

09-5-296

EISENBERG, RILEY & ZIMMERMAN, S.C.

CITY OF MILWAUKEE
RECEIVED
ATTORNEYS AT LAW

J. Kenyatta Riley
Christopher L. Zimmerman
Danielle Wu

2011 FEB -9 PM 12: 23

2228 West Wells Street
Milwaukee, Wisconsin 53233

Alvin H. Eisenberg
of Counsel

OFFICE OF
CITY ATTORNEY

Office (414) 933-0000
Toll Free 1-866-913-0001
Fax (414) 933-0001

February 7, 2011

City Clerks Office
City Claims Department
200 East Wells Room 205
Milwaukee, Wisconsin 53202

RONALD D. LEGG
CITY CLERK
2011 FEB -9 AM 7:45
CITY OF MILWAUKEE

Regarding: Our Client: Virginia Hoefler
Date of Accident: July 27, 2009
Your Insured: Forest Home Library
Your Claim Number: unknown

To Whom It May Concern:

I enclose the following special damages for your review:

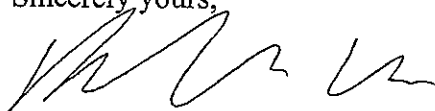
1. Medical records and itemized statement prepared by Aurora Health Care Metro(St. Luke's Medical Center) for service rendered on July 27, 2009 through July 31, 2009 in the amount of \$12,664.89;
2. Itemized statement prepared by ERMED S.C. for services rendered on July 27, 2009 in the amount of \$884.00;
3. Itemized statement prepared by Milwaukee Radiologists, LTD S.C. for services rendered on July 28, 2009 in the amount of \$167.00; and
4. Medical records and itemized statement prepared by Association of Orthopedic Surgeons, LTD for services rendered July 28, 2009 and August 21, 2009 in the amount of \$983.00.

The specials to date total \$14,698.89

To Whom It May Concern
February 7, 2011
Re: Virginia Hoefler
Page 2

After you have a chance to review the materials, please contact me regarding settlement discussions.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Danielle Wu', written in a cursive style.

Danielle Wu
DW/jmf
Enclosure
Cc: Virginia Hoefler (cover letter only)



SLMC



MRN

PT PREFERRED NAME

HOEFLER, VIRGINIA
2401 W ROGERS ST

MILWAUKEE, WI 53204
H: (414) 460-9681
A:
MAIDEN NAME
QUESADA
BIOREP

DOB 05/19/1949 AGE 60 Y GENDER Female PT EMPLOYER None
LANGUAGE English INTERP
MARITAL STATUS Divorced
RELIGION Christian CLERGY VISIT
CHURCH None
Status: Not Employed
Occ:
Ret Date:
ENC TYPE: Inpatient

MRU: SLMC-01063885
FIN NUM: SLMC-21818161
ADM DATE: 07/28/2009 03:12
CPI: SLMC-108609899
LOC/UNIT: 3 NORTH-SLMC
ROOM: E3233
BED: A
SERVICE: Medical
ADM TYPE: Emergency
ADDL LOC:

7/31/09

GUARANTOR
HOEFLER, VIRGINIA
2401 W ROGERS ST

DOB 05/19/1949 GUARANTOR EMPLOYER None
GENDER Female
Status: Not Employed
Occ:
Ret Date:

MILWAUKEE, WI 53204
H: (414) 460-9681

PT REL TO GUA
Self
A:

PRI INSURANCE
*Self Pay

SEC INSURANCE

3RD INSURANCE

POL#: 999999999
GRP#: 999999
GRP NAME:
SUBSCRIBER
DOB 05/19/1949
HOEFLER, VIRGINIA

POL#:
GRP#:
GRP NAME:
SUBSCRIBER
DOB

POL#:
GRP#:
GRP NAME:
SUBSCRIBER
DOB

PT REL TO SUB
Self
NETWORK

PT REL TO SUB
NETWORK

PT REL TO SUB
NETWORK

PHYSICIANS

Admit: Nandalur, Karunakar R
Attending: Nandalur, Karunakar R
Procedure:

Family: None, None
Referring: None, None
Resident:



FIN

COMPLAINT: RIGHT FIBULA FRACTURE / LEFT KNEE CONT
USION , EFFUSION / CHEST WALL CONTUSION
ACCIDENT
Other Accident
OTHER ALLERGIES
YES

ACC DATE
07/27/2009

*** VERIFY THAT THIS IS THE MOST CURRENT CONTACT INFO ***
1ST CONTACT PERSON
QUESADA, REBECCA
(414) 380-5688
PT REL TO CONTACT
Sister
2ND CONTACT PERSON
PT REL TO CONTACT

COMMENTS:



Pre-Admit By:
Admit By:
Last Updated By: trg
Print Date: 07/28/09 03:13

Facesheet

FACESHEET - PERMANENT PATIENT RECORD

Aurora Health Care

St Lukes Medical Center
Milwaukee, WI

MRN: 1063885
HOEFLER, VIRGINIA
Financial #: 21818161
DOB: 05/19/49 Female 60 Years
3 NORTH-SLMC E3233A
Admit Date: 07/28/09 03:12:00

Attending Physician: Nandalur MD, Karunakar R

CAREPLAN: NUR Impaired Physical Mobility

Discontinued

CarePlan Start Date:	CarePlan Stop Date:	Entered By:	Date & Time Entered:
28-JUL-2009 03:23:00	10-SEP-2010 23:59:59	Rebicek, Victoria E	28-JUL-2009 03:24:34

OUTCOME

Complications of decreased mobility prevented

Achieved	Van Lanen, Shannon	29-JUL-2009 03:14:57
Achieved	Schroeder, Brian A	29-JUL-2009 09:26:50
Achieved	Vlaski, Nevena	29-JUL-2009 16:42:58
Achieved	Tau, Elizabeth M	30-JUL-2009 02:12:18
Achieved	Schroeder, Brian A	30-JUL-2009 09:07:12
Achieved	Schroeder, Brian A	30-JUL-2009 15:31:40
Achieved	Tau, Elizabeth M	31-JUL-2009 03:11:57
Achieved	Dykes, Timothy	31-JUL-2009 08:25:45

I-Encourage expression of all feelings

Done	Schroeder, Brian A	28-JUL-2009 09:32:30
Done	Schroeder, Brian A	28-JUL-2009 16:15:18
Done	Van Lanen, Shannon	29-JUL-2009 03:14:57
Done	Schroeder, Brian A	29-JUL-2009 09:26:50
Done	Vlaski, Nevena	29-JUL-2009 16:42:58
Done	Tau, Elizabeth M	30-JUL-2009 02:12:18
Done	Schroeder, Brian A	30-JUL-2009 09:07:12
Done	Schroeder, Brian A	30-JUL-2009 15:31:40
Done	Tau, Elizabeth M	31-JUL-2009 03:11:57
Done	Dykes, Timothy	31-JUL-2009 08:25:45

NOTES

Document teaching and patient response/outcome on Patient Teaching Record

CAREPLAN: NUR PreOp Care Protocol (ASLMC)

Discontinued

CarePlan Start Date:	CarePlan Stop Date:	Entered By:	Date & Time Entered:
28-JUL-2009 03:33:00	10-SEP-2010 23:59:59	Rebicek, Victoria E	28-JUL-2009 03:33:08

OUTCOME

Demonstrates criteria on appropriate PreOp Teaching Record

Achieved	Schroeder, Brian A	28-JUL-2009 09:32:30
Achieved	Schroeder, Brian A	28-JUL-2009 16:15:18
Achieved	Van Lanen, Shannon	29-JUL-2009 03:14:57
Achieved	Schroeder, Brian A	29-JUL-2009 09:26:50
Achieved	Schroeder, Brian A	30-JUL-2009 09:07:12

Verbalizes criteria on appropriate PreOp Teaching Record

Achieved	Schroeder, Brian A	28-JUL-2009 09:32:30
Achieved	Schroeder, Brian A	28-JUL-2009 16:15:18
Achieved	Van Lanen, Shannon	29-JUL-2009 03:14:57
Achieved	Schroeder, Brian A	29-JUL-2009 09:26:50
Achieved	Schroeder, Brian A	30-JUL-2009 09:07:12

I-PreOp Care Protocol followed

Done	Schroeder, Brian A	28-JUL-2009 09:32:30
Done	Schroeder, Brian A	28-JUL-2009 16:15:18
Done	Van Lanen, Shannon	29-JUL-2009 03:14:57
Done	Schroeder, Brian A	29-JUL-2009 09:26:50
Done	Schroeder, Brian A	30-JUL-2009 09:07:12

NOTES

-Initiate and complete the PreSurgical checklist

Aurora Health Care

St Lukes Medical Center

Milwaukee, WI

MRN: 1063885

HOEFLER, VIRGINIA

Financial #: 21818161

DOB: 05/19/49 Female 60 Years

3 NORTH-SLMC E3233A

Admit Date: 07/28/09 03:12:00

Attending Physician: Nandalur MD, Karunakar R

PREOP TEACHING:

- Provide the pt/SO opportunity to attend a PreOp meeting
- Provide the pt/SO opportunity to view a PreOp video
- Document PreOp teaching on the appropriate teaching record
- Provide 1:1 teaching & document on the appropriate teaching record
- Provide written PreOp information upon admission
- Provide opportunity for pt/SO to verbalize questions/concerns

PAIN MANAGEMENT:

- Discuss Pain Management Plan: Utilize 'Pain Control After Surgery'
- Pain Assessment: Utilize 0-10 pain rating scale
- Determine level of pain at which patient wishes to be treated
- Offer analgesics (as ordered), prn
- Utilize alternate pain control strategies as needed (SR)
- Evaluate effectiveness of pain management strategies (SR)
- Review home pain management strategies prior to discharge
- Assess need for contact with additional resources if appropriate

CAREPLAN: NUR Pain

Discontinued

CarePlan Start Date:
28-JUL-2009 03:38:00

CarePlan Stop Date:
10-SEP-2010 23:59:59

Entered By:
Rebicek, Victoria E

Date & Time Entered:
28-JUL-2009 03:38:36

OUTCOME

Pain Re-Assessment

Pain Acceptable	Schroeder, Brian A	28-JUL-2009 09:32:30
Pain Acceptable	Lucchesi, Cheryl A	28-JUL-2009 10:09:52
Pain Acceptable	Schroeder, Brian A	28-JUL-2009 13:08:53
Pain Acceptable	Schroeder, Brian A	28-JUL-2009 16:15:18
Pain Acceptable	Van Lanen, Shannon	28-JUL-2009 23:45:59
Pain Acceptable	Van Lanen, Shannon	28-JUL-2009 23:46:07
Pain Acceptable	Van Lanen, Shannon	29-JUL-2009 02:28:35
Pain Acceptable	Van Lanen, Shannon	29-JUL-2009 03:14:57
Pain Acceptable	Van Lanen, Shannon	29-JUL-2009 06:05:35
Pain Acceptable	Van Lanen, Shannon	29-JUL-2009 08:08:06
Pain Acceptable	Schroeder, Brian A	29-JUL-2009 09:26:50
Pain Acceptable	Vlaski, Nevena	29-JUL-2009 16:42:58
Pain Acceptable	Vlaski, Nevena	29-JUL-2009 21:05:25
Pain Acceptable	Vlaski, Nevena	29-JUL-2009 21:05:25
Other: sleeping	Tau, Elizabeth M	30-JUL-2009 03:52:12
Pain Acceptable	Schroeder, Brian A	30-JUL-2009 09:07:12
Pain Acceptable	Schroeder, Brian A	30-JUL-2009 15:31:40
Pain Acceptable	Schroeder, Brian A	30-JUL-2009 15:53:04
Pain Acceptable	Tau, Elizabeth M	31-JUL-2009 01:23:47
Pain Acceptable	Dykes, Timothy	31-JUL-2009 08:25:45
Pain Acceptable	Dykes, Timothy	31-JUL-2009 15:33:04
Adequate Pain Relief verbalized/demonstrated		
Achieved	Schroeder, Brian A	28-JUL-2009 09:32:30
Achieved	Schroeder, Brian A	28-JUL-2009 16:15:18
Progressing	Van Lanen, Shannon	29-JUL-2009 03:14:57
Progressing	Schroeder, Brian A	29-JUL-2009 09:26:50
Progressing	Vlaski, Nevena	29-JUL-2009 16:42:58
Achieved	Tau, Elizabeth M	30-JUL-2009 02:12:18
Achieved	Schroeder, Brian A	30-JUL-2009 09:07:12
Achieved	Schroeder, Brian A	30-JUL-2009 15:31:40
Progressing	Tau, Elizabeth M	31-JUL-2009 03:11:57
Achieved	Dykes, Timothy	31-JUL-2009 08:25:45
Adcquatc Bowel Function maintained/regained re: Analgesic use or inactivity secondary to pain		
Achieved	Schroeder, Brian A	28-JUL-2009 09:32:30
Achieved	Schroeder, Brian A	28-JUL-2009 16:15:18
Progressing	Van Lanen, Shannon	29-JUL-2009 03:14:57
Progressing	Schroeder, Brian A	29-JUL-2009 09:26:50

Print Date Time: 09/10/10 00:39:03

Care Plan Documentation
Page: 2 of 5

Report: auro_care_plan_nursing2

Aurora Health Care

St Lukes Medical Center

Milwaukee, WI

MRN: 1063885

HOEFLER, VIRGINIA

Financial #: 21818161

DOB: 05/19/49 Female 60 Years

3 NORTH-SLMC E3233A

Admit Date: 07/28/09 03:12:00

Attending Physician: Nandalur MD, Karunakar R

	Progressing	Vlaski, Nevena	29-JUL-2009 16:42:58
	Progressing	Tau, Elizabeth M	30-JUL-2009 02:12:18
	Progressing	Schroeder, Brian A	30-JUL-2009 09:07:12
	Achieved	Schroeder, Brian A	30-JUL-2009 15:31:40
	Achieved	Tau, Elizabeth M	31-JUL-2009 03:11:57
	Achieved	Dykes, Timothy	31-JUL-2009 08:25:45
Understanding of pain management acknowledged			
	Achieved	Schroeder, Brian A	28-JUL-2009 09:32:30
	Achieved	Schroeder, Brian A	28-JUL-2009 16:15:18
	Achieved	Van Lanen, Shannon	29-JUL-2009 03:14:57
	Achieved	Schroeder, Brian A	29-JUL-2009 09:26:50
	Achieved	Vlaski, Nevena	29-JUL-2009 16:42:58
	Achieved	Tau, Elizabeth M	30-JUL-2009 02:12:18
	Achieved	Schroeder, Brian A	30-JUL-2009 09:07:12
	Achieved	Schroeder, Brian A	30-JUL-2009 15:31:40
	Achieved	Tau, Elizabeth M	31-JUL-2009 03:11:57
	Achieved	Dykes, Timothy	31-JUL-2009 08:25:45

NOTES

Pain Assessment minimally tid and Document; include review of Pain goal for verbal pts or scale appropriate for non verbal patients. [Pain Assess: Every session for Rehab/Therapy]

Pain Reassessment within 1 hr of ANY interventions and Document. A Comment is required if reassessment exceeds 1 hour.

Notify physician if interventions are unsuccessful or if current complaint is a significant change, and document

Identify past effective pain relief measures in pain history

Document teaching and patient response/outcome on Patient Teaching Record.

ORDER

SE: Monitor for SS of Analgesic Overdose: Routine, 07/28/09 3:38:00

Rebicek, Victoria E 28-JUL-2009 03:38:36

SE: Monitor for SS of Untoward Effects from Non-Pharmacological Pain Interventions: Routine, 07/28/09 3:38:00

Rebicek, Victoria E 28-JUL-2009 03:38:36

OUTCOME

I-Assess Readiness to Transition to Oral Pain Meds

Done	Schroeder, Brian A	28-JUL-2009 09:32:30
Done	Schroeder, Brian A	28-JUL-2009 16:15:18
Done	Van Lanen, Shannon	29-JUL-2009 03:14:57
Done	Schroeder, Brian A	29-JUL-2009 09:26:50
Done	Vlaski, Nevena	29-JUL-2009 16:42:58
Done	Tau, Elizabeth M	30-JUL-2009 02:12:18
Done	Schroeder, Brian A	30-JUL-2009 09:07:12
Done	Schroeder, Brian A	30-JUL-2009 15:31:40
Done	Tau, Elizabeth M	31-JUL-2009 03:11:57
Done	Dykes, Timothy	31-JUL-2009 08:25:45

I-Preventive Pain Management (Dressing changes, activity, therapy)

Done	Schroeder, Brian A	28-JUL-2009 09:32:30
Done	Schroeder, Brian A	28-JUL-2009 16:15:18
Done	Van Lanen, Shannon	29-JUL-2009 03:14:57
Done	Schroeder, Brian A	29-JUL-2009 09:26:50
Done	Vlaski, Nevena	29-JUL-2009 16:42:58
Done	Tau, Elizabeth M	30-JUL-2009 02:12:18
Done	Schroeder, Brian A	30-JUL-2009 09:07:12
Done	Schroeder, Brian A	30-JUL-2009 15:31:40
Done	Tau, Elizabeth M	31-JUL-2009 03:11:57
Done	Dykes, Timothy	31-JUL-2009 08:25:45

I-Premedicate Prior to therapy/activity

Done	Schroeder, Brian A	28-JUL-2009 09:32:30
Done	Schroeder, Brian A	28-JUL-2009 16:15:18
Done	Van Lanen, Shannon	29-JUL-2009 03:14:57
Done	Schroeder, Brian A	29-JUL-2009 09:26:50
Done	Vlaski, Nevena	29-JUL-2009 16:42:58
Done	Tau, Elizabeth M	30-JUL-2009 02:12:18
Done	Schroeder, Brian A	30-JUL-2009 09:07:12

Aurora Health Care

St Lukes Medical Center
Milwaukee, WI

MRN: 1063885
HOEFLER, VIRGINIA
Financial #: 21818161
DOB: 05/19/49 Female 60 Years
3 NORTH-SLMC E3233A
Admit Date: 07/28/09 03:12:00

Attending Physician: Nandalur MD, Karunakar R

Done	Schroeder, Brian A	30-JUL-2009 15:31:40
Done	Tau, Elizabeth M	31-JUL-2009 03:11:57
Done	Dykes, Timothy	31-JUL-2009 08:25:45

ORDER

Pain: Incorporate Non-Pharmacological Methods of Pain Management: Routine, 07/28/09 3:38:00, (e.g. Ice to Surgical Site, Repositioning, Proper Body Alignment, Relaxation)

Rebicek, Victoria E 28-JUL-2009 03:38:36

NOTES

Constipation Prevention: Initiate NUR Elimination: Bowel Plan of Care

In preparation for discharge, determine the patient's ability to cope with pain and the changes (lifestyle, roles, relationships, etc.) which may be imposed by the pain and consider appropriate referrals

CAREPLAN: SWCM Plan of Care

Discontinued

CarePlan Start Date: 28-JUL-2009 15:38:00	CarePlan Stop Date: 31-JUL-2009 17:47:22	Entered By: Lippold, Cynthia E	Date & Time Entered: 28-JUL-2009 15:38:33
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NOTES

Specific interventions are documented on the Social Work/CM Assessment form

LEGAL ISSUES:

DISCHARGE PLANNING:

OUTCOME

Discharge Plan established

Achieved

Lippold, Cynthia E

30-JUL-2009 14:54:35

ORDER

Post-discharge: Assess Need for Appropriate Resources/Facilities: Routine, 07/28/09 15:38:00

Lippold, Cynthia E

28-JUL-2009 15:38:33

NOTES

PSYCHOSOCIAL/ADJUSTMENT/COPING:

COMMUNITY RESOURCES:

VIOLENCE/NEGLECT:

MATERNAL/CHILD:

BARRIER RESOLUTION:

CAREPLAN: TEACH Functional Skills/Safety

Discontinued

CarePlan Start Date: 29-JUL-2009 13:03:00	CarePlan Stop Date: 10-SEP-2010 23:59:59	Entered By: Esteves Kelly, Marlou	Date & Time Entered: 29-JUL-2009 13:03:33
--	---	--------------------------------------	--

OUTCOME

I-Barriers to Learning Reviewed

Done

Esteves Kelly, Marlou

29-JUL-2009 13:04:13

Done

Kukor, Stacey L

29-JUL-2009 15:52:20

NOTES

SKILLS

OUTCOME

TI-Functional: Ambulation

Ready to Learn,

Esteves Kelly, Marlou

29-JUL-2009 13:04:25

TI-Functional: Stairs

TI-Functional: Home management tasks

Ready to Learn,

Kukor, Stacey L

29-JUL-2009 15:52:57

TI-Functional: ADL's

Ready to Learn,

Kukor, Stacey L

29-JUL-2009 15:52:57

Aurora Health Care

St Lukes Medical Center
Milwaukee, WI

MRN: 1063885
110EFLER, VIRGINIA
Financial #: 21818161
DOB: 05/19/49 Female 60 Years
3 NORTH-SLMC E3233A
Admit Date: 07/28/09 03:12:00

Attending Physician: Nandalur MD, Karunakar R

NOTES
ASSISTIVE DEVICE
SAFETY
COMMUNITY RESOURCES/HOME CARE

CAREPLAN: PT Plan of Care

Discontinued

CarePlan Start Date: 29-JUL-2009 13:03:00	CarePlan Stop Date: 10-SEP-2010 23:59:59	Entered By: Esteves Kelly, Marlou	Date & Time Entered: 29-JUL-2009 13:04:01
--	---	--------------------------------------	--

OUTCOME

Ambulates with modified independence with least restrictive device
Progressing Esteves Kelly, Marlou 29-JUL-2009 13:04:25
Negotiates stairs with modified independence with least restrictive device

ORDER

Gait Training: Routine, 07/29/09 13:03:00
Stair Training: Routine, 07/29/09 13:03:00
Esteves Kelly, Marlou 29-JUL-2009 13:04:01
Esteves Kelly, Marlou 29-JUL-2009 13:04:01

CAREPLAN: OT Plan of Care

Discontinued

CarePlan Start Date: 29-JUL-2009 15:51:00	CarePlan Stop Date: 10-SEP-2010 23:59:59	Entered By: Kukor, Stacey L	Date & Time Entered: 29-JUL-2009 15:51:50
--	---	--------------------------------	--

OUTCOME

Household mobility skills performed with modified independence
Home management skills performed with modified independence
ADL's performed with modified independence

ORDER

Therapeutic Activities: Routine, 07/29/09 15:51:00
Therapeutic Exercise: Routine, 07/29/09 15:51:00
Adaptive Equipment Training: Routine, 07/29/09 15:51:00
ADL Self-care Training: Routine, 07/29/09 15:51:00
Functional Transfer Training: Routine, 07/29/09 15:51:00
Kukor, Stacey L 29-JUL-2009 15:51:50
Kukor, Stacey L 29-JUL-2009 15:51:49
Kukor, Stacey L 29-JUL-2009 15:51:50
Kukor, Stacey L 29-JUL-2009 15:51:50
Kukor, Stacey L 29-JUL-2009 15:51:50

Aurora Health Care

Milwaukee, Wisconsin

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> ASMC | <input type="checkbox"/> AUWAMG |
| <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> ASMMC | <input type="checkbox"/> AMG (site) |
| <input type="checkbox"/> AMCMC | <input type="checkbox"/> APH | <input type="checkbox"/> ASLSS | |
| <input type="checkbox"/> AMCO | <input type="checkbox"/> ASLMC | <input type="checkbox"/> WAMH | |

MRN: SLMC-01083885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/27/09
 ATT: ERMED, X none



USE BALL POINT PEN (PRESS FIRMLY) ADDITIONAL FORMS _____ OF _____

*If additional space is needed, please use a 2nd copy of Home Medication Reconciliation form.

