment</b> Capillary Refill: Less than/equal to 3 seconds Color: Appropriate for ethnicity Temperature: Warm L Dorsalis Pedis: Strong	Hesseling, Sarah M, RN
11:45	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
11:45:02	<b>Intentional Rounding</b>	<b>Intentional Rounding</b> Intentional Rounding: All 5 Ps addressed Standards of care/comfort: Cart in locked/low position; Patient resting; Side rails up Patient and family support: Pt/family updated on plan of care; Family/SO at bedside; Pt/family deny needs at this time	Hesseling, Sarah M, RN
11:46:32	<b>ED Notes</b>	Denies abdominal pain, cervical tenderness or urinary symptoms. Tenderness with palpation to R lower back.	Hesseling, Sarah M, RN
12:00	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
12:15	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
12:16:31	<b>Provider at Bedside</b>		Van Bendegom, Jeffrey M, MD
12:24:53	<b>Lab Ordered</b>	UA WITH MICROSCOPIC- NO CULTURE	Van Bendegom, Jeffrey M, MD
12:24:53	<b>XR Ordered</b>	XR PELVIS 1 OR 2 VIEWS, XR CHEST 2 VIEWS, XR THORACIC SPINE 3 VIEWS, XR LUMBOSACRAL SPINE 2 OR 3 VIEWS	Van Bendegom, Jeffrey M, MD
12:24:53	<b>Imaging Exam Ordered</b>		Van Bendegom, Jeffrey M, MD
12:24:53	<b>Orders Placed</b>	Medications - acetaminophen (TYLENOL) tablet; ibuprofen tablet Lab - UA with Microscopic - No Culture Imaging - XR Lumbosacral Spine 2 or 3 Views; XR Thoracic Spine 3 Views; XR Chest 2 Views; XR Pelvis 1 or 2 Views	Van Bendegom, Jeffrey M, MD
12:26:21	<b>Orders Acknowledged</b>	New - XR Lumbosacral Spine 2 or 3 Views; XR Thoracic Spine 3 Views; XR Chest 2 Views; XR Pelvis 1 or 2 Views; UA with Microscopic - No Culture; acetaminophen (TYLENOL) tablet; ibuprofen tablet	Graap, Rachel M, RN
12:30	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Care Timeline (continued)**

12:31	<b>Medication Given</b>	acetaminophen (TYLENOL) tablet - Dose: <b>650 mg</b> ; Route: <b>Oral</b> ; Scheduled Time: <b>1300</b>	Graap, Rachel M, RN
12:31	<b>Medication Given</b>	ibuprofen tablet - Dose: <b>800 mg</b> ; Route: <b>Oral</b> ; Scheduled Time: <b>1300</b>	Graap, Rachel M, RN
12:31:35	<b>Registration Started</b>		Van Bendegom, Jeffrey M, MD
12:31:35	<b>Registration Started</b>		Van Bendegom, Jeffrey M, MD
12:32:38	<b>Registration Completed</b>		Spencer, Tricia L
12:45	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
12:49:12	<b>Intentional Rounding</b>	<b>Intentional Rounding</b> Intentional Rounding: All 5 Ps addressed Standards of care/comfort: Cart in locked/low position	Graap, Rachel M, RN
13:00	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
13:15	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
13:16	<b>Patient ID</b>	<b>Patient Identification</b> Patient ID Used: Name and DOB How was Patient ID Obtained? : Verbal by Patient Patient Site and Positioning Confirmed: Yes Laterality confirmed if appropriate?: Yes	Flentje, Kara M, RTR
13:16:19	<b>Imaging Exam Started</b>	XR Chest 2 Views	Flentje, Kara M, RTR
13:16:51	<b>Imaging Exam Ended</b>	XR Chest 2 Views	Flentje, Kara M, RTR
13:16:59	<b>Order Performed</b>	XR Chest 2 Views - ID: <b>25MER204703</b>	
13:17:40	<b>XR Chest 2 Views Resulted</b>	Collected: <b>2/3/2025 13:16</b> Last updated: <b>2/3/2025 13:23</b> Status: <b>Final result</b>	Edi, Radiant In Hlseven
13:23:43	<b>Imaging Final Result</b>	XR Chest 2 Views	Edi, Radiant In Hlseven
13:23:43	<b>Xray Final Result</b>	(Final result) XR CHEST 2 VIEWS	Edi, Radiant In Hlseven
13:24	<b>Patient ID</b>	<b>Patient Identification</b> Patient ID Used: Name and DOB How was Patient ID Obtained? : Verbal by Patient Patient Site and Positioning Confirmed: Yes Laterality confirmed if appropriate?: Yes	Flentje, Kara M, RTR
13:24:31	<b>Imaging Exam Started</b>	XR Lumbosacral Spine 2 or 3 Views	Flentje, Kara M, RTR
13:25	<b>Patient ID</b>	<b>Patient Identification</b> Patient ID Used: Name and DOB How was Patient ID Obtained? : Verbal by Patient Patient Site and Positioning Confirmed: Yes Laterality confirmed if appropriate?: Yes	Flentje, Kara M, RTR
13:25:04	<b>Imaging Exam Ended</b>	XR Lumbosacral Spine 2 or 3 Views	Flentje, Kara M, RTR

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Adm: 2/3/2025, D/C: 2/3/2025

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Care Timeline (continued)**

13:25:28	<b>Imaging Exam Started</b>	XR Thoracic Spine 3 Views	Flentje, Kara M, RTR
13:25:37	<b>Imaging Exam Started</b>	XR Pelvis 1 or 2 Views	Flentje, Kara M, RTR
13:26:43	<b>What transportation method is required? Completed</b>	<i>XR Pelvis 1 or 2 Views</i>	Graap, Rachel M, RN
13:26:45	<b>Imaging Exam Ended</b>	XR Thoracic Spine 3 Views	Flentje, Kara M, RTR
13:26:46	<b>What transportation method is required? Completed</b>	<i>XR Chest 2 Views</i>	Graap, Rachel M, RN
13:26:59	<b>What transportation method is required? Completed</b>	<i>XR Lumbosacral Spine 2 or 3 Views</i>	Graap, Rachel M, RN
13:28:02	<b>Imaging Exam Ended</b>	XR Pelvis 1 or 2 Views	Flentje, Kara M, RTR
13:30	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
13:33:52	<b>Order Performed</b>	XR Pelvis 1 or 2 Views - ID: <b>25MER204705</b>	
13:34:36	<b>XR Pelvis 1 or 2 Views Resulted</b>	Collected: <b>2/3/2025 13:33</b> Last updated: <b>2/3/2025 13:40</b> Status: <b>Final result</b>	Edi, Radiant In Hlseven
13:34:43	<b>Order Performed</b>	XR Thoracic Spine 3 Views - ID: <b>25MER204701</b>	
13:35:13	<b>Order Performed</b>	XR Lumbosacral Spine 2 or 3 Views - ID: <b>25MER204697</b>	
13:35:16	<b>XR Thoracic Spine 3 Views Resulted</b>	Collected: <b>2/3/2025 13:34</b> Last updated: <b>2/3/2025 13:41</b> Status: <b>Final result</b>	Edi, Radiant In Hlseven
13:35:43	<b>XR Lumbosacral Spine 2 or 3 Views Resulted</b>	Collected: <b>2/3/2025 13:35</b> Last updated: <b>2/3/2025 13:41</b> Status: <b>Final result</b>	Edi, Radiant In Hlseven
13:40:47	<b>Imaging Final Result</b>	XR Pelvis 1 or 2 Views	Edi, Radiant In Hlseven
13:40:47	<b>Xray Final Result</b>	(Final result) XR PELVIS 1 OR 2 VIEWS	Edi, Radiant In Hlseven
13:41:28	<b>Imaging Final Result</b>	XR Thoracic Spine 3 Views	Edi, Radiant In Hlseven
13:41:28	<b>Xray Final Result</b>	(Final result) XR THORACIC SPINE 3 VIEWS	Edi, Radiant In Hlseven
13:41:47	<b>Imaging Final Result</b>	XR Lumbosacral Spine 2 or 3 Views	Edi, Radiant In Hlseven
13:41:47	<b>Xray Final Result</b>	(Final result) XR LUMBOSACRAL SPINE 2 OR 3 VIEWS	Edi, Radiant In Hlseven
13:45	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
13:57:46	<b>Discharge Orders Placed</b>	Medications - ibuprofen 600 MG tablet; cyclobenzaprine (FLEXERIL) 10 MG tablet	Van Bendegom, Jeffrey M, MD

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**ED Care Timeline (continued)**

