

Office Of The City Clerk  
Milwaukee, Wisconsin

To whom this May concern:

My daughter Shadaye Woods was injured in front of my home on Wednesday July 30, 2003 at about 1:40 pm at 1319 No. 23rd Street on a sewer pipe while out side playing. Shadaye fell on the city water main pipe, which didn't have a cover on it causing injury to her chin. My daughter lost so much blood and I had no way of getting her to the hospital. I had to call an ambulance to get her emergency help. Shadaye was taken to Emergency at Auora Health Care. My daughter was in so much pain that I was unable to sleep for three or four nights doing this time of her injury until the stitches was removed from her chin. I am asking that my daughter be compensated due to her injury that I feel that was cause on city property .

Sincerely, Larosa Wood



CC: William C, Van Clief, CPA

CITY OF MILWAUKEE  
2003 SEP 18 PM 1:12  
RONALD J. LEONARDI  
CITY CLERK

CITY OF MILWAUKEE  
2003 SEP 19 PM 3:34  
V  
CITY ATTORNEY



Aurora Health Care®

MRN/ Chart # 892263

~~7130103ER~~

**69003**

Site: \_\_\_\_\_

**AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION**

1) **Patient Information:** Shadye Wood  
Name of Patient / Previous Name  
07-27-2000 (414) 931-7758  
Date of Birth Area Code / Telephone Number  
1319 N 23ST 53205  
Address City/State/Zip

2) **Persons/Organizations Authorized to Disclose Patient's Health Information:**  
Aurora Sinai Medical Center  
Name of Health Care Provider/MHA/Other  
1020 North 12th Street; Room PL09  
Street Address  
Milwaukee, WI 53233  
City, State, Zip

3) **Persons/Organizations Authorized to Receive Patient's Health Information:**  Self, or - mother  
Name of Health Care Provider/Pan/Other  
 \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City, State, Zip

4) **Delivery Options:**  Mail  View On-Site  Other \_\_\_\_\_  
 Hand Carry/Pick-Up (Date & Time) \_\_\_\_\_  
 Authorized Person to Pick-Up Health Information \_\_\_\_\_

5) **Health Information to be Disclosed:** (Check applicable information)  
 Hospital Abstract  Clinic Abstract  Behavioral Health Abstract  VNA Abstract  
 (A detailed description of these abstracts is located on the back of this Authorization.)  
 Laboratory Reports (Specify Test) \_\_\_\_\_  
 Radiology Reports (Specify Test) \_\_\_\_\_  
 Radiology Films (Specify Test) \_\_\_\_\_  
 Billing Records \_\_\_\_\_  
 Pathology Slides (Specify Test or Procedure) \_\_\_\_\_  
 Other Reports stating how many stitches she had  
 For the following date(s) \_\_\_\_\_

**I DO NOT WANT THE FOLLOWING HEALTH INFORMATION DISCLOSED:** (Check applicable information)  
 Human Immunodeficiency Virus (HIV) Test Results  Developmental Disability Records  
 Mental Health Records  Alcohol and Drug Abuse Records

6) **Purpose for Need of Disclosure:** (Check applicable categories)  
 Further Medical Care  Legal Investigations  At the Request of the Individual  
 Insurance Eligibility/Benefits  Other: \_\_\_\_\_

7) **YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION ARE SET FORTH ON THE BACK OF THIS AUTHORIZATION.**

8) **Expiration Date:** This Authorization is good until the following date(s)/event \_\_\_\_\_  
 If no date or event is specified, this Authorization will expire one (1) year from the date signed.

**PROHIBITION ON RE-DISCLOSURE:** This information is protected by Federal and Wisconsin confidentiality laws. Such laws prohibit making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by such laws. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I have had an opportunity to review and understand the content of this Authorization. By signing this Authorization, I am confirming that it accurately reflects my wishes.

9) **Signature of Patient/Legal Rep:** Shadye Wood mother **Date:** 8-6-03  
Relationship or Authority to Act for the Patient  
 (If you are signing as a parent of the minor patient listed above, you are declaring that you have not been denied physical placement of the child because such placement would endanger the child's physical, mental, or emotional health.)

