The Denial
Twish to appeal-my claim
Linda Gossæn
Linda Gossæn

920-217-8647

RONALD D. LEONHARD.

TOTTY OF LOUS TO LET UT MICHAL.

PROCESS OF PM 3: 05

RONALD D. LEONHABRY

LINDA GOSSEN 304 N ADAMS GREEN BAY, WI 54301

T THEE

MR Knee LEFT

GOSSEN, LINDA M - SSMC-00531189

* Final Report *

Result Type:

MR Knee LEFT

Result Date:

January 03, 2008 15:45

Result Status: Result Title: Auth/Verified MR Knee LEFT

Performed By:

Moore, Nicholas J E on January 03, 2008 16:26

Verified By:

Moore, Nicholas J E on January 04, 2008 08:36

Encounter info:

SSMC-05827322, ASMC, Imaging/Radiology, 1/3/2008 - 1/4/2008

* Final Report *

Reason For Exam
left knee pain and effusion

MR Report

MRI OF THE LEFT KNEE

Indication: Knee pain and effusion after fall.

Discussion: Multiplanar, multisequence high field MR imaging of the left knee was performed without contrast.

Tendons of the extensor mechanism are intact. The anterior and posterior cruciate ligaments are normal. The medial collateral ligament, fibular collateral ligament, iliotibial band, and biceps femoris tendon are intact.

No meniscal tear is identified.

There is a fracture in the lateral tibial plateau, in the sagittal plane, just lateral to the tibial spines. The fracture is essentially nondisplaced. No measurable depression is present. Associated marrow edema is seen in the lateral tibial plateau. The fracture does reach both the anterior and posterior cortices of the lateral tibial plateau. A small knee joint effusion is present. No articular cartilage defects are identified.

IMPRESSION:

Nondisplaced lateral tibial plateau fracture extending from anterior to posterior cortex just lateral to the tibial spines. No appreciable depression or significant displacement is present.

I telephoned Dr. Boyle's Milwaukee office and discussed this case with his assistant at the time of dictation.

Printed by:

Johnson, Lisa 1/24/2008 10:11

Printed by: 30/11

Page 1 of 2 (Continued)

_	
S	Aurora Health Care Milwoukee, Wisyonsin 25996 MRN/Chart #: 531189
1)	Linda Gossen 304 N Adams Green Bay W15 5430/ Name Address City State 710
	9/4/1958 (920) 217-8647
2)	AUTHORIZES: Daytime Phone Cellplone Aurora Sinal Medical Center Attn: Medical Records/MMRA 1020 North 12th Street
	Name of Health Care Provider Plan Politer Milwaukee, WI 53233
	Address
3)	TO DISCLOSE TO: [2] Self [I hereby authorize
	Name of Health Care Provider / Plan / Other
	Address I gill so want a cope of the MRI Report
4)	DATE(S) OF INFORMATION TO BE DISCLOSED: From Dec. 28. 2007 to cont from Phi left blank, only information from the past two (2) years will be disclosed une monthly early continued to port continued.
£λ	INFORMATION TO BE DISTINGTON OF CISCIOSED UNE ETNERN EN VODIN YE port con
	IN OURSTION TO BE DISCENSED:
	All medical records related to (specify condition, treatment, etc.): All billing records related to (specify condition, treatment, etc.):
	Radiology films/images (specify test): X Vay of Lift Les . And all so MRI & ra
	Specific records/information as follows: whith to toch place on Jan 3rd.
	DO NOT WANT THE FOLLOWING INFORMATION DISCLOSED (as defined by applicable state and federal laws): Alcohol/Drug Abuse HIV Test Results Mental Health / Developmental Disabilities
6)	EXPIRATION: This Authorization is good until the following date / event:
,	Note: If this item is left blank, the authorization will expire in one (1) year from the date signed.
7) !	PURPOSE (check all that apply):
m re in	OUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION: I am aware that I have the right to inspect and receive a ppy of the health information I have authorized to be used and/or disclosed by this Authorization. I understand that I ay be charged a fee for record copies. In addition, I understand that I do not need to sign this Authorization in order to ceive treatment. I also am aware that I may revoke this Authorization by notifying the disclosing medical records/health formation department in writing. However, I understand that my revocation will not be reflective as to uses and/or
as inf	authorized by law if signing the Authorization was a condition to obtaining insurance coverage. I realize that the ormation used and/or disclosed pursuant to this Authorization may be subject to re-disclosure and no longer otected by federal privacy law.
9) \$ if s 7. 2.	IGNATURE OF PATIENT / LEGAL REP: Aussel DATE: June 8, 2005 igned by a person other than the patient, complete the following: Individual is: a minor legally incompetent or incapacitated deceased Legal authority: parent* legal guardian next of kin / executor of deceased activated POA for Health Care) * By signing above, I hereby declare that I have not been depied physical placement of this child.
For C	ffice Use Only:

Aurora Sinai Medical Center Aurora Health Care®

945 North 12th Street Milwaukee, WI 53233 414-219-2000

MRN:

SSMC-00531189 GOSSEN, LINDA M

Patient: DOB:

09/04/1958

Case #:

SSMC-05825773

Admit Date:

12/28/2007

Pt.Loc/Type/Rm:

ED-ASMC Emergency Department ED

CC: EMPEC, X CC: EMPEC, X

RADIOLOGY REPORT

DX Knee 3 View LEFT

Exam Date/Time 12/28/2007 16:30:00

Accession Number DX-07-0952254

Ordering MD Blum, Michelle S

Reason for Exam:

Trauma

DX Report

W. F. William LEFT KNEE

Clinical History: Status post fall with left knee pain.

Comparison: None.

Findings: There is no acute fracture or dislocation. The bony matrix is unremarkable.

IMPRESSION:

No acute radiographic finding.

Dictated By: Lee, Sarha

Dictated/Date/Time 12/28/07 19:01:00 Electronically Signed By: Lee, Sarha Signed Date/Time: 12/31/07 09:34:11

Transcribed By: SLR

Transcribed Date/Time: 12/28/07 20:00:50



|--|

ALMC

AMCK

AMCMC

Aurora Health Care

ASMC

MHOB

ASMMC

AMCO

APH

AMCWC

Milwaukee, Wisconsin

☐ SLMC

SLSS

☐ WAMH

GOSSEN, LINDA M

MRN: SSMC-00531189

REG: 12/28/07

DOB: 09/04/1958 ATT: EMPEC, X

FIN: SSMC-05825773



General Consent to Care

I consent to medical care and treatment as ordered by my physician(s). My consent includes all hospital services, diagnostic procedures and medical treatment rendered including, without limitation, examinations, x-rays, laboratory procedures and other tests, treatments and medications, monitoring, electrocardiograms (EKGs), and all other procedures that do not require my specific informed consent. I understand that as a patient, I am under the direct and indirect care of licensed physicians that are on the medical staff of the hospital, some of whom may be employed by the State of Wisconsin or an affiliate of the State and, thus, claims against them may be treated differently. I further understand that the physicians who provide treatment to me while I am here are not employees of the hospital. I realize that, in an effort to provide proper treatment for me, my physician may consult with other physicians on the medical staff that I may not meet, such as a radiologist, pathologist, anesthesiologist, etc. I realize these physicians will likely produce a bill for services that is separate from the hospital's bill. I agree and acknowledge that the hospital and its employees, agents and representatives are not liable for the actions or omissions of, or for carrying out the instructions given by, the physicians who treat me while I am in the hospital. I am aware that some physicians may not participate in the health plan or payment program that pays for my care and, thus, I may be subject to additional or out-of-network charges. In addition, I understand that the hospital has educational affiliations with medical schools and other education institutions, and I agree to medical resident and student participation in my care, under supervision as appropriate.

Consent to Photographs/Videotapes/Recordings

I authorize the hospital to obtain photographs, videotapes and/or recordings of me for identification, diagnosis, treatment, and internal health care operations. I understand I may revoke this consent up until a reasonable time before such images/recordings are used. Any further use and/or disclosure of these images/recordings is restricted to those purposes I consent to at a later time.

Valuables

I understand and agree that the hospital assumes no liability for any loss or damage to any money, jewelry, documents, furs, or other articles brought by or for me to the hospital. I understand the hospital maintains a safe for the storage of valuables and other articles during inpatient hospitalizations that I may utilize upon request. No employee or other person is authorized to suggest or recommend storage of such articles by any other means.

