

Baystate Medical Center  
759 Chestnut Street  
Springfield, MA 01199

Patient Name: **GONZALEZ, RAUL**  
MRN: 216698  
Account Number: 813955010  
Discharge Date and Time: 4/30/2011 2:18:00 PM  
Patient Type: Disch ES

Type  
Status Date  
General medical  
Confirmation  
Type  
Status Date  
Chest wall pain 786.52  
Confirmation  
Type  
Status Date  
Arrived by Ambulance  
Communication Barriers  
Interpreter Needed  
Language Spoken v001  
DCP GENERIC CODE  
Tracking Group  
ED Tracking Acuity  
ED Tracking Acuity  
ED Tracking Acuity

Reason For Visit  
04/30/11  
  
Confirmed  
Reason For Visit  
04/30/11  
  
Confirmed  
Discharge  
04/30/11  
Yes  
None  
No  
English  
  
BMC ED Tracking Group  
Team C  
04/30/11 13:06  
GSW STOPPED BY VEST

## ED Assessment Form

ED Assessment Form  
04/30/11 01:33 pm Performed by Brown, Judith  
Entered on 04/30/11 01:33 pm

### ED Vital Signs/Pain

|                           |           |
|---------------------------|-----------|
| Temperature               | 98.8 DegF |
| Temperature Route         | Oral      |
| Pulse Rate                | 103 bpm   |
| Respiratory Rate          | 16 br/min |
| Oxygen Saturation         | 99 %      |
| Mode of Delivery (Oxygen) | Room air  |
| Systolic Blood Pressure   | 140 mm Hg |
| Diastolic Blood Pressure  | 84 mm Hg  |
| Mean Arterial Pressure    | 103 mm Hg |
| Pain PT                   | Yes       |
| Dry Weight                | 85.000 kg |
| Weight                    | 85.000 kg |
| Height                    | 177.00 cm |
| High Fall Risk (ED)       | No        |

### HPI / PMH

#### History of Present Illness

#### Other Objective Findings

PMH  
Domestic Violence Screen  
Smoking cessation  
Advance Directive Requirement  
Pregnancy Status

GSW to left upper chest-bullet lodged in vest no injury  
Redness to Left upper chest  
Anemia  
Patient denies  
Patient has not smoked in the last 12 months  
Not required for pt less than 65 years of age  
N/A

### > / = 9 y.o. Systems Assessment

#### General Physical Appearance

No apparent distress

### Allergies/Home Meds

#### Medication List

Oxycodone / Acetaminophen  
SIG:1 capsule, By Mouth, Every 6 hours, 12 capsule  
Provider: Henneman MD, Philip  
Date: 04/30/11 02:07 pm  
Status: Ordered

#### Home Meds Reviewed

Yes, ED Med Rec Form Complete

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Patient Type: Disch ES

Patient Care Comment

DC to home.

4/30/2011 1:35:00 PM Ibuprofen 600 mg Tablet:  
Refer to reference text / patient insert for additional medication information

| Procedure                   | Units  | Ref Range    | 4/30/2011<br>1:33:00 PM         | 4/30/2011<br>1:21:00 PM |
|-----------------------------|--------|--------------|---------------------------------|-------------------------|
| Temperature                 | DegF   | [96.8-100.4] | 98.8                            | 98.8                    |
| Temperature Route           |        |              | Oral                            | Oral                    |
| Systolic Blood Pressure     | mm Hg  | [90-138]     | 140 H                           | 140 H                   |
| Diastolic Blood Pressure    | mm Hg  | [55-84]      | 84                              | 84                      |
| Respiratory Rate            | br/min | [16-30]      | 16                              |                         |
| Oxygen Saturation           | %      | [94-100]     | 99                              | 99                      |
| Pulse Rate                  | bpm    | [55-90]      | 103 H                           | 103 H                   |
| Height                      | cm     |              | 177.00                          |                         |
| Weight                      | kg     |              | 85.000                          |                         |
| Dry Weight                  | kg     |              | 85.000                          |                         |
| Mode of Delivery (Oxygen)   |        |              | Room air                        | Room air                |
| Initial Treatments (ED)     |        |              | None at this time               |                         |
| Stated Complaint            |        |              | GSW                             |                         |
| ESI Level 1                 |        |              | No                              |                         |
| ESI Level 2                 |        |              | Yes                             |                         |
| Recommended ESI             |        |              | 2                               |                         |
| ED Next ReCheck             |        |              | Patient moved to treatment area |                         |
| ED Assessment Disposition   |        |              | MAIN                            |                         |
| Tracking Group              |        |              |                                 |                         |
| History of Present Illness  |        |              | See Below                       |                         |
| General Physical Appearance |        |              | No apparent distress            |                         |
| Home Meds Reviewed          |        |              | Yes, ED Med Rec Form Complete   |                         |
| PMH                         |        |              | Anemia                          |                         |
| Allergies Reviewed          |        |              | Yes, no known allergies         |                         |
| Domestic Violence Screen    |        |              | Patient denies                  |                         |
| Smoking cessation           |        |              | See Below                       |                         |
| Pregnancy Status            |        |              | N/A                             |                         |

