

**ORIGINAL** IN THE COURT OF CLAIMS OF OHIO

FILED  
COURT OF CLAIMS  
OF OHIO  
2016 JAN -6 AM 10:25

PAUL JOHNSON, :  
 :  
 Plaintiff, :  
 :  
 v. : Case No. 2012-08907

**OHIO DEPARTMENT OF  
REHABILITATION AND CORRECTION**  
 :  
 Defendant. : **Magistrate Anderson M. Renick**

**MEDIATION STATEMENT OF PLAINTIFF PAUL JOHNSON**

**A. STATEMENT OF THE FACTS:**

Plaintiff Paul Johnson was an inmate incarcerated in the Allen Correctional Institution, on August 14, 2012, subject to the custody and control of the Defendant, Ohio Department of Rehabilitation and Correction. On August 14, 2012, Plaintiff was assigned as a kitchen worker in the Allen Correctional Institution, as a utility worker.

On August 14, 2012, Paul Johnson was ordered to slice cheese, a duty he was not trained to do. Paul Johnson was not sure if the safety guard was on the slicer. A supervisor watched him use the equipment, but did not tell him to stop using the slicer in an unsafe way. Paul Johnson's fingers were caught in the blade, cutting the tips off of two of his fingers. An inmate worker in the area saved the fingers in ice and they were reattached.

Magistrate Renick stated in his Decision, at page 5:

Fetters testified that her duties included supervising inmate workers, and she specifically admitted that she was responsible for ensuring that inmates who operated the slicer used the proper guards. Fetters acknowledged that she observed plaintiff using the slicer without the pivoting guard and that the proper use of the guard would have protected against the injury plaintiff sustained. Based upon the evidence, the court finds that Fetters allowed plaintiff to operate the slicer in a hazardous manner and that such operation created a foreseeable and unreasonable risk of harm to plaintiff. Accordingly, the court finds that defendant breached its duty of reasonable care to protect

plaintiff from harm by failing to properly supervise him and allowing him to use the slicer without the guard in place.

However, the Magistrate concluded Johnson was guilty of contributory negligence in the amount of 40%.

Paul Johnson was transported to the Ohio State University Medical Center (OSU) on August 14, 2012, and arrived at 4:42 p.m. The emergency room report, page 4 of the medical record, describes his condition as follows:

Paul Johnson is a 44 y.o. male with a h/o CAD and HTN who presents after getting his fingers sliced in cheese slicer at corrections facility this afternoon. Patient reports that at approx. 3:00 p.m. today he was slicing cheese and his gloved hand got sucked into the slicer cutting off the tips of his 4th and 5th digits. He reports "significant blood loss" He reports lightheadedness and dizziness since the incident. He report continued pain in the hand despite 1 mg dilaudid.

The OSU medical records, attached as Exhibit "A", at page 4, indicate he was initially taken to St. Rita's Hospital in Lima, Ohio, who referred him to OSU for a hand specialist. Page 11 of the OSU medical records describes the procedure used in treatment of Paul Johnson, as follows:

A/P: 44 y.o. male prisoner, LHD with partial amputations of left small and ring fingers with volar soft tissue loss, no fracture after a cheese slicer accident.

- tetanus in ED
- ancef
- volar soft tissue amputated portions were transported with the patient in normal saline and gauze and on ice (in a separate bag as the ice). This was used in the ED as a full thickness skin graft to the sites of soft tissue loss after de-fattening the skin grafts and removing the attached nail plates/matrix. The fingers were fully irrigated with sterile NS and the skin grafts sutured in place with 5-0 plain gut suture. Sterile dressing with adaptic was applied.
- ulnar gutting splint applied to LUE
- NWB LUE
- keflex for d/c for 10 days
- follow up at the next upcoming CMC hand clinic.

The above was discussed with Dr. Klinefelter and he is in agreement.

Chris McCarthy, MD  
Orthopaedic Surgery

Page 12 of the OSU medical record describes the procedure, in detail, as follows:

The patient's left hand was prepped and draped with betadine in the appropriate fashion in the OSU Emergency Department. The ring and small finger volar soft tissue loss amputated pieces were also prepped with betadine and cleansed with sterile normal saline. The ring and small finger wound beds were irrigated copiously with sterile normal saline. The autologous full thickness skin grafts were meticulously debrided of subcutaneous fat with scissors and 15 blade scalpels. The amputated portions of nail bed and plates were removed from the skin grafts. The skin grafts were then placed over their respective wound beds and sutured in place with 5-0 plain gut suture. Once adequate cosmetic fit was achieved, the grafts were gently cleansed once again with sterile normal saline and dressed with adaptic gauze followed by sterile dressing an ulnar gutter splint in intrinsic plus position.

Chris McCarthy, MD  
Orthopaedic Surgery

St. Rita's Hospital medical records detail their treatment, at pages 112 to 114, which are attached as Exhibit "B".

Paul was seen by Tolga Gursel, MD, of Harper Surgery on March 18, 2015, and the doctor's impression was, at page 2:

IMPRESSION: Status post composite graft to left small and ring fingers, well-healed with sensitivity. The patient was counseled on range of motion exercises and desensitizing maneuvers. I have also written a formal consultation with occupational therapy for desensitization and mobilization of the joints and soft tissues. The patient needs rehabilitation and then reevaluation in 3 months.

Dr. Gursel's report is attached hereto as Exhibit "C".

Mr. Johnson, in July of 2015, went to EPIC Primary Care, who saw him and reported:

PAUL R. JOHNSON was a patient in the EPIC PC DETROIT practice on 07/23/2015. PAUL cannot return to work at this time because he does not have functional grip of the left hand. He will need anual evaluations for progression of symptoms.

The physical therapy records are attached as Exhibit "D"

Paul did go for physical therapy at DMC Rehabilitation Institute of Michigan in April of 2015. The records document his visits and show stiffness, loss of sensation and tingling.

The defense had Paul Johnson evaluated by James E. Popp, M.D. Dr. Popp found no incapacity in the hand, but in his impression said, at page 3:

...Given the etiology of the injury and this gentleman's functional examination today, I do not have any objective reason to think that he does not have a fully functioning hand. Obviously, his ring and small fingers probably sustained some significant nerve injury on the ulnar digits and could always have some dysesthesias on the ulnar side of the ring and small fingers, but he did not have any composite grafts or surgery on the radial side of the ring and small fingers, for which, he does not have any sensation either. Therefore, I am at a loss to explain why he has some significant dysfunction subjectively to his hand. I do not believe the dysfunction of his hand is related to the injury that he sustained from the cheese slicer.

