

BARNWELL COUNTY HOSPITAL 811 Reynolds Road, Barnwell, SC 29812

ACCOUNT NO. 733474

ADMIT DATE 02/19/14 TIME 16:56

MEDICAL RECORD NO. 404806

PATIENT INFORMATION

NAME CRANE, DANIEL B
ADDRESS

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

PATIENT TYPE ER
SERVICE/LOCATION EMERGENCY
ROOM/BED
ADM. SOURCE
PREV. ADMIT DATE 12/8/13

PHONE
SS NO

SC 29833-4165

EMPLOYER INFORMATION

NAME SELF EMPLOYED
ADDRESS

PHYSICIAN INFORMATION
ADMITTING KASSABHIN, ABUBED
ATTENDING KASSABHIN, ABUBED
FAMILY KOLKOS, DEAN
OTHER

NEXT OF KIN

NAME LOVE, KIMBERLY

ADDRESS 897 SANDWICH RD
WILKINSON SC 29853
PHONE 803-300-3772

PHONE
SPOUSE EMP
SP EMP PH

SC 29801

GUARANTOR INFORMATION

NAME CRANE, DANIEL B
ADDRESS

EMPLOYER SELF EMPLOYED
ADDRESS

PERSON TO NOTIFY

NAME LOVE, KIMBERLY
ADDRESS

PHONE
SS #
RELATION

SC 29833-4165

SC 29801

PHONE
WORK
RELATION WIFE

SC 29853

INSURANCE INFORMATION

PRIMARY WELL CARE HEALTH PLANS, INC
ADDRESS CLAIMS DEPARTMENT
PO BOX 31224
TAMPA, FL

SECONDARY SELF PAY AFTER INSURANCE
ADDRESS

TERTIARY
ADDRESS

PHONE 818-588-2442
POLICY #
GROUP #
COV #
AUTH #

3360 504

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

PHONE
POLICY #
GROUP #
AUTH #
SUBSCRIBER

SUBSCRIBER CRANE, DANIEL B
REASON FOR VISIT

COMMENTS

Past History /Current Presence of MRSA?

CODE NO

DISCHARGE DISPOSITION

TRANSFERRED TO

HOME ORC ICF EXPANED OTHER

Patient verifies that all information is correct.

ADM DISCHV NSMITH

Patient Signature

Date

Time



CRANE, DANIEL H

4040061733474

03/19/14

BARNWELL COUNTY HOSPITAL

CONSENT TO EXAMINATION, TREATMENT, EMERGENCY/OUTPATIENT AND/OR ADMISSION

I do hereby volunteer to consent to routine diagnostic and therapeutic procedures, including photography where indicated, and hospital care by Barnwell County Hospital, my physician and their assistants and designees. I understand that I am under the care and supervision of my attending physician (or in the emergency department, the emergency department physician) and it is the responsibility of the hospital and its staff to carry out the instructions of such physicians. I understand that the physicians and/or surgeons furnishing services to me may be employees of the hospital or may be independent contractors and not employees or agents of the hospital, and that all physicians and surgeons expect payment in full upon receipt of a bill, and I will assist in billing appropriate insurance companies if insurance or other benefits are involved. I further understand that the practice of medicine and surgery is not an exact science and that no guarantees have been made as to the results of the hospital care and treatment that I have authorized. I further understand that I may be required to relinquish private room accommodations in the event they are needed.

RELEASE OF INFORMATION (Initial each statement below)

The hospital may not use or disclose protected health information except as allowed by the HIPAA Privacy Standards. The Notice of Privacy Practices describes how PHI is used and/or disclosed.

[Signature] I have received a copy of the hospital's Notice of Privacy Practices and Patient's Rights.
I authorize BCH to include my name, location, religious affiliation and a general statement of condition in the hospital directory and disclose this information to members of the clergy or other who may inquire about me. Note any restrictions:

[Signature] I authorize BCH to disclose relevant protected health information to family members, other relatives or other involved in my care or the payment of my care. Note any restrictions:

ASSIGNMENTS OF BENEFITS

I hereby assign payment directly to BCH and the physicians accepting this assignment of all hospitalization and medical benefits, applicable and otherwise payable to me. I understand that I am financially responsible to the hospital and physician(s) for charges not covered by this assignment or for any and all charges which the insurance carrier declines to pay. I further request, direct and authorize BCH (or the physician for physician charges) to apply any and all insurance benefits, or payments to any indebtedness for which I am legally responsible for the payment thereof. A carbon or photostat copy of this assignment of insurance benefits shall be considered as effective and valid as the original copy.

PERSONAL VALUABLES AND PERSONAL PROPERTY *[Signature]* (Patient or personal representative's initials)

I understand that I have been advised not to keep valuables and personal property, such as dentures and eyeglasses, in my room and that I should have my valuables and personal property locked in the hospital safe. I hereby release BCH for any liability resulting from theft or loss unless those articles are placed in the hospital safe. It is further understood and agreed that all valuables and personal property will be picked up no later than 20 days after discharge, after which the hospital will not be responsible.

