

<b>NW ED Admission Form</b>  14-43984 Item 1 08-13-14	Encounter #	MR#	Enc Start Date Time 08/09/2014 14:20		Pt Location
	ECD#	LOC ACUTE	Clin Svc ERD	PAT N	Enc Type OP
	Adm Dx Code	Desc ALLEGED ASSAULT		Infectious Disease	Visitor Restriction
	Confidential Reason	Adm Type Emergency	Adm Source	Last Enc Date	
	Age 28Y	Birth Date	Race White	Maiden Name	
	Gdr M	MS S	Religion	Soc Sec # XXX-XX-	
	County	Birth Place	Health Care Proxy Sts	Patient Living Will Status	
	Patient Name Address, Phone WILSON, DARREN D		Employer Name, Address, Phone FERGUSON POLICE		Emplm Sts
	Guarantor Name, Pt Rel, Address, Phone Self SS#: XXX-XX-		Guarantor Empr, Address, Phone FERGUSON POLICE		Emplm Sts
	Emergency Contact 1		Emergency Contact 2		
Insurance 1 Name, Address, Phone		Policy Number	Group Number	Subscriber	DOB
		Referral/Authorization #	FERGUSON POLICE DEPARTMENT		
		Eff. Date	Pre-Cert. Phone	Subscriber Employer	
Insurance 2 Name, Address, Phone		Policy Number	Group Number	Subscriber	DOB
Verified?		Referral/Authorization #	Subscriber Employer		
		Eff. Date	Pre-Cert. Phone		
Insurance 3 Name, Address, Phone		Policy Number	Group Number	Subscriber	DOB
Verified?		Referral/Authorization #	Subscriber Employer		
		Eff. Date	Pre-Cert. Phone		
Insurance 4 Name, Address, Phone		Policy Number	Group Number	Subscriber	DOB
Verified?		Referral/Authorization #	Subscriber Employer		
		Eff. Date	Pre-Cert. Phone		
Primary Physician MISCELLANEOUS, NOTINFILE		Admitting Physician, ID		Attending Physician, ID	
Incident Date	Incident Type	Inc St/Prov	Incident Description / Location		
08/09/14	Onset				
08/09/14	Oth Acc	MO	ASSAULTED BY SUSPECT FERG POLICE DEPT		
Patient Notification Category		Patient Notification		Start Date	End Date

Printed: 08/09/2014 14:58

User:

PRINTED BY:

DATE:

8/13/2014

Copy

**OP/ED Abstract Summary**

Patient Name <b>WILSON, DARREN D</b>		Sex <b>Male</b>	Birth Date	Age <b>28</b>	MR Number	Account Number
Admit Date <b>08/09/14 02:20 PM</b>	Discharge Date <b>08/09/14 04:12 PM</b>	LOS <b>1</b>	Billing Category <b>WORK COMP</b>		Disposition <b>01-DISCHARGE TO HOME (ROUTINE)</b>	
Attending Physician		Coder		Patient Type <b>ER/ED</b>		
Diagnosis Reason for Visit						
95909 Other/unspecified injury to face and neck 78492 Jaw pain						
Primary Diagnosis						
920 Contusion of face/scalp/neck except eye						
Secondary Diagnosis						
E975 Injury due to legal intervention by specified means E8499 Injury or poisoning occurring at/in unspecified place E0000 Civilian activity done for income or pay						
Procedures				Provider	Date	
OPT Procedures and Modifiers				Provider	Date	
APC	GPT	APC Text	APC Weight	APC Pct	APC Reimb	CMS Reimb
APC Total Reimbursement		APC Total Weight		Total CMS Reimbursement		
Bill Type	Claim Type	Claim Disposition		Condition Code		

MR number:  
Admit date: 08/09/14 02:20 PM

Account number:  
Discharge date: 08/09/14 04:12 PM  
Page 1 of 1

Patient name: WILSON, DARREN D  
Date printed: 8/12/2014

PRINTED BY:

DATE: 8/13/2014

**NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031**

<b>Patient:</b>	<b>DARREN D WILSON</b>	<b>DOB:</b>
<b>MR #:</b>		<b>Age/Gender:28y M</b>
<b>DOS:</b>	<b>8/9/2014 14:20</b>	<b>Acct #:</b>
<b>Private Phys:</b>	<b>MISCELLANEOUS, NOTINFILE</b>	<b>ED Phys:</b>

<b>CHIEF COMPLAINT:</b>	<b>Enc. Type:</b>	<b>ACUITY:</b>
<b>Alleged assault</b>	<b>Initial</b>	<b>3 - ESI</b>

