

CLAIM AGAINST GOVERNMENTAL BODY
Pursuant to Section 893.80(1d)(b)

CITY OF MILWAUKEE
12 AUG 21 PM 1:26
CITY CLERK'S OFFICE

TO: City of Milwaukee
City Clerk's Office
200 East Wells Street
Milwaukee, Wisconsin 53202

Pursuant to law the claimant, Nettie James, hereby files this claim against the above-named municipality through his attorneys the law firm of Weigel, Carlson, Blau & Clemens, S.C.

1. Name and address of the claimant are:

Nettie James
3424 North 46th Street
Milwaukee, Wisconsin 53216

RECEIVED
AUG 22 2012
OFFICE OF
CITY ATTORNEY

2. For statement of relief sought is a demand for damages as a result of the accident described as follows:

- A. That Nettie James is an adult resident of the State of Wisconsin, currently living at 3424 North 46th Street, Milwaukee, Wisconsin 53216.
- B. That on the afternoon of July 29, 2010, Nettie James sustained personal injuries. She was walking on the grass near the sidewalk towards the street located in the front of 5042 North 19th Place, Milwaukee, Wisconsin, when she fell in a depression that had been caused by a City of Milwaukee Public Works Truck, which was working on a water main in that yard.
- C. That as a direct and proximate result of the City of Milwaukee's negligent failure to provide adequate warning that there was a trench and/or their failure to fill in said trench, Ms. James' fell, causing her to sustain injuries including but not limited to a cut above her left knee, which required 32 stitches to close, amongst other injuries.
- D. That on October 13, 2010, a Written Notice of Injury pursuant to Section 893.80(1)(a) was served upon the City of Milwaukee, and a copy of said notice is attached hereto.

3. An itemization of the claim is as follows:

MedaCare Ambulance	7-29-10	\$541.00
WFH St. Joseph Hospital	7-29-10	\$1,170.00
St. Joseph Emergency Physicians	7-29-10	\$1,075.00

WFH St. Joseph Hospital	8-8-10	\$632.00
St. Joseph Emergency Physicians	8-8-10	\$202.00
Dr. John Bryant - Aurora Advanced	8-18-10	\$133.00
Dr. John Bryant - Aurora Advanced	9-3-10	\$133.00
Dr. John Bryant - Aurora Advanced	10-1-10	\$1,483.00

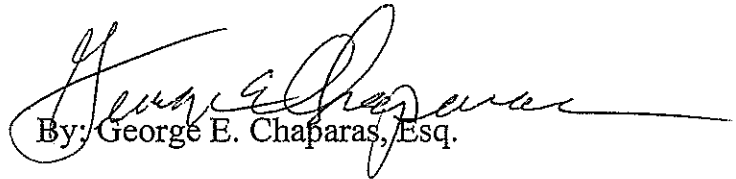
Total Medical Bills: \$5,369.00

Plus Pain, Suffering and Permanent Scarring: \$25,000.00

TOTAL CLAIM: \$30,369.00

Dated at Milwaukee, Wisconsin this 8th day of August, 2012.

WEIGEL, CARLSON,
BLAU & CLEMENS, S.C.
Attorneys for Claimant Nettie James


By: George E. Chaparas, Esq.

GEC/kr

WRITTEN NOTICE OF CIRCUMSTANCES OF CLAIM
PURSUANT TO SECTION 893.80(1)(a), WIS. STATS.

To: City of Milwaukee
200 East Wells Street
Milwaukee, Wisconsin 53202

Served upon City Clerk pursuant to Sec. 801.11(4)(a)(3)

NOTICE OF CIRCUMSTANCES OF CLAIM as required by Section 893.80(1)(a), Wis. Stats. is hereby served upon the City of Milwaukee that Nettie James suffered personal injuries and has a claim therefore under the following circumstances:

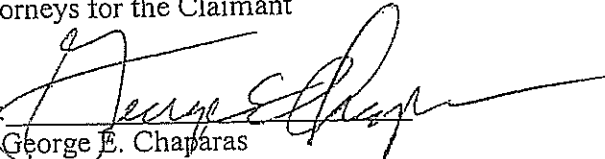
CITY OF MILWAUKEE
10 OCT 13 AM 11:38
RONALD D. LEONHARDT
CITY CLERK

1. That Nettie James is an adult residing at 5050 North 19th Place, Milwaukee, Wisconsin 53209.
2. That on or about the 29th day of July, 2010, in the afternoon of that day, Ms. James suffered injuries while walking on the sidewalk toward the street in front of 5042 North 19th Place, Milwaukee, Wisconsin, when she fell in a depression which had been caused by a City of Milwaukee Department of Public Works' Truck, while they were working on a water main in that yard, causing injuries to her.
3. That as a direct and proximate result of the City of Milwaukee's negligence in failing to provide adequate notice that a trench was there and/or their failure to fill in said trench, caused Ms. James to fall.
4. That as a direct and proximate result of the City of Milwaukee's negligence, Ms. James was caused to suffer personal injuries including, but not limited to, a cut above Ms. James' left knee, which required 32 stitches, as well as other injuries.

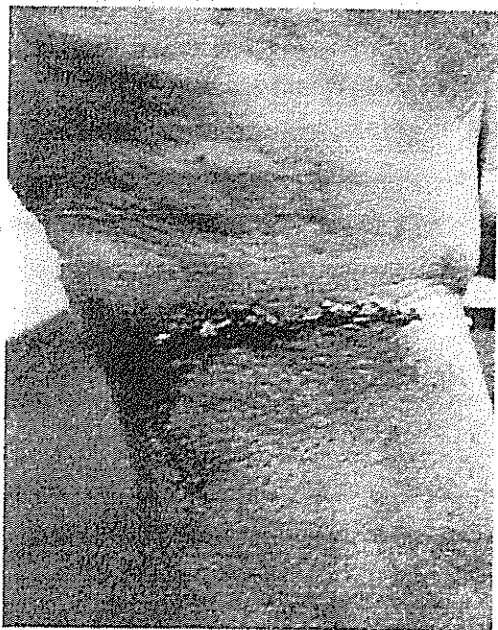
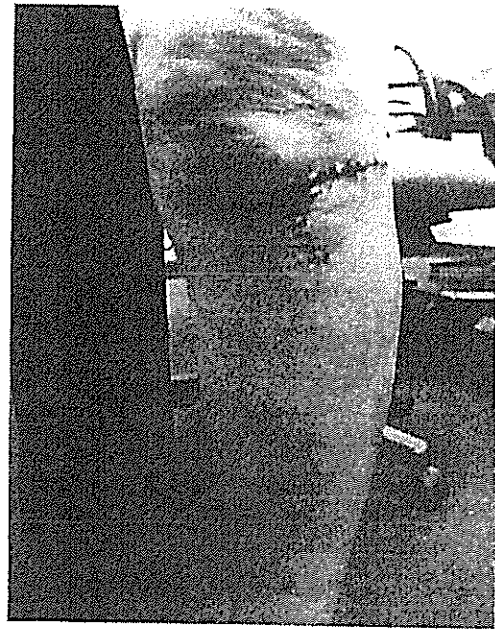
PLEASE TAKE NOTE that this is a **Notice of Circumstances of Claim**, Section 893.80(1)(a), Wis. Stats. It is not a claim under Section 893.80(1)(b), Wis. Stats. Therefore, there is nothing for the City of Milwaukee to allow or disallow with respect to this document. After Nettie James' treatment is completed and her injuries are evaluated, we will present a claim under Section 893.80(a)(b), Wis. Stats. for the City of Milwaukee to allow or disallow as it sees fit. There is no requirement that Nettie James must file a claim, as opposed to a **Notice of Circumstances of Claim**, within 120 days of her July 29, 2010, injury. See Figgs v. City of Milwaukee, 121 Wis.2d 44, 357 N.W.2d 548 at 522 (1984).

Dated at Milwaukee, Wisconsin this 23rd day of August, 2010.

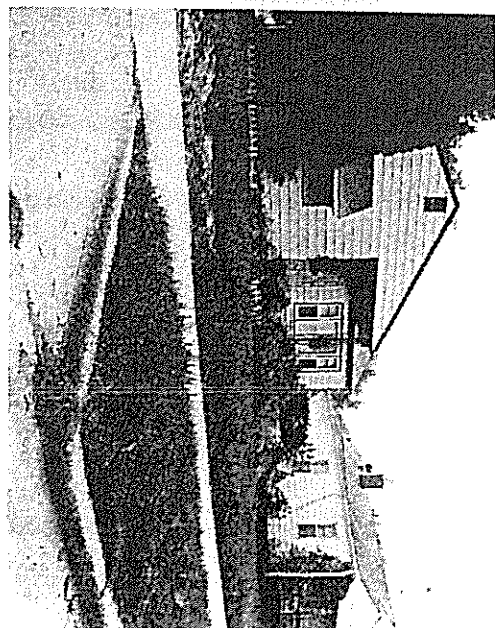
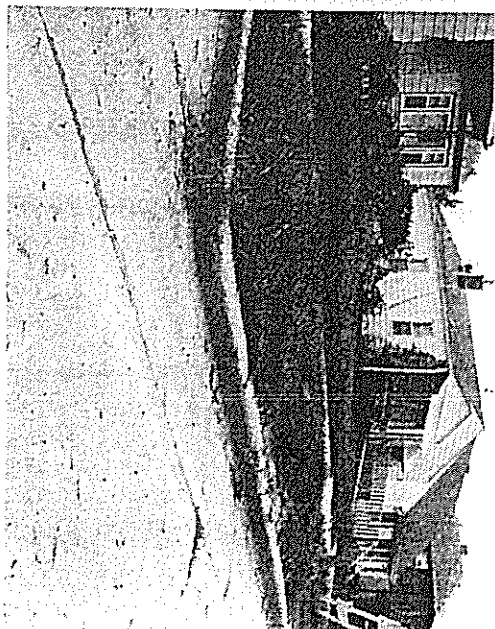
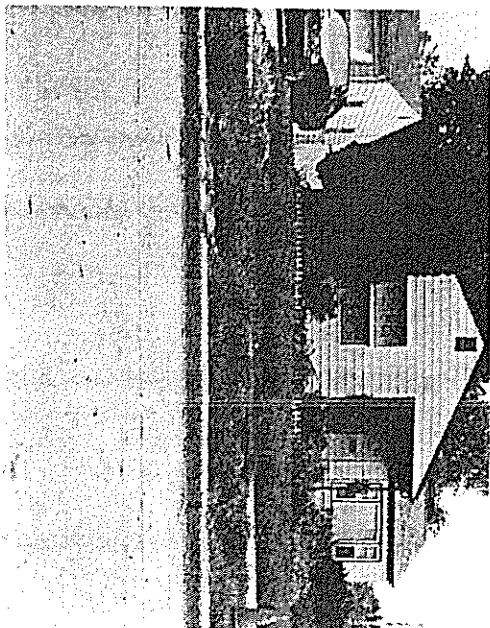
WEIGEL, CARLSON,
BLAU & CLEMENS, S.C.
Attorneys for the Claimant