10) **Witness (when applicable):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:** Records Picked Up by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Films Picked Up by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Slides Picked Up by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



N0461571

**ID**  
8/7/03

Aurora Sinai Medical Center

Aurora  
HealthCare\*

Milwaukee, Wisconsin

418

AURORA SINAI MEDICAL CENTER  
OUTPATIENT (ED) ADMISSION



SIGNATURE DT: 07/30/03  
WOODS, MISS SHADAYE L  
1219 N 23 ST  
MILWAUKEE, WI 53205  
PHN: 414/999-9999  
SSN: 387-21-3919

MRST: SINGLE      SEX: F  
DOB: 07/22/2000 ( 3 Y)  
RLGN: NOT KNOWN  
PARISH: NOT KNOWN  
PASTOR VISIT: NOT KNOWN  
RACE: 3 - E  
LANG:

MRU: 89-22-62 |  
ICASE: 05154966 |  
IADMT: 07/30/03 |  
I 13:27 |

CAMPUS: SSMC-E  
LOC: ER1

SVC:  
ACCOM:  
ADM TYP: EMERGENCY

COMPLAINT: FALL

PROCD: NONE      INJURY: OUTSIDE OF DT: 07/30/03 13:20

PHYS: ADMIT: 1694 LAZARIDES, TOULA (UPIN: E89577)  
ATTND: 9980 X, EMCARE (UPIN UNKNOWN)  
REFER:  
PCP: 9980 X, EMCARE (UPIN UNKNOWN)  
ROLE1:

\*\* PAT EMPLOYMENT (FOR 00Y) \*\*  
DCC: NONE  
EMP: NONE

\*\* CONTACT \*\* (RELATION: NATURAL CH)  
WOOD, LA ROSA L  
1319 N 23 ST  
MILWAUKEE, WI 53205  
PHN: 414/999-9999  
ALT: UNKNOWN  
\*\* CONTACT 2 \*\* (RELATION: )

\*\* GUARANTOR \*\* (RELATION: NATURAL CH)  
WOOD, LA ROSA L  
1319 N 23 ST  
MILWAUKEE, WI 53205  
PHN: 414/999-9999  
ALT: UNKNOWN

PRI. INS: LPC-MEDICAID UNITED HEALTHCAR  
INS NO: 3872139190      SSN: 387-21-3919  
HMO CODE:      EFFECTIVE DTS: // - //  
VERIFIED BY: EDS  
TREATMENT AUTHORIZATION:

SEC. INS: NONE

COMMENT: PT SEES PMD AT OHC..

**Aurora Health Care**  
Milwaukee, Wisconsin

**Emergency Services**

89 2203  
2703

Aurora Medical Center, Hartford  
 Aurora Sinai Medical Center  
 St. Luke's Medical Center

West Allis Memorial Hospital  
 Other:

Date: 07/30/03 D.O.B. 07/22/00 Age: 3y6  
Patient's Name: Shadaye Woods  
Here Before:  Yes  No Phone: \_\_\_\_\_  
PMD/Consult: 1020 N. 12th St  
Workman's Comp.: NIA

**WOODS, MISS SHADAYE L**  
**05154966 89-22-63**  
**07/22/2000 F 3**  
**EMCARE/XX, EMCARE**  
**07/30/03**  
in Custody

Pre-Arrival  FULLY IMMOBILIZED  SPLINTED  O2  CPR  DEFIBRILLATED (x \_\_\_\_\_) Est. Downtime: \_\_\_\_\_ min  
Treatment:  INTUBATED  IV  Rx: \_\_\_\_\_

Arrival Mode:  Walk  Wheelchair  Cart/Gurney  Carried  Ambulance (Unit #: CRKHS)  
Triage Treatment:  SPLINT  ELEVATION  COLD PACK  FULLY IMMOBILIZED  Pt. Refusal Form Signed

Arrival Time: 1327  
Triage Time: \_\_\_\_\_  
Time in Room: 1335  
Time Police Called: NIA  
Triage Code: R Y G B  
Acuity Code: 1 2 3 4  
Complaint Code: 11  
Triage To: EX 15

CC: lact to chin  
NOTE: pt. was jumping rope & fell shit chin on sewer pipe on the ground 1 1/2-2cm lacto chin / bleeding controlled. Momma BS / Child alert - checked / fearful / LOC

ADDA	D.V.	P/S	LEARN	SAFETY
PAIN	M/S	N/V	SKIN	NEURO
PEDS	RESP	GU	CV	EENT

Rights & Responsibilities Brochure Given to Patient/Family  See ED Nursing Notes  
TRIAGE RN (Initials & Signature) [Signature]  Exam deferred