**Physicians caring for patient:****VITAL SIGNS**

Initials/Date/Time	Temp(F)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 Supp	PAIN
NJH3 8/9/2014 14:38	97.9	O	71	18	152	88	S	100	ra	

**Vital Signs Alert:**

Check Vital Signs &lt; PA 8/9/2014 14:43 &gt;

**TRIAGE**

Medical Screening Exam Initiated &lt;LCC 08/09/14 14:28 &gt;

Patient arrived for evaluation: Approximately Saturday, August 9, 2014 14:28 &lt;LCC 08/09/14 14:28 &gt;

**Chief complaint Quote: "he needs x-rays he was hit in the face a couple of times"** <LCC 08/09/14 14:29 >The Patient presented: with St. Louis County Police to the emergency room for evaluation. From: home  
< LCC 8/9/2014 14:29 >

Date and/or time symptoms started: Approximately Saturday, August 9, 2014 14:00 &lt;LCC 08/09/14 14:29 &gt;

NEURO: Alert and Oriented X3 SKIN: Warm and Dry EXTREMITIES: Moves all extremities well  
< LCC 8/9/2014 14:29 >

The patient is alert and oriented x 3

&lt; LCC 8/9/2014 14:29 &gt;

Initial VS Deferred &lt;LCC 08/09/14 14:29 &gt;

Patient is not on isolation. &lt;LCC 08/09/14 14:29 &gt;

The patients preferred language is English

&lt; LCC 8/9/2014 14:29 &gt;

Patient to: Room in ER

&lt; LCC 8/9/2014 14:29 &gt;

**MEDICAL SCREENING CONTINUED**

The patient is called to the medical screening area. &lt;NJH3 08/09/14 14:37 &gt;

History Provided By: Patient &lt; NJH3 8/9/2014 14:37 &gt;

BJC 24-7 Occupational Med notified. &lt;NJH3 08/09/14 14:37 &gt;

Fall Risk Assessment: Not at Risk. &lt;NJH3 08/09/14 14:39 &gt;

The skin is pink, dry and warm

&lt; NJH3 8/9/2014 14:39 &gt;

Patient denies physical or emotional abuse. &lt;NJH3 08/09/14 14:39 &gt;

Suicide Risk Assessment: &lt;NJH3 08/09/14 14:39 &gt;

The patient is not expressing thoughts of harming self or others. &lt;NJH3 08/09/14 14:39 &gt;

Printed By

on 8/12/2014 2:08 PM

**Medical Chart with Audits**

PRINTED BY:

DATE:

8/13/2014

**NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031**

<b>Patient:</b>	<b>DARREN D WILSON</b>	<b>DOB:</b>
<b>MR #:</b>		<b>Age/Gender:28y M</b>
<b>DOS:</b>	<b>8/9/2014 14:20</b>	<b>Acct #:</b>
<b>Private Phys:</b>	<b>MISCELLANEOUS, NOTINFILE</b>	<b>ED Phys:</b>

The patient states no attempted suicide in the last 14 days. <NJH3 08/09/14 14:39 >  
 Patient denies being treated for mental and/or emotional problems. <NJH3 08/09/14 14:39 >  
 The patient denies history of Diabetes. <NJH3 08/09/14 14:39 >  
 The developmental level is appropriate for this young adult. <NJH3 08/09/14 14:39 >  
 Medical Screening Exam Completed <NJH3 08/09/14 14:39 >  
 Further evaluation needed to assess if an emergency medical condition exists. <NJH3 08/09/14 14:39 >

**ABUSE SCREENING**

Patient denies physical or emotional abuse. <NJH3 08/09/14 14:39 >  
 Patient states that he/she is not a victim of violence. <NJH3 08/09/14 14:39 >

**Suicide Screening**

Suicide Risk Assessment: <NJH3 08/09/14 14:39 >  
 The patient is not expressing thoughts of harming self or others. <NJH3 08/09/14 14:39 >  
 The patient states no attempted suicide in the last 14 days. <NJH3 08/09/14 14:39 >  
 Patient denies being treated for mental and/or emotional problems. <NJH3 08/09/14 14:39 >

**ALLERGIES**

**Patient allergies: No known allergies.** < NJH3 8/9/2014 14:37 >

**HOME MEDICATIONS**

Patient not currently taking any medications.  
 < NJH3 8/9/2014 14:39 >

**SEPSIS SCREENING**

Temp is not less than 96.8F or greater than 101F. <NJH3 08/09/14 14:37 >  
 Heart rate is not greater or equal to 90 bpm. <NJH3 08/09/14 14:37 >  
 Resp rate is not greater than 20/min. <NJH3 08/09/14 14:37 >  
 N/A at this time <NJH3 08/09/14 14:37 >

