POMONA VALLEY HOSPITAL
MEDICAL CENTER

Emergency Dept Discharge

CHIEF COMPLAINT: Left neck pain.

HISTORY OF PRESENT ILLNESS: This is a 20-year-old female, who was a restrained driver in a TC when she was swiped on the driver's side by a vehicle that drove away. She stated this caused her to collide with a big rig, which then sent her car spinning and she hit the wall. The airbags did deploy. She stated she did self-extricate and no loss of consciousness. She is mostly feeling pain in her left neck and left upper back. She denies any difficulty breathing or dizziness.

PAST MEDICAL HISTORY: Denies.

PAST SURGICAL HISTORY: Denies.

SOCIAL HISTORY: She lives at home in a private residence.

REVIEW OF SYSTEMS: A 10-point review of systems is negative except as noted in the HPI.

PHYSICAL EXAMINATION:
VITAL SIGNS: Within normal limits with the exception of heart rate of 131, pulse ox is 98% on room air, which is normal, interpreted by me.
CONSTITUTIONAL: No acute distress, nontoxic.
EYES: Sclerae anicteric. Pupils are equal, round, and reactive to light. EOMI.
HENT: Normocephalic, atraumatic.
NECK: Supple. No cervical spine tenderness.
RESPIRATORY: Effort is normal. Lungs are clear in all fields.
CARDIOVASCULAR: Tachycardia. No murmur. No peripheral edema, 2+ pulses in all extremities.
ABDOMEN: Soft, nondistended, and nontender.
MUSCULOSKELETAL: There is mild tenderness to palpation on the medial aspect of the right knee with no bony deformity. No swelling. No T or L-spine tenderness.
SKIN: Warm. No rash.
NEUROLOGIC: Alert and oriented x4. Normal speech. Grossly normal motor strength.

EMERGENCY ROOM COURSE: This is a 20-year-old female, status post motor vehicle collision in

---

Gamez, Melanie		Sex:	F
MRN#:	**3059570**	Age:	20
Billing #:	521975904	DOB:	03/21/1996
Admit Date:	11/04/2016	F/C:	
Admit Dr:	Room:	E1NT	
Attending Dr:	Emergency Physician	Service:	

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which she was hit on her left, collided with a truck and then spun out hitting wall, most of the damage she states is on the passenger side. It appears in the ER her injuries are musculoskeletal. She does appear to have some cervical strain on the left as well as a contusion to the right knee, otherwise well appearing. Tachycardia on initial presentation, which subsequent heart rate was 105. She was given a tablet of Motrin and Norco in the ER and she will be written for the same for home. She is written off work and off school for the next 2 days to recover.

DIAGNOSIS: Left cervical strain, right knee contusion, status post motor vehicle collision.

DISPOSITION TIME: At 1445.

CONDITION: Stable, discharged home.

Amy Douglas MD

D: 11/04/2016 15:51:23 Job#: 984798
T: 11/04/2016 18:04:26 Doc#: 1091111

Signed by DOUGLAS, AMY MD on 04-Nov-2016 23:47:44 -07:00

Gamez, Melanie			Sex:	F
MRN#:	**3059570**		Age:	20
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Attending Dr:	Emergency Physician		Service:	

Emergency Department Chart

Circle if findings are present, put a slash through negative findings

Time Arrival Ambulance / ALS / BLS / Air / Police / Walk / Other **PMD**

CC

HPI Source Pt / Family / Friend / Interpretor / ECF / EMS / Police
Limited by Pt condition / impairment

RME TIME 1430

HPI

(L) neck pain 5d
MVC

PROVIDER Douglas

Location, Quality, Severity, Context, Timing, Duration, Modifying factors, Associated signs & symptoms (4)

PMHx None / HTN / CAD / MI / PTCA / CHF / AFIB / PE / DVT
asthma / COPD / TB / CRF / kidney stone / gallstone / hep B C
cirrhosis / GIB U L / DM 1 2 / high chol / hypothyroid / HIV / CA

MEDS None / ☐ Medications reviewed per triage note

ALLERGIES NKDA

IMMUNIZ UTD TETANUS UTD / greater than 5yr / greater than10yr / Never

Code Status Full / DNR /

FAMILY Hx MI less than 65yr / thromboembolic disease / aortic diseas

PSHx None / CABG / appy / chole / SBO / hernia / TAH / BSO

SOC Hx (2) Lives(home) group home / ECF / prison / homeless

PPsychHx None / depression / bipolar / schizophrenia

Tobacco / ETOH Last drink PTA _____ / IVDA / cocaine / amphet / heroin

LMP Pregnant now Yes / No G P

Travel Ill contacts

ROS (10) **Complete ROS unobtainable due to AMS / urgency / condition** ☐ **All other systems reviewed & are negative**

CONST	fever / chills / diaphoresis / weakness	MUSC	back pain / neck pain / leg pain
EYE	eye pain / vis change	INTEG	rash / pruritis / jaundice
HENT	ear pain / sore throat / nasal discharge	NEURO	HA / seizure / dizziness / focal weakness / paresthesia
RESP	SOB / cough / sputum	PSYCH	anxiety / depression
CV	chest pain / palpitations / leg edema	ENDO	polyuria / weight loss
GI	abd pain / nausea / vomiting / diarrhea	HEM	painful lymph node / bruising / bleeding
GU	flank pain / dysuria / frequency / VB / VD / Pelvic Pain	ALL	hives / angioedema

