SANTHI SAWANGSRI Patient Name:			s box if the authorizened to the chart (\$	
DOB: 10/02/1964		UW Health		
MR #:		(University of W (SwedishAmeric	can Hospital)	ls and Clinics Authority
Index to Auth – PHI		<b>AUTHORIZA</b>	nity Health Cente FION FOR DISC HEALTH INFO	CLOSURE OF
This form is not to be used for use Authorization for Verbal		n. If requesting ver	rbal communication	n,
1. Patient Information				Ī
Name – Last, First, MI (Maiden or former name) sawangsri, Santhi				
Street Address 1924 N. ROCKTON AVE., ROCKFORD, IL 61103	City		State	Zip Code
Medical Record Number (only if known)	Birth Date	4	Phone Number 779-537-29	
	10/02/196	4	119-551-28	907
2. Release Information From (select all that appl	ly) ' Health SwedishAmeric	on Hoonitale and	Clinios	
	ess Community Health		Cimics	
☐ Generations Fertility Clinic ☐ Mad	dison Surgery Center			
☐ Wisconsin Sleep ☐ Othe	er Healthcare Organiza	tion (Complete Fo	llowing Section)	
Name: - (e.g., Health facility, physician name): UW	——————————————————————————————————————	ican Hosnital		
Address: 1401 East State Street, Rockford, IL 6		our ricopital		
Phone Number: 779-696-0300	1104			
Fax Number (if applicable):				
				A BASSA D. D. C. A. A. A.
3. The Information may be Released to: ** Please Name - (e.g., Health Facility, Physician Name, Family				t May be Rejected **
			TOSDY LLF	
Mail Address (include Apt/Suite#, if applicable): 381	5 NOITH MUIIDIG ROAD		7in	Codo
City: Rockford, IL 61114		State:		Code:
Phone Number: 815-367-6432	E			hulau aana
Fax Number (if applicable):	Email (If a	pplicable): pmatzi	@crosbyandcros	sbylaw.com
4. Purpose or Need for Disclosure				Ý.
☐ Further Medical Care ☐ Insurance Covera	, -	☐ Disability deter	mination	
☐ Workers' Compensation ☐ Research	☐ Patient use	U Otner:		
5. Health Information to Be Released				
Step 1 of 2  ☐ Abstract Only (includes Discharge Summary, His Operative/Procedure Reports, Pathology Reports, Comparing Medical Record (includes abstract, nursing Abstract, nursing Medical Record (includes Discharge Summary, His Operative/Procedure Reports, Pathology Reports, Operative/Procedure Reports, Operative/Pro	Consults, EKGs, Radiolo notes, progress notes,	ngy Reports, Labo physician orders,	ratory Reports) etc.)	
<ul> <li>☑ Billing Statement(s)/Claim(s): Itemized Billing S</li> <li>☐ Substance Use Treatment Records from UW Heat</li> </ul>				
☐ All Substance Use Records	ailins Substance use in	eaunent Flogram	s as described fier	e.
☐ Only records pertaining to the following:				
☐ Records pertaining to (specify conditions or care	team specialty):			
☐ Other, please specify:				
If you only want records marked above for a specific For records related to the following time period: 02			06/03/202	5
Imaging (If images are needed select an option(s	) below.)			
☐ Radiology ☐ Cardiology ☐ Dental	☐ Surgery ☐ Other (sp	ecify):		
Date(s) of selected medical images (if left l	olank, only the past two	(2) years will be r	eleased):	

SANTHI SAWANGSRI Patient Name:	
DOB: 10/02/1964	UW Health
MR #:	(University of Wisconsin Hospitals and Clinics Authority) (SwedishAmerican Hospital)
Index to Auth – PHI	Access Community Health Centers AUTHORIZATION FOR DISCLOSURE OF
Step 2 of 2 Optional Exclusion	PROTECTED HEALTH INFORMATION

*Witness signature required for IL patients on page 3							
6. Format for Record Delivery:							
☐ Paper (mailed) ☐ Fax (List recipient fax number in Section #3) ☐ Patient's MyChart (Cannot Send to Proxy Accounts)							
☑ Secure Portal. Internet access and valid email address required.							
Email address for link to secure portal: <u>bmatz@crosbyandcrosbylaw.com</u>							
☑ Email (Please note that email is not a secure method of transmission)							
Email address: bmatz@crosbyandcrosbylaw.com							
☐ EHI Extract (see page 3 for additional information). Extracts can only be delivered electronically. MyChart is the preferred method.							
□ Other:							
Please note: If a format is not selected, records will be provided in paper format and will be mailed to recipient identified in #3 above.							
**Copies of medical images will be mailed on disk only.**							

This authorization includes the disclosure of information regarding substance use (referenced in general medical records), mental health\*, developmental disabilities\*, genetic testing, AIDS or AIDS-related illness, sexually transmitted infection, and/or HIV test results,

- 7. Expiration Date: This authorization will remain in effect until the above disclosure(s) have been completed unless you specify that this authorization will be effective for an additional time period.
  (NOTE that if you specify an additional time period, this authorization will apply to your medical information generated during the additional time period.)
  Other specific expiration date: 06 / 03 /2026
- 8. Authorization: In accordance with the conditions listed above and on the next page of this form, I authorize the use and/or disclosure of my medical information as specified in this Authorization.

#### Please read the following guidelines before signing this authorization.

**Rights and Responsibilities:** UW Health care providers honor a patient's right to confidentiality of protected health information as provided under federal and state law.

Release of Information: The information released may be obtained from the medical record of UW Health. It may be obtained from multiple paper-based or electronic-based forms (as applicable). It may include data elements from outside sources that are embedded in tables and documents. Copies released from Health Information Management include medical records only.

## Where to Send Authorizations, Revocation Requests, and other Medical Record Requests:

unless I limit the disclosure to exclude the following:

- Authorizations for UW Health sites in Wisconsin can be mailed to UW Health Health Information Management, 8501 Excelsior Drive, Madison, WI 53717.
- Authorizations for UW Health sites in Illinois can be mailed to Health Information Management, UW Health SwedishAmerican Health System, 1401 East State Street, Rockford, Illinois, 61104.
- Access Community Health Centers (Dental Image Requests only) can be mailed to Access Community Health Centers, 2901
   West Beltline Hwy. Suite 120, Madison, WI 53713. Request for medical and dental records can be sent to Access Community Health Centers, Health Information Management, 8501 Excelsior Drive, Madison, WI 53717.

You can also see a detailed listing of clinics that release their own records on uwhealth.org. This information is located in the Patient and Visitor section, How to Obtain Your Medical Records.

**Federal HIPAA Privacy Rules:** These federal rules indicate when your protected health information may be used or disclosed without your authorization. Please see our Notice of Privacy Practices for additional information. You can find a copy of the Notice of Privacy Practices on the website at uwhealth.org. This information is located on the bottom right corner of the website. Click on Notice of Privacy Practices (HIPAA).

Federal Substance Use Disorder Treatment Program Privacy (42 CFR Part 2): The federal confidentiality rules (42 CFR Part 2) that apply to substance use disorder treatment and/or referral records maintained by a Part 2 program prohibit any further disclosure of such records without the specific written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. However, a covered entity (or their business associate) to whom records are disclosed for purposes of treatment, payment, or health care operations, may redisclose such records in accordance with HIPAA (except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the patient). In addition, any other disclosures of information carry the potential for unauthorized re-disclosure and the information may not be protected by federal privacy standards.

General Designation for Disclosure of Substance Use Disorder Treatment Information: I understand I have made a general designation to disclose substance use disorder treatment and/or referral information to individuals or entities with which I have a treatment relationship. I may request a list of individuals or entities to which my substance use disorder information has been disclosed by contacting the appropriate location.

SANTHI SAWANGSRI	f
Patient Name:	
DOB: 10/02/1964	UW Health
MR #:	(University of Wisconsin Hospitals and Clinics Authority) (SwedishAmerican Hospital)
Index to Auth – PHI	Access Community Health Centers AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION
	o sign this form, and you may refuse to do so. Except as permitted under applicable de you treatment or other healthcare services if you refuse to sign this form.
affect any disclosures of your medical information that already made, in reliance on this authorization, before of insurance coverage, your revocation may not be eff. For UW Health records, your revocation must be made	tation, in writing, at any time before it ends. However, your written revocation will not the person(s) and/or organization(s) listed on the previous page of this form have the time you revoke it. In addition, if this authorization was obtained for the purpose ective in certain circumstances where the insurer is contesting a claim.
appropriate location.	chorized by this form to receive your protected health information are not healthcare
providers or other people who are subject to federal he	ealth privacy laws, the protected health information they receive may lose its e people may be permitted to re-release your protected health information without
<b>Right to Inspect:</b> You have the right to inspect or obtalaw. If you would like to inspect your records, use the a	ain a copy your records, with certain exceptions provided under state and federal appropriate contact information provided above.
Fees: There is no charge for records requested by an requested purposes. See www.uwhealth.org for more	d released to other healthcare organizations. A fee may be charged for other details on fees assessed.
	You may request records to be provided to you in different formats; however, only be asked to submit a separate request for each format if multiple formats are
	lder, you are the only person who is permitted to sign this form to authorize the are under the age of 18, your parent or guardian must sign this form for you. ral rule does not apply.
	e an accessible and up-to-date hyperlink that allows any user to directly access the s or additional steps. The export file(s) created must be electronic and in a
EHR System, an EHI Export may include information f Substance Use, Psych and HIV Clinics, Generations F	yChart is the preferred method. Please note that due to technical settings in our rom one or more of our affiliates and Community Connect partners: Agrace Hospice, fertility Clinic, Madison Surgery Center, UW Health Adolescent Alcohol/Drug omen, Transformation Surgery Center, UW Rehab Hospital, Wisconsin Sleep,
200th S	, Self , 06,04,25
Signature of Patient or Legal Representative (Patients ages 12-17 may be required to sign and date	Relationship to Patient Date with co-signature of parent/legal guardian)
Co-Signature of Minor (If Applicable)  Print Name	//
Co-signature of Millor (II Applicable)	Relationship to Fatient Date
Fleeto	Brittany Matz, Col 12025
Signature of Witness (If Applicable in Illinois)*	Print Name Date
Interpreter or Reader Signature (if applicable)	Print Interpreter or Reader Name Date

Ciox Health - PAYMENTS ONLY P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 1-800-367-1500



Invoice #: 0511022091 Date: 06/11/2025 Customer #: 2435012

Ship to:

CROSBY AND CROSBY LLP CROSBY AND CROSBY LLP 3815 N MULFORD RD STE 4 ROCKFORD, IL 61114-5622 Bill to:

CROSBY AND CROSBY LLP CROSBY AND CROSBY LLP 3815 N MULFORD RD STE 4 ROCKFORD, IL 61114-5622 Records from:

SWEDISH AMERICAN HOSPITAL 1401 E STATE ST ROCKFORD,IL 61104-2315

Requested By: BRITTANY MATZ DOB: 10/02/1964

Patient Name: SAWANGSRI SANTHI

Your request for copies of medical records has been processed. Full payment in advance is required and must be received within 30 days of the receipt of this invoice, before your copies will be released. Promptly return the bottom portion of this invoice along with a check for the balance due. To expedite the request or to pay by credit card, please call 800-367-1500.

### FULL PAYMENT REQUIRED PRIOR TO RELEASE OF RECORDS

Description	Quantity	Unit Price	Amount
Basic Fee			35.73
Retrieval Fee			0.00
Per Page Copy (Elect) 2	25	0.67	16.75
Per Page Copy (Elect) 1	25	0.44	11.00
Subtotal			63.48
Sales Tax			0.00
Invoice Total			63.48
Balance Due			63.48

Please remit this amount: \$63.48(USD)

-----<del>}<</del>----

Ciox Health - PAYMENTS ONLY P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 1-800-367-1500

Get future medical records as soon as they are processed, by signing up for secure electronic delivery. Register at: https://www.smartrequest.com/

Invoice #:	0511022091
Check #	
Payment Am	ount \$

# Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to https://paycioxhealth.com/pay/ or call 800-367-1500. Email guestions to collections@cioxhealth.com.

UW Health - Northern Illinois 2550 Charles Street Rockford, IL 61108



THIS IS NOT A BILL

Santhi Sawangsri 1924 N ROCKTON AVE ROCKFORD IL 61103-4370

......

The following document contains the requested services for Santhi Sawangsri (Account #2742101). If you have any questions, please contact customer service at (779) 696-7150.

