

1 **In the Supreme Court of the State of Nevada**

2
3 CLARK COUNTY SCHOOL
4 DISTRICT,

5 Appellant,

6 v.

7 MAKANI KAI PAYO,

8 Respondent.

Electronically Filed
Mar 18 2016 02:34 p.m.
Tracie K. Lindeman

Supreme Court Clerk of Supreme Court

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12 **RESPONDENT'S APPENDIX VOLUME I**

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18
19 Robert O. Kurth, Jr.
20 Nevada Bar No. 4659
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28 MAKANI KAI PAYO

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I HEREBY CERTIFY that on the 17th day of March, 2016, I

Daniel L. O'Brien
Office of the General Counsel
Clark County School District
5100 West Sahara Avenue
Las Vegas, NV 89146
Attorney for Appellant

/s/ Liberty Ringor
An employee of **KURTH LAW OFFICE.**

CLARK COUNTY SCHOOL DISTRICT
STUDENT INJURY ACCIDENT REPORT

School Name: Woodbury MS School No.: 535
 Student Number: 191711 First Name: Makani Last Name: Payo
 Home Address: 4190 E. Harmon Av. City: Las Vegas Zip: 89121
 Date of Accident: 5/12/04 Time Accident Occurred: 9:40 (AM) PM
 Location of Accident: Tennis court
 (Be Specific - give exact location e.g. Classroom #, playground, gym, ball field, off school grounds, etc.)

Employee in charge when accident occurred: Mr. Petersen Title: Teacher - P.E.

Witnesses: Brandon Higgins Name (Include student # if a student) Phone Number

Name (Include student # if a student)

Phone Number

Description of Accident: (Include any equipment or structure that may have been involved)

Student was playing floor hockey on tennis courts
and got hit in the face by another player with
hockey stick.

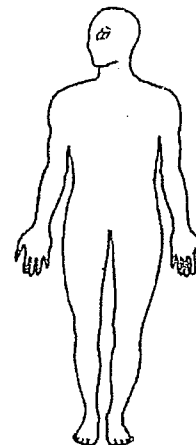
Signature of Person Completing Description: [Signature]

Title:

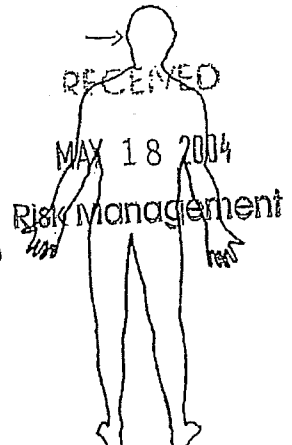
Print Name

Please indicate area(s) of injury on the figure(s) to the right. Describe nature of injury and treatment below.

Hit with hockey
stick while participating in P.E. class.
Hit on left eye/side of face. Swelling
bruised, cut, bleeding. ICE pack
applied for 15, 20 minutes then
cleaned with soap + water. More ICE
applied.



Front



Back

Was school nurse involved? Yes (No) How?

Time parent/guardian called: 9:45 (AM) PM

Name of person we spoke to: Lori Payo

If unable to reach what action taken?

Did student go home? (Yes) No Time: AM PM

Was student transported to a medical facility? Yes (No) By Whom: Where:

Signature of person(s) who treated student: Wally Morton FASA
 Position Title

Print Name of treating person(s): Wally Morton

Date Submitted to Principal/Supervisor: 5/13/04 Principal/Supervisor: [Signature]
 (Signature must be hand written)

DISTRIBUTION: White to Risk Management Department
 Yellow to school file

001-191-358

#20125: 0 0115
RA 0002

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

TIME:
1439.

CHIEF COMPLAINT:
Hit with hockey stick in left eye.

MODE OF ARRIVAL:
Mercy ambulance from Quick Care.

HISTORY OF PRESENT ILLNESS:
This is an 11-year-old boy who on Wednesday at school was hit with a field hockey stick in the left eye. He sustained some pain at that time but he was still able to see. However, last night there was a change. He started vomiting, complaining of more left eye pain and then more blurry and decreased vision. He was presented to Quick Care today where they noted him to have an eye injury and sent him here for further evaluation and treatment.

PAST MEDICAL HISTORY:
His regular doctor is apparently in California. He has had no hospitalizations or surgeries.

ALLERGIES:
NONE.

MEDICATIONS:
None.

IMMUNIZATIONS:
Up to date.

SOCIAL HISTORY:
He has a school year here with mom and then goes to California with his dad for summers.

REVIEW OF SYMPTOMS:
He has no bleeding disorders, no history of frequent infections. His eye he says he cannot see through and he has eye pain. Otherwise he has had no fever. He has had vomiting, no diarrhea.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 99.2. Pulse 81. Respirations 18. O2 saturation 99% on room air, which is normal. Weight is 35 kg.
GENERAL: He is sitting up. He appears to be in some mild distress. He has a metal eye splint on.

HEENT: He has bruising around his left eye, upper and lower lid, and also an abrasion to the left side of his face towards the temple. However, most dramatically on his left eye exam he has a subconjunctival hematoma in the sclera superiorly but then what is most remarkable is that he has what appears to be dark blood obscuring not only just his pupil but his whole iris and it is all perfectly round over the shape of the iris. I cannot see through this and cannot assess pupillary changes or shape. His globe does appear to be intact and his extraocular movements are intact. His right eye is normal pupils and sclera. The TMs are clear. His nose is clear. His oropharynx moist.

NECK: Supple, nontender.
CHEST: Clear.

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 264325
ADM. DATE: 05/14/2004

ACCOUNT#: 04029366194

dictated BY: David G Nelson, MD
ATTENDING:

EMERGENCY ROOM NOTE
Medical Record
Page 1 of 2

0 0116

RA 0003

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

HEART: Regular rate and rhythm.
ABDOMEN: Soft, nontender.
EXTREMITIES: Warm, well perfused.
SKIN: Without petechiae or rash.
NEURO: He is very quiet and he is a little bit sleepy when he gets his morphine here.

EMERGENCY DEPARTMENT COURSE:

Nurse's triage note is reviewed. He had an IV placed and was given 4 mg of morphine and a CT was ordered of his orbits. I spoke to Dr. Carr, the ophthalmologist, who came in after the CT was done. CT was reported to me as having normal globes and the lenses being intact as well. Dr. Carr evaluated the patient and felt that the globes were not an issue but that he had a hyphema which is what we suspected as well and he asked that we give the patient a diuretic to help with the pressure inside the eye and the patient was given Diamox 250 mg IV and then after that was observed for approximately two hours.

IMPRESSION:

Left eye traumatic hyphema.

PLAN:

The plan is to follow-up with Dr. Carr in his office tomorrow but to be on four different topical medications, which I wrote for under Dr. Carr's direction, which included Timolol, Trusopt, Atropine 1% and Predforte 1%. The patient is given preprinted information sheet on eye injuries and hyphema and they are to follow-up with Dr. Carr.

CONDITION ON DISCHARGE:

Satisfactory.

DISPOSITION:

Home.

CC:

DD: 05/14/2004 23:45:04
DT: 05/15/2004 08:19:43

Electronically signed on 05/19/2004 3:17PM by David Nelson, MD
David G Nelson, MD

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 264325
ADM. DATE: 05/14/2004

ACCOUNT#: 04029366194

Dictated by: David G Nelson, MD
Attending:
EMERGENCY ROOM NOTE
Medical Record
Page 2 of 2

0 0117

RA 0004

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

CONSULTANT: TYREE CARR, MD

REQUESTED BY:

DATE OF CONSULT: 05/14/2004

REASON:

HISTORY OF PRESENT ILLNESS: I was asked to see this pleasant 11-year-old child by the attending emergency room physician Dr. Nelson to evaluate his left eye findings of acute painful loss of vision from the left eye following a hockey stick injury at school two days ago on 05/12/2004 while playing during the PE class session. Apparently, per Makani and his mother after his initial injury upon presenting home he had mild swelling of his left periorbital area and his vision was slightly blurred and over the past two days his vision has progressively worsened to the point where he lost total vision today and it was associated with pain and nausea and vomiting, which prompted the emergency room visit. Upon presentation to the emergency room he was found to have a swollen, inflamed, injected globe and non distinguished pupil, anterior segment structures from the left eye. Emergency computed tomography scan was obtained and the computed tomography scan revealed the globe to be intact bilateral and there was no evidence of ruptured globe on the left side as suspected. The film was reviewed by myself with the radiologist and the globe is intact and there appears to be some haziness and cloudiness of the anterior and posterior chambers. The lenses and good position as other structures.

PHYSICAL EXAMINATION:

On physical examination the child was noted to have visual acuity, right eye 20/20, left eye he has bare light perception with poor projection. Tactile tonometry reveals a hard left globe, which is painful to touch. The right globe is soft. The right globe is grossly within normal limits with a 3 mm pupil round, reactive to light, brown color iris, clear lens and anterior posterior segments. There is no view beyond the cornea of the left eye and the exterior reveals moderate swelling with ecchymosis and the conjunctiva is 3+ injection with multiple areas of subconjunctival hemorrhage.

ASSESSMENT:

My assessment is,

1. Blunt trauma to the left periorbital area from a hockey stick.
2. Traumatic hyphema, total, eight-ball.
3. Probable increased intraocular pressure on the left side constituting a secondary glaucoma.

PROGNOSIS: The visual prognosis is guarded given the severity of these unfortunate injuries Makani has sustained.

PLAN:

The plan is to manage this young man on an outpatient basis, conservatively with topical medications as follows.

1. Trusopt 2% one drop to the left eye three times a day.
2. Atropine 1% one drop left eye three times a day.
3. Pred Forte 1% one drop to the left eye four times a day.
4. Timolol 0.5% one drop to the left eye twice a day

The parents have been asked to restrict all his activities to in house activities. No physical play or child's play is permitted until further notice and he is to refrain from going to school until further notice.

PATIENT: PAYO, MAKANI K

ACCOUNT#: 04029366194

MR#: 001-191-358

JOB #: 263849

ADM. DATE: 05/14/2004

ER

Dictated by: Tyree Carr, MD

Attending:

CONSULTATION
Medical Record
Page 1 of 2

JP 0118

RA 0005

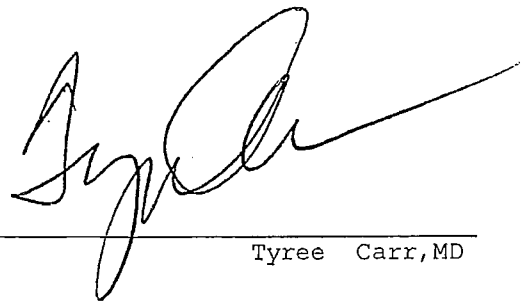
UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

Thank you doctor for according the ophthalmology consultation on Makani Payo.

CC:

DD: 05/14/2004 18:11:52

DT: 05/15/2004 00:38:17



Tyree Carr, MD

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 263849
ADM. DATE: 05/14/2004

ACCOUNT#: 04029366194

Dictated by: Tyree Carr, MD
Attending:

CONSULTATION
Medical Record
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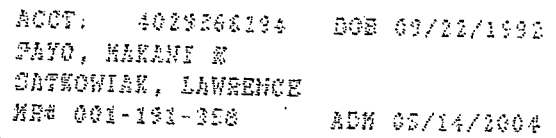
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ACCT: 5029388194 DSD 05/22/1990
PAYO, MARLENE E
SATHOMIAK, LAWRENCE
MR# 001-131-352
ADK 05/14/2004

PROGRESS NOTES

DATE	TIME	
5/14/03	17 ¹⁵	Eye Note DOJ 5/12/04 Mylo? child struck vs eye with hockey stick @ school during P/E class, no head gear, or eye wear worn. Apparently had slight swelling + ecchymoses with blurry vision. That progressively worsen to intense pain + N/V. prompting E/R visit. Per mother excellent health and vision prior to this injury. CT scans reviewed showing soft tissue swelling and intact globe. O/E V 20/ Tactile foraming LP? - hard OS total 8-ball hyphema OS NL OD A - Traumatic total hyphema OS with probable elevated IOP and questionable intraocular damage P - Timolol 0.5% OS BID, Trusopt 2% OS TID, Pred forte 1% OS QID Atropin 1% OS TID

[illegible]

University Medical
Center
1800 W. Charleston Blvd.

Emergency Department
702-383-3734
Assessment Sheet

MR # 001191358 Sex: Male DOB: 09/22/1992
Name: Payo, Makani K
Phone: (702)456-7408
Address: 4190 E HARMON AVE, LAS VEGAS, NV 89121
Unit Code: PdRM1 Account # 04029366194 Age: 11

Complaint: Eye Injury
Arrival Date/Time: 14:42 05/14/2004
Arrived by: Ambulance
Mobility: Stretcher
Primary Care: -Primary Care Provider, MD/NP/PA
Accompanied By: Parent

Acuity: 1 - Emergent
Insurance: BC/BS OF NEVADA
Amb/Helicopter: {Southwest Ambulance}
Referring Facility:
Emergency Physician: Nelson MD, David G

Complaint Code: Eye
Treatment PTA: {IV saline lock} Monitoring {IV saline lock} Monitoring

Triage Nurse: Bechard-Beck, RN, M. Simonne

Past Medical Hx: -None
Tetanus History: {Ped Immunization current}
Social History: {NO SMOKER IN HOME}
Weights: actual: 35 kg
LMP Date:

Home Medications

Medication	Dosage	Freq	Prescribing Phys	Started
*None				

Allergy

Allergy	Allergic Reaction
*None	

Vital Signs

Init	Time	Temp	Blood Pressure	Pulse	Resp
MB	14:54	99.2 O	100/59 Automatic,Lying,Left Arm	81	18
MB	15:04	O	95/50 Automatic,Sitting,Left Arm	77	13
MB	15:27	O	104/50 Automatic,Lying,Left Arm	97	15
AP	16:21	98.5 O	101/58 Automatic,Lying,Left Arm	85	19
AP	16:53	O	103/64 Automatic,Lying,Left Arm	64	16
AP	17:33	O	107/57 Automatic,Sitting,Left Arm	88	27
AP	18:06	O	107/57 Automatic,Lying,Left Leg	79	18
MB	18:40	O	104/56 Automatic,Lying,Left Arm	72	16
MB	19:19	O	102/74 Automatic,Lying,Left Arm	72	13

Pain

Time	Scale
14:52	
17:33	

Pulse Ox.

Time	%
14:54	99
15:27	98
18:40	96
19:20	95

Pupils

Time	L(mm)	R(mm)
15:09	Brisk	4 Brisk

Glasgow Coma

Time	Score
15:09	15

Disposition Information

Primary Diagnosis: Hyphema

Secondary Diagnosis:

Disposition: Disch - Home

Report Called By:

Prescriptions:

Discharge Instructions: HYPHEMA, EYE INJURY

Disability Statement:

Follow-up Care: Carr, Tyree

Discharge Time: 21:01 05/14/2004

Family Notification:

Report Given To:

Appt Date/Time:

Initials Name

Initials Name

University Medical
Center
1800 W. Charleston Blvd.

Emergency Services
702-383-3734
Assessment Sheet

MR # 001191358 Sex: Male DOB: 09/22/1992
Name: Payo, Makani K
Phone: (702)456-7408
Address: 4190 E HARMON AVE, LAS VEGAS, NV 89121
Unit Code: PdRM1 Account # 04029366194 Age: 11

Triage/Initial Assessment

14:50 05/14/2004 - Initial Triage Info -- M. Simonne Bechard-Beck, RN

Duration: 2, day(s)

Quick Assessment: AIRWAY intact, BEHAVIOR cooperative, BREATHING no difficulty breathing, CIRCULATION skin warm and dry, NEURO alert & oriented x3, SEE PRIMARY SURVEY

Treatments PTA: IV saline lock, Monitoring

Special Needs: * No Known Barriers

Chief Complaint: Eye Injury

Presenting Complaints: Eye Injury, Eye pain, Eye red

Initial Triage Acuity: 1 - Emergent

Historian: parent

Complaint Category: Eye

Note: STRUCK IN RIGHT EYE AREA WITH A HOCKEY STICK ON WED. TO QC THIS AM AND DX WITH A RUPTURED GLOBE/HYPHEMA. TRANSFERRED HERE FOR FURTHER EVALUATION.

14:50 05/14/2004 - Past Medical History -- M. Simonne Bechard-Beck, RN

Medical history: -None

Surgical history: *No past surgery

Social history: NO SMOKER IN HOME

Immunization History: Ped Immunization current

14:50 05/14/2004 - Allergy Information -- M. Simonne Bechard-Beck, RN

Allergy A: *None

14:50 05/14/2004 - Home Medicine -- M. Simonne Bechard-Beck, RN

Medication A: *None

14:52 05/14/2004 - Pain -- M. Simonne Bechard-Beck, RN

Pediatric Pain Severity: Wong Baker Scale used to assess pt, 6/10 Moderate Pain

Location: Left, eye

Cause of Pain: Trauma related

Subjective Pain Assessment: Pt verbalizes c/o pain

Objective pain assessment: Furrowed Brow, Grimacing, Skin Pale

Pain Alleviating Factors: Calm, quiet environment, Caregiver comfort/reassurance, Narcotic given, Pt brought straight to ED bed, Rest

Note: HEAD OF BED UP, METAL SPLINT PLACED OVER LEFT EYE AREA.

14:53 05/14/2004 - Pediatric Assessment -- M. Simonne Bechard-Beck, RN

ED Safety Instructions : Do not leave pt unattended, Do not leave pt unattended on bed, Notify staff of changes in pt condition, ED process reviewed, Do not use cell phone in Peds ED

Social History: Attends school, Caregiver attentive to child's needs, Child lives with parent, Child not in daycare outside the home, Maintains eye contact with others, No smoker in home

14:54 05/14/2004 - Vital Signs -- M. Simonne Bechard-Beck, RN

Temp: 99.2 Oral

BP: 100/59, Automatic, Lying, Left Arm, Adult cuff

HR: 81, Regular

Resp: 18, At rest or calm

14:54 05/14/2004 - Oximetry -- M. Simonne Bechard-Beck, RN

Pulse Oximetry %: 99

Oxygen Therapy: Room Air

Units: L/min

14:59 05/14/2004 - Eye/ENT -- M. Simonne Bechard-Beck, RN

Duration: 2, day(s)

Side: Left

Eye: Blind, Erythema around orbit, Pain - moderate discomfort, Subconjunctival blood

Historian: parent

Note: HAS BRUISING/SLIGHT SWELLING BENEATH LEFT EYE AREA. S/P INCIDENT PT HAD DECREASED /BLURRY VISION.

14:41 05/14/2004 - Change Room -- M. Simonne Bechard-Beck, RN
Change Room: Pediatric Room 1 Bed A

