

ALFRED STATE MEDICAL CENTER

100 MAIN ST, ALFRED NY 14802

(607) 555-1234

HOSPITAL #: 000999

INPATIENT FACE SHEET

PATIENT NAME AND ADDRESS				GENDER	RACE	MARITAL STATUS	PATIENT No.
GIBBON, Andrew 22 Market Street Alfred, NY 14802				M	W	M	Case05
				DATE OF BIRTH		MAIDEN NAME	OCCUPATION
				08-19-YYYY		N/A	Retired
ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY		TELEPHONE NUMBER	
04-27-YYYY	13:00	04-29-YYYY	00:00	02 DAYS		(607) 555-4500	
GUARANTOR NAME AND ADDRESS				NEXT OF KIN NAME AND ADDRESS			
GIBBON, Andrew 22 Market Street Alfred, NY 14802				GIBBON, Cynthia 22 Market Street Alfred, NY 14802			
GUARANTOR TELEPHONE No.		RELATIONSHIP TO PATIENT		NEXT OF KIN TELEPHONE NUMBER		RELATIONSHIP TO PATIENT	
(607) 555-4500		Self		(607) 555-4500		Wife	
ADMITTING PHYSICIAN		SERVICE		ADMIT TYPE		ROOM NUMBER/BED	
Alan Norris, MD		Medical		2		0362/02	
ATTENDING PHYSICIAN		ATTENDING PHYSICIAN UPIN		ADMITTING DIAGNOSIS			
Alan Norris, MD		100G02		Chest pain			
PRIMARY INSURER		POLICY AND GROUP NUMBER		SECONDARY INSURER		POLICY AND GROUP NUMBER	
Medicare							
DIAGNOSES AND PROCEDURES							ICD CODE
PRINCIPAL DIAGNOSIS							
Chest Pain,, Etiology Unknown							786.50
SECONDARY DIAGNOSES							
Hypertension							401.9
Arteriosclerotic cardiovascular disease							429.9
with arteriosclerosis							440.9
Status post myocardial infarction							412
PRINCIPAL PROCEDURE							
SECONDARY PROCEDURES							
TOTAL CHARGES: \$ 4,855.65							
ACTIVITY: <input type="checkbox"/> Bedrest <input checked="" type="checkbox"/> Light <input type="checkbox"/> Usual <input type="checkbox"/> Unlimited <input type="checkbox"/> Other:							
DIET: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Cholesterol <input type="checkbox"/> Low Salt <input type="checkbox"/> ADA <input type="checkbox"/> _____ Calorie							
FOLLOW-UP: <input type="checkbox"/> Call for appointment <input type="checkbox"/> Office appointment on _____ <input checked="" type="checkbox"/> Medications: Procardia, Isordil, Vasotec, Inderal, Alorol, Aspirin.							
SPECIAL INSTRUCTIONS: See Dr. Derby next week Do not take Dyazide until you see Dr. Derby.							
Signature of Attending Physician: Alan Norris, MD							

GIBBON, Andrew

Admission: 04-27-YYYY

Case05

DOB: 08-19-YYYY

Dr. Norris

ROOM: 0362

CONSENT TO ADMISSION

I, Andrew Gibbon hereby consent to admission to the Alfred State Medical Center (ASMC) , and I

further consent to such routine hospital care, diagnostic procedures, and medical treatment that the medical and professional staff of ASMC may deem necessary or advisable. I authorize the use of medical information obtained about me as specified above and the disclosure of such information to my referring physician(s). This form has been fully explained to me, and I understand its contents. I further understand that no guarantees have been made to me as to the results of treatments or examinations done at the ASMC.