FINANCIAL RESPONSIBILITY

The undersigned agrees to pay the hospital bills when due. The undersigned agrees, whether s/he signs as an agent or as a patient that in accordance of the services to be rendered to the patients, s/he hereby individually obligates himself to pay the amount of the hospital in accordance with the regular hospital rates and terms. I understand that the self-pay portion, and/or amounts left unpaid by insurance, may be subject to interest charges of up to 15% if not paid in full within 90 days of service. Should the account be referred for collection to a collection agency, the SC Debt Set Off program, or the G.E.A.R. program, a \$50.00 fee will be charged, and the undersigned shall pay all collection expense, including attorney's fees and court costs. I am aware that an itemized bill may be rendered at my request.

GENERAL DUTY NURSING

The hospital provides general nursing care to all patients.

MEDICARE PATIENTS ONLY

I certify that the information given by me in applying for payment under Title XVIII and/or Title XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release information needed for the claim to the Social Security Administration or its intermediary carriers. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician(s) and/or hospital services to said hospital and physician(s). I understand that I am responsible for any health insurance deductibles or coinsurance.

ACKNOWLEDGEMENT OF RECEIPT OF AN IMPORTANT MESSAGE FROM MEDICARE (Medicare Patients Only)

My signature only acknowledges receipt of this message from BCH and does not waive any of my rights to request a review or make me liable for any payment.

ADVANCE DIRECTIVES

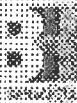
I have been advised of my rights as a Medicare patient, including my rights to give advance directives. BCH will honor my advance directive to the extent authorized by SC Law and hospital policy.

1. Does the patient have an advance directive? Yes No Unable to determine at this time.
2. If yes, was a copy provided? Yes No Instruct patient and family that until a copy is provided, patient will be treated as if no such directive exists.
3. If no, was written information given to the patient? Yes Declined written information
4. Are you a organ donor? Yes No Is it documented on your driver's license? Yes No

SIGNATURE *[Signature]* RELATIONSHIP TO PT: Self Parent Guardian

WITNESS *[Signature]* DATE: 2-19-14 TIME: 12:19

Revised 10/08



CRANE, DANIEL B

404006 733474

02-19-14

LEWIS BLACKMAN PATIENT SAFETY ACT HOSPITAL INFORMATION

Dear Patient:

Thank you for choosing Barnwell County Hospital for your care. We want to provide you with the best care during your stay with us.

You will be receiving services provided by many persons within Barnwell county Hospital. For your comfort, we want to inform you about these people. Examples of these people are nursing students, medical students, consulting physicians, and other medical trainees. These clinical staff members may participate in direct patient care and are under the supervision of a properly appointed hospital approved person.

If you are to stay in the hospital, you will be admitted by a doctor considered to be your "attending physician." If this physician is unable to see you on a particular day, he or she will designate another doctor to see you in order to help cover your care. Your doctor may also ask other physicians to help with your care. Please ask your physician or nurse to explain to you who other persons involved in your care are, if you are not sure.

All staff members, people in learning, as well as doctors on the medical staff, will be wearing a badge clearly stating their name, department, and job or title. We do this to assist you in knowing who is involved in your personal care, treatment decisions, or surgical procedures.

The nursing staff is frequently in contact with the physicians and others involved in your care. If, at any time you have questions, please contact your nurse/clinical staff member. The nurse or clinical staff member will promptly provide a means allowing you to independently access a physician, clinical supervisor, and/or a member of administration. If you want your nurse or clinical staff member to contact the attending physician or any other physician helping with your care, they will promptly access them on your behalf if requested.

Barnwell County Hospital thanks you for allowing us the opportunity to assist with your medical care needs.

I have received Barnwell County Hospital's Lewis Blackman Patient Safety Act Information Sheet, which includes patients' rights as defined in the Lewis Blackman Patient Safety Act of 2005.

Patient Representative

BCH Witness

Date: 2-19-14 Time: 1710

Date: 2-19-14 Time: 1710

Patient is medically unable to sign the Lewis Blackman Safety Act of 2005.

CRANE, DANIEL E 02/19/14
 V 133074 M 37Y M 404006
 ER
 ATN: KASSAHUN ABEBE D
 PCP: KOOKOS, DEAN

EMERGENCY DEPARTMENT MEDICAL SCREENING

Patient: CRANE Age 37 DOB 02/19/14
 Date: 2/19/14 Time: 08:00 Mode of Arrival: Walk In W/C: 1 E/Stretch: CLM5 Married: Yes
 Accompanied by: Wife
 Do you have any religious or cultural beliefs that would affect emergency care? No Yes If yes, explain:
 Language Preference: English Spanish Other: Literacy 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: N/A Oxygen Spinal Precautions C-Collar Splint Dressing

