

EXHIBIT A - 1

TO

**AFFIDAVIT OF JOSHUA PLUMMER IN SUPPORT OF
PLAINTIFF UTOPIA PROVIDER SYSTEMS, INC.'S
MOTION FOR PARTIAL SUMMARY JUDGMENT**

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____		Pt#: _____		DATE OF SERVICE: _____	
DOB: _____	Age: _____ Yrs	Mos _____	Wks _____	MR#: _____	Pres Time: _____
Sex: _____	Wt: _____ KG	Ht: _____			Triage Time: _____
Chief Complaint: _____					T: _____
Medicines: _____					P: _____
Allergies: _____					R: _____
EDP: _____					BP: / _____
PCP: _____					SaO2: _____ % Normal / Hypoxia
Arrival Mode: _____					Pain Scale: _____

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia

C / C / HPI: (Narrative): _____ EMTALA Medical Screen: Emergent ☐ Non-Emergent ☐

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent

Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent

Location: diffuse epigastric RUQ RLQ LUQ LLQ suprapubic

Quality: cannot describe sharp dull burning cramping

Severity: mild moderate severe 1-10 scale _____

Context: bad food sick contacts recent abd surgery NSAIDS

Exacerbated by: movement N / V dia. / const. F / C CP S.O.B. vag discharge Relieved by: nothing rest NTG O2 antacids

Assoc. Signs & Symptoms: none diaphoresis N / V S.O.B. abd. pain cough/congestion F / C

REVIEW OF SYSTEMS

Limited Due To: _____		ALOC Intoxication Severity Dementia	
Constitutional: fever chills weakness diaphoresis	Neurological: HA seizures weakness confusion		
ENT: sore throat ear pain facial pain	Psychological: anxious depressed		
Eyes: pain visual changes	Endocrine: polyuria polydipsia		
Cardiovascular: C.P. palpitations DOE PND	Integument: rashes pruritis lesions		
Respiratory: S.O.B. cough congestion	Hematologic: anemia bleeding disorders transfusion		
GI: N / V diarrhea / constipation pain melena hematemesis	Allergy/Imm.: frequent infections allergies hives		
GU: flank pain dysuria hematuria frequency	Other: _____		
Musculoskeletal: joint pain neck / back pain ext. pain			
<input type="checkbox"/> All Other Systems Reviewed And Are Negative		<input type="checkbox"/> Agree With Nursing Assessment	

Med. Hx: none CAD HTN IDDM / NIDDM PUD Pancreatitis Gastritis H/H CAP ☐ Reviewed

Past Medical Hx: _____ ☐ Reviewed

Meds: _____ ☐ Reviewed

Allergies: _____ ☐ Reviewed

Surg. Hx: none Appy Chole Hyster Adhesions ☐ Reviewed

Family Hx: negative Colon CA Polyps DM R / L Handed Lives Alone: Y / N

Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years ETOH: Y / N _____ Drinks/Wk. Drugs: Y / N

Occupation: _____

Immunizations: Up-to-date: Y / N Tetanus: _____

Reproductive HX: LMP: _____ G P AB PM/ Hyster

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: ,

Pt#:

MR#:

PHYSICAL EXAM

GENERAL: NAD mild / moderate / severe distress

VITAL SIGNS: T P R BP /

HEENT: NC / AT PERRLA EOMI JVD Bruits

CV: RRR PMI NL murmurs /6 sys / dys

rubs clicks gallops S3 / S4

RESP: lungs clear / equal bilateral resp. effort NL / distress

rales rhonchi wheezes

GI: soft flat / distended bowel sounds NL / ABN

tender / non-tender guarding rebound rigidity

rectal: tender masses guiac +/-

MS: ROM NL clubbing cyanosis edema

SKIN: warm - dry diaphoretic rashes

NEURO: CN 2-12 intact DTRs equal / symmetric

PSYCH: AAO X3 mood / affect NL

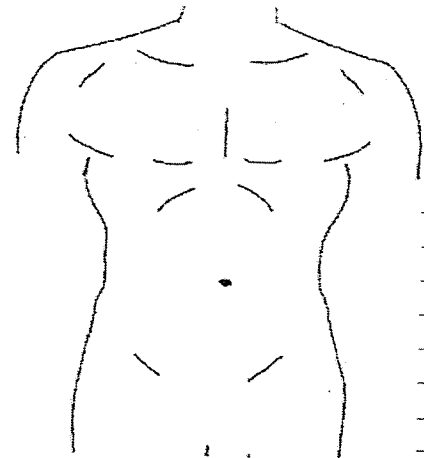
LYMPH: adenopathy

GU: normal male genitalia CVA tenderness pelvic exam NFEG / lesions

cervix NL / CMT / discharge adnexa NL / tender / mass uterus NL / enlarged

Other:

Location/Description of Symptoms:



MEDICAL DECISION MAKING

LABS AND STUDIES

☐ Labs reviewed and are negative

X-Ray: AAS / KUB:

air fluid levels NL free air masses

C.T.: abd / pelvis

U/S: abd / pelvis

EKG: Interpreted By Me ☐

NL / ABN

NL / ABN

DIFF

Rate: Rhythm:

Intervals: NL ☐

Axis: NL ☐

QRS: NL ☐

ST/T: NL ☐

Rhythm Strip: NL ☐ ABN ☐

Pulse Ox: % NL / hypoxia

Amylase:

S

Lipase:

B

UCG / HCG: +/-

L

UA: SG prot RBCs WBCs

glucose bacteria

LFTs: SGOT SGPT T.bili ALKP

DDX: abd. pain UNK etiology appendicitis pancreatitis gastritis gastroenteritis

IBS AAA SBO ischemic bowel diverticulitis GERD Peptic Ulcer Disease

ruptured viscus cholecystitis other:

ED COURSE AND TX

MEDS:

IVF:

NG:

RE-EVAL: Time: _____

Improved Same Worse

Critical Care: 30-74 / 75-90 / 91-104 / 105-120

121-134 / 135-164 Minutes

☐ Excl. billable proc.

CLINICAL IMPRESSION(S)

DISCHARGE INSTRUCTIONS

1.

2.

3.

4.

5.

Discharged to: Home Nursing Home Family

Follow-up with Patient's Dr. in _____ days.

Other Instructions:

CONSULTATION

DISPOSITION

Discussed with Dr. _____

Discharge Time Out:

Admit

Admit: OBS ICU PCU Floor Tele. OR

Follow-up in Office

Transfer:

Old Records Reviewed Y / N

AMA:

Reviewed D/W Radiologist Y / N

DOA:

Case D/W Patient / Family Y / N

Condition: Improved Stable Deceased

RETURN TO ER IF CONDITION WORSENS.

Signatures: _____

PA/ARNP

See procedure form attached ☐

MD/DO Record Complete ☐

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Abdominal Pain - Page 2 of 2

Rev. 03/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____		Pt#: _____		DATE OF SERVICE: _____	
DOB: _____	Age: _____	Yrs	Mos	Wks	MR#: _____
Sex: _____	Wt: _____	KG	Ht: _____	"	Pres Time: _____
Chief Complaint: _____					Triage Time: _____
Medicines: _____					T: _____
Allergies: _____					P: _____
EDP: _____					R: _____
PCP: _____					BP: / _____
Arrival Mode: _____					SaO2: _____ % Normal / Hypoxia
					Pain Scale: _____

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia

C / C / HPI: (Narrative): _____ EMTALA Medical Screen: Emergent ☐ Non-Emergent ☐

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent

Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent

Location: hand face neck chest abd back upper ext R / L lower ext R / L

Quality: cannot describe bite mark skin tear scratches redness swelling

Severity: mild moderate severe 1-10 scale _____

Context: human dog cat wild / family pet raccoon alligator shark

Exacerbated by: nothing movement palpation Relieved by: nothing rest ice OTC meds

Assoc. Signs & Symptoms: none fever chills purulent drainage cosmetic defect bleeding

