

CITY OF MILWAUKEE

2002 APR -1 PM 2:03

RONALD D. LEONHARDT
CITY CLERK

March 28, 2002

2300 North Mayfair Rd., Suite 470
Wauwatosa, Wisconsin 53226-1505
Telephone: 414-259-7605
Fax: 414-259-7610
E-mail: gbridge@bridge-law.comMr. Ronald Leonhardt
City Clerk
200 East Wells Street
Milwaukee, WI 53202

Re: **Claimant:** *Waheed Farooki*
Your Client: *City of Milwaukee*
Department of Public Works
Date of Accident: *May 2, 2000*

CITY OF MILWAUKEE
CITY CLERK
2002 APR -1 PM 3:39

Dear Mr. Leonhardt:

This letter is to advise that my client, Waheed Farooki, has completed his medical treatment necessitated following a serious fall, which we believe was caused by negligence on the part of employees of the Department of Public Works for the City of Milwaukee. A timely Notice of Injury was forwarded to your office on August 1, 2000. Consequently, this matter is in a position to be considered for resolution.

In that regard, you will find enclosed with this Claim for Damages the following information pertinent to this claim:

1. Notice of Injury filed previously with your office;
2. Milwaukee Fire Department EMS Report;
3. Certified copy of Ambulance Report from Bell Ambulance for service provided on May 2, 2000, with bill in the amount of \$266.85;
4. Certified medical records from St. Francis Hospital for treatment provided from May 2, 2000 through May 8, 2000, in the amount of \$12,385.91;
5. Certified medical records of Jeffrey Butler, M.D. of Orthopedic and Reconstructive Surgeons for services rendered between May 15, 2000 and November 1, 2000, in the amount of \$2,233.00;
6. Medical records from West Allis Memorial Hospital for treatment rendered from July 1, 2000 through September 20, 2000, in the amount of \$2,500.00;

Mr. Ronald Leonhardt

March 27, 2002

Page 2

7. Certified medical records of Saleem Aman, M.D. of Family Practice Clinic for treatment provided from May 2, 2000, through August 15, 2000;
8. Wage loss calculations, Department of the Air Force, Air Force Reserve Command;
9. Photographic exhibit depicting location of fall and work done in the area to replace defective sidewalk slabs.

The Notice of Injury (Exhibit 1) provides a fairly concise and accurate statement of the facts applicable to this matter.

CONCLUSION

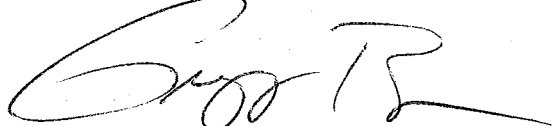
Based upon all of the above Exhibits, it is my belief that the City was negligent with respect to the state of disrepair that existed in the area of Mr. Farooki's fall, thereby subjecting people walking in that area to an unreasonable risk of harm. The City had prior notice of the defective conditions as evidenced by the extensive repairs which occurred for several blocks along 13th Street. Significantly, the slab where Mr. Farooki fell was marked for replacement with a painted "X" prior to the fall. Given the City's notice of the defective conditions, *sufficiently bad to warrant replacement*, citizens walking in the area should have been given the benefit of a barricade or minimally, a warning.

Unfortunately, these things were not done and Mr. Farooki suffered a dangerous fall and a fractured patella. Mr. Farooki required several months of medical care and attention while his knee healed. He incurred over \$15,000 in medical expenses and approximately \$2,800 in lost wages from the Air Force. Based upon all of the above, I believe that the sum of \$50,000 would constitute fair and reasonable compensation for any and all claims that he may have arising out of this incident.

I am available to discuss this matter in greater detail and would appreciate the courtesy of a reply to this settlement offer at your earliest convenience.

Very truly yours,

BRIDGE LAW OFFICE



GREGG BRIDGE

Attorney at Law

GEB/kab

Enclosures

cc Mr. Waheed Farooki

EXHIBIT

1

August 1, 2000

10400 W. North Avenue, Suite 470
Wauwatosa, Wisconsin 53226-2425
Telephone: 414-259-7605
Fax: 414-259-7610
E-mail: gbridge@bridge-law.com

NOTICE OF INJURY

To: City Clerk
City of Milwaukee
200 East Wells Street
Milwaukee, WI 53202

City of Milwaukee
Department of Public Works
821 North Broadway Street, Rm. 516
Milwaukee, WI 53202

THE ABOVE-NAMED PARTIES, PLEASE TAKE NOTICE:

1. Waheed Farooki is an adult who resides at 8284 Flagstone Court, Greenfield, Wisconsin 53129.
2. Waheed Farooki was injured as a result of the negligent acts of the above-named parties by their agents, servants or employees.
3. The circumstances of the injuries are as follows: On May 2, 2000, at approximately 8:20 p.m., Mr. Farooki was at the Islamic Center located at 13th and Layton in the City of Milwaukee where he was attending evening prayers. At approximately 8:20 p.m., there was a break between prayers, during which he decided to take a walk around the block. As he passed a house located at 5343 South 13th Street, his left foot struck an elevated piece of sidewalk pavement, and he fell violently to the ground fracturing the patella of his right knee.

At the time of the fall, there was nobody in the area to assist Mr. Farooki, and he laid there for approximately 5-10 minutes on the ground. The pain was too great for him to move, and he found he could not get up. He put his hand on his knee and feeling the separation where he normally would have expected the knee cap to be, he knew that he had suffered a bad injury. Ultimately, a driver going down a driveway in the area saw him lying there and asked if he could assist him. Mr. Farooki told him to go to the Islamic Center where people would be able to come to his assistance. He did so, and ultimately a Bell Ambulance was called. He was taken to St. Francis Hospital located at 3237 South 16th Street, Milwaukee, Wisconsin, where he received treatment from Dr. Jeffrey J. Butler; x-rays and surgery were performed.

Waheed Farooki - Notice of Injury

August 1, 2000

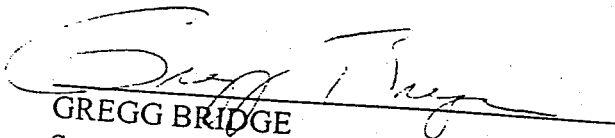
Page 2

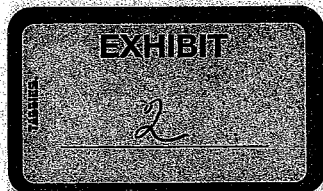
Mr. Farooki has incurred over \$13,000.00 for medical treatment provided by Bell Ambulance, St. Francis Hospital, Emergency Medicine Specialists S.C., Radiology Specialists of Milwaukee, Emmanuel S. Manuel, M.D., Saleem Ammam, M.D. of Family Practice Clinic and Covenant Waukesha Memorial. He is still undergoing treatment and the full extent of his medical bills and the nature and extent of the injuries he suffered is not fully ascertainable at this time.

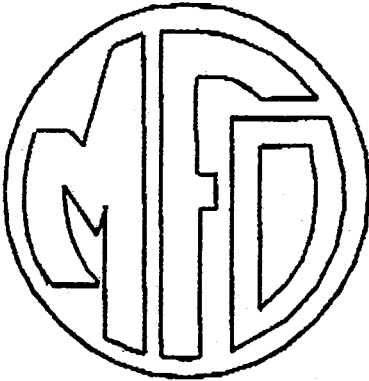
4. As a direct and proximate result of the aforementioned incident, Waheed Farooki suffered a fractured right patella which caused him severe pain and discomfort which has required on-going care and treatment. As of the date of this notice, Mr. Farooki has incurred over \$13,000.00 in medical bills and expenses and is still under the care of his physician. It is unknown at this time if a permanent condition has resulted from the injuries sustained.
5. Further, as a direct and proximate result of the aforementioned incident, Mr. Farooki has suffered a loss of wages from his employment.
6. At all times material, the above-named parties had actual notice of the aforesaid incident.
7. This document is a **Notice of Injury** served on the above-named parties in compliance with Wisconsin law. **This document is not a claim for damages. No claim for damages is being made at this time.**

Dated this 1st day of August, 2000.

BRIDGE LAW OFFICE
Attorneys for Waheed Farooki


GREGG BRIDGE
State Bar No. 1000143





FAX TRANSMISSION

DATE:	May 30, 2000
TO:	Waheed Farooki
FROM:	FAX # 421-7343 Chris Herte Milwaukee Fire Department 711 W. Wells St., 3rd Floor Milwaukee, WI 53233 FAX # (414) 286-8996
MESSAGE:	Sending report you requested for your injury of May 2, 2000. Any questions, please give me a call. Thank you.

Number of Pages (Including this one): 3

Please call (414) (414) 286-8948 if transmission is not complete.

Thank you

MILWAUKEE FIRE DEPT

5605 R3

CONFIDENTIAL MEDICAL INFORMATION COVERED UNDER WISCONSIN STATUTE 146.81-84

DATE MO. 5 DAY 2 YEAR 00

EMERGENCY REPORT

AMB. PROVIDER NO. 60-01161

ALS Unit Primary Y N Response Area? Y N

ALS Unit Y N Special Call? Y N

INCIDENT NUMBER

00042535

CASE NO. 136670

EMERGENCY LOCATION

F/S 5343 S, 13th St

CITY MILWAUKEE

Smoke Detector? Y N Operational? Y N

TYPE OF LOCATION 9 - Airport 10 - Educ. Inst. 11 - Home/Resid. 12 - Industrial 13 - Public Building 14 - Recreational/Sport 15 - Restaurant/Bar 16 - Waterway 17 - Clinic/Med. 18 - Farm 19 - Hospital 20 - Nursing Home 21 - Public Outdoors 22 - Residential Inst. 23 - Street/Hwy 24 - Other

Table with columns: BLS UNIT NO., ENTRY TIME, DISPATCH TIME, TIME UNIT RESP., AT SCENE, AT PATIENT (Est.), DEPART SCENE, AT HOSPITAL, IN SERVICE, IN QUARTERS, TRANSP. MILES. Includes handwritten times like 20:53, 20:57, 21:15.

ARRIVING OTHER UNITS RESPONDING: E - ENG. CO. R - F.D. SQUAD L - LAD. CO. M - ALS UNIT A - PVT. AMB. P - POLICE O - OTHER

PATIENT NAME LAST FIRST INITIAL SEX WT. (lbs) AGE DOB. Example: FARO KAR, WEHEED, 52, 10-7-36

ADDRESS Same as above 8284 FLAGSTONE RD, GREENDALE WI, ZIP 53022, PHONE 421-3545

PRIMARY INSURANCE COMPANY MC T19 Primicare Self Psy IO 9 SSA GROUP SS#

SECONDARY INSURANCE COMPANY T19 Blue Cross Blue Shield IO 9 SSA GROUP RACE: White Black Native Amer. Asian Hispanic Other

PRESENT HISTORY

CHIEF COMPLAINT KNEE PAIN

WORKING ASSESSMENT (circle all that apply) A1 - Angina/MI, A2 - Arrhythmia, A3 - Cardiac Arrest, A4 - CHF, A5 - Non Cardiac Chest Pain, B1 - Airway Obstruction, B2 - COPD, B3 - Asthma, B4 - Inhalation Injury, B5 - Respiratory Arrest, B6 - Respiratory Distress

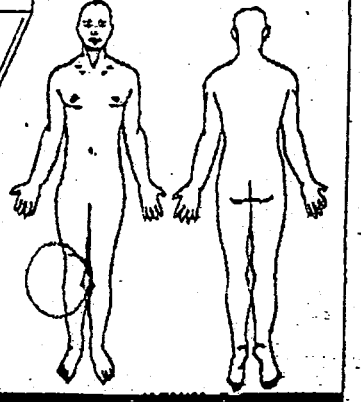
Table for Present History including C.C. ONSET (S Min), BLOOD GLUCOSE (1st, 2nd), ARREST DATA (Time of Cardiac Arrest, Witnessed?, etc.), and various medical codes (A1-K).

INITIAL PHYSICAL EXAM

Table for Initial Physical Exam with columns: MENTAL STATUS (A-Alert, V-Resp. Verbal, P-Resp. Pain, U-Unresponsive), BREATH SOUNDS (L R - Clear, Wet, etc.), RESPIRATORY EFFORT (1-Normal, 2-Inc. Effort, etc.), PUPILS (LEFT, RIGHT), SKIN TEMP. (3-Normal, 1-Hot, 2-Cool), SKIN COLOR (4-Normal, 1-Pale, 2-Cyan, 3-Flush, 5-Jaundice), SKIN MOISTURE (3-Normal, 2-Dehydr., 1-Diaph.), CAPILLARY REFILL (1 <2 SEC., 2 >2 SEC.).

GLASGOW COMA SCALE PHYSICAL EXAMINATION - CHECK ONLY WHEN ABNORMAL

Table for Glasgow Coma Scale (EYES, VERBAL, MOTOR) and Physical Examination (INJURY/PAIN LOCATION: Head/Face, Neck, Chest/Axilla, Abdomen, Back/Flank, Pelvis/Hip, L Arm, R Arm, L Leg, R Leg).



ASSOCIATED SYMPTOMS: C - Cough, F - Fever, P - Diaphoresis, V - Nausea/Vomiting, I - Diarrhea, N - Numb/Paralysis, D - Dizziness, W - Weakness

PAST MEDICAL HISTORY

Table for Past Medical History with columns: ALLERGIES (None, Yes, Unknown), CARDIAC (None, Unknown), SURGERY (None, Unknown), CHRONIC PROBLEMS (E - Dialysis/Renal, T - Hypertension, etc.), PERSONAL PHYSICIAN, CURRENT MEDS (Yes, No, Unknown).

TREATMENT

TREATMENT PROVIDED 1 - Treated / ALS 2 - Treated / BLS Only 3 - None 4 - Pt Refused Treatment	BASIC EQUIPMENT / PROCEDURE A - Oral airway N - Nasal Airway U - Suction Airway C - C-Spine Immobilization W - Wound Care S - Splinting H - Hare Traction P - CPR 2 - O ₂ Liters B - Backboard M - MAST Inflated O - MAST Not Inflated G - OB Care T - Other	BASE ACTIVITY T - Telemetry sent - 3 Lead R - 12 Lead sent - Rec'd D - 12 Lead sent - Not Rec'd Rx AUTHORIZATION A - On-Line Physician O - On Scene Physician S - Protocol Only Base Doctor No.	TRANSPORTED TO: <u>ST FRANCIS</u>
			CONVEYED BY 1 - ALS Unit 2 - FD BLS Unit 3 - Pvt. Ambulance 4 - Pvt. Auto 5 - Other Lights and Sirens from Scene <input type="checkbox"/> YES <input type="checkbox"/> NO

FLUID	TIME	RATE	SITE	GAUGE	TOTAL VOLUME	FLUID	TIME	RATE	SITE	GAUGE	TOTAL VOLUME	Airway Tube: Time	Size
I/V # NORM SALINE						I/V # NORM SALINE						Condition of Airway: <input type="checkbox"/> Emetic <input type="checkbox"/> Foreign Body <input type="checkbox"/> Trauma <input type="checkbox"/> Upright Exstic. <input type="checkbox"/> Normal	

TIME	DRUG / PROCEDURE	DOSE	ROUTE	CPR	DEFIB	EKG	ECTOPICS/	MENTAL	BLOOD	PULSE	RESP.	TUBE	RESPONSE
					WT/SC	RHYTHM	BLOCKS	STATUS	PRESSURE			VERIFIED	
2005									140/P	60	20		

ALS	PROCEDURES	PENSION #	CODE #	SYNC	DEFIB	IV	IO	MED	G-ET	N-ET	COMBI	NO	PERI	THOR	HX	EXAM
1.																
2.																
3.																
4.																
5.																

OTHER	BLS	PROCEDURES	PENSION #	DEFIB	COMBI	MED	HX	PHYS	EXAM

ALS HISTORY / RESULTS OF Rx:

Consent (Initial all that apply)

I refuse treatment / transport against medical advice and understand / accept risks.

I request that payment of authorized Medicare or insurance benefits be made on my behalf to Milwaukee County EMS for any services furnished me by that provider. I authorize _____ to release to MCFPA and its agents any _____


EQUIPMENT FAILURE/OUT OF SERVICE - type: _____

FIRE DEPARTMENT COPY

Signatures of Person: _____

Day/Week: _____

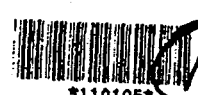
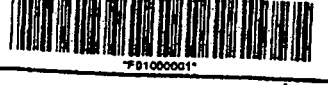


 A note from...
10/21/00
at 8:30
E. J. Agency
228-0900
(per Bell ambulance log (3rd)
have been read)
Joy Wiencek

RECORDS CERTIFICATION

As custodian of records at Bell Ambulance Service, I hereby certify that this and any documents annexed hereto, consisting of 4 pages, are accurate, legible and complete duplicates of the medical records or bills for the named client on the dates shown.

Date 12/12/2000 Signed Kathy Fields



CALLING OFFICE: 414-985-4055 or 1-800-896-6200 P O BOX 070550 MILWAUKEE, WI 53207-0550

Vol

B0123106

From 5343 S. 13th ST F/O
To SFRA

Finish Odometer
Start Odometer 99.4
Total Odometer

Date: 05/02/2000 10:23: 21:05:11
In: 20:59:14 Trx: 21:16:02
Disp: 20:59:27 Dest: 21:23:12
Out: 20:59:27 Clr: 21:40:35

Run code: 2/2 Squad: 416
MFD Crew: 1559
1854

RESPONSE

Milwaukee Incident Municipality
 Milwaukee Incident County

Response To Scene:
 No Lights or Siren
 Lights and Siren
 Downgrade To No Lights and Siren
 Upgrade To Lights and Siren

Location Type:
 Airport
 Clinic/Medical
 Educational Inst.
 Farm
 Highway Street
 Home/Residence
 Hospital
 Industrial
 Mine/Quarry
 Nursing Home
 Public Building
 Public Outdoors
 Recreational/Sport
 Residential Inst.
 Restaurant/Bar
 Waterway
 Unspecified
 Other

Response Type:
 Mutual Aid
 Intercept
 Response To Scene
 Scheduled Interfacility Transfer
 Standby
 Unscheduled Interfacility Transfer
 Unknown

DEMOGRAPHICS

Client Last Name/First/M.I. Mailing Address City State Zip Code Phone
FAROOKI, WAHEED A. 8284 FLAGSTONE CT GREENDALE WI 421-3545

Emergency Contact Name Address City State Zip Code Phone
SLN, WASMIN (wife) - SA - - SP -

Date of Birth 10/7/36 Age 63 Weight lbs kg Gender Male Female Personal Physician **SALEEM JAMMAN**

Social Security # 503 64 4238 Race White Hispanic Asian/Pacific Islander Black American Indian/Alaska Native Other Work Related Injury Yes No

Employer Address City State Zip Code Phone

Insurance #1 **COMPARE** Group # Insured #
 Insurance #2 If MVA, Agency Address Phone Group # **UNK** Insured # **UNK**

Medicaid (T-19) HMO Medicare (T-18)

Driver's License Number Failure to Obtain Copy of Insurance Cards
 Information from Transfer Sheet No Card with the Client Copy Machine not Available

HISTORY

Allergies NKDA Client's Current Medications / Dose

Unknown Codeine Asprin / ASA Penicillin Sulfa

Pre-Existing Medical Condition
 Cancer Chronic Renal Failure Headaches Hepatitis Hypotension
 Asthma Chronic Resp. Failure Seizures/Convulsions Tuberculosis Angina Arrhythmia Congenital Congestive Heart Failure
 Bleeding Disorders Diabetes Gastrointestinal Hypertension Myocardial Infarction Cardiac Surgery

Signs/Symptoms
 Abdominal Pain Bloody Stool Breathing Difficulty Dizziness Ear Pain Eye Pain Fever/Hyperthermia Headache Hypertension Hypothermia Nausea Numbness Paralysis Palpitations Pregnancy/Childbirth Seizures/Convulsions Syncope Trauma Unresp./Unconscious Vaginal Bleeding Vomiting Weakness

Other **Can't TAKE ASA FOR ~~SEIZURES~~ OTHER ULSERS**

Tracheostomy Other

ASSESSMENT

Vitals Vital Continued with Advanced Skills N/A

Time	BP	Pulse Rate	Qual.	Resp. / SPO2	Resp. Effort	Level of Consciousness	Mental Status/Behavior	Eyes	Breath Sounds
21:15	142/90	60	<input type="checkbox"/> Reg <input type="checkbox"/> Irr	16	1 Normal 2 Labored 3 Shallow 4 Absent 5 Assisted	2 Alert 3 V-Verbal 4 P-Pain 5 U-Unresp	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Acute Confusion <input type="checkbox"/> Usually Confused <input type="checkbox"/> Incoherent <input type="checkbox"/> Intermittent Consciousness <input type="checkbox"/> Combative	<input checked="" type="checkbox"/> PERRL R Reactive L R Nonreactive L R Constricted L R Dilated L R Blind L R Cataracts L R Glaucoma L	<input checked="" type="checkbox"/> Clear R Wet L R Decreased L R Wheeze L R Absent L <input type="checkbox"/> Stridor
			<input type="checkbox"/> Reg <input type="checkbox"/> Irr						
			<input type="checkbox"/> Reg <input type="checkbox"/> Irr						
			<input type="checkbox"/> Reg <input type="checkbox"/> Irr						

Skin Temp Normal Dry Cyanotic Cool/Cold Moist Pale-Ashen Warm/Hot Diaph Flushed Jaundice

Capillary Refill Normal Delayed

Pain Provokes: **palpation**
 Quality: Sharp Dull Cramp Crushing Constant
 Radiate: No Yes
 Severity: (1-10) L
 Time (Onset): 0-15Min 15-60 Min 1-12 Hr 12-24 Hr Other

CPR Provider: Bystander First Responder Unit EMS Unit Unkn
 Defib Provider: PAD First Responder Unit: EMS Unit

CPR Start Time _____ Discontinue _____ Witnessed Arrest Yes No Time _____



PHYSICAL EXAMINATION

Pain (No Trauma): Blunt, Dis/FX, Gunshot, Laceration, Puncture/Stab, Soft Tissue Swelling, Burn

PHYSICAL EXAMINATION

Head/Face								
Neck								
Chest/Axilla								
Abdomen								
Back/Flank								
Pelvis/Hip								
L Arm U L J								
R Arm U L J								
L Leg U L J								
R Leg U L J								

TRAUMATIC INJURY

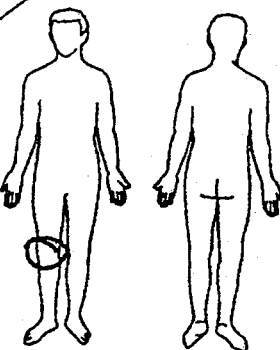
Motor Vehicle Crash: N/A Type: Car Motorcycle Truck ATV Van Snowmobile Semi Watercraft Bus Aircraft

Involved Vehicle License Numbers: Exterior Damage: None Minor Moderate Major Rollover Interior Damage: None Spidered Window St. Wh. Bent Compart. Intrusion Client Ejected

Restraints: Airbag Lap Belt Shoulder Belt Child Seat

Safety Equipment: None Float Dev. Helmet Unknown Eye Prot. Prot. Clothing

Cause of Injury: Aircraft Related Athletic Event Bicycle Crash Bite Chemical Exposure Child Battering Suspected Drowning Drug Poison Electrocutation (Non-Light.) Excessive Cold Excessive Heat Fall Fire/Flames Firearm Self-Inflicted Firearm Accidental Firearm Assault Lightning Machinery Injury Mechanical Suffocation Motor Vehicle (Non-Traff.) Motor Vehicle (Traffic) Pedestrian Traffic Physical Assault Poison, Not Drugs Radiation Exposure Sexual Assault Smoke Inhalation Stabbing



- N/A Transport Reason
- Fracture Immobilization
 - Restraints Needed
 - Cot Needed
 - Acute Illness or Injury Requires Oxygen
 - Bed Confined
 - Unconscious/Shock
 - Had to be Immobilized
 - Severe Hemorrhage
 - Emergency Situation
 - Other Medical Reason
 - Acute Stroke
 - Acute MI
 - Unstable Angina
 - Cardiac Arrhythmias
 - Sudden Death Syndrome
 - Congestive Heart Failure
 - Respiratory Distress
 - Acute Exacerbation of Asthma/COPD
 - Pneumonia
 - Services not available at transferring facility
 - Emergency Transport
 - Emergency Cardiac Cath
 - Pediatric Specialty Care
 - Cardiac Cath
 - Transfer for clinic/Dr's office to hospital for medical evaluation and treatment

Explain Why or Due To for Any of the Above:
Dx (R) Knee (Cap) Fx PER M.D. ON SCENE.