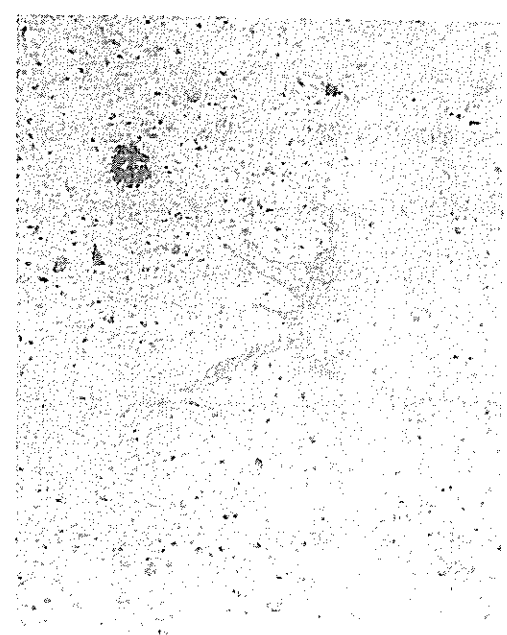
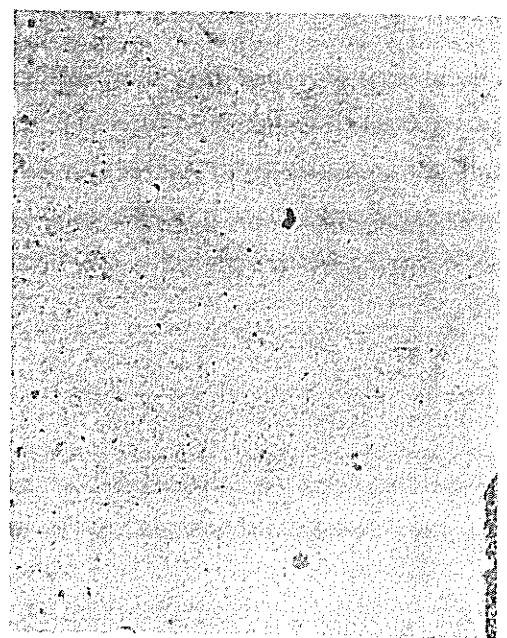
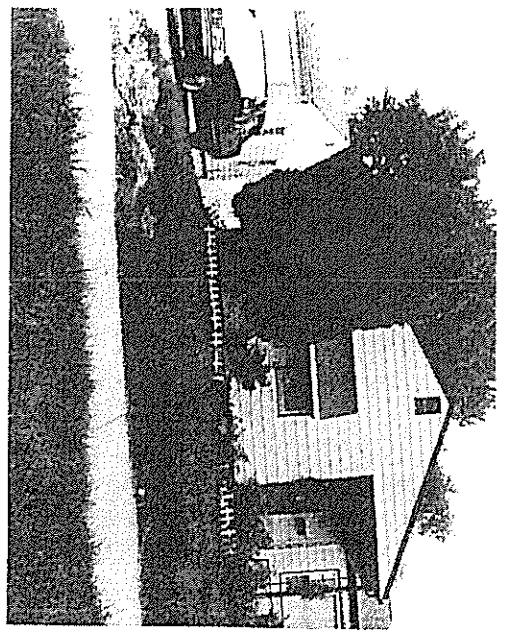
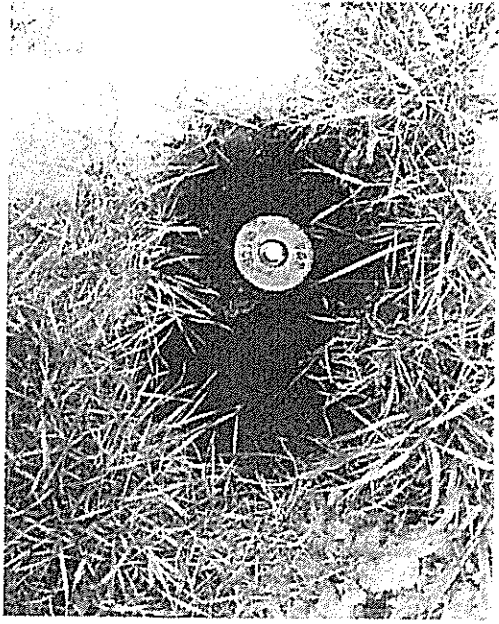
By: 
George E. Chaparas
State Bar No.: 1029489

P. O. ADDRESS:
3732 West Wisconsin Avenue, Suite 300
Milwaukee, Wisconsin 53208-3153
Phone: (414) 342-1000



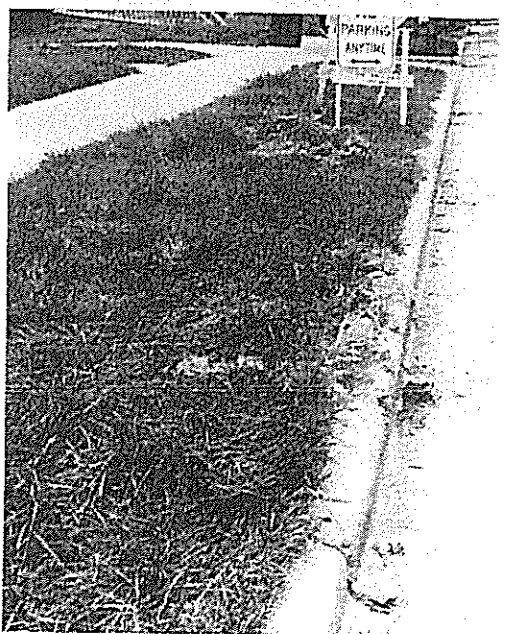
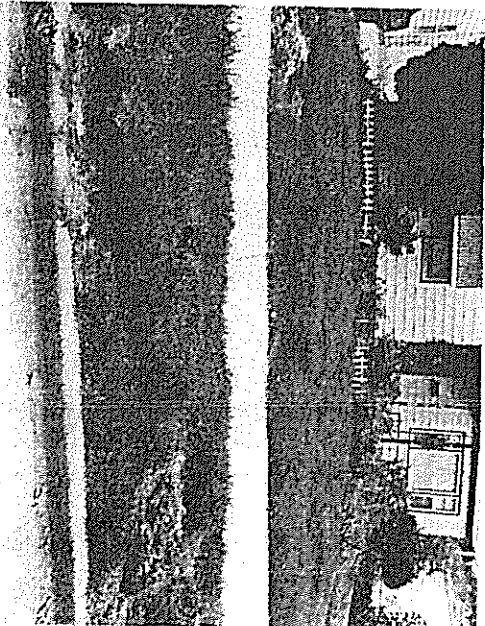
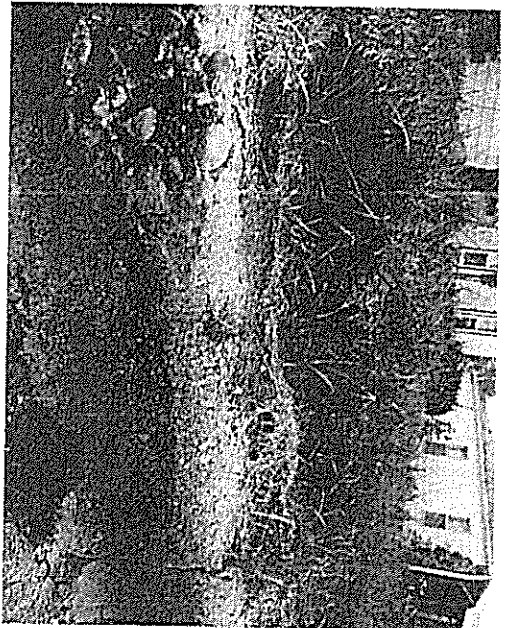
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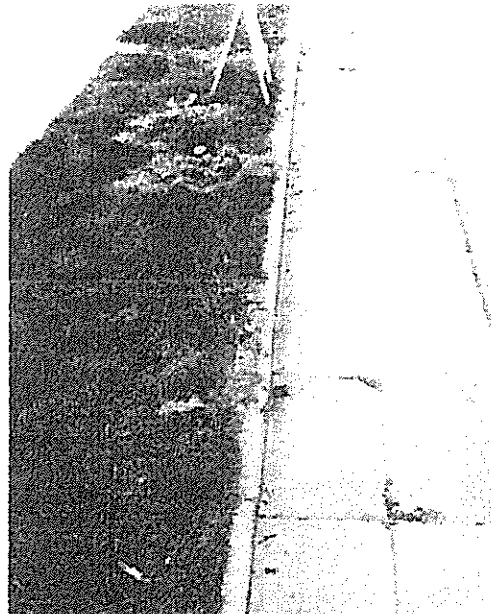
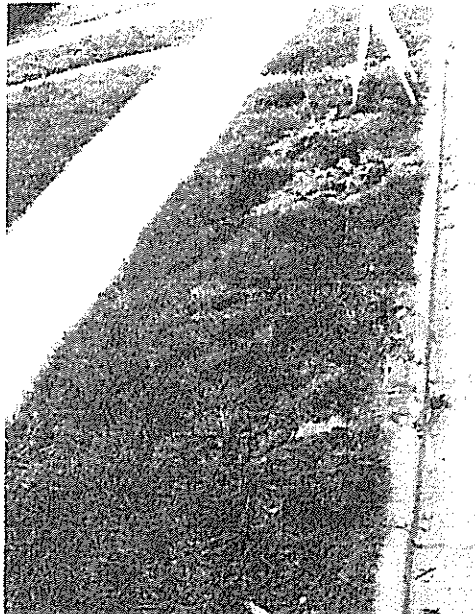


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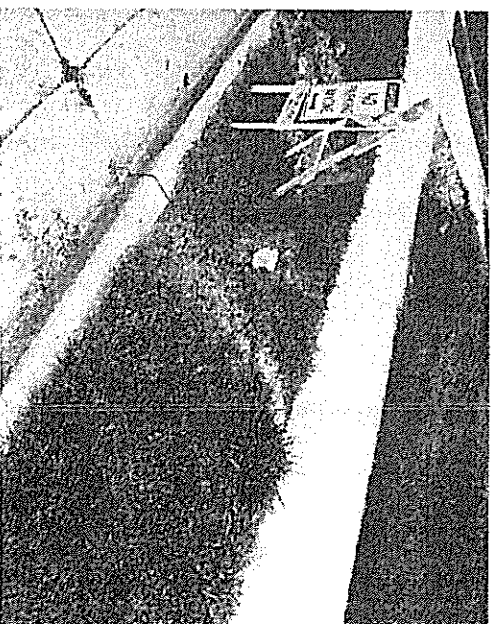
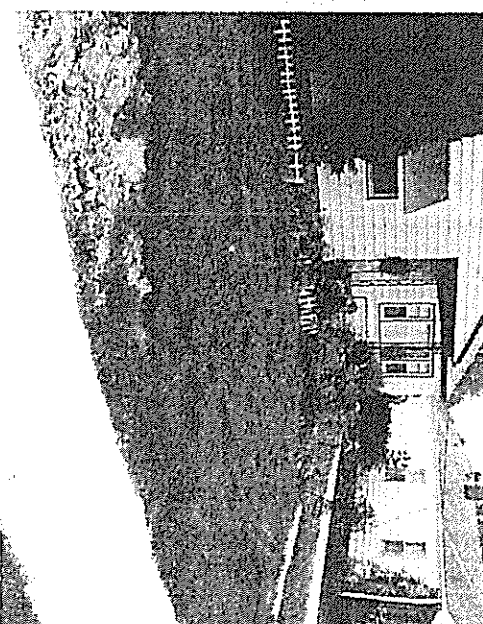
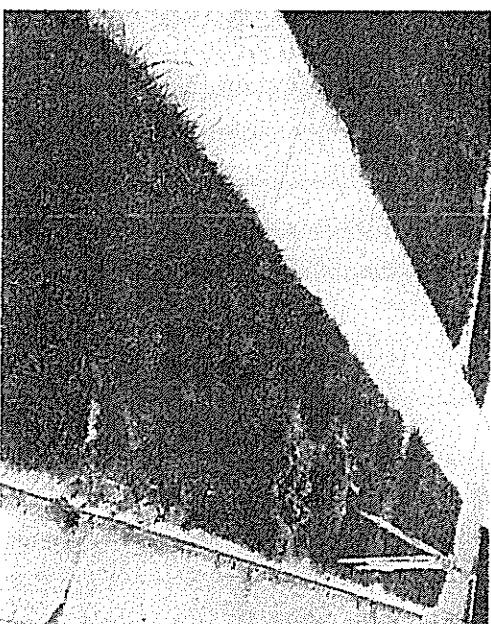
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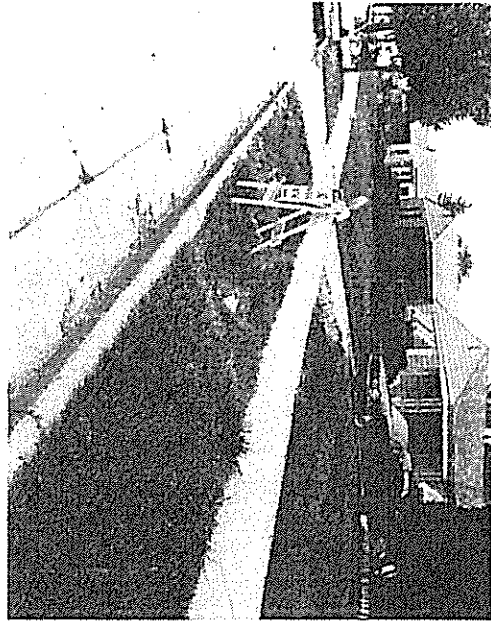
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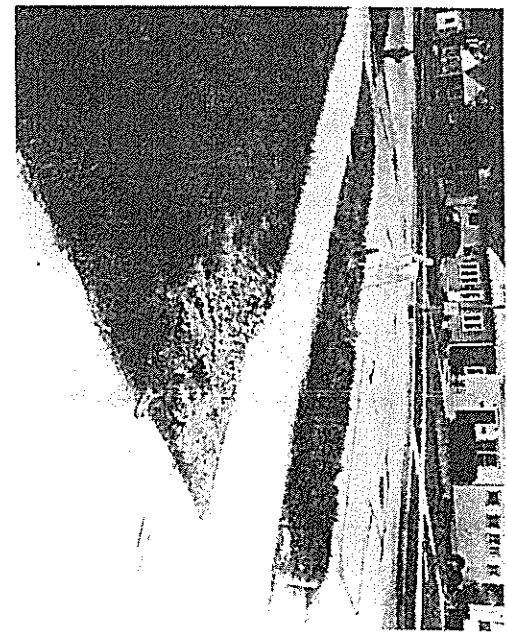
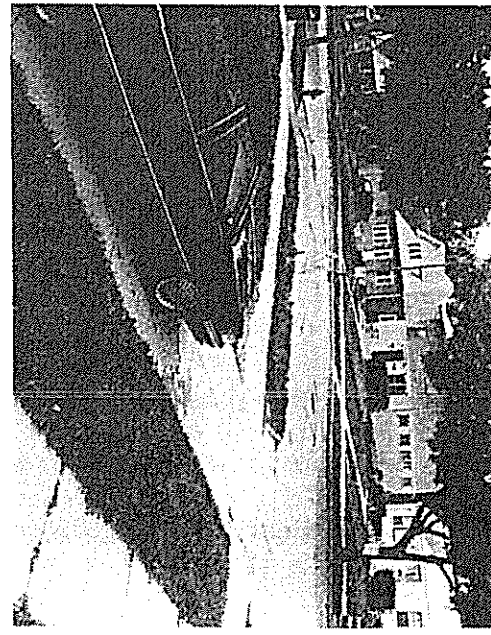
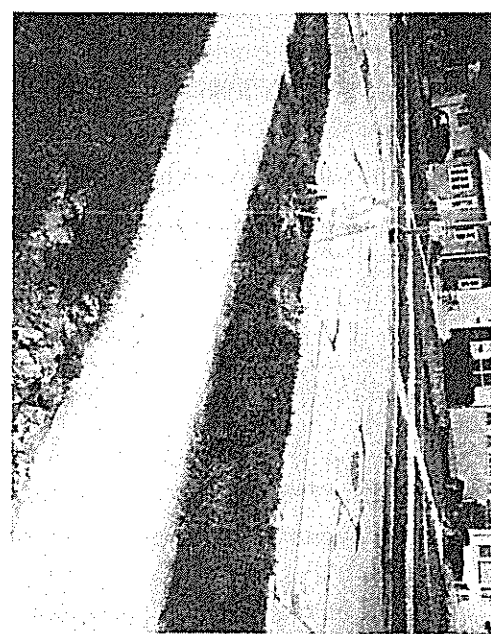
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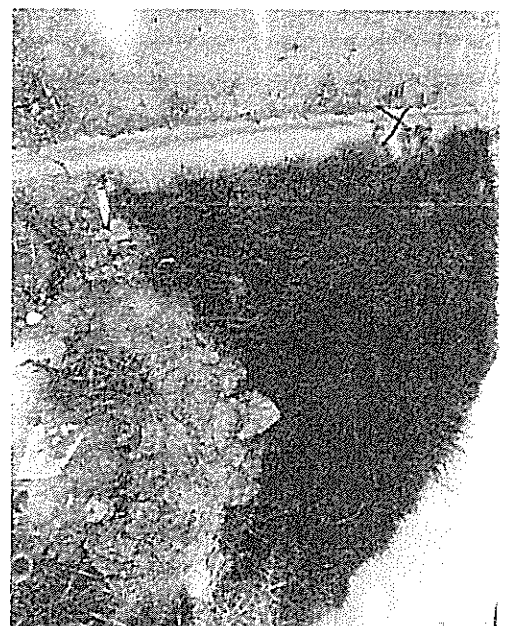
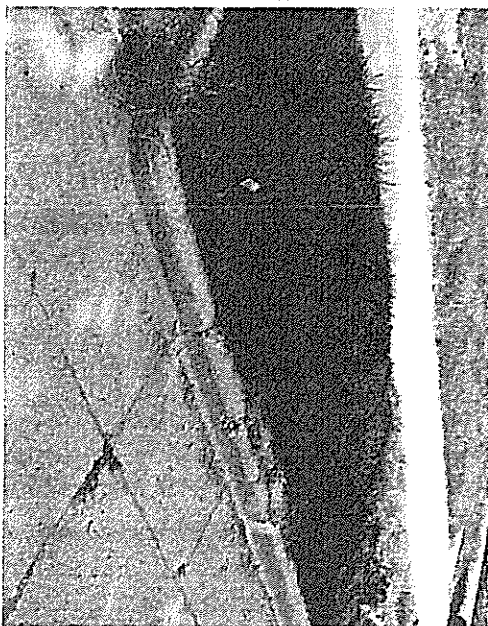
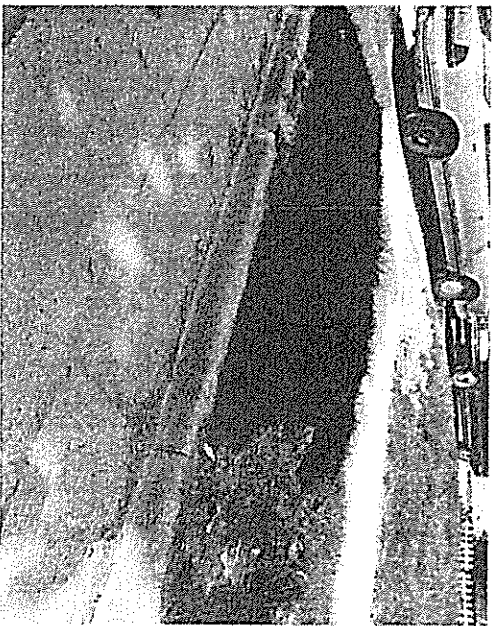