13:58:06	<b>Discharge Disposition Selected</b>	ED Disposition set to Discharge.	Van Bendegom, Jeffrey M, MD
13:58:06	<b>Disposition Selected</b>		Van Bendegom, Jeffrey M, MD
14:00	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
14:09	<b>Print Label/Collect UA with Microscopic - No Culture Completed</b>	UA with Microscopic - No Culture - Type: <b>Urine</b> ; Source: <b>Urine, Clean Catch</b>	McLaughlin, Rachel M, Tech
14:09	<b>Specimens Collected</b>	UA with Microscopic - No Culture - ID: <b>M234489</b> Type: <b>Urine</b>	McLaughlin, Rachel M, Tech
14:15	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
14:15:31	<b>Patient Ready to Go</b>		Van Bendegom, Jeffrey M, MD
14:30	<b>Risk of Sepsis % Score</b>	<b>Other flowsheet entries</b> Risk of Sepsis % Score: 1	Scheduler, Batch Q
14:30:42	<b>AVS Printed</b>		Graap, Rachel M, RN
14:30:42	<b>AVS Printed</b>	ED After Visit Summary	Graap, Rachel M, RN
14:35	<b>Departure Info.</b>	<b>Departure Information</b> Mobility at Departure: Ambulatory Patient Teaching: Discharge instructions reviewed; Follow-up care reviewed; Patient and/or care-giver verbalized understanding; Medications discussed D/C Teaching/AVS REVIEWED and GIVEN : Discharge Teaching/AVS REVIEWED and GIVEN to patient/responsible person Departure Mode: With friend <b>Vitals</b> Heart Rate: 55 Heart Rate Source: Pulse Ox Respiratory Rate: 16 SpO2: 100 % BP: 138/74 BP Location: LUA BP Method: Automatic Patient Position: Sitting <b>Oxygen Therapy</b> O2 Device: None (Room air)	Graap, Rachel M, RN
14:36	<b>Patient discharged</b>		Graap, Rachel M, RN
14:36	<b>LACE Score at Discharge</b>	<b>LACE Outside ED Visits</b> LACE Score at Discharge: 3	Graap, Rachel M, RN

MHM EMERGENCY DEPT  
202 SOUTH PARK STREET  
MADISON WI 53715-1507

Franklin, Keith  
MRN: 98450821, DOB: 4/13/1980, Legal Sex: M  
Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Labs

#### UA with Microscopic - No Culture (Final result) [1082505466]

Electronically signed by: Van Bendegom, Jeffrey M, MD on 02/03/25 1224

Status: Completed

Ordering user: Van Bendegom, Jeffrey M, MD 02/03/25 1224

Ordering provider: Van Bendegom, Jeffrey M, MD

Authorized by: Van Bendegom, Jeffrey M, MD

Ordering mode: Standard

Frequency: STAT STAT 02/03/25 1225 - 1 occurrence

Class: Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: Van Bendegom, Jeffrey M, MD (auto-released) 2/3/2025 12:24 PM

#### Questionnaire

Question	Answer
Release to patient	Immediate

Order comments: Change "Specimen Source" upon collection/print label if other than Clean Catch

#### Specimen Information

ID	Type	Source	Collected By
M234489	Urine	Urine, Clean Catch	McLaughlin, Rachel M, Tech 02/03/25 1409

#### UA with Microscopic - No Culture [1082505466] (Abnormal)

Resulted: 02/03/25 1455, Result status: Final result

Ordering provider: Van Bendegom, Jeffrey M, MD 02/03/25 1224 Order status: Completed

Filed by: Edi, Lab In Sunquest 02/03/25 1455 Collected by: McLaughlin, Rachel M, Tech 02/03/25 1409

Resulting lab: UPH MADISON MERITER SUNQUEST LAB

Acknowledged by: Weichman, Brittani M, PharmD on 02/03/25 1500

#### Components

Component	Value	Reference Range	Flag	Lab
Specimen, UA	CLN CATCH	—	—	MHMLAB
Color, UA	YELLOW	YELLOW^YELLOW	—	MHMLAB
Clarity, UA	CLEAR	CLEAR^CLEAR	—	MHMLAB
Glucose, UA	NEG	NEG^NEG mg/dL	—	MHMLAB
Bilirubin, UA	NEG	NEG^NEG	—	MHMLAB
Ketones, UA	10	NEG^NEG mg/dL	A !	MHMLAB
Specific Gravity, UA	1.032	1.005 - 1.030	H ^	MHMLAB
Blood, UA	NEG	NEG^NEG	—	MHMLAB
PH, UA	6.5	5.0 - 8.0	—	MHMLAB
Protein, UA	20	NEG^NEG mg/dL	A !	MHMLAB
Urobilinogen, UA	2.0	LT2^LESS THAN 2 [Ehrlich'U]/dL	A !	MHMLAB
Nitrite, UA	NEG	NEG^NEG	—	MHMLAB
Leukocyte Esterase, UA	NEG	NEG^NEG	—	MHMLAB
RBC	0	0 - 2 /[HPF]	—	MHMLAB
WBC	1	0 - 10 /[HPF]	—	MHMLAB
Bacteria, UR	OCCASIONAL	/[HPF]	—	MHMLAB
Squam Epithel, UA	FEW (0-5)	F05^FEW (0-5) /LPF]	—	MHMLAB

Comment:

Testing performed at Meriter Laboratories, 36 S Brooks St Madison, WI 53715, unless otherwise stated in result.

#### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
359 - MHMLAB	UPH MADISON MERITER SUNQUEST LAB	Unknown	36 S Brooks Street Madison WI	12/29/20 1343 - Present

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MADISON WI 53715-1507

Franklin, Keith  
MRN: 98450821, DOB: 4/13/1980, Legal Sex: M  
Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Labs (continued)

#### All Reviewers List

Weichman, Brittni M, PharmD on 2/3/2025 15:00

### Pathology and Cytology

No documentation.

### Imaging

#### XR Pelvis 1 or 2 Views (Final result) [1082505465]

Electronically signed by: Van Bendegom, Jeffrey M, MD on 02/03/25 1224

Status: Completed

This order may be acted on in another encounter.

Ordering user: Van Bendegom, Jeffrey M, MD 02/03/25 1224

Ordering provider: Van Bendegom, Jeffrey M, MD

Authorized by: Van Bendegom, Jeffrey M, MD

Ordering mode: Standard

Frequency: STAT STAT 02/03/25 1225 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Van Bendegom, Jeffrey M, MD (auto-released) 2/3/2025 12:24 PM

#### Questionnaire

Question	Answer
Reason for exam:	MVA 70mph. pain, r/out fx
Release to patient	Immediate

#### Begin Exam Questions

	Answer	Comment
Is the patient dressed properly for exam?		

#### End Exam Questions

	Answer	Comment
Is the patient dressed properly for exam?		
Was the patient shielded?		
Was the patient placed on a portable oxygen tank for transfer?		
Was hand off to patient's nurse for O2 line-back performed?		
Patient PPE		
Tech PPE		

#### XR Pelvis 1 or 2 Views [1082505465]

Resulted: 02/03/25 1334, Result status: Final result

Ordering provider: Van Bendegom, Jeffrey M, MD 02/03/25 1224

Order status: Completed

Resulted by: Chase, Peter J, MD

Filed by: Edi, Radiant In Hlseven 02/03/25 1340

Performed: 02/03/25 1318 - 02/03/25 1328

Accession number: 25MER204705

Resulting lab: UPH MHM MERITER HOSPITAL RADIANT RAD

Narrative:

\*\*THIS IS A SIGNED REPORT\*\*

XR PELVIS 1 OR 2 VIEWS 2/3/2025

PROVIDED INDICATION: MVA 70mph. pain, r/out fx

COMPARISON: CT 7/16/2010

TECHNIQUE: 1 or 2 standard views were obtained of the pelvis.

FINDINGS: No fracture is evident. Joint alignment is normal. Bilateral hip joints are well-maintained and symmetric. The sacroiliac

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Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Imaging (continued)

joints and pubic symphysis are within normal limits.

Impression:

IMPRESSION:

No fracture or dislocation.

Peter Chase - Electronically signed on 02/03/2025 1334

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
347 - MHMRAD	UPH MHM MERITER HOSPITAL RADIANT RAD	Unknown	Madison WI	08/04/20 1250 - Present

### Signed

Electronically signed by Chase, Peter J, MD on 2/3/25 at 1334 CST

### XR Thoracic Spine 3 Views (Final result) [1082505463]

Electronically signed by: Van Bendegom, Jeffrey M, MD on 02/03/25 1224

Status: Completed

This order may be acted on in another encounter.

Ordering user: Van Bendegom, Jeffrey M, MD 02/03/25 1224

Authorized by: Van Bendegom, Jeffrey M, MD

Frequency: STAT STAT 02/03/25 1224 - 1 occurrence

Quantity: 1

Instance released by: Van Bendegom, Jeffrey M, MD (auto-released) 2/3/2025 12:24 PM

### Questionnaire

Question	Answer
Reason for exam:	MVA 70mph. pain, r/out fx
Release to patient	Immediate

### Begin Exam Questions

Answer	Comment
Is the patient dressed properly for exam?	

Is the patient dressed properly for exam?

### End Exam Questions

Answer	Comment
Is the patient dressed properly for exam?	
Was the patient shielded?	
Was the patient placed on a portable oxygen tank for transfer?	
Was hand off to patient's nurse for O2 line-back performed?	
Patient PPE	
Tech PPE	

### XR Thoracic Spine 3 Views [1082505463]

Resulted: 02/03/25 1335, Result status: Final result

Ordering provider: Van Bendegom, Jeffrey M, MD 02/03/25 1224 Order status: Completed

Resulted by: Chase, Peter J, MD

Filed by: Edi, Radiant In Hlseven 02/03/25 1341

Performed: 02/03/25 1325 - 02/03/25 1326

Accession number: 25MER204701

Resulting lab: UPH MHM MERITER HOSPITAL RADIANT RAD

Narrative:

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Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Imaging (continued)

XR THORACIC SPINE 3 VIEWS 2/3/2025

PROVIDED INDICATION: MVA 70mph. pain, r/out fx

COMPARISON: None.

