



Natchez
Community
Hospital

Uniquely Qualified To Care.SM
129 Jefferson Davis Boulevard
P.O. Box 1203
Natchez, Mississippi 39120
Telephone: 601-446-7711

ADMISSION RECORD

ACCOUNT NO. 2202316		MEDICAL RECORDS NO. 0000108034									
PATIENT	ADMIT DATE / TIME 02/21/2002 21:40	ROOM NO. 0000	PT E	FC A	AGE	DATE OF BIRTH 08/29/2001	SEX F	RA 1	MS S	LOCATION	PROGRAM
GUARANTOR	PATIENT NAME & ADDRESS BRITT, CLOE 316 WOODLAWN AVENUE FERRIDAY LA 71334 US		SS NUMBER 999-99-9999		PATIENT EMPLOYER INFANT		EMPLOYER PHONE NO. (999) 999-9999		COUNTY 85CONCORDIA		
	RESPONSIBLE PARTY & ADDRESS BRITT, REBECCA JANE 316 WOODLAWN AVENUE FERRIDAY LA 71334 US		SS NUMBER 428-47-1297		RESPONSIBLE PARTY EMPLOYER UNEMPLOYED		EMPLOYER PHONE (999) 999-9999		RELATIONSHIP TO PATIENT GUARANTOR RE		
EMERGENCY CONTACT NAME JORDAN, LOLA		EMERGENCY CONTACT PHONE (318) 336-9746		EMERGENCY CONTACT RELATIONSHIP TO PATIENT AUNT							
COMMENTS CODE 300						MSP ☐ Y ☒ N	MED. KEY ☐ Y ☒ N	PRIVACY	ADMIT, BY BS		
INSURANCE	1	PAYER 551	PLAN	POLICY NUMBER 7267327993516E							
	INSURANCE CO. NAME & ADDRESS MEDICAID/LOUISIANA/OTHER P O BOX 91023 BATON ROUGE LA 70821 (800) 473-2783			INSURED'S NAME BRITT, CLOE							
				GROUP NUMBER AUTHORIZATION							
U R A N C E	2	PAYER	PLAN	POLICY NUMBER							
	INSURANCE CO. NAME & ADDRESS			INSURED'S NAME							
				GROUP NUMBER AUTHORIZATION							
C E	3	PAYER	PLAN	POLICY NUMBER							
	INSURANCE CO. NAME & ADDRESS			INSURED'S NAME							
				GROUP NUMBER AUTHORIZATION							
M I S C	DR. ATTENDING / ADMITTING PATTERSON, LAURIE			DR. FAMILY / PRIMARY CARE DAR, AYESHA							
	DIAGNOSIS / SIGNS & SYMPTOMS CODE 300						ACCIDENT		ACCIDENT DATE		
PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care.)										DISCHARGE DATE/TIME	

COMPLICATIONS

COMORBIDITY(IES)

PRINCIPAL PROCEDURE

EXHIBIT "A"

AD001A

2202316

0000108034

002815

MEDICAL RECORDS COPY



Uniquely Qualified to Care.
129 Jefferson Davis Boulevard
P.O. Box 1203
Natchez, Mississippi 39101
Telephone: 601-446-7711

CONDITIONS OF TREATMENT AND ADMISSION

PATIENT'S NAME BRITT, CLOE ATTENDING PHYSICIAN PATTERSON, LAURIE
ACCOUNT NO. 2202316 DATE & TIME OF ADMISSION 02/21/2002 21:40

CONSENT TO HOSPITAL CARE AND TREATMENT

I AM PRESENTING MYSELF FOR EMERGENCY SERVICES OR ADMISSION TO THE HOSPITAL AND I VOLUNTARILY CONSENT TO THE RENDERING OF SUCH CARE, INCLUDING DIAGNOSTIC TESTS AND MEDICAL TREATMENT, BY AUTHORIZED AGENTS AND EMPLOYEES OF THE HOSPITAL, AND BY ITS MEDICAL STAFF, OR THEIR DESIGNEES, AS MAY IN THEIR PROFESSIONAL JUDGEMENT BE DEEMED NECESSARY OR BENEFICIAL TO MY WELL BEING.

I ACKNOWLEDGE AND UNDERSTAND THAT MANY OF THE PHYSICIANS ON THE STAFF OF THIS HOSPITAL, INCLUDING THE ATTENDING PHYSICIAN(S) NAMED ABOVE, AND RADIOLOGISTS, ANESTHESIOLOGISTS, PATHOLOGISTS AND EMERGENCY PHYSICIANS, ARE NOT EMPLOYEES OR AGENTS OF THE HOSPITAL, BUT RATHER ARE INDEPENDENT CONTRACTORS WHO HAVE BEEN GRANTED THE PRIVILEGE OF USING THE HOSPITAL FACILITIES FOR THE CARE AND TREATMENT OF THEIR PATIENTS. I AGREE TO ACCEPT THEIR CARE EVEN THOUGH THEY ARE NOT EMPLOYED BY THE HOSPITAL.

I UNDERSTAND THAT THE EXAMINATION AND TREATMENT THAT I RECEIVE ON AN EMERGENCY BASIS IS NOT INTENDED AS A SUBSTITUTION OR REPLACEMENT FOR COMPLETE MEDICAL CARE.

CONSENT TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE HOSPITAL TO DISCLOSE TO INSURANCE COMPANIES, INCLUDING WORKERS COMPENSATION CARRIERS, OR OTHER PARTIES THAT MAY BE LIABLE FOR ALL OR PART OF THE HOSPITAL CHARGES, ALL OR PART OF MY HOSPITAL RECORDS AS MAY BE NECESSARY (INCLUDING ANY TREATMENT FOR ALCOHOL OR DRUG ABUSE OR DEPENDENCE), TO DETERMINE BENEFITS ENTITLEMENT AND PROCESS PAYMENT CLAIMS FOR HEALTH CARE SERVICES PROVIDED.

MEDICARE CERTIFICATION RELEASE

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN APPLYING FOR PAYMENT UNDER TITLE XVIII AND TITLE XIX OF THE SOCIAL SECURITY ACT IS CORRECT. I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION OR ITS INTERMEDIARIES OR CARRIERS ANY INFORMATION NEEDED FOR THIS OR A RELATED MEDICARE CLAIM. I REQUEST THAT PAYMENT OF AUTHORIZED BENEFITS BE MADE ON MY BEHALF TO THE HOSPITAL OR TO THE PHYSICIAN WHO ACCEPTS ASSIGNMENT.

PERSONAL EFFECTS AND VALUABLES

I UNDERSTAND THAT THE HOSPITAL SHALL NOT BE LIABLE FOR THE LOSS OR DAMAGE OF ANY PERSONAL EFFECTS OR VALUABLES (MONEY, JEWELRY, GLASSES, DENTURES, DOCUMENTS, CLOTHING, ETC.) UNLESS SUCH ITEMS ARE DEPOSITED IN THE HOSPITAL SAFE. THE HOSPITAL WILL NOT BE LIABLE IN EXCESS OF \$50 FOR THE LOSS OR DAMAGE OF ANY PERSONAL EFFECTS OR VALUABLES DEPOSITED WITHIN THE HOSPITAL SAFE.

ABOUT YOUR BILL

I UNDERSTAND THAT I WILL RECEIVE A BILL FROM THE HOSPITAL FOR PROVISION OF THE HOSPITAL SERVICES, INCLUDING STAFF AND EQUIPMENT, AND FOR ANY SUPPLIES OR MEDICINES UTILIZED. I WILL ALSO RECEIVE A BILL FROM ANY PHYSICIAN WHO PROVIDES PROFESSIONAL CARE TO ME. FOR EXAMPLE, I MAY RECEIVE A SEPARATE BILL FROM ONE OR MORE OF THE FOLLOWING TYPES OF PHYSICIANS WHO RENDER SERVICES TO ME: MY ATTENDING PHYSICIAN OR PERSONAL PHYSICIAN, EMERGENCY ROOM PHYSICIAN, RADIOLOGIST, ANESTHESIOLOGIST, PATHOLOGIST, OR ANY OTHER SPECIALIST.

INSURANCE ASSIGNMENT

I HEREBY ASSIGN TO AND AUTHORIZE THE HOSPITAL AND PHYSICIANS INVOLVED IN CARE DURING THIS PERIOD OF ILLNESS OR TREATMENT (HEREINAFTER "PHYSICIANS"), OR THEIR DULY AUTHORIZED ASSIGNS TO TAKE ALL NECESSARY STEPS, WITHOUT LIMITATIONS, TO ENSURE THAT ANY INSURANCE BENEFITS OTHERWISE PAYABLE TO ME OR MY ESTATE ARE PAID DIRECTLY TO THE HOSPITAL OR PHYSICIANS. THIS ASSIGNMENT OF INSURANCE BENEFITS INCLUDES BUT IS NOT LIMITED TO BILLING INSURANCE, FILING PETITIONS, FILING SUIT, IN MY NAME OR ON BEHALF OF THE HOSPITAL OR PHYSICIANS, FILING PROOFS OF CLAIM, FILING PROBATE CLAIMS AND FILING GRIEVANCES AND ALL OTHER SIMILAR PROCEDURES, AS MAY BE AMENDED FROM TIME TO TIME WITH THE STATE DEPARTMENT OF INSURANCE. I ALSO AGREE TO PROVIDE AND SIGN ANY OTHER DOCUMENTS THAT MAY BE REASONABLY NECESSARY TO ACCOMPLISH ANY OF THE OTHER PURPOSES.

