

University
of
New Mexico
Hospital

EMERGENCY CENTER DISCHARGE INFO
EMERGENCY CENTER DISCHARGE LOG

DATE 3/28/04 DIAGNOSIS bronchial irritation

PATIENT TEACHING / DISCHARGE INSTRUCTIONS

Education Method (check one):
 MDX Explanation Video Handouts Interpreter

Barriers to Learning Assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Readiness to Learning Assessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain Management Discussed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Safe and Effective Use of Medication:	Rehabilitation Techniques:	
Food and Drug Interactions:	Individual Needs:	
Nutrition and Modified Diets:	How and When to Obtain Further Assistance:	
Community Resources:	Safe and Effective Use of Medical Equipment:	

WORK

This sheet is evidence that you were in our Emergency Department today. If your employer should require an additional "Back to work slip," please consult your clinic or physician.

X-RAY

X-rays do not always show injury or disease, and fractures may not be revealed on the initial x-rays. If the problem persists or worsens, additional x-rays may be required. If this occurs, you should contact your physician or return to the Emergency Department. Your initial x-ray reading is a preliminary interpretation. The radiologist will make a final reading within 24 hours and if there is any difference from the preliminary reading, you will be informed.

PRESCRIPTIONS

The following medications were prescribed for you:

Tylenol or Ibuprofen for: Fever Pain

You have been given a prescription for the above medications. You may have this prescription filled at any local pharmacy, or at U.N.M.H. outpatient pharmacy M - F 8:30 am - 5:30 pm. As with all prescribed medications follow the instructions on the bottle/container. The Pharmacy phone number is 272-2308.

FINANCIAL

If you need financial assistance please call 272-2131 to make an appointment with our patient services representative. Please call the business office M - F, 8:00 AM - 8:00 PM @ 272-2521 for billing and insurance information.

FOLLOW UP

Follow up appt: _____ CLINIC _____ DATE _____ TIME _____

Recheck in _____ days for _____

Please call the clinic if you are unable to keep your appointment.

Call the following clinic for the next available appointment.

768-0150 ALCOHOL AND SUBSTANCE ABUSE INTAKE (CASAA)	765-5683 BELEN, NM (MEDICAL)
272-2336 BURN AND TRAUMA	2116 HINKLE SE
272-6222 DERMATOLOGY	
272-2517 EMPLOYEE HEALTH	
272-2553 EYE	
272-1710 FACULTY	
272-1734 FAMILY PRACTICE	
272-3830 GENERAL MEDICINE CLINIC	
272-2800 MENTAL HEALTH CENTER	
847-2271 MOUNTAINAIR	
272-2700 N.E. HEIGHTS (UNM FAMILY HEALTH)	
272-3160 NEUROLOGY / NEUROSURGERY / INF. DISEASE	
272-2231 ORTHOPEDICS/PODIATRY	
272-2345 PEDIATRICS-CHILDREN'S	
272-2308 PHARMACY	
272-2104 PHYSICAL THERAPY	
272-1754 SENIOR HEALTH CENTER	
268-5885 S.E. HEIGHTS CLINIC	
272-2415 SPECIALTY MEDICINE	
272-2336 SURGICAL SPECIALTIES/UROLOGY/ENT/PLASTICS	
272-2900 WESTSIDE (UNM FAMILY HEALTH)	
272-2245 WOMEN'S HEALTH CENTER	
242-4219 WOMEN'S SHELTER	
272-4400 UNIVERSITY CLINIC	
272-2241 URGENT CARE CENTER (FAST TRACK)	

FIRST CHOICE FAMILY HEALTH CENTERS	COMMUNITY DENTAL
890-1458 ALAMEDA	
861-1013 BELEN, NM (MEDICAL)	
861-1778 BELEN, NM (DENTAL)	
345-3244 NORTH VALLEY	
768-5480 LOS PADILLAS (DENTAL ONLY)	
865-4618 LOS LUNAS, NM	
768-5450 SOUTH BROADWAY	
873-7400 SOUTH VALLEY (DENTAL ALSO)	
	345-8309 1231 CANDELARIA NW
	1231 CANDELARIA NW

reatment delivered today is offered as first care only. I hereby acknowledge receipt of patient care instructions. I understand that I have had emergency treatment and that I may be released before all my medical problems are known and treated. I will arrange for follow up care as instructed.

ADDITIONAL DISCHARGE INSTRUCTIONS

Return to the Emergency Center or your Clinic immediately if you fail to improve.

① If needed use the Maccaine neb as direct d. lec at a time mixed with 2-3cc of saline.
 This is not a cure, but hopefully will provide pain relief.

② Follow up with pulmonologist as scheduled.

③ Avoid dry climates if possible.

If you need assistance with appointment scheduling or follow up, please call Centralized Scheduling (505) 272-1623. Se habla Espanol.

ADDITIONAL INFORMATION

Discharged by Physician.

I have been given a copy of my instructions and I understand them.

PATIENT / GUARDIAN SIGNATURE _____ DATE _____
Sam Stishman 3/28/04
 505 220 1014

HEALTH CARE PROVIDER _____ DATE _____
www.StishmanSplint.com
www.EndorphinPower.org

COPP, DOUGLAS
 DOB: 08/03/1951 SEX: M PT: 0
 MRN#: (00000)00442714
 CTN#: 0144011335

4442711

MEDICAL RELEASE OF INFORMATION

To: UNM HOSPITAL / MEDICAL RECORDS

Address / Fax 2211 LOMAS, NE / 272-0468

RE: Douglas Copp

DOB: 08/03/51

This is to request the following information

ER INTERVENTION ON 2/1/03
(RECORDS)

Please send the requested information to:

Attention: Douglas F. Copp

Po Box 534, Sandia Park, NM 87047 Tel: (505) 281-7977

Fax: (505) 281-7877

A photocopy of this authorization, which contains my signature, shall be considered as effective and valid as the original and shall be honored by those to whom it is sent or provided.

Signature: Douglas F. Copp

Date: Feb 10 / 2003.