14:41 05/14/2004 - Change Physician -- M. Simonne Bechard-Beck, RN

ER Physician: Unassigned

Resident: Unassigned

Prim. Care Provider: -Primary Care Provider, MD/NP/PA

Responsible Physician: Unassigned

14:42 05/14/2004 - Receive Patient -- M. Simonne Bechard-Beck, RN

Last Name: Payo

First Name: Makani

Date of Birth: 09/22/1992

Location: Pediatric Room 1 Bed A

Chief Complaint: Eye Injury

Initial Triage Acuity: 1 - Emergent

Condition on arrival: Stable

Treatments PTA: IV saline lock, Monitoring

Documents Received: Copy of patient chart, EMS documentation

14:46 05/14/2004 - Change Physician -- Lawrence Satkowiak MD, MD

ER Physician: Satkowiak MD, Lawrence

Resident: Unassigned

Prim. Care Provider: -Primary Care Provider, MD/NP/PA

Responsible Physician: Satkowiak MD, Lawrence

14:46 05/14/2004 - Medication Ordered -- Lawrence Satkowiak MD, MD

Medication: Morphine*

Dose: 4

Units: mg

Route: IV

14:54 05/14/2004 - Patient Metrics -- M. Simonne Bechard-Beck, RN

Actual Weight: 35

Actual Weight Unit: kg

14:54 05/14/2004 - IV Administered -- M. Simonne Bechard-Beck, RN

Site: Right Antecubital

Catheter size: 20g

Note: ESTABLISHED PTA AT QC

14:55 05/14/2004 - Medication Administered -- Andre Pastian, RN

Medication: Morphine*

Dose: 4

Units: mg

Route: IV

Time Span: 3

Units: Minutes

Diluted In: NS

Quantity (cc): 9.2

14:59 05/14/2004 - Reassessment -- M. Simonne Bechard-Beck, RN

Other Assessment: Caregiver with pt, Waiting for CT

15:02 05/14/2004 - Response to Medication -- M. Simonne Bechard-Beck, RN

Medication: Morphine*

Response to treatment: No allergic reaction noted, Pt symptoms improved

Pain Scale: 2/10 Uncomfortable

15:02 05/14/2004 - Change Physician -- David Nelson MD, MD

ER Physician: Nelson MD, David G

Resident: Unassigned

Prim. Care Provider: -Primary Care Provider, MD/NP/PA

Responsible Physician: Nelson MD, David G

15:04 05/14/2004 - Vital Signs -- M. Simonne Bechard-Beck, RN

BP: 95/50, Automatic, Sitting, Left Arm, Adult cuff

HR: 77, Regular

Assessment

University Medical Center 1800 W. Charleston Blvd.	Emergency Services 702-383-3734 Assessment Sheet	MR # 001191358 Sex: Male DOB: 09/22/1992 Name: Payo, Makani K Phone: (702)456-7408 Address: 4190 E HARMON AVE, LAS VEGAS, NV 89121 Unit Code: PdRM1 Account # 04029366194 Age: 11
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<p>Resp: 13, At rest or calm</p> <p>15:09 05/14/2004 - Primary Survey -- M. Simonne Bechard-Beck, RN Airway: Intact Breathing: Breathing non-labored Circulation: Skin pink warm and dry Cap refill: < 2 seconds Radial - L: Present Breath sounds - L: Breath sounds - Clear Radial - R: Present Breath sounds - R: Breath sounds - Clear Pupils/LOC: Pt alert oriented to surroundings, Good muscle tone Note: THERE IS NO PUPIL VISIBLE IN LEFT EYE-?BLOOD PRESENT.</p> <p>15:27 05/14/2004 - Vital Signs -- M. Simonne Bechard-Beck, RN BP: 104/50, Automatic, Lying, Left Arm, Adult cuff HR: 97, Regular Resp: 15</p> <p>15:27 05/14/2004 - Oximetry -- M. Simonne Bechard-Beck, RN Pulse Oximetry %: 98 Oxygen Therapy: Room Air Units: L/min</p> <p>15:28 05/14/2004 - Pt Activity In/Out of ED -- M. Simonne Bechard-Beck, RN Out Of Dept Studies: Patient to CT, Transported by stretcher, Nurse accompanied pt for procedure, Pulse Ox during transport</p> <p>15:47 05/14/2004 - Pt Activity In/Out of ED -- M. Simonne Bechard-Beck, RN Out Of Dept Studies: Patient returned from CT</p> <p>16:21 05/14/2004 - Vital Signs -- Andre Pastian, RN Temp: 98.5 Oral BP: 101/58, Automatic, Lying, Left Arm, Adult cuff HR: 85, Regular Resp: 19</p> <p>16:21 05/14/2004 - Reassessment -- Andre Pastian, RN Response to treatment: No change in patient condition, No allergic reaction noted, Alert, active no distress, Behavior cooperative Other Assessment: Caregiver with pt, Physician consult to see patient, No complaints, Resting comfortably</p> <p>16:53 05/14/2004 - Vital Signs -- Andre Pastian, RN BP: 103/64, Automatic, Lying, Left Arm, Adult cuff HR: 64, Regular Resp: 16, At rest or calm</p> <p>17:25 05/14/2004 - Subjective/HPI -- Andre Pastian, RN Note: Dr. Carr here to see patient</p> <p>17:33 05/14/2004 - Vital Signs -- Andre Pastian, RN BP: 107/57, Automatic, Sitting, Left Arm, Adult cuff HR: 88, Regular Resp: 27, At rest or calm</p> <p>17:33 05/14/2004 - Pain -- Andre Pastian, RN Pediatric Pain Severity: Wong Baker Scale used to assess pt, 2/10 Uncomfortable</p> <p>17:33 05/14/2004 - Reassessment -- Andre Pastian, RN Response to treatment: No change in patient condition, Alert, active no distress, Behavior cooperative Other Assessment: Family/friend with pt, Physician consult to see patient, Resting comfortably</p> <p>18:00 05/14/2004 - Subjective/HPI -- M. Simonne Bechard-Beck, RN Note: Child c/o nausea. Awaiting Diamox from Pharmacy.</p> <p>18:06 05/14/2004 - Vital Signs -- Andre Pastian, RN</p>	<p>BP: 107/57, Automatic, Lying, Left Leg, Adult cuff HR: 79, Regular Resp: 18, At rest or calm</p> <p>18:37 05/14/2004 - Medication Ordered -- M. Simonne Bechard-Beck, RN Medication: Acetazolamide* Dose: 250 Units: mg Route: IV Note: As per written order on chart</p> <p>18:37 05/14/2004 - Medication Administered -- M. Simonne Bechard-Beck, RN Medication: Acetazolamide* Dose: 250 Units: mg Route: IV Time Span: 3 Units: Minutes Diluted In: Sterile water</p> <p>18:40 05/14/2004 - Vital Signs -- M. Simonne Bechard-Beck, RN BP: 104/56, Automatic, Lying, Left Arm, Adult cuff HR: 72, Regular Resp: 16, At rest or calm</p> <p>18:40 05/14/2004 - Oximetry -- M. Simonne Bechard-Beck, RN Pulse Oximetry %: 96 Oxygen Therapy: Room Air Units: L/min</p> <p>19:04 05/14/2004 - Intake/Output -- Andre Pastian, RN Voided output amount: 200 Voided output units: cc Voided/Foley output: Voided in bathroom</p> <p>19:09 05/14/2004 - Response to Medication -- Andre Pastian, RN Medication: Acetazolamide* Response to treatment: No allergic reaction noted, Alert, active no distress, Behavior cooperative, Pt remains NPO Other Assessment: Family/friend with pt Note: CONTINUES TO BE NAUSEATED. DR. NELSON INFORMED</p> <p>19:17 05/14/2004 - Medication Ordered -- M. Simonne Bechard-Beck, RN Medication: Ondansetron* Dose: 4 Units: mg Route: IVPB Special Instructions: VERBAL ORDER</p> <p>19:18 05/14/2004 - Medication Administered -- M. Simonne Bechard-Beck, RN Medication: Ondansetron* Dose: 4 Units: mg Route: IVPB Time Span: 15 Units: Minutes Diluted In: NS Quantity (cc): 50</p> <p>19:19 05/14/2004 - Vital Signs -- M. Simonne Bechard-Beck, RN BP: 102/74, Automatic, Lying, Left Arm, Adult cuff HR: 72, Regular Resp: 13, At rest or calm</p> <p>19:20 05/14/2004 - Oximetry -- M. Simonne Bechard-Beck, RN Pulse Oximetry %: 95 Oxygen Therapy: Room Air Units: L/min</p>
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University Medical
Center
1800 W. Charleston Blvd.

Emergency Services
702-383-3734
Assessment Sheet

MR # 001191358

Sex: Male

DOB: 09/22/1992

Name: Payo, Makani K

Phone: (702)456-7408

Address: 4190 E HARMON AVE, LAS VEGAS, NV 89121

Unit Code: PdRM1

Account # 04029366194 Age: 11

20:41 05/14/2004 - Response to Medication -- Cathy Nowak, RN

Medication: Ondansetron*

Response to treatment: No allergic reaction noted, Alert, active no distress, Pt
symptoms improved

20:42 05/14/2004 - Change Nurse -- Judith Fuss-Carl, RN

Primary Nurse: Nowak, RN, Cathy

Secondary Nurse: Unassigned

Responsible Nurse: Nowak, RN, Cathy

20:56 05/14/2004 - Ref/App -- David Nelson MD, MD

Appointment with: Carr, Tyree

Phone: (702) 240-2820

Follow up in: 1 days

21:01 05/14/2004 - Discharge Condition -- Cathy Nowak, RN

Condition: Good

Mobility at Discharge: Ambulatory

Patient Teaching: F/U plan of care reviewed w/Parent/Pt, Parent/Pt voice undr-
standing of care plan, Written dc Instruc. reviewd w/Parent/Pt, Prescription given

Mode of Discharge: Private Vehicle

Discharge Pain Assessment: No objective signs of pain

UNIVERSITY MEDICAL CENTER
Southern Nevada

INTRAVENOUS CONTRAST
INJECTION CONSENT

ACCT: 4029366194 DOB 09/22/1992
PAYO, MAKANI K
SATKOWIAK, LAWRENCE
MR# 001-191-358 ADM 05/14/2004

There are X-ray examinations, which require intravenous injection of a contrast material (a solution which contains iodine), such as CAT scanning, venography and IVP's. Your physician has referred you to the Radiology Department for: Cat Scan Head with contrast

Orbits

Soon after an injection is made, you will probably experience a warm, flushing sensation in your head and face, and then in the rest of your body. This sensation will rapidly go away. There are some risks in the examinations, which you should know about. You may experience some nausea and vomiting. It usually goes away in a few minutes. Approximately 5% of people experience an allergic type reaction, such as localized swelling of the eyes and lips, or difficulty in breathing, can occur. We are prepared to treat these conditions.

There are complications, which are very rare, which are more serious. We have the facilities to treat these reactions, but despite vigorous emergency therapy, a fatality does occur in approximately 1 in every 50,000 procedures. Your physicians are aware of the remote possibilities of complication and feel that the diagnostic information to be obtained outweighs the minimal risk of the procedure. If you desire further specific information, we would be happy to discuss any aspect of this examination with you.

If you are a female of childbearing age, please inform us now if you feel there is any possibility you are pregnant.

I have read the above and give my consent to have performed.

I understand that there is no guarantee that a complication will not occur.

I am allergic to X-ray contrast material. Yes ☐ No ☒

LORI PAYO
(Patient Name Printed)

05/14/04 Lori Payo
(Date) (Patient/Guardian Signature)

J Dufour
(Witness Name Printed)

05.14.04
(Date)

J Dufour
(Witness Signature)

CONSO58 (Rev. 7/00, 10/02)

0 0126

RA 0013

UNIVERSITY MEDICAL CENTER

PT NAME: _____

DATE: 05-14-04 TIME: 1420

UNIT: SW 514 ETA: _____

PT AGE: 114 M F WEIGHT: _____

CHIEF COMPLAINT: Eye injury

2 Days ago ruptured

MECHANISM: Globe.

PERTINENT HISTORY: _____

MEDICATIONS: _____

ALLERGIES: _____

VITALS 100%

1. BP _____ P _____ RR 22

2. BP _____ P _____ RR _____

EKG MONITOR: _____

MENTAL STATUS: _____

_____ GCS _____

ASSESSMENT: Trans OC.

Rt. Saline lock

001191358

TELEMETRY RECORD

ORDERS (Circle)

AIRWAY: **IV:**

NC _____ L/Min 1.

Mask 100% O2 2.

Intubate

ACLS PROTOCOL:

TRAUMA: FULL or INTERMEDIATE

PRIOR TO CONTACT

PHYSICIAN ORDERED

_____ mg	COMA:	_____ mg
_____ mg	Narcan	_____ mg
_____ mg	Thiamine	_____ mg
_____ mg	Dextstix	_____ mg
_____ mg	D ₅₀ /D ₂₅	_____ mg
_____ mg	Glucagon	_____ mg

_____ mg	CARDIAC:	_____ mg
_____ mg	Epinephrine	_____ mg
_____ mg	Nitrospray	_____ mg
_____ mg	Atropine	_____ mg
_____ mg	Adenosine	_____ mg
_____ mg	Lidocaine	_____ mg
_____ mg	Bretylium	_____ mg
_____ mg	Furosemide	_____ mg
_____ mEq	Bicarbonate	_____ mEq
_____ mg	Calcium	_____ mg
_____ mg	Nifedipine	_____ mg
_____ Ug	Dopamine	_____ Ug

_____ mg	PAIN:	_____ mg
_____ mg	Morphine	_____ mg

_____	AIRWAY:	_____
_____	Albuterol SVN	_____
_____	Phenylephrine	_____

_____ mg	ALLERGIC:	_____ mg
_____ mg	Epinephrine	_____ mg
_____ mg	Diphenhydramine	_____ mg

_____ mg	SEIZURE:	_____ mg
_____ mg	Diazepam	_____ mg

_____ mg	NAUSEA:	_____ mg
_____ mg	Phenergan	_____ mg

_____ gm	POISONING:	_____ gm
_____ gm	Charcoal	_____ gm

ADDITIONAL ORDERS: _____

[Signature] 0 0127

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA

AMBULATORY CARE TO ACUTE CARE
PATIENT TRANSFER RECORD

Medications at home: WNL

ALLERGIES: N/A

VITAL SIGNS	Time	Temp	Pulse	Resp	BP
Admit	135	98	73	20	105/67
Discharge	1358	98	80	20	105/66
IV/THER/SOL	Site	Rate	Needle	Time	By
Heptlock	LAC	20	135	11	

ACCT: 4029366194 DOB 09/22/1992
PAYO, MAKANI K
WRIGHT, CHET D
MR# 001-191-358 ADM 05/14/2004

Disposition of Valuables:

Medications Given	Time	By

Procedures Performed, if any:

N/A	NURSING ASSESSMENT	WNL = Within Normal Limits
	Skin & Circulatory Status, if applicable	EKG rhythm strip with patient Yes <u>(No)</u>
	Skin: WNL Comments:	
	Pulse/Circulation: WNL Comments:	
	Laceration Assessment, if applicable: Location, Size, Inj. sustained via? Dressings	
	Respiratory Assessment, if applicable: Rate, Type, Labored vs non-labored	<u>CR</u>
	Neuro Status, if applicable: Level of consciousness, Pupil size/react; Motor response	<u>100%</u>
	Ortho, if applicable: Injury sustained via? Site, Deformity, Mode of stabilization	<u>Right (L) Blower</u>
	Abdomen, if applicable: +/- Bowel sounds, Soft vs hard, Vomiting, Diarrhea	<u>Good Soft</u>

Time	PATIENT CARE AND CONDITION	By

Transferring Physician:

Transferring Facility:

Receiving Physician:

Receiving Hospital:

Transferring Nurse Signature:

Military Time

Arrived at Transfer Facility

Transfer Request Received

Departed Transfer Facility

Arrived Receiving Hospital

Ambulance Attendant Signature

Rig #:

Date & Time:

1356 5/14/04

UNIVERSITY MEDICAL CENTER

Southern Nevada

Hospital Transfer Information Form (Page 1 of 2)

ACCT: 4029366194 DOB 09/22/1992
PAYO, MAKANI K
WRIGHT, CHET D
MR# 001-191-358 ADM 05/14/2004

Admission Date: 5-14-04 Time: 1303 Transfer Date: 5-14-04 Time: 1352

SECTION I Patient Acknowledgement/Request - Check ONE of the following:

- (A) ☐ **TRANSFER ACKNOWLEDGEMENT**
I understand that I have/the patient has a right to receive medical screening, examination and evaluation by a physician, or other appropriate personnel, without regard to my/the patient's ability to pay, prior to any transfer from this hospital. I have/the patient has the right to be informed of the reason(s) for any transfer. I acknowledge that I have/the patient has received medical screening, examination, and evaluation by a physician, or other appropriate personnel, and that I have been informed of the reason(s) for my/the patient's transfer.
- (B) ☐ **PATIENT REQUEST FOR TRANSFER**
I request a transfer and acknowledge that I have been informed of the risks and consequences potentially involved in the transfer, the possible benefits of continuing treatment at this hospital, and the alternatives (if any) to the transfer I am requesting. I also acknowledge the obligation of this hospital to provide such further examination and treatment, within its available staff and facilities, as may be required to stabilize my/the patient's medical condition. I hereby release the attending physician, any other physicians involved in the patient's care, the hospital and its agents and employees, from all responsibility for any ill effect(s) which may result from the transfer or the delay involved in the transfer.

PATIENT/SURROGATE DECISIONMAKER'S SIGNATURE: [Signature]
Relationship if other than patient: Mother Date: _____
Time: _____ Witness: _____

SECTION II Physician Certification - Check ONE of the following:

- (A) ☒ **TRANSFER OF STABILIZED PATIENT:**
Based on the examination and the information available to me at this time, I have concluded that, as of the time of the transfer, the patient's emergency medical condition, if any, has been stabilized such that no material deterioration of the patient's condition is likely, within reasonable medical probability, to result from or occur during the transfer of the patient.
- (B) ☐ **TRANSFER OF UNSTABILIZED PATIENT: (If Checked, Section III must be completed.)**
Based on the examination, the information available to me at this time, and the reasonable risks and benefits to the patient, I have concluded for the reasons which follow that, as of the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment/care at another facility outweigh the increased risks (if any) to the patient and, if in labor, to the unborn child, from effecting the transfer.

Reason for Transfer: evaluation / treatment for closed head injury

All transfers have inherent risks of traffic delays, accidents during transport, inclement weather, rough terrain, turbulence, and the limitations of equipment and personnel present in the vehicles.

Risks of Transfer: MOA

Benefits of Transfer: evaluation, treatment

Names and addresses of on-call physicians who refused or failed to appear within a reasonable time, thus necessitating a transfer:

I certify that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another facility outweigh the increased risks to the individual and, in the case of labor, to the unborn child from effecting the transfer.

Physician/QMP Signature: [Signature] Date: _____
Physician's Countersignature, if applicable: _____ Date: 5/14/04

WHITE COPY: To Accepting Facility CONSO 39 A.1 YELLOW COPY TO: Patient Record PINK COPY TO: Depart. Manager

0 0129
RA 0016

UNIVERSITY MEDICAL CENTER
Southern Nevada

Hospital Transfer Information Form (Page 2 of 2)

ACCT: 4029366194 DOB 09/22/1992
PAYO, MAKANI K
WRIGHT, CHET D
MR# 001-191-358 ADM 05/14/2004

SECTION III Additional Requirements for Transfer (*Unstabilized patients may not be transferred unless ALL requirements are met. This section must be completed if Section II(B) is checked.*)

- ☒ Receiving physician has agreed to accept patient transfer.

Name: S. Howard Contact time: 13:50

- ☐ Receiving facility has agreed to accept patient transfer, provide appropriate personnel and treatment, and has available space.

Facility: _____ Contact time: _____

Person accepting transfer: _____

Title: _____

- ☐ Receiving facility will be provided with appropriate medical records/treatment information:

☐ EKG ☐ LAB ☐ X-RAY/REPORT ☐ ER RECORD ☐ H&P

☐ OTHER (specify) _____

SECTION IV Transportation

Patient will be transferred by qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.

Mode of Transportation (check one):

- ☒ Ambulance Service SW Amb.
☐ Air Transport Service _____
☐ Private Vehicle _____

Personnel Accompanying Patient in Transfer (check all applicable):

- ☐ EMT / Paramedic
☐ Nurse
☐ Respiratory Therapist
☐ Physician
☐ Other _____

Hospital Representative's Signature: _____



Care How Much We Know
Know How Much We Care

PATIENT IDENTIFICATION

001191358

0 0131

RA 0018

DATE: 5/14/04		PATIENT NAME: Makani		ADDRESS: Payo	
CITY	STATE	ZIP			
DATE OF BIRTH	SOCIAL SECURITY NUMBER	PATIENT PHONE	ALLERGIES		
MEDICAL HISTORY	DIAGNOSIS	LOCATION (ET, 4N) RX WRITTEN	DATE / TIME OF DISCHARGE		

DISCHARGES TO BE WRITTEN 24 HOURS IN ADVANCE

HEIGHT 35 kg

DRUG AND DOSE	QUANTITY	DIRECTIONS	REF
Timolol 0.5% ophth drops	1 bottle	1 drop BID	Ø
Trusopt 2%	1 bottle	1 drop TID	Ø
Optical drops	1 bottle	1 drop BID	Ø
Atropine 1%	1 bottle	1 drop TID	Ø
Predforte 1% ophth drops	1 bottle	1 drop QID	Ø

PHARMACY
USE
ONLY

- ☐ UMC / Emergency Department
1800 W. Charleston Blvd.
Las Vegas, NV 89468
383-2000
- ☐ Pediatric Emergency Department
1800 W. Charleston Blvd.
Las Vegas, NV 89102
383-2000
- ☐ CLINICS
- ☐ Total Life Care
2231 W. Charleston Blvd. 1st floor
Las Vegas, NV 89102
383-3731
- ☐ Wellness Care
2300 S. Rancho, Suite 205
Las Vegas, NV 89106
383-6691
- ☐ Ernst F. Lied Ambulatory Center
1524 Pinto Lane
Las Vegas, NV 89106
383-2631
- ☐ Internal Medicine
383-2631
- ☐ Pediatric Outpatient Services
383-3642
- ☐ University Women's Center
2231 W. Charleston Blvd. 2nd floor
Las Vegas, NV 89102
383-2403
- ☐ QUICK CARES / CLINICS
- ☐ Boulder Quick Care
5412 Boulder Highway
Las Vegas, NV 89121
383-2300
- ☐ Enterprise Quick Care
1700 Wheeler Peak Street
Las Vegas, NV 89106
383-2555
- ☐ QUICK CARES / CLINICS
- ☐ UMC Quick Care
2231 W. Charleston Blvd. 1st floor
Las Vegas, NV 89102
383-2074
- ☐ Peccole Quick Care
9320 W. Sahara
Las Vegas, NV 89117
Q.C. 383-3650 Clinic 383-3633
- ☐ Nellis Quick Care / Primary Care
61 North Nellis Boulevard
Las Vegas, NV 89110
Q.C. 644-8701 Clinic 383-6250
- ☐ Rancho Quick Care / Primary Care
4331 N. Rancho Drive
Las Vegas, NV 89130
Q.C. 383-3600 Clinic 383-3630
- ☐ McCarran Quick Care / Primary Care
1789 E. Russell Road
Las Vegas, NV 89119
Q.C. 383-3600 Clinic 383-3660
- ☐ Summerlin Quick Care / Primary Care
2031 N. Buffalo
Las Vegas, NV 89128
Q.C. 383-3750 Clinic 383-2650
- ☐ Sunset Quick Care / Primary Care
325 Marks Street
Henderson, NV 89014
Q.C. 383-6210 Clinic 383-6230
- ☐ Craig Quick Care / Primary Care
2202 W. Craig Road
N. Las Vegas, NV 89132
Q.C. 383-6270 Clinic 383-6280
- ☐ Spring Valley Quick Care / Primary Care
4180 S. Rainbow Blvd. Suite 810
Las Vegas, NV 89103
Q.C. 383-3645 Clinic 383-3636
- ☐ Laughlin Quick Care / Primary Care
150 E. Edison Way
Laughlin, NV 89029
(702) 329-3364

PHYSICIAN'S SIGNATURE:	PHYSICIAN'S PHONE/DEEPER NUMBER	DEA #	ORAS0253219-
OTHER INSTRUCTIONS			

FOR PHARMACY USE

☐ DISP. ONLY AS WRITTEN

PHYSICIANS STAMP

SIGNATURE OF PHARMACIST CHECKING MEDICATION
AND COUNSELING PATIENT

SIGNATURE OF PERSON RECEIVING MEDICATION AND
COUNSELING

SIGNATURE OF PATIENT REQUESTING
NON-CHILD PROOF CONTAINER



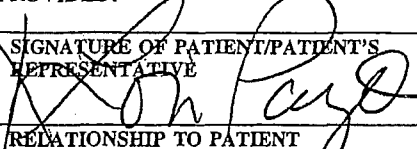
Care How Much We Know.
Know How Much We Care.