STATEMENT OF FINANCIAL RESPONSIBILITY

I UNDERSTAND THAT I AM FINANCIALLY AND LEGALLY RESPONSIBLE FOR CHARGES NOT COVERED IN FULL BY ANY THIRD PARTY. I FURTHER AGREE THAT SHOULD I NOT PAY THE BALANCE WITHIN THIRTY (30) DAYS AFTER THE DATE OF DISCHARGE, MY ACCOUNT WILL BE CONSIDERED DELINQUENT. I AGREE TO PAY COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES AND COSTS, COLLECTION AGENCY FEES AND COSTS, AND INTEREST WHICH SHALL ACCRUE AT THE MAXIMUM RATE ALLOWED BY LAW.

FRAUD

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, OR FILES A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE SUBJECT TO PROSECUTION UNDER APPLICABLE LAW.

ADVANCE DIRECTIVE (FOR ADMISSION TO HOSPITAL ONLY)

IF I AM TO BE ADMITTED TO THE HOSPITAL, I HAVE BEEN GIVEN WRITTEN MATERIALS ABOUT MY RIGHT TO ACCEPT OR REFUSE MEDICAL TREATMENT. I HAVE BEEN INFORMED OF MY RIGHTS TO FORMULATE ADVANCE DIRECTIVES. I UNDERSTAND THAT I AM NOT REQUIRED TO HAVE AN ADVANCE DIRECTIVE IN ORDER TO RECEIVE MEDICAL TREATMENT AT THIS HOSPITAL. I UNDERSTAND THAT THE HOSPITAL AND MY CAREGIVERS WILL FOLLOW THE TERMS OF ANY ADVANCE DIRECTIVE THAT I HAVE EXECUTED TO THE EXTENT PERMITTED BY LAW.

(INITIAL THE FOLLOWING OPTION THAT APPLIES)

- I HAVE EXECUTED AN ADVANCE DIRECTIVE AND WILL PROVIDE A COPY OF THIS FOR MY MEDICAL RECORD WITHIN A REASONABLE AMOUNT OF TIME.
- I HAVE NOT EXECUTED AN ADVANCE DIRECTIVE AND DO NOT WISH TO DO SO. _____ INIT. (FOLLOW-UP DONE BY _____ DATE _____ INIT.)
- I WISH TO COMPLETE AN ADVANCE DIRECTIVE DURING THIS HOSPITALIZATION. _____ INIT.

I CERTIFY THAT I HAVE READ (OR HAVE BEEN READ) THE ABOVE CONSENTS AND CERTIFICATIONS AND UNDERSTAND AND AGREE WITH THEM.

DATE: Feb 21 02
MONTH DAY YEAR

X Bellecon J. Pitt
SIGNATURE OF PATIENT OR LEGALLY AUTHORIZED REPRESENTATIVE

WITNESS

PRINT NAME OF PERSON ABOVE

002816

AD001B

2202316

0000108034



INITIAL ASSESSMENT FORM**Natchez Community Hospital**PRIORITY: **1**Parent: **BRITT, CLOE**

Pt#: 2202316

Critical Care

DOB: 08/29/2001

AGE:

25WKS

Sex: F

MR#: 0000108034

DATE: 02/21/2002

EDP: Patterson, Laurie

PCP: Dar, Ayesha

Worker's Comp:

Emp. Referred:

Presentation Time: 21:40

Triage Time: 21:40

Arrival Mode: PARENT ARMS

Height: " Weight: 22.0 lbs. 10.0 kgs. LMP:

Last Tetanus:

Acc By:

MOTHER

Chief Complaint: CODE 300

Brief Assessment: PT TO ER VIA PARENTS ARM NOT BREATHING. BLUE COLOR IN FACE. CODE 300 IN PROGRESS

Vital Signs

T: PO

P: Regular

R: Unlabored

BP: 000/000

O2: % RA

Pain Intensity Scale: / 10

Pain Location:

NIGHT SWEATS UNK

WEIGHT LOSS UNK

ANOREXIA UNK

HEMOPTYSIS UNK

FEVER UNK

Sudden

Onset:

Pre-Hospital Treatment: NONE

Pediatric Assessment: G&D App. for Age - NO, Immunization UTD - NO, Height ft. in., Head Circ. - Grade - , with MOTHER

Past Medical History: NONE

Allergies: NKDA

Medicines: ANTIBIOTIC

Nurse Signature:

JLC

Additional Notes:

002817

02/21/2002 10:12:45 PM

Natchez Community Hospital

129 Jeff Davis Blvd. PO Box 1230 Natchez MS 39120-0123

MRN

Name: BRITT, CLOE

Age:

Sex: ☐ M ☐ F

T:

P:

BP:

/

R:

WT:

☐ lbs☐ kg

Pulse Ox:

Room:

Time PROV:

CC:

Provider:

Prov#

MODE OF ARRIVAL: ☒ POV ☐ Ambulance ☐ Immobilized PREHOSPITAL ORDERS: ☒ No ☐ YesHPI SOURCE: ☒ Patient ☐ Family Member ☐ Friend ☐ EMS

Nurse's Notes Reviewed

TIMING: Began PTA 1 2 3 4 5 6 7 8 12 12-18 hrs. ago; 1 2 3 4 5 6 7 days ago

☐ Gradual Onset / ☒ Sudden Onset☐ Intermittent in Nature / ☒ Continuous in Nature☒ Currently Present / ☐ AbsentDURATION OF APNEA: ☐ < 15 sec. ☐ 15-20 sec. ☒ > 20 sec.SIGNS & SYMPTOMS DURING EVENT: Skin Color (☐ Pink / ☐ Pale / ☐ Erythematous / ☒ Cyanotic) Muscle Tone (☐ Arching /☐ Extension of Extremities / ☒ Limp)Chest Wall Movement (☒ None / ☐ Active)ASSOC. SIGNS & SYMPTOMS: ☐ Congestion Nasal Discharge (☐ Clear / ☐ Yellow / ☐ Green) ☐ Stridor ☐ Wheezing☐ Cough (☐ Non-Productive / ☐ Producing sputum) ☐ Fever ☒ PO IntakeCONTEXT: ☒ While Sleeping ☐ While Feeding Body Position: ☒ Supine ☐ ProneMODIFYING FACTORS: ☐ Spontaneous Return of Respirations ☐ Physical Stimulus Required

Child brought to ED in mother's arms, passed to lab person who ran for a her asking for a code to be called. Mother told nursing she had given the child her meal & gone to store. Boyfriend told Pat Murphy that he wanted the child put in to baby.

Unable to obtain additional information from patient. Reason: Age & Condition

ROS

All Other Systems Reviewed And Negative (unless written or circled)

CONST: Failure to Thrive

GI:

PSYCH:

EYES:

GU:

ENDO:

ENT:

MS:

HEME/LYMPH:

CV:

SKIN:

ALL/IMMUN:

RESP:

NEURO:

OTHER:

PMH BIRTH HISTORY: ☒ Vaginal ☐ C-Section PREG. RELATED COMPL: ☒ NoneBIRTH RELATED COMPL: ☒ NoneCHILDHOOD ILLNESS: ☐ None ☐ Premature Birth ☐ Previous Apnea C.M.SURGERY: ☐ Appendectomy ☐ TonsillectomyIMMUNIZATIONS: ☒ UTD ☐ Not UTD ALLERGIES: ☒ NKDA ☐ PCN ☐ SulfMEDICATIONS: ☐ See Nurse's NoteFH ☒ NegativeSH HOUSEHOLD OCCUPANTS: Mother & Mother's Boyfriend DAYCARE: ☐ Y ☐ NPARENTS: ☐ Married ☐ Divorced ☐ Separated ☐ Single Parent ☐ Other GuardianPE CONSTITUTIONAL: VITAL SIGNS: ☐ Normal ☒ AbnormalAPPEARANCE: ☐ Well ☒ Ill ☐ Not Playful☒ AIRWAY: ☐ Normal ☐ Intubated ☐ Obstructed☒ BREATHING: ☐ Normal ☐ Bagged ☐ Apneal☒ CIRCULATION: ☐ Carotid Pulse Present ☒ PulselessPSYCHIATRIC: ☐ Appropriate ☒ Inappropriate ☐ Combative ☐ CryingSKIN: ☐ Normal ☐ Erythematous ☒ Cyanotic ☐ Rash Blue FaceEYES: ☐ Normal ☒ Retinal Hemorrhages Dilated PupilsENT: ☐ Normal ☒ Nasal Discharge After long time in ED @ time near code beingCV: ☐ Normal ☐ Murmur No Heart Sounds called clear fluid drainingRESP: • Inspection: ☐ Normal ☐ Retractions ☐ Tracheal Deviation• Auscultation: ☐ Normal ☐ Unequal Breath Sounds ☐ Stridor ☐ Wheezes ☐ Crackles / RalesGI: ☐ Normal DistendedGU: ☐ Normal ☐ Diaper RashMS (includes neck and back): ☐ Normal LimpHEME/LYMPH: ☐ NormalNEURO: ☐ Normal ☐ Lethargic ☒ Obtunded

002818

Natchez Community Hospital

BRITT, CLOE

Medical Decision Making ☒ Discussed With Family ☒ Old Chart Requested **Findings:** *Normal Vag Delivery*

DDX: ☒ Sepsis ☒ Hypoglycemia ☒ Seizures ☒ Gastroesophageal Reflux ☒ Anemia ☒ Electrolyte Disturbances ☒ Acid/Base Disturbance