**PAST HISTORY**

The patient's pertinent past medical history is as follows: < NJH3 8/9/2014 14:38 >  
 The patient's pertinent past surgical history is as follows: < NJH3 8/9/2014 14:38 >  
 At the time of this signature, I have reviewed and agree with documented Past History. <JXH1 08/09/14 14:52 >  
 No significant social history. <JXH1 08/09/14 14:52 >  
 Smoking Status: Unknown if ever smoked  
 < NJH3 8/9/2014 14:39 >  
 At the time of this signature, I have reviewed and agree with documented Past History. <JXH1 08/09/14 14:52 >  
 At the time of this signature, I have reviewed and agree with documented Past History. <JXH1 08/09/14 14:52 >

Printed By on 8/12/2014 2:08 PM

**Medical Chart with Audits**

PRINTED BY:

DATE: 8/13/2014

## NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031

Patient:	DARREN D WILSON	DOB:
MR #:		Age/Gender: 28y M
DOS:	8/9/2014 14:20	Acct #:
Private Phys:	MISCELLANEOUS, NOTINFILE	ED Phys:

**FLWSHEETS****Medication Administration**

NAPROSYN ORAL 500mgs PO

PA 8/9/2014 15:13

GivenDose given 500 mg . Route:

8/9/2014 15:16

NJH3 8/9/2014 15:16

**Glasgow**

NJH3 8/9/2014 14:39 4-Eye opening spontaneously; 5-Oriented &amp; Converses; 6-Obeys = 15

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on 8/12/2014 2:08 PM

**Medical Chart with Audits**

PRINTED BY:

DATE: 8/13/2014



**NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031**

<b>Patient:</b>	<b>DARREN D WILSON</b>	<b>DOB:</b>
<b>MR #:</b>		<b>Age/Gender:28y M</b>
<b>DOS:</b>	<b>8/9/2014 14:20</b>	<b>Acct #:</b>
<b>Private Phys:</b>	<b>MISCELLANEOUS, NOTINFILE</b>	<b>ED Phys:</b>

**NURSING NOTES**

08/09/14 14:39 Side rails up Entered: <NJH3 8/9/2014 14:39>  
 08/09/14 14:39 Side rails up.: X1 Entered: <NJH3 8/9/2014 14:39>  
 08/09/14 14:39 Call light within reach. Entered: <NJH3 8/9/2014 14:39>  
 08/09/14 14:39 The patient care is assumed at this time.  
 Entered: <NJH3 8/9/2014 14:39>  
 08/09/14 14:39 Initial assessment Entered: <NJH3 8/9/2014 14:39>  
 08/09/14 14:39 Initial assessment:Patient complains of or exhibits signs of pain/discomfort at this time. Entered: <NJH3 8/9/2014 14:39>  
 08/09/14 14:40 Initial assessment:Patient is alert, active and moves all extremities equally with good tone. Denies any numbness or tingling throughout body. Entered: <NJH3 8/9/2014 14:40>  
 08/09/14 14:40 Initial assessment:Respirations are even and unlabored. Lung sounds are clear to auscultation in all lung fields. Trachea is midline. Entered: <NJH3 8/9/2014 14:40>  
 08/09/14 14:40 Initial assessment:Patient denies chest pain. Pulse is strong and regular. Entered: <NJH3 8/9/2014 14:40>  
 08/09/14 14:40 Initial assessment:Abdomen is soft, non-tender and with normal bowel sounds noted in all quadrants. Patient denies any difficulty with elimination. Entered: <NJH3 8/9/2014 14:40>  
 08/09/14 14:42 Nursing > Assessment Note:  
 <NJH3 08-09-2014 14:42>Pt to ED with complaint of bilateral jaw pain. Pt states he is a police officer and was struck twice in the face by a suspect. Pt denies LOC and N/V. Pt denies difficulty moving jaw. No obvious deformity noted.  
 08/09/14 15:16 MAR Reviewed  
 Entered: <NJH3 8/9/2014 15:16>

**HISTORY OF PRESENT ILLNESS**

HPI text: Pt presents with c/o bilateral jaw pain, R>L, after being punched in face while attempting to detain suspect. He was also scratched in neck. He denies any other injuries. He denies LOC, headache, ear pain, nose or eye pain, difficulty opening or closing mouth, difficulty swallowing or breathing. He has full TMJ ROM. He denies prior treatment for pain. He is up to date with tetanus. <JXH1 08/09/14 14:52 >