Information about medications prior to admission obtained from following sources:

- Patient Med List Family Member Med Bottle Other _____

PATIENT PHARMACY:

- Meds sent home Meds secured per policy Unable to Obtain _____

Hoeftler 7/28/09

Date	Initials	Medication Name	Dose	Route	Frequency	Indication	Last Dose		Admission Meds	
							Date	Time	Cont.	Stop
7-28	KPN	Actos	3/500	by mouth						X
7-28	KPN	glyburide	5mg	by mouth	Daily				X	X
7-28	KPN	Simvastatin	not taking	by mouth						X
7-28	KPN	HCTZ		by mouth	2-3 x week					X
7-28	KPN	Vicoden		by mouth	as needed					X
7-28	KPN	Typ #3		by mouth	as needed					X
				by mouth						
				by mouth						
				by mouth						
				by mouth						

THE ABOVE HOME MEDICATIONS HAVE BEEN REVIEWED BY: (Continue medications ✓'d above during Inpatient / Outpatient Admission.)

Signature of Person completing history: K. Hoeftler Date: 7-28 Physician Signature: [Signature] Date: 7/28/09 Time: 2:20

FXED

PLEASE DO NOT WRITE IN THIS BOX.

This section reserved for
Discharge Medication Documentation
 starting on page 2.

Hoeftler 7/28/09 03:57



HOME MEDICATION RECONCILIATION FORM/
 PHYSICIAN ORDER
 (Orders)

Page 1 - Physician Orders
 Page 2 - Patient's Pharmacy
 Page 3 - Medical Records

Aurora Health Care

Milwaukee, Wisconsin

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASLMC | <input type="checkbox"/> AWAMC |
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> ASLSS | <input type="checkbox"/> AUWAMG |
| <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> ASMC | <input type="checkbox"/> AVNA Zilber Hospice |
| <input type="checkbox"/> AMEMC | <input type="checkbox"/> APH | <input type="checkbox"/> ASMMC | <input type="checkbox"/> AMG (site) |

MRN: SLMC-01063885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/28/09
 Nandalur, Karunakar R 8324
 FIN: 21818161

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

STAT

Do not use these abbreviations.

- | | | |
|-----------------------------|---|---|
| U (for unit) | Q.D. (Latin abbreviation for once daily) | Trailing zero (X.0mg)(med orders only) |
| IU (for international unit) | Q.O.D. (Latin abbreviation for every other day) | Lack of leading zero (.X mg)(med orders only) |
- MS, MSO4, MgSO4 (write morphine sulfate or magnesium sulfate)

Date of Order	Time of Order	Remember to Date and Time All Entries and Signatures
7/28/09	17:00	Discontinue long term 9/12/09 Sierra II tube for 9/15 scheduled UVA for Home P/O <i>KS</i>
7/30/09	17:30	UA C+S Page Dr. Cooper of Cross coverage p 1700 e results <i>AM</i> T.O. Dr. Cooper / Brian Schroeder RN Electronically Signed: Amanda Cooper/ESA, MD^ 08/30/2009 07:01P
7/30/09	2:40	<i>AM</i>
7/30/09	2:00	DC Home once done e 2nd PT session <i>Amanda Cooper</i>

FAXED

KS
 7-30-09
 1317



PHYSICIAN'S ORDERS
 (Orders)



Aurora Health Care

Milwaukee, Wisconsin

- ABMC
- AHCM-AS
- AHCM-SL
- AHCM-SS
- ALMC
- AMCK
- AMCMC
- AMCO
- AMCWC
- AMHB
- APH
- ASMMC
- AWAMC
- AUWAMG
- AMG (site)

**Cogent Hospitalist
Discharge Orders**

STAT

Patient Label

MRN: SLMC-01063885
 HOFLEER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/28/09
 : Nandalur, Karunakar R 6324
 FIN: 21818181

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

DATE: 7/31/09 TIME: 2:00

DIAGNOSIS: ① Right Distal Fibula Fracture ② ankle sprain
③ ④ mcl strain / contusion

1. Admit Date 7/29/09 Discharge Date _____
2. Discharge patient to: Home Home with Home Care Facility: _____
PT 10x
3. Discharge Diagnosis: _____
4. Discharge Medications per Home Discharge Medication Form
5. Procedures φ

6. Consultants Ortho - Dr Ladwig

7. Condition Upon Discharge: _____

8. Activity Restrictions None or WBAT

9. Wound/Incision/Tube Care: _____

10. Diet: Regular/General 2 gram NA, low Chol 1800 cal ADA Other: _____

11. Other Instructions: No driving with boot and narcotics.
Wear boot until 4 week F/U with Dr. Ladwig

12. Follow-up Appointment with Primary MD @ Procurve Clinic, 2 wks

Can be reached at 4

Specialty MD Follow-up Dr. Ladwig in 4 weeks

Can be reached at 414-643-8800

Specialty MD Follow-up _____ in _____

Can be reached at _____

13. Follow-up Tests needed _____ Indication: _____

14. Contact Primary MD at _____ in case of _____

Physician Signature/ID No. Amber Cooper Date/Time 7/31/09
2:00

*Copy to primary pt
7/31/09
mmj
1650*



PPO 00002775
PHYSICIAN ORDERS

Aurora Health Care

Milwaukee, Wisconsin

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASLMC | <input type="checkbox"/> AWAMC |
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> ASLSS | <input type="checkbox"/> ALWAMG |
| <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> ASMC | <input type="checkbox"/> AVNA Zilber Hospice |
| <input type="checkbox"/> AMEMC | <input type="checkbox"/> APH | <input type="checkbox"/> ASMMC | <input type="checkbox"/> AMG (site) |

MRN: SLMC-01063885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/28/09
 ATT: Nandair, Karunakar R 8324



Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

STAT

Do not use these abbreviations.

- | | | |
|--|---|---|
| U (for unit) | Q.D. (Latin abbreviation for once daily) | Trailing zero (X.0mg)(med orders only) |
| IU (for international unit) | Q.O.D. (Latin abbreviation for every other day) | Lack of leading zero (.X mg)(med orders only) |
| MS, MSO ₄ , MgSO ₄ (write morphine sulfate or magnesium sulfate) | | |

Date of Order	Time of Order	Remember to Date and Time All Entries and Signatures
7/29/09	11:40	Give PRN Reglan PO prior to PD Percodol. D/c Sliding Scale Insulin ✓ Toradol IM 15mg Q 6 H. ✓ T.O. Dr. Cooper / Brian Schroeder RN <i>[Signature]</i>
7/29/09	13:10	
7/29/09	12:50	1) Max Tylenol dose per 4g all sources <i>[Signature]</i> S. S. Powell 7/29/09
7/29/09	13:35	CBC in Am tomorrow ✓ T.O. Dr. Cooper / <i>[Signature]</i> S. S. Powell 7/29/09 11:00 AM
7/29/09	11:50	Surfactant 240mg PO Simvastatin 40mg PO Percodol 5-11 PO q 4-6 hrs



PHYSICIAN'S ORDERS
 (Orders)

Aurora Health Care

Milwaukee, Wisconsin

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASLMC | <input type="checkbox"/> AWAMC |
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> ASLSS | <input type="checkbox"/> AUWAMC |
| <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> ASMC | <input type="checkbox"/> AVNA Zilber Hospice |
| <input type="checkbox"/> AMEMC | <input type="checkbox"/> APH | <input type="checkbox"/> ASMMC | <input type="checkbox"/> AMG (site) |

MRN: SLMC-01063885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/28/09
 Nandatur, Karunakar R 8324
 FIN: 21818161

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

STAT

Do not use these abbreviations.

- | | | |
|---|---|---|
| U (for unit) | Q.D. (Latin abbreviation for once daily) | Trailing zero (X.0mg)(med orders only) |
| IU (for International unit) | Q.O.D. (Latin abbreviation for every other day) | Lack of leading zero (.X mg)(med orders only) |
| MS, MSO4, MgSO4 (write morphine sulfate or magnesium sulfate) | | |

Remember to Date and Time All Entries and Signatures

Date of Order	Time of Order	
7/28		ortho clinic - turn to place R 3D 600 ✓ PR - WBA/Wellness ✓

WBA
 7/29/09
 4:57

12/21/09 09:50 Home medication clarifications: ✓

- ① Glyburide 5mg po BID - continue
- ② Pioglitazone / Metformin 15/500 T po BID - continue
- ③ Nicotin 5/500 T po q4th per pain - do or continue this admit
- ④ Codeine / acetaminophen 30/360mg T po 4 X day per pain - continue
- ⑤ Hydrochlorothiazide 12.5mg po 2-3X per week (pt. unsure of days) - do not continue

Electronically Signed: Amanda Cooper, SA, MD, 7/28/2009 07:07P

FAXED

VLO. DR. COOPER / [Signature]

Signature
PHYSICIAN'S ORDERS
 (Orders)

Date Time

WBA
 7/29/09 10:53



Aurora Health Care Milwaukee, Wisconsin

- | | | | |
|----------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> AWAMC |
| <input type="checkbox"/> AHCM-AS | <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> AUWAMG |
| <input type="checkbox"/> AHCM-SL | <input type="checkbox"/> AMCMC | <input type="checkbox"/> APH | <input type="checkbox"/> AMC (site) |
| <input type="checkbox"/> AHCM-SS | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASMMC | |

MRN: SLMC-01083685
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/28/08
 Nandalur, Karunakar R 8324
 FIN: 21818161

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

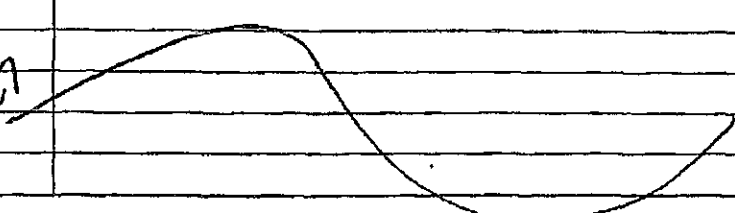
STAT

Do not use these abbreviations.

- | | | |
|--|---|---|
| U (for unit) | Q.D. (Latin abbreviation for once daily) | Trailing zero (X.0mg)(med orders only) |
| IU (for international unit) | Q.O.D. (Latin abbreviation for every other day) | Lack of leading zero (.X mg)(med orders only) |
| MS, MSO ₄ , MgSO ₄ (write morphine sulfate or magnesium sulfate) | | |

Date of Order	Time of Order	Remember to <u>Date</u> and <u>Time</u> All Entries and Signatures
7/28	1450	D/c Celebrex Dr Saeed / M. Maynard PharmD Electronically Signed: Athar Saeed/ESA, MD^ 08/10/2009 11:38A FAXED Urgent care 7/28/09 2:30P
7/29/09	8:15	1) Pharmacy feels to determine home needs ✓ 2) Up with assist ✓ FAXED Urgent care 7/29/09 8:22
7/29/09	8:30	1) WBAT, PT please see ✓ FAXED Urgent care 7/29/09 8:44

[Handwritten signature]
7/29/09 11:27



PHYSICIAN'S ORDERS
(Orders)

Aurora Health Care*

Milwaukee, Wisconsin

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASLMC | <input type="checkbox"/> AWAMC |
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> ASLSS | <input type="checkbox"/> AUWAMG |
| <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> ASMC | <input type="checkbox"/> AVNA Zilber Hospice |
| <input type="checkbox"/> AMEMC | <input type="checkbox"/> APH | <input type="checkbox"/> ASMMC | <input type="checkbox"/> AMG (site) |

MRN: SLMC-01083885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/28/09
 Nandalur, Karunakar R 8324
 FIN: 21818161

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

STAT

Do not use these abbreviations.

- | | | |
|--|---|---|
| U (for unit) | Q.D. (Latin abbreviation for once daily) | Trailing zero (X.0mg)(med orders only) |
| IU (for international unit) | Q.O.D. (Latin abbreviation for every other day) | Lack of leading zero (.X mg)(med orders only) |
| MS, MSO ₄ , MgSO ₄ (write morphine sulfate or magnesium sulfate) | | |

Remember to Date and Time All Entries and Signatures

7/28/09 0455 Percocet 5mg/325mg (1-2 tabs) @ 4-6 hrs prn pain. ✓
 MD aware of IV access - pt refuses further attempt. ✓
 DIC daily wts. ✓
 To: Dr. Cooper / C. Zuechen RN

FAXED

Amanda Cooper
9421

7/28/09 7:50 IV BMP in AM 7/29/09 ✓

Amanda Cooper
9421

9:30 *Rouck*
7/28/09

7/28/09 12:15 1) Start Celebrex 200mg Daily PO x 7 days ✓
 2) Calcium/VitD 600/400 PO BID ✓

FAXED

Amanda Cooper
7-28-09
1300

7/28/09 1321 Zolfran 5mg PO TID PRN ✓
 Zolfran 4mg IV Q8H PRN ✓
 Zolfran PO 4mg Q6H PRN ✓
 To: Dr. Cooper / Brian Schroeder

Electronically Signed: Amanda Cooper/ESA, MD* 08/30/2009 07:44

PHYSICIAN'S ORDERS
(Orders)

FAXED
Amanda Cooper





Aurora Health Care

Milwaukee, Wisconsin

- Aurora St. Luke's Medical Center
- St. Luke's South Shore
- Aurora Medical Center - WC
- Other _____
- Aurora Sinai Medical Center
- West Allis Memorial Hospital
- Aurora Psychiatric Hospital

Patient Label

MRN: SLMC-01053985
 HOEFLER, VIRGINIA F 60Y REG: 07/28/09
 DOB: 05/19/1948
 Nandatur, Karunakar R FIN: 8324
 21818161

FOR USE IN ADULT PATIENTS WITH
 HYPOGLYCEMIA
 IN THE EMERGENCY ROOM OR INPATIENT
 SETTING

ST

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

DATE: 7/28 TIME: 0350

Diagnosis: _____

Utilize Hypoglycemic Protocol for all patients on Insulin (excluding patients on insulin drip)

1. Draw STAT Capillary Blood Glucose
2. If Capillary blood glucose <60 mg/dl and the patient is obtunded or unable to swallow:
 - Administer Dextrose 25 grams IV (50ml of D₅₀W). If IV not in place, insert IV and cap with NS
 - If IV cannot be placed immediately, inject 1 mg of glucagon (IM or SQ)
 - Start IV containing D₅W or _____ at 100 ml/hour after acute treatment, if the patient is unable to take p.o.
3. If Capillary blood glucose <60 mg/dl and the patient is awake, responsive, and able to take p.o.:
 - A. Administer 30 grams of carbohydrate p.o. as one of the following:
 - 8 ounces of juice
 - 6 glucose tablets (6 tablets X 5 grams/tablet=30 grams). Notify pharmacist if glucose gel product is needed.
 - If patient is on acarbose, use glucose tablets or glucose gel only (not fruit juice or sucrose)
 - B. May repeat X 1 in 15-20 minutes if patient is still symptomatic from hypoglycemia
 - C. If next meal is not to be served within the next 60 minutes, administer (15 grams) of carbohydrates by mouth as one of the following:
 - 6 crackers
 - 1 slice bread
 - 1 cup of milk
 - 3 square graham crackers
4. Monitor capillary blood glucose every 15-20 minutes until blood glucose >100 mg/dl
5. If the patient becomes unconscious, or is not responsive to treatment measures notify the physician
6. If blood glucose <45 notify physician with critical test result.
7. Document the time of reaction, symptoms, capillary blood glucose reading, and response to treatment, in the medical record
8. Notify physician prior to administering next dose of insulin or antiglycemic agent

Meluhar 7/28/09 0445

Physician Signature: W.D. Cooper / Meluhar Date/Time: 0350



PPO 0000058
 PHYSICIAN ORDERS

Handwritten notes and signatures:
 [Signature]
 7/28/09
 0350
 Page 1 of 1
 (Rev. 03/21/07)



Aurora Health Care

Milwaukee, Wisconsin

- ABMC
- AHCM-AS
- AHCM-SL
- AHCM-SS
- ALMC
- AMCK
- AMCMC
- AMCO
- AMCWC
- AMHB
- APH
- ASMMC
- AWAMC
- AUWAR
- AMG (s)

MRN: SLMC-01063685

HOEFLER, VIRGINIA

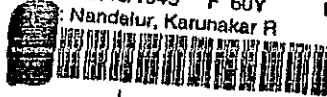
DOB: 05/19/1949 F 60Y

Nandelur, Karunakar R

REG: 07/28/09

8324

FIN: 21818161



STAT

Insulin: Subcutaneous Sliding Scale Orders

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

DATE: 7/28 TIME: 0350

Diagnosis: _____

All orders not preceded by a checkbox or blank line will be enacted unless crossed out. For those orders preceded by a checkbox or blank line, you must insert a check mark to implement the order.

1. **MONITORING: CHECK AND DOCUMENT CAPILLARY BLOOD GLUCOSE:**

- AC & HS (if able to take nutrition orally)
- Every 6 hours (if on continuous enteral or parenteral/TPN, or if NPO)

OR

- AC ONLY
- HS - document result only (no insulin given)
Call physician if blood glucose greater than _____ mg/dL
- Other _____

2. Discontinue current Sliding Scale Insulin orders.

3. **INSULIN:** Initiate Sliding Scale with (check ONE selection):

- REGULAR Insulin OR Insulin ASPART(NovoLOG)

If product is not selected this protocol defaults to regular insulin.

4. **FREQUENCY:** Insulin administration frequency

- Administer AC ONLY for patients taking oral nutrition (NO HS dose given unless otherwise indicated). Aspart insulin should not be given until food tray available.
- Administer every 6 hours for continuous enteral and parenteral (TPN) patients if ordered above
- Administer every 6 Hours for patient who is NPO (not receiving enteral and/or parenteral nutrition).
- Other: _____

Regular insulin or other Prandial Insulin (e.g. aspart) should NOT be administered at HS.

5. "If patient receiving nutrition becomes" NPO at anytime - hold Regular / Aspart insulin.

Capillary Blood Glucose (mg/dL)	Dose of Selected Insulin
< 150	No Insulin
150-200	2 Units or _____ Units subcutaneously
201-250	4 Units or _____ Units subcutaneously
251-300	6 Units or _____ Units subcutaneously
301-350	8 Units or _____ Units subcutaneously
351-400	10 Units or _____ Units subcutaneously
>400 call MD	

6. Call physician if Blood Glucose < _____ > _____ mg/dL

Utilize hypoglycemia protocol for all patients on sliding scale insulin. (PPO 0000956)

7. Nocturnal hypoglycemia check. Check blood capillary glucose at 0300. If blood glucose less than _____ mg/dL or greater than _____ mg/dL, call physician.

