

GARFIELD MEDICAL CENTER
525 N. GARFIELD AVE, MONTEREY PARK, CA 91754
(888) 214-3874

PATIENT NO: 828887 ADMIT DT/TIME: 12/15/18 16:12 M/R NO: 00457523
ROOM/BED: ER01B DISCH DT/TIME: 12/15/18 20:25 BY: DEG
STAY/SUB TYP: 3 00 SERVICE CODE: 65 ER PRV/ADM:

PATIENT NAME: GAN, HONG DOB: 12/06/1968
(Last Name) (First Name)
PT ADDRESS: 1919 TWIN AVE PT ADDRESS 2:
CITY/STE/ZIP: SAN GABRIEL CA 91776 AGE: 50
PT EMAIL: PT DOESNT HAVE EMAIL
BIRTHPLACE: CHINA SEX: F RACE: 4
PHONE: 626-235-9275 RLG: NO ADV/DIR: N
SPOUSE: LANG: eng MS: S

EMER CONTACT: GAN LIXIAN REL: SON
ADDRESS: H PHONE: 626-283-7031
ADDRESS 2: W PHONE: 626-283-7031
CITY/STE/ZIP:

GUARANTOR: GAN HONG PHONE: 626-235-9275
ADDRESS 1: 1919 TWIN AVE
ADDRESS 2:
CITY/STE/ZIP: SAN GABRIEL CA 91776 OCCUPATION:
EMPLOYER: NONE EMPLOYER PHONE:

ATTEND PHYS: CONNER RALPH E PHONE: 626-307-2129
REFERRAL PHYS: PHONE:
ALTERN PHYS: PHONE:

PRIMARY INS: MEDICARE PART AB O/P POLICY NUMBER: 510068521A
BILL CO NAME: MEDICARE PART AB O/P AUTHORIZATION:
BILL ADDRESS: PO BOX 1602 FINANCIAL CLASS: MB1
CITY/STE/ZIP: OMAHA, NE 681011602 BILL PHONE:
GROUP NAME: PART AB GROUP #:
INSURED: GAN HONG SEX/REL: F 18
EMPLOYER: NONE DOB: 12/06/68
ADDRESS: EMPLOYER PHONE:
CITY/STE/ZIP: EID/ESC: P 3
SECONDARY INS: AHMC RECIPROCITY SR HSMSO - POLICY NUMBER: 105000118501
BILL CO NAME: AHMC RECIPROCITY SR HSMSO - AUTHORIZATION:
BILL ADDRESS: 100 N STONEMAN AVE #202 FINANCIAL CLASS: RO4
CITY/STE/ZIP: ALHAMBRA, CA 91801 BILL PHONE:
GROUP NAME: ALLIED PAC GROUP #:
INSURED: GAN HONG SEX/REL: F 18
EMPLOYER: NONE DOB: 12/06/68
ADDRESS: EMPLOYER PHONE:
CITY/STE/ZIP: EID/ESC: P 3

ADMIT DIAGNOSIS: Pain in left lower leg

COMMENTS: BIB AUTO PREF ENGLISH

requested on 13th (1/3/19)

NURSES NOTES / VS / SEPSIS / DISPOSITION FORM

Rev. 10.8.18

Current Date: 121518

Current time: 1643

Page 1 of 2

Patient Information

Last Name: GAN First Name: HONG Middle Name:
 Account Number: 828887 MR #: 00457523 Room #: ER01B Date of Admission: 121518
 Date of Birth: 12061968 Gender: F Age: 50 Attending Physician: CONNER RAL
 Patient's preferred language for healthcare discussions: English

VITAL SIGNS

Time	T (Fahrenheit)	BP	MAP	HR	RR	O2 Sat (%)	O2 method	Rhythm	Pain Level Wong Baker (_/10) i	Pain Level Non Verbal / FLACC (___ / 10)
1835	98.2	128/72		84	18	98	RA	NSR	0	
										<input type="checkbox"/> more VS

Use the following legend for Vital Signs (if applicable):

RA - Right Arm LA - Left Arm RL - Right Leg LL - Left Leg
 SIT - Sitting STA - Standing LYI - Lying OTH - Other (Document on Nurses Notes)
 O - Oral A - Axillary R - Rectal T - Tympanic

SEPSIS SCREENING ○ Adult ● Pediatrics

1. Suspected or confirmed infection? (Pneumonia, empyema, UTI, acute abdomen, meningitis, skin infection, bloodstream/catheter infection, implantable device infection). Yes No