Tong	Pulse	BP	HR	SpO2	HT	WT Lb	WT Kg	Leaves	Flu Vaccine	Pneumonia Vaccine	Family Factor
<u>98</u>	<u>100</u>	<u>16</u>	<u>54</u>	<u>94</u>	<u>5'11"</u>	<u>195</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>D bank</u>

Reason for Visit: air tank exploded in lab
not able to bear pain in Rt ear
Rt side of face puffed up 3 min ago
Rt = lower pain

DRUG ALLERGIES	Prescription Meds (Dose and Frequency)	OTC/Herbal Meds	Past Medical History	Surgical History
<input checked="" type="checkbox"/> None known	Med ID # by: <u> </u> <input type="checkbox"/> Medication List Attached <input checked="" type="checkbox"/> Denies any medication usage	<u> </u>	<input type="checkbox"/> PT Denies or <u> </u> <input type="checkbox"/> HTN <u>152/103</u> <input type="checkbox"/> DM <u>110MM HgA</u> <input type="checkbox"/> COPD <u>ASTHMA</u> <input type="checkbox"/> TB <u>1997</u> <input type="checkbox"/> ICA <u>2007</u> Other: <u>depression</u> <u>severe pain</u>	<input type="checkbox"/> PT Denies or <u> </u> <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Cholecystectomy <input type="checkbox"/> Appendectomy <input type="checkbox"/> Tonsillectomy <input type="checkbox"/> C-Sections <u> </u> Other: <u> </u> <u> </u>

***** INSULTS *****

ADDITIONAL STATES	PSYCHOSOCIAL DISORDER	ADSR	HEART RATE	SEIN	ANNOYANCE	LAB	SUBJECTIVE HISTORY
<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Regular	<input type="checkbox"/> Warm/Dry	<input type="checkbox"/> Non-tender	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Disoriented	<input type="checkbox"/> None	<input type="checkbox"/> Labored	<input type="checkbox"/> Irregular	<input type="checkbox"/> Pale	<input type="checkbox"/> Tender	<input type="checkbox"/> Irregular	<input type="checkbox"/> None
<input type="checkbox"/> Confused	<input type="checkbox"/> None	<input type="checkbox"/> Wheezing	<input type="checkbox"/> None	<input type="checkbox"/> Euphoric	<input type="checkbox"/> BS	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Lethargic	<input type="checkbox"/> None	<input type="checkbox"/> Labored	<input type="checkbox"/> None	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> BS	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> None	<input type="checkbox"/> Absent	<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> BS	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Diminished	<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/> BS	<input type="checkbox"/> None	<input type="checkbox"/> None

Pain Assessment	MOTOR VEHICLE ACCIDENT
<input type="checkbox"/> N/A	<input type="checkbox"/> Driver
Rate Scale 0-10: <u>7/10</u>	<input type="checkbox"/> Passenger
Location: <u> </u>	<input type="checkbox"/> Rest/Injured/Injured/Injured
Wong-Baker: <u> </u>	<input type="checkbox"/> Airbag Deployment Y/N
Onset: <u> </u>	<input type="checkbox"/> Police Report Filed Y/N
Pain Interventions PTA: <u> </u>	<input type="checkbox"/> Damage to Vehicle
Disposition (Time): <u> </u>	<input type="checkbox"/> Collision: <u> </u> Yes
<input type="checkbox"/> Lobby	<input type="checkbox"/> Loss of Control: <u> </u> Yes
<input type="checkbox"/> Room	<input type="checkbox"/> Time of Acc: <u> </u>
<input type="checkbox"/> Clinic	<input type="checkbox"/> Date of Acc: <u> </u>

Disposition (Time)	Triage Condition	FORMING ASSESSMENT
<u> </u>	<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Critical	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major
<u> </u>	<input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> Clinic	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major
<u> </u>	<u> </u>	<u> </u>

Measuring/Using data entered: Signature:

© 1996, 2008 T-System, Inc. Circle or check affirmatives, backslash (\) for negatives.

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

CRANE, DANIEL B 02/13/14
 V 733474 M 37Y M 404006
 ER
 ATN: KASSAHUN, ABESE D
 PCP: KOUROS, DEAN

TIME SEEN: 11:35 on arrival ROOM: 6 EMS Arrived
 HISTORIAN: patient spouse paramedic
 AGE: 37 M / F RACE
 HX / EXAM LIMITED BY

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

FAMILY HX negative

HPI

chief complaint: otitis foreign body
ear pain

timing:
 still present better pain intermittent / lasting
 gone now worse / persistent since

onset / duration: min / hrs / days ago
patient had fire in house
while sleeping in room
with difficulty of hearing
on both ears

location of pain: R/L EAR

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

associated symptoms:
 fever / chills _____ jaw pain _____
 otitis sharp dull aching sore throat _____
 discharge _____ swollen glands _____
 hearing loss / ringing / roaring headache / neck pain _____
 trauma to ear / barotrauma / foreign body _____
 motion sickness / dizziness _____