Andrew Gibbon

November 9, YYYY

Signature of Patient

Date

Signature of Parent/Legal Guardian for Minor

Date

Relationship to Minor

Andrea Wittman

November 9 , YYYY

WITNESS: Alfred State Medical Center Staff Member

Date

CONSENT TO RELEASE INFORMATION FOR REIMBURSEMENT PURPOSES

In order to permit reimbursement, upon request, the Alfred State Medical Center (ASMC) may disclose such treatment information pertaining to my hospitalization to any corporation, organization, or agent thereof, which is, or may be liable under contract to the ASMC or to me, or to any of my family members or other person, for payment of all or part of the ASMC's charges for services rendered to me (e.g. the patient's health insurance carrier). I understand that the purpose of any release of information is to facilitate reimbursement for services rendered. In addition, in the event that my health insurance program includes utilization review of services provided during this admission, I authorize ASMC to release information as is necessary to permit the review. This authorization will expire once the reimbursement for services rendered is complete.

Andrew Gibbon

November 9, YYYY

Signature of Patient

Date

Signature of Parent/Legal Guardian for Minor

Date

Relationship to Minor

Andrea Wittman

November 9 , YYYY

WITNESS: Alfred State Medical Center Staff Member

Date

GIBBON, Andrew

Admission: 04-27-YYYY

Case05

DOB: 08-19-YYYY

Dr. Norris

ROOM: 0362

ADVANCE DIRECTIVE

Your answers to the following questions will assist your Physician and the Hospital to respect your wishes regarding your medical care. This information will become a part of your medical record.

	YES	NO	PATIENT'S INITIALS
1. Have you been provided with a copy of the information called "Patient Rights Regarding Health Care Decision?"	X		AG
2. Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X	AG
3. Have you prepared a Durable Power of Attorney for Health Care? If yes, please provide the Hospital with a copy for your medical record.		X	AG
4. Have you provided this facility with an Advance Directive on a prior admission and is it still in effect? If yes, Admitting Office to contact Medical Records to obtain a copy for the medical record.		X	AG
5. Do you desire to execute a Living Will/Durable Power of Attorney? If yes, refer to in order: a. Physician b. Social Service c. Volunteer Service		X	AG

HOSPITAL STAFF DIRECTIONS: Check when each step is completed.

- ☒ Verify the above questions where answered and actions taken where required.
- ☒ If the "Patient Rights" information was provided to someone other than the patient, state reason:

Name of Individual Receiving Information Relationship to Patient
- ☒ If information was provided in a language other than English, specify language and method.
- ☒ Verify patient was advised on how to obtain additional information on Advance Directives.
- ☒ Verify the Patient/Family Member/Legal Representative was asked to provide the Hospital with a copy of the Advanced Directive which will be retained in the medical record.
File this form in the medical record, and give a copy to the patient.

Name of Patient	Name of Individual giving information if different from Patient
Andrew Gibbon	November 9, YYYY

Signature of Patient	Date
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Andrea Witteman	November 9, YYYY
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Signature of Hospital Representative	Date
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ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED NY 14802 ■ (607) 555-1234

