

## BARNWELL COUNTY HOSPITAL

Name: Crane, Daniel  
 Patient ID: 404006  
 Account Number: 736456  
 History: REASON FOR EXAM: FALL PATIENT FELL THIS AM. COMPLAINS OF PAIN TO RIGHT SIDE OF CHEST  
 Date of Birth:  
 Study: CT - Chest, C.T. Chest High Resolution WO Contrast  
 Facility: Barnwell County Hospital  
 Physician: Drago, Paul  
 Date of Service: 03/26/2014 16:41:01

STUDY: CT CHEST WITHOUT CONTRAST

REASON FOR EXAM: Male, 37 years old. Fell this morning. Right-sided chest pain.

RADIATION DOSAGE (If Supplied By Facility): CTDIvol = ( ) mGy, DLP = ( ) mGycm

TECHNIQUE: High-resolution transaxial imaging was performed without the administration of intravenous contrast material. Sagittal and coronal reconstruction.

COMPARISON: None.

**FINDINGS:**

The lungs are well expanded and clear. No pneumothorax. No pleural effusions.

Normal heart and pericardium.

Normal mediastinum. Normal hilar regions. Normal unenhanced pulmonary arteries. Normal aorta arch and descending thoracic aorta.

There is an acute nondisplaced fracture of the right anterior seventh rib, series 3792, series 401/19. There is only minimal adjacent edema. No other rib fractures. There are minimal degenerative changes in the spine. The bony structures are otherwise unremarkable.

There is no demonstrated abnormality of the visualized upper abdomen.

**IMPRESSION:**

Acute nondisplaced transverse fracture of the anterior right seventh rib.

Otherwise normal unenhanced CT Chest examination.

**Electronically Signed:**



Peter Fitzer, M.D.  
 2014/03/26 at 19:38 EDT  
 Tel 216-816-8150, Service support 888-557-3617, Fax 216-255-5701

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MR-27-2014 03:44 From: Southern Palmetto

803.541.4176

To: 92593260

Page: 10/13

EMERGENCY DEPARTMENT

TRIAGE/NURSING ASSESSMENT Southern Palmetto Hosp

GRANS, DANIEL B 03/26/14  
V 735456 M 97Y M 404066  
ER ER

Patient: Crane, Daniel age 57 DOB: ATIN DRAGO, PAUL  
Date: 3/10/14 Triage Time: 1:15 Meds. of Arrival: Work In U/W (Stn ECP); KOUKOS, DEAN

Accompanied by: \_\_\_\_\_  
Do you have any religious or cultural beliefs that would affect emergency care?  No  Yes If yes, explain: \_\_\_\_\_  
Language Preference:  English  Spanish  Other: \_\_\_\_\_ Education Preference:  Verbal  Written  No preference

Physical or emotional barriers to learning:  No  Yes \_\_\_\_\_ Desire or Motivation to Learn:  Yes  No

Treatments in Progress on Arrival: <input type="checkbox"/> N/A <input type="checkbox"/> Oxygen <input type="checkbox"/> Spinal Precautions <input type="checkbox"/> Collar <input type="checkbox"/> Splint <input type="checkbox"/> Ice <input type="checkbox"/> Dressing		Size: _____		Other: _____							
<input type="checkbox"/> CPR in progress	<input type="checkbox"/> IV Solution/Rate	SIAs: _____		Other: _____							
Temp	Pulse	RR	R/P	O2 Sat	Ht	Wt/Lb	Wt/Kg	Tetanus	Flu Vaccine	Pneumonia Vaccine	Family Doctor
97.3	87	16	16	98	5'11"	195					Kalous

Reason for Visit: pt fell this am. hurt to take a deep breath - chest to move. pt states can feel pop @ ribs area.

DRUG ALLERGIES	Prescription Meds (Dose and Frequency)	OTC/Herbal Meds	Past Medical History	Surgical History
<input type="checkbox"/> None known	<input type="checkbox"/> Medication List Attached		<input type="checkbox"/> HTN <input type="checkbox"/> IZ <input type="checkbox"/> MI <input type="checkbox"/> DM <input type="checkbox"/> IDDM <input type="checkbox"/> CVA <input type="checkbox"/> CORD <input type="checkbox"/> ASTHMA <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> GERD <input type="checkbox"/> ICA	<input type="checkbox"/> Hysterectomy <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Appendectomy <input type="checkbox"/> Tonsillectomy <input type="checkbox"/> C Sections
<input type="checkbox"/> Latex Allergy	<input type="checkbox"/> Denies any medication issues	<u>Enterol to keep calm</u> <u>Amoxicillin</u> <u>gabapen</u>	Other: _____	<u>Motor vehicle accident</u> <u>total repair</u>
<input type="checkbox"/> No <input type="checkbox"/> Yes				

