

EB-20-2014 04:08 From:

To: 92593050

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BARNWELL COUNTY HOSPITAL B11 Reynolds Road, Barnwell, SC 29812

ACCOUNT NO. 733474

ADMIT DATE 02/19/14 TIME 16:58

MEDICAL RECORD NO. 409006

PATIENT INFORMATION

NAME CRANE, DANIEL B
ADDRESS

WILLISTON
PHONE
IS. NO.

SC29853-4168

DIS. DATE
DOB/AGE 37Y
SEX M
RACE W
RELIGION BAPTIST
MARITAL STATUS MARRIED

PATIENT TYPE ER
SERVICE/LOCATION EMERGENCY
ROOM/BED
ADM. SOURCE
PREV ADMIT DATE 12/03/12

EMPLOYER INFORMATION

NAME SELF EMPLOYED
ADDRESS

PHONE
SPOUSE EMP
S/P EMP PH.

SC29801

PHYSICIAN INFORMATION
ADMITTING: KASSABUN, ABERRE D
ATTENDING: KASSABUN, ABERRE D
FAMILY: KOUKOS, DEAN
OTHER

NEXT OF KIN
NAME LOVE, KIMBERLY
ADDRESS

PHONE
WORK
RELATION WIFE

SC29853

GUARANTOR INFORMATION

NAME CRANE, DANIEL B
ADDRESS

PHONE
IS. #
RELATION

SC29853-4168

EMPLOYER SELF EMPLOYED
ADDRESS

PHONE
SC29801

PERSON TO NOTIFY
NAME LOVE, KIMBERLY
ADDRESS

PHONE
WORK
RELATION WIFE

SC29853

INSURANCE INFORMATION

PRIMARY WELLCARE HEALTH PLANS, IN.
ADDRESS CLAIMS DEPARTMENT
PO BOX 11224
TAMPA, FL

PHONE 888-588-2842
POLICY #
GROUP #
COV. #
AUTH #
SUBSCRIBER CRANE, DANIEL B
REASON FOR VISIT

33631-3224

SECONDARY SELF PAY AFTER INSURANCE
ADDRESS

PHONE
POLICY #
GROUP #
AUTH #
SUBSCRIBER CRANE, DANIEL B

TERTIARY
ADDRESS

PHONE
POLICY #
GROUP #
AUTH #
SUBSCRIBER

COMMENTS

Past History / Current Presence of MRSA?

RECEIVED
FEB 20 2014
BY:

CODE NO

DISCHARGE DISPOSITION

TRANSFERRED TO

HOME SNF ICF EXPIRED OTHER

Patient verifies that all information is correct:

ADM CLERK: NSMITH

Patient Signature:

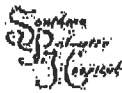
Date:

Time:

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EMERGENCY DEPARTMENT MEDICAL SCREENING

CRANE, DANIEL B. 02/19/14
V 732474 M 19V M 404006
ER
ATTN: KASPARON, ABBIE D
PCP: KODROS, DEAN

Patient: Crane Age: DOB:
Date: 2/19/14 Triage Time: 1:05 Mode of Arrival: Walk To () W/6 () Stretcher () EMS () Carried ()
Accompanied by: WIFE

Do you have any religious or cultural beliefs that would affect emergency care? () No () Yes If yes, explain:
Language Preference: (X) English () Spanish () Other: Education Preference: () Verbal () Written () No preference
Physical or emotional barriers to learning: () No () Yes: () Yes () No Desire or Motivation to Learn: () Yes () No

Table with columns: Temp, Pulse, RR, SpO2, HT, WT Lb, WT Kg, Lethargy, Flu Vaccine, Pneumonia Vaccine, Family Doctor. Values: 97.8, 70, 16, 15/100, 94, 5'11", 195, NA, No, No, Dr. Kank...

Reason for Visit: Air tanks exploded in labors. Fire.
Not able to hear. Pain in Rt ear.
Rt side of face. Happened approx 30 mins ago. Rt elbow pain.