REVIEW OF SYSTEMS

Limited Due To: ALOC Intoxication Severity Dementia	
Constitutional: fever chills weakness diaphoresis	Neurological: HA seizures weakness confusion
ENT: sore throat ear pain facial pain	Psychological: anxious depressed
Eyes: pain visual changes	Endocrine: polyuria polydipsia
Cardiovascular: C.P. palpitations DOE PND	Integument: rashes pruritis lesions
Respiratory: S.O.B. cough congestion	Hematologic: anemia bleeding disorders transfusion
GI: N / V diarrhea / constipation pain melena hematemesis	Allergy/Imm.: frequent infections allergies hives
GU: flank pain dysuria hematuria frequency	Other: _____
Musculoskeletal: joint pain neck / back pain ext. pain	
<input type="checkbox"/> All Other Systems Reviewed And Are Negative <input type="checkbox"/> Agree With Nursing Assessment	

MEDICAL AND SOCIAL HISTORY

Med. Hx: none CAD HTN IDDM / NIDDM ☐ Reviewed

Past Med. Hx: _____ ☐ Reviewed

Meds: _____ ☐ Reviewed

Allergies: _____ ☐ Reviewed

Surg. Hx: none Appy Chole Hyster ☐ Reviewed

Family Hx: negative

Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years ETOH: Y / N _____ Drinks/Wk. R / L Handed _____ Lives Alone: Y / N

Occupation: _____

Immunizations: Up-to-date: Y / N Tetanus: _____

Reproductive Hx: LMP: _____ G P AB

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____ Pt#: _____ MR#: _____

PHYSICAL EXAM

GENERAL: NAD mild / moderate / severe distress

VITAL SIGNS: T _____ P _____ R _____ BP / _____

HEENT: NC / AT PERRLA EOMI JVD Bruits

CV: RRR PMI NL murmurs /6 sys / dys

rubs clicks gallops S3 / S4

Location/Description of Symptoms:

RESP: lungs clear / equal bilateral resp. effort NL / distress
rales rhonchi wheezes

GI: soft flat / distended bowel sounds NL / ABN
tender / non-tender guarding rebound rigidity

MS: ROM NL clubbing cyanosis edema
Joint above and below bite NL / ABN

SKIN: warm - dry diaphoretic rashes
bite marks scratches swelling erythema

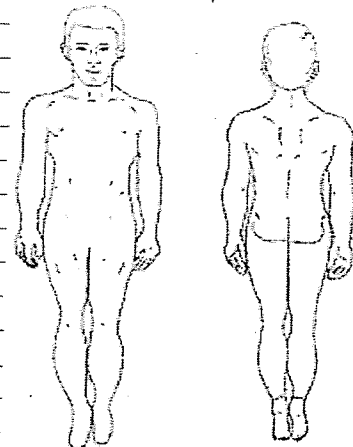
NEURO: CN 2-12 intact DTRs equal / symmetric GCS

PSYCH: AAO X3 mood / affect NL

LYMPH: adenopathy

GU: NL / deferred

Other: _____



MEDICAL DECISION MAKING

LABS AND STUDIES

☐ Labs reviewed and are negative

X-Ray: _____

ED COURSE AND TX

MEDS: _____

Wound Care: _____

NL / ABN

NL / ABN

DIFF

EKG: NSR

no acute disease

S _____

B _____

L _____

UA: SG prot RBCs WBCs

UCG / HCG: +/-

Pulse Ox: _____

% NL / hypoxia

RE-EVAL: _____

Time: _____

ABG: _____

Improved

Same

Worse

DDX: human bite dog bite cat bite cellulitis abscess abrasions

puncture wound other: _____

Snake Bite: Poisonous Non-Poisonous

Critical Care: 30-74 / 75-90 / 91-104 / 105-120

121-134 / 135-164 Minutes

☐ Excl. billable proc.

CLINICAL IMPRESSION(S)

DISCHARGE INSTRUCTIONS

1. _____

2. _____

3. _____

4. _____

5. _____

Discharged to: Home Nursing Home Family

Follow-up with Patient's Dr. in _____ days.

Other Instructions: _____

CONSULTATION

DISPOSITION

Discussed with Dr. _____

Discharge Time Out: _____

Admit

Admit: OBS ICU PCU Floor Tele. OR

Follow-up in Office

Transfer: _____

Old Records Reviewed Y / N

AMA: _____

Reviewed D/W Radiologist Y / N

DOA: _____

Case D/W Patient / Family Y / N

Condition: Improved Stable Deceased

RETURN TO ER IF CONDITION WORSENS.

Signatures: _____

PA/ARNP

See procedure form attached ☐

MD/DO Record Complete ☐

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Animal / Human Bite - Page 2 of 2

Rev. 02/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____	Pt#: _____	DATE OF SERVICE: _____
DOB: _____	MR#: _____	Pres Time: _____
Age: Yrs _____ Mos _____ Wks _____		Triage Time: _____
Sex: Wt: _____ KG _____ Ht: _____		T: _____
Chief Complaint: _____		P: _____
Medicines: _____		R: _____
Allergies: _____		BP: / _____
EDP: _____	PCP: _____	SaO2: _____ % Normal / Hypoxia
	Arrival Mode: _____	Pain Scale: _____

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia
 C / C / HPI: (Narrative): EMTALA Medical Screen: Emergent ☐ Non-Emergent ☐

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent

Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent

Location: R ankle foot toes L ankle foot toes

Quality: cannot describe pain swollen redness laceration numbness tingling

Severity: mild moderate severe 1-10 scale _____

Context: twisting injury fall sports related MVA infection

Exacerbated by: nothing movement palpation

Relieved by: nothing rest OTC meds

Assoc. Signs & Symptoms: none pain bleeding swelling fever joint pain

REVIEW OF SYSTEMS

Limited Due To: ALOC Intoxication Severity Dementia	
Constitutional: fever chills weakness diaphoresis	Neurological: HA seizures weakness confusion
ENT: sore throat ear pain facial pain	Psychological: anxious depressed
Eyes: pain visual changes	Endocrine: polyuria polydipsia
Cardiovascular: C.P. palpitations DOE PND	Integument: rashes pruritis lesions
Respiratory: S.O.B. cough congestion	Hematologic: anemia bleeding disorders transfusion
GI: N / V diarrhea / constipation pain melena hematemesis	Allergy/Imm.: frequent infections allergies hives
GU: flank pain dysuria hematuria frequency	Other: _____
Musculoskeletal: joint pain neck / back pain ext. pain	
<input type="checkbox"/> All Other Systems Reviewed And Are Negative <input type="checkbox"/> Agree With Nursing Assessment	

MEDICAL AND SOCIAL HISTORY

Med. Hx: none CAD HTN IDDM / NIDDM ankle injury ☐ Reviewed

Past Med. Hx: _____ ☐ Reviewed

Meds: _____ ☐ Reviewed

Allergies: _____ ☐ Reviewed

Surg. Hx: none Appy Chole Hyster ☐ Reviewed

Family Hx: negative DJD

Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years R / L Handed _____ Lives Alone: Y / N

Occupation: _____ ETOH: Y / N _____ Drinks/Wk. _____ Drugs: Y / N

Immunizations: Up-to-date: Y / N Tetanus: _____

Reproductive Hx: LMP: _____ G _____ P _____ AB _____

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____ Pt#: _____ MR#: _____

PHYSICAL EXAM

GENERAL: NAD mild / moderate / severe distress

VITAL SIGNS: T P R B/P /

HEENT: NC / AT PERRLA EOMI JVD Bruits

CV: RRR PMI NL murmurs /6 sys / dys

rubs clicks gallops S3 / S4

RESP: lungs clear / equal bilateral resp. effort NL / distress
rales rhonchi wheezes

Location/Description of Symptoms:

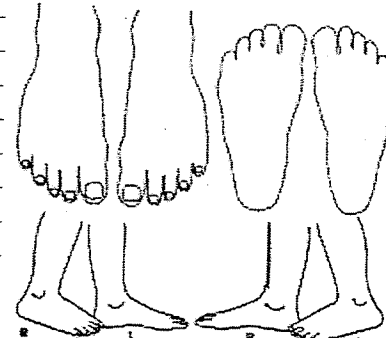
GI: soft flat / distended bowel sounds NL / ABN

tender / non-tender guarding rebound rigidity pulsatile mass

MS: ankle ROM NL / limited N / V intact

pulses intact equal STS ecchymosis

Joint exam above and below level of injury NL / ABN



SKIN: warm - dry diaphoretic rashes

NEURO: CN 2-12 intact DTRs equal / symmetric

PSYCH: AAO X3 mood / affect NL

LYMPH: adenopathy

GU: NL / deferred

Other: _____

MEDICAL DECISION MAKING

LABS AND STUDIES

☐ Labs reviewed and are negative

X-Ray: Ankle: NL Fx

Foot: NL Fx

ED COURSE AND TX

Meds: _____

Ice: _____

Splint Applied: _____

Splint Applied By: Tech/Nurse/PA/ARNP/Phys

Recheck After Application: Time: _____

Position Acceptable: Yes No

Neurovascular Intact: Yes No

Splint Instructions Given: Yes No

Follow-Up Given: Yes No

RE-EVAL: Time: _____

Improved Same Worse

Critical Care: 30-74 / 75-90 / 91-104 / 105-120

121-134 / 135-164 Minutes

☐ Excl. billable proc.