TECHNIQUE: AP, swimmer's and lateral views of the thoracic spine.

FINDINGS: Spinal alignment is normal. No fracture is evident. Disc spaces are well-maintained. Paravertebral soft tissues are normal. Visualized lungs are clear.

Impression:

IMPRESSION:

No fracture or traumatic subluxation.

Peter Chase - Electronically signed on 02/03/2025 1335

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
347 - MHMRAD	UPH MHM MERITER HOSPITAL RADIANT RAD	Unknown	Madison WI	08/04/20 1250 - Present

### Signed

Electronically signed by Chase, Peter J, MD on 2/3/25 at 1335 CST

### XR Lumbosacral Spine 2 or 3 Views (Final result) [1082505462]

Electronically signed by: Van Bendegom, Jeffrey M, MD on 02/03/25 1224

Status: Completed

This order may be acted on in another encounter.

Ordering user: Van Bendegom, Jeffrey M, MD 02/03/25 1224

Ordering provider: Van Bendegom, Jeffrey M, MD

Authorized by: Van Bendegom, Jeffrey M, MD

Ordering mode: Standard

Frequency: STAT STAT 02/03/25 1224 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Van Bendegom, Jeffrey M, MD (auto-released) 2/3/2025 12:24 PM

### Questionnaire

Question	Answer
Reason for exam:	MVA 70mph. pain, r/out fx
Release to patient	Immediate

### Begin Exam Questions

Answer	Comment
Is the patient dressed properly for exam?	

Is the patient dressed properly for exam?

### End Exam Questions

Answer	Comment
Is the patient dressed properly for exam?	
Was the patient shielded?	
Was the patient placed on a portable oxygen tank for transfer?	
Was hand off to patient's nurse for O2 line-back performed?	
Patient PPE	
Tech PPE	

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Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Imaging (continued)

#### XR Lumbosacral Spine 2 or 3 Views [1082505462]

Resulted: 02/03/25 1335, Result status: Final result

Ordering provider: Van Bendegom, Jeffrey M, MD 02/03/25 1224  
Resulted by: Ozel, Bora, MD  
Performed: 02/03/25 1315 - 02/03/25 1325  
Resulting lab: UPH MHM MERITER HOSPITAL RADIANT RAD  
Narrative:  
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Order status: Completed  
Filed by: Edi, Radiant In Hlseven 02/03/25 1341  
Accession number: 25MER204697

XR LUMBOSACRAL SPINE 2 OR 3 VIEWS 2/3/2025

PROVIDED INDICATION: MVA 70mph. pain, r/out fx MVA 70mph. pain, r/out fx

COMPARISON: None.

TECHNIQUE: AP and lateral views of the lumbar spine.

FINDINGS: There are 5 lumbar-type vertebrae. Spinal alignment is normal. No fracture or osseous lesion is evident. Disc spaces are well-maintained. Normal sacroiliac joints.

Impression:

IMPRESSION:

No acute disease.

Bora Ozel - Electronically signed on 02/03/2025 1335

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
347 - MHMRAD	UPH MHM MERITER HOSPITAL RADIANT RAD	Unknown	Madison WI	08/04/20 1250 - Present

### Signed

Electronically signed by Ozel, Bora, MD on 2/3/25 at 1335 CST

#### XR Chest 2 Views (Final result) [1082505464]

Electronically signed by: Van Bendegom, Jeffrey M, MD on 02/03/25 1224

Status: Completed

This order may be acted on in another encounter.

Ordering user: Van Bendegom, Jeffrey M, MD 02/03/25 1224

Ordering provider: Van Bendegom, Jeffrey M, MD

Authorized by: Van Bendegom, Jeffrey M, MD

Ordering mode: Standard

Frequency: STAT STAT 02/03/25 1225 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Van Bendegom, Jeffrey M, MD (auto-released) 2/3/2025 12:24 PM

### Questionnaire

Question	Answer
Reason for exam:	MVA 70mph. pain, r/out fx
Release to patient	Immediate

### Begin Exam Questions

Answer	Comment
Is the patient dressed properly for exam?	

### End Exam Questions

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Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Imaging (continued)

Answer	Comment
Is the patient dressed properly for exam?	
Was the patient shielded?	
Was the patient placed on a portable oxygen tank for transfer?	
Was hand off to patient's nurse for O2 line-back performed?	
Patient PPE	
Tech PPE	

### XR Chest 2 Views [1082505464]

Resulted: 02/03/25 1317, Result status: Final result

Ordering provider: Van Bendegom, Jeffrey M, MD 02/03/25 1224 Order status: Completed  
Resulted by: Charles, Samuel S, MD Filed by: Edi, Radiant In Hlseven 02/03/25 1323  
Performed: 02/03/25 1307 - 02/03/25 1316 Accession number: 25MER204703  
Resulting lab: UPH MHM MERITER HOSPITAL RADIANT RAD  
Narrative:  
**\*\*THIS IS A SIGNED REPORT\*\***

XR CHEST 2 VIEWS 2/3/2025

PROVIDED INDICATION: MVA 70mph. Pain, r/out fx MVA 70mph. Pain, r/out fx

COMPARISON: None.

TECHNIQUE: Frontal and lateral views of the chest.

FINDINGS: The cardiomedastinal contours and pulmonary vasculature are within normal limits. The lungs are clear. There is no pneumothorax or pleural effusion. No fracture is noted.

Impression:

IMPRESSION:

No acute cardiopulmonary disease.

Samuel Charles - Electronically signed on 02/03/2025 1317

### Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
347 - MHMRAD	UPH MHM MERITER HOSPITAL RADIANT RAD	Unknown	Madison WI	08/04/20 1250 - Present

### Signed

Electronically signed by Charles, Samuel S, MD on 2/3/25 at 1317 CST

### Procedures

No documentation.

### Other Orders - Clinical

#### Medications

##### ibuprofen 600 MG tablet (Active) [1082541659]

Electronically signed by: **Van Bendegom, Jeffrey M, MD** on 02/03/25 1357

Status: **Active**

Ordering user: Van Bendegom, Jeffrey M, MD 02/03/25 1357

Ordering provider: Van Bendegom, Jeffrey M, MD

Authorized by: Van Bendegom, Jeffrey M, MD

Ordering mode: Standard

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Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Other Orders - Clinical (continued)

PRN reasons: Pain  
Frequency: Routine Q6H PRN 02/03/25 - Until Discontinued Class: Normal

#### cyclobenzaprine (FLEXERIL) 10 MG tablet (Active) [1082541662]

Electronically signed by: **Van Bendegom, Jeffrey M, MD on 02/03/25 1357** Status: **Active**  
Ordering user: Van Bendegom, Jeffrey M, MD 02/03/25 1357 Ordering provider: Van Bendegom, Jeffrey M, MD  
Authorized by: Van Bendegom, Jeffrey M, MD Ordering mode: Standard  
PRN reasons: Muscle spasms  
Frequency: Routine Nightly PRN 02/03/25 - Until Discontinued Class: Normal

#### acetaminophen (TYLENOL) tablet (Completed) [1082505424]

Electronically signed by: **Van Bendegom, Jeffrey M, MD on 02/03/25 1224** Status: **Completed**  
Ordering user: Van Bendegom, Jeffrey M, MD 02/03/25 1224 Ordering provider: Van Bendegom, Jeffrey M, MD  
Authorized by: Van Bendegom, Jeffrey M, MD Ordering mode: Standard  
Frequency: Routine Once 02/03/25 1300 - 1 occurrence Class: Normal  
Acknowledged: Graap, Rachel M, RN 02/03/25 1226 for Placing Order  
Admin instructions: Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.  
Package: 0904-6773-61

#### ibuprofen tablet (Completed) [1082505425]

Electronically signed by: **Van Bendegom, Jeffrey M, MD on 02/03/25 1224** Status: **Completed**  
Ordering user: Van Bendegom, Jeffrey M, MD 02/03/25 1224 Ordering provider: Van Bendegom, Jeffrey M, MD  
Authorized by: Van Bendegom, Jeffrey M, MD Ordering mode: Standard  
Frequency: Routine Once 02/03/25 1300 - 1 occurrence Class: Normal  
Acknowledged: Graap, Rachel M, RN 02/03/25 1226 for Placing Order  
Admin instructions: Give with food/snacks; Maximum dose 3200 mg/day  
Package: 67877-319-05

### Other Orders - Non Clinical

No documentation.