VITALS Wt: \_\_\_\_\_ kg OFC: \_\_\_\_\_ cm  
TIME BP P R T  
1328 90 110 24 97

Immunizations  
 Unknown  
Last dT: \_\_\_\_\_  
Peds Shots up to Date:  Yes  No  
Other Hx / Dates  
LMP: \_\_\_\_\_  
Birth Control Yes No  
G F P A L

Medical History | Denies  
 Asthma  COPD  
 MI  CHF  
 Abrial Fib.  HTN  
 Cholesterol  CAD  
 IDDM  NIDDM  
 CVA / TIA  Seizures  
 GI Bleed  Cancer  
 Mental Illness  Sickle Cell  
 Other: \_\_\_\_\_

Surgical History | Denies  
 CABG  Angioplasty  
 Pacer / AICD  Stent  
 Gallbladder  Hysterectomy  
 Appendix  Oophorectomy  
 Tonsils  Tubal Ligation  
Social History | Denies  
 Tobacco Smoking in Home  
 ETOH: \_\_\_\_\_  
 Illicit Drugs: \_\_\_\_\_  
 Domestic Violence

ALLERGIES:  Penicillin  Latex  Environmental  
Room Air SaO2: \_\_\_\_\_

Visual Acuity  
Correction: Without With  
O.D. 20/ 20  
O.S. 20/ 20  
O.U. 20/ \_\_\_\_\_

DIAGNOSIS  
chin laceration - simple closure  
 Trauma Case

MEDICATIONS:  Denies  Unknown  Breast feeding

Rx [Signature]

INITIALS  
RN: [Signature]  
MD: M. Murray PA  
Nurse: Bauder

DISPOSITION  
 Discharge:  Home  Office/Clinic  Custody  LWBS  ELOPED  AMA  
 Work  Occupational Medicine  Clinical Decision Unit  Work Excuse  
 Admit To Dr.: \_\_\_\_\_ Service: \_\_\_\_\_  
 with Consult to Dr.: \_\_\_\_\_ Called @ \_\_\_\_\_ hours  
Bed Type:  General  Telemetry  Critical Room # \_\_\_\_\_  
 Transfer To: \_\_\_\_\_ See Transfer Sheet / Orders  
 Expired  
Condition on Discharge:  Good  Satisfactory  Serious  Critical  Expired  
Disposition Time: 1413  Plan of Care discussed with patient and/or Family



05402740





Aurora Sinai Medical Center  
945 N 12th Street  
Milwaukee, WI 53233

Med Rec#: 892263  
Patient: WOODS, SHADAYE  
Account#:  
Age: 3 yr DOB: July 22, 2000  
Triage Date: July 30, 2003 Sex: Female

**Chief Complaint**  Facial Laceration

**Basic Information** Hx:  Pt /  Spouse /  S.O. /  Father /  Mother /  Child /  Guardian /  Interp /  Other // Time: \_\_\_\_\_ // Amb: BLS ALS // Police

**Vital signs:** Per nurse notes / WNL / Except / T \_\_\_\_\_ / P \_\_\_\_\_ / R \_\_\_\_\_ / BP \_\_\_\_\_ / O2 sat \_\_\_\_\_ /

**Medications:** Per nurse notes  None / Per list / Unknown /

**Allergies - intolerances:** Per nursing notes: substances reactions /  NKMA / Unknown /

**Immunizations:** Per nurse notes  Tetanus UTD /  Tetanus not UTD / Other UTD / Other not UTD /

**History limitation:**  None / Clinical condition / Physical impairment / Language barrier /

**History of Present Illness**  
3 y/o ♀ do chin lac. Hit ~~with~~ hole on ground - metal.

**Duration/Timing**  
**Occurrence:** Unknown / 1 min hrs days wks mos PTA / Date 7/30 Time \_\_\_\_\_ /

**Location**  
Unknown / R / L / Forehead / Orbit / Upper lid / Lower lid / Cheek / Nose / Upper lip / Lower lip /

**Quality/Severity**  
**Bleeding degree:** None  Mild / Mod / Sev / R chin  
**Pain degree:** None / Mild  Mod / Sev /

**Assoc. Signs & Symps**  
**Loss of consciousness:**  None / Unsure / Dazed / Momentarily / \_\_\_\_\_ secs mins / Still unconscious /  
**Const (other):**  Neg / Fever / Chills / Diaphoresis / Malaise / Gen weakness /  
**Eye:**  Neg / R / L / Pain / Eyelid inflammation / Conjunctival inflammation / Vision change /  
**ENT:**  Neg / R / L Ear: pain disch / Nose: congestion disch bleed / Mouth: pain swelling / Throat: pain swelling /  
**Neuro:**  Neg / Cognitive dysfunction / R / L Hearing loss / R / L Vision loss / Diplopia /  
Dysarthria / Specific weakness / Paresthesias / Ataxia / Seizure / HA /