CLINICAL IMPRESSION(S)

DISCHARGE INSTRUCTIONS

1. _____ Discharged to: Home Nursing Home Family
2. _____ Follow-up with Patient's Dr. in _____ days.
3. _____ Other Instructions:
4. _____
5. _____

CONSULTATION

DISPOSITION

Discussed with Dr. _____
Admit _____
Follow-up in Office _____
Old Records Reviewed Y / N
Reviewed D/W Radiologist Y / N
Case D/W Patient / Family Y / N

Discharge Time Out: _____
Admit: OBS ICU PCU Floor Tele. OR
Transfer: _____
AMA: _____
DOA: _____
Condition: Improved Stable Deceased

Prescriptions Given: _____

RETURN TO ER IF CONDITION WORSENS.

Signatures: _____ PA/ARNP _____

See procedure form attached ☐

MD/DO Record Complete ☐

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____		Pt#: _____		DATE OF SERVICE: _____	
DOB: _____	Age: _____ Yrs	Mos _____	Wks _____	MR#: _____	Pres Time: _____
Sex: _____	Wt: _____ KG	Ht: _____ "			Triage Time: _____
Chief Complaint: _____				T: _____	
Medicines: _____				P: _____	
Allergies: _____				R: _____	
EDP: _____				BP: / _____	
PCP: _____				SaO2: _____ % Normal / Hypoxia	
Arrival Mode: _____				Pain Scale: _____	

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia

C / C / HPI: (Narrative): _____

EMTALA Screen: Emergent ☐ Non-Emergent ☐

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent

Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent

Location: R Shoulder humerus elbow forearm L shoulder humerus elbow forearm

Quality: cannot describe "pain" swollen redness laceration numbness tingling

Severity: mild moderate severe 1-10 scale _____

Context: accident sports related fall altercation spontaneous MVA

Exacerbated by: nothing movement palpation Relieved by: nothing rest OTC meds

Assoc. Signs & Symptoms: none pain bleeding swelling fever joint pain

REVIEW OF SYSTEMS

Limited Due To: _____		ALOC Intoxication Severity Dementia	
Constitutional: fever chills weakness diaphoresis	Neurological: HA seizures weakness confusion		
ENT: sore throat ear pain facial pain	Psychological: anxious depressed		
Eyes: pain visual changes	Endocrine: polyuria polydipsia		
Cardiovascular: C.P. palpitations DOE PND	Integument: rashes pruritis lesions		
Respiratory: S.O.B. cough congestion	Hematologic: anemia bleeding disorders transfusion		
GI: N / V diarrhea / constipation pain melena hematemesis	Allergy/Imm.: frequent infections allergies hives		
GU: flank pain dysuria hematuria frequency	Other: _____		
Musculoskeletal: joint pain neck / back pain ext. pain			
<input type="checkbox"/> All Other Systems Reviewed And Are Negative <input type="checkbox"/> Agree With Nursing Assessment			

MEDICAL AND SOCIAL HISTORY

Med. Hx: none CAD HTN IDDM / NIDDM shoulder dislocation bursitis ☐ Reviewed

Past Med. Hx: _____ ☐ Reviewed

Meds: _____ ☐ Reviewed

Allergies: _____ ☐ Reviewed

Surg. Hx: none Appy Chole Hyster ☐ Reviewed

Family Hx: negative

Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years R / L Handed _____ Lives Alone: Y / N

Occupation: _____ ETOH: Y / N _____ Drinks/Wk. _____ Drugs: Y / N

Immunizations: Up-to-date: Y / N Tetanus: _____

Reproductive Hx: LMP: _____ G _____ P _____ AB _____

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____ Pt#: _____ MR#: _____

PHYSICAL EXAM

GENERAL: NAD mild / moderate / severe distress

VITAL SIGNS: T _____ P _____ R _____ BP / _____

HEENT: NC / AT PERRLA EOMI JVD Bruits

CV: RRR PMI NL murmurs /6 sys / dys

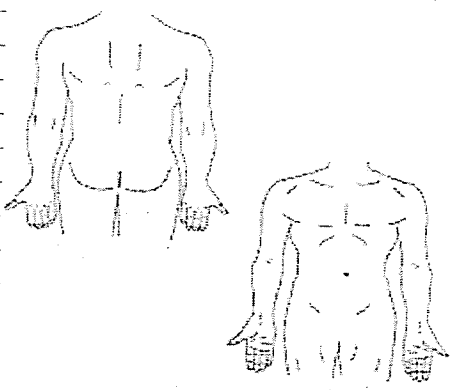
rubs clicks gallops S3 / S4

RESP: lungs clear / equal bilateral resp. effort NL / distress
rales rhonchi wheezes

GI: soft flat / distended bowel sounds NL / ABN
tender / non-tender guarding rebound rigidity pulsatile mass

MS: shoulder / elbow ROM NL / limited N / V intact
pulses intact equal ecchymosis sulcus sign +/- STS
Joint exam above and below level of injury NL / ABN

Location/Description of Symptoms:



SKIN: warm - dry diaphoretic rashes

NEURO: CN 2-12 intact DTRs equal / symmetric

PSYCH: AAO X3 mood / affect NL

LYMPH adenopathy

GU: NL / deferred

Other: _____

MEDICAL DECISION MAKING

LABS AND STUDIES

☐ Labs reviewed and are negative

X-Ray: shoulder: NL / Fx

humerus: NL / Fx

elbow: NL / Fx

forearm: NL / Fx

NL / ABN

NL / ABN

DIFF

S _____

B _____

L _____

EKG: NSR no acute disease

Pulse Ox: % NL / hypoxia

ED COURSE AND TX

MEDS:

Ice:

Splint Applied:

Splint Applied By: Tech/Nurse/PA/ARNP/Phys

Recheck After Application: Time: _____

Position Acceptable: Yes No

Neurovascular Intact: Yes No

Splint Instructions Given: Yes No

Follow-Up Given: Yes No

RE-EVAL: Time: _____

Improved Same Worse

Critical Care: 30-74 / 75-90 / 91-104 / 105-120

121-134 / 135-164 Minutes

☐ Excl. billable proc.

DDX: Fx dislocation contusion cellulitis bursitis tendonitis
laceration sprain AC separation other: _____

CLINICAL IMPRESSION(S)

DISCHARGE INSTRUCTIONS

1. _____ Discharged to: Home Nursing Home Family
2. _____ Follow-up with Patient's Dr. in _____ days.
3. _____ Other Instructions:
4. _____
5. _____

CONSULTATION

DISPOSITION

Discussed with Dr. _____
Admit _____
Follow-up in Office _____
Old Records Reviewed Y / N
Reviewed D/W Radiologist Y / N
Case D/W Patient / Family Y / N

Discharge Time Out: _____
Admit: OBS ICU PCU Floor Tele. OR
Transfer: _____
AMA: _____
DOA: _____
Condition: Improved Stable Deceased

Prescriptions Given: _____

RETURN TO ER IF CONDITION WORSENS.