PS 819
2-19-03
1149779

*Electrocardiogram (by dictate date)

COPP, DOUGLAS - 4442714

Result type: *Electrocardiogram (by dictate date)
Result date: Friday, December 07, 2001 12:00 AM
Result status: Transcribed
Result title: EKG
Encounter info: 129305041, UH, Outpatient, 12/6/2001 - 12/10/2001

*** Preliminary Report ***

EKG

ELECTROCARDIOGRAM
COPP, DOUGLAS , DOB 08/03/1951, UH# 04442714
Date of Test: 12/07/2001

ATTENDING PHYSICIAN: Veena Raizada, MD

REFERRING PHYSICIAN:

VENT RATE: 73 BPM

PR INTERVAL: 148 ms

QRS DURATION: 90 ms

QT/QTc: 384/423 ms

P-R-T axes: 26 -4 23

INTERPRETATION:

Normal sinus rhythm
cannot rule out anterior infarct, age undetermined
abnormal ECG
when compared with ECG of 06-Dec-2001 21:19
no significant change was found

CONFIRMED BY:

Veena Raizada, MD

VEENA RAIZADA, M.D.
Professor of Medicine
Division of Cardiology

Completed Action List:

Printed by: Chavez, Lucy M
Printed on: 2/18/2003 9:01 AM

Page 1 of 1
(End of Report)

*Electrocardiogram (by dictate date)

COPP, DOUGLAS - 4442714

Result type: *Electrocardiogram (by dictate date)
Result date: Thursday, December 06, 2001 12:00 AM
Result status: Transcribed
Result title: EKG
Encounter info: 129305041, UH, Outpatient, 12/6/2001 - 12/10/2001

*** Preliminary Report ***

EKG

ELECTROCARDIOGRAM
COPP, DOUGLAS , DOB 08/03/1951, UH# 04442714
Date of Test: 12/06/2001

ATTENDING PHYSICIAN: Veena Raizada, MD

REFERRING PHYSICIAN:

VENT RATE: 78 BPM

PR INTERVAL: 156 ms

QRS DURATION: 90 ms

QT/QTc: 356/405 ms

P-R-T axes: 23 -20 23

INTERPRETATION:

Normal sinus rhythm
mild nonspecific ST abnormality
borderline ECG
no previous ECGs available

CONFIRMED BY:

Veena Raizada, MD

VEENA RAIZADA, M.D.
Professor of Medicine
Division of Cardiology

Completed Action List:

Printed by: Chavez, Lucy M
Printed on: 2/18/2003 9:01 AM

Page 1 of 1
(End of Report)

Chest - PA+LAT

COPP, DOUGLAS - 4442714

Result type: Chest - PA+LAT
Result date: Thursday, December 06, 2001 10:51 PM
Result status: Auth (Verified)
Result title: G CH 2VW
Encounter info: 129305041, UH, Outpatient, 12/6/2001 - 12/10/2001

*** Final Report ***

G CH 2VW

University of New Mexico Health Sciences Center
2211 Lomas NE, Albuquerque, NM 87106
Department of Radiology

Patient Name: COPP, DOUGLAS
DOB 08/03/1951 Age: 000 YRS Sex: M
Account #: 0129305041 Medical Record #:
(00000)004442714
Attending MD: SHOOP, MICHAEL
Ordering MD: HUYLER, FRANK D

GENERAL RADIOLOGY

ACCESSION: RA-01-122461
EXAM DATE/TIME 06DEC01 2251
EXAM: CHEST PA & LAT

COPP, DOUGLAS RA-01-122461 CHEST PA AND LATERAL
12-6-01 2251 HOURS

CLINICAL HISTORY: Rule out infiltrate.

FINDINGS: The heart, mediastinum, pulmonary parenchyma and
pleura are within
normal limits for age given the limited digital technique.
No evidence for
acute cardiopulmonary disease.

SDV/as

Printed by: Chavez, Lucy M
Printed on: 2/18/2003 9:01 AM

Page 1 of 3
(Continued)

Read By METTLER JR, FRED A
A. METTLER,
M.D. Dictate Date 12/06/2001
Time 23:26
Transcribed BASTranscribed 12/08/01
Signed

Signed By FRED
Dictate

Chest - PA+LAT

12/11/01

COPP, DOUGLAS - 4442714

Completed Action List:

Printed by: Chavez, Lucy M
Printed on: 2/18/2003 9:01 AM

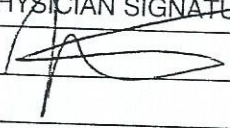
Page 3 of 3
(End of Report)

PATIENT NAME: COPP, DOUGLAS
 PATIENT ADDRESS: 17 SUMPTION RD, IA PARK, NM 87047-
 EMPLOYER:
 PRIMARY PHYSICIAN:

PATIENT PHONE: (505)281-7977
 DATE, TIME OF ARRIVAL: 12/06/01 18:37
 GENDER: M
 DOB: 08/03/1951
 CLINIC FEE:
 EMERGENCY CONTACT: COPP, PAULINA
 EMERGENCY PHONE: (505)281-7977
 MEDICATION ALLERGIES:
 REFERRING PHYSICIAN / ADDRESS:
 RELATION: K

INS NAME AND ADDRESS:
 CBS OF NEW MEXICO
 PO BOX 27630
 ALBUQUERQUE, NM 87125-7630

FC: I
 GROUP: 8003
 INS PLAN: X94
 SUBSCRIBER: 560450095
 COMMENTS:

TIME	TO	FROM	PHYSICIAN SIGNATURE	PRINT NAME
				Paulina

PHYSICIAN ORDERS						
TIME	MD INIT	LAB / X-RAY / EKG	ORDERED / INITIAL	TIME	RN	TIME
15:50	A	C/P, Trop, Quant D-dimer, CXR/pt				
		CARDIAC OBS / CA 2/20/01				
		ATTN				

MEDICATIONS / IV / TREATMENTS						
15:50	A	IV stop look	done			
		ABX 325 po	- 2225 hrs			



EMERGENCY CENTER LOG

Presenting Complaint: COP SOB

Arrived VIA
 Self Amb Police Lifegd Other

12.10.01 Time 1822 SS#

Name Copp, Douglas M F

Phone 505.221.7771 D.O.B. 08351 Age 50

Triage Disposition: ER Cube East PED HC Lobby Other

Time: _____

Consent for Diagnosis and Treatment
 The undersigned does hereby request and gives consent to the authorities of UNMH to administer such medication and perform such procedures as may be deemed necessary for interest and treatment of:
 Patient or Guardian: *[Signature]*
 Witness: *[Signature]*

Treatment Prior to Arrival:

None Neckroll C-Collar I.V. type _____ Amt _____
 Dressing Backboard Splint Site _____
 Other Oxygen at _____ L/min _____

Non English Speaking _____ Old Chart _____

PMH LNMP

Pregnant Y N

Vag bleed/dc N/A

Immunizations UTD

Needs Tetanus
 Done w/in 5y 10y

Illness:

usually well
 HTN?

Triage Level A B C D

Temp: 36.5 B/P 130/80 Pulse 102 R 16 SaO2 96(RA) Wt. 240 lbs

Triage: Time: 1830 CC:

History was working @ World Trade Center as a rescuer. States breathe dia xx dust/sort/etc. Difficulty breathing since. & nausea/vomiting.
 & lightheadedness.