8. Other: _____

Avoid Sliding Scale use in poorly controlled Type 2 diabetic patients and in all Type 1 diabetic patients. If patient not controlled, consider use of Insulin Infusion.⁽¹⁾

(1) Queale WS, et al, 1997; Arch Intern Med; 157: 545-552

Physician Signature/ID No: Wanda Cooper / [Signature] Date/Time: 7/28 0350



PPO 0000188
PHYSICIAN ORDERS

Page 1 of 1
(Rev 6/1/2009)
0350

*Wanda Cooper, MD
7/28/09 0345*



Aurora Health Care

Milwaukee, Wisconsin

- Aurora St. Luke's Medical Center
- St. Luke's South Shore
- Other: _____

Patient: _____

MRN: SLMC-01063885

HOEFLER, VIRGINIA

DOB: 05/18/1948 F 60Y

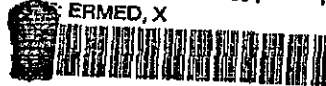
REG: 07/27/08

ERMED, X

non9

FIN:

21818161



STAT

AMTS ADMISSION

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

Bed Status (Check one box)

- Inpatient (Significant medical condition requiring prolonged intervention) ✓
- Observation status for _____
(Diagnosis/Reason for evaluation. Severity of illness or intensity of planned interventions requiring a short evaluation period)
- Patient's home medication supply may be used for medications ordered by physician on the Home Medication Reconciliation Form.
- Observation For Your Well Being given
- Outpatient in a bed (Recovery longer than outpatient dept. is open. Typically used post procedure).
- Discharge at _____ am/pm (circle one)

Diagnosis: ② Fibular Fr ✓

1. Admit to AMTS team, add patient's name to team consult list, and place sticker on front of chart
- Red (9984)
 - Orange (9987)
 - Green (9988)
 - Yellow (9989)
 - Purple (FP) (9985)

Attending: Wandulov

Sr. Resident: Saeed 9310

Jr. Resident: Cooper 9421 ✓

Patient Type: House Case Private Patient FPC Patient

2. Telemetry: No Yes with MBO Yes, observational only

3. Code Status: Full No Code 4(DNR) Variant Code (Specify) _____

5. Condition: Fair ✓

6. Vitals: Per routine or _____ ✓

7. Allergies with reactions: PCN - Nines ✓

8. Activity: Bedrest except for PT/OT ✓

9. Additional nursing orders (Check all that apply)

- Pulse oximetry BID or _____ ✓
- Daily weights _____ ✓
- Neuro checks q4h or _____
- P100 mattress or Stage IV mattress (patient >200 lbs. or wound present)
- O₂ per N.C. to keep SpO₂ >92 percent or _____ ✓
- Strict recording of daily I/Os _____ ✓
- Foley to gravity _____

10. Diet: (Circle all components desired)

- NPO NPO except meds Regular 3g Sodium Low cholesterol
- Renal/Dialysis (80 Pro, 60 K, 3g Na, 1g P) Renal/No Dialysis (60 Pro, 60 K, 3g Na, 1g P)
- ADA: 1800 cal 2000 cal 2400 cal Other _____

11. IV Fluids: Cap IV ✓

12. Non-M.D. Consults: (Check all that apply)

- PT/OT consult for evaluation and treatment or _____ ✓
- Infection Control to evaluate/determine appropriate isolation status
- Social work consult for placement ✓

FAXED

13. Standard prn medication order sheet (Follow ONLY if box is checked) ✓

Physician Signature/ID No: [Signature] 9421

Date/Time: 7/28/09
2:13

Wandulov 7/28/09 0445-



PPO 00002393
PHYSICIAN ORDERS

Page 1 of 2
(Rev.07/25/08)

[Handwritten signature]
7/28/09
0555



Aurora Health Care

Milwaukee, Wisconsin

- Aurora St. Luke's Medical Center
- St. Luke's South Shore
- Other: _____

MRN: SLMC-01063885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/27/09
 AT: ERMED, X none
 FIN: 21816161

STAT

AMTS ADMISSION

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

- 14. Clinical Institute Withdrawal Assessment - Alcohol (CIWA) protocol using lorazepam (IV or PO) as specified per Alcohol Withdrawal Orders
- 15. Venous Thromboembolic Disease (VTE) prophylaxis orders for medical patients:

These orders are designed for non-ICU medical patients not undergoing major surgery

- 1. No VTED/DVT prophylaxis: Patient fully ambulating Procedure pending _____
 Other Reason: _____

2. Risk Factor Assessment¹

- Age > 40 years
- Immobility (>24 hours or limb paralysis)
- DVT, PE or ischemic stroke in history
- Cancer or myeloproliferative disorder
- Surgery (>30 min. of general anesthesia in the past 6 mos)
- Trauma (major or lower extremity)
- Obesity (>120% of ideal body weight)
- Ventilator support or respiratory failure
- Estrogen replacement therapy/SERMs
- Estrogen-containing oral contraceptive
- CHF
- Varicose veins
- Smoker
- Sepsis or severe infection
- Nephrotic Syndrome
- Hypercoagulable State
- Inflammatory bowel disease
- Pregnancy/postpartum <1 mos
- Venous catheter (central venous catheter)
- Hemoglobinuria, Parox. Noct.

- Risk Factors = 2+ (high risk) proceed to #3
- Risk Factors = 0-1 (low risk) proceed to #5

3. Anticoagulant Contraindications Assessment

- Allergy to heparin or pork
- Heparin Assoc. Thrombocytopenia, history of
- Thrombolytic use within 24 hours
- Elevated INR > 2
- Platelet count < 50,000
- Heparin/warfarin concurrent therapy
- Bleeding disorder
- Cellulitis (with open wounds)
- Burns-skin grafts
- Epidural / Spinal analgesia
- Hemorrhagic Stroke, history of
- GI Bleed, recent (<30 days)

- No Contraindications = proceed to #4
- Contraindications Present = proceed to #5

4. HIGH Risk VTED/DVT Prophylaxis

A. Enoxaparin (Lovenox[®]) 40 mg SQ daily (if CrCl < 30mL/min, enoxaparin 30mg SQ Q day)

- Platelet count today, in 3 days, and every 7 days thereafter
- OR heparin 5,000 units SQ Q8H in place of enoxaparin
- Check platelet count daily x 5 days, then every 7 days thereafter

AND

- B. Non-pharmacologic treatment: Except for ongoing wound care/skin ulcers:
 Below Knee (BK) anti-embolism stockings (T.E.D. Stockings) appropriately fitted
OR Intermittent Pneumatic Sequential Compression Device (SCD)
OR AV Foot Pump Device

- 5. LOW Risk VTED/DVT Prophylaxis: Except for ongoing wound care/skin ulcers
 Below Knee (BK) anti-embolism stockings (T.E.D. Stockings) appropriately fitted
OR Intermittent Pneumatic Sequential Compression Device (SCD)
OR AV Foot Pump Device

6. Additional Orders: _____

Physician Signature/ID No: _____

Date/Time: 7/28/09

FAXED

Handwritten notes:
 7/28/09 0445
 McQuinn
 9401
 8:09
 Page 2 of 2 (Rev. 07/23/06)
 7/28/09 0550



PPO 00002393
PHYSICIAN ORDERS



Aurora Health Care

Milwaukee, Wisconsin

- Aurora St. Luke's Medical Center
- St. Luke's South Shore
- Aurora Medical Center - WC
- Other _____
- Aurora Sinai Medical Center
- West Allis Memorial Hospital
- Aurora Psychiatric Hospital

Standard PRN Orders



STAT

Patient Label

MRN: SLMC-01063885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/27/09
 ERMED, X none
 FIN: 21818161

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

DATE: 7/28/09 TIME: 2:00
 Diagnosis: (C) ER FX

Discontinue medication if patient is allergic to any of the following. Call MD if patient needs alternative medication.
 Delete standard PRN order if patient has duplicate drug therapy.

1. Acetaminophen 650 mg p.o. q 4 hr p.r.n. mild pain or elevated temp – do not exceed 4gm of acetaminophen per day from all sources.
2. Temazepam 7.5 mg p.o. q hs p.r.n. sleep. May repeat x 1
3. Milk of Magnesia (MOM) concentrate 10 ml po daily. p.r.n. constipation
4. Bisacodyl 10 mg rectal suppository daily. p.r.n. constipation
5. For potassium level 3.6 to 3.9, give 20mEq Potassium Chloride (KCl) X 1 p.o. or IV. If potassium level is 3 to 3.5, give 20mEq KCL X2 doses p.o. or IV (to make 40mEq total dose). Repeat serum potassium levels 4 hrs after supplements given.
6. Cetylpyridinium/menthol (Cepacol®) Lozenges p.o. p.r.n. sore throat

Meditech RN 7/28 0445

Physician signature/ID No: *Debra Compton* Date/Time: 7/28/09
94721 2:00

FAXED

Debra Compton
7/28/09 05:51



PPO 00000152
PHYSICIAN ORDERS

Aurora Health Care*

Milwaukee, Wisconsin

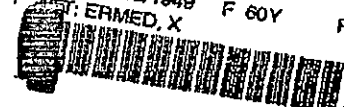
- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASLMC | <input type="checkbox"/> AWAMC |
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> ASLSS | <input type="checkbox"/> AUWAMG |
| <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> ASMC | <input type="checkbox"/> AVNA Zilber Hospice |
| <input type="checkbox"/> AMEMC | <input type="checkbox"/> APH | <input type="checkbox"/> ASMMC | <input type="checkbox"/> AMG (site) |

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

Do not use these abbreviations.

- | | |
|---|---|
| U (for unit) | Q.D. (Latin abbreviation for once daily) |
| IU (for international unit) | Q.O.D. (Latin abbreviation for every other day) |
| MS, MSO4, MgSO4 (write morphine sulfate or magnesium sulfate) | |

MRN: SLMC-01083885
HOEFLER, VIRGINIA
DOB: 05/18/1948 F 60Y
AST: ERMED, X



REG: 07/27/09
none
FIN: 21818161

Trailing zero (X.0mg)(med orders only)
Lack of leading zero (.X mg)(med orders only)

Date of Order	Time of Order	Remember to Date and Time All Entries and Signatures
7/28/09	2:00	1) Ortho consult re: new tib/Fx (E) <i>1/28/09</i> <i>Dr. Ludwig</i>
		2) BMP in AM 2/28/09 <i>1/28/09</i>
		3) Morphine 1-2 mg q 2 h prn severe pain <i>held for Altered mental status</i>
		4) Pharmacy tech to assess nurse needs in AM 7/28/09 <i>1/28/09</i>
		5) SSI Reg, Accucheck gHS/AC <i>1/28/09</i>
		6) Toradol 15 mg IV q 6h <i>1/28/09</i>
		7) Prtonix 40mg PO Daily <i>1/28/09</i>

FAXED

1/28/09
6350





Aurora Health Care

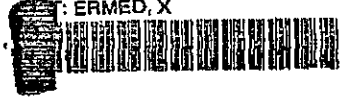
Milwaukee, Wisconsin

- Aurora St. Luke's Medical Center
- St. Luke's South Shore
- West Allis Memorial Hospital
- Other _____

181210
0123

Patient Label

MRN: SLMC-01063885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/27/09
 ERMED, X none



FIN: 21818161

ED Admission Status and Interim Order Set STAT

Bed Status Orders: All 8 items are required to request a bed. Orders are permanent unless specifically changed.

1. Admission status*: Observation Status
(Check ONLY ONE) Inpatient
 2. Bed Type: General
 Telemetry (Specify if needed: Medical telemetry Cardiac telemetry)
 ICU: MRICU CICU CVICU Surgical ICU Neurosurgical ICU
 3. Specialty Bed: None Orthopedics General Surgery Oncology Dialysis: HD PD
 Urology Bariatric Low Bed Bed Alarm Vail Transplant
 4. Admitting Physician: NANDAN HMTS Family Practice Chest Pain Service
 5. Diagnosis: R Tibula Fracture, D Knee contusion/effusion, chest
 6. Isolation: None Contact Droplet Airborne MRSA VRE TB C. Diff Chemo WPU
 7. Drips: None Diltiazem Dopamine Other: _____ contusion
 8. Sitter: None Yes, Reason: _____ SIPFAL
- *Chest pain, CHF, Pneumonia, UTI, and Dehydration should all be considered for observation status.

Additional Information: Complete if/when information is available.

1. Covering Physician: _____ Contacted @ _____
2. Covering Physician requests bed on _____ if currently available
3. Consults: #1 _____ See inpatient orders Called & ordered by ED @ time _____
#2 _____ See inpatient orders Called & ordered by ED @ time _____
#3 _____ See inpatient orders Called & ordered by ED @ time _____
4. Mental Status: awake & alert agitated confused obtunded comatose
5. Functional Status: can stand can ambulate: independently / with assist non-ambulatory not evaluated
6. Transport Status: Patient ready for transport when bed available, unless specified below.
 Do not transport until: _____

Interim Orders**

1. Continue oxygen/ventilator at current settings, OR: _____
2. Continue any drips at current rates, OR: _____
3. Code Status: Full code No Code 4 (Maximal medical support) No code 4 (comfort care)
4. Call Covering Physician (listed above) on arrival to inpatient bed for further orders, unless specified below.
 Instead of Covering Physician, call: _____ for orders.

** These orders become void upon initiation of care by the Attending Physician or within 2 hours of arrival on the unit. Routine monitoring and VS per unit protocol. If telemetry or ICU ordered above follow Routine Monitored Bed/Unit Emergency Standing Orders for Arrhythmias.

Physician Signature/ID No: [Signature] Date: 7/27/09 Time: _____



PPO 00002859
PHYSICIAN ORDERS



Aurora Health Care Milwaukee, Wisconsin

- ABMC ALMC AMCWC AWAMC
- AHCM-AS AMCK AMHB AUWAMG
- AHCM-SL AMCMC APH AMG (site)
- AHCM-SS AMCO ASMMC

MRN: SLMC-01083885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/27/09
 ATT: ERMED, X none
 FIN: 21818161



Security at Bedside: Patient at risk for self-harm
 Page resp tech: resp TX CPAP / BIPAP Intubation/vent

STAT

Point of Care Tests / Clinical Pathways / Lab Tests / Imaging

ABG on RA / _____ L/min / %FIO2 BNP _____

Cardiac Panel Cardiac Profile Cardiac Panel #2 @: _____

HCG urine: neg / pos Glucose: _____

JNR I-stat 8+ I-stat Cr Strep Screen: neg / pos

Urine Toxicology Screen _____

Urine Dip: Specific Gravity = _____

leukocyte: _____ nitrate: _____ ketones: _____

blood: _____ protein: _____ glucose: _____

Abdominal Pain Altered LOC Brain Attack Cardiac 1 / 2

CHF Ectopic GI Bleed PE-D-Dimer PE-V/Q PE-CT

Pneumonia Renal Stone Sepsis Weak & Dizzy Tox

Routine Panel CMP Hepatic Panel Lipase

CBC Electrolytes Creatinine BUN

Mg Ca Ionized Ca Phosphorus Lactate

ETOH Acetaminophen Salicylate Carbon Monoxide

PT / INR PTT D-Dimer ESR C-reactive protein

Carbamazepine Phenytoin Valproate Digoxin

HCG Serum Quantitative HCG Serum Qualitative rH factor

Chlamydia / Gonorrhea Wet Mount

UA Clean Catch UA Cath: now / 30 / _____ min if unable to void

UA; Culture if positive Urine Culture Blood Culture X 2

Sputum Gram Stain, C&S Wound Culture from: _____

Stool: WBC's / Culture / C-difficile toxin / Ova & Parasites

CSF complete CSF complete cell count tube 1 & 4

Joint Fluid Analysis Joint Fluid Gram Stain, C&S

T&S T&C units PRBC / FFP / platelets

Imaging Indication(s): _____

Transfer: spinal immobilization / ambulatory / cart / wheelchair

monitor / O2 : _____ L/min (NC / FM / _____) /

Pregnancy: no / unsure / yes / waiver

1. CXR Portable 2. CXR PA/Lat 3. CXR AP 4. KUB

5. Abd Series 6. US : Pelvic / Gallbladder / Doppler :

7. CT head non-contrast: Level: Brain attack / 1 / 2 / 3

8. CT abdomen/pelvis no contrast oral / IV contrast (Cr <1.6)

9. C-spine trauma (3 view): leave collar on / remove collar if clear

10. C-spine series 11. Right / Left:

(R) view x-ray of _____, to (R)

(L) view x-ray of _____, to (L)

Durable Medical Equipment Signed

MD / DO / PA

MD / DO / PA

MD / DO / PA

Date(s): 7/21/09 **Time ① = 1316 Time ② = 102 Time ③ = _____

Time** ORDER - (mark box and circle order modifier) Time Initial

O2 at _____ L/min / _____ % FIO2 (NC / face mask / _____)

Pulse Ox Continuous Keep Pulse Ox > 95% / _____ %

① Spot Pulse Ox = 96% on RA / Cardiac Monitor ECG *0023 KRW*

IV cap IV (NS / _____) bolus _____ ml over 15 / 30 / 60 min

IV (NS / _____) @ _____ ml/hr for 1 / 2 / 3 / _____ hr

Aspirin 81 mg tablet 4 / _____ chewed and swallowed

Nitroglycerin 0.4 mg tab 1 SL Repeat q 5 min x 2 for cp / SOB hold for SBP < 100 / _____ mm Hg; hold if pain or symptom free.

Morphine _____ mg IV / IM. Repeat q _____ min up to a total dose of _____ mg; titrate to pain level of _____ / 10

GI Cocktail : 30 ml Malox / 15 ml viscous lidocaine PO

Zofran 2 / _____ mg PO / IV Compazine 5 / 10. mg PO / IV

Albuterol 2.5 / _____ mg / Atrovent 0.5 mg nebulized treatment

Albuterol 15 / _____ mg / Atrovent 0.5 mg nebulized over 1 hr

① Tylenol 500 mg PO / PR Vicodin / Percocet 1 / 2 tabs PO *0023 KRW*

Ibuprofen _____ mg PO Toradol 15 / 30 / 60 mg IM / IV

Foley catheter Wound Prep : simple / Irrigation *0110*

① DT 0.5 ml IM Company: _____ Lot #: _____ *0023 KRW*

Sling Splint: right / left :

Orthostatic Vital Signs Visual Acuity

Ambulate patient Teaching : crutches / MDI with spacer

See Order Set: ACS / Pneumonia / CVA

1112862CA (E) 06MAR01 0.5 mL *0023*

Tetanus and Diphtheria Toxoids Adsorbed For Adult Use, DECAYED Rx only *(L) deltidol*

US Gov Lic #1725 Mfg by: Sanofi Pasteur Inc. 5156

Southwest PA 18370 USA CPTID Code: 90714

② ③ *prescription short by spirit* *(0023 KRW)*

MD / DO / PA
 MD / DO / PA
 MD / DO / PA

Discharge Admit: ED OBS bed / inpatient Transfer



EMERGENCY DEPARTMENT ORDERS
(Orders)

White - Medical Records / Yellow - Department
 Pink - Emergency Physicians
 AHC 05404010.j (Rev. 3/09) Front

Aurora Health Care

St Lukes Medical Center
Milwaukee, WI

MRN: 1063885
HOEFLER, VIRGINIA
Financial #: 21818161
DOB: 05/19/1949 Female 60 Years
3 NORTH E3233/A
Admit Date: 07/28/09

Attending Physician: Nandalur, Karunakar R

Date: 7/31/09

Chief Complaint: Fall, pain

Subjective: clo burning sensation foot, none resolved

Reviewed: Allergies Medications Medical History Surgical History Social History Family History

Vitals: T: 98.3 Tmax: 98.0 P: 72-80 72 R: 18-20 20 BP: 110-130/60-70 122/70

Capillary Blood Glucose: 98-250 98 Pulse Ox: Art BP: Last BM: 07/30/2009

Today's Weight: Admit Weight: 113.18 kg 24 hr. IO Total: 600.00 / 1350.00 at 06:00 on 07/31/09

Telemetry:

Physical Assessment:

General: <u>Alert, lying flat</u>	<u>Ca ID</u>
HEENT: <u></u>	<u>only head</u>
Neck: <u></u>	<u>SOH</u>
Cardiac: <u>KRR φ normal</u>	<u>Tardol</u>
Lungs/Chest: <u>clear</u>	<u>metformin</u>
Abdomen/GI: <u>BS, flat, normal, 3UL</u>	<u>Protinix</u>
GU: <u></u>	<u>Artes</u>
Musculoskeletal: <u>ⓐ ankle edema, ⓑ knee swelling</u>	<u>paracet</u>
Mental Health: <u>impaired</u>	<u>left #3</u>
Skin: <u></u>	
Pain: <u></u>	
Neuro: <u></u>	

Laboratory: VA: ⓐ Trace 1WK. est

Na: 140 07/29 06:02 K: 4.2 07/29 06:02 BUN: 9 07/29 06:02 Creat: 0.60 07/29 06:02

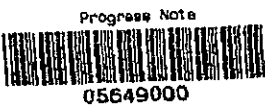
WBC: 6.3 07/30 04:10 Hct: 33.4 07/30 04:10 Hgb: 10.9 07/30 04:10 Pts: 210 07/31 04:22

INR: CPK Tot: CPK MB: Troponin:

BNP: Glucose: 163 07/29 06:02 TSH: UltraTrop:

Other: PT/OT → DIC nurse assistance

Diagnosis/Comorbidities/Complications:	Plans/Recommendations:
<u>NIU - take paracet @ low dose, Tardol before paracet, sub left #3 as able,</u>	
<u>pain - paracet, Tardol</u>	
<u>Burning - VAG audit by</u>	
<u>PT → home & home PT, talk CTRD clinic cont. to wear boot. driving</u>	
<u>DISPO - nurse today if can arrange help enterive home or if PT OK's stairs alone</u>	
<u>VAG PT</u>	



Name

Progress Note - Daily (PROG)

Date/Time: 7/31/09

Page 1

Print Date/Time: 07/31/09 07:39

- ABMC
- AHCM-AS
- AHCM-SL
- AHCM-SS
- ALMC
- AMCK
- AMCMC
- AMCO
- AMCWC
- AMHB
- APH
- ASMMC
- AWAMC
- AUWAMG
- AMG (site)

MRN: SLMC-01063885
 HOEFLE, VIRGINIA
 DOB: 05/18/1949 F 60Y
 REG: 07/28/09 8324
 : Nandatur, Karunakar R
 FIN: 21818161

PROGRESS NOTES

Entry Date	Entry Time	Remember to Date and Time All Entries
		7/3/2010 - 5:00 PM - 5:30 AM - 6:30 PM - 7:00 PM - 7:30 PM - 8:00 PM - 8:30 PM - 9:00 PM - 9:30 PM - 10:00 PM - 10:30 PM - 11:00 PM - 11:30 PM - 12:00 AM



Aurora Health Care

St Lukes Medical Center
Milwaukee, WI

MRN: 1063885
HOEFLER, VIRGINIA
Financial #: 21818161
DOB: 05/19/1949 Female 60 Years
3 NORTH E3233/A
Admit Date: 07/28/09