MENTAL STATUS	PSYCHOLOGICAL	POUN	HEART/PATE	SKIN	ABDOMEN	EMF	SUBSTANCE USE
<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Depressed	<input type="checkbox"/> Non-Labored	<input checked="" type="checkbox"/> Regular	<input checked="" type="checkbox"/> Warm/Dry	<input checked="" type="checkbox"/> Non-tender	Date: <input type="checkbox"/> N/A <input type="checkbox"/> Irregular	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Confused	<input type="checkbox"/> Normal to Self	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Irregular	<input type="checkbox"/> Pale	<input type="checkbox"/> +BS <input type="checkbox"/> -BS	<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Lethargic	<input type="checkbox"/> Normal to Others	<input type="checkbox"/> Labored		<input type="checkbox"/> Diaphoretic	Last BM	EDC: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Signs of Abuse/Neglect	<input type="checkbox"/> Absent		<input type="checkbox"/> Cyanotic			<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> LIVES	<input type="checkbox"/> Diminished		<input type="checkbox"/> Other			<input type="checkbox"/> No <input type="checkbox"/> Yes

Pain Assessment		MOTOR VEHICLE ACCIDENT	
<input type="checkbox"/> N/A	Rate: Scale 0-10 <u>10/10</u>	Damage to Vehicle	<input type="checkbox"/> Driver
Location: <u>Left chest</u>	Wong Baker 0-10 <u>10</u>	Collision <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Passenger
Onset: <u>3/10/14</u>	Pain Interventions PTA: _____	Verbal control <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Restrainted/Unrestrained
		Time of Acc: _____	<input type="checkbox"/> Airbag Deployment Y/N
		Date of Acc: _____	<input type="checkbox"/> Police Report Filed Y/N

Disposition (Time): _____	Triage Condition: <input type="checkbox"/> Stable <input checked="" type="checkbox"/> Unstable <input type="checkbox"/> Critical	RN PERFORMING ASSESSMENT: <u>[Signature]</u>
<input type="checkbox"/> Lobby	Triage Level: <input type="checkbox"/> NE <input checked="" type="checkbox"/> SE <input type="checkbox"/> Clinic	REVIEWED BY MD: <u>[Signature]</u>
<input type="checkbox"/> Room _____ Room # _____		Signature: <u>[Signature]</u>
<input type="checkbox"/> Clinic		

Meaningful Use Data Entered by: [Signature] 3/10/14 TK



MAR 27 2014 03:44 From: Southern Palmetto

803 541 4176

To: 92593050

Page: 12/13

CRANE, DANIEL R 03/26/14  
V 735456 M 37Y M 404006  
BR ER

ATTN: DRAGO, PAUL  
PCP: KOUKOS, DEAN

EMERGENCY DEPARTMENT PHYSICIAN ORDERS  
SOUTHERN PALMETTO HOSPITAL

Time	HEMATOLOGY	Reason	Entry	Collected	Time	RADIOLOGY	Reason	Entry	Collected
	CBC w/DIFF CBC					<del>CHEST</del> <del>CPX</del> <del>LATERAL</del> <del>PORTABLE</del>	Pa		
	INFLUENZA					ABDOMEN	Pa		MP
	MONO					CT (CLW)			
	PT PTT INR					(without contrast) or CONTRAST PO TV NO			
	RSV					Ultrasound			
	RAPID STREP								
	SED RATE								
	SERUM HCG (QUANT)								
	T&K FOR UNITS PRBC'S								
	CHEMISTRIES								
	AMYLASE LIPASE								
	BMP CMP								
	BNP								
	CARDIAC ENZYMES								
	DEXTRASTIX								
	MAGNESIUM TSH								
	ETOH								
	THERAPEUTIC LEVEL								
	URINE								
	UA (Reflex) UDS UMCG								
	MICROBIOLOGY								
	BLD CULT								
	KOH								
	WET PREP								
	CHLAMYDIA/GONORRHEA								
	HEMO CULT								
	G&S OF								
	ORTHOSTATICS (If Indicated)								
Time ( )		Time ( )							
	P-								
	P-								
	P-								
	P-								
	P-								
	MEDICATION ALLERGIES: <input checked="" type="checkbox"/> a. No Known Drug Allergies.								
Time Ordered	Medication/Treatment	Route/dose (Include IV, SQ, PO)	Reason	Infusions Need. Start/stop times	Initials	Pain (0-10)			
18:40	Transdermal bupropion	1mg	Pa	1832	MM				
	Hydrocodone	2mg	Pa	1831	MM				
19:40	Percocet 5/325 x 2 = 10/650	1mg	Pa	1935	TH				