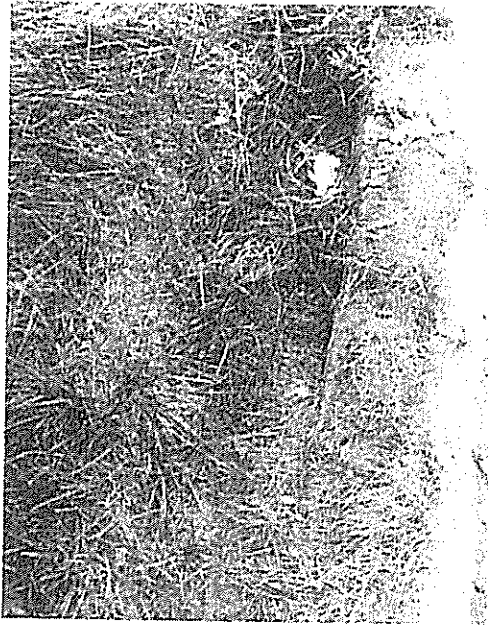
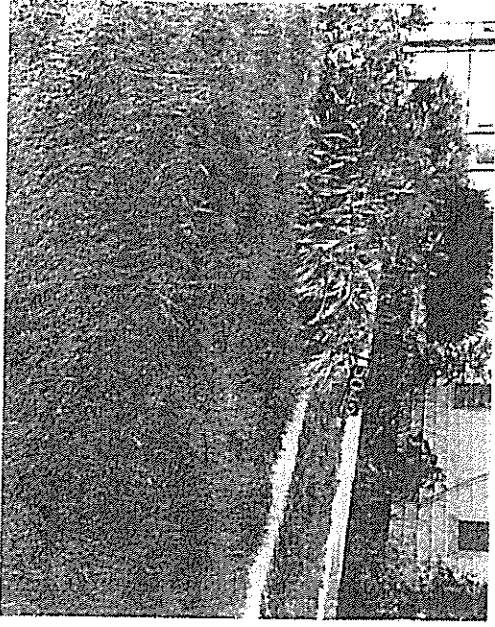
11-11-5



2-15-15







NEELIE JAMES

MEDA-CARE AMBULANCE

CERTIFICATION OF RECORDS

I, DO HEREBY CERTIFY that the attached copy of the medical and/or billing record(s) of MEDA-CARE AMBULANCE, health care provider, relative to the treatment rendered to Nettie James, patient, from 7-29-10 to 7-29-10, consisting of 4 pages, has been compared with the original medical and/or billing record(s), on file herein, and is an accurate, and complete duplicate of said medical and/or billing record(s), pursuant to Section 908.03(6m)(a), Wisconsin Statutes.

I, DO HEREBY CERTIFY that these records are under my control and jurisdiction and have been maintained in the course of regularly conducted activity, pursuant to Section 908.03(6).

IN WITNESS WHEREOF, I have set my hand on this 11th day of April, 2012.

Wendy Zepal
Signature

Lin Plant
Witness

Meda-Care Ambulance, 4935 West Forest Home Avenue Milwaukee, WI 53219
(414)327-2880 FAX (414)327-1049



MEDA CARE AMBULANCE SERVICE, INC.
PATIENT ACCOUNT SERVICES
(414) 327-2880

PATIENT NAME: Nettie James

PATIENT NUMBER: 198398

INSURANCE: Humana Gold Choice 58643706

CALL NUMBER: **1011408**

DATE OF CALL: 07/29/2010 ZERO

TIME OF CALL: 03:27 PM

CALLER: MILWAUKEE FIRE DEPARTM

FROM: 5050 N 19 PL

TO: St Joseph's Hospital

Nettie James
 5050 N 19 PL
 Milwaukee, WI 53209-5707

REASON(S) 459.0
 FOR 719.46
 TRANSPORT 879.8

DESCRIPTION OF CHARGE	QUANTITY	UNIT PRICE	AMOUNT
Ambulance Base Charge 911	A0429 1.0	471.00	471.00
Mileage Charge	A0425 5.0	14.00	70.00
Total Charges			541.00

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
Credit/Collection Commission		05/04/2011	8.20
Payment Franks Adjustment - PRIVATE (SELF P	044137	05/04/2011	15.23
Credit/Collection Commission		05/04/2011	7.00
Payment Franks Adjustment - PRIVATE (SELF P	044137	05/04/2011	13.00
Total All Other Credits			497.57
Total Credits			541.00

PLEASE PAY THIS AMOUNT ➔

\$0.00

RETAIN TOP PORTION FOR FOR YOUR RECORDS.

↑ DETACH ALONG PERFORATION AND RETURN STUB WITH YOUR PAYMENT ↓

PATIENT NAME: James, Nettie
 PATIENT NUMBER: 198398

CALL NUMBER: 1011408
 BILLING DATE: 04/10/2012

AMOUNT DUE \$ 0.00
 AMOUNT \$ _____
 ENCLOSED _____

PLEASE WRITE CALL NUMBER ON CHECK.

PCR #: 369-325		Patient Information			
Name: James, Nettie		Gen:		Provider Impression: Fall Same Level, Trip, Slip; Bleeding/Hemorrhage	
Title:		Phone: (414) 469-0839 Ext.		Chief Complaint: Evulsion to left knee	
SSN: 425-88-9486		Address: 5050 N 19 PL Milwaukee, WI 53209		Secondary Complaint:	
Gender: Female	Weight:	Date of Birth: 03/25/1940	Age: 70 Years	Family Physician:	
Incident #: 1011408		Rec. Med. Rec # :		Phone:	

Call Information					
Provider: Meda Care Ambulance			Pickup Location: Home/Residence		
Unit # 234			Address 1: 5050 N 19 PL		
Onset Time:			Address 2:		
Pat. Disposition: Treated, transported by EMS			City, ST, Zip: Milwaukee, WI 53209		
Disp. Urgency: Emergency Response			Latitude: Longitude:		
Trans. Urgency: Immediate Response			Drop Off Location: St Joseph's Hospital		
Mode To Scene: Lights and Sirens			Destination Determination: Most Appropriate		
Mode From Scene: No Lights or Sirens			Loaded Mileage: 5.0 Total Mileage:		
Transport Agency: Meda-Care Ambulance			Starting: Pickup Patient: 71769.3		
Transporting Unit: 234 Mode: Ground			Drop Off Patient: 71774.3 Ending:		
Ord./Ref. Doctor:			How Pat. Moved To Ambulance: Stretcher		
Dispatch Reason: Injury, Foot/Ankle/Knee/Leg			How Pat. Moved From Ambulance:		
Pat. Pos. During Tran. Sitting			Pat. Condition At Destination: Unchanged		

Pertinent Findings	
Level of Care: BLS EMERGENCY	Cause of Injury:
Alcohol/Drug Use Indicators: None	
Primary Signs and Symptoms: Laceration	
Other Signs and Symptoms: Bleeding/Hemorrhage	
Current Medication: None or No Known - 0	
Envir./Food Allergies:	
Medications Allergies: None or No Known	
Past Medical History: None	
Medical / Surgical:	

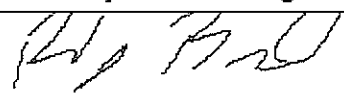
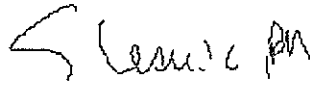
Event Chronology			
Time	Event	Attendant	Event
	Procedure Performed	Bedward, Rick Schindler, John	Procedure: Splinting-Prosplint; Comment: Pro-Splint to left leg ;
15:27:00	Received		
15:27:00	Dispatched		
15:27:00	911 Call Time		
15:28:00	Enroute		
15:39:00	At Scene		
15:40:00	At Patient		
15:56:00	Depart Sc		
15:58:00	Vital Signs Assessed	Schindler, John	BP: 138 / 82 Automated Cuff; Pulse: 88 Regular, Location: Radial; Resp: 12 Normal; SaO2: 98; EKG Rhythm: Not Applicable; Level of Consciousness: Alert and Oriented to Person, Place, Date/Time, Event;

Event Chronology

Time	Event	Attendant	Event
16:06:00	Vital Signs Assessed	Bedward, Rick	BP: 134 / 84 Automated Cuff; Pulse: 99 Regular, Location: Radial; Resp: 12 Normal; SaO2: 98; EKG Rhythm: Not Applicable; Level of Consciousness: Alert and Oriented to Person, Place, Date/Time, Event;
16:10:00	At Destin		
16:52:00	In Service		
16:52:00	Back Home		

Narrative: Dispatched Code-3 for a fall. (S): Pt tripped on a curb falling to the ground and hitting her knee on the curb. Pt evulsed her left knee during the fall. Pt would like to go to the ER. (O): Found 70 Y/O/F A+Ox4 W/O ABC comp. Pt was sitting in the street holding her left knee. Pt had bleeding from her knee and approx. 5" x 3" evulsion inferior and lateral to the left patella. Pt had good CMS and ROM in left leg and foot. Pt stated that she didn't have much pain with this. (A/P): My P/A was that pt was in need of ER care for this injury. BLS standard of care protocols used. (I/E): Phys exam of pt. Cut pt's left paint leg to expose the injury. Placed 5x9 and 4" Kling over evulsion to control the bleeding. Checked pt's CMS. Placed pt's left leg in a Pro-Splint to immobilize it. Checked CMS after placing the splint. CMS was good. Placed pt onto the cotx5 and moved pt into the ambulance. Took VS. Monitored and transported to the ER w/o/i. (R): Upon arrival at the ER gave report and turned pt care over to the ER RN END.....