Attending Physician: Nandalur, Karunakar R

Date: 7/30/09

Chief Complaint: Pain - Fall

Subjective: Pain well controlled - Percocet
Sister will be able to help patient @ home tomorrow

Reviewed: Allergies Medications Medical History Surgical History Social History Family History

Vitals: T: 98.2 Tmax: 98.2 P: 72-76 76 R: 18-18 18 BP: 110-120/70-74 120/74

Capillary Blood Glucose: 147-247 147 Pulse Ox: 97-97 97% Art BP:

Last BM: 07/29/2009

Today's Weight: Admit Weight: 113.18 kg 24 hr. I/O Total: / 400.00 at 06:00 on 07/30/09

Telemetry: PT day nurse SQT

Physical Assessment:

General: A+O x 3, comfortable *de novo tetraparesis* *Cal/D*
HEENT: *plus* *glabrous SMD*
Neck: *plus* *SMD*
Cardiac: *R2P, prominent PLE edema* *Me/Ann SMD*
Lungs/Chest: *CTAB, & clear* *Foot in place* *Proximal*
Abdomen/GI: *plus* *Actos 15 BID*
GU: *3 perc*
Musculoskeletal: *Glans swollen, able to*
Mental Health: *tolerate st nurse pressure today*
Skin:
Pain:
Neuro: *light touch intact BL toes, munny toes normally*
& restricted ankle/heel movement

Laboratory:

Na: 140 07/29 06:02 K: 4.2 07/29 06:02 BUN: 9 07/29 06:02 Creat: 0.60 07/29 06:02
WBC: 6.3 07/30 04:10 Hct: 33.4 07/30 04:10 Hgb: 10.9 07/30 04:10 Plts: 188 07/30 04:10
INR: CPK Tot: CPK MB: Troponin:
BNP: Glucose: 163 07/29 06:02 TSH: UltraTrop:
Other: *MV 20.5 RDW 14*

Diagnosis/Comorbidities/Complications:	Plans/Recommendations:
<i>NIV - Zubran or Papan prior to Neurotics - Olan. Pains</i>	<i>Pain - Percocet, Ty1 #3, Toradol 10, encourage Ty1 #3</i>
<i>PT 10T - stair goal 815, Medically stable</i>	<i>DIC & home PT once, SQR per PT reqs.</i>
<i>Cont BID therapy</i>	<i>Plan add 1 more room - AT</i>
<i>DVT - SQT</i>	<i>7 AM - TFS</i>
<i>Ortho consult - void appropriate boot</i>	
<i>DM - home med's started yesterday, cont to monitor</i>	
<i>PT</i>	<i>Plan from rules Release with</i>
<i>? for PT/ortho - length of boot requirement, ability to drive?</i>	<i>Plan ok - on</i>

Signature: *Chad Cooper* Date/Time: 7/30/09 8:00
Physician Name: *Chad Cooper*



Progress Note - Daily (PROG)

Aurora Health Care

St Lukes Medical Center
Milwaukee, WI

Attending Physician: Nandalur, Karunakar R

Date: 7/29/09

Chief Complaint:

Subjective: had a peracet pain D/D, now nausea, NIV x 1 yr st
subp DICH

Reviewed: Allergies Medications Medical History Surgical History Social History Family History

Vitals: T: 99.1 Tmax: 99.1 P: 58-71 71 R: 16-18 18 BP: 120-133/70-78 120/70

Capillary Blood Glucose: 139-202 162 Pulse Ox: Art BP:

Today's Weight: Admit Weight: 113.18 kg 24 hr. I/O Total: 300.00 / 1103.00 at 06:00 on 07/29/09

Telemetry:

Physical Assessment:

General:	<u>Pt lying in bed, nausea, vomit (weakly)</u>	<u>Ca ID</u>
HEENT:	<u>CA 2-12 intact</u>	<u>Glyburide</u>
Neck:		<u>Hcp</u>
Cardiac:	<u>RBR & murmur of CA</u>	<u>SS</u>
Lungs/Chest:	<u>CRAB, wheezes</u>	<u>Toradol</u>
Abdomen/GI:		<u>Protonix</u>
GU:		<u>Perc</u>
Musculoskeletal:	<u>2 knee swollen, stable, abrasions dry</u>	<u>Zofran</u>
Mental Health:	<u>very tender to lt. toes</u>	<u>Reglan</u>
Skin:		<u>12/23</u>
Pain:		<u>Actos / Met Pro</u>
Neuro:	<u>numbing toes, sensation intact to light touch</u>	

Laboratory:

Na:	140 07/29 06:02	K:	4.2 07/29 06:02	BUN:	9 07/29 06:02	Creat:	0.60 07/29 06:02
WBC:		Hct:		Hgb:		Plts:	201 07/29 06:02
INR:		CPK Tot:		CPK MB:		Troponin:	
BNP:		Glucose:	163 07/29 06:02	TSH:		UltraTrop:	

Other:

Diagnosis/Comorbidities/Complications:	Plans/Recommendations:
<u>NIV - likely 2/2 narcotics</u>	<u>↓ Perc to 1 tab @ time</u>
<u>- Reglan or Zofran before pain med</u>	
<u>P: EKG Ee - w/HR consult for casting</u>	<u>ReCS</u>
<u>DT 10T to see, WBAT now</u>	
<u>Pharm to det home medz</u>	
<u>Ca ID started for mult fix. DNA scan as out pt</u>	
<u>SGH for DVT prophylaxis</u>	
<u>DM - home glyburide, Pharm to find home Actos dose, SS</u>	
<u>CAH home Cozartec, 1M Toradol</u>	

Signature: [Handwritten Signature]
Physician Name

Date/Time: 7/29/09
8:45

Progress Note - Daily (PROG)





Aurora Health Care

Milwaukee, Wisconsin

- ABMC
- AHCM-AS
- AHCM-SL
- AHCM-SS
- ALMC
- AMCK
- AMCMC
- AMCO
- AMCWC
- AMHB
- APH
- ASMMC
- AWAMC
- AUWAMC
- AMG (site)

MRN: SLMC-01063865

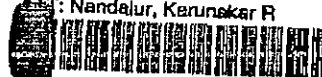
HOEFLER, VIRGINIA

DOB: 05/19/1949 F BOY

REG: 07/28/09

Address: Nandelur, Kerunkar R

8324



FIN:

21818181

PROGRESS NOTES

Entry Date	Entry Time	Remember to Date and Time All Entries
7/28		not doing Rx done for no surgery for wrist compression / strain of hand
7/29/09	830 1000	Filled patient with a small blood clot. Give instructions Jana Huertel
7/29/09		patient - good The day after of blood transfusion while in bed. at end of day of the VSI exam stable - Ex Post sufficient increase PPTOT All the COX-2 inhibitors Total 80 mg Over last row. - Pm Vascular - Ray take 1/2 of row - PPTOT 2/1/09 Give oral home care with complex for PPTOT - Outpatient Rx - complex need for cap/let P percent PPTOT / Post treatment Outpatient over 100000 mg Probable of 1/2 - 2/1/09 Post start of home - Post OT



05848000

PROGRESS NOTES
(Prog Notes)

AHC 05649000 System (Rev. 01/09)

Aurora Health Care

St Lukes Medical Center
Milwaukee, WI

MRN: 1063885
HOEFLER, VIRGINIA
Financial #: 21818161
DOB: 05/19/1949 Female 60 Years
3 NORTH E3233/A
Admit Date: 07/28/09

Attending Physician: Nandalur, Karunakar R

Date: 7/28/09

Chief Complaint: (1) Fib Fr, (2) knee contusion to fall

Subjective: pain starting to ↑ after protocol wearing off
currently 5/10 @ knee, (2) ankle + diffusely aching

Reviewed: Allergies Medications Medical History Surgical History Social History Family History

Vitals: T: 98.3 Trax: 78.5P: 62-61 R: 18 BP: 133-151 171-76

Capillary Blood Glucose: Pulse Ox: Art BP: Last BM:

Today's Weight: Admit Weight: 24 hr. I/O Total: 1

Telemetry:

Physical Assessment:

General: Lying in bed, uncomfortable

HEENT:

Neck:

Cardiac: RRR of murmurs

Lungs/Chest: CTAB, no effort

Abdomen/GI:

GU:

Musculoskeletal: (2) knee swollen, stable, very tender

Mental Health: (2) leg amoglass to foot + ace wrap, moving toes

Skin: able to bear weight to transfer to commode in

Pain: both legs

Neuro:

Laboratory:

Na: 142 K: 3.7 BUN: 11 Creat: 0.70
WBC: Hct: Hgb: Plts: 177 07/28 05:41
INR: CPK Tot: CPK MB: Troponin:
BNP: Glucose: 222, 235+ TSH: UltraTrop:
Other: Ca-8.0+

Diagnosis/Comorbidities/Complications:

Plans/Recommendations:

(1) (2) Fib Fr - ortho consult to eval for casting / brace
- PT / DT, Patrick to take - IPR consult + PRN by PT
(2) Pain - PO protocol, she refuses IV, will try
to start anti-inflammatory drug, Hx pain a NSAIDs, started
Protonix, Celebrex 200mg QD x 7d
(3) PM - have Glyburide + SS1 12h
(4) SW for poss placement once ortho / PT vlls
(5) CA / NFD 1600 / 1400 BID, Dexa out Pt
(6) DT - SQH - Seal
Revised of consent
Open of alarm - Call
PT for cont. medics - run

Signature: Dale Cooper
Physician Name 9421

Date/Time: 7/28/09
8:15

Progress Note - Daily (PROG)

Page 1
Print Date/Time: 07/28/09 06:22



PT rebook
last

Glyburide
SQH
SS1 12h
Protonix
Protonix
Protonix

SLMC SLSS WASH

Fall 12/9

Check H/WNL, vital, positive, skin, pupils, reflexes, mark for test ordered or task done.

Date: _____ Time Seen: _____ PMD: _____
T: 97 BP: 114 / 73 P: 59 RR: 18 POX (%): _____

Chief Complaint: Fall "found down" / tripped / slipped / lost balance
abrasion / laceration / contusion / sprain / fracture / deformity /

HPI: (1-3) level of Service: L1-3: 1-3 elements; L4-5: 4+ elements

History: patient / family / friend / EMS / interpreter /
Hx & ROS limited by: altered mental status / acuity / intoxication / dementia / age
Referred by: self / clinic / PMD / family / EMS /
Arrived by: EMS / walk-in / wheelchair / police / car driven by: self / friend / family
Advanced Directive: none / DNR / "full code" / comfort care /

Onset: sudden / gradual / unsure
Began: 6:30 pm time _____ date (today) / yesterday
minutes / hrs / days / weeks / months prior to arrival

Location of Injury:
head / scalp / face / neck / chest / trunk / upper back / low back / pelvis
Right: shoulder / arm / elbow / wrist / hand / hip / leg / knee / ankle / foot
Left: shoulder / arm / elbow / wrist / hand / hip / leg / knee / ankle / foot

Locale: home / work / school /

Course / Timing / Duration: constant / intermittent
Course: same / fluctuating / worse / improved / resolved (time: _____)
Onset of pain after injury: immediate / gradual / delayed _____ hrs / days
Patient down for: unsure / insignificant time / _____ min / hr / days

Context: new problem / recurrent / chronic
Mechanism: unsure / tripped / slipped / lost balance / possible syncope
Height of fall: unsure / standing / bed / chair /
Prenatal: weak / dizzy / lightheaded / chest pain / SOB / palpitations / syncope
Hx of falls: none / once before / multiple falls: once before with
Ambulation hx: normal / cane / walker / wheel chair / non-ambulatory
Contributing factors: +ETOH / drug use / gait abnormality / balance problem
vision problem / orthostatic hypotension / syncope / dementia / poor nutrition
medication / environmental factors /

Character / Quality: can't describe
Injury description: deformity / contusion / laceration / abrasion / puncture
wound / foreign body / stab / GSW / burn / blunt trauma / penetrating trauma
Pain: at rest / increased with movement / only with movement / with weight bearing
Pain quality: aching / dull / "pain" sharp / throbbing /

Associated Sx: none GCS: 15 / 15
LOC: none / unknown / unreliable / dazed / +LOC
Duration of LOC: unsure / _____ sec / min / hours
Patient remembers: incident / coming to hospital /

Other: fever / weakness / chest pain / SOB / abdominal pain / nausea / vomiting
diarrhea / amnesia (retrograde / anterograde) / vertigo / lightheaded / fainting
syncope / seizure / behavior change / altered mental status / headache / neck pain
focal deficit /

Modifying Factors: none
+ETOH / ambulatory at scene / spinal immobilization / witnessed / unwitnessed

Prior TX: no / yes : EMS: spinal immobilization /

working on sidewalk, door had side
of "patent" mounted on side (L)
Just behind the door, if not otherwise



ED PHYSICIAN RECORD (H&P/ED)

MD Time Seen: _____
Time: 27:09 PM 11:01

MRN: SLMC-01063885

HOEFLER, VIRGINIA
DOB: 05/19/1949 F 60Y REG: 07/27/09
ATT: ERMED, X none



FIN: 21818161

Past Medical / Family / Social hx: L1-3: 1 area; L4-5: 2 of 3 areas

Allergy: NKDA see ED record, latex / PCN / sulfa / contrast medium /
Pen, Amp, all other beta

Medications: none see ED record aspirin / digoxin / coumadin
Acros
Sunivastatin
Woodin
Colibondle
Metc

PMH / Surgical Hx: none see ED record
ETOH abuse / drug abuse / Parkinson's disease / Alzheimer's disease
orthostatic hypotension / adrenal insufficiency / UTI / sepsis / seizure
HTN / hypercholesterolemia / NIDDM / IDDM / CAD / syncope / MI
afib / CHF / COPD / DVT / PE / PUD / GI Bleed / TIA / GVA
appendectomy / cholecystectomy / CABG
pacemaker / AICD / cardiac cath / stress test
Dur
HTN Tetanus immunization current: yes / no

Social Hx: unknown
Tobacco use: no yes: _____ cigarettes / packs per day / week
ETOH: no yes: _____ drinks per day / week Last ETOH: _____
Drug use: no yes: cocaine / marijuana /
Occupation: unemployed / student / retired / employed :

Lives: house / apartment / homeless / homeless shelter / group home
assisted living / nursing home /
Living situation: none / significant other / children / parents /
Domestic Violence: no yes: no recent medical
Family Hx: noncontributory / unknown / contribution

ROS: L1-3: 7.5 systems; L4-5: 2.0 systems; L5: 10+ systems

All 14 systems reviewed: neg neg except as per HPI and/or circled below
Constitutional: fever / chills / generalized weakness / weight loss
Eyes: blurred vision / diplopia / loss of vision / redness
ENT: nosebleed / ear pain / hearing problems / tinnitus
CV: chest discomfort / palpitations / orthopnea / PND / ankle swelling
Respiratory: SOB / cough
GI: anorexia / abdominal discomfort / nausea / vomiting / diarrhea
hematemesis / tarry stools / rectal bleeding / constipation
GU: dysuria / urgency / frequency / hematuria / kidney problems
LMP: _____ WNL abnormal
Musculoskeletal: other painful areas:
Skin: rash / erythema / skin problems
Neurologic: numbness / tingling / focal weakness / ataxia / seizure
Psychiatric: stress / anxiety / depression / suicidal ideation
Hematology / Lymphatic: bruising / bleeding / swollen lymph nodes
Endocrine: polyuria / polydipsia / thyroid problems
Immunology / Allergy: immunosuppressant therapy / cancer

SLMC SLSS WAMH

Fall #49

Physical Exam: 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

V/S Reviewed, Exam limited by: pain / urgency of condition / patient uncooperative
General: alert / lethargic / confused / obtunded
Orients: person / place / time
Arousable: mild / moderate / severe
Digestive: mild / moderate / severe
Nutritional status: WNL cachectic / obese
Hydration: WNL dehydrated

Orthostatic VS: O: BP= P= A: BP= P=

Eyes: lids, sclera WNL, EOM intact, PERRL bil.
no hyphema, funduscopic exam WNL bil.

ENT, Neck: nares patent, no discharge, no bleeding
oropharynx WNL, no dental trauma
external ears, canals, and TM's WNL

Cardiovascular: regular rate and rhythm
normal S1&S2, no murmur
pulses equal and symmetric bilaterally

Respiratory: 5 Cyanosis BS
no respiratory distress
lungs CTA bilaterally
chest wall non-tender

Gastrointestinal / Abdomen / Back: inspection and bowel sounds normal
soft, non-tender, no masses
no flank or back tenderness
rectal exam normal, heme negative stool

Musculoskeletal: head & face normal, non-tender
neck tenderness, no step-offs
neck ROM WNL
T-spine, LS-spine non-tender

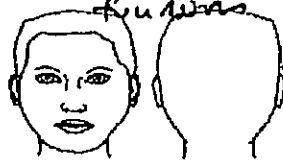
Skin: warm and dry
no rash, no erythema
no peripheral edema
Neurologic: alert & oriented X3
CN II-XII grossly intact
motor strength equal and symmetric
right touch sensation intact
reflexes equal and symmetric
cerebellar function intact

Psychiatric: affect and mood WNL
no suicidal or homicidal ideation

Neck: nuchal tenderness

Chala/poin: 1= pain

- 2= tender
3= edema
4= ecchymosis
5= erythema
6= deformity
7= abrasion
8= laceration
9=



Scars

Diagnostic Considerations: circle or write potential diagnoses

- fall closed cranial trauma head contusion fracture / dislocation
syncope intracranial bleed contusion abrasion / laceration
disequilibrium C-spine fx
TIA / CVA C-spine strain

Medical Decision Making: Monitor ECG: read by ED MD and compared to ECG from
Rhythm: NSR / ST-a-fib/paced Rate: Intervals: WNL QRS: WNL
ST-T wave: WNL
Other: ECG unchanged

Lab: Lab Results Reviewed
CBC: WNL WNL except
Chem: WNL WNL except
POX(%) on RA/OZ: % / L
WNL hypoxic

INR: WNL
Digoxin: WNL
Urine / Serum preg: neg pos
ETOH: neg pos
Cardiac Markers: WNL
CK-MB
Myoglobin
Troponin I
BNP

Wound Repair: see laceration addendum (#81)



ED PHYSICIAN RECORD (H&P/ED)

MRN: SLMC-01063885

HOEFLER, VIRGINIA
DOB: 06/19/1949 F 60Y REG: 07/27/09
ATT: ERMED, X none

FIN: 21818181

Radiology:

1- Head CT scan, non-contrast / C-spine series
2- Ankle X-rays post op's
1- Read by: ED MD / Radiology Report 2- Read by: ED MD / Radiology Report

Treatment / Management Options / Course: refer to ED dictation
O2 at L/minute / % FIO2 (NC, face mask)
IV can / infusion (NS, Bolus ml: Rate ml/hr
Acetaminophen / Ibuprofen 500 mg PO q4h / Percocet 1/2 PO
Morphine sulfate mg IV / IM; total dose= mg
Ativan / Halob / Geodon / mg IV / IM / PO
Dislocated joint reduction: (right / left)
Intubation: endotracheal (see critical care addendum #87) nasopharyngeal airway
Wound dressing: topical antibiotic / bandage / kerex /

Pain Level: /10 @ /10 @ /10 @
Course: same / worse / improved / resolved Patient evaluated and examined by MD
Level: 1 2 3 4 5 221137
physician # PA #
ED Observation Admission ED Fast Track

Consultation / Other Data Reviewed:

Consulted Date: SMITS @ 110
Suggests: admit / discharge / will see:
Case discussed with: patient / family / Radiologist / PMD /
Reviewed: Nursing Home / EMS / RN / Ord Reports from: Cramer

Clinical Impression (circle or write diagnoses):

- alcohol intoxication confusion
altered mental status
closed cranial trauma fracture
disequilibrium / vertigo
syncope near syncope laceration abrasion post traumatic effusion

Disposition: Fracture time: 115

Discharge Admit: OBS bed / General / Tele / medical / surgical / ICU
Transfer: to Dr. SMITS

Follow up: PMD / in/on days / pm / as scheduled

Condition: good stable / serious / critical Isolation: none / droplet / contact / airborne

Restrictions: off work / limited duty / gym / school for

Discharge Instructions given: verbal / written / via interpreter

Discharge Rx: Ibuprofen / vicodin / paracetol /
MD / DO / PA Date 7/27/09
MD / DO / PA Date
MD / DO / PA Date

Addendum #83
See: complete / dictation
See RN Notes & ED Chart
template complete, dictation pending
template complete, full / partial dictation complete
template complete, no dictation needed

SLMC-01093886
HOEFLE, VIRGINIA
DOB: 05/19/1949 F 60Y REG: 07/27/09
ATT: ERMED, X none

FIN: 21818161

Aurora Health Care Milwaukee, Wisconsin

JUL 28 09 AM 1:07

ASLMC ASLSS AWAMC

(Addendum) Orthopedic Procedures # 63

Check if WNL, circled (positives), slash negatives or negatives, mark for test ordered or tasks done

PROCEDURAL TIMEOUT: Confirmed patient ID, reviewed procedure & equipment needs, site identified & marked.