TRAUMATIC INJURY

Client Location in Vehicle: P (Client Location in Vehicle) X (Location of Damage to Vehicle)

Cause of Injury: Hypothermia Hypovolemia/Shock Intoxication Suspected/Alcohol Ingestion Obvious Death Poison/Drug Ingestion Pregnancy/Ob Delivery Respiratory Arrest Respiratory Distress Seizure Sexual Assault/Rape Toxic Inhalation Stings/Bites Stroke/CVA/TIA

Other: Stings (Plant/Animal) Water Transport Incident Unknown Other

Provider Impression

If more than one impression is checked, Circle Primary One

- Abd. Pn./Problems
- Airway Obstruction
- Allergic Reaction
- Altered L.O.C.
- Behavioral/Psych
- Cardiac Arrest
- Cardiac Rhythm. Disturb.
- Chest Pn. Discomfort
- Congestive Heart Failure
- Diabetic Symptoms
- Electrocutation
- GI Bleed
- Headache
- Hypertension
- Hypertension/Fever
- Hypothermia
- Hypovolemia/Shock
- Intoxication Suspected/Alcohol Ingestion
- Obvious Death
- Poison/Drug Ingestion
- Pregnancy/Ob Delivery
- Respiratory Arrest
- Respiratory Distress
- Seizure
- Sexual Assault/Rape
- Toxic Inhalation
- Stings/Bites
- Stroke/CVA/TIA
- Syncopal/Fainting
- Traumatic Injury
- Vaginal Hemorrhage
- Unknown
- Other

Chief Complaint/Mechanism of Injury: **(R) Knee Fx 2° Fall From Standing 2050**

Comments: **ON arrival to scene found 63 yo male pt lying supine in a driveway/sidewalk in care of Eng LT. PT WAS OUT FOR HIS EVENING WALK/EXERCISE AND TRIPPED ON A CRACK IN THE SIDEWALK AND FELL FORWARD ON HIS (R) KNEE, BRACING HIMSELF W/ HIS HANDS. MA bystander on scene Dx pt w/ Rx Knee (CAP/PATELLA) Fx. PT STATES HE SAW PATELLA SHEARED OFF TO THE MEDICAL SIDE OF KNEE, then Swelling ↑**

Procedure or Treatment:

<input type="checkbox"/> Assisted Ventilation	EMT	EMT
<input type="checkbox"/> Backboard		
<input type="checkbox"/> Bleeding Control		
<input type="checkbox"/> Burn Care		
<input type="checkbox"/> CPR		
<input type="checkbox"/> Cervical Immobilization		
<input type="checkbox"/> DNR Protocol		
<input type="checkbox"/> Glucose Administration		
<input type="checkbox"/> Nasopharyngeal Airway		
<input type="checkbox"/> Obstetric Care/Delivery		
<input type="checkbox"/> Oropharyngeal Airway		
<input type="checkbox"/> O2 By Mask _____ liters		
<input type="checkbox"/> O2 By Cannula _____ liters		
<input checked="" type="checkbox"/> Physical Exam	①	②
<input type="checkbox"/> Radio Report		
<input checked="" type="checkbox"/> Splint of Extremity	①	②
<input type="checkbox"/> Traction Splint		
<input type="checkbox"/> Vital Signs		②
<input type="checkbox"/> OTHER:		

Incident Disposition: Treated/Transported by EMS

Destination Type - AND - Destination Determination:

- Home/Residence
- Police/Jail
- Medical Office/Clinic
- Skilled Nursing Facil.
- Hospital
- Morgue
- Other
- Closest Facility
- Diversion
- EMT Choice
- Law Enforce. Choice
- Managed Care
- On Line Med. Direction
- Client/Family Choice
- Client/Prvt Choice
- Protocol
- Specialty Center
- Other
- Treated/Transferred Care
- To Aero-Medical Unit
- To ALS Unit
- To BLS Unit
- To Law Enforcement
- No Treat. Needed
- Dead at Scene
- Cancelled
- Unknown
- No Client Found
- Treated/No Transport
- Treat./Trans. by Priv. Veh.
- Treat./Trans. by Other Means
- Treated and Released
- Client Refused Care

Facility where Client was Transported: **SFRA ED.**

Arrival Status: Unchanged Better Worse JOA Unknown

RPE Used: Gloves Gown Goggles Mask Other

Facility Notified By: Radio Phone Unable* No Need* Direct EKG Telemetry Explain

Difficulties Encountered: Dispatch Other Extrication Hazardous Material Language Barrier Road Unsafe Scene Vehicle Problems Weather

Time Report Received: By: _____

Report Given To: _____

EMT Signature: **STASSA**



Authorization for Release of Information

I do hereby consent to and authorize each health care provider to disclose to Bell Ambulance Service and to the U.S. Health Care Financing Administration any information from treatment and financial records relating to this client's identity, diagnosis, prognosis, treatment and insurance coverage. I understand that the purposes of this disclosure are to facilitate billing for services rendered by Bell Ambulance Service and to determine benefits payable under private or government-sponsored health benefit programs. I also understand that, unless revoked in writing, this consent shall remain in force for the period of time necessary to effectuate the purposes for which it is given.

Assignment of Insurance Benefits

In the event the undersigned is entitled to ambulance conveyance benefits of any type whatsoever arising out of any policy of insurance insuring client or any other party liable to client, said benefits are hereby assigned to Bell Ambulance Service for application on client's bill. It is further agreed that Bell Ambulance Service may receipt for any such payment, and such payment shall discharge the said insurance company of any and all obligations under the policy to the extent of such payment. The undersigned and/or client shall remain responsible for the charges not covered by this agreement.

Assignment of Medicare Benefits and Client's Signature on File for Medicare Claims

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Bell Ambulance Service for any services and supplies furnished me by Bell Ambulance Service. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents and carriers, as well as to Bell Ambulance Service, any information or documentation in their possession needed to determine these benefits or the benefits payable now or in the future. This authorization is in effect until I choose to revoke it.

Guarantee of Payment

The undersigned agrees, whether he/she signs as agent or client, that in consideration of the services to be rendered to the client, he/she hereby individually obligates himself/herself to pay the account of Bell Ambulance Service in accordance with the regular rates and terms of Bell Ambulance Service. This bill is due and payable within 10 days. There will be a 1% per month late payment penalty on the unpaid balance. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING, AND MAY REQUEST A COPY THEREOF, AND IS THE CLIENT, OR IS DULY AUTHORIZED BY THE CLIENT AS CLIENT'S GENERAL AGENT TO EXECUTE THE ABOVE AND ACCEPTS ITS TERMS.

Client unable to sign (Complete Reason Below)

Client
Signature

(X) Wahend Farah

Date 5/2/00

Client's Agent
or Representative

Relationship
to Client

Client unable to sign:

- Unconscious
- Sedated
- Minor Child

- Restraints
- Confused
- Immobilization

- Physically Unable
- Incapacitated
- Other _____

Client Release Form

I certify that I have been examined, or have been offered examination, by medical personnel from Bell Ambulance Service, and that I hereby refuse further treatment and/or ambulance transportation to an appropriate medical facility. This decision is made of my own free will, and I release Bell Ambulance Service, R. A. Zehetner & Associates, Inc., and their successors, from any and all liability connected with this request for emergency service, and subsequent refusal of such service. I understand that a service charge and or charges for items used may have been incurred at this time.

Client
Signature

Witness
Signature

With our signatures below, we certify that the above named client has refused our services, and has also refused to sign the above statement.

Crew member
Signature

Witness
Signature

Crew member
Signature

Witness
Signature



DRESSING	<input type="checkbox"/> Triangular	<input type="checkbox"/> 4" Kling	<input type="checkbox"/> Head Immobilization	<input type="checkbox"/> Board Splint Size: _____	IMMOBILIZATION
	<input type="checkbox"/> Occlusive	<input type="checkbox"/> 6" Kling	<input type="checkbox"/> KED Straps	<input type="checkbox"/> Hare Traction Splint	
OXYGEN SUPPLIES	<input type="checkbox"/> Trauma	<input type="checkbox"/> Butterfly	<input type="checkbox"/> 9' Straps	<input type="checkbox"/> C-Collar Size: _____	SUCTION
	<input type="checkbox"/> 4 x 4's	<input type="checkbox"/> 1 x 4's	<input type="checkbox"/> Long Board	<input type="checkbox"/> 1" Tape	
VENTILATOR	<input type="checkbox"/> 8 x 7's	<input type="checkbox"/> 2 x 2's	<input type="checkbox"/> KED / Short Board	<input type="checkbox"/> 2" Tape	MISCELLANEOUS
	<input type="checkbox"/> Burn Sheets		<input type="checkbox"/> Scoop Stretcher	<input type="checkbox"/> Pro Splint _____	
DRUG & I.V. SUPPLIES	<input type="checkbox"/> 3" Kling		<input type="checkbox"/> Air Splint Size: _____	<input checked="" type="checkbox"/> Pillow splint	EKG
	<input type="checkbox"/> Adult Nasal Cannula	<input type="checkbox"/> Ped's Tracheostomy Mask	<input type="checkbox"/> Disp. Suction Bag	<input type="checkbox"/> Bulb Syringe	
UNIT DOSE SECUR	<input type="checkbox"/> Adult Med-Con Mask	<input type="checkbox"/> O ² Connecting Tube	<input type="checkbox"/> Suction Tip - Hard	<input type="checkbox"/> Suction Tubing	SOLUTIONS
	<input type="checkbox"/> Adult High-Con Mask	<input type="checkbox"/> Large Bore Tubing	<input type="checkbox"/> Suction Tip - Soft		
UNIT DOSE SECUR	<input type="checkbox"/> Ped's Nasal Cannula	<input type="checkbox"/> Y-Oxygen Connector	<input checked="" type="checkbox"/> Ice Pack	<input type="checkbox"/> Bed Pan/Urinal	MISCELLANEOUS
	<input type="checkbox"/> Ped's Med-Con Mask	<input type="checkbox"/> Disp. Bag Mask (Adult)	<input type="checkbox"/> Hot Pack	<input checked="" type="checkbox"/> Ammonia Inhalant	
UNIT DOSE SECUR	<input type="checkbox"/> Ped's High-Con Mask	<input type="checkbox"/> Disp. Bag Mask (Child)	<input type="checkbox"/> Poison Kit	<input checked="" type="checkbox"/> Disposable Sheet	MISCELLANEOUS
	<input type="checkbox"/> Infant High-Con Mask	<input type="checkbox"/> Disp. Bag Mask (Infant)	<input type="checkbox"/> Glucose	<input checked="" type="checkbox"/> Disposable Pillow Case	
UNIT DOSE SECUR	<input type="checkbox"/> Oral Airway Size: _____	<input type="checkbox"/> Combi Tube	<input type="checkbox"/> Bite Stick	<input type="checkbox"/> Disposable Chux Underpad	MISCELLANEOUS
	<input type="checkbox"/> Lubricating Jelly	<input type="checkbox"/> Humidified Oxygen	<input type="checkbox"/> Sterile Water	<input type="checkbox"/> Thermometer Shield	
UNIT DOSE SECUR	<input type="checkbox"/> Nasal Airway Size: _____	<input type="checkbox"/> Pocket Mask	<input type="checkbox"/> Sterile Saline	<input checked="" type="checkbox"/> Emesis Bag	MISCELLANEOUS
	<input type="checkbox"/> Trach Adapter		<input type="checkbox"/> O.B. Kit	<input checked="" type="checkbox"/> Disposable Gloves per pair	
UNIT DOSE SECUR	<input type="checkbox"/> Adult Tracheostomy Mask		<input type="checkbox"/> Silver Swaddler	<input type="checkbox"/> Disposable Gowns	MISCELLANEOUS
	<input type="checkbox"/> Oxygen Administration	<input type="checkbox"/> Ventilator Circuit	<input type="checkbox"/> Tongue Depressor	<input type="checkbox"/> Disposable Mask	
UNIT DOSE SECUR	<input type="checkbox"/> Adult Stylet (Disp)	<input type="checkbox"/> PEEP Valve	<input type="checkbox"/> Stair Chair	<input type="checkbox"/> Disposable Eye Shield	MISCELLANEOUS
	<input type="checkbox"/> Peds Stylet (Disp)	<input type="checkbox"/> Pulse Oximeter Sensor (Disp)	<input type="checkbox"/> Portable Stretcher		
UNIT DOSE SECUR	<input type="checkbox"/> Combi Tube		<input type="checkbox"/> Rescue Blanket		MISCELLANEOUS
	<input type="checkbox"/> E.T. Tube Size _____		<input type="checkbox"/> Disposable KCD Blanket		
UNIT DOSE SECUR	<input type="checkbox"/> Nebulizer Setup		<input type="checkbox"/> Mast Trousers		MISCELLANEOUS
	<input type="checkbox"/> Ventilator				
UNIT DOSE SECUR	<input type="checkbox"/> 14g Catheter	<input type="checkbox"/> Veni-Gard	<input type="checkbox"/> Electrodes (pack of 3)	<input type="checkbox"/> Fast Patch (1 set)	EKG
	<input type="checkbox"/> 16g Catheter	<input type="checkbox"/> 10cc Syringe	<input type="checkbox"/> Defibrillator Pads	<input type="checkbox"/> Quik Combe Electrodes (1 set)	
UNIT DOSE SECUR	<input type="checkbox"/> 18g Catheter	<input type="checkbox"/> 5cc Syringe	<input type="checkbox"/> EKG Monitoring		EKG
	<input type="checkbox"/> 20g Catheter	<input type="checkbox"/> 1cc Syringe	<input type="checkbox"/> Quik Pace Electrodes (1 set)		
UNIT DOSE SECUR	<input type="checkbox"/> 22g Catheter	<input type="checkbox"/> Pressure Infuser (Disp)	<input type="checkbox"/> 5% Dextrose 250 ml	<input type="checkbox"/> .9% Sodium Chloride 250 ml	SOLUTIONS
	<input type="checkbox"/> 24g Catheter	<input type="checkbox"/> Blood Tubing	<input type="checkbox"/> 5% Dextrose 500 ml	<input type="checkbox"/> .9% Sodium Chloride 500ml	
UNIT DOSE SECUR	<input type="checkbox"/> IO Catheter	<input type="checkbox"/> Extension Set (Tubing)	<input type="checkbox"/> 5% Dextrose 1.45 % NS 500 ml	<input type="checkbox"/> .9% Sodium Chloride 1000 ml	SOLUTIONS
	<input type="checkbox"/> I.V. Pump Tubing	<input type="checkbox"/> Three-Way Stopcock Ext.	<input type="checkbox"/> Lactated Ringers 1000 m	<input type="checkbox"/> Nitro Drip 50mg in 250ml	
UNIT DOSE SECUR	<input type="checkbox"/> I.V. Macro Tubing 10gtt.	<input type="checkbox"/> Luer Lock Adaptor	<input type="checkbox"/> Lidocaine 2 Gm/5% B5w 500ml	<input type="checkbox"/> Sterile NS - 5cc	SOLUTIONS
	<input type="checkbox"/> I.V. Micro Tubing 60gtt.	<input type="checkbox"/> Chemstick			
UNIT DOSE SECUR	<input type="checkbox"/> I.V. Dial-a-Drip Tubing	<input type="checkbox"/> Other			SOLUTIONS
	<input type="checkbox"/> I.V. Start Pack				
UNIT DOSE SECUR	<input type="checkbox"/> Adenosine 6mg	<input type="checkbox"/> Epinephrine 1:1,000 1mg	<input type="checkbox"/> Narcan 1mg	<input type="checkbox"/> Solumedrol 40mg	SOLUTIONS
	<input type="checkbox"/> Albuterol 0.3mg	<input type="checkbox"/> Epinephrine 1:10,000 1mg	<input type="checkbox"/> Nifedipine 10mg	<input type="checkbox"/> Solumedrol 125mg	
UNIT DOSE SECUR	<input type="checkbox"/> ASA (Baby) 81mg	<input type="checkbox"/> Epi-Pen (Adult)	<input type="checkbox"/> Nitroglycerin Inj. 50mg	<input type="checkbox"/> Verapamil 2.5mg	SOLUTIONS
	<input type="checkbox"/> Ativan 2mg	<input type="checkbox"/> Epi-Pen (Ped's)	<input type="checkbox"/> Nitroglycerin Ointment	<input type="checkbox"/> Versed 2mg	
UNIT DOSE SECUR	<input type="checkbox"/> Atropine Sulfate 0.3mg	<input type="checkbox"/> Intropin (Dopamine)	<input type="checkbox"/> Nitroglycerin Spray	<input type="checkbox"/> Xylocaine (Lidocaine) 50mg	SOLUTIONS
	<input type="checkbox"/> Benadryl 1mg	<input type="checkbox"/> Isuprel 2mg	<input type="checkbox"/> Nitroprusside 50mg		
UNIT DOSE SECUR	<input type="checkbox"/> Bretylol	<input type="checkbox"/> Lasix 20mg	<input type="checkbox"/> Nitrostat 0.4mg		SOLUTIONS
	<input type="checkbox"/> Calcium Chloride	<input type="checkbox"/> Magnesium Sulfate 1000mg	<input type="checkbox"/> Pronestyl (Procainamide) 1gm		
UNIT DOSE SECUR	<input type="checkbox"/> Dextrose 25% (Peds)	<input type="checkbox"/> Mannitol 25% in 50ml	<input type="checkbox"/> Sodium Bicarb. 4.2% (Ped's)		SOLUTIONS
	<input type="checkbox"/> Dextrose 50% 25g	<input type="checkbox"/> Morphine Sulfate 10mg	<input type="checkbox"/> Sodium Bicarb. 8.4% 50mEq		
UNIT DOSE SECUR	<input type="checkbox"/> Diazepam (Valium) 5mg	<input type="checkbox"/> Narcan .4mg (Peds)	<input type="checkbox"/> Sodium Heparin 1000units		SOLUTIONS

PLEASE RETURN THIS STUB WITH YOUR PAYMENT



P. O. BOX 070550
 MILWAUKEE, WI 53207-0550

CLIENT NAME: FAROOKI, WAHEED A

SERVICE DATE: 05/02/2000

TRIP NUMBER:



AMOUNT DUE: 10.00

BILLING DATE: 12/21/2000

FAROOKI, WAHEED A

8284 FLAGSTONE CT
 GREENDALE WI 53129

BILLING DEPARTMENT: (414) 486-4055 WISCONSIN TOLL-FREE NUMBER: (800) 896-6200



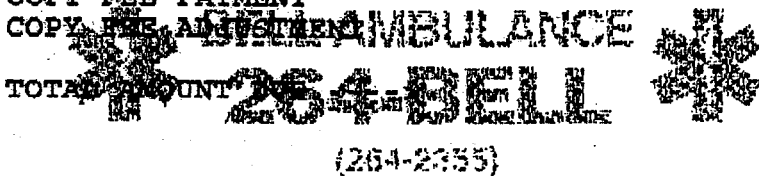
BILLING DEPARTMENT: (414) 486-4055
 WISCONSIN TOLL-FREE NUMBER: (800) 896-6200
 (OUTSIDE MILWAUKEE COUNTY)
 P. O. BOX 070550
 MILWAUKEE, WI 53207-0550

BILLING DATE 12/21/2000 BILL TO: FAROOKI, WAHEED A
 8284 FLAGSTONE CT
 GREENDALE WI 53129
 DUE DATE 06/01/2000 CLIENT: FAROOKI, WAHEED A
 8284 FLAGSTONE CT
 GREENDALE WI 53129

2000122115585806001

C4 1

TRIP NUMBER	SERVICE DATE	SERVICE DESCRIPTION	AMOUNT
B2000123106	05/02/2000	PROM: 5343 S 13TH ST TO: ST FRANCIS HOSP 3237 S 16TH ST	
	05/02/2000	1-BASE RATE	244.15
	05/02/2000	2.4-MILW EMS MILEAGE	12.98
	05/02/2000	1-ICE PACK	1.53
	05/02/2000	2-GLOVES (PAIR)	3.24
	05/02/2000	1-LINENS MESS	4.95
	06/05/2000	COMPCARE PAYMENT	241.85-
	07/07/2000	CLIENT PAID BY CHECK	5.00-
	07/21/2000	LATE PAYMENT PENALTY	0.29
	08/23/2000	LATE PAYMENT PENALTY	0.22
	09/06/2000	CLIENT PAID BY CHECK	10.51-
	12/12/2000	COPY FEE PAYMENT	15.00-
	12/12/2000	COPY FEE ADJUSTMENT	15.00
		TOTAL AMOUNT	10.00



"IF IT DOESN'T SAY BLUE ON THE SIDE,
 YOU'VE JUST BEEN TAKEN FOR A RIDE!"

EXHIBIT

4

LAW OFFICE

Your bridge to effective legal solutions

2300 North Mayfair Rd., Suite 470
Wauwatosa, Wisconsin 53226-1505
Telephone: 414-259-7605
Fax: 414-259-7610
E-mail: gbridge@bridge-law.com

November 16, 2000

Medical Records Department
St. Francis Hospital
3237 South 16th Street
Milwaukee, WI 53215

Re: Patient: *Waheed A. Farooki*
Date of Birth: *10/07/36*
Date of Incident: *05/02/00*

Dear Sir or Madam:

This firm represents the above-named patient with respect to injuries he sustained in an incident that occurred on May 2, 2000. It is our understanding that our client received treatment at your facility, and we would, therefore, appreciate receiving at your earliest convenience **CERTIFIED** copies of the medical records and billings you have for services provided from the date of the accident to the present time. You will find enclosed a duly executed Informed Consent for Disclosure of Information.

Please advise as to the cost of obtaining the records or include your bill with copies of the records requested. Either way you have our assurances of prompt payment.

Very truly yours,

BRIDGE LAW OFFICE

Gregg Bridge

GREGG BRIDGE
Attorney at Law

GEB/jw
Enclosure

*MS
11-28-2000
67 pages*

*5-2-2000
to
5-8-2000*

10. 01-77

St. Francis Hospital
MEDICAL RECORD DEPT-CORRESPONDENCE
3237 S. 16TH STREET
MILWAUKEE, WI 53215
(414) 647-5358
Tax ID# 39-0907740

November 29, 2000

BRIDGE LAW OFFICE
2300 N. MAYFAIR ROAD SUITE 470
WAUWATOSA, WI 53226-1505

CERTIFICATION OF MEDICAL RECORDS

PATIENT: WAHEED FAROOKI
DOB: Unknown
MEDICAL RECORD #: 12-86-32
DATES OF SERVICE: 5-2-00 to 5-8-00

MaryKaye Christensen, ART, Record Custodian of Hospital Records at St. Francis Hospital, Milwaukee, Wisconsin, hereby certify that the documents annexed hereto and consisting of 67 pages, constitute an accurate, legible, and complete duplicate of the St. Francis Hospital Medical Records regarding the above named patient for the Service Date(s) listed.