Apparently significant nerve damage and loss of sensation in his fingers do not count as a disability. Paul Johnson will articulate that he has a significant impairment since it does cause loss of sensation, affects his grip, and his wrist.

**B. DAMAGES AND EXHIBITS**

- 1.) Defendant has paid for some of his prison medical care. There are possible claims by providers for care; and
- 2.) The medical records referred to are attached as Exhibits "A", "B", "C" and "D".

**C. NEGOTIATIONS**

Plaintiff demanded \$45,000.00 for settlement and the State responded with less than \$10,000.00.

**D. PLAINTIFF'S POSITION**

Paul Johnson has limited ability. He can no longer do heavy labor because of a heart condition and now, what work he can do, is limited by loss of sensation and nerve involvement that affects his use of his hand.

The nerve damage is irreversible, as well as loss of sensation. Paul has an uncomfortable and partially unusable left hand and even with the reduction, is entitled to a

substantial award.

Respectfully submitted,



**By: RICHARD F. SWOPE (#0000605)**  
Swope and Swope - Attorneys at Law  
6480 East Main Street, Suite 102  
Reynoldsburg, Ohio 43068  
Telephone: (614) 866-1492  
Telefax: (614) 864-5553  
Attorneys for Plaintiff Paul Johnson

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing Mediation Statement was served upon Brian Kneafsey and James P. Dinsmore, Assistant Attorneys General, Court of Claims Defense, 150 East Gay Street, 18th Floor, Columbus, Ohio 43215, by regular U.S. mail, postage prepaid, on the 4th day of January, 2016.



**By: RICHARD F. SWOPE (#0000605)**  
Swope and Swope - Attorneys at Law  
Attorneys for Plaintiff Paul Johnson

**EXHIBIT "A"**

The Ohio State University Wexner Medical Center

Johnson, Paul (MRN970644306)

**Patient Demographics**

Name	Patient ID	SSN	Sex	Birth Date
Johnson, Paul	970644306	xxx-xx-2027	Male	11/30/67 (46 yrs)
Address	Phone	E Mail	Employer	
ACI#A637985 LIMA OH 45802	419-227-8000 (H)		INMATE	
County	Occupation	Emp Status		
ALLEN	-	<b>Not Employed</b>		
Reg Status	PCP			
Verified	Other: Franklin Medical Center Zone A (Cmc)614-445-5960			
Marital Status				
Single				

**Hospital Account**

Name	Acct ID	Class	Status	Primary Coverage
Johnson, Paul	1235539	Emergency	Closed	ODRC - ODRC

**Guarantor Account (for Hospital Account #1235539)**

Name	Relation to Pt	Service Area	Active?	Acct Type
Johnson, Paul	Self	OSUHS	Yes	Personal/Family
Address	Phone			
ACI#A637985 LIMA, OH 45802	419-227-8000(H)			

**Coverage Information (for Hospital Account #1235539)**

F/O Payor/Plan	Precert #	
ODRC/ODRC		
Subscriber	Relation to Pt	Subscriber #
Johnson, Paul	Self	A637985
Grp #	Group Name	
ACI		
Address	Phone	
Policy Number		
A637985		
Subscriber Emp	Emp Phone	Emp Address
INMATE		

**Admission Information**

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
		Emergency	08/14/12 2008
Discharge Date/Time	Hospital Service	Auth/Cert Status	Service Area
08/15/12 0223	EMERGENCY	Incomplete	OSU Wexner Medical Center
Unit	Room/Bed	Admission Status	Referring Provider
EMERGENCY MED RHODES	RE02/RE02	Discharged (Confirmed)	
Diagnosis			

<b>Paul Johnson</b> 8/14/2012 8:08 PM Hospital Encounter MRN: 970644306	<b>Description:</b> 44 year old male <b>Department:</b> Rhodes Emergency <b>Department</b>
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**Admission Information**

Attending Provider	Admitting Provider	Admission Type	Admission Date/Time
		Emergency	08/14/12 2008
Discharge Date	Hospital Service	Auth/Cert Status	Service Area
08/15/12	EMERGENCY	Incomplete	OSU Wexner Medical Center
Unit	Room/Bed	Admission Status	
EMERGENCY MED RHODES	RE02/RE02	Discharged (Confirmed)	

**Discharge Information**

Discharge Provider	Date/Time	Disposition	Destination
(none)	08/15/12 0223	Court/Law Enforcement	(none)

**Allergies as of 8/15/2012**

No Known Allergies

Reviewed On: 8/14/2012 By: Latisha Stein, RN

**Immunizations Administered on Date of Encounter - 8/15/2012**

None Given

Never Reviewed

**Medical History as of 8/14/2012**

Diagnosis	Date
HTN (hypertension), malignant	
CAD (coronary artery disease) s/p stents	
GERD (gastroesophageal reflux disease)	
HLD (hyperlipidemia)	
COPD (chronic obstructive pulmonary disease)	
Depressive disorder, not elsewhere classified	
Antisocial personality	

**Surgical History as of 8/14/2012**

Procedure	Laterality	Date
CATHETERIZATION HEART LT W/ LV & CORONARY ANGIO		12/15/2011
Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH		
TRANSCATH PLACEMENT STENT PERCUTANEOUS INTRACORONARY SINGLE VESSEL		12/15/2011
Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH		
TRANSCATH PLACE STENT DRUG ELUTING PERC INTRACORONARY SINGLE VSL		12/15/2011
Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH		
CATHETERIZATION HEART LT W/ LV & CORONARY ANGIO		7/16/2012
Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH		
ANGIOPLASTY BALLOON PERCUTANEOUS CORONARY SINGLE VESSEL		7/16/2012
Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH		
THROMBECTOMY PERCUTANEOUS CORONARY		7/16/2012
Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH		
CATHETERIZATION HEART LT W/ LV &		8/2/2012

**Surgical History as of 8/14/2012 (continued)**

Procedure	Laterality	Date
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**CORONARY ANGIO**

Laterality: N/A; Surgeon: Konstantinos D Boudoulas, MD;; Location: OSU ROSS

CATH

**DOPPLER VELOCITY**

8/2/2012

**INTRAVASC/CORONARY FLOW RSRV**

**MEASURE W/ ANGIO 1ST VSL**

Laterality: N/A; Surgeon: Konstantinos D Boudoulas, MD;; Location: OSU ROSS

CATH

**Family Medical History as of 8/14/2012**

Problem	Relation	Age of Onset
Lipid Disorder	Mother	
Hypertension	Mother	
Other - Specify	Father	
Lipid Disorder	Father	
Hypertension	Father	

**Hospital Problems as of 8/15/2012**

Date Reviewed: 8/2/2012

None

**ED Records**

**ED Arrival Information**

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type	Arrival Complaint
8/14/2012 17:45	8/14/2012 20:08	3=Urgent	State Vehicle	Corrections Officer	EMERGENCY	Emergency	LACERATION OF LEFT HAND DIGITS

**ED Disposition**

Discharge Follow-up:

e

Call as soon as possible at next CMC Hand Clinic

Avoid weight bearing in left hand

**ED Notes**

ED Notes signed by Vickie Smith, RN at 8/14/2012 4:45 PM

Author:	Vickie Smith, RN	Service:	EMERGENCY	Author Type:	Registered Nurse
Filed:	8/14/2012 4:45 PM	Note Time:	8/14/2012 4:42 PM		

PT IN LIMA ED . PRESENTED WITH LACERATIONS OF 4TH, 5TH DIGITS. ( CUT DOWN TO BONE). HAND WAS CAUGHT IN CHEESE SLICER. DR. KLINFELTER REQUESTED PT BE SENT TO ED. DR. ZELENSKI NOTIFIED.