Sexual Abuse ☒ Hypothermia ☒ Hyperthermia ☒ Child Abuse ☒ Breath Holding ☒ ALTE *Resp Arrest*
Shaken Child ☒ Types *Cardiac Arrest*

• Obstructive Apnea: Stridor, Prematurity, Abnormal Airway, Other (GERD, Retropharyngeal Abscess)
 • Central Apnea: CNS Abnormalities
 • Mixed Apnea: ☒ Cardiovascular ☒ Infectious Diseases ☒ Other (Abuse, Trauma, etc)

LABS PERFORMED: ☒ Labs Essentially Normal Unless Noted Below

☒ CBC: WBC (Segs Bands Lymphs Monos Eosinophils) Hg Hct Plts
☒ CHEMISTRIES: Na *135* Cl *105* HCO₃ *21* BUN *8* Cr *0.8* Glu *339* CO₂ *11* Calc *10.6*
☐ URINALYSIS: pH SG Protein Glu WBCs RBCs Bacteria
☐ RSV SWAB: ☐ PERTUSSIS ☐ CHLAMYDIA CULTURE
☐ GLUCOSE STICK: ☐ Low / ☐ Elevated ☐ BLOOD C & S ☐ URINE C & S
☒ ABG: pH *7.58* PCO₂ *62.1* PO₂ *549.5* O₂ sats *99.8%* ABG INTERPRETATION: _____

EKG INTERPRETATION: ☐ NSR ☐ No ST Abnormality
 Compared To EKG On _____; ☐ No Significant Change

RHYTHM STRIP: *Multi Strips - See Attached* **PULSE OX INTERPRETATION:** ☐ Normal ☒ Hypoxic *Initial*

X-RAY CXR: ☐ Normal ☐ Pneumonia ☐ Bronchiolitis *ET Tube needs advancement*
☐ AP & LAT. SOFT TISSUE OF NECK: ☐ Normal ☒ Preliminary / ☐ Read By Radiologist

ADDITIONAL PROCEDURES (Done by Physician): ☒ See Procedure Notes ☒ See Addendum

RE-EVALUATION TIME: *7:50* *7:45* ☒ Improved ☐ Worsened ☐ No Change

CONSULTATION DR: *Callie* ☒ *called initially, all were because a call was made to Dr. Dan who advised in pediatric she was immediately called*
 To See @ ☐ ED ☐ Hospital ☐ Office Rec. _____ Returned @ _____; DR. *Dan* @ _____ Returned @ _____

Impression(s) *Acute Cardiac Arrest, Acute Respiratory Arrest, Alleged Child Abuse, Alleged Sexual Assault*

Disposition ☐ AMA ☐ LWT ☐ DOA ☒ ED Death **CONDITION @ D/C:** ☐ Improved ☐ Stable ☐ No Change

DISCHARGE: ☐ Alone ☐ With Family ☐ With Friend ☐ Ambulance

PRESCRIPTIONS: _____

DISCHARGE INSTRUCTIONS: _____

FOLLOW-UP: ☐ Family Physician ☐ Pediatrician ☐ Tomorrow ☐ 1-2 Days ☐ 3-5 Days ☐ 7-10 Days ☐ PRN

ADMIT: ☐ Observation Unit ☐ Floor ☐ Telemetry ☐ ICU ☐ OR

TRANSFER TO: _____ ☐ Stable ☐ Unstable

ACCEPTING PHYSICIAN: DR. _____ **Called @** _____ **Accepted @** _____

PA / ARNP: _____ **PHYSICIAN'S SIGNATURE:** *J. Patterson, D.O.*

000813

ORDER PROCEDURE FORM
CARDIOVASCULAR EMERGENCY**Natchez Community Hospital**

Date In: 2/21/02

Name: **BRITT, CLOE**Pt#: **2202316**Age: **25WKS** DOB: **08/29/2001** Sex: **F**MR#: **0000108034**EDP: **Patterson, Laurie**PCP: **Dar, Ayesha**

Diagnostic Tests		Medical Necessity Information	
Order Time	Laboratory	Order Sent	By
	<u>CBC</u>		
	<u>BMP</u> CMP		
	PT/PTT		
	Magnesium		
	Cardiac Profile		
	Radiology		
	<u>CXR(PALAT - Portable)</u>		
	Cardiopulmonary		
	EKG		
	<u>ABG</u>		
	Physical Therapy - Eval & Tx		

Weight	Allergies / NKDA
lbs: 220	
kgs: 100	

Order Name	Medication / Dosage / Route	Add Time	Site	Admin	Time	Reassess	Reassess by
Epi	not in order						
Epi							
Epi							
Amopure							
CA - glucose							

Order Time	IV Solution	Added Medication	Start Time	Device	Size	Location	Attempts	Amount	Start by	Stop Time	Antifused	Stop by
	☐ KVO Device											
	☒ IV	LR. 24 gels					2145	1 attempt	Agoodman			

Procedures / Nursing Assistance	
☒ Cardiac Monitor	☐ External Pacer
☒ NIBP Monitor	☐ Internal Pacer (Temporary)
☒ Pulse Oximetry	☐ Central Line Placement
☐ Thrombolytic Therapy (Thrombolytic Flow Sheet)	☐ CVP Monitoring
☐ Carotid Massage	☒ CPR
☐ Cardioversion	☒ Endotracheal Intubation

Discharge Instructions
contents noted later in code.

Initials/Signature:	Initials/Signature:	Initials/Signature:	Initials/Signature:
PA/ARNP:	Physician's Signature: <i>L. Patterson</i>		

EMERGENCY DEPARTMENT**CHEST PAIN NURSING ASSESSMENT****Natchez Community Hospital**Name: **BRITT, CLOI**

Pl#: 2202316

Age: 25WKS DOB: 08/29/2001

Sex: F

MR#: 0000108034

EDP: Patterson, Laurie

PCP: Dar, Ayesha

Date In: 2/21/02

Time: _____

Subjective Notes:*Brought in by mother not breathing***Pain:** ☐ Patient denies painLocation: _____ Quality: ☐ Sharp ☐ Dull ☐ Cramping ☐ Burning ☐ Aching Severity Scale: _____ Onset: _____Provocation: _____ ☐ Other: _____Radiating: ☐ No ☐ Yes (see below)☐ Constant☐ Intermittent

Aggravating Factors: _____

PsychosocialCaregiver: ☐ Self ☒ Family member ☐ Significant Other ☐ Group homeEmployment: ☐ Full time ☐ Part time ☐ UnemployedActivity level: ☐ Ambulates independently ☐ Requires assistance ☒ Non-ambulatory☐ Performs ADL's independently ☒ Requires assistance with ADL'sEnvironment: ☒ No steps ☐ Few steps ☐ Many stepsNutritional status: ☒ Normal ☐ Cachectic ☐ ObeseReligious preference: ☒ No ☐ Yes (specify) _____Cultural preference: ☒ No ☐ Yes (specify) _____

Highest grade completed: _____

Read: ☒ No ☐ YesWrite: ☒ No ☐ YesLearning Barriers: ☐ TDD phone ☐ Interpreter ☐ No ☐ Yes☐ Other: _____**Symptoms prior to arrival:** ☐ AsymptomaticMode of Onset: ☒ Sudden ☐ Gradual ☐ Intermittent Onset: _____ Date: _____ Time: _____ Duration: _____Onset > 24 hrs. medical attention was sought? ☐ No ☐ Yes Date: _____**Status at onset**☐ Rest☐ Exertion☐ Awakened from sleep☐ _____☐ _____**Radiation**☐ Substernal☐ Epigastric☐ Left Chest☐ Right Chest☐ Neck / Jaw☐ Back☐ LUE☐ RUE☐ Shoulder☐ _____**Quality**☐ Pressure / Heavy☐ Burning☐ Sharp / Stabbing☐ Constant☐ Intermittent☐ Indigestion☐ Indescribable☐ Ache☐ Crushing☐ _____**Relief Measures**

Rest Yes No

Food ☐ ☐NTG SL ☐ ☐☐ ☐**Associated signs and symptoms**☐ Dyspnea☐ Diaphoresis☐ Nausea☐ Vomiting☐ Syncope☐ Near Syncope☐ Palpitations☐ Extreme fatigue**Chest discomfort with**☐ Deep breathing☐ Palpation☐ Changes in position☐ Exercise / Activity**Past Medical History and Risk Factors**PMH from triage: **NONE**☐ High Cholesterol☐ Peripheral Vascular Disease☐ Previous cardiac arrest☐ MI Date: _____☐ Diabetes☐ Angina☐ HTN☐ COPD☐ Pacemaker☐ Family History☐ Smoker: _____ PPD _____ Yrs☐ Other: _____**Procedures:**☐ Heart cath☐ Stress Test☐ Angioplasty☐ CABG☐ Other: _____**Date****Physical Assessment (Objective)****Heart Sound**☐ WNL☐ Murmur☐ Muffled☐ Click / Rub☐ Rub☐ Other: _____Cap Refill: ☐ < 2 sec. (Normal) ☒ > 2 sec. (Delayed)Edema: ☐ No ☒ Yes Location: _____*face - X*Degree: ☐ 1+ ☐ 2+ ☐ 3+**Palpation**Chest pain with palpation: ☒ No ☐ Yes Location: _____