ACCT: 4029366194 DOB 09/22/1992
PAYO, MAKANI K
SATHOWIAK, LAWRENCE
MR# 001-191-150 ADM 05/14/2004

FINANCIAL AGREEMENT

- FINANCIAL AGREEMENT/FINANCIAL GUARANTY/ASSIGNMENT OF INSURANCE BENEFITS:** In consideration of the services to be rendered to the patient by UMC, I/We individually obligate myself/ourselves to pay the patient's account with UMC according to the charges as set forth in the then current UMC Charge Master. I/We guarantee payment of all charges as set forth in the then current UMC Charge Master incurred for the patient from the date of admission until discharge, or removal, including physicians and anesthesiologist's fees. I/We understand that UMC will bill for services and supplies furnished by UMC, hospital employees and physicians directly employed by UMC. I/We understand that services furnished by independent, private or consulting physicians will be billed separately by them. I/We accept full financial responsibility for the above-named patient's bill and all charges as set forth in the then current UMC Charge Master related thereto. In the event that UMC does not collect from the patient, I/We agree to pay the bill and be primarily liable for the bill, and further, agree that demand may initially be made against me or the patient, or both, at the option of UMC. I/We further agree to pay interest at the legal rate and attorney's fees and costs incurred in collection of the account. I/We do assign directly to UMC all insurance benefits, including automobile and homeowners insurance, otherwise payable to the patient, not to exceed UMC's regular charges as set forth in the then current UMC Charge Master for this period of hospitalization. I/We appoint the Chief Executive Officer of UMC, or designee, as my/our true and lawful attorney-in-fact to endorse any checks made payable to me/us for benefits or claims collected under this assignment and to apply any credit balance to any other account I/We may owe UMC. I/We accept financial responsibility for any charges as set forth in the then current UMC Charge Master not paid by this assignment.
- RELEASE OF INFORMATION:** I/We authorize UMC to make available patient identifiable health information, including his/her medical records, to any person or corporation including, but not limited to, insurance companies, health care service plans, workers' compensation carriers, the patient's employer and utilization review monitoring organizations that is or may be liable for any portion of UMC's charges. I/We also authorize these entities to reveal to UMC all information UMC may request. I/We authorize the use of the patient's Social Security number for medical tracking.
- RETENTION OF FINANCIAL RECORDS/VERIFICATION OF INFORMATION:** UMC will retain all financial details on the patient account for two years from the date of the patient's discharge. Patients are provided with a summarized bill. *Upon request*, an itemized bill may be issued and should be kept for future use. For the purposes of obtaining medical services/credit, I/We warrant that the *information provided* is true and complete. I/We authorize UMC to verify any information necessary to process this request for services. I/We further understand that UMC will receive, from time to time, inquiries from others seeking credit experience information about this account.
- MEDICAID RECIPIENTS:** I/We acknowledge that Federal and State statutes require utilization of all other payment sources before billing Medicaid for medical services. Other sources include private or employer-provided health and accident insurance coverage. By signing this agreement and applying for Medicaid, I/We certify, under penalty of fraud, that the patient does not have private or employer provided health and/or accident insurance coverage.
- ACKNOWLEDGEMENT OF RECEIPT OF THE JOINT NOTICE OF PRIVACY PRACTICES:** Your signature acknowledges your receipt of this Joint Notice of Privacy Practices. If you wish to request an additional written copy, please request in writing to UMC, c/o Privacy Officer, 1800 W. Charleston Boulevard, Las Vegas, NV 89102.

BY SIGNING THIS AGREEMENT, I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTOOD ITS TERMS. I/WE FURTHER CERTIFY THAT I AM THE PATIENT, PARENT, GUARDIAN, CONSERVATOR AND/OR THE RESPONSIBLE PARTY (GUARANTOR), AND THAT I/WE HAVE VOLUNTARILY SIGNED THIS AGREEMENT, ACCEPTED THE TERMS OF THIS AGREEMENT AND AGREED TO BE JOINTLY AND SEVERALLY LIABLE FOR PAYMENT OF ANY AMOUNTS DUE UNDER THIS AGREEMENT FOR SERVICES PROVIDED.

SIGNATURE OF PATIENT/PATIENT'S REPRESENTATIVE 	DATE 5-14-04	REASON PATIENT UNABLE TO SIGN minor	
	WITNESS S. Felix	TITLE Adm. Rep.	
RELATIONSHIP TO PATIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (Specify)			



Care How Much We Know
Know How Much We Care.

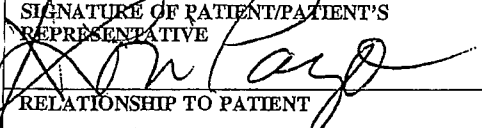
Patient No. _____

ACCT: 4029386194 DOB 09/22/1932
PAYO, MAKANI K
SATKOWIAK, LAWRENCE
MR# 001-191-350 ADM 05/14/2004

CONDITIONS OF ADMISSION – CONSENT FOR TREATMENT

- MEDICAL AND SURGICAL SERVICES:** The patient is under the care and supervision of his/her attending physician. I/We understand that doctors furnishing services to the patient as the attending physician are usually independent contractors and are not employees or agents of UMC. It is the responsibility of the attending physician to inform a competent patient or the patient's legal guardian about the planned medical and/or surgical treatment and all alternative diagnostic or therapeutic procedures available to the patient. While the patient is at UMC, it is the responsibility of UMC and its nursing staff to carry out the instructions of the attending physician. UMC supports reuse/reprocessing/resterilization of single use medical devices by a third party processor who must comply with all Food and Drug Administration (FDA) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements.
- INFORMED CONSENT:** It is the responsibility of the attending physician to obtain informed consent prior to the performance of the proposed medical services and/or surgical procedures. I/We acknowledge that the attending physician has advised me/us of the nature of the medical services necessary for the patient whose name appears above and has obtained my/our informed consent to undertake these services. In the course of providing these services, I/We consent to any x-ray examination; laboratory procedures, including blood, urine, HIV and toxicology testing; anesthesia and/or medical/surgical treatment or hospital services rendered by UMC or its employees under the general and special instructions of the attending physician(s).
- NON-DISCRIMINATION:** UMC shall not discriminate against any person on the basis of age, color, disability, gender, handicapping condition (including AIDS or AIDS related conditions), national origin, race, religion, sexual orientation or any other class protected by law or regulation. The collection of information of this type is for demographic and/or compliance purposes only.
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SIGNATURE OF PATIENT/PATIENT'S REPRESENTATIVE 	DATE 3-14-04	REASON PATIENT UNABLE TO SIGN minor
RELATIONSHIP TO PATIENT	WITNESS C. E. Felix	TITLE Asset Rep
<input type="checkbox"/> PATIENT <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (Specify)		

0 0133
RA 0020

University Medical Center Childrens Emergency Services

1800 W. Charleston Blvd., Las Vegas, NV 89102

ADULT EMERGENCY CENTER (702) 383-2211

CHILDREN'S EMERGENCY CENTER (702) 383-3734

Prescriptions Received:

Discharge Instructions Received: HYPHEMA {EYE INJURY}

Drug Instructions Received:

Referral:

Carr, Tyree - (702) 240-2820 in 1 days - 2800 N. Tenaya Way Suite 102, LAS VEGAS, NV 89128

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

eye drops as prescribed. follow-up tomorrow with DR Carr. return here for any problems.

Date/Time: 05/14/2004 20:57

Treating Provider: Nelson MD, David G

Patient Signature: XO on B. Payo

Account Number: 04029366194

Medical Record Number: 001191358

I have explained the instructions and have given a copy to the patient.

Nurse's Signature: C round a

Date: 5/14/04

MED REC 001-191-358

ACCOUNT NO. 75619106

I WOULD LIKE MY PERSONAL DOCTOR CALLED SEVERE HA NAME	I REQUEST THE E.R. DR. TO ATTEND;
NURSES NOTES MOTHER 3	BROUGHT BY

VITAL SIGNS TEMP <u>98.1</u> PULSE <u>90</u> RESP <u>23</u> BP <u>100/70</u>				LAB RESULTS			
WEIGHT: <u>34-2</u> Kg				Na	Cl	BUN	GIU
IMMUNIZATIONS:				K	CO2	CREAT	
TIME SEEN:				WBC		Hb HCl	PLAT
<p>11/40 12^{PM} eye Injury from hot key stick, PHT seen umc - @ ED → here, eye surgery on last wed AA - (AAR can't PHT yesterday same AA, behind eye; V yesterday & for</p>				ABG'S: PH		pCO ₂	
				pO ₂		HCO ₃ SAT.	
				UA:			
				CSF:		WBC:	RBC:
						PROT:	GLUC:
				GM STAIN			
				OTHER:			

EKG & LAB ORDERS		X-RAY ORDERS		OTHER	
EKG	ABG	CHEST		MONITOR	
RHYTHM STRIP	CBC DIFF	C-SPINE		PULSE OXIMETER	
CATH UA	CHEM 7	3 WAY ABD		PEAK FLOWS	
URINALYSIS	ETOH	CT HEAD		SUTURE KIT	
URINE C&S	RSV	CT HEAD		SUTURE:	
BHCG	URINE TOX/SCREEN	OSSEOUS SURVEY		ETHILON	
QUANT BHCG	LIVER PANEL	ULTRA SOUND		PROLENE	
WET PREP	CHEM 20			VICRYL	
GC	BLOOD CULTURE	EXTREMITY			
CHLAMYDIA	TRAUMA PANEL	R:		DERMABOND	
TYPE & RH	CSF PANEL	L:		STAPLER	
HOLD CLOT	CSF GM STAIN				
TYPE & CROSS	CSF CULTURE			SOCIAL SERVICE REFERRAL	
UNITS	NEONATAL BILI				

CLINICAL DATA	TIME	COMPUTER ORDERS	DONE
		MEDICATIONS	<input checked="" type="checkbox"/>
		IV	
		NEBULIZER	
	TIME	ORDERS	DONE
	312570		

X-RAY INTERP.		EKG INTERP.	
---------------	--	-------------	--

	DISCHARGE PLAN
CONDITION	

ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> IMPROVED <input type="checkbox"/> SERIOUS <input type="checkbox"/> CRITICAL	
SUTURE REMOVAL	<u>0</u> DAYS

DIAGNOSIS: 1) life threatening
2) NA.

RX *Periwet* *NO 20*

PHYSICIAN CALLED: _____
DISPOSITION: _____
HOME: _____ HOSPITAL: _____ POLICE: _____ OTHER: _____

TIME	RESPONDED (TIME)
DOCTOR'S SIGNATURE	

00135
RA 0022

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

CHIEF COMPLAINT:
Severe headache.

HISTORY OF PRESENT ILLNESS:

The patient is an 11-year-old male, who on 5-12-04 sustained a significant eye injury where he was struck in the left orbit with a hockey stick. He did not sustain any other head injury at that time but was primarily struck in the eye. He was seen at University Medical Center quick care and had a head and facial CT scan obtained and also was noted to have a significant hyphema and was evaluated by his ophthalmologist, Dr. Carr. The child had eye surgery where a blood clot was removed from the inner aspect from his eye. He has ongoing lens staining, significant conjunctivitis and also has a retinal injury as well. He has been seen every other day by Dr. Carr and is on multiple topical optic medications. Initially the child required hospitalization for headache and hydration. The family states that the child's headache has been persistent since the episode of injury and has only been treated with Tylenol. They came in today because he has had increasing headache. He complains primarily of left sided eye and facial pain which these symptoms are identical to the symptoms he has had since the onset of his injury. He has had no vomiting, no fever and no change in the characteristics of his headache other than it is a bit more intolerable today. He will be seen by Dr. Carr, the ophthalmologist, tomorrow for evaluation of his eye.

MEDICATIONS:

Include topical steroids, topical anti-inflammatory and topical antibiotics for his eye.

ALLERGIES:
NONE.

PAST MEDICAL HISTORY:
As described above.

SOCIAL HISTORY:
The child is here with mother.

FAMILY HISTORY:
No recent ill contacts.

REVIEW OF SYSTEMS:

EYES: Continued left eye pain as described.
EARS: No drainage.
NECK: No neck pain or stiffness.
CARDIOVASCULAR: No cyanosis.
RESPIRATORY: No cough.
GASTROINTESTINAL: No vomiting.
MUSCULOSKELETAL: No muscle or joint complaints.
SKIN: No rashes.
NEUROLOGIC: The patient complains of headache. No neck stiffness, changes in mental status or any other concerns.
GENITOURINARY: Good urine output.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature is 98.3, pulse 90, respiratory rate 23, saturations of 100% on room air which is normal.

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 312510
ADM. DATE: 05/25/2004

ACCOUNT#: 00075619106

ER
DICTATED BY: John J Reeves, MD

ATTENDING:

EMERGENCY ROOM NOTE

Medical Record

Page 1 of 2

0 0136

RA 0023

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

HEENT: Tympanic membranes are clear. Oropharynx is clear. Extraocular muscles are intact on the right side. Examination of the left eye reveals a significant conjunctival injection and erythema, clouding of the cornea and lens and a small reactive pupil.

NECK: Supple.

CARDIOVASCULAR: Regular rate and rhythm, no murmurs.

LUNGS: Clear.

ABDOMEN: Soft and nontender.

MUSCULOSKELETAL: Unremarkable.

SKIN: No petechiae, vesicles or purpura.

NEUROLOGIC: The patient complained of ocular pain. He has a nonfocal examination. He is alert and reactive, holding the side of his head.

EMERGENCY DEPARTMENT COURSE AND MEDICAL DECISION MAKING:

The child's history and physical examination is consistent with headache from his ocular injury. The child is given Percocet p.o. times 1 for pain control. Re-evaluation showed the child's symptoms were much improved and he was stable for outpatient management. The child is discharged to outpatient management with instructions to keep his appointment with Dr. Carr tomorrow and to continue with Percocet for pain control. Please note the child has severe left ocular trauma and injury which is in the ongoing care of his ophthalmologist. We did not readdress the ocular injury at this time as this has been an ongoing problem. He does have an appointment with Dr. Carr and the mother will be keeping that appointment as outlined above. The child is discharged to outpatient management with:

DIAGNOSES:

1. Eye injury.
2. Headache secondary to ocular trauma.

CC:

DD: 05/25/2004 10:07:33

DT: 05/25/2004 10:28:36

Electronically signed on 06/01/2004 6:52AM by John Reeves, MD
John J Reeves;MD

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 312510
ADM. DATE: 05/25/2004

ACCOUNT#: 00075619106

Dictated by: John J Reeves, MD
Attending:

EMERGENCY ROOM NOTE

Medical Record

Page 2 of 2

0 0137

RA 0024

University Medical
Center
1800 W. Charleston Blvd.

Emergency Department
702-383-3734
Assessment Sheet

MR # 001191358 Sex: Male DOB: 09/22/1992
Name: Payo, Makani K
Phone: (702)491-1713
Address: 9642 CEDAR PARK, LAS VEGAS, NV 89148
Unit Code: PdFST Account # 00075619106 Age: 11

Complaint: Severe Ha
Arrival Date/Time: 06:56 05/25/2004
Arrived by: { Private Vehicle}
Mobility: Ambulatory
Primary Care: -Primary Care Provider Unknown,
Accompanied By: Parent

Acuity: 2 - Urgent
Insurance: BC/BS OF NEVADA
Amb/Helicopter:
Referring Facility:
Emergency Physician: Reeves MD, John

Complaint Code: Eye
Treatment PTA:

Triage Nurse: Volz, RN, Victoria

Past Medical Hx:
Tetanus History: {Ped Immunization current}
Social History:
Weights: actual: 34.2 kg
LMP Date:

Home Medications

Medication	Dosage	Freq	Prescribing Phys	Started
*Other - See Note				

Allergy

Allergy	Allergic Reaction
*None	

Vital Signs

Init	Time	Temp	Blood Pressure	Pulse	Resp
VV	07:01	98.3 O	104/58 Automatic, Sitting, Right Arm	90	23

Pain

Time	Scale
07:01	

Pulse Ox.

Time	%
07:01	100

Pupils

Time	L(mm)	R(mm)

Glasgow Coma

Time	Score

Disposition Information

Primary Diagnosis: Headache
Secondary Diagnosis: Eye - ill defined disorders
Disposition: Disch - Home
Report Called By:
Prescriptions:
Discharge Instructions: HEART DISEASE PREVENTION, HEADACHE (TENSION)
Disability Statement:
Follow-up Care: Carr, Tyree
Discharge Time: 08:44 05/25/2004

Family Notification:
Report Given To:

Appt Date/Time:

Initials Name

Initials Name

University Medical Center 1800 W. Charleston Blvd.	Emergency Services 702-383-3734 Assessment Sheet	MR # 001191358 Name: Payo, Makani K Phone: (702)491-1713 Address: 9642 CEDAR PARK, LAS VEGAS, NV 89148 Unit Code: PdFST	Sex: Male DOB: 09/22/1992 Account # 00075619106 Age: 11
---	---	--	--

Triage/Initial Assessment

07:00 05/25/2004 - Initial Triage Info -- Victoria Volz, RN

Duration: 1, day(s)

Quick Assessment: AIRWAY intact, BEHAVIOR cooperative, BREATHING no difficulty breathing, CIRCULATION skin warm and dry, NEURO alert & oriented x3, BEHAVIOR - alert, BEHAVIOR - respond to verbal stimuli, AMBULATES - without assistance

Special Needs: * No Known Barriers

Chief Complaint: Severe Ha

Presenting Complaints: Pain

Initial Triage Acuity: 2 - Urgent

Historian: parent

Complaint Category: Eye

07:01 05/25/2004 - Vital Signs -- Victoria Volz, RN

Temp: 98.3 Oral

BP: 104/58, Automatic, Sitting, Right Arm, Child cuff

HR: 90, Regular, Extreme agitation

Resp: 23, At rest or calm

07:01 05/25/2004 - Pain -- Victoria Volz, RN

Pediatric Pain Severity: 10/10 Severe Pain

07:01 05/25/2004 - Oximetry -- Victoria Volz, RN

Pulse Oximetry %: 100

Oxygen Therapy: Room Air

Units: L/min

07:02 05/25/2004 - Allergy Information -- Victoria Volz, RN

Allergy A: *None

07:03 05/25/2004 - Home Medicine -- Victoria Volz, RN

Medication A: *Other - See Note

Note: TIMOLOL, TOBREX, PREDNISOLONE GTTS, XALATAN, DORZOLAMIDE GTTS.

07:06 05/25/2004 - Past Medical History -- Victoria Volz, RN

Surgical history: *Other - see note

Immunization History: Ped Immunization current

Note: LEFT EYE TRAUMA, HYPHEMA, INCREASED OCULAR PRESSURE AFTER CLOSED HEAD INJURY ON 5-12-04. EYE SX ON 05-21-04.

Assessment

06:58 05/25/2004 - Change Room -- Victoria Volz, RN

Change Room: Pediatric Waiting Room

06:58 05/25/2004 - Change Physician -- Victoria Volz, RN

ER Physician: Unassigned

Resident: Unassigned

Prim. Care Provider: -Primary Care Provider Unknown

Responsible Physician: Unassigned

07:01 05/25/2004 - Patient Metrics -- Victoria Volz, RN

Actual Weight: 34.2

Actual Weight Unit: kg

07:03 05/25/2004 - Change Room -- Corina Stephens, CNA

Change Room: Peds Fast Track Bed 3

07:04 05/25/2004 - Change Physician -- John Reeves MD, MD

ER Physician: Reeves MD, John

Resident: Unassigned

Prim. Care Provider: -Primary Care Provider Unknown

Responsible Physician: Reeves MD, John

07:21 05/25/2004 - Medication Ordered -- John Reeves MD, MD

Medication: Percocet

Dose: 1

Units: units

Route: PO

07:28 05/25/2004 - Medication Administered -- Alexia Blanton, RN

Medication: Percocet

Dose: 1

Units: units

Route: PO

08:37 05/25/2004 - Ref/App -- John Reeves MD, MD

Appointment with: Carr, Tyree

Phone: (702) 240-2820

Follow up in: 1 days

08:41 05/25/2004 - Response to Medication -- Kathleen Gibson, RN

Medication: Percocet

Response to treatment: Pain has decreased

Pain Scale: 2/10 Uncomfortable

08:42 05/25/2004 - Ref/App -- John Reeves MD, MD

Appointment with: Carr, Tyree

Phone: (702) 240-2820

Follow up in: 1 days

08:44 05/25/2004 - Discharge Condition -- Kathleen Gibson, RN

Condition: Good

Mobility at Discharge: Ambulatory

Patient Teaching: F/U plan of care reviewed w/Parent/Pt, Parent/Pt voice underst.

nding of care plan, Written do instruc. reviewd w/Parent/Pt, Prescription given

Discharge Pain Assessment: No objective signs of pain

08:44 05/25/2004 - Change Nurse -- Kathleen Gibson, RN

Primary Nurse: Gibson, RN, Kathleen C

Secondary Nurse: Unassigned

Responsible Nurse: Gibson, RN, Kathleen C



Care How Much We Know.
Know How Much We Care.