PROCEDURAL SEDATION: Intra-Service Time: Start time: _____ Stop time: _____

Medication: versed / fentanyl / propofol / etomidate / ketamine administered IV / IM / PO / PR / intranasal

Complications: none / vomiting / hypoxia / transient apnea /

Independent Observer: _____ RN / ED Tech / PA / MD / DO

Physician Performing Sedation: _____ MD / DO

Dislocated Joint Reduction **Fracture Reduction** **Fracture-Dislocation Reduction** **Other:** _____

Indication: fracture / dislocated joint / vascular deficit / neurologic deficit

Location: (right / left): shoulder / arm / elbow / forearm / wrist / finger # 1 2 3 4 5

(right / left): hip / thigh / knee / lower leg / ankle / toe # 1 2 3 4 5

(right / left): _____

Pre-procedure Exam: _____ vascular intact _____ neuro intact _____ skin intact /

Anesthetic: none / procedural sedation / local / digital / regional block / hematoma block / intraarticular /

with _____ ml of: marcaine (0.25% / %) / lidocaine (1% / %) \bar{c} : NaHCO3 / epinephrine

Technique: standard manual reduction / axial traction /

Shoulder GH reduction: traction-countertraction / Stimson technique / adduction-external rotation / scapular manipulation

Radial Head Subluxation: pronation-flexion / supination-pronation

Cole's Fracture Reduction: finger trap traction / manual traction /

Other: _____

Post-procedure Exam: _____ vascular intact _____ neuro intact _____ skin intact _____ clinically reduced, aligned _____ tolerated well

Post-reduction x-ray: _____ satisfactory reduction & alignment /

Read by ED MD Radiology report reviewed by ED MD

Splint Application **Post-Splint Neurovascular Exam** **Cast Application**

Indication: fracture / sprain / strain / dislocated joint / joint immobilization / laceration /

Splint Type: orthoglass / plaster / shoulder immobilizer / shoulder sling / removable wrist / finger / ankle stirrup / post-operative shoe / walking boot

(right / left): volar / dorsal / ant. / post. / shoulder immobilizer / long arm / short arm / ulna gutter / thumb spica / sugar tong / wrist

(right / left): ant. / post. / knee immobilizer / long leg / short leg / ankle / sugar tong /

(right / left): _____

Splinted by: ED physician / PA / ED tech / RN

Post-splint Neurovascular Exam: _____ splint well positioned _____ vascular intact _____ neuro intact performed by: PA / ED physician

Patient Education: fracture education / joint dislocation education / splint education / crutches education /

Cast Removal **Cast Bivalved** **Ring Removal** **Muscle Compartment Pressure Measurement**

Indication: pain / edema / neurological compromise / vascular compromise / ring loosened / potential neurovascular compromise

Location: see above /

Technique: **Cast Removal/Cast Bivalved:** oscillating cast saw / cast spreader / Webril out / ace wrap applied / splint applied

Ring Removal: digital block with _____ ml of (1% lidocaine / 0.25% marcaine): thumb / index / middle / ring / little

surgical lube & traction / wrap compression method / ring cutter /

Compartment Pressure Measurement: Stryker System / Arterial Line System /

Compartment _____ = _____ mm Hg; Compartment _____ = _____ mm Hg

Compartment _____ = _____ mm Hg; Compartment _____ = _____ mm Hg

Complications: none / bleeding /

John [Signature] MD / DO / PA Physician #: 2211 57 date/time 7/27/09

MD / DO / PA Physician #: _____ date/time _____



ED PHYSICIAN RECORD (H&P/ED)

template complete, dictation pending
 template complete, full / partial dictation complete
 template complete, no dictation needed

Form X21678-83 (Rev. 10/88)

Aurora Health Care Milwaukee, Wisconsin

- ABMC
- AMCO
- ASLMC
- WAMH
- ALMC
- AMCWC
- ASMC
- AUWAMG
- AMCK
- AMHB
- ASMMC
- AMC (site)
- AMCMC
- APH
- ASLSS

MRN: SLMC-01033885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y
 ATT: ERMED, X
 REG: 07/27/09
 FIN: 21818161

JUL 27 PM 8:46

Date: 7/27/09 D.O.B. 5/19/49 Age: _____
 Patient's Name: Hoefler, Virginia
 PMD/Consult: _____
 Here Before: Yes No Workman's Comp: Yes No

Pre-Arrival FULLY IMMOBILIZED SPLINTED O₂ CPR DEFIBRILLATED (x) Est. Downtime: _____ min.
 Treatment: INTUBATED IV Rx: _____ Police Notified/Time: _____ Waiting in Lobby/Patient Aware
 Arrival Mode: Walk Wheelchair Cart Carried Ambulance _____ In Police Custody Refusal Form Signed
 Triage Treatment: SPLINT ELEVATION COLD PACK FULLY IMMOBILIZED C COLLAR DRESSING Mask Given
 EMS/Triage time: 9:45 Call: 9:45 ED arrival time: 9:45 ED MD notified: 9:45 Time in room: 2:30
 Emergency Severity Index: 1 2 3 4 5
 Interpreter called / Time: _____

TRIAGE NOTE: Tripped

Time seen by MD: 8:30
 (template)
 Time left ED: 0240

TRIAGE RN: A. Plusa

Visual Acuity Correction:
 without with
 Right Eye 20/_____
 Left Eye 20/_____
 Both Eyes 20/_____

WE: _____ kg

Immunizations	Medical History	Denies	Surgical History	Denies
<input checked="" type="checkbox"/> Unknown Last dT: _____ Peds Shots up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No Other HX	<input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Kidney/Dialysis <input type="checkbox"/> Kidney Stone <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Arthritis <input type="checkbox"/> Cancer <input type="checkbox"/> Mental Illness <input type="checkbox"/> GERD Other:	<input type="checkbox"/> MI <input type="checkbox"/> Valve Disease <input type="checkbox"/> CHF <input type="checkbox"/> HTN <input type="checkbox"/> CAD / PVD <input type="checkbox"/> CVA / TIA <input type="checkbox"/> Seizures <input type="checkbox"/> Sickle Cell	<input type="checkbox"/> CABG <input type="checkbox"/> Pacer / AICD <input type="checkbox"/> Gallbladder <input type="checkbox"/> Appendix <input type="checkbox"/> Gastric Surgery	<input type="checkbox"/> Angioplasty/Stent <input type="checkbox"/> Ortho <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Tubal Ligation <input type="checkbox"/> Transplant <input type="checkbox"/> Other:

TIME	BP	P	R	T
<u>8:45</u>	<u>114/73</u>	<u>59</u>	<u>18</u>	<u>91</u>
<u>0100</u>	<u>122</u>	<u>60</u>	<u>16</u>	

ALLERGIES NKDA Latex
 Unknown Environmental

Amputation Below
Penicillin

MEDICATIONS: Denies Unknown
 Source: Pt/SO EMS Other
 Med bottle / list
 See Home Profile - save as permanent
 See Reconciliation Form

acetos. simvastatin
gabapentin
vicodin tyonal #5
ACTZ

EDUCATIONAL NEEDS	PAIN GOALS
SAFETY	NEURO
PSYCHO-SOCIAL	RESP
ABUSE	SKIN
SAFETY PLAN	MUSCULO-SKELETAL
GI	CV/PV
GU	E ENT

Remour fracture

Social History Denies
 Tobacco: 0
 ETOH: 0
 Illicit Drugs: 0

NURSE'S NOTES: Physical Exam Deferred
 Nursing Addendum
 Long Nurses Notes

Came to ER e clo tripping on uneven ground. landed on knee -> ankle. tender to palpation.
① knee & ② ankle pain 9/10.
③ ankle & ④ knee swollen.
also ⑤ hb area & ⑥ shoulder pain - 3/10.
 Initial Assessment SIGNATURE
2240 [Signature]
 INITIAL SIGNATURE
2251 [Signature]
10 PACES applied to ① knee & ② ankle



EMERGENCY DEPARTMENT RECORD
 (H&P / Emer)

White - Medical Records / Yellow - Department
 Pink - Physician Billing
 AHC 05403970 .j (Rev. 07/06)

- | | | | |
|----------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> AWAMC |
| <input type="checkbox"/> AHCM-AS | <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> AUWAMG |
| <input type="checkbox"/> AHCM-SL | <input type="checkbox"/> AMCMC | <input type="checkbox"/> APH | <input type="checkbox"/> AMG (site) |
| <input type="checkbox"/> AHCM-SS | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASMMC | |

MRN: SLMC-01063885

HOEFLER, VIRGINIA

DOB: 05/19/1949 F 60Y

REG: 07/27/09

ATT: ERMED, X

none



FIN: 21818161

EMERGENCY DEPARTMENT NURSING NOTES

ASSESSMENT FLOW RECORD

Date: 7-28-09

E 3233

FOCUS	INTERVENTION	TIME								

INITIALS

TIME	FOCUS	NURSES NOTES	Initials
0720		tech placing short leg splint. patient pt off area of splint vibrating a part of foot - "I want this removed" pt not hold foot still to allow for proper placement of splint. PA aware -	KRW
0730		PA reinforced the need for splint to remain in place	KRW
0740		MTB @ bedside	KRW
0705		pt on bedpan	KRW
0710		pt finished - pt repositioned for comfort pillows placed under right leg and left knee -	KRW
0720		uppt to Cheryl RN on 3North pt stable for transport to floor -	KRW

INITIAL	SIGNATURE	INITIAL	SIGNATURE	INITIAL	SIGNATURE
				KRW	K Wagner





Aurora Health Care Milwaukee, Wisconsin

HOEFLER, VIRGINIA

MRN: SLMC-01083885
REG: 07/27/09

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASMC | <input checked="" type="checkbox"/> SLMC |
| <input type="checkbox"/> AMCK | <input type="checkbox"/> AMCWC | <input type="checkbox"/> ASMMC | <input type="checkbox"/> SLSS |
| <input type="checkbox"/> AMCMC | <input type="checkbox"/> APH | <input type="checkbox"/> MHOB | <input type="checkbox"/> WAMH |

DOB: 05/19/1949 F 80 Y
ATT: ERMED, X

FIN: SLMC-21818161



General Consent to Care

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

Consent to Photographs/Videotapes/Recordings

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

Valuables

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

Disclosure of Information for Payment and Health Care Operations

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



05403860

TREATMENT AGREEMENT
(Consent)



Aurora Health Care Milwaukee, Wisconsin

HOEFLER, VIRGINIA

MRN: SLMC-01063885
REG: 07/27/09

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASMC | <input checked="" type="checkbox"/> SLMC |
| <input type="checkbox"/> AMCK | <input type="checkbox"/> AMCWC | <input type="checkbox"/> ASMMC | <input type="checkbox"/> SLSS |
| <input type="checkbox"/> AMCMC | <input type="checkbox"/> APH | <input type="checkbox"/> MHOB | <input type="checkbox"/> WAMH |

DOB: 05/19/1949 F 60 Y
ATT: ERMED, X

FIN: SLMC-21818161



Assignment of Insurance Benefits / Charges / Refunds

I hereby authorize and assign payment directly to the hospital for such health expense insurance and other benefits and payments otherwise payable to me, but not to exceed the hospital's regular charge for the hospital services it renders. I understand that I am financially responsible to the hospital and the independent physicians who render services to me. I agree to pay the hospital the hospital's regular charges as set forth in its then current chargemaster and pay all charges of physicians and others, including co-insurance and deductibles, not covered by my insurance, subject to applicable Medicare and Medicaid advance notice requirements. To the fullest extent permitted by law, I authorize the hospital to transfer payments made by, or on my behalf, and otherwise refundable to me, to other Aurora Health Care accounts for which I am responsible. The assignment in this paragraph is valid until my accounts are paid in full.

Notice of Privacy Practices, Payment Policy and Patient Rights

I acknowledge that the hospital (an affiliate of Aurora Health Care, Inc.) has provided me a copy of its Notice of Privacy Practices, Payment Policy and Patient Rights. I understand the Notices describe the hospital's privacy practices regarding the use and/or disclosure of health information, the hospital's payment policy regarding charges for hospital services, collection, charity care and payment assistance programs, and other patient rights. I may not have elected to retain these brochures.

Home Health, Hospice and Durable Medical Equipment

Even at the time of admission/registration, it is important to start considering and planning for post-discharge care. I understand that I have the freedom to choose and the right to select my provider/supplier for post-discharge care and equipment I may need. I am aware that for home health care and hospice services and durable medical equipment after discharge, the hospital will generally use Aurora Visiting Nurse Association (an affiliate of the hospital) or another affiliate of the hospital, unless I select a different provider/supplier. I understand that I have received a list of other available home care agencies in my Admissions/Registration materials, and that I may ask a nurse for another copy of the list at any time.

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

Virginia Hoefler
Signature of Patient

7/27/09, 2110
Date/Time Signed

Signature of Legally Authorized Agent(s) and relationship to patient

Date/Time Signed

For Aurora Personnel Use Only

Brochures Offered:			
Notice of Privacy Practices:	<input type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Declined	Signature: <i>M. Brodman Flannery</i> Date/Time: <i>7/27/09, 2110</i>
Payment Policy:	<input type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Declined	
Patients Rights:	<input type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Declined	
Home Health Provider List:	<input type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Declined	



TREATMENT AGREEMENT
(Consent)

- ALMC
- AMCW
- ASMC
- AUWAMG
- AMCK
- AMHB
- ASMMC
- AMC (site)
- AMCMC
- APH
- ASLSS
-
- AMCO
- ASLMC
- WAMH
-

MRN: SLMC-01063885
 HOFELER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/27/09
 ATT: ERMED, X none
 FIN: 21818161

USE BALL POINT PEN (PRESS FIRMLY) ADDITIONAL FORMS _____ OF _____

*If additional space is needed, please use a 2nd copy of Home Medication Reconciliation form. Information about medications prior to admission obtained from following sources:

- Patient Med List Family Member Med Bottle Other _____

PATIENT PHARMACY: _____

- Meds sent home Meds secured per policy Unable to Obtain _____

Date	Initials	Medication Name	Dose	Route	Frequency	Indication	Last Dose		Admission Meds		Resume at Discharge		
							Date	Time	Cont.	Stop	Yes	No	
7-28	ERV	Octos / Metformin	15/500	by mouth	BID					X	X		
7-28	ERV	gabapentin	5 mg	by mouth	PRN BID			X		X			
7-28	ERV	Simvastatin	40 mg	by mouth					X		X		
7-28	ERV	HCTZ		by mouth	2-3 x week				X		X		
7-28	ERV	Vicodin		by mouth	as needed				X		X		
7-28	ERV	Tur #3		by mouth	1 tab as needed QID				X	X			
Home med clarifications - see							7/29	09:12					

REVIEW THE CURRENT MEDICATION LIST ALONG WITH THE ABOVE HOME MEDICATIONS. RESUME HOME MEDICATIONS FOR DISCHARGE AS INDICATED ABOVE. ANY NEW OR CHANGED MEDICATIONS ARE LISTED BELOW UNDER DISCHARGE PRESCRIPTIONS.

Signature of Physician performing reconciliation upon discharge: _____ Date: 7/28/09 Time: 2:00

PLEASE DO NOT WRITE ON THIS PAGE (This statement in red indicates original prescription)

Prescribers: Please check allergies and evaluate current medications along with home medications prior to writing discharge prescriptions. Initial all home medications above to indicate which medications should be resumed (not new prescriptions) and which are to be discontinued. If additional prescriptions are required, please use a second form.

Date	Medication Name	Dose	Route	Frequency	Indication	Qty.	Refill	
7/31/09	Calcium / Vitamin D	600/400	PO	Twice Daily		30	✓	
	Senna	17.2mg	PO	Daily prn constipation		30	✓	
	Percocet	5/325	1-2 Tabs	q 4-6h prn pain		40	✓	
	Do not exceed 4g Acetaminophen all sources						(var 4)	✓

Reviewed above home medications and current medication list for discharge. Resume as indicated above.

Prescriber's Signature: _____ Prescriber's Name: (Print) WANDLUP
 Prescriber's Address: _____ DEA# BN 5810696 Phone #: 640-720

- Prescriber's Instructions: If dictated discharge medication list completed
- PLEASE USE THIS FORM WHEN DICTATING DISCHARGE MEDICATION LIST (as a separate document or as part of the discharge summary).
 - Use ballpoint pen. Cross out all unused lines before giving the patient page 2 of this form (before discharge). Signature required.



05403520

- | | | | |
|----------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> AHCM-AS | <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHR | <input type="checkbox"/> AMG (site) |
| <input type="checkbox"/> AHCM-SL | <input type="checkbox"/> AMCMC | <input type="checkbox"/> APH | |
| <input type="checkbox"/> AHCM-SS | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASMMC | |
| <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> AWAMC | |

MRN: SLMC-01063885
 HOEFLER, VIRGINIA
 DOB: 05/19/1949 F 60Y REG: 07/28/09
 ATT: Nandalur, Karunakar R 8324
 FIN: 21818181

MEDICATIONS:

- See Medication List (bring to your doctor appointments)
 Other: _____
 Prescriptions called to: Scripts given to Pt

VACCINES:

- Your influenza vaccine was given on _____
 Your pneumonia vaccine was given on _____
 Follow-up with your doctor regarding influenza and/ or pneumonia vaccine(s)

ACTIVITY:

- Weigh yourself daily (first thing in the morning, with same amount of clothes on)
 Continue activity as you were in the hospital, slowly increase to what you were doing previously
 Up as desired / no restrictions
 Check with your doctor if able to go to work/ school
 Other: _____

SMOKING:

- Avoid all tobacco products and second hand smoke
 Smoking Cessation Counseling offered
 Wisconsin Toll Free Quit Line: 1-877-270-7867

DIET:

- Limit salt and salty foods
 No Restrictions
 Special Diet
 Other: _____

Additional instructions:

Copy of Cogent Discharge Orders
PH to see for Home Care 327-2295

This form was reviewed with patient / responsible person by: [Signature] Date/Time: 7/31/09 11:30

Final Discharge (date/time): 7/31/09 1740 Method: WALKED Discharged to: Home
 With whom: Daughter - Transport Nurse Signature: [Signature]

CALL YOUR DOCTOR IF:

- Trouble breathing or chest pain – CALL 911
 You have symptoms that are not "normal" for you
 You have new or worse symptoms or pain, not relieved by medicine or rest
 Temperature greater than 101°F, chills or flu like symptoms
 You gain more than 3 pounds in 2 days
 Increased swelling, redness or drainage
 Other: _____

REFERRALS (Type/ Agency/ Phone):

- Home Health _____
 Community Services _____
 Telemanagement _____
 Other _____

FOLLOW-UP (Call for appointment if not scheduled):

Follow-up appointment with:
 Dr. _____
 Tel (____) _____ When _____

Follow-up appointment with:
 Dr. _____
 Tel (____) _____ When _____



Site: SLMC 3North
Phone #: () 649 6525

Transfer Date: 7/31/09

MRN: SLMC-01063885
HOEFLER, VIRGINIA
DOB: 05/19/1949 F 60Y REG: 07/28/09
ATT: Nandatur, Karunakar R 8324
FIN: 21618161

Receiving Agency / Facility: VNA Phone: () 327 2295
Address: 240 2852
City / State / Zip: _____

SENDING:

- Face Sheet
- H & P
- Discharge Summary
- Wound Care
- Swallow Guidelines
- Social Service Note
- Advance Directive / Activation
- Rehab Notes

PHYSICIAN MUST COMPLETE THIS SECTION UNLESS THE INFORMATION IS IN THE SIGNED DISCHARGE SUMMARY:

Allergies Ampicillin & Clindamycin Activity up and WBAT
Diet: 1800-1900 Cardiac Physician f/u appt: _____
Medications _____

HOME CARE / HOME HOSPICE

Visit At 2401 W Regan St Milw Phone (414) 468-9681
First Visit _____ RN PT OT Speech SW HHA PCW

I certify that this patient is essentially homebound and requires the services specified in this plan of treatment; and that the services are related to the condition for which the patient received services in the hospital.

FACILITY TRANSFER

- Acute Inpt Rehab Inpt. Psych SNF-subacute SNF-long term care CBRF Residential Hospice
- Hospital-palliative care Medicare Cert/ Acute Hospice Other: _____

I certify that this patient's medical conditions and related needs are essentially as indicated above, and that inpatient care is necessary. I also certify that this patient is free of communicable tuberculosis and clinically apparent communicable disease.

Physician's Signature Dr. Char Dr Nandatur / O'Hara
Phone () _____ Date: 7-31-09

Ancillary Team Member Report (Social Work, PT, OT, Speech, Nutrition, ET)

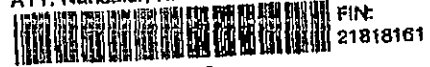
Signature & Title: _____ Date: _____ Time: _____ Phone: () _____

INTERAGENCY REFERRAL AND TRANSFER (Edu/D/C Plan)

FACILITY: White Original - Receiving Facility / White copy - Chart OR
HOME CARE: White Original - Social Work / White Copy - Chart
AHC 05937777 J (Rev. 11/07) Page 1 of 2



INTERAGENCY REFERRAL & TRANSFER FORM
 Page 2



NURSING PLAN OF CARE

Check if pertinent:			Describe in patient care plan			NURSING:			COMMENTS
DISABILITIES	BEHAVIOR	COMMUNICATION	Self-Care Status	Check Func. Level	Indep.	Assist.	Depend		
<input type="checkbox"/> Amputation	<input checked="" type="checkbox"/> Oriented	<input type="checkbox"/> Can Write	Bed-Chair						
<input type="checkbox"/> Paralysis	<input type="checkbox"/> Forgetful	<input type="checkbox"/> Talks	Walking						
<input type="checkbox"/> Contractor	<input type="checkbox"/> Noisy	<input type="checkbox"/> Understands Speaking	Stairs						
<input type="checkbox"/> Decubitus	<input type="checkbox"/> Confused	<input type="checkbox"/> Understands English	Wheelchair						
<input type="checkbox"/> Ostomy	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Language Barrier	Crutches						
<input type="checkbox"/> Other:	<input type="checkbox"/> Wanders	<input type="checkbox"/> Reads	Walker						
	<input type="checkbox"/> Combative	<input type="checkbox"/> Nonverbal	Cane						
IMPAIRMENTS	APPLIANCES / PROSTHESIS		Bathe self						
<input type="checkbox"/> Speech	<input type="checkbox"/> Cane	<input type="checkbox"/> Dentures	Dress self			<input checked="" type="checkbox"/>			
<input type="checkbox"/> Hearing	<input type="checkbox"/> Crutches	<input type="checkbox"/> Eye Glasses	Feed self			<input checked="" type="checkbox"/>			
<input type="checkbox"/> Vision	<input type="checkbox"/> Walker	<input type="checkbox"/> Hearing Aid	Brush teeth			<input checked="" type="checkbox"/>			
<input type="checkbox"/> Sensation	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Prosthesis (type)	Shaving						
<input type="checkbox"/> Other	<input type="checkbox"/> Other		Toilet			<input checked="" type="checkbox"/>			
Comments:			Commode			<input checked="" type="checkbox"/>			
<i>Please accept dressing as the usual</i>			Bedpan / Urinal						

PATIENT CARE PLAN
 Describe details of care: special problems / approaches relative to administration of medication / treatments, skin condition, teaching done or needed, level of patient understanding, motivation, communications, restraints, diet allergies.