Disclosure of Information for Payment and Health Care Operations

I understand that the hospital is authorized by law to use and disclose my general patient health care records for payment and health care operations without my authorization. However, I recognize that the hospital needs my authorization to disclose, if applicable, my HIV test results and treatment records related to mental health, developmental disabilities or alcohol and drug abuse (collectively, 'Sensitive Information') for payment and health care operations. Accordingly, I hereby authorize the hospital to disclose my Sensitive Information, as applicable, to Aurora Health Care billing personnel, my health plan and any other identified payers as necessary for the purpose of billing, collection or payment of claims. I further authorize the hospital to disclose my Sensitive Information to other Aurora Health Care affiliated entities for health care operations. This authorization will remain in effect for asslong as my Sensitive Information is needed for these purposes. I am aware that I may revoke my authorization in writing at any time except to the extent the hospital has already acted in reliance upon the authorization. In addition, I understand that I have a right, upon request, to inspect and receive a copy of all such information being disclosed. Please refer to the hospital's Notice of Privacy Practices for a detailed description of how the hospital may use and/or disclose your health information.



TREATMENT AGREEMENT

	,	, ,			· · · · · · · · · · · · · · · · · · ·
	•	1 X			
	Aurora Hea	Ith Care M	filwaukee, Wisconsin	GOSSEN, LINDA M	HOW COMO AND
☐ ALMC	☐ AMCO ☐ AMCWC	ASMC □ ASMMC	□ SLMC	DOB: 09/04/1958 F 49 Y ATT: EMPEC, X	REG: 12/28/07
•	☐ APH	☐ MHOB	□ WAMH	FIN: SSMC-05825773	
Assignmen	t of Insurance	e Benefits / C	Charges / Refunds	S .	
financially results hospital's regulinsurance and requirements.	ponsible to the hor lar charges as set deductibles, not continued to the fullest extendable to me, to condable to to me, to condable to to condable to to the condable to to the condable to to to condable to to to condable to conda	ospital and the interpretation of the control of the covered by my intent permitted by their Aurora He	nospital s regular chandependent physician a current chargemaste usurance, subject to a viaw. I authorize the	rge for the hospital services it rests who render services to me. I again and pay all charges of physician pplicable Medicare and Medicaid hospital to transfer programment.	nders. I understand that I am gree to pay the hospital the ns and others, including cod advance notice
1 acknowledge	that the hospital	(an affiliate of A	Aurora Health Care In	oc) has provided	s Notice of Privacy Practices
MRN: SSMC-00531 □ ALMC □ AMCO □ ASMC □ SLMC ATT: EMPEC, X □ AMCK □ AMCWC □ ASMMC □ SLSS	regarding the use and/or				
Home Healt Even at the time that I have the fi	h, Hospice an of admission/represedom to choose	d Durable Magistration, it is in	Iedical Equipment The provider of the select my provider of the select	idering and planning for post—dis	scharge care. I understand
use Aurora Vision provider/supplie	ting Nurse Assoc	iation (an affilia hat I have receiv	services and durable r	nedical equipment after discharg another affiliate of the hospital, u	e, the hospital will generally

My signature below certifies that I have read and understand this Treatment Agreement and I have provided the hospital accurate information to the best of my knowledge including, without limitation, information regarding financial assistance.

Signature of Parient	Dorsen	12-28-07 Date Signed
Signature of Legally Authorize	ed Agent(s) and relationship to patient Only	Date Signed
Brochures Offered: Notice of Privacy Practices: Payment Policy: Patients Rights: Home Health Provider List:	☐ Accepted ☐ Declined ☐ Accepted ☐ Declined ☐ Accepted ☐ Declined ☐ Accepted ☐ Declined	Initials



Aurora Sinai Medical Center • Milwaukee, Wisconsin

	1	T==	T vo ave	1	Τ -		- i	MRN: SSMC-00	501100	,	
TIME	BLOOD	TIME	XRAYS	indication	<u>S</u>	de	- G			12/28/07	
	CBC w/Diff	 	CXR 2 view	CP/SOB	 		ہ ل	AB: 00/04/1958 F 49	· ·		
	8MP	 	CXR Portable ABD Series	CP/SOB Abd Pain	┼		A	TT: EMPEC, X	AR NUN NUN NIN FAN	l:	
	CMP	 	KUB	Abd Pain	+		-		5825773		
	Magnesium Phosphorus	 	C Spine	ADGTUIN	 		ا, †	TT: EMPEC, X	IBM ertit einit :		
	Hepatic Panel	+	T Spine		 		† `	•			
	Lipase	 	L Spine		1		†				
	Amylase	1	Facial Bones				TIME	CT SCAN	indication	Contrast	
	PT/INR	1	Nasal Bones		†			BRAIN ATTACK	CVA	NONE	
•	Coumadin Yes No	1	Mandibie		L	R	<u> </u>	Head		□ıv	
	PTT	1	Clavicle		L	R		Facial Bones	Pain	NONE	
	СРК		Shoulder		L	R		C Spine	Pain	NONE	
	CK-MB panel		Humerus		L	R		Chest-PE	CP/SO8	IV	
	D-dimer		Elbow		L	R		Chest /A/P-Dissection	CP	IV	
	ABG		Forearm		L	R		Chest		□ IV	
	Acetone/Ketones		Wrist		L	R		ABD/Pelvis-stone	PAIN	NONE	
	ß HCG Quantitative		Hand		L	R	<u> </u>	ABD/Pelvis			
	ß HCG Qualitative	<u> </u>	Pelvis AP								
		<u> </u>	Hip	 	L	R	TIME	ULTRASOUND	indication	Side	
		11.12	Femur	COM	L	R	<u> </u>	Pelvic		ļ <u>.</u>	
		11010	Knee	fall	0	R	<u> </u>	Testicular		L R	
TIME	BLOOD BANK		Knee - sunrise	<u> </u>	L	R	<u> </u>	Venous Doppler		L R	
	RH Screen		Tib / Fib		L	R	ļ	Gali Biadder	<u> </u>		
	T&S	 	Ankle	 	L	R	 				
	T& C #units		Foot		L	R	TIME	RADIOLOGY - Other	indication		
T11.45	DDUIC 151/516	Order Time	POINT OF CARE	Completed Time	ini	tials		VQ Scan			
TIME	DRUG LEVELS	Illine	ECG 12 Lead	111111111111111111111111111111111111111			Order				
	Alcohol Acetaminophen (@)	 	Urine Dip	 	 		Time	NURSING	Completed Time	Initials	
	Salicylate	 	Urine Preg	 	 			Monitor			
	Digoxin	 -	Urine Drug	 	 			O2	 		
	Phenytoin		Rapid Strep	<u></u>			 -	Foley			
	Carbamazepine		Glucose				 	Wound Prep	1		
	Phenobarbital	 	i-Stat 8	 	 			Splint	+		
	Valproate Acid		I-Stat Creatinine	 	-			Crutches	 	_	
			I-Stat PT/INR		 			Capped IV			
TIME	URINE		I-Stat Lactate			•		IVF@	 		
	Urinalysis		Cardiac Markers				 	IVF@			
	UA Reflex				4				1		
			2nd set @		<u> </u>						
	Unne Drug Screen	TIME	2nd set @ PHYSICIAN ORDER	S					Time Given	initials	
TIME	CULTURES	TIME	PHYSICIAN ORDER		\.d.	PA	- Pt	MINARA -	Time Given	Initials	
TIME		TIME	PHYSICIAN ORDER	n 1000 n	~	PO	-Pt.	Musis -		Initials	
TIME	CULTURES	TIME HOOD	PHYSICIAN ORDER		\ <u>8</u>	PO	-Pt.	ribusis -	Time Given	Initials	
TIME	CULTURES Blood #sets draw.& hold Urine Gulture	TIME HOD 1045	PHYSICIAN ORDER	n 1000 n	8	PO	-Pt.	Musis -		Initials BE	
TIME	CULTURES Blood #sets draw.& hold Urine Gulture Wound Culture	TIME HADD HOYS	PHYSICIAN ORDER	n 1000 n	18	PO	-Pt.	ryusis-		Initials BE	
TIME	CULTURES Blood # #sets draw & hold Urine Eulture Wound Culture site: # #	TIME HADD JOYS	PHYSICIAN ORDER	n 1000 n	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	۲0	-Pt.	ryusis-		Initials 13E 75E	
TIME	CULTURES Blood 7 #sets draw & hold Urine Eulture Wound Culture site: 5 Stool Enteric Pathogens	TIME HAD JOYS	PHYSICIAN ORDER	n 1000 n	*8 :h	PO	-Pt.	ryusis-		Initials 13E	
TIME	CULTURES Blood 7, #sets draw. & hold Urine Eulture Wound Culture site: 5 Stool Enteric Pathogens Stool C diff	TIME HAD JOYS	PHYSICIAN ORDER	n 1000 n	S h	PO	-Pt.	rywy-		Initials BE BE	
TIME	CULTURES Blood #5 #sets draw & hold Urine Eulture Wound Culture site: # 5 Stool Enteric Pathogens Stool C diff GC/Chlamydia	TIME HADD JOYS	PHYSICIAN ORDER	n 1000 n	18 h	۲0	-Pt.	Musis		Initials BE BE	
TIME	CULTURES Blood 7 #sets draw. & hold Urine Eulture Wound Culture site: 5 Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount	TIME HADD JUYS	PHYSICIAN ORDER	n 1000 n	18 h	PO	-Pt.	ryusus -		Initials BE BE	
	CULTURES Blood #7 #sets draw & hold Urine Gulture Wound Culture site: # # Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount	TIME HADD JOYS	PHYSICIAN ORDER	n 1000 n	*8 -h	PO	-Pt.	Musis -		Initials BE BE	
	CULTURES Blood #5 #sets draw & hold Urine Gulture Wound Culture site: # 5 Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount #5 A CSF ANALYSIS	TIME HAD JOYS	PHYSICIAN ORDER	n 1000 n	*8 -h	PO	-Pt.	Musis -		Initials BE BE	
TIME	CULTURES Blood #5 #sets draw & hold Urine Gulture Wound Culture site: # # Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount ###################################	TIME LAD JOYS	PHYSICIAN ORDER	n 1000 n	~8 ~k	PO	-Pt.	Musis -		Initials BE BE	
	CULTURES Blood #sets draw.& hold Urine Gulture Wound Culture site: \$\frac{1}{2}\$ Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount \$\frac{1}{2}\$ CSF ANALYSIS CSF Cell_Count/Differential CSF Culture	TIME LAD JOYS	PHYSICIAN ORDER	n 1000 n	~8 ~k	PO	-Pt.	ryws-		Initials 13E 73E	
	CULTURES Blood #sets draw.& hold Urine Gulture Wound Culture site: \$\frac{1}{2}\$ Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount \$\frac{1}{2}\$ CSF ANALYSIS CSF Cell_Count/Differential CSF Culter and Smear CSF Glucose	TIME HOD JOYS	PHYSICIAN ORDER	n 1000 n	~8 ~k	PO	-Pt.	riguois-		Initials 13E 73E	
	CULTURES Blood #sets draw.& hold Urine Gulture Wound Culture site: \$\frac{1}{2}\$ Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount \$\frac{1}{2}\$ CSF ANALYSIS CSF Cell_Count/Differential CSF Culter and Smear CSF Glucose CSF Protein	1045	PHYSICIAN ORDER	n 1000 n	78 - le	PO	- Pt.	Musis-		Initials BE BE	
	CULTURES Blood #sets draw.& hold Urine Gulture Wound Culture site: \$\frac{1}{2}\$ Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount \$\frac{1}{2}\$ CSF ANALYSIS CSF Cell_Count/Differential CSF Culter and Smear CSF Glucose	1045 1045	PHYSICIAN ORDER OUNCE M.M. Gran C	n 1000 m	78 - la	PO	- Pt.	SIGNATURES		Initials BE BE	
	CULTURES Blood #sets draw.& hold Urine Gulture Wound Culture site: \$\frac{1}{2}\$ Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount \$\frac{1}{2}\$ CSF ANALYSIS CSF Cell_Count/Differential CSF Culter and Smear CSF Glucose CSF Protein	1045	PHYSICIAN ORDER OLIMAN Physician order Oliman Oliman Oliman Olischarge Transfer	n 1000 m	78 - la	PO	- Pt.	Musis-		Initials BE BE	
	CULTURES Blood #sets draw.& hold Urine Gulture Wound Culture site: \$\frac{1}{2}\$ Stool Enteric Pathogens Stool C diff GC/Chlamydia Wet Mount \$\frac{1}{2}\$ CSF ANALYSIS CSF Cell_Count/Differential CSF Culter and Smear CSF Glucose CSF Protein	1045 1045	PHYSICIAN ORDER OLIMAN OLIMAN PHYSICIAN ORDER PHYSICIAN	n 1000 m	18 - R	PO	- Pt	Musis-		Initials BE BE	