GIBBON, Andrew Case05 Dr. Norris		Admission: 04-27-YYYY DOB: 08-19-YYYY ROOM: 0362	SOAP DOCUMENTATION
Date	27 Apr YY		
	Subjective	<p>CHIEF COMPLANT: 72 yr. old gentleman of Dr. K. Derby's who presents with chest pain.</p> <p>HISTORY OF PRESENT ILNESS: Mr. Gibbon is a very cheery sort of fellow. He is very pleasant. He looks as though he probably should be running some sort of hardware store commercial. He states that today while he was preparing breakfast, in the restroom he suffered some chess discomfort. He is a little bit vague as to where his chest really is. He felt it in his back, he felt it in his jaw. He took a couple of Nitroglycerine in sequence three minutes apart and felt better. Apparently, this has been occurring a little more frequently recently. All these things are nebulous. If it wasn't for his wife I think he would deny everything. According to his wife, he has been having more frequent episodes and has gained a fair amount of wait over the winter. He has had little physical activity. His pastor who is with him and often serves as his spokesman, stated that he had hunted this past fall without having to take any medication. However, he said the pace was quite controlled and he really didn't do very much in the way of heavy exercise. The patient has a history of an mycocardial infraction in 1981. Underwent catheterisation. Apparently, no surgery was necessary. There is also some question about him having a lot of indigestion from time to time and it is not clear whether it is cardiac or GI. Because of his prior cardiac history, the progression of his chest pane, the uncertainty of its origin, he will be admitted for further evaluation and treatmant.</p> <p>PAST MEDICAL HISTORY: Is essentially that listed above.</p> <p>SOCIAL HISTORY & FAMILY HISTORY: The patient is married. Doesn't smoke, although he had in the past. Doesn't drink. There is no disease common in the family.</p>	
	Objective	<p>REVIEW OF SYSTEMS: Negative.</p> <p>VITAL SIGNS: Temperature of 97.6 (Normal = 96.6 – 100.6), pulse is 65 (Normal = 60 – 100), respirations 18 (Normal = 12 – 20), blood pressure 118/78 (Normal = 120/80 or below).</p> <p>HEAD: Normocephalic.</p> <p>ENT: Eyes -sclera and conjunctiva normal. PERRL, EOM's intact. Fundi reveal arteriolar narrowing. ENT are unremarkable.</p> <p>NECK: Supple. No thyromegaly. Carotids are 2 out of 4. No bruits, no jugular venous distention.</p> <p>CHEST: Symmetrical. Clear to auscultation and percussion.</p> <p>HEART: Regular rhythm without any particular murmurs or gallops.</p> <p>ABDOMEN: Nontender. No organomegaly. Bowel sounds normal activity. No bruits or masses.</p> <p>BACK: No CVA tenderness nor tenderness to percussion over the spinous processes.</p> <p>GENITALIA: Normal male.</p> <p>RECTAL: Good sphincter tones. Stool is hemoccult negative. Prostate is normal in size.</p> <p>EXTREMITIES: No cyanosis, clubbing or edema. Pulses equal and full.</p> <p>NEUROLOGIC: Is physiologic.</p>	
	Assessment	1) Chest pain, etiology to be determined 2) Hypertension 3) Tachypnea 4) Bradycardia	
	Plan	Schedule for stress test 4/28, 1230 if possible	

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GIBBON, Andrew

Admission: 04-27-YYYY

DOCTORS ORDERS

Case05

DOB: 08-19-YYYY

Dr. Norris

ROOM: 0362

Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
4-27-YY	1330	TELEMETRY PROTOCOL
		1. Saline lock, insert and Iflush every 24 hours and PRN
		2. EKG with chest pain x 1
		3. Oxygen 3 l/min. via nasal cannula PRN for chest pain.
		4. Chest Pain: NTG 0.4mg SL q 5 min x 3.
		5. Bradycardia: Atropine 0.5mg IV q 5 min to total of 2mg for symptomatic heart rate
		(Pulse less than 50 or 60 with decreased BP and/or PVC's)
		6. PVC's: Lidocaine 50mg IV push
		Start drip 500cc D5W Lidocaine 2 gm @ 2mg/Min (30cc/hr) for greater
		than 6 PVC's per min or 3 PVC's in a row.
		7. V-Tach: (If patient is hemodynamically stable)
		Lidocaine 50mg IV push.
		Start drip 500cc D5W Lidocaine 2 gm @ 2mg/min (30cc/hr)
		(If unstable) Cardiovert at 50 watt seconds
		8. V-fib: Immediately defibrillate at 200 watt seconds, if not converted:
		Immediately defibrillate at 300 watt seconds, if not converted;
		Immediately defibrillate at 360 watt seconds, if not converted: Start CPR
		Give Epinephrine (1:10,000) 1 mg IC push
		Give Lidocaine as per V-Tach protocol
		9. Asystole/EMD: Begin CPR
		Epinephrine (1:10,000) 1mg IV push
		Atropine 1 mg IV push if no response with Epinephrine
		10. Respiratory arrest: Intubation with mechanical ventilation.
		11. Notify Physician for chest pain or arrhythmias requiring treatment.
		R.A.V. T.O. Dr. Norris/M. Higgin, R.N.
		Alan Norris, MD