2. Systemic Inflammatory Response Syndrome (SIRS): (at least 2 out of 4 meets criteria)

- Yes Temperature > 100.9 F (38.3 degrees Celsius) or < 96.8F (36 degrees Celsius)
- Yes Heart rate: >= 90 bpm
- Yes Respiratory rate: > 20 bpm or PaCO2 <32 mm Hg
- Yes WBC <4000 or >12,000 or BANDS >10% (if available)

- None

Did patient meet sepsis criteria? Yes No

Sepsis Screening Completed By: KKISS RN

Date: 121518 Time: 1635

POC GLUCOSE VALIDATION TEST EVALUATION

All patients admitted to GMC meeting one of the following criteria on admission or change of status will be evaluated with POC Glucose Validation Test to establish POC testing validity.

1. Screen patient on the following B.R.A.V.E. criteria upon admission or change of status (Check all that

apply):

B	Blood Pressure	<input type="checkbox"/> Systolic blood pressure <80mmHg or <input type="checkbox"/> Mean arterial pressure <50mmHg
R	Reduced Capillary Refill Rate	<input type="checkbox"/> > 3 seconds
A	Acidosis from DKA, HONK	<input type="checkbox"/> Diabetic Ketoacidosis (DKA) <input type="checkbox"/> Hyperosmolar Non-Ketoacidosis (HONK)
V	Vasopressors (IV Only)	<input type="checkbox"/> Any dose of norepinephrine, phenylephrine, or vasopressin <input type="checkbox"/> Epinephrine at a dose greater than or equal to 0.06 mcg/kg/min <input type="checkbox"/> Dopamine greater than 5 mcg/kg/min
E	Edema at collection site	<input type="checkbox"/> Pitting edema <input type="checkbox"/> Blue or purple discoloration

Was there any B.R.A.V.E criteria noted above? Yes No

- 1) No POC Glucose Validation Test Required
- 2) Use Accucheck for POC Glucose per policy
- 3) Repeat this evaluation if patient status deteriorates or subsequent result is not consistent with patient's clinical condition.

Time to Tx Area: 1632

Time	NURSES NOTES
1635	PT BIB SELF C/O LEFT CALF SWELLING, REDNESS AND WOUND SINCE 12/3. PT DENIES PAIN AND FEVER. PT AMB TO GURNEY. VSS. AAOX4. MD TO SEE. ORDERS TO FOLLOW. WILL CONT. TO MONITOR. KAK RN.
1835	PT CALM AND COMFORTABLE IN BED. AWAITING VENOUS U/S RESULTS. VSS. WILL CONT. TO MONITOR PT. KAK RN.
2025	PT DISCHARGED GIVEN INSTRUCTIONS AND PRESCRIPTION. VSS. IV D/C'D. ALL QUESTIONS ANSWERED. KAK RN.
2027	AFTER SIGNING DISCHARGE PAPERS AND HAVING IV D/C'D, PT DECIDED TO ASK IF SHE CAN STAY IN THE ER BED FOR THE NIGHT. AFTER FURTHER QUESTIONS, PATIENT STATES SHE HAS NOWHERE TO GO TO SLEEP. CN CHRIS NOTIFIED AND HOUSE SUP SUNI ALSO. PER HOUSE SUP, PT NOTIFIED TO WAIT IN LOBBY TO WAIT FOR SOCIAL WORKER SINCE SHE IS OFFICIALLY D/C'D AND CANNOT OCCUPY AN ER BED. PT COOPERATIVE AND WILL WAIT IN LOBBY FOR SW. KAK RN.
	<input type="checkbox"/> more nurses notes

-----> DISPOSITION ON NEXT

Patient Name: GAN HONG

Account Number: 828887

Date of Birth: 12061968

 STROKE MEDICATION -

Please document under CQM Documentation if Antithrombotic Medication not given in ER

 DISPOSITION: ADMIT DISPOSITION: TRANSFER TO ANOTHER FACILITY (Go to Health History > Referral/Transition of Care) DISPOSITION: DISCHARGEDischarge to: Home AMA Eloped LWBS Custody Pt to follow up with PMD ExpiredDischarge by: Walk Wheelchair Crutches Carried IV discontinued / Cath Intact Ambulance BLS ALS Medics

Accompanied by: SELF

Name of Transporting Ambulance:

Discharge Diagnosis: LEG CRAMPS

Discharge Instructions given to pt/family/SO: Yes NoBelongings: None Glasses Dentures Hearing Aid Sent with patient

Comments:

NOTE: All children under 8 years of age or under 4'9" must be given "Child Safety Seats" ACI from Evident.