MRN: SSMC-00531189

				•			
Aurora Health Care • Milwo	aukee, Wisc	onsin					
Aurora Medical Center, W.C. Aurora Sinai Medical Center Aurora St. Luke's Medical Center		e's South Sho lils Memorial		GOSSEA	MRN: SSMO I, LINDA M	C-00531189	5
Date: 12-28-07 D.	_ ов Ф-4	-58 .	Age: 49	DOR: 09/	04/1958 F	49Y BEC. 1	2/28/07
Patient's Name: 11206050			Age:_ T T	ATT: EMI	PEC, X Film (1715) (1714) (1714)	files, p	2/28/07
PMD/Consult: Thillings			ROOM#	-		FIN:	
	an's Como	: 🔲 Yes Д	1 m	1 100121 2 1101 13/10	1886 1887 1887 1887 1888	58257	773
		· · · · · · ·					
FIRE Arrival FULLY IMMOBILIZED		D 02		IBRILLATED (x		Est. Downtime: _	min.
	Rx:		Police Notified	/Time:		Waiting in Lobby	y/Patient Awar
Arrival Mode: Walk Wheelchair Triage (Rearment: SPLINT ELEV	Cart	Carried	Ambulance 30	00		e Custody 🔲 Refu	
EMS/Triage time: SO CC	ATION [COLD PAC	K 🔲 FULLY IMMOE		C COLLAR	DRESSING [Mask Giver
Call	0					Emergency Seve	
co arrivar utrie: 1 CO							
ED MD notified: 1600 TRIAGE NOT	E: Pt 0	ي عام	rliee aux	2 - 8 - 1	010	Interpreter called	d / Time
Time in room: 1600 pring.	Phan	twend	m PTA-	2	The state of the s	4. V. DX	mel.
at to	نہ کینہ	1, D 5L	v=0.	A COURT	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Denias f	Jain _
Time seen by MD:(template)			— — — —				
Time left ED:							
Visual Acuity Correction: TRIAGE RN	1: K-2	ey Bes	o M				
without with		unfizations	Medical History	Denies	Surgical H	istory Denies	
Right Eye 20/ Wt:	, —	nown		□ MI □ Valve Disease	☐ CABC	☐ Angioplasty/	Stent Ortho
	g Last dT: Peds Sh	ots up to date:	☐ Kidney/Dialysis	CHF	Pacer / Al		,
Both Eyes 20/	Yes		☐ Diabetes	CAD / PVD	☐ Gallbladd	— T	
TIME BP P R T		ther Hx	_ □ Cancer r	□ CVA / TIA □ Seizures	☐ Gastric Su	C Other	
1456 104/5-44 18 97.0) LMP:	رمرا	☐ Mental Iliness [☐ GERD	Slckie Ceil	Darm		
	GF	P_AZE	Other:		Carr	<u> </u>	
	- EDUCA-	PAIN	osterano	<u> (/ند</u>			
	TIONAL NEEOS	8/10/	standing				
Room Air SaO ₂ :%		9/10 00	ment		Social Hist	ary 🔯	Denles
ALLERCIES DAVIDA DA	SAFETY	GOAL:	<u> </u>		Tobacco:		
ALLERGIES NKDA Latex Unknown Environmental		MEGRO			ЕТОН:		
					lilicit Drugs: _		
Sulfa	PSYCHO-	RESP	NURSE'S NOTES:			Physical E	xam Deferre
73	SOCIAL		16007-	el min	Te e	Nursin	g Addendun
MEDICATIONS: Denies Unknow	1/		welln	mis be	ليحجمه	Long N	urses Note
Source Pt/SO EMS Other	ABUSE	SKIN大	- Much				
Med bottle / list	1	reduce	200-	·····-			
See Home Profile - save as permanent See Reconciliation Form	SAFETY PLA	N MUSCURO I	the Cother	بتو	· · · · · · · · · · · · · · · · · · ·		
	Yes	MUSCULO-					
adviciny	ZN°	- Coming					
	GI	CVIPV			`		
torinas	-{	-	Initial Assessment Si	CNATINE			
7 2 51 2 9 1	1	-	131		<u> </u>	We .	(a)
	GU	£ ENT	4773 Y		umDi	10	
P P P P P P P P P P P P P P P P P P P	1		MAN /	ناهای ۱	- (
			V) V		011	Menu	
					71		