Signatures: _____ PA/ARNP _____

See procedure form attached ☐

MD/DO Record Complete ☐

Pro-MED Maximus

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Upper Extremity / Arm / Shoulder- Page 2 of 2

Rev 03/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____		Pt#: _____		DATE OF SERVICE: _____	
DOB: _____	Age: _____	Yrs _____	Mos _____	Wks _____	MR#: _____
Sex: _____	Wt: _____	KG _____	Ht: _____	Pres Time: _____	
Chief Complaint: _____				Triage Time: _____	
Medicines: _____				T: _____	
Allergies: _____				P: _____	
EDP: _____				R: _____	
PCP: _____				BP: / _____	
Arrival Mode: _____				SaO2: _____ % Normal / Hypoxia	
				Pain Scale: _____	

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia

C / C / HPI: (Narrative): _____

EMTALA Medical Screen: Emergent ☐ Non-Emergent ☐

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent

Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent

Quality: cannot describe S.O.B. wheezing cough DOE

Severity: mild moderate severe 1-10 scale _____

Context: rest exertion cough med non-compliance H/O asthma H/O COPD

Exacerbated by: nothing activity rest Relieved by: nothing inhalers steroids OTC meds

Assoc. Signs & Symptoms: none S.O.B. wheezing cough fever C.P. N/V

REVIEW OF SYSTEMS

Limited Due To: ALOC Intoxication Severity Dementia	
Constitutional: fever chills weakness diaphoresis	Neurological: HA seizures weakness confusion
ENT: sore throat ear pain facial pain	Psychological: anxious depressed
Eyes: pain visual changes	Endocrine: polyuria polydipsia
Cardiovascular: C.P. palpitations DOE PND	Integument: rashes pruritis lesions
Respiratory: S.O.B. cough congestion	Hematologic: anemia bleeding disorders transfusion
GI: N/V diarrhea / constipation pain melena hematemesis	Allergy/Imm.: frequent infections allergies hives
GU: flank pain dysuria hematuria frequency	Other: _____
Musculoskeletal: joint pain neck / back pain ext. pain	
<input type="checkbox"/> All Other Systems Reviewed And Are Negative <input type="checkbox"/> Agree With Nursing Assessment	

MEDICAL AND SOCIAL HISTORY

Med. Hx: none CAD HTN IDDM / NIDDM asthma COPD ☐ Reviewed

Past Med. Hx: _____ ☐ Reviewed

Meds: _____ ☐ Reviewed

Allergies: _____ ☐ Reviewed

Surg. Hx: none Appy Chole Hyster ☐ Reviewed

Family Hx: negative asthma R / L Handed Lives Alone: Y / N

Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years ETOH: Y / N Drinks/Wk. Drugs: Y / N

Occupation: _____

Immunizations: Up-to-date: Y / N Tetanus: _____

Reproductive Hx: LMP: _____ G P AB

Bloomsburg Hospital

(Instructions: circle positive - backslash negative - provide additional pertinent information.)

NAME: _____

Pt#: _____

MR#: _____

PHYSICAL EXAM

GENERAL: NAD mild / moderate / severe distress

VITAL SIGNS: T _____ P _____ R _____ BP / _____

HEENT: NC / AT PERRLA EOMI JVD Bruits

CV: RRR PMI NL murmurs /6 sys / dys

rubs clicks gallops S3 / S4

Location/Description of Symptoms: _____

RESP: lungs clear / equal bilateral resp. effort NL / distress

rales rhonchi wheezes diminished

GI: soft flat / distended bowel sounds NL / ABN

tender / non-tender guarding rebound rigidity

MS: ROM NL clubbing cyanosis edema

SKIN: warm - dry diaphoretic rashes

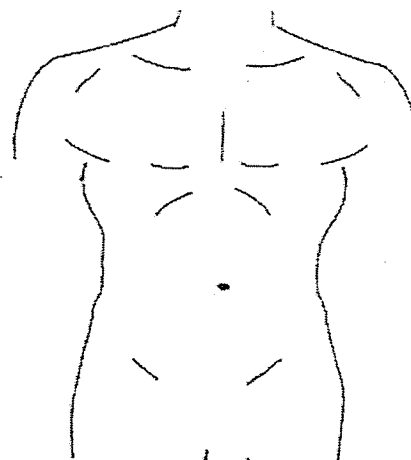
NEURO: CN 2-12 intact DTRs equal / symmetric

PSYCH: AAO X3 mood / affect NL

LYMPH: adenopathy

GU: NL / deferred

Other: _____



MEDICAL DECISION MAKING

LABS AND STUDIES

☐ Labs reviewed and are negative

X-Ray: CXR: NL / infiltrate hyperinflated

EKG: Interpreted By Me ☐

Rate: _____ Rhythm: _____

Intervals: _____ NL ☐Axis: _____ NL ☐QRS: _____ NL ☐ST/T: _____ NL ☐Rhythm Strip: NL ☐ ABN ☐

Pulse Ox: _____ % NL / hypoxia

ABG: pH _____ O2 _____ CO2 _____

RA O2: _____

ED COURSE AND TX

MEDS: Aerosol Tx _____ Steroids _____

IVF: _____

Peak Flows #1: time _____ L / min

Peak Flows #2: time _____ L / min

RE-EVAL: _____ Time: _____

Improved _____ Same _____ Worse _____

Critical Care: 30-74 / 75-90 / 91-104 / 105-120

121-134 / 135-164 Minutes

☐ Excl. billable proc.

CLINICAL IMPRESSION(S)

DISCHARGE INSTRUCTIONS

1. _____

2. _____

3. _____

4. _____

5. _____

Discharged to: Home Nursing Home Family

Follow-up with Patient's Dr. in _____ days.

Other Instructions: _____

CONSULTATION

DISPOSITION

Discussed with Dr. _____

Discharge Time Out: _____

Admit

Admit: OBS ICU PCU Floor Tele. OR

Follow-up in Office

Transfer: _____

Old Records Reviewed Y / N

AMA: _____

Reviewed D/W Radiologist Y / N

DOA: _____

Case D/W Patient / Family Y / N

Condition: Improved Stable Deceased

RETURN TO ER IF CONDITION WORSENS.

Signatures: _____

PA/ARNP _____

See procedure form attached ☐MD/DO Record Complete ☐

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Asthma / COPD - Page 2 of 2

Rev. 03/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: ;		Pt#:		DATE OF SERVICE:	
DOB:	Age:	Yrs	Mos	Wks	MR#:
Sex:	Wt:	KG	Ht:	"	
Chief Complaint:					Pres Time:
Medicines:					Triage Time:
					T:
					P:
					R:
Allergies:					BP: /
EDP:					SaO2: % Normal / Hypoxia
PCP:					Pain Scale:
Arrival Mode:					

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia
 C / C / HPI: (Narrative): EMTALA Medical Screen: Emergent ☐ Non-Emergent ☐

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent
 Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent
 Location: head face neck back chest abd upper ext R / L lower ext R / L
 Quality: cannot describe flame smoke inhalation hot liquids chemical burns electrical steam / radiator
 Severity: mild moderate severe 1-10 scale _____
 Context: work recreation prolonged sun exposure working on car lightning
 Exacerbated by: nothing movement palpation Relieved by: nothing rest ice OTC meds
 Assoc. Signs & Symptoms: none S.O.B. cough fever visual changes LOC mental status change

REVIEW OF SYSTEMS

Limited Due To: ALOC Intoxication Severity Dementia	
Constitutional: fever chills weakness diaphoresis	Neurological: HA seizures weakness confusion
ENT: sore throat ear pain facial pain	Psychological: anxious depressed
Eyes: pain visual changes	Endocrine: polyuria polydipsia
Cardiovascular: C.P. palpitations DOE PND	Integument: rashes pruritis lesions
Respiratory: S.O.B. cough congestion	Hematologic: anemia bleeding disorders transfusion
GI: N / V diarrhea / constipation pain melena hematemesis	Allergy/Imm: frequent infections allergies hives
GU: flank pain dysuria hematuria frequency	Other:
Musculoskeletal: joint pain neck / back pain ext. pain	
<input type="checkbox"/> All Other Systems Reviewed And Are Negative <input type="checkbox"/> Agree With Nursing Assessment	

MEDICAL AND SOCIAL HISTORY

Med. Hx: none CAD HTN IDDM / NIDDM ☐ Reviewed
 Past Med. Hx: ☐ Reviewed
 Meds: ☐ Reviewed
 Allergies: ☐ Reviewed
 Surg. Hx: none Appy Chole Hyster ☐ Reviewed
 Family Hx: negative
 Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years ETOH: Y / N _____ Drinks/Wk. Lives Alone: Y / N
 Occupation: _____
 Immunizations: Up-to-date: Y / N Tetanus: _____
 Reproductive Hx: LMP: _____ G P AB