 MEDICATION RECONCILIATION ED DEPARTURE AND VITAL SIGNS

Date: 121518 (MMDDYY) Time: 2025 (HHMM)

All patients must have Vitals Signs recorded 30 minutes prior to discharge/transfer

BP: 122/81 P: 86 RR: 18 T: 98.2 O2 SAT (%): 99 Pain Level: 0 /10

The following must be completed for all adult patients that have an SBP>120mmHg and DBP >80mmHg:

 MD/NP/PA informed of the BP result ACI Instructions provided to follow up w/ primary MD within the next 3 months to obtain basic health screening including reassessment of BP

Discharge/Transfer LVN:

Discharge / Transfer RN: KKISS RN

Rev 082818

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525 N. GARFIELD AVENUE
MONTEREY PARK, CA 91754

CARDIOPULMONARY SERVICES

Name:	GAN HONG	Acct. Number:	828887	Admit Physician:	CONNER RAL
Age:	50	MR Number:	00457523	Ordering Physician:	
DOB:	12/06/1968	Sex:	F	Patient Type:	E/R
Phone Num:	626/235/9275	Discharge Date:	12/15/18	Room Number:	ER01B

Unsigned Transcriptions are Preliminary reports and do not represent
Medical or legal documents.

VENOUS STUDY COMPLETE 93998 COMPLETE:12/17/18 06:26 EG 91096
Reason for Procedure R/O DVT

Exam Date: 12/15/2018

PROCEDURE: LEFT LOWER EXTREMITY VENOUS DUPLEX SCAN

REASON FOR STUDY: Suspect deep vein thrombosis on this 50-year-old female.

TECHNIQUE: Using gray scale, color flow Doppler with spectral wave form analysis, multiple images were acquired on the left lower extremity venous system including the common femoral, femoral, popliteal and posterior tibial veins.

FINDINGS: There is normal spontaneous and phasic flow demonstrated at all levels. Compression response shows good augmentation. All veins are fully compressible.

CONCLUSION:

1. LEFT LOWER EXTREMITY VENOUS DUPLEX STUDY REVEALS NO EVIDENCE OF DEEP VEIN THROMBOSIS.

TOM THAO YEH, M.D.

Dict.: DCTINITS

Dict. Date/Time: 12/18/2018 01:10

Transcriptionist Inits/Date/Time: TXINITS TXDATE

Job #: 795144

Electronically Signed by:

DCTNAME, RADCREC, on SIGNDATE

<<REPDIS>>

Reported Date/Time: 01/14/19 9:02
MEDICAL DIRECTOR
ARTHUR H. WILLIAMS, MD

Garfield Medical Center
525 N GARFIELD AVENUE
MONTEREY PARK, CA 91754
LABORATORY -- COMPARATIVE REPORT

PAGE 1
CLIA# 05D0563735

LACUMV2

NAME.: GAN HONG
ACCT#: 828887
ROOM.: ER01B DISCH 12/15/18 - NO PENDING ORDERS
ADMIT: 12/15/18

SEX.....: F
AGE.....: 50 Y
DOB.....: 12/06/1968
PAT. PHONE: 6262359275
MR#.....: 00457523

ATTENDING: CONNER RALPH E
SECOND...:
PRIM CARE.:

HEMATOLOGY

Collect Dt/tm	121518 1700	REFERENCE	
		RANGE	UNITS
Report Dt/tm:	121518 1930		
WBC	4.9	4.8 -	10.8 x10 ³
RBC	3.69 L	3.90 -	5.20 x10 ⁶
HEMOGLOBIN	10.7 L	12.0 -	15.6 g/dL
HEMATOCRIT	32.5 L	35.0 -	46.0 %
MCV	88.1	79.0 -	98.0 fL
MCH	29.0	27.0 -	32.0 pg
MCHC	32.9	32.0 -	36.0 g/dL
RDW	13.6	11.0 -	15.0 %
PLATELETS	325	150 -	400 10 ³
MPV	8.5	7.4 -	10.4 fL
%NEUT	65.9	40.0 -	74.0 %
%LYMPH	21.6	20.5 -	51.1 %
%MONO	9.0	3.4 -	9.0 %
%EOS	2.9	0.9 -	2.9 %
%BASO	0.6	0.0 -	1.5 %
#NEUT	3.2	2.2 -	7.0 10 ³
#LYMPH	1.0 L	1.3 -	2.9 10 ³
#MONO	0.4	0.3 -	0.8 10 ³
#EOS	0.1	0.0 -	0.2 10 ³
#BASO	0.0	0.0 -	0.1 10 ³
MANUAL DIFF	NOT INDICATED		
RBC MORPH	NOT INDICATED		