### Prior to Admission Medications

None

### 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

None

### Discharge Medication List

#### ibuprofen 600 MG tablet

Instructions: Take 1 (one) tablet (600 mg total) by mouth every 6 (six) hours as needed for Pain.  
Authorized by: Van Bendegom, Jeffrey M, MD Ordered on: 2/3/2025  
Start date: 2/3/2025 Quantity: 20 tablet  
Refill: No refills remaining

#### cyclobenzaprine (FLEXERIL) 10 MG tablet

Instructions: Take 1 (one) tablet (10 mg total) by mouth nightly as needed for Muscle spasms.  
Authorized by: Van Bendegom, Jeffrey M, MD Ordered on: 2/3/2025

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Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Medication List (continued)

Start date: 2/3/2025  
Refill: No refills remaining  
Quantity: 10 tablet

### Stopped in Visit

None

### Medication Administrations

#### acetaminophen (TYLENOL) tablet [1082505424]

Ordering Provider: Van Bendegom, Jeffrey M, MD  
Ordered On: 02/03/25 1224  
Ordered Dose (Remaining/Total): 650 mg (0/1)  
Frequency: ONCE  
Admin Instructions: Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

Timestamps	Action	Dose	Route	Other Information
Performed 02/03/25 1231 Documented: 02/03/25 1231	Given	650 mg	Oral	Performed by: Graap, Rachel M, RN Scanned Package: 0904-6773-61, 0904-6773-61

#### ibuprofen tablet [1082505425]

Ordering Provider: Van Bendegom, Jeffrey M, MD  
Ordered On: 02/03/25 1224  
Ordered Dose (Remaining/Total): 800 mg (0/1)  
Frequency: ONCE  
Admin Instructions: Give with food/snacks; Maximum dose 3200 mg/day

Timestamps	Action	Dose	Route	Other Information
Performed 02/03/25 1231 Documented: 02/03/25 1231	Given	800 mg	Oral	Performed by: Graap, Rachel M, RN Scanned Package: 67877-319-05, 67877-319-05

### Orders Reconciliation History

#### Admission Reconciliation

No Prior to Admission Medications for this encounter

#### Discharge Prep Reconciliation

No Discharge Orders for this encounter

#### Discharge Orders reviewed by Van Bendegom, Jeffrey M, MD

Discharged 02/03/25 1436

Description	Date/Time	Action Taken
cyclobenzaprine (FLEXERIL) 10 MG tablet	02/03/25 1357	New at Discharge
ibuprofen 600 MG tablet	02/03/25 1357	New at Discharge

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Adm: 2/3/2025, D/C: 2/3/2025

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Discharge Prep Reconciliation (continued)

#### Immunizations Given

No documentation.

#### Flowsheets

##### Abuse Indicators

Row Name 02/03/25 11:39:09

###### Domestic Abuse Screen

Are you currently No -KH at 02/03/25 1139  
in danger of being  
physically,  
mentally or  
sexually abused?

Are you safe in Yes -KH at 02/03/25  
your relationship? 1139

###### Dependent Adult Abuse Screen

Is there any No -KH at 02/03/25 1139  
reason to suspect  
dependent adult  
abuse of the  
patient?

#### Agitation

Row Name 02/03/25 1134

###### Agitation Assessment

BARS-H Quiet and awake  
(normal activity level  
without signs of  
agitation) -RL at  
02/03/25 1134

#### Arrival Documentation

Row Name 02/03/25 1130

###### Triage Start

Triage Start Start -RL at 02/03/25  
1130

###### Triage Call

Triage Call Call 1x -RL at 02/03/25  
1130

###### Communication Needs Assessment

Primary English -RL at 02/03/25  
Language 1130

#### Charge Complete

Row Name 02/07/25 1613 02/07/25 1612

###### OTHER

Charge Complete Charging Complete Charging Complete  
-JM at 02/07/25 1613 -JM at 02/07/25 1612

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**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Flowsheets (continued)**

**Columbia Suicide Screen**

Row Name	02/03/25 1134
----------	---------------

**Columbia Suicide Screening**

- |  |                         |
|--|-------------------------|
| 1. In the last month have you wished you were dead or wished you could go to sleep and not wake up?  | No -RL at 02/03/25 1134 |
| 2. In the last month have you actually had any thoughts of killing yourself?                         | No -RL at 02/03/25 1134 |
| 6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? | No -RL at 02/03/25 1134 |

**Core Measure Custom Formula Template**

Row Name	02/03/25 1134	02/03/25 1132
----------	---------------	---------------

**OTHER**

- |                           |                        |                           |
|---------------------------|------------------------|---------------------------|
| High Pain - 0-10 Scale    | —                      | High -RL at 02/03/25 1133 |
| Refused Influenza Vaccine | Y -RL at 02/03/25 1134 | —                         |

**Custom Formula Data**

Row Name	02/03/25 11:39:18	02/03/25 11:39:13	02/03/25 1134	02/03/25 1133	02/03/25 1132
<b>OTHER</b>					
BMI (Calculated)	—	—	—	—	30 -RL at 02/03/25 1133
Age	—	—	—	—	45 -RL at 02/03/25 1133
mg per minute	—	—	—	—	13.34 -RL at 02/03/25 1133
Oxygen Device Changed To	—	—	—	—	None (Room air) -RL at 02/03/25 1133
BSA (Calculated - sq m)	—	—	—	—	2.17 sq meters -RL at 02/03/25 1133
BMI (Calculated)	—	—	—	—	30.1 -RL at 02/03/25 1133
IBW/kg (Calculated) Male	—	—	—	—	73 kg -RL at 02/03/25 1133
Low Range Vt 6cc/kg MALE	—	—	—	—	438 mL -RL at 02/03/25 1133
Adult Moderate Range Vt 8cc/kg MA	—	—	—	—	584 mL -RL at 02/03/25 1133
Adult High Range Vt 10cc/kg MALE	—	—	—	—	730 mL -RL at 02/03/25 1133
IBW/kg (Calculated)	—	—	—	—	68.5 kg -RL at 02/03/25 1133

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**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Flowsheets (continued)**

FEMALE	—	—	—	—	—	—
Low Range Vt 6cc/kg FEMALE	—	—	—	—	—	411 mL -RL at 02/03/25 1133
Adult Moderate Range vt 8cc/kg	—	—	—	—	—	548 mL -RL at 02/03/25 1133
FEMALE	—	—	—	—	—	—
IBW/kg (Calculated)	—	—	—	—	—	73 -RL at 02/03/25 1133
Low Range Vt 6cc/kg	—	—	—	—	—	438 mL -RL at 02/03/25 1133
Adult Moderate Range Vt 8cc/kg	—	—	—	—	—	584 mL -RL at 02/03/25 1133
Adult High Range Vt 10cc/kg	—	—	—	—	—	730 mL -RL at 02/03/25 1133
7-Day Average weight gain	—	—	—	—	—	0 Grams -RL at 02/03/25 1133
BMI	—	—	—	—	—	30.19 -RL at 02/03/25 1133
BMI Frailty	—	—	—	—	—	30.2 -RL at 02/03/25 1133
Male Grasp Threshold	—	—	—	—	—	32 -RL at 02/03/25 1133
Female Grasp Threshold	—	—	—	—	—	21 -RL at 02/03/25 1133
Triage Complete	—	—	—	—	Triage Complete	-RL — at 02/03/25 1134
Patient Status	—	—	—	—	—	—
Update for ED to ED Transfers	—	—	—	—	—	—
Columbia Calculated Risk Level	—	—	N/A - No interventions required -RL at 02/03/25 1134	—	—	—
(Calculated MU Data Element)	—	Met -KH at 02/03/25 1139	—	—	—	—
<b>6MWT</b>	—	—	—	—	—	—
Expected Distance	—	—	—	—	—	646 -RL at 02/03/25 1133
<b>Sleep Apnea Screening</b>	—	—	—	—	—	—
BMI >35 = "1". BMI <=35 = "0"	—	—	—	—	—	0 -RL at 02/03/25 1133
<b>Z Scores</b>	—	—	—	—	—	—
BSA Haycock	—	—	—	—	—	2.193 -RL at 02/03/25 1133
<b>Relevant Labs and Vitals</b>	—	—	—	—	—	—
Temp (in Celsius)	—	—	—	—	—	36.9 -RL at 02/03/25 1133
<b>Height and Weight</b>	—	—	—	—	—	—
Percent Weight Change Since Admission	—	—	—	—	—	0 % -RL at 02/03/25 1133
Weight Change Since Admission (kg)	—	—	—	—	—	0 kg -RL at 02/03/25 1133
<b>*Hester Davis Fall Risk</b>	—	—	—	—	—	—
*Hester Davis Fall	2 -KH at 02/03/25 1139	—	—	—	—	—
Risk Total	—	—	—	—	—	—
Hester Davis Fall	2 -KH at 02/03/25 1139	—	—	—	—	—
Risk Total (Age)	—	—	—	—	—	—

MHM EMERGENCY DEPT  
202 SOUTH PARK STREET  
MADISON WI 53715-1507

Franklin, Keith  
MRN: 98450821, DOB: 4/13/1980, Legal Sex: M  
Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Flowsheets (continued)**

Included)						
Hester Davis Fall	0	-KH at 02/03/25 1139	—	—	—	—
Risk Total						
Hester Davis Fall	2	-KH at 02/03/25 1139	—	—	—	—
Risk Total (Age Included)						

**Departure Info.**

Row Name	02/03/25 1435
<b>Departure Information</b>	
Mobility at Departure	Ambulatory -RG at 02/03/25 1436
Patient Teaching	Discharge instructions reviewed; Follow-up care reviewed; Patient and/or care-giver verbalized understanding; Medications discussed - RG at 02/03/25 1436
D/C Teaching/AVS REVIEWED and GIVEN	Discharge Teaching/AVS REVIEWED and GIVEN to patient/responsible person -RG at 02/03/25 1436
Departure Mode	With friend -RG at 02/03/25 1436
<b>Vitals</b>	
Pulse	55 -RG at 02/03/25 1436
Heart Rate Source	Pulse Ox -RG at 02/03/25 1436
Resp	16 -RG at 02/03/25 1436
SpO2	100 % -RG at 02/03/25 1436
BP	138/74 -RG at 02/03/25 1436
BP Location	Left Upper Arm -RG at 02/03/25 1436
BP Method	Automatic -RG at 02/03/25 1436
Patient Position	Sitting -RG at 02/03/25 1436
<b>Oxygen Therapy</b>	
O2 Device	None (Room air) - RG at 02/03/25 1436