PATIENT IDENTIFICATION

0 0140

RA 0027

DATE 4-25-04		PATIENT NAME Papa, A. K. K.	
ADDRESS		CITY	
STATE		ZIP	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	PATIENT PHONE	ALLERGIES
MEDICAL HISTORY		DIAGNOSIS	LOCATION (ER, 4N) FX WRITTEN DATE / TIME OF DISCHARGE

DISCHARGES TO BE WRITTEN 24 HOURS IN ADVANCE

HEIGHT _____ WEIGHT 34.2kg

- ☐ UMC / Emergency Department
1900 W. Charleston Blvd.
Las Vegas, NV 89102
- ☒ Pediatric Emergency Department
1900 W. Charleston Blvd.
Las Vegas, NV 89102
- CLINICS**
- ☐ Total Life Care
2231 W. Charleston Blvd. 1st floor
Las Vegas, NV 89102
- ☐ Wellness Care
2300 S. Rancho, Suite 205
Las Vegas, NV 89102
- ☐ Ernst F. Lied Ambulatory Center
1524 Pinto Lane
Las Vegas, NV 89106
- ☐ Internal Medicine
383-2631
- ☐ Pediatric Outpatient Services
383-3642
- ☐ University Women's Center
2231 W. Charleston Blvd. 2nd floor
Las Vegas, NV 89102
- ☐ Sunbelt Quick Care / Primary Care
2031 N. Buffalo
Las Vegas, NV 89128
Q.C. 383-9730 Clinic 383-2850
- ☐ Sunset Quick Care / Primary Care
525 Marks Street
Henderson, NV 89014
Q.C. 383-6210 Clinic 383-6230
- ☐ Craig Quick Care / Primary Care
2202 W. Craig Road
N. Las Vegas, NV 89132
Q.C. 383-6270 Clinic 383-6280
- ☐ Spring Valley Quick Care / Primary Care
4180 S. Rainbow Blvd. Suite 810
Las Vegas, NV 89103
Q.C. 383-3645 Clinic 383-3626
- ☐ Laughlin Quick Care / Primary Care
150 E. Edison Way
Laughlin, NV 89029
(702) 329-3664
- QUICK CARES / CLINICS**
- ☐ Boulder Quick Care
5412 Boulder Highway
Las Vegas, NV 89121
383-2300
- ☐ Enterprise Quick Care
1700 Winecker Peak Street
Las Vegas, NV 89106
383-2565

DRUG AND DOSE	QUANTITY	DIRECTIONS	REF
<i>Penicillin</i>	<i>40</i>	<i>q 4h po.</i>	
<i>5-325</i>	<i>40</i>	<i>q 4h po.</i>	
<i>1</i>	<i>40</i>	<i>x 5d</i>	

DRUG CONTROLLED SUBSTANCE ONE PER FORM

PHARMACY USE ONLY

PHYSICIAN'S SIGNATURE	PHYSICIAN'S PHONE/BEEPER NUMBER	DEA #	OPAS0238219-
OTHER INSTRUCTIONS			
SIGNATURE OF PHARMACIST CHECKING MEDICATION AND COUNSELING PATIENT.		SIGNATURE OF PERSON RECEIVING MEDICATION AND COUNSELING	
FOR PHARMACY USE		SIGNATURE OF PATIENT REQUESTING NON-CHILD PROOF CONTAINER	
PHYSICIANS STAMP			



Care How Much We Know
Know How Much We Care

ACCT: 0075619106 DOB: 09/22/1992
PAYO, MAKANTIA
REEVES, JOHN J
MR# 001-191-358 ADM 05/25/2004

Account Number

CONDITIONS OF ADMISSION – CONSENT FOR TREATMENT

- MEDICAL AND SURGICAL SERVICES:** The patient is under the care and supervision of his/her attending physician. I/We understand that doctors furnishing services to the patient as the attending physician are usually independent contractors and are not employees or agents of UMC. It is the responsibility of the attending physician to inform a competent patient or the patient's legal guardian about the planned medical and/or surgical treatment and all alternative diagnostic or therapeutic procedures available to the patient. While the patient is at UMC, it is the responsibility of UMC and its nursing staff to carry out the instructions of the attending physician. UMC supports reuse/reprocessing/resterilization of single use medical devices by a third party processor who must comply with all Food and Drug Administration (FDA) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements.
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SIGNATURE OF PATIENT/PATIENT'S REPRESENTATIVE 	DATE 3/25/04	REASON PATIENT UNABLE TO SIGN
RELATIONSHIP TO PATIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (Specify)	WITNESS 	TITLE



Care How Much We Know.
Know How Much We Care.

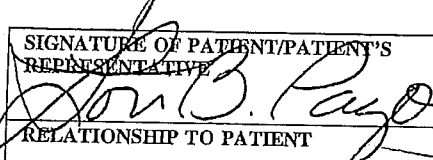
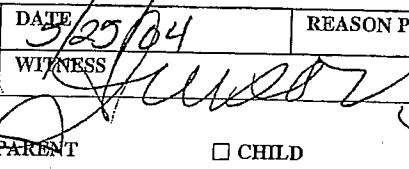
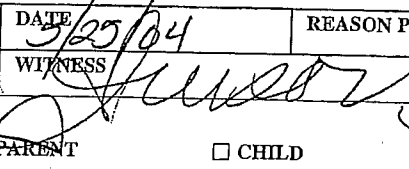
ACCT: 0075619106 DOB 09/22/1992
PAYO, MAKANI K
REEVES, JOHN J
MR# 001-191-358 ADM 05/25/2004

Account Number

FINANCIAL AGREEMENT

- 1. FINANCIAL AGREEMENT/FINANCIAL GUARANTY/ASSIGNMENT OF INSURANCE BENEFITS:** In consideration of the services to be rendered to the patient by UMC, I/We individually obligate myself/ourselves to pay the patient's account with UMC according to the charges as set forth in the then current UMC Charge Master. I/We guarantee payment of all charges as set forth in the then current UMC Charge Master incurred for the patient from the date of admission until discharge, or removal, including physicians and anesthesiologist's fees. I/We understand that UMC will bill for services and supplies furnished by UMC, hospital employees and physicians directly employed by UMC. I/We understand that services furnished by independent, private or consulting physicians will be billed separately by them. I/We accept full financial responsibility for the above-named patient's bill and all charges as set forth in the then current UMC Charge Master related thereto. In the event that UMC does not collect from the patient, I/We agree to pay the bill and be primarily liable for the bill, and further, agree that demand may initially be made against me or the patient, or both, at the option of UMC. I/We further agree to pay interest at the legal rate and attorney's fees and costs incurred in collection of the account. I/We do assign directly to UMC all insurance benefits, including automobile and homeowners insurance, otherwise payable to the patient, not to exceed UMC's regular charges as set forth in the then current UMC Charge Master for this period of hospitalization. I/We appoint the Chief Executive Officer of UMC, or designee, as my/our true and lawful attorney-in-fact to endorse any checks made payable to me/us for benefits or claims collected under this assignment and to apply any credit balance to any other account I/We may owe UMC. I/We accept financial responsibility for any charges as set forth in the then current UMC Charge Master not paid by this assignment.
- 2. RELEASE OF INFORMATION:** I/We authorize UMC to make available patient identifiable health information, including his/her medical records, to any person or corporation including, but not limited to, insurance companies, health care service plans, workers' compensation carriers, the patient's employer and utilization review monitoring organizations that is or may be liable for any portion of UMC's charges. I/We also authorize these entities to reveal to UMC all information UMC may request. I/We authorize the use of the patient's Social Security number for medical tracking.
- 3. RETENTION OF FINANCIAL RECORDS/VERIFICATION OF INFORMATION:** UMC will retain all financial details on the patient account for two years from the date of the patient's discharge. Patients are provided with a summarized bill. *Upon request*, an itemized bill may be issued and should be kept for future use. For the purposes of obtaining medical services/credit, I/We warrant that the *information provided* is true and complete. I/We authorize UMC to verify any information necessary to process this request for services. I/We understand that UMC will receive, from time to time, inquiries from others seeking credit experience information about this account.
- 4. MEDICAID RECIPIENTS:** I/We acknowledge that Federal and State statutes require utilization of all other payment sources for Medicaid for medical services. Other sources include private or employer-provided health and accident insurance coverage. I/We agree and **applying for Medicaid**, I/We certify, under penalty of fraud, that the patient does not have private or employer-provided and/or accident insurance coverage.
- 5. ACKNOWLEDGEMENT OF RECEIPT OF THE JOINT NOTICE OF PRIVACY PRACTICES:** Your signature is a receipt of this Joint Notice of Privacy Practices. If you wish to request an additional written copy, please request in writing from the Privacy Officer, 1800 W. Charleston Boulevard, Las Vegas, NV 89102.

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SIGNATURE OF PATIENT/PATIENT'S REPRESENTATIVE 	DATE 3/25/04	REASON PATIENT UNABLE TO SIGN 
RELATIONSHIP TO PATIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> SPOUSE <input checked="" type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER (Specify)	WITNESS 	

University Medical Center Childrens Emergency Services

1800 W. Charleston Blvd., Las Vegas, NV 89102

ADULT EMERGENCY CENTER (702) 383-2211

CHILDREN'S EMERGENCY CENTER (702) 383-3734

Prescriptions Received:

Discharge Instructions Received: {~~HEART DISEASE PREVENTION~~} {HEADACHE (TENSION)}

Drug Instructions Received:

Referral:

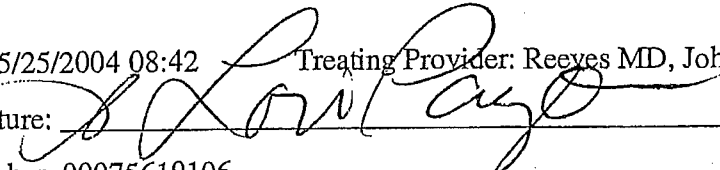
Carr, Tyree - (702) 240-2820 in 1 days - 2800 N. Tenaya Way Suite 102, LAS VEGAS, NV 89128;

Carr, Tyree - (702) 240-2820 in 1 days - 2800 N. Tenaya Way Suite 102, LAS VEGAS, NV 89128

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

Date/Time: 05/25/2004 08:42

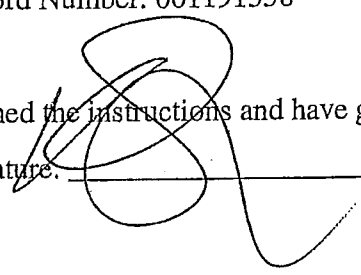
Treating Provider: Reeves MD, John

Patient Signature: 

Account Number: 00075619106

Medical Record Number: 001191358

I have explained the instructions and have given a copy to the patient.

Nurse's Signature: 

Date: 

Patient: Payo, Makani

Page 4 of 4

Tuesday - May 25, 2004 - 08:42

University Medical Center Childrens Emergency Services

0 0143

RA 0030

ACCOUNT NO 75603365
MEDICAL RECORD NO 001-143-858

PATIENT NAME PAYO, NATHAN R		ROOM / BED 260/0		PREV ENCOUNTER DATE RECEIVED HOSP. SER. IN OTHER HOSP. WITHIN PAST 90 DAYS		UNDER WHAT NAME		DATE N/A	
DOB 9/22/1992		AGE 11Y	SEX M	RACE U	MARITAL STATUS SIN	EMPLOYER FAT / PARENT WOLFGANG PUCK		OCCUP. HOSTESS	
ADDRESS 9642 CEDAR PARK		CITY STATE ZIP LAS VEGAS, NV 89117		ADDRESS OF EMP. 3799 LAS VEGAS BLVD SU		PHONE NO. 702 895-9655		HOW LONG 40Y	
CITY STATE ZIP LAS VEGAS, NV 89148		COUNTY CL		SPOUSES/ PARTNER EMPLOY KINCAID'S RESTAURANT		OCCUP.			
PHONE NO. 702 491-1171		RELIG. CODE UNK		STREET ADDRESS		CITY STATE ZIP			
VT. PE 1	HOSP. SERV. PED	SMOKE N	CLERK BB/ECH	RELATIVE FRIEND					
PHYSICIAN NAME LAZERSON, JACK		NO. 43		STREET ADDRESS		RELAT- ION- SHIP			
RESIDENT PHYSICIAN		NO.		CITY STATE ZIP		PHONE NO.			
GUEST IDENT PAYO, NATHAN		REL DATE 5/19/2004		ADM. TIME 14:15		SICED DATE 8/8		DISCH TIME 2	
ADDRESS 9642 CEDAR PARK		FATHER		LOCATION OF ACCID. WOODBURY SCHOOL		BRIEF DESCR PLAYING FIELD HOCK			
CITY STATE ZIP LAS VEGAS, NV 89148		PHONE NO. 702 491-1171		ADM. SOURCE 7		ADM. TYPE 1			
ID PE LESS INJURY TO LEFT E		ACCID. DATE ALL ONSET 5/22/04		TIME OF ACCID. 9:45		REMARKS			
XMT. AD. INCREASE LT OCCULAR PRESSUR E/TRAUMATIC		ICD#							
RAPANTOR WIE PAYO, LORI B		OTHER CODE ACCTG.		EMPLOYER WOLFGANG PUCK		PHONE NO. 702 895-9655			
ADDRESS 9642 CEDAR PARK		PHONE NO. 702491171		STREET ADDRESS 3799 LAS VEGAS BLVD SU		OCCUP. HOSTESS			
CITY STATE ZIP LAS VEGAS, NV 89148		CITY STATE ZIP LAS VEGAS, NV 89117		CITY STATE ZIP LAS VEGAS, NV 89117		HOW LONG			
TIME SUR. 1		INS. CODE 1037		THIRD INS.		INS. CODE			
SURED WIE PAYO, NATHAN				INSURED NAME					
GROUP NUMBER 93850				GROUP NUMBER					
POLICY/OR ERT. NO. XLPR000025777				POLICY/OR CERT. NO.					
SECOND SUR. PAYO, NATHAN		INS. CODE		FOURTH INS.		INS. CODE			
SURED WIE				INSURED NAME					
GROUP NUMBER				GROUP NUMBER					
POLICY/OR ERT. NO.				POLICY/OR CERT. NO.					

00144

RA 0031



Care How Much We Know.
Know How Much We Care.

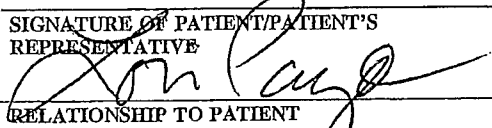
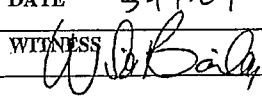
ACCT: 0075603865 DOB: 09/22/1992
PAYO, MAKANI K
FISHER, JAY D
MR# 001-191-350
ADM 05/19/2004

Account Number

CONDITIONS OF ADMISSION - CONSENT FOR TREATMENT

- MEDICAL AND SURGICAL SERVICES:** The patient is under the care and supervision of his/her attending physician. I/We understand that doctors furnishing services to the patient as the attending physician are usually independent contractors and are not employees or agents of UMC. It is the responsibility of the attending physician to inform a competent patient or the patient's legal guardian about the planned medical and/or surgical treatment and all alternative diagnostic or therapeutic procedures available to the patient. While the patient is at UMC, it is the responsibility of UMC and its nursing staff to carry out the instructions of the attending physician. UMC supports reuse/reprocessing/sterilization of single use medical devices by a third party processor who must comply with all Food and Drug Administration (FDA) and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements.
- INFORMED CONSENT:** It is the responsibility of the attending physician to obtain informed consent prior to the performance of the proposed medical services and/or surgical procedures. I/We acknowledge that the attending physician has advised me/us of the nature of the medical services necessary for the patient whose name appears above and has obtained my/our informed consent to undertake these services. In the course of providing these services, I/We consent to any x-ray examination; laboratory procedures, including blood, urine, HIV and toxicology testing; anesthesia and/or medical/surgical treatment or hospital services rendered by UMC or its employees under the general and special instructions of the attending physician(s).
- NON-DISCRIMINATION:** UMC shall not discriminate against any person on the basis of age, color, disability, gender, handicapping condition (including AIDS or AIDS related conditions), national origin, race, religion, sexual orientation or any other class protected by law or regulation. The collection of information of this type is for demographic and/or compliance purposes only.
- SCIENTIFIC MEDICAL EDUCATION/RESEARCH:** UMC is a teaching institution. As a part of their medical education program, residents, interns, medical students, post graduate fellows and members of the medical staff may participate in or observe a significant portion of the operation/procedure/care of the patient while under the supervision of the attending physician. Students in all areas of healthcare may be involved in providing or observing a patient's care under appropriate supervision. You have the right to refuse to participate in student programs. I/We acknowledge that by signing this agreement, I/We consent to appropriately supervised student participation in the operation/procedure/care of the patient. I/We consent to visual recording or pictures of medical or surgical procedures and further consent to their use for scientific, research or teaching purposes with appropriate safeguards to ensure patient confidentiality. You have the right to refuse to participate in research protocols (studies). Refusal to participate will not result in any penalty or loss of care to which you are entitled.
- PERSONAL VALUABLES:** UMC maintains a safe for storage of money and valuables. UMC shall not be liable for the loss of or damage to any money, jewelry, glasses, dentures, documents, furs or any other personal property unless specifically deposited with UMC for safekeeping. I/we agree to reclaim any property in the custody of UMC, whether deposited with UMC for safekeeping or otherwise, within sixty (60) days of the date of the patient's discharge. In the event that the patient is unable to sign for the release of said property, the personal representative of the patient may reclaim the property. I/We agree that any property unclaimed within sixty (60) days after discharge may be sold at public auction and the proceeds of the sale credited to the patient's account or to UMC's general fund. If the value of the unclaimed property is so minimal that it cannot be sold at public auction, it may be destroyed. I/We specifically waive any applicability of the Uniform Disposition of Unclaimed Property Act, NRS 120A.010 through 120A.450, inclusive, which requires that certain kinds of unclaimed property be maintained for five (5) years before being turned over to the State of Nevada.
- RELEASE OF INFORMATION:** I/We authorize UMC to make available patient identifiable health information, including his/her medical records, to any person or corporation including, but not limited to, insurance companies, health care service plans, workers' compensation carriers, the patient's employer and utilization review monitoring organizations that is or may be liable for any portion of UMC's charges as set forth in the then current UMC Charge Master incurred for the patient from the date of admission until discharge. I/We also authorize these entities to reveal to UMC all information UMC may request. I/We authorize release of information for patient directory services such as nursing unit or service location for visitors, flowers, phone calls or other directory services. I/We understand that I may request "DND" (Do Not Disturb) status should I desire not to be contacted.
- ACKNOWLEDGEMENT OF RECEIPT OF THE JOINT NOTICE OF PRIVACY PRACTICES:** Your signature acknowledges your receipt of this Joint Notice of Privacy Practices. If you wish to request an additional written copy, please request in writing to UMC, c/o Privacy Officer, 1800 W. Charleston Boulevard, Las Vegas, NV 89102 or www.umc-cares.org/noticeofprivacypractices.html.

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SIGNATURE OF PATIENT/PATIENT'S REPRESENTATIVE 	DATE 5-19-04	REASON PATIENT UNABLE TO SIGN
RELATIONSHIP TO PATIENT <input type="checkbox"/> PATIENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (Specify)	WITNESS 	TITLE ADP



Care How Much We Know.
Know How Much We Care.

Patient Name

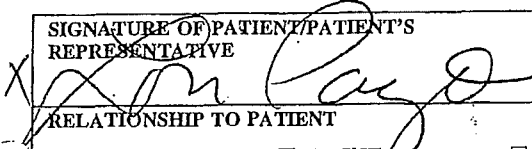
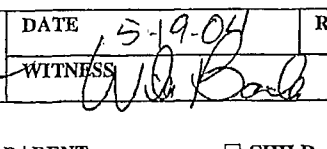
Account Number

ACCT: 0076603365 DOB 09/22/1992
PAYO, MAKANI K
FISHER, JAY D
MR# 001-191-358 ADM 05/19/2004

FINANCIAL AGREEMENT

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SIGNATURE OF PATIENT/PATIENT'S REPRESENTATIVE 	DATE 5-19-04	REASON PATIENT UNABLE TO SIGN
	WITNESS 	TITLE APR
RELATIONSHIP TO PATIENT <input checked="" type="checkbox"/> PATIENT <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (Specify)		



UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102



ADMITTED: 05/19/2004

DISCHARGED: 05/23/2004

ADMISSION DIAGNOSES:

1. Increased left ocular pressure.
2. Traumatic glaucoma.

DISCHARGE DIAGNOSES:

1. Left eye hyphema.
2. Status post left ocular trauma.
3. Resolved increased intraocular pressure.
4. Status post evacuation of hyphema.

HISTORY OF PRESENT ILLNESS: The patient is an 11-year-old boy who comes in with a chief complaint of left eye injury and vomiting. He had injured his eye approximately 1 week before admission, a hockey stick hit his left eye during a game. He had been followed by Dr. Carr who is an ophthalmologist for this week for ongoing therapy of severe left hyphema. However, he had been having persistent vomiting and nausea since being discharged and is complaining of left eye pain.

PAST MEDICAL HISTORY: Negative.

PROCEDURE PERFORMED:

1. On 05/21/2004, the patient had an evacuation of his left eye hyphema by Dr. Carr.
2. Computed tomography of the brain for trauma which was normal that was done on 05/20/2004.

HOSPITAL COURSE: FLUIDS, ELECTROLYTES, NUTRITION/GI: The patient is on regular diet during most of his hospital stay which he tolerated well. He was put on IV fluids and made NPO for his surgery after which he was advanced to a regular diet. Diet which he has been tolerating well with minimal nausea but no vomiting while he has been here in the hospital.

CARDIOVASCULAR/PULMONARY: The patient has been stable on room air with no issues.

HEMATOLOGY/ID: The patient has been afebrile since he is here in the hospital and he has not been on antibiotics during this hospital course.

NEUROLOGIC: The patient's pain has been controlled on admission with morphine and Tylenol. He has no pain on discharge.

OPHTHALMOLOGY: The patient was started on Cosopt drops and Diamox on admission. Cosopt was changed to Trusopt on 05/19/2004. Timolol was added on 05/19/2004, that is also an eyedrop. Atropine eyedrops are added postsurgery as well as Pred Forte eyedrops and eye shield was kept in place on his left eye. The patient had multiple evaluations of his intraocular pressure which had been as high as 50 and on discharge is in the normal range between 10 and 20.

LABORATORY DATA: On admission, WBC was 8.4, H&H 15.2 and 46.4, platelets 397, MCV 85.5, neutrophils 75%, lymphocytes 15%, monocytes 7%, and eosinophils 0.9%. Chemistry panel, sodium 135, potassium 4.8, chloride 101, bicarbonate 23, BUN 8, creatinine 0.5, glucose 104, and calcium 9.1.

CONSULTATIONS: Dr. Carr, ophthalmologist was consulted, and performed the evacuation of the hyphema.