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____ Pt#: _____ MR#: _____

PHYSICAL EXAM

GENERAL: NAD mild / moderate / severe distress

VITAL SIGNS: T P R BP /

HEENT: NC / AT PERRLA EOMI JVD Bruits

CV: RRR PMI NL murmurs /6 sys / dys

rubs clicks gallops S3 / S4

Location/Description of Symptoms:

RESP: lungs clear / equal bilateral resp. effort NL / distress

rales rhonchi wheezes

GI: soft flat / distended bowel sounds NL / ABN

tender / non-tender guarding rebound rigidity

MS: ROM NL clubbing cyanosis edema

SKIN: warm - dry diaphoretic rashes (see diagram)

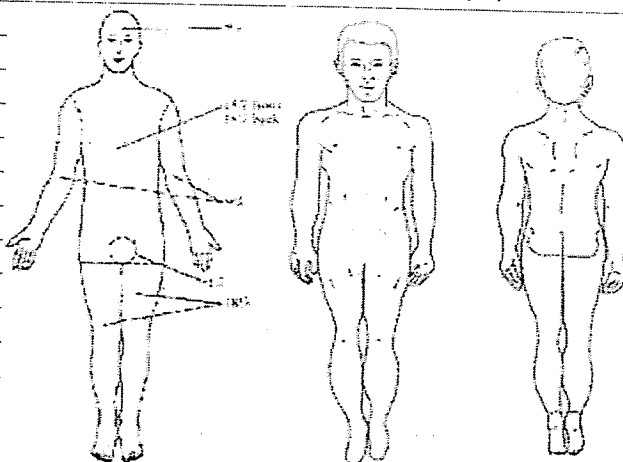
NEURO: CN 2-12 intact DTRs equal / symmetric

PSYCH: AAO X3 mood / affect NL

LYMPH: adenopathy

GU: NL / deferred

Other: _____



MEDICAL DECISION MAKING

LABS AND STUDIES

☐ Labs reviewed and are negative

X-Ray:

CXR: Infiltrates

ED COURSE AND TX

MEDS:

IVF:

FOLEY:

NG:

RE-EVAL:

Time: _____

Improved Same Worse

Critical Care: 30-74 / 75-90 / 91-104 / 105-120

121-134 / 135-164 Minutes

☐ Excl. billable proc.

UA: SG prot RBCs WBCs

Pulse Ox: % NL / hypoxia

UCG: +/-

ABG: pH O2 CO2

DDX: 1° burns 2° burns 3° burns hypovolemia sunburn electrical burn

chemical burn carbon monoxide poisoning other: _____

CLINICAL IMPRESSION(S)

DISCHARGE INSTRUCTIONS

1.

2.

3.

4.

5.

Discharged to: Home Nursing Home Family

Follow-up with Patient's Dr. in _____ days.

Other Instructions:

CONSULTATION

DISPOSITION

Discussed with Dr. _____

Discharge Time Out: _____

Admit

Admit: OBS ICU PCU Floor Tele. OR

Follow-up in Office

Transfer:

Old Records Reviewed Y / N

AMA:

Reviewed D/W Radiologist Y / N

DOA:

Case D/W Patient / Family Y / N

Condition: Improved Stable Deceased

Prescriptions Given:

RETURN TO ER IF CONDITION WORSENS.

Signatures: _____

PA/ARNP

See procedure form attached ☐

MD/DO Record Complete ☐

Pro-MED Maximus

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Burn - Page 2 of 2

Rev. 03/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____		Pt#:		DATE OF SERVICE:	
DOB: _____	Age: _____	Yrs	Mos	Wks	MR#:
Sex: _____	Wt: _____	KG	Ht: _____	"	
Chief Complaint: _____					Pres Time: _____
Medicines: _____					Triage Time: _____
					T: _____
					P: _____
Allergies: _____					R: _____
					BP: / _____
EDP: _____	PCP: _____	Arrival Mode: _____			SaO2: _____ % Normal / Hypoxia
					Pain Scale: _____

CENTRAL LINE PLACEMENT

HX / INDICATIONS: venous access multi-trauma volume resuscitation
CVP measurement other: _____

CONSENT: unable to obtain written verbal

MEDS: versed ativan morphine demerol

PROCEDURE:

- Area prepped and draped in sterile fashion Y / N
- Area anesthetized with 1% lidocaine Y / N
- Using Seldinger Technique, the R / L subclavian / internal jugular / femoral vein was cannulized on the _____ attempt.
- Single / double / triple lumen catheter was placed
- Catheter secured in place and sterile dressing applied Y / N
- Blood returns from all ports Y / N
- All ports flushed with Heparin / Saline Y / N
- Sterile dressing applied Y / N

CONFIRMATION: stat CXR good placement Y / N

COMPLICATIONS:

- Patient tolerated procedure well Y / N
- hematoma pneumothorax bleeding arterial catheterization

Signatures: _____ PA/ARNP

MD/DO

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Central Line Placement

Rev. 03/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: ,		Pt#:		DATE OF SERVICE:	
DOB:	Age:	Yrs	Mos	Wks	MR#:
Sex:	Wt:	KG	Ht:	"	
Chief Complaint:					T:
Medicines:					P:
Allergies:					R:
EDP:					BP: /
PCP:					SaO2: % Normal / Hypoxia
Arrival Mode:					Pain Scale:

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia

C / C / HPI: (Narrative): EMTALA Medical Screen: Emergent ☐ Non-Emergent ☐

Cardiac Risk Factors: HTN DM ↑ cholesterol family Hx tobacco cocaine previous MI

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent

Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent

Location: L chest R chest sternal Radiates: none neck back

Quality: cannot describe pressure tightness sharp stabbing like previous MI

Severity: mild moderate severe 1-10 scale _____

Context: exertion position at rest / activity meals

Exacerbated by: nothing activity cough movement palpation Relieved by: nothing rest NTG O2 antacids

Assoc. Signs & Symptoms: none diaphoresis N / V S.O.B. abd. pain cough/congestion F / C

REVIEW OF SYSTEMS

Limited Due To: ALOC Intoxication Severity Dementia

Constitutional: fever chills weakness diaphoresis	Neurological: HA seizures weakness confusion
ENT: sore throat ear pain facial pain	Psychological: anxious depressed
Eyes: pain visual changes	Endocrine: polyuria polydipsia
Cardiovascular: C.P. palpitations DOE PND	Integument: rashes pruritis lesions
Respiratory: S.O.B. cough congestion	Hematologic: anemia bleeding disorders transfusion
GI: N / V diarrhea / constipation pain melena hematemesis	Allergy/Imm: frequent infections allergies hives
GU: flank pain dysuria hematuria frequency	Other:
Musculoskeletal: joint pain neck / back pain ext. pain	

☐ All Other Systems Reviewed And Are Negative ☐ Agree With Nursing Assessment

MEDICAL AND SOCIAL HISTORY

Med. Hx: none CAD HTN IDDM / NIDDM hyperlipidemia ☐ Reviewed

Past Medical Hx: _____ ☐ Reviewed

Meds: _____ ☐ Reviewed

Allergies: _____ ☐ Reviewed

Surg. Hx: none Chole Hyster angioplasty / stent date _____ CABG date _____

Family Hx: negative CAD DM HTN R / L Handed Lives Alone: Y / N

Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years ETOH: Y / N _____ Drinks/Wk. Drugs: Y / N

Occupation: _____

Immunizations: Up-to-date: Y / N Tetanus: _____

Reproductive HX: LMP: _____ G P AB

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____ Pt#: _____ MR#: _____

PHYSICAL EXAM

GENERAL: NAD mild / moderate / severe distress VITAL SIGNS: T P R BP /

HEENT: NC / AT PERRLA EOMI JVD Bruits

CV: RRR PMI NL murmurs /6 sys / dys
rubs clicks gallops S3 / S4RESP: lungs clear / equal bilateral resp. effort NL / distress
rales rhonchi wheezes Location/Description of Symptoms:

GI: soft flat / distended bowel sounds NL / ABN

tender / non-tender guarding rebound rigidity

MS: ROM NL clubbing cyanosis edema

SKIN: warm - dry diaphoretic rashes

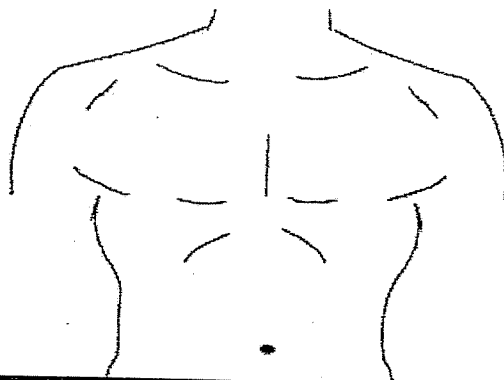
NEURO: CN 2-12 intact DTRs equal / symmetric

