IN THE SUPREME COURT OF THE STATE OF NEVADA

JAMES COOPER, Appellant, v. THE STATE OF NEVADA, Respondent.	No. 72091

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APPELLANT'S APPENDIX VOLUME VII PAGES 1221-1310

PHILIP J. KOHN
Clark County Public Defender
309 South Third Street
Las Vegas, Nevada 89155-2610

Attorney for Appellant

STEVE WOLFSON
Clark County District Attorney
200 Lewis Avenue, 3rd Floor
Las Vegas, Nevada 89155

ADAM LAXALT
Attorney General
100 North Carson Street
Carson City, Nevada 89701-4717
(702) 687-3538

Counsel for Respondent

Docket 72091 Document 2018-04364

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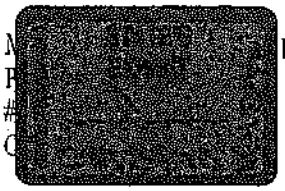


FICATION

SUNRISE HOSPITAL & MEDICAL CENTER | SUNRISE CHILDREN'S HOSPITAL

Patient: BRITTNEY JENSEN

Medical Record Number: D0023180S0

Facility: SUNRISE HOSPITAL

Phone Number: 702-731-8663

Address: 3186 SOUTH MARYLAND PARKWAY City/State: LAS VEGAS NEVADA Zip: 89109

CERTIFICATION OF MEDICAL RECORDS

To the best of my knowledge, the copied documents, records and other items enclosed are true and correct copies of all original records identified and described in the subpoena duces tecum, patient authorization, or court order made by or at the direction of the custodian of records. The original records were prepared in the ordinary course of the facility's regularly conducted business at or near the time of the act, condition, or event by persons with knowledge of the facts recorded, and the records have been maintained in the ordinary course of the facility's regularly conducted business according to all confidentiality and security requirements of law. This certification is given by the custodian of records instead of the custodian's personal appearance.

We are not aware of any omissions; however, due to the timing of this request it is possible that a portion of the medical record may be incomplete and/or preliminary at this time.

The recipient of these records agrees to maintain their confidentiality and permit further disclosure only as authorized by law.

Select Only One:

- [x] The complete records consisting of 88 pages.
- [ ] The complete records for the time period beginning _____ and ending _____ consists of _____ pages.
- [ ] The copied records consist of _____ pages. They are incomplete in the following: _____

CERTIFICATION OF NO RECORDS

- [ ] A thorough search of requested information carried out under my direction and control revealed that this facility does not have the records described in the patient authorization or the subpoena duces tecum.

DECLARATION OF CUSTODIAN OF RECORDS

I, Christina Baum, RHIT, am the duly authorized Custodian of Records of the above named facility. I am familiar with the mode of preparation of, and have the authority to certify, the facility record. I declare under penalty of perjury under the laws of the State of Nevada, County of Clark, that the foregoing is true and correct.

Signature

Date 12/14/18

Subscribed and sworn to me, a notary public in and for said county, this 12th Day of February 20 18

Notary Public

My commission expires: 2-9-18

(Seal)

MARY SMITH
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 02-09-18
Certificate No: 01-71[illegible]

001

Sunrise Hospital and Medical Center
3186 South Maryland Parkway, Las Vegas, Nevada 89109 (702)731-8000

PATIENT ACCOUNT INFORMATION

ACCOUNT#: D00112766312 ADM DATE: 01/22/16 ADM TIME: 1937
UNIT RCRD #: D002318050 ARR.VAL: AMB
ROOM/BED.
MARKET URN-D1606447 CONF: VIP:
PT TYPE/REG: ER ADM.T PRI/SRC: EM / ER
LOCATION(S): D.EX1 FC: 09

PATIENT INFORMATION

NAME: JENSEN, BRITTNEY
STREET: 356 E DEREST INN RD
STREET: APT 111
C/S/ZP: LAS VEGAS, NV 89109
PHONE#: (406)369-1574 CNTY/RES: CLARK

OTHER NAME: DOE, NANCY
DOB: 12/12/1986 SSN: xxx-xx-3723
AGE: 29 RACE: WHITE/CAUC
SEX: F MAR STATUS: S
REL: NONE LANG: ENGLISH

EMERGENCY CONTACT

SHERRILL, SUSAN
999 UNKNOWN
LAS VEGAS, NV 89169
(406)369-1392 RELTN: MOTHER
WORK PH:

PERSON TO NOTIFY

PT, RESIDENT
356 E DEREST INN RD
LAS VEGAS, NV 89169
(702)999-9999 RELTN: OTHER RELATIONSHIP
WORK PH.

PATIENT EMPLOYER

CABOB AND MORE
LAS VEGAS BLVD

LAS VEGAS, NV 89109
(702)999-9999 OCC: WAITRESS

GUARANTOR

JENSEN, BRITTNEY
356 E DEREST INN RD
APT 111
LAS VEGAS, NV 89109
(406)369-1574 RELTN: SELF

GUARANTOR EMPLOYER

CABOB AND MORE
LAS VEGAS BLVD
LAS VEGAS, NV 89109
(702)999-9999

OCCURRENCE CODES / CONDITION CODES

05 01/22/16

INSURANCE INFORMATION

PRIMARY: AMEX009 - 21409	SECONDARY:	TERTIARY:
AMERIGROUP MEDICAID		
ATTN NEVADA CLAIMS		
PO BOX 61010		
VIRGINIA BEACH, VA 23466-1010		
POLICY #: 000001936784	POLICY #:	POLICY #:
COVERAGE #:	COVERAGE #:	COVERAGE #:
INS PHONE #: (800)454 3730	INS PHONE #:	INS PHONE #:
GRP #: 99999	GRP#:	GRP#:
AUTH #:	AUTH #:	AUTH #:
AUTH DT: VER DT: 01/23	AUTH DT. VER DT:	AUTH DT. VER DT:
SUB: JENSEN, BRITTNEY	SUB:	SUB:
RELAT: SA DOB: 12/12/1986	RELAT: DOB:	RELAT. DOB:

PHYSICIAN INFORMATION AND COMMENTS

ADM:
HCS
ATT
HCS
ER: ALEAR Albakord, Arash MD, 7307
PCP: DNK Does Not Know
HCS: 7777
REF: SELF SELF REFERRED
HCS: 9715
REASON FOR VISIT/CHIEF COMPL: ASSAULT, HEAD INJURY, NECK INJURY, ETOH

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

FOR MR USE ONLY
Assembly [ ] ___
Analysis [ ] ___
Coding [ ] ___
Printed [ ] ___
Final Check [ ] ___

COMMENTS:
PRT BY: R.SZ.ELR ON: 01/23/16 0457
DISCH DATE:
ADVANCE DIRECTIVE:
TIME: DISPO:

NAME: JENSEN,BRITTNEY
ACCT# D00132748312
FORM:

ADM DATE: 01/22/16 1937
ATTEND PHYS: Alsakood,Arash MD
DIS DT/TM: 01/23/16 0451
DIS DISP: 01 - HOME/SELF CARE ROUTINE
LOS: 1
PT CLASS: ER,OTH

UNIT# D0021818050
SEX: F
AGE: 29
DOB: 11/12/86
FIN CLASS: 09
ABS STATUS: FINAL

DIAGNOSIS | POA INDICATOR | CODESET

REASON FOR VISIT DX
R51 HEADACHE ICD10
F10.99 ALCOHOL USE, UNSP WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER ICD10

PRIMARY CODESET
PRINC DX F10.129 ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED ICD10
OTHER DX S00.83XA CONTUSION OF OTHER PART OF HEAD, INITIAL ENCOUNTER ICD10
Y08.09XA ASSAULT BY STRIKE BY OTH TYPE OF SPORT EQUIPMENT, INIT ICD10

OTHER CODESET
PRINC DX
OTHER DX

PROCEDURE
PRIMARY CODESET
DATE PROC CODE & NAME SURGEON ANESTHESIOLOGIST
OTHER CODESET

PRIMARY CODESET
DRG 1-10
OTHER CODESET
DRG 7-9

STATUS	BREIMB	MIN-LOS	STD-LOS	COST WT	GRP VERS	GRP PC
					33	09

DRG STATUS DATE:
ORDER: IFSBRITT72

ABS STATUS DATE: 01/25/16
ABSTRACTOR: IFSBRITT72

This form will be maintained as a permanent part of the medical record

NAME: JENSEN,BRITTNEY
ACCT# D00112766312
FORM:

ADM DATE: 01/22/16 1937
ATTEND PHYS: Albekord,Arash MD
DIS DT/TM: 01/23/16 0450
DIS DISP: 01 - HOME/SELF CARE ROUTINE
LOS: 1
PT CLASS: ER.OTH

UNIT# D002318050
SEX: F
AGE: 29
DOB: 12/12/86
FIN CLASS: 09
ABS STATUS: FINAL

DIAGNOSES — POA INDICATOR — CODESET

REASON FOR VISIT DX

R51	HEADACHE		ICD10
F10.99	ALCOHOL USE, UNSP WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER		ICD10

PRIMARY CODESET

PRINC DX	F10.129	ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED	ICD10
OTHER DX	S00.83XA	CONTUSION OF OTHER PART OF HEAD, INITIAL ENCOUNTER	ICD10
	Y08.09XA	ASSAULT BY STRIKE BY OTH TYPE OF SPORT EQUIPMENT, INIT	ICD10

OTHER CODESET
PRINC DX
OTHER DX

PROCEDURE
PRIMARY CODESET
DATE PROC CODE & NAME SURGEON ANESTHESIOLOGIST
OTHER CODESET

PRIMARY CODESET
DRG 1-10
OTHER CODESET
DRG 1-9

STATUS	SRETHR	MIN-LOS	STD-LOS	COST WT	GRP VERS	GRP FC
					33	09

DRG STATUS DATE:
CODER: 1PSBGU7772

ABS STATUS DATE: 01/25/16
ABSTRACTOR: 1PSBGU7772

This form will be maintained as a permanent part of the medical record

Conditions of Admission and Consent for Outpatient Care

In this document, "**Patient**" means the person receiving treatment. "Patient Representative" means any person acting on behalf of the Patient and signing as the Patient's representative. Use of the word "I," "you," "your" or "me" may in context include both the Patient and the Patient Representative. With respect to financial obligations "I" or "me" may also, depending on the context, mean financial guarantor "Guarantor".

"**Provider**" means the hospital and may include healthcare professionals on the hospital's staff and/or hospital-based physicians, which include but are not limited to Emergency Department Physicians, Pathologists, Radiologists, Anesthesiologists, Hospitalists, certain other licensed independent practitioners and any authorized agents, contractors, affiliates, successors or assignees acting on their behalf.

Legal Relationship between Hospital and Physicians. Most or all of the physicians performing services in the hospital are independent and are not hospital agents or employees. Independent physicians are responsible for their own actions and the hospital shall not be liable for the acts or omissions of any such independent physicians.

1. **Consent to Treatment.** I consent to the procedures which may be performed during this hospitalization or during an outpatient episode of care, including, but not limited to, emergency treatment or services, and which may include laboratory procedures, x-ray examination, diagnostic procedures, medical, nursing or surgical treatment or procedures, anesthesia, or hospital services rendered as ordered by the Provider. I consent to allowing students as part of their training in health care education to participate in the delivery of my medical care and treatment or be observers while I receive medical care and treatment at the Hospital, and that these students will be supervised by instructors and/or hospital staff. I further consent to the hospital conducting blood-borne infectious disease testing, including but not limited to, testing for hepatitis, Acquired Immune Deficiency Syndrome ("AIDS"), and Human Immunodeficiency Virus ("HIV"), if a physician orders such tests or if ordered by protocol. I understand that the potential side effects and complications of this testing are generally minor and are comparable to the routine collection of blood specimens, including discomfort from the needle stick and/or slight burning, bleeding or soreness at the puncture site. The results of this test will become part of my confidential medical record.

2. **Consent to Photographs, Videotapes and Audio Recordings.** I consent to photographs, videotapes, digital or audio recordings, and/or images of me being recorded for security purposes and/or the hospital's quality improvement and/or risk management activities. I understand that the facility retains the ownership rights to the images and/or recordings. I will be allowed to request access to or copies of the images and/or recordings when technologically feasible unless otherwise prohibited by law. I understand that these images and/or recordings will be securely stored and protected. Images and/or recordings in which I am identified will not be released and/or used outside of the facility without a specific written authorization from me or my legal representative unless otherwise required by law.

3. **Financial Agreement.** In consideration of the services to be rendered to Patient, Patient or Guarantor individually promises to pay the Patient's account at the rates stated in the hospital's price list (known as the "Charge Master") effective on the date the charge is processed for the service provided, which rates are hereby expressly incorporated by reference as the price term of this agreement to pay the Patient's account. Some special items will be priced separately if there is no price listed on the Charge Master. An estimate

hospital. Estimates may vary significantly from the final charges based on a variety of factors, including, but not limited to, the course of treatment, intensity of case, physician practices, and the necessity of providing additional goods and services.

Professional services rendered by independent contractors are not part of the hospital bill. These services will be billed to the Patient separately. I understand that physicians or other health care professionals may be called upon to provide care or services to me or on my behalf, but that I may not actually see, or be examined by, all physicians or health care professionals participating in my care; for example, I may not see physicians providing radiology, pathology, EKG interpretation and anesthesiology services. I understand that, in most instances, there will be a separate charge for professional services rendered by physicians to me or on my behalf, and that I will receive a bill for these professional services that is separate from the bill for hospital services.

The hospital will provide a medical screening examination as required to all Patients who are seeking medical services to determine if there is an emergency medical condition without regard to the Patient's ability to pay. If there is an emergency medical condition, the hospital will provide stabilizing treatment within its capacity. However, Patient and Guarantor understand that if Patient does not qualify under the hospital's charity care policy or other applicable policy, Patient or Guarantor is not relieved of his/her obligation to pay for these services.

If supplies and services are provided to Patient who has coverage through a governmental program or through certain private health insurance plans, the hospital may accept a discounted payment for those supplies and services. In this event any payment required from the Patient or Guarantor will be determined by the terms of the governmental program or private health insurance plan. If the Patient is uninsured and not covered by a governmental program, the Patient may be eligible to have his or her account discounted or forgiven under the hospital's uninsured discount or charity care programs in effect at the time of treatment. I understand that I may request information about these programs from the hospital.

I also understand that, as a courtesy to me, the hospital may bill an insurance company offering coverage, but may not be obligated to do so. Regardless, I agree that, except where prohibited by law, the financial responsibility for the services rendered belongs to me, the Patient or Guarantor. I agree to pay for services that are not covered and covered charges not paid in full by insurance coverage including, but not limited to, coinsurance, deductibles, non-covered benefits due to policy limits or policy exclusions, or failure to comply with insurance plan requirements.

4. **Third Party Collection.** I acknowledge that the Providers may utilize the services of a third party Business Associate or affiliated entity as an extended business office ("EBO Servicer") for medical account billing and servicing. During the time that the medical account is being serviced by the EBO Servicer, the account shall not be considered delinquent, past due or in default, and shall not be reported to a credit bureau or subject to collection legal proceedings. When the EBO Servicer's efforts to obtain payment have been exhausted due to a number of factors (for e.g., Patient or Guarantor's failure to pay or make a payment arrangement after insurance adjustments and payments have been credited, and/or the insurer's denial of claim(s) or benefits is received), the EBO Servicer will send a final notice letter which will include the date that the medical account may be returned from the EBO Servicer to the Provider

Upon return to the Provider by the EBO Servicer, the Provider may place the account back with the EBO Servicer, or, at the option of the Provider, may determine the account to be delinquent, past due and in default. Once the medical account is determined to be delinquent it may be subject to late fees, interest as stated, referral to a collection agency for collection as a delinquent account, credit bureau reporting and enforcement by legal proceedings.

I also agree that if the Provider initiates collection efforts to recover amounts owed by me or my Guarantor, then, in addition to amounts incurred for the services rendered, Patient or Guarantor will pay, to the extent permitted by law: (a) any and all costs incurred by the Provider in pursuing collection, including, but not limited to, reasonable attorneys' fees, and (b) any court costs or other costs of litigation incurred by the Provider.

5. **Assignment of Benefits.** Patient assigns all of his/her rights and benefits under existing policies of insurance providing coverage and payment for any and all expenses incurred as a result of services and treatment rendered by the Provider and authorizes direct payment to the Provider of any insurance benefits otherwise payable to or on behalf of Patient for the hospitalization or for outpatient services, including emergency services, if rendered. Patient understands that any payment received from these policies and/or plans will be applied to the amount that Patient or Guarantor has agreed to pay for services rendered during this admission and, that Provider will not retain benefits in excess of the amount owed to the Provider for the care and treatment rendered during the admission.

I understand that any health insurance policies under which I am covered may be in addition to other coverage or benefits or recovery to which I may be entitled, and that Provider, by initially accepting health insurance coverage, does not waive its rights to collect or accept, as payment in full, any payment made under different coverage or benefits or any other sources of payment that may or will cover expenses incurred for services and treatment.

I hereby **irrevocably appoint** the Provider as my authorized representative to pursue any claims, penalties, and administrative and/or legal remedies on my behalf for collection against any responsible payer, employer-sponsored medical benefit plans, third party liability carrier or, any other responsible third party ("Responsible Party") for any and all benefits due me for the payment of charges associated with my treatment. This assignment shall not be construed as an obligation of the Providers to pursue any such right of recovery. I acknowledge and understand that I maintain my right of recovery against my insurer or health benefit plan and the foregoing assignment does not divest me of such right.

I agree to take all actions necessary to assist the Provider in collecting payment from any such Responsible Party should the Provider(s) elect to collect such payment, including allowing the Provider(s) to bring suit against the Responsible Party in my name. If I receive payment directly from any source for the medical charges associated with my treatment acknowledge that it is my duty and responsibility to immediately pay any such payments to the Provider(s).

6. **Medicare Patient Certification and Assignment of Benefit.** I certify that any information I provide in applying for payment under Title XVIII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act is correct. I request payment of authorized benefits to be made on my behalf to the hospital or hospital-based physician by the Medicare or Medicaid program.

Private Room. I understand and agree that I am (or Guarantor is) responsible for any additional charges associated with the request and/or use of a private room.

8. **Outpatient Medicare Patients.** Medicare does not cover prescription drugs with only a few exceptions. According to Medicare regulations, I acknowledge that I am responsible for any drugs furnished to me while an outpatient that meet Medicare's definition of a prescription drug. These drugs are also referred to as self-administered drugs, as they are usually self-administered but they may be administered to me by hospital personnel. Medicare requires hospitals to bill Medicare Patients or other third party payers for these drugs. Medicare Part D beneficiaries may submit a paper claim to the Medicare Part D Plan for possible reimbursement of these drugs in accordance with Medicare Drug Plan enrollment materials.

9. **Communications About My Healthcare.** I authorize my healthcare information to be disclosed for purposes of communicating results, findings, and care decisions to my family members and others I designate to be responsible for my care. I will provide those individuals with a password or other verification means specified by the hospital. I agree I may be contacted by the Provider or an agent of the Provider or an independent physician's office for the purposes of scheduling necessary follow-up visits recommended by the treating physician.

10. **Consent to Telephone Calls for Financial Communications.** I agree that, in order for you, or your EBO Servicers and collection agents, to service my account or to collect any amounts I may owe, I expressly agree and consent that you or your EBO Servicer and collection agents may contact me by telephone at any telephone number I have provided or you or your EBO Servicer and collection agents have obtained or, at any number forwarded or transferred from that number, regarding the hospitalization, the services rendered, or my related financial obligations. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

11. **Consent to Email or Text Usage for Discharge Instructions and Other Healthcare Communications.** If at any time I provide an email or text address at which I may be contacted, I consent to receiving discharge instructions and other healthcare communications at that email or text address from the Providers. These discharge instructions may include, but not be limited to: post-operative instructions, physician follow-up instructions, dietary information, and prescription information. The other healthcare communications may include, but are not limited to communications to family or designated representatives regarding my treatment or condition, or reminder messages to me regarding appointments for medical care.

12. **Release of Information.** I hereby permit Providers to release healthcare information for purposes of treatment, payment or healthcare operations. Healthcare information regarding a prior admission(s) at other HCA affiliated facilities may be made available to subsequent HCA-affiliated admitting facilities to coordinate Patient care or for case management purposes. Healthcare information may be released to any person or entity liable for payment on the Patient's behalf in order to verify coverage or payment questions, or for any other purpose related to benefit payment. Healthcare information may also be released to my employer's designee when the services delivered are related to a claim under worker's compensation. If I am covered by Medicare or Medicaid, I authorize the release of healthcare information to the Social Security Administration or its intermediaries or carriers for payment of a Medicare claim or to the appropriate state agency for payment of a Medicaid claim. This information may include, without limitation, history and physical, emergency records, laboratory reports, operative reports, physician

progress notes, nurse's notes, consultations, psychological and/or psychiatric reports, drug and alcohol treatment and discharge summary. Federal and state laws may permit this facility to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share my health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of my health records, decreasing the time needed to access my information, aggregating and comparing my information for quality improvement purposes, and such other purposes as may be permitted by law. I understand that this facility may be a member of one or more such organizations. This consent specifically includes information concerning psychological conditions, psychiatric conditions, intellectual disability conditions, genetic information, chemical dependency conditions and/or infectious diseases including, but not limited to, blood borne diseases, such as HIV and AIDS.

13. Other Acknowledgements.

Personal Valuables. I understand that the hospital maintains a safe for the safekeeping of money and valuables, and the hospital shall not be liable for the loss of or damage to any money, jewelry, documents, furs, fur coats and fur garments, or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for the loss or damage to any other personal property, unless deposited with the hospital for safekeeping. The liability of the hospital for loss of any personal property that is deposited with the hospital for safekeeping is limited to the greater of five hundred dollars ($500.00) or the maximum required by law, unless a written receipt for a greater amount has been obtained from the hospital by the Patient. The hospital is not responsible for the loss or damage of cell phones, glasses or dentures or personal valuables unless they are placed in the hospital safe in accordance with the terms as stated above.