CHEMISTRY

Collect Dt/tm	121518 1700	REFERENCE	
		RANGE	UNITS
Report Dt/tm:	121518 1926		
SODIUM	138	135 -	146 mmol/L
POTASSIUM	3.6	3.5 -	5.3 mmol/L
CHLORIDE	102	95 -	108 mmol/L
CO2	25	22 -	29 mmol/L
ANION GAP	15	5 -	15
GLUCOSE	83	70 -	100 mg/dL
BUN	18	8 -	21 mg/dL
BUN/CREAT	18.0	6.0 -	25.0
CREATININE	1.0	0.5 -	1.4 mg/dL
GFR	59 L	61 -	220 Below
GFRAA	71	61 -	220 Below
CALCIUM	9.3	8.5 -	10.5 mg/dL

KEY

GFR = ESTIMATED GFR NON-AFRICAN AMERICAN

GFRAA = ESTIMATED GFR AFRICAN AMERICAN

MEDICAL DIRECTOR
 ARTHUR H. WILLIAMS, MD

LACUMV2

NAME.: GAN HONG
 ACCT#: 828887
 ROOM.: ER01B DISCH 12/15/18 - NO PENDING ORDERS
 ADMIT: 12/15/18

SEX.....: F
 AGE.....: 50 Y
 DOB.....: 12/06/1968
 PAT. PHONE: 6262359275
 MR#.....: 00457523

ATTENDING: CONNER RALPH E
 SECOND...:
 PRIM CARE.:

CHEMISTRY

REPORTING UNITS = mL/min/1.73 square meters

ESTIMATED GFR VALUES ABOVE 60 SHOULD BE INTERPRETED AS
 ">60 ml/min/1.73 square meters"

PLEASE NOTE:
 IT IS NOT ALWAYS SUITABLE TO ASSESS KIDNEY FUNCTION USING
 ESTIMATED "GFR" IF CREATININE AND BUN ARE NORMAL.

ESTIMATED "GFR" CAN HELP TO MONITOR PATIENTS ALREADY
 DIAGNOSED WITH CKD OR TO DETECT CKD AMONG THOSE WITH
 RISK FACTORS SUCH AS DIABETES, CARDIOVASCULAR DISEASE,
 OR FAMILY HISTORY OF KIDNEY DISEASE.

GFR INTERPRETATION

VALID FOR PATIENT 18 YEARS AND OLDER

- GFR > = 90 Normal or Stage 1 chronic renal disease w/ normal GFR
 - GFR 60 - 89 Stage 2 chronic renal disease (mild)
 - GFR 30 - 59 Stage 3 chronic renal disease (moderate)
 - GFR 15 - 29 Stage 4 chronic renal disease (severe)
 - GFR < 15 Stage 5 kidney failure (Am kidney Dis 2002 39(supp 2)
- SI 8426

COAGULATION

	Collect Dt/tm	Report Dt/tm:	REFERENCE	
			RANGE	UNITS
PROTIME	121518 1700	121518 1911	11.5 - 14.2	sec
PTT			25 - 37	sec
INR			0.85 - 1.16	

NOTE
 FOR HEPARIN MONITORING ORDER ANTI-XA ASSAY.

INR THERAPEUTIC GUIDELINES

International Normalized Ratio

- 1) Routine oral anticoagulation therapy 2.0-3.0
- 2) Oral anticoagulant therapy for recurrent systemic embolism 2.5-3.5
- 3) Oral anticoagulant therapy for patients with mechanical heart valves 2.5-3.5

ER Physician Note

Nursing VSS were reviewed by me.

Medical Screening Examination (MSE) Date: 12/15/2018 Time: 1728

By: RALPH CONNER, DO

CHIEF COMPLAINT: left calf pain

HPI: 50 yo F presents to the ER complaining of left calf pain since 12/3/2018. She developed some kind of skin infection causing redness, calf swelling, and blisters at that time which seems to getting better with her antibiotic regimen, however her left calf continues to have pain she describes as burning and tightness. Patient is concerned she may have a blood clot which prompted her to come to the ER. Denies fever, night sweats, chill s, SOB. She has not tried taking anything for pain.