PSYCH: AAO X3 mood / affect NL

LYMPH: adenopathy

GU: NL / deferred

Other: _____



MEDICAL DECISION MAKING

LABS AND STUDIES

ED COURSE AND TX

☐ Labs reviewed and are negative

X-Ray: CXR(port): AP / LAT

NL cardiomegaly CHF

infiltrate other: _____

EKG: Interpreted By Me ☐

Rate: _____ Rhythm: _____

Intervals: _____ NL ☐Axis: _____ NL ☐QRS: _____ NL ☐ST/T: _____ NL ☐Rhythm Strip: NL ☐ ABN ☐

Pulse Ox: _____ % NL / hypoxia

ABG: pH O2 CO2

MEDS: _____

IVF: _____

RE-EVAL: _____

Time: _____

Improved _____

Same _____

Worse _____

DDX: acute MI unstable angina Aortic dissection chest wall pain costochondritis

pneumothorax pneumonia GERD atypical chest pain pericarditis CHF

myofascial strain bronchitis pleurisy A-Fib pulmonary embolus: _____

Critical Care: 30-74 / 75-90 / 91-104 / 105-120

121-134 / 135-164 Minutes

☐ Excl. billable proc.

CLINICAL IMPRESSION(S)

DISCHARGE INSTRUCTIONS

1. _____ Discharged to: Home Nursing Home Family
2. _____ Follow-up with Patient's Dr. in _____ days.
3. _____ Other Instructions: _____
4. _____
5. _____

CONSULTATION

DISPOSITION

Discussed with Dr. _____ Discharge Time Out: _____

Admit _____ Admit: OBS ICU PCU Floor Tele. OR

Follow-up in Office _____ Transfer: _____

Old Records Reviewed Y / N _____ AMA: _____

Reviewed D/W Radiologist Y / N _____ DOA: _____

Case D/W Patient / Family Y / N _____ Condition: Improved Stable Deceased

Prescriptions Given: _____

RETURN TO ER IF CONDITION WORSENS.

Signatures: _____ PA/ARNP _____

See procedure form attached ☐MD/DO Record Complete ☐

Pro-MED Maximus

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Chest Pain - Page 2 of 2

Rev. 03/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information)

NAME:		Pt#:		DATE OF SERVICE:	
DOB:	Age:	Yrs	Mos	Wks	MR#:
Sex:	Wt:	KG	Ht:	"	
Chief Complaint:					Pres Time:
Medicines:					Triage Time:
					T:
					P:
					R:
Allergies:					BP: /
EDP:	PCP:	Arrival Mode:			SaO2: % Normal / Hypoxia
					Pain Scale:

CHEST TUBE PLACEMENT

HX / INDICATIONS: simple pneumothorax tension pneumothorax hemothorax
 other: _____

CONSENT: unable to obtain written verbal

MEDS: versed ativan morphine demerol

PROCEDURE:

- Patient placed on supplemental O2 Y / N
- Area prepped and draped in sterile fashion Y / N
- Area anesthetized with 1% lidocaine Y / N
- Incision made over _____ rib on L / R sidemidaxillary line with # _____ blade
- Dissections with hemostats / puncture of pleura Y / N
- Rush of air / blood Y / N
- _____ Fr chest tube placed
- Tube to water seal at .20 cm Y / N
- Air tight dressing applied Y / N

CONFIRMATION: CXR for placement Y / N
 auscultation B.S. equal / bilateral Y / N
 air rush Y / N
 blood return Y / N
 symptoms improved Y / N

COMPLICATIONS:

- Patient tolerated procedure well Y / N
- bleeding
- persistent symptoms
- poor placement

Signatures: _____ PA/ARNP _____ MD/DO

Bloomsburg Hospital

Instructions: circle positive - lack of sign, negative, provide additional pertinent information.

NAME: ,				Pt#:	DATE OF SERVICE:
DOB:	Age:	Yrs	Mos	Wks	MR#:
Sex:	Wt:	KG	Ht:	"	
Chief Complaint:					Pres Time:
Medicines:					Triage Time:
					T:
					P:
					R:
Allergies:					BP: /
EDP:					SaO2: % Normal / Hypoxia
PCP:					Pain Scale:
Arrival Mode:					

X-RAY INTERPRETATION - CHEST / ABDOMEN

STUDY: chest x-ray VIEWS: port CXR PA / LAT

Hx: fever SOB chest pain

FINDINGS: soft tissue: normal subcutaneous emphysema mass
 bony structure: normal fracture
 cardiac silhouette: normal enlarged
 mediastinum: normal widened tortuous / calcified aorta mass
 hilum: normal masses nodules
 lung fields: infiltrate vasc. congestion atelectasis fibrosis mass
 effusion pneumothorax cephalization free air
 elevated hemidiaphragm L / R

PREVIOUS FILMS FOR COMPARISON: unchanged changed unavailable

IMPRESSION: no acute disease pneumonia pneumothorax CHF other:

STUDY: abdomen VIEWS: AAS (3 views) KUB flat / upright

Hx: abd pain N / V flank pain

FINDINGS: soft tissue: normal subcutaneous air mass
 bony structure: normal fracture
 intra-abdominal: normal non-specific bowel gas air fluid levels free air
 sentinel loop hepatomegaly splenomegaly ascites
 vascular calcification

PREVIOUS FILMS FOR COMPARISON: unchanged changed unavailable

IMPRESSION: no acute disease ileus obstruction perforated viscus other:

Signatures: _____ PA/ARNP _____ MD/DO

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X-ray Interpretation - Chest / Abdomen

Rev. 03/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: ,				Pt#:	DATE OF SERVICE:
DOB:	Age:	Yrs	Mos	Vks	MR#:
Sex:	Wt:	KG	Ht:	'	"
Chief Complaint:					Pres Time:
Medicines:					Triage Time:
Allergies:					T:
					P:
					R:
					BP: /
EDP:	PCP:	Arrival Mode:			SaO2: % Normal / Hypoxia
					Pain Scale:

CARDIOPULMONARY RESUSCITATION / CODE

Event Occured: pre-hospital ER floor

Initial Sx: found unresponsive C.P. collapsed resp. distress / arrest
witnessed arrest Y / N

Downtime prior to intervention: unknown minutes

Initial findings: responsive unresponsive
respirations: apneic agonal labored
pulses: absent weak strong
telemetry: asystole v-fib v-tach pulseless PEA
wide complex tach narrow complex tach bradycardia

Initial Interventions: airway mgmt. bagged intubated
circulation CPR defib vasoactive drips

Physical Exam:

Gen: awake unresponsive responds to noxious stimuli
HEENT: PERRLA pupils: fixed dilated
Lungs: clear bilaterally no spontaneous resp. ↓ intubated air flow
CV: RRR heart tones: absent / tachy / brady pulses: present / absent strong / weak / pulseless
ABD: soft bowel sounds distended pulsatile mass
EXT: normal cyanosis

Medical Decision Making:

ABG

EKG

CXR

NL / ABN

NL / ABN

Cardiac Enzymes

PT / PTT

Impression:

Disposition: ICU expired

Discussed with: family PMD

Signatures: _____ PA/ARNP

MD/DO

Pro-MED Maximus

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CPR / CODE

Rev. 03/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: ,		Pt#:		DATE OF SERVICE:	
DOB:	Age:	Yrs	Mos	Wks	MR#:
Sex:	Wt:	KG	Ht:	"	
Chief Complaint:					Pres Time:
Medicines:					Triage Time:
Allergies:					T:
					P:
					R:
					BP: /
EDP:					SaO2: % Normal / Hypoxia
PCP:					Pain Scale:
Arrival Mode:					

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia

C / C / HPI: (Narrative): EMTALA Medical Screen: Emergent ☐ Non-Emergent ☐

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent witnessed / unwitnessed

Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent

Location of Deficit: face mental status RUE LUE RLE LLE

Quality: cannot describe expressive aphasia altered mental status focal weakness facial droop