Pulses: Carotid

Brachial

Radial

A	A
A	A
A	A

Femoral

Popliteal

Dorsalis Pedis

S=Strong W=Weak D=Doppler A=Absent

Abdomen:☒ Soft☐ Distended☐ Firm☐ Non-Tender☐ Rigid☐ Tender☐ Rebound Tenderness☐ Other: _____Cardiac Rhythm: ☐ NSR ☒ Sinus Bradycardia ☐ Sinus Tachycardia ☐ SVT ☐ Other: *Asystole*Apical Pulse: *7*

SpO2: _____ %

☐ Room Air ☐ O2: _____**System Review****Neurologic**☐ Alert☐ Oriented☐ Cooperative☐ Awake but confused☐ Uncooperative☐ Combative☐ Agitated☐ Restrained**Cardiovascular**Skin: ☐ Warm ☒ Dry☐ Moist☐ Diaphoretic☐ Color: ☐ Pink ☐ Pale ☐ Ashen ☐ Flushed☐ Cyanotic ☐ Jaundiced**Respiratory**Airway: ☒ Clear ☐ Other: _____Effort: ☐ Unlabored ☐ Mildly ☐ Severely☐ Retractors ☐ Sudor ☐ Nasal FlaringLung: ☐ Clear ☐ Wheezing ☐ Crackles☐ Rhonchi ☐ Decreased

Vital Signs: 21:40

T: _____

P: _____

Regular R: _____

BP: 000/000

Nurse Signature: *Junga Cupt KN*

002821

EMERGENCY DEPARTMENT**Natchez Community Hospital****ONGOING NURSING ASSESSMENT**Name: **BRITT, CLO.**Pt#: **2202316**Age: **25WKS** DOB: **08/29/2001**Sex: **F**MR#: **0000108034**Date: **2/21/02**EDP: **Patterson, Laurie**PCP: **Dar, Ayesha**

NURSING DIAGNOSIS (Number in order of priority. Each patient must have at least one selected.)		
☐ Airway Clearance, Ineffective	☐ Communication Impaired	☐ Infection, Potential
☐ Anxiety	☐ Coping, Ineffective	☐ Injury, Potential
☐ Breathing Patterns, Ineffective	☐ Fluid Volume, Alteration in	☐ Knowledge Deficit
☒ Cardiac Output, Decreased	☒ Gas Exchange, Impaired	☐ Mobility Impaired
☐ Comfort, Alteration in	☐ Hyperthermia (Fever)	☐ Non-Compliance
☐ Other		☐ Other
☐ Self Care Deficit		☐ Skin Integrity Impairment
		☐ Thought Processes, Impaired
		☐ Thought Processes, Alteration in
		☐ Tissue Perfusion, Alteration in

The GOAL / PLAN for this patient is to assess, plan, implement, identify needs, and initiate interventions for 740.

Not Met Met Int			Not Met Met Int			Not Met Met Int		
☐ FB REMOVAL			☐ IMMOBILIZATION / PROPER ALIGNMENT			☐ IMPROVEMENT OF BREATHING		
☐ BLEEDING CONTROL			☐ DECREASE / PREVENT SWELLING			☐ STABILIZE PATIENT IN DISTRESS		
☐ PAIN CONTROL			☒ MAINTAIN STABLE HOMEOSTASIS			☐ meet ENVIRONMENTAL NEEDS		
☐ ALLEVIATE N/V			☐ MAINTAIN SKIN / TISSUE INTEGRITY			☐ meet PSYCHOSOCIAL NEEDS		
☐ FEVER CONTROL			☐ PREVENT FURTHER INJURY			☐ meet SELF CARE ABILITY NEEDS		
☐ DECREASE ANXIETY			☒ MAINTAIN / IMPROVE CIRCULATION			☐ meet EDUCATIONAL NEEDS		
☒ SAFETY IN THE ED			☐ INFECTION CONTROL			☐ Other		

Int: N = documentation in nurses notes, other 'codes' per Hospital Policy.

Time	Nurse Progress Notes (Reassessment)	Signature	HR	BP	SpO2	Umo	NGT	Glucose	O2	Pain Scale
2140	pt. brought in limp/lifeless via Lab-tech Shelly Smith yelling - call a code - code 300 activation -> pt. to exam #5 -> pediatric resuscitation system secured - pt found lying supine - pt on monitor - asystole pulse - & respirations - pt. cyanotic limp/lifeless - CPR initiated on arrival - attempts by ERNP to secure airway via intubation ET tube passed - nursing placement - removed per mouth - bagging continued		124 134 45 114 136 154 77		SpO2 %	117 / 52 (74) 61 / 35 (44) XXX / XXX (XXX) 89 / 49 (65) 81 / 36 (58) 89 / 34 (57) 114 / 58 (80)				
2144	ET tube passed - nursing placement - removed per mouth - bagging continued									
2145	IV access secured - 24 gauge x 1 attempt per A. Godbold - fluids L.R. infusing @ open rate - P.S. 15 infusion -> CPR continues & pulse & Resp. (by pt.) - pt. continues to be cyanotic & bagging continues - 2148 - 2nd attempt @ intubation - unsuccessful -> bagging pt. continues - & pulse - & Resp. remains in asystole.									
2150	1st Epi 0.8ml IVP initiated									
2152	1.6ml (0.16mg) atropine IVP given SpO2 63% - pt. continued to be bagged - CPR continues - 2153 0.8ml Epi IV push (2nd dose) 110% - SpO2 87% - CPR continues - & pulse -> & spontaneous Resp. - 1.6ml (0.16mg) atropine IVP given									
2155	given - IV fluids to pump @ 20ml/hr - noted to be Dr. Darr's patient - Cadle was previously notified thought pt was Dr. Cadle's - French feeding tube to be placed per Dr. Patterson									
2157	Dr. Cadle here - 3rd Epi 0.8ml IVP given									

Disposition:

D/C to the care of: _____ ☐ Amb ☐ W/C ☐ Stret ☐ Carried

D/C instructions given to: _____ ☐ Verbalized understanding

☐ Treated & Released ☐ Admit - Room #: _____ to Dr. _____

☐ Trans. to _____ ☐ Left without treatment ☐ Left AMA

Report called at _____ and given to _____

D/C Condition: ☐ Improved ☐ Stable ☐ Serious ☒ Expired

Pain: Severity Scale: _____ ☐ Improved ☐ Unchanged ☐ Worse

D/C Vitals: T _____ P _____ R _____ BP _____

D/C Date: _____ Time: **0200** Nurse: **Godbold**

22822

Each entry requires date, time, signature and title

Date	Time	Interdisciplinary Patient Notes
2/21/02	2151	→ Dr. Darch here also - 8 A/S in pt's condition - pt remains cyanotic / limp / lifeless / CPR in progress - Intubation attempt per Dr. Caddle @ 4.5; uncuffed ET tube - successful - resuscitation via bag / tube - CPR continues - 2204 - Calcium 160mg (1.6me) D/P given as ordered per Dr. Caddle - CPR continues - chest color begins to pink up - feet dusky - cap Refil ≥ 2sec -
	2206	D10W - 10cc D/Push per P. Murphy RN. - heart rate 150 distal pulses - CPR stopped - pt. continues to be resuscitated via bag ET / tube. - 2206 - Rectal temp done - perianal bruising / redness / edema noted rectum - large / dilated - appears torn @ upper portion of rectum. Temp 93.7° - pt. placed on warming Blankets / Bear Hugger applied / nsg. notified - requesting warming unit. 2210 CXR done to confirm ET tube placement. - pt continues to have pulse - skin color - pink / chest - feet remain dusky. BP - 81/34 HR 153 - noted in distal extrem - palpable (L) Brachial area -
2/21/02	2213	→ Qml Na Bicarb - D/P - Repeat temp 93.5° - ET tube backed to 13cm
2/21/02	2216	Family updated / police / SO. in ER / previously spoke to EPMO. 2220 Repeat BP 81/36 - PSBS 38mg/kg

PATIENT IDENTIFICATION

BA
PATIENTS, LAB, RA, 0
I F: 0 ADM 02/21/2002
DOB 08/29/2001 F/C A E
NATCHEZ COMMUNI 0000108034
NATCHEZ HS

Pg 1

Interdisciplinary Patient Notes

N6301-T 07/98 (RC# 0258974)

002823

Each entry requires date, time, signature and title

Date	Time	Interdisciplinary Patient Notes
2/21/02	2221	Blood collected for lab work —
	2225	ventilator set up - settings per Dr. Cadli - press. 20/5 RR:30. I/E 1; 3.7 FID 28090 - Respiratory maintained —
	2231	temp $\downarrow$ 90.4 ^(C) Dr. Cadli aware - warmed IV fluids initiated - overhead warmer Fom reg. arrived - initiated —
	2235	SpO ₂ 98-99% - Retinal hemorrhages noted per all MDs participating in code - pupils remain fixed & dilated - Dr. Mamon @ Oschner called by Dr. Dar awaiting call back - UMC full - cannot take pt $\rightarrow$ per Dr. Dar —
	2245	pt. Bradycardic $\rightarrow$ & palpable pulse - HR - 40's - compressions began $\rightarrow$ cardiac monitor sinus bradycardia - B/P 117/57 systolic press $\uparrow$ HR $\downarrow$ - ? Cushing Triad - immediate facial swelling / fontanelles bulging bulging - discoloration of facial area noted (worsening) -
2/21/02	2247	Epi 0.8mg IV $\rightarrow$ B/P 61/35 compressions continued — 2249 Epi 0.8mg IV $\rightarrow$ —
2/21/02	2250	code called by Dr. Dar / rhythm agonal —

PATIENT IDENTIFICATION

BRITT PATTERSON, LAJ
1 F 0 ADM 02/21/2002
DOB 03/29/2001 F/C A E
WATCHEZ COMMUNI 0000108034
WATCHEZ HS

002824

PS 2.