Mary Kaye Christensen

Mary Kaye Christensen, ART
Manager of Medical Records

ST. FRANCIS HOSPITAL
A MEMBER OF COVENANT HEALTHCARE

Account No: 10179118
Sched Date: 05/02/00 09:43 PM

MR#: 0128632

PATIENT INFORMATION

FAROOKI WAHEED A
8284 FLAGSTONE CT
GREENDALE WI 53129

Phone: 414 421-3545
DOB: 10/07/1936 Age: 63
Gender: M MS: MARRIED

SS#: 503-64-4238
Religion: MUSLIM
Employer: US AIR FORCE
Phone #: 414 482-5607
Occupation: ENGINEER

NEAREST RELATIVE

Name: FAROOKI YASMIN
Phone: 414 421-3545
Bus Phone:
Relat: SPOUSE
Notify: Y

ADDITIONAL CONTACT

Name:
Phone:
Bus Phone:
Relat:
Notify:

VISIT INFORMATION

SOF: YES

Admit Reason: FELL \ KNEE PAIN
Comment: CLY

Visit Type: E
Location: EMERGENCY DEPT.

Last Inp Date:
Outpt Date: 11/30/99

PHYSICIAN INFO

Adm:
Att: COCCAN PAUL
PCP: AMAN

INSURANCE INFORMATION

PRIMARY: COMPCARE
Plan: STANDARD
PO BOX 1581
MILWAUKEE WI 53201

Phone #: 414 226-9923
Subr: FAROOKI WAHEED A
Relat: PATIENT IS INSURED
Policy#: 0A0503644238
Group#: 452

Group Name:

To J212-2

GUARANTOR INFORMATION

Name: FAROOKI WAHEED A
8284 FLAGSTONE CT
GREENDALE WI 53129-0000

Phone #: 414 421-3545
SS#: 503-64-4238
Employer: US AIR FORCE
Phone #: 414 482-5607

with knee
X rays films
p cXR

5-2-00
5-8-00

Er
C. KR

Covenant Healthcare
St. Francis Hospital
3237 16th Street
Milwaukee, WI 53215

DISCHARGE SUMMARY

cc: DR. BUTLER

DISCHARGE DATE: 05/08/2000

ADMISSION DIAGNOSIS: Right knee patellar fracture.

DISCHARGE DIAGNOSIS: Right knee patellar fracture.

HISTORY OF PRESENT ILLNESS: Excision of inferior pole of patella with repair of patellar tendon. This is a 63-year-old gentleman who was admitted with a fractured patella. The day after admission he went to the operating room for repair. This happened while ambulating and falling into a pot hole. He had no other osseous or any other injury.

HOSPITAL COURSE: The postoperative course was remarkable for a low-grade temperature and having difficulty with ambulation and feeling insecure on crutches. He was therefore discharged once he was able to ambulate safely and independently on crutches on 05/08/00.

DISCHARGE MEDICATIONS: Lortab 5 1 to 2 p.o. q.4h. p.r.n.

DISCHARGE INSTRUCTIONS: The patient will followup with Dr. Butler in one week. He will call for an appointment with Dr. Butler next week.


D. GUEHLSTORF, M.D.

DG/SC D.05/08/2000 T.05/09/2000 TSI JOB# 877475

DOCTOR: D. GUEHLSTORF, M.D. NAME: FAROOKI, WAHEED
VISIT TYPE: MRN: 12-86-32
ROOM#: DOB:

DATE: 05/03/2000
ACCT#:
AGE:

ORIGINAL

DISCHARGE SUMMARY

HISTORY AND PHYSICAL

cc: SALEEM AMAN, MD, Referring Physician

ADMITTING DIAGNOSIS: Fractured right patella.

HISTORY OF PRESENT ILLNESS: The patient is a 63-year-old male who fell last evening while walking and landed on his right knee. He sustained a patella fracture which is widely displaced. He is admitted now for surgical repair with excision of the inferior pole of the patella and repair of the patellar tendon to the patella.

PAST MEDICAL HISTORY: No illnesses.

ALLERGIES: His Past History is remarkable for no known drug allergies.

MEDICATIONS: His Past History is remarkable for no medications.

REVIEW OF SYSTEMS: He denies chest pain, palpitations, no cough, shortness of breath, no GI or GU symptoms.

SOCIAL HISTORY: He does not smoke or drink.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION

GENERAL: He is a medium-built male in no acute distress.

HEART: Heart has a regular rate and rhythm without murmur, rub, or gallop.

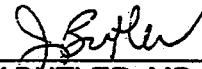
LUNGS: Clear to auscultation.

ABDOMEN: Supple. Bowel sounds are positive. There is no mass or tenderness.

EXTREMITIES: The patient's right knee is remarkable for swelling and a palpable defect. Foot is pink and warm with 2+ dorsalis pedis pulse.

RADIOLOGIC: X-rays reveal a fracture of the inferior pole of the patella which is widely displaced.

PLAN: Excision and repair of the patellar tendon to the patella. The patient understands the risks, complications of surgery, desires I proceed.



JEFFREY BUTLER, MD

JB/dg D.05/03/2000 10:19:30 T.05/03/2000 10:21:24

ST. FRANCIS HOSPITAL

DOCTOR: JEFFREY BUTLER, MD

VISIT TYPE: I

ROOM #: 5E 5212 2

NAME: FAROOKI, WAHEED A

MRN: 128632

DOB: 10/07/1936

DATE: 05/03/2000

ACCT #: 10179118

AGE: 63Y

HISTORY AND PHYSICAL

Covenant Healthcare
St. Francis Hospital
3237 16th Street
Milwaukee, WI 53215

OPERATIVE REPORT

PROCEDURE DATE: 05/04/2000

PREOPERATIVE DIAGNOSIS: Fracture of the inferior pole of the patella.

POSTOPERATIVE DIAGNOSIS: Fracture of the inferior pole of the patella.

PROCEDURE PERFORMED: Excision of the inferior pole of the patella with repair of the patellar tendon to the patella.

SURGEON: J. BUTLER, M.D.

PROCEDURE: The patient underwent general anesthetic. The right leg was prepped and draped in a sterile manner. The leg was elevated, exsanguinated and the tourniquet was inflated. The skin was infiltrated with 0.25% Marcaine with epinephrine. A transverse incision was made over the knee. The skin and subcutaneous tissue were sharply dissected and the patient was found to have an open arthrotomy. The knee was copiously irrigated and debrided of all loose fragments. The inferior pole of the patella was excised. The patellar tendon was then sutured to the patella using drill holes and a Tevdek suture and was oversewn with #1 Dexon. The subcutaneous tissue was closed with 2-0 Dexon and the skin with staples. Betadine and Adaptic sterile dressing was applied. The patient was placed in a long-leg knee immobilizer. The tourniquet was deflated, reactive hyperemia was noted in the foot and the patient was discharged to the recovery room in stable condition.



J. BUTLER, M.D.

JB/jr D.05/04/2000 T.05/05/2000 TSI JOB# 871537

DOCTOR: J. BUTLER, M.D.

VISIT TYPE:

ROOM#: 5212-2

NAME: FAROOKI, WAHEED

MRN: 12-86-32

DOB:

DATE:

ACCT#:

AGE:

ORIGINAL

OPERATIVE REPORT



Franciscan Shared Laboratory Inc.
 11020 West Plank Court
 Suite 100
 Wauwatosa, Wisconsin 53226

**CUMULATIVE
 LABORATORY
 REPORT - DISCHARGE**

LEGEND:
 * = ABNORMAL VALUE
 ** = CRITICAL VALUE

RI NUMBER F128632		PATIENT NAME FAROOKI, WAHEED A			DOCTOR JEFFREY J. BUTLER	
AGE 63Y	SEX M	BIRTHDATE 10/07/1936	ADMITTED 05/03/00	LOCATION	PATIENT ID 10179118	DISCHARGE DATE 05/08/00

HEMOGRAM

	WBC Thous	RBC Million	HGB g/dL	HCT %	PLT Thous	MCV fL	MCH pg	MCHC g/dL	RDW %	MPV fL
HIGH NORM	10.0	5.70	17.0	51.0	>00	99.0	34.0	36.0	14.5	11.9
LOW NORM	4.0	4.20	13.0	39.0	150	80.0	28.0	32.0	11.5	7.0

05/03 07:15	7.5	4.36	12.1*	37.1*	188	85.1	27.7*	32.5	14.0	10.0
05/06 10:00	8.7	4.38	12.3*	38.2*	162	87.0	28.1	32.3	14.0	9.5

05/03 07:15 Hemogram Automated Differential - Smear not reviewed.
 05/06 10:00 Hemogram Automated Differential - Smear not reviewed.

DIFFERENTIAL / MORPHOLOGY

	BLST	PROG	MYEL	META	BAND	SEGS	LYM	MONO	EOS	BASO	OTHER	NRBC
HIGH NORM												
LOW NORM												
						%	%	%	%	%	%	
05/03 07:15						70	45	11	5	2		
05/06 10:00						42	20	4	9	0		

05/03 07:15	58	30	10	2	1
05/06 10:00	64	24	9	4	

GLUCOSE & LYTES & BUN & CREAT

	GLUCOSE	NA	K	CL	CO2	ANION	BUN	CREAT	B/C
	mg/dL	mmol/L	mmol/L	mmol/L	mmol/L	GAP	mg/dL	mg/dL	10-20 Ratio
HIGH NORM	115	145	5.1	108	31.0	20	20	1.3	20
LOW NORM	80	136	3.5	100	22.0	7	8	0.7	10

05/03 07:15	119*	138	3.6	107	22.1	13	13	1.0	13
-------------	------	-----	-----	-----	------	----	----	-----	----



Franciscan Shared Laboratory Inc.
 11020 West Plank Court
 Suite 100
 Wauwatosa, Wisconsin 53226

**CUMULATIVE
 LABORATORY
 REPORT - DISCHARGE**

LEGEND:
 * = ABNORMAL VALUE
 ** = CRITICAL VALUE

PATIENT NUMBER F128632		PATIENT NAME FAROOKI, WAHEED A			DOCTOR JEFFREY J. BUTLER		
AGE 63Y	SEX M	BIRTHDATE 10/07/1936	ADMITTED 05/03/00	LOCATION	PATIENT ID 10179118	DISCHARGE DATE 05/08/00	

CHEMISTRY PROFILE

	CALCIUM	PHOS	CHOL	TRIG	URIC ACID	TOTAL PROT	ALB	A/G RATIO
	ng/dL							
HIGH NORM	10.5							
LOW NORM	8.5							
05/03 07:15	8.8							

UA PHYSICAL CHARACTERISTICS

	TYPE	COLOR	APPEARANCE	SPECIFIC GRAVITY	PH
					pH
HIGH NORM				1.030	8.0
LOW NORM				1.005	5.0
05/03 02:15	VOID	YELLOW	CLEAR	1.020	5.5

UA-CHEMICAL ANALYSIS

	GLUCOSE	PROT	KETO	GLUCBLD	BILE	UROBIL	NITRITE	ESTR
	ng/dL	ng/dL	ng/dL			EU/dL		
HIGH NORM	0	0	0	0	0	1.0		0
LOW NORM	0	0	0	0	0	0.2		0
05/03 02:15	NEG	NEG	NEG	NEG	NEG	0.2	NEG	NEG

UA-MICROSCOPIC

	RBC	WBC	SQUAM EPITH	BACT	MUCOUS THREADS	AMORPH	HYAL CAST
	/HPF	/HPF	/LPF	/HPF	/LPF		/LPF
HIGH NORM	2	5	0	0	0	0	1
LOW NORM	0	0	0	0	0	0	0
05/03 02:15	0-2	0-2	OCC	NONE	FEW	NONE	NONE



Franciscan Shared Laboratory, Inc.
 11020 West Plank Court
 Suite 100
 Wauwatosa, Wisconsin 53226

**CUMULATIVE
 LABORATORY
 REPORT - DISCHARGE**

LEGEND:
 * = ABNORMAL VALUE
 ** = CRITICAL VALUE

PATIENT NUMBER		PATIENT NAME			DOCTOR	
128632		FAROOKI, WAHEED A			JEFFREY J. BUTLER	
AGE	SEX	BIRTHDATE	ADMITTED	LOCATION	PATIENT ID	DISCHARGE DATE
3Y	M	10/07/1936	05/03/00		10179118	05/08/00

TEST PERFORMING LOCATION

11 tests were performed at St. Francis Hospital

End of 'TEST PERFORMING LOCATION' PAGE



PATIENT ORDERS

WEIGHT _____ HEIGHT _____
 ALLERGIES: _____

CHECK HERE IF OK TO USE ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT.

DATE	TIME	ORDERS	LAB RESULTS TO BE AVAILABLE BY:
		Use corn starch powder to skin irritates. If no relief may use neopain powder. P.O.D. Trunk & Thigh Muscles K. Ford Huc 5/7/00 @ 1640 Grunkl 5/7/00 2130	
5/16/00		D/E Home today Flu Dr Butler Chest with joints 384-6700	




FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J

PATIENT ORDERS

WEIGHT _____ HEIGHT _____
 ALLERGIES:

CHECK HERE IF OK TO USE ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT.

DATE	TIME	ORDERS	LAB RESULTS TO BE AVAILABLE BY
5/6/03		Send UA CBC & differential today Tras: by Les. Henry MD 5-6-00 @ 0820 / <i>Stunk</i> L. <i>Stunk</i> 5/6/03 2220	
5/7/03		Catches / <i>Stunk</i> Tras: by Les. Henry MD 5-7-00 @ 1330 <i>Amman</i>	

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J


PHYSICIAN'S ORDERS

POST OP INPATIENT ORDERS DR. J. BUTLER Page 1 of 2

DATE	ORDERS	EXP. DATE
------	--------	-----------

ALLERGIES

NIKPTA - ASA

MEDICATIONS/IV

1. Morphine Sulfate PCA 2 mg q 10 min not to exceed 20 mg. in 4 hours.
2. Hydrocodone Bitartrate 5 mg with Acetaminophen 500 mg (Vicodin) 1 or 2 q 4 hours prn.
3. Acetaminophen gr. x po q 4 hrs, prn for temp over 101⁵.
4. Prochlorperazine (Compazine) 10 mg IM q 6 hrs prn nausea/vomiting.
5. Bisacodyl (Dulcolax) 5 mg po tabs 2 prn constipation.
6. Bisacodyl (Dulcolax) 10 mg rectal suppository prn constipation.
7. Fleets enema per rectum prn.
8. Magnesium Hydroxide 400 mg/5 ml (Milk of Magnesia) 30 cc po prn.
9. Docusate Calcium (Surfak) 240 mg po q day prn.
10. Cefazolin (Ancef) 1 gm IV q 8 hrs x 3 doses. — LP @ 1040 due @ 1840
11. Reorder medications except sleeping medication.
12. IV's: D5/25 NS with 20 mEq KCL at 100 cc/hr. Cap IV when taking po well.

DIAGNOSTIC TESTS

LABS:

XRAY:

PATIENT CARE ACTIVITIES

1. To PACU per routine.
2. Vital signs q 2 hrs x 4; q 4 hrs x 2 then QID.
3. Diet: Begin clear liquids when awake and alert and advance diet, as tolerated.
4. Activity: Up and lb
5. Physical Therapy: - WBAT

sent by K.F.

D. Damayaleki RW Trans By
 5-4-00 2355 V. Bentz
 5212 5/4/00
 2245

ST. FRANCIS HOSPITAL 

3237 South 16th Street, Milwaukee, Wisconsin 53215

A MEMBER OF  HEALTHCARE

PHYSICIAN'S ORDERS

57694 7/99 R1

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 RCCT# 10179118



PHYSICIAN'S ORDERS

POST OP INPATIENT ORDERS DR. J. BUTLER Page 2 of 2


DATE	ORDERS	EXP. DATE
------	--------	-----------

- 6. Foley or straight cath, if no void 8 hrs. post op.
- 7. Neurovascular checks to 2 extremity q 2 hrs. x 24 hrs.
- 8. Instruct Incentive Spirometry at bedside x 48 hrs.
- 9. Compression boots to _____.
- 10. Apply TED stockings after compression boots are DC'd, _____ above knee _____ below knee.
- 11. Ice pack, prn. apron - @ 1240.
- 12. Use appropriate skin and wound care protocol, prn.
- 13. For Total Joint Replacements: ADL training and necessary equipment to start after the patient is in slant back chair.
- 14. Start discharge planning to appropriate facility within 24 hours.

Trans By V Bachtwell 5/4/00 2245

Signature J Butler Date 5/4/00

5212

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT#: 10179118 

Date: 5/4/80

Time: _____

- Vital signs q 5 min., then q 15 min. or until stable.
- EKG monitoring
- Oxygen therapy - 40% nebulizer per face mask or T-piece
- Oxygen per cannula at 2 Liters to maintain Oxygen saturation of 95 %
- Pulse Oximetry
- Overbed heater as needed / Warming Blanket
- Extubate per Recovery Room policy
- Morphine - ___ mg I.V. Hydromorphone - ___ mg I.V. Meperidine - 5 mg I.V. Toradol - ___ mg I.M.
- Other _____ mg I.V. May repeat to a total of 25 mg prn pain.
- Fentanyl _____ mcg I.V. May repeat to a total of _____ mcg prn pain.
- Droperidol 0.625 mg I.V. Prochlorperazine _____ mg I.M. Anzemet 12.5 mg I.V.
- may repeat in 15 minutes x1 for nausea/vomiting
- Atropine _____ mg I.V. for treatment of Symptomatic bradycardia (pulse < 50, decreased mental status, decreased blood pressure).
- Lidocaine _____ mg I.V. for treatment of Symptomatic Ventricular Arrhythmias or PVC's > 6-10 /min.
- Arterial blood gases at: _____
- HCT K+ Glucose
- Follow Intraop I.V. 1000 cc D5RL RL Plasmalyte D5 0.45 NS D5W NS D5 0.25 NS
- Other _____
- Infuse at 125 ml/hr
- Discharge to Day Surgery / Floor when criteria met
- Discontinue Arterial Line
- Other: add Jorney KCO to history
Admission Rpt 7.4
- Discharge home when Day Surgery discharge criteria met

*to 12 Normal R
pH 7.4*

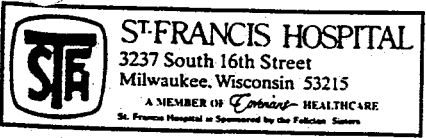
add Jorney KCO to history

Admission Rpt 7.4

Anesthesiologist M.D.

Gallin

PHYSICIAN'S ORDER SHEET
POST ANESTHESIA CARE UNIT
ANESTHESIA ORDERS



FAROOKI WAHEED A
DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
ACCT#: 10179118

PATIENT ORDERS

WEIGHT _____ HEIGHT _____
 ALLERGIES: _____

CHECK HERE IF OK TO USE ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT.

DATE	TIME	ORDERS	LAB RESULTS TO BE AVAILABLE BY:
------	------	--------	---------------------------------

5/3/00 Lines Prep Orders.
 (1) NPO after midnight
 (2) Pt may have 1 cup of tea at 6:00 AM then NPO again.
 (3) Pepid 2mg by PO a sip
 (4) Keplan 10mg PO a sip
 (5) Atropine 0.5mg PO a sip
 (6) Velrod 2mg call to OK
 on y-tubing Blood set stopcock extension, 2" 18g needle in arm
 Lab 0900 to keep open.

[Handwritten Signature]

R. Ford Hill 5/3/00 @ 1840

S. J. Farooki RW
 1400 5-3-00

5/3/00



PATIENT ORDERS

WEIGHT _____ HEIGHT _____
 ALLERGIES: _____

CHECK HERE IF OK TO USE ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT.

DATE	TIME	ORDERS	LAB RESULTS TO BE AVAILABLE BY:
5-2-00	22:40	Regular Diet Activity - up on crutches along leg immobilizer Motrin 3mg 1-2 q 4 ^h PRN Morphine 8mg q 3 ^h PRN pain CBC Chem 6 UA EKG Chest X-Ray done on way to floor MD: Dr. Butler & D. Plushka M	
		5/3/00 ① Opiocort " Excision interval 72hr of post-op + repair extension mechanism @ knee" ② Anel 1 gm IV preop ③ IV F L R at 100 cells to 20 mg KCl begin at 0600 ④ NPO midnight	



PATIENT ORDERS

5212²

DATE

5/6/10

Orin

Comfortable

Tmax 101.4

Calves AT

Well Δ dressing today

Continue PT, deep breathing

Home tomorrow

Strick

5/7/10

Orin

Does not want to get home yet

Tmax 100.8

Wound clean

Home tomorrow

Strick

5/8/10

Orin
Comfortable

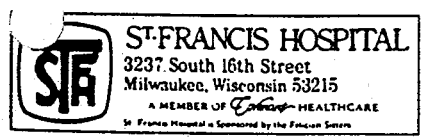
Poc AB ~~Penic~~ (am) AB

Dressing CS

S/P Repair @ knee set week

D/C Home today

Strick



PHYSICIANS
PROGRESS RECORD

5114 2/98 R1

FAROOKI WAHEED A

DOB: 10/07/1936 63y SEX: M MR: 128632
BUTLER JEFFREY J

ACCT#: 10179118



DATE

ORND

5/4/00

Comfortable

TO OR = Dr Butler today
J. Butler

5/4/00

Op Notes

Preop Dx: (R) patella fx.

Postop Dx: same

Proc: Repair patella tendon, excision of polypoid

Surg: Butler

Med: General

Drugs: P&A

Cond: stable

J. Butler

5/4/00

Post op: # 871537

awake alert

(R) foot W intact J. Butler

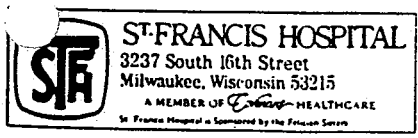
5/5

Feels well.

NV ok. vs stable.

PT to day.

Swing



PHYSICIANS
PROGRESS RECORD

5114 2/98 R1

FAROOKI WAHEED A
DOB: 10/07/1936 63y SEX: M MR: 128632
BUTLER JEFFREY J

ACCT#
10179118



DATE
5/3/08

ORPH H + P distal # 869007

63 y.o. wife looked (R) patella. Plan
for repair. Pt understands risks & complications
& desires to proceed

J. J. J.

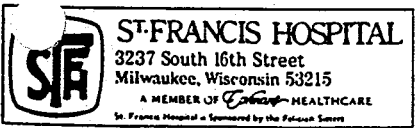
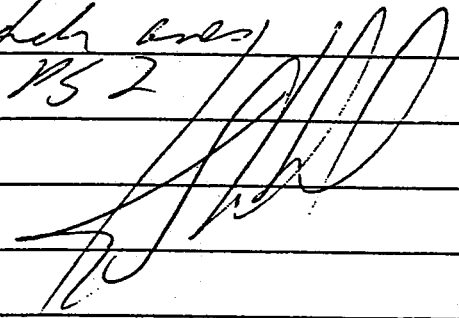
5/2/08 Anes Prep Ntb

63 y.o. ♂ for repair
extensor mechanism @ knee & exc of
pt. patella. All: ASA. ~~the~~

N&V @ eye surg 6 mo ago. Esclera
still reddened. K3.6 BI 119 BUN 13

Cr 1.0 Hb 12.1 Bst 37.1 p/ 88,000 EKG
possible atrial fibrillation.