Weapons/Explosives/Drugs. I understand and agree that if the hospital at any time believes there may be a weapon, explosive device, illegal substance or drug, or any alcoholic beverage in my room or with my belongings, the hospital may search my room and my belongings located anywhere on hospital property, confiscate any of the above items that are found, and dispose of them as appropriate, including delivery of any item to law enforcement authorities.

Patient Visitation Rights. I understand that I have the right to receive the visitors whom I or my Patient Representative designates, without regard to my relationship to these visitors. I also have the right to withdraw or deny such consent at any time. I will not be denied visitation privileges on the basis of age, race, color, national origin, religion, gender, gender identity and gender expression, and sexual orientation or disability. All visitors I designate will enjoy full and equal visitation privileges that are no more restrictive than those that my immediate family members would enjoy. Further, I understand that the hospital may need to place clinically necessary or reasonable restrictions or limitations on my visitors to protect my health and safety in addition to the health and safety of other Patients. The hospital will clearly explain the reason for any restrictions or limitations if imposed. If I believe that my visitation rights have been violated, I or my representative has the right to utilize the hospital's complaint resolution system.

Additional Provision for Admission of Minors/ Incapacitated Patient. I, the undersigned, acknowledge and verify that I am the legal guardian or custodian of the minor/incapacitated patient.

14. **Patient Self Determination Act.**
I have been furnished information regarding Advance Directives (such as durable power of attorney for healthcare and living wills) . Please initial or place a mark next to one of the following applicable statements.

	I executed an Advance Directive and have been requested to supply a copy to the hospital		I have not executed an Advance Directive, wish to execute one and have received information on how to execute an Advance Directive		I have not executed an Advance Directive and do not wish to execute one at this time

15. **Notice of Privacy Practices.** I acknowledge that I have received the hospital's Notice of Privacy Practices, which describes the ways in which the hospital may use and disclose my healthcare information for its treatment, payment, healthcare operations and other prescribed and permitted uses and disclosures. I understand that this information may be disclosed electronically by the Provider and/or the Provider's business associates. I understand that I may contact the hospital Privacy Officer designated on the notice if I have a question or complaint.

Acknowledge: XBJ (Initial)

16. **Consent to Authorize Use of Email and Text for Patient Billing and Financial Obligations.** By my consent below, I authorize the use of any email address or cellular telephone number I provide for receiving information relating to my financial obligations, including, but not limited to, payment reminders, delinquent notifications, instructions and links to hospital Patient billing information.

Acknowledge: _____ (Initial) I consent to use of email for Patient billings and financial obligation purposes.

Acknowledge: _____ (Initial) I consent to use of text for Patient billings and financial obligation purposes.

17. **Acknowledgement:** I have been given the opportunity to read and ask questions about the information contained in this form, specifically including but not limited to the financial obligation's provisions and assignment of benefit provisions, and I acknowledge that I either have no questions or that my questions have been answered to my satisfaction and that I have signed this document freely and without inducement other than the rendition of services by the Providers.

Acknowledge: XBJ (Initial)

18. **Acknowledgement of Notice of Patient Rights and Responsibilities** I have been furnished with a Statement of Patient Rights and Responsibilities ensuring that I am treated with respect and dignity and without discrimination or distinction based on age, gender, disability, race, color, ancestry, citizenship,

religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law.

Acknowledge X (Initial)

Date: 1-23-15

Time: 0458

I, the undersigned, as the Patient or Patient Representative, or, for a minor/incapacitated Patient, as the legal guardian, hereby certify I have read, and fully and completely understand this Conditions of Admission and Authorization for Medical treatment, and that I have signed this Conditions of Admission and Authorization for Medical Treatment knowingly, freely, voluntarily and agree to be bound by its terms. I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any medical treatment or services. If insurance coverage is insufficient, denied altogether, or otherwise unavailable, the undersigned agrees to pay all charges not paid by the insurer.

Patient/Patient Representative Signature:

X

If you are not the Patient, please identify your Relationship to the Patient

(Circle or mark relationship(s) from list below):

Spouse
Parent
Legal Guardian
Neighbor/Friend
Sibling
Healthcare Power of Attorney
Guarantor
Other (please specify):

Witness Signature and Title:

X

Additional Witness Signature and Title: (required for Patients unable to sign without a representative or Patients who refuse to sign)

X

HCA Corporate Standard COA-COS
03.17.2015

SUNRISE HOSPITAL AND MEDICAL CENTER (COCSZ)
EMERGENCY PROVIDER REPORT
REPORT#:0122-1552 REPORT STATUS: Signed
DATE:01/22/16 TIME: 1947

PATIENT: JENSEN,BRITTNEY UNIT #: D002318050
ACCOUNT#: D001127663l2 ROOM/BED:
DOB: 12/12/86 AGE: 29 SEX: F PCP PHYS: Does Not Know
SERVICE DT: 01/22/16 AUTHOR: Albekord,Arash MD
REP SRV DT: 01/22/16 REP SRV TM: 1947
* ALL edits or amendments must be made on the electronic/computer document. *

HPI-Assault

HPI

Confirmed patient: Yes
Patient type: arrived by EMS
Date/Time Seen by Provider 01/22/16 1940
PCP: unknown
Complaint: assault
Source of history: patient, police
Unable to obtain due to: limited due to uncooperative behavior
Timing - onset: today, sudden, resolved
Mechanism of injury: assault
Location of pain or injuries: head, face, neck
Location of occurrence: home
Pain quality: "pain"
Severity onset: moderate
Severity current: moderate
Associated Symptoms:
Reports ETOH use. Reports headache. Denies vision changes
Context - assaulted with: fists, kicked
Context - prehospital: see EMS report
Context - Immunization Status tetanus (unknown)
Exacerbated by: nothing
Relieved by: nothing
Pt. reports/records indicate: no recent doctor visit, no recent hospitalization, no prior similar symptoms
Additional hpi notes:
Per metro, patient was assaulted earlier today by her boyfriend. States patient's head was slammed into a wall and he stomped on her head/face multiple times with possible strangulation. Patient reports head pain. Admits to alcohol use, but is uncooperative here in ED and is therefore a poor historian.

Portions of this section were transcribed by BARTON,RACHEL M. on 01/22/16 at 2325

Review of Systems

012

Constitutional:
Denies: fever, chills.
Skin:
bruising (forehead, left eye).
Eyes:
swelling (left).
Respiratory:
DENIES: SOB, cough.
Cardiovascular:
DENIES: chest pain.
Gastrointestinal:
DENIES: nausea, vomiting, abdominal pain.
Neuro:
Reports: headache.
Unable to obtain due to: limited due to uncooperative behavior

Portions of this section were transcribed by BARTON,RACHEL M, on 01/22/16 at 1954

History-Medical/Family/Social
Reviewed nursing notes: Yes
Allergies:
Coded Allergies:
No Allergy Information Available (01/22/16)

Social history:
Reports: alcohol.

Unable to Obtain History
Unable to obtain due to: limited due to uncooperative behavior

Portions of this section were transcribed by BARTON,RACHEL M, on 01/22/16 at 2322

Phys Exam-Assault
Vital Signs
First Documented:

	Result	Date Time
Pulse Ox	97	01/22 2001
B/P	136/93	01/22 2001
Temp	37.2	01/22 2001
Pulse	128	01/22 2001
Resp	23	01/22 2001

Last Documented:

	Result	Date Time
Pulse Ox	87	01/22 2001
B/P	136/95	01/22 2001
Temp	37.2	01/22 2001
Pulse	128	01/22 2001
Resp	23	01/22 2001

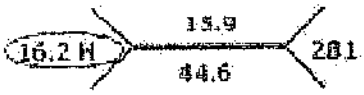
Initial VS reviewed: yes
General: alert, oriented X 3, uncooperative, agitated, alcohol on breath
Head/Eyes: PERRL, EOMI, multiple bruises to left forehead and left eye, no hyphema
ENT: moist mucous membranes, normal pharynx, nasal septum normal, abrasion to nose, no septal hematoma
Neck: full range of motion, abrasion to anterior neck
Respiratory/Chest: no respiratory distress, chest nontender, breath sounds normal
Cardiovascular: normal heart sounds, abnormal rhythm (tachy)
Abdomen: atraumatic, soft, non-tender
Extremities:
Assessment: non-tender, no swelling, full range of motion, motor intact distally, sensory intact distally
Back: normal inspection, full range of motion
Skin - puncture wound: warm, dry
Neurologic: alert, oriented X 3, normal speech, no motor deficits, no sensory deficits
Psychiatric: anxious

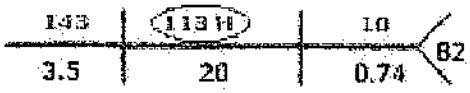
Portions of this section were transcribed by BARTON,RACHEL M. on 01/22/16 at 2322

Results/Interpretations

Results:
Laboratory Tests

01/22/16 2053:





Laboratory Tests:

	01/22/2016 2053
Chemistry	
Sodium (134 - 145 mmol/L)	143
Potassium (3.4 - 5.0 mmol/L)	3.5
Chloride (98 - 109 mmol/L)	110 H
Carbon Dioxide (20 - 31 mmol/L)	20
Anion Gap (5 - 16 mmol/L)	10
BUN (8 - 23 mg N/dL)	10
Creatinine (0.50 - 0.80 mg/dL)	0.74
Est GFR (Non-Af Amer) (>60 ml/min)	>60
Glucose (70 - 139 mg/dL)	82
Calcium (8.7 - 10.4 mg/dL)	9.0
Total Bilirubin (0.1 - 1.2 mg/dL)	0.3
AST (7 - 31 U/L)	56 H
ALT (7 - 44 U/L)	48 H
Total Alk Phosphatase (45 - 129 U/L)	80
Total Protein (5.7 - 8.2 g/dL)	7.0
Albumin (3.2 - 4.8 g/dL)	4.4
Albumin/Globulin Ratio (0.9 - 1.9)	1.7
Hematology	
WBC (4.8 - 10.8 K/MM3)	16.2 H
RBC (4.20 - 5.50 M/MM3)	4.99
Hgb (12.0 - 16.0 GM/DL)	15.9
Hct (36.0 - 47.0 %)	44.6
MCV (80 - 100 FL)	89
MCH (27.0 - 32.0 PG)	31.9
MCHC (32.0 - 37.0 G/DL)	35.7
RDW (11.5 - 14.5 %)	11.6
Plt Count (150 - 450 K/MM3)	281
MPV (7.4 - 10.4 FL)	10.1
Neut % (Auto)	83.1
Immature Gran # (Auto) (0.01 - 0.02 K/MM3)	0.05 H
Neut # (1.8 - 7.7 K/MM3)	13.5 H
Lymph # (1.0 - 4.8 K/MM3)	1.8
Mono # (0.2 - 1.0 K/MM3)	0.7
Eos # (0.0 - 0.5 K/MM3)	0.1
Baso # (0.0 - 0.2 K/MM3)	0.1
Absolute Nucleated RBC (0 - 0 K/MM3)	0.00
Immature Gran % (0.1 - 0.3)	0.3
Lymphocytes %	11.3
Monocytes %	4.3

Eosinophils %	0.4
Basophils %	0.6
Nucleated RBCs/100 WBC (NONE /100WBCS)	0
Toxicology	
Plasma/Serum Alcohol (NONE DETECTED mg/dL)	223 H

Recent Impressions:
RADIOLOGY - XR CHEST AP PORTABLE 01/22 1957
*** Report Impression - Status: SIGNED Entered: 01/22/2016 2014

IMPRESSION:

1. Mild-moderate peribronchial thickening which is age-indeterminate. Consider reactive airways disease or bronchitis.

2. No focal airspace disease or pleural effusion.

3. Borderline heart size. The mediastinum is not widened.

4. No pneumothorax.

5. A cylindrical radiopaque foreign body projects over the base of the neck to the right of midline and is presumably outside of the body.

Impression By: SAURO - Ronald F. Sauer,Jr, D.O.
COMPUTED TOMOGRAPHY - CT CERVICAL SPINE W/O CONTRAST 01/22 2010
*** Report Impression - Status: SIGNED Entered: 01/22/2016 2046

IMPRESSION: No fracture or subluxation.

Impression By: JOHJE - Jeffrey L. Johnson M.D.
COMPUTED TOMOGRAPHY - CT BRAIN W/O CONTRAST 01/22 2010
*** Report Impression - Status: SIGNED Entered: 01/22/2016 2039

IMPRESSION:

1. No acute traumatic brain injury or intracranial hemorrhage.
2. Right frontal and left periorbital soft tissue swelling.
3. No skull fracture.
4. Old left lamina papyracea fracture.
Impression By: BLALI - Lindsey C. Blake M.D.
COMPUTED TOMOGRAPHY - CT FACIAL BONES W/O CONTRAST 01/22 2215

*** Report Impression - Status: SIGNED Entered: 01/22/2016 2256

IMPRESSION: No facial bone fracture.
Impression By: BLALI - Lindsey C. Blake M.D.

Laboratory tests have been ordered, with results reviewed and considered in the medical decision making process.
The x-ray and CTs were interpreted by the radiologist.

Portions of this section were transcribed by BARTON,RACHEL AL on 01/22/16 at 2322

MDM-Assault

ED Course
Patient course: stable
Medication(s) Ordered:
Medication(s) Ordered:
Antihistamine Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Diphenhydramine HCl	50 MG	Q6H PRN PRN PO	01/22 2330	UNV	
Diphenhydramine HCl	50 MG	Q6H PRN PRN IM	01/22 2330	UNV	
Diphenhydramine HCl	50 MG	Q6H PRN PRN IV	01/22 2330	UNV	
Diphenhydramine HCl	0	.STK-MED ONE .ROUTE	01/22 2151	DC	
Diphenhydramine HCl	50 MG	XIFD STA IM	01/22 2151 01/22 2152	DC	01/22 2152
Diphenhydramine HCl	0	.STK-MED ONE MC	01/22 1947	DC	

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Acetaminophen	1,000 MG	Q8H PRN PRN PO	01/22 2330	UNV	
Chlorpromazine HCl	100 MG	Q30M PRN PRN IM	01/22 2330	UNV	
Haloperidol	5 MG	Q2H PRN PRN	01/22 2330	UNV	

		PO			
Haloperidol Lactate	5 MG	Q2H PRN PRN IM	01/22 2330	UNV	
Ibuprofen	800 MG	Q6H PRN PRN PO	01/22 2330	UNV	
Lorazepam	2 MG	Q2H PRN PRN PO	01/22 2330	UNV	
Lorazepam	2 MG	Q2H PRN PRN IM	01/22 2330	UNV	
Lorazepam	2 MG	Q2H PRN PRN IV	01/22 2330	UNV	
Tramadol HCl	50 MG	Q6H PRN PRN PO	01/22 2330	UNV	
Haloperidol Lactate	0	.STK-MED ONE .ROUTE	01/22 2151	DC	
Haloperidol Lactate	5 MG	X1ED STA IM	01/22 2151 01/22 2152	DC	01/22 2152
Acetaminophen/ Hydrocodone Bitart	1 EA	X1ED STA PO	01/22 2143 01/22 2144	CANr	
Lorazepam	1 MG	X1ED STA IV	01/22 1953 01/22 1954	CANr	
Lorazepam	1 MG	X1ED STA IM	01/22 1953 01/22 1954	DC	01/22 1954
Haloperidol Lactate	0	.STK-MED ONE MISC	01/22 1948	DC	
Lorazepam	0	.STK-MED ONE .ROUTE	01/22 1948	DC	

Gastrointestinal Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Famotidine	20 MG	BID PRN PRN PO	01/22 2330	UNV	
Magnesium Hydroxide	30 ML	DAILY PRN PRN PO	01/22 2330	UNV	
Ondansetron HCl	4 MG	Q4H PRN PRN PO	01/22 2330	UNV	

Safety: patient is safe
X Re-Evaluation/Progress
Time: 2322

Additional notes:
Metro has visited with the patient here in the ED. Patient will be sent to the DOU and discharged home when clinically sober.

Portions of this section were transcribed by BARTON,RACHEL M. on 01/22/16 at 2325

Disposition-Assault
Clinical Impression:
Primary Impression: Head injury
Secondary Impressions: Alcohol intoxication, Assault, Facial contusion, MEDICAL SCREENING EXAM
)(**Disposition:**
Discharged to home: Yes
Disposition time: 2322
Disposition date: 01/22/16
Vital signs:
First Documented:

	Result	Date Time
Pulse Ox	97	01/22 2001
B/P	136/95	01/22 2001
Temp	37.2	01/22 2001
Pulse	128	01/22 2001
Resp	25	01/22 2001

Last Documented:

	Result	Date Time
Pulse Ox	87	01/22 2007
B/P	136/95	01/22 2001
Temp	37.2	01/22 2001
Pulse	128	01/22 2001
Resp	25	01/22 2001

)(**All prior VS reviewed:** Yes
Condition: Stable
Prescriptions Given:
Naproxen, Tramadol
Prescriptions Reviewed: risk, benefits, alternative treatment
Counseled patient/family re: diagnosis, lab results, imaging studies, prescriptions, need for follow up (Dr. Hussain in two days), when to return to ER
Supervising Physician Note:

BARTON,RACHEL M., 01/22/16 1955, scribing for and in the presence of Arash Albekord, MD.

I personally performed the services described in this documentation and reviewed the documentation that was dictated to the scribe in my presence, and it accurately records my words and actions. Arash Albekord, MD, 01/22/16

Portions of this section were transcribed by BARTON,RACHEL M. on 01/22/16 at 2322

Electronically Signed by Albekord,Arash MD on 01/23/16 at 0418

RPT #: 0122-1558
END OF REPORT

Patient: JENSEN,BRITTNEY Age/Sex: 29/F Acct No: D00112766312
EDM Provider: Albekord,Ayush MD, 2hz Active Unit No: D002318050

ED Physician: Albekord,Ayush MD, 2hzActive
Practitioner: Forsman,Robyn Rene., 2hzaPnSNM
Nurse:

Arrival Date/Time: 01/22/16 - 1937
Triage Date/Time: 01/22/16 - 2001
Date of Birth: 12/12/1986

Stated Complaint: ASSAULT, HEAD INJURY, NECK INJURY, FTCH
Chief Complaint: Assault Victim of Abuse Priority: 2
Status Event History:
01/22/16 1937 Reception
2004 Triaged
2010 Room Placement
1937 Registration
2224 EIDH
01/23/16 0450 Departed
0548 BIT

MODE OF ARRIVAL

AMBULANCE

01/23/16 0450 GALARZO,GINA R, RN
Arrival Date: 01/22/16
Arrival Time: 1937
Placed in Bed Date: 01/22/16
Placed in Bed Time: 1939
MD/DO/PA/AP Initiates Contact/Greets Patient Date: 01/22/16
MD/DO/PA/AP Initiates Contact/Greets Patient Time: 1940
MD/DO/PA/AP Makes Decision to Disposition Date: 01/22/16
MD/DO/PA/AP Makes Decision to Disposition Time: 2322
Triage Date: 01/22/16
Triage Time: 2001
Triage Level: ESI2/Emergent
Date Patient Physically Leaves ED: 01/23/16
Time Patient Physically Leaves ED: 0450
Delay Reason: Bed/Medical Monitoring
Elapsed Time from Disposition to Depart:
5:28
Disposition Category: Discharged

Allergy/Adverse Reaction	Type/Category	Severity Date	Ver
No Allergy Information Available	Allergy/Drug	01/22/16	N

Medication
Sch Date-Time Ordered Dose Admin Dose
Doc Date-Time Given - Reason Site User
Override Comment
DIPHENHYDRAMINE HCL 50 MG/ML AMP (BENADRYL) MC/.STK-MED/ONE
01/22/16-1942 None MG
01/22/16-2020 N Discontinued Or HUIZINGA,JULIE , RN

HALOPERIDOL LACTATE 5 MG/ML AMP (HALDOL) MISC/.STK-MED/ONE

Medication
Sch Date-Time Ordered Dose Admin Dose
Override Comment
01/22/16-1942 None MG
01/22/16-2020 N Discontinued Or HUIZINGA,JULIE , RN

LORAZEPAM 2 MG/ML VIAL (ATIVAN (HIGH RISK MED)) IV/XLIED/STA
01/22/16-2053 1 MG 1 MG
01/22/16-2054 Y LUA HUIZINGA,JULIE , RN
Indication ANXIETY
Reassessment/Time
Indication/common side effects reviewed w/pt and/or family and acknow
:: Ativan: Drowsiness, Dizziness

HALOPERIDOL LACTATE 5 MG/ML AMP (HALDOL) IM/XLIED/STA
01/22/16-2151 5 MG 5 MG
01/22/16-2152 Y RUA HUIZINGA,JULIE , RN
Indication AGITATION
Reassessment/Time
Indication/common side effects reviewed w/pt and/or family and acknow
:: HALDOL: Decreased BP, constipation, EPS, Restlessness, Anxiety

DIPHENHYDRAMINE HCL 50 MG/ML AMP (BENADRYL) IM/XLIED/STA
01/22/16-2151 50 MG 50 MG
01/22/16-2152 Y RUA HUIZINGA,JULIE , RN
Indication/common side effects reviewed w/pt and/or family and acknow
:: BENADRYL: Drowsiness, dizziness, fatigue

Rapid Initial Assessment (ED)

Occurred Recorded
Date Time User Date Time User
01/22/16 2001 HUIZINGA,JULIE, RN 01/22/16 2004 HUIZINGA,JULIE, RN

First Point of Contact: Yes
Enter/Edit Allergies? Yes
Arrived By: AMB
EMS service: Medic West
Subjective Assessment:
PT TO ER VIA MW 530 PER EMS AND METRO PT WAS ASSAULTED
BY BOYFRIEND, UNK IF PT WAS SLAMMED INTO WALL, PT WAS
KICKED IN HEAD AND STRANGLED, PT WITH MULTIPLE
HEMATOMAS TO FRONT OF HEAD, STRANGULATION ABRASION NOTED
TO NECK, PT NOT ANSWERING QUESTIONS, KEEPS YELLING "WHAT
HAPPENED, WHERE ARE MY KIDS" +ETOH. METRO AT BEDSIDE
See next page
Neuro WDP? No
Cardiovascular WDP? Yes
Respiratory WDP? Yes
Pain scale: Numeric
Intensity: 8
See next page
OB/GYN History: (as noted below)
LMP:
UNK