Table with columns: DRUG ALLERGIES, Prescription Meds, OTC/Herbal Meds, Past Medical History, Surgical History. Includes handwritten notes like 'Effoxor Ambien' and 'depression'.

Table with columns: NEURAL STATUS, PSYCHOLOGICAL, RESP, HEART RATE, SKIN, ABG/PHEN, LAB, SUBSTANCE USE. Includes checkboxes for various symptoms.

Table with columns: Pain Assessment, MOTOR VEHICLE ACCIDENT. Includes location, time, and accident details.

Table with columns: Disposition (Time), Triage Condition, RN PERFORMING ASSESSMENT, REVIEWED BY MD. Includes handwritten notes and signatures.

Meaning(s) use data entered: Megan [Signature]
02/26/2014 TK

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27 **Barnwell County Hospital**
Medical Screening Record
EMERGENCY PHYSICIAN RECORD
Ear Complaints

TIME SEEN: 10:55 AM arrival ROOM: 6 EMS/Arrival

HISTORIAN: (patient) spouse paramedics
AGE: 39 M / F RACE

HX / EXAM LIMITED BY:

HPI

Chief complaint: otitis foreign body

Red ear

Timing: well present better pain intermittent / lasting
gone now worse / persistent since

onset / duration: min / hrs / days ago
patient had this for a while
had a discharge of pus
on both ears

location of pain: R/L EAR

severity of pain: mild moderate severe (1/10)

associated symptoms:

fever / chills	jaw pain
otitis / discharge	throat pain
swollen glands	swollen glands
headache / neck pain	headache / neck pain
trauma to ear / barotrauma / foreign body	motion sickness / dizziness

Recently seen / created by doctor / hospital/ed

ROS

CONST / EYES	MS / SKIN / LYMPH
recent illness	joint pain
eye problems redness itching	rash
CVS / RESP	ankle swelling
chest pain	NEURO / PSYCH
pallor/cyanosis	weakness
shortness of breath	numbness
GI / GU	anxiety / depression
black stools	
nausea / vomiting	
LNMP	<input type="checkbox"/> all systems neg except as marked

CONST / ENT / LYMPH / NEURO combinations also addressed in HPI

PAST HX

ear tubes diabetes Type 1 / Type 2
frequent / recent ear infections dist / ocd / insulin
Menstrues
old records ordered / summary

Immunizations: UTD / referred to PCP

Medi- none / see nurses note

Allergies: NKDA / see nurses note

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CRANE, DANIEL B 02/15/14
V 733474 M NYM 404006
2R BR
ATN: KASSAHUN, ABBE D
PCP: KONKOS, DEAN

SOCIAL HX smoker _____ drugs _____
alcohol (recent / heavy / occasional) _____ occupation _____

FAMILY HX negative

Nursing Assessment Reviewed Vitals Reviewed

PHYSICAL EXAM

General Appearance: mild / moderate / severe distress _____
no acute distress anxious / lethargic _____
alert

EARS pain w/ movement of auricle (R/L) _____
auricle nml erythema _____
external canal nml mastoid tenderness / swelling _____
swelling of canal (R/L) _____
material in canal (R/L) _____
cerumen discharge blood foreign body _____

TM's nml erythema (R/L) _____
erythema (R/L) _____
dullness / loss of landmarks (R/L) _____
bulging of TM (R/L) _____
perforation of TM (R/L) _____
fluid / blood behind TM (R/L) _____
foreign body / insect (R/L) _____
TM obscured (R/L) _____
total cerumen impaction (R/L) _____



MOUTH / THROAT dental caries (extensive / local) _____
lips / gums nml dental tenderness _____
pharynx nml pharyngeal erythema _____
tonsillar swelling / exudate _____

NOSE mucosal swelling / erythema _____
nasal inspection purulent discharge _____

HEAD / NECK facial swelling / erythema _____
traumatic cervical lymphadenopathy _____
neck nml inspection anterior posterior upper lower
neck mass / swelling _____
soft neck / meningismus _____