Procedure and risks explained & accepted MS 2



PHYSICIANS
PROGRESS RECORD

5114 2/98 R1

FAROOKI WAHEED A
DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
ACCT# 10179118



Significant findings activity, expected outcome

Other description of abnormal assessment, change requiring a change in Plan of Care, MD notification

Condition and action for a specific problem


Difficulty tolerating intervention and/or outcome of call

DATE	TIME	DISCIPLINE	SIGNIFICANT FINDINGS
5-2-00	0055	RN	Pt. Data Done Completed while in ER # 6 Pt. voided 200cc clear yellow urine. Urinal 5 probes Pt's wife + son here @ bedside + brought pt. food: Vegetarian diet for pt. to eat. (PLE ↑ on one pillow. Disrupt)
5-4-00	1400	DMR	Pt. currently at low nutritional risk - Ullal follow Assess on
5-7-00	1700	RN	Pt. C/O CBM since 2/20/00 + HAD RND - MILDLY DISTENDED EPIPH. YR'S ENEMA QWEN PM AT REQUEST SMALL RESULTS NOTED ON PT. SUBQ QWEN FOR PRN ORDER. WILL CONT TO MONITOR.
5/8/00	1800	RN	Pt. did home per MDs order. VSS & celebrité 5/8/98 KA, A & DX3. Pt left all personal belongings (incl. ^{clothes}) By Rvinfo, & D/C instructions. Pt & son verbalized understanding of care. Transport arranged pt walk to main entrance wife here to take home - Wadeen K

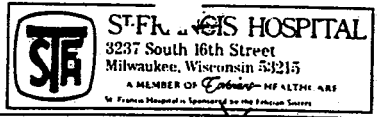
STF ST-FRANCIS HOSPITAL
3237 South 16th Street
Milwaukee, Wisconsin 53215
A MEMBER OF *Catholic* HEALTHCARE
Sponsored by the Wheaton Franciscan and Felician Sisters

SIGNIFICANT FINDINGS

FAROOKI WAHEED A
DOB: 10/07/1936 63y SEX: M MR: 128632
BUTLER JEFFREY J
ACCT#: 10179118



DATE 5/2/00 NAME Waheed Farooki D.O.B. 10/7/36
 TIME: _____ TO WR TIME _____ TO ED TIME 2130



TRIAGE/DATABASE

RIVAL MODE WALK WC CARRIED AMBULANCE Bell
 TREATMENT PRIOR C-COLLAR/BOARD O2 SPLINT DRESSING IV
 ACCOMPANIED BY: SELF PARENT FRIEND RELATIVE CO-WORKER OTHER
 IF INJURY: UNINTENTIONAL INTENTIONAL BY: _____
 PREVIOUS INJURY BY SAME PERSON? _____

TRIAGE CATEGORY 1 2 3 FT
 T R O BP 141/61 P 60 R 18 SpO2 97%

CHIEF COMPLAINT/ONSET/MECHANISM OF INJURY: Right knee pain INFORMANT: PT FAMILY/SO
 NSG HOME RECORD
 SEE ATTACHED

TB SCREEN: COUGH: > 2 WEEKS YES NO
 HEMOPTYSIS YES NO (IF YES GO TO SECONDARY SCREENING)
 SECONDARY NO FEVER UNINTENTIONAL WEIGHT LOSS
 MALAISE: HX/TB NIGHTSWEATS LOSS OF APPETITE
 ALLERGIES: ASA

MEDICATIONS DOSE/FREQUENCY
none

IMMUNIZATIONS/ TETANUS uptd WT: (KG) 75
 TRIAGE INTERVENTION: N/A
 ICE SPLINT ELEVATION SLING
 RINGS REMOVED DRESSING W/C
 ISOLATION PRECAUTIONS
 GLUCOMETER _____ PEAK FLOW _____

PAST HEALTH HISTORY N/A SURGERIES knee repair
 HTN CARDIAC ETOH/DRUGS
 CVA LUNG OTHER _____
 SEIZURES CANCER SMOKES _____ PK/DAY
 DIABETES HIV/GU VISUAL ACUITY OD _____ OS _____
 LMP _____ G _____ P _____ AB _____ CONTRACEPTION: _____ EDC: _____

TRIAGE RN: Polunsk

	MENTAL STATUS	NEURO	CV	RESP.	GI	GU	SKIN	MS	NV	EENT	PAIN
BASIC FOCUS								*			*

STANDARDS INITIATED FOR:
 INEFFECTIVE BREATHING PATTERN ALTERATION IN TISSUE PERFUSION ALTERATION IN FLUID VOLUME ALTERATION IN COMFORT
 IMPAIRED SKIN INTEGRITY IMPAIRED PHYSICAL MOBILITY INEFFECTIVE INDIVIDUAL COPING OTHER _____ PATHWAY/PROTOCOL _____

CURRENT INTERVENTION/EVALUATION

TIME	T	BP	P	R	SpO2	SIGNIFICANT FINDINGS/INTERVENTIONS
2130						pt to ED per Bell ambulance p falling into crack @ approx 1205D tonight. pt has obvious swelling & fluid to knee tender to touch good pedal pulse. good sensation. able to move knee freely. A other pain R knee by Dr. Smith. ice applied by Bell ambulance. Chart to M.D. Mack. Nancy RN called for bed on 5 East. for bed placement will call when bed available.

ADVANCED DIRECTIVE YES
 DISPOSITION: DISCHARGE ADMIT ROOM # 5212-2
 BELONGINGS LIST
 TRANSFER REPORT GIVEN TO: _____
 DISCHARGE MODE: AMB WC CRUTCHES CARRIED STRETCHER
 ACCOMPANIED BY: SELF _____
 DISCHARGE INST. TO: PT _____ COMPLETE MED. RECORD SENT WITH TRANSFER
 TIME: _____ INITIALS: _____

CARDIAC MONITOR/ INTERPRETATION/ TIME: _____
 V: TIME: _____ SITE: _____ NEEDLE: _____ SOLN: _____ RATE: _____ INITIAL: _____

OUTCOME

CC SECURITY ON STANDBY TIME: (Collected/Sent)
 INTAKE _____ OUTPUT: _____ LAB _____ RAD _____
 IV _____ URINE _____ ECG _____ CT _____
 PO _____ OTHER _____ URINE _____ CULTURE _____
 WOUND PREP _____ PELVIC EXAM _____

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 COOGAN PAUL
 ACCT#: 10179118

SIGNATURES: Polunsk INITIALS: DP





EMERGENCY RECORD - PAGE 2

Patient ID: 128632

Tue May 02, 2000

CHIEF COMPLAINT: right knee injury

Patient complains of falling while walking with an injury to the right knee approximately 1 hour prior to arrival. Patient fell after stepping into a pothole. No loss of consciousness or other injury.

PATIENT'S ALLERGIES: -see nurse's notes

PATIENT'S CURRENT MEDICATIONS: -see nurse's notes

REVIEW OF SYSTEMS: no headache, no chest pain, no neck pain, no back pain, no shortness of breath, no abdominal pain, no loss of consciousness.

PMH: healthy

PHYSICAL EXAM: Vital Signs: Reviewed Nurse's notes.

PATIENT STATUS: uncomfortable, in pain, alert, oriented, cooperative and pleasant.

LUNGS: Clear to auscultation and breath sounds equal, no wheezes, rales, or rhonchi.

HEART: Regular rate and rhythm without murmurs, ectopy, gallops, or rubs.

ABDOMEN: Soft, nontender.

NECK: Supple, nontender.

BACK: nontender.

KNEE: Right knee. markedly tender. markedly swollen. Range of motion: unable to test because of immobilization with patellar deformity. Skin is abraded. Neurovascular status: normal. large joint effusion. The distal pulses are normal. Unable to test ligaments due to pain and obvious fracture.

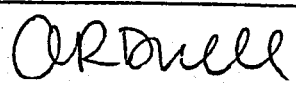
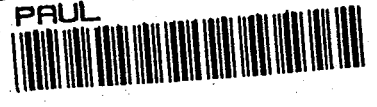
X-RAY: knee x-ray shows patella fracture with complete displacement of the inferior portion.

CONSULT: Dr. Butler was consulted by phone and will admit the patient.

DIAGNOSIS: Acute Closed Fracture of the Patella, 822.0

DISPOSITION: Patient was admitted to Surgical in stable condition.

Amy R. Duell, M.D.

CONSULTATION		PA/RESIDENT/MEDICAL STUDENT
DIAGNOSIS		FAROOKI WAHEED A DOB: 10/07/1936 63Y SEX: M MR: 128632 COOGAN PAUL ACCT#: 10179118
CONDITION	ATTENDING STAFF	
<input checked="" type="checkbox"/>		

Covenant

Elm Brook Memorial Hospital
19333 West North Avenue
Brookfield, WI 53045

St. Francis Hospital
3237 16th Street
Milwaukee, WI 53215

St. Joseph's Hospital
5000 West Chambers
Milwaukee, WI 53210

St. Joseph's Hospital - Bluemound
10010 West Bluemound Rd.
Brookfield, WI 53226

St. Michael Hospital
2400 West Villard
Milwaukee, WI 53209

RADIOLOGY

cc: PAUL COOGAN, MD
SALEEM AMAN, MD, Referring Physician
JEFFREY BUTLER, MD, Attending Physician

ORDERING PHYSICIAN: JEFFREY BUTLER, MD

OCCURRENCE NUMBER:

1. 8674589
2. 8675583

EXAM DATE: 05/03/2000

EXAM:

1. RIGHT KNEE, FOUR VIEWS
2. CHEST AP

CLINICAL HISTORY:

1. Knee pain.
2. Preoperative chest

REPORT:

1. RIGHT KNEE: Examination demonstrates a horizontal fracture through the inferior aspect of the patella with associated superior retraction of the majority of the patella. A small joint effusion is identified. There is evidence of an old proximal fibular fracture.
2. CHEST AP: The heart size and vessels are normal and no infiltrates are seen.

IMPRESSION:

1. Acute fracture through the patella, as described. There is approximately 4 cm of separation between the patellar fragments.
2. Negative chest.



ROBERT GOULD, MD
Radiologist

RG/LE D.05/03/2000 15:12:53 T.05/03/2000 18:50:05

ST. FRANCIS HOSPITAL

RADIOLOGIST: ROBERT GOULD, MD

VISIT TYPE: I

ROOM #: 5E 5212 2

NAME: FAROOKI, WAHEED A

MRN: 128632

DOB: 10/07/1936

DATE: 05/03/2000

ACCT #: 10179118

AGE: 63Y

RADIOLOGY

Report only
 Report & films
 Report, films & patient

TO: ED
 Fast Track

ED / Radiology Film Interpretation Form

(Final Report to Follow)

Examination: RT Knee

ED Physician History & Interpretation: fall

patella fx

ARD

ED Physician / Date

Radiologist Interpretation and Course of Action:

Check One: 1. Normal
 2. No significant findings from ED interpretation
 3. Other:

Check One: 1. Return this sheet and film to ED.
 2. Return this sheet only to ED.
 3. DISCREPANCY: Return this sheet & film to ED physician and obtain signature.

Radiologist / Date

If DISCREPANCY is indicated, complete this section.

Films returned to ED by:

Films received in ED by:

Radiology Personnel / Date / Time

ED Personnel / Date / Time

ED COURSE OF ACTION TAKEN:

ED Signature / Date

ST. FRANCIS HOSPITAL 

Preliminary
Radiology Interpretation

NAME: Farooki, Waked
DATE: 5-2-08

A MEMBER OF  HEALTHCARE

63074 3/00

FAROOKI, WAHEED A
63 yr Male
Unknown
1971b
Room: 5242
Loc: 30

ID: 000128632
Vent. Rate 65 BPM
PR Interval 156 ms
QRS duration 74 ms
QT/QTc 390/405 ms
P-R-T axes -102 20 25

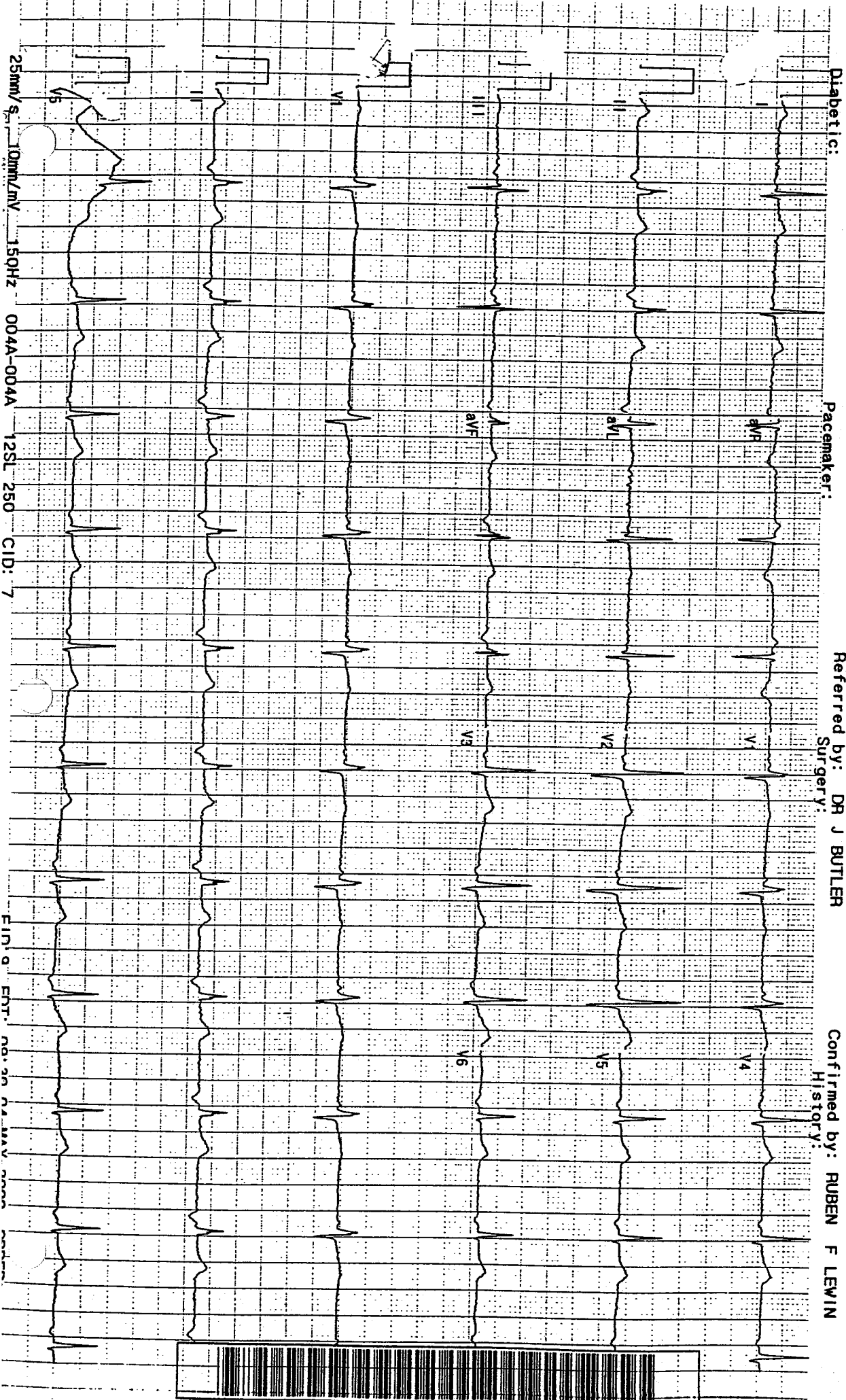
03-MAY-2000 02:02
Unusual P axis, possible ectopic atrial rhythm
Abnormal ECG
No previous ECGs available

ST. FRANCIS HOSPITAL-5 EAST ROUTINE RECORD

History: Unknown
Technician: 543

Referred by: DR J BUTLER
Surgey:

Confirmed by: RUBEN F LEWIN
History:



63years
Male
69in
Room: 52122
Loc: 30

History: Unknown
Technician: 543
Test Ind:

Normal sinus rhythm
Normal ECG

WV120052

3-MAY-2000

2:00:39

ST. FRANCIS HOSPITAL #7

Diabetic:

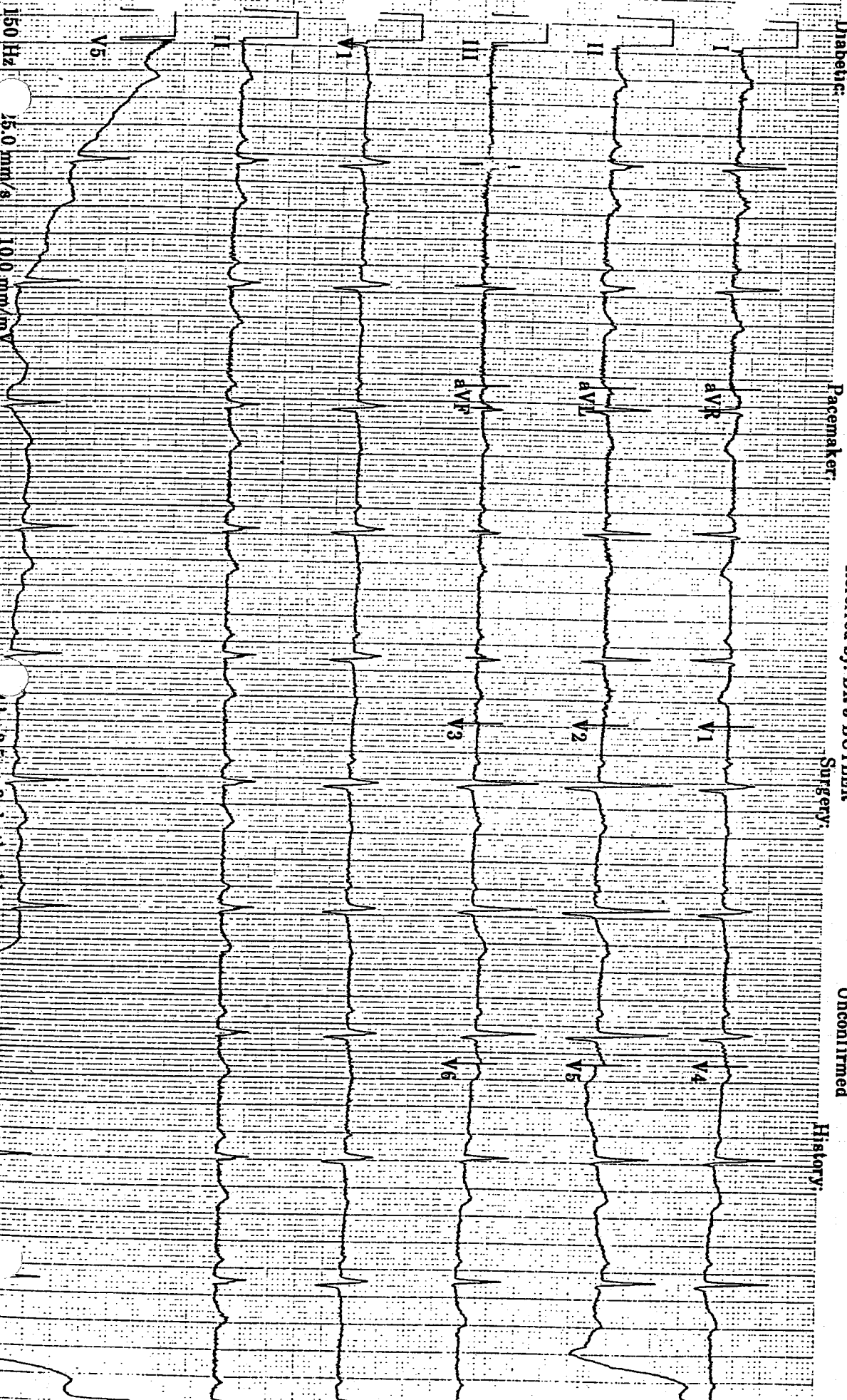
Pacemaker:

Surgery:

Unconfirmed

History:

Referred by: DR J BUTLER



150 Hz
25.0 mm/s

10.0 mm/m

A by 2.5s + 3 rhythm 14s

MAC 8 009B

12SL 1m v250

PERMIT FOR OPERATION OR OTHER PROCEDURE

Patient: Waheed A. Farooki

1. Dr. Jeffrey Butler, and such assistants as he or she may designate, has my permission to perform the following procedure:

Excision inferior pole of patella and repair extensor mechanism
Right Knee

(technical description)

- 2. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the proposed procedures.
- 3. I agree to the disposal, in any manner deemed necessary by authorities of the above named hospital, of any tissue or parts which it may be necessary to remove.
- 4. I also consent to the taking of any photographs, filming, videotaping and/or illustrations in the course of this treatment for the purpose of advancing medical knowledge. I relinquish any rights, title or interest in the finished picture, negative or copies of the original. It is understood that my name will not be used, or in any way disclosed in connection therewith.

The anesthesiologist has my permission to administer anesthesia for the procedure.

Waheed Farooki
Patient

5/3/2000
Date signed

If the patient is incompetent or a minor, complete the following:

If patient is unable to give permission because _____

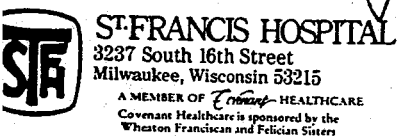
Signature of Legal Guardian, Health Care Agent, Parent or closest available Relative.

Waheed Farooki
Signature Relationship to Patient

5/3/2000
Date signed

Andrea Krueger
Witness

5/3/00
Date signed



PERMIT FOR OPERATION OR OTHER PROCEDURE

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT#: 10179118

PRE-OP ASSESSMENT

Date: 05/04/00 Emergency: []
Psychosocial Status: [X] A/Ox3 [] Confused [] Anxious [] Sedated [] Combative [] Unresponsive
Limitations: [] None [] Language [] Auditory [] Visual [] Limited ROM [] Amputee [] Paralysis [X] Other BACK PAIN
Allergies: ASPIRIN Blood bank number:
Circle: SCD's/Plexi Pulse/TEDS [] Knee high [] Thigh high [] Right leg [] Left Leg ; Pressure setting ; Unit #

I. Fear/Anxiety
[X] R/T knowledge deficit regard- ing surgical procedure
[X] R/T possible pain/risk of death
[] R/T confused mental status/LOC
[] R/T separation anxiety

Interventions:
[X] Encourage pt. to verbalize questions [X] Provide quiet, comfortable, private environment
[X] Give clear, concise explanations of surgical procedure [] Personal security item
[X] Support during anesthesia (induction, extubation, localization, sedation) [] Other

PERI-OPERATIVE SUMMARY Rm. # 10 Delay code
OR Arrival time 1105 Incision time 1135 Dressings applied 1207 PACU Arrival time 1220
Anesthesia [X] General [] Local [] Regional: [] IV sedation [] Topical [] Monitored By: [X] MD [] RN
Surgeon #1 DR. J. BUTLER Start/End Anesthesiologist DR. SCHMATHL
Surgeon #2 [X] N/A Start/End Other Perfusionist
SA #1 E. MEDALE S.A. SA #2
Scrub #1 J. WITCZAK OCT. Scrub #2
Circulator #1 O. RANA RN Circulator #2
Pre-op Dx: FRACTURE RIGHT PATELLA
Procedure #1: EXCISION INFERIOR POLE OF PATELLA AND REPAIR EXTENSOR MECHANISM
Procedure #2: RIGHT KNEE

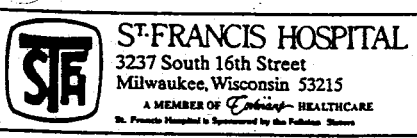
Post-op Dx:
Wound class: [X] 1 [] 2 [] 3 [] 4
Immens: None Frozen [] Culture/Cytology: [X] None

II At Risk for Infection
[X] R/T Surgical site [] N/A
[] R/T Insertion of invasive indwelling lines [X] N/A
[X] R/T Wound closure [] None
[] R/T Implants/Other [X] N/A

Interventions:
Skin preparation [X] Shave [] Implants used: [] See back of record
[X] Betadine [] Hibiclens [X] Duraprep XI
[] Other
[] Foley/Straight cath FR cc
[] Drains: type site
[] NG: size
[] Packing type site
[] Staples [X] Suture [] Steri-strips [] Retention
[X] Dressed with: 4X4, KERLIX, ADAPTICS, ACE

III. At Risk for Injury
[X] R/T transfers
[X] R/T position
[X] supine [] rt. lateral
[] prone [] lt. lateral
[] lithotomy [] knee/chest
[] trendelenberg [] jackknife
[] reverse [] fowlers/semi fowlers
[X] R/T impaired skin integrity

Interventions:
[] Positioners used [X] Safety strap [] Finger traps [X] Foam protectors
[X] Lock table and cart [] Chest Rolls [X] Arm restrained [X] elbow (R,L)
[] Slide board used [] Axillary Rolls on armboard (R,L) [] knees (R,L)
[] Fracture table [X] Pillow/foam head- rest/donut [] Arm secured at side (R,L) [] heels/ankles (R,L)
[] Wilson frame [] Inflatible pillow/ shoulder roll [] Pillow between knees/ arms [] Legging Strips
[] Andrews frame [] Sandbag [] Pillow under knees/arms [X] Leg holder
[] Beachchair [] Other
[] Bean bag/- Kidney rest