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 303091
ADM. DATE: 05/19/2004

ACCOUNT#: 00075603365

5/23/04
DICTATED BY: Jennifer Quincy, MD
ATTENDING: Jack Lazerson, MD
DISCHARGE SUMMARY
Medical Record
Page 1 of 2

0 0147

RA 0034



UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102



PHYSICAL EXAMINATION: VITAL SIGNS: Temperature of 98.7, heart rate 69, respiratory rate 18, and blood pressure 116/68. GENERAL: On exam, the patient is awake and alert in no apparent distress. He has been feeling dizzy and nauseated earlier in the day, but feels well at this time and feels ready to go home. The patient is in no distress. HEENT: His left eye has shield covering, mild erythema around the skin around the eye. CARDIOVASCULAR: Regular rate and rhythm. No murmurs. LUNGS: Clear to auscultation bilaterally. ABDOMEN: Soft, nontender, nondistended with positive bowel sounds. EXTREMITIES: Pulses 2+ with brisk capillary refill. The left eye shows pupil dilated to 8 mm. There is a clot across the pupil.

CONDITION ON DISCHARGE: Stable.

DISCHARGE DIET: Regular as tolerated.

DISCHARGE ACTIVITY: As tolerated.

DISCHARGE DISPOSITION: To home with parents.

DISCHARGE MEDICATIONS:

1. Pred Forte eyedrops 1% one drop to the left eye q.i.d.
2. Timolol 0.5% eyedrops one drop to the left eye b.i.d.
3. Tobrex eye ointment 1/8th of an inch to the left eye t.i.d.

DISCHARGE INSTRUCTIONS: The parents is to call MD or return to the ER for any headache, change in mental status, increased eye pain, vomiting, or any other concerns. They are to use eye shield at bedtime only and then to use eye sensitive glasses otherwise.

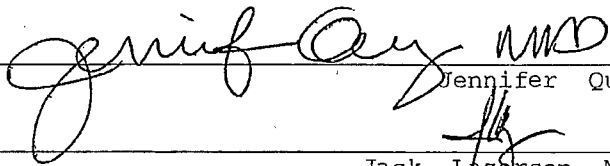
FOLLOW UP:

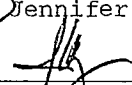
1. Dr. Thoophom at Kids Health Care to General Pediatric in 2 to 3 days. They are to call 9926868 for an appointment.
2. Dr. Carr, Ophthalmology, tomorrow there is a followup, that will be 05/24/2004. They are to call for an appointment.

CC:

DD: 05/23/2004 15:42:00

DT: 05/24/2004 02:40:06


Jennifer Quincy, MD


Jack Lazerson, MD

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 303091
ADM. DATE: 05/19/2004

ACCOUNT#: 00075603365

Dictated by: Jennifer Quincy, MD
Attending: Jack Lazerson, MD
DISCHARGE SUMMARY
Medical Record
Page 2 of 2

0 0148

RA 0035



UNIVERSITY MEDICAL CENTER
PEDIATRICS
PATIENTS DISCHARGE
INSTRUCTIONS

ACCT: 0075603365 DOB 09/22/1992
PAYO, MAKANI K
LAZERSON, JACK
MR# 001-191-350 ADM 05/19/2004

Date of Admit: 5/19/04 Date of Discharge: 5/23/04
Reason for Hospitalization: Left eye hyphema
Primary Doctor: Dr. LazerSON Final Diagnosis: LEFT Eye Hyphema
NEXT Doctors Appointment: Dr. Thompson at Kid. Health Center at 3:00 PM 5/24/04
Consult: Dr. Carr ophthalmology tomorrow 5/24/04 Phone: call for appointment 287-2877
Consult: Phone:
Date Social Service Consult Ordered: Date of Consult:
Labs:

X-Rays:
Other: Circulation of Hyphema
Diet: Regular diet
Activity: None
Allergies: None
Medications: At eye drops 1070 Schedule: one drop to Left eye four times a day

Timoptic 0.5% eye drops - one drop to left eye - two times a day
Tobrex eye ointment - 1/8 inch to left eye three times a day

Treatments:

Home Health Arrangements:

Complications to watch for: Call or Return to ER for Any Headache, change in mental status, increased eye pain, vomiting or any other concerns

THE NEVADA STATE LAW REQUIRES THAT A CHILD IN A VEHICLE BE PROPERLY SECURED. A CHILD UNDER 5 YEARS OF AGE OR WEIGHING LESS THAN 40 POUNDS MUST BE PLACED IN AN APPROPRIATE CAR SEAT. ALL OTHER CHILDREN AND ADULTS ARE REQUIRED TO WEAR SEAT BELTS.

Patient's Signature/Phone Number

Nurse's Signature

Physician's Signature



Care How Much We Know
Know How Much We Care

DATE: 9/23/04
PATIENT NAME: Makani Payo
ADDRESS: Makani Payo
CITY: STATE: ZIP:
ALLERGIES: NDA
LOCATION (ER, AN) RX WRITTEN: Pedro DATE / TIME OF DISCHARGE: 05/19/2004
ACCT: 0075603365 DON 09/22/1992
PAYO, MAKANI K
LAZARSON, JACK
MR# 001-191-358 ADM 05/19/2004

QUICK CARES / CLINICS

- ☒ UMC / Emergency Department
1800 W. Charleston Blvd.
Las Vegas, NV 89102
363-2000
- ☐ UMC Quick Care
2231 W. Charleston Blvd., 1st floor
Las Vegas, NV 89102
363-2074
- ☐ Pediatric Emergency Department
1800 W. Charleston Blvd.
Las Vegas, NV 89102
363-2000
- ☐ Pinnacle Quick Care
Las Vegas, NV 89117
O.C. 363-3650 Clinic 363-3633
- ☐ Nellis Quick Care / Primary Care
81 North Nellis Boulevard
Las Vegas, NV 89110
O.C. 644-8701 Clinic 363-9250
- ☐ Rancho Quick Care / Primary Care
4931 N. Rancho Drive
Las Vegas, NV 89130
O.C. 363-3900 Clinic 363-3830
- ☐ McCarran Quick Care / Primary Care
1789 E. Russell Road
Las Vegas, NV 89119
O.C. 363-3600 Clinic 363-3660
- ☐ Summerlin Quick Care / Primary Care
2031 N. Durbin
Las Vegas, NV 89128
O.C. 363-3750 Clinic 363-2650
- ☐ Sunset Quick Care / Primary Care
525 Marks Street
Henderson, NV 89014
O.C. 363-6210 Clinic 363-9230
- ☐ Craig Quick Care / Primary Care
2202 W. Craig Road
N. Las Vegas, NV 89132
O.C. 363-6270 Clinic 363-9260
- ☐ Spring Valley Quick Care
4180 S. Rainbow Blvd., Suite 810
Las Vegas, NV 89103
248-8877
- ☐ CCSN Quick Care / Primary Care
6375 W. Charleston Boulevard
Las Vegas, NV 89102
O.C. 363-9230 Clinic 363-9290
- ☐ Laughlin Quick Care / Primary Care
150 E. Edison Way
Laughlin, NV 89029
(702) 328-3364
- ☐ Jean Quick Care
23120 Las Vegas Boulevard South
Jean, NV 89109
363-2210

CLINICS

- ☐ T.M. Life Care
1100 W. Charleston Blvd., 1st floor
Las Vegas, NV 89102
- ☐ W. Life Care
2300 S. Rancho, Suite 205
Las Vegas, NV 89102
363-2591
- ☐ Ernest F. Lied Ambulatory Center
1524 Pine Lane
Las Vegas, NV 89106
- ☐ 363-2531
Pediatric Outpatient Services
363-3642
- ☐ University Women's Center
2231 W. Charleston Blvd., 2nd floor
Las Vegas, NV 89102
363-2403

QUICK CARES / CLINICS

- ☐ Boulder Quick Care
1000 Highway
Las Vegas, NV 89121
- ☐ Elkhorn Quick Care
1700 Wheeler Peak Street
Las Vegas, NV 89105
363-2565
- ☐ Jean Quick Care
23120 Las Vegas Boulevard South
Jean, NV 89109
363-2210

DISCHARGES TO BE WRITTEN 24 HOURS IN ADVANCE

DRUG AND DOSE QUANTITY DIRECTIONS REF

Predforte 1% eye drops	1 drop to left eye QID	+	
Timolol 0.5% eye drops	1 drop to left eye QID	+	
COMBINATION SUBSTANCE ONE PERFORM BID		+	
Tobrex ung 1% eye ointment	1/8 inch to left eye TID	+	

PHARMACY
USE
ONLY

PHYSICIAN'S PHONE/BEETEN NUMBER

DEA #

ORAS026321b-

PHYSICIAN'S SIGNATURE
JENNIFER JANE QUINCY MD

OTHER INSTRUCTIONS

SIGNATURE OF PHARMACIST CHECKING MEDICATION
AND COUNSELING PATIENT

SIGNATURE OF PERSON RECEIVING MEDICATION AND
COUNSELING

FOR PHARMACY USE

☐ Disp. ONLY AS WRITTEN

SIGNATURE OF PATIENT REQUESTING
NON-CHILD PROOF CONTAINER

Jennifer Jane Quincy, MD
ASO# 203329748885

RA 0037

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

Reds

MODE OF ARRIVAL: Private auto.

CHIEF COMPLAINT: Left eye injury and vomiting.

HISTORY OF PRESENT ILLNESS: This is an 11-year-old boy who was seen today by Dr. Carr, his ophthalmologist, for ongoing therapy of his severe left hyphema which he suffered last week. While at Dr. Carr's he continued to feel nauseated and also complaining of disequilibrium. The patient was also having difficulty breathing at times and Dr. Carr was concerned about this and referred him here. The patient also has not been able to tolerate his oral methazolamide therapy which is crucial for his improvement regarding his increased ocular pressure. The patient's injury occurred on 05/12/2004, when he was struck in the left eye with a hockey stick by a school mate. Initially the injury did not seem that severe, but by the night of 05/13, he was vomiting and he was seen here on 05/14, and diagnosed with hyphema. CAT scan of the eye was obtained and the patient was sent home on outpatient therapy under the direction of Dr. Carr. However, the patient has had persistent vomiting and nausea since being discharged and today it just got more severe. Presently he complains mostly of left eye pain and nausea.

PAST MEDICAL HISTORY: No hospitalizations.

MEDICATIONS: Methazolamide, Trusopt drops, Atropine drops, prednisone ophthalmic drops as well as Xalatan ophthalmic drops.

PAST SURGICAL HISTORY: He has never had surgery. He has no asthma.

IMMUNIZATIONS: Up-to-date.

ALLERGIES: NO ALLERGIES.

SOCIAL HISTORY: He is here with his mother. He attends sixth grade.

REVIEW OF SYSTEMS: SKIN: No rash.

HEAD: No trauma.

EYES: No discharge. The measured ophthalmic pressure at the outlying facility was 52.

THROAT: No dysphagia.

NECK: No mass.

CHEST: No grunting.

CARDIOVASCULAR: No cyanosis.

GASTROINTESTINAL: No melena.

GENITOURINARY: No hematuria.

EXTREMITIES: No joint swelling.

NEUROLOGIC: No seizures.

IMMUNOLOGIC: No history of frequent infections.

PHYSICAL EXAMINATION:

GENERAL: Awake and alert.

VITAL SIGNS: Temperature 98, pulse 67, respirations 20, blood pressure 120/67.

HEENT: Head is atraumatic. His left eye has a complete hyphema. He has no vision from that eye. His right pupil is equal, round and reactive to light. Tympanic membranes clear. Pharynx benign.

NECK: Full range of motion.

CHEST: Clear breath sounds. No distress. No flaring, grunting or retracting.

HEART: Normal S1, S2. No murmurs, rubs or gallops.

PATIENT: PAYO, MAKANI K

ACCOUNT#: 00075603365

IR#: 001-191-358

JOB #: 705539

ADM. DATE: 05/19/2004

Dictated by: Jay D Fisher, MD

Attending:

Trauma Center Admit

Medical Record

Page 1 of 2

0 0152

RA 0039

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

ABDOMEN: Flat, soft and nontender. No organomegaly or masses.

EXTREMITIES: Pink, well-perfused. Normal pulses.

NEUROLOGIC: Awake, alert and cooperative. No focal deficits. Normal cranial nerves.

EMERGENCY DEPARTMENT COURSE: The patient was given intravenous morphine, a total of 4 mg over an hour for pain control as well as Zofran 4 mg intravenous and the patient was given intravenous normal saline 750 over an hour. Consultation came with pediatrics as per Dr. Carr's request for management of his vomiting and pain.

IMPRESSION:

1. Persistent vomiting.
2. Hyphema with increased ocular pressure.

PLAN:

1. Admission to inpatient's pediatric service.
2. Consultation, Dr. Carr. Dr. Carr has requested that we initiate Diamox therapy 125 intravenous two times every day as well as Cosopt ophthalmic drops one drop left eye two times every day.

CC:

DD: 05/19/2004 13:25:16

DT: 05/19/2004 13:59:20

Electronically signed on 05/19/2004 2:36PM by Jay Fisher, MD

Jay D Fisher, MD

PATIENT: PAYO, MAKANI K

R#: 001-191-358

DOB #: 705539

ADM. DATE: 05/19/2004

ACCOUNT#: 00075603365

Dictated BY: Jay D Fisher, MD

Attending:

Trauma Center Admit

Medical Record

Page 2 of 2

0 0153

RA 0040

University Medical
Center
1800 W. Charleston Blvd.

Emergency Department
702-383-3734
Assessment Sheet

MR # 001191358

Name: Payo, Makani

Phone: (702)491-1713

Address: 9642 CEDAR PARK, LAS VEGAS, NV 89148

Unit Code: PdRM1

Sex: Male

DOB: 09/22/1992

Account # 00075603365 Age: 11

Complaint: "left Eye Injury, Difficulty Breathing"

Arrival Date/Time: 11:31 05/19/2004

Arrived by: { Private Vehicle}

Mobility: Ambulatory

Primary Care: Carr, Tyree

Accompanied By: Parent

Acuity: 2 - Urgent

Insurance: BC/BS OF NEVADA

Amb/Helicopter:

Referring Facility:

Emergency Physician: Fisher MD, Jay D

Complaint Code: Trauma/Ortho/Lacerations
Treatment PTA:

Triage Nurse: Barkley, RN, Patrick

Past Medical Hx: -None

Tetanus History: {Ped Immunization current}

Social History:

Weights: actual: 34.6 kg

LMP Date:

Home Medications

Medication	Dosage	Freq	Prescribing Phys	Started
*Other - See Note				

Allergy

Allergy	Allergic Reaction
*None	

Vital Signs

Init	Time	Temp	Blood Pressure	Pulse	Resp
PB	11:39	98.3 O	120/67 Automatic, Sitting, Left Arm	67	20
LR	14:17	98.4 O	112/67 ,,	60	20

Pain

Time	Scale
11:36	
11:57	

Pulse Ox.

Time	%

Pupils

Time	L(mm)	R(mm)

Glasgow Coma

Time	Score
11:36	15

Disposition Information

Primary Diagnosis: Hyphema

Secondary Diagnosis: Vomiting

Disposition: Inpatient PEDS

Report Called By: Forsythe, RN, Elizabeth A

Prescriptions:

Discharge Instructions:

Disability Statement:

Follow-up Care:

Discharge Time: 14:19 05/19/2004

Family Notification: Present

Report Given To: PEDIATRIC UNIT - Tara RN

Appt Date/Time:

Initials

Name

Initials

Name

0 0154

**University Medical
Center**
1800 W. Charleston Blvd.

Emergency Services
702-383-3734
Assessment Sheet

MR # 001191358

Name: Payo, Makani

Phone: (702)491-1713

Address: 9642 CEDAR PARK, LAS VEGAS, NV 89148

Unit Code: PdRM1

Sex: Male

DOB: 09/22/1992

Account # 00075603365 Age: 11

Triage/Initial Assessment

11:33 05/19/2004 - Initial Triage Info -- Patrick Barkley, RN

Duration: 1, week(s)

Quick Assessment: AIRWAY intact, BEHAVIOR cooperative, BREATHING no difficulty breathing, CIRCULATION skin warm and dry, NEURO alert & oriented x3, SEE PRIMARY SURVEY, *Instr. to notify staff of change in cond

Special Needs: * No Known Barriers

Chief Complaint: "left Eye Injury, Difficulty Breathing"

Presenting Complaints: Eye injury, Difficulty breathing

Initial Triage Acuity: 2 - Urgent

Significant Neg. Findings: Denies fever

Historian: parent

Complaint Category: Trauma/Ortho/Lacerations

11:34 05/19/2004 - Home Medicine -- Patrick Barkley, RN

Medication A: *Other - See Note

Note: Itrusopt, neptazane, atropine, prednisolone, timolol

11:34 05/19/2004 - Allergy Information -- Patrick Barkley, RN

Allergy A: *None

11:35 05/19/2004 - Past Medical History -- Patrick Barkley, RN

Medical history: -None

Surgical history: *No past surgery

Immunization History: Ped Immunization current

11:36 05/19/2004 - Pain -- Patrick Barkley, RN

Pediatric Pain Severity: FLACC Scale used to assess pt, 6/10 Moderate Pain

Location: Left, eye

Cause of Pain: Trauma related

Pain Type: Aching

Subjective Pain Assessment: Caregiver voices concern of pain, Pt verbalizes c/o pain

Objective pain assessment: Increased pain with movement

Pain Alleviating Factors: Calm, quiet environment, Caregiver comfort/reassurance, Comfort object (blanket, toy, etc.), Distraction techniques, ED staff comfort/reassurance

11:36 05/19/2004 - Pediatric Assessment -- Patrick Barkley, RN

Parents Concerns: Injury, Pain

Special Concerns: Activity appropriate for age

ED Safety Instructions: Do not leave pt unattended, Do not leave pt unattended on bed, Notify staff of changes in pt condition, ED process reviewed, Do not use cell phone in Peds ED

Airway/Breathing: Airway patent, Airway maintainable, Breath sounds clear bilaterally, Non-labored

Social History: Attends school, Child lives with parent

11:36 05/19/2004 - Primary Survey -- Patrick Barkley, RN

Airway: Intact

Breathing: Breathing non-labored

Circulation: Skin pink warm and dry, Distal pulses strong

Cap refill: < 2 seconds

Breath sounds - L: Breath sounds - Clear

Breath sounds - R: Breath sounds - Clear

Pupils/LOC: Pt alert oriented to surroundings, Pupils equal and reactive

11:36 05/19/2004 - Pediatric GCS - Triage -- Patrick Barkley, RN

Eyes Open: 4 Spontaneously

Best Verbal Response: 5 Appropriate words/phrases, smiles, coos

Best Motor Response: 6 Spontaneous movement

Total GCS: 15

11:39 05/19/2004 - Vital Signs -- Patrick Barkley, RN

Temp: 98.3 Oral

BP: 120/67, Automatic, Sitting, Left Arm, Sm Adult cuff

HR: 67, Regular, Calm

Resp: 20, At rest or calm, Regular

11:55 05/19/2004 - Eye/ENT -- Lisa Renfro, RN

Side: Left

Eye: Blurred, Edema, Pain - mild discomfort, Periorbital edema, Sclera - red, Vision - decreased

Assessment

11:32 05/19/2004 - Change Room -- Patrick Barkley, RN

Change Room: Pediatric Waiting Room

11:32 05/19/2004 - Change Physician -- Patrick Barkley, RN

ER Physician: Unassigned

Resident: Unassigned

Prim. Care Provider: Carr, Tyree

Responsible Physician: Unassigned

11:37 05/19/2004 - Patient Metrics -- Patrick Barkley, RN

Actual Weight: 34.6

Actual Weight Unit: kg

11:39 05/19/2004 - Patient Metrics -- Patrick Barkley, RN

Actual Weight: 34.6

Actual Weight Unit: kg

11:40 05/19/2004 - Change Room -- Patrick Barkley, RN

Change Room: Pediatric Room 1 Bed A

11:48 05/19/2004 - Change Physician -- Jay Fisher MD, MD

ER Physician: Fisher MD, Jay D

Resident: Unassigned

Prim. Care Provider: Carr, Tyree

Responsible Physician: Fisher MD, Jay D

11:51 05/19/2004 - IV Care -- Lisa Renfro, RN

Process/Procedure: Site prepped for venipuncture, Tourniquet utilized for procedure, Venipuncture completed, Catheter placement successful, Good blood return from catheter, Flushed easily with normal saline, Sterile dressing applied

Education/Consent: Procedure explained to pt/caregiver

Post procedure assessment: Procedure tolerated well by pt, IV patent infusing well, Anti-reflux valve at end of ext tubing, No redness/edema/discomfort at site, IV flushed with normal saline

Performed by: Renfro, RN, Lisa

Note: LABS HELD IN PER.

11:51 05/19/2004 - IV Administered -- Lisa Renfro, RN

Site #: 1

Site: Left Antecubital

Solution Amount: Saline lock

Catheter size: 22g

Number Of IV Attempts: 1

11:57 05/19/2004 - Positioning -- Lisa Renfro, RN

Note: LIGHT DIMMED, HOB ELEVATED, DECREASED STIMULATION.