▼ E or *e = Assessment done according to established criteria except	for stated items			
ASSESSMENT PARAMETERS	EXAMPLES OF ABNORMAL ASSESSMENT FINDINGS"			
Neurological Assessment. Alert and oriented to person, place and time.	- altered mental status - paralysis			
Memory intact. Behavior and communications appropriate to situation	- paresthesia - dizziness			
and age. Pupils equal and reactive to light. Active ROM of extremities with	- asyrnmetric weakness - ataxia			
symmetry of strength.				
Respiratory Assessments. Chest symmetrical. Trachea midline	- wheezing - obstruction/stridor			
Respirations quiet and regular. Breath sounds vesicular through both lung	- congestion - rapid respirations			
fields, bronchial over major airways, with no adventitious sounds; -No-	- cough - retractions			
cough. Rate regular (see below for age appropriate rates)	- sputum production - accessory muscle use - Irregular rhythm - distended neck veins - ectopy			
Cardio/Peripheral Vascular Assessment. (cardiac) S ₁ & S ₂ audible. Neck	1			
veins flat at 45 degrees. Regular apical pulse (see below for age 4	= murmur, etc = rapid/slow rate = edema = calf tenderness			
appropriate rates) (Neurovascular) CRT <3 sec. Peripheral pulses palable.	- paresthesia to an affected extremity - decreased or absent pulses			
No edema. No numbness or tingling Gastrointestinal Assessment. Abdomen soft and nontender. Active	- nausea, vomiting - hypo or hyperactive bowel sounds			
bowel sounds in all 4 quadrants. By history tolerates prescribed diet	- under/over nourished - rectal bleeding			
without nausea and vomiting. Having BMs within own normal pattern	- abdominal distention - rebound/guarding			
and consistency. Nutritional status / eating habits appear appropriate to	or tenderness - hematemesis			
meet caloric needs.				
Genitourinary Assessment. By history able to empty bladder without	- dysuria - threatened abortion			
dysuria. By history urine clear and yellow to amber. No current infection,	- trauma during pregnancy - cloudy/dark urine			
drainage, trauma, abnormal bleeding. Normal menses. Normally	- foul-smelling urine- penile drainage or abnormal bleeding			
progressing pregnancy. Normal pattern of wet diapers	- CVA tenderness - bladder distention			
Integumentary Assessment, Skin color within patient's usual color, Skin	- any break in skin - burn - ecchymosis			
warm, dry and intact with normal turgor. Mucous membranes pink, moist,	- rash - dry mucosa - petechiae			
and intact.	- active bleeding - poor turgor - purpura			
Musculoskeletal 'Assessment, Normal ROM of affected joints. No muscle	- inflamed joint - trauma/deformity			
weakness. Normal posture. No joint swelling, inflammation, or cramping.	- point tenderness - limited or absent ROM			
Absence of deformities. Pediatrics: Appropriate physical growth and gait.	- Weakness - lack of appropriate motor skills			
Eyes, Ears, Nose and Throat Assessment. Senses intact, with aids if	- Inflammation/irritation - bleeding - enlarged lymph node			
needed. No foreign body, infection, bleeding or trauma present. No	- deaf/HOH - exudate - FB			
photosensitivity.	visual disturbance - blind - blind - blind			
Psychosocial Assessment. Characteristics of appearance, behavior and	- depression - inability to do ADLs - psychosis - need of community resources			
verbalizations appropriate to situation, age and development status. Affect	- psychosis - need of community resources - maladaptive behavior - withdrawn/acting out			
appropriate. No mood swings noted. Ability to do activities of daily living	-			
at same level as before illness/injury. Social history as related to discharge	- injurious behavior to self/others - lack of appropriate motor skills - inappropriate verbal/communication skills			
planning. No obvious signs of alcohol or other drug abuse.				
Abuse. Absence of child, domestic, and/or elder abuse by answering	- acknowledges that he/she is currently experiencing:			
"no" when asked about current abuse: being hit, hurt, threatened, or	physical abuse sexual abuse			
frightened by someone close to him/her. The RN has no indications to	emotional abuse financial abuse			
suspect abuse.	- or exhibits sx &/or hx highly suggestive of current abuse Documentation should include the following parameters: acute vs.			
Pain Assessment. Pain free.	chronic. Description, location, frequency, duration, pain scale, pain			
· · · · · · · · · · · · · · · · · · ·	rating on that scale, methods to relieve pain at home, analgesic			
•	history.Pain scale = number 0 - 10 (10 = worst) or other appropriate			
•	pain scale related to age, culture, cognition.			
Educational Needs Assessment. No barriers to learning apparent at this	- any barriers (language cognitive emotional, physical)			
time. Pediatrics: family/caregiver expectations assessed and no problems	- difficulty reading (stated or assumed)			
identified.	- lack of family/social support			
Safety Assessment. Alterations in patient's condition do not indicate need	- aftered mental status - sensory deficit			
for additional safety measures.	- self-harm potential			
To additional balacy (Transports)	,			
AGE Resp Rate Pulse	D. L. CThambe Carlet			
Newborn 20 60 100 150	Rule of Thumb Guide			
1 Year 20 – 30 80 - 140 Height / Length a	it: \ 1 yr. + 1 ½ x birth length			
3 Years 20 – 30 80 - 120	$2-12$ yrs = age (yrs) x $2\frac{1}{2}+30$ = length in inches			
200 00 30 110				
10 V	L			
70.00				
18 & older 12 – 20 60 - 100	ars) $\times 5 + 17 = \text{wt (lbs.)}$ $9 - 12 \text{ yrs} = \text{age (years)} \times 9 - 20 = \text{wt (lbs.)}$			
12 20 100 100				

Assessment done and findings are within the established criteria below

= Assessment done according to established criteria for circled portion of a multiple selection

Assessment done, detail any abnormal findings

= Assessment unchanged





MRU: SSMC-00531189

CPI: SSMC-105628010

SERVICE: Emergency I

ADM TYPE: Emergency

LOC/UNIT: ED-ASMC

FIN NUM: SSMC-05825773

ADM DATE: 12/28/2007 14:5

ROOM: ED

BED:

ADDL LOC:

MRN

PT PREFERRED NAME

GOSSEN, LINDA M

304 N ADAMS ST APT 220

GREEN BAY, WI 54301 H: (920) 217-8647

A:

MAIDEN NAME

GUARANTOR

SS# 391-72-5898

GOSSEN, LINDA M

DOB 09/04/1958 AGE

LANGUAGE

49 Y INTERP

CLERGY VISIT

English

MARITAL STATUS

Single

RELIGION

Catholic CHURCH

None

GENDER

None

Female

None

PT EMPLOYER

Status: Not Employed

Occ:

Ret Date:

ENC TYPE: Emergency Department

GUARANTOR EMPLOYER

Status: Not Employed

3RD INSURANCE

Occ: Ret Date:

GREEN BAY, WI 54301

304 N ADAMS ST APT 220

H: (920) 217-8647

SS#

Self

391~72~5898 09/04/1958

GENDER

DOB

PT REL TO GUA Female

A:

414

"Medicare Part B **UB82 Claims** PO Box 2019

PRI INSURANCE

Milwaukee, WI 53201 POL#: 398266492C1

GRP#:

GRP NAME:

SUBSCRIBER DOB 09/04/1958 GOSSEN, LINDA M

SS#: 391-72-5898 PT REL TO SUB

Self

NETWORK

SEC INSURANCE

*Medicaid Wisconsin 6406 W Bridge Road

Madison, WI 53784

GRP#: **GRP NAME:** SUBSCRIBER DOB 09/04/1958 GOSSEN, LINDA M

Self

608

POL#: 3917258980

SS#: 391-72-5898

PT REL TO SUB

NETWORK

POL#:

GRP#: GRP NAME: SUBSCRIBER

DOB

SS#: 000-00-0000 PT REL TO SUB

NETWORK

PHYSICIANS:

Admit: EMPEC, X Attending: EMPEC, X

Procedure:

Family: Gennis, Mark A Referring: None, None

Resident:

FIN

*** VERIFY THAT THIS IS THE MOST CURRENT CONTACT INFO *

COMPLAINTEFALL

ACCIDENT No Injury

OTHER ALI ERGIES

YES

ACC DATE

1ST CONTACT PERSON

GOSSEN, CARL (920) 832-9107

PT REL TO CONTACT

PT REL TO CONTACT

2ND CONTACT PERSON

Child - Insured Not Financial Repon

COMMENTS:





Pre-Admit By: Admit By: Last Updated By: TE Print Date: 12/28/07 14:58

1essed Arrest ☐ Yes ☐ No

Time

	NE	URO STATUS	٧.	," <u>,</u>	A N	
		PUPILS		·	, ,	•
	+ Reactive	- Nonreactive ±	Sluggish			1
	PUPIL GAUGE (MM)				• • t.	;
	GLAS	GOW COMA SCALE				
	Eves Open	1 Spontan : all	4		200	
	41	MINIMAN MESSOS	3 2	America de		*
	Best mo. ELLERANA MAN	Rev 1 WOUNTER SOO ONSS NEWN SOO ONSS NEWN SOO ONSS NEWN SOO ONSS NEWN SOO ON SO ON S	1 6			·. ·
the second section of the second	Loiseach	Localizes pain Flexion-withdrawal	<u> 5</u> .	- -	arr Manual at 1	. :
37,7258980		Flexion-abnormal (decorticate rigidity)	\ 4	71266	17725	:
	·	Extension (decerebrate rigidity) No response	2			,
	Best verbal response**	Oriented and converses	5			:
4132-55 mg		Disoriented and converses	4			÷
Day 1	· · · · · · · · · · · · · · · · · · ·	Inappropriate words Incomprehensible sounds	3 2	u tz	`.	
Sosser Lond	Total A V	No response	3-15	43 or (120	W-C12 (0	وبن
	CHARTING	CODE ENTONIA	. 3-13			
	MOVEMENT ABBR	CODE: EXTREMITIES REVIATIONS	STRENGTH			
	Voluntary V Command C		+ Strong - Weak			
_	Stim (Purposeful) 5 Withdraws W None Ø Decorticate T		Ø Absent	•		•
	Decerebrate B			· - \	· · · · · · · ·	
	ा ।					•

The second of th

AMBULANCE REPORT 60-01146





BILLING OFFIC 414-486-4055 or 1-800-P O BOX 0705!