**Fall Risk Assessment**

Row Name	02/03/25 11:39:18
<b>*Hester Davis Fall Risk</b>	
Last Known Fall	No falls -KH at 02/03/25 1139
Mobility	No limitations -KH at 02/03/25 1139

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Flowsheets (continued)

Medications	No meds -KH at 02/03/25 1139
Mental Status/LOC/Awareness	Awake, alert, and oriented to date, place, and person - KH at 02/03/25 1139
Toileting Needs	No needs -KH at 02/03/25 1139
Volume/Electrolyte Status	No problems -KH at 02/03/25 1139
Communication/Sensory	No deficits -KH at 02/03/25 1139
Behavior	Appropriate behavior -KH at 02/03/25 1139
Hester Davis Fall Risk Total	2 -KH at 02/03/25 1139

### Influenza Vaccine Status

Row Name	02/03/25 1134
Influenza Vaccine Status	
Flu vaccine up to date?	No -RL at 02/03/25 1134
Does the patient want to receive the Flu vaccine for this season?	Declines -RL at 02/03/25 1134

### Intentional Rounding

Row Name	02/03/25 12:49:12	02/03/25 11:45:02	02/03/25 11:39:34
Intentional Rounding			
Intentional Rounding	All 5 Ps addressed -RG at 02/03/25 1249	All 5 Ps addressed -SH at 02/03/25 1145	All 5 Ps addressed -KH at 02/03/25 1139
Standards of care/comfort	Cart in locked/low position -RG at 02/03/25 1249	Cart in locked/low position;Patient resting;Side rails up -SH at 02/03/25 1145	Cart in locked/low position -KH at 02/03/25 1139
Patient and family support	—	Pt/family updated on plan of care;Family/SO at bedside;Pt/family deny needs at this time -SH at 02/03/25 1145	Pt/family updated on plan of care -KH at 02/03/25 1139

### IP Screenings

Row Name	02/03/25 11:39:13
*Advance Directives (For Healthcare)	
*Healthcare Directive	No, patient does not have an advance directive for healthcare treatment and information was provided on

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**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Flowsheets (continued)**

Healthcare  
Directives † -KH at  
02/03/25 1139

**LACE Score at Discharge**

**Row Name** **02/03/25 1436**

**LACE Outside ED Visits**

LACE Score at 3 -RG at 02/03/25 1436  
Discharge

**Musculoskeletal**

**Row Name** **02/03/25 11:39:38**

**Musculoskeletal**

Musculoskeletal Exceptions to WDL  
(WDL) -KH at 02/03/25 1139

**Musculoskeletal Details**

Musculoskeletal Yes -KH at 02/03/25  
Additional 1139 Assessments

Upper Back Full movement;No  
deformity;Injury/trau  
ma -KH at 02/03/25  
1139

Lower Back Full movement;No  
deformity;Injury/trau  
ma -KH at 02/03/25  
1139

**Patient ID**

**Row Name** **02/03/25 1325** **02/03/25 1324** **02/03/25 1316**

**Patient Identification**

Patient ID Used Name and DOB -KF  
at 02/03/25 1325 Name and DOB -KF  
at 02/03/25 1324 Name and DOB -KF  
at 02/03/25 1316

How was Patient Verbal by Patient -  
ID Obtained? KF at 02/03/25 1325 Verbal by Patient -  
KF at 02/03/25 1324 Verbal by Patient -  
KF at 02/03/25 1316

Patient Site and Yes -KF at 02/03/25  
Positioning 1325 Yes -KF at 02/03/25  
Confirmed 1324 Yes -KF at 02/03/25  
1316

Laterality Yes -KF at 02/03/25  
confirmed if 1325 Yes -KF at 02/03/25  
appropriate? 1324 Yes -KF at 02/03/25  
1316

**Peripheral Vascular**

**Row Name** **02/03/25 11:44:32**

**Peripheral Vascular**

Peripheral Exceptions to WDL  
Vascular (WDL) -SH at 02/03/25 1144

**RLE Neurovascular Assessment**

Capillary Refill Less than/equal to 3  
seconds -SH at  
02/03/25 1144

Color Appropriate for

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Flowsheets (continued)

	ethnicity -SH at 02/03/25 1144
Temperature	Warm -SH at 02/03/25 1144
R Dorsalis Pedis	Strong -SH at 02/03/25 1144
<b>LLE Neurovascular Assessment</b>	
Capillary Refill	Less than/equal to 3 seconds -SH at 02/03/25 1144
Color	Appropriate for ethnicity -SH at 02/03/25 1144
Temperature	Warm -SH at 02/03/25 1144
L Dorsalis Pedis	Strong -SH at 02/03/25 1144

### Primary Assessment (Triage)

Row Name	02/03/25 11:39:25
<b>Circulation (WDL)</b>	
Circulation (WDL)	Within Defined Limits -KH at 02/03/25 1139
<b>Airway / Breathing (WDL)</b>	
Airway / Breathing (WDL)	Within Defined Limits -KH at 02/03/25 1139
<b>Disability (WDL)</b>	
Disability (WDL)	Within Defined Limits -KH at 02/03/25 1139

### Risk of Sepsis % Score

Row Name	02/03/25 1430	02/03/25 1415	02/03/25 1400	02/03/25 1345	02/03/25 1330
<b>OTHER</b>					
Risk of Sepsis % Score	1 -BS at 02/03/25 1435	1 -BS at 02/03/25 1420	1 -BS at 02/03/25 1405	1 -BS at 02/03/25 1350	1 -BS at 02/03/25 1335
<b>Row Name</b>					
Row Name	02/03/25 1315	02/03/25 1300	02/03/25 1245	02/03/25 1230	02/03/25 1215
<b>OTHER</b>					
Risk of Sepsis % Score	1 -BS at 02/03/25 1320	1 -BS at 02/03/25 1305	1 -BS at 02/03/25 1250	1 -BS at 02/03/25 1235	1 -BS at 02/03/25 1219
<b>Row Name</b>					
Row Name	02/03/25 1200	02/03/25 1145	02/03/25 1130		
<b>OTHER</b>					
Risk of Sepsis % Score	1 -BS at 02/03/25 1205	1 -BS at 02/03/25 1150	1 -BS at 02/03/25 1135		

### Sepsis Screen

Row Name	02/03/25 11:39:30
<b>Sepsis Screen Questions</b>	
Do you suspect in any way, that the patient has an	No -KH at 02/03/25 1139

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Flowsheets (continued)**

infection? (based  
on your  
judgement)

**Triage Plan**

Row Name	02/03/25 1133
<b>Triage Plan</b>	
Patient Acuity	2=Emergent -RL at 02/03/25 1134
Post Triage Alerts Called	Trauma -RL at 02/03/25 1134
Triage Complete	Triage Complete -RL at 02/03/25 1134

**Vitals**

Row Name	02/03/25 1132
<b>Vitals Assessment</b>	
Restart Vitals Timer	Yes -RL at 02/03/25 1133
<b>Vitals</b>	
Temp	36.9 °C (98.5 °F) - RL at 02/03/25 1133
Temp src	Oral -RL at 02/03/25 1133
Pulse	54 -RL at 02/03/25 1133
Resp	18 -RL at 02/03/25 1133
SpO2	100 % -RL at 02/03/25 1133
BP	146/74 -RL at 02/03/25 1133
MAP (mmHg)	94 -RL at 02/03/25 1133
BP Location	Left Upper Arm -RL at 02/03/25 1133
BP Method	Automatic -RL at 02/03/25 1133
Patient Position	Sitting -RL at 02/03/25 1133

**Oxygen Therapy**

O2 Device	None (Room air) -RL at 02/03/25 1133
-----------	--------------------------------------

**Pain Assessment**

Pain Screening	0-10 scale -RL at 02/03/25 1133
0-10 pain scale	7 -RL at 02/03/25 1133
Pain Location	Back -RL at 02/03/25 1133
Pain Orientation	Right;Left -RL at 02/03/25 1133
Pain Frequency	Continuous -RL at 02/03/25 1133
Pain Onset	Acute -RL at 02/03/25 1133

**Height and Weight**

Height	177.8 cm (5' 10") - RL at 02/03/25 1133
Weight	95.3 kg (210 lb) -RL at 02/03/25 1133

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Flowsheets (continued)

#### Patient Alertness (AVPU)

\*AVPU Alert -RL at 02/03/25  
(Responsiveness) 1133

#### OTHER

Sedation Level 1 - Awake and alert

-RL at 02/03/25 1133

Respiratory Quality Regular Without

Distress -RL at  
02/03/25 1133

#### User Key

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

Initials	Name	Provider Type	Discipline	Dates Documented
BS	Scheduler, Batch Q	—	—	02/03/2025
JM	Matz, Jennifer S	—	—	02/07/2025
KH	Heller, Kaitlin E, RN	Registered Nurse	Nursing	02/03/2025
KF	Flentje, Kara M, RTR	Technician	Patient Care	02/03/2025
RL	La Crosse, Rochelle M, RN	Registered Nurse	Nursing	02/03/2025
RG	Graap, Rachel M, RN	Registered Nurse	Nursing	02/03/2025
SH	Hesseling, Sarah M, RN	Registered Nurse	Nursing	02/03/2025

### Patient Education

No documentation.