Incontinence: Bladder Bowel
 Bowel & Bladder Program Yes No
 Catheter: Type _____ Date last changed _____
 Vital Signs: T 97.8 P 72 R 20 BP 122/76
 Weight 119.18 Kg Height _____ Date 7/25/09

It was admitted on 7/23/09 after a fall onto uneven ground. It obtained a (LH) knee contusion and an (RD) fracture of the tibia requiring a blade bone and no surgery. It has a Diabetes and has a history of falls and falls. It is alert and oriented. Redness and Swelling for pain control and occasionally had mild nausea to that it would eat had it yesterday.

Signature & Title: [Signature] Date: 7/24/09 Time: 1245 Phone: (414) 649-6525
 R.N. Signature _____ Date: _____ Time: _____ Phone: () _____



St Lukes Medical Center



Aurora Health Care
Milwaukee, WI

MRN: SLMC-01063885
Patient Name: HOEFLER, VIRGINIA

DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

Discharge Date: 07/31/2009

Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

C O N S U L T S

Aurora Health Care Metro

SPECIALTY CODE: 014

CONSULTING PHYSICIAN: Daniel A. Ladwig/ESA, MD

ADMIT DATE: 07/28/2009

CONSULTATION DATE:

The patient is a 60-year-old female. She was walking on Monday when she slipped and fell on an uneven or steady paver with a twisting type injury to her right foot and ankle, landing as well onto her left side. Greater than 1 year ago, she had an open reduction and internal fixation plating across the left supracondylar femur fracture performed by Dr. Zoltan. She reports having been bed bound and nonweightbearing for many months, although seemingly had rehab from that injury well. She reports a scraping and abrasion to her left knee and some pain and discomfort. She is at bed rest at this time with a posterior splint on her right lower extremity. On exam today, she is morbidly obese. With the brace off, there is some swelling and tenderness both medially and laterally about her right ankle, diminished ankle range of motion secondary to pain. Neurovascular examination is intact.

Plain film x-ray shows a very small chip fracture at the very distal aspect of the fibula consistent with an avulsion type Weber A fracture pattern. Her left femur shows postsurgical changes with a locked AO plate. There are no new fractures identified. There are some mild degenerative changes across her knee. Clinically her knee is swollen and ecchymotic. She is able to maintain a straight leg raise. She can actively flex it to about 50-60 degrees having some tenderness and pain beyond that. She seemingly has no instability across that knee. At this time, I am going to put her into a boot across that right lower extremity. She may be weightbearing as tolerated across both right and left legs. I will take the opportunity to order physical therapy as well.

Electronically Signed
Daniel A. Ladwig/ESA, MD 08/04/2009

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Print Date: 9/10/2010
Print Time: 12:39 AM
Rev 02/06

St Lukes Medical Center



Aurora Health Care
Milwaukee, WI

MRN: SLMC-01063885
Patient Name: HOEFLER, VIRGINIA
DOB: 05/19/1949
Case #: SLMC-21818161
Admit Date: 07/28/2009
Discharge Date: 07/31/2009
Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

C O N S U L T S

06:34

Dictating Provider
Daniel A. Ladwig/ESA, MD

DAL/SSK (002929792)
d. 07/29/2009 8:59 A
t. 07/29/2009 9:07 A
Document #: 4139325

copies: Daniel A. Ladwig/ESA, MD
Karunakar Nandalur/ESA, MD

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Print Date: 9/10/2010
Print Time: 12:39 AM
Rev 02/06

St Lukes Medical Center



Aurora Health Care
Milwaukee, WI

MRN: SLMC-01063885
Patient Name: HOEFLER, VIRGINIA

DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

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Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

E M E R G E N C Y

Aurora Health Care Metro

DATE OF ADMISSION: 07/28/2009

DATE OF VISIT: 07/28/2009

Please refer to the template for details of ED visit.

SUMMARY:

This is a 60-year-old female who came to the Emergency Department for evaluation of fall. The patient states that around 6:30 p.m. she was walking on a sidewalk when her foot hit a side of uneven pavement and she inverted her right ankle, fell to the ground, landing against her left elbow and left knee. She was on the ground for an insignificant amount of time, was able to stand and weightbear but reports that her knee has become increasingly swollen anteriorly with decreased range of motion. She states the anterior knee feels spongy and she has had increasing pain and difficulty weightbearing to the right ankle. There is no head injury. She has no neck or back pain. There is no reported weakness, numbness or tingling. Denies any weakness, dizziness, lightheadedness, chest pain, shortness of breath or palpitations before the fall.

PHYSICAL EXAMINATION:

VITAL SIGNS: Afebrile, blood pressure 114/73, pulse 59, respiratory 18.

EXTREMITIES: Pertinent findings: The right ankle over the lateral malleolus has a soft tissue swelling diffusely with tenderness about the anterior, inferior and posterior malleolus. Neurovascular exam is intact. Left knee has associated soft tissue swelling and contusion, abrasions and what appears to be an effusion. There is a large surgical scar about the left lateral femur. The left lower extremity is also neurovascularly intact. The left elbow has a very minimal abrasion. The chest reveals symmetric breath sounds. There is tenderness to palpation along and left inframammary location.

NECK: No tenderness, full range of motion.

HEENT: Head is atraumatic in appearance.

NEUROLOGIC: She is awake, alert and appropriate.

DIFFERENTIAL DIAGNOSIS:

This patient presents status post fall with left knee injury and right ankle injury both concerning for possible fracture. Radiographs of the right ankle show a distal fibula fracture. Left knee shows postoperative

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Rev 02/06

St Lukes Medical Center



Aurora Health Care®
Milwaukee, WI

MRN: SLMC-01063885
Patient Name: HOEFLER, VIRGINIA

DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

Discharge Date: 07/31/2009

Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

E M E R G E N C Y

changes without obvious fracture. Hardware appears to be intact.

Chest x-ray reveals no acute findings, no pneumothorax, no obvious rib fractures.

EMERGENCY DEPARTMENT COURSE:

The patient was given 1 Vicodin tablets and 500 mg of Acetaminophen. DT was administered. Simple wound prep was administered. A right posterior short leg splint was applied by Tim Welsch, PA and a post-splint neurovascular exam was normal. This was performed by myself. The patient will be admitted as she is clearly not ambulatory, has no help at home, has significant stairs at home, is felt to be a fall risk and will likely require physical therapy, occupational therapy evaluation and possibly even an orthopedic consultation. This was reviewed with IMTS. The patient will be admitted to IMTS to a general medical bed.

IMPRESSION:

1. Chest wall contusion.
2. Left elbow abrasion.
3. Right ankle sprain with right distal fibula fracture.
4. Left knee contusion with abrasion and posttraumatic effusion.

Electronically Signed
Scott A. Seifert/ESA, MD 07/28/2009
22:40

Dictating Provider
Scott A. Seifert/ESA, MD

SAS/DGS (002924015)
d. 07/28/2009 1:16 A
t. 07/28/2009 5:26 A
Document #: 4137946

copies:

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Print Date: 9/10/2010
Print Time: 12:39 AM
Rev 02/06

St Lukes Medical Center



Aurora Health Care
Milwaukee, WI

MRN: SLMC-01063885

Patient Name: HOEFLER, VIRGINIA

DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

Discharge Date: 07/31/2009

Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

H i s t o r y a n d P h y s i c a l s

Aurora Health Care Metro

DATE OF ADMISSION: 07/28/2009

CHIEF COMPLAINT:

Fall.

HISTORY OF THE PRESENT ILLNESS:

The patient is a 60-year-old diabetic who was walking out of the library today when she tripped on uneven pavement and fell on her left knee and inverted her right ankle. She currently complains of pain in her left knee, right ankle, left collarbone and over left lower rib anteriorly. Fall was mechanical in nature. No chest pain, palpitations, shortness of breath or any other symptoms prior to that. The patient has a history of multiple falls and she denies any problems with balance other than due to her large size. She also denies any form of abuse in causing these falls.

PAST MEDICAL HISTORY:

1. Diabetes.
2. Hypertension.
3. Migraines.
4. Left supracondylar fracture of the femur 2003, status post ORIF.
5. Left fibula and tibia fractures 1984 from fall.

MEDICATIONS:

The patient does not know exact doses of medications but she takes:

1. Actos.
2. Glyburide.
3. Was taking Simvastatin but stopped about 6 months ago.
4. Hydrochlorothiazide a couple of times a week for lower extremity swelling.
5. Vicodin p.r.n.
6. Tylenol 3 p.r.n.

ALLERGIES:

Penicillin causes hives and edema.

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Aurora Health Care
Milwaukee, WI

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Patient Name: HOEFLER, VIRGINIA

DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

Discharge Date: 07/31/2009

Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

H I S T O R Y a n d P H Y S I C A L S

CODE STATUS:

Full.

PRIMARY CARE PHYSICIAN:

Not designated but the patient does seek care at ProCare on 27th and Lapham.

FAMILY HISTORY:

The patient reports unknown cancer in her grandfather. She denies any heart disease or any other familial illnesses.

SOCIAL HISTORY:

The patient denies any tobacco use, alcohol use or drug use. She lives in a house that has 6 steps entrance to the first landing and then a few other steps; after that, once inside the house she does not need to go up steps. The patient reports recent economic difficulties and is filing for bankruptcy. She reports that she does not have electricity on in her home and that she is using primarily candlelight. She also reports that she needs to be discharged by Thursday so she can return to work in order to pay for her bankruptcy fees.

REVIEW OF SYSTEMS:

A 14-point review of systems was negative except for previously mentioned in the history of present illness and also occasional migraines. The patient has not had one recently. Also chronic low back pain and spasming in her left thigh.

PHYSICAL EXAMINATION:

VITAL SIGNS: Temperature 97.3, pulse 59, blood pressure 114/75, respiratory rate 18.

GENERAL: The patient is an obese Hispanic female who is in no acute distress; however, appears uncomfortable.

HEENT: Cranial nerves 2-12 intact. She has no signs of trauma to her head or face.

NECK: She is tender over her left collarbone. There are no signs of trauma. No ecchymosis. No abrasions.

PULMONARY: Clear to auscultation bilaterally. Patient is tender upon palpating the left anterior lower ribs.

CARDIOVASCULAR: Regular rate and rhythm. No murmurs. Trace lower extremity edema on the left.

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St Lukes Medical Center



Aurora Health Care®
Milwaukee, WI

MRN: SLMC-01063885
Patient Name: HOEFLER, VIRGINIA

DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

Discharge Date: 07/31/2009

Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

H I S T O R Y A N D P H Y S I C A L S

ABDOMEN: Protuberant but soft and nontender other than the left upper quadrant of the ribs. Positive bowel sounds.

MUSCULOSKELETAL: Left knee is markedly swollen with pale blue discoloration and small abrasions over her knee. No open wounds or lacerations to her left knee. The patient has a well-healed scar over her left lateral thigh as well as her left lateral ankle. Her right lower leg is immobilized with orthoglass and ace wrapping. She is able to move her toes. She is very tender over her left knee and right lateral ankle. The patient is able to bend left knee; however, full range of motion is inhibited by pain. Sensation over lower extremities intact to light touch and proprioception.

IMAGING:

Chest x-ray showed no acute disease and no rib fractures. X-ray of the left knee showed old surgical changes including pins but no new fractures. X-ray of her right lower leg showed a transverse nondisplaced distal fibula fracture.

LABORATORY DATA:

The patient does not have labs at the time of admission.

EMERGENCY DEPARTMENT COURSE:

The patient's right leg was placed in a rigid cast and wrapped with Ace bandages. She was given Tylenol and Vicodin x1 for pain control.

ASSESSMENT AND PLAN:

The patient is a 60-year-old Hispanic female who recently has had a mechanical fall and fractured her distal right fibula and likely also has sprained her ankle. She also has a left knee contusion.

1. Right distal fibula fracture. Unlikely surgical candidate. However, we will consult orthopedic surgery for recommendations on casting and any follow up needed. Will control her pain with IV and p.o. medications including Morphine and Toradol. We will have physical therapy and occupational therapy see the patient. Will also place social work consult for possible future placement and economic needs. We will place the patient on gastrointestinal prophylaxis with Protonix while admitted and while Toradol administered.
2. Left knee contusion. We will, as above, have physical therapy see the patient and have her work; at the time she was seen she was not able to

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DOB: 05/19/1949

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Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

H I S T O R Y A N D P H Y S I C A L S

ambulate due to her pain in her left knee as well as right ankle, so this may be difficult and placement may also be difficult as well as getting the patient back to work in just a few days as she explained she needs to do.

3. Diabetes. Will place the patient on diabetic diet. Will continue her Glyburide. However, her dose of Actos is unknown. We will consult pharmacy technician to clarify home medications. Will place her on a sliding scale of Insulin until home dose is known.

4. Subcutaneous Heparin for deep venous thrombosis prophylaxis.

Reviewed

Electronically Signed

Amanda Cooper/ESA, MD 08/03/2009 14:26 Karunakar Nandalur/ESA, MD 09/23/2009 13:32

Dictating Provider

Signing Provider

Amanda Cooper/ESA, MD

Karunakar Nandalur/ESA, MD

AC/LBI (002924041)

d. 07/28/2009 2:50 A

t. 07/28/2009 3:15 A

Document #: 4137837

copies: Amanda Cooper/ESA, MD
Karunakar Nandalur/ESA, MD

(Update is required at time of admission for any History and Physical done prior to patient arrival at the hospital. This section may also be used at the end of the stay as an update for patient transfer to another facility.)

Addendum to this history and physical:

No change OR Additions as stated here:

Physician's Signature

Date

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St Lukes Medical Center



Aurora Health Care
Milwaukee, WI

MRN: SLMC-01063885

Patient Name: HOEFLER, VIRGINIA

DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

Discharge Date: 07/31/2009

Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

H O S P I T A L D I S C H A R G E S U M M

Aurora Health Care Metro

ADMISSION DATE: 07/28/2009
07/31/2009

DISCHARGE DATE:

DISCHARGE DIAGNOSES:

1. Right distal fibular fracture.
2. Right ankle sprain.
3. Left knee strain and contusion.

DISPOSITION:

Discharge patient to home with home PT and OT.

PROCEDURES:

None.

CONSULTANTS:

Orthopedics, Dr. Ladwig.

CONDITION UPON DISCHARGE:

Stable.

ACTIVITY RESTRICTIONS:

As tolerated.

DIET:

An 1800 calorie diabetic diet.

HOSPITAL COURSE:

The patient is a 60-year-old female who suffered a fall after tripping on the sidewalk outside of the library.

1. Right distal fibular fracture seen by orthopedics and not a surgical candidate. They recommended patient wear a supportive boot for 4 weeks until they follow up with her at that time. The patient had skilled physical therapy and occupational therapy twice daily while she was admitted. Upon discharge, the patient is modified independent, and okay to climb her stairs with the use of the equipment for help.

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Rev 02/06

St Lukes Medical Center



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Milwaukee, WI

MRN: SLMC-01063885

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DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

Discharge Date: 07/31/2009

Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

H O S P I T A L D I S C H A R G E S U M M A R Y

We recommended continued home physical therapy and occupational therapy; however, due to insurance and history of falls with physical therapy, the patient reports that she believes she can do exercises on her and declines wishes for home PT and OT.

We did arrange for 1 PT, OT visit for initial safety evaluation after patient is discharged home. This will be provided her at no cost.

While admitted, the patient's pain was controlled with p.o. Percocet and Tylenol #3. She did have trouble with nausea when taking the Percocet; however, when divided into fractions, she was able to tolerate it well. She was given Protonix for gastric protection while given Toradol injections.

We kept the patient on her home Glyburide, Metformin and Actos once doses were discovered by the pharmacist. Prior to this, she was placed on a sliding scale of Insulin. She will continue home on her previous doses of Glyburide, Metformin and Actos.

The patient has a history of multiple falls with fractures, including her left femur and left ankle. She does not appear to have any neuropathy and sensation and proprioception are intact in bilateral feet. However, we do question some possible osteoporosis. We started her on calcium and Vitamin D supplementation and she should continue this as an outpatient. She should have a DEXA scan as an outpatient, her primary care physician can arrange this. For DVT prophylaxis, she was placed on subcutaneous Heparin.

FOLLOWUP INSTRUCTIONS:

Patient should not drive while wearing the boot and taking narcotics. She should continue wearing the boot until her 4-week follow up with Dr. Ladwig. He can be reached for appointment at 414-643-8800. She should follow up with her primary care physician at ProCare Clinic where she sees any available physician. This is located 27th and Lapham.

Reviewed

Amanda Cooper/ESA, MD 08/30/2009 19:04

Electronically Signed

13:32

Karunakar Nandalur/ESA, MD 09/23/2009

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Print Date: 9/10/2010

Print Time: 12:39 AM

Rev 02/06

St Lukes Medical Center



Aurora Health Care
Milwaukee, WI

MRN: SLMC-01063885

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Admit Date: 07/28/2009

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Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

H o s p D i s c h g S u m m

Dictating Provider
Amanda Cooper/ESA, MD

Signing Provider
Karunakar Nandalur/ESA, MD

AC/SEG (002942526)
d. 07/31/2009 11:42 P
t. 08/04/2009 8:31 A
Document #: 4145531

copies: Amanda Cooper/ESA, MD
Daniel A. Ladwig/ESA, MD
Karunakar Nandalur/ESA, MD

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St Lukes Medical Center



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Milwaukee, WI

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Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

H O S P I T A L D I S C H A R G E S U M M A R Y

Aurora Health Care Metro

ADMISSION DATE: 07/28/2009

DISCHARGE DATE:

DISCHARGE MEDICATIONS:

1. Actos/Metformin 15/500 take 1 tablet by mouth twice daily for diabetes.
2. Glyburide 5 mg by mouth twice daily for diabetes.
3. Tylenol #3 one tab by mouth 4 times per day as needed for pain.
4. Percocet 5/325 take 1-2 tabs every 4-6 hours as needed for pain, do not exceed 4 grams of Acetaminophen from all sources including Tylenol #3 and Percocet.
5. Senna 17.2 mg by mouth daily as needed for constipation.
6. Calcium/Vitamin D 6/400 mg, take 1 tablet by mouth twice daily for bone strength.

Reviewed

Electronically Signed

Amanda Cooper/ESA, MD 08/03/2009 14:26 Karunakar Nandalur/ESA, MD 09/23/2009
13:32

Dictating Provider

Signing Provider

Amanda Cooper/ESA, MD

Karunakar Nandalur/ESA, MD

AC/KSC (002940713)

d. 07/31/2009 1:39 P

t. 07/31/2009 1:55 P

Document #: 4142237

copies: Amanda Cooper/ESA, MD

Karunakar Nandalur/ESA, MD

As part of the discharge process, the hospital will provide a copy of this document to the patient.

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Print Time: 12:39 AM

Rev 02/06

R a d i o l o g y I m a g i n g D i a g n o s t i c

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Provider</u>
DX Ankle 3 View Min RIGHT	07/28/2009 00:30:08	DX-09-0589325	Seifert, Scott A

Reason for Exam

See other reason

DX Report

Ankle 3 views.

History: Fell, twisted ankle, pain.

Comparison: Nonc.

Findings: Three views of the right ankle demonstrate the presence of a transverse nondisplaced fracture of the distal fibula. There is soft tissue swelling in this region as well. No other fractures are evident. The ankle mortise appears intact. The visualized soft tissues are unremarkable.

Impression: Transverse nondisplaced fracture through the distal fibula.

This report was reviewed by a staff radiologist.

Dictated By: Kuntz, Rebecca
Dictated Date/Time 07/28/09 00:55:00
Electronically Signed By: Wenzel, Mark S

Signed Date/Time: 07/28/09 13:35:40

Resident/Radiology Extender: RK
Transcribed By:/Transcribed Date Time: DC , 07/28/09 10:25:43

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Provider</u>
DX Chest 2 View	07/28/2009 00:30:08	DX-09-0589311	Seifert, Scott A

Reason for Exam

See other reason

MRN: SLMC-01063885
Patient Name: HOEFLER, VIRGINIA
DOB: 05/19/1949
Case #: SLMC-21818161
Admit Date: 07/28/2009
Discharge Date: 07/31/2009
Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

R a d i o l o g y I m a g i n g D i a g n o s t i c

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Provider</u>
DX Chest 2 View	07/28/2009 00:30:08	DX-09-0589311	Seifert, Scott A

DX Report

CLINICAL HISTORY: Fall, injury.

TECHNIQUE: Frontal and lateral views were obtained.

COMPARISON: None.

FINDINGS: The cardiac and mediastinal silhouettes are within normal limits. The lungs are hypoinflated which accentuates the pulmonary vasculature. The lungs are clear. No pneumothorax or pleural effusions are seen.

IMPRESSION: No acute cardiopulmonary disease.
This report was reviewed by a staff radiologist.

Dictated By: Kuntz, Rebecca
Dictated Date/Time 07/28/09 00:44:00
Electronically Signed By: Wenzel, Mark S

Signed Date/Time: 07/28/09 13:35:40

Resident/Radiology Extender: RK
Transcribed By:/Transcribed Date Time: DC , 07/28/09 10:24:28


<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Provider</u>
DX Knee 4 View Min LEFT	07/28/2009 00:30:08	DX-09-0589324	Seifert, Scott A

Reason for Exam

See other reason

DX Report

Knee 4 views.