OPERATING ROOM NURSING RECORD Page 1 of 2

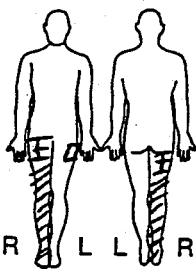
FAROOKI WAHEED A DOB: 10/07/1936 63Y SEX: M MR: 128632 BUTLER JEFFREY J ACCT#: 10179118

III. At Risk for Injury (cont.)

R/T ESU use N/A
 ESU # CE-53839 30/150
 Bipolar # _____
 Tourniquet N/A
 Machine # CE-53350
 Setting 350 mmHg
 Single Double
 Tested by: SELF TESTING
 Other: _____
 1. Start 1135 End 1209
 2. Start _____ End _____
 R/T Laser Use N/A CO2
 Yag Diode Holmium
 Laser operator: _____
 R/T Themia N/A
 Hypo Hyper
 Unit CE-51169
 Setting 100
 R/T X-ray exposure N/A
 R/T potential or actual
 latex allergy N/A
 R/T retained foreign objects N/A

Interventions:

- Mark position on graph:
 1. Cautery pad (shave)
 2. Tourniquet
 3. Prep



- Circulation of extremity assessed pre-op and post-up
 Laser safety protocol followed
 Temperature monitored, cover exposed body surfaces, warm irrigation fluids
 Observed for signs of malignant hyperthermia, policy followed.
 X-ray protection used
 Latex precautions followed

Counts:
 Needles Blades Sponges Instruments Misc.
 Scrub: _____
 Initial J. WITCZAK ORT Circulator C. RANA RN
 Closing J. WITCZAK ORT C. RANA RN
 Final J. WITCZAK ORT C. RANA RN
 Consistent Inconsistent
 X-ray taken in lieu of instrument count
 Inconsistent count resolution
 Surgeon notified X-ray taken

IV. Outcomes:

	Yes	See Note
1. The pt. demonstrates reduced fear/anxiety.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Aseptic technique maintained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The pt. is free from injury r/t electrical hazard, physical hazard, laser hazard, themia hazard, x-ray exposure and allergic reaction from latex.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. The pt. is free from retained foreign objects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DISCHARGE SUMMARY

Infusing solutions: H2O NaCl LR
 Glycine Sorbitol Other _____
 Amt. 1000 cc
 Intake: IV fluids 800 cc
 Blood products _____ cc
 Cell saver _____ cc
 Output: Urine _____ cc @ _____ Color _____
 NG/drains _____ cc EBL 50 < cc

Medications: 5000U. BACITRACIN 1gm KANTREX
in 1000cc NaCl, 0.25% GENSORPINE C
EPINEPHRINE 8 cc

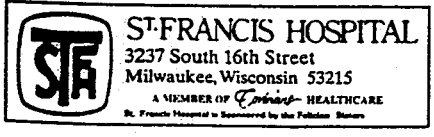
Transferred to: PACU SDSU ICU HA Unit Other _____
 Transfer mode: Cart Bed W/C Ambulatory Other _____
 Discharged with: O2 ET tube Airway Full monitoring None Other _____
 Transfer Status: Awakening Alert Sedated Anesthetized Other _____

Relief persons/time _____

RN signature Gerard Rana RN

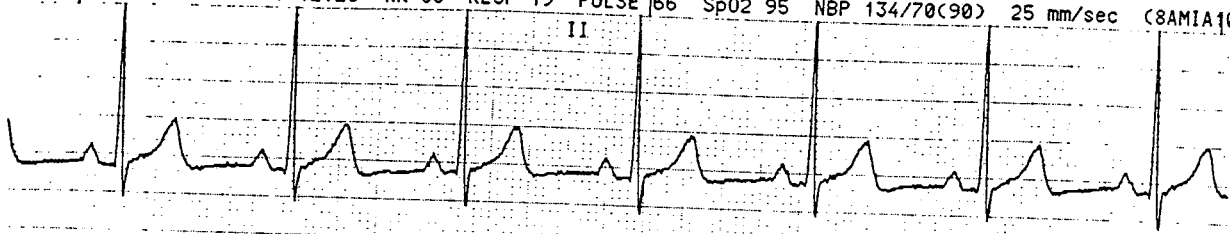
OPERATING ROOM NURSING RECORD
 Page 2 of 2

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
 ACCT# 10179118



PACU 8 04 MAY 00 12:23 HR 66 RESP 19 PULSE 66 SpO2 95 NBP 134/70(90) 25 mm/sec (8AMIA)II

EKG



HR-60⁰ PR-16 QRS-88 Imp SR


EKG

DATE	TIME	DISCIPLINE	SIGNIFICANT FINDINGS
5/00	1230	Nursing	DR Balthaz @ BS observe pt stability to move foot / toes on Rt leg post op. Ref. pt c/o severe pain for dental given 40 mg morphine IV given by

PATIENT LABELS MUST BE PLACED
 ON ALL PAGES (PARTS) - SIDES - OR
 FOLD-OUT (PANELS) THAT THIS
 BOX APPEARS ON.

Date _____


Standards	DC Outcomes	Interventions	Standards	DC Outcomes	Interventions
Patent Respiratory Status R/T <input type="checkbox"/> Artificial airway <input type="checkbox"/> Inability to maintain airway <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Secretions <input type="checkbox"/> Surgical procedure <input type="checkbox"/> Medications <input type="checkbox"/> Preop condition <input type="checkbox"/> Other _____	<input type="checkbox"/> Patient maintains patent airway <input type="checkbox"/> Oximeter reading 90% or greater $\bar{c} / \bar{s} O_2$ <input type="checkbox"/> Patient respirations are even and effortless	<input type="checkbox"/> Assess airway and maintain patency <input type="checkbox"/> Administer oxygen as ordered upon admission <input type="checkbox"/> Assess lungs upon admission and pm <input type="checkbox"/> Monitor respiratory rate, rhythm, and depth q 15 min and pm <input type="checkbox"/> Chin support, pm <input type="checkbox"/> Monitor oximeter reading q 15 min and pm <input type="checkbox"/> Assess skin color, temp. <input type="checkbox"/> Encourage C & DB <input type="checkbox"/> Provide warmth to patient: <input type="checkbox"/> warm blankets/thermodrape <input type="checkbox"/> patient warming device <input type="checkbox"/> limit exposure of skin <input type="checkbox"/> Follow Policy & Procedure for maintenance and removal of airway and ET tube <input type="checkbox"/> Elevate HOB unless contraindicated <input type="checkbox"/> Discharge patient from PACU $\bar{c} O_2$ at - L/NC or mask (circle) for 24° or until oximeter > 90% <input type="checkbox"/> Oximeter readings, pm	<input checked="" type="checkbox"/> Alterations in comfort R/T <input checked="" type="checkbox"/> Physical pain from surgery <input type="checkbox"/> Psychological response to surgery <input type="checkbox"/> Immobility <input type="checkbox"/> Position <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Patient verbalizes feelings of comfort or decrease in pain <input type="checkbox"/> Vital signs in preop range <input type="checkbox"/> Absence of restlessness <input type="checkbox"/> Patient verbalizes decrease or elimination of nausea	<input type="checkbox"/> Assess pain location, duration, intensity, pm <input checked="" type="checkbox"/> Medicate, pm <input checked="" type="checkbox"/> Assess effectiveness and tolerance of pain medication <input checked="" type="checkbox"/> Assist patient with repositioning, pm <input checked="" type="checkbox"/> Provide comfort measures <input checked="" type="checkbox"/> Assess type and amount of anesthesia given <input type="checkbox"/> Note emesis, color, amount <input type="checkbox"/> Administer antiemetic, pm <input checked="" type="checkbox"/> Assess effectiveness of antiemetic <input type="checkbox"/> Maintain NPO if applicable <input type="checkbox"/> Assess abdomen for distension <input type="checkbox"/> Maintain patency of NG and suction <input checked="" type="checkbox"/> Provide emotional support
Outcome Status <input type="checkbox"/> MET <input type="checkbox"/> Not MET _____			Outcome Status <input checked="" type="checkbox"/> MET <input type="checkbox"/> Not MET _____		
<input type="checkbox"/> Ineffective thermo regulation R/T <input type="checkbox"/> Length of Surgery <input type="checkbox"/> Site of Surgery <input type="checkbox"/> Other _____	<input type="checkbox"/> Patients temperature is 97° orally or 96° axillary <input type="checkbox"/> Patient is not shivering	<input type="checkbox"/> Monitor temperature upon admission and pm <input type="checkbox"/> Cover patient with warm blankets <input type="checkbox"/> Limit skin exposure <input type="checkbox"/> Remove wet linen <input type="checkbox"/> Apply patient warming device <input type="checkbox"/> Assess for shivering <input type="checkbox"/> Assess peripheral circulation <input type="checkbox"/> Monitor vital signs and oximetry	<input type="checkbox"/> Potential for injury R/T <input type="checkbox"/> Effects of anesthesia <input type="checkbox"/> Age <input type="checkbox"/> Precondition <input type="checkbox"/> Mobility <input type="checkbox"/> Other _____	<input type="checkbox"/> Patient remains injury-free	<input type="checkbox"/> Assess LOC, orient pm <input type="checkbox"/> Document on PACU teaching record <input type="checkbox"/> Monitor effects of anesthesia and analgesia, pm <input type="checkbox"/> Siderails up at all times and pad, pm <input type="checkbox"/> Lock cart/bed <input type="checkbox"/> Apply restraints pm, document type, time used and neurovascular status affected <input type="checkbox"/> Hold pediatric pt., pm <input type="checkbox"/> Guard extremity if affected by anesthesia <input type="checkbox"/> Assess and maintain proper body alignment
Outcome Status <input type="checkbox"/> MET <input type="checkbox"/> Not MET _____			Outcome Status <input type="checkbox"/> MET <input type="checkbox"/> Not MET _____		
<input type="checkbox"/> Altered neuro/muscular/vascular status R/T <input type="checkbox"/> Surgical procedure <input type="checkbox"/> Anesthesia <input type="checkbox"/> LOC <input type="checkbox"/> Position <input type="checkbox"/> Other _____	<input type="checkbox"/> Maintain/improve circulation <input type="checkbox"/> Moves all extremities at preop level	<input type="checkbox"/> Assess neurovascular status <input type="checkbox"/> Assess peripheral pulses on adm. and pm <input type="checkbox"/> Use Doppler to assess pulse if not palpable <input type="checkbox"/> Reposition patient, pm <input type="checkbox"/> Elevate affected extremity <input type="checkbox"/> Loosen drsg pm or per MD order <input type="checkbox"/> Assess movement <input type="checkbox"/> Assess and document Spinal Sensory level	<input type="checkbox"/> Alteration in Hemodynamics R/T <input type="checkbox"/> BP ↑/↓ (circle) <input type="checkbox"/> Pulse ↑/↓ (circle) <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Urine output <input type="checkbox"/> Other _____	<input type="checkbox"/> BP and pulse within preop range <input type="checkbox"/> Skin warm and dry <input type="checkbox"/> Oriented to person and place <input type="checkbox"/> Urine output > 30 cc/hour	<input type="checkbox"/> Monitor vital signs q 15 & pm <input type="checkbox"/> Monitor EKG q 15 & pm <input type="checkbox"/> Assess resp. status, pm <input type="checkbox"/> Monitor I & O <input type="checkbox"/> Monitor lab values, pm <input type="checkbox"/> Administer fluids/blood as indicated <input type="checkbox"/> Rewarm patient, pm <input type="checkbox"/> Administer O ₂ <input type="checkbox"/> Use analgesic cautiously <input type="checkbox"/> Position patient, *HOB or Trendelenberg, if symptomatic <input type="checkbox"/> Maintain patency of IV(s) <input type="checkbox"/> Monitor urine output, pm <input type="checkbox"/> Treat dysrhythmias, pm
Outcome Status <input type="checkbox"/> MET <input type="checkbox"/> Not MET _____			Outcome Status <input type="checkbox"/> MET <input type="checkbox"/> Not MET _____		



ST-FRANCIS HOSPITAL
 3237 South 16th Street
 Milwaukee, Wisconsin 53215
 A MEMBER OF *Covenant* HEALTHCARE
 Covenant Healthcare is sponsored by the
 Wheaton Franciscan & Felician Sisters

**POST ANESTHESIA
 CARE UNIT RECORD**

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
 ACCT#: 10179118



Date 2/4/00

Drsg RT leg
 Admit cdi
 Disch cdi
 Drsg _____
 Admit _____
 Disch _____

Other Output _____
 CBI IN _____ CBI OUT _____

Emesis: _____
 Foley: _____
 Voided: DTV

DRAINS & TUBES
 NG tube _____

 Surgical _____
 Other _____

SCORES		PACU SCORE SYSTEM	
2	2	RESPIRATION: 2 Able to deep breathe & cough freely - Normal rate & depth 1 Dyspnea or limited breathing/Mechanical airway 0 Apnea	
2	2	CIRCULATION: 2 BP +/-20 or pre-anesthetic level/stable pulse 1 BP +/-20-50 of pre-anesthetic level abnormal dysrhythmia 0 BP +/-50 or more of pre-anesthetic level symptomatic dysrhythmia	
2	2	COLOR: 2 Pink < 3 Seconds CRT 1 Pale, dusky, blotchy, jaundiced 0 Cyanotic	
1	1	CONSCIOUSNESS: 2 Awake, alert, oriented X3 1 Arousable on verbal stimuli 0 Not responding	
2	2	ACTIVITY: 2 Able to move 4 extremities on command 1 Able to move 2 extremities on command 0 Able to move 0 extremities	
9	9	TOTAL: FOR A SCORE OF 7 OR BELOW NOTIFY THE ANESTHESIOLOGIST PRIOR TO DISCHARGE	

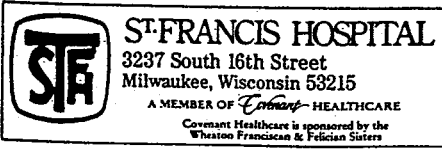
DIAGNOSTIC TESTS				
TIME	TEST	MD NOTIFIED/TIME	LAB DRAW	ART. LINE
/	/	/	<input type="checkbox"/>	<input type="checkbox"/>
/	/	/	<input type="checkbox"/>	<input type="checkbox"/>
/	/	/	<input type="checkbox"/>	<input type="checkbox"/>
/	/	/	<input type="checkbox"/>	<input type="checkbox"/>
/	/	/	<input type="checkbox"/>	<input type="checkbox"/>
/	/	/	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT
 Hot/cold temp set at _____ on at _____
 Elevation of _____ with _____
 Ice pack to RT Knee at 1240
 Durakold ice pack to _____ at _____
 Immobilizer Splint Sling on from O.R. PACU
 Antiembolism Device
 Stockings S.C.D. Thigh Knee Foot pump
 on from O.R. applied in PACU ABDUCTION PILLOW

MEDICATIONS				
TIME	DRUG	DOSE	ROUTE/SITE	INITIALS
1230	Demerol (in Sng dose)	25mg	IV	ly
1235	Elmopane	0.625mg	IV	ly

Discharged to: Floor ICU (life pak) Telemetry (life pak) BP monitor O₂ Other _____
Per: Cart Bed Ambulatory Carried Other _____
Accompanied by: R.N. N.A. M.D.
Prescriptions on chart: No Yes number _____

Time 1355 Discharged by Reith
 Report given to: _____ /phone at _____ (time)
 Accepted Report Bonnie Krutowski Time _____



POST ANESTHESIA CARE UNIT RECORD

PATIENT LABELS MUST BE PLACED ON ALL PAGES (PARTS) - SIDES - OR FOLD-OUT (PANELS) THAT THIS BOX APPEARS ON.

Admitted to PACU
 Per: Cart Bed
 Accompanied by: SRN
 Anesthesiologist

Allergies: ASPIRIN

Pre-Op Vitals: T _____
 BP _____ P _____

IVs
 Site LT
 Amt ↑ 700
 Site RT AXIL
 Amt ↑ 100

Total IV fluids in PACU _____ cc

TEMP Admit: 96.7 Date: 05/04/00
 Disch: 98.1 Time: 1220

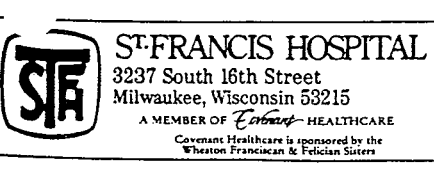
15	30	45	13	15	30	45	14	15	30	45	15	30
----	----	----	----	----	----	----	----	----	----	----	----	----

<input checked="" type="checkbox"/> General	Pulse Oximeter %	98	98	98	97	94	95
<input type="checkbox"/> Spinal	Temperature	96.7	96	96	96	96	96.7
<input type="checkbox"/> Caudal	BAIR HUGGER/setting	NA					0
<input type="checkbox"/> IV Block	Awake & Responsive	Aspy	→	✓	✓	✓	✓
<input type="checkbox"/> Local	Deep Breathing	✓					✓
<input type="checkbox"/> Epidural	Legs Exercised	✓				✓	✓
<input type="checkbox"/> Intrathecal	Position	HOB ↑				HOB ↑	✓
<input type="checkbox"/> Other _____	O ₂ Therapy <u>4L/min</u> Aerosol-Mask Cannula-E.T.	40%			NA	2L	✓
<input type="checkbox"/> Arterial Line	Cough, swallow, Gag reflex present	✓				✓	✓
<input type="checkbox"/> Intubate	Extubated	NA					
<input type="checkbox"/> Plates	Airway: Oral/Nasal	NA					
<input type="checkbox"/> Secured	Lungs Clear: R	CE	0	0	0	0	0
<input type="checkbox"/> Discontinue	L	CE	0	0	0	0	0
<input type="checkbox"/> Pressure Applied	ECG Monitor	✓				✓	✓
<input type="checkbox"/> mins.	Skin: Warm/Cool	WM				✓	✓
<input type="checkbox"/> Pulse present	(circle) Dry/Diaphoretic	DR				✓	✓
<input type="checkbox"/> Safety/Comfort	Spinal Sensory Level	NA					
<input checked="" type="checkbox"/> SRs at all times	Neurovas <u>RTI</u>					✓	✓
<input type="checkbox"/> padded SRs	appropriate for LOC	UNL				✓	✓
<input type="checkbox"/> on _____	RN Initials	eg				alop	de
<input type="checkbox"/> off _____							
<input checked="" type="checkbox"/> Cart/Bed locked							
<input checked="" type="checkbox"/> Warm blankets							

INITIALS _____

Signature _____

Signature _____



POST ANESTHESIA CARE UNIT RECORD

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT# 10179118

PREOPERATIVE CHECKLIST

Local cases require completion of starred (*) items ONLY.

Instructions:

1. PAT: To be completed at time of pre-admission visit.
UNIT: To be completed on the patient care unit, prior to transfer to O.R.
O.R.: To be completed upon arrival to O.R./Holding Area.
2. Initial items to verify completion.
3. Place a line (—) next to the item, if not applicable.
4. Indicate "See below" for reference to comment area.
5. Indicate "Pending" in appropriate column if awaiting results.

LOCAL	PAT	UNIT	O.R.	
*		ML		Height and Weight Documented 5'10" 190 lbs
*		ML		Allergies Documented ASA
*		ABK		Preoperative Teaching Done
*		B		Shower / Bath / Scrub done, if ordered
*		ABK		Order for Consent Obtained. Use O.R. Schedule for <u>All Local Cases</u>
*		ML		Consent Signed, Dated, Witnessed -- With No Abbreviations
		ML		History And Physical Completed by Physician and on Chart (Evidence that it was done within 30 days)
		B		Type and screen or cross per physician order.
		B		Patient Typed & Screened: <input type="checkbox"/> Y <input type="checkbox"/> N or Typed & Crossmatched: <input type="checkbox"/> Y <input type="checkbox"/> N Autologous/Direct Donor # _____
		ML		Chest X-Ray
		ML		EKG
		ML		Additional lab work ordered: <input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> LYLES <input checked="" type="checkbox"/> CHEM. PROFILE <input checked="" type="checkbox"/> UA <input type="checkbox"/> PT PTT <input type="checkbox"/> Pregnancy (List) _____

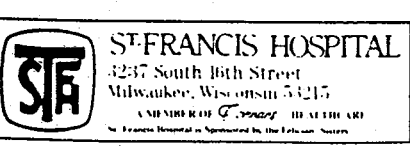
		B		Blood Glucose (One Touch) Results _____
		B		Physicians Notified of Abnormal Critical Values (Circle) Surgeon Anesthesia
		B		Previous Medical Records to O.R.
				SCD / TEDs Ordered and Applied (As ordered)
*		ML		T, P, R and BP completed and documented T 99 P 88 R 18 BP 128/100
*		ML		Identification band on left arm (unless left is operative side)
*		BK		NPO since: Date: <u>S/A</u> Time: <u>midnight</u>
*		BK		Make-up, Nail Polish, Hair Appliances, etc. removed; Oral Hygiene completed
*		BK		Hospital Gown on only
*		BK		Voided (within one hour pre-op)
*		BK		Loose teeth, caps, bridge
		VB		Removal and storage of:
		VB		Dentures _____ Location Stored <u>0</u>
		VB		Glasses / Contact Lenses _____ Prosthesis _____ Location Stored <u>0</u>
		VB		Jewelry _____
*		VB		Meds Taken day of Surgery: (List) <u>Amel 1gm IV</u> — <u>See MAR</u>
*		VB		Ordered Pre-Op Meds, or Other Meds (i.e., antibiotics) Given and Documented <u>pre-op</u>
*		VB		Medication Administration Record to O.R. with patient
*		VB		Med to be Given in Holding Area <input type="checkbox"/> Y <input type="checkbox"/> NA
*				Addressograph Plate on Chart Patient to O.R. per _____ at _____

* Comments (Check Appropriate Boxes)

<input type="checkbox"/> Amputee	<input type="checkbox"/> Current / Past Steroids / Anticoagulant / ASA use	<input type="checkbox"/> Disoriented
<input type="checkbox"/> Sensory Problems	<input type="checkbox"/> "No Code"	<input type="checkbox"/> Abn. Labs
<input type="checkbox"/> Respiratory Problems	<input type="checkbox"/> Isolation / Precaution	<input type="checkbox"/> Other
<input type="checkbox"/> Malignant Hyperthermia	<input type="checkbox"/> Mobility Problems / Paralysis	
	<input type="checkbox"/> Pacemaker / Telemetry	

* Family waiting - Location _____ * Patient Ready for O.R. - Signature of RN _____ Date _____

INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE
ML	Mary L SPN	ABK	Sheryl Rose RN		



PREOPERATIVE CHECKLIST

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT#: 1017911A



See Progress Notes

Date: 5/4/00

Name: Age: 63 Wt.: 190 5'10" Sex: M Race: East Indian

Previous Surgery and Anes: Eye muscle surgery 1999 Head/Spine 1997 Problems

Hx of Familial Anes. problem: Teeth: own (Upper front tooth dropped opens well)

Drug allergies: ASA stomach upset Medications:

Habit: Smoking: Alcohol: Drug:

Neuro Muscular Hx: Hx of seizure: Hx D. Mellitus: Hx Jaundice:

Resp. System: Hx Asthma: Hx of COPD: GUT: 236

Cardiovascular: ECG pass endogor atrial rhythm

Hx of Hypertension:

P.E. Summary of Pertinent Findings:

ASA: 1 2 3 4 5 E Remark: 63 yr old male for repair extensor mechanism @ knee. No inf pole patella. All ASA. No problems. Passed endogor atrial rhythm. ECG. K36 procedure for endotracheal anes explained & accepted. ASA

Signature: [Handwritten Signature]

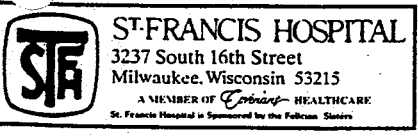
POST-OP ANESTHETIC VISIT

Post Op -- Operative Day Date: Time: VS stable & alert. Recovery from anes. Pleated procedure well

Signature: [Handwritten Signature]

Post Op Day #1:

Signature:



FAROOKI WAHEED A
DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
ACCT#: 10179118

OR # 10

SELECTED ANESTHESIA METHOD: GENERAL REGIONAL MONITORED ANESTHESIA CARE

ANES. START: 1105
SURG. END: 1215

SURG. START: 1135
ANES. END: 1220

PHYSICAL STATUS: E (2) 3 4 5

OPERATION: Repair Extensor Pollicaris (R) (Crest) (Incision) (olecranon) PRESSURE POINTS CHECKED AND PADDED CHECK PATIENT EQUIPMENT, MACHINE AND MEDS.