EXAM (8) **Limited by Pt condition / impairment**

CONST ☐ VS reviewed per triage note T 37.4 BP 119/83 HR 83 RR 24 WT kg FHT
No acute distress / non-toxic / age appropriate ☑ Pulse ox 98% on RA / , O_2 L/min = normal / low

EYES Conjunctivae without pallor / sclera anicteric / PERRL / EOMI / tears present

HENT NCAT / anterior fontanelle normal / TMs normal / nares normal / OP normal / oral mucosa moist

NECK Supple / no JVD / no cervical spine tenderness / FAROM without pain

RESP No stridor / effort normal / no retractions / no accessory muscle use
BS clear bilateral / no rales / no rhonchi / no wheeze / no rub / chest wall nontender

CV RRR / S1 and S2 normal / no murmur / no peripheral edema / No Carotid Bruits
Pulses carotid normal / femoral normal / radial normal / DP normal / cap refill less then 2 sec

ABD/GI Nondistended / BS normal / soft / nontender / no mass / no hepatosplenomegaly
Rectal Stool brown / no gross blood / stool heme + / - chemically tested by me (control + / -)

GU No CVA tenderness
Female no CMT / no adnexal mass / no adnexal tenderness
Male

MUSC No extremity deformity / no extremity tenderness / no T-spine tenderness / no L-S spine tenderness

SKIN Warm / no rash / wound healing well without sign of infection

NEURO Alert / O X 4 / speech normal / CN II - XII intact / motor strength intact / sensation intact to light touch
finger nose intact & sym / gait normal / SLR test normal bilateral

LYMPH No cervical adenopathy / no inguinal adenopathy

PSYCH Mood normal / no SI / no HI / no AH / no VH

ER0020

Gamez Melanie
F 03/21/1996 20 3059570
Physician, Emergency
11/04/2016
0521975904

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PHYSICIAN CHART - 1

Diagnostic Studies and Interpretations

Time ☐ Rhythm Strip Interpretation Rate Rhythm NSR ST SB AFIB Ectopy PVC PAC

Time ☐ EKG 1 Rate Rhythm NSR ST SB AFIB No ST/T changes Intervals PR QRS QT

Time ☐ EKG 2 Rate Rhythm NSR ST SB AFIB No ST/T changes Intervals PR QRS QT

Date Previous EKG

Time ABG pH pCO_2 pO_2 HCO_3 O_2 SAT % (RA O_2 L/min)

Chest X-ray # ____ views
Read by EP / Radiolgist
No infiltrate / no edema / no effusion
no PTX / no cardiomegaly
no wide mediastinum

CHEM ☐WNL☐Abnormalities	AG	T Bili	Trop I	ETOH	Urine HCG + / -
		AST	CPK	ASA	Quant HCG
		ALT	MB	Acet	Type + Rh
	Ca	ALKP	Index	U/A WBC	RBC
	N	Lipase	PT	Urine dip + / -	
	B	Acetone + / -	INR	OTHER	
CBC ☐WNL☐Abnormalities	L	Lactate	PTT		

X-ray # ____ views
Type
Read by EP / Radiolgist
No fracture / no soft tissue swelling
no dislocation / no FB

Differential diagnoses considered, but not limited to

1
2
3
4

X-ray # ____ views
Type
Read by EP / Radiolgist

MDM ED COURSE/DISCUSSION - Records, Consultation, Interventions, Procedures

Time ☐ **Pulse ox 2** ____ % on RA / O_2 L/min = normal / low

Motrin, Norco in ED.

CT / Ultrasound Type
Read by EP / Radiolgist

Definitive Fx Care in ED ☐

☐ Procedures in ED by Physician
(refer to ED Course for documentation)
IV NGT Bladder Cath Blood draw
CVP Art Access ETT CPR

Splint(s) Splint / strapping
☐ Personally done ☐ Eval splint effectiveness and proper application
☐ Distal neurovascular exam normal

Records reviewed ED / Hospital
Notified Dr ____ Time called ____ responded ____
Notified Dr ____ Time called ____ responded ____

Procedural Sedation
☐Patient received sedation in ED
☐ Monitored throughout procedure
☐ Refer to sedation nursing sheet

DIAGNOSIS/ Comorbidities 1 cervical strain 2 (R) knee contusion
3 s/p MVC 4

☐ **Critical Care Note - Total time ____(min) excluding separately reportable procedures**
System at risk for life-threatening failure Airway / respiratory / cardiac circulatory / CNS / renal / hepatic / endocrine / metabolic

DISPOSITION Time 1440 **CONDITION** improved (stable) serious critical expired at ____
DISCHARGE (Home) AMA Eloped LWBS **TRANSFER** to ____ Accepted by Dr ____
ADMIT MSU Tele Peds ObGyn L&D ICU OR MHU

Aftercare See written ACI Meds ☐ Rx Issued
Referred to ____ / ☐ Ortho / ☐ PMD in 1 / 2 / 3 / 7 / 10 ____ days
Transfer of Care to Time Scribed by

Shared Service Patient personally seen ☐ discussed history ☐ examined ☐ management options reviewed
Details
Signature MD/DO

☐ Reviewed the medication history with the patient before ordering or prescribing medications

PA/NP Sig Print 11/4/16 Date
☐ PA/NP Attestation I was supervised by Dr ____ ☐ Physician assumed care of patient at ____

DICTATION # 084298
☐ **Chart complete**

Physician 1 Sig Date
Print
Physician 2 Sig Date
Print

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ER0020

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