### Recent Education Comments

No education comments to display

## 02/03/2025 - ED in Meriter Hospital Emergency Department Discharge Instructions

### Discharge Instructions

Franklin, Keith (MRN 98450821)

Date	Status	User	User Type	Discharge Note
02/03/25 1358	Updated	Van Bendegom, Jeffrey M, MD	Physician	Original

Note:

Signed by Van Bendegom, Jeffrey M, MD on 2/3/2025 1:58 PM

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Letters

#### ED Excuse Letter by Graap, Rachel M, RN on 2/3/2025

Status: Sent

Letter body:

Keith Franklin was seen and treated in our emergency department on 2/3/2025.  
Keith may return to work on 02/05/2025.

Sincerely,

MHM EMERGENCY DEPT  
202 SOUTH PARK STREET  
MADISON WI 53715-1507

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**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Letters (continued)**

Van Bendegom, Jeffrey M, MD

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Documents

E-Sig Conditions of Admission - Electronic signature on 2/3/2025 11:17 AM (effective from 2/3/2025 expires 2/2/2026) - E-signed



FRANKLIN,KEITH  
HAR: 431235011  
CSN: 1114238421  
MRN: 98450821  
Visit Date: 2/03/25  
Patient Class: Emergency

UnityPoint Health Meriter  
202 SOUTH PARK STREET  
MADISON WI 53715-1507  
Hospital: 608-417-6000

### Conditions of Admission and Independent Practitioner Disclosure

Thank you for choosing UnityPoint Health Meriter ("we" or "us" or "the hospital"), an affiliate of UnityPoint Health (UPH"). By signing this document, you agree, either on behalf of yourself or the person for whom you are signing this document, that we may provide medical care to you, share your health information as described below, and receive payment for services provided to you. *Please read this document carefully.* If you have questions, ask the registration staff. Unless you need emergency care, you must sign this form prior to treatment. *If you are pregnant, all the provisions in this form apply to your newborn child/children.*

#### Patient Information Materials

[Patient Rights and Responsibilities](#)

[Notice of Privacy Practices](#)

[Advanced Directives](#)

[Non-Discrimination Accessibility Notice](#)

[Financial Advisory Policy](#)

- I have received an electronic copy (links above) or a paper copy of the following documents: Patient Rights and Responsibilities, Notice of Privacy Practices, Advance Directives, Non-discrimination Accessibility Notice, Financial Accessibility Notice
- I have been offered a paper copy of the above-listed documents, but I do not want a paper copy

Patient or legal representative initials



Signature captured with Topaz Signature Pad by Keith Franklin at 2/3/2025 11:16 AM

Patient or legal representative initials

### 1. GENERAL CONSENTS AND ACKNOWLEDGMENTS

#### A. Consent to Treat

- I consent to medical treatment and health-care related services that the caregivers at the hospital consider necessary or are recommending for me and that I have agreed to receive. These services may include diagnostic, therapeutic, imaging, and laboratory services.
- I understand I may need to sign another, more specific consent form before getting some types of treatment.
- I realize and accept that the practice of medicine and surgery is not an exact science and that neither the hospital nor UPH nor Independent Practitioners (discussed below) can guarantee the results of my treatments or examinations. I also understand my treatment may present risks, which may include injury or death.

#### B. Notice of Non-Employed Independent Practitioners

- I acknowledge and understand that there will be physicians, consultants, surgeons, hospital-based physicians (such as pathologists, radiologists, emergency physicians, anesthesiologists, and

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**

hospitalists), non-physician providers (such as CRNAs, nurse practitioners, and physician assistants), and surgical vendor representatives, who provide services at UnityPoint Health Meriter and who are not employees or agents of UnityPoint Health Meriter, but instead are independent medical practitioners or contractors ("Independent Practitioners").

- I understand that these non-employed Independent Practitioners exercise their own independent medical judgment, and that they are solely responsible for the care, treatment, and services that they order, request, direct, or provide.
- I acknowledge that these non-employed Independent Practitioners are not subject to the supervision or control of UnityPoint Health Meriter, and that the employment or agency status of physicians and other providers who treat me is not relevant and will not affect my selection of UnityPoint Health Meriter for my care.

Patient or Patient Representative Signature



Signature captured with Topaz Signature Pad by Keith Franklin at 2/3/2025 11:17 AM

Patient or Patient Representatives Signature:  
Legal Representative Relationship Self

**C. Training and Research**

- I understand the mission of the hospital includes teaching and research. This means that physicians (such as "residents" or "fellows"), nurses and other healthcare professionals "in training" may be involved in my care and treatment.
- If research opportunities are applicable to me, I may be contacted to decide if I am interested in participating in the research.

**D. Telehealth and Electronic Communications**

I consent to the provision of medical treatment and health-care related services by remote telehealth technology and other electronic communication platforms. However, I can change my mind and may refuse services via telehealth-related technology or equipment without affecting my future care or treatment.

Telehealth services may involve the transmission of video, audio, images, and other types of data between me and a health care provider who is at a different location than mine. The health care provider will determine whether my condition is appropriate for telehealth or other electronic communications, and I understand there is no guarantee of diagnosis, treatment, or prescription of medication. I understand I may have to travel to see a health care provider in-person for diagnosis and treatment. I also understand that when I receive telehealth services or other electronic communications, delays and disruptions in treatment may occur due to equipment or technical problems. Other risks include failures in security protections resulting in a possible breach of privacy and unauthorized or unapproved access to my medical information.

**E. Personal Property**

I understand my personal belongings may not be secure in my room or other care areas. The safest place for my belongings is at home. I also understand I can have my valuables not essential to my care stored in the hospital safe or a similarly secure location at the hospital until my discharge. If I choose to keep my personal belongings with me, I take full responsibility for those belongings, and I release the hospital and UPH and their staff from responsibility and any liability.

**F. Hospital Rules**

I agree to follow all hospital rules, including the following:

- **Smoking:** While in the hospital, I agree not to smoke or use smoking alternatives, including vaping, e-cigarettes, juuls, or other forms of nicotine inhalation.
- **Alcohol, Drugs and Weapons:** I will not bring any alcoholic beverage, illegal substance or drug, weapon, or explosive device on to hospital property. I understand and agree that if the hospital at any time believes there may be of these items in my room or with my belongings, the hospital may search my room and my personal belongings located

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**

anywhere on hospital property, take any of these items, and dispose or get rid of them, including giving them to law enforcement.

- **Photos and Recordings:** Unless the hospital permits, I understand that I am not allowed to take pictures or make video or audio recordings of my care, other patients, hospital or UPH workforce, providers or students while receiving medical care or while on hospital property.

**G. My Information**

I promise that any information I provide to the hospital about myself is correct, including my name, street address, city, state, zip code, phone numbers, email, insurance information, medical history, and all other information. I agree that I am responsible for updating my contact and insurance information if it changes. I also understand that if I provide false information, the hospital may contact law enforcement.

**H. Photography and Recordings**

- I agree that the hospital can create photographs, images, videotapes, digital or audio recordings--including having my visit recorded--that contain my health information for diagnosis, treatment, identification, education, and healthcare operations purposes. I also agree that the hospital and UPH will own the images and/or recordings.
- I consent to the recording of my medical visit for the purposes of treatment, billing, and healthcare operations including without limitation for the purpose of creating accurate and comprehensive medical documentation. I understand that the recording will be used to help accurately transcribe the details of my medical consultation, including discussions with healthcare providers, diagnoses, treatments, and instructions provided during the visit. I also understand that this technology uses artificial intelligence and associated workflows to generate documentation to help reduce the amount of time spent on documentation and allow more time to provide care to me and other patients. UnityPoint Health uses a third-party service provider to process the recorded audio and all documentation is reviewed, corrected, and approved by your provider to ensure the accuracy and completeness of your medical record.

**I. Consent to Contact**

- By providing a telephone number (whether wireless, cellular, residential, or other) and/or an email address, I, on behalf of myself or the person for whom I am signing this document, expressly consent to receiving calls, text messages, and emails, whether live, autodialed, or pre-recorded, from UnityPoint Health, its affiliates, agents, contractors, or business associates (collectively "UPH") at any phone number or email address associated with my account regarding various aspects of my medical condition and treatment, which may include without limitation test results, prescriptions, appointments, billing, payment, debt collections, referrals, screening for a condition, monitoring of my condition, and general health care operations. If I discontinue use of any phone number or email provided, I shall promptly notify UPH and hold UPH and its affiliates harmless from any expenses or other loss arising from any failure to notify.
- I understand that text messaging and emailing are not a confidential or secure method of communication. I further understand that, because of these methods, there is a risk that the text messages or emails regarding my medical condition and treatment including my personal health information might be intercepted, read by a third party, and/or used for inappropriate purposes. In addition, once the text or email is received by me, someone may be able to access my phone or email account and read the message containing my personal health information. I understand that it is my responsibility to make sure that only authorized people are allowed to access my phone or email account.
- I understand that UPH may use a third-party vendor to facilitate the delivery of text messages. I acknowledge that the third-party vendor may have its own separate consent process for text messaging, which may require me to provide explicit consent directly to the vendor. In such cases, I agree to follow the vendor's consent process as required. In the event that the third-party vendor is unable to read the text message field designating my consent or follow the consent process specified herein, I acknowledge that UPH shall not be held liable for any issues arising from such limitations.
- I understand that I am under no obligation to authorize UPH to send me text messages or emails. I may opt-out of receiving these communications at any time by replying "Stop" to 71089 or to any text message or clicking "unsubscribe" from any email. Message and data rates may apply from your mobile carrier. From time to time a text message or email may provide links to other websites, not owned or controlled by UPH that we think might be useful or of interest to you.