U		140 .	1 8 8 2 PP 122 8 8 7			04-DE	LT -81-	67U <i>1</i>	95	MILWAUNEE.	X 07 0 5t , WI 532i
_	Ph	nysical Examina	ition		.09		□nya	Transport Reas	on		
	P 		on Pain Burk	Delt Cineral Scenarion Charles and	SWEITH		Sin	l .		Sudden Death S	dene
	Y		14071	Delt Guerd Schajou chaelaga	/ (\neg	\bigcirc	□ Restraints N	ended 🗆	Congestive Hea	rt Failu
,	ini	jury/Pain Locati	on bajus Binus	Disky Christon Schange bruchnen Lieber		γ" .	1/6	MHN: 8 OSSEN, LIND,	SMC-0053	1189	
(He	ead/Face						OB: 09/04/195	AM BEADV	DEC 40	
ί	Ne	eck				11	/i i AT	T: EMPEC, X	7 (49)	REG: 12/2	28/07
(<u>≠</u> [Ch	nest/Axilla				4 1	// · · / / / / / / / / / / / / / / / /	i lli e ndi iene eker eker k	DA ITALIA MA AKTO AK	FIN:	
3	(Ab	odomen			:){	<i>) [</i> [582577	3
ħ	Л Ва	ack/Flank			6		w + lour	I Aquita Mi			
1	Pe	elvis/Hip				ΛL		☐ Acule MI ☐ Unstable And	ina .	to hospital for m	redical
1	L/	Arm U L	J		7.			Cardiac Arry		evaluation and i	ireatme
- (Arm U L	J			$\{(1), \cdots, (n-1)\}$		Explain Why or		of the Above	
ì		eg U L(- 1	N.C.),([, -]	(L)	Km /	2.0	
	RL	Leg U L	· 大 7 1.				00	<u> </u>			
		otor Vehicle Cra	\$D ON	Type □n/A Invol			Interior	N/A Restraints	ONA	Safety Equipme	ent
F				□ Çer ; □ ATV			Damage				•
N		<u>ā</u> ((,)) <u>t</u> e		Truck □ Snowmobile		Minor	□ None □ Spidered Wind			□ None □ Helmet	□ Unk
7				□ Van - □ Watercraft □ Semi □ Aircraft		Moderate	St. Wh. Bent	. Lap Bell		☐ Eye Prot.	
ĺ] L		<u> </u>	D Bus ,		ı major j	□ Compart. Intrus □ Client Ejected •			□ Prot. Clothing □ Float. Dev.	3
C		P = Client Location X = Location of D	amage to Vehicle	□ Motorcycle	ONA	Rollover}	TO Public			To Float. Dev.	
1		use of Injury 1	Chemical	Exposure DExcessive Fering Suspected Defail	leat ,	□ Lightning	11061	☐ Physical Assa	ult :	☐ Stings (Plant/	Anlma
j		Aircraft Related	□ Drowning	☐ Fire/Flames	· * * * * * * * * * * * * * * * * * * *	☐ Machinery I. ☐ Mechanical	Suffocation	☐ Poison, Not D	rugs	□ Water Transp	ort Inci
Ř		Athletic Event Bicycle Crash	• - □ Orug Pois	on ☐ Firearm Self ion (Non-Light.) ☐ Firearm Acc	-mincled	☐ Motor Vehic ☐ Motor Vehic	ie (Non-Traff,)	□ Sexual Assaul	t	Other	
<u> </u>	ΩE			Cold Firearm Ass	ault	□ Pedestrian 1		□ Smoke Inhalat □ Stabbing	ion	•	•
	Pro	vider Impress	ion ll more than ວິດີເ	impression is checked, Circle Pr	rimary Dne	□ Hypothermi		☐ Respiratory A		☐ Syncope/Fain	ntina
		Abd. Pn./Proble	ms 🗆 Cardiac Arr	est		☐ Hypovolemi ☐ Intoxication	a/Shock Suspected/	 □ Respiratory D □ Seizure 	istress	☐ Traumatic Inju ☐ Vaginal Hemo	Jry
		Airway Obstruct Allergic Reactio	n 🔲 Chest Pn. 🛈	iscomfort □ Headache		Alcohol Ir Obvious De	ngestion	☐ Sexual Assau	t/Rape	Unknown	onnage
		Altered L.O.€ Behavioral/Psyc	h □ Congestive	Heart-Failure Hypertension	J-17-12-12-12-12-12-12-12-12-12-12-12-12-12-	D Poison/Drug	Ingestion	☐ Toxic Inhalation ☐ Stings/Bites	****	Other	.
			echanism of Injury:	mptoms	drever	☐ Pregnancy/C		☐ Stroke/CVA/Ti			
	1	[] Kne	e la		Car.cs.::	1600	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Procedure or Tre Assisted Vent		EMT 1	EMT
	Соп	mnents:	- 10 A	(Tires (1-2), j. d 2)),	MDartidir i		-1	 □ Backboard □ Bleeding Con 	<u> </u>		1
٠	-	nd 4	1.40 (F) AC	2xy andulations	an . 5	devel	h + 1	☐ Burn Care.			
		·, ·	11 > /	\mathcal{L}_{i}	· · · · · · · · · · · · · · · · · · ·	ડલાઉપાઇ .		□ CPR □ Cervical Immo	hilization	Ø— ; -	
č	12	<i>ωρ</i> ;)	Aiter Wer	s Hx/p1c/c	(2) Kr	ee-o-	- (1 sear	O DNR Protocol		 -	
COMM	۲		11.27 (1.76) 2012	1000 × 2 01	1 2	. Ennishment	46.7 1.5	□ Glucose Admi □ Nasopharyng	nistration al Airway		1
E	7.	<u> 11 عم ال</u> م	Jan Charle	G0001-17. PI	stales_	<u>ه ۱۲۵</u>		□ Obstetric Care □ Oropharyngea	/Delivery		
Ŋ	*	+11	- kan 1	1. other	traumes	PI	<i>I</i> (□ O2 By Mask	liters		÷
		 	<u> </u>	20 Oliver Production		1 - 1 - 3		D O2 By Cannul D Physical Exam			 /
	ŀ	دراته د	~	SINA WOL	The transco	mutoric.		3-Radio Report	\$10/40k Ac		-
•		, n - 1						□ Splint of Extrer □ Traction Splint		<u></u>	<u>:</u>
		<u> </u>	KN.				įc	∃ yital Signs	从无		Ź
	To b	ie completed if Does client hav	f client requires oxyge his or her own ports	pen enroute: able oxygen? ☐ Yes Z No	be a day		\$2. 22.10cm	OTHER:			 -
		ls client àble to	administer his or her	own oxygen? Daes D No, why r	not:	. ()	الرييرديو، سروسجه	f Advanced Skill Complete Page 3	is Performed,		ż
	6⊒/Tre	dent Disposition eated/Transport	ted by EMS				Tr	ansport Type:			
	Dest	tination Type	AND - Destination Description Description	etermination Treated/Trans	ferred Care	□ No Tre	at Needed	No Lights or Sir Lights and Sire	1 -		
	□ Pi	olice/Jail 🐔 🚉 🗕	965900900004	10 That at china	al Unit			l'Downgrade Toʻl I Upgrade To Lig	No Lights and	Siren	
м		/ledical Office/Clin killed Nursing-Fac	السرمية.f.not closest.wl السرمية Diversion	To BLS Unit		in many			and the second second		<u> </u>
Ĩ	ΔH	lospital	Law Enforce	J. LITOICE		u.Cance	iled: 1, 1	Prone		Other Services or D Law Enforceme	n Scen ent
č		Other	On Line Mar	d. Direction	ansport '	Unkno		Supine Sitting		Fire	1
E		[4] » fin		Choice Treat Treat Trans In	y Other Means **	No Clie	int Found	Client Restraine	A	Vother None	į
L		diffuse mes.	☐ Specialty Ce		eleased LCase	P. Delora	·//	Head Elevated	1. 3935 (1) ₁ 6] Physician] First Responde) UTL
ואַ	Facili	ity where Glient	was Transported	_iS AMA:	•		所能は扱い付品	in Lateral		1 Nurse/Physiciai	
ŌΙ	A d iva	al Status Fin/A.	PBE Used EDNIA.	Fagility Notified By Thys I	Difficulties Encour	i Diciji. L itered IT	ine Report Receive				<u>;</u> [
ا د	⊡ ″Un⊲ □ Bet	changed :	☐ Gloves /	☐ Radio	Dispatch Dot	her _	Report Given To:	7	The same of the same	made the a creming move in the	4
-	□ Wo	rse	☐ Goggles	☐ Unable*].Extrication	erial E	MT Signature		EMT Signatur	e	
	□ 00 □ Uni)A known	☐ Mask	□ No Need* □	Language Barri Road:	er	1: -	٠			
[Why:	LD EKG Telemetry	J Unsale Scene	and the second second	1/15_3	TIY			•
		(* Explain] Vehicle Problem] Wealher	ns rules	/ '-	`	1		