Electronically signed by Vickie Smith, RN on 8/14/2012 4:45 PM

ED Notes signed by Kimberly Plants, RN at 8/14/2012 5:50 PM

Author:	Kimberly Plants, RN	Service:	(none)	Author Type:	Registered Nurse
Filed:	8/14/2012 5:50 PM	Note Time:	8/14/2012 5:49 PM		

Lima Mem, ancef, zofran, dilaudid and DT given, vss, medic, K Plants RN

Electronically signed by Kimberly Plants, RN on 8/14/2012 5:50 PM

ED Notes signed by Latisha Stein, RN at 8/14/2012 8:18 PM

Author:	Latisha Stein, RN	Service:	(none)	Author Type:	Registered Nurse
Filed:	8/14/2012 8:18 PM	Note Time:	8/14/2012 8:14 PM		

Pt sliced off the tips of his 4th & 5th digits on his left hand today while slicing cheese. Tips of fingers at bedside on ice. Pt evaluated at St Ritas and sent her to see hand surgeon. Tetanus, Zofran, Dilaudid, and Ancef 1 g given pta.

Electronically signed by Latisha Stein, RN on 8/14/2012 8:18 PM

ED Provider Notes signed by Thomas J Hagele, MD at 8/15/2012 1:59 AM

Author:	Thomas J Hagele,	Service:	EMERGENCY	Author Type:	Resident
	MD				
Filed:	8/15/2012 1:59 AM	Note Time:	8/14/2012 8:25 PM		
Related Notes:	Original Note by Thomas J Hagele, MD filed at 8/14/2012 11:12 PM				

**EMERGENCY DEPARTMENT ENCOUNTER**

**CHIEF COMPLAINT**

Hand Injury

**HPI**

Paul Johnson is a 44 y.o. male with a h/o CAD and HTN who presents after getting his fingers sliced in cheese slicer at corrections facility this afternoon. Patient reports that at approx. 3:00pm today he was slicing cheese and his gloved hand got sucked into the slicer cutting off the tips of his 4th and 5th digits. He reports "significant blood loss" He reports lightheadedness and dizziness since the incident. He report continued pain in the hand despite 1mg dilaudid.

The patient was originally taken to outside facility where he received tetanus shot, ancef, and Zofran.

**PAST MEDICAL HISTORY**

**Past Medical History**

Diagnosis	Date
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**ED Records (continued)**

**ED Notes (continued)**

- HTN (hypertension), malignant
- CAD (coronary artery disease)  
s/p stents
- GERD (gastroesophageal reflux disease)
- HLD (hyperlipidemia)
- COPD (chronic obstructive pulmonary disease)
- Depressive disorder, not elsewhere classified
- Antisocial personality

**SURGICAL HISTORY**

**Past Surgical History**

Procedure	Date
• Catheterization heart lt w/ lv & coronary angio <i>Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH</i>	12/15/2011
• Transcath placement stent percutaneous intracoronary single vessel <i>Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH</i>	12/15/2011
• Transcath place stent drug eluting perc intracoronary single vsl <i>Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH</i>	12/15/2011
• Catheterization heart lt w/ lv & coronary angio <i>Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH</i>	7/16/2012
• Angioplasty balloon percutaneous coronary single vessel <i>Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH</i>	7/16/2012
• Thrombectomy percutaneous coronary <i>Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH</i>	7/16/2012
• Catheterization heart lt w/ lv & coronary angio <i>Laterality: N/A; Surgeon: Konstantinos D Boudoulas, MD;; Location: OSU ROSS CATH</i>	8/2/2012
• Doppler velocity intravasc/coronary flow rsrv measure w/ angio 1st vsl <i>Laterality: N/A; Surgeon: Konstantinos D Boudoulas, MD;; Location: OSU ROSS CATH</i>	8/2/2012

**CURRENT MEDICATIONS**

**Current Outpatient Rx**

Name	Route	Sig	Dispense	R
• CARVEDILOL 25 MG PO TABS	Oral	take 1 Tab by mouth 2 times daily with meals.	60 Tab	1
• CLOPIDOGREL BISULFATE 75 MG PO TABS	Oral	take 1 Tab by mouth daily.	30 Tab	0
• IBUPROFEN 800 MG PO TABS	Oral	take 1 Tab by mouth every 6 hours as needed.	120 Tab	0
• ISOSORBIDE MONONITRATE CR 30 MG PO TAB XL	Oral	take 3 Tabs by mouth daily.	30 Tab	0
• LISINOPRIL 40 MG PO TABS	Oral	take 1 Tab by mouth daily.	30 Tab	0
• HYDROCHLOROTHIAZIDE 12.5 MG PO CAPS	Oral	take 50 mg by mouth daily.		
• POTASSIUM CHLORIDE 20 MEQ PO PACK	Oral	take 10 mEq by mouth daily.		

**ED Records (continued)**

**ED Notes (continued)**

- PRAVASTATIN SODIUM 40 MG Oral PO TABS take 80 mg by mouth daily.
- OMEPRAZOLE 20 MG PO CAP Oral DR take 40 mg by mouth daily.
- ASPIRIN 325 MG PO TABS Oral take 325 mg by mouth daily.
- FENOFIBRATE 145 MG PO Oral TABS take 145 mg by mouth daily.
- AMLODIPINE BESYLATE 10 MG PO TABS Oral take 10 mg by mouth daily.
- ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS Inhalation take 1 Puff by inhalation every 6 hours as needed. Every 4-6 hours PRN wheezing
- FLUTICASONE-SALMETEROL 250-50 MCG/DOSE IN AEPB Inhalation take 1 Puff by inhalation every 12 hours.