Physical Assessment Reviewed Vitals Reviewed
PHYSICAL EXAM

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

EARS

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

TM's nm



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) _____

Recently seen / treated by doctor / hospitalized

ROS

CONST / EYES recent illness _____ MS / SKIN / LYMPH joint pain _____
 eye problems redness itching _____ rash _____
CYS / RESP chest pain _____ arthralgia swelling _____
 palpitations _____
 shortness of breath _____
GI / GU _____
 black stools _____
 nausea / vomiting _____
LNMP preg post-menop all systems neg except as marked

* CONST / ENT / LYMPH / NEURO (except as noted) also addressed in HPI

PAST HX

eye tubes _____ diabetes Type 1 / Type 2 _____
 frequent / recent ear infections _____ diet / acid / insulin _____
 Meninges _____
 old records ordered / summary _____

Immunizations: UTD / referred to PCP

Med: none / see nurses note
 Allerg: NKDA / see nurses note

Page: 4/2

MOUTH / THROAT

lips / gums nm _____ dental caries / extensive / focal _____
 pharynx nm _____ dental tenderness _____
 _____ pharyngeal erythema _____
 _____ tonsillar swelling / exudate _____

NOSE

nm inspection _____ mucosal swelling / erythema _____
 _____ purulent discharge _____

HEAD / NECK

traumatic _____ facial swelling / erythema _____
 neck nm inspection _____ cervical lymphadenopathy _____
 _____ anterior posterior upper lower _____
 _____ neck mass / swelling _____
 _____ stiff neck / meningismus _____



CRANE, DANIEL B 02/15/24
V 933474 M 377 W 40409E
SS

PROGRESSION: KASSABIAN, ABEBE D
Time PCP: KOSKOS, DEAN

EYES pain on percussion over sinuses
eyes nml inspection conjunctivae pale / red / edematous
PERIL

RESP / CVS wheezes / rales / rhonchi
no resp distress tachycardia / bradycardia
lungs clear
heart sounds nml
reg. rate & rhythm

ABDOMEN guarding
non-tender swelling / ecchymosis
no organomegaly

SKIN pallor / cyanosis
nml color skin rash
no skin rash ecchymosis / petechiae
decubitus

NEURO / PSYCH disoriented to person / place / time
oriented x3 motor / sensory loss
mood / affect nml facial palsy
depressed mood / affect

LABS

CBC normal except **Chemistries** normal except
WBC segs **Na** **Gluc**
RBC bands **K** **BUN**
Hgb lymphs **CO2** **Creat**
Platelets

PROCEDURES

removal of foreign body / cerumen (R/L) ear
with ear curette / forceps / irrigation
wick inserted in ear (R/L)
medications instilled in ear (R/L)
otrilin cerumenex cerumen softener

NOTE: Patient advised
no sedation on 2/15/14
and he agreed

Discussed with Dr. Additional history from:
will see patient in ED / hospital / office family caretaker paramedics
Counseled patient / family regarding Rx given
lab / rad. results diagnosis need for follow-up
CRIT CARE TIME (excluding separately billable procedures) min

CLINICAL IMPRESSION

Oralgia - acute R/L Foreign Body to Ear R/L
Hearing Loss - acute R/L Perforated TM R/L
Otitis Media - acute R/L Barotrauma (Ear) R/L
suppurative serous Otitis Externa - acute R/L Tonsillitis exudative
Swimmer's Ear R/L Upper Respiratory Infection
Impacted Cerumen R/L TMJ Syndrome

DISPOSITION: home transferred
 admitted POA decubitus / UTI (foley)
CONDITION: unchanged improved stable
 EMTALA/EMC present EMTALA/EMC absent
Care transferred to Dr. Time

NP / PA
MD
 Template Complete See Addendum (Diastol) Template #

ExitCare® Patient Information - Daniel Crane - ID# 733474 - MR# 404006

Barnwell County Hospital
 811 Reynolds Road
 Barnwell, SC 29812
 803-259-1000

PATIENT CARE INSTRUCTIONS Powered by EXITCARE®

Patient Information:

Patient ID: 733474	Patient Medical Record Number: 404006
Patient Name: Daniel Crane	Patient Address: 897 Sandhook Rd., Williston, SC 29553-4188
Responsible Adult:	Patient Email:
Patient Weight: 195lbs 0oz	Patient Height: 5ft 11in
Patient DOB:	Patient Gender: M
Patient Phone Number: (803)300-3732	

Visit Information:

Visit Start Date: 2/19/2014	Department: ED
Discharge Date/Time: 2/19/2014 5:58:41 PM	
Primary Caregiver: Kassahun, Abebe D	Diag: CONDUCTIVE HEARING LOSS MIDDLE EAR (from icd9:389.03) Hearing Loss (Hearing Loss)

Primary Follow-up Info: : Kassahun, Abebe D - BARNWELL COUNTY HOSPITAL (000)000-0000

User Information:

Logn ID:	User Name:	Dept: ED
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>>> Hearing Loss - English - (2F72FBD6-FFA2-4D97-ADDC-CFFE5CFCF5AD)

Additional Notes:

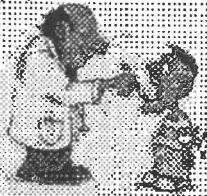
FOLLOW UP WITH ENT IN AM USE EAR DROPS AS ORDERED

Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.