# Summary of Outstanding Balances on Account

# Requested Visit Detail

Acct #4305 Emergency	Acct #43050189 Sawangsri,Santhi Emergency							
Uw Health Swedishamerican Hospital								
Date	Rev Code	Procedure	Description	Qty	Amount			
		Code						
02/23/25	0320	HB73030	HB-Shoulder Xray >=2 Views	1	870.00			
02/23/25	0300	HB36415	HB-Venipuncture	1	55.00			
02/23/25	0300	HB84484	HB-Troponin Qn	1	351.00			
02/23/25	0730	HB93005A	HB-Ekg Routine Tracing Only >=12 Leads	1	581.00			
02/23/25	0450	HB99283	HB-ED Level 3 Visit	1	1,265.00			
03/11/25			UW Health IL - BLUE CROSS BLUE SHIELD		-1,642.16			
			Payments		·			
			Deductible: 1,479.84					
			Total		1,479.84			

# **Total Bill Summary**

Charges	Insurance Payments	Patient Payments	<u>Adjustments</u>	Insurance Balance	Patient Balance
3,122.00	-1,642.16	0.00	0.00	1,479.84	0.00

#### **Patient Information**

Patient Name MRN Legal Sex DOB Santhi Sawangsri 53399156 M 10/2/1964

Epic MRN: 53399156

## **Reason for Visit**

### **Chief Complaint**

• Shoulder Problem (L)

### **Visit Diagnoses**

- Strain of left shoulder, initial encounter (primary)
- Motor vehicle accident victim, initial encounter
- Anxiety

## **Visit Information**

Admission Informatio	n				
Arrival Date/Time: Admission Type:	02/23/2025 1438 Emergent	Admit Date/Time: Point of Origin:	: 02/23/2025 1439 Home/workplace/no n-health Care Facility	IP Adm. Date/Time: Admit Category:	
Means of Arrival: Transfer Source:	Self Home Or Residence	Primary Service: Service Area:		Secondary Service: Unit:	N/A UW Health SwedishAmerican Hospital Emergency Department
Admit Provider:		Attending Provide	er: Kelly A Klocek, DO	Referring Provider:	Ralph W Everson, MD
ED Disposition					
ED Disposition <b>Discharge</b>	P	Kelly A Klocek,	Date/Time Comm Sun Feb 23, 2025 6:19 PM	ent	
Discharge Information	1				
Date/Time: 02/23/20	025 1824	Disposition: Disch	harged To Home Or Self	Destination: Home	
Provider: Kelly A Kl	ocek, DO	Unit: UW Health	SwedishAmerican Hospital	Emergency Departme	nt
Follow-up Information	1				
Follow up With	Specialties	Details	Why	Co	ntact Info
Ralph W Everson, N	MD Family Medicine	e	•		24 NEWBURG RD

## **Treatment Team**

Provider	Service	Role	<b>Provider Team</b>	Specialty	From	То
Kelly A Klocek,	_	Attending	_	Emergency	02/23/25 1545	02/23/25 1824
DO				Medicine		

Rockford IL 61108 779-696-7610

02/23/2025 - ED in UW Health SwedishAmericar	Hospital Emergency Department (continued)

Treatment Team (continued)

Baja Beqiri, RN	<del>_</del>	Nurse	_	Nursing	02/23/25 1621	02/23/25 1824
Christina R Powell, APRN	_	I-Team NP	_	Nurse Practitioner	02/23/25 1438	02/23/25 1824

## Primary Care/Referring Provider as of Encounter Date

PCF	P		
	Name	Туре	Specialty

Ralph W Everson, MD Physician Family Medicine Address: 6824 NEWBURG RD ROCKFORD IL 61108 Phone: 779-696-7610

Fax: 815-394-7491

**Referring Provider** 

Name Specialty Type Ralph W Everson, MD Physician Family Medicine

Address: 6824 NEWBURG RD ROCKFORD IL 61108 Phone: 779-696-7610

Fax: 815-394-7491

### **Events**

#### ED Arrival at 2/23/2025 1438

Unit: UW Health SwedishAmerican Hospital Emergency Department

#### Admission at 2/23/2025 1439

Unit: UW Health SwedishAmerican Hospital Room: INT1 Bed: I-01

**Emergency Department** 

Service: EMERGENCY MEDICINE Patient class: Emergency

## ED Roomed at 2/23/2025 1439

Unit: UW Health SwedishAmerican Hospital Bed: I-01 Room: INT1

**Emergency Department** Service: EMERGENCY MEDICINE Patient class: Emergency

#### Transfer In at 2/23/2025 1445

Unit: UW Health SwedishAmerican Hospital Room: TRG/WAIT Bed: TRG/WAIT

**Emergency Department** 

Patient class: Emergency Service: EMERGENCY MEDICINE

#### ED Transfer at 2/23/2025 1445

Unit: UW Health SwedishAmerican Hospital Bed: TRG/WAIT Room: TRG/WAIT

**Emergency Department** 

Service: EMERGENCY MEDICINE Patient class: Emergency

## Transfer In at 2/23/2025 1500

Unit: UW Health SwedishAmerican Hospital Room: R10 Bed: 10

**Emergency Department** 

Patient class: Emergency Service: EMERGENCY MEDICINE

#### ED Transfer at 2/23/2025 1500

Room: R10 Unit: UW Health SwedishAmerican Hospital Bed: 10

**Emergency Department** 

Patient class: Emergency Service: EMERGENCY MEDICINE

# Discharge at 2/23/2025 1824

#### **Events (continued)**

Unit: UW Health SwedishAmerican Hospital Room: R10

Room: R10

Bed: 10

Bed: 10

**Emergency Department** 

Patient class: Emergency Service: EMERGENCY MEDICINE

Discharge at 2/23/2025 1824

Unit: UW Health SwedishAmerican Hospital

**Emergency Department** 

Patient class: Emergency Service: EMERGENCY MEDICINE

#### **Encounter Vitals**

Date/Time	Temp	Pulse	Resp	ВР	SpO2	Weight	Who
02/23/25 1800	_	65	_	_	94 %	_	BB
02/23/25 1700	_	69	18	_	94 %	_	BB
02/23/25 1600	_	82	16	_	92 %	_	BB
02/23/25 1445	98 °F (36.7 °C)	90	18	149/75	96 %	258 lb 9.6 oz (117.3 kg)	AM

#### **Medication List**

#### **Medication List**

 $\hbox{ t @}$  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**

## Cyclobenzaprine HCI 5 MG tab

Instructions: Take 1-2 tabs by mouth 3 times daily as needed. Purpose: MUSCLE SPASM Authorized by: Kelly A Klocek, DO Ordered on: 2/23/2025 Start date: 2/23/2025 Quantity: 25 tab

Refill: No refills remaining

#### hydrOXYzine HCI 25 MG tab

Instructions: Take 1 tab by mouth every 6 hours as needed. Purpose: ANXIETY

Ordered on: 2/23/2025 Authorized by: Kelly A Klocek, DO Start date: 2/23/2025 Quantity: 25 tab

Refill: No refills remaining

## Stopped in Visit

None

### **ED Provider Note**

# ED Provider Notes by Kelly A Klocek, DO at 2/23/2025 1814

Author: Kelly A Klocek, DO Service: Emergency Medicine Author Type: Physician Filed: 02/23/25 1821 Date of Service: 02/23/25 1814 Creation Time: 02/23/25 1814

Status: Signed Editor: Kelly A Klocek, DO (Physician)

Patient Name: Santhi Sawangsri Patient Age: 60 year old Date of Service: 2/23/2025

#### **ED Provider Note (continued)**

**Chief Complaint** 

Patient presents with

Shoulder Problem

L

60 year old male presents to the ED complaining of left shoulder pain since being in a car accident 1 week ago. Patient states that he was the restrained driver of a car that was hit by a noted car that ran a stop sign. States that his a was restrained but the airbag did not deploy. Complains of left shoulder pain that worsens with range of motion since then, denies shortness of breath, denies chest pain, denies numbness, tingling or weakness. Does have a history of an MI. patient states that since that accident he has been having a lot of anxiety and would also like to know if he get anything for anxiety.

Past Medical History:

Diagnosis

• Allergic rhinitis, cause unspecified

Date

12/14/2004

 Migraine, unspecified, without mention of intractable migraine without mention of status migrainosus

Otalgia, unspecified
 12/14/2004

- · Other and unspecified hyperlipidemia
- Tarsal tunnel syndrome
- Unspecified sleep apnea CPAP

History reviewed. No pertinent surgical history.

## No Known Allergies

**Family History** 

Problem	Relation	Age of Onset
<ul> <li>CHD/CAD/MI</li> </ul>	Mother	
<ul> <li>Hypertension</li> </ul>	Mother	
Arthritis	Mother	

#### **Social History**

Coolar Hotory			
Socioeconomic History			
<ul> <li>Marital status:     Spouse name:</li> <li>Number of children:</li> <li>Years of education:</li> <li>Highest education level:     Occupational History</li> </ul>	Married Not on file Not on file Not on file Not on file		
Not on file			
Tobacco Use			
<ul><li>Smoking status:</li><li>Smokeless tobacco:</li></ul>	Never Never		
Substance and Sexual Activity			
Alcohol use:	Yes		

#### **ED Provider Note (continued)**

Drug use: No

• Sexual activity: Not on file
Other Topics Concern

Not on file

Social History Narrative

Not on file

Review of Systems
Constitutional: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.

Musculoskeletal: Left shoulder pain

Psychiatric/Behavioral: The patient is nervous/anxious.

#### Filed Vitals:

	02/23/25 1445	02/23/25 1600	02/23/25 1700	02/23/25 1800
BP:	149/75			
Pulse:	90	82	69	65
HrtRate:		83 bpm	69 bpm	66 bpm
Temp:	98 °F (36.7 °C)	·	·	·
TempSrc:	Oral			
Resp:	18	16	18	
Height:	1.753 m (5' 9")			
Weight:	117.3 kg (258 lb 9.6			
-	oz)			
SpO2:	96%	92%	94%	94%

## Physical Exam

General: Patient is awake and alert, no acute distress.

Head: Head is atraumatic and normocephalic.

Eyes: Pupils are equal, round, reactive to light, extraocular movements are intact.

Mouth: Oral mucosa is moist, tongue is midline. Neck: Full range of motion, trachea midline.

Heart: Heart is regular rate and rhythm, no murmurs, gallops or rubs.

Lungs: Clear to auscultation bilaterally without wheezes, rales, or rhonchi.

Abdomen: Abdomen is soft, nontender, nondistended, no guarding, rigidity or rebounding. Bowel sounds are present in all 4 quadrants.

Extremities: Moves all 4 extremities spontaneously with 5/5 muscle strength in all 4 extremities. No edema, radial and dorsalis pedis pulses 2+ bilaterally. Is able to fully elevate the left arm at the shoulder, cannot fully internally rotated, no difficulty with external rotation. Does have some tenderness to palpation anteriorly along the left glenohumeral joint as well as along the cervical portion of the trapezius. Biceps tendon DTR 2+ on the left.

Skin: Skin is warm and dry. No cyanosis. No rashes noted.

Psychiatric: Normal mood, normal affect.

Neuro: Oriented to person, place and time, moves all 4 extremities spontaneously, sensation intact.

# **ED Provider Note (continued)**

Labs with values returned at the time of this note:

Results for orders placed or performed during the hospital encounter of 02/23/25

TROPONIN

Specimen: Blood

 Result
 Value
 Ref Range

 Troponin I
 <0.01</td>
 0.00 - 0.03 ng/mL

X-RAY SHOULDER >= 2 VIEWS LEFT

Final Result IMPRESSION:

- 1. No acute osseous abnormality.
- 2. Degenerative changes of the left shoulder.
- 3. Findings suggestive of calcific tendinopathy.

## **Procedures**

# Medical Decision Making

ED Course as of 02/23/25 1821

Kelly A Klocek's Documentation

Sun Feb 23, 2025

EKG shows sinus rhythm rate of 89, normal axis, normal intervals, no ST segment elevations or depressions, T-wave inversions isolated to lead 3 per my interpretation.

EKG is nonischemic, troponin is negative after 1 week of pain, shoulder x-ray does not show any fracture dislocation but does show arthritis, examination is consistent with shoulder strain. Discussed stretching exercises, muscle relaxers and possible referral to PT through his primary care physician. No indication for CT scan at this time. Also discussed using over-the-counter

## **ED Provider Note (continued)**

pain medications.

Patient agreeable to this plan but concerned about his anxiety, states he would like to have something to sleep because of his anxiety, discussed that the best medications are actually some of the SSRIs that have to be prescribed through psychiatry or his primary but that we will happily start hydroxyzine from the emergency department to use for episodic anxiety and as a sleep aid. No suicidal homicidal ideation, no intrusive thoughts, discharged home.

## Impression:

- 1. Strain of left shoulder, initial encounter
- 2. Motor vehicle accident victim, initial encounter
- Anxiety

Electronically signed by Kelly A Klocek, DO at 02/23/25 1821

#### **ED Notes**

### ED Notes by Baja Beqiri, RN at 2/23/2025 1824

Author: Baja Beqiri, RN
Service: Emergency Medicine
Filed: 02/23/25 1824
Date of Service: 02/23/25 1824
Creation Time: 02/23/25 1824

Status: Signed Editor: Baja Beqiri, RN (Registered Nurse)

Discussed with the patient and all questions fully answered. Patient will call the Emergency Department if any problem arises. This RN educated patient on D/C papers and follow up with PCP. Patient's speech clear, steady gait, no concerns at this time.