RN notes reviewed.

PAST MEDICAL HISTORY: left calf pain

PAST SURGICAL HISTORY: None

FAMILY HISTORY: None

SOCIAL HISTORY: No smoking, No Alcohol, No Drugs

ALLERGIES: Please refer to electronic charting for drug allergies

REVIEW OF SYSTEMS:

GENERAL: no fever, chills, night sweats

EXTREMITIES: POS left calf pain and swelling

All other systems reviewed and are negative except as per history of present illness.

VITALS:

BMI: 23.03 12/15/2018 16:26

BSA: 1.62 12/15/2018 16:26

Blood Pressure: 124/61 SITTING R ARM 12/15/2018 16:26

O2 Saturation: 99 % 12/15/2018 16:26

Pulse: 113 BRACHIAL 12/15/2018 16:26

Respiration: 20 12/15/2018 16:26

Temperature: 98.7 F 37.1 C ORAL 12/15/2018 16:26

Weight: 130 lbs (58.97 kg, 58967 g) 12/15/2018 16:26

Height: 63.00 12/15/2018 16:26

PHYSICAL EXAM:

INITIAL VITAL SIGNS: Reviewed by me.

GENERAL: Alert and interactive. No acute distress.

HEAD: Head is normocephalic and atraumatic.

ER Physician Note

EYES: EOMI. PERRL. No scleral icterus. No conjunctival injection.
ENT: Moist mucosa. No tonsillar swelling or exudate. Uvula is midline.
NECK: Supple. Full range of motion. Trachea is midline. No meningismus. No JVD. No anterior cervical chain lymphadenopathy.
RESPIRATORY: Normal respiratory effort. Clear breath sounds bilaterally. No wheezing, rales, or rhonchi.
CV: Regular rate and rhythm. Normal S1 S2. No S3 or S4. No murmurs.
ABDOMEN: Soft, non-distended, non-tender. No guarding. No rebound. No masses. Normal active bowel sounds. No McBurney's tenderness or Murphy's tenderness.
BACK: No CVA tenderness. No midline tenderness. No muscle tenderness. No ecchymoses. No evidence of trauma.
EXTREMITIES: Left calf scar formation with swelling. No clubbing. 2+ dorsal pedal pulses and radial pulses bilaterally. Full range of motion of all extremities.
SKIN: Warm and dry. No obvious rash or petechiae.
NEUROLOGIC: Alert and oriented x 4. Speech is normal. Moves all extremities equally. No motor or sensory deficits noted.
PSYCHIATRIC: No depression. No suicidal ideation. No emotional problems.

PULSE OX MONITORING: Pulse oximetry is normal, interpreted by myself.

VENOUS STUDY: Negative for DVT. Interpreted by US tech.

MEDICAL DECISION/PROCEDURES/ER COURSE:

Pt with left calf pain. Venous study negative for DVT. Will discharge patient.

INITIAL ASSESSMENT AND PLAN:

The differential diagnosis includes but is not limited to: DVT

CLINICAL IMPRESSION:

1. left leg pain

CONSULTATION:

Doctor called at: .

PATIENT DISPOSITION: Discharge to home

Disposition Date: 12/15/2018

Disposition Time: 2015

DISCHARGE:

Condition at discharge: Stable

RETURN PRECAUTIONS: I discussed the results of all tests and my findings and answered all questions. Prior to discharge, I reevaluated the patient and spent some time at bedside answering all their questions and concerns. I also told the patient that my conclusions and clinical impressions of their visit are only definitive to the extent

Patient Name: GAN HONG
MR#: 00457523 DOB: 12/06/1968
Account Number: 828887
Time Entered: 12/15/2018 17:27
Time Last Amended: 12/15/2018 19:12

ER Physician Note

of the information gathered and available at this time. Therefore, I advised and stressed that the patient ought to follow up with a primary doctor as soon as possible or return to the ER immediately for any worsening of the condition or if there are any concerns. Patient discharged in stable condition with written return instructions for precautions relative to their main presentation.

I, Emily Ellis, personally scribed the services dictated to me by RALPH CONNER, DO on 12/15/2018 at 2015

I, RALPH CONNER, DO, personally performed the services entered into the medical record by the scribe on 12/15/2018. I have reviewed and verify that all information is true, accurate, and complete.

Electronically Signed By: EMILY ELLIS (SCRIBE) 12/15/2018 20:17:44

Electronically Cosigned By: RALPH E CONNER, MD 01/01/2019 00:59:58