**Injury - other:**  None / Describe /

**Modifying Factors**  
**Mitigating:**  None / Pressure / Cleaned / Bandage / Analgesics /

**Context**  
**MOI:** Unknown /  See above / Glass / Knife / Saw / Fall /  
**Foreign body:** None / Possible / Dirt / Glass / Metal / Wood / ??  
**Accident location:** Unknown  Home / Day care - preschool - school / Private property / Government property /

**Past Medical History** See HPI / See dictation / See med record dated \_\_\_\_\_ /  
**Med/Surg:**  None / Coagulopathy / HIV / Hepatitis /

**Social History**  
**Social concerns:**  None / Neglect / Abuse / Living situation /

**Examination**  
**General:** Limited by:  WNL / Mild distress / Mod distress / Sev distress / C-collar / Backboard /  
**Head**  
**Scalp:**  WNL / R / L / Occipital / Parietal / Temporal / Frontal / Erythema / Bruises / Swelling / Tenderness /



ED Physician Notes

Chart by exception. Circle positive responses - findings. A backslash (\) indicates a pertinent negative.



**Aurora Sinai Medical Center**  
 945 N 12th Street  
 Milwaukee, WI 53233

Med Rec#: 892263  
 Patient: WOODS, SHADAYE  
 Account#:  
 Age: 3 yr                      DOB: July 22, 2000  
 Triage Date: July 30, 2003                      Sex: Female

**Clinical Work-up**

Cardiac Monitor Rate \_\_\_\_\_ / Rhythm: NSR \_\_\_\_\_ / STTΔ s - Ectopy \_\_\_\_\_  
 EKG Rate \_\_\_\_\_ / Rhythm: Sinus Afib SVT \_\_\_\_\_ / STTΔ s \_\_\_\_\_ Ectopy \_\_\_\_\_  
 PR: NL \_\_\_\_\_ / QRS: NL \_\_\_\_\_ / Axis: NL \_\_\_\_\_ / Previous EKG: N Y Unchanged \_\_\_\_\_  
 Interp - summary: WNL / \_\_\_\_\_ / Computer EKG interp signed \_\_\_\_\_  
 CBC NL except: WBC \_\_\_\_\_ / Hgb \_\_\_\_\_ / Hct \_\_\_\_\_ / Platelets \_\_\_\_\_ / segs \_\_\_\_\_ / bands \_\_\_\_\_ / lymphs \_\_\_\_\_ / monos \_\_\_\_\_ / eos \_\_\_\_\_  
 Metabolic Profile NL except: Gluc \_\_\_\_\_ / Bun \_\_\_\_\_ / Creat \_\_\_\_\_ / Na \_\_\_\_\_ / K \_\_\_\_\_ / Cl \_\_\_\_\_ / CO2 \_\_\_\_\_  
 Cardiac Enzymes NL except: CK \_\_\_\_\_ / CKMB \_\_\_\_\_ / Troponin \_\_\_\_\_ / PT \_\_\_\_\_ / INR \_\_\_\_\_ / PTT \_\_\_\_\_  
 UA NL except: WBC \_\_\_\_\_ / RBCs \_\_\_\_\_ / Bacteria \_\_\_\_\_ / Dip \_\_\_\_\_  
 Other Lab \_\_\_\_\_  
 X-ray (1) \_\_\_\_\_ NL (2) \_\_\_\_\_ NL EP: interp review Radiology interp

**ED Course (Timing, Reason, Intervention, and Result)**

Recheck 1 Unchanged / Improved / Worse / Recheck Time:  
 Recheck 2 Unchanged / Improved / Worse / Recheck Time:

Calls Placed PMD Consultant

**Discussion**

Prudent layperson EMC: Y / N      EMTALA EMC: Y / N      Stability: Stable for Discharge / Stable for Transfer / Unstable  
 Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Inpatient Ordered / Inpatient Unavailable