	Time/Date		Time/Date
Patient or Guardian Signature		Witnessed & Instructed by	18/10

142
91

[Handwritten notes and scribbles]



RMC Barnwell Healthcare, Inc.
811 Reynolds Rd, Barnwell SC 29812
803-259-1000 Emergency Center

Patient: CRANE, DANIEL Date: 02-19-2014 Time: 16:00:21 Page: 1

Instructions for: CRANE, DANIEL

Date: 02-19-2014 Your care provider was: DR. KASSAHUN

Antibiotic ear drops:

You've been given a prescription for antibiotic ear drops. These drops kill bacteria in the ear. They are used for outer ear infection or for a middle ear infection where there's a hole or a tube in the eardrum. These drops do not contain steroids.

Your ear drops won't do much good if they don't get all the way in. To help the ear drops penetrate all the way to the ear drum, use the following techniques. If you encounter problems of any kind, notify the physician.

- Lay your head sideways on a pillow, so the ear getting the medicine is up.
- Place the dropper tip just barely inside the ear canal, almost touching the bottom side of the canal. The liquid is tolerated better on the bottom of the canal.
- Squeeze out the appropriate amount of medicine, and remove the dropper.
- Grab the back of the ear (just behind the ear canal) between your index finger and thumb.
- Tug up, then let the ear drop back. Repeat several times. This pumps the medicine down.
- Wait five minutes, then place a cotton ball in the ear canal to catch and hold the medicine.

I have received a copy of these instructions and have had an opportunity to discuss them. My questions have been answered. (Entiendo estas instrucciones y he recibido copia de ellas.)



Patient (or representative)

Witness

Name: Crane Daniel
Patient ID: 404006
Account Number: 733715
History:
Date Of Birth:
Study: CT FACIAL W/O CONTR
Facility: Barnwell County Hospital
Physician: 133398
Date Of Service: 02/25/2014 10:00:00

STUDY: CT TEMPORAL BONES WITHOUT CONTRAST

REASON FOR EXAM: Male, 37 years old. Sudden hearing loss. Patient states he had a tire changer with 150 PSI blow up in his face last week, with loss of hearing both ears.

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

TECHNIQUE: The patient was scanned in a multi detector CT scanner. Transaxial imaging was performed without the administration of intravenous contrast material. Sagittal and coronal images were reconstructed.

COMPARISON: None.

FINDINGS:

RIGHT TEMPORAL BONE:

Normal right osseous internal auditory canal.

Normal visualized ossicles and tympanic cavity. Normal right cochlea and semicircular canals. Normal vestibular aqueduct.

Normal aditus ad antrum and mastoid air cells. Normal petrous apex. Normal carotid canal. Normal jugular fossa.

Normal right external auditory canal with intact scutum.

LEFT TEMPORAL BONE:

Normal left osseous internal auditory canal.

Normal visualized ossicles and tympanic cavity. Normal left cochlea and semicircular canals. Normal vestibular aqueduct.

Normal aditus ad antrum and mastoid air cells. Normal petrous apex. Normal carotid canal. Normal jugular fossa, larger on the left than the right, compatible with dominant left jugular bulb.

Normal left external auditory canal with intact scutum.

ADDITIONAL:

Chronic sinusitis, with mucosal thickening most significantly involving the left maxillary sinus.

IMPRESSION:

Normal appearance of bilateral temporal bone structures on unenhanced temporal bone CT. If the patient has sensorineural hearing loss, consider further evaluation with MRI brain and internal auditory canals.

Chronic sinusitis.

Electronically Signed:

Diane R. Newton, M.D.

2014/02/25 at 12:07 EST

Tel 216-956-8534, Service support 888-557-3617, Fax 216-255-5701

EMERGENCY DEPARTMENT

TRIAGE/NURSING ASSESSMENT Southern Palmetto Hosp

CRANE, DANIEL S 03/26/13
 W 735456 M HT 5'11" W 180
 BR ER

Patient: Crane, Daniel Age: 37 DOB: ATN: DRAGO, PAUL
 Date: 4/24/14 Triage Time: 10:55 Mode of Arrival: Walk In W/C: 15th PCP: ROBERT, 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: M/A Oxygen Spinal Precautions Collar Splint Ice Dressing

CPA in progress: IV Solution/Rate: Site: Size: Other:

Temp	Pulse	RR	D/P	O2 Sat	HR	Wt Lb	Wt Kg	Tetanus	Flu Vaccine	Pneumonia Vaccine	Family Doctor
97.2	87	16	6/1	98	51	145					Kalens

Reason for Visit: st all this am - hurt to take a deep breath - hurts to move - pt states can feel pop @ LBS area.