11:57 05/19/2004 - Pain -- Lisa Renfro, RN

Pediatric Pain Severity: 6/10 Moderate Pain

Location: Left, eye

Pain Alleviating Factors: Calm, quiet environment, Caregiver comfort/reassurance, Distraction techniques, Elevation, ED staff comfort/reassurance, Narcotic given, Positioning, Rest

12:05 05/19/2004 - Medication Administered -- Lisa Renfro, RN

Medication: Morphine IV

Dose: 2

Units: mg

Route: IV

Special Administration Notations: Verbal Order

0 0155

**University Medical
Center**
1800 W. Charleston Blvd.

Emergency Services
702-383-3734
Assessment Sheet

MR # 001191358

Sex: Male

DOB: 09/22/1992

Name: Payo, Makani

Phone: (702)491-1713

Address: 9642 CEDAR PARK, LAS VEGAS, NV 89148

Unit Code: PdRMI

Account # 00075603365 Age: 11

12:16 05/19/2004 - Order for IV -- Lisa Renfro, RN

Solution: NS

Bolus (cc): 750

Note: VERBAL ORDER

12:16 05/19/2004 - Medication Ordered -- Lisa Renfro, RN

Medication: Morphine IV

Dose: 2

Units: mg

Route: IV

Special Instructions: VERBAL ORDER

12:16 05/19/2004 - Medication Ordered -- Lisa Renfro, RN

Medication: Zofran

Dose: 4

Units: mg

Route: IV

Special Instructions: VERBAL ORDER

12:17 05/19/2004 - Medication Administered -- Lisa Renfro, RN

Medication: Zofran

Dose: 4

Units: mg

Route: IV

Special Administration Notations: Verbal Order

12:18 05/19/2004 - Response to Medication -- Lisa Renfro, RN

Medication: Morphine IV

Response to treatment: Pt symptoms improved, No allergic reaction noted, Pain has decreased

Pain Scale: 3/10 Mild

12:18 05/19/2004 - IV Administered -- Lisa Renfro, RN

Solution: NS

Bolus (cc): 750

Medication Added: IV Controller Pump

Solution Amount: 1000cc

Tubing: Buretrol

13:01 05/19/2004 - Medication Ordered -- Lisa Renfro, RN

Medication: Morphine*

Dose: 2

Units: mg

Route: IV

Special Instructions: VERBAL ORDER

13:01 05/19/2004 - Medication Administered -- Lisa Renfro, RN

Medication: Morphine*

Dose: 2

Units: mg

Route: IV

Special Administration Notations: Verbal Order

14:04 05/19/2004 - Family Notification -- Elizabeth Forsythe, RN

Notification: Present

14:17 05/19/2004 - Vital Signs -- Lisa Renfro, RN

Temp: 98.4 Oral

BP: 112/67

HR: 60, Regular

Resp: 20, At rest or calm

14:17 05/19/2004 - Response to Medication -- Lisa Renfro, RN

Medication: Zofran

Response to treatment: No allergic reaction noted, Nausea relieved

14:17 05/19/2004 - Response to Medication -- Lisa Renfro, RN

Medication: Morphine*

Response to treatment: No allergic reaction noted, Pain has decreased

14:17 05/19/2004 - Discharge Condition -- Lisa Renfro, RN

Condition: Good

Mobility at Discharge: Wheelchair

Patient Teaching: Instructed on admission process

Discharge Pain Assessment: Pain improved

14:18 05/19/2004 - Intake/Output -- Lisa Renfro, RN

Intake amount: 770

Intake units: cc

Intake fluid: See IV placement for IV fluids admin.

Intake route: TOTAL IV INTAKE

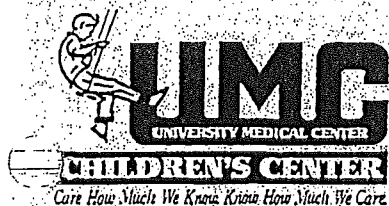
14:19 05/19/2004 - Change Nurse -- Lisa Renfro, RN

Primary Nurse: Renfro, RN, Lisa

Secondary Nurse: Unassigned

Responsible Nurse: Renfro, RN, Lisa

0 0156



Place patient sticker here

PEDIATRIC EMERGENCY DEPARTMENT
TRANSFER/REFERRAL RECORD

Date: 5/19/09 Time: 1055

Patient's Name: Papay, Malani Age: 11 MF WT: _____

Referring Physician: Carr Institution/Phone #: _____

HISTORY: _____

Hypertension - Pressure 52
Esopt: 1st B17 IV Osmox 250g
125g B17

PHYSICAL EXAM:

BP / P R T Sat % on _____

Repeat: BP / P R T Sat % on _____

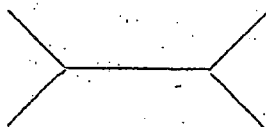
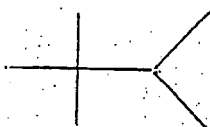
Respiratory: _____

Cardiovascular: _____

Neurologic: _____

Other: _____

LAB:



UA:

ABG/VBG:

Other: 4

X-RAY: _____

MEDICATIONS: _____

IV FLUIDS: _____

Referring Physician Diagnosis: Hypertension / Glaucoma

Recommendations: _____

1. _____ 3. _____

2. _____ 4. _____

Method of Transportation: _____ ETA: _____

Accepting Physician: JF Isler MD

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

Peds

INFORMANT: Parents.

PATIENT IDENTIFICATION: An 11-year-old male appears healthy.

CHIEF COMPLAINT: Headache secondary to ocular trauma for three days.

HISTORY OF PRESENT ILLNESS: This is an 11-year-old male, previously healthy, with a history of left eye trauma a week ago. One week ago the patient was struck head on by a swinging hockey stick. The patient was wearing glasses at the time. He broke his glasses. There was some laceration on the left eyelid. Per mom his eye was filled with blood. Mom could not see the white part of his eye. There was also loss of consciousness for 10 seconds.

This patient did not seek medical help at that time. He had a headache, mostly on the left temporal parietal region, and also multiple episodes of vomiting throughout the night. The next morning his peripheral vision was decreased. It had progressed to total blurry vision on the left eye. His pupil was covered with blood. It was cloudy. Vomiting and headache persists.

The patient left eye, he does have left eye pain which increased by light, but decreased by calm elevation, resting in dim light. Two days later he went to the Quick Care and was transported to University Medical Center Emergency Room.

Dr. Carr, ophthalmologist, saw the patient and treated the patient with some eye drops, and discharged the patient to be followed up in his office on Saturday. On Saturday he went back and see Dr. Carr and was given eye drop Trusopt drops and methazolamide orally. The patient left eye pain still persists.

His headache and vomiting got worse so he came back in to see Dr. Carr again on Monday and was told that he had blood clot and recommended that the patient continue with the eye drop. The patient interocular pressure at the time was 20 mmHg. Today, due to severe headache, which is not alleviated by medication, the patient come back to Dr. Carr Clinic again today in the morning, today's morning.

His ocular pressure had increased from 20 to 50 mmHg today, therefore he was referred to Emergency Department for possible operating room tomorrow morning.

PAST MEDICAL HISTORY: There is no other eye trauma. No history of trauma. He wear eye glasses for three years and was seen by ophthalmologist at ___ Center, otherwise he is healthy.

FAMILY HISTORY: Positive for diabetes.

SOCIAL HISTORY: He lives with mom, dad, uncle, grandma, and three siblings. He is in 6th grade. He is an honor student. There is no smoker at home.

BIRTH HISTORY: He is full term, normal spontaneous vaginal birth, no complications, 7 pounds 4 ounces.

IMMUNIZATIONS: Up to date.

ALLERGIES: THERE IS NO KNOWN DRUG ALLERGIES.

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 706366
ADM. DATE: 05/19/2004

ACCOUNT#: 00075603365

Dictated by: Paweena Thoophom, MD
Attending: Jack Lazerson, MD
ROUTINE H&P
Medical Record
Page 1 of 2

0 0158

RA 0045



UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102



PREVIOUS SURGERIES: None.

MEDICATIONS: As mentioned above.

PHYSICAL EXAMINATION UPON ADMISSION: VITAL SIGNS: Temperature is 98, heart rate is 60, respiratory rate 20, blood pressure is 112/57. The patient's weight is 35 kilograms. GENERAL APPEARANCE: The patient is resting in bed with eyeglasses on. Not in acute distress.

HEAD, EYES, EARS, NOSE, AND THROAT: Right eye is normal. Left eye: There is a small laceration to the left eyelid. There is ___ hemorrhage noted. Unable to appreciate pupil secondary to hyphema/cloudy. There is full extraocular motion and there is pain upon examination with light. Normal oropharynx. No rhinorrhea. No bleeding per nose. Mucous membranes intact. Tympanic membranes intact.

NECK: No lymphadenopathy.

CARDIOVASCULAR SYSTEM: Normal S1, S2. No murmur.

LUNGS: Good airway entry, clear, equal bilateral.

ABDOMEN: Soft. Bowel sounds positive. No hepatosplenomegaly.

EXTREMITIES: There is good capillary refill.

EMERGENCY ROOM COURSE: The patient was given morphine and Zofran and admitted to the pediatric floor.

PLAN: The plan for the patient is NPO. Give the patient intravenous fluid maintenance at 100 cc/hour in anticipation for tomorrow. The patient is to have bedrest with head of the bed elevated.

MEDICATIONS: Morphine 2 mg IV q.4 p.r.n. pain, Zofran 4 mg IV q.4 p.r.n. nausea and vomiting, Cosopt 1 drop to left eye b.i.d., Diamox 125 mg IV b.i.d.

Dr. Carr was called and she says she will be by to see the patient tonight. He is to be admitted to the pediatric floor under Dr. Lazerson and resident care.

CC:

DD: 05/19/2004 16:21:14

DT: 05/19/2004 18:01:44

Paweena Thoophom, MD

Jack Lazerson, MD

PATIENT: PAYO, MAKANI K

MR#: 001-191-358

JOB #: 706366

ADM. DATE: 05/19/2004

ACCOUNT#: 00075603365

Dictated by: Paweena Thoophom, MD

Attending: Jack Lazerson, MD

ROUTINE H&P
Medical Record

Page 2 of 2

0 0159

RA 0046

06/16/2004 11:46

7022402830

TYREE CARR MD

PAGE 03/05

06/16/2004

5/1

004 9:56

PAGE 5/6

Right

UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

CONSULTANT: TYREE CARR, MD

REQUESTED BY:

DATE OF CONSULT: 05/14/2004

REASON:

HISTORY OF PRESENT ILLNESS: I was asked to see this pleasant 11-year-old child by the attending emergency room physician Dr. Nelson to evaluate his left eye findings of acute painful loss of vision from the left eye following a hockey stick injury at school two days ago on 05/12/2004 while playing during the PE class session. Apparently, per Makani and his mother after his initial injury upon presenting home he had mild swelling of his left periorbital area and his vision was slightly blurred and over the past two days his vision has progressively worsened to the point where he lost total vision today and it was associated with pain and nausea and vomiting, which prompted the emergency room visit. Upon presentation to the emergency room he was found to have a swollen, inflamed, injected globe and non distinguished pupil, anterior segment structures from the left eye. Emergency computed tomography scan was obtained and the computed tomography scan revealed the globe to be intact bilateral and there was no evidence of ruptured globe on the left side as suspected. The film was reviewed by myself with the radiologist and the globe is intact and there appears to be some haziness and cloudiness of the anterior and posterior chambers. The lenses and good position as other structures.

PHYSICAL EXAMINATION:

On physical examination the child was noted to have visual acuity, right eye 20/20, left eye he has bare light perception with poor projection. Tactile tonometry reveals a hard left globe, which is painful to touch. The right globe is soft. The right globe is grossly within normal limits with a 3 mm pupil round, reactive to light, brown color iris, clear lens and anterior posterior segments. There is no view beyond the cornea of the left eye and the exterior reveals moderate swelling with ecchymosis and the conjunctiva is 3+ injection with multiple areas of subconjunctival hemorrhage.

ASSESSMENT:

My assessment is,

1. Blunt trauma to the left periorbital area from a hockey stick.
2. Traumatic hyphema, total, eight-ball.
3. Probable increased intraocular pressure on the left side constituting a secondary glaucoma.

PROGNOSIS: The visual prognosis is guarded given the severity of these unfortunate injuries Makani has sustained.

PLAN:

The plan is to manage this young man on an outpatient basis, conservatively with topical medications as follows.

1. Trusopt 2% one drop to the left eye three times a day.
2. Atropine 1% one drop left eye three times a day.
3. Fred Forte 1% one drop to the left eye four times a day.
4. Timolol 0.5% one drop to the left eye twice a day

The parents have been asked to restrict all his activities to in house activities. No physical play or child's play is permitted until further notice and he is to refrain from going to school until further notice.

PATIENT: PAYO, MAKANI R

ACCOUNT#: 04029366194

MR#: 001-191-358

JOB #: 263849

ADM. DATE: 05/14/2004

DICTATED BY: Tyree Carr, MD

ATTENDING:

CONSULTATION

Copy for Tyree Carr, MD

Page 1 of 2

0 0160

RA 0047

06/16/2004 11:46

7022402830

TYREE CARR MD

PAGE 04/05

gulfax

5/18

004 9:56

PAGE 6/6

Right

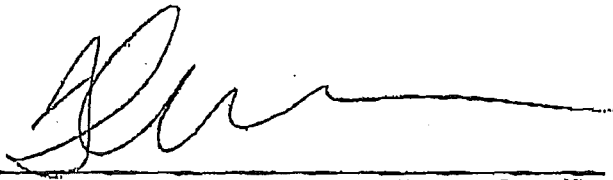
UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

Thank you doctor for according the ophthalmology consultation on Makani Payo.

CC:

DD: 05/14/2004 18:11:52

DT: 05/15/2004 00:38:17



Tyree Carr, MD

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 263849
ADM. DATE: 05/14/2004

ACCOUNT#: 04029366194

Dictated by: Tyree Carr, MD

Attending:

CONSULTATION

Copy for Tyree Carr, MD

Page 2 of 2

0 0161

RA 0048

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA

SURGICAL SERVICES DEPARTMENT
PRE-OPERATIVE CHECK LIST

ACCT: 0075603365 DON 09/22/1992
PAYO, MAKANI E
LAZERSON, JACK
MR# 001-191-358 ADM 05/19/2004

YES NO N/A

- ☒ ☐ ☐ 1. History & Physical on chart. If "NO", check reason:
☐ Physician notified, will dictate
☐ Physician notified, dictated
☐ Medical Records (will send) (has sent) to O.R.
☐ Other _____
- ☒ ☐ ☐ 2. Consent signed and on chart.
 If "NO", why? _____
- ☒ ☐ ☐ 3. Other consents signed and on chart
☒ Transfusion ☐ Refused
☐ Sterility
☐ Disposal of Severed Member
- ☐ ☒ ☐ 4. Pre-operative medication given: Time: _____
- ☒ ☐ ☐ 5. Antibiotic given: Drug _____ Time: _____
- ☐ ☒ ☐ 6. Chart from previous admission: Sent to O.R. _____ Microfilm _____
- ☐ ☐ ☐ 7. Lab ordered _____ Not ordered _____ Results on chart: _____
 Abnormal lab results/ Dr. notified: _____
- ☐ ☐ ☒ 8. Chest x-ray ordered _____ Not ordered _____ Interpretation on chart _____
- ☐ ☐ ☒ 9. EKG ordered _____ Not ordered _____ Interpretation on chart _____
- ☐ ☒ ☐ 10. Patient voided: Yes _____ No _____ Time: _____ Foley Catheter: _____
- ☐ ☒ ☐ 11. Type & Cross-match Number of units: _____
- ☐ ☐ ☐ 12. Insulin dependent *N/A* Regular Insulin to O.R. _____
- ☐ ☐ ☐ 13. Patient's weight *75 kg* Height *173 cm*
- ☒ ☐ ☐ 14. Allergies indicated on front of chart
- ☒ ☐ ☐ 15. Addressograph plate on front of chart *Stickers in chart*
- ☐ ☐ ☐ 16. M.A.R. on chart (Medication Administration Record)
- N/A* ☐ ☐ ☐ 17. Removed all dentures, bridges, prostheses, glasses, contacts, rings, watches, earrings, necklaces and all other jewelry.
- ☐ ☐ ☐ 18. Comments: _____

Date
OR.55 Rev.9/99

Signature of Unit R.N.

Initial of Review O.R. Nurse

0 0162

RA 0049



UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102



SURGEON: Tyree Carr, MD

ASSISTANT SURGEON:

PARTICIPATING SURGEON:

ANESTHESIOLOGIST: Stephen A. Yakaitis, MD

DATE: 05/21/2004

PREOPERATIVE DIAGNOSES:

1. Traumatic hyphema, total of left eye.
2. Secondary glaucoma, traumatic type, left eye.
3. Blood stained cornea, left eye.

POSTOPERATIVE DIAGNOSES:

1. Traumatic hyphema, total of left eye.
2. Secondary glaucoma, traumatic type left eye.
3. Blood stained cornea, left eye.

PROCEDURE PERFORMED:

1. Evacuation of total hyphema, left eye.
2. Removal of pupillary membrane of the left eye.

ANESTHESIA: General.

DESCRIPTION OF PROCEDURE: The patient was placed in sleep under general anesthesia with endotracheal intubation per Anesthesia. This was followed by routine sterile ophthalmic prepping and draping over the left periorbital and facial area. Next utilizing microscopic visualization, a limbal incision was made approximately 3 mm with a stainless steel blade and a portal 1.0 mm incision was made 3 o'clock hours to the left through the clear cornea with a Superblade #15. Next, viscoelastic Provisc was used to inflate the anterior chamber and this was followed by vigorous irrigation of old clotted blood material from the anterior chamber with a balance salt solution on a 23-gauge syringe. Upon removal of the freely nonadherent clotted material, Kelman forceps with teeth were then used to grasp clotted material under Provisc cover and physically debrided clotted material from the anterior chamber and adherent to the anterior iris surface. There was a fairly thick pupillary membrane, which was also debrided with the Kelman forceps as much as possible. However, a tough fibrous strand remained. Attempts were made to remove this with seizure. However, the procedure was terminated due to the fact of possible lens touch. However, 85% of the clotted blood material was removed from the anterior chamber leaving a residual pupillary membrane strand that extended across the pupil. The procedure was terminated, however, it was noted that staining of the cornea remain mostly center 8 mm. The peripheral aspects of the cornea was relatively clear. The corneal laceration was sutured using interrupted 10-0 nylon sutures. The operation was terminated and the patient was reversed from general anesthesia and taken back to postoperative recovery awake, cooperative in good condition. He will be transferred back to the Pediatric Ward, where he will be managed for topical eye drops as were taken

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 228895
ADM. DATE: 05/19/2004

ACCOUNT#: 00075603365

5/23/04
inc

dictated BY: Tyree Carr, MD
ATTENDING:

OPERATIVE REPORT
Medical Record
Page 1 of 2

0 0163

RA 0050

04 19:12

7022402830

TYREE CARR MD

PAGE 02/09

htFax

8/2004 8:36

PAGE 8/15

htFax

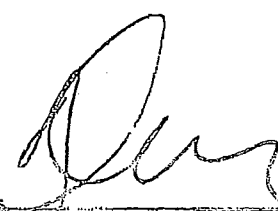
UNIVERSITY MEDICAL CENTER
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

preoperatively. With satisfactory control of his intraocular pressure, the patient will be discharged home to the care of his parents, his mother, and followed as an outpatient accordingly.

CC:

DD: 08/14/2004 15:52:15

DT: 08/14/2004 23:44:24



Tyree Carr, MD

PATIENT: PAYO, MAKANI K
MR#: 001-191-358
JOB #: 228895
ADM. DATE: 05/19/2004

ACCOUNT#: 00075603365

Dictated by: Tyree Carr, MD
Attending:

OPERATIVE REPORT
Copy for Tyree Carr, MD
Page 2 of 2

0 0164

HDA

RA 0051

ACCT: 0075603365 DOB: 12/1992
PAYO, MAKANI K
LAZERSON, JACK
MR# 001-191-358 ADM 05/19/2004

UNIVERSITY MEDICAL CENTER

PERIOPERATIVE NURSING RECORD

DATE: 5-21-04
ROOM: 260-1
O.R.#: 1
TIME:

HOLDING AT: _____
RECEIVED BY: _____
NAME PREFERENCE: _____

PRE-OPERATIVE NURSING ASSESSMENT

PRE-OP TEACHING YES ☒ NO ☐

DISPOSITION FROM: ☒ PATIENT ROOM ☐ DAY SURGERY CENTER ☐ AMBULATORY CARE (AM ADMIT) ☐ EMERGENCY DEPT. ☐ ICU/CCU ☐ RECOVERY ROOM
TRANSPORTED: ☐ O₂ @ _____ LITER ☐ EKG MONITOR ☐ IV SITE CC'S ☐ IV PUMP ☐ ARMBAND ☒ NONE ☐ FOLEY ☐ NASOGASTRIC ☐ SWAN-GANZ ☐ ARTERIAL LINE ☐ CHEST TUBE
TUBES/DRAINS: ☒ FLUSHED ☐ PALE ☐ DIAPHORETIC ☒ DRY ☐ COOL ☒ WARM
PHYSIOLOGICAL HEALTH STATUS: ☒ ALERT ☐ CALM/RELAXED ☐ CONFUSED ☒ UNRESPONSIVE ☒ ANXIOUS
DENTAL: _____ REMOVED _____
HEARING: _____ REMOVED _____
VISUAL: _____ REMOVED _____

VARIANCES REPORTED TO DR. _____
SURGICAL PROCEDURE: ☒ AS SCHEDULED ☐ ADDITIONAL PROCEDURE
MOBILITY: ☒ FROM CHART COMPLETE ☒ YES ☐ NO
PATIENT IDENTIFIED BY ARMBAND ☒ YES ☐ NO
PATIENT/FAMILY VERIFICATION OF SITE: ☒ YES - per Grandfather
LANGUAGE BARRIER: SPANISH ☐ OTHER: ☐ INTERPRETER: _____
PSYCHOSOCIAL HEALTH STATUS: ☒ EXPECTATIONS OF CARE VERIFIED ☒ APPROPRIATE LEVEL OF UNDERSTANDING OF SURGICAL PROCEDURE
VOICES APPROPRIATE EXPECTED OUTCOMES
ALLERGIES: ☒ YES ☐ NO

PER ANESTHESIOLOGIST: 1004 SURGERY ROOM TIME: 1004 WOUND CLASSIFICATIONS: ☐ CLEAN ☐ CONTAMINATED
ANESTHESIA BEGAN: 1004 SURGERY BEGAN (INCISION): 1025 ☒ CLEAN CONTAMINATED ☐ DIRTY INFECTIOUS
ANESTHESIA ENDED (IN PACU): 1140 SURGERY ENDED (DRS APPLIED): 1145

SURGEON: Dr. Caw SCRUB NURSE(S): S. Carter CSI
PARTICIPATING SURGEON: _____ RELIEF SCRUB(S): _____
ASSISTANT: H. Haggan CIRCULATING NURSE(S): J. Custens RN
ANESTHESIOLOGIST: Dr. J. J. J. RELIEF CIRCULATOR(S): _____
OTHER PERSONS PRESENT: _____