St Lukes Medical Center
 **Aurora Health Care**
Milwaukee, WI

MRN: SLMC-01063885
Patient Name: HOEFLER, VIRGINIA
DOB: 05/19/1949
Case #: SLMC-21818161
Admit Date: 07/28/2009
Discharge Date: 07/31/2009
Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

R a d i o l o g y I m a g i n g D i a g n o s t i c

<u>Exam</u>	<u>Exam Date/Time</u>	<u>Accession Number</u>	<u>Ordering Provider</u>
DX Knee 4 View Min LEFT	07/28/2009 00:30:08	DX-09-0589324	Seifert, Scott A

History: Knee pain following injury.

Comparison: None.

Findings: Four views of the left knee demonstrate postsurgical changes with the rod and screws in the femur. No acute fractures are seen. There is a well corticated density posterior to the distal femur which may represent an accessory ossicle. No joint effusion is seen. No radiopaque foreign bodies are present.

Impression: Postsurgical changes without acute findings.
This report was reviewed by a staff radiologist.

Dictated By: Kuntz, Rebecca
Dictated Date/Time 07/28/09 00:48:00
Electronically Signed By: Wenzel, Mark S

Signed Date/Time: 07/28/09 13:35:40

Resident/Radiology Extender: RK
Transcribed By:/Transcribed Date Time: DC , 07/28/09 10:24:50

FINAL CHART COPY

Print Date: 9/10/2010
Print Time: 12:39 AM
Rev 02/06

MRN: SLMC-01063885
 Patient Name: HOEFLER, VIRGINIA
 DOB: 05/19/1949
 Case #: SLMC-21818161
 Admit Date: 07/28/2009
 Discharge Date: 07/31/2009
 Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

A c c o u n t a b i l i t y

Documentation

Procedure	Units	Ref Range	Date Time	7/31/2009 11:00:00 AM	7/30/2009 8:01:00 PM
Routine Standards Maintained				Routine Standards Maintained	Routine Standards Maintained
Hours of Accountability - Start				7:30:00 AM	7:00:00 PM
Hours of Accountability - Finish				3:30:00 PM	7:00:00 AM

07/28/2009 10:10:00 Accountability:
 Task initiated with frequency of QShift after admit/transfer to unit.

Procedure	Units	Ref Range	Date Time	7/30/2009 9:31:00 AM	7/30/2009 3:52:00 AM
Routine Standards Maintained				Routine Standards Maintained	Routine Standards Maintained
Hours of Accountability - Start				7:00:00 AM	11:00:00 PM
Hours of Accountability - Finish				7:30:00 PM	7:00:00 AM

Procedure	Units	Ref Range	Date Time	7/29/2009 4:41:00 PM	7/29/2009 10:14:00 AM
Routine Standards Maintained				Routine Standards Maintained	Routine Standards Maintained
Hours of Accountability - Start				3:00:00 PM	7:00:00 AM
Hours of Accountability - Finish				11:00:00 PM	3:30:00 PM

Procedure	Units	Ref Range	Date Time	7/28/2009 10:41:00 PM	7/28/2009 11:52:00 AM
Routine Standards Maintained				Routine Standards Maintained	Routine Standards Maintained
Hours of Accountability - Start				7:30:00 PM	7:00:00 AM
Hours of Accountability - Finish				7:30:00 AM	7:30:00 PM

7/28/2009 11:52:00 AM Hours of Accountability - Finish:
 Corrected from 3:30:00 PM on 7/28/2009 12:03:24 PM by Schroeder, Brian A

St Lukes Medical Center



Aurora Health Care
Milwaukee, WI

MRN: SLMC-01063885
Patient Name: HOEFLER, VIRGINIA

DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

Discharge Date: 07/31/2009

Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

A c c o u n t a b i l i t y

Documentation

Procedure	Units	Ref Range	Date Time	7/28/2009 10:10:00 AM	7/28/2009 4:00:00 AM
Routine Standards Maintained				Routine Standards Maintained	Routine Standards Maintained
Hours of Accountability - Start				11:00:00 PM	11:00:00 PM
Hours of Accountability - Finish				7:30:00 AM	7:30:00 AM

B r a d e n S c a l e

Documentation

Procedure	Ref Range	Units	Date Time	7/28/2009 3:13:00 AM
Sensory Perception				Slightly Limited
Moisture				Occasionally Moist
Activity				Chairfast
Mobility				Slightly Limited
Nutrition - Braden				Adequate
Friction				No Apparent Problem
Braden Total Score				17

07/28/2009 03:13:00 Braden Scale KBNI:
Task initiated with frequency of ONCE after admit/transfer to unit.

FINAL CHART COPY

Print Date: 9/10/2010
Print Time: 12:39 AM
Rev 02/06

MRN: SLMC-01063885
 Patient Name: HOEFLER, VIRGINIA
 DOB: 05/19/1949
 Case #: SLMC-21818161
 Admit Date: 07/28/2009
 Discharge Date: 07/31/2009
 Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

C h e s t P a i n

Documentation

	Date Time	7/31/2009 4:00:00 PM	7/31/2009 12:32:00 PM	7/31/2009 8:24:00 AM	7/31/2009 8:15:00 AM	7/30/2009 10:00:00 PM
Procedure	Units	Ref Range				
Chest Pain Parameter			No	No	No	No

07/28/2009 08:10:00 Physical Assessment:
 Task initiated with frequency of CONTINUOUS after admit/transfer to unit.
 07/28/2009 04:55:00 Pain Management:
 Task initiated with frequency of CONTINUOUS after admit/transfer to unit.

	Date Time	7/30/2009 5:59:00 PM	7/30/2009 3:20:00 PM	7/30/2009 8:40:00 AM	7/30/2009 1:40:00 AM	7/29/2009 5:39:00 PM
Procedure	Units	Ref Range				
Chest Pain Parameter			No	No	No	No

7/30/2009 3:20:00 PM Chest Pain Parameter:
 Corrected from No on 7/30/2009 3:59:22 PM by Schroeder, Brian A

	Date Time	7/29/2009 8:30:00 AM	7/29/2009 6:05:00 AM	7/29/2009 2:25:00 AM	7/28/2009 11:46:00 PM	7/28/2009 11:30:00 PM
Procedure	Units	Ref Range				
Chest Pain Parameter			No	No	No	No

	Date Time	7/28/2009 8:21:00 PM	7/28/2009 3:40:00 PM	7/28/2009 8:10:00 AM	7/28/2009 4:55:00 AM	7/28/2009 3:30:00 AM
Procedure	Units	Ref Range				
Chest Pain Parameter			No	No	No	No

St Lukes Medical Center



Aurora Health Care
Milwaukee, WI

MRN: SLMC-01063885

Patient Name: HOEFLER, VIRGINIA

DOB: 05/19/1949

Case #: SLMC-21818161

Admit Date: 07/28/2009

Discharge Date: 07/31/2009

Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

P R O G R E S S N O T E

Progress Note

07/30/09 01:37 pm Performed by Bauza, Cynthia

Entered on 07/30/09 01:38 pm

Progress Notes

Progress Note Type

Progress Note IP

Other

Writer had asked patient if they wanted to wash up, patient had stated that they wanted to wash up before they go to bed tonight. RN notified, writer will let second shift aide know
Nursing

Progress Note Discipline Entering

FINAL CHART COPY

Print Date: 9/10/2010

Print Time: 12:39 AM

Rev 02/06

MRN: SLMC-01063885
 Patient Name: HOEFLER, VIRGINIA
 DOB: 05/19/1949
 Case #: SLMC-21818161
 Admit Date: 07/28/2009
 Discharge Date: 07/31/2009
 Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

Patient Education (Teaching)

Barriers to Learning Form

Procedure	Units	Ref Range	Date Time	7/31/2009 12:00:00 PM	7/30/2009 3:54:00 PM	7/30/2009 9:31:00 AM	7/29/2009 3:52:00 PM	7/29/2009 1:04:00 PM
Primary Language				English	English	English	English	English
Spiritual_Religious Factors				None	None	None	None	None

07/28/2009 11:52:00 Teaching Record - General Topic:
 Task initiated with frequency of CONTINUOUS after admit/transfer to unit.

Procedure	Units	Ref Range	Date Time	7/29/2009 10:14:00 AM	7/28/2009 5:06:00 PM	7/28/2009 3:38:00 PM	7/28/2009 11:52:00 AM
Primary Language				English	English	English	English
Spiritual_Religious Factors				None	None		None

Procedure	Units	Ref Range	Date Time	7/28/2009 3:46:00 AM	7/28/2009 3:13:00 AM
Primary Language				English	English
Spiritual_Religious Factors					None

07/28/2009 03:46:00 Social Services Consult:
 PLACEMENT.
 07/28/2009 03:13:00 Admission Adult History:
 Task initiated with frequency of ONCE after admit/transfer to unit.

General Topic Teaching Form

Procedure	Units	Ref Range	Date Time	7/31/2009 12:00:00 PM	7/30/2009 3:54:00 PM
General Preference for Learning				Observation, Verbal Yes	Observation, Verbal Yes
General Patient Ready to Learn					

MRN: SLMC-01063885
 Patient Name: HOEFLER, VIRGINIA
 DOB: 05/19/1949
 Case #: SLMC-21818161
 Admit Date: 07/28/2009
 Discharge Date: 07/31/2009
 Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

P a t i e n t E d u c a t i o n (T e a c h i n g)

General Topic Teaching Form

Procedure	Units	Ref Range	Date Time	7/31/2009 12:00:00 PM	7/30/2009 3:54:00 PM
General Teaching Learners				Patient	Patient
Med Mgmt Topic Initial				Pain scale/management	
Med Mgmt Learning Method Initial				Verbal	
Med Mgmt Teach Eval Initial				Verbalizes Understanding	
FuncSkill/Safety Topic Initial				Use of call light.	
FuncSkill/Safety Learn Method Initial				Verbal	
FuncSkill/Safety Teach Eval Initial				See Below	
FuncSkill/Safety Topic Reinforcement					Boot for ambulation
FuncSkill/Safe Learn Method Reinforce					Verbal
FuncSkill/Safety Teach Eval Reinforce					Verbalizes Understanding

7/31/2009 12:00:00 PM FuncSkill/Safety Teach Eval Initial
 Verbalizes Understanding, Demonstrates


07/28/2009 11:52:00 Teaching Record - General Topic:
 Task initiated with frequency of CONTINUOUS after admit/transfer to unit.

Procedure	Units	Ref Range	Date Time	7/30/2009 9:31:00 AM	7/29/2009 10:14:00 AM
General Preference for Learning				Observation, Verbal	Observation, Verbal
General Patient Ready to Learn				Yes	Yes
General Teaching Learners				Patient	Patient
Tx/Proc/Test Topic Initial					CAM boot
Tx/Proc/Test Learning Method Initial					Verbal
Tx/Proc/Test Teach Eval Initial					Verbalizes Understanding
Med Mgmt Topic Reinforcement				Pain med prior to PT	
Med Mgmt Learning Method Reinforce				Verbal	
Med Mgmt Teach Eval Reinforcement				Verbalizes Understanding	

Procedure	Units	Ref Range	Date Time	7/28/2009 5:06:00 PM	7/28/2009 11:52:00 AM
General Preference for Learning				Observation, Verbal	Observation, Verbal

FINAL CHART COPY

Print Date: 9/10/2010
 Print Time: 12:39 AM
 Rev 02/06

St Lukes Medical Center
 **Aurora Health Care**
 Milwaukee, WI

MRN: SLMC-01063885
 Patient Name: HOEFLER, VIRGINIA
 DOB: 05/19/1949
 Case #: SLMC-21818161
 Admit Date: 07/28/2009
 Discharge Date: 07/31/2009
 Pt. Loc/Type/Room: 3 NORTH-SLMC Inpatient E3233

P a t i e n t E d u c a t i o n (T e a c h i n g)

General Topic Teaching Form

Procedure	Units	Ref Range	Date Time	7/28/2009 5:06:00 PM	7/28/2009 11:52:00 AM
General Patient Ready to Learn				Yes	Yes
General Teaching Learners				Patient	Patient
FuncSkill/Safety Topic Reinforcement				Call light for needs	Call light for needs
FuncSkill/Safe Learn Method Reinforce				Verbal	Verbal
FuncSkill/Safety Teach Eval Reinforce				Verbalizes Understanding	Verbalizes Understanding

A U R O R A H E A L T H C A R E
 AURORA HEALTH CARE METRO
 PATIENT ACCOUNT - DETAIL

PAGE 1
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PATIENT NAME: HOEFLER, VIRGINIA

ACCOUNT NBR: 108609899-9208
 BILLING PERIOD: 07/28/09 09/09/10

BILL TO
 MS VIRGINIA HOEFLER
 APT 209N
 8541 S CHICAGO RD
 OAK CREEK WI 531543540
 USA

SRV DATE	REF NBR	DESCRIPTION	
07/28/09	00001500	STANDARD ROOM	849.25
07/27/09	15800020	UNIT DOSE	(QTY OF 0001) 0.00
07/27/09	15800300	CONTROLLED SUBSTANCE SCH III-V	(QTY OF 0001) 13.57
07/27/09	15800250	TETANUS/DIPHThERIA T	(QTY OF 0001) 120.45
07/28/09	00006844	NURSING MED/SURG PER DAY	(QTY OF 0001) 905.75
07/28/09	87886001	CHEST 2 VIEW AP & LAT	(QTY OF 0001) 209.50
07/28/09	87899001	KNEE COMPLETE 4 VIEW MIN LT	(QTY OF 0001) 434.25
07/28/09	87900501	ANKLE COMPLETE RT	(QTY OF 0001) 275.25
07/28/09	00083175	BASIC METABOLIC PANEL	(QTY OF 0001) 142.25
07/28/09	00090780	VENIPUNCTURE	(QTY OF 0001) 14.00
07/28/09	00097575	PLATELET, AUTOMATED	(QTY OF 0001) 62.00
07/27/09	92744819	ED LEVEL 4	(QTY OF 0001) 897.25
07/28/09	92744733	APPLY SPLINT SHORT LEG	(QTY OF 0001) 512.25
07/28/09	92745157	PULSE OXIMETRY, SINGLE	(QTY OF 0001) 38.25
07/29/09	00001500	STANDARD ROOM	849.25
07/28/09	15800020	UNIT DOSE	(QTY OF 0002) 0.00
07/28/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001) 27.58
07/28/09	15800250	MORPHINE INJ 2 MG/ML	(QTY OF 0001) 57.22
07/28/09	15800250	HEPARIN (PORK) INJ 5	(QTY OF 0015) 83.52
07/28/09	15800010	UNIT DOSE	(QTY OF 0001) 7.38
07/28/09	15800020	UNIT DOSE	(QTY OF 0002) 0.00
07/28/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001) 14.26
07/28/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001) 14.26
07/28/09	15800020	UNIT DOSE	(QTY OF 0001) 0.00
07/28/09	15800010	UNIT DOSE	(QTY OF 0002) 12.72
07/28/09	15800250	HEPARIN (PORK) INJ 5	(QTY OF 0015) 83.52
07/28/09	15800010	UNIT DOSE	(QTY OF 0001) 7.38
07/28/09	15800020	UNIT DOSE	(QTY OF 0002) 0.00
07/28/09	15800010	UNIT DOSE	(QTY OF 0001) 6.57
07/28/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001) 13.52
07/28/09	15800020	UNIT DOSE	(QTY OF 0001) 0.00
07/28/09	15800020	UNIT DOSE	(QTY OF 0002) 0.00
07/28/09	15800250	ONDANSETRON ODT 4 MG	(QTY OF 0001) 7.26
07/28/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001) 13.52
07/29/09	00006844	NURSING MED/SURG PER DAY	(QTY OF 0001) 905.75
07/29/09	00083175	BASIC METABOLIC PANEL	(QTY OF 0001) 142.25
07/29/09	00090780	VENIPUNCTURE	(QTY OF 0001) 14.00
07/29/09	00097575	PLATELET, AUTOMATED	(QTY OF 0001) 62.00
07/29/09	00038146	COUNTER-VISIT ORTHO OP	(QTY OF 0001) 0.00
07/29/09	00030850	WALKING BOOT, NON-PNEUMATIC	(QTY OF 0001) 438.25
07/29/09	92758805	COUNTER-THERAPY VISIT PT	(QTY OF 0001) 0.00

A U R O R A H E A L T H C A R E
 AURORA HEALTH CARE METRO
 PATIENT ACCOUNT - DETAIL

PAGE 2
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PATIENT NAME: HOEFLER, VIRGINIA

ACCOUNT NBR: 108609899-9208

SRV DATE	REF NBR	DESCRIPTION		
07/29/09	92742081	PHYSICAL THERAPY EVAL	(QTY OF 0001)	215.50
07/29/09	00094350	THERAPEUTIC EXER PT PER 15 MIN	(QTY OF 0001)	110.00
07/29/09	92758804	COUNTER-THERAPY VISIT OT	(QTY OF 0001)	0.00
07/29/09	92742083	OCCUPATIONAL THERAPY EVAL	(QTY OF 0001)	242.00
07/29/09	00096260	ADL/SELF CARE OT PER 15 MIN	(QTY OF 0001)	91.25
07/29/09	92758805	COUNTER-THERAPY VISIT PT	(QTY OF 0001)	0.00
07/29/09	00094640	GAIT TRAINING PT PER 15 MIN	(QTY OF 0002)	227.50
07/29/09	00037160	THERAP ACTIVITIES PT PER 15MIN	(QTY OF 0001)	101.50
07/30/09	00001500	STANDARD ROOM		849.25
07/29/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	13.52
07/29/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	14.26
07/29/09	15800250	ONDANSETRON ODT 4 MG	(QTY OF 0001)	7.26
07/29/09	15800010	UNIT DOSE	(QTY OF 0001)	6.57
07/29/09	15800020	UNIT DOSE	(QTY OF 0001)	0.00
07/29/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001)	27.58
07/29/09	15800010	UNIT DOSE	(QTY OF 0001)	6.60
07/29/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	13.52
07/29/09	15800010	UNIT DOSE	(QTY OF 0002)	12.72
07/29/09	15800250	HEPARIN (PORK) INJ 5	(QTY OF 0015)	83.52
07/29/09	15800010	UNIT DOSE	(QTY OF 0001)	7.38
07/29/09	15800010	UNIT DOSE	(QTY OF 0002)	51.20
07/29/09	15800020	UNIT DOSE	(QTY OF 0002)	0.00
07/29/09	15800010	UNIT DOSE	(QTY OF 0002)	13.14
07/29/09	15800010	UNIT DOSE	(QTY OF 0002)	12.88
07/29/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001)	27.58
07/29/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	13.52
07/29/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	13.52
07/30/09	00006844	NURSING MED/SURG PER DAY	(QTY OF 0001)	905.75
07/30/09	00087810	CBC W/AUTO DIFF	(QTY OF 0001)	58.75
07/30/09	00090780	VENIPUNCTURE	(QTY OF 0001)	14.00
07/30/09	00089120	URINALYSIS AUTO WITH MICRO	(QTY OF 0001)	81.25
07/30/09	00089470	CULTURE, URINE QUANTITATIVE	(QTY OF 0001)	62.00
07/30/09	92758805	COUNTER-THERAPY VISIT PT	(QTY OF 0001)	0.00
07/30/09	00094640	GAIT TRAINING PT PER 15 MIN	(QTY OF 0002)	227.50
07/30/09	00094350	THERAPEUTIC EXER PT PER 15 MIN	(QTY OF 0001)	110.00
07/30/09	92758804	COUNTER-THERAPY VISIT OT	(QTY OF 0001)	0.00
07/30/09	92758210	THERAP ACTIVITIES OT 15 MIN	(QTY OF 0001)	101.50
07/30/09	92758805	COUNTER-THERAPY VISIT PT	(QTY OF 0001)	0.00
07/30/09	00094640	GAIT TRAINING PT PER 15 MIN	(QTY OF 0002)	227.50
07/30/09	00037160	THERAP ACTIVITIES PT PER 15MIN	(QTY OF 0001)	101.50
07/29/09	00005760	GLUCOSE-METER METHOD	(QTY OF 0004)	81.00
07/30/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001)	27.58
07/30/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001)	27.58
07/30/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	13.52
07/30/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001)	27.58
07/30/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	13.52
07/30/09	15800010	UNIT DOSE	(QTY OF 0002)	12.72
07/30/09	15800250	HEPARIN (PORK) INJ 5	(QTY OF 0015)	83.52
07/30/09	15800010	UNIT DOSE	(QTY OF 0001)	7.38
07/30/09	15800010	UNIT DOSE	(QTY OF 0002)	51.20

A U R O R A H E A L T H C A R E
 AURORA HEALTH CARE METRO
 PATIENT ACCOUNT - DETAIL

PAGE 3
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PATIENT NAME: HOEFLER, VIRGINIA