Interdisciplinary Patient Notes

N6301-T 07/98 (RC# 0258974)

Each entry requires date, time, signature and title

Date	Time	Interdisciplinary Patient Notes
	2255	coroner notified per supervisor G. Smith RN - 2300 Instructed to continue airway support to request by family for organ donation - pathologist consulted - along w/ coroner & mpra - 2305 - clear fluid coming from nares bilaterally - / tested for glucose - 424 mg/dl - MD aware Rhinitis / noted
	235	coroner here / pt. remains on vent until pathologist consulted -
	2320	orders from coroner - leave pt as is / awaiting Dr Hancock - 2330 Room closed 90 / coroner in room
	2335	Dr. Hancock here / spoke w/ Dr Patterson stated not a candidate for organ harvesting due to length of time down. 2340 - all equipment discontinued per MD orders - coroner @ head -
	2358	Sheriff here - in exam #5 to coroner & deputies
	0:20	coroner left & bury over.

PATIENT IDENTIFICATION

BF 1 010E
 PATTERSON, LAW 0
 I F 0 ADH 02/21/2002
 DOB 08/29/2001 F/C A E
 NATCHEZ COMMUNI 0000108034
 NATCHEZ HS

Britt, Ave.

002825

Interdisciplinary Patient Notes

N6301-T 07/98 (RC# 0258974)

02/22/2002 7:42:03 AM

Natchez Community Hospital

129 Jeff Davis Blvd. PO Box 1230 Natchez MS 39120 / 601-445-6700

MRN

Name: BRITT, CHLOE

Age:

6mth

On initial exam child had no heart sounds, no pulse, no spontaneous respirations, cyanotic & blue color face around mouth. I did mouth to mouth until child could be bagged. **ACLS/PALS** protocol initiated. See attached addendum sheets.

On exam I noted bruising of forehead. There was also bruising of B/L thighs & chest. Child's femur was torn. Pupils were fixed & dilated. There were Retinal Hemorrhages B/L. Child's anal opening was dilated approximately the size of a quarter. There was tearing of the perianal tissue including anal sphincter muscle.

Cable & other notes detail child's care & improvement in EKG. We were preparing to transfer the child to the CT Scanner for a CT Head & contrast. The child's heart rate dropped to 40's, Cardiac monitor showed sinus bradycardia. Her BP ↑ to 117/52. Within minutes the child's face began to swell then her entire head ~~was~~ noted to swell & her forehead were bulging & firm. Clear fluid was running from child's nose. Child pronounced dead 22:50 by Dr. Dar & agreement from Dr. Cable and myself.

PA/ARNP:

PHYSICIAN'S SIGNATURE: *J. Patterson, D.O.*

PROGRESS NOTES

Date / Time	
	Chloe Britt
2/21/02	ER Note
	Called to evaluate Chloe Britt ~ 10:08
	10:10 PM. Found apneic by mother ~ 20
	min prior to time of arrival. Found apneic
	At my time of arrival ~ 2 min without
	being called. Infant was already
	intubated. Chest compressions were
	being performed. Epi ^W ET had been
	administered x2. + atropine x2.
	Mother ~ 10 min had sinus rhythm.
	APACHE - 6.58 62 ^{CO} PO ₂ 547 HCO 5.5.
	iv Ca, glucose + Bicarb were admini
	+ placed on vent setting 80% O ₂ , RATE 40
	PiP/PEEP —
	~ 15 min after being placed on vent —
	went into brady rhythm. AF bulging
	± severe facial swelling.
	On exam
	B/L fixed dilated pupil, retained hcp
	B/L — tot frenula ETT in place
	and distended. Lh — severe perianal
	bruising + torn anal sphincter.

Shaken baby syndrome
sexual abuse

PROGRESS NOTES

PATIENT ID

BR
PATIENT ID
LAB
ADH 02/21/2002
DOB 08/29/2001 F/C A
NATCHEZ COMMUNITY 0000108034
NATCHEZ MS

002827

Chloe Briff 10/29/01

PROGRESS NOTES

Date / Time	
2/21/02 2800	Trax called to code Dept my Dr Patterson who stated pt had been coding ~ 30 minutes, upon my arrival pt was receiving chest compressions + had received 2 doses Epi + ^{Atropine} War being bagged. I immediately intubated pt c 4.5 ET to 12 cm at gum. Color improved. A&S p intubation 6.584/62/ 549/5.5 on 100% O₂. Ford Ca²⁺ was then given within 5 minutes. Dr Dar arrived at this time + I turned care over to her. I examined pupils at this time - fixed pupils were fixed + dilated + retinal hemorrhages observed by Dr Dar + me. PE: CWR Gray, Acrocyanotic + central cyanosis, limp + lifeless spontaneous movement. Tachypnea, 100/min on forehead, pupils fixed + dilated, initially pulseless - See merger inter + Dr Dar's + Patterson's inter

/hr Cade

PATIENT ID

PROGRESS NOTES

2202316 002828
BRITT, CLOE
PATTERSON, LAU RA
1 F 0 ADM 02/21/2002
DOB 08/29/2001 F/C A E
NATCHEZ COMMUNI 0000108034
NATCHEZ NS

02/22/2002 7:01:17 AM

Natchez Community Hospital

129 Jeff Davis Blvd. PO Box 1230 Natchez MS 39120-1230

MRN

Name: BRITT, CHLOEI

Age: 6 mth

BRITT, CHLOEI

PATTE, CH. LAU * RH

AD 02/21/2002

NATCHEZ COMMUNITY HOSPITAL

MS

LOCATION:	☐ Floor	☐ ICU	Other: <u>ER</u>
REASON:	☐ Respiratory Distress	☒ Respiratory Arrest	☐ Cardiac Arrest ☐ Seizure ☐ Other:
INITIAL ASSESSMENT:			
✓ Airway: ☐ Intubated ☒ Not Intubated			
✓ Breathing: ☐ Bagged ☐ Agonal <u>No spontaneous respiration</u>			
✓ Circulation: ☐ Carotid Pulse Present ☐ Pulseless			
INITIAL TELEMTRY: ☒ Asystole ☐ PEA ☐ Pulseless VT ☐ Narrow-Complex Tachycardia ☐ Wide-Complex Tachycardia			
☐ Bradycardia ☐ V Fib			
PHYSICIAN INTERVENTIONS: ☒ Intubation ☒ CPR ☐ CVL Placement ☐ Defibrillation			
☒ Vaso-Active Drips (☐ Dopamine, ☐ Dobutamine, ☒ Epinephrine, Other: <u>Atropine</u>			
☒ SEE ATTACHED PROCEDURE FORMS			
SECONDARY ASSESSMENT:			
SKIN: ☐ Normal ☒ Cyanotic ☐ Cold ☐ Diaphoretic			
EYES: ☐ Normal ☒ Dilated ☐ Pinpoint <u>mm</u> → <u>mm</u> <u>With Retinal Hemorrhages</u>			
ENT: ☐ Normal ☐ Dental Trauma ☐ Emesis <u>Loose frenulum of lip</u>			
CV: ☐ Normal ☐ Tachycardic ☐ Bradycardic ☒ No Heart Sounds			
RESP: ☐ Normal ☐ Unequal Breath Sounds ☐ Crackles ☐ Wheezes ☒ No Respirations			
GI: ☐ Normal ☒ Distended ☐ Pulsatile Mass			
MS (includes neck & back): ☐ Normal ☐ JVD <u>No Muscle Tone / Flaccid / 2</u>			
HEME/LYMPH: ☐ Normal ☐ Edema			
NEURO: ☐ Normal ☒ COMA ☐ GCS:			
ADDITIONAL INTERVENTIONS/RESULTS: <u>See attached</u>			
INTERPRETATIONS:			
• EKG INTERPRETATION: ☐ NSR; ☐ No ST Abnormality <u>Asystole, Agonal, Sinus, Agonal</u> ^{+PEA}			
Compared To EKG On <u>6.584</u> / <u>6.21</u> / <u>5.44</u> ; ☐ No Significant Change			
• ABG: pH <u>6.584</u> PCO ₂ <u>62.1</u> PO ₂ <u>54.5</u> <u>99.8%</u> ☒ SEE ATTACHED EKG INTERPRETATION			
(☐ Resp. Acidosis ☐ Resp. Alkalosis ☐ Met. Acidosis ☐ Met. Alkalosis ☐ Other: <u>just after intubated</u>)			
• CXR: ☐ Normal ☐ Pneumonia ☐ CMG ☐ PTX ☐ Effusion ☐ Pulm. Edema			
• ET Tube placement: ☐ Appropriate <u>SE High - Tube untaped & passed to midline</u>			
☒ SEE ATTACHED RADIOGRAPH INTERPRETATION			
ADDITIONAL EVENTS: <u>See attached</u>			
IMPRESSION(S): <u>NPD</u>			
CARE DISCUSSED WITH: ☒ Family ☒ PMD ☐ Other: <u>Sheriff's Office</u> Time: <u>7:01</u>			
PA/ARNP: _____ PHYSICIAN'S SIGNATURE: <u>[Signature]</u>			

02/22/2002 7:00:20 AM

Natchez Community Hospital

129 Jeff Davis Blvd. PO Box 1230 Natchez MS 39120 / 601-445-6700

MRN

Name: BRITT, CHLOE

Age:

BRITT, CHLOE

PERSON LAU RH 0

DOB 08/29/2001 F/C A E

NATCHEZ COMMUNITY HOSPITAL

NATCHEZ

ADM 02/21/2002

0000108034

MS

CONSENT

☐ Written Consent On Chart☒ Consent Unobtainable Due To Patient Condition☐ Verbal Consent Obtained

PRE-OXYGENATION

☒ 100% NRB ☐ None

oral airway in place

PRE-MEDICATION

Defasciculating Meds: ☐ Norcuron / ☐ Pavulon / Other: None Dose:Other Meds: ☐ Lidocaine / ☐ Atropine / ☐ Esmolol / Other: None except code meds Dose:

SEDATION

☒ None☐ Thiopental (Pentothal™) ☐ Fentanyl (Sublimaze™) ☐ Midazolam (Versed™)☐ Ketamine (Ketalar™) ☐ Propofol (Diprivan™) ☐ Etomidate (Amidate™)

Other:

Dose:

PARALYSIS

☒ None☐ Succinylcholine

Other:

Dose:

INTUBATION

A 4.5 mm ET Tube was inserted: ☐ Orally ☐ Nasally5.0 ☐ First Attempt ☒ Second or Third Attempt ☐ > Third Attempt

Other:

If unsuccessful, elaborate Could hear B/L Breath sounds

Sellick Maneuver was done throughout paralysis: ☐ Y ☐ NThere was symmetric chest rise and BBS post-intubation: ☐ Y ☐ NCO₂ indicator used for confirmation: ☒ Y ☐ N Results: ☐ (+) CO₂ Return Other:

Pulse Oximetry post-intubation was _____ %

The ET Tube was taped at _____ cm at the lips

Post-intubation CXR confirmed good tube location: ☐ Y Other:The patient tolerated the procedure: ☐ Well ☐ Adequately ☐ PoorlyCOMPLICATIONS: ☒ None ☐ Dental Trauma ☐ Aspiration ☐ Esophageal Placement

Child intubated by Dr. Cadde

4.5 ET Tube orally

PA/ARNP

PHYSICIAN'S SIGNATURE

J. Peterson, MD

02/22/2002 7:02:29 AM

Natchez Community Hospital

129 Jeff Davis Blvd. PO Box 1230 Natchez MS 39120 / 601-445-6700

MRN

Name: BRITT, CHLOE

Age:

6 mth

BRITT, CHLOE
PATTERSON, LAU RH
I F O
DOB 08/29/2001 ADM 02/21/2002
NATCHEZ COMMUNITY HOSPITAL
NATCHEZ
0000108034
1S

NG Tube: Using 8 French Feeding tube I passed tube down child's Nare. No complications. No gastric contents initially but there was drainage from stomach through tube into cup later. These stomach contents were later given to Police Dept.

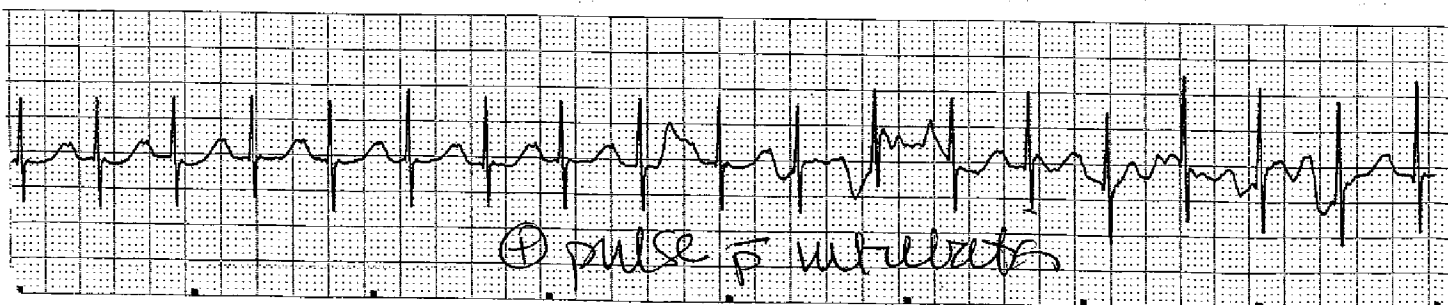
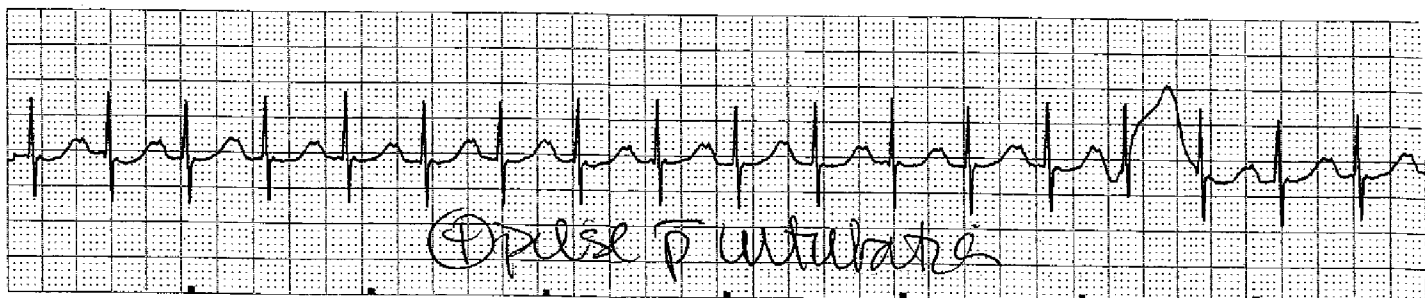
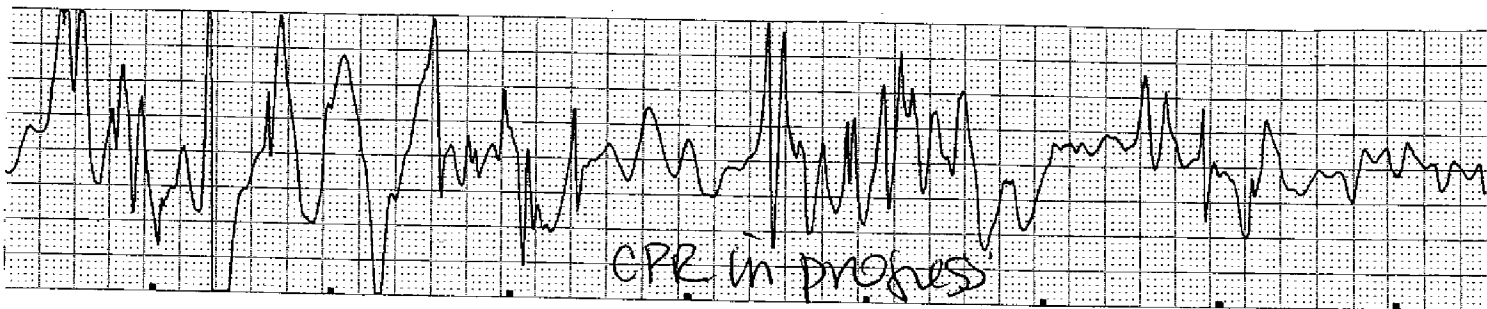
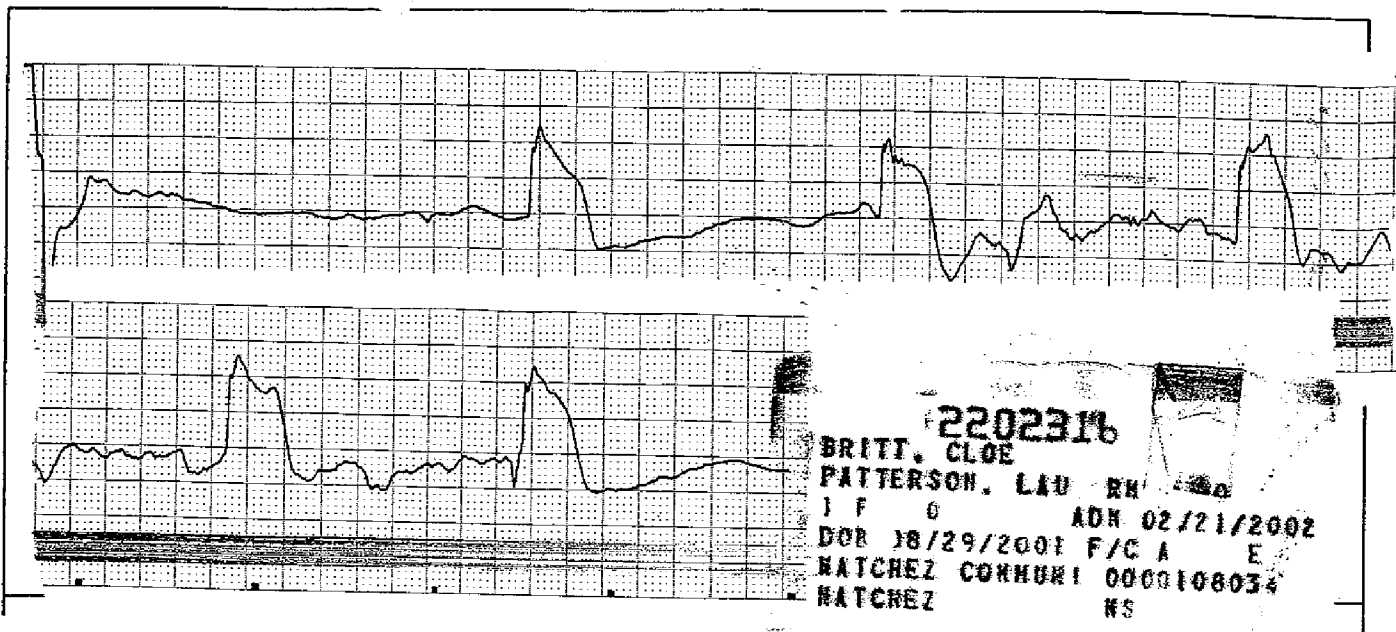
5 French Feeding tube used for a Foley cath. Vaginal area cleaned & tube passed easily. Assisted by Pat Murphy. No complications.