DRUG ALLERGIES

None Known
 1
 2
 3
 4
 LATER ALLERGY
 1 No 2 Yes

Prescription Meds (Dose and Frequency)

Med Titrated by: Medication Patient verbalized Pharmacy
 Medication Log Attached
 Denies any medication usage
Enteron to keep calm
Amoxicillin
green pill

OTC/Herbal Meds

Past Medical History

PT Denies or
 HTN SZ IAC
 DM ISDM CVA
 COPD ASTHMA
 TB HIV GERD
 ICA
 Other:

Surgical History

PT Denies or
 Myrtomectomy
 Cholecystectomy
 Appendectomy
 Tonsillectomy
 C-Section
 Colon resection
 CABG

MENTAL STATUS

<input checked="" type="checkbox"/> Alert	<input type="checkbox"/> Oriented	<input type="checkbox"/> Confused	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Unresponsive
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PSYCHOLOGICAL

<input type="checkbox"/> 1-2 years old	<input type="checkbox"/> 1-3 years	<input type="checkbox"/> 1-4 years	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 1-6 years
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HEART RATE

<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Irregular
---	------------------------------------

SKIN

<input checked="" type="checkbox"/> Warm/Dry	<input type="checkbox"/> Pale	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Other
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ABDOMEN

<input checked="" type="checkbox"/> Non-tender	<input type="checkbox"/> Tender
<input type="checkbox"/> +BS	<input type="checkbox"/> BS
Last BM	

DATE

<input checked="" type="checkbox"/> Y/A	<input type="checkbox"/> I/regular	<input type="checkbox"/> Present	<input type="checkbox"/> EDC
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PHYSICAL EXAMINATION
 Head: Normal Abnormal
 Neck: Normal Abnormal
 Chest: Normal Abnormal
 Abdomen: Normal Abnormal
 Extremities: Normal Abnormal
 Neurological: Normal Abnormal
 Genitourinary: Normal Abnormal
 Rectal: Normal Abnormal
 Perineal: Normal Abnormal
 Anus: Normal Abnormal
 Genitals: Normal Abnormal
 Skin: Normal Abnormal
 Mucous Membranes: Normal Abnormal
 Lungs: Normal Abnormal
 Heart: Normal Abnormal
 Abdomen: Normal Abnormal
 Extremities: Normal Abnormal
 Neurological: Normal Abnormal
 Genitourinary: Normal Abnormal
 Rectal: Normal Abnormal
 Perineal: Normal Abnormal
 Anus: Normal Abnormal
 Genitals: Normal Abnormal
 Skin: Normal Abnormal
 Mucous Membranes: Normal Abnormal

Pain Assessment

N/A
 Location: Wong Baker 0-10
 Pain Intervention: RTA

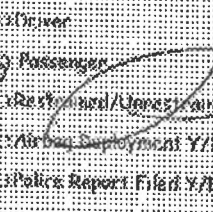
MOTOR VEHICLE ACCIDENT

Damage to Vehicle: 10/10
 Collision: Yes No
 Loss of Control: No Yes
 Time of Acc: 10:55
 Date of Acc: 4/24/14

INVESTIGATION

Driver
 Passenger
 Chest/Head/Neck/Trunk
 Airbag Deployment Y/N
 Police Report Filed Y/N

VEHICLE DIAGRAM



DISPOSITION

Discharge
 Admit
 Clinic
 3/10/14 TX

Disposition (Time)

Lobby
 Exam Room #
 Clinic

Triage Condition

Stable Unstable Critical
 Triage Level
 NE XE CE

INVESTIGATION

REVIEWED BY: [Signature]

Meaningful Use Data Entered by: [Signature] Signature

© 1999, Barnes & Noble, Inc. Circle or check appropriate checkboxes (1) neg, other

Barnwell County Hospital
Medical Screening Record
EMERGENCY PHYSICIAN RECORD
 * Fall *

CRANE, DANIEL B. 03/26/74
 V 733436 M 37Y W 404006
 ER ER
 ATN: DRAGO, PAUL
 PCP: KOTKOS, DEAN

TIME SEEN: 10:13 on arrival ROOM: CMS Arrival
 HISTORIAN: patient spouse paramedics
 AGE: (M) RACE: W
 HX/ EXAM LIMITED BY:

HPI
chief complaint: Fall injury to Rt Lt
onset / duration: just prior to arrival today yesterday 6-8 min (60) days ago
where: home school neighbor's park work street nursing home
context: tripped / slipped / lost balance alleged assault became dizzy / fainted bicycle accident fell from / standing position / from height
severity of pain: mild moderate severe (10/10) W
associated symptoms: lost consciousness / dazed seizure memory impairment duration: remembers injury: coming to hospital
location of pain / injuries: right left
 head face mouth side hip
 neck chest abdomen arm thigh elbow knee
 back upper mid lower forearm leg forearm leg
 involving: R/L thigh / leg wrist ankle wrist ankle hand foot hand foot