Additional Crew Members:

	Primary Patient Caregiver	Primary Patient Caregiver	Transfer Care To
			I certify that the above named patient was received by our facility on the date and time set forth on this report.
	Bedward, Rick EMT-Paramedic	Schindler, John EMT-Paramedic	
Patient Signature	Med. Direction Authorized By		
			
James, Nettie			NURSE, NURSE

I HEREBY ACKNOWLEDGE RECEIPT OF MEDA-CARE AMBULANCE NOTICE OF PRIVACY PRACTICES.

WITH MY SIGNATURE I REQUEST THAT PAYMENT OF AUTHORIZED MEDICARE, MEDACAID, AND/OR OTHER INSURANCE BENEFITS, AND/OR ANY OTHER PARTY LIABLE TO ME; BE MADE ON MY BEHALF TO MEDA-CARE AMBULANCE SERVICE

AS SERVICES WERE RENDERED TO THE PATIENT, HE/SHE OBLIGATES HIM/HER SELF TO PAY MEDA-CARE AMBULANCE IN ACCORDANCE WITH REGULAR RATES AND TERMS. EXTENDED PAYMENT PLANS CAN BE ARRANGED THROUGH ONE OF OUR BILLING SPECIALISTS AT (414) 327-2880

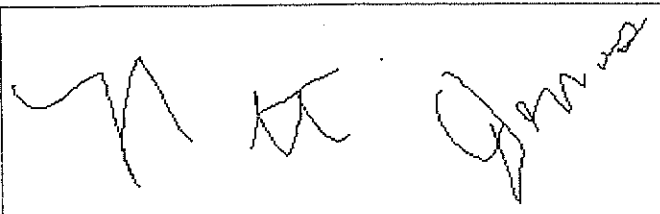
I ACKNOWLEDGE THAT MEDICARE ONLY PAYS FOR SERVICES THAT IT DETERMINES TO BE REASONABLE AND NECESSARY. MEDICARE MAY DENY PAYMENT FOR SERVICES, REQUIRED OR NOT, THAT IT DEEMS "NOT REASONABLE AND NECESSARY" UNDER MEDICARE PROGRAM STANDARDS

I AUTHORIZE MEDICARE BENEFITS BE MADE ON MY BEHALF TO MEDA-CARE AMBULANCE SERVICE FOR ANY SERVICE(S) PROVIDED. I AUTHORIZE MEDICAL INFORMATION ABOUT ME BE RELEASED TO HCFA AND ITS AGENTS TO DETERMINE PROGRAM STANDARDS.

MEDA-CARE AMBULANCE MAY DISCLOSE ALL OR ANY PART OF THE PATIENT'S RECORD(S) FOR TREATMENT, PAYMENT, OPERATIONS, OR AS REQUIRED OR PERMITTED BY LAW. THESE DISCLOSURES ARE OUTLINED IN THE NOTICE OF PRIVACY PRACTICES PROVIDED AT THE TIME OF SERVICE

IF PATIENT REFUSES TO SIGN, I ATTEST THAT THE PATIENT HAS REFUSED CARE AND/OR TRANSPORTATION BY MEDA-CARE AMBULANCE SERVICE PROVIDERS. THE PATIENT WAS INFORMED OF THE RISKS OF THIS REFUSAL AND REFUSED TO SIGN THIS FORM WHEN ASKED.

Patient Signature



James, Nettie

Date : 07/29/2010

2nd Signature



Date : 07/29/2010

WHEATON FRANCISCAN - ST. JOSEPH
5000 West Chambers Street
Milwaukee, WI 53210

August 17, 2010

WEIGEL, CARLSON, BLAU & CLEMENS, S.C.
3732 W. WISCONSIN AVE STE 300

MILWAUKEE, WI 53208

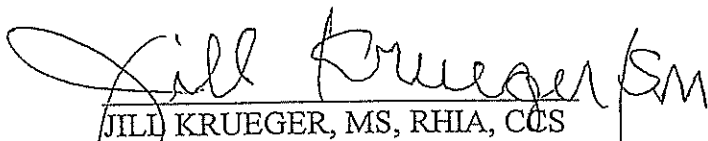
CERTIFICATION OF MEDICAL RECORDS

Patient Name: NETTIE JAMES
Patient DOB: March 25, 1940
Patient MRN: 016-54-95

I, JILL KRUEGER, Record Custodian of hospital records at Wheaton Franciscan - St. Joseph's, Milwaukee, Wisconsin, hereby certify that the documents annexed hereto and consisting of 18 pages and date(s) of service 7/29/10

constitutes an accurate, legible, and complete duplicate of the St. Joseph's medical record regarding the above named patient for the service date(s) requested.

*Please note that all certified records only go back 10 years.


JILL KRUEGER, MS, RHIA, CCS
Director, Health Information Management

ST. JOSEPH REGIONAL MEDICAL CENTER
A MEMBER OF WHEATON FRANCISCAN HEALTHCARE

Account No: 72757719
Sched Date: 07/29/10 04:13 PM

MR#: 0165495

PATIENT INFORMATION

Title: JAMES NETTIE
5050 N 19TH PLACE
MILWAUKEE WI 53209
Phone: 414 227-8968
DOB: 03/25/1940 Age: 70
Gender: F MS: DIVORCED

Religion: OTHER
Employer:
Phone #:
Occupation:

CONTACT PERSON 1

Name: OWENS IRIS
Phone: 414 227-8968
Bus Phone:
Relat: CHILD
Notify: Y

CONTACT PERSON 2

Name:
Phone:
Bus Phone:
Relat:
Notify:

VISIT INFORMATION

Admit Reason: UNK
Comment: TM M

Visit Type: E
Location: EMERGENCY DEPT#TRAUMA/MAJ
Last Inp Date:
Last Outpt Date:

INTERPRETER NEEDED: NO
Language: ENGLISH

PHYSICIAN INFO

Adm:
Att: MALONEY PATRICK J
PCP: BRYANT JOHN

INSURANCE INFORMATION

PRIMARY: HUMANA INDEMNITY
FC: MANAGED CARE
PO BOX 14610
LEXINGTON KY 40512
Phone #: 800 626-2694
Subr: JAMES NETTIE
Insured DOB: 03/25/1940
Policy#: H5864370600
Group#: Q7023006
Group Name:
Relat: PATIENT IS INSURED -

GUARANTOR INFORMATION

Name: JAMES NETTIE
5050 N 19TH PLACE
MILWAUKEE WI 53209-0000
Phone #: 414 227-8968
Employer:
Phone #:

SOURCE OF ID: PATIENT INTERVIEW

PRINTED COPY

Date: 07/29/10

Time: 08:35 PM

Emergency Department Chart

Patient Name: JAMES, NETTIE	Account Number: 72757719
Medical Rec. Number: 165495	Birthdate: 03/25/1940
Arrival Date: 07/29/2010 16:13	Primary MD: Dr Brayn
Visit Date: 07/29/2010 16:15	Attending MD: Patrick Maloney MD

Vital Signs/Data

Time	Staff	Temperature	Pulse	Respiration	Blood Pressure	Pulse Oximetry	Pain
07/29/2010 16:16	SRL	99.2 F Oral	99 /min	18 /min	172/101 mm hg.	99% on Room air	0/10
07/29/2010 16:22	SRL		95 /min				
07/29/2010 18:25	SRL		74 /min	15 /min	150/68 mm hg.	100% on Room air	

Allergies

NKA (07/29/2010 16:15)

Chief Complaint

Wound /laceration to left knee. (SRL 07/29/2010 16:16)

Pre-Hospital Treatment

Patient arrived via Medacare ambulance. (SRL) 07/29/2010 16:16

Triage

ESI - 3. Physician notified of patient's arrival per the Tracking Board. (SRL 07/29/2010 16:16)
 No language barrier. (SRL 16:16)
 History comes from patient. (SRL 16:16)
 History is supplied by the patient's ambulance record. (SRL 16:16)
 pt tripped in yard and fell and hurt L knee. Laceration to L knee--bleeding controlled with dressing. Pt denies knee pain at this time. pt states L knee/foot is numb and unable to move toes. L foot and ankle pulses obtained via doppler. (SRL 16:16)
 Patient smokes 1/2 pks/ day. (SRL 16:16)
 Patient denies use of alcohol. (SRL 16:16)
 Patient denies illicit drug use. (SRL 16:16)
 Patient indicates no infectious disease risk factors. (SRL 16:16)
 Patient lives with family. (SRL 16:16)
 Patient is triaged to an ED room/bed. (SRL 16:16)

Last Menstrual Period

Postmenopausal (SRL 07/29/2010 16:18)

Current Medications

Fish Oil [Confirmed by Susan R Lesnik RN on 07/29/2010 16:14:00.] (M1AK 07/29/2010 16:14)
 Lovastatin [Confirmed by Susan R Lesnik RN on 07/29/2010 16:14:00.] (M1AK 16:14)
 Patient is on medications. (SRL 16:16)
 Patient takes no medications. (LCB9 17:01)
 Vicodin 1 tablet(s) Oral Every 6 hours as needed [Confirmed by Melanie A Koch RN on 07/29/2010 20:03:00.] (M1AK 20:03)
 Keflex 500 mg Oral Every 6 hours [Confirmed by Melanie A Koch RN on 07/29/2010 20:03:00.] (M1AK 20:03)

Nursing Assessment

GENERAL

NEGLECT/ABUSE: Survey shows NEGATIVE risk for this patient. (SRL) 07/29/2010 16:16 Subjective numbness left lower extremity. dorsalis pedis pulse (SRL) 07/29/2010 16:19

MENTAL STATUS

Alert, oriented and fully verbal. (SRL) 07/29/2010 16:19

Emergency Department Chart

Patient Name: JAMES, NETTIE	Account Number: 72757719
Medical Rec. Number: 165495	Birthdate: 03/25/1940
Arrival Date: 07/29/2010 16:13	Primary MD: Dr Brayn
Visit Date: 07/29/2010 16:15	Attending MD: Patrick Maloney MD

Nursing Assessment

NEUROLOGIC

Neurologic exam is WDL. (SRL) 07/29/2010 16:19

SKIN

There is a laceration noted over the left anterior knee. No active bleeding noted over the left anterior knee. (SRL) 07/29/2010 16:19

PULMONARY

Respiratory exam is WDL. (SRL) 07/29/2010 16:19

CARDIAC

Regular cardiac rate and rhythm noted. Brisk capillary refill. Slightly hypertensive The left dorsalis pedis pulse is noted by doppler only. Normal lower extremity exam without edema or tenderness. (SRL) 07/29/2010 16:19

SOFT TISSUE

Numbness to L foot and unable to wiggle toes.. (SRL) 07/29/2010 16:19

PAIN

Patient denies pain affecting left knee The patient has received verbal instruction and/or educational material relating to their pain, its treatment goals, expectations, and care. Patient verbalized understanding.

