

██████████
██████████
██████████95

Patient Name: REYNOLDS, AYL A B
Med Rec Nbr: ██████
Financial Nbr: ██████

C O N S U L T A T I O N R E P O R T S

Signed By: ██████

Date Signed: 1/14/2012 10:39:44 AM

IN CONSULT

██████████
██████████
██████████
██████████

NAME: Reynolds, Ayla B.
MRN: ██████
DOB: 04/04/2010
FIN: ██████
ADMIT DATE: 11/12/2011
DOS: 11/12/2011
NURSE UNIT: ██████
ATTENDING: ██████ MD
DICTATED BY: ██████, MD

**ORTHOPEDIC
CONSULTATION REPORT**

HISTORY OF PRESENT ILLNESS: This is a 19-month-old girl who was being carried by her father last night, and he tripped and fell in the dark, and the grandmother found them both on the floor. He has recently recovered from a bad fracture of his left wrist which he was trying to protect as well, and the little girl was crying but did not appear to be severely injured so they did not bring her in until this morning, and they brought her in because of severe swelling noted in the left arm.

PHYSICAL EXAMINATION: The evaluation shows that the arm is severely swollen. There is ecchymosis developing in the antecubital area of the left arm. She is neurologically intact. I got a pulse ox. I could not palpate her pulse because of the amount of swelling she has, and her pulse was bounding, and capillary refill was excellent.

The x-rays show really a distal humerus fracture above the flare of the metaphysis and there is definite rotation and angulation so it is going to require a closed reduction at the very least, possibly a pinning at the very most, but this is not truly a supracondylar fracture. It is really a distal humerus fracture. Then I found out that we really do not do any pediatrics here at ██████ so I called the other orthopedic group, and they do not do supracondylar fractures either. I talked to the family and they wanted to go to Portland so I spoke to ██████ the orthopedic surgeon on call, ██████ and I told him because of the swelling I would not do anything right now anyway. Being neurologically and vascularly intact, I would probably wait a few days so he agreed we would go ahead and have them call his office on Monday morning and get them seen there probably Monday and set up for a closed reduction.

ASSESSMENT: I explained to the patient in extension, since that was the position she was most comfortable in, I told them this is a well padded splint. I told the family that if the hand swells up they can loosen the Ace wrap as much as they like and they are to check for circulation every hour or so to make sure she has good capillary refill, good function of her fingers, and if there is any question or concern, they can call. I gave them my cellphone number. I would take some ibuprofen by mouth for pain, try to keep her as quiet as possible, to keep ice on this 24 hours a day and hopefully by Monday the swelling will go down enough that they can get something done by Tuesday or Wednesday.

DIAGNOSIS: A fracture of the distal humerus of the left arm with displacement.

██████████, MD

████████████████████

I M A G I N G - N E W

Accession Number: [REDACTED]

Exam Date/Time: 11/12/2011 11:36:59 AM

S/P FALL ELBOW PAIN

Report DTA
DICTATED BY: [REDACTED] MD

LEFT ELBOW, THREE VIEWS

INDICATION: Pain after trauma.

PRIOR STUDIES: None available.

FINDINGS: Three views of the left elbow reveal a supracondylar fracture. There is apparent rotation of the bony fragment of the distal humerus.

IMPRESSION: Displaced supracondylar fracture.

DD: 11/12/2011 DT: 12:31

JOB#: [REDACTED]

PHYSICIAN: [REDACTED]
Signed: 11/12/2011 19:21
Transcriptionist: [REDACTED] 11/12/2011 15:15



131509697 LOC-ER_I 1394093 P/T-EME
 REYNOLDS, AYLA B F 19 M
 11/12/11 B/D 04/04/10
 ■■■■■■
 NEED INFO.

06

EMERGENCY PHYSICIAN RECORD Upper Extremity Injury

TIME SEEN: 10:50 on arrival ROOM: 6 EMS Arrival
 HISTORIAN: patient spouse paramedics
 HX / EXAM LIMITED BY:

HPI

chief complaint: <u>injury to:</u> R <u>hand</u> wrist forearm <u>elbow</u> <u>arm</u> shoulder collar-bone area	
onset / duration: just prior to arrival today / yesterday _____ _____ min / hrs / days ago	where: <u>home</u> school neighbor's park work street
severity of pain: <u>mild</u> moderate severe (1/10)	worse / persistent since pain intermittent / lasting
context: fall blow incision crush burn <u>PT was being escorted by police who fell with her in his arms.</u>	
associated symptoms: tingling / numbness distally _____ loss feeling / power arms _____	modifying factors: none _____ pain on movement _____

ROS

neck / back pain _____	nausea / vomiting _____
recent illness _____	problems urinating _____
fever / chills _____	headache _____
chest pain _____	rash _____
shortness of breath _____	leg / ankle swelling _____
cough productive _____	anxiety / depression _____
LNMP _____ preg post-menop _____	<input type="checkbox"/> all systems neg except as marked

* NEURO / MS components also addressed in HPI

PAST HX

R / L HANDED

cardiac disease AMI A-Fib _____ hepatitis / HIV _____
 diabetes Type 1 Type 2 _____ prior injury _____
 diet / oral / insulin _____
 old records ordered / summary: _____

Tetanus immun. UTD / given in ED _____
 Meds- none / see nurses note _____
 Allergies- NKDA see nurses note _____

SOCIAL HX

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

FAMILY HX

cardiac disease _____

Nursing Assessment Reviewed Vitals Reviewed

PHYSICAL EXAM

General Appearance c-collar / backboard (PTA / in ED)
 no acute distress mild / moderate / severe distress
 alert anxious

EXTREMITIES

HAND see diagram
 nml inspection tenderness soft-tissue / bony
 non-tender swelling / ecchymosis
deformity

WRIST

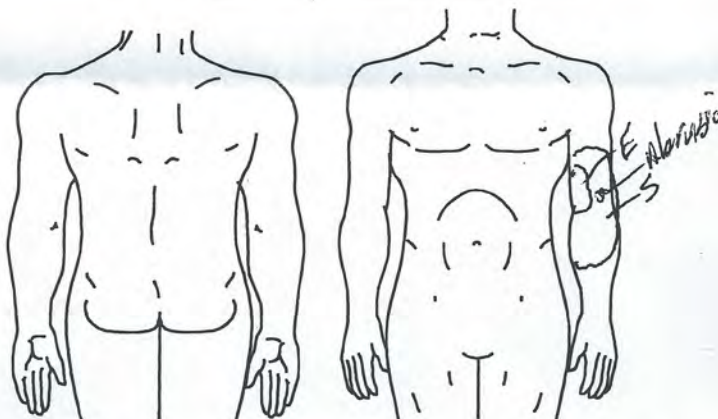
see diagram
 nml inspection tenderness soft-tissue / bony
 non-tender tenderness in anatomical snuff box
 nml ROM wrist pain on axial thumb load
swelling / ecchymosis
limited ROM
deformity

FOREARM / ELBOW

see diagram
 nml inspection tenderness soft-tissue / bony
 non-tender swelling / ecchymosis
 nml ROM limited ROM
deformity

ARM / SHOULDER

see diagram
 nml inspection tenderness soft-tissue / bony
 non-tender swelling / ecchymosis
 nml ROM limited ROM
deformity



T=Tenderness PtT=Point Tenderness S=Swelling E=Ecchymosis B=Burn
 C=Contusion L=Laceration A=Abrasion M=Muscle spasm PW=Puncture Wound
 (0=without m=mild mod=moderate sv=severe)

NEURO / VASC / TENDON

sensation nml sensory / motor deficit
 motor nml - fingers pallor / cool skin / abnml cap refill
 no vascular pulse deficit radial ulnar
 compromise deficit in tendon function
 tendon function nml



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Upper Extremity Injury

SKIN _____ diaphoretic / cool / cyanotic _____
 warm, dry _____ decubitus _____

HEAD / ENT _____ tenderness _____
 _____ swelling / ecchymosis _____
 nml inspection _____
 pharynx nml _____

NECK / BACK _____ tenderness _____
 _____ swelling / ecchymosis _____
 nml inspection _____
 non-tender _____

RESPIRATORY _____ tenderness _____
 chest non-tender _____ swelling / ecchymosis / abrasions _____
 breath sounds nml _____ crepitus / subcutaneous emphysema _____
 _____ decreased breath sounds _____
 _____ wheezes / rales / rhonchi _____
 _____ tachycardia / bradycardia _____