Electronically signed by Baja Begiri, RN at 02/23/25 1824

## ED Notes by Baja Beqiri, RN at 2/23/2025 1733

Author: Baja Beqiri, RN Service: Emergency Medicine Author Type: Registered Nurse Filed: 02/23/25 1733 Date of Service: 02/23/25 1733 Creation Time: 02/23/25 1733

Status: Signed Editor: Baja Begiri, RN (Registered Nurse)

Patient resting on cart, answering questions appropriately, respirations even and unlabored, no distress noted at this time, updated on POC, denies further needs at this time, bed in lowest position and call light in reach

Electronically signed by Baja Beqiri, RN at 02/23/25 1733

#### ED Triage Notes by Abigail R Beck, RN at 2/23/2025 1440

Author: Abigail R Beck, RN Service: Emergency Medicine Filed: 02/23/25 1441 Service: 02/23/25 1440 Author Type: Registered Nurse Creation Time: 02/23/25 1440

Status: Signed Editor: Abigail R Beck, RN (Registered Nurse)

Sawangsri, Santhi (MR # 53399156) DOB: 10/02/1964 Printed by [VXH954] at 6/11/2025 8:15 AM

#### **ED Notes (continued)**

## **ED RN Triage Note**

Patient arrives with a chief complaint of L shoulder pain and reports from a car accident 2 weeks ago. Only hurts with movement.

Patient is accompanied by self

Electronically signed by Abigail R Beck, RN at 02/23/25 1441

#### ED I-Team Notes by Christina R Powell, APRN at 2/23/2025 1440

Author: Christina R Powell, APRN Service: Emergency Medicine Author Type: Nurse Practitioner Filed: 02/23/25 1441 Date of Service: 02/23/25 1440 Creation Time: 02/23/25 1440

Status: Signed Editor: Christina R Powell, APRN (Nurse Practitioner)

# **I-Team Note**

CC: No chief complaint on file.

Vitals: There were no vitals taken for this visit.

Medications and allergies reviewed.

Brief physical exam: reproducible pain NVI good rom

I-Team Evaluation: two week hx of left shoulder pain s/p mvc no cp

Disposition: Needs ED Treatment Room

Christina R Powell, APRN, 2/23/2025, 2:40 PM.

Electronically signed by Christina R Powell, APRN at 02/23/25 1441

## **ED Care Timeline**

#### Patient Care Timeline (2/23/2025 14:38 to 2/23/2025 18:24)

2/23/2025	Event	Details	User
14:38	Patient arrived in ED		Kevin Connaghan, Coordinator
14:38:39	Emergency encounter created		Kevin Connaghan, Coordinator
14:38:39	Patient Expected in ED		Kevin Connaghan, Coordinator
14:38:50	Arrived at SAH ED		Kevin Connaghan, Coordinator
14:38:50	Suicide Screen Due		Kevin Connaghan, Coordinator

	(continued)	ealth SwedishAmerican Hospital Emergency Department (co	
	<u> </u>		
14:38:50	Arrival Complaint	Shoulder pain	
14:38:56	Seen by I-Team Provider	Christina R Powell, APRN assigned as I-Team NP	Christina R Powell, APRN
14:39	Scoring and Predictive Modeling	Charlson Comorbidity Index Score Charlson Comorbidity Index Score: 90.15	Auto Action
14:39	Patient roomed in ED	To room INT1	Isabelle Demin ED Tech
14:39	Pt Roomed in I- Team		Isabelle Demin ED Tech
14:39:12	Orders Placed	Medications - Morphine Sulfate (PF) injection 4 mg Imaging - X-RAY SHOULDER >= 2 VIEWS LEFT	Christina R Powell, APRN
14:40	ED Intake/Triage Started	Intake/Triage Start Intake/Triage Started: Yes	Abigail R Beck RN
14:40	I-Team	I-Team Patient Destination: Fast Track	Christina R Powell, APRN
14:40:20	EKG Ordered	ECG- 12 LEAD WITHOUT RHYTHM	Christina R Powell, APRN
14:40:20	Orders Placed	EKG/ECG - ECG - 12 Lead	Christina R Powell, APRN
14:40:36	Orders Discontinued	Morphine Sulfate (PF) injection 4 mg	Christina R Powell, APRN
14:40:48	Triage Started		Abigail R Beck RN
14:40:55	Chief Complaint Filed		Abigail R Beck RN
14:40:55	Chief Complaints Updated	Shoulder Problem (L)	Abigail R Beck RN
14:40:56	ED Triage Notes	ED RN Triage Note	Abigail R Beck RN
		Patient arrives with a chief complaint of L shoulder pain and reports from a car accident 2 weeks ago. Only hurts with	
		movement. Patient is accompanied by self	
14:41	ED Pain & PRN Assessment	Pain Assessment - If answer is YES, must complete TYPE OF INTERVENTION(S) ROW Are you currently in pain?: Yes Current Pain Location: Shoulder Left	Abigail R Beck RN
14:41	Intake/Triage Complete	Intake/Triage Complete Intake/Triage Complete: Yes	Abigail R Beck RN
14:41	Adult Sepsis Screen	Sepsis Screening Temp >38.3 C (100.9 F) or < 36 C (96.8 F): No HR > 90 BPM: No Resp >20 (observed): No WBC > 12,000 or < 4000 or > 10% Bands: N/A or Unknown Suspected infection?: No Rigors present?: No	Abigail R Beck RN

02/23/2025 - ED in UW Health SwedishAmerican Hospital Emergency Department (continued)				
are Timeline	(continued)			
14:41	Suicide Screening - Adult	Columbia-Suicide Severity Rating Scale (C-SSRS) In the past month, have you wished you were dead or wished you could go to sleep and not wake up?: No In the past month, have you actually had any thoughts of killing yourself?: No In your lifetime, have you ever done anything, started to do anything, or prepared to do anything to end your life?: No	Abigail R Beck, RN	
14:41	Safety and Security	Safety and Security Assessment Do you feel safe at work and home: Denies Violence; Denies Abuse	Abigail R Beck, RN	
14:41	Custom Formula Data	A: Assess, Prevent, and Manage Pain Are you currently in pain? (read-only): Yes Columbia-Suicide Severity Rating Scale (C-SSRS) C-SSRS Risk (Click FILE or CLOSE to display risk): No Risk Other flowsheet entries Pain Reassessment Completed: Yes Are you currently in pain evaluation: 1 Heart rate evaulation: 1 SAFE-T Assessment Trigger for Brain Work List 2000: 2	Abigail R Beck, RN	
14:41:24	Pain Reassessment Complete		Abigail R Beck, RN	
14:41:26	Allergies Reviewed		Abigail R Beck, RN	
14:41:32	Suicide Screen Complete or Unable to Assess		Abigail R Beck, RN	
14:41:42	Triage Completed		Abigail R Beck, RN	
14:44	EKG Review	EKG Review Has EKG order been placed: Yes EKG Review: No STEMI EKG Reviewed By: Irisha Clark, MD	Alyson McNabb, ED Tech	
14:44	Order Performed	ECG - 12 Lead - ID: MUS3335511		
14:44:53	EKG Complete	(Preliminary result) ECG- 12 LEAD WITHOUT RHYTHM	Interface, Results	
14:44:53	ECG - 12 Lead Completed	ECG - 12 Lead	Interface, Results	
14:45		From room INT1 to room TRG/WAIT	Abigail R Beck, RN	

#### 02/23/2025 - ED in UW Health SwedishAmerican Hospital Emergency Department (continued) **ED Care Timeline (continued)** 14:45 **ED Vitals** Alyson McNabb, ED Main Vitals **ED Tech** Temp: 98 °F (36.7 °C) Temp Source: Oral BP: 149/75 BP Non-Invasive Source: Automated BP Non-Invasive Location: Arm upper right BP Non-Invasive Cuff Size: Adult - Regular BP Patient Position: Sitting MAP Non-Invasive (Calculated): 100 mmHg Pulse: 90 Pulse Source: Device (Pulse Ox / BP Cuff) Resp: 18 SpO2: 96 % O2 Device: Room Air Height: 5' 9" (175.3 cm) Height Method: Stated Actual Weight: 258 lb 9.6 oz (117.3 kg) Weight Method: Scale - standing 14:45 **Encounter Vitals** Alyson McNabb, Other flowsheet entries Dosing/Drip Wt: 258 lb 9.6 oz (117.3 kg) (Auto-filed from Actual Weight) **ED Tech** 14:45 Alvson McNabb. Custom Formula **MEDICAL** BMI (calculated): 38.27 **ED Tech** Data **ED Main Vitals** Restart Vitals Timer: Yes **Height & Weight** Ideal Body Wt x 4 (Calculated): 283 kg Ideal Body Wt x 4 (Calculated): 283 mL Ideal Body Wt x 5 (Calculated): 354 kg Ideal Body Wt x 5 (Calculated): 354 mL Ideal Body Wt x 6 (Calculated): 424 kg Ideal Body Wt x 6 (Calculated): 424 mL Ideal Body Wt x 7 (Calculated): 495 kg Ideal Body Wt x 7 (Calculated): 495 mL Ideal Body Wt x 8 (Calculated): 566 kg Ideal Body Wt x 8 (Calculated): 566 mL MEWS (Modified Early Warning Score) MEWS HR/Pulse: 90 Other flowsheet entries BMI (Calculated): 38.27 Weight (in kg): 117.3 Acutal Weight - Hidden: 4137.59 TV / IBW (Calculated): 70.7 ml / kg % Weight Change from Admission (Calculated): 0 % OH Vitals Non-Lying BP Position Instant (Hidden): 1 BMI (Calculated): 38.27 Ideal Body Wt (Calculated): 70.7 kg Adjusted Body Wt (Calculated): 89.3 kg BMI (Calculated): 38.19 kg/m2 BSA (Calculated): 2.39 m2 Weight Change from Admission (kg) (Calculated): 0 kg Weight Change from Admission (lb) (Calculated): 0 lb File Ideal Body Weight (hidden): 4206.59 File Adjusted Body Weight (hidden): 4137.59 O2 device evaluates to yes for ABCDEF checklist (hidden): 2

XSOLIS Updates

CLS Score: 9 (Device Time: 14:46:21)

CLS Score MAX: 9 (Device Time: 14:46:21)

Interface, Results

14:46:21

14:46:53	Patient Weight Documented	Patient weight documented this visit	Alyson McNabb ED Tech
14:47	AgileMD	eCART Risk Category: Average (Device Time: 14:47:00) Risk Score: 60 (Device Time: 14:47:00)	Interface, Result
14:47:20	Rad Sent	X-RAY SHOULDER >= 2 VIEWS LEFT	Savannah Abraytis, Imagin Spec
14:48:05	EKG Review - No STEMI		Alyson McNabb ED Tech
14:50	AgileMD	eCART Risk Category: Average (Device Time: 14:50:00) Risk Score: 60 (Device Time: 14:50:00)	Interface, Result
14:57	AgileMD	eCART Risk Category: Average (Device Time: 14:57:00) Risk Score: 60 (Device Time: 14:57:00)	Interface, Resul
14:57	Acuity	Other flowsheet entries Patient Acuity: 4	Abigail R Beck, RN
15:00	AgileMD	eCART Risk Category: Average (Device Time: 15:00:00) Risk Score: 60 (Device Time: 15:00:00)	Interface, Resul
15:00	Patient transferred	From room TRG/WAIT to room R10	Abigail R Beck, RN
15:00:10	Falls Screen Due		Abigail R Beck, RN
15:00:10	Patient Roomed (Initial Treatment Room)		Abigail R Beck, RN
15:01	AgileMD	eCART Risk Category: Average (Device Time: 15:01:00) Risk Score: 60 (Device Time: 15:01:00)	Interface, Result
15:04	AgileMD	eCART Risk Category: Average (Device Time: 15:04:00) Risk Score: 60 (Device Time: 15:04:00)	Interface, Result
15:08:05	Orders Acknowledged	New - X-RAY SHOULDER >= 2 VIEWS LEFT	Baja Beqiri, RN
15:08:06	Orders Acknowledged	New - ECG - 12 Lead	Baja Beqiri, RN
15:08:07	Orders Acknowledged	New - Morphine Sulfate (PF) injection 4 mg Discontinued - Morphine Sulfate (PF) injection 4 mg	Baja Beqiri, RN
15:12	AgileMD	eCART Risk Category: Average (Device Time: 15:12:00) Risk Score: 60 (Device Time: 15:12:00)	Interface, Result
15:13:55	Rad Returned	X-RAY SHOULDER >= 2 VIEWS LEFT	Savannah Abraytis, Imagin Spec
15:15	AgileMD	eCART Risk Category: Average (Device Time: 15:15:00) Risk Score: 60 (Device Time: 15:15:00)	Interface, Result

=D Care	l imeline	(continued)	