PA/ARNP:

PHYSICIAN'S SIGNATURE

L. Patterson, DO

151

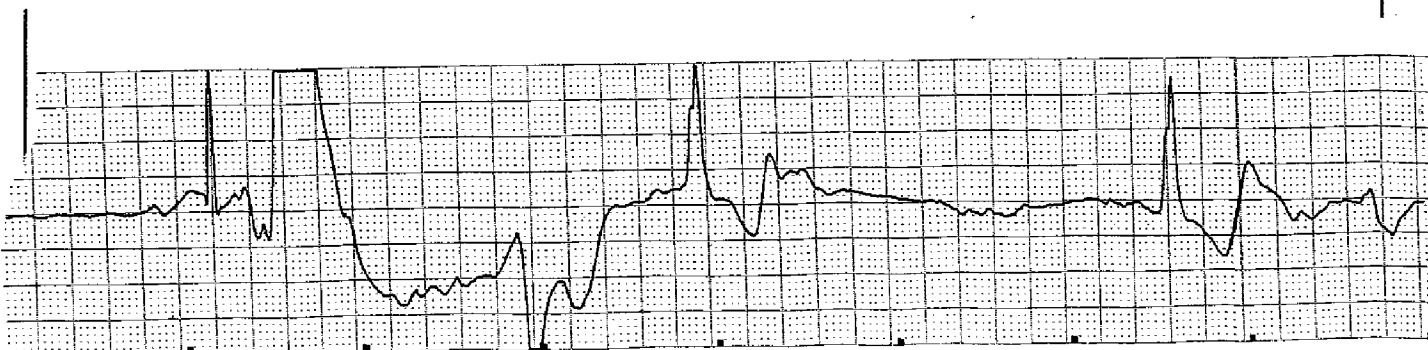
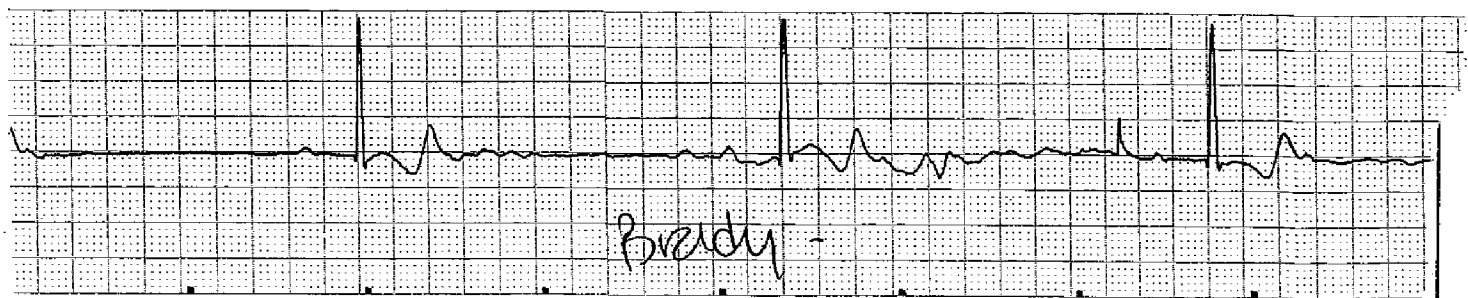
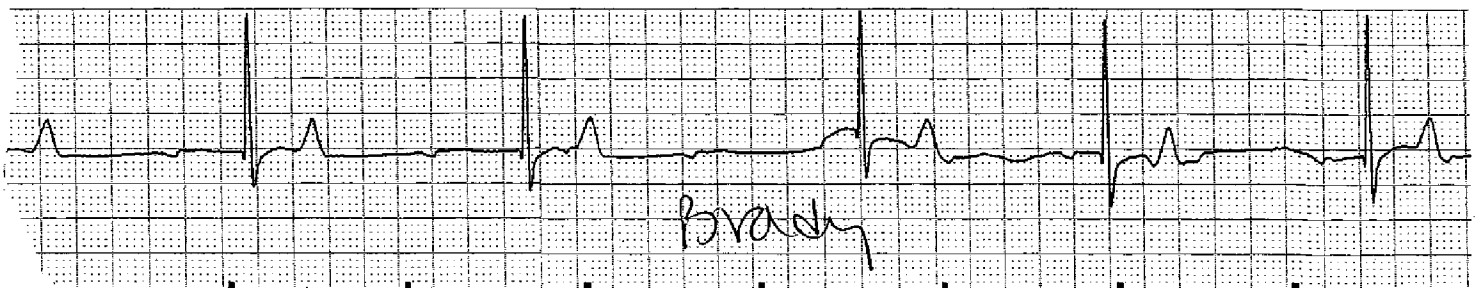
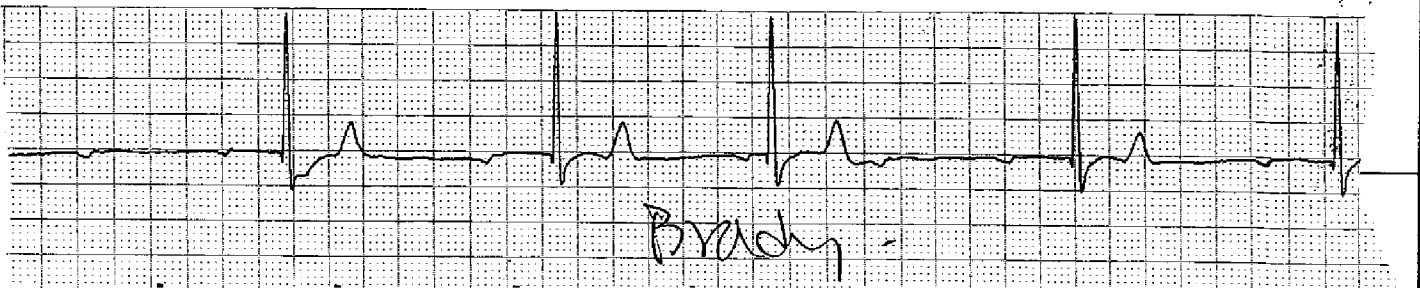
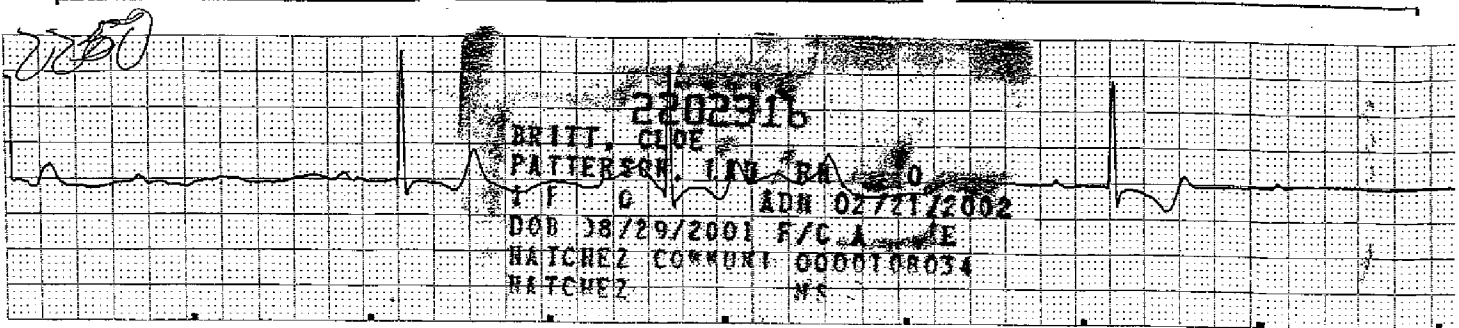


