

<p>Case Number: [REDACTED]</p> <p>Alias: [REDACTED]</p> <p>Medical History: Cause of injury MVA; thyroid nodule; toxic encephalopathy, unspecified; traumatic head injury; traumatic subarachnoid hemorrhage; traumatic subarachnoid hemorrhage with loss of consciousness; alcohol intoxication delirium; cystic acne; history of abnormal pap smear; left eyebrow laceration; right breast lump; toxic encephalopathy unspecified;</p> <p>Surgical History: US right breast biopsy 2021; elbow surgery 2004; lumpectomy breast 2021; tooth extraction; mammogram bilateral diagnostic 2021</p> <p>Allergies: Kelflex (skin rash or hives; penicillin's class (anaphylaxis 2170301 pg 262)</p> <p>Current Medications: Acetaminophen 500 mg tab; fluoxetine 20 mg cap; clindamycin phosphate 1% topical solution; tretinoin 0.05% topical cream; ciprofloxacin</p> <p>Alcohol use: Yes 3 standard drinks or equivalent per week; 1.8 ounces per week; 2/12/24 trauma admission, intoxicated pedestrian hit by car</p> <p>Updated Last:</p>	
Details	PDF Reference
<p>Date: 2/12/24</p> <p>Provider: [REDACTED] MD</p> <p>Exam: X-ray forearm left 1 or 2 views. Impression: No significant osseous abnormality of the left forearm</p>	<p>[REDACTED] pg 38, 91/92</p>
<p>Date: 2/12/24</p> <p>Provider: [REDACTED] MD</p> <p>Exam: X-ray hand left 3 or more views. Impression: No significant osseous abnormality of the left hand</p>	<p>[REDACTED] pg 38, 92/93</p>
<p>Date: 2/12/24 unit dispatched 0813; unit arrived 0818; hospital arrival 0826</p> <p>Provider: [REDACTED]</p> <p>Complaint: Traumatic brain injury, primary symptom is hemorrhage/bleeding. [REDACTED] AOS (arrived on scene) to find a 31-year-old female lying on ground. Patient was a pedestrian walking across the street, was struck by car on left side of body. Bystanders called 911 after patient was on the ground and unconscious. Passenger side (car) broken mirror and slarring windshield.</p> <p>Exam: Alert and oriented x3 (person, place and time), MAE x4 (moves all extremities), PMS x4 (pulse, motor, and sensory). Initially confused upon arrival, loss of consciousness for approximately 30 seconds, back pain. Patient did have tequila today. No recall of event has small laceration two (to) left</p>	<p>[REDACTED] pg 273</p>

<p>eyebrow, denies chest pain, shortness of breath, nausea, denies recent illness or injuries. Stroke scale negative.</p>	
<p>Date: 2/12/24 0827 Provider: [REDACTED] MD Complaint: Auto pedestrian. EMS Report and Review: This patient apparently was struck by a car up onto the windshield, splintered windshield and it was unclear if she lost consciousness. They report that she had fairly stable vitals prior to arrival and had evidence of head injury and was placed into c-collar. History of Present Illness: This is a 31-year-old female who states that she does not exactly recall what happened but was hit by a car. She complains of left-sided facial pain. The patient states she does not have any chronic medical problems except for depression. She takes fluoxetine. She denies other medications. She states she is allergic to penicillin. The patient works as a bartender. Exam: General: The patient appears somnolent. She does not appear in severe pain or distress. HENT: Very slight left facial soft tissue swelling is present. The patient has a very small laceration to the left lateral eyebrow without active bleeding. No gross bony step-off around the orbit. Extraocular movements intact. Oropharynx is clear. Eyes: Extraocular muscles are intact, pupils are equal, round, and reactive. Neck: No midline tenderness to palpation, no step-off. The patient is nonetheless maintained in line stabilization with C-spine precaution. Thoracoabdominal: Clear lungs, atraumatic chest wall, soft abdomen without tenderness. Extremities: No edema or deformity; full range of motion at all major joints without pain. Neurological: Cranial nerves 2-12 are grossly intact; moving all extremities. Very concerning mechanism of injury with closed head injury. Per my review of the interpretation from radiology, the patient has an intracranial bleed. Diagnoses: Traumatic intracerebral hemorrhage with unknown loss of consciousness status, unspecified laterality initial encounter; pedestrian injured in traffic accident involving motor vehicle initial encounter New orders: Transfer care to trauma services [REDACTED]</p>	<p>[REDACTED] pg 41</p>
<p>Date: 2/12/24 0844 Provider: ED quick updates (no provider noted) Patient medicated for nausea. Xrays in progress</p>	<p>[REDACTED] pg 170</p>
<p>Date: 2/12/24 0845 Provider: [REDACTED] DO Complaint: Laceration repair.</p>	<p>[REDACTED] pg 55/205</p>