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15:18:57	Order Performed	X-RAY SHOULDER >= 2 VIEWS LEFT - ID: SAHS30135016	
15:19:01	Registration Completed		Kimberly B Pirrello
15:19:36	X-RAY SHOULDER >= 2 VIEWS LEFT Resulted	Collected: 2/23/2025 15:18 Last updated: 2/23/2025 15:25 Status: Final result	Christopher Chan, MD
15:20	AgileMD	eCART Risk Category: Average (Device Time: 15:20:00) Risk Score: 60 (Device Time: 15:20:00)	Interface, Results
15:24	AgileMD	eCART Risk Category: Average (Device Time: 15:24:00) Risk Score: 60 (Device Time: 15:24:00)	Interface, Results
15:35:50	Orders Placed	Lab - TROPONIN	Jessica L Oslund, APRN
15:39	Specimens Collected	TROPONIN - ID: 25SAH-054C00556 Type: Blood	Matilyn Hart
15:44:15	Print Label for TROPONIN Completed	TROPONIN - Type: Blood ; Source: Blood	Amber Watson
15:45:59		Kelly A Klocek, DO assigned as Attending	Kelly A Klocek, DO
15:45:59	First Provider Contact	First Provider Contact APP or MD	Kelly A Klocek, DO
15:46	AgileMD	eCART Risk Category: Average (Device Time: 15:46:00) Risk Score: 60 (Device Time: 15:46:00)	Interface, Results
15:48	AgileMD	eCART Risk Category: Average (Device Time: 15:48:00) Risk Score: 60 (Device Time: 15:48:00)	Interface, Results
16:00	ED Vitals	ED Main Vitals Pulse: 82 (Device Time: 16:00:00) HR: 83 bpm (Device Time: 16:00:00) Resp: 16 SpO2: 92 % (Device Time: 16:00:00) O2 Device: Room Air	Baja Beqiri, RN
16:00	Custom Formula Data	ED Main Vitals Restart Vitals Timer: Yes MEWS (Modified Early Warning Score) MEWS HR/Pulse: 83 Other flowsheet entries O2 device evaluates to yes for ABCDEF checklist (hidden): 2 Heart rate evaulation: 1	Baja Beqiri, RN
16:06	AgileMD	eCART Risk Category: Average (Device Time: 16:06:00) Risk Score: 86 (Device Time: 16:06:00)	Interface, Results
16:06	Orders Acknowledged	New - TROPONIN	Baja Beqiri, RN
16:15:46	XSOLIS Updates	UM Updates CLS Score: 16 (Device Time: 16:15:46) CLS Score MAX: 16 (Device Time: 16:15:46)	Interface, Results

	Assign Nurse	Baja Beqiri, RN assigned as Nurse	Baja Beqiri, RN
16:29:15	TROPONIN Resulted	Collected: 2/23/2025 15:39 Last updated: 2/23/2025 16:29 Status: Final result Troponin I: <0.01 ng/mL [Ref Range: 0.00 - 0.03] (0.03 ng/mL or less Negative; repeat testing if clinically indicated	Interface, Results
		0.04-0.29 ng/mL Suspicious for myocardial injury; serial measurements may be necessary to confirm or exclude the diagnosis of acute coronary syndrome	
		0.30 ng/mL or greater Consistent with myocardial injury)	
16:37	*ED	Neurocognition	Baja Beqiri, RN
	Neurology/Pulmon	Neurocognition (Adult): Within Defined Limits	
	ary/Cardiac	Respiratory Function	
		Respiratory Function (Adult): Within Defined Limits  Cardiac Function	
		Cardiac Function (Adult): Within Defined Limits	
16:37	ED Musculoskeletal	Musculoskeletal	Baja Beqiri, RN
	WDL	Musculoskeletal: (Reports left sided shoulder pain. Symptoms x2 days, states recent mvc, no neck pain or LOC)	
17:00	ED Vitals	ED Main Vitals	Baja Beqiri, RN
		Pulse: 69 (Device Time: 17:00:00)	
		HR: 69 bpm (Device Time: 17:00:00)	
		Resp: 18 SpO2: 94 %	
		O2 Device: Room Air	
17:00	Custom Formula	ED Main Vitals	Baja Beqiri, RN
	Data	Restart Vitals Timer: Yes  MEWS (Modified Early Warning Score)	
		MEWS HR/Pulse: 69 Other flowsheet entries	
		O2 device evaluates to yes for ABCDEF checklist (hidden): 2	
		Heart rate evaulation: 1	
17:12	AgileMD	eCART	Interface, Result
		Risk Category: Average (Device Time: 17:12:00) Risk Score: 83 (Device Time: 17:12:00)	
17:12	Medication Omitted	Morphine Sulfate (PF) injection 4 mg - Dose: 4 mg; Route: Intravenous;	Baja Beqiri, RN
		Reason: MD order to discontinue; Scheduled Time: 1440	
17:14	ED Intake/Triage	ID Band and Admission Source	Baja Beqiri, RN
	Plan	ID band verified and placed?: Yes Where did the patient present to the ED from?: Self referral	
		Do you have unexplained, new onset of fever (>=100 F) or chills, cough,	
		shortness of breath or difficulty breathing, loss of taste/smell, sore throat,	
		congestion, or runny nose?: No	
		Patient Acuity	
		Is this patient in jail?: No	
		Is this an injury?: No	
		Is there an arm or leg that we should not use for medical reasons like BP, IV's or lab draws?: No	
		Power of Attorney - Legal Guardian - DNR	
		Is this a patient with a legal guardian or an activated Power of Attorney for	
		Healthcare?: No	
		Is the patient wearing an out-of-hospital DNR bracelet?: No	

17:14	Full Intake/Triage Complete	Full Intake/Triage Complete Full Intake/Triage Complete: Yes	Baja Beqiri, RN
17:14:13	History Reviewed	Sections Reviewed: Medical, Surgical, Alcohol, Tobacco, Custom, Drug Use, Sexual Activity	Baja Beqiri, RN
17:14:17	Home Medications Reviewed		Baja Beqiri, RN
17:14:41	Injury Status Selected		Baja Beqiri, RN
17:14:45	Full Triage Completed		Baja Beqiri, RN
17:15	UWED FALLS SCREENING	Fall Screening - consider making patient a High Fall Risk based on answers to these questions  How many times have you fallen in the past 6 months?: 0 Do you use any of the following to assist with mobility?: None Used Does the patient have or exhibit signs of the following?: None  Hendrich II Fall Risk Model (Assess Daily, upon Admission, Transfer, Following a Fall and Change of Condition)  Confusion/Disorientation/Impulsivity: No Symptomatic Depression: No Altered Elimination: No Dizziness/Vertigo: No Gender (Male) (Calculated): 1 Get-up-and-go Test: "Rising from Chair": Able to rise in a single movement without use of hands ED/Surgical Services ONLY: Any Administered Antiepileptics (Anticonvulsants) within the last 48 hours: No ED/Surgical Services ONLY: Any Administered Benzodiazepines within the last 48 hours: No ED/Surgical Services ONLY: Hendrich II Total Score (Calculated): 1 Confirm Fall Risk Status: Standard Falls Precautions Injurious Fall Risk Factors: None	Baja Beqiri, RN
17:15	Encounter Vitals	Fall Risk Confirmation Hendrich II Score Recorded (hidden): 1 ((Auto-filed))	Baja Beqiri, RN
17:15	Custom Formula Data	Hendrich II Fall Risk Model (Assess Daily, upon Admission, Transfer, Following a Fall and Change of Condition) Hendrich II Total Score (Calculated): 1 Antiepileptics (anticonvulsants) given in the last 48 hours? (Calculated) - Retired: 0 Benzodiazepines given in last 48 hours? (Calculated) - Retired: 0 Antiepileptics (anticonvulsants) given in the last 48 hours? (Calculated): 0 Benzodiazepines given in last 48 hours? (Calculated): 0 Other flowsheet entries Falls Screen Documentation Completed: Yes	Baja Beqiri, RN
17:15:22	Falls Screen Complete		Baja Beqiri, RN
17:20:50	XSOLIS Updates	UM Updates CLS Score: 9 (Device Time: 17:20:50) CLS Score MAX: 9 (Device Time: 17:20:50)	Interface, Resu
17:33:29	ED Notes	Patient resting on cart, answering questions appropriately, respirations even and unlabored, no distress noted at this time, updated on POC, denies further needs at this time, bed in lowest position and call light in reach	Baja Beqiri, RN

ED Care Timeline (continued)
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18:00	ED Vitals	ED Main Vitals Pulse: 65 (Device Time: 18:00:00) HR: 66 bpm (Device Time: 18:00:00) SpO2: 94 % O2 Device: Room Air	Baja Beqiri, RN
18:00	Custom Formula Data	ED Main Vitals Restart Vitals Timer: Yes MEWS (Modified Early Warning Score) MEWS HR/Pulse: 66 Other flowsheet entries O2 device evaluates to yes for ABCDEF checklist (hidden): 2 Heart rate evaulation: 1	Baja Beqiri, RN
18:09	AgileMD	eCART Risk Category: Average (Device Time: 18:09:00) Risk Score: 83 (Device Time: 18:09:00)	Interface, Results
18:19:03	Ready for Discharge	ED Disposition set to Discharge.	Kelly A Klocek, DO
18:20	AgileMD	eCART Risk Category: Average (Device Time: 18:20:00) Risk Score: 83 (Device Time: 18:20:00)	Interface, Results
18:20:15	Discharge Orders Placed	Medications - Cyclobenzaprine HCl 5 MG tab; hydrOXYzine HCl 25 MG tab	Kelly A Klocek, DO
18:21	ED Discharge or Admission Information	Discharge Instructions (Do not complete if patient being admitted) Discharge Instructions Given By:: Provider; RN; Written Discharge Instruction Given To:: Patient Mode of Transport Discussed: Yes Complexity of Discharge Instructions and Patient Teaching: Minimal Verbalizes Understanding of Discharge Instructions: Patient Did the patient receive their prescriptions?: Yes, e-prescribe (ED ONLY) Education related to alcohol consumption provided? (Answer only if AUDIT-C Score is >= 3): No Required Discharge Info Is the patient from a long term care facility (including Assisted Living)?: No Does this patient require hospital arranged transportation?: No Condition Upon Discharge or Admit Upon Discharge or Admit Patient Escorted by: Self Patient Discharged or Admitted via: Walked Patient Admitted or Transferred on Monitor?: No Patient Discharged or Admitted on O2?: No	Baja Beqiri, RN
18:21:15	Patient Ready to Go		Kelly A Klocek, DO
18:21:21	ED Provider Notes	Note filed at this time	Kelly A Klocek, DO
18:21:36	SAH Disposition Row Completed		Baja Beqiri, RN
18:21:41	Chart Completer Completed		Baja Beqiri, RN

#### 02/23/2025 - ED in UW Health SwedishAmerican Hospital Emergency Department (continued) **ED Care Timeline (continued)** 18:22 **Patient Property Patient Property Policy** Baja Beqiri, RN Was belongings/valuables scripting read to the patient or primary support? (Include name and relationship in comments): Yes - Patient **Belongings** Belongings at Bedside: Clothing; Outerwear; Footwear Belongings Secured: None Belongings Sent Home: None Belongings Disposed Of: None **Non-Essential Valuables** Non-Essential Valuables at Bedside: None Non-Essential Valuables Secured: None Non-Essential Valuables Sent Home: None **Essential Valuables** Essential Valuables at Bedside: None Essential Valuables Secured: None Essential Valuables Sent Home: None **Patient Medications** Use of a patient's own medication in the hospital should be limited to only certain situations. Did you bring any medications from home for the patient?: Nο Verification in ED Patient Property List Completed in ED: Yes Verification on Discharge Patient Property List Verified at Discharge: No property (RETIRED) Patient Medications Use of a patient's own medication in the hospital should be limited to only certain situations. Did you bring any medications from home for the patient?: No (RETIRED) Verification in ED Patient Property List Completed in ED: Yes (RETIRED) Verification on Admission Was belongings/valuables scripting read to the patient or primary support? (Include name and relationship in comments): Yes - Patient (RETIRED) Verification on Discharge Patient Property List Verified at Discharge: No property 18:22:29 **AVS Printed ED After Visit Summary** Baja Begiri, RN 18:24 **AgileMD eCART** Interface, Results Risk Category: Average (Device Time: 18:24:00) Risk Score: 83 (Device Time: 18:24:00) 18:24 Other flowsheet entries Auto Action Discharge Status LACE+ Score: 32 18:24 Auto Action Scoring and **Charlson Comorbidity Index Score** Charlson Comorbidity Index Score: 90.15 **Predictive** Modeling 18:24:10 **ED Notes** Baja Beqiri, RN Discussed with the patient and all questions fully answered. Patient will call the Emergency Department if any problem arises. This RN educated patient on D/C papers and follow up with PCP. Patient's speech clear, steady gait, no concerns at this time. 18:24:33 Patient discharged Baja Beqiri, RN

Christina R Powell, APRN removed as I-Team NP

18:24:33

**Team Member** 

Removed

Baja Begiri, RN

#### **ED Care Timeline (continued)**

18:24:33	Remove Nurse	Baja Beqiri, RN removed as Nurse	Baja Beqiri, RN
18:24:33	Remove Attending	Kelly A Klocek, DO removed as Attending	Baja Beqiri, RN
18:24:33	End Facility LOS Calculator Point Accumulation		Baja Beqiri, RN

## **Clinical Notes**

#### **Discharge Instructions**

#### Kelly A Klocek, DO at 2/23/2025 1821

Author: Kelly A Klocek, DO Service: — Author Type: Physician
Filed: 02/23/25 1821 Date of Service: 02/23/25 1821 Creation Time: 02/23/25 1821

Status: Written Editor: Kelly A Klocek, DO (Physician)

You may take ibuprofen 800 mg every 8 hours as needed for pain. You may also use acetaminophen 650 mg every 6 hours as needed for pain, do not exceed 4 g in a 24 hour period.