Patient Disposition:

Physician Signature

Date

Time

See attached Code Blue Record for Medications

Revised 09/29/13, TX

MAR-27-2014 03:44 From: Southern Palmetto 003 541 4176 To: 92593050 Page: 13/13  
From: Radisphere Wed 26 Mar 2014 07:39:14 PM EDT Page 1 of 1

BARNWELL COUNTY HOSPITAL

Name: Crane Daniel  
Patient ID: 404006  
Account Number: 735366  
History: REASON FOR EXAM: FALL PATIENT FELL THIS AM COMPLAINS OF PAIN TO RIGHT SIDE OF CHEST  
Date of Birth:  
Study: CT - Chest, CT Chest High Resolution WO Contrast  
Facility: Barnwell County Hospital  
Physician: Irigo, Paul  
Date of Service: 03/26/2014 18:41:03

STUDY: CT CHEST WITHOUT CONTRAST

REASON FOR EXAM: Male, 37 years old. Fell this morning Right-sided chest pain

RADIATION DOSAGE (If Supplied By Facility): CT DIAPHR = ( ) mGy; DLP = ( ) mGycm

TECHNIQUE: High resolution traheaxal imaging was performed without the administration of intravenous contrast material. Sagittal and coronal reconstruction.

COMPARISON: None

FINDINGS

The lungs are well expanded and clear. No pneumothorax. No pleural effusions.

Normal heart and pericardium.

Normal mediastinum. Normal hilar regions. Normal unenhanced pulmonary arteries. Normal aorta arch and descending thoracic aorta.

There is an acute nondisplaced fracture of the right anterior seventh rib series 3/26, series 401/19. There is only minimal adjacent edema. No other rib fractures. There are minimal degenerative changes in the spine. The bony structures are otherwise unremarkable.

There is no demonstrated abnormality of the visualized upper abdomen.

IMPRESSION:

Acute nondisplaced transverse fracture of the anterior right seventh rib.

Otherwise normal unenhanced CT Chest examination.

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Peter Fitzer, M.D.  
2014/03/26 at 19:38 EDT  
Tel 216-810-8159, Service support 888-557-3617, Fax 216-255-5701

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**AIK- Aiken Regional Medical Centers**  
Aiken, SC 29801-6302  
(803) 641-5000

Patient: CRANE, DANNY  
Ordering Physician: Koukos, Dean T  
Attending Physician: Koukos, Dean DO

Date of Birth: \_\_\_\_\_  
Patient Type: Outpatient Patient Location: AIK SIC

*Imaging*

**PROCEDURE**  
CT Head of Brain w/o Contrast

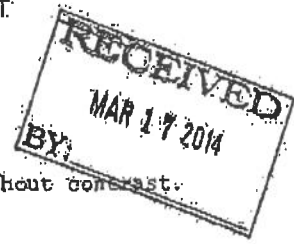
**EXAM DATE/TIME**  
3/14/2014 14:51 EDT

CT Brain

Indication: Constant headache, hearing loss.

Technique: 5 mm axial images acquired through the brain without contrast.

Comparison: None.



**Findings:** No acute infarction is seen in any major vascular territory. No intraparenchymal hemorrhage is identified. There are no extra-axial fluid collections. The brain is normal in morphology. No midline shift is noted. The visualized paranasal sinuses are clear. The ventricles are non-dilated. There is mucoperiosteal thickening versus a small mucous retention cyst in the bilateral maxillary sinuses.

**Impression:**

Normal unenhanced head CT.

Dictated By: ANTHONY TOOMER, MD  
DID 45443

D:\T\pt\10272325 /Job ID 11140962 /DT: 03/14/2014 15:20:53 /TD: 03/14/2014 15:34:20 /Rev: 03/14/2014 15:34:20  
cc:

This document was electronically signed by ANTHONY TOOMER, MD on 03/14/2014 16:29:34

*Preliminary*

Dictated by: Toomer, MD, Anthony L  
Transcribed By: ALT

Dictated DT/AM: 03/14/2014 3:20 pm  
Transcribed DT/AM: 03/14/2014 3:34 pm

MRN: AIK135165

FIN: AIK000114985120

Accession Number: 59-CT-14-003734

Page 1 of 1