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GIBBON, Andrew

Admission: 04-27-YYYY

Case05

DOB: 08-19-YYYY

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ROOM: 0362

LABORATORY DATA**SPECIMEN COLLECTED:**

04-29-YYYY

SPECIMEN RECEIVED:

04-29-YYYY

TEST	RESULT	FLAG	REFERENCE
Glucose	97		70-110 mg/dl
BUN	12		8-25 mg/dl
Creatinine	1.0		0.9-1.4 mg/dl
Sodium	135	L	135-145 mmol/L
Potassium	4.2		3.6-5.0 mmol/L
Chloride	97	L	99-110 mmol/L
CO2	30		21-31 mmol/L
Calcium	9.3		8.8-10.5 mg/dl
WBC	4.7		4.5-11.0 thous/UL
RBC	5.80		5.2-5.4 mill/UL
HGB	17.0		11.7-16.1 g/dl
HCT	50.1		35.0-47.0 %
Platelets	102	L	140-400 thous/UL
Protime	11.4		11.0-13.0
PTT	21		< 32 seconds

*****End of Report*****

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GIBBON, Andrew		Admission: 04-27-YYYY		LABORATORY DATA
Case05		DOB: 08-19-YYYY		
Dr. Norris		ROOM: 0362		
SPECIMEN COLLECTED:		04-29-YYYY	SPECIMEN RECEIVED:	
			04-29-YYYY	
URINALYSIS				
URINE DIPSTICK				
COLOR	STRAW			
SP GRAVITY	1.010			1.001-1.030
GLUCOSE	NEGATIVE			< 125 mg/dl
BILIRUBIN	NEGATIVE			NEG
KETONE	NEGATIVE			NEG mg/dl
BLOOD	NEGATIVE			NEG
PH	7.5			4.5-8.0
PROTEIN	NEGATIVE			NEG mg/dl
UROBILINOGEN	NORMAL			NORMAL-1.0 mg/dl
NITRITES	NEGATIVE			NEG
LEUKOCYTES	NEGATIVE			NEG
WBC	RARE			0-5 /HPF
RBC	--			0-5 /HPF
EPI CELLS	RARE			/HPF
BACTERIA	--			/HPF
CASTS.	--			< 1 HYALINE/HPF
End of Report				
ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED NY 14802 ■ (607) 555-1234				

GIBBON, Andrew

Admission: 04-27-YYYY

NUCLEAR MEDICINE REPORT

Case05

DOB: 08-19-YYYY

Dr. Norris

ROOM: 0362

Reason for Ultrasound (please initial): *R/o stones*

Date Requested:

Transport: ☒ Wheelchair ☐ Stretcher ☐ O₂ ☐ IV
☒ IP ☐ OP ☐ ER
☐ PRE OP ☐ OR/RR ☐ Portable

HEPATOBIILIARY SCAN: Following injection of isotope there is prompt demonstration of the liver, gallbladder, biliary system and small bowel. This would indicate no significant obstruction of either the cystic or the common duct.

CONCLUSION: Normal hepatobiliary scan.

ABDOMINAL ULTRASOUND: Multiple real time images show that the gallbladder is of normal size with evidence of any stones or wall thickening. Portions of the kidneys, spleen, pancreas and upper aorta are demonstrated and are unremarkable.

CONCLUSION: Normal ultrasound

DD: 04-28-YYYY

D. Lane

DT: 04-29-YYYY

D. Lane, M.D.

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GIBBON, Andrew

Admission: 04-27-YYYY

EKG REPORT

Case05

DOB: 08-19-YYYY

Dr. Norris

ROOM: 0362

Date of EKG *04-27-YYYY*

Time of EKG **11:42:03**

Rate *61*

PR *158*

Abnormal: Old inferior M.I.