Severity: mild moderate severe 1-10 scale _____

Context: Hx of CVA found unresponsive hypertensive cocaine / drug abuse

Exacerbated by: nothing HTN drugs Relieved by: nothing rest time

Assoc. Signs & Symptoms: none HA aphasia ataxia N / V C.P. palpitations

REVIEW OF SYSTEMS

Limited Due To: ALOC Intoxication Severity Dementia	
Constitutional: fever chills weakness diaphoresis	Neurological: HA seizures weakness confusion
ENT: sore throat ear pain facial pain	Psychological: anxious depressed
Eyes: pain visual changes	Endocrine: polyuria polydipsia
Cardiovascular: C.P. palpitations DOE PND	Integument: rashes pruritis lesions
Respiratory: S.O.B. cough congestion	Hematologic: anemia bleeding disorders transfusion
GI: N / V diarrhea / constipation pain melena hematemesis	Allergy/Imm: frequent infections allergies hives
GU: flank pain dysuria hematuria frequency	Other:
Musculoskeletal: joint pain neck / back pain ext. pain	
<input type="checkbox"/> All Other Systems Reviewed And Are Negative <input type="checkbox"/> Agree With Nursing Assessment	

MEDICAL AND SOCIAL HISTORY

Med. Hx: none CAD HTN IDDM / NIDDM CVA TIA ☐ Reviewed

Past Med. Hx: ☐ Reviewed

Meds: ☐ Reviewed

Allergies: ☐ Reviewed

Surg. Hx: none Appy Chole Hyster

Family Hx: negative R / L Handed Lives Alone: Y / N

Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years ETOH: Y / N _____ Drinks/Wk. Drugs: Y / N


Occupation: _____

Immunizations: Up-to-date: Y / N Tetanus: _____

Reproductive Hx: LMP: _____ G P AB

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____		Pt#: _____		MR#: _____	
PHYSICAL EXAM					
GENERAL: NAD mild/moderate/severe distress		VITAL SIGNS: T _____ P _____ R _____ BP/ _____			
HEENT: NC/AT PERRLA EOMI JVD Bruits					
facial asymmetry gag diminished					
pupils pinpoint/dilated					
Location/Description of Symptoms: _____					
CV: RRR PMI NL murmurs /6 sys/dys					
rubs clicks gallops S3/S4					
RESP: lungs clear/equal bilateral resp. effort NL/distress					
rales rhonchi wheezes					
GI: soft flat/distended bowel sounds NL/ABN					
tender/non-tender guarding rebound rigidity					
MS: ROM NL clubbing cyanosis edema					
SKIN: warm-dry diaphoretic rashes					
NEURO: CN 2-12 intact DTRs equal/symmetric					
motor /5 all ext. focal deficits sensations NL/ABN GCS					
PSYCH: AAO X3 mood/affect NL					
LYMPH: adenopathy					
GU: NL/deferred					
Other: _____					
MEDICAL DECISION MAKING					
LABS AND STUDIES			ED COURSE AND TX		
<input type="checkbox"/> Labs reviewed and are negative 			X-Ray: CXR C.T.: head EKG: Interpreted By Me <input type="checkbox"/>		
Rate: _____ Rhythm: _____ Intervals: NL <input type="checkbox"/>			MEDS: _____ IVF: _____		
PT/PTT: _____ DIFF _____ Cardiac Enzymes: S _____ B _____ L _____			FOLEY: _____ RE-EVAL: _____ Time: _____		
Rhythm Strip: NL <input type="checkbox"/> ABN <input type="checkbox"/>			Improved _____ Same _____ Worse _____		
Pulse Ox: % NL / hypoxia ABG: pH O2 CO2			Critical Care: 30-74 / 75-90 / 91-104 / 105-120 121-134 / 135-164 Minutes		
DDX: ischemic CVA hemorrhagic CVA TIA RIND HTN crisis seizure disorder Bell's Palsy metastatic disease other: _____			<input type="checkbox"/> Excl. billable proc.		
CLINICAL IMPRESSION(S)			DISCHARGE INSTRUCTIONS		
1. _____			Discharged to: Home Nursing Home Family		
2. _____			Follow-up with Patient's Dr. in _____ days.		
3. _____			Other Instructions: _____		
4. _____			_____		
5. _____			_____		
CONSULTATION			DISPOSITION		
Discussed with Dr. _____			Discharge Time Out: _____		
Admit _____			Admit: OBS ICU PCU Floor Tele. OR _____		
Follow-up in Office _____			Prescriptions Given: _____		
Transfer: _____			_____		
Old Records Reviewed Y/N _____			AMA: _____		
Reviewed D/W Radiologist Y/N _____			DOA: _____		
Case D/W Patient/Family Y/N _____			Condition: Improved Stable Deceased		
			RETURN TO ER IF CONDITION WORSENS.		

Signatures: _____

PA/ARNP _____

See procedure form attached ☐MD/DO Record Complete ☐

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Neuro/CVA - Page 2 of 2

Rev. 03/05/04

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: ,		Pt#:		DATE OF SERVICE:	
DOB:	Age:	Yrs	Mos	Wks	MR#:
Sex:	Wt:	KG	Ht:	"	
Chief Complaint:					Pres Time:
Medicines:					Triage Time:
					T:
					P:
					R:
Allergies:					BP: /
					SaO2: % Normal / Hypoxia
EDP:	PCP:	Arrival Mode:			Pain Scale:

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia

C / C / HPI: (Narrative): EMTALA Medical Screen: Emergent ☐ Non-Emergent ☐

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent

Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent

Location: upper teeth lower teeth throat tongue gums

Quality: cannot describe throbbing dull "pain" sore throat dysphagia

Severity: mild moderate severe 1-10 scale _____

Context: URI Sx poor dentitions trauma strep contact

Exacerbated by: nothing swallowing cold air Relieved by: nothing Tylenol throat lozenges

Assoc. Signs & Symptoms: none fever cough loss of voice swelling N / V

REVIEW OF SYSTEMS

Limited Due To: ALOC Intoxication Severity Dementia

Constitutional: fever chills weakness diaphoresis Neurological: HA seizures weakness confusion

ENT: sore throat ear pain facial pain Psychological: anxious depressed

Eyes: pain visual changes Endocrine: polyuria polydipsia

Cardiovascular: C.P. palpitations DOE PND Integument: rashes pruritis lesions

Respiratory: S.O.B. cough congestion Hematologic: anemia bleeding disorders transfusion

GI: N / V diarrhea / constipation pain melena hematemesis Allergy/Imm.: frequent infections allergies hives

GU: flank pain dysuria hematuria frequency Other:

Musculoskeletal: joint pain neck / back pain ext. pain

☐ All Other Systems Reviewed And Are Negative ☐ Agree With Nursing Assessment

MEDICAL AND SOCIAL HISTORY

Med. Hx: none CAD HTN IDDM / NIDDM dental abscess ☐ Reviewed

Past Med. Hx: ☐ Reviewed

Meds: ☐ Reviewed

Allergies: ☐ Reviewed

Surg. Hx: none Appy Chole Hyster Tonsillectomy dental surgery ☐ Reviewed

Family Hx: negative R / L Handed Lives Alone: Y / N

Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years ETOH: Y / N _____ Drinks/Wk. Drugs: Y / N

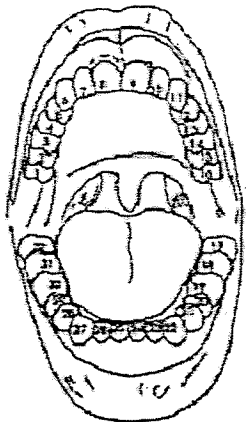
Occupation: _____

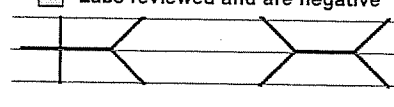
Immunizations: Up-to-date: Y / N Tetanus: _____

Reproductive Hx: LMP: _____ G P AB

Bloomsburg Hospital

(Instructions: circle positive - backslash negative. provide additional pertinent information.)