**ALLERGIES**

No Known Allergies

**FAMILY HISTORY**

**Family History**

Problem	Relation	Age of Onset
• Lipid Disorder	Mother	
• Hypertension	Mother	
• Other - Specify	Father	
• Lipid Disorder	Father	
• Hypertension	Father	

**SOCIAL HISTORY**

**History**

Social History	
• Marital Status:	Single
Spouse Name:	N/A
Number of Children:	N/A
• Years of Education:	N/A

Social History Main Topics	
• Smoking status:	Former Smoker -- 1.0 packs/day for 20 years
Quit date:	09/20/2011
• Smokeless tobacco:	Never Used
• Alcohol Use:	No
<i>h/o ETOH use, none current</i>	
• Drug Use:	No
<i>h/o THC and cocaine, none current</i>	
• Sexually Active:	Not on file

Other Topics	Concern
• Not on file	

**ED Records (continued)**

**ED Notes (continued)**

**Social History Narrative**

*incarcerated*

**REVIEW OF SYSTEMS**

**General:** Denies fevers, chills, or weight loss.

**HENT:** Denies headache, rhinorrhea, congestion, or sore throat

**Eyes:** Denies photophobia, vision changes, or discharge.

**Cardiac:** Denies chest pain or palpitations.

**Resp:** Denies dyspnea, SOB, or cough.

**Abd:** Denies abdominal pain, nausea, vomiting, or diarrhea. Denies hematochezia or melena.

**GU:** Denies dysuria, urinary frequency, or hematuria.

**MSK:** Denies lower extremity swelling, myalgias, back pain, neck pain, or joint pain

**Neuro:** Denies weakness, numbness, or tingling.

**Psych:** Denies depression or anxiety

**PHYSICAL EXAM**

**VITAL SIGNS:** Blood pressure 140/92, pulse 85, temperature 97.8 degrees F (36.6 degrees C), temperature source Oral, resp. rate 18, SpO2 98.00%.

**Constitutional:** Well developed, Well nourished, No acute distress, Non-toxic appearance.

**HENT:** NCAT; nose normal without discharge; oropharynx clear, Mucous membranes moist

**Eyes:** EOMI bilaterally, conjunctiva normal

**Respiratory:** CTAB without adventitial sounds, comfortable respirations

**Cardiovascular:** Regular rate and rhythm without murmur

**GI:** Soft, nondistended, normal bowel sounds

**Musculoskeletal:** Significant laceration of lateral tips of 4th and 5th digits on left hand. Nail beds appear to be in tact. FROM.

**Integument:** Warm and dry without diffuse rash

**Neurologic:** Alert & oriented x 3, Normal motor function, No focal deficits noted.

**Psychiatric:** Affect normal, Judgment normal, Mood normal.

**RADIOLOGY**

Hand Xray Pending-

Impression: IMPRESSION:

Soft tissue defect at the distal aspects of the fourth and fifth digits consistent with history of posttraumatic amputation. Images are mildly limited by overlying bandage material however no definitive fracture is identified.

**ED COURSE & MEDICAL DECISION MAKING**

Pertinent Labs & Imaging studies reviewed. (See chart for details)

Assessment/Plan:

Finger Laceration- Patient on coumadin for hx of CVA s/p stenting.

-Consult ortho- Will plan to sew laceration

-CBC- WNL

-PT/INR- 1

**ED Records (continued)**

**ED Notes (continued)**

-Xray Hand- results as above  
 -Dilaudid for pain

Ortho will sew patients laceration and plan to have patient return to corrections center for further management.

Thomas J Hagele, MD  
 Resident  
 08/14/12 2109

Thomas J Hagele, MD  
 Resident  
 08/14/12 2312

Thomas J Hagele, MD  
 Resident  
 08/15/12 0159

Electronically signed by Thomas J Hagele, MD on 8/15/2012 1:59 AM

ED Provider Notes signed by Maxwell C Hill, MD at 8/15/2012 5:08 AM

Author: Maxwell C Hill, MD Service: (none) Author: Physician  
 Type:

Filed: 8/15/2012 5:08 AM Note Time: 8/15/2012 5:05 AM

I saw and examined the patient today with the resident and agree with the history, examination and medical decision making noted.

**Results for orders placed during the hospital encounter of 08/14/12**

**PROTIME-INR**

Component	Value	Range
PT	13.5	12.6 - 14.8 (sec)
INR	1.0	0.9 - 1.1

**ED LAB HOLD**

Component	Value	Range
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**BLUE COAG SPEC QUALITY**

Value: SPECIMEN ACCEPTABLE, Coag specimens are time sensitive, for add-ons greater than 4 hours from collection, call the coag lab, 3-8332.

**TGR GREEN SPEC QUALITY**

SPECIMEN ACCEPTABLE

**TYPE AND CROSS**

Component	Value	Range
ABO/RH(D) TYPE	O POSITIVE	
ANTIBODY SCREEN	NEGATIVE	

**CBC, EDIF, PLATELET**

Component	Value	Range
WBC (WHITE BLOOD COUNT)	6.3	4.5 - 11.0 (K/uL)
RBC	3.66 (*)	4.3 - 5.7 (M/uL)
HEMOGLOBIN (HGB)	11.7 (*)	13.2 - 17.3 (g/dL)
HEMATOCRIT (HCT)	34.2 (*)	39.0 - 49.0 (%)
MEAN CELL VOLUME	93.3	80.0 - 99.0 (fL)

**ED Records (continued)****ED Notes (continued)**

MEAN CELL HGB CONCENTRATION	34.2	32 - 36 (g/dL)
RBC DISTRIBUTION	14.1	11.6 - 14.8
GRANS, ELECTRONIC	73.2 (*)	40 - 70 (%)
LYMPHS, ELECTRONIC	15.4 (*)	22.0 - 44.0 (%)
MONOCYTES, ELECTRONIC	10.3 (*)	0 - 7.0 (%)
EOSINOPHILS, ELECTRONIC	0.8	0 - 5.0 (%)
BASOPHILS, ELECTRONIC	0.3	0 - 2 (%)
GRANS, ABSOLUTE	4.6	1.8 - 7.7 (K/uL)
LYMPHS, ABSOLUTE	1.0	1.0 - 4.8 (K/uL)
MONOS, ABSOLUTE	0.6	0 - 0.8 (K/uL)
EOS, ABSOLUTE	0.1	0 - 0.5 (K/uL)
BASO, ABSOLUTE	0.0	0 - 0.2 (K/uL)
PLATELET COUNT	192	150 - 400 (K/uL)
MEAN PLATELET VOLUME	7.2 (*)	7.5 - 11.2 (fL)

This is a pleasant incarcerated 44 yom who removed the pulp and tips of his 4th and 5th digits of L handed while working a cheese slicer. No bony injuries. Bleeding controlled while in the ED, ortho consulted and will sew on finger tips to act as dressing. Pt remained HDS throughout stay in the ED will return to prison. For any continued bleeding he is to reutrn to the ED.