4/30/2011 1:33:00 PM History of Present Illness

GSW to Left upper chest-bullet lodged in vest-no injury

4/30/2011 1:33:00 PM Smoking cessation

Patient has not smoked in the last 12 months

| Procedure          | Units | Ref Range | 4/30/2011<br>1:08:00 PM       | 4/30/2011<br>1:06:00 PM |
|--------------------|-------|-----------|-------------------------------|-------------------------|
| Stated Complaint   |       |           |                               | GSW                     |
| Tracking Group     |       |           |                               |                         |
| Home Meds Reviewed |       |           | Yes, ED Med Rec Form Complete |                         |
| PMH                |       |           | Anemia                        |                         |

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Discharge Date and Time: 4/30/2011 2:18:00 PM  
Patient Type: Disch ES

Procedure: ED Forms - Text  
Event Date: 4/30/2011 1:33:00 PM  
Result Status: Auth (Verified)  
Signed by: Brown, Judith

ED Assessment Form Entered On: 4/30/2011 13:33  
Performed On: 4/30/2011 13:33 by Brown, Judith

ED Vital Signs/Pain

Temperature : 98.8DegF(Converted to: 37.1DegC)  
Temperature Route : Oral  
Pulse Rate : 103bpm (H)  
Respiratory Rate : 16br/min  
Oxygen Saturation : 99%  
Mode of Delivery (Oxygen) : Room air  
Systolic Blood Pressure : 140mm Hg (H)  
Diastolic Blood Pressure : 84mm Hg  
Mean Arterial Pressure : 103mm Hg  
Pain PT : Yes  
Dry Weight : 85.000kg  
\*Text : 85.000kg  
Height : 177.00cm  
High Fall Risk (ED) : No

Brown, Judith - 4/30/2011 13:29

HPI / PMH

History of Present Illness: GSW to Left upper chest-bullet lodged in vest-no injury  
Other Objective Findings: Redness to Left upper chest

PMH: Anemia

Domestic Violence Screen : Patient denies  
Smoking cessation (v001) : Patient has not smoked in the last 12 months  
Advance Directive Requirement : Not required for pt less than 65 years of age  
Pregnancy Status : N/A

Brown, Judith - 4/30/2011 13:29

> 1 = 9 y.o. Systems Assessment

General Physical Appearance : No apparent distress

Brown, Judith - 4/30/2011 13:29

Allergies/Home Meds

Home Meds Reviewed : Yes, ED Med Rec Form Complete  
Allergies Reviewed : Yes, no known allergies

Brown, Judith - 4/30/2011 13:29

Medication List

Normal Order

Ibuprofen 600 mg Tablet

: Ibuprofen 600 mg Tablet ; Status: Ordered ; Ordered As  
Mnemonic: Motrin Tablet ; Simple Display Line: 600 mg, By  
Mouth, Once ; Ordering Provider: Henneman MD, Philip;  
Catalog Code: Ibuprofen ; Order Dt/Tm: 4/30/2011 13:08:40 ;  
Comment: Refer to reference text / patient insert for additional  
medication information