PCP Referred by _____

Current Meds:

ASA

Nursing Interventions: Ice Sling Splint Dressing Other _____

Tylenol _____ mg Time _____ PO PR X-RAY _____ EKG _____

Time to Cube: _____

Signature: *[Signature]*

Allergies:

penicillin

EVALUATION AND MANAGEMENT Time: 1925

CC _____

HPI (1,1,1,4,4 elements)

Location: 5070. 5' x 10' @ post leg room, 1st floor

Quality: *[Handwritten notes]*

Severity: Was had intubated SOB, x 3 nos

Duration: since being at WTC disaster site.

Timing: _____

Context: C.P. is sharp, intubated, & pleuritic

Modifying Factors: *[Handwritten notes]*

Assoc. Signs & Sx: *[Handwritten notes]*

ROS (0,1,1,2,10 systems) (NI or "-" is acceptable except for CC)

Related to CC: (See HPI also)

Constitutional *[Handwritten]*

Eyes _____

ENT _____

Resp *[Handwritten]*

CV *[Handwritten]*

GI *[Handwritten]*

GU _____

Muscle/Skel _____

Skin/Breast _____

Endo _____

FAM HX Parents *[Handwritten]* Siblings *[Handwritten]*

OC HX Tob: *[Handwritten]* EtOH *[Handwritten]*

IDU _____ Other Drugs _____

Heme/Lymph _____

Allergic/Immune _____

Neuro _____

Domestic Violence Yes/No _____ Possible Crime Victim Yes/No _____

Living Situation *[Handwritten]*

COPP, DOUGLAS
 DOB: 08/03/1951 SEX: M PT: 0
 MRN#: (000000)004442714
 FIN#: 0129305041

Psych *[Handwritten]*

Unable to obtain

All others negative *[Handwritten]*

EMERGENCY CENTER LOG

Phys Exam body areas
1. 2. 2. 5 or organ systems* 8 organ systems*

Constitutional* Appearance *NAD*

Temp *36.5* B/P *100/80* HR *102* RR *16* SaO₂ *96%*

Head/Face *WCAT*

Eyes* *Anisocoria, PERRL*

ENT* *OP Clear*

Neck *Supple*

Chest/Breasts *NAD*

CV* *M S, S, S, S*

Resp* *C (M) (B)*

GI* *SU TD*

Rectal *chd*

GU/Pelvic*

Lymph* *Chad*

Skin* *W/O*

Muscle/Skel*

Back/Spine

R Arm *-* L Arm *-*

Leg *-* L Leg *-*

Neuro*: CN *maxillary, GCS*

Sensory *Sensation* Motor *5/5*

Gait *nr* Cereb *5/5*

Psych* *Appropriate*

Additional Exam

Risk: 1 Minor 2 Low 3-4 Acute Systemic Sx 5 Life/func Threat

Dif Dx 1. *MI* 2. *PE*

3.

4.

5.

Lab

CIP 102

Tron C.4

D-dim < 1.2

ECG *No Acute Δ's*

XR *CXR (-)*

Final Dx 1. *Chest Pain*

2.

3.

4.

Discharge Tx Plan Include Rx Consult Obtained

obs => cardiac eval

Information obtained from: Old chart Ambulance crew/form friends/family

Condition at Discharge Improved Stable Admit

Crit Care I, the attending physician was present with this patient from _____ to _____ = _____ minutes Init _____

Attending Notes I reviewed the history documented above with the resident and patient. I note that:

*30 y.o. male with chest pain & leg pain
intermittent SOB since working at work
more common. CP sudden, intermittent x 2 days.
non-reproducible*

I examined patient and find:

*Warm, moist, CRT (+) RR 16/min
ABD soft, NT, @ BS non-tender*

I reviewed the V.S. and laboratory tests and read and interpreted the radiologic/ECG images above. They show:

I reviewed the note and assessment with the resident and confirm/revise the differential diagnosis

Atypical Chest Pain

I directly supervised, assisted with or performed the following procedures

I agree with and approved the care plan and final diagnoses.

Obs

See Continuation Sheet

Physician (Print name) *Nisran* Physician's Signature *[Signature]*

Faculty Physician (Print name) *Huyler* Faculty Physician's Signature *[Signature]*



Presenting Complaint: CP / SOB

Respiratory		Cardiovascular		Mental Status		Skin/Musculo-Skeletal															
<input checked="" type="checkbox"/> Unlabored <input type="checkbox"/> Labored <input type="checkbox"/> Shallow <input type="checkbox"/> Retractions <input type="checkbox"/> Stridor <input type="checkbox"/> _____ Breath Sounds <table border="0"> <tr> <td>R</td> <td>Clear</td> <td>L</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Rales</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Rhonchi</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Wheezing</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Diminished</td> <td><input type="checkbox"/></td> </tr> </table>	R	Clear	L	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rales	<input type="checkbox"/>	<input type="checkbox"/>	Rhonchi	<input type="checkbox"/>	<input type="checkbox"/>	Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Diminished	<input type="checkbox"/>	Monitor <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Rhythm <u>RSR</u> Pacemaker <input type="checkbox"/> Y <input type="checkbox"/> N Chest Pain Pt. Description: <u>LT sided</u> <input type="checkbox"/> Onset _____ <input type="checkbox"/> Duration _____ <input type="checkbox"/> Non-radiating <input type="checkbox"/> Radiating to: _____ <input type="checkbox"/> SOB <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> NTG taken <input type="checkbox"/> N/A <input type="checkbox"/> Edema-where _____	<input type="checkbox"/> Conscious <input checked="" type="checkbox"/> Oriented X <u>3</u> <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input type="checkbox"/> Breathalized <input type="checkbox"/> Unconscious <input type="checkbox"/> Uncooperative <input type="checkbox"/> Combative <input type="checkbox"/> Seizure Activity <input type="checkbox"/> Mental Retardation Pupil size 2 3 4 5 6 7mm <input checked="" type="checkbox"/> R-Reactive <input type="checkbox"/> S-Sluggish <input type="checkbox"/> N-Nonreactive R _____ L _____	SITE <u>clo numb lt foot + back of thigh.</u> <input type="checkbox"/> Swelling <input type="checkbox"/> Abrasion <input type="checkbox"/> Pain <input type="checkbox"/> Burns <input type="checkbox"/> Deformity <input type="checkbox"/> Contusion <input type="checkbox"/> Laceration <input type="checkbox"/> Ecchymosis <input type="checkbox"/> N/A
R	Clear	L																			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			
<input type="checkbox"/>	Rales	<input type="checkbox"/>																			
<input type="checkbox"/>	Rhonchi	<input type="checkbox"/>																			
<input type="checkbox"/>	Wheezing	<input type="checkbox"/>																			
<input type="checkbox"/>	Diminished	<input type="checkbox"/>																			
Pain Assessment <input type="checkbox"/> N/A *1-10 scale Time _____ Score _____		Capillary Return <input type="checkbox"/> < 2 sec <input type="checkbox"/> N/A <input type="checkbox"/> Delayed _____ sec.		Visual Acuity <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected		Circulation/Sensation <input type="checkbox"/> Intact distal to injury <input type="checkbox"/> Altered circulation <input type="checkbox"/> Altered sensation <input checked="" type="checkbox"/> N/A															
Abdomen <input type="checkbox"/> Nontender <input type="checkbox"/> Firm <input type="checkbox"/> Tender <input type="checkbox"/> Distended <input type="checkbox"/> Soft <input type="checkbox"/> Nondistended <input type="checkbox"/> N/A <input type="checkbox"/> Location _____		GU <input type="checkbox"/> Flank pain <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Dysuria <input type="checkbox"/> Hematuria <input type="checkbox"/> Frequency <input type="checkbox"/> Retention <input checked="" type="checkbox"/> N/A		Skin Color <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundiced <input type="checkbox"/> Rash		Skin Moisture <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic															