Dx:

1) Finger lacerations

Plan: back to prison, strict return precautions.

Maxwell C Hill, MD  
08/15/12 0508

Electronically signed by Maxwell C Hill, MD on 8/15/2012 5:08 AM

**Hospital Encounter Notes****Consults - Encounter Notes**

Consults signed by Christopher M McCarthy, MD at 8/15/2012 2:08 AM

Author:	Christopher M McCarthy, MD	Service:	ORTHO SUR	Author	Resident
Filed:	8/15/2012 2:08 AM	Note Time:	8/15/2012 1:56 AM	Type:	
				Cosigner:	Ryan D Klinefelter, MD at 8/20/2012 2:16 PM

Consult Orders:

1. CONSULT SURGERY - ORTHOPAEDICS [118455011] ordered by Thomas J Hagele, MD at 08/14/12 2055

CC: left small and ring finger partial amp

HPI: 44 year old left hand dominant male prisoner injured his left ring and small fingers in a cheese slicer in the afternoon of 8/14/12. He presents to the OSU ED with pain and bleeding from the volar tips of his small and ring fingers on his left hand. He denies numbness/tingling. He denies injury to any other extremity.

ROS: per HPI, otherwise neg

**Hospital Encounter Notes (continued)****Consults - Encounter Notes (continued)**

PMHx: HTN and cardiac history including catheterizations and angioplasty. On coumadin.

Meds: see med rec

Allergies: has no known allergies.

SurgHx:

**Past Surgical History**

Procedure	Date
• Catheterization heart lt w/ lv & coronary angio <i>Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH</i>	12/15/2011
• Transcath placement stent percutaneous intracoronary single vessel <i>Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH</i>	12/15/2011
• Transcath place stent drug eluting perc intracoronary single vs <i>Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH</i>	12/15/2011
• Catheterization heart lt w/ lv & coronary angio <i>Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH</i>	7/16/2012
• Angioplasty balloon percutaneous coronary single vessel <i>Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH</i>	7/16/2012
• Thrombectomy percutaneous coronary <i>Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH</i>	7/16/2012
• Catheterization heart lt w/ lv & coronary angio <i>Laterality: N/A; Surgeon: Konstantinos D Boudoulas, MD;; Location: OSU ROSS CATH</i>	8/2/2012
• Doppler velocity intravasc/coronary flow rsvr measure w/ angio 1st vs <i>Laterality: N/A; Surgeon: Konstantinos D Boudoulas, MD;; Location: OSU ROSS CATH</i>	8/2/2012

SocHx: reports that he quit smoking about 10 months ago. He has never used smokeless tobacco. He reports that he does not drink alcohol or use illicit drugs.

**Physical Exam:****Filed Vitals:**

	08/14/12 2203
BP:	117/72
Pulse:	55
Temp:	
Resp:	

General: NAD, A&Ox3

MSK:

LUE- ulnar and volar aspect of ring finger with soft tissue loss extending from approximately 10% of ulnar nail plate to just past midline of volar surface and from the tip to the DIP crease. Altogether measured approx 1.5x2cm. No exposed bone or tendon. Sensation intact to ulnar and radial side of digit to the tip. FDS and FDP intact, cap refill adequate. Ulnar and volar aspect of small finger with soft tissue loss extending from approximately 25% of ulnar side of nail plate to approximately midline of volar surface and from the tip to the DIP crease. Altogether measuring 1x2cm. No exposed bone nor tendon. Sensation intact to ulnar and radial side of digit to the tip. Cap refill adequate. FDS and FDP intact.

Remainder of LUE with sensation and motor intact to R/U/M nerves, radial pulse 2+, no other injuries.

Imaging:

XR L hand- no fractures, soft tissue loss seen over volar/ulnar small and ring fingers. No foreign bodies.

Labs:

WBC/Hgb/Hct/Plts: 6.3/11.7/34.2/192 (08/15 0112)

**Hospital Encounter Notes (continued)**

**Consults - Encounter Notes (continued)**

Pt/Pt/Inr: --/13.5/1.0 (08/14 2058)

A/P: 44 y.o. male prisoner, LHD with partial amputations of left small and ring fingers with volar soft tissue loss, no fracture after a cheese slicer accident.

- tetanus in ED
- ancef
- volar soft tissue amputated portions were transported with the patient in normal saline and gauze and on ice (in a separate bag as the ice). This was used in the ED as a full thickness skin graft to the sites of soft tissue loss after de-fatting the skin grafts and removing the attached nail plates/matrix. The fingers were fully irrigated with sterile NS and the skin grafts sutured in place with 5-0 plain gut suture. Sterile dressing with adaptic was applied.
- ulnar gutter splint applied to LUE
- NWB LUE
- keflex for d/c for 10 days
- follow up at the next upcoming CMC hand clinic.

The above was discussed with Dr. Klinefelter and he is in agreement.

Chris McCarthy, MD  
 Orthopaedic Surgery  
 PGY-2

Electronically signed by Ryan D Klinefelter, MD on 8/20/2012 2:16 PM

**Procedures - Encounter Notes**

Procedures signed by Christopher M McCarthy, MD at 8/15/2012 2:15 AM

Author:	Christopher M McCarthy, MD	Service:	ORTHO SUR	Author	Resident
Filed:	8/15/2012 2:15 AM	Note Time:	8/15/2012 2:08 AM	Type:	
				Cosigner:	Ryan D Klinefelter, MD at 8/21/2012 8:35 AM

Procedure Orders:

1. GENERAL PROCEDURE [118465646] ordered by Christopher M McCarthy, MD at 08/15/12 0215

**Orthopaedic Surgery Procedure Note:**

**Pre-Procedure Diagnosis:**

Left small finger and ring finger partial amputations

**Post-Procedure Diagnosis:**

Left small finger and ring finger partial amputations

**Procedure:**

Replantation of small and finger finger partial amputations as autologous full thickness skin grafts

**Performed by:**

Chris McCarthy, MD

**Hospital Encounter Notes (continued)**

**Procedures - Encounter Notes (continued)**

---

**Findings:**

No exposed bone nor tendons to small nor ring finger areas of soft tissue loss.

**Specimens:**

none

**Complications:**

none

**Indications:**

44 year old male prisoner, left hand dominant, partial volar soft tissue amputations of left small and ring fingers. Soft tissue loss portions transported appropriately with patient.