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**

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- NEITHER THE CONTENT NOR ANY OTHER SERVICE OFFERED BY OR THROUGH TEXTING IS INTENDED TO BE RELIED ON FOR MEDICAL DIAGNOSIS OR TREATMENT. USE OF TEXTING IS NOT MONITORED REAL-TIME FOR EMERGENCY MEDICAL NEEDS. DO NOT USE TEXTING TO ADDRESS A MEDICAL EMERGENCY. IN THE EVENT OF A MEDICAL EMERGENCY, DIAL 911 OR YOUR LOCAL EMERGENCY ASSISTANCE NUMBER.
- I acknowledge the above-mentioned risks and hereby grant UPH permission to communicate with me by phone, text message, and email.

**2. HEALTH INFORMATION CONSENTS AND ACKNOWLEDGMENTS**

- J. My health information includes diagnostic information, lab tests, medications, allergies, history and assessment, treatment plans, progress or presence in treatment, clinical notes, prescriptions, discharge summaries, benefit information, claims information, demographic information, claims payment information, and other information pertaining to my treatment or payment for my treatment.
- K. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a law that protects the privacy and security of my health information anywhere in the United States. In addition, there are other federal and state laws that protect "sensitive health information," including information relating to HIV/AIDS; behavioral or mental health; developmental disabilities; treatment for substance (alcohol and/or drugs) use disorder; adult or child abuse or neglect; and genetic testing and counseling.
- L. If my consent is required by law, I agree that the hospital and its business associates may use and disclose or share my sensitive health information for treatment, payment, and hospital operations, including care coordination, and quality measurement, in the same way that HIPAA allows the hospital to use or disclose my non-sensitive health information for these purposes. More information about these purposes is described in the UnityPoint Health Affiliated Covered Entity's Notice of Privacy Practices ("NPP"). I specifically agree that the hospital may share my sensitive and non-sensitive health information to any health plan; Medicare, Medicaid, or other government program; or other payer that I identify to the hospital for purposes of obtaining payment, utilization review, and quality measurement.
- M. If my consent is required by law, I also agree that the hospital and UPH may share, as allowed by HIPAA, my sensitive health information (1) to researchers for research purposes in accordance with law and as described in the NPP; (2) to participants in the Organized Health Care Arrangements and Accountable Care Organizations described in the NPP; and (3) to non-UPH providers and their business associates for their treatment, payment, and healthcare operations purposes. "Non-UPH" providers may include providers and their business associates participating with UPH in programs allowing for the exchange of health information between providers for purposes of treating me or coordinating my care and improving the quality of my care.
- N. I agree that the consents and permissions as described in this Section 2 apply to all my sensitive health information in hospital's possession, including information concerning care received prior to or after the date of this form. I understand that I may withdraw my consent as described in this Section 2 by providing a written request to Medical Records. If I withdraw my consent, I understand that my withdrawal will not apply to any uses and releases of my health information already made by the hospital before I changed my consent. I understand I have the right to inspect at any time and copy any of my sensitive health information to be disclosed.

**3. FINANCIAL CONSENTS AND ACKNOWLEDGEMENTS**

**O. Insurance, Health Plan, or Program Rules and Estimates**

- I understand I must (a) follow all the rules of any insurance company or program that pays for my medical bills, including government programs such as Medicare ("health insurer") and (b) provide my insurance information to the hospital at the time of service or as soon as possible after service and as required by my insurance policy. Health insurer rules may

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**

include getting a second opinion from another healthcare provider or calling the health insurer before having medical tests or treatments. If I do not follow my health insurer's rules, the health insurer may not pay for my health care.

- I agree that any estimates provided by the hospital for my share of the cost of my health care represent a best guess or approximation. My actual share of the cost may differ from the estimate, depending upon my actual treatment or decisions made by my health insurer.

**P. Payment for Services**

- If I choose to have the hospital or an Independent Practitioner bill my health insurer to pay for my treatment, I "assign" to UnityPoint Health Meriter or the Independent Practitioner my rights to receive payment from my health insurer. This means that payment will go directly to the hospital or the Independent Practitioner. For the hospital and Independent Practitioners to bill my health insurer, I agree to provide my insurance information to the hospital and understand the hospital may share the information with the Independent Practitioners.
- If I claim benefits under Medicare, I hereby certify that the information I provide in applying for payment of such benefits is correct, and I authorize the hospital to release any information needed for any related Medicare claim.
- If my health insurer does not pay for my treatment, I give the hospital permission to take reasonable steps to appeal the denial of payment and/or to file a grievance for me. For this purpose, I appoint the hospital as my authorized representative and grant the hospital limited power of attorney to receive plan coverage information and appeal any rights to payment of healthcare benefits. I agree to cooperate and provide information as needed by the hospital for any appeal.
- Even though I may assign my rights to receive payment from my health insurer, I understand and agree that the hospital may still require payment directly from me.
- If the hospital or the Independent Practitioners have a contract with my health insurer and the care is "medically necessary," I understand that I am responsible for to pay co-insurance, deductibles, and co-pays for the medical care I receive.
- I agree to pay on time for any amounts that I owe for medical care. If I fail to pay the amounts that I owe, I agree I will pay the costs that result from trying to get payment from me, including collection fees, court fees, attorney's fees, and other costs of collection.

**Q. Fair Patient Billing Act.**

- I understand that I may receive separate bills from the hospital and from Independent Practitioners for services provided to me.
- If I have questions about my insurance coverage or available benefits, I understand that I should contact my health insurer or my employer. I understand that the hospital and Independent Practitioners cannot guarantee that my care will be covered by my health insurer.

**R. Financial Assistance**

- If I cannot pay my bill for health care, I understand that the hospital may have some financial assistance options, including free care, discounted care, or interest-free payments. I will ask the hospital's billing office or my Independent Practitioner whether there is any help for me to pay for my care.

**NOTICE:** The hospital and UPH does not discriminate against any person on the basis of religion, sex, gender identity, sexual orientation, race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services, activities, or employment.

**Consent**

**I have read, understood, and agreed to the terms in this Conditions of Admission. I have been given the opportunity to ask questions and have no remaining questions at this time. I understand the hospital cannot honor any changes I make to this document.**

**Signature of Consent**

MHM EMERGENCY DEPT  
202 SOUTH PARK STREET  
MADISON WI 53715-1507

Franklin, Keith  
MRN: 98450821, DOB: 4/13/1980, Legal Sex: M  
Acct #: 431235011  
Adm: 2/3/2025, D/C: 2/3/2025

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**

Patient/Parent/Legal Representative Signature

Patient/Parent/Legal Representative Signature



Signature captured with Topaz Signature Pad by Keith Franklin at 2/3/2025 11:17 AM

*Conditions of Admission, Revised Date: August 13, 2024*

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**

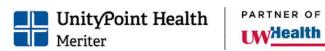
**After Visit Summary - Document on 2/3/2025 2:30 PM: ED After Visit Summary**

Document (below)

## AFTER VISIT SUMMARY

Keith Franklin MRN: 98450821

2/3/2025 Meriter Hospital Emergency Department 608-417-6206



PARTNER OF  
**UW Health**

### Instructions



Your medications have changed today

Continue your home medications as you were prior to this Emergency Department visit unless they are specifically mentioned below.



Read the attached information

1. MVA (Motor Vehicle Accident) (English)
2. Back: Stretches: Exercises (English)



Pick up these medications at Walmart Pharmacy  
3857 - MONONA, WI - 2151 ROYAL AVE

• cyclobenzaprine

Your estimated payment per fill: \$0

• ibuprofen

Your estimated payment per fill: Estimate unavailable

Address: 2151 ROYAL AVE, MONONA WI 53713

Phone: 608-226-8671

### What's Next

You currently have no upcoming appointments scheduled.

### Medication List

For your privacy, any medications your clinician marked as private are not included in this list. This message appears even if the list is complete. If you have any questions about a medication you don't see here, contact your doctor.

### START taking these medications

cyclobenzaprine 10 MG tablet

Quantity: 10 tablet

Refills: 0

Commonly known as: FLEXERIL

Take 1 (one) tablet (10 mg total) by mouth nightly as needed for Muscle spasms.

### Today's Visit

You were seen by Dr. J Van Bendegom

#### Reason for Visit

Back Pain-New <28 days

#### Diagnoses

- Acute bilateral low back pain without sciatica
- Motor vehicle accident injuring restrained driver, initial encounter

#### Lab Tests in Progress

UA with Microscopic - No Culture

#### Imaging Tests

XR Chest 2 Views

XR Lumbosacral Spine 2 or 3 Views

XR Pelvis 1 or 2 Views

XR Thoracic Spine 3 Views

#### Medications Given

acetaminophen (TYLENOL) Last given at 12:31 PM

ibuprofen Last given at 12:31 PM



Blood Pressure  
146/74



Weight  
210 lb



Temperature (Oral)  
98.5 °F



Pulse  
54



Respiration  
18



Oxygen Saturation  
100%

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Documents (continued)

#### Medication List (continued)

##### START taking these medications (continued)

**ibuprofen** 600 MG tablet

Quantity: 20 tablet

Refills: 0

Take 1 (one) tablet (600 mg total) by mouth every 6 (six) hours as needed for Pain.