Glasgow Coma Scale

Total 15

Eyes Open	Verbal Response		Motor Response	
<input type="checkbox"/> NA 4 Spontaneous 3 To Speech 2 To Pain 1 None	Adult 5 Oriented 4 Confused 3 Inappropriate words 2 Incomprehensible sounds 1 None	Pediatric Coos, Babbles Irritable Cries Cries to Pain Moans to Pain None	Adult 6 Obeys Commands 5 Purposeful (pain) 4 Withdraws (pain) 3 Flexion (pain) 2 Extension (pain) 1 None	Pediatric Normal Spontaneous Movements Withdraws to Touch Withdraws to Pain Abnormal Flexion Abnormal Extension None

NURSING FLOWSHEET

Time	BP	P	R	T	O2 SAT	Assessment/Response	RN Initials
2100						Adm. to CCU by parents w/ eval.	JFA
2110	163/95	77	18		96%	LAST 3-4 DAYS clo LT SIDED CHEST PAIN, HAVING HARD TIME CATCHING BREATH. DENIES FEELING SOB. CAN'T TAKE DEEP BREATH. clo LT FOOT NUMBNESS + BACK OF THIGH NUMB. NO REDNESS & SWELLING.	KB
2200	163/77	76	18		98%	TO WRAH + RETURNED. PLACED ON MON-ITOR. PAIN FREE AT PRESENT	KB
2239						REMOV. CLOUTER TO ARO + DT TRANSFERRED	

copp, douglas
50 years
Male

ID: 0044

6-Dec-2001 21:19:41

University Hospital

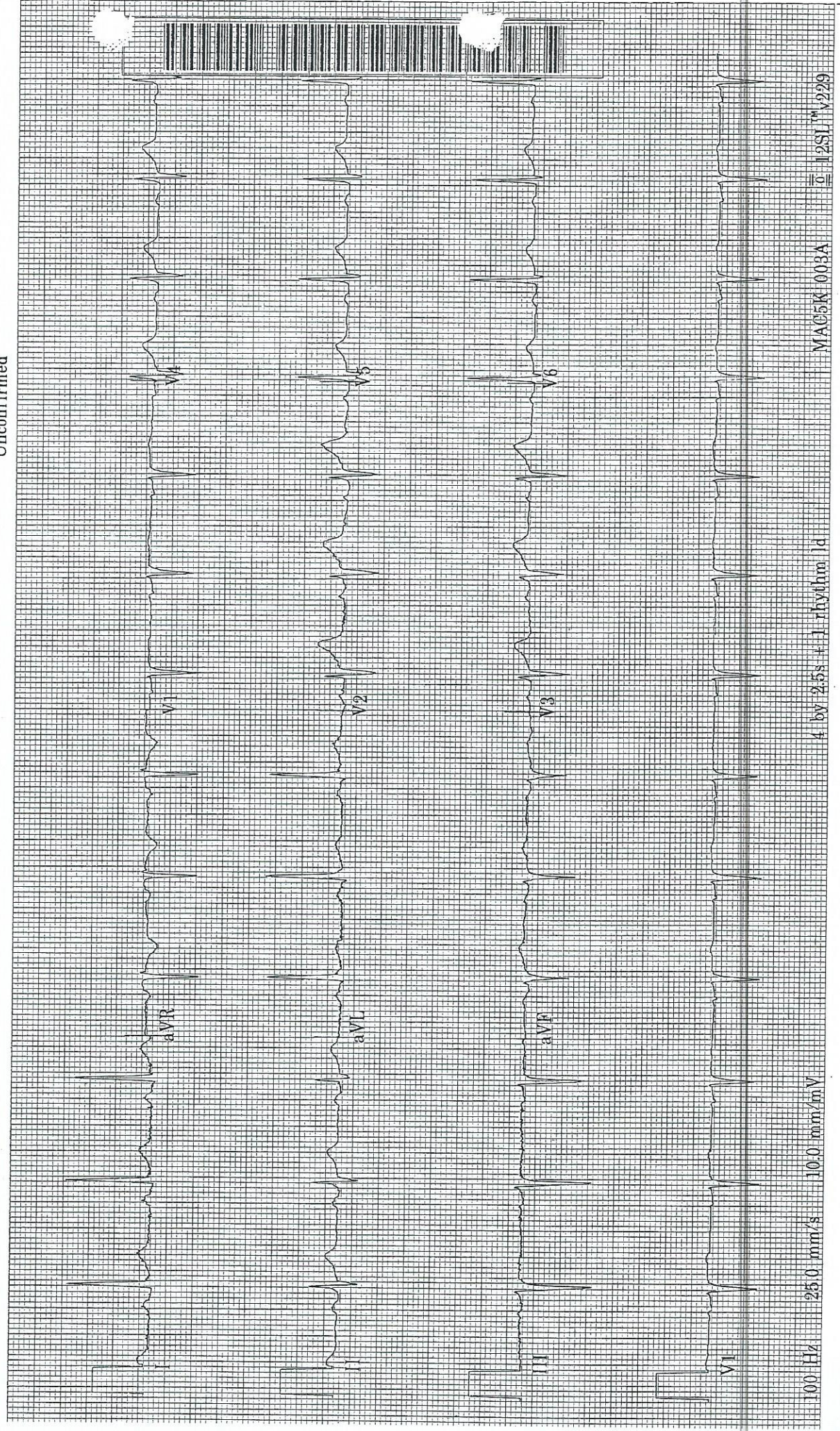
Vent. rate 78 bpm
PR interval 156 ms
QRS duration 90 ms
QT/QTc 356/405 ms
P-R-T axes 26 -20 23

Normal sinus rhythm
borderline ECG
adequate voltage criteria for LVH, may be normal variant