**Details of the Procedure:**

The patient's left hand was prepped and draped with betadine in the appropriate fashion in the OSU Emergency Department. The ring and small finger volar soft tissue loss amputated pieces were also prepped with betadine and cleansed with sterile normal saline. The ring and small finger wound beds were irrigated copiously with sterile normal saline. The autologous full thickness skin grafts were meticulously debrided of subcutaneous fat with scissors and 15 blade scalpels. The amputated portions of nail bed and plates were removed from the skin grafts. The skin grafts were then placed over their respective wound beds and sutured in place with 5-0 plain gut suture. Once adequate cosmetic fit was achieved, the grafts were gently cleansed once again with sterile normal saline and dressed with adaptic gauze followed by sterile dressing and an ulnar gutter splint in intrinsic plus position.

Chris McCarthy, MD  
Orthopaedic Surgery  
PGY-2

Electronically signed by Ryan D Klinefelter, MD on 8/21/2012 8:35 AM

**All Orders (08/14/12 - 08/15/12)****HYDROMORPHONE (DILAUDID) injection 1 mg [118454598]**

Completed

Ordering user:	Thomas J Hagele, MD 08/14/12 2040	Ordering provider:	Thomas J Hagele, MD
Authorized by:	Thomas J Hagele, MD	Frequency:	Once 08/14/12 2045 - 1 Occurrences
Electronically signed by:	Thomas J Hagele, MD 08/14/12 2040		

**IP CONSULT TO SURGERY - ORTHOPAEDICS [118455007]**

Discontinued

Ordering user:	Thomas J Hagele, MD 08/14/12 2055	Ordering provider:	Thomas J Hagele, MD
Authorized by:	Maxwell C Hill, MD	Frequency:	Once 08/14/12 2056 - 1 Occurrences
Electronically signed by:	Thomas J Hagele, MD 08/14/12 2055		
Discontinued by:	System Discharge 08/15/12 0423 [Patient Discharge]		
Questions:	Reason for Consult: Patient with 4th and 5th digit caught in cheese slicer Requested Action: Consultation and Treat Contact Number: 66454		

**SODIUM CHLORIDE 0.9% IV SOLUTION 1,000 mL [118456190]**

Completed

Ordering user:	Thomas J Hagele, MD 08/14/12 2132	Ordering provider:	Thomas J Hagele, MD
Authorized by:	Thomas J Hagele, MD	Frequency:	Once 08/14/12 2145 - 1 Occurrences
Electronically signed by:	Thomas J Hagele, MD 08/14/12 2132		

**SETUP LACERATION TRAY AT BEDSIDE [118456703]**

Completed

Ordering user:	Thomas J Hagele, MD 08/14/12 2147	Ordering provider:	Thomas J Hagele, MD
Authorized by:	Maxwell C Hill, MD	Frequency:	Once 08/14/12 2146 - 1 Occurrences
Electronically signed by:	Thomas J Hagele, MD 08/14/12 2147		

**ED COMMUNICATION ORDER FOR NURSING CARE: [118456704]**

Discontinued

Ordering user:	Thomas J Hagele, MD 08/14/12 2147	Ordering provider:	Thomas J Hagele, MD
Authorized by:	Maxwell C Hill, MD	Frequency:	Continuous 08/14/12 2147 - Until Specified
Electronically signed by:	Thomas J Hagele, MD 08/14/12 2147		
Discontinued by:	System Discharge 08/15/12 0423 [Patient Discharge]		
Comments:	Please provide 30 mL of 1% lidocaine without epinephrine at bedside.		

**VITAL SIGNS [118457128]**

Discontinued

Ordering user:	Thomas J Hagele, MD 08/14/12 2158	Ordering provider:	Thomas J Hagele, MD
Authorized by:	Maxwell C Hill, MD	Frequency:	Q30 MIN 08/14/12 2159 - Until Specified
Electronically signed by:	Thomas J Hagele, MD 08/14/12 2158		
Discontinued by:	System Discharge 08/15/12 0423 [Patient Discharge]		

**HYDROMORPHONE (DILAUDID) injection 1 mg [118459242]**

Completed

Ordering user:	Thomas J Hagele, MD 08/14/12 2205	Ordering provider:	Thomas J Hagele, MD
Authorized by:	Thomas J Hagele, MD	Frequency:	Once 08/14/12 2215 - 1 Occurrences

**All Orders (08/14/12 - 08/15/12) (continued)****HYDROMORPHONE (DILAUDID) injection 1 mg [118459242]  
(continued)**

Completed

Electronically signed by: Thomas J Hagele, MD 08/14/12 2205

**lidocaine 1% (PF) (XYLOCAINE MPF) 1 % injection [118461722]**

Completed

Ordering user: User Epic 08/14/12 2333      Authorized by: Maxwell C Hill, MD  
 Frequency: 08/14/12 2333 - 1 Occurrences  
 Electronically signed by: User Epic 08/14/12 2333  
 Medication comments:  
 RONFELDT, MARY A: cabinet override

**lidocaine 1% (PF) (XYLOCAINE MPF) 1 % injection [118463811]**

Completed

Ordering user: User Epic 08/15/12 0050      Authorized by: Maxwell C Hill, MD  
 Frequency: 08/15/12 0050 - 1 Occurrences  
 Electronically signed by: User Epic 08/15/12 0050  
 Medication comments:  
 RONFELDT, MARY A: cabinet override

**cephALEXin 500 MG PO CAPS [118464762]**

Expired

Ordering user: Thomas J Hagele, MD 08/15/12 0127      Ordering provider: Thomas J Hagele, MD  
 Authorized by: Thomas J Hagele, MD      Frequency: Q12H 08/15/12 - 10 Days  
 Electronically signed by: Thomas J Hagele, MD 08/15/12 0127

**lidocaine 1% (PF) (XYLOCAINE MPF) 1 % injection 50 mg  
[118464790]**

Completed

Ordering user: Thomas J Hagele, MD 08/15/12 0130      Ordering provider: Thomas J Hagele, MD  
 Authorized by: Thomas J Hagele, MD      Frequency: Once 08/15/12 0130 - 1 Occurrences  
 Electronically signed by: Thomas J Hagele, MD 08/15/12 0130

**lidocaine 1% (PF) (XYLOCAINE MPF) 1 % injection 50 mg  
[118464791]**

Completed

Ordering user: Thomas J Hagele, MD 08/15/12 0130      Ordering provider: Thomas J Hagele, MD  
 Authorized by: Thomas J Hagele, MD      Frequency: Once 08/15/12 0145 - 1 Occurrences  
 Electronically signed by: Thomas J Hagele, MD 08/15/12 0130