**REVIEW OF SYSTEMS**

Patient Denies: Headache, fever, chills, abdominal pain, nausea, vomiting, chest pain and shortness of breath <JXH1 8/9/2014 14:52>  
 As documented in HPI, all other systems are negative. <JXH1 08/09/14 14:52 >

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on 8/12/2014 2:08 PM

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**NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031**

<b>Patient:</b>	<b>DARREN D WILSON</b>	<b>DOB:</b>
<b>MR #:</b>		<b>Age/Gender:28v M</b>
<b>DOS:</b>	<b>8/9/2014 14:20</b>	<b>Acct #:</b>
<b>Private Phys:</b>	<b>MISCELLANEOUS, NOTINFILE</b>	<b>ED Phys:</b>

**EXAM**

CONSTITUTIONAL: Well-appearing; well-nourished; in no apparent distress

HEAD: Normocephalic; atraumatic

EYES: PERRL; EOM intact; conjunctiva and sclera are clear bilaterally; no palpable pain, swelling, ecchymosis or deformity to bilateral orbital bones

ENT: TM's and canals normal; no rhinorrhea, no obvious nasal injury, no epistaxis; normal pharynx with no tonsillar hypertrophy; mucous membranes pink/moist, no erythema, no exudate; right mid mandible and mid maxillary region with mild palpable pain; no swelling, deformity or crepitus, mild ecchymosis developing to area, no palpable pain to bilateral TMJ and full ROM to TMJ; minimal palpable pain to left mid maxillary region without associated deformity or crepitus; no obvious dental injury

NECK: Supple; non-tender; no cervical lymphadenopathy

EXT: Normal ROM in all four extremities; non-tender to palpation; distal pulses are normal, no edema.

SKIN: Normal for age and race; warm; dry; good turgor; few faint superficial abrasion to posterior neck at hairline, no bleeding, no laceration; no ecchymosis

NEURO: Alert, moves all extremities equally, follows commands without difficulty. <JXH1 08/09/14 14:56 >

**ORDERS****Medicine**

NAPROSYN ORAL 500mgs PO < 8/9/2014 15:13>

**Radiology**

X-Ray Diagnostic Procedures XR Mandible Routine 4 Views Trauma [Reference: 3503433]

< 8/9/2014 14:49>

**RESULTS****Radiology**

X-Ray Diagnostic Procedures XR Mandible Routine 4 Views Trauma

Result 8/10/2014 01:04 < 8/10/2014 01:04>

Result completed: 8/9/2014 15:02

X-Ray Diagnostic Procedures XR Mandible Routine 4 Views Trauma

DATE OF EXAM: Aug 9 2014 3:02PM

Acc#: - XR Mandible Routine 4 Views

DIAGNOSIS: ALLEGED ASSAULT

CLINICAL HISTORY: Trauma\_Trauma

Printed By on 8/12/2014 2:08 PM

Medical Chart with Audits

PRINTED BY:

DATE: 8/13/2014

**NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031**

<b>Patient:</b>	<b>DARREN D WILSON</b>	<b>DOB:</b>
<b>MR #:</b>		<b>Age/Gender:28y M</b>
<b>DOS:</b>	<b>8/9/2014 14:20</b>	<b>Acct #:</b>
<b>Private Phys:</b>	<b>MISCELLANEOUS, NOTINFILE</b>	<b>ED Phys:</b>

RESULT: \

RIGHT MANDIBLE:

HISTORY: Punch to right side of jaw. Four views.

The mandible appears intact without fracture or dislocation.

IMPRESSION: \

UNREMARKABLE STUDY.

TRANSCRIPTIONIST: TR6

TRANSCRIBE DATE/TIME: Aug 9 2014 10:18P

RADIOLOGIST: READ ON: Aug 9 2014 4:04P

ORDERING DR:

THIS DOCUMENT HAS BEEN ELECTRONICALLY

SIGNED BY: ON: Aug 10 2014 1:04A

Reviewed By: 8/10/2014 14:41

Result 8/10/2014 01:02 &lt; 3/10/2014 01:02&gt;

Result completed: 8/9/2014 15:02

**X-Ray Diagnostic Procedures XR Mandible Routine 4 Views Trauma**

DATE OF EXAM: Aug 9 2014 3:02PM

Acc#: WDX 0077 - XR Mandible Routine 4 Views

DIAGNOSIS: ALLEGED ASSAULT

CLINICAL HISTORY: Trauma\_Trauma

RESULT: \

RIGHT MANDIBLE:

HISTORY: Punch to right side of jaw. Four views.

