

871.0 Ex. A-1

ROOM: ROOM:

PATIENT'S LAST NAME: Thomas FIRST: MIDDLE: MAIDEN NAME: SEX: M R AGE: C 43Y ACCOUNT NO.: 9062373 MED. REC. NO.: 804292

PATIENT'S ADDRESS: 129 Crescent St Shrewsbury MA 01545 ZIP: 000000 PHONE NO.: 000000 MAR.: X DATE OF BIRTH: 09/12/49 SOCIAL SECURITY NO.: 014409215 FIC: B

PATIENT'S EMPLOYER: known EMPLOYER'S ADDRESS: CITY: STATE: ZIP: PHONE NO.:

RELATION: kknown MARY Werner ADDRESS: CITY: STATE: ZIP: PHONE NO.: 878-3130 RELATION: Sis DATE/TIME OF ARRIVAL: 09/29/92

ATTENDING PHYSICIAN: Misc REL. ASSIG: 298190

ATTENDING PHYSICIAN: PTP: E SERVICE: ER OCC REG. CO.: 11 REG. BY: 914 NG RELIGION: Unknown SUBSCRIBER/CO.: Unknown LINE:

INSURANCE CO. 1: Blue Cross GROUP NO.: CERTIFICATE NO.: 009379759 SUBSCRIBER: King Thomas SEX: M REL: PT

INSURANCE CO. 2: GROUP NO.: CERTIFICATE NO.: SUBSCRIBER: SEX: REL:

INSURANCE CO. 3: GROUP NO.: CERTIFICATE NO.: SUBSCRIBER: SEX: REL:

PATIENT'S NAME: King Thomas ADDRESS: 129 Crescent St Shrewsbury MA 01545 CITY: STATE: ZIP: 000000 PHONE NO.:

MOD OF EVAL: CR REFER BY: BAND: YES NO ALLERGIES: IVP dye Dye

AGE: 43 TETANUS STATUS: 5-6 yrs ago LNMP: WGT: 130 BP: 98/68 P: 92 R: 24 VISUAL ACUITY: L

COMPLAINT: Someone poked his fingernail thru my eyeball - leaking vitreous fluid.

OBJECTIVE: Dr O'Connell into evaluate pt immediately - eye shield applied

History: #20 started difficulty - NS locked Kefzol hung - WPD into interview pt w/ assault - Cousin - sister in a pt. Dr Arinella into examine pt's eye. 3:30 AM Discharge

Instructions given and pt left ambulatory - sister and cousin (Shenoi RN)

HEALTH/SOCIAL Hx: Carpal tunnel, sinusitis SVT-Afib, blind x 1 yr @ 6 yrs old, appy, toric, Htn

TIME BP P R TEMP PULSE OX

TIME	BP	P	R	TEMP	PULSE	OX

TIME INIT MISC TEST TIME RATE DEVICE SITE SOLUTION MEDICATION DOSE & ROUTE TIME SITE SRN MO

TIME	INIT	MISC TEST	TIME	RATE	DEVICE	SITE	SOLUTION	MEDICATION DOSE & ROUTE	TIME	SITE	SRN	MO
2:20		EKG MONITOR	2:20		#20 RFA	NS lock		Kefzol 1 gm IV	2:20	RFA	JAF	
		O ₂			Betadine prep & aseptic technique			Td-50 0.5 cc IM	2:45	H	JRF	
		DEXSTICK mg										

TIME INIT X-RAY HISTORY TRANSPORT TYPE TIME IN TIME OUT

MEDICAL RECORD CALLED MEDICARE ADV.

SITE CODE: 1. RT. BUTTOCKS 2. LT. BUTTOCKS 3. RT. ARM 4. LT. ARM 5. RT. THIGH 6. LT. THIGH 7. RT. ABDOMEN 8. LT. ABDOMEN 9. & 10. RT/L VENTROGLUTEAL

LAB TEST TIME INIT LAB TEST TIME INIT LAB TEST TIME INIT LAB TEST TIME INIT

LAB TEST	TIME	INIT	LAB TEST	TIME	INIT	LAB TEST	TIME	INIT	LAB TEST	TIME	INIT
EG			CHEM 12			THROAT CULTURE			STOOL CULT/O&P		
COHOL			HEPATITIS SCREEN			URINE/URINE C&S			TOX SCREEN		
PHYLASE/LFT			T&M/T&C units			BLD CULT X 2			WET PREP/KOH		
HEM 7			UCG			GC/CHLAMYDIA			OTHER:		
HEM 7 Mg			HCG/QUANT HCG			SPUTUM CULTURE					
			RAPID STREP			WOUND CULTURE					

PHYSICIAN'S SIGNATURE

PATIENT'S LAST NAME King Thomas	FIRST	MIDDLE	MAIDEN NAME	SEX M	R C	AGE 43Y	APPROXIMATE DATE OF BIRTH XXXXXX
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TIME: _____ HISTORY/SUBJECTIVE:
 43 1/2 police officer state he was working this evening and while on duty at
 Worcester state police station someone came in + vomited + blood
 present + got into his hair in left hand side of face + blood on
 face + blood on shirt

PHYSICAL EXAM/OBJECTIVE:
 Eyes: eyes appear normal, pupils equal, reactive to light + accommodation
 Ears: normal
 Nose: normal
 Throat: normal
 Lungs: clear
 Heart: normal
 Abdomen: soft, no tenderness
 Extremities: normal
 Neurological: normal
 Skin: normal
 Vital signs: normal
 GCS: E4, V5, M6

EVALUATION RESULTS:
 Globe appears normal.

DIAGNOSIS(ES)/ASSESSMENT:
 Possible infection of globe + retina damage

TREATMENT/PLAN (PROCEDURES):
 to refer to ophthalmologist

CONSULTS	TIME CALLED	TIME ANSWERED	DISPOSITION OF CASE	CONDITION OF PATIENT
			<input type="checkbox"/> POLICE <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> WORK <input type="checkbox"/> MORGUE <input type="checkbox"/> TRANSFER <input type="checkbox"/> ME NOTIFIED <input type="checkbox"/> ADMITTED <input type="checkbox"/> AMA ROOM NO.	<input type="checkbox"/> IMPROVED <input type="checkbox"/> SAME <input type="checkbox"/> WORSE <input type="checkbox"/> EXPIRE

INSTRUCTIONS:
 to refer out 591 Lowell St

FOLLOW-UP:

I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS INDICATED ABOVE. I UNDERSTAND THAT I HAVE HAD EMERGENCY TREATMENT ONLY, AND MAY BE RELEASED BEFORE ALL MY MEDICAL PROBLEMS ARE KNOWN OR TREATED. I WILL ARRANGE FOR FOLLOW-UP CARE AS INDICATED ABOVE.

TIME: _____ SIGNATURE OF PATIENT: _____ SIGNATURE OF PHYSICIAN: _____ SIGNATURE OF ATTENDING PHYSICIAN: _____