You may take the hydroxyzine 1 tablet every 6 hours as needed for anxiety or for sleep. You may take the cyclobenzaprine 1 to 2 tablets every 8 hours as needed for pain and muscle spasm. Please do the stretches that I have included. Please follow-up with your primary care physician to further discuss your anxiety and your shoulder pain if it does not get better.

Electronically signed by Kelly A Klocek, DO at 02/23/25 1821

#### Labs

#### TROPONIN [308795505] (Final result)

Electronically signed by: Jessica L Oslund, APRN on 02/23/25 1535

Ordering user: Jessica L Oslund, APRN 02/23/25 1535 Ordering provider: Jessica L Oslund, APRN

Authorized by: Jessica L Oslund, APRN
Frequency: STAT STAT 02/23/25 1545 - 1 occurrence
Quantity: 1

Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Instance released by: Jessica L Oslund, APRN (auto-released) 2/23/2025 3:35 PM

## Questionnaire

Question	Answer
REFLEX TROPONIN AFTER RESULTED	No
Release to patient	Immediate

#### **Specimen Information**

ID	Туре	Draw Type	Source	Collected By	
25SAH-	Blood	Venipuncture	Blood	Matilyn Hart 02/23/25 1539	
054C00556					

#### TROPONIN [308795505] (Normal)

Ordering provider: Jessica L Oslund, APRN 02/23/25 1535

Filed by: Interface, Results 02/23/25 1629

Resulting lab: SAH SWEDISHAMERICAN HOSPITAL

LABORATORY

Acknowledged by: Kelly A Klocek, DO on 03/05/25 0047

Resulted: 02/23/25 1629, Result status: Final result

Order status: Completed
Collected by: Matilyn Hart 02/23/25 1539

CLIA number: 14D0044064

CEIA Hamber. 14004400-

Status: Completed

#### Labs (continued)

## Components

Component	Value	Reference Range Flag	Lab
Troponin I	<0.01	0.00 - 0.03 ng/mL —	SAH ML

Comment:

0.03 ng/mL or less... Negative; repeat testing if clinically indicated

0.04-0.29 ng/mL... Suspicious for myocardial injury; serial measurements may be necessary to confirm or exclude the diagnosis of acute coronary syndrome

0.30 ng/mL or greater... Consistent with myocardial injury

## **Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1100001 - SAH ML	SAH SWEDISHAMERICA N HOSPITAL LABORATORY	Sara E Fleming, MD	1401 East State St Rockford IL 61104	03/19/21 0022 - Present

#### **All Reviewers List**

Kelly A Klocek, DO on 3/5/2025 00:47

#### MyChart Release Info

Report Date and Time	Status	Visible to Patient	Patient Viewed
2/23/2025 4:29 PM	Final result	No	No

## 



X Not seen

# **Imaging**

## **EKG/ECG**

## ECG - 12 Lead [308795503] (Final result)

Electronically signed by: Christina R Powell, APRN on 02/23/25 1440

Ordering provider: Christina R Powell, APRN

Ordering user: Christina R Powell, APRN 02/23/25 1440

Ordering mode: Standard

Authorized by: Christina R Powell, APRN

Class: Inpatient

Frequency: STAT Once 02/23/25 1445 - 1 occurrence

Lab status: Final result

Quantity: 1

Instance released by: Christina R Powell, APRN (auto-released) 2/23/2025 2:40 PM

#### Questionnaire

Question	Answer
Reason for exam	Chest Pain
Release to patient	Immediate

Scan on 2/24/2025 0906 by Batch Process Onbase (below)

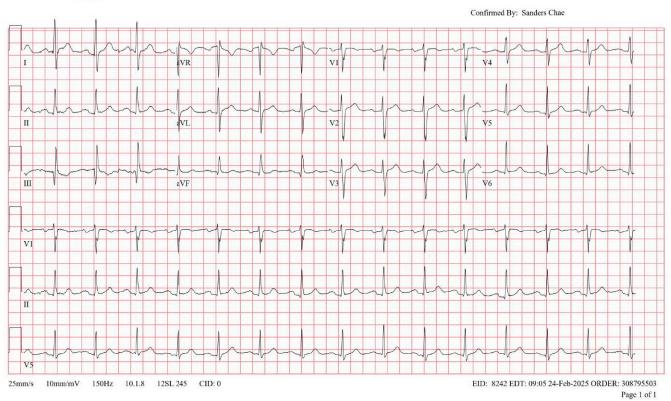
Status: Completed

#### Imaging (continued)

SAWANGSRI, SANTHI ID:53399156 23-Feb-2025 14:44:18 UW HEART AND VASCULAR CARE-351 ROUTINE RECORD 02-Oct-1964 (60 yr) Vent. rate PR interval PR interval 196 ms Normal ECG

| Normal | 190 | ms | Norm





## ECG - 12 Lead [308795503]

Ordering provider: Christina R Powell, APRN 02/23/25 1440 Order status: Completed

Filed by: Interface, Results 02/24/25 0905 Accession number: MUS3335511

Resulting lab: UWHC MUSE

Narrative:

\*\*FINAL RESULT\*\*

Test Reason:

Blood Pressure: \*/\* mmHG

Vent. Rate: 89 BPM Atrial Rate: 89 BPM P-R Int: 196 ms QRS Dur: 108 ms

QT Int: 358 ms P-R-T Axes: 33 60 19 degrees

QTc Int: 435 ms

Normal sinus rhythm

Normal ECG

When compared with ECG of 11-OCT-2010 15:28, No significant change was found since previous tracing Confirmed by Chae, Sanders (8242) on 2/24/2025 9:05:33 AM

Referred By: Confirmed By: Sanders Chae

Resulted: 02/24/25 0905, Result status: Final result

#### Imaging (continued)

Acknowledged by: Kelly A Klocek, DO on 03/05/25 0047

#### **Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - Unknown	UWHC MUSE	Unknown	Unknown	04/02/08 1212 - Present

Order status: Completed

Accession number: MUS3335511

Resulted: 02/24/25 0636, Result status: Preliminary

ECG - 12 Lead [308795503]

Ordering provider: Christina R Powell, APRN 02/23/25 1440

Filed by: Interface, Results 02/24/25 0637

Resulting lab: UWHC MUSE

Narrative:

\*\*PRELIMINARY RESULT\*\*

Test Reason:

Blood Pressure: \*/\* mmHG

Vent. Rate: 89 BPM Atrial Rate: 89 BPM P-R Int: 196 ms QRS Dur: 108 ms

QTc Int: 435 ms

Normal sinus rhythm

Normal ECG

When compared with ECG of 11-OCT-2010 15:28, No significant change was found since previous tracing

Referred By: Confirmed By:

### Reviewed by

Kelly A Klocek, DO on 03/05/25 0047

## **Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - Unknown	UWHC MUSE	Unknown	Unknown	04/02/08 1212 - Present

Order status: Completed

Accession number: MUS3335511

Resulted: 02/23/25 1444, Result status: Preliminary result

ECG - 12 Lead [308795503]

Ordering provider: Christina R Powell, APRN 02/23/25 1440

Filed by: Interface, Results 02/23/25 1444

Resulting lab: UWHC MUSE

Narrative:

\*\*PRELIMINARY RESULT\*\*

Test Reason:

Blood Pressure: \*/\* mmHG

Vent. Rate: 89 BPM Atrial Rate: 89 BPM P-R Int: 196 ms QRS Dur: 108 ms

QTc Int: 435 ms

Normal sinus rhythm

Normal ECG

When compared with ECG of 11-OCT-2010 15:28, No significant change was found since previous tracing

Referred By: Confirmed By:

Sawangsri, Santhi (MR # 53399156) DOB: 10/02/1964 Printed by [VXH954] at 6/11/2025 8:15 AM

#### Imaging (continued)

### Reviewed by

Kelly A Klocek, DO on 03/05/25 0047

## **Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
51 - Unknown	UWHC MUSE	Unknown	Unknown	04/02/08 1212 - Present

#### **All Reviewers List**

Kelly A Klocek, DO on 3/5/2025 00:47

#### **Imaging**

#### X-RAY SHOULDER >= 2 VIEWS LEFT [308795501] (Final result)

Electronically signed by: Christina R Powell, APRN on 02/23/25 1439

This order may be acted on in another encounter.

Ordering user: Christina R Powell, APRN 02/23/25 1439 Ordering provider: Christina R Powell, APRN

Authorized by: Christina R Powell, APRN Ordering mode: Standard

Frequency: STAT Once-Rad Next Available 02/23/25 1445 - 1 Class: Inpatient

occurrence

Quantity: 1 Lab status: Final result

Instance released by: Christina R Powell, APRN (auto-released) 2/23/2025 2:39 PM

## Questionnaire

Question	Answer
Current signs and symptoms?	pain
Last patient weight? (will auto pull in value and date in comment)	232 lbs Comment - 11/9/17
Transport Method	Floor Determined/Entered
Number of views per Radiologist?	Yes
Release to patient	Immediate

## **End Exam Questions**

	Answer	Comment
Does patient have an insulin pump?		
Was Fluoro Used?		
If Utilized, please select the C-Arm that was used.		
Fluoro Time (in minutes)		
Fluoro Time (in seconds)		
Number of Images		
Dose (mGy)		
Exam DAP (cGy/cm2)		

### X-RAY SHOULDER >= 2 VIEWS LEFT [308795501]

Ordering provider: Christina R Powell, APRN 02/23/25 1439 Order status: Completed

Resulted by: Christopher Chan, MD Filed by: Interface, Results 02/23/25 1525
Performed: 02/23/25 1447 - 02/23/25 1513 Accession number: SAHS30135016

Resulting lab: UWHC RADIOLOGY

Narrative:

PROCEDURE: BONES, X-RAY SHOULDER >= 2 VIEWS LEFT

COMPARISON: None available

Resulted: 02/23/25 1519, Result status: Final result

Status: Completed

#### Imaging (continued)

INDICATIONS: pain

TECHNIQUE: 3 views left shoulder

FINDINGS:

BONES: No acute fracture, dislocation or joint malalignment. No suspicious osseous lesions. Degenerative spurring

along the humeral head with calcification along the supraspinatus insertion.

SOFT TISSUE: Grossly unremarkable.

OTHER: Negative

Electronically signed by: Dr. Christopher Chan, Radiology Consultants of Rockford, LTD Impression:

IMPRESSION:

1. No acute osseous abnormality.

- 2. Degenerative changes of the left shoulder.
- 3. Findings suggestive of calcific tendinopathy.