CODE:	● = PULSE	D = RESP	2 = ASSIST	● = CONTROL	BP: X = ANES	O = SURG	POS: SUP	PRONE	LAT	LITHO
TIME										
N2O / AIR										
O2										
INH. AGENT										
BARB / DIPRIVAN										
RELAX										
MARKS										
TEMP / TEMP										
O2 SAT										
ETCO2										
PA / WEDGE										
CVP										
SVO2										
CO / CI										
SVR										
URINE										
EBL										
VENT.										
MEDICATIONS										

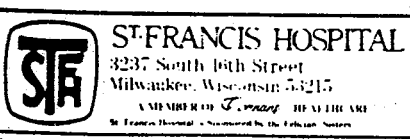
MONITORING
 STETH CHEST / ESOPH
 NIBP / IBP
 SPO2 / CAP / O2 ANALYZER
 CEREBRAL OXIMETER SVO2 LEFT / RIGHT
 EKG STAND / "V" LEAD
 TEMP / SKIN (ESOPH) RECT. / BLOOD / BLADDER
 ARTLINE
 CVP CATH
 S-G CATH / SVO2
 TEE
 VENTILATOR / HEATED HUMIDIFIER
 CP PUMP ON / OFF
 BLOOD WARMER / BAIR HUGGER
 HYPOTHERMIA
 TOTAL EBL: 250 ml
 URINE
 FLUIDS
 BLOOD

IV 2 Normosol R
 pH 7.4
 18g glucose
 2 arm 800 ml
 IV 2 arm 20g
 Normosol R pH 7.4
 from Anes
 300 ml out
 prep

AIRWAY MANAGEMENT: LMA
 MASK AIRWAY #3 VIA TRACHOSTOMY BLADE Mac4 LTA X LUNGS 1-1
 ENDOTRACHEAL TUBE: SIZE 8.0 mm ORAL NASAL CUFF 14cm STYLET X
 ATRAUMATIC DIFFICULT SMOOTH SEMI-CLOSED NON-REBREATHING
 REMARKS: 8.0 mm oral ET tube (Dysphagia) cuff
Attempted 2 stylet chest 1-1 attempt

REC. ROOM / ICU TIME: 1220
 MENTAL STATUS:
 Awake Active Reflexes E-Tube
 BP: 134/88 TEMP 96.7
 PULSE 98 VENTILATOR
 RESP 20 SUPPORT MEDS
 OXIMETER
 SVO2
 PA
 CVP
 WEDGE

EYES LACRILUBE: TAPE CLOSED N.G. TUBE: CELL SAVER:
 SURGEON: Butler ASSISTANT SURGEON:
 ANESTHESIOLOGIST: Loren Schmeltzer DATE: 5/4/00



ANESTHESIA RECORD

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT# 10179118



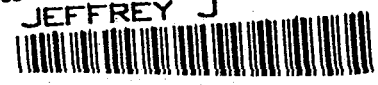
COVENANT SIGNATURE PROFILE

Date	Initials *as you would use in charting (Write Legibly)	Print Full Name	Written Signature	Title
5-2-00	DK	Debra K. York	<i>Debra K York</i>	
5-3-00	PG	PATRICIA GANGER	<i>Patricia Ganger</i>	LPN
5-3-00	DS	DAVID STONER	<i>David Stoner</i>	PCA
5-3-00	DN	Diana Domagalaski	<i>Diana Domagalaski</i>	RN
5/4/00	WB	Lionel Bronowski	<i>Lionel Bronowski</i>	PCA
5/4/00	BK	Bonnie Krutowski	<i>Bonnie Krutowski</i>	R
5/4/00	ML	Mary Lo	<i>Mary Lo</i>	SPN
5-4-00	JD	Joydell Dapp	<i>Joydell Dapp</i>	R
5/4/00	PL	PAT LANDAN	<i>Pat Landan</i>	PCA
5/5/00	DP	David Passinault	<i>David Passinault</i>	PT
5/6/00	LA	LAURIE ANDERSON	<i>Laurie Anderson</i>	RN
5/6/00	KM	Kathleen Misiewicz	<i>Kathleen Misiewicz</i>	R
5/6/00	KR	Kate Pombos	<i>K. Pombos</i>	PT
5/8/00	QW	Judy WHT	<i>J. WHT</i>	RN



COVENANT SIGNATURE PROFILE

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT#



What is the best way for you to learn:

- Reading
 Listening
 Pictures
 Demonstration
 Video
 Other

Key learning issues identified by patient:

"It is important for me to learn "

"Are there issues that will prevent you from learning about your disease/recovery?"

Potential learning barriers identified by caregiver:

- None
 Physical impairment
 Cognitive limitation
 Emotional barriers
 Religious/cultural practices
 Pain/discomfort
 Lack of desire/motivation
 Communication barrier
 Limited reading ability
 Unable to read
 Other

If barriers are present, alternative teaching methods to use: See Plan of Care

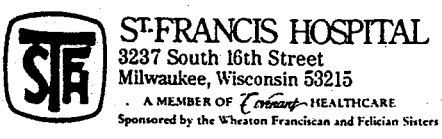
Date: 5-2-05 Time: 5:45 Initials:

Codes:

Verbal = Verbalized understanding **Demo** = Demonstrates skill **Follow** = Follow up/reinforcement needed
O = Offered and refused **U** = Unable to meet *Significant findings

Teaching recipient is assumed to be patient unless otherwise noted.
 Other: (specify) _____

TOPIC	CONTENT/METHODS	Initial Pt. Teaching				Follow Up Teaching					
		V	D	F	O	V	D	F	O	Date/Time Initials	



INTERDISCIPLINARY
TEACHING
FLOWSHEET

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
 ACCT#: 1017011A

**Patient Teaching Record
 Orientation to PACU
 Page 2 of 2**

DT I K CONTENT DT I K EXPECTED OUTCOMES

Demonstrates leg exercises and assists with repositioning.
 Patient acknowledges medication administration

D. Activity
 1. Increase HOB
 2. Leg exercises
 3. Repositioning

E. Medications
 1. Pain
 a. I.V.
 b. IM
 c.

2. Antibiotics

3.
 4.

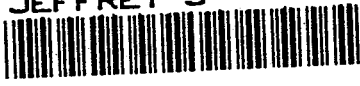
Perkins

[Handwritten mark]

[Handwritten mark]

Patent Teaching Record Key = D = Date T = Time I - Initials K - Knowledge Level
 Knowledge Level Key:
 A No Knowledge
 B Some Understanding/
 Needs More Teaching
 C Reinforcement
 Needed
 D Outcome
 Met
 E Offered
 But Refused
 Not
 Applicable

**Patient Teaching Record
 Orientation to PACU
 Page 1 of 2**

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
 ACCT#: 10179118 

CLASSES ATTENDED	DATE	PATIENT EDUCATION / TV PROGRAMS VIEWED	DATE

PRINTED MATERIALS GIVEN/REVIEWED	DATE	INITIALS	SIGNATURES
		<i>JJ</i>	

I	K	CONTENT	D/T	I	K	EXPECTED OUTCOMES
<i>5/4/00</i>	<i>B</i>	A. Orientation to completion of surgery, time, place B. Equipment 1. Cardiac monitor 2. Blood pressure monitor 3. Oximeter 4. Oxygen 5. Thermometer 6. Bair hugger 7. I.V.'s 8. - 9. - B. Coughing and Deep Breathing 1. Demonstration 2. Splinting 3. 4.		<i>JJ</i>	<i>B</i>	Verbalizes completion of surgery and in PACU Cooperatives with use of equipment Demonstrates coughing and deep breathing and splinting

Patient Teaching Record Key = D = Date T = Time I - Initials K - Knowledge Level

Knowledge Level Key: A B C D E N/A
 No Knowledge Some Understanding/ Needs More Teaching Reinforcement Needed Outcome Met Offered But Refused Not Applicable

FORM 44736 4/98 R1

Informant: Patient Family/S.O. ER Record Nursing Home Other Facility Medical Record

Contact phone number: Wife Yasmin - 421-3815 What name would the patient like to be called? _____

Allergies: Do you have any allergies/adverse drug reactions? Yes No Circle all that apply: Medication / Food / Latex / Tape

Item: ASA Reaction: Hx of Urticaria

Medications: Are you on any prescription medications? Yes No

Are you taking any non-prescription medications? Yes No

Medication	Dose	Frequency	Last Taken

Patient/significant other verbalizes understanding of medications? Yes No

Immunizations up to date? Yes No Unknown (Refer to chart on back)

Comments: _____

PATIENT CARE NEEDS

- Oriented to Environment
- Latex Precautions Initiated
- Dietitian consult
- Medication teaching needs identified
- Pharmacy consult
- Immunization Info Given

- Implement CCP for _____
- Teaching needs identified r/t condition/illness
- Implement Teaching Flowsheet for _____

Reason for admission: "Broken hip @ knee"

Have you been hospitalized in the last 12 months? Yes No

If yes, indicate why: Eye Surgery

Past surgery /major procedures: Eye Surgery - last year Heel Spine - 3 years ago

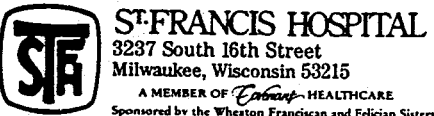
Have you had anesthesia previously? Yes No If yes, Local Regional General

Have you or a family member had any problems with anesthesia? Yes No If yes, specify: _____

Have you been treated or are you being treated for any of the following conditions or illnesses? If yes, check box and enter year No

- Neurological: Stroke TIA Seizures Dizziness/Fainting Alzheimer/Dementia
- Cardiovascular: Heart Failure Coronary Artery Disease Chest Pain MI Valve
- Irregular HR Hypertension Pacemaker - mfg: _____
- ICD: - mfg: _____

Facility: _____



PATIENT DATA BASE - PAGE 1

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT#: 10179118

PATIENT CARE NEEDS

Respiratory: Asthma Bronchitis/Emphysema Pneumonia Pulm. Fibrosis

Persistent cough Bloody Sputum Smoker - PPD: _____ Years: _____ Date quit smoking _____

*** TB Screen:** History of TB: No Self Family/Close Contact Date _____ Treatment _____

History of + TB Skin Test: No Self Family/Close Contact ^{brother} Date 3 yrs ago

INH Prophylactic Treatment No Drenching Night Sweats Abnormal Fatigue

Peripheral Vascular: Blood clot Impaired circulation

Gastrointestinal: GI Bleeding Irritable bowel Pancreatitis Ulcer ^{Bleeding} Liver Disease Hemorrhoids

Genitourinary: Kidney Disease Prostate Problem Urinary Infection STD

Integumentary: Skin Disease Rash Open Wound Tube/Drain _____ Location _____

Invasive Line - Type _____ Location _____ Date placed _____

Musculoskeletal: Arthritis ^{Spinal Cord (Neck to low back)} Paralysis Other: _____

Other: Cancer _____

Diabetes Past blood transfusions Past transfusion reaction Blood Disorder Chronic Pain

HIV MRSA VRE Thyroid Disease Mental Illness ^{family} Sickle Cell Disease

* Alcohol Use: Yes No No. of alcoholic drinks consumed in a 24 hr period? _____ per week? _____

* Drug Use: Yes No Type and frequency: _____

Comments: _____

Initiate Isolation Type _____

Infection Control Nurse Consult

Initiate Alcohol Assessment Tool

Social Services Consult

Female: LMP _____ Pregnant: Yes No # Weeks Gestation _____ Post-menopausal

Comfort: Do you have any pain / does patient demonstrate evidence of pain? Yes No

Description: Constant Pain Scale (0-10): 4/10

Location: R knee

Are there any interventions that will increase your comfort level? Yes Meds + movement No

Problems with sleep? Yes No

Describe what helps: _____

Do you feel stressed/anxious about your illness/hospitalization or other events in your life? Yes No

Instruct in use of pain scale

CNS Consult

Social Service Consult

Spiritual Care Consult

Mobility/Activity Activity Level Prior to Admission:

Ambulatory Yes No

Bedrest Yes No

Transfer w/ help Yes No

Assistive devices Yes No

Comments: _____

Activity of Daily Living: Feeding I Toileting I Bathing I Dressing I

I - Independent A - Needs assistance D - Dependent

Appropriate safety measures initiated See POC

Elimination: Bladder: Void without difficulty? Yes No

Urinary Devices: Catheter Ostomy Peritoneal Dialysis Hemodialysis

Urinary related impairments: Frequency Retention Pain Color Change Nocturia

Dribbling Incontinence Urgency Hesitancy

Bowel: Regular elimination pattern? Yes No Frequency gd LBM 5200

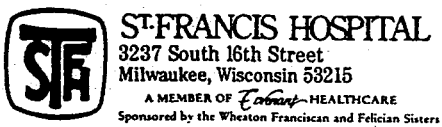
Elimination impairment: Constipation occ Pain/Pressure Bleeding Diarrhea Incontinence

Ostomy Pattern of irrigation: _____

Enterostomal therapist consult

Dietitian consult

* - Must be addressed on all patients



PATIENT DATA BASE - PAGE 2

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT# 10179118

Integumentary: Braden Risk Assessment Scale (circle appropriate description):

Sensory Perception

- Completely limited
- Very limited
- Slightly limited
- No impairment

Moisture

- 1. Constantly moist
- 2. Very moist
- 3. Occasionally moist
- 4. Rarely moist

Activity

- 1. Bedfast
- 2. Chairfast
- 3. Walks occasionally
- 4. Walks frequently

Mobility

- 1. Completely immobile
- 2. Very limited
- 3. Slightly limited
- 4. No limitations

Nutrition

- 1. Very poor
- 2. Probably inadequate
- 3. Adequate
- 4. Excellent

Friction & Shear

- 1. Problem
- 2. Potential problem
- 3. No apparent problem

TOTAL SCORE: 23

PATIENT CARE NEEDS

- For alterations in skin integrity, initiate Ulcer/Wound flowsheet
- Enterostomal Therapist Consult/Wound Consult
- For score of 16 or less, initiate Prevention Plan of Care.

Safety: If yes, please specify: (dentures, hearing aid, glasses, contacts)

- Auditory Deficit Yes No
- Speech Deficit Yes No
- Visual Deficit Yes Glasses No

Fall Risk: Circle score of each appropriate indicator for High Risk:

- Age 65 or over 5 Points
- Previous history of falls 2 Points
- Physical impairment/injury which affects mobility (includes weakness) 5 Points
- Altered mental state 10 Points
- MEDICATIONS:
 - Anesthetics, narcotics, sedatives, tranquilizers, sleepers, anticonvulsants, chemotherapy 3 Points
 - Epidural anesthetics 5 Points
 - Diuretics/Bowel preps 3 Points
 - Urgency, frequent nocturia 3 Points
 - Diarrhea 3 Points
 - Supportive devices 3 Points
 - Non-compliance with instructions regarding getting OOB 2 Points
 - Blindness 8 Points

TOTAL SCORE: 2

Patients with a score of 8 or above are considered to be at risk for falls.

- Not at risk
- At risk for falls
- Appropriate safety measure initiated on Plan of Care

Nutrition and Hydration: Are you on a therapeutic diet or restriction? Yes Vegetarian No

NPO since: _____

(RN Risk Assessment)

- Are you having any problems following the diet/restriction? Yes No
- Would you like further teaching? Yes No
- Are there any religious/cultural practices that influence your diet? Yes No
- Are you having any problems obtaining food at home? Yes No

Height: 5'10"
Weight: 190 lbs

- | | | | | |
|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
| YES | NO | Risk Factors: Have you experienced: | YES | NO |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unintentional weight loss (5 lb/1 mo. or > 10 lb/3 mo.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Difficulty swallowing | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Loss of appetite - how long: _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tube feeding/TPN/Oral supplements | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | High risk condition or history of condition (on back) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- Check One:
- Nutrition Adequate
 - Dietitian Consult

Clinical Dietitian Nutrition Assessment: Date: _____ Time: _____

- Diagnosis with nutrition implication
- Collaborate - MD, RN, SP, OT, PT, Family, Other: _____
- Medications reviewed
- Labs reviewed

- Findings:
- Depleted visceral protein stores
 - Hyperlipidemia
 - High blood sugar
 - Elevated BUN/Creatinine
 - Other: _____

IBW: _____ %IBW: _____ ABW: _____ Usual Wt: _____ Wt loss/gain: _____ Timeframe: _____

Alteration in Nutrition Status: _____

Calorie needs: _____ Maintained Gain Loss Protein needs: _____ gm/kg.

Neutropenic calculation: _____

TPN/TF current order: _____

Grams: CHO _____ Protein _____ Fat _____ Calories _____ Percent: CHO _____ Protein _____ Fat _____

Maximum glucose utilization _____ Volume: _____

- Diet History obtained
- Past nutrition education reviewed
- Findings:
 - Diet appropriate
 - High in fat
 - Uses convenience foods
 - High in sodium
 - Low in fiber
 - Skips meals
 - Frequent restaurants
 - Inadequate nutrients
 - Other: _____

Recommendation/Goal: _____

Additional Comments: _____

Registered Dietitian: _____

- S/P currently low risk - follow up*
- Moderate Nutrition Risk
 - High Nutrition Risk
 - Nutrition Education needs identified



ST FRANCIS HOSPITAL
3237 South 16th Street
Milwaukee, Wisconsin 53215
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**PATIENT DATA
BASE - PAGE 3**

FAROOKI WAHEED A

DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J

ACCT# 10179118



PATIENT CARE NEEDS

Spiritual Care Consult

Social Services Consult

Information given

Advance Directives

Organ Donation

PTC Consult

Is there anything we can do to support your religious/spiritual/cultural beliefs or practices while you are hospitalized? Yes No
 If yes, specify: Islam

Is there anything we can do to support your cultural beliefs/practices? Yes No
 If yes, specify: _____

Would you like a visit from our Spiritual Care Team? Yes No

Do you have a Power of Attorney for Healthcare? Yes No Copy on Chart Yes No

Do you have a Living Will for Healthcare? Yes No Copy on Chart Yes No

Do you desire information about Advance Directives? Yes No Are you an Organ Donor? Yes No

With whom do you live? Alone Significant Other Family Member _____

Phone Numbers: Yasmin (wife) 421-3545

Caregiver available to you? Yes Who? Wife - Yasmin All day Part of the day

No. Is this a problem? _____

Where do you live? Home Apartment Group home (name) _____

Nursing home (name): 2 Stories

Do you have equipment at home? No Yes Oxygen Nebulizer W/C Cane

Walker Crutches Toilet Seat Riser Other: _____

Who will be involved in your care, education and discharge planning? _____

Do you have concerns about leaving the hospital? No Yes _____

Have you recently had home health care services No Yes _____

Name of home health care agency and what services? _____

Do you use special transport services No Yes _____

Name of transport service and phone number: _____

PT Signature: _____ See Plan of Care

RN Signature: _____ Date: 5-2-00 Time: 0945

Patient Transition Coordinator and/or Therapy to complete as appropriate.

Date _____ Time _____

Did patient drive prior to hospitalization? Yes No

Family drives Friend available Utilizes Transport Co. _____

Patient able to do own grocery shopping? Yes No

Family member Friend Other: _____

Meal preparation: Patient Spouse Other: _____

Patient able to use phone independently prior to admission? Yes No

Home Environment:

Type of home: 1 story 2 story tri-level Apartment; 1st floor 2nd floor or higher Requires steps Elevator available

Number of steps to get into home _____ Railing available Yes No Number of steps between floors _____

Location of bedroom: 1st floor 2nd floor Location of Bathroom: 1st floor 2nd floor

Able to reside on first floor, if necessary (place to sleep/toilet available)? Yes No

Is toilet next to tub? Yes No Shower: Walk-in In Tub Curtain Sliding doors

Could patient get in and out of tub prior to admission? Yes No

Laundry: First floor Steps required Help available

PTC Comments: _____

Therapy Comments: _____

ED BY _____ DATE/TIME _____ UPDATED BY _____ DATE/TIME _____

Meds brought in from home
 returned to patient Yes N/A

Prescription given Yes No
 Roadmap given Yes No

Computerized Education Sheets Given to Patient

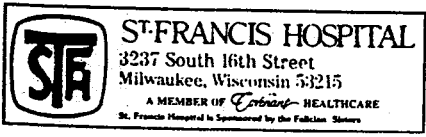
Name of Drug	Next Dose	Name of Drug	Next Dose
Lortab: Take 1-2 tablets every 4 hours as needed for pain. May have next dose as soon as at home. 10 pm.			

The following section is only for use with Non-Computerized Medication Education

Medication Name Dose Frequency	Medication also called i.e. Generic Name	Action/ Purpose	Special Considerations	Doses needed to take today & Time to Take

If you have any questions about your medications notify your doctor immediately.
 I have received and understand the instruction on the medication listed above.

Patient / Guardian Signature: X Waheed Farooki Date: 5/8/00
 Signature: [Signature]



DISCHARGE INSTRUCTIONS
 PAGE 2
 MEDICATION INSTRUCTION

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT#: 10179118

DISCHARGE INSTRUCTIONS

PAGE 1

Check appropriate boxes and write and specific instructions where necessary.

1. Diet at Home:

- No special diet
- Resume pre-hospitalization diet
- Special diet instructions:

2. Activity:

- No special restrictions
- Special weight-lifting restrictions: WBAT TO Right leg by CRUTCHES.
- May drive a car
- Stair climbing: Yes No
- If employed, approximate time off from work: _____
- No pushing, pulling or moving of heavy objects

3. Wound/Incision Care:

- No special wound care, Bath or shower as usual
- Special wound care: Keep dressing dry & intact.
Wear immobilizer at all times.

Please Note: Fever, redness around incision, an increase of pain, or the appearance of a pus-like discharge are signs of possible infection that should be reported to your doctor.

4. Miscellaneous Instruction

Report any of above or following to M.D. foul smell from dressing, calf pain in either leg, difficulty breathing, chest pain.

Appointments to be Kept:

Physician
Other

Make a P/O appt with Dr. Bomer for 1 week.
384-6700

Medication Instructions Listed on Page 2. Signed (optional): _____ M.D.

I have received instruction in the above areas and understand these instructions.