Technician:

nolytis AM

Unconfirmed



copp, douglas
50 years
Male

ID: 00444014

7-Dec-2001 5:57:44

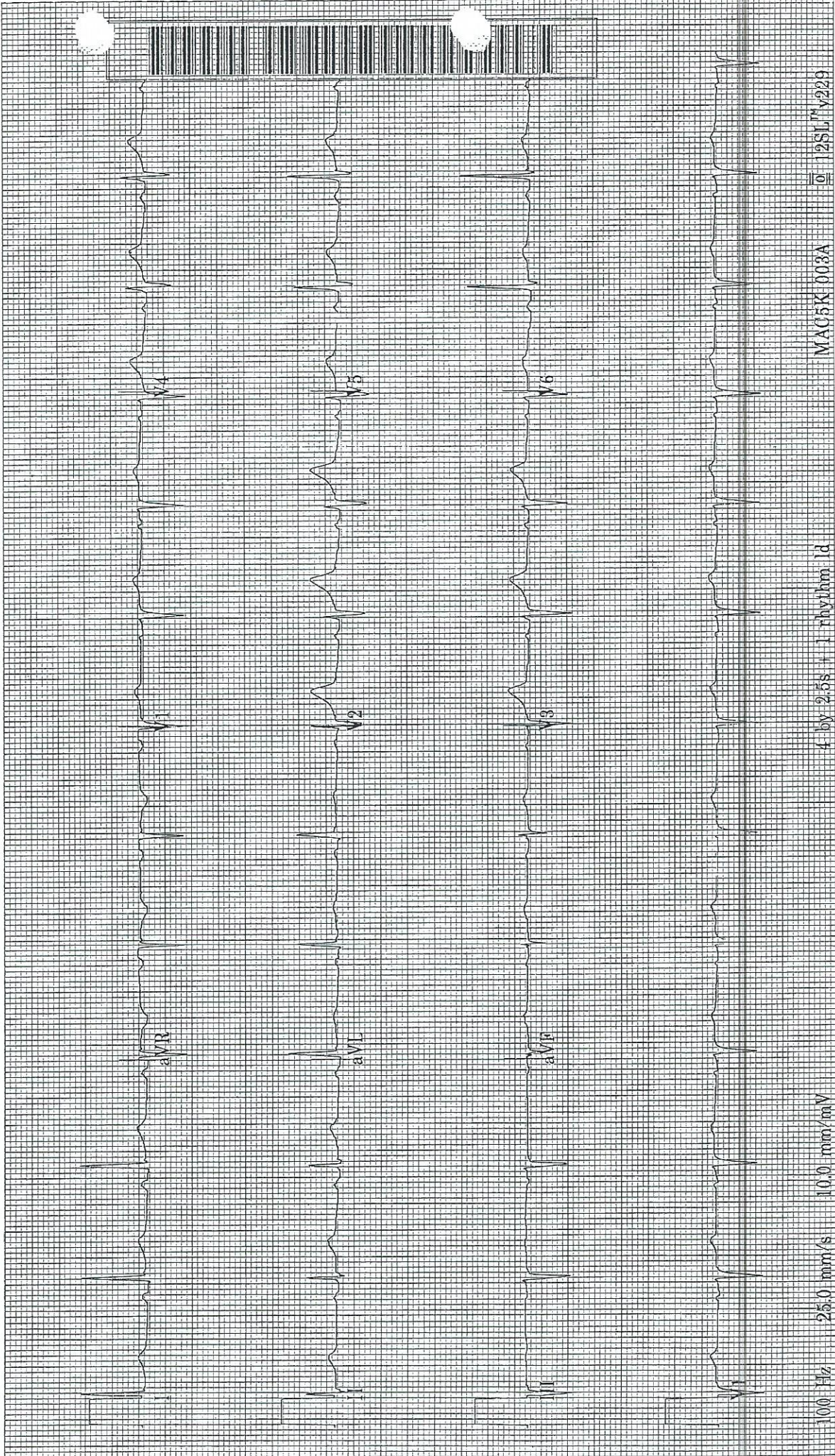
University Hospital

Vent. rate 73 bpm
PR interval 148 ms
QRS duration 90 ms
QT/QTc 384/423 ms
P-R-T axes 26 -4 23

Normal sinus rhythm
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG

Technician: db

Unconfirmed



**Abbreviated Hospital Summary
(for Less Than 48 Hour Stay)**

Pertinent History (Chief Complaint and Condition on Admission)

Ⓢ Ⓢ C.A. x 2 days to SOB, Ⓢ leg pain posthly

H/o High Stress worked @ WTC site

Pertinent Physical Findings

⌀

Emergency Department Course, Care, Assessment

Assessd CXR/CABG

C.A.P

Diagnosis

3 sets oxygen / cards sent in AM

Reason for Observation / Plan

12/6/01

Admission Date

Physician's Name (House Officer) **PRINT**

[Signature] *M. [unclear]*

Physician's Signature

Physician's Name (Attending) **PRINT**

[Signature]

Physician's Signature

ADDRESSOGRAPH

COPP, DOUGLAS
DOB: 08/03/1951 SEX: M PT: O
MRN#: (00000)004442714
FIN#: 0129305041
FC: I UCC



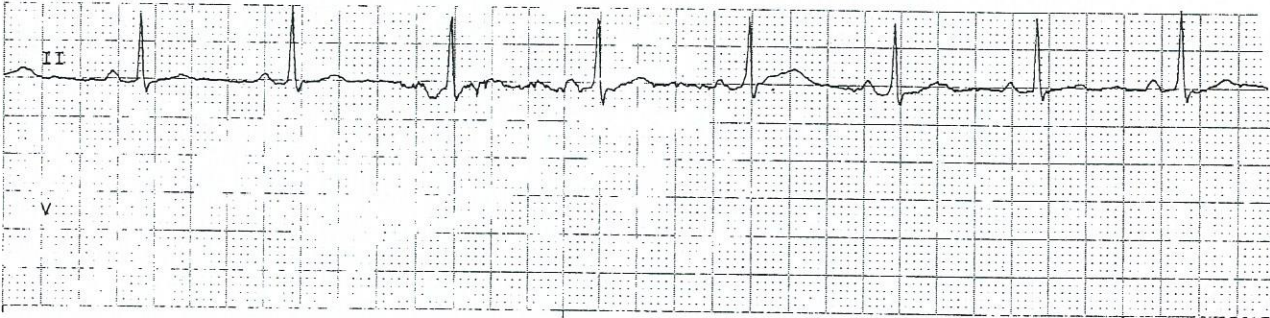
MEDICAL / NURSING PROGRESS NOTES

DATE: 12/6/01

NOTES: Each Entry Must Be Dated and Signed

2350 To Obs #1. Connected to telemetry SR. Denies CP @
 This time. 36⁷-71-18 140/76. O₂ Sat 98% RA. — ~~DB~~

COPP 7SOUTH:EROB1* TTX#364 MANUAL SAVED 07-DEC-2001 00:29:27 @25 MM/S
 LA FAIL HR 75 PVC 0 ST II 0.0



0300 Denies C.P. Cardiac enzymes drawn & sent to lab — ~~DB~~
 0700 EKG done. Denies CP. 35⁷-70-16 BP 138/62 O₂ 96% RA. — ~~DB~~