ANESTHESIA: ☒ GENERAL ☐ LOCAL ☐ BIER BLOCK ☐ SUBARACHNOID ☐ PERIDURAL ☐ IV SEDATION ☐ AXILLARY
INTUBATED: ☒ YES ☐ NO ☐ ENDOTRACHEAL ☐ NASOTRACHEAL ☐ MASK ☐ LOCAL O₂
PATIENT POSITION: ☐ SUPINE ☐ PRONE ☐ LATERAL ☐ LITHOTOMY ☐ JACKKNIFE ☐ FX. TABLE ☐ OTHER

PRE-OP DIAGNOSIS: Increase left ocular pressure traumatic glaucoma - Traumatic hyphema left eye

OPERATION: @ evacuation of hyphema left eye

POST-OP DIAGNOSIS: Increase left ocular pressure traumatic glaucoma - traumatic hyphema left eye

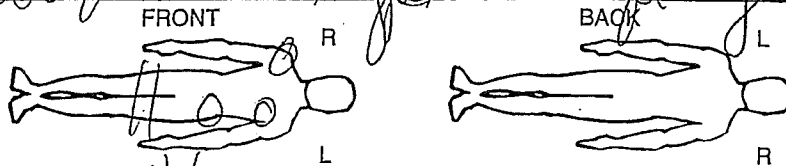
MONITOR LEADS = 0

SAFETY STRAPS =

TOURNIQUET = +

ELECTRO SURGICAL PAD = ☐

OTHER:



ELECTRO SURGICAL PAD - ☐ UNIPOLAR ☐ BIPOLAR ☐ # _____ BY: _____ SKIN COND P REMOVAL: _____

SETTINGS: CUT: _____ COAG: _____

SKIN PREP: ☐ CLIP ☐ DEPILATORY ☐ SHADE ☐ NONE ☐ AREA: _____ BY: _____

PREP SOLUTION: Betadine foam AREA: left eye - face BY: J. Custens

ANESTHESIA MACHINE #: 7368

0 0165

RA 0052

K THERMID YES ☐ NO ☒ UNIT # _____ SET _____

BLOOD CONTROL #: _____

BLOOD WARMER: YES ☐ NO ☒

TYPE: _____

QUANTITY: _____

IMPLANTS ☐ NONE

LOCATION	COMPANY	SIZE/MODEL	SERIAL/LOT #

PADDING/SUPPORTS/RESTRAINTS

☐ SAFETY BELT ☐ REST ON
☐ ELBOWS ☐ HEELS☐ PILLOWS ☐ HEADREST ☐ SHOULDER/AXILLARY ROLL ☐ CHEST ROLLS☐ SANDBAG ☐ OVERHEAD ARMREST ☐ TAPE RESTRAINT ☐ STIRRUPS☐ MAYFIELD☐ ARM SECURED AT SIDE☐ ARM SECURED ON ARMBOARD☐ HORSESHOE☐ 3 PT. SKELETALOTHER *on eye bed*COUNTS: ☐ VERIFIED BY SURGEON☐ EMERGENCY

INSTRUMENT

CORRECT ☐☐☐☐ UNRESOLVED☐☐ NA

SPONGE

CORRECT ☐☐☐☐ UNRESOLVED☐☐ NA

NEEDLE

CORRECT ☐☐☐

TIME

CHANGE OF SHIFT COUNT, COUNTS CORRECT

☐ YES ☐ NO

SIGNATURE(S) _____

IF UNRESOLVED X-RAY TAKEN: ☐ YES ☒ NO DR NOTIFIED ☐ YES ☐ NOCIRCULATING NURSE(S): *J. Clusters RN*SCRUB NURSE(S): *S. Carter CSO/PA*

CATHETERS, DRAINS, PACKS

DRESSINGS

☐ ABD☐ ACE☐ CAST☐ COVERLET☐ FLUFF☐ 4 x 4☐ IODOFORM☐ ADAPTIC☐ BETADINE GAUZE☐ VASELINE☐ XEROFORM☐ KERLEX☐ KLING☐ BACITRACIN☐ BETADINE OINTMENT☐ NEOSPORIN☐ PERIPAD☐ SOFTWICK☐ STERISTRIPS☐ TELFA☐ 2 x 2☐ OTHER

COMMENTS/OBSERVATIONS

*eye shield left eye by Dr. Can*X-RAYS ☐ YES ☒ NO

TYPE: _____

BY: _____

TOURNIQUET LOCATION:

SETTING

TIME

RIGHT ARM ☐LEFT ARM ☐RIGHT LEG ☐LEFT LEG ☐OTHER ☐SPECIMEN TO LAB
TYPE:☐ YES☒ NO
PERMANENT☐ TO PATIENTFROZEN SECTION: ☐ YES ☒ NOCULTURE: ☐ YES ☒ NO

MEDICATION	DOSE	ROUTE	TIME	BY
<i>healon</i>	<i>2</i>	<i>left eye</i>	<i>Dr. Can</i>	
<i>BSS</i>	<i>2</i>	<i>top left eye</i>		
<i>Bauman's eye</i>	<i>1</i>	<i>right eye</i>		

APPLIANCES, CASTS

TYPE:

LOCATION:

NONE ☒

POST OPERATIVE OBSERVATIONS

DISPOSITION: ☒ PACU ☐ ICU ☐ ASU ☐ PT. ROOMPER: ☐ GURNEY☐ BED☐ W/C☒ SIDERAILS☐ RESTRAINTS

ACCOMPANIED BY:

☒ ANESTHESIOLOGIST☐ NURSE☐ SURGEON☒ RES/MSAIRWAY: ☒ SPONTANEOUS AIRWAY☒ EXTUBATED☐ INTUBATED☐ ORAL/NASAL AIRWAY

OXYGEN PER:

☐ NC☐ MASK☐ AMBU☐ JACKSON REESE

LEVEL OF CONSCIOUSNESS:

☒ AWAKE/SEDATED☐ UNRESPONSIVE☐ RESPONSIVE TO STIMULIOTHER: ☐ ALL LINES CONT☐ EKG MONITOR☒ SKIN CONDITION, UNCHANGED☐ OTHER OBSERVATIONS:REPORT TO: *C. Alameda* OR
RN,

CIRCULATING NURSE SIGNATURE:

J. Clusters RN 0 0106



PRE-ANESTHESIA RECORD

AGE	SEX	HEIGHT	WEIGHT	RIGHT OR LEFT HANDED
-----	-----	--------	--------	----------------------

Na ACCT: 0075603365 DOB 09/22/1992
PAYO, MAKANI K
Ad LAZERSON, JACK
MR# 001-191-350 ADM 05/19/2004

1. List all medications taken over the past 6 months.

Hydral

2. List allergies to medications.

NKDA

3. List all previous surgery (and when).

none

4. Have you or your family had a high or unexplained fever (hyperthermia) during or after surgery?

YES NO

	✓
	✓
	✓
	✓
	✓
	✓

5. Have you or your family had any unusual reaction to anesthesia?

6. Have you or are you taking "street drugs"?

7. Have you had recent weight change?

8. Are you pregnant?

9. Do you smoke?
If yes, how many cigarettes per day? _____

10. Do you have caps, false teeth, or contact lenses?

11. Do you drink alcohol?
How much? _____

DO YOU OR HAVE YOU HAD...

	YES	NO
12. Glaucoma		✓
13. Stiff Jaw or Neck		✓
14. A Cold		✓
15. Shortness of Breath	✓	
16. Chronic Cough		✓
17. Asthma		✓
18. Heart Attack		✓
19. Chest Pain, Angina		✓
20. Palpitations		✓
21. High Blood Pressure		✓
22. Hepatitis		✓
23. Hiatal Hernia		✓
24. Rheumatic Fever		✓
25. Ulcers		✓
26. Stroke		✓
27. Seizures		✓
28. Blackouts	✓	
29. Back Problems		✓
30. Muscle Diseases		✓
31. Arthritis		✓
32. Diabetes		✓
33. Thyroid Problems		✓
34. Bleeding Tendencies		✓
35. Sickle Cell Anemia		✓
36. Blood Transfusions		✓
37. Kidney Disease		✓
38. Aids		✓
39. Crib Death in Family		✓
40. Any Others:		✓

Remarks: _____

WHITE COPY--CHART
PINK COPY--ANESTHESIOLOGIST

97-075

Date

Signature of Patient/or Person Filling Out Form

0 0167

RA 0054



ACCT: 0075603365
PAYO, MAKANI K
LAZERSON, JACK
MR# 001-191-350

POD 09/22/1992

ADM 05/19/2004

PREMEDICATION

AGE

B.P.

PULSE

WT. 55 kg

ENVELOPE DATA PLATE

EFFECT

TIME

BY

C°

220

200

180

160

140

120

100

80

60

40

20

SpO₂

ETCO₂

TIME

10

15

30

45

11

15

30

45

12

15

30

45

13

PATIENT IDENTIFIED,
ANESTHESIA AND MONITORING
EQUIPMENT CHECKED
BEFORE INDUCTION?

☒ REEVALUATED IMMEDIATELY
PRIOR TO INDUCTION

REMARKS:

Cancel 400mg IVB

PACU VITAL SIGNS

Time In

5:2-106

HR-74/87/15/70
500 RR-R T-97.2

500

IV SIZE

22g

IV SIZE

22g

ANESTHESIA TIME:

10:04 TO 11:40

0168

MASK

NASAL ORAL SIZE 6.0

LTA 18cm

CUFF BLADE #3mm

DIFFICULTY

OPERATION: EVALUATION OF
HEMATOMA - @ EYE

SURGEONS:

CARR

ANESTHESIOLOGIST
SIGNATURE:

PRINT
NAME:

DATE:

5/21/04

ANESTHESIA RECORD

RA 0055

PREOPERATIVE ANESTHESIA ASSESSMENT

RESPIRATORY: <i>Endotracheal</i>		AIRWAY: <i>Class II</i>
		TEETH: <i>Intact</i>
		EYES: <i>WNL</i>
CARDIOVASCULAR: <i>ECHD</i>		
OTHER: <i>⊖</i>		
MEDICATIONS: <i>⊖</i>	LAB VALUES: <i>Reviewed</i>	
PREVIOUS ANESTHETICS: <i>⊖</i>	ALLERGIES: <i>NRDA</i>	
THE RISKS, COMPLICATIONS AND ALTERNATIVES OF THE PLANNED ANESTHETIC HAVE BEEN DISCUSSED. ALL QUESTIONS HAVE BEEN ANSWERED AND THE PATIENT CONSENTS. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (EXPLAIN BELOW)		
ASSESSMENT:		TIME: <i>5/2/04</i>
ANESTHETIC PLAN: GENERAL MAC REGIONAL BLOCK		DATE: <i>5/2/04</i>
PHYSICAL STATUS: <i>1</i> 2 3 4 5 6 E		<i>[Signature]</i> M.D.
COMMENTS: ACCT: 0075603365 DOB 09/22/1992 PAYO, MAKANI K LAZERSON, JACK MR# 001-191-358 ADM 05/19/2004		
POST ANESTHESIA ORDERS: O2 <i>8</i> L/M TO MAINTAIN SPO2 > <i>95</i> CONTINUE EXISTING IV AT <i>70</i> CC'S HOUR. TRANSFER TO UNIT WHEN ANESTHESIA DISCHARGE CRITERIA ARE SATISFIED. EXTUBATE WHEN CRITERIA MET. <i>Demerol 100mg IV PRN for Pain q 5-10 min</i> <i>up to 50mg</i> <i>Zoraxan 2mg IV PRN for Nausea q 2</i> <i>WAT 1100</i> <i>CNA 100mg</i> <i>[Signature]</i> M.D.	POST OPERATIVE EVALUATION: <i>Stable</i> NO COMPLICATIONS RELATED TO ANESTHESIA TIME: <i>5/2/04</i> DATE: <i>5/2/04</i> <i>[Signature]</i> M.D.	

ANESTHESIA RECORD

381-5103

0 0169
RA 0056



Care How Much We Know
Know How Much We Care

DATE

5-21-04

OPERATIVE / INVASIVE PROCEDURE LOCATION

OPERATIVE/INVASIVE PROCEDURE PLAN OF CARE

ACCT: 0075603365 DOB 09/22/1992
PAYO, MAKANI K
LAZERSON, JACK
MR#: 001-191-358 ADM 05/19/2004

☐ OR Main ☐ Day Surgery ☐ PACU ☐ Special Procedures ☐ ER Adult ☐ Other
☐ OR Trauma ☐ Endoscopy ☐ ER Peds ☐ Cath Lab ☐ Labor & Delivery ☐ Critical Care

Med/Surg.

Problem Number	Identified Need/Problem	Interventions	Expected Outcome	Desired Outcome Achieved/Resolved								
				Pre-Procedure	Intra-Procedure	Post-Procedure	Pre-Procedure	Intra-Procedure	Post-Procedure			
1.	Alteration in Comfort / Pain	Decrease anxiety by emotional/drug support. Position patient for comfort. Medicate for pain relief as ordered. OTHER	Decrease in anxiety level Patient experiences comfort Pain relief evidenced OTHER	Y	N	N	Y	N	N	Y	N	N
2.	Knowledge Deficit of Procedure	Pre and Post Procedure Instructions. <input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Video	Expresses understanding	Y	N	N	Y	N	NA	Y	N	N
3.	Potential for Infection	Use aseptic technique Practice Universal Precautions. Maintain sterile field OTHER	Aseptic technique maintained Pre-op infection control orders followed OTHER	Y	N	NA	Y	N	N	Y	N	N
4.	Potential for Harm (Safety)	Position patient appropriately for procedure and patient condition Maintain proper body alignment Complete operative/invasive checklist Check and maintain equipment	No patient injury/discomfort	Y	N	N	Y	N	N	Y	N	N
5.	Potential for Cardio/Pulmonary/Hemodynamic Instability	Maintain patent patient airway Continuous monitoring and assessment of hemodynamic parameters Assess bleeding and maintain IV fluids as ordered Measure and record I & O	Adequate oxygenation Hemodynamic parameters within patient's normal limits	Y	N	NA	Y	N	N	Y	N	N
6.	Age Specific/ Psychosocial	Assess and provide care appropriate for age Discharge instructions given to patient/family/responsible party	Fluid balance maintained Patient experiences age appropriate care Expresses understanding of discharge instructions	Y	N	N	Y	N	NA	Y	N	N
7.	Other			Y	N	N	Y	N	N	Y	N	N
Pre-procedure		Prioritization of Patient's Needs	Signature	Prioritization of Patient's Needs		Signature						
Intra-procedure		3-4-6	Signature									
Post-procedure		6-13	Signature									

RA 0057



Care How Much We Know.
Know How Much We Care.

Operative / Invasive Procedure Checklist

Location of Procedure

- ☐ Main OR ☐ Endoscopy ☐ Critical Care
☐ Trauma OR ☐ Radiology ☐ Labor & Delivery
☐ Day Surgery ☐ Cath Lab ☐ Med/Surg

Verification #1	LEFT SIDE PROCEDURE	MIDLINE/SINGLE ORGAN	RIGHT SIDE PROCEDURE
Location: <input type="checkbox"/> Holding Room <input type="checkbox"/> Unit			
Operative/Invasive Procedure from order:			
Date of Procedure			
Informed Consent on Chart for:			
Patient Verbal Verification of Procedure/Site:			
Staff Signature/Title			
Verification #2 DAY OF PROCEDURE			
Location: <input type="checkbox"/> Holding Room <input checked="" type="checkbox"/> Unit			
Operative/Invasive Procedure from order:	excavation of perforated appendix		
Informed Consent on Chart for:			
Procedure and Marking on-site verified by patient/guardian			
Staff Signature verifying/markng site			
Verification #3 FINAL IMMEDIATELY PRIOR TO PROCEDURE			
Operative/Invasive Procedure from order:	excavation of perforated appendix		
X-rays and Imaging Studies/Reports Available	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
(Verification Correct Patient / Procedure/Site)	Yes per band photo		
Physician Name	Dr. Lane		
Anesthesia Name	Dr. Johnson		
Nurse / Signature	Jalutun RN		
CTech/Scrub/Assistant Name	J.S. Carter		

*** IF PROCEDURE IS PERFORMED ON A UNIT THEN VERIFICATION #1 MAY BE ELIMINATED**

ACCT: 0075603365 DOB 09/22/1992
PAYO, MAKANI K
LAZERSON, JACK
MR# 001-191-358 ADM 05/19/2004



PACU FLOWSHEET

DATE	TIME	ALLERGIES
05/21/04	1135	NKDA
SURGEON	ASSISTANT	
ANESTHESIOLOGIST		
ANESTHESIA TYPE		
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> LOCAL <input type="checkbox"/> CONSCIOUS SEDATION		
<input type="checkbox"/> DEEP SEDATION <input type="checkbox"/> SPINAL <input type="checkbox"/> EPIDURAL <input type="checkbox"/> BLOCK		
OPERATION		
MEDICAL HISTORY		
REPORT FROM		
PRE-OP MEDS		
V/S PRE-OP		V/S INTRA-OP
REVERSAL AGENT		TIME
ADMISSION ASSESSMENT		
LOC <input type="checkbox"/> AWAKE <input type="checkbox"/> ALERT/AWARE <input type="checkbox"/> RESTLESS/AGITATED		
<input type="checkbox"/> ORIENTED <input type="checkbox"/> DISORIENTED		
MENTAL STATUS <input type="checkbox"/> UTA <input type="checkbox"/> CALM <input type="checkbox"/> COOPERATIVE		
SPEECH <input type="checkbox"/> UTA <input type="checkbox"/> OTHER		
<input type="checkbox"/> CLEAR		
SENSORY <input type="checkbox"/> UTA <input type="checkbox"/> OTHER		
<input type="checkbox"/> INTACT		
MOTOR <input type="checkbox"/> NO DEFICITS		
<input type="checkbox"/> SEE GLASCOW COMA SCALE /		
<input type="checkbox"/> SEE LIMB MOVEMENT SCALE		
BREATH SOUNDS <input type="checkbox"/> CLEAR <input type="checkbox"/> OTHER		
CHEST EXPANSION <input type="checkbox"/> SYMMETRICAL <input type="checkbox"/> ASYMMETRICAL		
RESP EFFORT <input type="checkbox"/> EUPNEA <input type="checkbox"/> NO DISTRESS <input type="checkbox"/> SOB		
<input type="checkbox"/> Dyspnea <input type="checkbox"/> Use Of Accessory Muscles <input type="checkbox"/> Bradypnea		
<input type="checkbox"/> TACHYPNEA <input type="checkbox"/> LMA <input type="checkbox"/> TRACH TUBE		
<input type="checkbox"/> ON VENT ETT INSERT @ LIP SIZE		
TRACHEA <input type="checkbox"/> MIDLINE <input type="checkbox"/> DEVIATED TO		
COUGH <input type="checkbox"/> NONE <input type="checkbox"/> PRESENT <input type="checkbox"/> NON-PRODUCTIVE		
<input type="checkbox"/> PRODUCTIVE <input type="checkbox"/> Suction		
CT <input type="checkbox"/> Mediastinal <input type="checkbox"/> Pleural <input type="checkbox"/> Airleak <input type="checkbox"/> Crepitus		
<input type="checkbox"/> SUCTION cm H ₂ O SEAL <input type="checkbox"/> GRAVITY		

CARDIOVASCULAR

GI

GU

INTEGUMENTARY

PSYCHOSOCIAL

ADMISSION ASSESSMENT	
SKIN <input type="checkbox"/> WARM <input type="checkbox"/> DRY <input type="checkbox"/> COOL <input type="checkbox"/> MOIST <input type="checkbox"/> DIAPHORETIC	
COLOR <input type="checkbox"/> NORMAL <input type="checkbox"/> PALE <input type="checkbox"/> JAUNDICED <input type="checkbox"/> MOTTLED	
NECK VEINS <input type="checkbox"/> HOB <input type="checkbox"/> FLAT <input type="checkbox"/> DISTENDED	
RHYTHM <input type="checkbox"/> PACEMAKER <input type="checkbox"/> NONE	HEART SOUNDS <input type="checkbox"/> S1 <input type="checkbox"/> S2
MODE RATE / MIN	
<input type="checkbox"/> ATRIAL @ MA <input type="checkbox"/> VENTRICULAR @ MA	
<input type="checkbox"/> IABP <input type="checkbox"/> RIGHT FEMORAL <input type="checkbox"/> LEFT FEMORAL	
SITE DRESSING <input type="checkbox"/> INTACT	
EDEMA <input type="checkbox"/> NONE <input type="checkbox"/> PITTING LOCATION	
1+ Slight: 2+ Indentation 10-15 sec: 3+ Dp Indentation 1-2 min:	
4+ marked Dp Indentation	
PULSES <input type="checkbox"/> PALPABLE IN ALL EXTREMITIES (SEE PULSE ASSESSMENT)	
CAPILLARY REFILL <input type="checkbox"/> BRISK <input type="checkbox"/> >3 SECONDS	
<input type="checkbox"/> OTHER	
ABDOMEN <input type="checkbox"/> SOFT <input type="checkbox"/> FIRM <input type="checkbox"/> TENDER <input type="checkbox"/> HARD <input type="checkbox"/> DISTENDED	
BOWEL SOUNDS <input type="checkbox"/> PRESENT <input type="checkbox"/> ABSENT	
<input type="checkbox"/> GASTRIC TUBE <input type="checkbox"/> PLACEMENT CHECKED	
<input type="checkbox"/> TO SUCTION <input type="checkbox"/> TO GRAVITY	
COLOR CONSISTENCY	
BOWEL FUNCTION: <input checked="" type="checkbox"/> UTA <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT	
<input type="checkbox"/> COLOSTOMY <input type="checkbox"/> ILEOSTOMY <input type="checkbox"/> FECAL POUCH	
VOIDING <input type="checkbox"/> CONTINENT <input type="checkbox"/> INCONTINENT <input type="checkbox"/> OTHER	
CATH <input checked="" type="checkbox"/> NONE <input type="checkbox"/> FOLEY <input type="checkbox"/> SUPRAPUBIC <input type="checkbox"/> 3-WAY <input type="checkbox"/> CBI	
URINE COLOR <input type="checkbox"/> AMBER YELLOW <input type="checkbox"/> CLEAR <input type="checkbox"/> OTHER	
GENITAL <input type="checkbox"/> WNL <input type="checkbox"/> DIAPER	
SKIN <input type="checkbox"/> INTACT <input type="checkbox"/> OTHER	
<input type="checkbox"/> INCISION <input type="checkbox"/> DRESSING <input type="checkbox"/> CDI <input type="checkbox"/> OTHER	
TURGOR <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> LOOSE <input type="checkbox"/> TIGHT	
MUCOSA <input type="checkbox"/> INTACT <input type="checkbox"/> OTHER	
IV: <input type="checkbox"/> PERIPHERAL SITE CONDITION DATE	
<input type="checkbox"/> PERIPHERAL SITE CONDITION DATE	
<input type="checkbox"/> CENTRAL SITE CONDITION DATE	
SWAN GANZ: WAVEFORM CVP PA PCWP	
SITE CONDITION INSERT DEPTH DATE	
AO LINE: WAVEFORM SITE CONDITION DATE	
SUPPORT PERSON AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
RESTRAINTS <input type="checkbox"/> NONE <input type="checkbox"/> SOFT <input type="checkbox"/> LEATHER <input type="checkbox"/> VEST	
<input type="checkbox"/> WRIST <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> ANKLE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	
<input type="checkbox"/> SEE RESTRAINT RECORD	
RN SIGNATURE	

		TIME	1/35	40	45	50	1/200	15	30	45	1/200												
HEMODYNAMIC	AO-MEAN																						
	SYSTOLIC PAD																						
	AUGMENTED PRESSURE																						
	CO / CI																						
	PAW / CVP																						
	SVR / PVR																						
	SPINAL LEVEL																						
	O ₂ / RHYTHM																						
	SaO ₂ / SVO ₂																						
	TEMP / ROUTE																						
PAIN MANAGEMENT	Pt Perception of Pain 0 - 10																						
	Physiological Rating																						
	Location of Pain																						
	Pt Perceives Pain - Characteristic																						
	Interventions																						
	Pt Response to Intervention 0 - 10																						
	MD Intervention Required																						
	DESCRIBE LOCATION OF PAIN	1											2										
	DESCRIBE INTERVENTION	1											2										
	VS ARTERIAL PRESSURE X SYSTOLIC S DIASTOLIC (BLACK INK ONLY)																						
CUFF PRESSURE V SYSTOLIC A DIASTOLIC (BLACK INK ONLY)																							
TEMPERATURES: X ORAL X RECTAL (RED INK ONLY)																							
RESP.		14	12	12	12	12	12	12	12	12	12												
INTAKE																							
URINE																							
OUTPUT																							

[illegible][illegible][illegible]

A blank graph paper with a grid. The vertical axis (y-axis) is labeled with values from 40 to 240 in increments of 20. The horizontal axis (x-axis) is labeled with values from 0 to 100 in increments of 10. The grid consists of 10 columns and 20 rows.