The mandible appears intact without fracture or dislocation.

IMPRESSION: \

UNREMARKABLE STUDY.

Printed By

on 8/12/2014 2:08 PM

**Medical Chart with Audits**

PRINTED BY:

DATE: 8/13/2014

**NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031**

<b>Patient:</b>	<b>DARREN D WILSON</b>	<b>DOB:</b>
<b>MR #:</b>		<b>Age/Gender:28y M</b>
<b>DOS:</b>	<b>8/9/2014 14:20</b>	<b>Acct #:</b>
<b>Private Phys:</b>	<b>MISCELLANEOUS, NOTINFILE</b>	<b>ED Phys:</b>

TRANSCRIPTIONIST: TR6  
 TRANSCRIBE DATE/TIME: Aug 9 2014 10:18P  
 RADIOLOGIST: M.D. READ ON: Aug 9 2014 4:04P  
 ORDERING DR: P.A.

THIS DOCUMENT HAS BEEN ELECTRONICALLY  
 SIGNED BY: ON:

Reviewed By: 8/10/2014 14:41

Result 8/9/2014 22:18 < 8/9/2014 22:18 >

Result completed: 8/9/2014 15:02

**X-Ray Diagnostic Procedures XR Mandible Routine 4 Views Trauma**

DATE OF EXAM: Aug 9 2014 3:02PM

Acc#: WDX 0077 - XR Mandible Routine 4 Views

DIAGNOSIS: ALLEGED ASSAULT

CLINICAL HISTORY: Trauma\_Trauma

RESULT: \

RIGHT MANDIBLE:

HISTORY: Punch to right side of jaw. Four views.

The mandible appears intact without fracture or dislocation.

IMPRESSION: \

UNREMARKABLE STUDY.

TRANSCRIPTIONIST: TR6  
 TRANSCRIBE DATE/TIME: Aug 9 2014 10:18P  
 RADIOLOGIST: READ ON: Aug 9 2014 4:04P  
 ORDERING DR:

THIS DOCUMENT HAS BEEN ELECTRONICALLY  
 SIGNED BY: ON:

Printed By on 8/12/2014 2:08 PM

**Medical Chart with Audits**

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DATE: 8/13/2014

**NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031**

<b>Patient:</b>	<b>DARREN D WILSON</b>	<b>DOB:</b>
<b>MR #:</b>		<b>Age/Gender:28y M</b>
<b>DOS:</b>	<b>8/9/2014 14:20</b>	<b>Acct #:</b>
<b>Private Phys:</b>	<b>MISCELLANEOUS, NOTINFILE</b>	<b>ED Phys:</b>

Reviewed By: 8/10/2014 14:41

Result 8/9/2014 15:34 &lt; 8/9/2014 15:34&gt;

Result completed: 8/9/2014 15:34

No fracture or dislocation

Reviewed By: 8/9/2014 17:28

**DIAGNOSIS**

Contusion of mandibular joint area

&lt; PA 8/9/2014 15:35&gt;

Assault by other bodily force

&lt; 8/9/2014 15:35&gt;

&lt;JXH1

08/09/14 15:35&gt;

**Departure Time****Physician**

I agree with and have signed off on all verbal orders and protocol orders. &lt; 08/09/14 15:34 &gt;

Sepsis Screening Not Required &lt; 08/09/14 15:34 &gt;

Does not meet criteria for critical care &lt; 08/09/14 15:34 &gt;

Pt was not intubated &lt; 08/09/14 15:34 &gt;

Physician interpretation of cardiac monitoring not applicable for this patient. &lt; 08/09/14 15:35 &gt;

Documentation has been completed. &lt; 08/09/14 15:35 &gt;

I have reviewed all of the nursing and ancillary staff documentation &lt; 08/09/14 15:35 &gt;

Discharge from ED: The patient is discharged to home . Patient's condition is satisfactory . Discharge occurred after medical screening and evaluation. . The patient is to follow-up with Contact your supervisor at work on the next business day for information on where to get further treatment of your medical problem. If your supervisor has not been contacted by 11AM, have him/her call BJC Occupational Medicine at . in the next 1-2 day(s) as needed . Purpose of referral: for re-evaluation and further treatment < 8/9/2014 15:35>

Rx &lt; 08/09/14 15:35 &gt;

Ready for discharge. . 08/09/14 15:36 &gt;

**Nursing**

Nursing Diagnosis: Comfort, alteration in

&lt; 8/9/2014 15:42&gt;

IV Flow Sheet is: Not Applicable &lt; 08/09/14 15:42 &gt;

Departure Type: Discharged Admission orders are not applicable.. Patient : home . The patient ambulated to private vehicle . Instructions given to: Patient . Rx: Prescription reviewed with patient or representative.