**Clinical Impression / Diagnosis**

(1) Bchin laceration, simple closure (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 OPEN WOUND OF FOREHEAD      OTHER STRIKING OR STRUCK NEC      OPEN WOUND OF JAW  
 Fall on same level from slipping, ripping, or stumbling      INJURY D/T SHARP INSTRUMENT      FALL, NOS

**Disposition**

Condition	Good / Fair / Serious / Expired at _____	Follow-up Plan	Limit Activities for _____ Days / Referral in _____ Days
Location	Home / Admit / NH or ALF / LWBS / AMA / Transf	For Work Injuries	No Work for _____ Days / Limited Duty for _____ Day
Prescriptions	<u>Ø</u>	Follow-up Physician	PMD / On Call MD / Other
		Instructions	<u>see d/c</u>
Counseled: Clinical work-up / Diagnosis / Treatment plan			

PA/NP Resident: M. Murray PA Resident  
 Physician: Thyander Resident  
seen + agree c above  
 Care Assumed at \_\_\_\_\_  
 Additional dictation       Completed



7-27-03

Aurora Sinai Medical Center

Milwaukee, Wisconsin

WOODS, MISS SHAOAYE L

EMERGENCY DEPARTMENT ADDENDUM RECORD

05154966 89-22-63

07/27/2000 F 3

ED

EMERGENCY, EMERGENCY

9980

07/30/03

woods, Shaoayue

1330168

VITAL SIGNS FLOW RECORD										
TIME	1330	1507								
BP	90	90								
P	110	104								
R	24	20								
T	97.9									

INITIAL ASSESSMENT						
NEURO	CARDIAC	RESP	E ENT	GI	G.U.	
<input checked="" type="checkbox"/> LOC child active ? alert						
MUSC / SKEL	INTEGUMENTARY	PERIPH/V.	PAIN	PSYCH/SOC.		
	1 1/2-2 cm lac to @ side of chin 2" to falling while jumping	bleeding controlled	child crying	child active alert & tearful		

ASSESSMENT FLOW RECORD					INTRAVENOUS					
FOCUS:	ORDERS	TIME			Site #	TIME	LOCATION	#	NEEDLE	INIT
					1					
					2					
					TIME	SITE#	SOLUTION		AMOUNT ABSORBED	

  

INTAKE IN CC		OUTPUT IN CC	
PO _____	URINE _____	NG / EMESIS _____	TOTAL _____
IV _____	TOTAL _____		

SIGNIFICANT FINDINGS / PROGRESS NOTE			
TIME	FOCUS	D: Data	A: Action R: Response
1413	lat	applied to lac / child resting	
1500	swirl	completed / wound dressed	
1513	A, d, C & d, C	follow instructions & wound care	
		mother denies any questions or needs	
		@ this time / child released into mother's care	

INITIAL SIGNATURE <i>[Signature]</i>	INITIAL SIGNATURE <i>[Signature]</i>	<input checked="" type="checkbox"/> NURSING CARE DELIVERED PER STANDARDS AND POLICY
		ADMIT TO: REPORT GIVEN TO:







**Aurora Sinai Medical Center**

Emergency Department  
945 North 12th Street  
Milwaukee, WI 53233  
Tel (414) 219-6666  
Fax (414) 219-6650

WOODS, MISS SHADAYE L  
05154966 89-22-63  
07/22/2000 F 3  
EMCARE/X. EMCARE ED  
07/30/00 9700

### Standard Discharge Instructions

You have been evaluated by our specially trained Emergency Department Staff and have received Emergency Care Only. It is important for you to make an appointment with your doctor to be checked again.

Diagnosis: chin laceration with simple closure.

Follow up with your private doctor Regular doctor in 5-7 days.

Call your physician or insurance provider for referral for follow up and/or further treatment in \_\_\_\_\_ days, sooner if no improvement after taking prescribed medications or treatment.  
*Return to ED if you feel worse before being able to follow up with your doctor/clinic.*

- |  |  |
|--|--|
| <input type="checkbox"/> Primary Care Clinic (414) 219-7136                | <input type="checkbox"/> Genesis (414) 425-3323            |
| <input type="checkbox"/> Aurora Occupational Medical Clinic (414) 219-6639 | <input type="checkbox"/> I-Care (414) 223-4847             |
| <input type="checkbox"/> Call A Nurse (414) 342-RNRN                       | <input type="checkbox"/> Family Health Plan (414) 423-5155 |
| <input type="checkbox"/> Compcare (414) 226-5153                           | <input type="checkbox"/> Prime Care (414) 443-4000         |
| <input type="checkbox"/> WHO (414) 223-3300                                | <input type="checkbox"/> Maxicare (414) 321-1227           |
| <input type="checkbox"/> Managed Health (414) 321-1227                     |  |

Many of these HMO's provide help with rides to/from the doctor's offices when going for follow-up if transportation is a concern.