ED Attending

800 3 sets enzymes, 3 EKG's unchanged. No further CP.
 Cardiology here evaluating. To have treadmill today

DBKump

800

Attending

3 sets enzymes @. Cxls here re: ECG / ~~DB~~

0900 S/L Card @ Discharge time
 1000 Denies CP/pressure 12/73-72-16- 97-362
 1100 Pt discharged from dept @ Fin hr: S/A
 R ptgwar now to dept. PT aware to Flu & R/P
 CxL to return to dept for worsening symptoms
 IV removed from @ hand. still saline lock

m: EB
 Physician

Telephone No.

Referring Service / Clinic

STAT

Inpatient Ward OBG #1

To: Cards

Priority: ASAP

Bedside or

On Call

Choose One Consultant

- One time consultation
 Initial consultation and follow-up consultation as necessary

Routine

Outpatient

Reason for Request:

50 y/o ♂ c/o log ptn x 3 days. Also c/o CP @SSCP 3 days. Nausea, seconds x several episodes.
Has intermittent SOB since work. Trade Center work in early Nov.

Signature: _____

Date: _____

Date Received: _____

Date of Consultation: CPUP moved from SF to 3rd floor

REPORT:

PE: 365 130/80 102 169 6%
 W RR 12/min 1/2 JVD
 Pulm CTA b/l
 od some soft NT NID TBS
 Exon CACE b/l
 ECG NAR trace flattening TII aVF
 CXR acute

Allerg: PCW
 Meds: ASA

Past Med Hx

Social

Fam Hx
 MA CAD

↑ chol.

φ tob
 ↑ FISH

↑ Fibromin tumor

Smokes 25 yrs ago.

Wife wife
 DIV

↑ B CAD φ DM in family.

↑ HD - 25 y.

CK	MB	troponin
102	1	0.4
89	1	0.4

Address 0.22.

50 y/o ♂ c/o ↑ chol by hx & heavy stat use c/ atypical CP lasting seconds only & non-l. restoral. Good exercise tolerance & CPSX.

STAFF Non-cardiac

CP. Seconds upon @

Chest. Few RF ECG @

φ quantm Wlu needed. Needs PUP care to Flu c/ chol & ? HTN wt.

World not do so

STAFF Non-cardiac CP - seconds x 2-3.

Can go home

[Handwritten signature]

PATIENT RECORD

[Handwritten signature]
 Signature - Consultant

Beller 510137

COPP, DOUGLAS
 DOB: 08/03/1951 SEX: M PT: 0
 MRN#: (00000)00442714
 FIN#: 0129305041 FC: 1 UCC

copp, douglas

ID:004442714

07-DEC-2001 05:57:44

UNIVERSITY HOSPITAL-ER ROUTINE RECORD

50 yr
 Male
 Loc:13

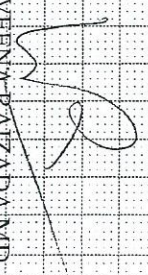
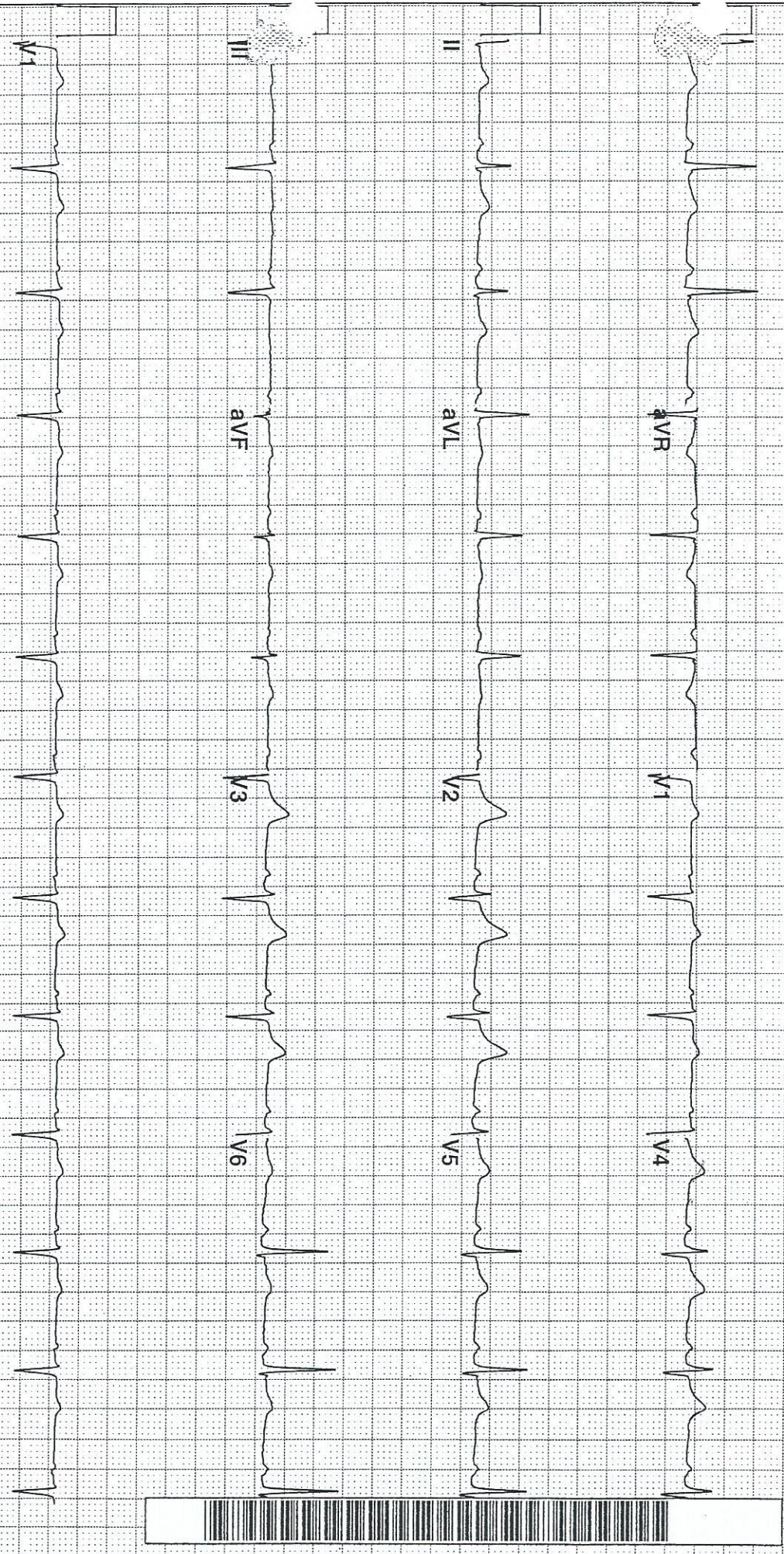
Vert. rate 73 BPM
 PR interval 148 ms
 QRS duration 90 ms
 QT/QTc 384/423 ms
 P-R-T axes 26 -4 23