#### **Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
59 - UWHCRADIANT	UWHC RADIOLOGY	Unknown	Unknown	07/01/11 0820 - Present

## X-RAY SHOULDER >= 2 VIEWS LEFT [308795501]

Ordering provider: Christina R Powell, APRN 02/23/25 1439

Resulted by: Christopher Chan, MD

Performed: 02/23/25 1447 - 02/23/25 1513

Resulting lab: SAH POINT OF CARE TESTING

Order status: Completed

Filed by: Savannah Abraytis, Imaging Spec 02/23/25 1447

Resulted: 02/23/25 1447, Result status: In process

Accession number: SAHS30135016

CLIA number: 14D0044064

### **Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1100038 - POCT	SAH POINT OF CARE TESTING	Matthew H Twohig, MD	1401 State St Rockford IL 61104- 2298	05/30/19 1230 - Present

#### **Medication Administrations**

## Morphine Sulfate (PF) injection 4 mg [308795500]

Ordering Provider: Christina R Powell, APRN

Status: Discontinued (Past End Date/Time)
Ordered On: 02/23/25 1439

Starts/Ends: 02/23/25 1440 - 02/23/25 1440

Ordered Dose (Remaining/Total): 4 mg (0/1) Route: Intravenous

Frequency: ONCE Ordered Rate/Order Duration: — / 4 Minutes

Timestamps	Action / Reason	Dose / Duration	Route	Other Information
Performed 02/23/25 1712	Omitted MD order to	4 mg 4 Minutes	Intravenous	Performed by: Baja Beqiri, RN
Documented: 02/23/25 1712	discontinue			

#### **Medication Administrations (continued)**

### Other Orders

#### **Medications**

#### Morphine Sulfate (PF) injection 4 mg [308795500] (Discontinued)

Electronically signed by: Christina R Powell, APRN on 02/23/25 1439

Ordering user: Christina R Powell, APRN 02/23/25 1439 Ordering provider: Christina R Powell, APRN

Authorized by: Christina R Powell, APRN Ordering mode: Standard Frequency: STAT Once 02/23/25 1440 - 1 occurrence Class: E-Prescribe

Discontinued by: Christina R Powell, APRN 02/23/25 1440

Acknowledged: Baja Beqiri, RN 02/23/25 1508 for Placing Order Baja Beqiri, RN 02/23/25 1508 for D/C Order

Cyclobenzaprine HCI 5 MG tab [689454404] (Active)

Electronically signed by: Kelly A Klocek, DO on 02/23/25 1820 Status: Active

Ordering user: Kelly A Klocek, DO 02/23/25 1820 Ordering provider: Kelly A Klocek, DO

Authorized by: Kelly A Klocek, DO Ordering mode: Standard

Frequency: 3 x Daily PRN 02/23/25 - Until Discontinued Class: E-Prescribe

Indications of use: Muscle Spasm

hydrOXYzine HCI 25 MG tab [689454405] (Active)

Electronically signed by: Kelly A Klocek, DO on 02/23/25 1820 Status: Active

Ordering user: Kelly A Klocek, DO 02/23/25 1820 Ordering provider: Kelly A Klocek, DO

Authorized by: Kelly A Klocek, DO Ordering mode: Standard Class: E-Prescribe

Frequency: Q 6 Hrs PRN 02/23/25 - Until Discontinued

Indications of use: Anxiety

Status: Discontinued

# **Flowsheets**

"ED Neurology/Pulmonal	y/Cardiac -	Sun rebruary	23, 2023

Row Name	1637
Neurocognition	
Neurocognition (Adult)	Within Defined Limits -BB at 02/23/25 1637
Respiratory Function	1
Respiratory Function (Adult)	Within Defined Limits -BB at 02/23/25 1637
Cardiac Function	
Cardiac Function (Adult)	Within Defined Limits -BB at 02/23/25 1637

#### Acuity - Sun February 23, 2025

Row Name	1457
OTHER	
Patient Acuity	4=GREEN -AB at 02/23/25 1457

## Adult Sepsis Screen - Sun February 23, 2025

Row Name	1441		

## Flowsheets (continued)

Sepsis Screening	
Temp >38.3 C (100.9 F) or < 36 C (96.8 F)	<b>No</b> -AB at 02/23/25 1441
HR > 90 BPM	<b>No</b> -AB at 02/23/25 1441
Resp >20 (observed)	<b>No</b> -AB at 02/23/25 1441
WBC > 12,000 or < 4000 or > 10% Bands	N/A or Unknown - AB at 02/23/25 1441
Suspected infection?	<b>No</b> -AB at 02/23/25 1441
Rigors present?	<b>No</b> -AB at 02/23/25 1441
Does patient meet 2 or more of sepsis screening criteria?	<b>No</b> -AB at 02/23/25 1441

# AgileMD - Sun February 23, 2025

Row Name	1824	1820	1809	1712	1606
eCART					
Risk Category	Average -RI at 02/23/25 1824	Average -RI at 02/23/25 1820	Average -RI at 02/23/25 1809	Average -RI at 02/23/25 1712	Average -RI at 02/23/25 1606
Risk Score	83 -RI at 02/23/25 1824	83 -RI at 02/23/25 1820	83 -RI at 02/23/25 1809	83 -RI at 02/23/25 1712	86 -RI at 02/23/25 1606
Row Name	1548	1546	1524	1520	1515
eCART					
Risk Category	Average -RI at 02/23/25 1548	Average -RI at 02/23/25 1546	Average -RI at 02/23/25 1525	Average -RI at 02/23/25 1520	Average -RI at 02/23/25 1516
Risk Score	60 -RI at 02/23/25 1548	60 -RI at 02/23/25 1546	60 -RI at 02/23/25 1525	60 -RI at 02/23/25 1520	60 -RI at 02/23/25 1516
Row Name	1512	1504	1501	1500	1457
eCART					
Risk Category	Average -RI at 02/23/25 1512	Average -RI at 02/23/25 1504	Average -RI at 02/23/25 1501	Average -RI at 02/23/25 1500	Average -RI at 02/23/25 1457
Risk Score	60 -RI at 02/23/25 1512	60 -RI at 02/23/25 1504	60 -RI at 02/23/25 1501	60 -RI at 02/23/25 1500	60 -RI at 02/23/25 1457
Row Name	1450	1447			
eCART					
Risk Category	Average -RI at 02/23/25 1450	Average -RI at 02/23/25 1447			
Risk Score	<b>60</b> -RI at 02/23/25 1450	60 -RI at 02/23/25 1447			

# Discharge Status - Sun February 23, 2025

Row Name	1824
OTHER	
LACE+ Score	32 -AA at 02/23/25 1824

## ED Discharge or Admission Information - Sun February 23, 2025

Row Name	1821
Discharge Instruction	s (Do not complete if patient being admitted)
Discharge Instructions Given By:	Provider;RN;Written -BB at 02/23/25 1822
Discharge	Patient -BB at 02/23/25

### Flowsheets (continued)

Instruction Given	
To:	
Mode of Transport Discussed	Yes -BB at 02/23/25 1822
Complexity of Discharge Instructions and Patient Teaching	Minimal -BB at 02/23/25 1822
Verbalizes Understanding of Discharge Instructions	Patient -BB at 02/23/25 1822
Did the patient receive their prescriptions?	Yes, e-prescribe - BB at 02/23/25 1822
(ED ONLY) Education related to alcohol consumption provided? (Answer only if AUDIT-C Score is >= 3)	No -BB at 02/23/25 1822
Required Discharge Ir	nfo
Is the patient from a long term care facility (including Assisted Living)?	<b>No</b> -BB at 02/23/25 1822

## Condition Upon Discharge or Admit

No -BB at 02/23/25

Does this patient

require hospital arranged transportation?

Upon Discharge or Admit Patient Escorted by	<b>Self</b> -BB at 02/23/25 1822
Patient Discharged or Admitted via	Walked -BB at 02/23/25 1822
Patient Admitted or Transferred on Monitor?	<b>No</b> -BB at 02/23/25 1822
Patient Discharged	<b>No</b> -BB at 02/23/25 1822

# ED Disposition - Sun February 23, 2025

Row Name	ED from 2/23/2025 in UW Health SwedishAmerican Hospital Emergency Department
CD Diagnosition	Department

# ED Disposition

ED Disposition SAH Discharge -BB at 02/23/25 1821

## ED Intake/Triage Plan - Sun February 23, 2025

## Flowsheets (continued)

ID Band and Admission	on Source
ID band verified and placed?	
Where did the patient present to the ED from?	<b>Self referral</b> -BB at 02/23/25 1714
Do you have unexplained, new onset of fever (>=100 F) or chills, cough, shortness of breath or difficulty breathing, loss of taste/smell, sore throat, congestion, or runny nose?	No -BB at 02/23/25 1714
Patient Acuity	
Is this patient in jail?	<b>No</b> -BB at 02/23/25 1714
Is this an injury?	<b>No</b> -BB at 02/23/25 1714
Is there an arm or leg that we should not use for medical reasons like BP, IV's or lab draws?	No -BB at 02/23/25 1714
Power of Attorney - Le	egal Guardian - DNR
Is this a patient with a legal guardian or an activated Power of Attorney for Healthcare?	<b>No</b> -BB at 02/23/25 1714
Is the patient wearing an out-of-hospital DNR bracelet?	<b>No</b> -BB at 02/23/25 1714

## ED Intake/Triage Started - Sun February 23, 2025

Row Name	1440
Intake/Triage Start	t
Intake/Triage	Yes -AB at 02/23/25
Started	1440

# ED Musculoskeletal WDL - Sun February 23, 2025

Row Name	1637
Musculoskeletal	
Musculoskeletal	— Reports left sided shoulder pain. Symptoms x2 days, states recent mvc, no neck pain or LOC -BB at 02/23/25 1638

## ED Pain & PRN Assessment - Sun February 23, 2025

Row Name	1441	
Pain Assessment	- If answer is YES	S, must complete TYPE OF INTERVENTION(S) ROW

# Flowsheets (continued)

Are you currently in Yes -AB at 02/23/25

pain? 1441

Current Pain Shoulder Left -AB at Location 02/23/25 1441

### ED Vitals - Sun February 23, 2025

Row Name	1800	1700	1600	1445
ED Main Vitals				
Temp	_	_	_	98 °F (36.7 °C) -AM at 02/23/25 1446
Temp src	_	_	_	<b>Oral</b> -AM at 02/23/25 1446
BP	_	_	_	<b>149/75</b> -AM at 02/23/25 1446
BP Non-Invasive Source	_	_	_	<b>Automated</b> -AM at 02/23/25 1446
BP Non-Invasive Location	_	_	_	Arm upper right -AM at 02/23/25 1446
BP Non-Invasive Cuff Size	_	_	_	Adult - Regular -AM at 02/23/25 1446
BP Patient Position	_	_	_	Sitting -AM at 02/23/25 1446
MAP Non-Invasive (Calculated)	_	_	_	<b>100 mmHg</b> -AM at 02/23/25 1446
Pulse	<b>65</b> -BB at 02/23/25 1809	<b>69</b> -BB at 02/23/25 1712	<b>82</b> -BB at 02/23/25 1605	90 -AM at 02/23/25 1446
Pulse Source	_	_	_	Device (Pulse Ox / BP Cuff) -AM at 02/23/25 1446
HR	<b>66 bpm</b> -BB at 02/23/25 1809	<b>69 bpm</b> -BB at 02/23/25 1712	<b>83 bpm</b> -BB at 02/23/25 1605	_
Resp	_		<b>16</b> -BB at 02/23/25 1605	<b>18</b> -AM at 02/23/25 1446
SpO2	<b>94 %</b> -BB at 02/23/25 1809	<b>94 %</b> -BB at 02/23/25 1712	<b>92 %</b> -BB at 02/23/25 1605	<b>96 %</b> -AM at 02/23/25 1446
O2 Device	Room Air -BB at 02/23/25 1809	Room Air -BB at 02/23/25 1712	Room Air -BB at 02/23/25 1605	<b>Room Air</b> -AM at 02/23/25 1446
Height	_	_	_	5' 9" (1.753 m) -AM at 02/23/25 1446
Height Method	_	_	_	<b>Stated</b> -AM at 02/23/25 1446
Weight	_	_	_	258 lb 9.6 oz (117.3 kg) -AM at 02/23/25 1446
Weight Method	_	_	_	Scale - standing - AM at 02/23/25 1446

## EKG Review - Sun February 23, 2025

Row Name	1444
EKG Review	
Has EKG order been placed	Yes -AM at 02/23/25 1448
EKG Review	No STEMI -AM at 02/23/25 1448
EKG Reviewed By	Irisha Clark, MD - AM at 02/23/25 1448

# Encounter Vitals - Sun February 23, 2025

## Flowsheets (continued)

Row Name	1715	1445
OTHER		
Dosing/Drip Wt	_	258 lb 9.6 oz (117.3 kg) Auto-filed from Actual Weight -AM at 02/23/25 1446
Fall Risk Confirmation	ı	
Hendrich II Score Recorded (hidden)	1 (Auto-filed) -BB at 02/23/25 1715	- <u>-</u>

# Full Intake/Triage Complete - Sun February 23, 2025

Row Name	1714		
Full Intake/Triage Co	mplete		
Full Intake/Triage	Yes -BB at 02/23/25		
Complete	1714		

## I-Team - Sun February 23, 2025

Row Name	1440
I-Team	
Patient Destination	Fast Track -CP at 02/23/25 1440

# Intake/Triage Complete - Sun February 23, 2025

Row Name	1441		
Intake/Triage Com	plete		
Intake/Triage	Yes -AB at 02/23/25		
Complete	1441		

#### Patient Property - Sun February 23, 2025

Row Name	1822	
Patient Property Polic	у	
Was belongings/valuable s scripting read to the patient or primary support? (Include name and relationship in comments)	Yes - Patient -BB at 02/23/25 1822	
Belongings		
Belongings at Bedside	Clothing;Outerwear ;Footwear -BB at 02/23/25 1822	
Belongings Secured	None -BB at 02/23/25 1822	
Belongings Sent Home	None -BB at 02/23/25 1822	
Belongings Disposed Of	None -BB at 02/23/25 1822	
Non-Essential Valuab	Non-Essential Valuables	
Non-Essential	None -BB at 02/23/25	

#### Flowsheets (continued)

Valuables at Bedside	1822
Non-Essential	None -BB at 02/23/25
Valuables Secured	1822
Non-Essential	None -BB at 02/23/25
Valuables Sent	1822

# Essential Valuables

Essential Valuables at Bedside	None -BB at 02/23/25 1822
Essential Valuables Secured	None -BB at 02/23/25 1822
Essential Valuables	None -BB at 02/23/25

1822

#### **Patient Medications**

Sent Home

Use of a patient's
own medication in
the hospital should
be limited to only
certain situations.
Did you bring any
medications from
home for the

Verification in ED

**No** -BB at 02/23/25 1822

## patient?

Patient Property List Yes -BB at 02/23/25 Completed in ED 1822

## Verification on Discharge

Patient Property List No property -BB at Verified at 02/23/25 1822

Discharge

### Safety and Security - Sun February 23, 2025

Row Name	1441	
Safety and Security A	Assessment	
Do you feel safe at	Denies	
work and home	Violence; Denies	
	Abuse -AB at 02/23/25	
	1441	

## Suicide Screening - Adult - Sun February 23, 2025

Row Name	1441		
Columbia-Suicide Sev	Columbia-Suicide Severity Rating Scale (C-SSRS)		
In the past month, have you wished you were dead or wished you could go to sleep and not wake up?	No -AB at 02/23/25 1441		
In the past month, have you actually had any thoughts of killing yourself?	<b>No</b> -AB at 02/23/25 1441		
In your lifetime, have you ever done	<b>No</b> -AB at 02/23/25 1441		

# Flowsheets (continued)

anything, started to do anything, or prepared to do anything to end your life?