Patient:JENSEN, BRITTNEY MRN:D002318050 Encounter:D001127666912 Page 2 of 8

022

1243

Patient: JENSEN,BRITTNEY
EDM Provider: Albetard,Arash MD, Zhu,Active

Age/Sex: 29/F

Acct No: D00112766312
Unit No: D002318050

See next page
OB/GYN History: (if noted below)
LMP:
.BK:
See next page
Do you feel a sense of hopelessness or helplessness that affects the care
See next page
Body Mass Index (BMI): 0
: High
See next page
See next page
ED plan of care
Chief Complaint: Assault Victims of Abuse
Expected outcome of chief complaint: Stabilize/Maintain
Additional findings:
SI-1
Last page
Are you here because you tried to hurt yourself: UNABLE TO ASSESS
See next page
In the past few days have you been having
I want to ask you if your child attempted suicide
See next page
In the past week have you been having
thoughts re: taking pills about hurting yourself: UNABLE TO ASSESS
Have you tried to hurt or kill yourself in the past year: UNABLE TO ASSESS
See next page
See next page
Comment:
D/A PT HYSTERICAL, NOT ANSWERING QUESTIONS APPROPRIATELY
Patient is at Risk for Suicide: UNABLE TO ASSESS
Last page
PAST MEDICAL HISTORY ----------------
Surgery/Procedures:
SMOKING HISTORY

Assault/Victims of Abuse (ED)

Occurred
Date Time User
01/22/16 2006 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2007 HUIZINGA,JULIE, RN

Presenting Signs & Symptoms: Hematoma, Ligature Marks, Pain, Edema
Time of Incident: Today
Support System includes:
METRO AT BEDSIDE
See next page
Reported to Authorities: Yes
Reported By:
METRO
See next page
Last page

Complete Reconcile Meds (ED)

Occurred
Date Time User
01/22/16 2007 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2007 HUIZINGA,JULIE, RN

I acknowledge I have reviewed and completed the home med list: Unable to Assess

Severe Sepsis Screening (ED)

Occurred
Date Time User
01/22/16 2007 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2007 HUIZINGA,JULIE, RN

Temperature: No
WBC results:
No Results past 24 hrs
Heart rate: Yes
Band results:
No Results past 24 hrs
Respirations: Yes
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 2
See next page
INFECTION
Suspected/documented infection: No
Antibiotic therapy (not prophylaxis): No
If yes to 1 of the above, proceed to next section: 0
See next page
==NEW ORGAN DYSFUNCTION within past 48 hours==
See next page
Last page

Family Health History (ED)

Occurred
Date Time User
01/22/16 2019 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2019 HUIZINGA,JULIE, RN

Fall Risk Assessment (ED)

Occurred
Date Time User
01/22/16 2019 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2019 HUIZINGA,JULIE, RN

Pt has 3 or more meds or drug classes known as
an indicator of fall risk: N
Is patient Responsible: Yes
Is patient following fall prevention directions: No
Fall Risk Reminder Continued at Times
Fall Risk Comments

High Risk for Falls: Yes
Fall Precautions:
Alert: Signage (i.e. Armband, chart, door)
Nonslip footwear
Assist. Mobility
Assist. ADLs
Assist. Toilet program
Tethered devices: Hose lines to exit side of bed, secure tubes
Bed Alarm
Diversional Activities

Patient:JENSEN, BRITTNEY MRN:D002319050 Encounter:D001127866912 Page 4 of 8

024

1245

ED DISCHARGE SUMMARY

PAGE 1

Patient:JENSEN, BRITTNEY MRN:D002318050 Encounter:D001127866312 Page 5 of 8

025

1246

Patient: JENSEN,BRITTNEY Age/Sex: 21/F Acct No: D00112766312
EDM Provider: Albaford,Joash MD, 2nd,Active Unit No: D002318050

Delay Reasons: Med/Medical Monitoring
For lookup by name, enter @name then press <lookup>
Patient left
Discharge information provided: Instructions/Prescription
Discharge instructions given to and verbalized understanding by:
PATIENT
To: Home
With: Unaccompanied
Mode: Ambulatory
Via: Public Transportation
Plan of Care Goal met? Yes
Arrived By: AMB
See next page
See next page
See next page
<NEXT PAGE>

Pulse Oximetry (ED)

Occurred
Date Time User
01/22/16 2007 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2007 HUIZINGA,JULIE, RN

SpO2%: 97
Continuous Pulse Oximetry: Y

Transport (ED)

Occurred
Date Time User
01/22/16 2019 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2019 HUIZINGA,JULIE, RN

Patient went to: CT
Comment:
WITH METRO AT BEDSIDE

Cardiac Monitor (ED)

Occurred
Date Time User
01/22/16 2010 GALARDO,GINA N, RN

Recorded
Date Time User
01/23/16 0512 GALARDO,GINA N, RN

Time patient placed on cardiac monitor: On arrival
Cardiac rhythm: Sinus tachycardia
Last page

MAR Except Medications (ED)

Occurred
Date Time User
01/22/16 2019 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2019 HUIZINGA,JULIE, RN

Restraints: 2nd Tier Eval (ED)

Occurred

Recorded

Date Time User
01/22/16 2145 HUIZINGA,JULIE, RN

Date Time User
01/22/16 2256 HUIZINGA,JULIE, RN

Restraints: Alternatives Utilized
Behavior: Physical aggression, Combative, Danger to self/others
Factors affecting behavior: Agitation
Alternatives: Orientation, Reassurance, 1:1 discussion
Alternatives successful? No
Would patient be safer in restraints, than not? Yes
Type of restraint: Violent/Self Destructive

Restraints: 2nd Tier Eval (ED)

Occurred
Date Time User
01/22/16 2145 VICTORSON,MELINDA M., RNDIG

Recorded
Date Time User
01/22/16 2230 VICTORSON,MELINDA M., RNDIG

Restraints: Second Tier Review
<<SECOND TIER REVIEW>>
>
Patient in restraint prior to facility arrival? N
Restraint alternatives attempted and documented? Yes
Restraint Clinically justified? Yes
Justified for Restraint, Type: Violent/Self Destructive
Second tier review completed by:
MELINDA M. VICTORSON RNDIG

Point of Care Chem Cmplt (ED)

Occurred
Date Time User
01/22/16 2238 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2238 HUIZINGA,JULIE, RN

POC Chemistry complete: No
Last page

ISTAT Complete (ED)

Occurred
Date Time User
01/22/16 2238 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/22/16 2238 HUIZINGA,JULIE, RN

ISTAT Complete: N

Restraints Monitor (ED)

Occurred
Date Time User
01/22/16 2300 HUIZINGA,JULIE, RN

Recorded
Date Time User
01/23/16 0059 HUIZINGA,JULIE, RN

Restraints: RN Assess/Discontinue
<<RESTRAINT INFORMATION>>
>
Safe application/administration and
Reviewed reason for restraints with: No designee
Reviewed criteria for release with: No designee
Criteria for restraint release met? Yes
Date restraint discontinued: 01/22/16

Patient:JENSEN, BRITTNEY MRN:D002318050 Encounter:D0011278851 2 Page 7 of 9

027

1248

Patient: JENSEN,BRITTNEY Age/Sex: 29/F Acct No: D00112766312
EDM Provider: Albekord,Ayash MD, 2nd Active Unit No: D002318050

[illegible]

[illegible]

*** ASSESSMENT PARAMETERS ***

These are the definitions of Within Defined Parameters by Body System

NEUROLOGICAL
- Alert & Oriented X 4
- Pupils equal
- Speech clear and appropriate for age
- Moves all extremities
- No paralysis
- Steady gait
- Ambulates independently

EENT
- Eyes - Clear, no tearing or redness
- Ears - No complaint of hearing difficulty, loss of hearing, or change in hearing, pain free, no drainage
- Nasal - Breathes freely through both nares
- Throat - No hoarseness or stated soreness, no cough

RESPIRATORY
- No respiratory distress
- No cough
- No O2 or assistive devices
- No nasal flaring or pursed lip breathing
- Respirations even & unlabored
- Skin pink & warm to touch

CARDIAC
- No stated calf tenderness
- No history of pacemaker or implanted defibrillator
- Denies current cardiac complaint
- Skin pink & warm to touch - no cyanosis, mottling, diaphoresis or flushing of skin

INTEGUMENTARY (oral)
- Oral mucosa pink and moist
- Skin color appropriate to ethnic color
- Denies sensory complaints
- No edema noted

MUSCULOSKELETAL
- Moves all extremities
- Ambulates independently

GASTROINTESTINAL
- Denies GI complaints

GENITO-URINARY
- Denies GU complaints

INTEGUMENTARY
- Skin warm, dry & intact
- No complaints of lesions, rashes, wounds, bruises, petechiae or abrasions

PSYCHOSOCIAL
- With regards to cultural influences: mood/affect is appropriate
- Patient demonstrates effective coping skills/patterns for situation

These are the definitions of Within Defined Parameters for the Nutritional and Functional Screenings:

NUTRITIONAL
- No swallowing/chewing impairments
- No nausea and/or vomiting and/or diarrhea for 2 or more days
- No reported unintentional weight loss > 10 lbs in last 3 months
- No reported decrease in intake > 50% of usual in last two weeks

FUNCTIONAL
- No unexplained alteration in movement/mobility in last four weeks
- No recent limitation performance of ADLs
- No recent alteration in ADLs that require assistance

This is the definition for the evidence of Physical and/or Psychological Abuse questions:

ABUSE HISTORY TO INCLUDE, BUT NOT LIMITED TO:
PT DOES NOT REPORT/NO EVIDENCE OF ANY OF THE FOLLOWING: abuse/neglect, hx. of abuse/neglect, withdrawn/fearful behavior, unexplained or suspicious bruises/wounds, Patient/Caregiver story changes, Defensive about injuries, Undernourished despite good appetite, Recurrent/Suspicious injuries, Fear of return to previous arrangements, Injuries do not match event history.

*** PATIENT SAFETY PARAMETERS ***
** Allergy and Patient Identification Bands in Place and Validated
** If in a Bed, Side Rails Up and Bed in Low Position With Wheels Locked
** If in a Wheelchair, Wheels Locked
** Call Light Function Explained and Within Reach
** Standard Precautions Observed

EMERGENCY MEDICAL SERVICES (EMS) PRE-NOTIFICATION RECORD

Date: 1/22/14

Time: 1930

ETA: 45

LVFD ☐ Ground ☑
HFD ☐
CCFD ☐ Air ☐
AMR ☐
Medic West ☑ Unit # 538
Care Flight ☐
Other

Age: 30 Gender: M ☐ F ☑

Complaint: Assult - Aggravated, GSW

VS: BP 114/68 / unobtainable HR 100 / unobtainable

RR ____ SAT 98

Rating: Stable ____ Unstable ____

Consciousness ____ Unconscious ____ GCS 15

Airway (circle one) Unassisted Assisted Intubated Unable to Intubate

Medical: Onset Symptoms: ____

Field Treatments: IV ____ O2 ____ C-Collar Backboard

Meds: ____ Other Treatments ____

Comments:

Signature: ____

Trauma Patient	☐ Stemi Patient	☐ Code White
Class: 1 2 3 Transfer In	Yes: ____ No: ____	Symptoms Onset Time ____
Time Activated ____	Cardiologist ____	Time Initiated ____

PART OF THE PERMANENT MEDICAL RECORD

SUNRISE HOSPITAL & MEDICAL CENTER | SUNRISE CHILDREN'S HOSPITAL

EMS PRE-NOTIFICATION RECORD

JENSEN, BRITTNEY

(Rev. 03/13) Page 1 of 1

RUN DATE: 01/25/16 RUN TIME: 0110 RUN USER: HPF.FEED	MEDITECH FACILITY: [illegible] JULY - Discharge Report	PAGE 1

PATIENT: JENSEN,BRITTNEY ACCOUNT NO: D00112766312	A/S: 29 F LOC: D.ER1 RM: BD:	ADMIT: 01/22/16 DISCH/DEP: 01/23/16 STATUS: [illegible] UNIT NO: D002318050
ATTEND DR: [illegible] MD REPORT STATUS: FINAL		

Order Date: 01/22/16

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
N.R.ED	ED: PRE ATTESTATION	20160122-1585	01/22/16	1940	S		E	TRN	FORRO1

Other Provider : Sig Lvl Provider

Press <Enter> for Order Details below

PRE was completed at this time and the orders

below are a result of this interaction.

Order's Audit Trail of Events

1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order Type set DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor, Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source EPOM
5 01/22/16 1940 AM FORRO Signed by Forsman,Robyn R PA-C [illegible]

Electronically Registered by Forsman,Robyn R PA-C on 01/22/16 at 1940 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
N.R.ED	ED: NPO EXCEPT MEDS	20160122-1586	01/22/16	1940	S		E	TRN	FORRO1

Other Provider : Sig Lvl Provider

Press <Enter> for Order Details below

Order's Audit Trail of Events

1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order Type set DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source EPOM
5 01/22/16 1940 AM FORRO Signed by Forsman,Robyn R PA-C [illegible]

Electronically Registered by Forsman,Robyn R PA-C on 01/22/16 at 1940 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
N.S.ED	ED: VITAL SIGNS	20160122-1587	01/22/16	1940	S		E	TRN	FORRO1

Other Provider : Sig Lvl Provider :

Press <Enter> for Order Details below

VS Frequency: Per unit standard
Neuro Checks: N
Frequency:

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN,BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: [illegible] LOC: [illegible] DISCH/DEP: 01/23/16
RM: STATUS: [illegible]
ATTEND DR: [illegible] BD: UNIT NO: [illegible]
REPORT STATUS: FINAL

Order's Audit Trail of Events
1 01/22/16 1940 AM [illegible] Order [illegible]
2 01/22/16 1940 AM FORRO Order from set: DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source: EDM
5 01/22/16 1940 AM FORRO Signed by Forsman,Robyn R [illegible]

Electronically Signed by Forsman,Robyn R [illegible] on 01/22/16 at 1940 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR ED	ED PULSE OXIMETRY	20160122-1598	01/22/16	1940	S		E	TRN	FORRO1

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Frequency With Vital Signs

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set: DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source: EPCM
5 01/22/16 1940 AM FORRO Signed by Forsman,Robyn R PA-C [illegible]

Electronically Signed by Forsman,Robyn R PA-C on 01/22/16 at 1940 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR ED	ED CARDIAC MONITOR	20160122-1599	01/22/16	1940	S		E	TRN	FORRO1

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set: DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source: EPCM
5 01/22/16 1940 AM FORRO Signed by Forsman,Robyn R PA-C [illegible]

Electronically Signed by Forsman,Robyn R PA-C on 01/22/16 at 1940 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR ED	ED ELOPEMENT PRECAUTIONS	20160122-1590	01/22/16	1940	S		E	TRN	FORRO1

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN,BRITTNEY AGE: 19 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: [illegible] DISCH/DEP: 01/23/16
RM: STATUS: [illegible]
ATTEND DR: [illegible] BD: UNIT NO: D002318050
REPORT STATUS: FINAL

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set: DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source: EPOM
5 [illegible] Signed By Forsman,Robyn R PA-C [illegible]

Electronically Signed by Forsman,Robyn R PA-C on 01/22/16 at 1940 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	----Service---- Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.ED	ED SUICIDE PRECAUTIONS	20160122-1591	01/22/16	1940	S		E	TRN	FORRO

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set: DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source: EPOM
5 01/22/16 1940 AM FORRO Signed By Forsman,Robyn R PA-C [illegible]

Electronically Signed by Forsman,Robyn R PA-C on 01/22/16 at 1940 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	----Service---- Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.ED	ED: BLOOD SUGAR	20160122-1592	01/22/16	1940	S		E	TRN	FORRO

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Frequency: [illegible]

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set: DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source: EPOM
5 01/22/16 1940 AM FORRO Signed By Forsman,Robyn R PA-C [illegible]

Electronically Signed by Forsman,Robyn R PA-C on 01/22/16 at 1940 [illegible]

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN,BRITTNEY A/S: 28 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: D.ER1 DISCH/DEP: 01/23/16
RM: STATUS: ER
ATTEND DR: [illegible] BD: UNIT NO: D002318050
REPORT STATUS: FINAL

Order Date: 01/22/16 ---Service---

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUS.ED	ED NOTIFY PROVIDER	20160122-1598	01/22/16	1940	S		E	TRN	FORRO1

Other Provider : Sig Lvl Provider :

Press Enter for Order Details Below

Temp over (F):
(C):
O2 Sat under (%): 90
HR over (beats/min): 110
HR under: 50
Resp Rate over (breaths/min): 26
RR under: 8
Syst BP over (mm Hg): 200
Syst BP under (mm Hg): 80
Diastolic BP over (mm/Hg): 110
Diastolic BP under (mm/Hg):

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/TOH
2 01/22/16 1940 AM FORRO Order from set DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn R PA C
4 01/22/16 1940 AM FORRO Order Source: FROM
5 01/22/16 1940 AM FORRO Signed By Forsman,Robyn R PA C [illegible]

Electronically signed by Forsman,Robyn R [illegible]

Order Date: 01/22/16 ---Service---

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	CBC WITH AUTO DIFFERENTIAL	20160122-1540	01/22/16	1940	S		E	CMP	FORRO1

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/TOH
2 01/22/16 1940 AM FORRO Order from set DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn R PA C
4 01/22/16 1940 AM FORRO Order Source: FROM
5 01/22/16 1940 AM FORRO Signed By Forsman,Robyn R PA C [illegible]
6 01/22/16 1941 interface Order details edited in LAB
7 01/22/16 1941 interface order's status changed from TRANS to LOGGED by LAB
8 01/22/16 2120 interface order's status changed from LOGGED to IN PROC by LAB
9 01/22/16 2131 interface order's status changed from IN PRC to COMP by LAB

Electronically signed by Forsman,Robyn R [illegible]

Order Date: 01/22/16 ---Service---

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	POC URINALYSIS	20160122-2050	01/22/16	1940	S		E	CMP	FORRO1

Other Provider : Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN, BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: [illegible] DISCH/DEP: 01/25/16
RM: STATUS: [illegible]
ATTEND DR: [illegible] BD: UNIT NO: D002318050
REPORT STATUS: FINAL

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source EDM
5 01/22/16 1940 AM FORRO Signed by Forsman,Robyn R [illegible]
6 01/22/16 1940 interface cc's doctors edited in LAB
7 01/22/16 1940 interface order's status changed from TRANS to LOGGED by LAB
8 01/23/16 [illegible] interface order's status changed from LOGGED to CANC by LAB

Cancel comment: PT DISCHARGED
Electronically signed by Forsman,Robyn R PA-C on 01/22/16 at 1940 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	ALCOHOL (ETHANOL) BLOOD	20160122-2551	01/22/16	1940	S		E	CMP	FORRO1

Other Provider : Sig Lvl Provider

If this is a SCAN patient a separate specimen and Chain of

Custody envelope is required
Phleb Comment.

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source EDM
5 01/22/16 1940 AM FORRO Signed by Forsman,Robyn R [illegible]
6 01/22/16 1940 interface cc's doctors edited in LAB
7 01/22/16 1940 interface order's status changed from TRANS to LOGGED by LAB
8 01/22/16 2127 interface order's status changed from LOGGED to IN PRC by LAB
9 01/22/16 2142 interface order's status changed from IN PRC to COMP by LAB
10 01/22/16 2235 interface order's status changed from COMP to IN PRC by LAB
11 01/22/16 2257 interface order's status changed from IN PRC to COMP by LAB

Electronically signed by Forsman,Robyn R PA-C on 01/22/16 at 1940 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	DRUG COMP PROFILE URINE	20160122-2552	01/22/16	1940	S		E	CMC	FORRO1

Other Provider : Sig Lvl Provider :

If this is a SCAN patient a separate specimen and Chain of

Custody envelope is required
Phleb Comment

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor Forsman Robyn R PA-C
4 01/22/16 1940 AM FORRO Order Source EDM
[illegible]

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN,BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: E.ER1 DISCH/DEP: 01/23/16
RM: STATUS: IN
ATTEND DR: [illegible] BD: UNIT NO: D002318050
REPORT STATUS: FINAL

5 01/22/16 1940 AM.FORRO Signed by Forsman,Robyn R PA-C
6 01/22/16 1940 interface cc's doctors edited in LAB
7 01/22/16 1940 interface order's status changed from TRANS to LOGGED by LAB
8 01/23/16 1043 interface order's status changed from LOGGED to CANC by LAB

Cancel comment: PT DISCHARGED
Electronically signed by Forsman,Robyn R PA-C on 01/22/16 at 1940

Order Date: 01/22/16 ---Service---

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	STAT CHEM	20160122 [illegible]	01/22/16	1940	S		E	CMP	FORRO1

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events
1 01/22/16 1940 AM.FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM.FORRO Order Prot set: DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM.FORRO Ordering Doctor: Forsman,Robyn R PA-C
4 01/22/16 1940 AM.FORRO Order Source: EPOM
5 01/22/16 1940 AM.FORRO Signed by Forsman,Robyn R PA-C [illegible]
6 01/22/16 1940 AM.FORRO This procedure has reflexed the following order(s):
7 01/22/16 1940 AM.FORRO LAB [illegible] COMPLETE [illegible]
8 01/22/16 1940 interface cc's doctors edited in LAB
9 01/22/16 1941 interface order's status changed from TRANS to LOGGED by LAB
10 01/22/16 2121 interface order's status changed from LOGGED to IN PRO by LAB
11 01/22/16 2142 interface order's status changed from IN PRO to COMP by LAB
12 01/22/16 2235 interface order's status changed from COMP to IN PRO by LAB
13 01/22/16 2[illegible] interface order's status changed from IN PRO to COMP by LAB

Electronically signed by Forsman,Robyn R PA-C on 01/22/16 at 1940

Order Date: 01/22/16 ---Service---

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
CT	CT BRAIN W/O CONTRAST	20160122 0157	01/22/16	2020	S		E	CMP	FORRO1

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details Below

Reason: Head Injury Assaulted
Clin Hx:
REASON FOR EXAM must be symptoms or confirmed diagnosis NOT Rule Out.