· SIGN	0	1 1	2
A - Appearance	Blue, Pale	Body Pink Extremities Blue	Completely Pink
P - Pulse	Absent :	Below 100	Above 100
G - Grimace	No Response	Grimace .	Cough or Sneeze
A - Activity	Limp	Some Flexion	Well Flexed
R - Respirations	No Effort	Weak, Irregular	Strong Cry

IV DRIPS & DRUG CALCULATIONS

Drop factor or gtt/ To Determine Drops per Minute:

X Total Hourly Volume

To Determine Infusion Rate:\

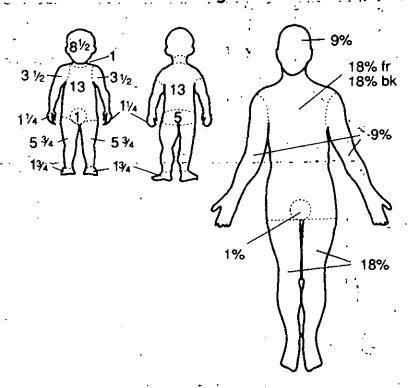
From mg/min to ml/hr:

Desired D Conc

From mcg/kg/min to ml/hr:

ر پھ پا/min) X Wt پھران (mcg/ml) 🗓/min) X Wt. (kg) X 60 🗀

Burn Management



Parkiand Formula

Fluid for first 24 hours: LR 4 ml/kg x % burned Give half of the calculated fluid within the first 8 hours of the burn, give the second half over the next 16 hours.

Major Burn 🔗 -

25% of the body surface or greater Significant involvement of hands, face, feet, or perineum Electrical injury Inhalation injury Concomitant injury Severé preexisting medical problems Major burns should be treated at a burn unit uch

American Burn Association



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

Med Rec#: 531189

Patient: GOSSEN, LINDA M

Account#: 5825773

Age: 49 yr

DOB: September 4, 1958

Triage Date: December 28, 2007

Sex: Female

	y NU.	Triage Date: December 28, 2007	Sex: Female
Chief Complaint	1. Left Ankle Injury (f)		
Basic Information	Hx: Pt// Spouse / S.O. / Father / Mot	her / Child / Guardian / Interp / Other // Time:	Amb: BLS ALS // Polic
Vital signs:	Per ourse potest/ WNI / Evcent / 1	「/ P/ R/ BP/ O2 sat	1
Medications:	Per nurse notes / None / Per list / I		 /
modications.	Terribics Profile (Terrist)	DINIOWIT .	
Allergies - intolerances:	Per nursing notes: substances read	tions / NKMA / Unknown /	
Immunizations:		nococcal / Tetanus: < 5 yrs 5 - 10 yrs >10 yrs never /	
Menstrual - preg hx:		Menopausal / G P SAb TAb /	
History limitation:	None Clinical condition / Physical	impairment / Language barrier /	
History of Present Illnes		today while waiting for to	Me mus.
(She fell on () line		
·	3 A		
Duration/Timing	νħ ()		•
Occurrence: Location		wks mos PTA / Date/	
Quality/Severity	Unknown Anterior Posterior / Me	nu thousand	
Bleeding degree:	None (Mild) Mod / Sev /	ade	
Pain degree:	None / Mildy (Mody Sey /		
Assoc. Signs & Symps		\	
Neuro - L foot:	None Triggling / Numbness / Weal	kness / Inability to move /	
Injury - other:	None / Describe /		
Modifying Factors		×	
Mitigating:	None Res / loe / Immobilization /	Analgesics /	
Context			
MOI:	Unknown / As noted Fall Direct	Now / Twisted / Intoxication /	· ·
Accident location:	Unknown / Home / Work / Private p	property / Government property / SWUT @ 1800	THAY
Review of Systems	See HPI fo) - MS Neuro Heme		
Const:	Neg / Fever / Chills / Diaphoresis /	Malaise / Gen weakness / Decreased LOC /	••
Other significant:	All systems otherwise neg /		
Past Medical History 🤇	See HPI See dictation / See med re	cord dated/	
Med/Surg:	None / CAD HTN Angina A.Fib MI	CHF Murmur / Asthma COPD / CVA / CA / CRF / NIDDM	I / IDDM /
	Fx(s) / Sprain(s) / RA / Gout		•
· · · · · · ·	*** * *** ****		
aala •			
Social History			
Social concerns:	None / Neglect / Abuse / Living situa		
Habits:	None / ETOH: occ reg amt	per_day_wk / Tobacco: occ_reg ppd x yrs /	,
	Marijuana / Cocaine / Heroin /	Amphetamines /	
Occupation: 🛂 🔍	None /)Describe /		
Examination	Limited by:		
General:	WNL) Mild distress / Mod distress /	Sev dishess /	
Ext.			

:			
100.			
₹. <u>₽</u>			







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

Med Rec#: 531189

Patient: GOSSEN, LINDA M

Account#: 5825773

Age: 49 yr

DOB: September 4, 1958

Triage Date: December 28, 2007

Sex: Female

1.1	WNL .	=
L knee:		
	Bruise) / Bleeding	
	FB(s) Tenderness 12 3 4 +	/
*******	Tenderness 1234+	,
ė	Tenderness 1234+ Decreased sensation Tendern injury	
	Tendon injury	•
	Ligament laxity: med lat	ł
	Puncture LEFT KNEE \	1
	Lac. #1: lengthcm, Depth: partial full	<u>. </u>
ROM - L knee:	: (WNL) Except (Pain limitation / Flex) Ext /	
Stress tests - L	L knee: WN / Except / Pain limitation / Drawer / Valgus / Varus / Patellar apprehension /	
Neuro - L lower leg	WNI) / Except / Motor / Sepsation to: touch pain /	
Perfusion - L leg:	(VVNLY Except / Fem / Pop / Dor. pedis / Post. tibial / Captillary refill / Secs /	
Additional		
Other injury:	None) Describe / FUII ROM DONKU S DUJY CULTY	
	The state of the s	
L knee proced:		
	A. Frankture / Dislocation Tx: Manipulated: Yes / No Consent signed: Yes / NA	
***************************************	Type: Dislocation / Fracture / Open Fx / Location:	
	Anesthe sign.	
	Technique:	
	Post procedure xhay. Good alignment / Reduced /	

•	B. Splint / Strap: Location:	
	Plaster / Fiberglass / Long leg / Knee im mobilizer /	
	Performed by: EP / PA / Nuxse / Cast Tech /	
	Post proc assess: Normal / Except / Circulation / Motor / Sensation / Pain / Crutches: Y / N	1
	Physician Sig:/Referral: OrthoPMDIndays / Admit	ļ
i		