**oxyCODONE-acetaminophen 5-325 MG PO TABS [118465537]**

Expired

Ordering user: Thomas J Hagele, MD 08/15/12 0208      Ordering provider: Thomas J Hagele, MD  
 Authorized by: Thomas J Hagele, MD      Frequency: Q4H PRN 08/15/12 - 7 Days  
 PRN Reasons: Pain  
 Electronically signed by: Thomas J Hagele, MD 08/15/12 0208

**All Procedure Orders and Results (08/15/12 - 08/15/12)****GENERAL PROCEDURE [118465646]**

Completed

Ordering user: Christopher M McCarthy, MD 08/15/12 0215      Ordering provider: Christopher M McCarthy, MD  
 Authorized by: Christopher M McCarthy, MD

**All Procedure Orders and Results (08/15/12 - 08/15/12) (continued)**

**GENERAL PROCEDURE [118465646] (continued)**

Completed

Electronically signed by: Christopher M McCarthy, MD 08/15/12 0215

Comments:

Unlinked Procedure Note Auto-Generation

Final result, Resulted on: 08/21/12 0835

Ordering provider: Christopher M McCarthy, MD  
08/15/12 0208

Narrative: Christopher M McCarthy, MD 8/15/2012 2:15 AM  
Orthopaedic Surgery Procedure Note:

Pre-Procedure Diagnosis:

Left small finger and ring finger partial amputations

Post-Procedure Diagnosis:

Left small finger and ring finger partial amputations

Procedure:

Replantation of small and ring finger partial amputations as autologous full thickness skin grafts

Performed by:

Chris McCarthy, MD

Findings:

No exposed bone nor tendons to small nor ring finger areas of soft tissue loss.

Specimens:

none

Complications:

none

Indications:

44 year old male prisoner, left hand dominant, partial volar soft tissue amputations of left small and ring fingers. Soft tissue loss portions transported appropriately with patient.

Details of the Procedure:

The patient's left hand was prepped and draped with betadine in the appropriate fashion in the OSU Emergency Department. The ring and small finger volar soft tissue loss amputated pieces were also prepped with betadine and cleansed with sterile normal saline. The ring and small finger wound beds were irrigated copiously with sterile normal saline. The autologous full thickness skin grafts were meticulously debrided of subcutaneous fat with scissors and 15 blade scalpels. The amputated portions of nail bed and plates were removed from the skin grafts. The skin grafts were then placed over their respective wound beds and sutured in place with 5-0 plain gut suture. Once adequate cosmetic fit was achieved, the grafts were gently cleansed once again with sterile normal saline and dressed with adaptic gauze followed by sterile dressing and an ulnar gutter splint in intrinsic plus position.

Chris McCarthy, MD  
Orthopaedic Surgery  
PGY-2

**All Procedure Orders and Results (08/15/12 - 08/15/12) (continued)**

**GENERAL PROCEDURE [118465646] (continued)**

Completed

**All Lab Orders and Results (08/14/12 - 08/15/12)**

**CBC, EDIF, PLATELET [118454599]**

Discontinued

Ordering user: Thomas J Hagele, MD 08/14/12 2040      Ordering provider: Thomas J Hagele, MD

Authorized by: Maxwell C Hill, MD

Electronically signed by: 1. Thomas J Hagele, MD 08/14/12 2040  
2. Maxwell C Hill, MD 08/16/12 1002, for Discontinuing in Verbal with readback mode, Communicator - Mary Ronfeldt, RN

Discontinued by: Mary Ronfeldt, RN 08/15/12 0112

Questions: Select research study to bill: NONE

**PROTIME-INR [118455010]**

Completed

Ordering user: Thomas J Hagele, MD 08/14/12 2055      Ordering provider: Thomas J Hagele, MD

Authorized by: Maxwell C Hill, MD

Electronically signed by: Thomas J Hagele, MD 08/14/12 2055

Questions: Select research study to bill: NONE

Final result Resulted on: 08/14/12 2137

Ordering provider: Thomas J Hagele, MD 08/14/12 2055      Resulting Lab: LAB, OSU

Specimen Collection: 08/14/12 2058

Component	Value	Ref Range	Flag	Comment	Lab
PT	13.5	12.6 - 14.8 sec	-		
INR	1.0	0.9 - 1.1	-		

**ED LAB HOLD [118455116]**

Completed

Ordering user: Jennifer Meier, RN 08/14/12 2059      Ordering provider: Maxwell C Hill, MD

Authorized by: Maxwell C Hill, MD

Electronically signed by: Maxwell C Hill, MD 08/16/12 1002, for Ordering in Verbal with readback mode, Communicator - Jennifer Meier, RN

Final result Resulted on: 08/14/12 2141

Ordering provider: Maxwell C Hill, MD 08/14/12 2100      Resulting Lab: LAB, OSU

Specimen Collection: 08/14/12 2058

Component	Value	Ref Range	Flag	Comment	Lab
BLUE COAG SPEC QUALITY	-		-		
Result:	SPECIMEN ACCEPTABLE, Coag specimens are time sensitive, for additions greater than 4 hours from collection, call the coag lab, 3-8332.				
TGR GREEN	SPECIMEN		-		

**All Lab Orders and Results (08/14/12 - 08/15/12) (continued)**

**ED LAB HOLD [118455116] (continued)**

Completed

SPEC QUALITY ACCEPTABLE  
Result:

**TYPE AND CROSS [118456199]**

Completed

Ordering user: Thomas J Hagele, MD 08/14/12 2132      Ordering provider: Thomas J Hagele, MD  
 Authorized by: Maxwell C Hill, MD  
 Electronically signed by: Thomas J Hagele, MD 08/14/12 2132  
 Questions: Select research study to bill: NONE  
 Red Blood Cells: # units to transfuse 1 Unit  
 Edited, Resulted on: 08/14/12 2303

Ordering provider: Thomas J Hagele, MD 08/14/12 2132      Resulting Lab: LAB, OSU  
 Specimen Collection: 08/14/12 2152

Component	Value	Ref Range	Flag	Comment	Lab
ABO/RH(D) TYPE	O POSITIVE			-	
ANTIBODY SCREEN	NEGATIVE			-	

**CBC, EDIF, PLATELET [118464276]**

Completed

Ordering user: Mary Ronfeldt, RN 08/15/12 0112      Ordering provider: Maxwell C Hill, MD  
 Authorized by: Maxwell C Hill, MD  
 Electronically signed by: Maxwell C Hill, MD 08/16/12 1002, for Ordering in Verbal with readback mode, Communicator - Mary Ronfeldt, RN  
 Questions: Select research study to bill: NONE  
 Final result, Resulted on: 08/15/12 0144 (**Abnormal**)