<p>Pre-procedure diagnosis: 1.5 cm left eyebrow laceration</p> <p>Post-procedure diagnosis: 1.5 cm left eyebrow laceration</p> <p>Procedure performed: Laceration repair</p> <p>Surgeon: [REDACTED] MD [REDACTED] MD</p> <p>Procedure details: The wound area was irrigated with sterile saline and draped in a sterile fashion. Local anesthesia: Lidocaine 1% with epinephrine. The wound was explored with the following results: No foreign bodies found. Debridement: completed The wound was repaired with 2 interrupted 5-0 Prolene for the skin. The wound was cleansed and antibiotic ointment was applied. The patient tolerated procedure well without major complication.</p>	
<p>Date: 2/12/24 0858 Provider: ED quick updates (no provider noted) Patient tremulous. Dr. Simpson aware.</p>	<p>[REDACTED] pg 170</p>
<p>Date: 2/12/24 0902 Provider: [REDACTED] MD Exam: CT thoracic and lumbar spine without contrast. Impression: No acute finding.</p>	<p>[REDACTED] pg 37</p>
<p>Date: 2/12/24 0902 Provider: [REDACTED] MD Exam: CT chest abdomen pelvis with contrast. Impression: No acute finding. 2. Mild fatty infiltration involving the liver and mild hepatomegaly</p>	<p>[REDACTED] pg 38/96</p>
<p>Date: 2/12/24 0902 Provider: [REDACTED] MD Exam: CT cervical spine without contrast. Impression: 1. No evidence for fracture or subluxation. 2. Incidental finding of a 2.1 x 1.3 cm left thyroid lobe lesion. Ultrasonography of the thyroid gland is recommended.</p>	<p>[REDACTED] pg 38/95</p>
<p>Date: 2/12/24 0902 Provider: [REDACTED] MD Exam: CT head without contrast. Impression: 1. Subarachnoid blood within the bilateral frontal lobes. This case was discussed with the trauma team.</p>	<p>[REDACTED] pg 38/94</p>
<p>Date: 2/12/24 0929</p>	<p>[REDACTED] pg 37/100</p>

<p>Provider: [REDACTED] MD</p> <p>Exam: CT facial bones without contrast. Impression: No acute facial fractures</p>	
<p>Date: 2/12/24 1137</p> <p>Provider: [REDACTED] MD</p> <p>Complaint: The physical exam and the assessment and plan have been independently performed by me and I have edited the note above as needed. I agree with and verify the findings and plan. I spent at least 30 minutes of critical care time evaluating the patient, coordinating care with the team and consultants, interpreting lab and radiographic results and discussion with the family. This patient has the above listed critical care diagnoses that remain a threat to the patient's life or could cause severe disability. Patient is a 31-year-old female who was a pedestrian struck by auto at approximately 25 miles an hour this morning. Patient denies loss of consciousness. Patient had a left eyebrow laceration was washed out and repaired in the trauma bay. Workup revealed small bifrontal subarachnoid hemorrhages. Plan to admit for serial neurologic exams, repeat head CT in 6 hours and Keppra for seizure prophylaxis. Tertiary exam, social work consult and PT OT. Plan for CIWA (clinical institution withdrawal assessment) protocol given history of regular alcohol consumption. Amelia Simpson MD</p> <p>New orders: Hold ABO/Rh confirmation, blood pregnancy screen, BMP, activated PTT, prothrombin time INR, CBC with differential daily, CMP daily, ethanol blood, Tdap vaccine, ondansetron 4 mg injection, omnipaque 350 mg as needed for contrast, neuro checks STAT and as needed</p>	<p>[REDACTED] pg 43</p>
<p>Date: 2/12/24 1137</p> <p>Provider: [REDACTED] DO</p> <p>Complaint: Facial pain, back pain. This is a 31-year-old female who was struck this morning as peds versus auto while crossing a crosswalk. Vehicle was going approximately 25 mph when struck her, and she rolled over windshield. Currently complains of back pain, nausea, and laceration to left face. Patient admits to alcohol use recently, notes normal bowel use 1 drink per day. C-collar placed in the field. Patient denies additional symptoms at this time. Noted that patient believes she may have been walking her dog at time of incident.</p> <p>GCS: 15</p> <p>Review of systems: ENT ROS: Left facial pain, Gastrointestinal ROS: Nausea, Musculoskeletal ROS: Back pain</p> <p>Neurological ROS (review of systems0: Headache Comments: 1.5 cm laceration above left eyebrow.</p> <p>Neck: Comments: In c-collar. Comments: T and L-spine nontender.</p> <p>Comments: Left hand abrasions/contusion to left dorsal hand and dorsal forearm, right hand abrasions, softball sized abrasion mid thoracic, lateral thigh abrasion. Tender to palpation over mid thoracic abrasion, small right cheek linear abrasion. Neurological:</p>	<p>[REDACTED] pg 43</p>