The patient has had a goal of demonstrable pain reduction prior to discharge set.
(SRL) 07/29/2010 16:16

Nursing Continuation Notes - Refer to Orders section for all orders

Transferred from ambulance stretcher to bed # 7. (SRL 07/29/2010 16:16)
Call light provided to patient. side rails up. (SRL 16:16)
Comfortable. (SRL 16:29)
In bed. (SRL 16:29)
Bed rails up. (SRL 16:29)
er pa at bedside. pt now able to move toes and has palpable pulses in L foot. pt now complains of knee pain. (SRL 16:29)
Left department to X-ray (SRL 16:49)
Via stretcher. (SRL 16:49)
ED tech in attendance when patient out of department. (SRL 16:49)
Returns from X-ray (SRL 17:15)
Via stretcher. (SRL 17:15)
ED tech in attendance when patient out of department. (SRL 17:15)
Comfortable. (SRL 18:25)
In bed. (SRL 18:25)
Bed rails up. (SRL 18:25)
PA student at bedside suturing L knee. Pt states pain is a little better. (SRL 18:25)
PATIENT CARE MANAGEMENT: Care transferred to Melanie A Koch, RN from (M1AK 18:55)
Susan Lesnik RN (M1AK 18:55)
Wound cleaned. (J1MM 19:34)
Triple antibiotic ointment and dressing applied. (J1MM 19:34)
Non-adherent dressing. (J1MM 19:34)
Ace wrap applied. (J1MM 19:34)
Dressing: good CMS before/after wrap on; no problems. (J1MM 19:34)

Technician Notes

Taken to X-ray. Returns from X-ray. (JK29) 07/29/2010 16:48

Emergency Department Chart

Patient Name: JAMES, NETTIE	Account Number: 72757719
Medical Rec. Number: 165495	Birthdate: 03/25/1940
Arrival Date: 07/29/2010 16:13	Primary MD: Dr Brayn
Visit Date: 07/29/2010 16:15	Attending MD: Patrick Maloney MD

Clinician History of Present Illness

Summary

PATIENT C/O LEFT KNEE LACERATION MINUTES PTA. BROUGHT IN VIA AMBULANCE. PATIENT WAS GOING ACROSS THE STREET FROM HER HOUSE AND TRIPPED ON CURB AND FELL ON SIDEWALK. NO HEAD INJURY. NO LOC, NO N/T, NO SOB NO CP NO ABD PAIN, NO VISION LOSS. NO OTHER COMPLAINTS. NO PREVIOUS H/O INJURY. ON EXAM LEFT LATERAL KNEE WITH 15 CM LACERATION TO THE SUBQ TISSUE GAPPING. WITH SWELLING AND ECCHYMOSES TO KNEE. FROM OF KNEE. EXTENDS KNEE AGAINST RESISTANCE. DISTAL PULSES INTACT BILATERAL AND EQUAL. NECK WITHOUT TTP, NO AXIAL LOAD TTP. BACK NO CVA TTP, NO SWELLING/ECCHYMOSES/ERYTHEMA. NO CREPITUS. FROM OF BACK. FROM OF ALL EXTREMITIES. NEUROLOGICALLY INTACT. O/W BENIGN EXAM. XRAY DONE. SALINE LOCK PLACED. MORPHINE 2 MG IV GIVEN. ALSO ROCEPHIN 1 GM IV FOR PREVENTION OF INFECTION. PATIENT UNDERSTANDS AND AGREES WITH PLAN AND KNOWS TO RTED IF WORSEN O/W F/U WITH PMD. TRIPLE OINTMENT. STERI STRIPS. WOUND DRESSING. ACE WRAP. VICRYL 4-0 4 PLACED. AND 4-0 PROLENE 28 PLACED. WELL APPROXIMATED. ANOTHER MORPHINE 4 MG IV GIVEN. SENT HOME WITH KEFLEX AND VICODIN. (LCB9) 07/29/2010 17:01

This laceration is the result of impact from direct trauma and not from a sharp implement causing break in skin. (LCB9) 07/29/2010 17:00 Exam started at 17:01 Presenting problem started minutes ago. History comes from patient. Have reviewed and agree with RN note. Able to get a good history. (LCB9) 07/29/2010 17:01 Injury can be coded as occurring in a transportation environs. (LCB9) 07/29/2010 17:01

Past Medical and Surgical History

Hypercholesterolemia; S/P Cholecystectomy (SRL) 07/29/2010 16:16

Review of Systems

Denies any fever. Denies having chills. Denies any shortness of breath. Denies chest pain. Denies abdominal pain. Denies any rash. Denies headaches. All other systems are negative. Has left knee pain. (LCB9) 07/29/2010 17:01

Social History

Is a smoker. Denies use of alcohol. Does not take any drugs. (LCB9) 07/29/2010 17:01

Family History

No relevant family history related to current problem. (LCB9) 07/29/2010 17:01

Physical Exam

GENERAL:

Vital signs reviewed. Alert. Appears to be in mild distress. (LCB9) 07/29/2010 17:01

ENT:

No evidence of venous jugular distension. The neck is supple, with no evidence of meningismus. No cervical adenopathy is noted. LEFT LATERAL KNEE WITH 15 CM LACERATION TO THE SUBQ TISSUE GAPPING. WITH SWELLING AND ECCHYMOSES TO KNEE. FROM OF KNEE. EXTENDS KNEE AGAINST RESISTANCE. DISTAL PULSES INTACT BILATERAL AND EQUAL. NECK WITHOUT TTP, NO AXIAL LOAD TTP. BACK NO CVA TTP, NO SWELLING/ECCHYMOSES/ERYTHEMA. NO CREPITUS. FROM OF BACK. FROM OF ALL EXTREMITIES. NEUROLOGICALLY INTACT. O/W BENIGN EXAM. (LCB9) 07/29/2010 17:01

EYE EXAM:

Pupils are reactive to light. (LCB9) 07/29/2010 17:01

PULMONARY:

Currently in no acute respiratory distress. Normal, non labored respirations. The breath sounds are normal, with good equal air movement. The chest wall is not tender to palpation. (LCB9) 07/29/2010 17:01

Emergency Department Chart

Patient Name: JAMES, NETTIE	Account Number: 72757719
Medical Rec. Number: 165495	Birthdate: 03/25/1940
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Visit Date: 07/29/2010 16:15	Attending MD: Patrick Maloney MD

Physical Exam

CIRCULATORY:

Regular rate and rhythm. No murmur. Peripheral pulses are strong and equal. (LCB9) 07/29/2010 17:01

ABDOMEN:

The abdomen is soft and nontender to palpation. (LCB9) 07/29/2010 17:01

NEUROLOGIC:

Alert, oriented to person, place, and time. Cranial nerves II through XII are intact. No motor deficit. No sensory deficit. Alert & oriented to person, place and time. Responds appropriately to questions. Recent memory intact. Normal speech, volume and content. Able to express self appropriately. Cranial nerves and EOM's are intact. Symmetrical smile. Good neck muscle tone. Hearing grossly intact. Pupils equal round and reactive to light. Normal symmetric muscle strength and tone. Normal sensory exam. Responds to appropriately to touch. No numbness or dysesthesias. Normal reflexes. Lower extremity DTR's equal. Normal gait and body control. Cerebellar exam grossly intact. Normal finger nose finger exam without overshooting. No evidence of tremor, fasciculations, or uncontrolled movement disorder. (LCB9) 07/29/2010 17:01

MUSCULOSKELETAL:

No extremity tenderness. Full range of motion in all extremities. No extremity edema. The patient has mild to moderate joint pain with movement of the left anterior knee. Moderately tender to palpation over the left anterior knee. Exam over the left anterior knee demonstrates a mild to moderate amount of swelling. No palpable effusion over the left anterior knee. The area over the left anterior knee is consistent with a mild to moderate contusion. No evidence of hematoma at this site. Ligaments surrounding the left anterior knee are intact. The rest of the knee exam is OK. No acute instability or subluxation. The distal neurovascular exam is OK with good Dorsalis pedis, and grossly intact sensory exam. The distal neurovascular exam is intact. Good color. Pulses OK. Motor and sensation intact. (LCB9) 07/29/2010 17:01

SKIN:

Skin color is normal. No rash. Dry to touch. Warm. No evidence of effusion or inflammation over left anterior knee. There is a complex laceration located over the left anterior knee which is 15 cm in length. This wound will require surgical closure to stabilize wound edges and ensure optimal healing. No active bleeding. Wound is deep enough to involve fatty tissue. No tendon involvement. Nothing in exam to suggest any possibility of anterior compartment involvement or syndrome. (LCB9) 07/29/2010 17:01

PSYCHIATRIC:

Mood and affect normal. (LCB9) 07/29/2010 17:01

Emergency Department Chart

Patient Name: JAMES, NETTIE	Account Number: 72757719
Medical Rec. Number: 165495	Birthdate: 03/25/1940
Arrival Date: 07/29/2010 16:13	Primary MD: Dr Brayn
Visit Date: 07/29/2010 16:15	Attending MD: Patrick Maloney MD

Procedures

Procedure note: Laceration. (LCB9 07/29/2010 19:00)
Site marking and time out documentation for Laceration closure only - (MUST have lac description). (LCB9 19:00)
Site marking and time out were not applicable for this procedure. (LCB9 19:00)
Procedure - Laceration #1: There is a complex laceration located over the left anterior knee which is 15 cm in length. (LCB9 19:00)
Wound appears generally clean without obvious contamination. (LCB9 19:00)
Wound edges are ragged. (LCB9 19:00)
Has nice sharp wound edges. (LCB9 19:00)
Routine preparation of wound without revision or excision of wound edges. (LCB9 19:00)
Explored to the base of the wound, with no visible foreign material seen. (LCB9 19:00)
Irrigated and cleaned with saline. (LCB9 19:00)
Wound prepared and cleaned with Shurclens. (LCB9 19:00)
Infiltrated with 1% lidocaine, with epinephrine. (LCB9 19:00)
Wound runs horizontally. (LCB9 19:00)
Wound runs vertically. (LCB9 19:00)
Single layer closure. (LCB9 19:00)
using 4-0 vicryl. (LCB9 19:00)
Closed sub-cutaneous tissues with 3 sutures (LCB9 19:00)
Skin closed with 28 sutures of 4-0 nylon. (LCB9 19:00)
Y shaped defect. (LCB9 19:00)

Primary Diagnosis

Laceration left anterior knee (LCB9 07/29/2010 19:17)
Contusion of the left anterior knee (LCB9 19:27)
Swelling of the left anterior knee (LCB9 19:27)

Drug Orders

*ED-LIDOCAINE 2% W/EPINEPHRINE 1:100,000 INJ: To Bedside 1 APP INFILTRA Once
Entered By (LCB9 PAC 07/29/2010 16:25) Ordered By (LCB9 PAC 16:25) Completed By (SRL RN 16:40) MD Sign (LCB9 PAC 16:25) Notes: given to er pa (SRL 16:40)
*ED-Tdap (TETANUS PERTUSSIS DIPHTHERIA)(BOOSTRIX or ADACEL) 0.5 ML IM Once
Entered By (LCB9 PAC 07/29/2010 17:26) Ordered By (LCB9 PAC 17:26) Completed By (SRL RN 18:24) MD Sign (LCB9 PAC 17:26) Notes: IM *ED-Tdap (TETANUS PERTUSSIS DIPHTHERIA)(BOOSTRIX or ADACEL) given to patient in the right deltoid muscle. Lot # ac52b063ba. (SRL 18:24)
*ED-CEFTRIAZONE INJ (ROCEPHIN) 1000 MG IV Once
Entered By (LCB9 PAC 07/29/2010 18:58) Ordered By (LCB9 PAC 18:58) Completed By (M1AK RN 19:27) MD Sign (LCB9 PAC 18:58) Notes: IV infusion of *ED-CEFTRIAZONE INJ (ROCEPHIN) started. IV infusion of *ED-CEFTRIAZONE INJ (ROCEPHIN) still infusing. No complications. RN note: running on pump at 100 ml/hr (M1AK 19:27) Has received approx 50 ml. IV infusion of *ED-CEFTRIAZONE INJ (ROCEPHIN) stopped. IV capped and flushed. (M1AK 19:50)
*ED-MORPHINE INJ 2 MG IV Once
Entered By (LCB9 PAC 07/29/2010 19:16) Ordered By (LCB9 PAC 19:16) Completed By (M1AK RN 19:26) MD Sign (LCB9 PAC 19:16) Notes: No complications. Dose given IV push. IV capped and flushed. RN note: slow IV push over 2 minutes. Flushed with 10 cc normal saline Just given *ED-MORPHINE INJ. (M1AK 19:26)

Emergency Department Chart

Patient Name: JAMES, NETTIE	Account Number: 72757719
Medical Rec. Number: 165495	Birthdate: 03/25/1940
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Visit Date: 07/29/2010 16:15	Attending MD: Patrick Maloney MD

Non-Drug Orders

ED-Knee Lt 4+ Views (Sunrise View) Indication-Knee pain with trauma

Entered By (LCB9 PAC 07/29/2010 16:25) Ordered By (LCB9 PAC 16:25) Results Back (17:19) MD Sign (LCB9 PAC 16:25) Notes: Returns from X-ray. (JK29 17:14)