Order's Audit Trail of Events
1 01/22/16 1940 AM.FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM.FORRO Order Prot set: DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM.FORRO Ordering Doctor: Forsman,Robyn R PA-C
4 01/22/16 1940 AM.FORRO Order Source: EPOM
5 01/22/16 1940 AM.FORRO Signed by Forsman,Robyn R PA-C [illegible]
6 01/22/16 1941 interface order's status changed from TRANS to LOGGED by RAD
7 01/22/16 2023 interface order's status changed from LOGGED to IN PRO by RAD
8 01/22/16 2037 interface order service time edited [illegible] - 1940
9 01/22/16 2037 interface order's status changed from IN PRO to COMP by RAD

[illegible]

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN, BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: [illegible] DISCH/DEP: 01/23/16
RM: STATUS: [illegible]
ATTEND DR: [illegible] MD BD: UNIT NO: D002318060
REPORT STATUS: FINAL

Electronically signed by Forsman, Robyn P PA-C on 01/22/16 at 1940

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			E	[illegible]	[illegible]

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Reason: assault neck pain
[illegible]
REASON FOR EXAM must be symptoms or confirmed diagnosis. NOT Rule Out.

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set DRUG AND ALCOHOL ABUSE ED TX
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn P PA-C
4 01/22/16 1940 AM FORRO Order Source EPOM
5 01/22/16 1940 AM FORRO Signed by Forsman, Robyn P PA-C
6 01/22/16 1941 interface order's status changed from TRANS to LOGGED by RAD
7 01/22/16 2023 interface order's status changed from LOGGED to IN PRC by RAD
8 01/22/16 2023 interface order service time edited old value = 1940
9 01/22/16 2044 interface order's status changed from IN PRC to COMP by RAD
10 01/22/16 2139 [illegible] order removed from Order Management

Electronically signed by Forsman, Robyn P PA-C on 01/22/16 at 1940

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR.ED	ED ISTAT COMPLETE	20160122-1500	01/22/16	1940	S		E	TRN	FORRO1

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Order's Audit Trail of Events
1 01/22/16 1940 AM FORRO Order ENTER in EDM/PCM
2 01/22/16 1940 AM FORRO Order from set ISTAT COMPLETE
3 01/22/16 1940 AM FORRO Ordering Doctor: Forsman Robyn P PA-C
4 01/22/16 1940 AM FORRO Order Source EPOM
5 01/22/16 1940 AM FORRO Signed by Forsman, Robyn P PA-C
6 01/22/16 1940 AM FORRO This Procedure was triggered by :
7 01/22/16 1940 AM FORRO ISTAT CHEM (LAB)

Electronically signed by Forsman, Robyn P PA-C on 01/22/16 at 1940

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN,BRITTNEY
ACCOUNT NO: [illegible]
ATTEND DR: [illegible] MD
REPORT STATUS: FINAL

AGE/S: 25 F
LOC: [illegible]
RM:
BD:

ADMIT: 01/22/16
DISCH/DEP: 01/23/16
STATUS: IN
UNIT NO: [illegible]

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
PED CODE [illegible] MED 20160122-5420 01/22/16 1947 R 1 disp CMP
Other Provider : Sig Lvl Provider :
RX: 31342310 Start: 01/22/16 1947 CHP CHP
Stop:

diphenhydrAMINE Inj (Benadryl Inj)
Dose: 0 MG
Route: IV Direction: STK MED

Order's Audit Trail of Events
1 01/22/16 1946 PHA ORDER Order ENTER in PHA
2 01/22/16 1946 PHA ORDER Ordering Doctor
3 01/22/16 1946 PHA ORDER Order Source DISPENSE
4 01/22/16 1946 STK MED DISCONTINUE in PHA
5 01/22/16 1943 RID6526 SECTION in PHA
6 01/22/16 1943 RID6526 SECTION
7 01/22/16 1943 RID6526 Order Source, DISPENSE
8 01/22/16 2021 [illegible] order acknowledged

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
PED CODE [illegible] MED 20160122-5421 01/22/16 1948 R 1 disp CMP
Other Provider : Sig Lvl Provider :
RX: 31342311 Start: 01/22/16 1948 CHP CHP
Stop:

Haloperidol Lactate Inj (Haldol Inj)
Dose: 0 MG
Route: MISC Direction: STK MED

Order's Audit Trail of Events
1 01/22/16 1946 PHA ORDER Order ENTER in PHA
2 01/22/16 1946 PHA ORDER Ordering Doctor
3 01/22/16 1946 PHA ORDER Order Source, DISPENSE
4 01/22/16 1946 STK MED DISCONTINUE in PHA
5 01/22/16 1943 RID6526 SECTION in PHA
6 01/22/16 1943 RID6526 SECTION
7 01/22/16 1943 RID6526 Order Source DISPENSE
8 01/22/16 2021 [illegible] order acknowledged

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
PED CODE [illegible] MED 20160122-5422 01/22/16 1948 R 1 disp CMP
Other Provider : Sig Lvl Provider :
RX: 31342312 Start: 01/22/16 1948 CHP CHP
Stop:

LORazepam Inj (Ativan Inj)
Dose: 0 MG
Route: [illegible] Direction: STK MED

Order's Audit Trail of Events
1 01/22/16 1946 PHA ORDER Order ENTER in PHA
2 01/22/16 1946 PHA ORDER Ordering Doctor

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN,BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: [illegible] LOC: [illegible] DISCH/DEP: 01/23/16
RM: STATUS: [illegible]
ATTEND DR: [illegible] BD: UNIT NO: [illegible]
REPORT STATUS: FINAL

3 01/22/16 1946 PHA ORDER Order Source: DISPENSE
4 01/22/16 1946 [illegible] [illegible] in PHA
5 01/22/16 1946 [illegible] SIGTING in PHA
6 01/22/16 1946 [illegible] SIGTING
7 01/22/16 1946 [illegible] Order Source: DISPENSE

Order Date: 01/22/16 ---Service---

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
RAD	XR CHEST AP PORTABLE	20160122-0391	01/22/16	1957	S		E	CMP	ALBAR

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Detail, below

Reason Chest trauma Spfy comment
Clin Hx ASSAULT ANTERIOR CHEST WALL PAIN
REASON FOR EXAM must be symptoms or confirmed diagnosis, NOT Rule Out.

Order's Audit Trail of Events
1 01/22/16 1949 DR.ALBAR Order ENTER in EDM/PCM
2 01/22/16 1949 DR.ALBAR Ordering Doctor: [illegible] FC
3 01/22/16 1949 DR.ALBAR Order Source: ERCH
4 01/22/16 1949 DR.ALBAR Signed [illegible]
5 01/22/16 [illegible] interface order's status changed from TRANS to LOGGED by RAD
6 01/22/16 2007 interface order's status changed from LOGGED to IN PRC by RAD
7 01/22/16 2005 interface order Service time edited to a value - 1949
8 01/22/16 2014 interface order's status changed from IN PRC to CMP by RAD

Electronically Signed by [illegible]

Order Date: 01/22/16 ---Service---

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED CODE	??	20160122-9402	01/22/16	1953	S		V	CNC	ALBAR

Other Provider : Sig Lvl Provider :
RX: [illegible] Start: 01/22/16 1953 SIG: ONC
Stop: 01/22/16 1954

LORAZEPAM [illegible]
Dose: 1 MG
Route: IV Direction: [illegible]
Cancel Comments: WRONG ROUTE

Order's Audit Trail of Events
1 01/22/16 1953 [illegible] Order [illegible] in [illegible]
2 01/22/16 1953 [illegible] Ordering Doctor: [illegible] FC
3 01/22/16 1953 [illegible] Order Source: VERBAL & VERIFIED Q
4 01/22/16 1953 interface order's status changed from TRANS to IN PRO by PHA
5 01/22/16 1953 [illegible] Order DC in EDM/CM
6 01/22/16 1953 [illegible] Ordering Doctor: [illegible] FC
7 01/22/16 1953 [illegible] Order Source: VERBAL & VERIFIED Q
8 01/22/16 1953 [illegible] Order's Rx has been cancelled by ALBAR
9 01/22/16 1953 interface Order cancelled by PHA
10 01/22/16 1953 interface order's status changed from IN PRC to CANC by PHA
11 01/22/16 [illegible] DR.ALBAR Signed by [illegible] MD

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN, BRITTNEY
ACCOUNT NO: D00112766312
AGE/S: 29 F
LOC: D.ER1
RM:
BD:
ADMIT: 01/22/16
DISCH/DEP: 01/23/16
STATUS: ER
UNIT NO: D002318060
ATTEND DR: Alhekord Arash MD
REPORT STATUS: FINAL

Cancel comment: Cancelled by Pharmacy
Electronically signed by Alhekord Arash MD on 01/23/16 at 0418 [illegible]

Order Date: 01/22/16
Category Procedure Name
MED COST [illegible]
Other Provider :
RX. 31342333
Sig Lvl Provider :

---Service---
Order Number Date Time Pri Qty Ord Source Status Ordered By
20160122-5433 01/22/16 1953 S V CMP A.FAP
Start: 01/22/16 1953 STA CMP
Stop: 01/22/16 1954

LORazepam Inj (ATivan Inj)
Dose: 1 MG
Route: IV
Direction: X1PD

Order's Audit Trail of Events
1 01/22/16 1954 DWUR JJHIE Order ENTER in EDM/OM
2 01/22/16 1954 DWUR JJHIE Ordering Doctor Alhekord,Arash MD
3 01/22/16 1954 DWUR JJHIE Order Source VERBAL & VERIFIED q
4 01/22/16 1954 SCHEDULER DISCONTINUE in PHA
5 01/22/16 1954 interface order's status changed from TRANS to COMP by PHA
6 01/22/16 1954 DWUR JJHIE order acknowledged
7 01/23/16 0418 DRALBAR Signed by Alhekord,Arash MD

Electronically signed by Alhekord Arash MD on 01/23/16 at 0418 [illegible]

Order Date: 01/22/16
Category Procedure Name
CT CT FACIAL BONES W/O CONTRAST
Other Provider :
Sig Lvl Provider :
Press <Enter> for Order Details below

---Service---
Order Number Date Time Pri Qty Ord Source Status Ordered By
20160122-0133 01/22/16 2205 S V CMP A.FAP

Reason ASSAULTED
Clin Hx.
REASON FOR EXAM must be symptoms or confirmed diagnosis. NOT Rule Out.

Order's Audit Trail of Events
1 01/22/16 2133 DWUR JJHIE Order ENTER in EDM/OM
2 01/22/16 2133 DWUR JJHIE Ordering Doctor Alhekord,Arash MD
3 01/22/16 2133 DWUR JJHIE Order Source VERBAL & VERIFIED q
4 01/22/16 2133 interface order's status changed from TRANS to LOGGED by FAD
5 01/22/16 2242 interface order's status changed from LOGGED to IN PRC by FAD
6 01/22/16 2245 interface order service time edited, old value 2133
7 01/22/16 2250 interface order's status changed from IN PRC to COMP by FAD
8 01/23/16 0418 DRALBAR Signed by Alhekord,Arash MD

Electronically signed by Alhekord Arash MD on 01/23/16 at 0418 [illegible]

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN,BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: [illegible] DISCH/DEP: 01/25/16
RM: STATUS: [illegible]
ATTEND DR: [illegible] MD BD: UNIT NO: D002318050
REPORT STATUS: FINAL

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
MED CODSE [illegible] 20160122-5929 01/22/16 2142 S V DC [illegible]
Other Provider(s): Sig Lvl Provider:
RX: 01342758 Start: 01/22/16 [illegible] STA ONE
Stop: 01/22/16 2144

HYDROcodone/APAP [illegible] Tab (Lortab 5 Tab)
Dose: 1 TAB
Route: PO Direction: [illegible]
Cancel Comments: DC

Order's Audit Trail of Events
1 01/22/16 2143 [illegible] Order [illegible]
2 01/22/16 2143 [illegible] Ordering Doctor: [illegible] MD
3 01/22/16 2143 [illegible] Order Source: VERBAL & VERIFIED q
4 01/22/16 2143 interface order's status changed from TRANS to IN PRO by PHA
5 01/22/16 2144 SCHEDULED DISCONTINUE [illegible]
6 01/22/16 2144 interface order's status changed from IN PRO to COMP by PHA
7 01/22/16 2153 [illegible] Order [illegible]
8 01/22/16 2153 [illegible] Ordering Doctor: [illegible] MD
9 01/22/16 2153 [illegible] Order Source: VERBAL & VERIFIED q
10 01/22/16 2153 [illegible] Order's [illegible] has been cancelled by ALBAK
11 01/22/16 2153 interface Order cancelled by PHA
12 01/22/16 2153 interface order's status changed from COMP to CANC by PHA
13 01/22/16 2153 [illegible] CANCEL
14 01/22/16 2153 [illegible] CANCELLATION COMMENTS
15 01/22/16 2153 [illegible] DC
16 01/22/16 2153 interface Order cancelled by PHA
17 01/23/16 [illegible] DR.ALBAK Signed by Albakr [illegible] MD

Electronically Signed by Albakr [illegible] MD on 01/23/16 at [illegible]

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
[illegible] Restraints [illegible] 20160122-[illegible] 01/22/16 2144 V [illegible] [illegible]
Other Provider(s): Sig Lvl Provider:
Type of restraint: Violent/Self Destructive
Violent Restraint Time Limit: 4 hours
Non-violent Restraint Time Limit:
(Lookup response undefined)
Clinical justification of restraint:
Physical aggression
Restraint Device: Soft [illegible]
Criteria for release of restraint:
No destructive behavior

Restraint order date: 01/22/16
Restraint order time: 2205
Restraint order expiration date:
01/23/16
Restraint order expiration time:
0205

Order's Audit Trail of Events
1 01/22/16 2144 [illegible] Order ENTER [illegible]
2 01/22/16 2144 [illegible] Ordering Doctor: [illegible] MD

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: D.ER1 DISCH/DEP: 01/23/16
RM: STATUS: DIS
ATTEND DR: Albakord Arash MD BD: UNIT NO: D002318050
REPORT STATUS: FINAL

3 01/22/16 2146 DWUR.JJHIC Order Source. VERBAL & VERIFIED q
4 01/22/16 2146 interface Order's status changed from TRANS to ACTIVE by NUR
5 01/22/16 2205 DWUR.JJHIC Order EDIT in EDM/CI
6 01/22/16 2205 DWUR.JJHIC Ordering Doctor. Albakord Arash MD
7 01/22/16 2205 DWUR.JJHIC Order Source. VERBAL & VERIFIED q
8 01/22/16 2205 DWUR.JJHIC Query. Restraint Device
9 01/22/16 2205 DWUR.JJHIC old response set; Soft BUE
10 01/22/16 2205 DWUR.JJHIC new response set; Soft [illegible] 4
11 01/22/16 2205 DWUR.JJHIC Query. Restraint order time.
12 01/22/16 2205 DWUR.JJHIC old response - 2146
13 01/22/16 2205 DWUR.JJHIC new response - 2205
14 01/22/16 2205 DWUR.JJHIC Query. Restraint order expiration time.
15 01/22/16 2205 DWUR.JJHIC old response - 0146
16 01/22/16 2205 DWUR.JJHIC new response - 0205
17 01/23/16 0415 DR.ALBAR Signed by Albakord Arash MD

Electronically signed by Albakord Arash, MD on 01/23/16 at 0415

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
PHI COLSR [illegible] MED 20160122-5506 01/22/16 2151 R 1 disp CMP
Other Provider : Sig Lvl Provider .
RX: 31342764 Start: 01/22/16 2151 ONE CHP
Stop:
diphenhydrAMINE Inj (Benadryl Inj)
Dose: 0 MG
Route: [illegible] Direction: STK-MED

Order's Audit Trail of Events
1 01/22/16 2149 PHA ORDER Order ENTER in PHA
2 01/22/16 2149 PHA ORDER Ordering Doctor
3 01/22/16 2149 PHA ORDER Order Source DISPENSE
4 01/22/16 2149 STK MED DISCONTINUE in PHA
5 01/22/16 2149 RID0536 SECTION in PHA
6 01/22/16 2149 RID0536 SIG LNK
7 01/22/16 2149 RID0536 Order Source DISPENSE

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
PHI COCSR [illegible] MED 20160122-5507 01/22/16 2151 R 1 disp CMP
Other Provider : Sig Lvl Provider .
RX: 31342765 Start: 01/22/16 2151 ONE CHP
Stop:
Haloperidol Lactate Inj (Haldol Inj)
Dose: 0 MG
Route: ROUTE Direction: STK-MED

Order's Audit Trail of Events
1 01/22/16 2149 PHA ORDER Order ENTER in PHA
2 01/22/16 2149 PHA ORDER Ordering Doctor
3 01/22/16 2149 PHA ORDER Order Source DISPENSE
4 01/22/16 2149 STK MED DISCONTINUE in PHA
5 01/22/16 2149 RID0536 SECTION in PHA

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: [illegible] ERI DISCH/DEP: 01/23/16
RM: STATUS: [illegible]
ATTEND DR: [illegible] MD BD: UNIT NO: D002318050
REPORT STATUS: FINAL

6 01/22/16 2149 RID8526 SORTING
7 01/22/16 2149 RID8526 Order Source: [illegible]

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
MED.CO[illegible] MEDICATION 20160122-5545 01/22/16 2151 S V CMP [illegible]
Other Provider : Sig LVL Provider :
RX: 31342771 Start: 01/22/16 2151 STA CMP
Stop: 01/22/16 2152

Haloperidol Lactate Inj (HALDOL Inj)
Dose: 5 MG
Route: IV Direction: XIED

Order's Audit Trail of Events
1 01/22/16 2151 [illegible] Order ENTER in EDM[illegible]
2 01/22/16 2151 [illegible] Ordering Doctor [illegible] MD
3 01/22/16 2151 [illegible] Order Source VERBAL & VERIFIED [illegible]
4 01/22/16 2151 interface order's status changed from TRANS to IN PRO by PHA
5 01/22/16 2152 [illegible] order acknowledged
6 01/22/16 2152 SCHEDULER DISCONTINUE in PHA
7 01/22/16 2152 interface order's status changed from IN PRO to CMP by PHA
8 01/23/16 0413 [illegible] Signed by [illegible] MD

Electronically signed by [illegible] MD on 01/23/16 at 0413

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
MED.CO[illegible] MEDICATION 20160122-5546 01/22/16 2151 S V CMP [illegible]
Other Provider : Sig LVL Provider :
RX: 31342772 Start: 01/22/16 2151 STA CMP
Stop: 01/22/16 2152

diphenhydrAMINE Inj (Benadryl Inj)
Dose: 50 MG
Route: IV Direction: XIED

Order's Audit Trail of Events
1 01/22/16 2151 [illegible] Order ENTER in EDM[illegible]
2 01/22/16 2151 [illegible] Ordering Doctor [illegible] MD
3 01/22/16 2151 [illegible] Order Source VERBAL & VERIFIED [illegible]
4 01/22/16 2151 interface order's status changed from TRANS to IN PRO by PHA
5 01/22/16 2152 [illegible] order acknowledged
6 01/22/16 2152 SCHEDULER DISCONTINUE in PHA
7 01/22/16 2152 interface order's status changed from IN PRO to CMP by PHA
8 01/23/16 0413 [illegible] Signed by [illegible] MD

Electronically signed by [illegible] MD on 01/23/16 at 0413

PERMANENT MEDICAL RECORD COPY

PATIENT: [illegible] BRITTNEY
ACCOUNT NO: [illegible]
ATTEND DR: [illegible] MD
REPORT STATUS: FINAL

A/S: [illegible] F
LOC: [illegible] ER1
RM:
BD:

ADMIT: 01/22/16
DISCH/DEP: 01/23/16
STATUS: IR
UNIT NO: [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	COMPREHENSIVE METABOLIC PANEL	20160122-1792	01/22/16	2203	S		V	CNC	ALBAR

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1 01/22/16 2235 [illegible] Order ENTER in [illegible]
2 [illegible] Ordering Doctor [illegible]
3 01/22/16 2235 [illegible] Order Source VERBAL & [illegible]
4 01/22/16 2234 interface [illegible] edited in LAB
5 01/22/16 2234 interface order's status changed from [illegible] to LOGGED by LAB
6 01/22/16 2235 interface order's status changed from LOGGED to CANC by LAB
7 01/22/16 [illegible] Signed by [illegible]

Cancel comment: CONSOLIDATION OF ORDERS TO C[illegible]

Electronically Signed by [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
LAB	COMPREHENSIVE METABOLIC PANEL	20160122 1797	01/22/16	2032	S		I	CMP	FORRO1

Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1 01/22/16 [illegible] Order [illegible] in LAB
2 01/22/16 2235 [illegible] Ordering Doctor Forman Robert R PA-C
3 01/22/16 2252 interface order's status changed from IN PRC to COMP by LAB

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
[illegible] PHYS	Psychiatric Observation	20160122 3010	01/22/16	2324			E	IPR	ALBAR

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Observation: Every 15 minutes
Comment: Assess and document psychosocial behavior Q shift

Order's Audit Trail of Events

1 01/22/16 2324 DR.ALBAR Order ENTER in POM
2 01/22/16 2324 DR.ALBAR Order from set BEHAVIORAL HEALTH HOLDING
3 01/22/16 2324 DR.ALBAR Ordering Doctor [illegible] MD
4 01/22/16 2324 DR.ALBAR Order source LPOM
5 01/22/16 2324 DR.ALBAR Signed by [illegible] MD
6 01/22/16 2324 interface order's status changed from TRANS to ACTIVE by MUR

Electronically signed by [illegible] on 01/22/16 at 2324

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN BRITTNEY A/S: 25 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: D.ERI DISCH/DEP: 01/23/16
RM: STATUS: DIS
ATTEND DR: Albakord Arash MD BD: UNIT NO: D002318050
REPORT STATUS: FINAL

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
NUR PHYS Vital Signs + 20160122-0011 01/22/16 2324 E IFR ALBAR
Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