Understanding verbalized. . Discharge form signed. Patient can explain discharge instructions in their own words..

Time: 1543

Printed By

on 8/12/2014 2:08 PM

**Medical Chart with Audits**

PRINTED BY:

DATE:

8/13/2014

**NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031**

<b>Patient:</b>	<b>DARREN D WILSON</b>	<b>DOB:</b>
<b>MR #:</b>		<b>Age/Gender:28y M</b>
<b>DOS:</b>	<b>8/9/2014 14:20</b>	<b>Acct #:</b>
<b>Private Phys:</b>	<b>MISCELLANEOUS, NOTINFILE</b>	<b>ED Phys:</b>

&lt; NJH3 8/9/2014 15:43&gt;

Saturday, August 9, 2014 15:43 · 08/09/14 15:44 &gt;

All orders have been reviewed and addressed by me. 08/09/14 15:44 &gt;

A nutritional information sheet was provided to the patient. &lt; 08/09/14 15:44 &gt;

I have signed my chart off after review. · 08/09/14 15:44 &gt;

**AFTER CARE INSTRUCTIONS**

DC-123 Professional &lt; JXH1 8/9/2014 15:36&gt;

**Prescriptions**

Naprosyn 500mg; Twenty (20); Take one by mouth twice daily as needed for pain, with food &lt; 8/9/2014 15:35&gt;

; Collaborating physician: &lt; 8/9/2014 15:35&gt;

**SCANS****Bed Assignments:**

NW\_EDWAIT INU 8/9/2014 14:21

ECP25 LCC 8/9/2014 14:24

**Status Activity:**

Awaiting triage INU 8/9/2014 14:20

NP/PA assumes care of this patient. 8/9/2014 14:28

Provider contact 8/9/2014 14:28

Nurse assigned 8/9/2014 14:31

Released 8/9/2014 16:12

**Acuity Activity:**

\_Unassigned INU 8/9/2014 14:21

3 - ESI LCC 8/9/2014 14:29

**Chart Documented By:****Release Information:**

Patient released 8/9/2014 16:12

Released by

**Transfers:**

Patient care transferred from

This chart has been electronically signed by

The receiving Physician accepted the transfer. 8/9/2014 14:28

**Signatures:**

Chart electronically signed by.

8/9/2014 15:37

Chart electronically signed by.

8/9/2014 19:04

Printed By

on 8/12/2014 2:08 PM

**Medical Chart with Audits**

PRINTED BY:

DATE:

8/13/2014

**NORTHWEST HEALTHCARE a part of Christian Hospital - Florissant, MO 63031**

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<b>Patient:</b>	<b>DARREN D WILSON</b>	<b>DOB:</b>
<b>MR #:</b>		<b>Age/Gender:28y M</b>
<b>DOS:</b>	<b>8/9/2014 14:20</b>	<b>Acct #:</b>
<b>Private Phys:</b>	<b>MISCELLANEOUS, NOTINFILE</b>	<b>ED Phys:</b>

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*Printed By* on 8/12/2014 2:08 PM

**Medical Chart with Audits**

PRINTED BY:

DATE: 8/13/2014

Patient: WILSON, DARREN D  
MR#:  
Acct #:  
DOB:

Northwest Healthcare a part of Christian Hospital  
1225 Graham Road  
Florissant, MO 63031

### General Emergency Department Discharge Instructions

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day.

You were treated in the Emergency Department by:

What to do:

- Follow the instructions on the additional sheets you were given:
- Please call as soon as possible to make an appointment for follow-up care:  
Discharge from ED: The patient is discharged to home . Patient's condition is satisfactory . Discharge occurred after medical screening and evaluation. . The patient is to follow-up with Contact your supervisor at work on the next business day for information on where to get further treatment of your medical problem. If your supevisor has not been contacted by 11AM, have him/her call BJC Occupational Medicine at , in the next 1-2 day(s) as needed . Purpose of referral: for re-evaluation and further treatment
- Take this sheet with you when you go to your follow-up visit.
- If you have any problem arranging the follow-up visit, contact the Emergency Department immediately.
- Take all medications as directed.