### Where to Get Your Medications

These medications were sent to Walmart Pharmacy 3857 -

MONONA, WI - 2151 ROYAL AVE

2151 ROYAL AVE, MONONA WI 53713

Phone: 608-226-8671

cyclobenzaprine 10 MG tablet

ibuprofen 600 MG tablet

### Allergies as of 2/3/2025

No Known Allergies

### ED Medication Administration from 02/03/2025 11:15 AM to 02/03/2025 2:30 PM

Date/Time	Order	Dose	Route	Action	Action by
02/03/2025 12:31 PM CST	acetaminophen (TYLENOL) tablet	650 mg	Oral	Given	RG
02/03/2025 12:31 PM CST	ibuprofen tablet	800 mg	Oral	Given	RG

### Immunizations Administered on Date of Encounter - 2/3/2025

None

### Procedures and tests performed during your visit

UA with Microscopic - No Culture

XR Chest 2 Views

XR Lumbosacral Spine 2 or 3 Views

XR Pelvis 1 or 2 Views

XR Thoracic Spine 3 Views

### Pending Labs

Order	Current Status
UA with Microscopic - No Culture	Collected (02/03/25 1409)

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Documents (continued)

#### MyUnityPoint

##### How Do I Sign Up?

1. In your Internet browser, go to [Chart.MyUnityPoint.org](http://Chart.MyUnityPoint.org) and click on the "Sign up Now" button.
2. Enter your MyUnityPoint Activation Code exactly as it appears below. You will not need to use this code after you have completed the sign-up process.

**MyUnityPoint Activation Code: J8FQ6-RC7NB-2KR2T**

**Expires: 5/4/2025 2:30 PM**

3. If your activation code has expired, use the "[click here to register](#)" button and complete the MyChart access request form.
4. Once your account has been activated, download the MyChart app for access to your health information on any device.

Remember, MyUnityPoint is **NOT** to be used for urgent needs. For medical emergencies, dial **911**.

##### MyUnityPoint Website or MyChart App Questions

If you have questions about the MyUnityPoint activation process, please call (877) 224-4430 or you can email [MyUnityPointSupport@unitypoint.org](mailto:MyUnityPointSupport@unitypoint.org). MyUnityPoint Support is available Monday through Friday 8am-5pm CST.

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**



**Attached Information**

MVA (Motor Vehicle Accident) (English)

**Motor Vehicle Accident: Care Instructions**

**Overview**



You were seen by a doctor after a motor vehicle accident. Because of the accident, you may be sore for several days. Over the next few days, you may hurt more than you did just after the accident.

The doctor has checked you carefully, but problems can develop later. If you notice any problems or new symptoms, **get medical treatment right away.**

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

**How can you care for yourself at home?**

- Keep track of any new symptoms or changes in your symptoms.
- Take it easy for the next few days, or longer if you are not feeling well. Do not try to do too much.
- Put ice or a cold pack on any sore areas for 10 to 20 minutes at a time to stop swelling. Put a thin cloth between the ice pack and your skin. Do this several times a day for the first 2 days.
- Be safe with medicines. Take pain medicines exactly as directed.
  - If the doctor gave you a prescription medicine for pain, take it as prescribed.
  - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
- Do not drive after taking a prescription pain medicine.
- Do not do anything that makes the pain worse.
- Do not drink any alcohol for 24 hours or until your doctor tells you it is okay.

**When should you call for help?**



Call 911 if:

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Documents (continued)

- You passed out (lost consciousness).

**Call your doctor now** or seek immediate medical care if:

- You have new or worse belly pain.
- You have new or worse trouble breathing.
- You have new or worse head pain.
- You have new pain, or your pain gets worse.
- You have new symptoms, such as numbness or vomiting.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You are not getting better as expected.

Current as of: July 10, 2023

Content Version: 14.1

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**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**



**Attached Information**

Back: Stretches: Exercises (English)

**Back Stretches: Exercises**

**Introduction**

Here are some examples of exercises for stretching your back. Start each exercise slowly. Ease off the exercise if you start to have pain.

Your doctor or physical therapist will tell you when you can start these exercises and which ones will work best for you.

**How to do the exercises**

**Overhead stretch**



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1. Stand up straight with your feet shoulder-width apart. Or sit up straight in a chair.
2. Looking straight ahead, raise both arms over your head. Reach up and back with your arms until you feel a stretch in your shoulders. Do not allow your head to tilt back.
3. Hold for 15 to 30 seconds, then lower your arms to your sides.
4. Repeat 2 to 4 times.

**Side stretch**

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**



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1. Sit or stand up straight. If you're standing, keep your feet about hip-width apart.
2. Raise one arm over your head, and then lean to the other side.
3. Slide your hand down your leg as you let the weight of your raised arm gently stretch your side muscles. If you're sitting, keep your buttocks flat on the chair.
4. Hold for 15 to 30 seconds. Then switch sides.
5. Repeat 2 to 4 times on each side.

**Press-up back extension**



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1. Lie on your stomach, supporting your body with your forearms. Keep your elbows below your shoulders.
2. Press your elbows down into the floor to raise your upper back. As you do this, relax your stomach muscles and allow your back to arch without using your back muscles. Don't let your hips or pelvis come off the floor.
3. Hold for 15 to 30 seconds, then relax.
4. Repeat 2 to 4 times.

**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**

**Supported rest**



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1. Lie on your back with a rolled towel under your neck. Support your knees with something, such as pillows or folded towels or blankets. Extend your arms comfortably to your sides.
2. Relax and breathe normally.
3. Remain in this position for about 10 minutes.
4. If you can, do this 2 or 3 times each day.

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

Current as of: July 17, 2023

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## Suicide Prevention Hotline

### Are you feeling desperate, alone or hopeless?

Call or text the 988 Suicide & Crisis Lifeline at 988. Chat with the 988 Suicide & Crisis Lifeline at 988lifeline.org/chat.

We can all help prevent suicide. The Lifeline provides free, 24 hour confidential support for people in distress and prevention and crisis resources for you or your loved ones.

Your call will be routed to the nearest crisis center. All calls are confidential.

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**02/03/2025 - ED in Meriter Hospital Emergency Department (continued)**

**Documents (continued)**

**Tobacco and Smoking Cessation**

If you are a smoker or have smoked in the last 12 months, please:

- Do not smoke, do not use Tobacco.
- Avoid second hand smoke.
- For more help, call 1-800-QUIT NOW. (1-800-784-8669)

## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Documents (continued)

[Advanced Directive Information](#)

### Advance Directives: Care Instructions

#### Overview

An advance directive is a legal way to state your wishes at the end of your life. It tells your family and your doctor what to do if you can't say what you want.

There are two main types of advance directives. You can change them any time your wishes change.

Living will.

This form tells your family and your doctor your wishes about life support and other treatment. The form is also called a declaration.

Medical power of attorney.

This form lets you name a person to make treatment decisions for you when you can't speak for yourself.

This person is called a health care agent (health care proxy, health care surrogate). The form is also called a durable power of attorney for health care.

If you do not have an advance directive, decisions about your medical care may be made by a family member, or by a doctor or a judge who doesn't know you.

It may help to think of an advance directive as a gift to the people who care for you. If you have one, they won't have to make tough decisions by themselves.

For more information, including forms for your state, see the CaringInfo website ([www.caringinfo.org/planning/advance-directives/](http://www.caringinfo.org/planning/advance-directives/)).

**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

#### What should you include in an advance directive?

Many states have a unique advance directive form. (It may ask you to address specific issues.) Or you might use a universal form that's approved by many states.

If your form doesn't tell you what to address, it may be hard to know what to include in your advance directive. Use the questions below to help you get started.

- Who do you want to make decisions about your medical care if you are not able to?
- What life-support measures do you want if you have a serious illness that gets worse over time or can't be cured?
- What are you most afraid of that might happen? (Maybe you're afraid of having pain, losing your independence, or being kept alive by machines.)
- Where would you prefer to die? (Your home? A hospital? A nursing home?)
- Do you want to donate your organs when you die?
- Do you want certain religious practices performed before you die?

#### When should you call for help?

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## 02/03/2025 - ED in Meriter Hospital Emergency Department (continued)

### Documents (continued)



Be sure to contact your doctor if you have any questions.

#### Where can you learn more?

Scan the QR code



or Go to the "Search Medical Library" option found under the Resources tab in MyUnityPoint <https://chart.myunitypoint.org/mychart>. If you do not have access to MyUnityPoint, you can visit <https://unitypoint.org/patient-care> and select Health Library from the menu on the left. Enter **R264** in the search box to learn more about **Advance Directives: Care Instructions**.

Not on MyUnityPoint? Go to <https://chart.myunitypoint.org/mychart> and click the "Sign Up Now" link to request an activation code.

Current as of: November 16, 2023

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#### Community Resources--Together We Care

**Access free and reduced cost community resources at this link.**

Search for free or low-cost programs to help with food, housing, transportation, job training and more.

[Together We Care <https://togetherwecare.unitypoint.org>](https://togetherwecare.unitypoint.org)



#### Know How Much You Matter to This World

*You are amazing, and your voice can make a difference. If you happen to receive a survey or telephone call from us, please know that we greatly appreciate your feedback!*

I know why I was in the hospital. I know what I need to do when I get home. I have a copy of this paper.