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

Med Rec#: 531189

Patient: GOSSEN, LINDA M

Account#: 5825773

Age: 49 yr

DOB: September 4, 1958

Lytes: NL Except: Cardiac NL Except: CAMB: CAM			Triage Date: Dec	:ember 28, 2007	Sex: Female
STRING OR STRUCK IN SPORTS TO CONSUMER IN THE STRUCK IN SOLUTION OF STRUCK IN SPORTS TO CONSUMER IN SOLUTION OF STRUCK IN SPORTS TO CONSUMER IN SOLUTION OF STRUCK IN SOLUTION OF STRUCK IN SPORTS TO CONSUMER IN STRUCK IN SPORTS TO CONSUME IN STRUCK IN SPORTS TO CONSUMER IN SPORTS TO CONSUME		IO-wis-Ni Evant	II ETe NI Evcent'	Illrine PG: N / P	Drugs: NL Except
Tresponsition SGOT: SGOT: SAR SAR		1 3			
Table SOPT STREAM STREA	Stat He except. J			4	
Calls Placed PMO Consultent Consultent Consultent Consultant	luc: Gluc				
Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang, engage) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sprang) Calls Placed PMD Consultant Reviewed (Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Impatient / Outpatient / Impatient Unavailable / Faxed Reports EMC(YN Why? P) Time: Consultant Calls Placed PMD Consultant Consultant Impatient Unavailable / Faxed Reports Calls Placed Consultant Impatient Unavailable / Faxed Reports Calls Placed Consultant Impatient Unavailable / Faxed Reports Calls Placed Consultant Impatient Unava	a:				
## ## ## ## ### ### ### ### ### ### ##		1			
The state of the s		CPK:	Lipase:		
Definer: Past Past	/H: Hgb	PT/INR:			
Second Past	H: WBC	D-Oimer:	·		
Past Monitor: Mo		EKG:	· · · · · · · · · · · · · · · · · · ·	Bacteria:	TCA
Head CT: Abd CT: Petvic US: Other: ABRASON HIP/LEC ABRASON HI		Monitor:		Other:	
ABASON, HIP/LEG ABASON, HIP/LEG ABASON, HIP/LEG CONTUSION OF KNEE SPRING OR STRUCK, INSPORTS STRIKING OR STRUCK, INSPORTS STRIKING OR STRUCK, INSPORTS CONTUSION OF KNEE CONTUSION OF KNEE SPRING OR STRUCK, INSPORTS CONTUSION OF KNEE SPRING OR STRUCK, INSPORTS CONTUSION OF KNEE CONTUSION OF KNEE SPRING OR STRUCK, INSPORTS STRIKING OR STRUCK, INSPORTS CONTUSION OF KNEE SPRING OR STRUCK, INSPORTS STRIKING OR STRUC		<u> </u>	Head CT:		<u></u>
Pelvic US: Other: Read By ER			Abd CT:		
Read By ER	WALDER AND THE MENT AND THE REAL PROPERTY OF THE PROPERTY OF T	V ¹	Pelvic US:		
ARRASON HIP/LEG					
ABRASION, HIP/LEG CONTUSION OF KNEE JOINT EFFUSION LOWER LEG SPRAIN OF ENE & LEG NOS STRIKING OR STRUCK, INSPORTS ED Course (Timing, Reason, intervention, and Result): Calls Placed PMD Consultant Reviewed: Nursing Notes / Right Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatient / Inpatient Unavailable / Faxed Reports EMC N Why? DICH Home or 1 LWBS Custody Admit 1 Deservation 1 General 1 Tele 1 Critical 1 Transpers [
ABRASION HIP/LEG	ledical Decision Making (Differential Dx)	: <u>PX INTUUIA</u>	·		
ABRASON HIPTED CONTUSTON OF KNEE JOINT EFFUSION LOWER LEG CONTUSTON OF KNEE JOINT EFFUSION LOWER LEG OTHER STRIKING OR STRUCK NEC STRIKING OR STRUCK . INSPORTS Calls Placed PMD Consultant Reviewed Nursing Notes / Row Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpallent / Inpatient Unavailable / Faxed Reports EMC N Why? PMS Custody Admit Deservation General Tele Critical Roym [] Admit Team] Transfer [] Admit Team] Transfer [] Admit Team] Transfer [] Spoke with Condition Coded Statisfactory / Serious / Critical / Expired Counseled: Clinical work up (Diagnosits) (Treatment plan / Care Assumed by: Physician: Care Assumed by: Consolated by: Resident Middlevel					
ABRASON HIPTED CONTUSTON OF KNEE JOINT EFFUSION LOWER LEG CONTUSTON OF KNEE JOINT EFFUSION LOWER LEG OTHER STRIKING OR STRUCK NEC STRIKING OR STRUCK . INSPORTS Calls Placed PMD Consultant Reviewed Nursing Notes / Row Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpallent / Inpatient Unavailable / Faxed Reports EMC N Why? PMS Custody Admit Deservation General Tele Critical Roym [] Admit Team] Transfer [] Admit Team] Transfer [] Admit Team] Transfer [] Spoke with Condition Coded Statisfactory / Serious / Critical / Expired Counseled: Clinical work up (Diagnosits) (Treatment plan / Care Assumed by: Physician: Care Assumed by: Consolated by: Resident Middlevel		ALERUS E QUEBEVE	TO I	PAIN IN IOINT LOWER	RIEG
CONTUSION OF KNEE OTHER STRIKING OR STRUCK NEC STRIKING OR STRUCK INSPORTS STRIKING OR STRUCK INSPORTS Calls Placed PMD Consultant Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC N Vmy? PSSposition Time: Divided: June	ABRASION, HIP/LEG		The state of the s		
Calls Placed PMD Consultant Reviewed Nursing Notes / Row Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC N Why? P Pan Policy		JOINT EFFUSION, LOW	ER LEG	-	
Calls PlacedPMDConsultant		OTH ER STRIKING OR S	TRUCK NEC	STRIKING OR STRUCK	, INSPORTS
Calls PlacedPMD Consultant	all on same level from slipping, ripping, or				
Calls Placed PMD Consultant Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatient / Inpatient Unavailable / Faxed Reports EMC: N Why? Seposition Time: Seposition June June June Prior ED / Inpatient / Outpatient / Inpatient Unavailable / Faxed Reports Follow-Up Plag Follow-Up Plag Follow-Up Plag Follow-Up Physician Instruction Instru				•	
Calls PlacedPMDConsultant	ED Course (Timing, Reason, Intervention, a	na Resulty :			
Calls PlacedPMDConsultant	1 V V 1 1 () 1 1 1 1 V I V () Y () Y () X X () X X X				
Calls PlacedPMDConsultant	ITIIT ACLAS INTOMIN			_,	
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: (YN Why? P)	THAC ALLINO - DI LONA	C = 1 11 COO =			
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: YN Why? Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: YN Why? Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports Follow-Up Plan Follow-Up Physician Instruction Instruction Instruction Instruction Instru					
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: N Why?					
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: N Why? Bisposition Time: Di/C Home or					1
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: N Why? Bisposition Time: Di/C Home or					
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: N Why? Bisposition Time: Di/C Home or					
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: N Why? Bisposition Time: Di/C Home or					
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: N Why? Bisposition Time: Di/C Home or					
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: N Why? Bisposition Time: Di/C Home or					
Reviewed: Nursing Notes / Flow Sheets / EMS / Nursing Home / Prior ED / Inpatient / Outpatlent / Inpatient Unavailable / Faxed Reports EMC: N Why? Bisposition Time: Di/C Home or	Colle Piaced PMD	Consultant			
### Follow-Up Plan Instructions Inst	Calls FlacedFMB				
Bisposition Time: Dic Home or [] LWBS [] Custody Follow-Up Plysician Instructions I	5 0 1 500	Name / Dries EF	1 Innation / Outnation	/ Innatient Unavailable	/ Faxed Reports
Pisposition: Time:	Reviewed: Nursing Notes / Flow Sheets / EMS /	Nursing Home / Prior EL	7 Impatient / Outpatient	ripation onavaiosio	, t and trop or to
D/C Home or [] LWBS [] Custody Admit [] Observation [] General [] Tele [] Critical [] Room	EMC:(YN Why? RUTA				
D/C Home or [] LWBS [] Custody Admit [] Observation [] General [] Tele [] Critical [] Room					والمراوات المراوات والمناسب والمناور والمناور والمناور والمناور والمناور والمناور والمناور والمناور
D/C Home'or [] LWBS [] Custody Admit [] Observation [] General [] Tele [] Critical Instruction I	Renosition Time:		Follow-Up Plan		
Admit [] Observation [] General [] Tele [] Critical [] Room [] Admit Team [] Spoke w/ Dr. Condition: Good Satisfactory / Serious / Critical / Expired [] Counseled: Clinical work-up Diagnosis (Treatment plan /	01300010011	letoch:			
[] Room [] Admit Team [] Spoke w/ Dr Condition: Good Satisfactory / Serious / Critical / Expired Counseled: Clinical work-up (Diagnosis) (Treatment plan /				11/1	
Transfer for [] Spoke w/ Dr. Condition: Good Satisfactory / Serious / Critical / Expired Counseled: Clinical work-up (Diagnosis) Treatment plan / Clinical Impression / Diagnosis (1) Counseled: Clinical work-up (Diagnosis) Treatment plan / Clinical Impression / Diagnosis (2) (3) PANP / Manual Manua	Admit [] Observation [] General] Tele []	Chical	Instructions	 (
Transfer for [] Spoke w/ Dr. Condition: Good Satisfactory / Serious / Critical / Expired Counseled: Clinical work-up (Diagnosis) Treatment plan / Clinical Impression / Diagnosis (1) Counseled: Clinical work-up (Diagnosis) Treatment plan / Clinical Impression / Diagnosis (2) (3) PANP / Manual Manua	[] Room [] Admit Tear	n	\\ <i>_</i> \\		
Condition: Grad Satisfactory / Serious / Critical / Expired Counseled: Clinical work-up (Diagnosis) (Treatment plan /	1 Transfer to: [] Spoke w/	Dr			
Counseled: Clinical work-up (Diagnosis) Treatment plan /					
Counseled: Clinical work-up Diagnosis (reatment plan /					
Clinical Impression / Diagnosis (1) WW (2) (3)	River of and the same				7
Clinica Impression / Diagnosis (1) WW (2) (3) (3) PA/NP: May May 1 (4) (2) (3) Physician: A Care Assumed by: Care Assumed b	\		0	un Dingnasia Trans	ment plan /
PANN (U) (2) (3) (3) (Care Assumed by: Care Assumed by: C	VICOVIII STOP LITO		Counseled: Clinical won	-uh Diagnosisy (Teat	
PANN (U) (2) (3) (3) (Care Assumed by: Care Assumed by: C					
PANP: MRSident: Care Assumed by:					
PA/NP:///WWW.PAC Resident: Care Assumed by: Ca	MUULSIIIWI	(2)		_ (3)	
Physician: Care Assumed by: Care Assumed by:	1 MAMOLIUM NAM		* *		
Physician: Care Assumed by: Care Assumed	PAINPY IN MININY INC.		Resident:		
Physician: Program of the Completed by Campleted by Campl				Care Assume	d bv:
Seen / Examined / agree w above [] Additional dictation Completed by: []Resident Midlevel	Physician: A Symmetry				j ·
Seen / Examined Pagree w above [] Additional dictation Completed by: []resident [] Mildlevel []	## //			A	Basidant & Maidlaum &
	Seen / Examined / agree w above] Additional dictation	Completed by: []	kesiaeur [Xivialevei]
		1 (80(8)) (8)0(0 (8))(E(E) ((\$)) E(E)) 18881 18161	COICE HICE WITH BEIN COICE WIT
A LOCAL TO THE PART TO THE PAR					