QRSD *64*

QT *383*

Nonspecific ST-T changes.

QTC *386*

-- Axis --

No old tracings for comparison.

P *1*

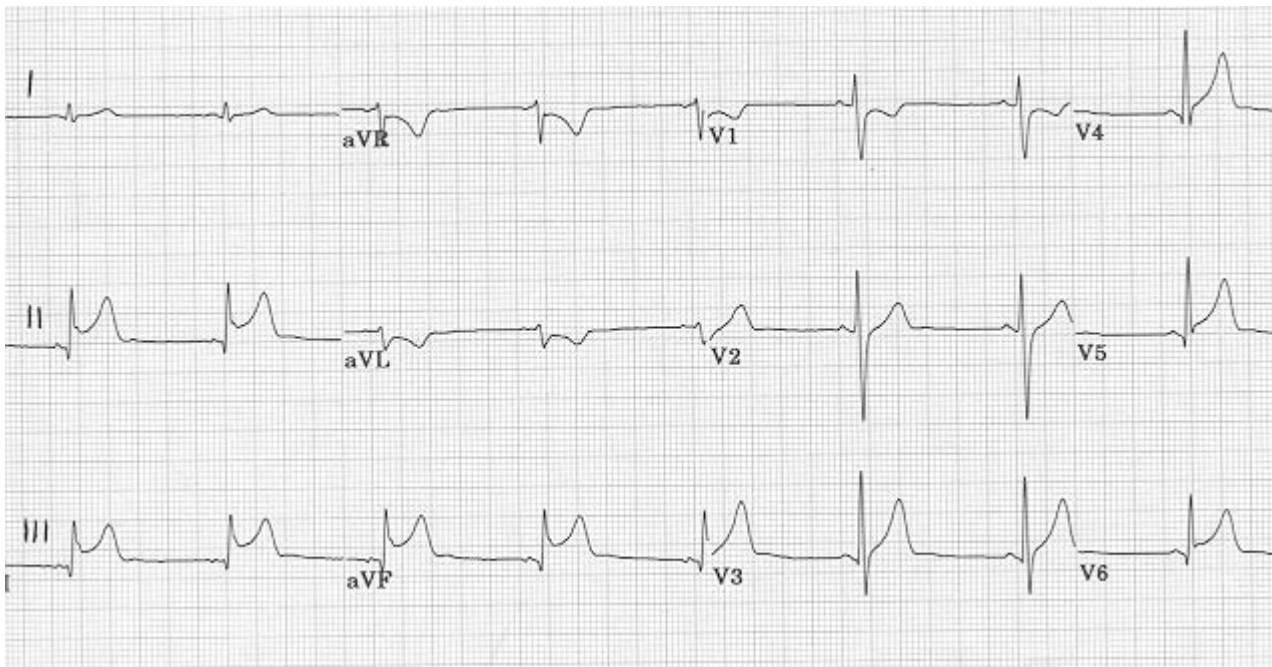
Clinical correlation needed.

QRS *-27*

T *28*

Bella Kaplan, M.D.

Name of Physician



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GIBBON, Andrew

Case05

Dr. Norris

Admission: 04-27-YYYY

DOB: 08-19-YYYY

ROOM: 0362

TREADMILL STRESS TEST

Date of EKG *04-29-YY/YY/YY*

Time of EKG *13:00*

Protocol

Manual

Time

6:41

Age

72

Rate

116, 78% of Expected Max (148)

Race

Caucasian

BP

13/85

Sex

Male

Stage

3

Ht

66 in.

Speed

3.4

Wt

160 lbs.

Grade

14.0

Opt

362

RPP

156

Rate

92

METS

6.4

BP

110/70

*Inconclusive. Pt developed dyspnea, probably due to
Inderal. No change on EKG to suggest ischemic
disease.*

Bella Kaplan, M.D.

Name of Physician