NORMAL SINUS RHYTHM
 CANNOT RULE OUT ANTERIOR INFARCT, AGE UNDETERMINED
 ABNORMAL ECG
 WHEN COMPARED WITH ECG OF 06-DEC-2001 21:19
 NO SIGNIFICANT CHANGE WAS FOUND

Technician: db

Referred by:

Confirmed by: VEENA RAIZADA MD

coppp, douglas

ID:004442714

06-DEC-2001 21:19:41

UNIVERSITY HOSPITAL-ER ROUTINE RECORD

50 yr
Male

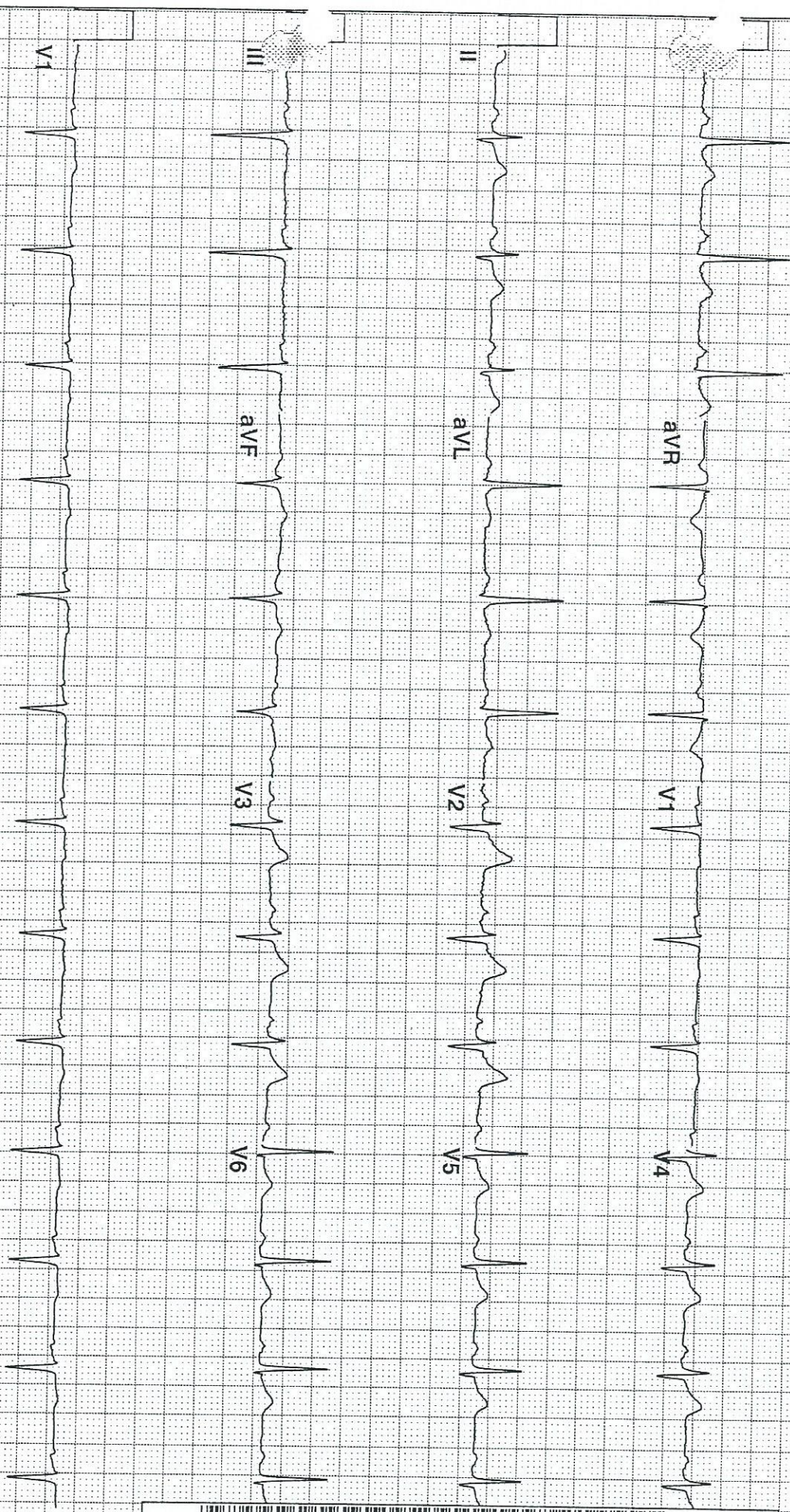
Loc:13

Heart rate	78	BPM
PR interval	156	ms
QRS duration	90	ms
QT/QTc	356/405	ms
P-R-T axes	26 -20	23

NORMAL SINUS RHYTHM
 MILD NONSPECIFIC ST ABNORMALITY
 BORDERLINE ECG
 NO PREVIOUS ECGS AVAILABLE

Referred by:

Confirmed by: VEENA RAIZADA MD



25µm/s 10mm/mV 40Hz 005B 12SL 229 CID-1

UNIVERSITY HEALTH SCIENCES CENTER
OBSERVATION UNIT
PHYSICIAN CARDIAC ORDER SHEET

Date: 12/6/01

Time: 2333

HO / Attending (print): Murphy / Hoyle

Admit to Observation diagnosis: C.P.

Condition: Stable Allergies _____

Vital Signs: Continuous cardiac monitoring via telemetry or hardwire,
Q2H and PRN, oxygen saturation
Q2H and PRN, pulse, respiratory and NON - INVASIVE BP
Q4H and PRN, post monitor strip with PR interval and QRS calc

Temp: Q4H if febrile, otherwise Q8H
I&O: Q shift

Activity (circle): AD LIB QOB W / BRP BEDREST

Diet (circle): low fat / no added salt cardiac diet, NPO, clear liquids
if diabetic _____ cal ADA

Oxygen: nasal cannula 2-4 L to maintain SAT > 90%

EKG: serial EKG Q4H
EKG, PRN for CP
other: _____

Lab: CP Q4H x 12 Hours
other: _____

X-rays: _____

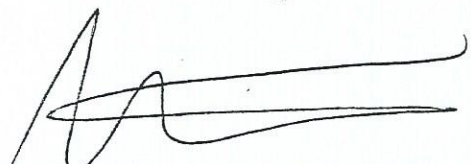
Consult: A) Cardiology consult on admission (if not done in EC).
B) Cardiac liaison (251-7671) who will schedule as needed.
(circle) ECHO Holter exercise treadmill w / Thallium

Medications: (circle) A) IV saline lock with Q8H NS flush or IV _____ at _____ cc / hr.
B) Routine
1. ASA 160 mg chewable POQD
2. NTG paste 1" - 2" Q4H (hold for SBP < 100)
3.
4.
5.
C) PRN Medications
1. NTG 1/150 SL x 3, Q5min for CP
2. Maalox / Mylanta 30cc Q4H
3.
4.
5.