# UWED FALLS SCREENING - Sun February 23, 2025

Row Name	1715
Fall Screening - consi	der making patient a High Fall Risk based on answers to these questions
How many times have you fallen in the past 6 months?	<b>0</b> -BB at 02/23/25 1715
Do you use any of the following to assist with mobility?	None Used -BB at 02/23/25 1715
Does the patient have or exhibit signs of the following?	None -BB at 02/23/25 1715  Addal (Access Daily, upon Admiration, Transfer Falleying a Fall and Change of Condition)
Confusion/Disorient	Model (Assess Daily, upon Admission, Transfer, Following a Fall and Change of Condition)  No -BB at 02/23/25 1715
ation/Impulsivity Symptomatic Depression	<b>No</b> -BB at 02/23/25 1715
Altered Elimination	No -BB at 02/23/25 1715
Dizziness/Vertigo	<b>No</b> -BB at 02/23/25 1715
Gender (Male) (Calculated)	<b>1</b> -BB at 02/23/25 1715
Get-up-and-go Test: "Rising from Chair"	Able to rise in a single movement without use of hands -BB at 02/23/25
ED/Surgical Services ONLY: Any Administered Antiepileptics (Anticonvulsants) within the last 48 hours	No -BB at 02/23/25 1715
ED/Surgical Services ONLY: Any Administered Benzodiazepines within the last 48 hours	<b>No</b> -BB at 02/23/25 1715
ED/Surgical Services ONLY: Hendrich II Total Score (Calculated)	<b>1</b> -BB at 02/23/25 1715
Confirm Fall Risk Status	Standard Falls Precautions -BB at 02/23/25 1715
Injurious Fall Risk Factors	None -BB at 02/23/25 1715

## Flowsheets (continued)

# XSOLIS Updates - Sun February 23, 2025

Row Name	17:20:50	16:15:46	14:46:21
UM Updates			
CLS Score	9 -RI at 02/23/25 1725	16 -RI at 02/23/25 1620	9 -RI at 02/23/25 1450
CLS Score MAX	9 -RI at 02/23/25 1725	16 -RI at 02/23/25 1620	9 -RI at 02/23/25 1450

## **User Key**

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

Initials	Name	Provider Type	Discipline
RI	Interface, Results	<del>_</del>	<del>-</del>
AB	Abigail R Beck, RN	Registered Nurse	Nursing
AM	Alyson McNabb, ED Tech	ED Technician	<u> </u>
AA	Auto Action	_	<del>_</del>
ВВ	Baja Beqiri, RN	Registered Nurse	Nursing
CP	Christina R Powell, APRN	Nurse Practitioner	Interdisciplinary

# Flowsheet Keys & Row Data

# **Cardiac Function (Adult)**

Effective: 04/10/24 Row Information:

## Within Defined Limits - Adult

- ✓ Presence of S1, S2 without murmur or rub
- ✓ Cardiac rhythm regular
- √ Absence of chest pain or chest discomfort
- ✓ Absence of pacemaker, internal defibrillator, or other rhythm regulating device
- Absence of cardiac-symptoms such as lightheadedness, palpitations, or syncope

# **Complexity of Discharge Instructions and Patient Teaching**

Effective: 07/25/19

## Complexity of Discharge Instructions and Patient Teaching (continued)

Row Information: Minimal -

Patient demonstrates understanding quickly and easily and instructions are:

- Brief
- No discharge meds or home treatment required

#### Examples:

Signs/symptoms of infections in abrasions and non-sutured injuries

#### Moderate -

Instructions require more explanation

## Examples:

- Head Injury instruction
- Crutch training
- Bending, lifting, weight bearing limitations
- Fever management and medications to use
- Chest pain
- Orthopedic injury care
- Dressing Changes
- Wound Care for sutured or Dermabond

#### Complex -

Patient or care giver may demonstrate difficulty understanding instructions. Additional explanations required Examples:

- Explanation of home therapies
- Patient refusing admission and signing out AMA after multiple attempts at teaching adverse outcomes
- Complex disease teaching such as diabetic, seizure or asthma teaching in compromised or non-compliant patient
- Burn Care

## **ED/Surgical Services ONLY: Hendrich II Total Score (Calculated)**

Effective: 10/22/20

Row Information: NOTE: 5 or Greater = High Risk

## INSTRUCTIONS:

- 1. All patients will be assessed for risk of falls upon admission, transfer and change in condition.
- 2. Re-assess as patient condition changes or unsafe behaviors are observed. Triggers for re-assessment include:

Change in mental status

Change in elimination patterns (including addition of diuretics)

New medications (especially changes in benzodiazipines and antiepileptics)

Change in mobility

SOURCE: Hendrich, Ann, et al. (2003) Validation of the Hendrich II Fall Risk Model: A Large Concurrent Case/Control Study of Hospitalized Patients. Applied Nursing Research. 16(1):9-21.

Hendrich II Fall Risk Model

## Hendrich II Total Score (Calculated)

Effective: 08/19/24

## Hendrich II Total Score (Calculated) (continued)

Row Information: NOTE: 5 or Greater = High Risk

#### **INSTRUCTIONS:**

- 1. All patients will be assessed for risk of falls upon admission, transfer and change in condition.
- 2. Re-assess as patient condition changes or unsafe behaviors are observed. Triggers for re-assessment include:

Change in mental status

Change in elimination patterns (including addition of diuretics)

New medications (especially changes in benzodiazipines and antiepileptics)

Change in mobility

SOURCE: Hendrich, Ann, et al. (2003) Validation of the Hendrich II Fall Risk Model: A Large Concurrent Case/Control Study of Hospitalized Patients. Applied Nursing Research. 16(1):9-21.

If patient was admitted from the ED, see ED Encounter Summary report for ED documentation of the Hendrich.

Hendrich II Fall Risk Model

## **Neurocognition (Adult)**

Effective: 11/22/24 Row Information:

# Within Defined Limits - Adult

- ✓ Alert and oriented to person, place, time and situation
- ✓ Absence of confusion, altered mental status, posturing, seizures, coma or unusual psychomotor presentations
- ✓ Pupils equal and round
- Purposeful motor function, strength, and sensation in all extremities
- ✓ Speech is clear and content appropriate for developmental age
- Absence of facial droop, slurred speech, unilateral weakness, or numbness

## **Patient Acuity**

Effective: 01/31/25

Row Information: Acuity Level 1 = Red: Requires immediate life saving intervention Acuity Level 2 = Pink: High-risk situation Acuity Level 3 = Yellow: Two or more resources Acuity Level 4 = Green: One resource Acuity Level 5 = Blue: No resources

**ESI Triage Algorithm** 

#### **Respiratory Function (Adult)**

Effective: 11/22/24

## Respiratory Function (Adult) (continued)

## Within Defined Limits - Adult

- ✓ Breath sounds clear, regular, and equal bilaterally
- √ Respirations are regular, spontaneous, unlabored, and symmetrical
- √ Absence of shortness of breath, difficulty breathing, or tachypnea
- Absence of cough or pain with inspiration
- ✓ Absence of any oxygen delivery device or artificial airway

Row Information:

## **Discharge Instructions**

Sawangsri, Santhi (MRN 53399156)

Date	Status	User	User Type	Discharge Note
02/23/25 1821	Updated	Kelly A Klocek, DO	Physician	Original
Note:				

You may take ibuprofen 800 mg every 8 hours as needed for pain. You may also use acetaminophen 650 mg every 6 hours as needed for pain, do not exceed 4 g in a 24 hour period.

You may take the hydroxyzine 1 tablet every 6 hours as needed for anxiety or for sleep. You may take the cyclobenzaprine 1 to 2 tablets every 8 hours as needed for pain and muscle spasm. Please do the stretches that I have included. Please follow-up with your primary care physician to further discuss your anxiety and your shoulder pain if it does not get better.

# **Additional Discharge Instructions**

- Avoid all tobacco products and second hand smoke. For help, call the Illinois Tobacco Quit Line at 1-866-QUIT-YES.
- Last Actual Weight: 258 lb 9.6 oz (117.3 kg) (02/23/25 1445)

#### Scans - Other

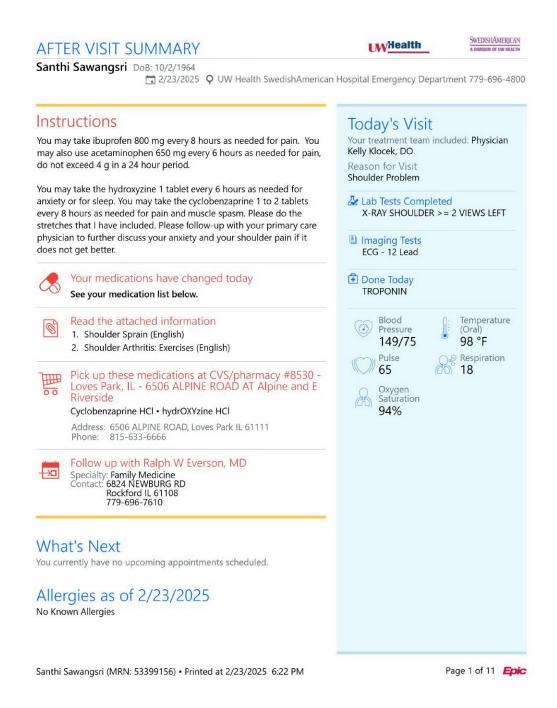
# After Visit Summary - Document on 2/23/2025 1822

Clinical date/time: 2/23/2025 1822 User: Baja Beqiri, RN Description: ED After Visit Summary Status: —

Service date/time: 2/23/2025 1822

Document (below)

Scans - Other (continued)



Scans - Other (continued)

IMPORTANT: We have examined and treated you today on an emergency basis only. This is not a substitute for, or an effort to provide complete medical care. In most cases you must let your doctor check you again. Tell your doctor about any new or lasting problems. It is impossible to recognize and treat all injuries or illnesses in a single Emergency Department visit. Patients who return home from the Emergency Department, and who have had radiology tests, may have only received preliminary results. You may be called at home if there are any changes to the results or your follow up instructions. After leaving, you should FOLLOW THE INSTRUCTIONS PROVIDED.

#### HMO & MANAGED CARE PATIENTS:

If we are sending you to a specialist or specialty clinic for follow-up, you may need a referral from your primary care physician before you go to that specialty appointment. If your insurance does require a referral for specialty care, you should call your primary care provider as soon as possible during regular clinic hours. If you do not know if a referral is required, you should call your insurance company for this information.

NATIONAL SUICIDE PREVENTION HOTLINE: 1-800-273-8255 or 988 Suicidepreventionlifeline.org

#### SEATRELTS

There is no doubt that seatbelts save lives. Every day in the Emergency Department we see how people without seatbelts are more severely hurt. We always buckle-up! Please do the same!

#### SMOKING

If you smoke, this is surely your greatest health problem. The facts are clear that cigarette smoking will shorten your life. It will cause a great deal of illness along the way. If you need help quitting, talk to your primary doctor or call the Illinois Tobacco Quit Line at 1-866-QUIT-YES.

\_\_\_\_\_

AS ALWAYS, YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY. Please follow the instructions above carefully. Take your medicines as prescribed. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If your symptoms continue or worsen, return to the Emergency Department.

## Your Feedback Matters

Thank you for choosing UW Health SwedishAmerican for your healthcare needs. You may receive a survey in the mail about your visit today in the Emergency Department. We consider anything less than excellent care beneath the standards we set for our team. Please share your positive experience or let us know if there was any part of your visit that did not meet your expectations. We look forward to hearing your feedback.

# Results From Your Emergency Department Stay

As part of your visit, your provider may have ordered labs or other diagnostic tests. Final results (with rare exception) will be available to you immediately in MyChart. At UW Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results as soon as they are available. However, this means that you may see results even before your health care provider has seen them. Some test results may be hard to understand. Other results may show a serious disease, like cancer. Please be assured we review every result and will contact you with any result that is concerning. You may always follow back up with your provider with questions or concerns.