VS Frequency Once a day & PRN
Neuro Checks
Frequency

Order's Audit Trail of Events
1 01/22/16 2324 DR ALBAR Order LN LN to HCH
2 01/22/16 2324 DR ALBAR Order From set BEHAVIORAL HEALTH HOLDING
3 01/22/16 2324 DR ALBAR Ordering Doctor Albakord,Arash MD
4 01/22/16 2324 DR ALBAR Order Source FPCH
5 01/22/16 2324 DR ALBAR Signed by Albakord,Arash MD
6 01/22/16 2324 interface order's status changed from TRANS to ACTIVE by HUB

Electronically signed by Albakord,Arash MD on 01/22/16 at 2324

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
NUR PHYS Precautions + 20160122-0012 01/22/16 2324 E IFR ALBAR
Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Precaution 1 Suicide
Comment Suicide risk assessment
will be done with any
behavior change

Order's Audit Trail of Events
1 01/22/16 2324 DR ALBAR Order LN LN to HCH
2 01/22/16 2324 DR ALBAR Order From set BEHAVIORAL HEALTH HOLDING
3 01/22/16 2324 DR ALBAR Ordering Doctor Albakord,Arash MD
4 01/22/16 2324 DR ALBAR Order Source FPCH
5 01/22/16 2324 DR ALBAR Signed by Albakord,Arash MD
6 01/22/16 2324 interface order's status changed from TRANS to ACTIVE by HUB

Electronically signed by Albakord,Arash MD on 01/22/16 at 2324

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
NUR PHYS Evaluate/ Specify 20160122-0013 01/22/16 2324 E IFR ALBAR
Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Comment Evaluate Clinical sobriety every 2 hours

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN BRITTNEY A/S: 2[illegible] F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: [illegible] ER1 DISCH/DEP: 01/23/16
RM: STATUS: [illegible]
ATTEND DR: [illegible] MD BD: UNIT NO: D002318050
REPORT STATUS: FINAL

Order's Audit Trail of Events
1 01/22/16 2324 DR ALBAR Order ENTER in POM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor [illegible] MD
4 01/22/16 2324 DR ALBAR Order Source: EPOM
5 01/22/16 2324 DR ALBAR Signed by [illegible] MD
6 01/22/16 2324 interface order's status changed from TRANS to ACTIVE by [illegible]

Electronically Signed by [illegible] MD on 01/22/16 at 2324

Order Date: 01/22/16

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Grp	Source	Status	Ordered By
N.S PHYS	[illegible] specify	[illegible]	01/22/16	2324				E	TRN	ALBAR

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details below

Comment [illegible] home med list. Then [illegible] review home med list and order medications based upon the medical screening exam

Order's Audit Trail of Events
1 01/22/16 2324 DR ALBAR Order ENTER in POM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor [illegible] MD
4 01/22/16 2324 DR ALBAR Order Source: EPOM
5 01/22/16 2324 DR ALBAR Signed by [illegible] MD
6 01/22/16 2324 interface order's status changed from TRANS to ACTIVE by [illegible]

Electronically Signed by [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Grp	Source	Status	Ordered By
[illegible]	REGULAR DIET	20160123-0029	01/23/16		B			E	TRN	ALBAR

Other Provider : Sig Lvl Provider :

Please edit diet details as appropriate before submitting

Paper/Plastic Setup
Fluid Restriction Amount ml/24hr

Tube Feeding
TPN/PPN

Advance Diet As Tolerated From Above Diet to this Main Diet:

ADAT Modification (if different from above):
Enter ADAT into Comments if diff from policy

Isolation (Group response undefined)

Order's Audit Trail of Events
1 01/22/16 2324 DR ALBAR Order ENTER in POM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN,BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: D.ERI DISCH/DEP: 01/23/16
RM: STATUS: IR
ATTEND DR: Alhekord,Arash MD BD: UNIT NO: M0023180?0
REPORT STATUS: FINAL

3 01/22/16 2324 DR.ALBAR Ordering Doctor: Alhekord,Arash MD
4 01/22/16 2324 DR.ALBAR Order Source: EPOM
5 01/22/16 2324 DR.ALBAR Signed by Alhekord,Arash MD

Electronically signed by Alhekord,Arash MD on 01/22/16 at 2324

Order Date: 01/22/16 ----Service----

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.CODE	MEDICATION	20160122-0024	01/22/16	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider :
RX: 31342959 Start: 01/22/16 2330 PRN CMP
Stop:

chlorpromAZINE Inj (Thorazine Inj)
Dose: 100 MG
Route: IM Direction: Q30M PRN
PRN Reason: AGITATION

Order's Audit Trail of Events
1 01/22/16 2324 DR.ALBAR Order ENTER in POM
2 01/22/16 2324 DR.ALBAR Order from set: BEHAVIORAL HEALTH HOLDING
3 01/22/16 2324 DR.ALBAR Ordering Doctor: Alhekord,Arash MD
4 01/22/16 2324 DR.ALBAR Order Source: EPOM
5 01/22/16 2324 DR.ALBAR Signed by Alhekord,Arash MD
6 01/22/16 2324 Interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2335 OPHAL?? EDIT in PHA
8 01/22/16 2335 OPHAL?? EDIT
9 01/22/16 2335 OPHAL?? Edit Dr: Alhekord,Arash MD Edit Source: EPOM
10 01/22/16 2338 OPHAL?? VERIFIED in PHA
11 01/22/16 2338 Interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0517 Interface order's status changed from IN PRC to CMP by PHA

Electronically signed by Alhekord,Arash MD on 01/22/16 at 2324

Order Date: 01/22/16 ----Service----

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.CODE	MEDICATION	20160122-0025	01/22/16	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider :
RX: 31342951 Start: 01/22/16 2330 PRN CMP
Stop:

diphenhydrAMINE Cap (Benadryl Cap)
Dose: 50 MG
Route: PO Direction: Q30M PRN
PRN Reason: INSOMNIA

Order's Audit Trail of Events
1 01/22/16 2324 DR.ALBAR Order ENTER in POM
2 01/22/16 2324 DR.ALBAR Order from set: BEHAVIORAL HEALTH HOLDING
3 01/22/16 2324 DR.ALBAR Ordering Doctor: Alhekord,Arash MD
4 01/22/16 2324 DR.ALBAR Order Source: EPOM
5 01/22/16 2324 DR.ALBAR Signed by Alhekord,Arash MD
6 01/22/16 2324 Interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2337 OPHAL?? EDIT in PHA

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN BRITTNEY A/S: 25 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: [illegible] DISCHARGE: 01/23/16
RM: STATUS: [illegible]
ATTEND DR: Albekord,Arash MD BD: UNIT NO: D002318050
REPORT STATUS: FINAL

8 01/22/16 2337 DPHALDS EDIT
9 01/22/16 2337 DPHALDS Edit Dr. Albekord,Arash MD Edit Source EDCM
10 01/22/16 2337 DPHALDS VERIFIED in PHA
11 01/22/16 2337 interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0512 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0512 interface order's status changed from IN PRC to COMP by PHA

Electronically Signed by Albekord,Arash MD on [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED CODES	MEDICATION	20160122-0026	01/22/16	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider -
RX: 01342992 Start: 01/22/16 2330 PRN CMP
Stop:

diphenhydrAMINE Inj (Benadryl Inj)
Dose: 50 MG
Route: IV Direction: Q6H PRN
PRN Reason: INSOMNIA

Order's Audit Trail of Events
1 01/22/16 2324 DR.ALBAR Order ENTER in PCM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor Albekord,Arash MD
4 01/22/16 2324 DR ALBAR Order Source EPCM
5 01/22/16 2324 DR ALBAR Signed by Albekord,Arash MD
6 01/22/16 2324 interface order's status changed from UNVER to LOGGED by PHA
7 01/22/16 2337 DPHALDS EDIT in PHA
8 01/22/16 2337 DPHALDS EDIT
9 01/22/16 2337 DPHALDS Edit Dr. Albekord,Arash MD Edit Source EDCM
10 01/22/16 2337 DPHALDS VERIFIED in PHA
11 01/22/16 2337 interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0512 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0512 interface order's status changed from IN PRC to COMP by PHA

Electronically Signed by Albekord,Arash MD on 01/22/16 at 2324

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED CODES	MEDICATION	[illegible]	01/22/16	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider -
RX: 01342993 Start: 01/22/16 2330 PRN CMP
Stop:

diphenhydrAMINE Inj (Benadryl Inj)
Dose: 50 MG
Route: IV Direction: Q6H PRN
PRN Reason: INSOMNIA

Order's Audit Trail of Events
1 01/22/16 2324 DR ALBAR Order ENTER in PCM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor Albekord,Arash MD
4 01/22/16 2324 DR ALBAR Order Source EPCM

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN, BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: [illegible] ER1 DISCH/DEP: 01/23/16
RM: STATUS: IR
ATTEND DR: Albekord, Arash MD BD: UNIT NO: D002318050
REPORT STATUS: FINAL

5 01/22/16 2324 DR.ALBAR Signed by Albekord,Arash MD
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2337 DPHAL[illegible] EDIT in PHA
8 01/22/16 2337 DPHAL[illegible] EDIT
9 01/22/16 2337 DPHAL[illegible] Edit Dr Albekord,Arash MD Edit Source EPOM
10 01/22/16 2337 DPHAL[illegible] VERIFIED in PHA
11 01/22/16 2337 interface order's status changed from LOGGED to IN PRO by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0517 interface order's status changed from IN PRO to COMP by PHA

Electronically signed by Albekord,Arash MD on 01/22/16 at 2324 [illegible]

Order Date: 01/22/16 —Service—

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.CODE	MEDICATION	20160122-5028	01/22/16	2330	R		E	CMP	ALBAR

Other Provider: Sig Lvl Provider:
RX 31342093 Start: 01/22/16 2330 PRN CHP
Stop:

Haloperidol Tab (Haldol Tab)
Dose: 5 MG
Route: PO Direction: Q4H PRN
PRN Reason: AGITATION

Order's Audit Trail of Events
1 01/22/16 2324 DR.ALBAR Order ENTER in POM
2 01/22/16 2324 DR.ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR.ALBAR Ordering Doctor Albekord,Arash MD
4 01/22/16 2324 DR.ALBAR Order Source EPOM
5 01/22/16 2324 DR.ALBAR Signed by Albekord,Arash MD [illegible]
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2336 DPHAL[illegible] EDIT in PHA
8 01/22/16 2336 DPHAL[illegible] EDIT
9 01/22/16 2336 DPHAL[illegible] Edit Dr Albekord,Arash MD Edit Source EPOM
10 01/22/16 2336 DPHAL[illegible] VERIFIED in PHA
11 01/22/16 2336 interface order's status changed from LOGGED to IN PRO by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0517 interface order's status changed from IN PRO to COMP by PHA

Electronically signed by Albekord,Arash MD on 01/22/16 at 2324 [illegible]

Order Date: 01/22/16 —Service—

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED.CODE	MEDICATION	20160122-5029	01/22/16	2330	R		E	CMP	ALBAR

Other Provider: Sig Lvl Provider:
RX: 31342954 Start: 01/22/16 2330 PRN CHP
Stop:

Haloperidol Lactate Inj (Haldol Inj)
Dose: 5 MG
Route: IM Direction: Q4H PRN
PRN Reason: AGITATION

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN, BRITTNEY
ACCOUNT NO: D00112766312
ATTEND DR: Albekord Arash, MD
REPORT STATUS: FINAL

A/S: 26 F
LOC: D ER1
RM:
BD:

ADMIT: 01/22/16
DISCH/DEP: 01/23/16
STATUS: [illegible]
UNIT NO: D002318050

Order's Audit Trail of Events

1 01/22/16 2324 DR ALBAR Order ENTER in POM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor Albekord Arash MD
4 01/22/16 2324 DR ALBAR Order Source EPOM
5 01/22/16 2324 DR ALBAR Signed by Albekord Arash MD [illegible]
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 [illegible] DPHALDS EDIT in PHA
8 01/22/16 2337 DPHALDS EDIT
9 01/22/16 2337 DPHALDS Edit Dr Albekord Arash MD Edit Source EPOM
10 01/22/16 2337 DPHALDS VERIFIED in PHA
11 01/22/16 2338 interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0517 interface order's status changed from IN PRC to COMP by PHA

Electronically signed by Albekord Arash MD on 01/22/16 at 2324 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PED.CODE2	[illegible]	20160122-0030	01/22/16	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider :
RX. 31242987 Start: 01/22/16 2330 PRN CHP
Stop:

[illegible]
Dose: 2 MG
Route: PO Direction: Q3H PRN
PRN Reason: AGITATION

Order's Audit Trail of Events

1 01/22/16 2324 DR ALBAR Order ENTER in POM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor Albekord Arash MD
4 01/22/16 2324 DR ALBAR Order Source EPOM
5 01/22/16 2324 DR ALBAR Signed by Albekord Arash MD [illegible]
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2334 DPHALDS EDIT in PHA
8 01/22/16 2335 DPHALDS EDIT
9 01/22/16 2335 DPHALDS Edit Dr Albekord Arash MD Edit Source EPOM
10 01/22/16 2335 DPHALDS VERIFIED in PHA
11 01/22/16 2336 interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0517 interface order's status changed from IN PRC to COMP by PHA

Electronically signed by Albekord Arash MD on 01/22/16 at 2324 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
PED.CODE2	[illegible]	20160122-0031	01/22/16	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider :

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN, BRITTNEY A/S: 25 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: D.ER1 DISCH/DEP: 01/23/16
RM: STATUS: IN
ATTEND DR: Albekord, Arash MD BD: UNIT NO: D002318050
REPORT STATUS: FINAL

RX: 31342989 Start: 01/22/16 2330 PRN CHP
Stop:

LORazepam Inj (Ativan Inj)
Dose: 2 MG
Route: IV Direction: Q2H PRN
PRN Reason: AGITATION

Order's Audit Trail of Events
1 01/22/16 2324 DR.ALBAR Order ENTER in PCM
2 01/22/16 2324 DR.ALBAR Order from set BEHAVIORAL HEALTH HOLDING
3 01/22/16 2324 DR.ALBAR Ordering Doctor, Albekord,Arash MD
4 01/22/16 2324 DR.ALBAR Order Source, EPOM
5 01/22/16 2324 DR.ALBAR Signed By Albekord,Arash MD
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2336 DRHAL36 EDIT in PHA
8 01/22/16 2336 DRHAL36 EDIT
9 01/22/16 2336 DRHAL36 Edit Dr Albekord,Arash MD Edit Source EPOM
10 01/22/16 2336 DRHAL36 VERIFIED in PHA
11 01/22/16 2336 interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0517 interface order's status changed from IN PRC to COMP by PHA

Electronically Signed by Albekord,Arash MD on 01/22/16 at 2324

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
[illegible] [illegible] [illegible] COMP A.[illegible]
Other Provider : Sig Lvl Provider :
RX: 31342990 Start: 01/22/16 2330 PRN CHP
Stop:

LORazepam Inj (Ativan Inj)
Dose: 2 MG
Route: IV Direction: Q2H PRN
PRN Reason: AGITATION

Order's Audit Trail of Events
1 01/22/16 2324 DR.ALBAR Order ENTER in PCM
2 01/22/16 2324 DR.ALBAR Order from set BEHAVIORAL HEALTH HOLDING
3 01/22/16 2324 DR.ALBAR Ordering Doctor, Albekord,Arash MD
4 01/22/16 2324 DR.ALBAR Order Source, EPOM
5 01/22/16 2324 DR.ALBAR Signed By Albekord,Arash MD
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2336 DRHAL36 EDIT in PHA
8 01/22/16 2336 DRHAL36 EDIT
9 01/22/16 2336 DRHAL36 Edit Dr Albekord,Arash MD Edit Source EPOM
10 01/22/16 2336 DRHAL36 VERIFIED in PHA
11 01/22/16 2336 interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0517 interface order's status changed from IN PRC to COMP by PHA

Electronically Signed by Albekord,Arash MD on 01/22/16 at 2324

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN,BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: D00112766312 LOC: D.ER1 DISCH/DEP: 01/23/16
RM: STATUS: IR
ATTEND DR: Albekord,Arash MD BD: UNIT NO: D002318060
REPORT STATUS: FINAL

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
MED CODE MEDICATION 20160122-0033 01/22/16 2330 R E CMP ALBAR
Other Provider : Sig Lvl Provider :
RX: 31[illegible] Start: 01/22/16 2330 PRN CMP
Stop:

Acetaminophen Tab (Tylenol Tab)
Dose: 1000 MG
Route: PO Direction: Q6H PRN
PRN Reason: MILD PAIN 1-3/10

Order's Audit Trail of Events
1 01/22/16 2324 DR ALBAR Order ENTER in POM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor Albekord,Arash MD
4 01/22/16 2324 DR ALBAR Order Source EPOM
5 01/22/16 2324 DR ALBAR Signed by Albekord,Arash MD [illegible]
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2336 DPHAL[illegible] EDIT in PHA
8 01/22/16 2336 DPHAL[illegible] EDIT
9 01/22/16 2336 DPHAL[illegible] Edit Dr Albekord,Arash MD Edit Source EPOM
10 01/22/16 2336 DPHAL[illegible] VERIFIED in PHA
11 01/22/16 2336 interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0517 interface order's status changed from IN PRC to CMP by PHA

Electronically signed by Albekord,Arash MD on 01/22/16 at 2324 [illegible]

Order Date: 01/22/16 ---Service---
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
MED CODE MEDICATION 20160122-0034 01/22/16 2330 R E CMP ALBAR
Other Provider : Sig Lvl Provider :
RX: 31342950 Start: 01/22/16 2330 PRN CMP
Stop:

Ibuprofen Tab (Motrin Tab)
Dose: 800 MG
Route: PO Direction: Q8H PRN
PRN Reason: MODERATE PAIN 4-7/10

Order's Audit Trail of Events
1 01/22/16 2324 DR ALBAR Order ENTER in POM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor Albekord,Arash MD
4 01/22/16 2324 DR ALBAR Order Source EPOM
5 01/22/16 2324 DR ALBAR Signed by Albekord,Arash MD [illegible]
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2336 DPHAL[illegible] EDIT in PHA
8 01/22/16 2336 DPHAL[illegible] EDIT
9 01/22/16 2336 DPHAL[illegible] Edit Dr Albekord,Arash MD Edit Source EPOM
10 01/22/16 2336 DPHAL[illegible] VERIFIED in PHA
11 01/22/16 2336 interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 01/23/16 0517 interface order's status changed from IN PRC to CMP by PHA

Electronically signed by Albekord,Arash MD on 01/22/16 at 2324 [illegible]

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN, BRITTNEY
ACCOUNT NO: D00112766312
ATTEND DR: [illegible]
REPORT STATUS: FINAL

A/S: 29 F
LOC: [illegible].ER1
RM:
BD:

ADMIT: 01/22/16
DISCH/DEP: 01/23/16
STATUS: [illegible]
UNIT NO: [illegible]

Order Date: 01/22/16 ---Service---

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED CODE2	MEDICATION	20160122-0096	01/22/16	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider :
RX: [illegible]
Start: [illegible] PRN CMP
Stop:

TraMADol Tab (Ultram Tab)
Dose: 50 MG
Route: PO Direction: Q6H PRN
PRN Reason: [illegible] PAIN [illegible]

Order's Audit Trail of Events

1 01/22/16 2324 DR ALBAR Order ENTER in OCM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor: [illegible] MD
4 01/22/16 2324 DR ALBAR Order Source: EDOM
5 01/22/16 2324 DR ALBAR Signed by [illegible] MD [illegible]
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2335 DPHALDS EDIT in PHA
8 01/22/16 2335 DPHALDS EDIT
9 01/22/16 2335 DPHALDS [illegible] MD [illegible] Source: [illegible]
10 01/22/16 2335 DPHALDS VERIFIED in PHA
11 01/22/16 2335 DPHALDS VIEWED LAB TEST RESULTS in PHA
12 01/22/16 2335 DPHALDS VIEWED LAB TEST RESULTS
13 01/22/16 2335 DPHALDS Test Group RXCREAT
14 01/22/16 2335 DPHALDS 01/22/16 2050 CREAT 0.74 0.50-0.90 mg/dL
15 01/22/16 2335 interface order's status changed from LOGGED to IN PRC by PHA
16 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
17 01/23/16 0517 interface order's status changed from IN PRC to CMP by PHA

[illegible]

Order Date: 01/22/16 ---Service---

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED CODE2	MEDICATION	[illegible]	[illegible]	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider :
RX: 51245003
Start: 01/22/16 2330 PRN CMP
Stop:

Ondansetron ODT Tab (Zofran ODT Tab)
Dose: 4 MG
Route: PO Direction: Q4H PRN
PRN Reason: NAUSEA

Order's Audit Trail of Events

1 01/22/16 2324 DR ALBAR Order ENTER in OCM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor: [illegible] MD
4 01/22/16 2324 DR ALBAR Order Source: EDOM
5 01/22/16 2324 DR ALBAR Signed by [illegible] MD [illegible]
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2333 DPHALDS VERIFIED in PHA
8 01/22/16 2333 interface order's status changed from LOGGED to IN PRC by PHA
9 01/23/16 0517 DISCHARGE DISCONTINUE in PHA

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN BRITTNEY A/S: 29 F ADMIT: 01/22/16
ACCOUNT NO: E00112766312 LOC: [illegible] ER1 DISCH/DEP: 01/23/16
RM: STATUS: [illegible]
ATTEND DR: Albekord Arash MD BD: UNIT NO: D002318050
REPORT STATUS: FINAL

17 01/23/16 0617 interface order's status changed from IN PRC to COMP by PHA

Electronically signed by Albekord,Arash MD on 01/22/16 at 2324 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED CODE	MEDICATION	20160122-0037	01/22/16	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider :
RX. 31342097 Start: 01/22/16 2330 PRN CMP
Stop:

Magnesium Hydroxide Susp (MILK OF Magnesia Suspension)
Dose: 30 ML
Route: PO Direction: DAILY PRN
PRN Reason: CONSTIPATION