NAME: _____		Pt#: _____		MR#: _____	
PHYSICAL EXAM					
GENERAL: NAD mild / moderate / severe distress		VITAL SIGNS: T _____ P _____ R _____ B/P / _____			
HEENT: NC / AT PERRLA EOMI sinus tenderness TM's NL / ABN					
dental pain drainage swelling caries					
pharyngeal erythema exudates uvula midline trismus		Location/Description of Symptoms: _____			
CV: RRR PMI NL murmurs /6 sys / dys					
rubs clicks gallops S3 / S4					
RESP: lungs clear / equal bilateral resp. effort NL / distress					
rales rhonchi wheezes					
GI: soft flat / distended bowel sounds NL / ABN					
tender / non-tender guarding rebound rigidity					
MS: neck supple ROM NL clubbing cyanosis edema					
SKIN: warm - dry diaphoretic rashes					
NEURO: CN 2-12 intact DTRs equal / symmetric					
PSYCH: AAO X3 mood / affect NL					
LYMPH: cervical adenopathy					
GU: NL / deferred					
Other: _____					

MEDICAL DECISION MAKING			
LABS AND STUDIES		ED COURSE AND TX	
<input type="checkbox"/> Labs reviewed and are negative 		X-Ray: neck soft tissue NL thickened epiglottis foreign body	
NL / ABN NL / ABN DIFF S _____ B _____ L _____		MEDS: IVF: RE-EVAL: _____ Time: _____	
Rapid Strep: +/- Monospot: +/- Throat C & S		EKG: NSR no acute disease Pulse Ox: % NL / hypoxia ABG: _____	
DDX: viral pharyngitis strép pharyngitis URI epiglottitis peritonsillar abscess mononucleosis dental pain dental abscess avulsed tooth dental caries gingivitis other: _____		Improved Same Worse Critical Care: 30-74 / 75-90 / 91-104 / 105-120 121-134 / 135-164 Minutes <input type="checkbox"/> Excl. billable proc.	

CLINICAL IMPRESSION(S)		DISCHARGE INSTRUCTIONS	
1. _____		Discharged to: Home Nursing Home Family	
2. _____		Follow-up with Patient's Dr. in _____ days.	
3. _____		Other Instructions: _____	
4. _____			
5. _____			
CONSULTATION		DISPOSITION	
Discussed with Dr. _____	Discharge Time Out: _____		
Admit _____	Admit: OBS ICU PCU Floor Tele. OR _____	Prescriptions Given: _____	
Follow-up in Office _____	Transfer: _____		
Old Records Reviewed Y / N _____	AMA: _____		
Reviewed D/W Radiologist Y / N _____	DOA: _____		
Case D/W Patient / Family Y / N _____	Condition: Improved Stable Deceased _____	RETURN TO ER IF CONDITION WORSENS.	

Signatures: _____ PA/ARNP _____ See procedure form attached ☐ MD/DO Record Complete ☐

Bloomsburg Hospital

(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: ,				Pt#:		DATE OF SERVICE:	
DOB:	Age:	Yrs	Mos	Wks	MR#:	Pres Time:	
Sex:	Wt:	KG	Ht:	"		Triage Time:	
Chief Complaint:						T:	
Medicines:						P:	
Allergies:						R:	
						BP: /	
EDP:						SaO2: % Normal / Hypoxia	
PCP:						Pain Scale:	
Arrival Mode:							

HISTORY OF PRESENT ILLNESS

Exam Time: _____ Hx by: Patient Family EMS NH Translator Limited by: ALOC Intoxication Severity Dementia

C / C / HPI: (Narrative): EMTALA Medical Screen: Emergent ☐ Non-Emergent ☐

Timing: Sx started suddenly / gradually _____ min. / hrs. / days / wks. ago : continuous / intermittent

Duration: Sx last _____ min. / hrs. / days / wks. at a time : present / absent

Location: external ear canal internal ear

Quality: cannot describe pain discharge foreign body decreased hearing

Severity: mild moderate severe 1-10 scale _____

Context: trauma recent flight / scuba dive foreign body wax

Exacerbated by: nothing movement touch Relieved by: nothing OTC meds position

Assoc. Signs & Symptoms: none fever cough congestion HA decreased hearing

REVIEW OF SYSTEMS

Limited Due To: ALOC Intoxication Severity Dementia

Constitutional: fever chills weakness diaphoresis Neurological: HA seizures weakness confusion

ENT: sore throat ear pain facial pain Psychological: anxious depressed

Eyes: pain visual changes redness drainage itching Endocrine: polyuria polydipsia

Cardiovascular: C.P. palpitations DOE PND Integument: rashes pruritis lesions

Respiratory: S.O.B. cough congestion Hematologic: anemia bleeding disorders transfusion

GI: N / V diarrhea / constipation pain melena hematemesis Allergy/Imm.: frequent infections allergies hives

GU: flank pain dysuria hematuria frequency Other:

Musculoskeletal: joint pain neck / back pain ext. pain

☐ All Other Systems Reviewed And Are Negative ☐ Agree With Nursing Assessment

MEDICAL AND SOCIAL HISTORY

Med. Hx: none CAD HTN IDDM / NIDDM OM / OE vertigo ☐ Reviewed

Past Med. Hx:

Meds:

☐ Reviewed

Allergies:

☐ Reviewed

Surg. Hx: none Appy Chole Hyster ear surgery

Family Hx: negative

R / L Handed Lives Alone: Y / N

Social Hx: Tobacco: Y / N _____ Packs/Day _____ Years ETOH: Y / N _____ Drinks/Wk. Drugs: Y / N

Occupation:

Immunizations: Up-to-date: Y / N Tetanus:





Reproductive Hx: LMP: G P AB

Bloomsburg Hospital

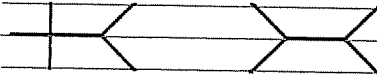
(Instructions: circle positive - backslash negative, provide additional pertinent information.)

NAME: _____ Pt#: _____ MR#: _____

PHYSICAL EXAM

GENERAL: NAD mild / moderate / severe distress	VITAL SIGNS: T _____ P _____ R _____ B/P / _____
HEENT: NC / AT PERRLA EOMI oropharynx NL / erythma / PND	
ext. ear NL swollen canal NL swollen discharge tender FB	
TM not visualized erythematous bulging distorted landmarks perforations	Location/Description of Symptoms: _____
mastoid tenderness	
CV: RRR PMI NL murmurs /6 sys / dys	R 
rubs clicks gallops S3 / S4	L 
RESP: lungs clear / equal bilateral resp. effort NL / distress	
rales rhonchi wheezes	
GI: soft flat / distended bowel sounds NL / ABN	R-TM 
tender / non-tender guarding rebound rigidity	L-TM 
MS: neck supple ROM NL clubbing cyanosis edema	
SKIN: warm - dry disphoretic rashes	
NEURO: CN 2-12 intact DTRs equal / symmetric	
PSYCH: AAO X3 mood / affect NL	
LYMPH: cervical adenopathy	
GU: NL / deferred	
Other: _____	

MEDICAL DECISION MAKING

<input type="checkbox"/> Labs reviewed and are negative	X-Ray: _____	ED COURSE AND TX
		MEDS: _____
NL / ABN NL / ABN	C.T.: mastoids	Wick: _____
DIFF		FB Removal: _____
S _____		
B _____		
L _____	EKG: NSR no acute disease	RE-EVAL: _____ Time: _____
	Pulse Ox: % NL / hypoxia	
DDX: otitis media otitis externa URI mastoiditis foreign body		Improved Same Worse
cerumen impaction TMJ perforated TM other: _____		Critical Care: 30-74 / 75-90 / 91-104 / 105-120
		121-134 / 135-164 Minutes
		<input type="checkbox"/> Excl. billable proc.

CLINICAL IMPRESSION(S)

DISCHARGE INSTRUCTIONS

1. _____	Discharged to: Home Nursing Home Family
2. _____	Follow-up with Patient's Dr. in _____ days.
3. _____	Other Instructions: _____
4. _____	
5. _____	

CONSULTATION

DISPOSITION

Discussed with Dr. _____	Discharge Time Out: _____	Prescriptions Given: _____
Admit _____	Admit: OBS ICU PCU Floor Tele. OR _____	
Follow-up in Office _____	Transfer: _____	
Old Records Reviewed Y / N _____	AMA: _____	
Reviewed D/W Radiologist Y / N _____	DOA: _____	
Case D/W Patient / Family Y / N _____	Condition: Improved Stable Deceased	RETURN TO ER IF CONDITION WORSENS.

Signatures: _____ PA/ARNP _____ See procedure form attached ☐
 _____ MD/DO Record Complete ☐

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