---

Your diagnosis is  
Contusion of mandibular joint area (ED)  
Assault by other bodily force (ED)

Diagnosis Instructions: Facial Contusion

### Facial Contusion

You have been diagnosed with a facial contusion.

Patient: WILSON, DARREN D

MR#:

Acct #:

DOB:

Contusion is the medical term for a bruise. A facial contusion can be caused by a fall or by being struck in the face.

The skin, muscles and other soft tissues of the face may become swollen and painful. You may have other injuries, like cuts or scrapes. The bones under your face might be bruised.

The doctor does not believe you have injured essential organs, like your eyes, brain or spine.

Apply ice to the face to help with pain and swelling. Place some ice cubes in a re-sealable plastic bag (like Ziploc). Add some water. Seal the bag. Put a thin washcloth between the bag and the skin. Apply the ice bag for at least 20 minutes. Do this at least 4 times per day. It's okay to apply ice longer or more often. NEVER APPLY ICE DIRECTLY TO THE SKIN. Always keep a washcloth between the ice pack and your body. Swelling may increase overnight when your head is down and gravity causes fluids to pool in your face. This should improve within a few hours after you are awake with your head up. Try sleeping with extra pillows to keep your head high.

Use Acetaminophen (Tylenol) or Ibuprofen (Advil or Motrin) to decrease pain and inflammation. The physician will decide if you need a prescription medication.

If your nose bleeds, pinch it closed for 15 minutes. If that does not stop the bleeding, then return here or to the closest Emergency Department.

If you have a cut that requires stitches, then you will receive additional wound care instructions.

One concern after a facial injury is the possibility of other injuries to the head or neck. The doctor has determined that you do not have any other serious injuries and that it is safe for you to go home. If you develop symptoms of a head or neck injury, return immediately to the nearest Emergency Department.

**YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:**

- Your headaches are severe or become worse.
- You vomit repeatedly.
- You are lethargic or difficult to awaken or you feel confused or seem intoxicated (drunk).
- You have trouble with coordination or balance, feel dizzy, pass out, or have difficulty speaking or slurred speech.
- Your vision changes or your pupils are unequal in size.



Patient: WILSON, DARREN D

MR#:

Acct #:

DOB:

Studies done in the Emergency Department:

Radiology Information:

X-Ray Diagnostic Procedures XR Mandible Routine 4 Views Trauma

The emergency physician provided an on-the-spot interpretation of your x-rays and/or EKG ( if done). A specialist will do a final interpretation of these tests. If a change in your diagnosis or treatment is needed, we will contact you. It is critical that we have a current phone number for you.

Additional information or instructions:

Patient: WILSON, DARREN D

MR#:

Acct #:

DOB:

Medication Reconciliation:

THIS IS A LIST OF THE MEDICATIONS THAT YOU WERE ON:

- Patient not currently taking any medications.

THESE ARE THE MEDICATIONS YOU WERE GIVEN IN THE EMERGENCY ROOM:

- NAPROSYN ORAL 500mgs PO

THESE ARE THE PRESCRIPTIONS THAT YOU WERE GIVEN TODAY:

- New: Naprosyn 500mg; Twenty (20); Take one by mouth twice daily as needed for pain, with food
- New: ; Collaborating physician:

*\*\* If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach, stop the medication and call your doctor or the Emergency Department.*

I, WILSON, DARREN D, understand the instructions and will arrange for follow-up care.

<PTSig>

\_\_\_\_\_  
Patient Signature

<RepSig>

\_\_\_\_\_  
Representative Signature

<StaffSig>

\_\_\_\_\_  
Staff Signature



Patient: WILSON, DARREN D  
MR#:  
Acct #:  
DOB:

<Attach:Nutritional Screening>



Patient: WILSON, DARREN D  
MR#:  
Acct #:  
DOB:

I, WILSON, DARREN D, understand the instructions and will arrange for follow-up care.

<PTSig>

\_\_\_\_\_  
Patient Signature

<RepSig>

\_\_\_\_\_  
Representative Signature

<StaffSig>

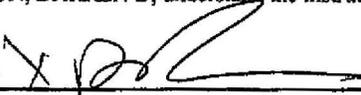
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Staff Signature



Patient: WILSON, DARREN D  
MR#:  
Acct #:  
DOB:

I, WILSON, DARREN D, understand the instructions and will arrange for follow-up care.