Notify HO / Attending for any change in condition and / or chest pain
other: _____


Initiate emergency ACLS protocols as indicated by patient condition and promptly move patient to the resuscitation room.

Discharge instructions: (Use EC discharge sheet) A. Follow up appointment: _____
B. _____


MD Signature

ADDRESSOGRAPH

COPP, DOUGLAS
DOB: 08/03/1951 SEX: M PT: 0
MRN#: (00000) J04442714
FIN#: 0129303041
FC: 1 UCC


THE UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER
2211 Lomas Boulevard NE
Albuquerque, NM 87106

PHYSICIAN'S AUTHORIZATION FOR EXCUSED ABSENCE
FROM WORK OR SCHOOL

Doyle Lass Capp Patient's Name WAS SEEN ON 12-6-01 Date
IN THE Emergency CLINIC/DEPARTMENT AT THE
UNIVERSITY OF NEW MEXICO HOSPITAL AND SHOULD NOT RETURN TO WORK FOR
4 DAYS.
Robert L. ... Physician's Signature

DATE _____ DIAGNOSIS _____

PATIENT TEACHING / DISCHARGE INSTRUCTIONS

Education Method (check one):

- MDX Explanation Video Handouts Interpreter

Barriers to Learning Assessed?	Readiness to Learning Assessed?	Pain Management Discussed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
CHECK ALL THAT APPLY		CHECK ALL THAT APPLY
Safe and Effective Use of Medication:	Rehabilitation Techniques:	
Food and Drug Interactions:	Individual Needs:	
Nutrition and Modified Diets:	How and When to Obtain Further Assistance:	
Community Resources:	Safe and Effective Use of Medical Equipment:	

WORK

This sheet is evidence that you were in our Emergency Department today. If your employer should require an additional 'Back to work slip,' please consult your clinic or physician.

X-RAY

X-rays do not always show injury or disease, and fractures may not be revealed on the initial x-rays. If the problem persists or worsens, additional x-rays may be required. If this occurs, you should contact your physician or return to the Emergency Department. Your initial x-ray reading is a preliminary interpretation. The radiologist will make a final reading within 24 hours and if there is any difference from the preliminary reading, you will be informed.

PRESCRIPTIONS

The following medications were prescribed for you:

Tylenol or Ibuprofen for: Fever Pain

You have been given a prescription for the above medications. You may have this prescription filled at any local pharmacy, or at U.N.M.H. outpatient pharmacy M - F 8:30 am - 5:30 pm. As with all prescribed medications follow the instructions on the bottle/container. The Pharmacy phone number is 272-2308.

FINANCIAL

If you need financial assistance please call 272-2131 to make an appointment with our patient services representative. Please call the business office M - F, 8:00 AM - 8:00 PM @ 272-2521 for billing and insurance information.

ADDITIONAL DISCHARGE INSTRUCTIONS

Return to the Emergency Center or your Clinic immediately if you fail to improve.

- Follow-up with primary care Doctor ASAP.
- Take ibuprofen for pain.
- Return to ER for worsening symptoms.

FOLLOW UP

Follow up appt: _____ CLINIC _____ DATE _____ TIME _____

Recheck in _____ days for _____

Please call the clinic if you are unable to keep your appointment.

Call the following clinic for the next available appointment.

- 768-0150 ALCOHOL AND SUBSTANCE ABUSE INTAKE (CASAA)
- 272-2336 BURN AND TRAUMA
- 272-6222 DERMATOLOGY
- 272-2517 EMPLOYEE HEALTH
- 272-2553 EYE
- 272-1710 FACULTY
- 272-1734 FAMILY PRACTICE
- 272-1881 GENERAL MEDICINE CLINIC
- 272-2800 MENTAL HEALTH CENTER
- 847-2271 MOUNTAINAIR
- 272-2700 N.E. HEIGHTS (UNM FAMILY HEALTH)
- 272-3160 NEUROLOGY / NEUROSURGERY / INF. DISEASE
- 272-2231 ORTHOPEDICS/PODIATRY
- 272-2345 PEDIATRICS-CHILDREN'S
- 272-2308 PHARMACY
- 272-2104 PHYSICAL THERAPY
- 272-1754 SENIOR HEALTH CENTER
- 268-5885 S.E. HEIGHTS CLINIC
- 272-2415 SPECIALTY MEDICINE
- 272-2336 SURGICAL SPECIALTIES/UROLOGY/ENT/PLASTICS
- 272-2900 WESTSIDE (UNM FAMILY HEALTH)
- 272-2245 WOMEN'S HEALTH CENTER
- 242-4219 WOMEN'S SHELTER
- 272-4400 UNIVERSITY CLINIC
- 272-2241 URGENT CARE CENTER

FIRST CHOICE FAMILY HEALTH CENTERS

- 768-5475 ALAMEDA
- 861-1013 BELEN, NM (MEDICAL)
- 861-1778 BELEN, NM (DENTAL)
- 768-5465 NORTH VALLEY
- 768-5480 LOS PADILLAS (DENTAL ONLY)
- 865-4618 LOS LUNAS, NM
- 768-5450 SOUTH BROADWAY
- 873-7400 SOUTH VALLEY (DENTAL ALSO)

COMMUNITY DENTAL

765-5683
2116 HINKLE SE

345-8309
1231 CANDELARIA NW
1231 CANDELARIA NW

ADDITIONAL INFORMATION

- Discharged by Physician.
- I have been given a copy of my instructions and I understand them.

PATIENT / GUARDIAN SIGNATURE _____

DATE _____

HEALTH CARE PROVIDER _____

DATE _____

Treatment delivered today is offered as first care only. I hereby acknowledge receipt of patient aftercare instructions. I understand that I have had emergency treatment and that I may be released before all my medical problems are known and treated. I will arrange for follow up care as instructed.

COPP, DOUGLAS
DOB: 08/03/1951 SEX: M PT: 0
MRN#: (00000)004442714
FIN#: 0129305041
FC: I UCC