ED-Ice Pack

Entered By (LCB9 PAC 07/29/2010 16:25) Ordered By (LCB9 PAC 16:25) Completed By (SRL RN 16:40) MD Sign (LCB9 PAC 16:25)

ED-Capped IV (Saline Lock)

Entered By (SRL RN 07/29/2010 16:41) Ordered By (LCB9 PAC 16:41) Completed By (SRL RN 16:44) MD Sign (LCB9 PAC 19:27) Notes: IV was started in department. IV SITE # 1: Using sterile technique, IV access initiated with # 20 gauge catheter in the dorsum of right hand. Tolerated IV insertion without complications. (SRL 16:44) IV discontinued - catheter intact. Local dressing applied to site. (M1AK 20:02)

ED-Wound Prep and Irrigation

Entered By (LCB9 PAC 07/29/2010 17:13) Ordered By (LCB9 PAC 17:13) Completed By (J1MM EEMT 17:42) MD Sign (LCB9 PAC 17:13)

ED-Ace Wrap

Entered By (LCB9 PAC 07/29/2010 19:00) Ordered By (LCB9 PAC 19:00) Completed By (J1MM EEMT 19:34) MD Sign (LCB9 PAC 19:00)

ED-Free Text Nursing Order

Entered By (LCB9 PAC 07/29/2010 19:00) Ordered By (LCB9 PAC 19:00) Completed By (M1AK RN 19:26) MD Sign (LCB9 PAC 19:00) Comments: SOME PANTS PLEASE

ED-Steri Strip Wound

Entered By (LCB9 PAC 07/29/2010 18:59) Ordered By (LCB9 PAC 18:59) Completed By (J1MM EEMT 19:33) MD Sign (LCB9 PAC 18:59)

ED-Triple Antibiotic Ointment

Entered By (LCB9 PAC 07/29/2010 18:59) Ordered By (LCB9 PAC 18:59) Completed By (J1MM EEMT 19:29) MD Sign (LCB9 PAC 18:59)

ED-Dressing Nonadherent

Entered By (LCB9 PAC 07/29/2010 18:59) Ordered By (LCB9 PAC 18:59) Completed By (J1MM EEMT 19:30) MD Sign (LCB9 PAC 18:59) Notes: Nonadherent dressing. Triple antibiotic ointment applied. Kling dressing applied. (J1MM 19:30)

ED-Dressing Wound

Entered By (LCB9 PAC 07/29/2010 18:59) Ordered By (LCB9 PAC 18:59) Completed By (J1MM EEMT 19:32) MD Sign (LCB9 PAC 18:59) Notes: Nonadherent dressing. Triple antibiotic ointment applied. Kling dressing applied. (J1MM 19:32)

Results

ED-Knee Lt 4+ Views (Sunrise View) Indication-Knee pain with trauma - This film was independently interpreted by me as the primary reviewer. (LCB9 07/29/2010 19:28)

No radiographic evidence of acute fracture. (LCB9 19:28)

No radio-opaque foreign body noted. (LCB9 19:28)

Has some moderate degenerative joint changes. (LCB9 19:28)

Emergency Department Chart

Patient Name: JAMES, NETTIE	Account Number: 72757719
Medical Rec. Number: 165495	Birthdate: 03/25/1940
Arrival Date: 07/29/2010 16:13	Primary MD: Dr Brayn
Visit Date: 07/29/2010 16:15	Attending MD: Patrick Maloney MD

Disposition

Arrange for a follow up appointment with patient's own Primary Care Provider in 3-5 days or immediately if your symptoms get worse. KEEP WOUND DRY AND CLEAN. NO BATHS OR WATER SOAKS. REST ICE COMPRESS ELEVATE. KEEP DRESSING ON FOR 2 DAYS. SHOWERS OK. CHANGE BANDAGE AND APPLY ANTIBIOTIC OINTMENT DAILY TO WOUND.

FOR BEST WOUND HEALING- AVOID PROLONGED LEG ACTIVITY. DO NO KNEEL ON WOUND. ARRANGE AN APPOINTMENT WITH YOUR PRIMARY CARE DOCTOR TO HAVE SUTURES REMOVED IN 7-10 DAYS. TAKE VICODIN FOR PAIN. TAKE FULL 10 DAY PRESCRIPTION OF KEFLEX AS DIRECTED TO PREVENT AN INFECTION IN YOUR WOUND.

IF CONDITION WORSENS IE REDNESS, RED STREAKING, NUMBNESS, OR FEVER OCCURS RETURN TO CARE ANY WORSENE D SYMPTOMS. (LCB9) 07/29/2010 19:27 Patient discharged from department. Condition at disposition - good. I have reviewed the chart of NETTIE JAMES and it is ready for final disposition - Lisette C Brown PAC.

The designated co-signing physician is Patrick Maloney MD. (LCB9) 07/29/2010 19:27 I have reviewed the chart of NETTIE JAMES and as the supervising staff physician concur on the final disposition - Patrick J Maloney MD (PJM3) 07/30/2010 01:47 Arrange for a follow up appointment with patient's own Primary Care Provider in 3-5 days or immediately if your symptoms get worse. KEEP WOUND DRY AND CLEAN. NO BATHS OR WATER SOAKS. REST ICE COMPRESS ELEVATE. KEEP DRESSING ON FOR 2 DAYS. SHOWERS OK. CHANGE BANDAGE AND APPLY ANTIBIOTIC OINTMENT DAILY TO WOUND.

FOR BEST WOUND HEALING- AVOID PROLONGED LEG ACTIVITY. DO NO KNEEL ON WOUND. ARRANGE AN APPOINTMENT WITH YOUR PRIMARY CARE DOCTOR TO HAVE SUTURES REMOVED IN 7-10 DAYS. TAKE VICODIN FOR PAIN. TAKE FULL 10 DAY PRESCRIPTION OF KEFLEX AS DIRECTED TO PREVENT AN INFECTION IN YOUR WOUND.

IF CONDITION WORSENS IE REDNESS, RED STREAKING, NUMBNESS, OR FEVER OCCURS RETURN TO CARE ANY WORSENE D SYMPTOMS. (LCB9) 07/29/2010 19:27 Patient discharged from department. Discharged home. Patient left by self. Left department with family. Verbalizes understanding of after-care instructions. Verbalizes understanding of need for follow-up and how to access follow-up care. Verbalizes understanding of signs and symptoms to return to ED. Verbalizes understanding of medications. Instruction given to pt to leave dressing on for 2 days. Keep wound clean and dry and apply antibiotic ointment daily. Have sutures removed in 7-10 days. Return if fever, any red streaks. A disposition has been done for NETTIE JAMES. The dispositioning nurse is Melanie A Koch RN (electronic signature). (M1AK) 07/29/2010 20:05 Patient removed from Tracking Board by Melanie A Koch RN. (M1AK) 07/29/2010 20:06

Discharge Prescriptions

VICODIN 5/325 1 tablet(s) Oral Q6H PRN 20 tablet(s)
Special Instructions: PAIN (LCB9 07/29/2010 19:17)
Keflex 500 mg Capsule 1 capsule(s) Oral Q6H 40 capsule(s) (LCB9 19:17)

Emergency Department Chart

Patient Name: JAMES, NETTIE	Account Number: 72757719
Medical Rec. Number: 165495	Birthdate: 03/25/1940
Arrival Date: 07/29/2010 16:13	Primary MD: Dr Brayn
Visit Date: 07/29/2010 16:15	Attending MD: Patrick Maloney MD

Discharge Instructions

Laceration Care, Easy-to-Read

Laceration Care

A laceration is a cut in the skin. A laceration needs to be cleaned and closed. The time it takes for a cut to heal depends on how bad the cut is and where it is on your body. A cut may have bruising around it. A laceration can cause scarring. A deep cut can cause harm to blood vessels, tendons, ligaments, nerves, and bone.

HOME CARE

Wash your hands before taking off or putting on a new dressing. If someone helps you with dressings, they should wash their hands too.

Take off the old bandage at least once a day, or as told by your doctor. If the old bandage sticks to your cut, soak the bandage in warm water for a few minutes. Put the old bandage in a plastic bag. Throw it away.

Look to see if your cut has redness or yellow drainage coming from it. This could be the start of an infection.

Clean your cut, apply antibiotic cream or ointment and a bandage as told by your doctor.

Only use medicines as told by your doctor.

If the bandage becomes wet, dirty, or has a bad smell, change it as soon as possible.

Have your sutures, staples or tape closures removed as told by your doctor.

You may need a tetanus shot if:

You cannot remember when your last tetanus shot was.

You have never had a tetanus shot before.

Your cut had dirt in it.

If you get a tetanus shot, your arm may get red, swollen, and warm where the shot was given.

If you need a tetanus shot, and you decide not to get one, there is a rare chance of getting tetanus. Tetanus, also known as Lockjaw, is a very serious illness.

GET HELP IF:

There is more puffiness (swelling) around the cut than you expect.

You notice something coming out of the cut like wood or glass.

The cut splits open and bleeds.

The cut breaks open after the stitches are removed.

GET HELP RIGHT AWAY IF:

Yellow drainage (pus) is coming from the cut.

You develop a temperature above 102° F (38.9° C).

There is a red streak on the skin coming from your cut.

If the cut is on your hand or foot and you can not move your fingers or toes.

Pain is not helped with the medicine your doctor tells you to take.

You notice a bad smell coming from the cut or bandage.

There is numbness or weakness around the cut.

You get painful lumps near the cut or anywhere on your body.

AGREEMENT BETWEEN PATIENT AND HEALTHCARE TEAM:

By signing this paper, you:

Understand these instructions.

Will watch your condition.

Will get help right away if you are not doing well or get worse.

Document Released: 06/05/2009

Emergency Department Chart

Patient Name: JAMES, NETTIE	Account Number: 72757719
Medical Rec. Number: 165495	Birthdate: 03/25/1940
Arrival Date: 07/29/2010 16:13	Primary MD: Dr Brayn
Visit Date: 07/29/2010 16:15	Attending MD: Patrick Maloney MD

Discharge Instructions

Laceration Care, Easy-to-Read

ExitCare® Patient Information ©2009 ExitCare, LLC.

Additional Instructions

There is a complex laceration located over the left anterior knee which is 15 cm in length. Sutures to this wound should be removed in 7-10 days. (LCB9) 07/29/2010 19:00

Staff Legend

3LA Leah Andrae RN
J1MM John Marchek EEMT
J3N Jennifer Norris US
JB Judith Bottoni US
JK29 Jamie Klapat TECH
LCB9 Lisette Brown PAC
M1AK Melanie Koch RN
PJM3 Patrick Maloney MD
SRL Susan Lesnik RN
W0G Wayne Graf EEMT
WLH Wendy Heinz

JAMES, NETTIE
 WFH-SJ
 MD: St Joseph, Llp
 Acct: 72757719 MRN: 165495
 Discharge Date: 07/29/2010 20:06
 Requested Date: 07/30/2010 09:06

Allergy History

Allergen	Onset Date	Primary Reaction	Severity
NKA			

Discharge Medications

Medication	Dose	Route	Freq	Last Taken	Next Dose Due	Start Date	Stop Date
Fish Oil Generic: Also Known Not Available As:							

Keflex Generic: Cephalexin	500 mg	Oral	Every 6 hours			7/29/10	
--------------------------------------	--------	------	---------------	--	--	---------	--

Lovastatin Generic: Lovastatin							
--	--	--	--	--	--	--	--

Vicodin Generic: Hydrocodone-Acetaminophen	1 tablet(s)	Oral	Every 6 hours as needed				
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THIS IS A LIST OF:

1. Your home medications that your physician would like you to continue taking.
2. New prescriptions ordered for you.

Check with your physician before taking any medications or supplements not on this list.
 PLEASE TAKE THIS LIST WITH YOU TO ALL MEDICAL APPOINTMENTS.

WF - St. Joseph Campus Acct# 72757719
Patient: JAMES,NETTIE DOB: 03/25/1940 MRN: 165495
Report: RADIOLOGY Doc Id: 7566017 PAGE: 1

cc:
LISETTE C. BROWN, PA, Ordering Physician

EXAM LOCATION: ST. JOSEPH

ORDERING PHYSICIAN: Dr. Lisette Brown
OCCURRENCE NUMBER: 165250250 EXAM DATE: 07/29/2010

EXAM: THREE VIEWS OF THE LEFT KNEE

HISTORY: Fell and cut the lateral side of the knee, covered with gauze.

COMPARISON: None.

FINDINGS: There is some degenerative disease with osteophytosis and mild subchondral sclerosis. No gross joint space loss. There is no fracture or malalignment. A large soft tissue defect is appreciated in the region of the patient's lateral knee.

IMPRESSION:

1. No acute fracture or dislocation.
2. Mild degenerative changes, as above. No joint space loss.
3. Soft tissue defect in the lateral knee with no evidence for retained foreign body.