ACCOUNT NBR: 108609899-9208

SRV DATE	REF NBR	DESCRIPTION	(QTY OF 0001)	6.42
07/30/09	15800010	UNIT DOSE	(QTY OF 0002)	0.00
07/30/09	15800020	UNIT DOSE	(QTY OF 0002)	13.14
07/30/09	15800010	UNIT DOSE	(QTY OF 0002)	12.88
07/30/09	15800010	UNIT DOSE	(QTY OF 0001)	27.58
07/30/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001)	14.26
07/30/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	14.00
07/31/09	00090780	VENIPUNCTURE	(QTY OF 0001)	62.00
07/31/09	00097575	PLATELET, AUTOMATED	(QTY OF 0001)	0.00
07/31/09	92758805	COUNTER-THERAPY VISIT PT	(QTY OF 0001)	113.75
07/31/09	00094640	GAIT TRAINING PT PER 15 MIN	(QTY OF 0001)	110.00
07/31/09	00094350	THERAPEUTIC EXER PT PER 15 MIN	(QTY OF 0001)	0.00
07/31/09	92758805	COUNTER-THERAPY VISIT PT	(QTY OF 0001)	110.00
07/31/09	00094350	THERAPEUTIC EXER PT PER 15 MIN	(QTY OF 0001)	113.75
07/31/09	00094640	GAIT TRAINING PT PER 15 MIN	(QTY OF 0001)	0.00
07/31/09	92758804	COUNTER-THERAPY VISIT OT	(QTY OF 0002)	182.50
07/31/09	00096260	ADL/SELF CARE OT PER 15 MIN	(QTY OF 0001)	101.50
07/31/09	92758210	THERAP ACTIVITIES OT 15 MIN	(QTY OF 0002)	40.50
07/30/09	00005760	GLUCOSE-METER METHOD	(QTY OF 0001)	27.58
07/31/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001)	27.58
07/31/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001)	27.58
07/31/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	14.26
07/31/09	15800250	KETOROLAC INJ 15 MG/	(QTY OF 0001)	27.58
07/31/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	14.26
07/30/09	15800040	CONTROLLED SUBSTANCE SCH II	(QTY OF 0001)	7.13-
07/28/09	15800250	HEPARIN (PORK) INJ 5	(QTY OF 0005)	27.84-
08/06/09	00559602	15% SELF PAY DISCOUNT		1894.49-
04/30/10	00003406	FINANCIAL AID ADJUSTMENT		10735.43-

REMIT TO
 AURORA HEALTH CARE METRO
 PO BOX 341100
 MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	12664.89
NEW PAYMENTS/CREDITS	12664.89-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA HEALTH CARE METRO

IF YOU HAVE ANY QUESTIONS CONCERNING THIS ACCOUNT PLEASE CONTACT:
 AURORA HEALTH CARE METRO PHONE: (414) 647-3147 OR 1-800-958-6202 320



DETAIL ACCOUNT PRINT OUT

ERMED SC

USER-ID.:3264

INITIALS.:CKP

11/17/2010

PO BOX 78012

MILWAUKEE, WI 532780012

(866)898-7139

***** 0026172888 *****

ACTUAL DTE OF SERV: 07/27/2009

NAME * VIRGINIA HOEFLER BDOS.....: 12/03/2009
R-PARTY * VIRGINIA HOEFLER DOB.....: 05/19/1949
ADDRESS * 2401 W ROGERS ST RP PHONE.: (414)460-9681
* MILWAUKEE, WI 53204

FAC 0595 * ST LUKE'S MEDICAL CENTER EMERGENCY DEPARTMENT
DOCTOR * SCOTT SEIFERT, MD PT SSN: XXX-XX-XXXX
TAX ID * [REDACTED] RP SSN: XXX-XX-XXXX

* NEXT BILLING DATE 3/23/2010
* FINANCIAL CLASS 0001 SELF PAY CYCLE # 06

INS-INFO * PRIMARY INS...:00000000 0000 REQUESTED: FILED:
* POLICY NUMBER :
* SECONDARY INS...:00000000 0000 REQUESTED: FILED:
* POLICY NUMBER :

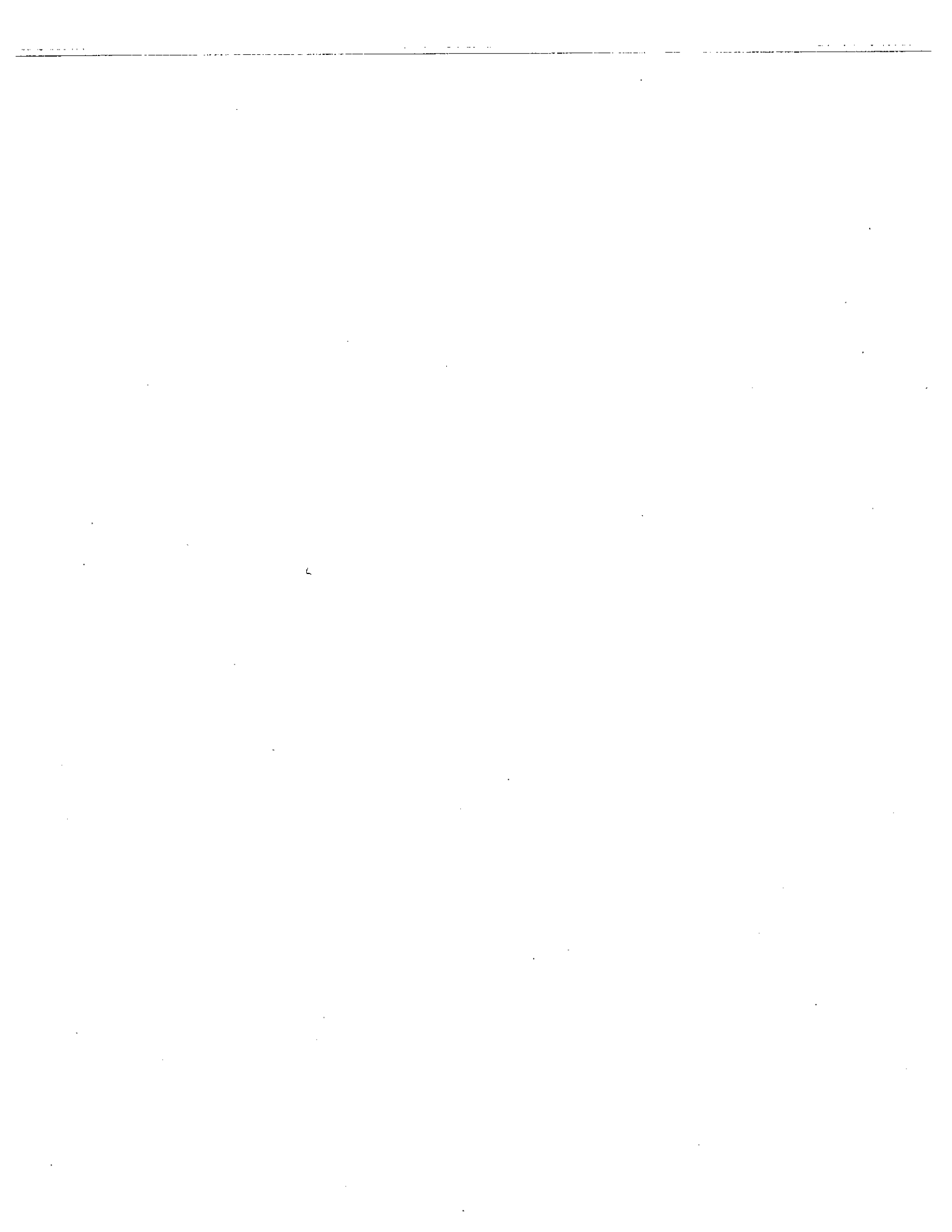
DIAGNOSIS * 824.8 845.00 922.1
TIME IN * 20:48 TIME OUT * 2:40 ADMITTED
CHRT LOC * MED REC NUMB :01063885

Table with columns: SEQ, ADOS, TYPE, PROC, AMOUNT, DIAG, DESC. Contains 5 rows of billing entries with dates, amounts, and descriptions like 'EMERGENCY DEPARTMENT VISIT' and 'SHORT LEG SPLINT'.

ACCOUNT BALANCE: \$.00

COLLECTION BALANCE: \$884.00

STATEMENT



MEDICAL BILL CERTIFICATION

The undersigned Billing Custodian of Milwaukee Radiologists hereby certifies that the attached pages are photocopies of the original bills maintained by our facility for treatment rendered between 07-27-2009 through Present (dates of treatment) of our patient: Virginia Hoefler. This certification is made pursuant to Section 908.03 (6), Wisconsin Statutes and is an accurate legible and complete duplication of said medical and or billing records.

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

In witness whereof, I have set my hand on this 24 day of September, 2010

Adam Micyra

Signature of the Records Custodian

Mc KESSON 44000 Garfield Rd. Clinton Twp. Michigan, 48083 Tel (586) 412-4000
ext. 4340 Fax (586) 412-4103 www.mckesson.com

MAM MILWAUKEE RADIOLOGISTS, LTD SC
PO BOX 78895
MILWAUKEE WI 53278-0895
PHONE#: 866/720-2504
TAX ID#: 39-1126363

***** S P E C I A L S T A T E M E N T *****
RESPONSIBLE PARTY:

VIRGINIA # HOEPLER DATE...: 09-24-10
2401 W ROGERS ST
MILWAUKEE WI 53204 ACCOUNT BALANCE: 0.00
SELPAY BALANCE: 0.00

PATIENT NAME: ACCOUNT NO.

VIRGINIA # HOEPLER 1903387.1

PLACE OF SERVICE: REFERRING DOCTOR:

ST LUKES MEDICAL CTR-IP SCOTT SEIFERT

----- T R A N S A C T I O N S -----
DATE QTY CODE SITE DESCRIPTION CHARGES

07-28-09 1 73610 AA ANKLE COMPLETE 47.00
07-28-09 1 73564 AA KNEE COMPLETE WITH OBLIQUE(S) 60.00
07-28-09 1 71020 AA CHEST TWO VIEWS 60.00
12-19-09 1 7700 Z COLLECTION WRITE-OFF -167.00
** ENCOUNTER TOTAL 0.00

BALANCE: 0.00





ASSOCIATION OF ORTHOPEDIC SURGEONS, LTD.

Orthopedic Surgery and Sports Medicine

St. Luke's Physicians Office Building
2801 West Kinnickinnic Parkway • Suite 575 • Milwaukee, Wisconsin 53215
17000 West North Avenue • Suite 201 E • Brookfield, Wisconsin 53005
Phone: 414-643-8800 • Fax: 414-643-6600

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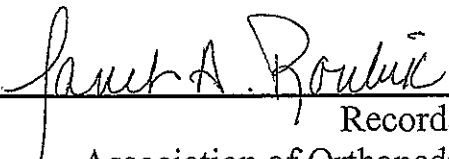
CERTIFICATION OF MEDICAL RECORDS

RE: Virginia Hoefler

I Janet A. Roubik, undersigned records custodian of the Association of Orthopedic Surgeons, LTD., do hereby certify that the enclosed pages submitted to Eisenberg, Riley & Zimmerman, are photocopies of the original **medical records** of the above-named patient between the dates of:

July 29, 2009 to August 21, 2009

This certification is made pursuant to Section 908.03, Wis., Stat. dated in Milwaukee, Wisconsin this 5 day of October, 2010.



Records Custodian
Association of Orthopedic Surgeons

Bindu S. Bamrah, M.D.
Christopher J. Evanich, M.D.
Brian A. McCarty, M.D.

Name: Haefler, Virginia Acct: 89745
Diagnosis: Rt fibula fx X-ray: _____
Referred By: St. Luke's Phone: _____
Insurance: 004 self pay

8/21/09

08-21-09

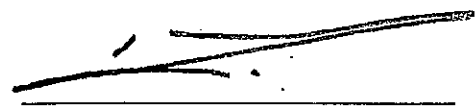
HISTORY OF PRESENT ILLNESS: Virginia is a 48-year-old female, seen previously at St. Luke's in consultation for a nondisplaced Weber-A right lateral malleolar fracture. She was placed into a boot.

Over this last interval period, she thinks that things have gotten perhaps a bit better. She still describes swelling and pain.

PHYSICAL EXAMINATION:]She is in her boot, but out of her boot today, she does have some minimal swelling. She still has some point tenderness at the tip of that lateral malleolus with a stable ankle. Maybe 50% of normal motion.

X-ray, today, AP, lateral and Mortise views, shows healing across that lateral malleolar fibular tip, Weber-A fracture site.

PLAN: At her own pace, she can begin to wean herself out of her 3-D boot. Obviously her fracture is very stable and is beginning to heal. Ice and elevation to further control swelling. She will see me back in about one month in reevaluation.



Daniel A. Ladwig, M.D.

DAL:jg
DT: 08/28/09

ASSOCIATION OF ORTHOPEDIC SURGEONS, LTD.

Orthopedic Surgery and Sports Medicine

2801 W. Kinnickinnic River Pkwy., #575
Milwaukee, Wisconsin 53215

17000 W. North Avenue, #201E
Brookfield, WI 53005

Phone: (414) 643-8800 / FAX: (414) 643-6600

Michael C. Collopy, M.D., Robert A. DiUlio, M.D., Daniel A. Ladwig, M.D.
Christopher J. Evanich, M.D., Brian A. McCarty, M.D., Bindu S. Bamrah, M.D.

RECOMMENDATIONS TO RETURN TO WORK

Patient Name: Virginia Shefler Date: 8/6/09

Last Appointment Date: 7/27/09

Next Appointment Date: 8/21/09

Diagnosis: R Distal fibula fracture

- This patient may return to work on 8/6/09 without restrictions.
- This patient may return to work on _____ with the restrictions outlined below:
- This patient is totally incapacitated, pending _____.
- This patient is currently working.

Restrictions:

- Avoid repetitive bending.
- Avoid repetitive twisting and turning.
- Avoid lifting over _____ pounds.
- Avoid repetitive overhead lifting, overhead pushing and pulling, and repetitive overhead work.
- Avoid repetitive twisting and turning with the R L arm.
- Avoid lifting with the R L arm.
- Alternate sitting and standing.
- Avoid excessive squatting, kneeling, and bending.
- Other: _____

Length of restrictions: _____

[Signature]
Attending Physician's Signature

Dave
164.8826

89745

864
8825

ASSOCIATION OF ORTHOPEDIC SURGEONS, LTD.

Orthopedic Surgery and Sports Medicine

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RECOMMENDATIONS TO RETURN TO WORK

Patient Name: Virginia Hoefler Date: 8/5/09
Last Appointment Date: 8/28/09
Next Appointment Date: 8/21/09
Diagnosis: Fractured Ankle

- This patient may return to work on _____ without restrictions.
- This patient may return to work on 8/6/09 with the restrictions outlined below:
- This patient is totally incapacitated, pending _____.
- This patient is currently working.

Restrictions:

- Avoid repetitive bending.
- Avoid repetitive twisting and turning.
- Avoid lifting over _____ pounds.
- Avoid repetitive overhead lifting, overhead pushing and pulling, and repetitive overhead work.
- Avoid repetitive twisting and turning with the R L arm.
- Avoid lifting with the R L arm.
- Alternate sitting and standing.
- Avoid excessive squatting, kneeling, and bending.

Other: sit down work / limit walking

Length of restrictions: for approx 6-8 weeks

Daniel Ladwig
Attending Physician's Signature

89745

Aurora Visiting Nurse Association
of Wisconsin

1333 W. National Avenue
Milwaukee, WI 53227

T (414) 327-2295
T (800) 862-2201
T (414) 328-4496

www.AuroraHealthCare.org

FAX - TELECOMMUNICATION LETTER



TO: Dr Ladwig LOCATION: _____
FAX NUMBER: 643-6600 DATE: _____
FROM: Lin Zuchowski PT NUMBER OF PAGES: _____

SENT FROM VNA FAX NUMBER:

- Team Assistants (414) 328-4494
- Intake/Referral (414) 290-2850
- After Hours Coord (262) 549-6113
- Medical Records (414) 328-4498
- Human Resources (414) 329-4956

- Payroll (414) 647-6020
- Zilber Hospice (888) 206-6955
- Hospice Highland (414) 328-4667
- Mobile Meals (414) 489-5511

SENT FROM AHMS/DME FAX NUMBER:

- AHMS/DME (414) 327-6965

- AHMS Pharmacy/Nursing (414) 328-4557

SENT FROM VNA OFFICES LOCATED AT:

- Lake Geneva (262) 249-5870
- South Shore (414) 489-4195
- Walnut (414) 374-7712

- Kettle Moraine (262) 369-4712
- Kenosha (262) 653-9368
- Jackson (262) 677-1451

COMMENTS:

Dr Ladwig - FYI we went to see Virginia Hoefler (DOB 5/19/49) @ her home on 8/1/09. She is managing safely and doesn't need Home Physical Therapy. I did ask our social worker to give her a call to suggest community resources to assist in her living situation - Lin Zuchowski

TRANSMISSION SENT BY: Lin Zuchowski 328-4484

*****IMPORTANT CONFIDENTIALITY NOTICE*****

The document(s) included in this facsimile transmission from the Visiting Nurse Association of Wisconsin contain information which may be confidential or legally privileged. These documents are intended only for the use of the individual or entity named on this cover sheet. If you or your firm are not the intended recipient and have received this transmission in error - YOU ARE HEREBY NOTIFIED THAT READING, COPYING, DISCLOSING, OR DISTRIBUTING these documents, or taking any action based on information contained within them is STRICTLY PROHIBITED, and to please notify us immediately by telephone.

89745 2

Aurora St. Luke's Medical Center
of Aurora Health Care Metro, Inc.
Milwaukee, WI

HOEFLER, VIRGINIA
000001-06-38-85
E3233
Karunakar Nandalur/ESA, MD
000021818161
DOB: 05/19/1949

Page 1

SPECIALTY CODE: 014

CONSULTING PHYSICIAN: Daniel A. Ladwig/ESA, MD

ADMIT DATE: 07/28/2009
CONSULTATION DATE:

The patient is a 60-year-old female. She was walking on Monday when she slipped and fell on an uneven or steady paver with a twisting type injury to her right foot and ankle, landing as well onto her left side. Greater than 1 year ago, she had an open reduction and internal fixation plating across the left supracondylar femur fracture performed by Dr. Zoltan. She reports having been bed bound and nonweightbearing for many months, although seemingly had rehab from that injury well. She reports a scraping and abrasion to her left knee and some pain and discomfort. She is at bed rest at this time with a posterior splint on her right lower extremity. On exam today, she is morbidly obese. With the brace off, there is some swelling and tenderness both medially and laterally about her right ankle, diminished ankle range of motion secondary to pain. Neurovascular examination is intact.

Plain film x-ray shows a very small chip fracture at the very distal aspect of the fibula consistent with an avulsion type Weber A fracture pattern. Her left femur shows postsurgical changes with a locked AO plate. There are no new fractures are identified. There are some mild degenerative changes across her knee. Clinically her knee is swollen and ecchymotic. She is able to maintain a straight leg raise. She can actively flex it to about 50-60 degrees having some tenderness and pain beyond that. She seemingly has no instability across that knee. At this time, I am going to put her into a boot across that right lower extremity. She may be weightbearing as tolerated across both right and left legs. I will take the opportunity to order physical therapy as well.

Unreviewed Pending Signature

Dictating Provider
Daniel A. Ladwig/ESA, MD

DAL/ssk (002929792)

CONSULTATION
4139325

Send To: Daniel A. Ladwig/ESA, MD

**Aurora St. Luke's Medical Center
of Aurora Health Care Metro, Inc.
Milwaukee, WI**

**HOEFLER, VIRGINIA
000001-06-38-85
E3233
Karunakar Nandalur/ESA, MD
000021818161
DOB: 05/19/1949**

Page 2

d. 07/29/2009 8:59 A
t. 07/29/2009 9:07 A
Document #: 4139325

copies: Daniel A. Ladwig/ESA, MD
Karunakar Nandalur/ESA, MD

**CONSULTATION
4139325**

Send To: Daniel A. Ladwig/ESA, MD



ASSOCIATION OF ORTHOPEDIC SURGEONS, LTD.

Orthopedic Surgery and Sports Medicine

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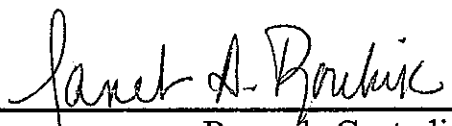
**CERTIFICATION OF MEDICAL
BILLING STATEMENT**

RE: Virginia Hoefler

I Janet A. Roubik, the undersigned records custodian of the Association of Orthopedic Surgeons, LTD., do hereby certify that the enclosed/attached pages being submitted to Eisenberg, Riley & Zimmerman, S.C., are the original **medical billing** between the dates of :

July 28, 2009 to September 23, 2010

This certification is made pursuant to Section 908.03, Wis., Stat. dated in Milwaukee, Wisconsin this 5 day of October, 2010



Records Custodian
Association of Orthopedic Surgeons

Date: 10-05-10
Time: 10:23:12

ASSOCIATION OF ORTHOPEDIC SURGEONS LTD
Patient History (Applied View)

Page: 1

Chart #89745
HOEFLER, VIRGINIA\$\$
2401 W ROGERS ST

SSN# [REDACTED]
DOB 05-19-49

ASSOCIATION OF ORTHOPEDIC SURGEO
2801 W KK RIVER PKWY 575

MILWAUKEE, WI 53204
Home-(414) 460-9681

From
To 10/05/10

MILWAUKEE, WI 53215-5200
Practice-(414) 643-8800

Procedure Description

T	Date	Code	Prov	Chg	Amount	R	IB	Balance	Fam.Bal	Ins.Bal	Carr	PaySrc
	Check #				Pay/Cr							

TREATMENT DIST FIB/LAT MALLEOLUS FX

C	07-28-09	27786	004	833.00	N NN			0.00	0.00	0.00		
P	08-21-09	PPAT	004	-20.00	N							PATNT
		1005										
CA	02-19-10	COLL	004	-813.00	N							

X-RAY ANKLE COMPLETE MINIMUM 3 VIEWS

C	08-21-09	73610	004	150.00	N NN			0.00	0.00	0.00		
CA	02-19-10	COLL	004	-150.00	N							

COPIES

C	09-23-10	COPIES	004	23.59	N NN			0.00	0.00	0.00		
P	09-24-10	PATTY	004	-23.59	N							PATNT
		027638										

	Charges	Receipts	Debits	Credits	Balance
Patient:	1006.59	-43.59	0.00	-963.00	0.00
Insurance:	0.00	0.00	0.00	0.00	0.00

TOTALS:	1006.59	-43.59	0.00	-963.00	0.00