RESP.		
	12 HR. TOTAL	24 HR. TOTAL

SIGNATURES		PT HEIGHT	
24 HOUR INTAKE		TODAY'S WEIGHT	
		kg	lb
		YESTERDAY'S WEIGHT	
OUTPUT		kg	lb
		LOSS	GAIN
		YESTERDAY	I
			O

RA 0061

A line drawing of a human arm and shoulder, viewed from the side. The arm is extended downwards. Three vertebrae are labeled: C5 is located on the upper arm, C6 is on the forearm, and C7 is on the hand/wrist area.

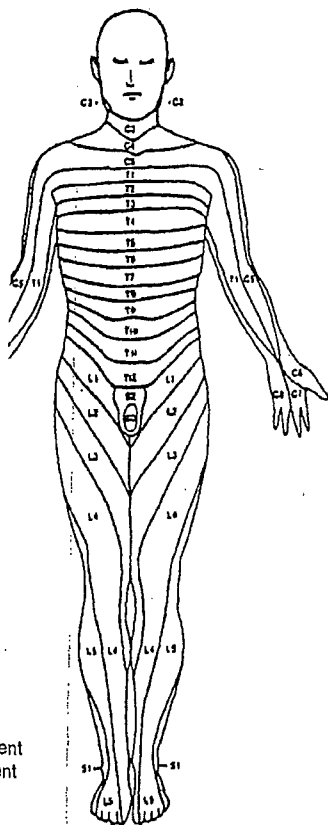
RA 0062

action
n Dilated
ile to Assess

Closed
velling

nically
lyzed
ited

NTT or
ostomy



DERMATONE CHART
(FOR SENSORY STATUS)

DATE / TIME	D	INTERDISCIPLINARY PROGRESS NOTES
05/10/4 1135	N	IN from on Gurney - RN + V patient responsive to painful stimuli. 54 applied, notred. HOB 135. Eye held in use + my dressing - kept worn
1145	N	still too sleepy, deep breathing enphatized, no complaint offered.
1200	N	grooming @ bedside - no SOB noted. transferred to floor
1230	N	responsive to verbal. move himself to bed & complaint HOB 135. see d/c flow sheet
1245	N	reported up to bed

Discipline Codes: (D)

N = Nursing DR = Doctor R = Respiratory ST = Speech Therapy OT = Occupational Therapy PT = Physical Therapy
D = Dietary PH = Pharmacy ET = Enterostomal SWK = Social Work CM = Case Manager C = Clergy

PHYSIOLOGICAL PAIN RATING: assessed & reported by Nurse, MD or approved licensed practitioners.

Behavior	0	2	4	6	8	10
Facial	Natural, calm &/or smiling	Occasional or slight frowning/grimacing	Observed behaviors fall evenly between the '2' and '6' columns	Periodic frowning/grimacing &/or clenched teeth &/or fears	Observed behaviors fall evenly between the '6' and '10' columns	Constant frowning/grimacing &/or glassy eyes
Body Movement & Posture	Calm, Quiet, relaxed	Restless/fidgeting &/or slight tenseness		Moderate agitation &/or moderate tenseness &/or protective/localizing efforts		Very agitated &/or splinted breathing or protective posture, extreme tenseness
Response to movement &/or touch	Moves easily, accepts touch readily	Winces &/or suffers/protective gestures when touched/moved		Moans &/or resists when moved/touched		Cries out &/or resists strongly when moved or touched
Verbal/Vocal (not intubated)	Verbalizes in normal tones or no sound	Sighs/groans/moans softly &/or complaining		Sighs/groans/moans loudly &/or weeping		Cries/sobs &/or frequently moan/groan or silent

Sleep Modifier: If the patient is noted to have a disturbed sleep pattern (very short or restless periods of sleep, or prolonged sleep, or appears very fatigued when awake), add 2 points to the total score.

Deilitations Modifier: If the patient is in an extremely weakened state, add 1 point to the total score. Document highest number 0 - 10.

RA 0063

[illegible]

NEURO	LOC <input type="checkbox"/> FULLY AWAKE <input type="checkbox"/> ORIENTED X3	VOIDED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT INDICATED
	<input type="checkbox"/> DROWSY / AROUSABLE / RESPONSIVE	CATH <input type="checkbox"/> NONE <input type="checkbox"/> OTHER
	<input type="checkbox"/> UNRESPONSIVE	URINE <input type="checkbox"/> YELLOW / AMBER <input type="checkbox"/> CLEAR
CV	EKG <input checked="" type="checkbox"/> NSR <input type="checkbox"/> OTHER	<input type="checkbox"/> DARK <input type="checkbox"/> CLOUDY
	COLOR <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> WARM <input type="checkbox"/> DRY	<input type="checkbox"/> PINKISH <input type="checkbox"/> REDDISH
	<input type="checkbox"/> PALE <input type="checkbox"/> COOL <input type="checkbox"/> DIAPHORETIC	<input type="checkbox"/> CBI
	<input type="checkbox"/> JAUNDICED <input type="checkbox"/> CYANOTIC	DRESSING <u>eye</u> <input type="checkbox"/> NONE
RESPIRATORY	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> INTACT / DRY
	BREATH SOUNDS <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> DIMINISHED	<input type="checkbox"/> DRAINAGE PRESENT
	<input type="checkbox"/> OTHER	<input type="checkbox"/> SATURATED <input type="checkbox"/> CHANGED <input type="checkbox"/> REINFORCED
	O2 ADJUNCT <input checked="" type="checkbox"/> ROOM AIR <input type="checkbox"/> ETT <input type="checkbox"/> TRACH TUBE	<input type="checkbox"/> PERIPAD CHANGED
GI	<input type="checkbox"/> O2/	<input type="checkbox"/> CAST <input type="checkbox"/> GOOD CSM TO AFFECTED EXTREMITY
	<input type="checkbox"/> AMBU BAG ON TRANSPORT <input type="checkbox"/> ORAL AIRWAY	DRAINS <input type="checkbox"/> NONE <input type="checkbox"/> PENROSE <input type="checkbox"/> PACKING
	<input type="checkbox"/> OTHER	<input type="checkbox"/> HEMOVAC <input type="checkbox"/> JACKSON PRATT
	ABDOMEN <input type="checkbox"/> NORMAL / SOFT <input type="checkbox"/> FIRM	<input type="checkbox"/> CHEST TUBE <input type="checkbox"/> MEDIASTINAL <input type="checkbox"/> PLEURAL
GU	<input type="checkbox"/> DISTENDED <input type="checkbox"/> TOLERATING PO FLUIDS	<input checked="" type="checkbox"/> IV PATENT
	<input type="checkbox"/> NPO <input type="checkbox"/> GASTRIC TUBE	RN SIGNATURE <u>C. J. H. H. H.</u>

A DISCHARGE SCORE OF 6-8 IS NEEDED TO RETURN TO A NURSING UNIT. A LESSOR SCORE REQUIRES THAT THE PHYSICIAN BE NOTIFIED PRIOR TO DISCHARGE.

UNIVERSITY MEDICAL CENTER

ATTENTION ALL CARE GIVERS:

TO HELP US IDENTIFY YOUR ENTRIES PLEASE PRINT
AND SIGN YOUR NAME IN THE COLUMNS BELOW

PRINT NAME IN THIS COLUMN	SIGN NAME IN THIS COLUMN
Gail Guerriero ^{RN}	Gail Guerriero ^{EA}
Jeanne Brown	J Brown
MARIONA PIAH	Myra
Kayn gales	Kayn Gales
HILDA n Moss	Hilda Moss
Blumensohn	Blumen

LEGIBILITY KEY
Form #00-070(rev 5/02)

ACCT: 0075603365 DOD 09/22/1992
PAYO, MAKANI K
LAZERSON, JACK
MR# 001-191-350 ADM 05/19/2004

0 0178

RA 0065

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
PHYSICIAN'S ORDER SHEET

ACCT: 0075603365 DOB 09/22/1992
PAYO, MAKANI K
FISHER, JAY D
MR# 001-191-350 ADM 05/19/2004

Mark X in box for priority order

260-1

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Admit to Peds: Lazerson + Residents.

wt-35kg
143cm

Condition: Fair

Dx: ↑ (L) ocular pressure / traumatic glaucoma

Vitals: per routine

Activity: Bed Rest ± head of bed elevated.

NSG: strict I/O's

Diet: Sips

IVF: ~~1000~~ D5 1/2 NS ± 20mEq KCl / L to be added after first void @ 100cc/hr.

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: _____ Date: _____ Time: _____

Printed Name/License #: _____ SCANNED: Date: _____ Time: _____

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Meds: Morphine Sulfate 2mg IV q 4° prn pain

Zofran 4mg I.V.

Cosopt: 1 gtt in OS B.I.D.

Diamox: 125 mg I.V. B.I.D.

Please give 500cc bolus NS / hr x 1 prior to above IVF.

Allergies: None

Labs:

Consult Dr. Carr: MD to call.

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: _____ Date: _____ Time: _____

Printed Name/License #: _____ SCANNED: Date: _____ Time: _____

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
PHYSICIAN'S ORDER SHEET

ACCT: 0075603365 DOB 09/22/1992
PAYO, MAKANI K
FISHER, JAY D
MR# 001-191-358 ADM 05/19/2004

Mark X in box for priority order

2400-1

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Admit to Peds: Lazerson + Residents.

wt-35kg
143cm

Condition: Fair

Dx: ↑ IOL ocular pressure / traumatic glaucoma

Vitals: per routine

Activity: Bed Rest ± head of bed elevated.

NReg: Strict I/O's

Diet: Sips

IVF: ~~100cc~~ D5 1/2 NS ± 20mEq KCl / L to be added after
first void @ 100cc/hr.

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: _____ Date: _____ Time: _____

Printed Name/License #: _____ SCANNED: Date: _____ Time: _____

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Meds: Morphine Sulfate 2mg I.V. q 4° prn pain

Zofran 4mg I.V.

Cosopt: 1 gtt in OS B.I.D.

Diamox: 125 mg I.V. B.I.D.

Please give 500cc bolus NS / hr x 1 prior to
above IVF.

Allergies: None

labs:

Consult Dr. Carr: MD to call.

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: _____ Date: _____ Time: _____

Printed Name/License #: _____ SCANNED: Date: _____ Time: _____

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
PHYSICIAN'S ORDER SHEET

ACCT: 0075603365 DOB 09/22/1992
PAYO, MAKANI K
FISHER, JAY D
MR# 001-191-358 ADM 05/19/2004

Mark X in box for priority order

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

ORDER CLARIFICATION
COSOPT 1 GTT IN LEFT EYE BID
ZOFAN 4mg IV Q4 PRN

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: _____

Printed Name/License #: _____

M'GHEE

SCANNED: Date: _____

Time: _____

Date: 5/19/04 Time: 1610

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

PLEASE HOLD COSOPT
START TRUSOPT 1 GTT IN (L) EYE BID
OK TO USE TRUSOPT SUPPLY IF NECESSARY

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: _____

Printed Name/License #: _____

M'GHEE

SCANNED: Date: _____

Time: _____

Date: 5/19/04 Time: 1650

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
PHYSICIAN'S ORDER SHEET

ACCT: 0075603365 DOD 09/22/1992
PAYO, MAKANI K
LAZARSON, JACK
MR# 001-191-350 ADM 05/19/2004

Mark X in box for priority order

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Timolol 0.5% T 1x OS BID

Verbal Orders Read back and Verified

Initial JS Date 5/19/04

Physician's Signature: [Signature]

Printed Name/License #: 4341

SCANNED: Date: 5/19/04

Time: 1850

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Telephone order of Timolol to right
Clarification order Timolol 0.5% 1 drop
left eye 2x a day

Verbal Orders Read back and Verified

Initial [Signature] Date 5/19/04

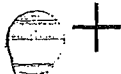
Physician's Signature: [Signature]

Date: 5/19/04 Time: 1900

Printed Name/License #: 4341

SCANNED: Date: 5/19/04

Time: 1900



UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
PHYSICIAN'S ORDER SHEET

ACCT: 0075603365 DON 09/22/1992
PAYO, MAKANI K
LAZERSON, JACK
MR# 001-191-350 ADM 05/19/2004

Mark X in box for priority order

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Regular diet as tolerated

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: _____

Date: *5/19/04* Time: *8:50pm*

Printed Name/License #: _____

SCANNED: Date: _____ Time: _____

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

*Chom 7 and abc 2 diff
Thankyou.*

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: *H. Rogers*

Date: *5/20/04* Time: *8:45*

Printed Name/License #: _____

SCANNED: Date: _____ Time: _____

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
PHYSICIAN'S ORDER SHEET

ACCT: 0075603365 DON 09/22/1992
PAYO, MAKANI K
LAZARSON, JACK
MR# 001-191-350 ADM 05/19/2004

Mark X in box for priority order

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

- Tylenol 500 mg po @ 4-6 pm headache

Chateel
5/20/04
1300

Cyril Dukeman

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: Thompson Date: 5/20/04 Time: 5:00

Printed Name/License #: _____ SCANNED: Date: 5/20/04 Time: 0900

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

① LT brain contusion Hx of trauma to @ eye, vomiting, headache
Thankyou

Chateel
5/20/04
1300

Cyril Dukeman

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: Dukeman Date: 5/20/04 Time: 1010

Printed Name/License #: _____ SCANNED: Date: _____ Time: _____

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
PHYSICIAN'S ORDER SHEET

Mark X in box for priority order

ACCT: 0075603365 POB 09/22/1992
PAYO, MAKANI K
LAZERSON, JACK
MR# 001-191-350 ADM 05/19/2004

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

- V/S: per machine
- Activib: BSA vent c head of bed clusca
- Nausea: strict NPO
- Diet: Regular
- IVF: D5 1/2 NS c 20 meq KCl/l (p 100 ml) @ 100 cc/hr
- Med: ① Pred 10. + GH to ② eye Q 3° while awake
- ② Atropine 1. + GH to ③ eye TID
- ③ Tussyst 21. + GH to ④ eye BID
- ④ Tymdol 0.67. + GH to ⑤ eye BID

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: _____ Date: _____ Time: _____

Printed Name/License #: _____ SCANNED: Date: _____ Time: _____

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

- ① Tylenol 600 mg PO Q 4-6 pr headache
- ② tofran 4 mg iv Q 4° pr Nausea/vomiting

- eye pad & smudges to ③ eye til tomorrow when may resume eye drops
- please hold eye drops med. until tomorrow after eye pad/smudges removed.

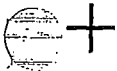
Jack Lazer
5/21/04
1515

SAH
5/21/04

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: *Therese* Date: 5/21/04 Time: 2:30 p

Printed Name/License #: _____ SCANNED: Date: _____ Time: _____



UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA

PHYSICIAN'S ORDER SHEET

Mark X in box for priority order

ACCT: 0075603365

NOB 09/22/1992

PAYO, MAKANI K

LAZERSON, JACK

MR# 001-191-350

ADM 05/19/2004

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

OK permit for EVACUATION OF HYPEREMIA
LEFT EYE

NPO after mid night
May have BR P.O.

BRICUS 1/330

Verbal Orders Read back and Verified

Initial

Date

Physician's Signature:

[Signature]

5/20/04

Date: 5/20/04

Time: 5

Printed Name/License #:

4341

SCANNED: Date:

Time:

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

5/21/04

Post Op Eye

Pred forte 1% T AT OS Q3° awake

Atropin 1% T AT OS TID

Trusopt 2% T AT OS BID

Timolol 0.5% T AT OS BID

Eye pad + shield OS today tomorrow may

Resume C eye shades

Verbal Orders Read back and Verified

Initial

Date

Physician's Signature:

[Signature]

Date: 5/21/04

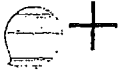
Time:

Printed Name/License #:

4341

SCANNED: Date:

Time:



UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
PHYSICIAN'S ORDER SHEET

ACCT: 0075603365 DOB 09/22/1992
PAYO, MAKANI K
LAZERSON, JACK
MR# 001-191-350 ADM 05/19/2004

Mark X in box for priority order

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

① please DIC morphine sulfate
thank you.

[Handwritten signature]
5/22/04
JTW

5/22/04
SA 0100
Hm 188

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: *[Handwritten signature]*

Date: 5/22/04 Time: 0440

Printed Name/License #: _____

SCANNED: Date: _____ Time: _____

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

5/22/04

Eye drops as follows:

Pred Forte 1% TID OS @ 30 awake

Atropine 1% TID OS TID

Timolol 0.5% TID OS BID

~~Ofloxacin 0.3% TID OS~~ ERROR

Tobrex inst 1/8" OS TID

Eye Shield OS

DIC Diamox to Timoptic



Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: *[Handwritten signature]*

Date: 5/22/04 Time: 1515

Printed Name/License #: 4341

SCANNED: Date: _____ Time: _____

SA
5/22/04 1940
JTW

SA 0100
Hm 188
RA 0074

UNIVERSITY MEDICAL CE ACCT: 0075603365 DOD 09/22/1992
OF SOUTHERN NEVAD, PAYO, MAKANI K
PHYSICIAN'S ORDER SH LAZERSON, JACK
MR# 001-191-358 ADM 05/19/2004

Mark X in box for priority order

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

5/23/04

Hold Atropine 1% eye Drops.

noted 5/23/04 12:00 PM

Verbal Orders Read back and Verified

Initial

Date

Physician's Signature:

Date:

Time:

Printed Name/License #:

SCANNED: Date:

Time:

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Verbal Orders Read back and Verified

Initial

Date

Physician's Signature:

Date:

Time:

Printed Name/License #:

SCANNED: Date:

Time:

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA
PHYSICIAN'S ORDER SHEET

ACCT: 0075603365 HOD 09/22/1992
PAYD, MAKANI K
LAZARSON, JACK
MR# 001-191-358 ADM 05/19/2004

Mark X in box for priority order

wt = 35 kg

A FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Please DIC pt to home & parent. DIC IV.

DIC DX: 1) ^{resolved} eye hyphema 2) SLP 3) ocular trauma
3) increased intraocular pressure 4) SLP evacuation hyphema

Condition: Stable

Diet: Regular as tol

activity: as tol

Meds: 1) Predforte eye drops 1% - 1 drop left eye QID
2) Timolol 0.5% eye drops - 1 drop left eye BID
3) Tobrex eye ointment - 1/8 inch to left eye TID

Verbal Orders Read back and Verified Initial _____ Date _____

Physician's Signature: _____ Date: _____ Time: _____

Printed Name/License #: _____ SCANNED: Date: _____ Time: _____

FORMULARY EQUIVALENT WILL BE DISPENSED UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

Instructions: Call MD/Return to ER for any ~~HA~~
Headache, change in mental status, ↑ eye pain,
vomiting, or any other concerns.

Flu: 1) ^{to} Dr. Theophom @ Kids Health Care (pediatrics)
in 2-3 days - call 992-6868 for appt.
2) ^{to} Dr. Can (ophthalmology) tomorrow
(5/24/04) - call for appt.

Instructions - Wear eye patch (shield) to left eye @
bedtime, ~~do not~~ wear eye sunglasses otherwise.

Verbal Orders Read back and Verified Initial _____ Date _____ Thank you!

Physician's Signature: Jennifer Quin MD Date: 5/23/04 Time: 3:30 pm

Printed Name/License #: Quin SCANNED: Date: _____ Time: _____

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