Call clinic of your choice from back of this page. If possible, call before going to the clinic.

Other Instructions: \_\_\_\_\_  
 (1) Sutures out in 5 days.  
 (2) Neomycin ointment applied daily  
 (3) Keep wound clean/dry  
 (4) Return if redness, swelling, drainage.

Special Instructions Sheets Given:

- |                                      |  |                                |
|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Head Injury | <input checked="" type="checkbox"/> Wound Care | <input type="checkbox"/> _____ |
| <input type="checkbox"/> PID         | <input type="checkbox"/> Fever/Otitis          | <input type="checkbox"/> _____ |
| <input type="checkbox"/> STD         | <input type="checkbox"/> N/V/D                 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> UTI         | <input type="checkbox"/> _____                 | <input type="checkbox"/> _____ |

Patient and/or guardian verbalizes an understanding of the above instructions.  
 Signature: Yvonne Woods Relationship: Mother  
 Date: 07/30/00 Time: 6:13 Initials: YJ





Aurora Sinai Medical Center  
945 N 12th Street  
Milwaukee, WI 53233

Med Rec#: 892263

Patient: WOODS, SHADAYE

Account#:

Age: 3 yr

DOB: July 22, 2000

Triage Date: July 30, 2003

Sex: Female

Face: WNL

Swelling / Deformity

Abrasion(s)

Bruises / Bleeding

FB(s)

Tenderness: 1 2 3 4 +

Decreased sensation

Puncture

Lac. #1: length 2 cm, Depth: partial full



Eye:  WNL PERRL / Abnl EOM / R L Lid: abras. lac / R L Conj: bleed lac / R L Corneal: abras. FB / Abnl pupil: R L / R L Globe lac(s) / R L Papilledema /

Ear:  WNL R / L / Pinna / Ext canal / TM / Erythema / Swelling / Bulging / Discharge / Bleeding / Tenderness /

Nose:  WNL R / L / External / Naris / Erythema / Swelling / Discharge / Bleeding / Tenderness /

Mouth:  WNL R / L / Cheek / Gum - Tooth # / Tongue / Erythema / Swelling / Bleeding / Tenderness / Dry mucous membranes /

Throat:  WNL R / L / Pharynx / Tonsil / Erythema / Exudate / Swelling / Drainage / Bleeding / Tenderness /

Neck:  WNL / Supple / Tenderness / Mass / Stiffness / Painful ROM / Immobilized /

Neuro:  WNL Alert / O x / Decr LOC / Cognitive dysfunction / Abnl CNS II - XII / Aphasia - Dysarthria / Motor weakness / Sensory deficit / Abnl Gait /

Additional

Other injury: None / Describe /

Lac. Repair

Description: Location R chin / Length 2 cm  Linear Stellate / Beveled / Flap

CMS: Normal / Except / Circulation / Motor / Sensation /

Anesthesia: Lidocaine 1% 2% cc SQ / Lidocaine w. epinephrine 1% 2% cc SQ / Marcaine .25% .5% cc SQ / Topical  LAT TAC // Field / Regional / Digital /

Wound prep: Betadine  Wd cleanse  Irrigation saline power amt cc / Done by: EP PA  Nurse

Wound exploration: FB(s)  None Removed / Tendon, nerve, or vascular injury: None /

Wound repair: Extension / Undermining / Stents / Debridement: none minimal moderate extensive /

Skin: Dermabond / Staples / # 5 / 6 - 0 / Ethilon /  Prolene / Vicryl /  Interrupted / Simple / Running / Mattress /

Subcutaneous - Mucosa: # / - 0 / Ethilon / Prolene / Vicryl / Interrupted / Running /

Fascia - Muscle - Tendon: # / - 0 / Ethilon / Prolene / Vicryl / Interrupted / Running /

Describe:

Done by: EP  PA NP / Signature: M. Murray PA

Seen and examined with the Toula Lazarides, M.D.