<PTSig>

  
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Patient Signature

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Representative Signature

<StaffSig>

\_\_\_\_\_  
Staff Signat

Date/Time: 8/9/2014 3:36 PM

Page 6

PRINTED BY:

DATE:

8/13/2014

Facility: CHN  
Patient Name: WILSON, DARREN D  
DOB:  
Sex: M  
Account Number:  
Medical Record Number:  
Accession Number:  
Date of Service: 08/09/2014  
Ordering Physician:  
DATE OF EXAM: Aug 9 2014 3:02PM  
Acc#: WDX 0077 - XR Mandible Routine 4 Views  
DIAGNOSIS: ALLEGED ASSAULT  
CLINICAL HISTORY: Trauma\_Trauma  
RESULT: \

RIGHT MANDIBLE:  
HISTORY: Punch to right side of jaw. Four views.  
The mandible appears intact without fracture or dislocation.

IMPRESSION: \

UNREMARKABLE STUDY.

TRANSCRIPTIONIST: TR6  
TRANSCRIBE DATE/TIME: Aug 9 2014 10:18P  
RADIOLOGIST: READ ON: Aug 9 2014 4:04P  
ORDERING DR:

THIS DOCUMENT HAS BEEN ELECTRONICALLY  
SIGNED BY: , ON: Aug 10 2014 1:04A

Patient Name: WILSON, DARREN D  
Account Number:

WILSON  
DARREN D

28YM



08/09/2014

PATIENT IDENTIFICATION

**Christian Hospital**  
**HOSPITAL CARE and TREATMENT CONSENT**  
**ADMISSION INFORMATION AND FINANCIAL RESPONSIBILITY**

**1. CONSENT TO TREATMENT:** I request and consent for Christian Hospital (the, "Hospital"), including its nursing, ancillary, medical and house staff and students; and the doctor(s) and other providers (including their assistants) to provide the medical care, treatment, supplies, tests, procedures and other related services (such as pathology, radiology, anesthesia) considered necessary and ordered by my doctor(s) or others caring for me. In consenting, I have not relied on any statement as to the outcome of my care and treatment. I further understand and give consent to the Hospital, as part of my treatment, to take pictures, video and/or electronic images for purposes related to my care and for use in medical education/training or internal quality purposes. I further understand that the Hospital and other authorized personnel may examine, use, store and/or dispose of any bones, organs, tissues, fluids or parts removed from my body, except for authorized organ donation and/or transplantation. In the event that any staff assisting in my care and treatment is exposed (or may have been exposed) to any of my blood and/or bodily fluids that can transmit disease, the Hospital will perform limited testing to determine the presence, if any, of blood borne diseases such as Hepatitis A, B, and C and HIV in the interest of the staff member's health.

**2. RELEASE OF INFORMATION:** I consent to the Hospital's use, storage and release of my medical records (including pictures, and/or other images), either electronically or otherwise, created or received by the Hospital for my care and treatment as permitted by law. Further, I direct and authorize the Hospital, my doctors (including anesthesia, radiology and pathology providers) and other BJC HealthCare affiliated providers (such as nursing home/long-term or home care services) to release, electronically or otherwise, any medical and/or billing information concerning my care, including copies of my medical records, as follows, to:

- a. the providers involved or who may be involved in my care at the Hospital or after hospitalization, including residential or long-term care facility or home health agency;
- b. the company or other person that will or may pay for any or all of my care by the Hospital, my doctors or on behalf of the Hospital;
- c. any governmental or other entity as required by law for purposes of reporting, including applicable registries, or for purposes of determining eligibility in government-sponsored benefit programs;
- d. other providers and hospitals who have been involved in my care for them to assess or evaluate health or other services, including products, provided to me, for purposes of their quality reviews, compliance, case management or accreditation surveys; or
- e. the supplier of any blood or blood products which may be administered to me for the purposes of quality control and recipient monitoring.

**3. MEDICARE/TRICARE BENEFICIARIES:** I certify that I have provided correct information in applying for benefits and payments to be made under Medicare (Title XVIII of the Social Security Act). I authorize the release of my medical or other information to the Medicare Program, including intermediaries or carriers, concerning this or a related claim. I request and assign payment of benefits to be made on my behalf to the Hospital for services and to my doctor(s) furnishing their services. I understand that I am responsible for the Part A and Part B deductible for each year and/or visit, the remaining co-insurance and any other non-covered charges.

*(continued on next page)*

**THIS IS A PERMANENT PART  
OF THE MEDICAL RECORD**

Page 1 of 2 TAB: CONSENT

PRINTED BY:

DATE: 8/13/2014