This document was electronically signed by DALE J. LYE, MD on behalf of MICHAEL J. MARQUART, MD on 07/30/2010 10:55:41.

Radiologist:

MICHAEL J. MARQUART, MD

MJM/rmb D. 07/30/2010 07:50:00 T. 07/30/2010 10:40:56

**JAMES, NETTIE ED KNEE LT 4 OR MORE VIEWS Jul 29, 2010
16:58:04**

Creator: TURNEAU,KEVIN
Date: Jul 29, 2010 17:28:32
Subject: Preliminary Report Res

PRELIMINARY FINDINGS. PLEASE REFER TO FINAL RADIOLOGY REPORT.
no acute fx or dislocation. chronic degen changes.

JAMES NETTIE
DOB: 03/25/1940 70Y SEX: F MR: 165495
ST JOSEPH LLP
ACCT#: 72757719 

JAMES, NETTIE

Opt Out: Yes

WFH-SJ

Clinical Profile History(cfdc_twhpfhx)

From: 07/29/2010 16:13 To: 07/29/2010 20:06

Rm-Bed: Admt Dt: 07/29/2010 16:13

Age: 70 yr Gender: F MD: St Joseph, Lip

DOB: 03/25/1940 Acct: 72757719 MRN: 165495

Requested: 07/30/2010 09:06

Page 1 of 1

Allergy History

Allergen	Type	Onset Date	Primary Reaction	Other Reaction	Severity	Comment	Confirmed By and Date/Time
NKA	DRUG						Lesnik, Susan R., RN 07/29/2010 16:15

Medication History

Medication	Dose	Route	Frequency	Last Taken	Next Dose Due	Start Date	Stop Date	Confirmed By and Date/Time
Keflex Generic: Cephalexin AKA:	500 mg	Oral	Every 6 hours			7/29/10		Koch, Melanie A., RN 07/29/2010 20:03
Vicodin Generic: Hydrocodone-Acetaminophen AKA:	1 tablet(s)	Oral	Every 6 hours as needed					Koch, Melanie A., RN 07/29/2010 20:03
Lovastatin Generic: Lovastatin AKA:								Lesnik, Susan R., RN 07/29/2010 16:14
Fish Oil Generic: AKA: Not Available								Lesnik, Susan R., RN 07/29/2010 16:14

Clinical History

NO DATA FOUND

JAMES, NETTIE
 WFH - St Joseph
 HED Detail Report (ched_detail)
 FROM: 07/29/10 16:13 TO: 07/29/10 20:06
 ROOM: ** ADM: 07/29/10 16:13
 AGE: 70Y SEX: F ; ST JOSEPH, LLP
 DOB: 03/25/1940 ID: 72757719 MR 165495
 REQUESTED: 07/30/10 09:08
 OPT OUT: Yes

PATIENT	07/29
FLWSHEET	18:16
Vital Signs	
TEMP	105
	104
	103
	102
	101
	100
	99
	98
Vital Signs	
TEMP	99.2F
CARE PROVIDERS	SRL

LESNIK, SUSAN R(SRL)RN



WFH-St Joseph Emergency Department

5000 W. Chambers
414-447-2171
Milwaukee, WI 53210

**EMERGENCY DEPARTMENT
Discharge Acknowledgement Statement**

Patient Name: James, Nettie	Visit Date: 07/29/2010
Med Rec No: 165495	Acct No: 72757719

I have been seen in the Emergency Department today and have been given discharge instructions. I understand the instructions and I am able to restate and / or demonstrate the instruction given to me. All of my questions have been answered to my satisfaction. I know where to go for follow-up care and how to make an appointment. I understand that if my condition worsens I should seek care immediately.
I UNDERSTAND THAT A COPY OF MY EMERGENCY DEPARTMENT RECORD MAY BE SENT TO MY PRIMARY CARE PHYSICIAN.

Signed: Nettie James Date: _____

Relationship: Self: Other: _____

Witness: Melanie Date: 7-29-10

M - 2006

JAMES NETTIE
DOB: 03/25/1940 70Y SEX: F MR: 165495
ST JOSEPH LLP
ACCT#: 72757719 



INPATIENT AND OUTPATIENT CONSENT FOR TREATMENT & FINANCIAL AGREEMENT

Wheaton Franciscan Healthcare Elmbrook Memorial St. Francis Franklin
Wheaton Franciscan St. Joseph Campus The Wisconsin Heart Hospital Campus

Wheaton Franciscan Healthcare Hospitals have a number of ambulatory/outpatient sites that are covered by this Agreement.

A. Consent for Treatment: I am entering the above named facility (the "Facility") for the purpose of medical and/or surgical treatment or diagnosis. I consent to my physician, other attending, consulting and/or referring physicians and their assistants and designees, and other Facility personnel, to provide me with such medical, surgical, diagnostic or other treatment services judged necessary and/or appropriate by my physician. This consent includes my consent for hospital services, diagnostic procedures and all medical treatment rendered under the instructions of my physician(s) including x-ray and laboratory procedures and other tests, treatments or medication, monitoring, and all other procedures or treatments that do not require my specific informed consent. I understand that in the course of diagnosis and treatment, cells, tissues and/or parts may be removed from my body. I authorize Facility personnel to preserve or use such cells, tissues or parts for teaching purposes and/or to dispose of any cells, tissues or parts that are removed.


B. General Acknowledgments: I understand that the practice of medicine and surgery is not an exact science. I understand that medical and surgical treatment and diagnosis may involve risks of injury, and even death. No guarantees have been made to me with respect to the results of my examinations or treatments in the Facility. I understand that many of the physicians on the Facility's staff are not employees or agents of the Facility but, rather, are independent contractors who have been granted the privilege of using this Facility for the care and treatment of their patients. I understand that the Facility is not liable for any actions or omission of, or the instructions given by, such independent contractors who treat me while I am in the Facility. I understand and agree that I may be observed and/or receive care from medical, nursing, and other health care students in training at the Facility. I understand that it is my responsibility to follow instructions about and make arrangements for follow-up care. I understand and agree that my health information may be re-disclosed in accordance with applicable state and federal laws. I understand that I may review and obtain a copy my medical record, at my own expense, and that this review shall take place in the Facility, during regular business hours. I authorize this health care provider to disclose any and all of my health care records to me, as allowed by law, on my verbal request during the duration of my treatment relationship with this health care provider for my own purposes, including, but not limited to, obtaining further medical care, insurance payments, disability determinations or legal investigations.

C. Home Health, Hospice, Durable Medical Equipment and Nursing Home Care: Even at the time of admission, it is important to start planning for post-discharge care. I understand that I have the right to select my provider or supplier for post-discharge care and equipment. I am aware that the Facility will generally recommend Wheaton Franciscan Healthcare affiliated organizations unless I select a different provider or supplier for my home health, hospice, durable medical equipment, nursing home care or other services, as needed. I acknowledge that I was provided a list of other available providers and suppliers, and that I may request another copy of the list at any time.



Inpatient and Outpatient
Consent for Treatment &
Financial Agreement
page 1 of 2 (D)

1820 08/2009 R15

JAMES NETTIE
DOB: 03/25/1940 70Y SEX: F MR: 165495
ST JOSEPH LLP
ACCT#: 72757719 

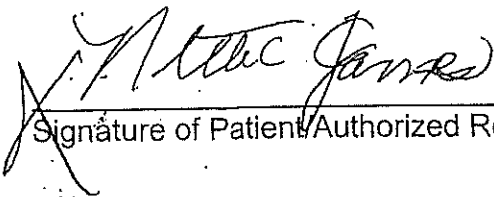
7

D. Assignment and Agreement to Pay: I understand that I am responsible for payment for the services that I receive and guarantee payment for these services. I hereby assign to Facility and the physicians and professionals associated with the Facility, for application to my bill for services, all of my rights and claims for reimbursement under any federal or state healthcare plan (including but not limited to Medicare or Medicaid), insurance policy, any managed care arrangement or any other similar third party payor arrangement that covers health care costs and for which payment may be available to cover the cost of the services provided to me. I understand that I am responsible for any applicable co-payment, deductibles, co-insurance and/or non-covered costs and charges. I understand that not all insurance companies pay the usual and customary fees of the Facility, the physicians and/or the professionals associated with the Facility. Therefore, when permitted by law, any outstanding balance will be my responsibility. I understand and agree that I am responsible for the cost of collection and/or reasonable attorney fees related to my account. I understand that my health information will be released to my insurers, payers, or others for billing and related purposes. This may include re-disclosure of information obtained from other health care providers and required for payment purposes. I also understand that I may receive separate bills from independent physicians involved in my care including radiologists, anesthesiologists, pathologists, emergency room physicians and other independent physicians. These physicians may or may not participate in all insurance networks.

E. Valuables: Keeping valuables (such as cash, jewelry, documents) in the Facility is strongly discouraged. I understand that the Facility has a place where my valuables may be stored. If I choose to keep valuables in the Facility, I do so at my own risk and I understand and agree that Facility is not liable for loss or damage to any valuables that I do not turn over for storage.

F. Photographing: I understand and agree that the Facility may take photographic, electronic and/or video images of me in cases when it is required to assist with my treatment or for my safety. If my care involves the delivery of a baby, I give consent for my baby to be photographed for security and/or personal use.

G. Privacy Notice and Patient Rights: I acknowledge that I was provided with a copy of the Notice of Privacy Practices. Please refer to the Notice of Privacy Practices for more information regarding release of your health information and your right to access your health information. I acknowledge that I was provided with or offered a copy of the Patient Rights and Responsibilities.



Signature of Patient/Authorized Representative

7.29.16 _____
Date Time


Relationship of Authorized Representative

If unable to sign document, state reason: _____



Inpatient and Outpatient
Consent for Treatment &
Financial Agreement
page 2 of 2

1820 08/2009 R15

JAMES NETTIE
DOB: 03/25/1940 70Y SEX: F MR: 165495
ST JOSEPH LLP
ACCT#: 72757719 

CERTIFICATION OF PATIENT BILLING

PATIENT: Nettie James

DATES OF TREATMENT: 7/29/10 TO: 7/29/10

I, Charissa Wuttken CORRESPONDENCE TECHNICIAN

AT: ST. JOSEPH'S HOSPITAL, HEREBY CERTIFY

THAT THE

DOCUMENTS ANNEXED HERTO, AND CONSISTING OF 1

PAGES, CONSTITUTE AN ACCURATE AND LEGIBLE DUPLICATE
OF THE PATIENT BILLING IN OUR POSSESSION REGARDING THE

ABOVE NAMED PATIENT, AS REQUESTED, AND FOR WHICH

AUTHORIZATION WAS GRANTED.

DATE: 4/11/12

CORRESPONDENCE TECHNICIAN: Charissa Wuttken



ST. JOSEPH REGIONAL MEDICAL CTR
 5000 W CHAMBERS STREET
 MILWAUKEE, WI 53210-1650
 Statement on: 04/11/12 at 05:40 AM

PAGE: 1

Guarantor: JAMES NETTIE
 3424 N 46TH ST
 MILWAUKEE, WI 53216-0000

Patient: JAMES NETTIE
 Visit #: 72757719
 AR Seg: 07/29/10 to 07/29/10

Date	Svc Code	Description	Units	Debits	Credits
07/29/10	9900101	PAY SELF PAY	-3		50.00-
07/29/10	10812384	CEFTRIAXONE INJ 1 GM	1	172.90	
07/29/10	12808266	MORPHINE 2MG/CC SYRIN	2	11.40	
07/29/10	14020114	DEXTROSE 5% (ADD-VANT	1	59.10	
07/29/10	17200111	LIDOCAIN 2%-EPI .001	1	33.40	
07/29/10	18008016	DIPH/PERT (ACEL) TET	1	169.20	
07/29/10	59280722	ED KNEE LT 4+ VIEWS	1	281.00	
07/29/10	61540471	VACCINE ADMIN ONE VAC	1	20.00	
07/29/10	61540765	IV DRUG THER FIRST HO	1	400.00	
07/29/10	61540775	INJECTION IV PUSH EA	1	170.00	
07/29/10	61542934	SIMPLE LACERATION REP	1	237.00	
07/29/10	61549284	ED CARE LEVEL 4	1	1040.00	
08/13/10	9900613	PAY HUMANA	-1		254.14-
11/15/10	9900613	PAY HUMANA	-1		165.37-
11/24/10	9848598	HUMANA GOLD CHOICE	-2		2124.49-
12/14/10	9900613	PAY HUMANA	-1		83.17-
05/31/11	9848598	HUMANA GOLD CHOICE	0	83.17	
* - Not posted				Balance:	0.00



AURORA ADVANCED HEALTHCARE, INC.
PO BOX 090996
MILWAUKEE, WI 53209-0996
(262) 532-7061
Fax: (262) 532-7058

To Whom It May Concern:

I hereby certify that the attached 9 pages have been compared with the medical record that is maintained by Aurora Advanced Healthcare, Inc. This may include all records of whatever kind and description, as per the authorization, including those generated by other Physicians, Hospitals or Clinics and are true and accurate copies of the medical record for Nettie James, date of birth: 3/25/1940

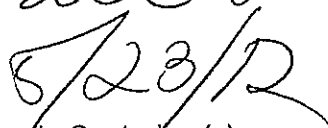
For the following dates: 8/18/2010 to 10/1/2010

The medical record was created in the usual course of business and maintained in the custody of the Medical Information Department of Aurora Advanced Healthcare, Inc.