LABORATORY

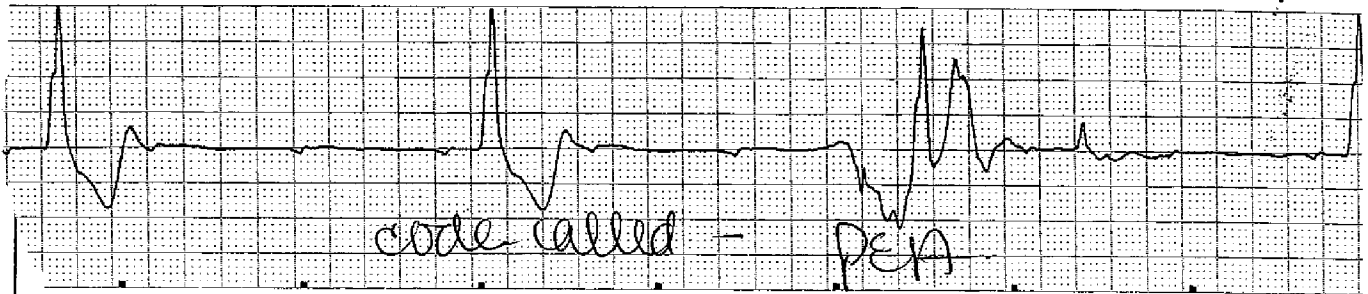
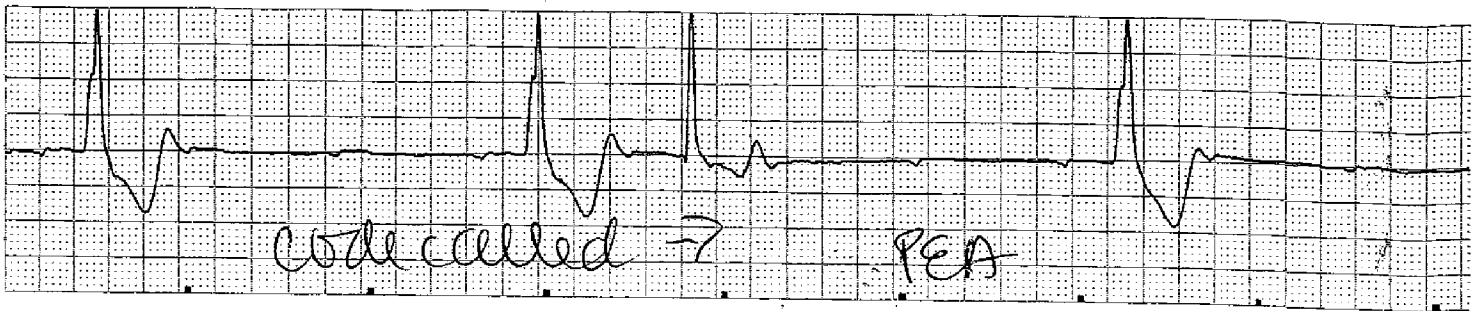
002832 HCAIS 9

LABORATORY

142.



P-31.



REMOVE TAPES
PLACE EDGE OF FORM AGAINST BROKEN LINE AND PRESS FIRMLY.

VERTICAL MOUNT

VERTICAL MOUNT

VERTICAL MOUNT

BR 0202310
PATTERSON, LAU KH 0
ADM 02/21/2002
DOB 08/29/2001 F/C A E
NATCHEZ COMMUNI 0000108034
NATCHEZ HS

HORIZONTAL MOUNT

REMOVE TAPES

BR 0202310
PATTERSON, LAU KH 0
ADM 02/21/2002
DOB 08/29/2001 F/C A E
NATCHEZ COMMUNI 0000108034
NATCHEZ HS

PLACE EDGE OF FORM AGAINST SOLID LINE AND PRESS FIRMLY

LABORATORY

002834

HCAIS 9

LABORATORY

02/21/02 02:26:02

Community Hospital
Natchez Miss. 39120Mode
S

CBC+Diff.

ID# 1
BRITT, CHLOE M.DATE:
02/21/02TIME:
22:25:58

Reagent Sensor OFF

ID# 2

LOCATION

Emergency Room
Patterson

DATE OF BIRTH

SEX *F*

Sequence #

DATE & TIME *2/21/02 @ 2225*

COLLECT DATE

COLLECT TIME

COLLECTOR

ER

Abnormal WBC Pop

Abnormal RBC Pop

Normal PLT Pop

WBC	12.0	H	10 ³ /uL
NE%	15.3	L	%
LY%	76.2	H	%
MO%	7.5	%	%
EO%	0.5	%	%
BA%	0.5	%	%
NE#	1.8	H	10 ³ /uL
LY#	9.1	H	10 ³ /uL
MO#	0.9	H	10 ³ /uL
EO#	0.1	H	10 ³ /uL
BA#	0.1	H	10 ³ /uL

RBC	3.36	L	10 ⁶ /uL
HGB	10.4	L	g/dL
HCT	29.6	L	%
MCV	88.0	FL	pg
MCH	30.8	pg	dL
MCHC	35.1	L	%
RDW	11.3	L	%

PLT	219	10 ³ /uL
MPV	7.9	FL

SUSPECT FLAGS:

Blasts
Variant Lymphs

-----WBC-----RBC-----PLT-----

Neutropenia %
Lymphocytosis %DEFINITIVE FLAGS:
Anemia

NORMAL RANGES

WBC MF	4.8-10.8	RBC M	4.20-5.40	F	4.20-5.40	PLT MF	150-450
NE% MF	43.0-65.0	HGB M	12.0-16.0	F	12.0-16.0	MPV MF	7.4-10.4
LY% MF	20.5-45.5	HCT M	37.0-47.0	F	37.0-47.0		
MO% MF	5.5-11.7	MCV M	81.0-99.0	F	81.0-99.0		
EO% MF	0.9-2.9	MCH MF	27.0-31.0				
BA% MF	0.2-1.0	MCHC MF	32.0-36.0				
		RDW MF	11.5-14.5				
NE# MF	2.2-4.8						
LY# MF	1.3-2.9						
MO# MF	0.3-0.8						
EO# MF	0.0-0.2						
BA# MF	0.0-0.1						

Microscopic

WBC Diff		Meta	
Neut		Myelo	
Band		Pro	
Lymph		Blast	
Mono		Atyp	
Eos		NRBC	
Baso		Toxic Gran	
RBC Morph		Baso Stip	
Aniso		Sphero	
Macro		Target	
Micro			
Hypo			
Poly		PLT Est	
Poik			

Comments
Sig/Rev*SNB 2/21/02 @ 2226*

002835

Trauma Code

220236
 BRITT, CLOE

PATTERSON, LAU RM
 F
 DOB 08/28/2001 F/C A
 NATCHEZ COMMUNI 0000108034
 NATCHEZ HS

ADH 02/21/2002
 #E

February 21, 2002 22:08
 Sample # 3344

RADIOMETER ABL500

ABL500 PATIENT REPORT

IDENTIFICATIONS

Patient ID
 Last name
 First name
 Patient temp. 37.0 °C
 Sample type Arterial
 Sampling time 22:00
 FiO₂ 100.0 %
 Age 0 years
 Sex Female

tHb₄ 15.0 g/dL
 Operator ID JSA

BLOOD GAS VALUES		ACID BASE STATUS	
pH	7.384	HCO ₃ ⁻	5.5 mmol/L
pCO ₂	62.1 mmHg	tABE	 mmol/L
pO ₂	549.5 mmHg	tCO ₂ (P) _c	7.4 mmol/L
TEMPERATURE CORRECTED VALUES		sO ₂	99.8 %
pH (37.0°)	7.384	aaDpO ₂	105.7 mmHg
pCO ₂ (37.0°)	62.1 mmHg		
pO ₂ (37.0°)	549.5 mmHg		

? : Errors detected.

Printed February 21, 2002 22:07 from analyzer ABL-500

PLACE EDGE OF FORM
 AGAINST BROKEN LINE
 AND PRESS FIRMLY.

REMOVE TAPES

TICAL MOUNT

TICAL MOUNT

TICAL MOUNT

1 HORIZONTAL MOUNT

REMOVE TAPES

PLACE EDGE OF FORM AGAINST SOLID LINE AND PRESS FIRMLY

LABORATORY

002836

HCAIS 9

LABORATORY

NATCHEZ COMMUNITY HOSPITAL
129 JEFF DAVIS BLVD.
NATCHEZ, MS 39120

PATIENT NAME: BRITT CHLOE

COLLECTED DATE/TIME: 2/21/02 2230

HOSPITAL #:

COLLECTED BY: EW

AGE:

SEX: F

ROOM: ER

PHYSICIAN: PATTERSON#

SAMPLE ID: 022149

FLUID: SERUM

PRIORITY: ROUTINE

Misc:

Misc:

Misc:

TEST		RESULT		NORMAL RANGE
GLUCOSE	HI	339.	mg/dL	75. - 110.
UREA NITROGEN	LO	8.	mg/dL	9. - 20.
CREATININE	LO	.4	mg/dL	.8 - 1.5
SODIUM	LO	135.	mmol/L	137. - 145.
POTASSIUM	HI	5.0	mmol/L	3.6 - 5.0
CHLORIDE		101.	mmol/L	98. - 107.
CARBON DIOXIDE	LO	11.	mmol/L	22. - 30.
BUN/CREATININE		19.3		7.0 - 25.0
CALCIUM	HI	10.6	mg/dL	8.4 - 10.4

Test Init Date: Feb 21 02 22:25:05

TECH: W

236
0114
Rita

002837

CODE TEAM

PRE ARREST STATUS

COMMENTS

POST ARREST STATUS

EXPIRED

TIME 2250

PRONOUNCED BY

Date _____

Recorder's Signature

Physician's Signature _____

Patient ID

PETERSON, LEO RUD 0
 1 F 0 ADR 02/21/2002
 B02 08/29/2001 F/C 1 E
 HATCHEZ COMMUNI 000108034
 HATCHEZ HS

CODE TEAM

Continuation

PRE ARREST STATUS pt. was on medication

POST ARREST STATUS

EXPIRED

TIME 250

PRONOUNCED BY

COMMENTS

COMMENTS bruising - noted to
head chest (D+R) inner
thigh = bruising / swelling
anal area =

2/2/02
Date

Abigail Spillars PW
Recorder's Signature

Laurie S. Patterson, D.O.
Physician's Signature

$\rho_g \alpha / \alpha$

Patient ID	PATILSON, LEE ED	0
	IF 0	ADN 02/21/2002
	DOS 06/29/2001	P/C 1 E
	WATCHER CONSONI	0000108034
	WATCHER	NS