ROS
 dizziness W problems urinating W
 recent illness W nausea / vomiting W
 fever / chills W leg / ankle swelling
 weakness W problems with vision
 numbness W nasal drainage
 neck / back pain W rash
 shortness of breath W anxiety / depression
 (KID) W brief past mening

PAST HX
 cardiac disease AMI A-Fib hepatitis / HIV
 diabetes Type 1 Type 2 asthma / COPD
 Sex / oral / health
 all records ordered / summary
 Tetanus immun. UTD / given (10)
 Meds: none / see discharge note spirin coumadin clopidogrel
 Allergies: MKDA / see nurses note
 Social HX: W drugs
 alcohol (recent / heavy / occasional) W occupation

FAMILY HX negative

Nursing Assessment Reviewed Vitals Reviewed
PHYSICAL EXAM
General Appearance: no acute distress alert
 neck / back / hand (PIA) / in ED
 mild / moderate / severe distress
 anxious / lethargic / unconscious
HEAD: no evidence of trauma
 see diagram
 racoon eyes / Battle's sign
NECK: non-tender pain on movement of neck
 decreased / limited ROM
 trachea midline
 Nexus criteria neg
 midline tenderness / distracting injury
 altered mental status / recent ETOH
 focal neuro deficit



EYES: unequal pupils R 4 mm L 6 mm
 EOM entrapment / palsy
 subconjunctival hemorrhage
ENT: hemistomatosis
 PM obscured by wax
 clotted nasal blood
 dent of injury / malocclusion
RESP / CVS: see diagram
 chest non-tender rib tenderness / palpable fractures
 no tachycardia
 breath sounds normal
 no resp distress
 heart sounds normal
 wheezes / rales / rhonchi
 tachycardia / bradycardia
ABDOMEN: see diagram
 non-tender tenderness / guarding / rebound
 no distention
GENITAL / RECTAL: perineal hematoma
 blood at urethral meatus
 decreased rectal tone
 home negative stool
NEURO / PSYCH: disoriented to person / place / time
 oriented x3
 CN's III-VI as tested
 sensation normal
 motor normal
 mood / affect normal
 facial asymmetry
 unilaterally / atonic gait
 sensory / motor deficit
 slurred speech
 depressed mood / affect



Glasgow Coma Score SCORE
 Eye Open spontaneously (4) to voice (3) to pain (2) none (1)
 Speech: normal (5) disoriented (4) muffled (3) incomprehensible (2) none (1)
 Motor: normal (6) localized (5) withdrawal (4) flexion (3) extension (2) none (1)

CRANE, DANIEL B 03/26/14
 Y 739458 M 17Y M 404906

DR ER

ATTN: DRAGO, PAUL

PCP: KOZEKOS, DEAN

NMR and intervals and next and QRS and ST/T

SKIN

intact
 warm, dry

see diagram
 ecchymosis / laceration
 crepitus / diaphoresis
 decubitus

BACK

no CVA
 tenderness
 no vertebral
 tenderness

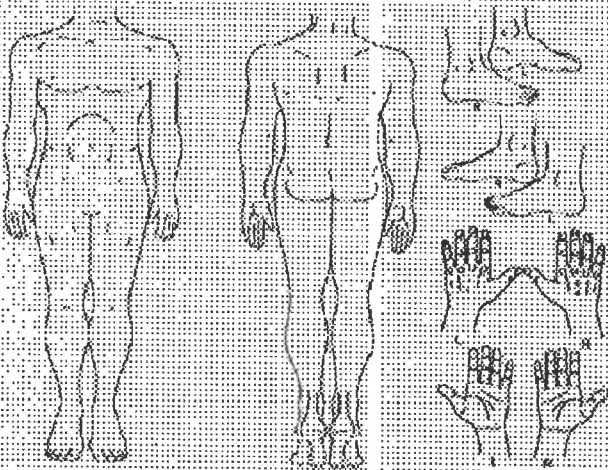
see diagram
 vertebral point / CVA tenderness
 muscle spasm / limited ROM

EXTREMITIES

trauma
 pedis stable
 hips non-tender
 no pedal edema
 normal ROM
 amt color / temp

see diagram
 injury point tenderness
 painful / unable to bear weight
 pulse deficit

joint Exam
 limited ROM / ligaments laxity
 joint effusion



X-RAYS interpreted by me reviewed by me Discussed w/ radiologist
 C-spine T-spine LS-spine pelvis
 none / NAD no fracture and alignment soft tissues and

CXR
 none / NAD no pneumonia and heart size and mediastinum

CT Scan
 head C-spine chest abdomen / pelvis
 none / NAD Discussed w/ radiologist

Ultrasound / FAST Exam
 none / NAD

Other

PROGRESS

Time unchanged improves re-examined

*MVA
 Total*

1+ = Moderate Pain/Tenderness Swelling R = Right L = Left
 C = Contusion E = Ecchymosis A = Abrasion M = Muscle Spasm FV = Foreign Body/Wound
 (R = absent or mild and moderate or severe)