Patient Signature

Wahed Farooki

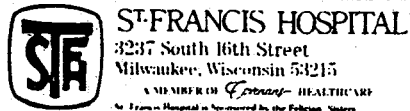
Guardian Signature

RN Signature

J. Adulki

WHITE COPY - CHART

YELLOW COPY - PATIENT/ GUARDIAN



DISCHARGE INSTRUCTIONS

FAROOKI WAHEED A
DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
ACCT#: 10179118



Date: 5/8/00 Date: Date:

TEMPERATURE	Time	24	03	06	09	12	15	18	21	24	03	06	09	12	15	18	21	24	03	06	09	12	15	18	21	24		
	104																											
	103																											
	102																											
	101																											
	100																											
	99																											
	98																											
	97																											

Time	0700	0900	1030																								
Pulse	72	74	82																								
Resp.	18	20	20																								
BP	118/60	120/60	120/70																								
Pulse Ox.	98	95	97																								
Activity	B2	B2	B2																								
FI02																											
Delivery																											
Intals	B203	W01																									

Vital signs continue on back. Wt. _____ Time _____ Scale _____

Meal/ Appetite	BKF					SNK					LUN					SNK					SUP					SNK				
	22-06	06-14	14-22			22-06	06-14	14-22			22-06	06-14	14-22			22-06	06-14	14-22			22-06	06-14	14-22			22-06	06-14	14-22		
Oral	300	560																												
IV																														
TPN/Lipids																														
TF/Flush																														
TOTAL	300																													
Urine	1100	BRP																												
Stool																														
TOTAL	1100	BRP																												

NOTE: Y = occurrence

INTAKE AND OUTPUT SUMMARY (See back side for details)



ST. FRANCIS HOSPITAL
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GRAPHIC AND
INTAKE AND OUTPUT
RECORD

FAIROOKI WAHEED A
DOB: 10/17/1936 E3Y SEX: M MR: 128632
BUTLER JEFFREY J

ACC1-
10179118



TEMPERATURE

Date: 5/5/00 Date: 5/6/00 Date: 5/7/00

Time	24	03	06	09	12	15	18	21	24	03	06	09	12	15	18	21	24	03	06	09	12	15	18	21	24
104																									
103																									
102																									
101																									
100																									
99																									
98																									
97																									

Time	0050	0700	1000	1035	0120						0000	0000	0915	1015	2015						
Pulse	72	76	92	86	86						76	64	81	84							
Resp.	20	18	18	20	20						20	18	20	20							
BP	142/74	131/67	144/68	120/70	119/74						136/76	114/56	100/70	122/68		126/64	118/70	110/60	122/62		
Pulse Ox																					
Activity																					
FI02																					
Delivery																					
Initials	BS DS	4	AS	AS	AS						BS DS	MA	MA	MA		MA	K	MA	MA		

Vital signs continue on back. Wt. _____ Time _____ Scale _____

Meal/ Appetite	BKF	SNK	LUN	SNK	SUP	SNK	BKF	SNK	LUN	SNK	SUP	SNK	BKF	SNK	LUN	SNK	SUP	SNK
											100%						100%	

INTAKE AND OUTPUT SUMMARY (See back side for details)		22-06	06-14	14-22	24 hr. Total ↓		22-06	06-14	14-22	24 hr. Total ↓		22-06	06-14	14-22	24 hr. Total ↓
	Oral	400	720	960		Oral	100	560	300		Oral	200		360	
	IV	971	965	1039		IV	945	456			IV				
	TPN/Lipids					TPN/Lipids					TPN/Lipids				
	TF/Flush					TF/Flush					TF/Flush				
	TOTAL		1685	1399		TOTAL	1045	1016	300		TOTAL	200		360	
	Urine	475	875	800		Urine	1400	750	400		Urine	400		250+	
	Stool			BMX1		Stool					Stool			BMSM	
	TOTAL		875	800		TOTAL	1400	750+BXP			TOTAL	400		250+	

NOTE: Y = occurrence



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GRAPHIC AND INTAKE AND OUTPUT RECORD

FARROUKI WAHEED A
 309: 3/07/1998 E3Y SEX M MR: 128632
 BUTLER JEFFREY J
 ACCI: 10179118

Date: 5-3-00 Date: 5/4/00 Date:

TEMPERATURE

Time	24	03	06	09	12	15	18	21	24	03	06	09	12	15	18	21	24	03	06	09	12	15	18	21	24
104																									
103																									
102																									
101																									
100																									
99																									
98																									
97																									

Time	0140	0800	1650							0730	0800	1400	1515	1445	1545	1630	1745	1915									
Pulse	67	70	68							75	88	57	61	61	62	62	61	62	68								
Resp.	17	18	18							18	18	20	18	18	20	16	16	16	16								
BP	131/53/52	126/60/50	133/50/50							130/60/60	124/60/68	115/64/57	122/64/57	108/61/63	118/61/63	122/68/56	123/56/59	120/59/59									
Pulse Ox	97%	96%	96%							95%	95%	95%	95%	98%	98%	99%	99%	99%									
Activity	RA	RA	RA							RA	RA	RA	RA	RA	RA	RA	RA	RA									
Delivery	RA	RA	RA							RA	RA	RA	RA	RA	RA	RA	RA	RA									
Initials		MC	MC							MC	BK	BK	BK	BK	MC	MC	MC	MC									

Vital signs continue on back. Wt. 196.8 Time 11:35 Scale 65 Vital signs continue on back. Vital signs continue on back.

Meal/Appetite	BKF 30%	SNK	LUN 75%	SNK	SUP 75%	SNK	BKF	SNK	LUN	SNK	SUP 25%	SNK	BKF	SNK	LUN	SNK	SUP	SNK
---------------	---------	-----	---------	-----	---------	-----	-----	-----	-----	-----	---------	-----	-----	-----	-----	-----	-----	-----

	22-06	06-14	14-22		22-06	06-14	14-22		22-06	06-14	14-22
Oral	450	500	675	Oral	240	NPO	820	Oral			
IV				IV			618	IV			
TPN/Lipids				TPN/Lipids				TPN/Lipids			
TF/Flush				TF/Flush				TF/Flush			
TOTAL	400	500	675	TOTAL			1438	TOTAL			
Urine	300	190	875	Urine	450	200	475	Urine			
Stool	0			Stool	0		0	Stool			
TOTAL	300	790	875	TOTAL			1125	TOTAL			

INTAKE AND OUTPUT SUMMARY (See back side for details)

NOTE: Y = occurrence





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Milwaukee, Wisconsin 53215
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PATIENT FLOWSHEET

FAROOKI WAHEED R
DOB: 10/07/1936
63 Y SEX: M MR: 12853
J
JEFFREY
ACCT# 10179118

Grid area for patient monitoring with handwritten entries and waveforms.

Basic
Alert/oriented x3, attentive (age appropriate) absence of stimuli, facial symmetry, speech clear (age appropriate)
seizures, tremors, posturing responsive to verbal/light tactile
Eye Opening:
4 - Spontaneous
3 - To Voice
2 - To Pain
1 - None
C - Closed/Swelling
Verbal:
5 - Oriented
4 - Confused
3 - Inappropriate
2 - Unintelligible
1 - None
ET or Trach
Motor:
6 - Obeys
5 - Localizes
4 - Flexor Withdrawal
3 - Abn. Flexion
2 - Abn. Extension
1 - None
Glasgow
Pupils
Size
Reaction
Eye Opening
Verbal
Motor
Glasgow
Interventions
1. Per plan of care/pathway

Focused
Pupil Reaction:
- Brisk S - Snuggish
NR - Non-reactive
Strength
Reflexes
Movement
Pupil size
Interventions
1. Per plan of care/pathway
2.
3.

Basic
Skin warm, dry, intact.
color normal for race, pink, moist, intact
mucous membranes
odor
consistency
Focused
No lesion, rash, abrasion, ulcer, no bruising, petechiae, burns, no fistula, stoma, tear, no needle marks
Tubes/Drains
1. amount
2. color/clarity
3. consistency
Interventions
1. Per plan of care/pathway
2. K. Power
3.
4.



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53907 12/98

PATIENT FLOWSHEET

Assessment/Response Key

= Within Normal
 = Limits/Tolerated
 = No Change
 = Tolerated Poorly
 = Tolerated Poorly
 = Incomplete
 = Discontinued
 = See Significant Findings Note
 = Pain Rating 0-10
 = See Significant Findings Note



10179118

FRROOKI WPHED R
DOB: 10/07/1936 63Y SEX: M
BUTLER JEFFREY J
MR: 128632

Basic	Focusd	Monitor Rhythm	Description	Intensiy	Intervention	Basic	Focusd	Affected Extremity	CMS	CHT	Pulses	Location	Intervention	Response

PERIPHERAL VASCULAR

1. Per plan of care/pathway
 2. Sandbag
 3. Manual Pressure
 4. Pressure Dressing
 5. motion intact
 6. sensation intact

Interventions

1. Affected Extremity
 2. Normal
 3. Increased
 4. Bounding
 D+ - Doppler Present
 D- - Doppler Absent

Puncture Site

H - Hematoma
 D - Drainage
 BL - Bleeding
 drainage or bleeding
 No Hematoma

Pulse Scale

0 - Absent
 1 - Decreased
 2 - Normal
 3 - Increased
 4 - Bounding

Focusd

• Radial Pedal Pulses
 • CRT - ✓ = CRT ≤ 3 sec.
 • CRT - ✓ = CRT ≤ 3 sec.

CARDIOVASCULAR

1. Per plan of care/pathway
 2. O₂
 3. Nitroglycerine
 4. EKG
 5. Notify MD
 6. Morphine Sulfate
 7. 0-10 Pain rating
 0 = No pain
 10 = Worst pain imaginable

Chest Pain Description

• Characteristics
 • Location/Radiation
 • Associated symptoms

Interventions

1. HR, B/P, WNL for age
 Rhythm/pulse regular
 ✓ Heart sounds (S1, S2) audible. No extra sounds, murmurs or rubs. Neck veins flat at 45°.

RESPIRATORY

Basic
 ✓ RR, rhythm effort and chest movement WNL for age. No cough, SOB, sputum.
 Ventilation unassisted.

Focused
 ✓ BS clear, not diminished. No stridor, absence of tubes.

Chest Tube Location

1. Per plan of care/pathway
 2. Incentive Spirometry
 3. *the CTD*

4. _____
 5. _____
 6. _____
 7. _____
 8. _____

Breath Sounds:
 Clear, Crackles, Coarse, Diminished, Wheeze, Rales, Stridor, Rhonchi, Pleural Rub

Cough Description:
 Ineffective, productive, nonproductive, splinted

Respiratory TX/interventions

Date	Time	Initials	Discipline	Basic	Focused	Chest Tubes		Intervention	Response	Heart Rate	Resp Rate	Peak Flow	Breath Sounds and Location		Cough - Description	Sputum - color, amount, source	Suction Source	
						Description	#						Pre	Post				Pre
5/8	0545	IL	IL	✓														
5/8	1000	IL	IL	✓														
5/8	1100	IL	IL	✓														
5/8	1200	IL	IL	✓														
5/8	1300	IL	IL	✓														
5/8	1400	IL	IL	✓														
5/8	1500	IL	IL	✓														
5/8	1600	IL	IL	✓														
5/8	1700	IL	IL	✓														
5/8	1800	IL	IL	✓														
5/8	1900	IL	IL	✓														
5/8	2000	IL	IL	✓														
5/8	2100	IL	IL	✓														
5/8	2200	IL	IL	✓														
5/8	2300	IL	IL	✓														
5/8	2400	IL	IL	✓														
5/8	2500	IL	IL	✓														
5/8	2600	IL	IL	✓														
5/8	2700	IL	IL	✓														
5/8	2800	IL	IL	✓														
5/8	2900	IL	IL	✓														
5/8	3000	IL	IL	✓														

PATIENT FLOWSHEET

FAROOKI WAHEED R
 DOB: 10/07/1936
 63Y SEX: M
 MR: 128632

BUTLER JEFFREY J
 79118



GENITOURINARY

COMFORT

PSYCHO/SOCIAL

Basic
 ✓ - Voiding without pain, frequency, urgency, Continent

Tubes/Drains

1. _____
2. _____
3. _____
4. _____

Interventions

1. Per plan of care/pathway
2. _____
3. _____
4. _____
5. _____
6. _____

Focused
 ✓ - No tubes, drains, ostomy, no genital drainage/bleeding

Description

- color/clarity
- amount
- odor
- consistency
- stoma site

Basic

✓ - Verbalizes/demonstrates absence of physical discomfort/pain.

Description

- Location • Severity • Pain Scale

Interventions

1. Per plan of care/pathway.
2. See MAR.
3. _____
4. _____

Basic

✓ - Verbalizes/demonstrates absence of emotional discomfort/pain.

Interventions

1. Per plan of care/pathway.
2. Spiritual Care Referral/Visit
3. Social Work Referral/Visit
4. _____

Date	Time	Initials	Discipline	Basic	Focused	Tubes/Drains/Ostomy		Intervention Response	Basic	Intervention Response	Basic	Intervention Response
						#	Description					
5/4	5:55	Ne	Lu	✓	✓				✓		✓	
5/6	16	JH	W	✓	✓				✓	Ch @ knee in PAIN 2	✓	

Assessment/Response Key

- W = Within Normal Limits/Tolerated
- N = No Change
- P = Tolerated Poorly
- I = Incomplete
- D/C = Discontinued
- 0-10 = Pain Rating
- * = See Significant Findings Note

FAROOKI WAHEED A
 DOB: 10/07/1936 63y SEX: M MR: 128632
BUTLER JEFFREY J
 ACCT# 10179118



GASTROINTESTINAL

NUTRITION

Basic
 ✓ Tolerates diet/feeding, no diarrhea/no constipation no N/V, no blood in stool, or vomitus

Focused
 Stools soft/flat/ no tenderness, bowel sounds present/pass flatus no tubes, drains, ostomy

Tubes/Drains
 1. _____
 2. _____
 3. _____
 4. _____

Interventions
 1. Per plan of care/pathway
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

Description
 • color/clarity
 • amount
 • odor
 • consistency
 • stoma site

Basic
 ✓ No difficulty chewing, swallowing, hydrated

Interventions
 1. Per plan of care/pathway
 2. Dietician Consult
 3. Reassessment by nutrition services
 4. _____
 5. _____
 6. _____

Description
 • Chewing difficulty
 • Swallowing difficulty
 • Pockets food
 • Calorie count



Tube Feeding
 C = Continuous
 I = Intermittent
 H = Held

Type of diet
 1. NPO
 2. Clear liquids
 3. Full liquids
 4. Solids

Date	Time	Initials	Discipline	Basic	Focused	Stool	Tubes/Drains/Ostomy		Intervention Response	Basic	Tube Feeding/Diet	Residual Volume	Nutritional Intake				Intervention Response	Speech Therapy
							#	Description					Total Kcal	Protein gm	Meals/ Snacks	Other		
5/4	0545	KG	PC	✓	✓					✓								
5/8	0900	JAW	DR	✓	✓					✓	4							
5/8	1000	K	PC	✓	✓					✓	4							
5/8	1600	JH	PC	✓	✓					✓	4							

PATIENT FLOWSHEET

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
 ACCT# 10179116

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RESPIRATORY

Basic
 rhythm effort and chest
 movement WNL for age. No
 cough, SOB, sputum.
 Ventilation unassisted.

Focused
 ✓ BS clear, not diminished.
 No stridor, absence of
 tubes.

Chest Tube Location
 1. _____
 2. _____
 3. _____
 4. _____

Chest Tube Description
 Drainage, color, airleak,
 crepitus, suction

Respiratory TX/Interventions
 1. Per plan of care/pathway
 2. Incentive Spirometry
 3. enc CTDB
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____

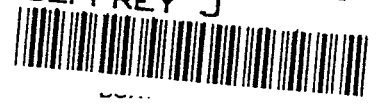
Breath Sounds:
 Clear, Crackles, Coarse,
 Diminished, Wheeze, Rales,
 Stridor, Rhonchi, Pleural Rub

Cough Description:
 Ineffective, productive,
 nonproductive, splinted

Date	Time	Initials	Discipline	Basic	Focused	Chest Tubes		Intervention	Heart Rate		Resp Rate		Peak Flow	Breath Sounds and Location		Cough - Description Sputum - color, amount, source, Suction Source
						#	Description		Response	Pre	Post	Pre		Post	Before Tx	
3/3	0440	RN	RN	✓	✓											
3/3	0700	RN	RN	✓	✓											NPC
3/4	0506	RN	RN	✓	✓											
3/4	0808	MC	MC	✓	✓											
3/4	1800	RN	RN	✓	✓											NPC
3/4	1700	RN	RN	✓	✓											NPC
3/6	1100	RN	RN	✓	✓			2.3								
3/5	1700	RN	RN	✓	✓			3.3								WPC
3/6	0200	RN	RN	✓	✓			3								
3/6	1500	RN	RN	✓	✓											
3/6	1000	RN	RN	✓	✓			3								NPC
3/7	0005	RN	RN	✓	✓			3								
3/7	1400	RN	RN	✓	✓			3								
3/10	1000	RN	RN	✓	✓			3								NPC

PATIENT FLOWSHEET

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT# 10179118



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CARDIOVASCULAR

Interventions
 1. Per plan of care/pathway
 2. O₂
 3. Nitroglycerine
 4. EKG
 5. Notify MD
 6. Morphine Sulfate
 7. _____
 8. _____
 9. _____

Chest Pain Description
 • Location/Radiation
 • Characteristics
 • Associated symptoms

Intensity
 0-10 Pain rating
 0 = No pain
 10 = Worst pain imaginable

Focused
 ✓ Heart sounds (S1, S2) audible. No extra sounds, murmurs or rubs. Neck veins flat at 45°

B/P, WNL for age
 Rhythm/pulse regular

PERIPHERAL VASCULAR

Basic
 ✓ Absence of calf tenderness, tingling, bleeding and edema

Focused
 • Radial Pedal Pulses
 • CRT - ✓ = CRT ≤ 3 sec.

Affected Extremity
 1. Right leg
 2. _____

Interventions
 1. Per plan of care/pathway
 2. Sandbag
 3. Manual Pressure
 4. Pressure Dressing
 5. _____
 6. _____

CMS
 ✓ Color normal for race
 motion intact
 sensation intact

Pulse Scale
 0 - Absent
 1 - Decreased
 2 - Normal
 3 - Increased
 4 - Bounding
 D+ - Doppler Present
 D- - Doppler Absent

Puncture Site
 ✓ No Hematoma, drainage or bleeding
 BL - Bleeding
 D - Drainage
 H - Hematoma

Basic	Focused	Monitor Rhythm	Chest Pain		Intervention Response	Basic	Focused	Affected Extremity	CMS	CRT	Pulses				Puncture Site Location	Intervention Response
			Description	Intensity							Rad	Ped	L	R		
✓	✓					* R knee edema	✓		✓	✓	2/2	2/2				
✓	✓	Reg	Denies	1	✓	* R knee edematous	✓		✓	✓	2/2	2/2			✓	
✓	✓				✓	* A	✓ to	✓	✓	✓	2/2	2/2			✓	
✓	✓				✓	* A	✓	✓	✓	✓	2/2	2/2			✓	
✓	✓	Reg	Denies	1	✓	* A	✓	✓	✓	✓	2/2	2/2			✓	
✓	✓				✓	* R knee edema	✓		✓	✓	2/2	2/2			✓	
✓	✓	Reg	Denies	1	✓	* R knee	✓		✓	✓	2/2	2/2			✓	
✓	✓				✓	* A	✓	✓	✓	✓	2/2	2/2			✓	
✓	✓	Re			✓	* A	✓	✓	✓	✓	2/2	2/2			✓	
✓	✓				✓	* A	✓	✓	✓	✓	2/2	2/2			✓	
✓	✓				✓	* R knee	✓ 1	✓	✓	✓	2/2	2/2			✓	
✓	✓				✓	* A	✓	✓	✓	✓	2/2	2/2			✓	
✓	✓				✓	* B knee edema	✓ 1	✓	✓	✓	2/2	2/2			✓	

Assessment/Response Key

- ✓ = Within Normal Limits/Tolerated
- ▲ = No Change
- P = Tolerated Poorly
- I = Incomplete
- D/C = Discontinued
- 0-10 = Pain Rating
- * = See Significant Findings Note

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
 ACCT# 10170110

NEURO

Basic

- Alert/oriented x3, attentive (age appropriate) absence of seizures, tremors, posturing responsive to verbal/light tactile stimuli, facial symmetry, speech clear (age appropriate)

Eye Opening:

- 4 - Spontaneous
- 3 - To Voice
- 2 - To Pain
- 1 - None
- C - Closed/Swelling

Verbal:

- 5 - Oriented
- 4 - Confused
- 3 - Inappropriate
- 2 - Unintelligible
- 1 - None
- T - ET or Trach

Motor:

- 6 - Obeys
- 5 - Localizes
- 4 - Flexor Withdrawal
- 3 - Abn. Flexion
- 2 - Abn. Extension
- 1 - None

Pupil Reaction:

- Brisk S - Sluggish
- NR - Non-reactive

Interventions

- 1. Per plan of care/pathway

Focused

- Pupil size
- Movement
- Strength
- Reflexes

2 3 4 5 6 7 8 9

INTEGUMENTARY

Basic

- Skin warm, dry, intact, color normal for race, mucous membranes pink, moist, intact

Description

- color/clarity
- amount
- odor
- consistency

Incision/Dressing/Local

- See ulcer/wound flowsheet
- Rt knee

Tubes/Drains

-
-
-
-

Interventions

- Per plan of care/pathway
-
-


Focused

- No lesion, rash, abrasion, ulcer, no bruising, petechiae, burns, no fistula, stoma, tear, no needle marks

Basic	Focused	Pupils		Glasgow			Intervention Response	Basic	Focused	Incision/Dressing		Tubes/Drains		Intervention Response
		Size	Reaction	Eye Opening	Verbal	Motor				Glasgow Score	#	Description	#	
✓	✓	/	/	/	/	/	/	✓	✓	abrasion			/	
✓	✓	/	/	/	/	/	/	✓	✓	abrasion			/	
✓	✓	/	/	/	/	/	/	✓	✓	Rt knee			/	
✓	✓	/	/	/	/	/	/	✓	✓	*	*		/	
✓	✓	/	/	/	/	/	/	✓	✓	*	*		/	
✓	✓	/	/	/	/	/	/	✓	✓	*	*		/	
✓	✓	/	/	/	/	/	/	✓	✓	*	*		/	
✓	✓	/	/	/	/	/	/	✓	✓	Rt knee	2 dry + soaked		/	
✓	✓	/	/	/	/	/	/	✓	✓	D/I			/	
✓	✓	/	/	/	/	/	/	✓	✓	*	* @Knee	#2 D/I	/	
✓	✓	/	/	/	/	/	/	✓	✓	* @Knee	D/I		/	
✓	✓	/	/	/	/	/	/	✓	✓	2 D/I	Immobilize		/	
✓	✓	/	/	/	/	/	/	✓	✓	2 D/I			/	
✓	✓	/	/	/	/	/	/	✓	✓	2 D/I			/	
✓	✓	/	/	/	/	/	/	✓	✓	Dry intact	Red sensitive to bubbles		/	
✓	✓	/	/	/	/	/	/	✓	✓	2 D/I	Immobilize		/	

PATIENT FLOWSHEET

FAROOKI WAHEED A
DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
ACCT# 10179118



WTTD/CSC
3/31/08



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Milwaukee, Wisconsin 53215
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GASTROINTESTINAL

Basic
 ✓ Tolerates diet/feeding,
 diarrhea/no constipation
 N/V, no blood in stool,
 or vomitus

Focused
 ✓ Abdomen soft/flat/
 nontender, bowel sounds
 present/pass flatus no
 tubes, drains, ostomy

Tubes/Drains
 1. _____
 2. _____
 3. _____
 4. _____

Description
 • color/clarity
 • amount
 • odor
 • consistency
 • stoma site

Interventions
 1. Per plan of care/pathway
 2. ENFERAL
 3. PRETS
 4. _____
 5. _____
 6. _____

NUTRITION

Basic
 ✓ No difficulty chewing,
 swallowing, hydrated

Interventions
 1. Per plan of care/pathway
 2. Dietician Consult
 3. Reassessment by
 nutrition services
 4. IV fluids
 5. _____
 6. _____

Description
 • Chewing difficulty
 • Swallowing difficulty
 • Pockets food
 • Calorie count

Type of diet
 1. NPO
 2. Clear liquids
 3. Full liquids
 4. Solids

Tube Feeding
 C = Continuous
 I = Intermittent
 H = Held

Date	Time	Initials	Discipline	Basic	Focused	Stool #	Tubes/Drains/Ostomy		Intervention Response	Basic	Tube Feeding/Diet Rate	Nutritional Intake				Intervention Response	Speech Therapy
							Description					Residual Volume	Total kcal.	Protein gm.	Meats/ Snacks		
				✓	✓		2BM 5/c			✓							
1/3	1100	R	R	✓	✓				1 ✓	✓	4						
4/05	1600	R	R	✓	✓				1 ✓	✓							
4/08	1600	ML	Nsg	✓	✓				1 ✓	✓	4						
4/14	1400	BK	RN	✓	✓				1 ✓	✓	4						
4/17	00	RN	W	✓	✓				1 ✓	✓	4						
4/17	00	RW	W	✓	✓				1 ✓	✓	4						
4/17	00	RW	W	✓	✓				1 ✓	✓	4						
6/02	00	RN	W	✓	✓				1 ✓	✓	4						
6/04	1600	R	W	✓	✓				1 ✓	✓	4						
6/04	1600	R	W	✓	✓				1 ✓	✓	4						
7/10	1100	HT	RN	✓	✓		①-50/Result - p/ret		13 ✓	✓	2						

PATIENT FLOWSHEET

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
 ACCT#: 10179118



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GENITOURINARY **COMFORT** **PSYCHO/SOCIAL**

Basic
 ✓ Voiding without pain, frequency, urgency, continent

Focused
 ✓ No tubes, drains, ostomy, no genital drainage/bleeding

Tubes/Drains
 1. _____
 2. _____
 3. _____
 4. _____

Interventions
 1. Per plan of care/pathway
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

Description
 • color/clarity
 • amount
 • odor
 • consistency
 • stoma site

Basic
 ✓ Verbalizes/demonstrates absence of physical discomfort/pain.