Aurora Sinai Medical Center®

Emergency Department

945 North 12th Street Milwaukee, WI 53233 T (414) 219-6666 • F (414) 219-6650

MRN: SSMC-00531189 GOSSEN, LINDA M
DOB: 09/04/1958 F 49Y REG: 12/28/07
III III III III III III FN:
1 5825773

You have been evaluated by our Emergency Department Staff and have received Emergency Care Onl Your condition may change and require you to be seen again. Diagnosis: KML SPYMIN Follow up with your own doctor MIN IN INDIA 274-72.0 TO MOUL OP Call your physician or insurance provider for referral for follow up and/or further treatment if no improvement after taking prescribed medications or treatment. Return to Emergency Dept. if you feel worse before being able to follow up with your doctor/clinic. Other Instructions: WWWW MAL CUX Aday FNAN WAL Continue home medications econciliation completed: Continue home medications with the exception of: Care Instructions Sheets Given: Beye Infection: Conjunctivitis Sexually Transmitted Dis Allergic Reaction Eye Injury Tetanus Threatened Abortion
Other Instructions: WEWWW MCCL RETURN F WORL OUX day FNU NULL. Prescriptions Given: VICULIN # 10 Home Medications Reconciliation completed: Ontinue home medications: Continue home medications with the exception of: Care Instructions Sheets Given: Abdominal Pain Eye Infection: Conjunctivitis Sexually Transmitted Dis Allergic Reaction Tetanus
Well Male Refum of Work Rescriptions Given: Victoria IIII Home Medications Reconciliation completed: Continue home medications: Continue home medications with the exception of: Care Instructions Sheets Given: Abdominal Pain Eye Infection: Conjunctivitis Sexually Transmitted Dis Allergic Reaction Eye Injury
☐ Home Medications Reconciliation completed: ☐ Continue home medications: ☐ Continue home medications with the exception of: ☐ Care Instructions Sheets Given: ☐ Abdominal Pain ☐ Eye Infection: Conjunctivitis ☐ Sexually Transmitted Dis ☐ Allergic Reaction ☐ Eye Injury ☐ Tetanus
Continue home medications:
☐ Continue home medications with the exception of: Care Instructions Sheets Given: ☐ Abdominal Pain ☐ Eye Infection: Conjunctivitis ☐ Sexually Transmitted Dis ☐ Allergic Reaction ☐ Eye Injury ☐ Tetanus
Care Instructions Sheets Given: □ Abdominal Pain □ Eye Infection: Conjunctivitis □ Sexually Transmitted Dis □ Allergic Reaction □ Eye Injury □ Tetanus
☐ Abdominal Pain ☐ Eye Infection: Conjunctivitis ☐ Sexually Transmitted Dis ☐ Allergic Reaction ☐ Eye Injury ☐ Tetanus
☐ Allergic Reaction ☐ Eye Injury ☐ Tetanus
Allergic Reaction
□ Asthma/Asthma Education □ Fever/Otitis/Cold □ Threatened Abortion
☐ Asthma/Asthma Education ☐ Fever/Otitis/Cold ☐ Threatened Abortion
4√74-219-6221 □ Head Injury □ Urinary Tract Infection
☐ Back/Neck Pain ☐ Kidney Stones ☐ Wound Care
☐ Bgrins ☐ Nausea/Vomiting/Diarrhea ☐
□ Chest Pain □ Nosebleed □
☐ Contusion/Sprain/Strain/Fracture ☐ Pelvic Inflammatory Disease ☐
Self Care or Learning Needs:
None See Emergency Dept. chart for comments Interpreter Used
Distriarged per: Ambulatory
Staff Initial: Discharge Time: Date: Date:
Accompanied By:



Medical Record Department

1020 N. 12th Street

(414) 219-6036 . Copy Service Hours: Monday - Friday 8 A.M. to 5 P.M.

Facts to Know About Release of Information

- An authorization is required prior to the start of the release process.
- Ten business days are required to process any non-emergency care request.
- Payment is required for any copies requested for personal use (see reverse side for fee schedule).
- If there are any special circumstances, please let us know.

Fee Schedule

\$0.31 Per Page

Plus applicable sales tax and actual postage.

To make an appointment to view a medical record, call (414) 219-6631.



www.AuroraHealthCare.org

X79675b (10/07) @ARC

AUSTIN J. BOYLE III, M.D.

GOSSEN, Linda DOB: 09/04/1958

09-24-95

01/03/08 PHONE CALL:

I was contacted today by Dr. Morris, a radiologist over at Aurora Sinai Medical Center who had read Ms. Gossen's MRI scan, which revealed a non-displaced lateral tibialis plateau fracture without any sign of depression. Ms. Gossen was contacted about remaining non-weightbearing and how to go about getting crutches to remain non-weightbearing. Further discussion will be made on her follow up appointment. She is asked to contact our office at 414-274-7220 for confirmation that she understands and that she is non-weightbearing.

Dictated by Corina D. Gretch-Welch, PA-C, ATC for SJK/mtskk

Aurora Health Care

945 North 12th Street Milwaukee, WI 53233 414-219-2000 69-71/18 ASB

Patient: GOSSEN, LINDA M MRN: SSMC-00531189

DOB: 09/04/1958

Case #: SSMC-05827322

P1. Loc/Type: MRI-ASMC Imaging/Radiology

RADIOLOGY REPORT

Exam MR Knee LEFT

Exam Date/Time 01/03/2008 15:45:00

Accession Number MR-08-0007018 Ordering MD Boyle, Austin Joseph

Reason for Exam:

left knee pain and effusion

MR Report

MRI OF THE LEFT KNEE

Indication: Knee pain and effusion after fall.

Discussion: Multiplanar, multisequence high field MR imaging of the left knee was performed without contrast.

Tendons of the extensor mechanism are intact. The anterior and posterior cruciate ligaments are normal. The medial collateral ligament, fibular collateral ligament, iliotibial band, and biceps femoris tendon are intact.

No meniscal tear is identified.

There is a fracture in the lateral tibial plateau, in the sagittal plane, just lateral to the tibial spines. The fracture is essentially nondisplaced. No measurable depression is present. Associated marrow edema is seen in the lateral tibial plateau. The fracture does reach both the anterior and posterior cortices of the lateral tibial plateau. A small knee joint effusion is present. No articular cartilage defects are identified.

IMPRESSION:

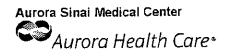
Nondisplaced lateral tibial plateau fracture extending from anterior to posterior cortex just lateral to the tibial spines. No appreciable depression or significant displacement is present.

Boyle, Austin Joseph Milwaukee Orthopedic Specialists SC 1575 N River Center Drive Suite 160

Page: 1 of 2

Printed Date/Time: 1/4/2008 12:38 PM





945 North 12th Street Milwaukee, WI 53233 414-219-2000

Patient: GOSSEN, LINDA M

MRN: SSMC-00531189

DOB: 09/04/1958

Case #: SSMC-05827322

Pt. Loc/Type: MRI-ASMC Imaging/Radiology

RADIOIOGY REPORT

<u>Exam</u>

Exam Date/Time

Accession Number

Ordering MD

MR Knee LEFT

01/03/2008 15:45:00

MR-08-0007018

Boyle, Austin Joseph

I telephoned Dr. Boyle's Milwaukee office and discussed this case with his assistant at the time of dictation.

Dictated By: Moore, Nicholas J E Dictated Date/Time 01/03/08 16:26:00

Electronically Signed By: Moore, Nicholas J E

Signed Date/Time: 01/04/08 08:36:08

Transcribed By: JJ

Transcribed Date/Time: 01/03/08 17:34:27