Order's Audit Trail of Events

1 01/22/16 2324 DR ALBAR Order ENTER in POM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor Albekord,Arash MD
4 01/22/16 2324 DR ALBAR Order Source EPOM
5 01/22/16 2324 DR ALBAR Signed by Albekord Arash MD [illegible]
6 01/22/16 2324 interface order's status changed from TRANS to LOGGED by PHA
7 01/22/16 2335 OPHALDS EDIT in PHA
8 01/22/16 2335 OPHALDS EDIT [illegible]
9 01/22/16 2335 OPHALDS Edit Dr Albekord,Arash MD Edit Source EPOM
10 01/22/16 2338 OPHALDS VERIFIED in PHA
11 01/22/16 2338 OPHALDS [illegible] in PHA
12 01/22/16 2338 OPHALDS VIEWED LAB TEST RESULTS
13 01/22/16 2338 OPHALDS Test Group RACREAT
14 01/22/16 2338 OPHALDS 01/22/16 2050 CREAT 0.74 0.50-0.80 mg/dL
15 01/22/16 2338 interface order's status changed from LOGGED to IN PRC by PHA
16 01/23/16 0617 DISCHARGE DISCONTINUE in PHA
17 01/23/16 0617 interface order's status changed from IN PRC to COMP by PHA

Electronically signed by Albekord,Arash MD on 01/22/16 at 2324 [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
MED CODE	MEDICATION	20160122-0038	01/22/16	2330	R		E	CMP	ALBAR

Other Provider : Sig Lvl Provider :
RX. 31342098 Start: 01/22/16 2330 PRN CMP
Stop:

Famotidine Tab (Pepcid Tab)
Dose: 20 MG
Route: PO Direction: BID PRN
PRN Reason: DYSPEPSIA

Order's Audit Trail of Events

1 01/22/16 2324 DR ALBAR Order ENTER in POM
2 01/22/16 2324 DR ALBAR Order from set BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR ALBAR Ordering Doctor Albekord,Arash MD
4 01/22/16 2324 DR ALBAR Order Source EPOM
5 01/22/16 2324 DR ALBAR Signed by Albekord,Arash MD [illegible]

PERMANENT MEDICAL RECORD COPY

PATIENT: JENSEN, BRITTNEY
ACCOUNT NO: [illegible]
ATTEND DR: Alsakord,Arash MD
REPORT STATUS: FINAL

A/S: 29 F
LOC: [illegible] ER1
RM:
BD:

ADMIT: 01/22/16
DISCH/DEP: 01/23/16
STATUS: IR
UNIT NO: [illegible]

6 01/22/16 2329 interface order's status changed from TRANS to LOGGED by PHA
7 [illegible] EDIT in PHA
8 01/22/16 2335 DPHAL35 EDIT
9 01/22/16 2335 DPHAL35 Edit Dr: Alsakord,Arash MD Edit Source: EPOP
10 01/22/16 2335 DPHAL35 VERIFIED in PHA
11 01/22/16 2335 interface order's status changed from LOGGED to IN PRC by PHA
12 01/23/16 0517 DISCHARGE DISCONTINUE in PHA
13 [illegible] interface order's status changed from IN PRC to [illegible] by PHA

Electronically signed by Alsakord,Arash MD [illegible]

Order Date: 01/22/16

Category	Procedure Name	Order Number	Service Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR PHYS	Discharge Communication	20160122 2015	01/22/16	2324			E	IRR	ALBAR

Other Provider : Sig Lvl Provider :
Press <Enter> for Order Details Below

Comment: FOR NON LEGAL HOLD PATIENTS ONLY
safe discharge when:
- Awake, alert, oriented
- Able to ambulate with steady gait
- Tolerate oral intake
- [illegible]

Order's Audit Trail of Events
1 [illegible] 2324 DR.ALBAR Order [illegible] in POM
2 01/22/16 2324 DR.ALBAR Order from set: BEHAVIORAL HEALTH HOLDING*
3 01/22/16 2324 DR.ALBAR Ordering Doctor: Alsakord,Arash MD
4 01/22/16 2324 DR.ALBAR Order Source: EPCH
5 [illegible]
6 01/22/16 2324 interface order's status changed from TRANS to ACTIVE by PHA

Electronically signed by Alsakord,Arash MD on 01/22/16 at 2324 [illegible]

** IDEV END OF REPORT **

PERMANENT MEDICAL RECORD COPY

CLARK MEDIC WEST (NV)
PRE-HOSPITAL CARE REPORT

Case #: 160018882 | Unit ID: M589 | Date: 1/22/2016

SERVICE	DISPATCH INFORMATION	TIMES
FROM: 356 E DESERT INN RD CLARK COUNTY, NV 89109 (HOME/RESIDENCE) TO: SUNRISE HOSP MED CNTR 3186 SOUTH MARYLAND PARKWAY LAS VEGAS, NV 89109 (HOSPITAL - ED) ROOM/DEPT: ED DESTINATION DECISION: CLOSEST/MOST APPROPRIATE	CALLER: CAD2CAD RESPONSE MODE: LIGHTS AND SIREN TRANSPORT MODE: NO LIGHTS AND SIREN ALS ASSESSMENT: MWA PARAMEDIC DISPOSITION: TRANSPORTED - TO HOSPITAL	CALL RECEIVED: 18:55:16 DISPATCHED: 18:55:32 ENROUTE: 18:55:58 AT SCENE: 19:08:36 AT PT SIDE: 19:12:00 TRANSPORT: 19:25:13 ARRIVAL: 19:30:09 AVAILABLE: 20:39:00 DEST MILES: 6.4 TOTAL MILES: 6.4

PATIENT DEMOGRAPHICS

NAME: JENSEN, BRITTANY
ADDRESS: 356 E DESERT INN RD APT/SUITE # 111
CITY, STATE ZIP: las vegas, NV 89109 USA
PHONE: (408)369-1574
CELL PHONE:
SSN: xxxx-xx-3723

DOB: 12/12/1986
AGE: 29
GENDER: FEMALE
ETHNICITY: CAUCASIAN

INSURANCE	POLICY	GROUP
AMERIGROUP	00001996784	

RESPONSIBLE PARTY: JENSON, BRITTANY
PHONE:
HOSPITAL MRN:
HOSPITAL FIN:

NAME OF EMPLOYER: ?
EMPLOYER PHONE:
SUPERVISOR:
SUPERVISOR PHONE:

MEDICAL HISTORY

HISTORY OBTAINED FROM: NOT OBTAINED
MEDICAL HISTORY: UNKNOWN - UNABLE TO OBTAIN
ALLERGIES: NOT KNOWN,
ALLERGY DESCRIPTION:

HISTORY OF PRESENT ILLNESS

CHIEF COMPLAINTS

PT. STATED COMPLAINT: ASSAULT, CHIEF COMPLAINT CATEGORY: MULTIPLE TRAUMATIC INJURIES, CHIEF COMPLAINT CATEGORY: MULTIPLE TRAUMATIC INJURIES, CHIEF COMPLAINT CATEGORY: MULTIPLE TRAUMATIC INJURIES, CHIEF COMPLAINT CATEGORY: MULTIPLE TRAUMATIC INJURIES, ONSET: ACUTE

TRAUMA TRIAGE

ACTIVATION LEVEL:

PHYSICAL FINDINGS

WEIGHT: 230 LBS. 104 KG

PHYSICAL ASSESSMENT

HEAD: E

LEFT EYE

POSITIVE: CONTUSION/ECCHYMOSIS, EDEMA/SWELLING - TRAUMATIC, FRACTURE - POSSIBLE, INCISION/LACERATION, PAIN/TENDERNESS - ON PALPATION

RIGHT PARIETAL SKULL/SCALP

POSITIVE: BLEEDING - CONTROLLED, PAIN/TENDERNESS - ON PALPATION, ABRASION

OCCIPITAL SKULL/SCALP

POSITIVE: BLEEDING - CONTROLLED, ABRASION

NECK: E

ANTERIOR NECK

POSITIVE: ABRASION

EXTREMITIES: E

RIGHT ARM

POSITIVE: CONTUSION/ECCHYMOSIS

CHEST: SYMMETRIC WITH BILATERAL CHEST RISE/FALL, NO CREPITUS

ABDOMEN: SOFT, NON-TENDER, NON-DISTENDED

PELVIS: STABLE, NO CREPITUS OR DEFORMITY

BACK: NO CREPITUS, DEFORMITY, PAIN

IMPRESSION

PRIMARY IMPRESSION: TRAUMA - HEAD INJURY

SECONDARY IMPRESSION: TRAUMA - SOFT TISSUE

VITAL SIGNS

TIME	BLOOD PRESSURE	PULSE	RESP	GLASCOW COMA SCALE E	V	M	TOTAL	EKG	SPO2	BLOOD GLUCOSE	PAIN SCALE
19:12	126/82 (97)	128	22	4	4	6	14				10 /10
19:22											10 /10
19:25	126/08 (101)	1[illegible]	22	4	4	6	14				

TREATMENTS

PTA	TIME	CAREGIVER	PROCEDURE
	19:12	RUGNIS-KOTT, AMANDA, MWA	PAIN SCALE 10 ON A SCALE OF 10
	19:12	RUGNIS-KOTT, AMANDA, MWA	VITAL SIGNS -
			GLASGOW COMA SCALE: GCS EYES: 4, GCS VERBAL: 4, GCS MOTOR: 6, GCS SCORE: 14
			VITALS: BP: 126/82, PULSE: 128, PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 22; RESPIRATORY DEPTH: SHALLOW; RESPIRATORY EFFORT: NORMAL
	19:22	RUGNIS-KOTT, AMANDA, MWA	PAIN SCALE 10 ON A SCALE OF 10
	19:25	RUGNIS-KOTT, AMANDA, MWA	VITAL SIGNS -
			GLASGOW COMA SCALE: GCS EYES: 4, GCS VERBAL: 4, GCS MOTOR: 6; GCS SCORE: 14
			VITALS: BP: 126/08, PULSE: 133, PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: CARDIAC MONITOR; RESPIRATORY RATE: 22; RESPIRATORY DEPTH: SHALLOW; RESPIRATORY EFFORT: NORMAL

NARRATIVE

CREW CALLED TO APARTMENT COMPLEX FOR A 29 YEAR OLD FEMALE WHO WAS ASSAULTED. CREW HELD SHORT WITH CCFD FOR APPROX 10 MINUTES PRIOR TO LVMPD CLEARING THE SCENE. CREW ENTERED APARTMENT TO FIND PATIENT SITTING UP IN A CHAIR, CRYING HYSTERICALLY AND SCREAMING THAT HER HEAD HURTS. PATIENT WAS A/O X 4, GCS 15. PATIENT HAD VISUAL GROSS TRAUMA TO THE FACE, LEFT EYE SHOWED SIGNIFICANT CONTUSIONS AND SWOLLEN ALMOST COMPLETELY SHUT. PATIENT HAD BLOOD TRAILS ON HER FOREHEAD FROM HAIR TORN FROM HER SCALP. PATIENT SHOWED ABRASIONS TO HER NECK WHERE HER BOYFRIEND ALLEGEDLY TRIED TO STRANGLE HER WITH UNKNOWN OBJECT. BETWEEN BOUTS OF HYSTERIA, PATIENT ANSWERED QUESTIONS APPROPRIATELY, ALTHOUGH SHE ADMITS TO ETOH CONSUMPTION PRIOR TO OUR ARRIVAL.

TRANSFERRED PATIENT TO AMBULANCE VIA GURNEY IN SEMI FOWLERS POSITION. PATIENT WENT BACK AND FORTH FROM WANTING TO GO BECAUSE "HER HEAD HURTS SO BAD" AND FIGHTING TO GET OFF THE GURNEY TO RUN BACK INTO HER APARTMENT. VITALS OBTAINED AND WITHIN NORMAL PARAMETERS PUPILS EQUAL AND REACTIVE, BLOOD GLUCOSE OF 100, NO FURTHER TREATMENTS RENDERED DUE TO EXTREME PATIENT AGITATION. AS WE APPROACHED THE HOSPITAL AND ATTEMPTED TO GAIN MORE INFORMATION, PATIENT BEGAN ANSWERING QUESTIONS INAPPROPRIATELY, INFORMING US THAT IT WAS 1986. GCS WAS 14 AT THIS POINT. PATIENT DENIES ANY PAIN ASIDE FROM HER HEAD, DRUG USE, SHORTNESS OF BREATH, NAUSEA OR VOMITING, AND ANY PRIOR MEDICAL HISTORY.

TRANSPORTED PATIENT CODE 2 TO SUNRISE TRAUMA ACCOMPANIED BY ONE CCFD RIDER AND METRO FOLLOWING BEHIND AMBULANCE. TRANSFERRED CARE TO TRAUMA RN.

FOLLOW-UP CARE

FOLLOW-UP: ☐ FOLLOW-UP DATE: FOLLOW-UP TIME:

FOLLOW-UP CARE: ☐

RUN COMPLETION

OTHER CAREGIVERS

CAREGIVER NAME:

CERTIFICATION:

AGENCY: LVMPD

ROLE:

PRIVACY PRACTICES: THE NOTICE OF PRIVACY PRACTICES WAS UNABLE TO BE PROVIDED

PRE-HOSPITAL CARE REPORT SIGNATURES
CLARK MEDIC WEST

Case #: 160018982 Unit ID: M538 Date: 1/27/2016

AMR CREW MEMBERS

CREW 1
NAME: FUGNE-KOTT, AMANDA MWA
NUMBER: 116087
CERTIFICATION: Paramedic

CREW 2
NAME: KAY, JOHN,MWA
NUMBER: 56987
CERTIFICATION: Paramedic

OTHER CAREGIVERS

NAME: C
AGENCY: LVMPD
CERTIFICATION: C
REASON FOR OTHER CAREGIVER:

American Medical Response

Run Number 160018862 Date and Time of Transport 1/22/2016 at 19:25:19

Patient Name jensen, brittany

Destination SUNRISE HOSP MED CNTR, 3186 SOUTH MARYLAND PARKWAY, LAS VEGAS, NV 89109

I acknowledge that I am legally responsible for the ambulance services provided to me. I request and assign payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to AMR directly for any ambulance services and supplies furnished to me by AMR whether in the past, now, or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as well as AMR, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services whether in the past, now or in the future. I agree to cooperate with AMR or its agent in collecting any such benefits. I acknowledge that I have been provided with a copy of AMR's Notice of Privacy Practices. I expressly authorize AMR or it agents or associates to contact me or any responsible party at any phone number provided, including any cellular phone number provided, for the purpose of resolving any unpaid balances or other pertinent issues. Patient or Guarantor agrees that such contact may be made to any mailing address, telephone number, cellular phone number, e-mail address, or any other electronic address that Patient or Guarantor has provided, or may in the future provide, to AMR. Patient or Guarantor agrees and acknowledges that any e-mail address or any other electronic address that Patient or Guarantor provides to AMR is Patient's or Guarantor's private address and cannot be accessed by unauthorized third parties. Patient or Guarantor agrees that in addition to individual persons attempting to communicate directly with Patient or Guarantor, any type of contact described above may be made using, among other methods, pre-recorded or artificial voice messages delivered by an automatic telephone dialing system, pre-set e-mail messages delivered by an automatic e-mailing system, or any other pre-set electronic messages delivered by any other automatic electronic messaging system. Patient or Guarantor also authorizes AMR or its agents or associates to obtain a credit report to assist in the collection of any unpaid balances. Nothing herein shall relieve me from the direct financial responsibility for any charges not paid by an insurer. I further agree to send promptly to AMR any payments that an insurer forwards to me

Signature of Patient Date

REPRESENTATIVE SIGNATURE

Reason Patient could not Sign: Appears to be under the influence of an intoxicant

By signing below, I certify that I am one of the following individuals and that I am authorized to sign on the patient's behalf (check one):

Signature of Representative Printed Name of Representative Date

FACILITY SIGNATURE

Complete this section only if you are unable to obtain the signature of the patient or authorized representative listed above.

Reason Patient could not Sign: Appears to be under the influence of an intoxicant

By signing below, I certify that the above named patient was physically or mentally incapable of signing at the time of transport and that none of the individuals listed in 42 C.F.R. §424.36(b)(1)-(3) was available or willing to sign the claim on behalf of the beneficiary.

1/22/2016

Crew Signature Crew Date

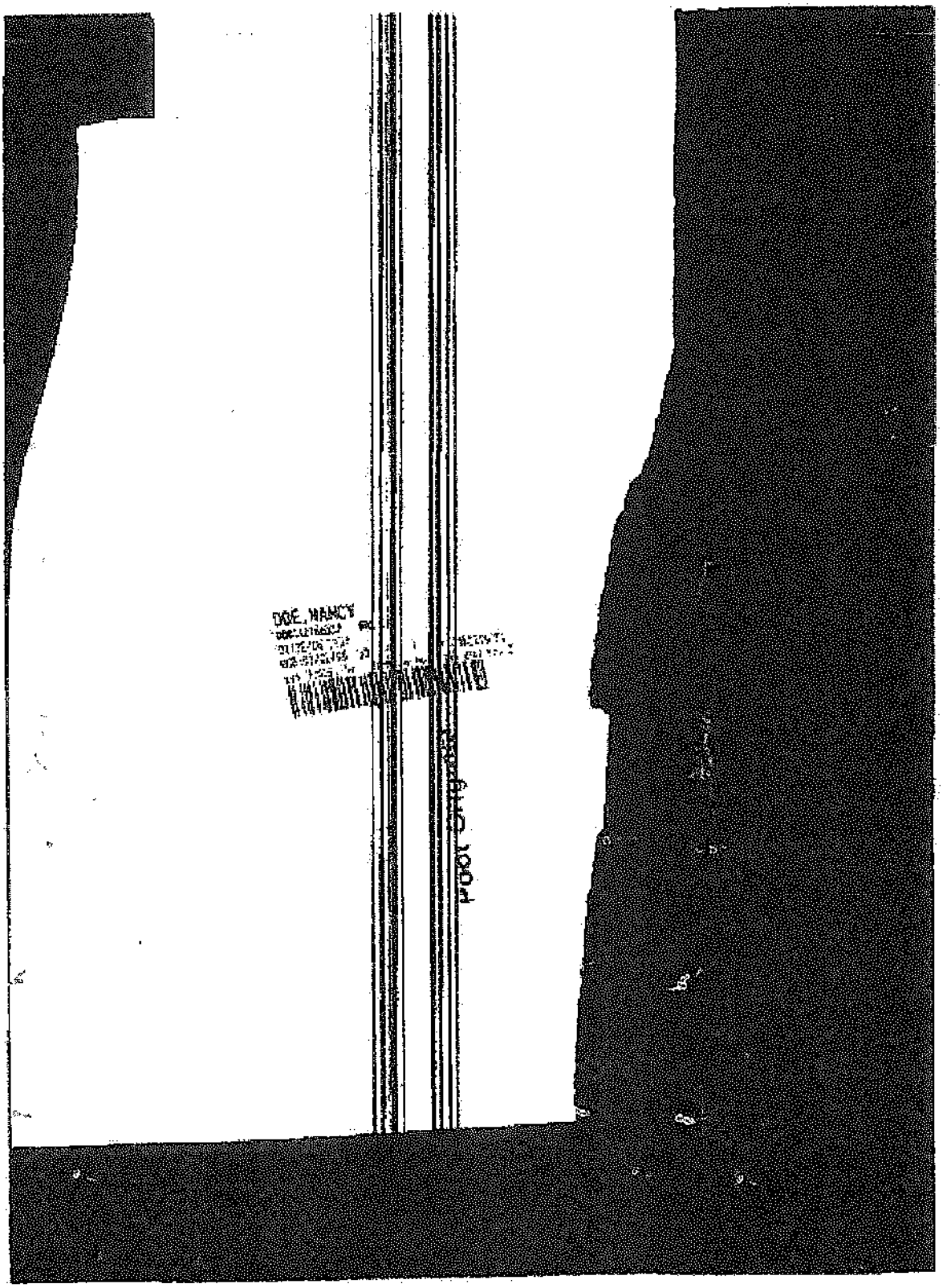
This section is to be complete by a representative of the receiving facility, whenever you are unable to obtain the signature of the patient or an authorized representative. Note: The crew must also complete the Crew Signature Section above.

Name and Location of Facility SUNRISE HOSP MED CNTR 3186 SOUTH MARYLAND PARKWAY

The above named patient, as described by AMR, was received by our facility, which provided care or assistance to the patient, on the date and time set forth above

Signature of Receiving Representative	1/22/2016 Date
julie Printed Name of Receiving Facility Representative	Registered Nurse Title

AMR is required to obtain this form in order to submit a claim for payment to Medicare or other third party payer. This Signature is not an acceptance of financial responsibility for the patient.


DOE, NANCY

SUNRISE HOSPITAL AND MEDICAL CENTER
3186 S MARYLAND PKWY, LAS VEGAS, NV 89109
RPT LAB DISCHARGE SUMMARY RPT W/o Pathology

D.P. Hammadeh, MD-Laboratory Director, D.P. Hammadeh, MD-Director Point of Care Lab

PATIENT: JENSEN,BRITTNEY | ACCT #: D001127566312 LOC: D.ER1 | U #: D002318050
AGE/SX: 29/F | ACCT: | REG. 01/21/14
REQ DR: Allegood,Aesah MD | STATUS: DSP ER | BED | DIS:

*** HEMATOLOGY ***

Date / Time	01/22/14 0053				Reference	Units
WBC	16.2	H			(4.0-10.0)	K/MM3
RBC	4.99				(4.20-5.50)	M/MM3
HGB	15.8				(12.0-16.0)	GM/DL
HCT	44.6				(36.0-48.0)	%
MCV	89				(80-100)	FL
MCH	31.6				(27.0-33.0)	PG
MCHC	35.2				(32.0-37.0)	G/DL
RDW	11.6				(11.5-14.5)	%
PLT	284				(150-450)	K/MM3
MPV	10.1				(7.4-10.4)	FL
IMM GRAN %	0.3				(0.1-0.3)	
NUCLEATED RBCS	0				(NONE)	/100WBCS
NEUT %	83.4					
LYMPH %	11.3					
MONO %	4.2					
EOS %	0.5					
BASO %	0.4					
NRBC #	0.00				(0-0)	K/MM3
NEUT #	13.5	H			(1.8-7.7)	K/MM3
IMM GRAN #	0.05	H			(0.01-0.02)	K/MM3
LYMPH #	1.8				(1.0-4.8)	K/MM3
MONO #	0.7				(0.2-1.0)	K/MM3
EOS #	0.1				(0.0-0.5)	K/MM3
BASO #	0.1				(0.0-0.2)	K/MM3

*** CHEMISTRY ***

ROUTINE CHEMISTRY

Date / Time	01/22/14 0053				Reference	Units
NA	143				(134-145)	mmol/L
K	3.5				(3.4-5.0)	mmol/L
CL	115	H			(98-109)	mmol/L
CO2	20				(20-31)	mmol/L
ANION GAP	10				(5-16)	mmol/L
GLUCOSE RANDOM	82				(70-139)	mg/dL
BUN	10				(5-23)	mg N/DL
CREATININE	0.74				(0.50-0.90)	mg/dL
ESTIMATED GFR	>60(A)				(>60)	ml/min

(A) Calculation for Caucasian is based on standard body surface area of 1.73 meters squared.