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# UW Health University of Wisconsin Hospitals and Clinics Authority UW Health Affiliates

# 02/23/2025 - ED in UW Health SwedishAmerican Hospital Emergency Department (continued)

Scans - Other (continued)

Today you were seen in the UW Health SwedishAmerican Hospital Emergency Room by a Physician or an Advanced Practice Provider employed by ApolloMD. You may receive a bill from ApolloMD regarding your visit. If you have questions regarding your account, you can call the patient billing phone number at: 1-866-827-6556 or access the patient portal at https://bill.paymentsmd.com.

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Scans - Other (continued)

# Your Medication List



Cyclobenzaprine HCl 5 MG tab

Take 1-2 tabs by mouth 3 times daily as needed. Purpose: MUSCLE SPASM



hydrOXYzine HCl 25 MG tab

Take 1 tab by mouth every 6 hours as needed. Purpose: ANXIETY

# MyChart

## Your MyChart account is INACTIVE

MyChart provides secure online access to your personal medical information. Features include test results, visit summaries, reminders, secure messaging, appointments, and billing. Quartz-branded and administered health plan information can also be viewed through MyChart.

#### STEPS TO ACTIVATE

- 1. Connect to mychart.uwhealth.org
- 2. Click "Sign Up Now" and use this activation code

Activation Code:

5FN9G-C6VN4-NQ2DT Expires: 3/22/2025 6:22 PM

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Scans - Other (continued)



Shoulder Sprain (English)

## **Shoulder Sprain: Care Instructions**

#### Overview



A shoulder sprain occurs when you stretch or tear a ligament in your shoulder. Ligaments are tough tissues that connect one bone to another. A sprain can happen during sports, a fall, or projects around the house.

Shoulder sprains usually get better with treatment at home.

**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?

- · Rest and protect your shoulder. Try to stop or reduce any action that causes pain.
- If your doctor gave you a sling or immobilizer, wear it as directed. A sling or immobilizer supports your shoulder and may make you more comfortable.
- Put ice or a cold pack on your shoulder for 10 to 20 minutes at a time. Try to do this every 1 to 2 hours for the
  next 3 days (when you are awake) or until the swelling goes down. Put a thin cloth between the ice and your skin.
   Some doctors suggest alternating between hot and cold.
- Be safe with medicines. Read and follow all instructions on the label.
  - · 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.
- For the first day or two after an injury, avoid things that might increase swelling, such as hot showers, hot tubs, or hot packs.
- After 2 or 3 days, if your swelling is gone, apply a heating pad set on low or a warm cloth to your shoulder. This
  helps keep your shoulder flexible. Some doctors suggest that you go back and forth between hot and cold. Put a
  thin cloth between the heating pad and your skin.
- · Follow your doctor's or physical therapist's directions for exercises.

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Scans - Other (continued)

· Return to your usual level of activity slowly.

# When should you call for help?



Call your doctor now or seek immediate medical care if:

- · Your pain is worse.
- You cannot move your shoulder.
- Your arm is cool or pale or changes color below the shoulder.
- · You have tingling, weakness, or numbness in your arm.

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

· You do not get better as expected.

## Where can you learn more?

You can access information about your health topic by going to <a href="https://patient.uwhealth.org">https://patient.uwhealth.org</a> and searching on U672 in the search box in the center of the page in your browser.

MyChart users can learn more about "**Shoulder Sprain: Care Instructions**" using our Health Information library. To do so: Log into MyChart, select the Menu, search **Go to Web**, and enter the following code: **U672**.

Not a MyChart user? Request an account today at mychart.uwhealth.org. With MyChart, you can receive test results online, send secure electronic messages, and view and schedule appointments. You can also find health information and education using uwhealth.org's health Information library. Go to www.uwhealth.org/healthinformation

Current as of: July 31, 2024 Content Version: 14.3

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Scans - Other (continued)



Shoulder Arthritis: Exercises (English)

## **Shoulder Arthritis: Exercises**

#### Introduction

Here are some examples of exercises for you to try. The exercises may be suggested for a condition or for rehabilitation. Start each exercise slowly. Ease off the exercises if you start to have pain.

You will be told when to start these exercises and which ones will work best for you.

#### How to do the exercises

Shoulder extensor stretch (lying down, with wand)



- © 2023 Healthway
- Lie on your back with your knees bent. Hold a wand with both hands, placing one hand near each end of the
  wand. (You can also use a broom handle or anything stiff and about 3 feet long.) Your palms should face down as
  you hold the wand. Straighten your elbows and rest the wand on your legs, just below your hips. This is your
  starting position.
- Keeping your elbows straight, slowly raise your arms over your head. Raise them until you feel a stretch in your shoulders, upper back, and chest. Try not to shrug your shoulders.
- 3. Hold for 15 to 30 seconds, and then return to the starting position.
- 4. Repeat 2 to 4 times.

Shoulder rotation (lying down, with wand)

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## Scans - Other (continued)





- Lie on your back. Hold a wand with both hands with your elbows bent and palms up. You can also use a broom handle or anything stiff and about 3 feet long.
- 2. Hold your elbows close to your body, and move the wand across your body toward the affected arm.
- 3. Hold for 15 to 30 seconds, and then return to the starting position.
- 4. Repeat 2 to 4 times.
- 5. It's a good idea to repeat these steps toward your other arm.

## Shoulder internal rotation stretch (with towel)





D-3723 Hardhail

- 1. Roll up a towel lengthwise. Put the towel over your unaffected shoulder and hold the front end with your unaffected hand.
- 2. With your affected arm, reach behind your back and grasp the other end of the towel.
- 3. There are two ways to stretch your affected shoulder.
- 4. Hold for 15 to 30 seconds.
- 5. Relax and move the towel back to the starting position.
- 6. Repeat 2 to 4 times.
- 7. If you can, repeat these steps for your other shoulder.
- With the towel lying on your shoulder, pull the front end of the towel down with your unaffected arm until you feel a stretch in the front and outside of your affected shoulder.

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Scans - Other (continued)

 Pull the front end of the towel straight up above your head with your unaffected arm until you feel a stretch in the front and outside of your affected shoulder.

#### Shoulder-blade squeeze





- 1. Sit or stand up straight with your arms at your sides.
- 2. Keep your shoulders relaxed and down, not shrugged.
- 3. Squeeze your shoulder blades down and together.
- 4. Hold for about 6 seconds, then relax.
- 5. Repeat 8 to 12 times.

#### Resisted row





- Anchor an exercise band at about waist level. You can loop the band around a solid object, like a bedpost or handrail. Or you can tie a knot in the middle of the band and shut a door on the band so the knot is on the other side of the door. (Or you can have someone hold one end of the loop to provide resistance.)
- 2. Stand or sit facing where you have placed the band. Hold one end of the band in each hand.
- 3. Hold your arms out in front of you. Adjust your hold on the band so you have some tension on it.
- With your shoulders relaxed, pull the bands back, and move your shoulder blades toward each other. Your elbows will pass along your waist.
- 5. Slowly return to the starting position.
- 6. Repeat 8 to 12 times.

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Scans - Other (continued)

#### Shoulder external rotation (resisted)





- Tie the ends of an exercise band together to form a loop. Attach one end of the loop to a secure object, or shut a
  door on it to hold it in place. Or you can tie a knot in one end of the band and shut the door with the knot on the
  other side. The band should be at about waist height.
- 2. Stand or sit with your unaffected side toward the door.
- 3. Hold one end of the band with the hand of your affected arm, and bend your elbow to 90 degrees. Keep your upper arm against your body. You can squeeze a rolled towel between your elbow and your body for comfort. This will help keep your arm at your side.
- 4. Start with your forearm across your belly and your shoulder relaxed. Slowly rotate your forearm out away from your body. Keep your elbow and upper arm tucked against the towel roll or the side of your body until you begin to feel tightness in your shoulder. Slowly move your arm back to where you started. Your shoulder should stay relaxed throughout the exercise.
- 5. Repeat 8 to 12 times.
- 6. It's a good idea to repeat these steps with your other arm.

## Shoulder internal rotation (resisted)





- Tie the ends of an exercise band together to form a loop. Attach one end of the loop to a secure object, or shut a
  door on it to hold it in place. Or you can tie a knot in one end of the band and shut the door with the knot on the
  other side. The band should be at about waist height.
- 2. Stand or sit with your affected side toward the door.

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## Scans - Other (continued)

- 3. Hold the free end of the exercise band with the hand of your affected arm, and bend your elbow to 90 degrees. Keep your upper arm against your body. You can squeeze a rolled towel between your elbow and your body for comfort. This will help keep your arm at your side.
- 4. Start with your arm pointing straight ahead and your shoulder relaxed. Slowly rotate your forearm toward your body until it touches your belly. As you do this, keep your elbow and upper arm firmly tucked against the towel or at your side. Slowly move it back to where you started. Your shoulder should stay relaxed throughout the exercise.
- 5. Repeat 8 to 12 times.
- 6. It's a good idea to repeat these steps with your other arm.

#### Pendulum swing



- 1. Hold on to a table or the back of a chair with your unaffected arm. Then bend forward a little and let your affected arm hang straight down. This exercise does not use the arm muscles. Rather, use your legs and your hips to create movement that makes your arm swing freely.
- 2. Use the movement from your hips and legs to guide the slightly swinging arm forward and backward like a pendulum (or elephant trunk). Then guide it in circles that start small (about the size of a dinner plate). Make the circles a bit larger each day, as your pain allows.
- 3. Do this exercise for at least 1 minute. Do it at least 3 times a day.

As you have less pain, try bending over a little farther to do this exercise. This will increase the amount of movement at

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 31, 2024 Content Version: 14.3

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## Scans - Clinical (continued)

## EKG/ECG - Scan on 2/24/2025 0906

Clinical date/time: 2/23/2025 0000 User: Batch Process Onbase

Description: — Status: Received

Service date/time: 2/23/2025 0000

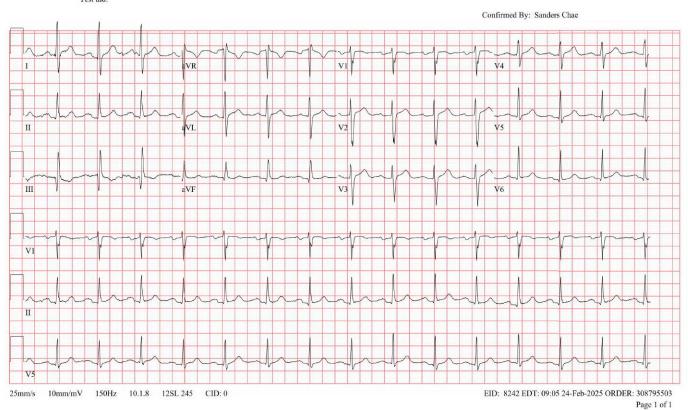
Scan (below)

SAWANGSRI, SANTHI ID:53399156 23-Feb-2025 14:44:18 UW HEART AND VASCULAR CARE-351 ROUTINE RECORD

02-Oct-1964 (60 yr) Vent. rate 89 BPM Normal sinus rhythm Male Asian PR interval 196 ms Normal ECG

| Romain | Compared with ECG of 11-OCT-2010 15:28, | Room:INT1 | QT/QTcB/QTcFd | 358/435/408 | ms | No significant change was found since previous tracing | Loc:351 | P-R-T axes | 33 60 19 | Confirmed by Chae, Sanders (8242) on 2/24/2025 9:05:33 AM

Technician: arm963



# **Coding Summary Visit**

#### **Account Information**

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
43050189 - SAWANGSRI,SANTHI	UWNI/BCBS [2082]	None	None

#### **Admission Information**

	-			
Arrival Date/Time:	02/23/2025 1438	Admit Date/Time:	02/23/2025 1439	IP Adm. Date/Time:
Admission Type:	Emergent	Point of Origin:	Home/workplace/no	Admit Category:
			n-health Care	
			Facility	
Means of Arrival:	Self	Primary Service:	<b>Emergency Medicine</b>	Secondary Service:

## **Coding Summary Visit (continued)**

Transfer Source: Home Or Residence Service Area: SwedishAmerican Unit: UW Health

Attending Provider:

Health System

Kelly A Klocek, DO

SwedishAmerican

Hospital Emergency

Department

Referring Provider: Ralph W Everson,

MD

# **Discharge Information**

Admit Provider:

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
02/23/2025 1824	Discharged To Home Or Self Care	Home	Kelly A Klocek, DO	UW Health SwedishAmerican Hospital Emergency Department

# Admission Diagnoses / Reasons for Visit (ICD-10-CM)

Code	Description	Comments
M25.512	Pain in left shoulder	

# Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
S46.912A	Strain of unspecified muscle, fascia and tendon at shoulder and				
[Principal]	upper arm level, left arm, initial encounter				
F41.9	Anxiety disorder, unspecified				

# **External Causes of Injury (ICD-10-CM)**

Code	Description	POA	CC	HAC	Affects DRG
V43.52XA	Car driver injured in collision with other type car in traffic accident, initial encounter				
Y92.410	Unspecified street and highway as the place of occurrence of the external cause				
X58.XXXA	Exposure to other specified factors, initial encounter				