PROCEDURES

Wound Description / Repair	Length	cm	location	Time
linear	scabbed	irregular	flap	antec. subcut / muscle
clean	contaminated	aggravated / heavily		
distal NVT	neurovascular intact			no tendon injury
anesthesia	local topical			lidocaine / bupivacaine: epi / bicarb
prep:	Betadine / Alcohol			
irrigated with saline				debrided mod / extensive
wound explored				wound margins revised
to base / in bloodless field				multiple flaps aligned
no foreign body identified				
foreign material removed				
repair:	wound closed with		wound adhesive / Dermabond / steri strips	

SKIN: #
 - nylon / prolene / staples / silk / ebdon / dexon
 SLUBKIT: #
 - vicryl / chromic
 OTHER: #
 -

LABS

CBC	Chemistries	UA	ETOH
normal except	normal except	normal except	TOX
WBC	Na		
Hgb	K		
Hct	CO2	HCG	PT/PTT
Platelets	Gluc	serum / urine	INR
	BUN	POS	NEG
	Creat		

* Syncope - EKG
 Discussed with Dr. [Name] and see patient in ER / hospital / office
 Additional history from family / paramedics
 Consulted patient / family regarding
 lab / radi results diagnosis: need for follow-up
 CRIT CARE TIME (including ultimately lab/radi/procedure)

CLINICAL IMPRESSION

Abrasion
 Contusion with LOC w/ LOC
 Contusion
 Laceration
 Fracture
 Sprain / Strain: cervical thoracic lumbosacral
 * Syncope
Rt R.6 contusion fresh #7

DISPOSITION home transferred
 admitted POA Jaundice / ABG (W/O)
 CONDITION: unchanged improved stable
 FMTALA/EMC present FMTALA/EMC absent

Care transferred to Dr. [Name] Time [Time]
 Template Complete See Admission (Diagnosis / Template #)
 N/A/PA
 Quality Measure Streamline

ExitCare® Patient Information - Daniel Crane - ID# 735456 - MR# 404006

Barwell County Hospital
 811 Reynolds Road
 Dumwell, NC 29512
 803-259-1000

PATIENT CARE INSTRUCTIONS Powered by EXITCARE®

Patient Information:

Patient ID: 735456	Patient Medical Record Number: 404006
Patient Name: Daniel Crane	Patient Address: 897 Sandyhook Rd., William, SC, 29553-4188
Responsible Adult:	Patient Email:
Patient Weight: 195lbs 0oz	Patient Height: 5ft 11in
Patient DOB:	Patient Gender: M
Patient Phone Number: (803)300-2301	

Visit Information:

Visit Start Date: 3/26/2014	Department: ED
Discharge Date/Time: 3/26/2014 7:47:53 PM	Diag: CONDUCTIVE HEARING LOSS MIDDLE EAR (from Icd9:398.03)
Primary Caregiver: Drago, Paul	FALL FROM COMMODE TOILET (from Icd9: E884.6)
	Fractured Rib (Fractures, Rib)

Primary Follow-up Info.: KOUKOS, DEAN - (000)000-0000

User Information:

Login ID:	User Name:	Dept: ED
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>>> Rib Fracture, Easy-to-Read - English - {A82319AB-4698-4F9A-88B5-F8D00653CBD82}

Additional Notes:
 DISCHARGED HOME

- RIGHT RIB FRACTURE #7
- TAKE MOTRIN/TYLENOL FOR PAIN AS NEEDED.
- TAKE MEDICATION AS PRESCRIBED, PERCOSET.
- FOLLOW UP WITH PRIMARY CARE PHYSICIAN.

Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.

<i>[Signature]</i>	Time/Date	<i>[Signature]</i>	Time/Date
Patient or Guardian Signature		Witnessed & Instructed by	

994
 85
 18
 152
 82 999

3-26-14
 1955



RMC Barnwell Healthcare, Inc.
811 Reynolds Rd, Barnwell SC 29812
803-259-1000 Emergency Center

Patient: CRANE, DANIEL Date: 03-26-2014 Time: 19:50:11 Page 1

Instructions for: CRANE, DANIEL

Date: 03-26-2014 Your care provider was: DR. DRAGO

Oral narcotic medication:

You have been given a prescription for pain control. This medication is a narcotic. It's best taken with food, as nausea can result if taken on an empty stomach.

Don't operate machinery or drive within six hours of taking this medication. Do not combine this medicine with alcohol, or with any medication which can cause sedation (such as cold tablets or sleeping pills) unless you get permission from the physician.

Narcotics tend to cause constipation. If possible, drink plenty of fluids and eat a diet high in fiber and fruits.

I have received a copy of these instructions and have had an opportunity to discuss them. My questions have been answered. (Escribo estas instrucciones y he recibido copia de ellas.)



Patient (or representative)

Witness