TOTAL PROTEIN	7.0				(6.7-8.2)	g/dL
ALBUMIN	4.4				(3.2-4.8)	g/dL
A/G RATIO	1.7				(0.9-1.8)	

062

IPF LAB DISCHARGE SUMMARY RPT w/o Pathology

D.P. Marmaduke, MD-Laboratory Director, D.P. Marmaduke, MD-Director Point of Care Lab

Patient: JENSEN,BRITTNEY D00112766312 (Continued)

*** CHEMISTRY *** (continued)

ROUTINE CHEMISTRY

Date	01/22/16					Reference	Units
Time	2053						
CALCIUM	9.0					(8.5-10.4)	mg/dL
TOTAL BILIRUBIN	0.3					(0.2-1.3)	mg/dL
SGOT/AST	36	H				(7-35)	U/L
SGPT/ALT	40	H				(7-34)	U/L
TOTAL ALK PHOS	100					(45-129)	U/L

RPT LAB DISCHARGE SUMMARY RPT w/o Pathology

D.P. Marmaduke, MD-Laboratory Director, D.P. Marmaduke, MD-Director Point of Care Lab

Patient: JENSEN,BRITTNEY D00112766312 (Continued)

*** TOXICOLOGY ***

DRUG SCREEN

Date Time	01/22/16 2053		Reference	Units
ALCOHOL BLOOD	[illegible]	N	(NONE DETECTED)	mg/dL

Patient: JENSEN, BRITTNEY FD00112766312 (Continued)

0122 82,0301735 CAN, Coll: 01/22/16-1749 Recd = (R617857176) Foreman, Robyn E
Ordered: POSHA, DANISH
Comment: PT DISCHARGED
0122 82,0322735 CAN, Coll: 01/22/16-2233 Recd = (R617857726) Albeboini, Aziat
Ordered: CHP
Comment: CONSOLIDATION OF ORDERS TO 02039

SUNRISE HOSPITAL ER RADIOLOGY
SUNRISE CHILDRENS HOSPITAL
3186 S MARYLAND PKWY
LAS VEGAS NV 89109
PHONE #: (702)731-8060
FAX #: (702)731-8308

Name: JENSEN,BRITTNEY
Phys: Foreman,Robyn R PA-C
DOB: 12/12/1986 Age: 29 Sex: F
Acct: D00112766312 Loc: D.ER1
Exam Date: 01/22/2016 Status: REG ER
Radiology No:
Unit No: D002318050

EXAMS:	REASON FOR EXAM:	CPT CODE:
004721583 CT BRAIN W/O CONTRAST	16 - Head injury: Assaults	70450

PROCEDURE: CT BRAIN WITHOUT IV CONTRAST.

DATE: 1/22/2016 8:20 PM

CLINICAL HISTORY: 29-year-old female with head injury status post assault.

TECHNIQUE: Noncontrast axial images of the brain were obtained from the vertex to the skull base.

COMPARISONS: None.

FINDINGS: Right frontal and left periorbital soft tissue swelling. The globes are intact. No retro-orbital hematoma. Old appearing fracture of the left lamina papyracea without fluid in the adjacent ethmoid sinus No intracranial hemorrhage, soft tissue mass or hydrocephalus are present. No midline shift or abnormal extra-axial fluid collection. No effacement of the basilar cisterns. The orbits are unremarkable. The bony calvaria appears intact. The paranasal sinuses and mastoid air cells are clear. Nasal and tongue piercing.

IMPRESSION:

1. No acute traumatic brain injury or intracranial hemorrhage.
2. Right frontal and left periorbital soft tissue swelling.
3. No skull fracture.
4. Old left lamina papyracea fracture.

** Electronically Signed by Lindsey C. Blake M.D. **
** on 01/22/2016 at 2037 **
Reported and signed by: Lindsey C. Blake M.D.

CC: Robyn R PA C Foreman

Dictated Date/Time: 01/22/2016 (2037)
Tech: BRANDON C BARNETT Fluoro Time: DAP (Gy m2):

Air Kerma: CTDI: 93 CTDI/DLP: 713
Transcbd Dt/Tm: 01/22/2016 (2037) PWS
Electronic Signature Date/Time: 01/22/2016 (2037)
Orig Print D/T: S: 01/22/2016 (2039)
BATCH NO: N/A

SUNRISE HOSPITAL ER RADIOLOGY
SUNRISE CHILDRENS HOSPITAL
3186 S MARYLAND PKWY
LAS VEGAS NV 89109
PHONE #: (702)731-8060
FAX #: (702)731-8306

Name: JENSEN,BRITTNEY
Phys: Forsman,Robyn R PA-C
DOB: 12/12/1986 Age: 29 Sex: F
Acct: D001127663l2 Loc: D.ER1
Exam Date: 01/22/2016 Status: REG ER
Radiology No:
Unit No: D002318050

EXAMS:	REASON FOR EXAM:	CPT CODE:
004721584 CT CERVICAL SPINE W/O C	assualt neck pain	72125

PROCEDURE: CT cervical spine without contrast

DATE: 1/22/2016 8:20 PM

HISTORY: Trauma. Head injury.

COMPARISON: NONE

FINDINGS: There is no significant degenerative disc disease. No fracture or subluxation

IMPRESSION: No fracture or subluxation.

** Electronically Signed by Jeffrey L. Johnson M.D. **
** on 01/22/2016 at 2044 **
Reported and signed by: Jeffrey L. Johnson M.D.

CC: Robyn R PA C Forsman

Dictated Date/Time: 01/22/2016 (2044)
Tech: BRANDON C BARNETT Fluoro Time: DAP (Gy m2):

Air Kerma: CTDI: 23 CTDI/DLP: 225
Transcbd Dt/Tm: 01/22/2016 (2044) EWS
Electronic Signature Date/Time: 01/22/2016 (2044)
Orig Print D/T: S: 01/22/2016 (2046)
BATCH NO: N/A

SUNRISE HOSPITAL ER RADIOLOGY
SUNRISE CHILDRENS HOSPITAL
3186 S MARYLAND PKWY
LAS VEGAS NV 89109
PHONE #: (702)731-8050
FAX #: (702)731-8306

Name: JENSEN,BRITTNEY
Phys: Albekord,Arash MD
DOB: 12/12/1986 Age: 29 Sex: F
Acct: D00112766312 Loc: D.ER1
Exam Date: 01/22/2016 Status: REG ER
Radiology No:
Unit No: D002318050

EXAMS:	REASON FOR EXAM:	CPT CODE:
004721635 CT FACIAL BONES W/O CON	ASSUTLEB	70486

PROCEDURE: Facial bone CT without contrast.

DATE: 1/22/2016 10:30 PM

HISTORY: 29-year-old female status post assault.

COMPARISON: None.

TECHNIQUE: Axial noncontrast CT images were acquired through the facial bones. Images were reconstructed in the coronal plane.

FINDINGS: Right frontal and left periorbital soft tissue swelling. No orbit fracture. The globes are intact. No retro-orbital hematoma. The mandible and temporomandibular joints visualized normally. The sinuses are clear. Nasal and tongue piercing.

IMPRESSION: No facial bone fracture.

** Electronically Signed by Lindsey C. Blake M.D. **
** on 01/22/2016 at 2255 **
Reported and signed by: Lindsey C. Blake M.D.

CC:

Dictated Date/Time: 01/22/2016 (2255)
Tech: JACQUELINE G. RODAS Fluoro Time: DAP (Gy m2):

Air Kerma: CTDI: 20 CTDI/DLP: 466
Transcbd Dt/Tm: 01/22/2016 (2255) FWS
Electronic Signature Date/Time: 01/22/2016 (2255)
Orig Print D/T: S: 01/22/2016 (2256)
BATCH NO: N/A

SUNRISE HOSPITAL ER RADIOLOGY
SUNRISE CHILDRENS HOSPITAL
3186 S MARYLAND PKWY
LAS VEGAS NV 89109
PHONE #: (702)731-8060
FAX #: (702)731-8308

Name: JENSEN,BRITTNEY
Phys: Albekord,Arash MD
DoB: 12/12/1986 Age: 29 Sex: F
Acct: D00112766312 Loc: D.ER1
Exam Date: 01/22/2016 Status: PRE ER
Radiology No:
Unit No: D002318050

EXAMS:	REASON FOR EXAM:	CPT CODE:
004721588 XR CHEST AP PORTABLE	29 - Chest trauma;Spfy com	71010

DATE: 1/22/2016 8:02 PM

EXAM: Chest, single view.

CLINICAL HISTORY: Chest trauma. Assault.

TECHNIQUE: A single AP portable view was obtained of the chest.

COMPARISONS: None available.

FINDINGS and
IMPRESSION:

1. Mild-moderate peribronchial thickening which is age-indeterminate. Consider reactive airways disease or bronchitis.

2. No focal airspace disease or pleural effusion.

3. Borderline heart size. The mediastinum is not widened.

4. No pneumothorax.

5. A cylindrical radiopaque foreign body projects over the base of the neck to the right of midline and is presumably outside of the body.

** Electronically Signed by Jr. D.O. Ronald F. Sauer **
** on 01/22/2016 at 2013 **
Reported and signed by: Ronald F. Sauer,Jr. D.O.

CC:

Dictated Date/Time: 01/22/2016 (2013)
Tech: CHRISTINE S DIMAYA Fluoro Time: DAP (Gy m2):

Air Kerma: CTDI: CTDI/DLP:
Trnscrbd Dt/Tm: 01/22/2016 (2013) PWS
Electronic Signature Date/Time: 01/22/2016 (2013)
Orig Print D/T: S: 01/22/2016 (2014)
BATCH NO: N/A

[illegible]	START/ STOP	
LORTAB/NORCO (VICODIN) (HYDROCODONE BITARTRATE/APAP 1 EA [illegible]) 1 EA PO [illegible] [illegible] [illegible] RX # [illegible]	[illegible]	[illegible]
PHENERGAN [illegible] 50 MG/ML AMP) See Dose Ins [illegible] [illegible] RX # [illegible]	[illegible]	[illegible]
HALDOL (HALOPERIDOL LACTATE 5 MG/ML AMP) See Dose Ins [illegible] RX # [illegible]	[illegible]	[illegible]
HALDOL (HALOPERIDOL LACTATE 5 MG/ML AMP) [illegible] [illegible] RX # [illegible]	[illegible]	[illegible] Indication [illegible] [illegible]

ADMINISTRATION PERIOD [illegible]	[illegible]	
BENADRYL (DIPHENHYDRAMINE HCL 50 MG/ML AMP) [illegible]	[illegible]	[illegible] Pharmacy [illegible] [illegible]
THORAZINE (CHLORPROMAZINE HCL 50 MG/2 ML AMP) [illegible]	[illegible]	[illegible] Order Entry [illegible] Pharmacy [illegible]
BENADRYL (DIPHENHYDRAMINE 25 MG CAP) [illegible]	[illegible]	[illegible] Order Entry [illegible] Pharmacy [illegible]
BENADRYL (DIPHENHYDRAMINE HCL 50 MG/ML AMP) [illegible]	[illegible]	[illegible] Order Entry [illegible] Pharmacy [illegible]

[illegible]
This document is part of the legal medical record.

Patient:JENSEN, BRITTNEY MRN:D0023168050 Encounter:D001127663112 Page 4 of 7

073

1283

MEDICATION ADMINISTRATION PERIOD: 0700 01/22/16 TO 0659 01/24/16 [illegible]	START STOP	
TYLENOL EX-STRENGTH (ACETAMINOPHEN 500 MG TAB) 1,000 MG PO EVERY 6 HOURS AS NEEDED/PRN PRN Reason: MILD PAIN 1-3/10 Comments: [illegible] ACETAMINOPHEN [illegible] MAX [illegible] per day [illegible] [illegible] RX #: [illegible]	01/22/15	2124 Order Entry [illegible] 2310 Summary Edit [illegible] Verification [illegible] 2330 Summary Edit [illegible] Verification [illegible] 0517 Summary Discontinue [illegible]
IBU TABLET (IBUPROFEN 800 MG TAB) 800 MG PO EVERY 8 HOURS AS NEEDED/PRN PRN Reason: MODERATE PAIN 4-6/10 Comments: GIVE WITH MEALS, MILK OR SNACKS RX #: [illegible]	[illegible]	2124 Order Entry [illegible] 2330 Summary Edit [illegible] Verification [illegible] 2330 Summary Edit [illegible] Verification [illegible] 0517 Summary Discontinue [illegible]
ULTRAM 50MG (TRAMADOL HCL 50 MG TABLET) 50 MG PO EVERY 6 HOURS AS NEEDED/PRN PRN Reason: SEVERE PAIN 7-10/10 Comments: This medication is used for moderate to severe pain. If you experience side effects such as [illegible] [illegible] RX #: [illegible]	01/22/15	2124 Order Entry [illegible] 2330 Summary Edit [illegible] Verification [illegible] 2330 Summary Edit [illegible] Verification [illegible] 0517 Summary Discontinue [illegible]
ZOFRAN ODT (ONDANSETRON HCL 4 MG ODT TAB ODT TAB) 4 MG PO EVERY 4 HOURS AS NEEDED, PRN PRN Reason: NAUSEA Comments: This medication is for nausea and vomiting. If you experience side effects [illegible] [illegible] RX #: [illegible]	[illegible]	2124 Order Entry [illegible] 2330 Summary Edit [illegible] Verification [illegible] 0517 Summary Discontinue [illegible]

[illegible]
This document is part of the legal medical record.

[illegible]	START/ STOP	
MILK OF MAGNESIA SUSPENSION (MAGNESIUM HYDROXIDE 30 ML [illegible]) 30 ML PO DAILY AS NEEDED [illegible] PRN Reason: CONSTIPATION [illegible] IMPORTANT: [illegible] LAXATIVE [illegible] FOR [illegible] CONSTIPATION [illegible] [illegible] IMPORTANT [illegible] [illegible] [illegible]	[illegible]	[illegible] Order Entry [illegible] [illegible] Summary [illegible] [illegible] Summary [illegible] [illegible] Summary [illegible]
PEPCID (FAMOTIDINE 20 MG TAB) 20 MG PO [illegible] DAILY AS [illegible] PRN Reason: [illegible] [illegible]	[illegible]	[illegible] Order Entry [illegible] [illegible] Summary [illegible] [illegible] Summary [illegible] [illegible] Summary [illegible]

[illegible]
This document is part of the legal medical record.

NAME: JENSEN BRITTNEY UNIT 5 D002318050 ACCT D00112766312

CODES

REASON CODES
DC Discont. [illegible]

SITE CODES
[illegible] Left Upper Arm
[illegible] Right Upper [illegible]

ADMINISTERING USERS

USER	USER NAME/TYPE	USER	USER NAME/TYPE	USER	USER NAME/TYPE	USER	USER NAME/TYPE
[illegible]	[illegible]						

OTHER USERS

USER	USER NAME	USER	USER NAME	USER	USER NAME	USER	USER NAME
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		

[illegible] ALLERGY HISTORY

DATE		ALLERGY DETAILS	
01/22/16 [illegible]	[illegible]	CODED [illegible]	[illegible]

PRINTED BY [illegible] 01/24/16 0115
This document is part of the legal medical record.

Frequent Monitor For Sitter

0700-1900 Date:													
	Time:	0701 - 0715	0801 - 0815	0901 - 0915	1001 - 1015	1101 - 1115	1201 - 1215	1301 - 1315	1401 - 1415	1501 - 1515	1601 - 1615	1701 - 1715	1801 - 1815
	Legend / Initials:												
	Time:	0716 - 0730	0816 - 0830	0916 - 0930	1016 - 1030	1116 - 1130	1216 - 1230	1316 - 1330	1416 - 1430	1516 - 1530	1616 - 1630	1716 - 1730	1816 - 1830
	Legend / Initials:												
	Time:	0731 - 0745	0831 - 0845	0931 - 0945	1031 - 1045	1131 - 1145	1231 - 1245	1331 - 1345	1431 - 1445	1531 - 1545	1631 - 1645	1731 - 1745	1831 - 1845
	Legend / Initials:												
	Time:	0746 - 0800	0846 - 0900	0946 - 1000	1046 - 1100	1146 - 1200	1246 - 1300	1346 - 1400	1446 - 1500	1546 - 1600	1646 - 1700	1746 - 1800	1846 - 1900
	Legend / Initials:												

1900-0700 Date: [illegible]/16													
	Time:	1901 - 1915	2001 - 2015	2101 - 2115	2201 - 2215	2301 - 2315	0001 - 0015	0101 - 0115	0201 - 0215	0301 - 0315	0401 - 0415	0501 - 0515	0601 - 0615
	Legend / Initials:		AG	Q	AG	Q	Q	Q	Q	Q	S		
	Time:	1916 - 1930	2016 - 2030	2116 - 2130	2216 - 2230	2316 - 2330	0016 - 0030	0116 - 0130	0216 - 0230	0316 - 0330	0416 - 0430	0516 - 0530	0616 - 0630
	Legend / Initials:		Q	Q	AA	Q	Q	Q	Q	Q	Q		
	Time:	1931 - 1945	2031 - 2045	2131 - 2145	2231 - 2245	2331 - 2345	0031 - 0045	0131 - 0145	0231 - 0245	0331 - 0345	0431 - 0445	0531 - 0545	0631 - 0645
	Legend / Initials:	AG	Q	Q	Q	Q	Q	Q	Q	S	C		
	Time:	1946 - 2000	2046 - 2100	2146 - 2200	2246 - 2300	2346 - 2400	0046 - 0100	0146 - 0200	0246 - 0300	0346 - 0400	0446 - 0500	0546 - 0600	0646 - 0700
	Legend / Initials:	AG	D	[illegible]	D	Q	Q	Q	Q	S	C		

PATIENT SAFETY, RIGHTS AND DIGNITY CHECKS INCLUDES BUT ARE NOT LIMITED TO:

1. Maintain a clean and safe environment 2. Respect the patient as an individual 3. Protect the patient from harm or harassment
4. Maintain the patient's privacy, prevent visibility by others 5. Maintain constant line of site observation / supervision

Legend: Q - Quiet; C - Calm; H - Hostile; TH - Threatening; R - Restless; AG - Agitated; A - Awake; TV - Television; BA - Bathroom Accompanied; P - Telephone;
S - Pat on in bed with head uncovered and face visible; T - Test (off unit accompanied); AA - Accompanied Ambulation; V - Visitor Present;
O - Describe ______

Signature	Initials	Signature	Initials

Page 1 of 1

SUNRISE HOSPITAL & MEDICAL CENTER | SUNRISE CHILDREN'S HOSPITAL

FREQUENT MONITOR FOR SITTER

JENSEN, BRITTNEY
Acc D00112766312 MedRec D002318050
DOB 12/11/86 F 29
Attend Albekord, Arash MD
Admit/Serv 01/22/16

Rev. 03/14

077

Frequent Monitor for Use of Restraints

0700-1900													
	Time:	0701-0720	0801-0820	0901-0920	1001-1020	1101-1120	1201-1220	1301-1320	1401-1420	1501-1520	1601-1620	1701-1720	1801-1820
Date	Y/N Initials:												
	Time:	0721-0740	0821-0840	0921-0940	1021-1040	1121-1140	1221-1240	1321-1340	1421-1440	1521-1540	1621-1640	1721-1740	1821-1840
	Y/N Initials:												
Care Plan Review	Time:	0741-0800	0841-0900	0941-1000	1041-1100	1141-1200	1241-1300	1341-1400	1441-1500	1541-1600	1641-1700	1741-1800	1841-1900
Y / N	Y/N Initials:												

1900-0700													
	Time:	1901-1920	2001-2020	2101-2120	2201-2220	2301-2320	0010-0020	0101-0120	0201-0220	0301-0320	0401-0420	0501-0520	0601-0620
Date:	Y/N Initials:				[illegible]	[illegible]	[illegible]						
[illegible]	Time:	1921-1940	2021-2040	2121-2140	2221-2240	2321-2340	0021-0040	0121-0140	0221-0240	0321-0340	0421-0440	0521-0540	0621-0640
	Y/N Initials:				[illegible]	[illegible]	[illegible]						
Care Plan Review	Time:	1941-2000	2041-2100	2141-2200	2241-2300	2341-2400	0041-0100	0141-0200	0241-0300	0341-0400	0441-0500	0541-0600	0641-0700
Y / N	Y/N Initials:			[illegible]	[illegible]	[illegible]							

PATIENT SAFETY, RIGHTS AND DIGNITY CHECKS INCLUDES BUT ARE NOT LIMITED TO:

1. Maintain a clean and safe environment 2. Respect the patient as an individual 3. Protect the patient from harm or harassment 4. Maintain the patient's privacy, prevent visibility by others 5. Restraint applied correctly

Signature	Initials	Signature	Initials	Signature	Initials
		[illegible]	[illegible]		

Page 1 of 1

SUNRISE
HOSPITAL & MEDICAL CENTER
SUNRISE CHILDREN'S HOSPITAL
3186 South Maryland Parkway • Las Vegas, Nevada 89109

FREQUENT MONITOR FOR USE OF RESTRAINTS

JENSEN, BRITTNEY
Acc D00112766312 MedRec D002318050
DOB 12/12/86 F 29
Attend Albekord, Arash MD
Admit/Serv 01/22/16

RESTO1-32 Rev 08/10

078

SUNRISE HOSPITAL AND MEDICAL CENTER
SUNRISE CHILDREN'S HOSPITAL
3186 S MARYLAND PARKWAY
LAS VEGAS, NV 89109

REPORT NAME: EMERGENCY ROOM DISCHARGE RPT

PATIENT'S NAME: JENSEN,BRITTNEY
DOB: 12/12/86 SEX/AGE: F /29
ATTENDING PHYS: Albekord,Arash MD
ADMISSION DATE: 01/22/16
DISCHARGE DATE:

UNIT NO: D002318050
ACCOUNT NO: D001127663l2
PT TYPE: REG ER
LOCATION: D.ER1

Current patient of record information for this document is:
BRITTNEY JENSEN
PatID: D002318050 Age: 29
Acct#: D001127663l2 DOB: 12/12/1986

Report including patient information as it appeared at the time this document was generated and provided to the patient is as follows below.