Description
 • Location • Severity • Pain Scale

Interventions
 1. Per plan of care/pathway.
 2. See MAR.
 3. PCA
 4. _____

Basic
 ✓ Verbalizes/demonstrates absence of emotional discomfort/pain.

Interventions
 1. Per plan of care/pathway.
 2. Spiritual Care Referral/Visit
 3. Social Work Referral/Visit
 4. _____

Date	Time	Initials	Discipline	Basic	Focused	Tubes/Drains/Ostomy		Intervention Response	Basic	Intervention Response	Basic	Intervention Response
						#	Description					
5/3	0100	AK	h	✓	✓				* R knee 5	2	✓	
5/3	1700	RW	h	✓	✓				* R knee 5	2	✓	
5/4	0500	AK	h	✓	✓				* R knee 4	2	✓	
5/4	0800	ML	MS	✓	✓				* R knee 4	2	✓	
5/4	1400	BL	h	✓	✓				* R knee 4	2	✓	
5/4	1700	RW	h	✓	✓				* R knee level 4	2	✓	
5/5	0100	AK	h	✓	✓				* R knee 4	3	✓	
5/5	0700	RW	h	✓	✓				* R knee 4	3	✓	
5/6	0200	AK	h	✓	✓				* R knee pain 2/3	3	✓	
5/6	1300	K	R	✓	✓				DC PCA PO anal 9/10 4/10	2 3	✓	
5/6	1800	AK	h	✓	✓				* R knee pain 3	2	✓	
5/7	0005	AK	h	✓	✓				* R knee pain 3	2	✓	
5/7	0600	AK	h	✓	✓				* Pain level 4	2	✓	
5/7	1000	AK	h	✓	✓				* R knee pain 3	2	✓	

Assessment/Response Key

Within Normal Limits/Tolerated
 No Change

P = Tolerated Poorly
 I = Incomplete
 D/C = Discontinued

0-10 = Pain Rating
 See Significant Findings Note



ST-FRANCIS HOSPITAL
 3237 South 16th Street
 Milwaukee, Wisconsin 53215
 A MEMBER OF **Ascension** HEALTHCARE
 Sponsored by the Western Wisconsin Fund Raising Society

PATIENT FLOWSHEET

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
BUTLER JEFFREY J
 RCCT #: 10179118

SAFETY										MUSCULOSKELETAL										VASCULAR ACCESS CARE									
Isolation/Precautions A - Airborne C - Contact D - Droplet L - Latex A+C - Airborne + Contact D+C - Droplet + Contact MP - Modified Protective I - Initiated M - Maintained DC - DC'd Safety: B - Bed Alarm F - Family at bedside C - Conceal tubes/IVs/dressing R - Relocate closer to desk SR - # of siderails N - Nightlight										Basic ✓ Gross motor movement is unrestricted/coordinated (free of cramping, joint swelling, stiffness, contractions, etc.) Activity/Mobility Description † ad.lib, ambulated, resting, repositioned, BRP Interventions 1. Per plan of care/pathway 2. <u>RK Immobilize</u> 3. <u>Wound</u> Assist T - Pt performs 0-25% MAX: Pt performs 26-49%; MOD: Pt performs 50-75%; MIN: Pt performs 76-99%; S - Standby/supervision I - Independent Strength Scale 0 - Absent 1 - Decreased 2 - Normal for patient										IV Type: CIV - Capped IV PIV - Peripheral PCVC - (Non-Tunneled Catheter) SG - Swan Ganz HC - Hickman AL - Arterial Line GC - Groshong PICC - Peripherally Inserted Central Line <input type="checkbox"/> Midclavicular <input type="checkbox"/> Midline <input type="checkbox"/> Implanted Port C - Central Line Site Key: L - Left R - Right W - Wrist H - Hand UA - Upper Arm IJ - Internal Jugular AC - Antecubital SC - Subclavian FA - Forearm S - Scalp FT - Foot Site Assessment ✓ No redness, drainage, edema, DRSG intact * See note IV Comment Section									
Date	Time	Initials	Discipline	Routine Care	Isolation/Precautions	Safety	Basic	Focused	Strength Upper	Strength Lower	Activity Mobility	Intervention Response	OT/PT Therapy	IV Date	Time	Initials	Insertion Type/Gauge	Site	Site Assessment	Dressing Change	Tubing Change	Disc. Date	Time						
5/3	0800	RK	RN				* RK Immobilize	* Patella	2	2	B																		
5/3	1100	K	RN				* (R) 97	* Patella	2	2	B																		
5/3	1700	RN	J		SR X2		* A	* Patella	2	2	B																		
5/4	0500	R	RN		SR X2		* A	* A	2	2	B																		
5/4	0800	RN	J		SR X2		* A	* A	2	2	B																		
5/4	1400	RN	J		SR X4		* A	* A	2	2	B																		
5/4	1700	RN	J		SR X4		* A	* A	2	2	B																		
5/5	0130	R	RN		SR X3		* A	* A	2	2	B																		
5/5	1100	RN	J		SR X3		* A	* A	2	2	B																		
5/5	1600	RN	J		SR X4		* A	* A	2	2	B																		
5/6	1000	RN	J		SR X4		* A	* A	2	2	B																		
5/6	1040	RN	J																										
5/6	1500	RN	J				* A	* A	2	2	B																		
5/6	1600	RN	J		SR X2		* A	* A	2	2	B																		
5/7	0415	RN	J		SR X2		* A	* A	2	2	B																		
5/7	1000	RN	J		SR X2		* A	* A	2	2	B																		
5/7	1700	RN	J		SR X2		* A	* A	2	2	B																		

PATIENT FLOWSHEET

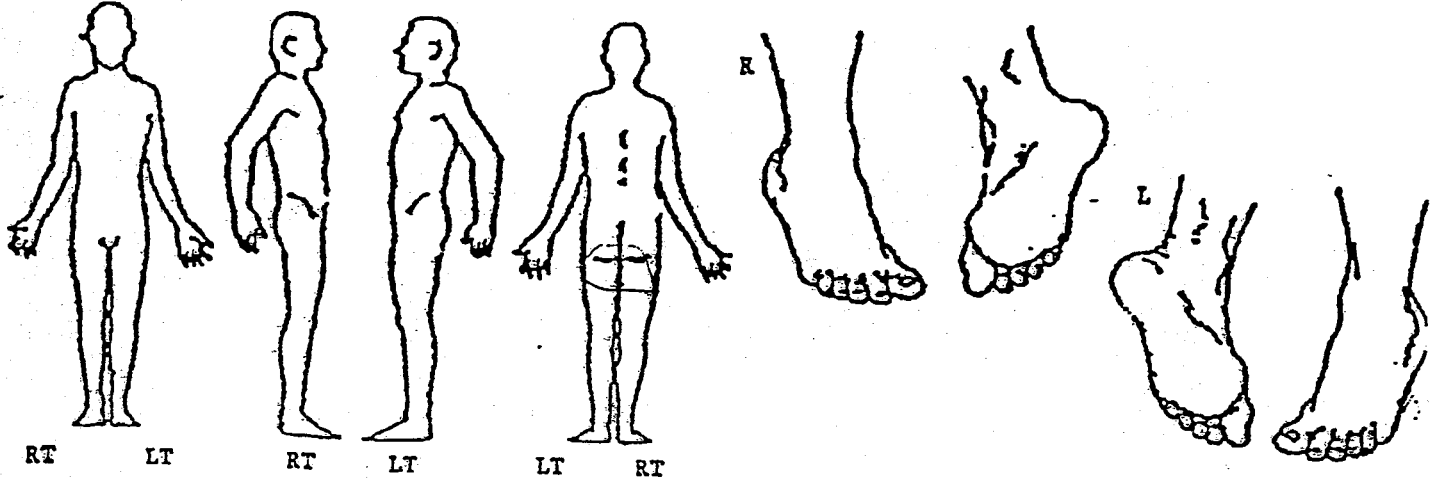
FAROOKI WAHEED A
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DATE	EXPECTED OUTCOMES:	DATE MET
	<input type="checkbox"/> Maintain/improve ulcer/wound <input type="checkbox"/> Patient/S.O. verbalizes understanding of treatment plan <input type="checkbox"/> Further breakdown prevented <input type="checkbox"/> Patient/S.O. verbalize/demonstrate ulcer/wound treatment and/or prevention techniques <input type="checkbox"/> Other: _____	

Site: Date, number location, ulcer/wound size



INTERVENTIONS:

1. Instruct patient/S.O. on Prevention Treatments Treatment Plan Date given: _____ Return demo date: _____

2. Treatment

Location #: loony Date 5-7-06 Freq. Rx Cleanser Sony 1/2
 Tx/drsg: Can slash powder or neosporin powder

Location #: _____ Date _____ Freq. _____ Cleanser _____
 Tx/drsg: _____

Location #: _____ Date _____ Freq. _____ Cleanser _____
 Tx/drsg: _____

Location #: _____ Date _____ Freq. _____ Cleanser _____
 Tx/drsg: _____


Location #: _____ Date _____ Freq. _____ Cleanser _____
 Tx/drsg: _____

Location #: _____ Date _____ Freq. _____ Cleanser _____
 Tx/drsg: _____

Facility: _____

**ULCER / WOUND
 PLAN OF CARE
 & TREATMENT
 FLOWSHEET**

FAROOKI WAHEED A
 DOB: 10/17/1936 63Y SEX: M MR: 128632
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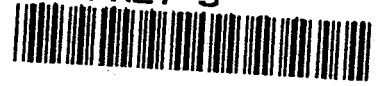


PCA FLOW RECORD

DRUG: MSO4 STRENGTH: 1 MG/ML
30 mg syringe

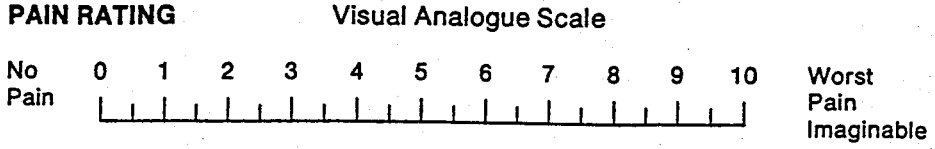
FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J

ACCT#: 10179118



ADDRESSOGRAPH


DATE	TIME	CONT. RATE		PCA DOSE	TIME INTERVAL	LOADING DOSE (L.D.)	4 HOUR LIMIT	8 HOUR TOTAL in mg. Include L.D.	CUM USED (SYRINGE) in mg.	NEW SYRINGE TUBING q 48°	PAIN RATING	SIGNATURE OF RN
		OR	OR									
5/4	1330	—	—	2mg	q 10"	—	20	—	0	5/4 1330	10	<i>[Signature]</i>
5/4	2304	—	—	2mg	q 10"	—	20mg	30.7	30.7	new	7	<i>[Signature]</i>
5/5	750	—	—	2	10	—	20	14.0	14			<i>[Signature]</i>
5/5	1650			2	10							
5/6	7			2	10		17.5					<i>[Signature]</i>
5/6												<i>[Signature]</i>



SIGNATURE/TITLE		ALLERGIES		ADDRESSOGRAPH	
INIT.	INIT.	PC Pat. Amgen/... #15A		FAROOKI WAHEED A DOB: 10/07/1936 63y SEX: M MR: 128632 BUTLER JEFFREY J ACCT# 10179118	
		WT. (KG.):			
		DD P. Domagala, R.N.			

ST. FRANCIS HOSPITAL
CONTINUING MEDICATION ADMINISTRATION RECORD

ORIGINAL ORDER:		MEDICATIONS DOSE/ROUTE/FREQUENCY	ADMIN. TIMES:	DATE						
START	STOP			5-2-00	5-3	5-4	5-5	5-6	5-7	5-8
5/3	5/4	Ancef Preop IV		/	/	1040 BK	/	/	/	/
5/3		Pep Bid 20mg Po E Reglan 10mg H2O Atropine 0.5mg Versed 2mg on call		X	X	1040 BK	X	X	X	X
5/4		Ancef 1gm IV 88° x 3 doses	1040	X	X	1040	3 BK	X	X	X
			1840	X	X	100		X	X	X
			0240	X	X	2	pl6	X	X	X

SIGNATURE/TITLE		INIT.		ALLERGIES	ADDRESSOGRAPH
				ASA	
D.A. Anderson					FAROOKI WAHEED A
D.D. Doney					DOB: 10/07/1936 63y SEX: M MR: 128632
R. J. Hays					BUTLER JEFFREY J
WT.(KG):		IM INJECTION SITE KEY:			ACCT: 10179118
		DOCUMENT SITE # USED			
		1.) Right Dorsogluteal			
		2.) Left Dorsogluteal			

ST. FRANCIS HOSPITAL
PRN MEDICATION ADMINISTRATION RECORD

ORIGINAL ORDER	MEDICATIONS DOSE/ROUTE/FREQUENCY	DATE						
		5-2-00	5-3	5-4	5-5	5-6	5-7	5-8
5/3	Morphine 8ms IM Q3 ⁰ prn pain							
5/3	Lorab 5ms 1-2 Q4 ⁰ prn		0220 PM 097 M 2045 PM					
5/4	Morphine subcut PCA 2mg q 10' not to exceed 20mg in 4 ⁰	X	X					
5/4	Uicodin 1-2 tabs q4 ⁰ prn	X	X			1055 AM 1450 V 2200 PM	1307 M 1900 PM	1800 PM
5/4	Tylenol q 4 PO q 4 ⁰ prn Temp over 101.5	X	X		1400 107 BK 5	0145 AM		
5/4	Compazine 10mg IM q 6 ⁰ prn N/V	X	X					

Recopied by: _____ Verified by: _____ Page _____ of _____
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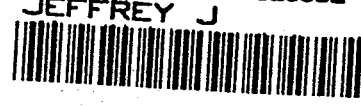
DOCUMENT SITE # USED:

ST. FRANCIS HOSPITAL
PRN MEDICATION ADMINISTRATION RECORD

1.) Right Dorsogluteal	6.) Left Vastus Lateralis
2.) Left Dorsogluteal	7.) Right Deltoid
3.) Right Ventrogluteal	8.) Left Deltoid
4.) Left Ventrogluteal	9.) Right Rectus Femorus
5.) Right Vastus Lateralis	10.) Left Rectus Femorus

IM INJECTION SITE KEY:

ORIGINAL ORDER: START STOP	MEDICATIONS DOSE/ROUTE/FREQUENCY	DATE						
		5/2	5/3	5/4	5/5	5/6	5/7	5/8
5/4	Dulcolax 10mg rectal supp. PRN constipation	/	/					
5/4	Fleets enema PRN Rectum PRN	/	/				1700 JD	
5/4	Surfak 240mg PO Qd PRN	/	/		13 ⁰⁰ K	1450		0545K
5/7	USE CORN Starch Powder TO SKIN IRRITATION, if NO relief	X	X	X	X	X		
↓	MAY USE Neosporin Powder	X	X	X	X	X		054016

SIGNATURE/TITLE		ALLERGIES		ADDRESSOGRAPH	
INIT.		INIT.		FAROOKI WAHEED A DOB: 10/07/1936 63Y SEX: M MR: 128632 BUTLER JEFFREY J ACCT#: 10179118 	
			WT.(KG):		

Recopied by: _____ Verified by: _____

ALLERGIES <i>ASA</i>	INT.	SIGN.	NAME/TITLE	INT.	ADDRESSOGRAPH
Wt. (Kg.)					

FAROOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCT#: 10179118



St. Francis Hospital IV Fluid Administration Record

Original Order	Start	Stop	IV FLUIDS	DATE	DATE	DATE	DATE	DATE	DATE	
				5-2-00	5-3	5-4	5-5	5-6	5-7	5-8
			Start 5/4 @ 0600: LR + 20mg KCl @ 100 cc/hr							
			TUBING CHANGE							
			IV 0 NORMAL SAL							
			RPH 7.4 on Y-Tubing							
			13'ood set STOP each							
			EXTENSION, 2"							
			TUBING CHANGE							
			18 g Needle in hub							
			@ 0900 TO							
			keep open							
			TUBING CHANGE							
			Norm. L 7.4 1000 cc							
			TUBING CHANGE							
			D5 .25 NS + 20mg KCl							
			@ 100 cc/hr							
			TUBING CHANGE							
			CAP when TAKING							
			PO							
			WELL							
			TUBING CHANGE							
			TUBING CHANGE							

RECOPIED BY: _____ VERIFIED BY: _____ PAGE _____ OF _____ FRONT

Precautions: WBAT
 Status: WBAT
 L: Long handled sponge
 LHR: Long handled reacher
 LSH: Long handled shoe horn
 SA: Stocking aid
 DS: Dressing stick
 EOB: Edge of bed
 BS: Bed side
 BR: Bathroom
 CH: Chair

Total A: Pt. performs 0-25% of task
 MAX A: Pt. performs 26-49% of task
 MOD A: Pt. performs 50-75% of task
 MIN A: Pt. performs 76-99% of task
 SBA Supv: Pt. does not require physical assist, needs verbal cues or is not safe
 MOD I: Pt. performs 100% of task with assistive device
 Indep or I: Pt. performs 100% of task without special equipment
 N/T or N/A: Not tested or assessed
 C: Cane
 CR: Crutches
 W: Walker
 WW: Walker with wheels

	DATE	5/1/00	5/5/00	5/16	5/16	5/17	5/17	5/18/00	5/18/00
	TIME	15:30	14:00	10:40	12:45	10:00	11:00	11:30	16:00
Bed Mobility	Rolling	S00	min A	min A	to	to		min A	to
	Supine to sit	eval	to	to	to	to		to	to
	Sit to supine								
	Sitting balance		Good	Good	deg	deg		Good	to
	Sit to stand		mod I	SBA				SBA	
Transfers	Bed, chair, wheelchair		N/T						
	Toilet								
	Tub, shower								
	Car transfer								
Gait	Standing balance		Fair	Good	Good	Good	Good	Good	Good
	Assistive device		walker	walker	crutches	crutches	crutches	crutches	crutches
	Level of assist		mod A	SBA	mod I	CGA	CGA	SBA	SBA
	Distance		10'	120'	120'	120'	120'	200'	400'
	Stairs/stoop		N/T	N/T	mod I	min	CGA	CGA	12' stairs
ADLs	Upper body bathing								
	Lower body bathing								
	Upper body dressing								
	Lower body dressing								
	Perineal care								
	Oral/hair hygiene								
	Room/kitchen manag.								
	Loc. performs ADL								
	Assistive device								
	ROM								
Treatment/ Exercises									
Other	Response	✓	✓	✓	✓	✓	✓	✓	✓
	Charging	40	30	33	35	35'	40'	40'	33'
	Treatment charged	PEV	2 PGT	2 PGT	2 PGT	2 PGT	2 PGT	2 PGT	
		3							
	Discipline	PT	PT	PT	PT	PT	PT	PT	
	Initials	DP	DP	AE	SS	SS	SS	DP	

✓ = Tolerated well, * = Significant findings PEV = PT Eval 15, 30, 45, 60; PTEX = PT Exercise; PTIX = PT Intens. Exercise; PGT = Gait training; PIGT = Intensive gait training; OEV = OT Eval 15, 30, 45, 60; OTEX = OT Exercise; OITX = Intens. exercise; O = other

REHABILITATION FLOWSHEET

ST FRANCIS HOSPITAL
 3237 South 16th Street
 Milwaukee, Wisconsin 53215
 A MEMBER OF Franciscan HEALTHCARE
 Sponsored by the Wheaton Franciscan and Edician Sisters

FAROOKI WAHEED A
 DOB: 10/17/1936 63y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCI =
 10175118



DIAGNOSIS/ONSET: knee pain: (A) ORIF patella
 RX ORDERED: P.T. WBAT / up ad' leg. PRECAUTIONS / WT. BEARING: WBAT
 MEDICAL HISTORY: 63 y/o ♂ fell and fx. (R) patella x-ray - widely displaced inj. fol
 op 5/4/00. PMH: Head spur.

PRIOR LEVEL OF FUNCTION: 12-15 stairs, 1-2 to enter home. Ind ambulatory
 HOME ENVIRONMENT / SUPPORT SYSTEM: Married.

INITIAL		DISCHARGE	
COGNITION / SAFETY	A+ O x 3	COGNITION / SAFETY	
BALANCE	sit: Good Stand: Fair+	BALANCE	
NEUROLOGICAL DEFICITS: STRENGTH / SENSATION	WNL	NEUROLOGICAL DEFICITS: STRENGTH / SENSATION	
ROM DEFICITS	WFL	ROM DEFICITS	
Bed Mobility	ROLLING	ROLLING	
	POSITIONING	POSITIONING	
Transfers	SIT TO SUPINE	SIT TO SUPINE	
	SUPINE TO SIT	SUPINE TO SIT	
Locomotion	SIT → STAND	SIT → STAND	
	BED → CHAIR	BED → CHAIR	
Transfers	BATH / SHOWER	BATH / SHOWER	
	OTHER	OTHER	
Locomotion	AMBULATION	AMBULATION	
	GAIT CHARACTERISTICS	GAIT CHARACTERISTICS	
Locomotion	WHEELCHAIR MOBILITY	WHEELCHAIR MOBILITY	
	STAIRS	STAIRS	
Locomotion	OTHER	OTHER	

Handwritten notes in table:
 - Bed Mobility: mod A (mostly for LE)
 - Transfers: NT
 - Locomotion: walker, stood: 5-10 min, NT

FALLS RAP TRIGGERS: NONE, DIZZINESS, WANDERS, FELL, RESTRAINT, ANTIANXIETY, ANTIDEPRESSANT NA
 Discharge Goals:
 1. Amb 50' x 1 w walker/crutches
 2. (+) 12-15 stairs & rail
 3. (+) transfers
 4.

TEACHING PROVIDED:
 1. MET NOT MET, WHY?
 2. MET NOT MET, WHY?
 3. MET NOT MET, WHY?
 4. MET NOT MET, WHY?

PATIENT / FAMILY GOAL:
 PROGNOSIS: Good
 PLAN: THER. EX GAIT TRAIN FUNCTIONAL MOBILITY
 USE OF MODALITIES / A.D. PRN
 OTHER:

DATES OF SERVICE / # OF SESSIONS
 EQUIPMENT ISSUED
 DISCHARGE DESTINATION
 FOLLOW-UP CARE

FREQUENCY: BID DURATION: 5 days
 SIGNATURE: [Signature] DATE: 5/5/00

OTHER
 SIGNATURE: [Signature] DATE:

Covenant REHABILITATION SERVICES
 FACILITY: SFH
 WHITE - MEDICAL RECORDS
 YELLOW - CLINIC

COVENANT REHABILITATION SERVICES
 PHYSICAL THERAPY EVALUATION / DISCHARGE STATUS
 520 10/98 R1

FARIDOKI WAHEED A
 DOB: 10/07/1936 63Y SEX: M MR: 128632
 BUTLER JEFFREY J
 ACCI: 10175118

EXHIBIT
5