CVS _____ heart sounds nml _____

ABDOMEN _____ tenderness / guarding _____
 non-tender _____
 no organomegaly _____

PROCEDURES

Wound Description / Repair: _____ Time: _____
 length _____ cm location _____
 linear stellate irregular flap into: subcut / muscle
 clean contaminated moderately / heavily _____
 distal NVT: neuro/vasc intact no tendon injury
 anesthesia: local topical _____ lidocaine / bupivacaine epi / bicarb
 prep: Hibiclens / Betadine / saline
 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- # _____ -0 nylon / prolene / staples / ethilon
 SUBCUT- # _____ -0 vicryl / chromic
 OTHER- # _____ -0 _____

Fracture / Dislocation Care / Other _____ Time: _____
 _____ procedural sedation (see attached sheet)
 _____ local / regional anesthesia _____ lidocaine / bupivacaine
 _____ reduced with manipulation
 _____ post reduction neuro/vasc intact alignment good / fair / poor _____

Splint Velcro OCL / Ortho-glass / Plaster Aluminum-foam _____
 Volar Thumb spica Ulnar Wrist Sugar-Tong Cock-up Colles _____
 applied by ED Physician / MLP / Tech / Nurse _____
 examined post splint application neuro/vasc intact alignment good
 sling _____ applied by Ortho MD
 foreign body removed with forceps with incision _____

LABS & XRAYS

CBC normal except _____ WBC _____ Hgb _____ Hct _____ Platelets _____	Chemistries normal except _____ Na _____ K _____ CO2 _____ Gluc _____ BUN _____ Creat _____	UA normal except _____ PT/PTT _____ HCG _____ serum / urine _____ POS NEG _____	ETOH TOX _____
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XRAYS Interp. by me / Reviewed by me / Discsd w/ radiologist
 R/L hand wrist forearm elbow humerus shoulder
 nml / NAD nml alignment no fracture nml soft tissue
 FX distal humerus olecranon
 thru greater / lesser
 Other _____

PROGRESS

Time _____ unchanged _____ improved _____ re-examined _____
 lost to intake Am.

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

CLINICAL IMPRESSION

Contusion / Dislocation / Sprain / Strain / Laceration
 R/L shoulder forearm wrist
 arm elbow hand
 Fracture R/L open closed displaced / non-displaced
 radius distal / shaft / proximal Colles
 ulna distal / shaft / proximal / ulnar styloid
numerus distal / shaft / proximal / supracondylar

DISPOSITION- home transferred
 Time _____ admitted POA decubitus / UFI (foley)
 CONDITION- unchanged improved stable
 Care transferred to Dr. _____ Time: _____
 ■■■■■■ MD / DO
 Template Complete See Addendum (Dictated / Template # _____)
 Rev / 07 / 08 Page 2 of 2



ADMIT DATE: TIME: DATE OF LAST VISIT: AGE: FC: FAMILY PHYSICIAN NAME

F N
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M.I. MAR. STAT. PATIENT PHONE NO. S DATE OF BIRTH E.D. PHYSICIAN NAME

CITY STATE ZIP PATIENT SOCIAL SECURITY NO.

FIRST NAME RELATIONSHIP TO PATIENT PATIENT EMPLOYER

CHIEF COMPLAINT: SEE TRIAGE ASSESSMENT FORM

ORDERS:	COMPLETED	TIME	INT.	PHYSICIANS REPORT
X-ray - ① Elbow s/p Fall	✓	1108	TP	

NURSES SIGNATURES: RN

CLINICAL DX:

RX:

CONDITION: STABLE UNSTABLE DECEASED

DISPOSITION: DISCHARGE TRANSFER ADMIT MORGUE

PATIENT INSTRUCTIONS AND DISPOSITION

→ Full ① Distal Humerus

Note detailed
 Distal Humerus fx &
 displacement marked
 swelling good vasc &
 cap refill. HAS pulse &
 a bounding pulse.

Spoke to Dr. [redacted] in Portland for referral Monday because we don't do peds inpatient & Central Maine Medical Center

ATTENDING PHYSICIANS: DATE: 11/12/11 TIME: [redacted]