BRITTNEY JENSEN
PatID: D002318050 Age: 29
Acct#: D001127663l2 DOB: 12/12/1986
Printed: 01/22/2016 11:23 PM
By: Arash Albekord, MD

After Care Instructions
INSTRUCTIONS

HEAD INJURY, NOS

1. You have been seen for a head injury.

2. A head injury can happen after something strikes the head or as a result of a fall or other injury. Head injuries can range from mild injuries to more severe injuries. The more severe injuries can result in broken bones or injury to the brain itself. Mild head injuries will show no abnormalities if a CT (CAT) scan of the brain is done.

3. Although you had an injury to your head, you do not seem to have a serious brain injury.

4. Head injury symptoms can last from hours to months. The time depends on how bad the injury was. It also depends on whether you've had a concussion in the past. Some problems with a concussion can include: sleep, memory and concentration problems. They also include chronic (ongoing) headaches and sensitivity to light. These symptoms can happen soon after the concussion. They can also develop slowly over time. They can last up to a year. When this happens, it is called "post concussion syndrome."

5. If you develop "post-concussive syndrome," you should follow up with your doctor. Your doctor can care for you or provide a referral to a head-injury

specialist.

6. Because your head injury was mild and your symptoms have resolved you may return to most normal activity. Wait a week before returning to more intense physical activity. Let your doctor know about the injury and diagnosis.

7. Treatment includes observation at home and pain medicine like acetaminophen (Tylenol) or ibuprofen (Advil or Motrin). Prescription pain medicine is probably not needed.

8. You might have a mild headache for a few days.

9. Over the next 24 hours:
   - Stay with family or friends who can watch your behavior.
   - Avoid alcohol or drugs.

10. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:
    - Your headache gets worse.
    - Your headache pain changes.
    - You have fever (temperature higher than 100.4 F / 38 C), neck pain, vision changes, difficulty walking or change of behavior.
    - You feel numbness, tingling, weakness in your arms or legs.
    - You faint.
    - Your vision changes.
    - You vomit often or cannot keep medicine down.
    - You are confused or have difficulty waking from sleep.

FOLLOW UP

Follow up with SYED F HUSSAIN, , at 1641 E FLAMINGO RD STE 10, LAS VEGAS, NV, Phone: (702)734-4377 at the next available appointment FOR PRIMARY CARE DOCTOR. Call as soon as possible to arrange.

PRESCRIPTIONS WRITTEN

Continue regular medicines unless specified below. New medications by the physician will also be stated below.

Naproxen (Naprosyn) 500 mg Tablet, Dispense: Twenty (20), How To Use: Take one (1) by mouth two (2) times a day with food as needed for pain , Refills: None (0)

INSTRUCTIONS

1. You have been given a medication that is considered a non-steroidal anti-inflammatory drug, or NSAID.
   - Some common NSAIDS include: Ibuprofen (Advil, Motrin), Naproxen (Naprosyn, Aleve), Celecoxib (Celebrex), and Rofecoxib (Vioxx). There are many others!
   - This medication is often used to relieve pain, reduce fever, and reduce

inflammation.
- These are common medications; some are over-the-counter and others require a prescription from your doctor.
- DO NOT take this medication if you have stomach ulcers or are sensitive / allergic to it.
- DO NOT take this medication if you are taking other over-the-counter non-steroidal anti-inflammatory drugs. Never take more of the medication than prescribed. Overdosing of medication may cause damage to your kidneys.
- If you have side-effects that you think are caused by this medicine, tell your doctor. If you develop stomach pain, vomit blood, or have bowel movements that become black and tarry, discontinue the medication and notify your physician immediately.
- This medication may upset your stomach. Always take medication with milk or meals.

2. Keep this medication out of the reach of children. Always keep this medication in child-proof containers. DO NOT give your medication to anyone else.
3. THESE INSTRUCTIONS ARE NOT COMPREHENSIVE (complete): Ask your pharmacist for additional information and precautions for this medication.

Tramadol (Ultram) 50mg Tablets. Dispense: Twenty (20), How To Use: Take one (1) tablet by mouth every 4-6 hours as needed. Maximum of 8 tabs/day, Refills: None (0)

INSTRUCTIONS

1. You have been given a prescription for a medication called Ultram (tramadol).
   - This medication is used to relieve pain.
   - DO NOT take this medication if you are allergic to it, if you are taking antidepressants, or if you have a seizure disorder.
   - DO NOT take this medication with other narcotic medications or alcohol.
   - If you have side-effects that you think are caused by this medicine, tell your doctor.
   - DO NOT drink alcoholic beverages while taking this medicine.
   - If you become dizzy, sit or lie down at the first signs. You should be careful going up and down stairs.
   - If you are pregnant or breast feeding, notify your doctor before taking this medication.
   - Keep this medication out of the reach of children. Always keep this medication in child-proof containers. DO NOT give your medication to anyone else.
2. You have been given a medication, or a prescription for a medication, that causes drowsiness or dizziness. DO NOT drive a car, operate machinery, or perform jobs that require you to be alert until you know how you are going to react to this medicine.
3. THESE INSTRUCTIONS ARE NOT COMPREHENSIVE (complete): Ask your pharmacist for additional information and precautions for this medication.

STATEMENT

PATIENT NAME: JENSEN,BRITTNEY ACCOUNT #: 000112766312

I certify that I have received a copy of the above after-care instructions; that

inflammation.
- These are common medications; some are over-the-counter and others require a prescription from your doctor.
- DO NOT take this medication if you have stomach ulcers or are sensitive / allergic to it.
- DO NOT take this medication if you are taking other over-the-counter non-steroidal anti-inflammatory drugs. Never take more of the medication than prescribed. Overdosing of medication may cause damage to your kidneys.
- If you have side-effects that you think are caused by this medicine, tell your doctor. If you develop stomach pain, vomit blood, or have bowel movements that become black and tarry, discontinue the medication and notify your physician immediately.
- This medication may upset your stomach. Always take medication with milk or meals.

2. Keep this medication out of the reach of children. Always keep this medication in child-proof containers. DO NOT give your medication to anyone else.
3. THESE INSTRUCTIONS ARE NOT COMPREHENSIVE (complete). Ask your pharmacist for additional information and precautions for this medication.

Tramadol (Ultram) 50mg Tablets, Dispense: Twenty (20), How To Use: Take one (1) tablet by mouth every 4-6 hours as needed. Maximum of 8 tabs/day, Refills: None (0)

INSTRUCTIONS

1. You have been given a prescription for a medication called Ultram (tramadol).
   - This medication is used to relieve pain.
   - DO NOT take this medication if you are allergic to it, if you are taking antidepressants, or if you have a seizure disorder.
   - DO NOT take this medication with other narcotic medications or alcohol.
   - If you have side-effects that you think are caused by this medicine, tell your doctor.
   - DO NOT drink alcoholic beverages while taking this medicine.
   - If you become dizzy, sit or lie down at the first signs. You should be careful going up and down stairs.
   - If you are pregnant or breast feeding, notify your doctor before taking this medication.
   - Keep this medication out of the reach of children. Always keep this medication in child-proof containers. DO NOT give your medication to anyone else.
2. You have been given a medication, or a prescription for a medication, that causes drowsiness or dizziness. DO NOT drive a car, operate machinery, or perform jobs that require you to be alert until you know how you are going to react to this medicine.
3. THESE INSTRUCTIONS ARE NOT COMPREHENSIVE (complete). Ask your pharmacist for additional information and precautions for this medication.

STATEMENT

PATIENT NAME: JENSEN,BRITTNEY ACCOUNT #: D00112766312

I certify that I have received a copy of the above after-care instructions; that

these instructions have been explained to me; and that all of my questions pertaining to these instructions have been answered in a satisfactory manner.

Patient/Representative Signature: _____ Staff Signature: _____ Date: 01/22/2016

DCI: 160122234222757

PATIENT NAME: JENSEN,BRITTNEY ACCOUNT #: D00112766312

Sunrise Medical Center/Sunrise
Children's Hospital
3186 South Maryland Parkway
Las Vegas, NV 89019
(702) 731-8080 - Acult ER
(702) 731-8181 - Children's ER

BRITTNEY JENSEN
PatID: D002318050 Age: 29
Acct#: D001127663?2 DOB: 12/12/1985
Printed: 01/22/2016 11:23 PM
By: Arash Albekord, MD

After Care Instructions

INSTRUCTIONS

HEAD INJURY, NOS

1. You have been seen for a head injury.

2. A head injury can happen after something strikes the head or as a result of a fall or other injury. Head injuries can range from mild injuries to more severe injuries. The more severe injuries can result in broken bones or injury to the brain itself. Mild head injuries will show no abnormalities if a CT (CAT) scan of the brain is done.

3. Although you had an injury to your head, you do not seem to have a serious brain injury.

4. Head injury symptoms can last from hours to months. The time depends on how bad the injury was. It also depends on whether you've had a concussion in the past. Some problems with a concussion can include: Sleep, memory and concentration problems. They also include chronic (ongoing) headaches and sensitivity to light. These symptoms can happen soon after the concussion. They can also develop slowly over time. They can last up to a year. When this happens, it is called "post concussion syndrome."

5. If you develop "post-concussive syndrome," you should follow up with your doctor. Your doctor can care for you or provide a referral to a head-injury specialist.

6. Because your head injury was mild and your symptoms have resolved you may return to most normal activity. Wait a week before returning to more intense physical activity. Let your doctor know about the injury and diagnosis.

7. Treatment inc udes observation at home and pain medicine like acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®). Prescription pain medicine is probably not needed.

8. You might have a mild headache for a few days.

MEDICAL RECORDS COPY

Sunrise Medical Center/Sunrise
Children's Hospital
3186 South Maryland Parkway
Las Vegas, NV 89019
(702) 731-8080 - Adult ER
(702) 731-8181 - Children's ER

BRITTNEY JENSEN
PatID: D0023180S0 Age: 29
Acct#: D00112766312 DOB: 12/12/1986
Printed: 01/22/2018 11:23 PM
By: Arash Akbekordi, MD

9. Over the next 24 hours:
- Stay with family or friends who can watch your behavior
- Avoid alcohol or drugs

10. YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:
- Your headache gets worse.
- Your headache pain changes.
- You have fever (temperature higher than 100.4°F / 38°C), neck pain, vision changes, difficulty walking or change of behavior.
- You feel numbness, tingling, weakness in your arms or legs.
- You faint.
- Your vision changes
- You vomit often or cannot keep medicine down
- You are confused or have difficulty waking from sleep.

FOLLOW UP

Follow up with SYED F HUSSAIN, , at 1641 E FLAMINGO RD STE 10, LAS VEGAS, NV, Phone (702)734-4377 at the next available appointment FOR PRIMARY CARE DOCTOR. Call as soon as possible to arrange.

PRESCRIPTIONS WRITTEN

Continue regular medicines unless specified below. New medications by the physician will also be stated below

Naproxen (Naprosyn) 500 mg Tablet, Dispense: Twenty (20), How To Use: Take one (1) by mouth two (2) times a day with food as needed for pain . Refills: None (0)

INSTRUCTIONS

MEDICAL RECORDS COPY

Sunrise Medical Center/Sunrise
Children's Hospital
3186 South Maryland Parkway
Las Vegas, NV 89019
(702) 731-8080 - Adult ER
(702) 731-8181 - Children's ER

BRITTNEY JENSEN
PatID: D002318050 Age: 29
Acct#: D001127866312 DOB: 12/12/1986
Printed: 01/22/2016 11:23 PM
By: Arash Abbekord, MD

1. You have been given a medication that is considered a non-steroidal anti-inflammatory drug, or NSAID.
- Some common NSAIDS include: Ibuprofen (Advil, Motrin), Naproxen (Naprosyn, Aleve), Celecoxib (Celebrex) and Rofecoxib (Vioxx). There are many others!
- This medication is often used to relieve pain, reduce fever, and reduce inflammation.
- These are common medications; some are over-the-counter and others require a prescription from your doctor.
- DO NOT take this medication if you have stomach ulcers or are sensitive / allergic to it.
- DO NOT take this medication if you are taking other over-the-counter non-steroidal anti-inflammatory drugs. Never take more of the medication than prescribed. Overdosing of medication may cause damage to your kidneys.
- If you have side-effects that you think are caused by this medicine, tell your doctor. If you develop stomach pain, vomit blood, or have bowel movements that become black and tarry, discontinue the medication and notify your physician immediately.
- This medication may upset your stomach. Always take medication with milk or meals.
2. Keep this medication out of the reach of children. Always keep this medication in child-proof containers. DO NOT give your medication to anyone else.
3. THESE INSTRUCTIONS ARE NOT COMPREHENSIVE (complete). Ask your pharmacist for additional information and precautions for this medication.

Tramadol (Ultram) 50mg Tablets, Dispense: Twenty (20). How To Use: Take one (1) tablet by mouth every 4-6 hours as needed. Maximum of 8 tabs/day. Refills: None (0)

INSTRUCTIONS

1. You have been given a prescription for a medication called Ultram (tramadol).
- This medication is used to relieve pain.
- DO NOT take this medication if you are allergic to it, if you are taking antidepressants, or if you have a seizure disorder.
- DO NOT take this medication with other narcotic medications or alcohol.
- If you have side-effects that you think are caused by this medicine, tell your doctor.
- DO NOT drink alcoholic beverages while taking this medicine.
- If you become dizzy, sit or lie down at the first signs. You should be careful going up and down stairs.

MEDICAL RECORDS COPY

Sunrise Medical Center/Sunrise
Children's Hospital
3186 South Maryland Parkway
Las Vegas, NV 89019
(702) 731-8080 - Adult ER
(702) 731-8181 - Children's ER

BRITTNEY JENSEN
PatID: D002318050 Age: 29
Acct#: D001127663I2 DOB: 12/12/1986
Printed: 01/22/2016 11:23 PM
By: Arash Albekord, MD

- If you are pregnant or breast feeding, notify your doctor before taking this medication.
- Keep this medication out of the reach of children. Always keep this medication in child-proof containers. DO NOT give your medication to anyone else.

2. You have been given a medication, or a prescription for a medication, that causes drowsiness or dizziness. DO NOT drive a car, operate machinery, or perform jobs that require you to be alert until you know how you are going to react to this medicine.

3. THESE INSTRUCTIONS ARE NOT COMPREHENSIVE (complete). Ask your pharmacist for additional information and precautions for this medication.

STATEMENT

I certify that I have received a copy of the above after-care instructions, that these instructions have been explained to me, and that all of my questions pertaining to these instructions have been answered in a satisfactory manner.

Patient/Representative Signature: _____ Staff Signature: _____
Date: 01/22/2016

MEDICAL RECORDS COPY

PREGNANCY INQUIRY FORM

Dear Patient, Date 1-22-16

Sunrise Hospital and Medical Center & Sunrise Children's Hospital thanks you for selecting us for:

☐ Imaging Procedure ☐ Cardiac Procedure

BEFORE THE PROCEDURE IS DONE, WE NEED TO KNOW IF YOU COULD BE PREGNANT.

Please complete the questions below and give this questionnaire to the Nurse/Technologist prior to having your procedure

Is it possible that you are pregnant ? ☐ YES ☑ NO ☐ NOT SURE **

Pregnancy test may performed at the request of a physician

Results: ☐ Negative ☐ Positive

**If you are not sure, it is recommended that you have a pregnancy test prior to the procedure.

Physician notified of pregnancy test results: ☐ YES ☐ NO ☐ N/A Signature: _____
Nurse/Technologist

Date of your last menstrual period: _____

RELATIVE RISKS OF THIS EXAMINATION DURING PREGNANCY.

0 to 2 weeks post conception: No significant risk to pregnancy.

2 to 15 weeks post conception: Doses less than 5 rads have a negligible risk of increased rate of fetal abnormalities when compared with normal incidence of approximately 3%.

Greater than 15 weeks post conception: Only very small risk of growth or neurological abnormality, but again not significantly greater than the normal 3% incidence of fetal abnormalities.

Only at doses greater than 15 rads (approximately 30 abdominal or 300 chest X-ray exams) is there a significant increase of fetal malformation or mental retardation to consider therapeutic abortion.

References: NCRP 1977 report #54 and "Exposure of the Pregnant Patient to Diagnostic Radiations," Wagner et al 1985 Lippincott Co.

I have read the above information and have answered all of the questions to the best of my knowledge. I have been given the opportunity to ask questions and my questions have been answered.

I agree to the procedure and have been informed of the benefits and risks.

Patient's Name: Unable Signature: _____

Witness: _____

SUNRISE HOSPITAL & MEDICAL CENTER | SUNRISE CHILDREN'S HOSPITAL

PREGNANCY INQUIRY FORM

JENSEN, BRITTNEY
Acc D0011276912 MedRec D002318050
DOB 12/12/86 F 29
Attend Albakord, Arash MD
Admit/Serv 01/22/16

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SUNRISE HOSPITAL AND MEDICAL CENTER
SUNRISE CHILDREN'S HOSPITAL
3186 S MARYLAND PARKWAY
LAS VEGAS, NV 89109

REPORT NAME: CASE MANAGEMENT REPORT

PATIENT'S NAME: JENSEN,BRITTNEY
DOB: 12/12/86 SEX/AGE: F /29
ATTENDING PHYS: Albekord,Arash MD
ADMISSION DATE: 01/22/16
DISCHARGE DATE:

UNIT NO: D002318050
ACCOUNT NO: D00112766312
PT TYPE: REG ER
LOCATION: D.ER1

HCM SUPPORT SERVICES

HCM Support Services User Fields:

Discharge Disposition: 01 - Home

Date Entered: 1/23/2016
Service Type: *Case Management
Case Worker: Sunrise.ED Adult
Worklist Date: 1/23/2016

Payer: MEDICAID PENDING

Comments:
---1/23/2016 0400 by Amy Andolsky---
SWK Note

LSW rec'd referral from Gina to meet with pt., due to upcoming d/c. Initially when pt. was brought to ED, she was intoxicated and unable to communicate with staff. Gina requested LSW meet with pt. to provide safe d/c.

LSW met with pt., introduced self and explained role. Pt. was agitated due to CPS removing children from her custody. LSW explained process CPS was taking, court proceeding offered within 72 hours of removal due to the parent's right to appeal the removal in front of a judge. Pt. was disappointed but accepting of the information provided.

LSW asked pt. where she was going upon d/c. Pt. reported that she wanted to return home. LSW asked if she resided with her boyfriend, she stated that she did but he was in custody. LSW explained to pt. that he may be released from CCDC if he was taken into custody and could return home. Pt. declined shelter at Safe Nest, Safe House, and Shade Tree. Pt. reported that she wanted to go home and was insistent upon not going to shelter.

LSW asked Gina, RN, to speak with pt. to explain safety risks upon returning home. Pt. reported that this behavior has existed in the past with her significant other. Despite concern for safe d/c from LSW and RN, pt. continually stated that she wanted to return home. Pt. declined family or friends she could stay with. Pt. declined any additional community resources

for shelter and stated that she did not want to speak with anyone regarding what happened.

Pt. asked for a taxi voucher home to rest, which LSW provided. At this time, no additional social services were requested.

---1/23/2016 0208 by Amy Anapolsky---
SWK Note

LSW rec'd notice that pt. arrived by Julie, trauma RN. Pt. arrived as a victim of assault, Metro was notified. Julie, RN expressed concerns related to pt's children due to the assault by boyfriend. LSW met with Metro, S. Giles P#14774; event# 160122-3254. They had notified CPS who had taken custody of the children. No SS needs reported at this time. SW will f/u as requested by staff.

HCM DISCHARGE PLANNING
No HCM Discharge Planning data on file for this encounter in MIDAS+

Updated by: Anapolsky,Amy (DCMAKA) - 1/23/2016 4:00 AM

PATIENT NAME: JENSEN,BRITTNEY ACCOUNT #: D00112766312

IN THE SUPREME COURT OF THE STATE OF NEVADA

JAMES COOPER,

Appellant,

vi.

THE STATE OF NEVADA,

Respondent.

No. 72091

APPELLANT'S APPENDIX VOLUME VII PAGES 1221-1310

PHILIP J. KOHN
Clark County Public Defender
309 South Third Street
Las Vegas, Nevada 89155-2610

Attorney for Appellant

STEVE WOLFSON
Clark County District Attorney
200 Lewis Avenue, 3rd Floor
Las Vegas, Nevada 89155

ADAM LAXALT
Attorney General
100 North Carson Street
Carson City, Nevada 89701-4717
(702) 687-3538

Counsel for Respondent

CERTIFICATE OF SERVICE

I hereby certify that this document was filed electronically with the Nevada Supreme Court on the 22nd day of January, 2018. Electronic Service of the foregoing document shall be made in accordance with the Master Service List as follows:

ADAM LAXALT
STEVEN S. OWENS
SHARON G. DICKINSON
HOWARD S. BROOKS

I further certify that I served a copy of this document by mailing a true and correct copy thereof, postage pre-paid, addressed to:

JAMES COOPER, 1174054
c/o THREE LAKES VALLEY CONSERVATION CAMP
P.O. BOX 208
INDIAN SPRINGS, NV 89070

BY _____
Employee, Clark County Public Defender's Office