Signed:



Date:



Medical Records Custodian(s)
Carol Weishar, RHIA
Gail Hargens, RHIT



Office Visit

Advanced Healthcare - Patient Information

Encounter Information

Date & Time	Provider	Department	Visit #	Center
8/18/2010 9:45 AM	John M Bryant, MD, MD	Gh Internal Medicine	12095105	GH

Patient Information

Patient Name	Sex	DOB
James, Nettie (227611)	Female	3/25/1940

The attached is protected health information which has been released to you. Federal Privacy Regulations and Wisconsin State Statutes may prohibit you from making further disclosure of this information without the specific written authorization of the patient.

Visit Summary

Reason for Visit

Leg	Patient here for a Follow-up after a cut on her Left Leg x 2 weeks ago. Still with Pain per Patient.
-----	--

Vitals - Last Recorded

BP	Temp
136/78	98.4 °F (36.9 °C)

Vitals History Recorded

Default Flowsheet Data (all recorded)

Encounter Vitals

Row Name	08/18/10 0932
----------	---------------

Enc Vitals

BP	136/78 mmHg
Pulse	--
Resp	--
Temp	98.4 °F (36.9 °C)
Temp src	--
SpO2	--
Weight	--
Height	--
Peak Flow	--
Pain Score	--
Pain Loc	--
Pain Edu?	--
Excl. in GC?	--

Pain Information

No pain information on file

Allergies

Allergies as of 8/18/2010

Date Reviewed: 4/28/2010

	Noted	Type	Reactions
Neosporin (Neomycin-Bacitracin-Polymyxin) weeping blistery rash	4/2/2006	Topical	RASH
DELETED: No Known Drug Allergies		10/3/2002	

Progress Notes

THOMPSON, SHUN E Medical Assistant 8/18/2010 9:43 AM Signed
Denies known Latex allergy or symptoms of Latex sensitivity.
Medications verified, no changes.
Verified Tobacco Use.

John M Bryant, MD Physician 8/18/2010 9:52 AM Signed
Patient is here for the following complaints:

1. Leg injury July 29
left

HISTORY:

Medications, allergies and nursing notes reviewed.
She lost her house to flood
She was going to cross street to get water
She stumbled on a trench and she fell on concrete and it cut leg
She was bleeding
She collapsed and paramedics to st joes
She had stitches placed. Her stitches are removed
She was also placed on cephalexin because it got infected
She is still having pain. No fevers. It keeps her up at night
She lost her house and car.
She had xrays and was told they were negative
She is now staying with her son

EXAM:

Left leg: crusted scabbed t shaped laceration upper ant leg
No signs cellulitis
Some pain

IMP:

1. Laceration left leg

PLAN:

1. Complete antibiotic
2. Warm compresses
3. Try Aleve bid with food
4. Will refill Vicodin
5. Recheck 10 days

Diagnoses

Diagnoses (continued)

LEG LACERATION - Primary

894.0

doi july 29 2010

Instructions and Follow-Up

Visit Disposition

Disposition

Return in about 10 days (around 8/28/2010) for laceration.

Patient Instructions

None

Medications

Ordered Medications

	Disp	Refills	Start	End
Hydrocodone-Acetaminophen 5-500 MG per tablet (Discontinued)	30 tablet	0	8/18/2010	6/29/2011
Take 1 tablet by mouth every 4 hours as needed for Pain. - Oral				

Questionnaire

AAH TOBACCO CESSATION

Question	Answer
----------	--------

Encounter Status

Electronically Signed by John M Bryant, MD Physician on 8/18/10 at 9:57 AM



Office Visit

Advanced Healthcare - Patient Information

Encounter Information

Date & Time	Provider	Department	Visit #	Center
9/3/2010 9:30 AM	John M Bryant, MD, MD	Gh Internal Medicine	12159739	GH

Patient Information

Patient Name	Sex	DOB
James, Nettie (227611)	Female	3/25/1940

Visit Summary

Reason for Visit

Leg	Patient here for a Follow-up on a cut on her Left Leg, getting a little Better.
Musculoskeletal Problem	Has noticed more Pain and Tingling in her Right Leg.

Vitals - Last Recorded

BP	Pulse
136/78	76

Default Flowsheet Data (all recorded)

Encounter Vitals

Row Name	09/03/10:0932
Enc Vitals	
BP	136/78 mmHg
Pulse	76
Resp	--
Temp	--
Temp src	--
SpO2	--
Weight	--
Height	--
Peak Flow	--
Pain Score	--
Pain Loc	--
Pain Edu?	--
Excl. in GC?	--

Pain Information

No pain information on file

Allergies

Allergies as of 9/3/2010			Date Reviewed: 9/3/2010
	Noted	Type	Reactions
Neosporin (Neomycin-Bacitracin-Polymyxin) weeping blistery rash	4/2/2006	Topical	RASH
DELETED: No Known Drug Allergies			10/3/2002

Progress Notes

THOMPSON, SHUN E Medical Assistant 9/3/2010 9:32 AM Signed
Denies known Latex allergy or symptoms of Latex sensitivity.
Medications verified, no changes.
Verified Tobacco Use.

John M Bryant, MD Physician 9/3/2010 9:45 AM Signed
Patient is here for the following complaints:
1. leg problems
HISTORY:
Medications, allergies and nursing notes reviewed.
Her left leg laceration has healed but still some pain
She is also having some right leg paresthesias mainly when up on it
Not much back pain. If she sits down or lays down it goes away.

EXAM:
Left lower leg: laceration well healed, no signs of infection
Mild tenderness around laceration
Right leg: pulses ok
slr normal
Reflexes decreased

IMP:
1. Laceration left leg
2. Probable spinal stenosis

PLAN:
1. Sx rx leg
2. Laceration should be fine, recheck if pain or signs of infection

Diagnoses

LACERATION - Primary	E928.9	doi july 29 2010
DISTURBANCE OF SKIN SENSATION	782.0	

Instructions and Follow-Up

Instructions and Follow-Up (continued)

Patient Instructions

None

Questionnaire

AAH TOBACCO CESSATION

Question	Answer
----------	--------

Encounter Status

Electronically Signed by John M Bryant, MD Physician on 9/3/10 at 9:49 AM



Aurora Advanced Healthcare®

Office Visit

Advanced Healthcare - Patient Information

Encounter Information

Date & Time	Provider	Department	Visit #	Center
10/1/2010 8:30 AM	John M Bryant, MD, MD	Gh Internal Medicine	12266767	GH

Patient Information

Patient Name	Sex	DOB
James, Nettie (227611)	Female	3/25/1940

Visit Summary

Reason for Visit

Leg Patient here for a Follow-up on Left Leg Pains, gettign worsper per Patien.

Vitals - Last Recorded

BP	Pulse
136/78	78

Default Flowsheet Data (all recorded)

Encounter Vitals

Row Name	10/01/10.0844
Enc Vitals	
BP	136/78 mmHg
Pulse	78
Resp	--
Temp	--
Temp src	--
SpO2	--
Weight	--
Height	--
Peak Flow	--
Pain Score	--
Pain Loc	--
Pain Edu?	--
Excl. in GC?	--

Pain Information

No pain information on file

Allergies

Allergies as of 10/1/2010			Date Reviewed: 10/1/2010
	Noted	Type	Reactions
Neosporin (Neomycin-Bacitracin-Polymyxin) weeping blistering rash	4/2/2006	Topical	RASH
DELETED: No Known Drug Allergies			10/3/2002

Progress Notes

THOMPSON, SHUN E Medical Assistant 10/1/2010 8:44 AM Signed
Denies known Latex allergy or symptoms of Latex sensitivity.

Medications verified, no changes.
Verified Tobacco Use.

John M Bryant, MD Physician 10/1/2010 8:56 AM Signed
Patient is here for the following complaints:

1. left leg

HISTORY:

Medications, allergies and nursing notes reviewed.

She is having cramping left leg mainly during day

When she gets up in am it feels stiff.

Some swelling

She had her injury in july and the laceration is healed

Her back seems ok

She has varicose veins

No hx dvt

EXAM:

Left leg: laceration is well healed

Calf seems supple, she has pain with extension

Leg is warm

Right leg ok

She has varicose veins

IMP:

1. Probable leg cramps but rule out dvt

PLAN:

1. Stat ultrasound- neg for dvt

2. Stretch muscle at night before bed

3. Ultram side effects and correct use of medication discussed with patient in detail.

Orders

Lab and Imaging Orders

Orders (continued)

Lab and Imaging Orders (continued)

US VENOUS DOPPLER EXT, UNILAT	Ordered On 10/1/2010
-------------------------------	-------------------------

Diagnoses

Pain in soft tissues of limb - Primary	729.5
--	-------

Instructions and Follow-Up

Patient Instructions

None

Medications

Ordered Medications

	Disp	Refills	Start	End
ULTRAM 50 MG tablet (Discontinued)	30 tablet	0	10/1/2010	3/18/2011
Take 1 tablet by mouth every 8 hours as needed for Pain. - Oral				

Questionnaire

AAH TOBACCO CESSATION

Question	Answer
----------	--------

Encounter Status

Electronically Signed by John M Bryant, MD Physician on 10/1/10 at 10:10 AM

END OF REPORT

CERTIFICATION OF MEDICAL BILLING RECORDS

I, DO HEARBY CERTIFY that the attached copy of the medical billing record(s) of Aurora Advanced Healthcare Inc., Health Care Provider, relative to the treatment rendered to:

Nettie James
Patient

From: 8-18-10 To: 10-1-10

Consisting of 1 page(s), has been compared with the original medical billing record(s), on file herein, and is an accurate, legible and complete duplicate of said billing record(s), pursuant to Section 908.03(6m)(a) WI Statutes.

I DO HEARBY CERTIFY that these records are under my control and jurisdiction and have been maintained in the course of regularly conducted activity, pursuant to Section 908.03(6)

This certification is made to the best of my knowledge, information and belief.

Christina McCormick
Signature

5-5-12
Date

Enclosure(s)

Report Settings	
Account:	JAMES,NETTIE [72084]
Patient:	JAMES,NETTIE [227611]
Submission Information	
User:	[2452CAM]
Time:	Fri May 4, 2012 10:20 AM

<input type="checkbox"/> Transaction Information					
		Service Date From	Service Date To	Total Amount	
<input type="checkbox"/> Charges		08/18/2010	10/01/2010	1,749.00	
Tx #	Procedure	Diagnoses	Service Provider	Date	Amount
171	99213-OFFICE/OUTPT ...	894.0-Multiple and unspe...	John M Bryant, MD [3003]	08/18/2010	133.00
	(Match Pmt) 172	1030-INSURANCE PAYMENT		08/27/2010	49.51
	(Match Pmt) 184	1010-PATIENT PAYMENT-MAIL		11/08/2010	15.00
	(Match Adj) 173	2060-INSURANCE WRITE-OFF		08/27/2010	68.49
174	99213-OFFICE/OUTPT ...	E928.9-Unspecified accid... 782.0-Disturbance of skin...	John M Bryant, MD [3003]	09/03/2010	133.00
	(Match Pmt) 175	1030-INSURANCE PAYMENT		09/14/2010	49.51
	(Match Pmt) 185	1010-PATIENT PAYMENT-MAIL		12/10/2010	15.00
	(Match Adj) 176	2060-INSURANCE WRITE-OFF		09/14/2010	68.49
178	93971-US EXTREMITY ...	729.5-Pain in limb	John E Schuck, MD [7805]	10/01/2010	1,268.00
	(Match Pmt) 182	1030-INSURANCE PAYMENT		10/20/2010	120.04
	(Match Pmt) 186	1010-PATIENT PAYMENT-MAIL		02/10/2011	15.00
	(Match Pmt) 187	1010-PATIENT PAYMENT-MAIL		03/03/2011	20.00
	(Match Adj) 183	2060-INSURANCE WRITE-OFF		10/20/2010	1,112.96
179	99214-OFFICE/OUTPT ...	729.5-Pain in limb	John M Bryant, MD [3003]	10/01/2010	215.00
	(Match Pmt) 177	1000-CO-PAY PAYMENT		10/01/2010	15.00
	(Match Pmt) 180	1030-INSURANCE PAYMENT		10/20/2010	81.76
	(Match Adj) 181	2060-INSURANCE WRITE-OFF		10/20/2010	118.24
Payments				Matched to charges	380.82
Adjustments				Matched to charges	1,368.18

Note: This report contains only those payments and adjustments which are matched to the charges listed in the Charges section.