Ordering provider: Maxwell C Hill, MD 08/15/12 0112      Resulting Lab: LAB, OSU  
 Specimen Collection: 08/15/12 0112

Component	Value	Ref Range	Flag	Comment	Lab
WBC (WHITE BLOOD COUNT)	6.3	4.5 - 11.0 K/uL		-	
RBC	3.66	4.3 - 5.7 M/uL	L	-	
HEMOGLOBIN (HGB)	11.7	13.2 - 17.3 g/dL	L	-	
HEMATOCRIT (HCT)	34.2	39.0 - 49.0 %	L	-	
MEAN CELL VOLUME	93.3	80.0 - 99.0 fL		-	
MEAN CELL HGB	34.2	32 - 36 g/dL		-	
CONCENTRATION					
RBC DISTRIBUTION	14.1	11.6 - 14.8		-	
GRANS,	73.2	40 - 70 %	H	-	

**All Lab Orders and Results (08/14/12 - 08/15/12) (continued)**

**CBC, EDIF, PLATELET [118464276] (continued)**

Completed

ELECTRONIC LYMPHS,	15.4	22.0 - 44.0 %	L	-
ELECTRONIC MONOCYTES,	10.3	0 - 7.0 %	H	-
ELECTRONIC EOSINOPHILS,	0.8	0 - 5.0 %		-
ELECTRONIC BASOPHILS,	0.3	0 - 2 %		-
ELECTRONIC GRANS,	4.6	1.8 - 7.7 K/uL		-
ABSOLUTE LYMPHS,	1.0	1.0 - 4.8 K/uL		-
ABSOLUTE MONOS,	0.6	0 - 0.8 K/uL		-
ABSOLUTE EOS,	0.1	0 - 0.5 K/uL		-
ABSOLUTE BASO,	0.0	0 - 0.2 K/uL		-
ABSOLUTE PLATELET COUNT	192	150 - 400 K/uL		-
MEAN PLATELET VOLUME	7.2	7.5 - 11.2 fL	L	-

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
24 - LABO	LAB, OSU	Unknown	Unknown	10/12/07 1823 - Present

**Radiology Orders and Results (08/14/12 - 08/14/12)**

**XR HAND LEFT 3+ VIEWS [118454600]**

Completed

This order may be acted on in another encounter.

Ordering user: Thomas J Hagele, MD 08/14/12 2040  
 Ordering provider: Thomas J Hagele, MD

Authorized by: Maxwell C Hill, MD  
 Electronically signed by: Thomas J Hagele, MD 08/14/12 2040

Questions: Select research study to bill: NONE  
 Reason for Exam Sliced off 4th and 5th digit

Edited, Resulted on: 08/14/12 2156

Ordering provider: Thomas J Hagele, MD 08/14/12 2040  
 Resulting Lab: RADIOLOGY

Specimen Collection: 08/14/12 2104

Narrative: EXAM: Left Hand, Min 3 Views=N, 08/14/2012 09:09 PM

COMPARISON: No prior studies available for comparison.

CLINICAL INDICATIONS: Sliced off fourth and fifth digit.

FINDINGS:

**Radiology Orders and Results (08/14/12 - 08/14/12) (continued)**

**XR HAND LEFT 3+ VIEWS [118454600] (continued)**

Completed

3 images obtained.

Soft Tissue: There is focal soft tissue defect at the distal aspect of the fourth and also likely fifth digit. The overlying dressing material obscure the evaluation of the distal fifth digit.

Bone: No acute osseous abnormality is identified. Soft tissue defects appear to be distal to the distal fourth and fifth phalanx.

Joint: No evidence of dislocation. The carpal joints appear anatomically aligned.

Electronically Signed By: Corrigan, Kelly (Physician) 08/14/2012 2156  
Songrug, Tanakorn (Resident)

Impression: IMPRESSION:

Soft tissue defect at the distal aspects of the fourth and fifth digits consistent with history of posttraumatic amputation. Images are mildly limited by overlying bandage material however no definitive fracture is identified.

I personally viewed and interpreted these images and I have reviewed and approved this report.

Electronically Signed By: Kelly Corrigan on 8/14/2012 9:52 PM

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
18 - RAD	RADIOLOGY	Unknown	Unknown	09/27/07 1733 - Present

**Medications**

**All Meds and Administrations**

HYDROMORPHONE (DILAUDID) injection 1 mg [118454598] Status: Completed (Past End Date/Time)

Ordering Provider: Thomas J Hagele, MD  
 Ordered On: 08/14/12 2040 Starts/Ends: 08/14/12 2045 - 08/14/12 2059  
 Dose (Remaining/Total): 1 mg (0/1) Frequency: ONCE  
 Route: Intramuscular Rate/Duration: - / -  
 Admin Instructions: **\*\*Please note\*\*** The recommended doses below are not adequate for opioid tolerant patients. Comments:

Administration	Status	Dose	Route	Site	Given By
08/14/12 2059	Given	1 mg	Intramuscular	Right Arm	Jennifer Meier, RN

HYDROMORPHONE (DILAUDID) injection 1 mg [118459242] Status: Completed (Past End Date/Time)

Ordering Provider: Thomas J Hagele, MD  
 Ordered On: 08/14/12 2205 Starts/Ends: 08/14/12 2215 - 08/14/12 2231  
 Dose (Remaining/Total): 1 mg (0/1) Frequency: ONCE  
 Route: Intravenous Rate/Duration: - / -  
 Admin Instructions: **\*\*Please note\*\*** The recommended doses below are not adequate for opioid tolerant patients. Comments:

Administration	Status	Dose	Route	Site	Given By
08/14/12 2231	Given	1 mg	Intravenous		Jennifer Meier, RN

lidocaine 1% (PF) (XYLOCAINE MPF) 1 % injection 50 mg [118464790] Status: Completed (Past End Date/Time)

Ordering Provider: Thomas J Hagele, MD  
 Ordered On: 08/15/12 0130 Starts/Ends: 08/15/12 0130 - 08/15/12 0132  
 Dose (Remaining/Total): 5 mL (0/1) Frequency: ONCE  
 Route: Intradermal Rate/Duration: - / -  
 Admin Instructions: Comments:

Administration	Status	Dose	Route	Site	Given By
08/15/12 0145	Due				
08/15/12 0132	Given		Intradermal		Mary Ronfeldt, RN

Comments: Used per ortho resident during procedure

lidocaine 1% (PF) (XYLOCAINE MPF) 1 % injection 50 mg [118464791] Status: Completed (Past End Date/Time)

Ordering Provider: Thomas J Hagele, MD  
 Ordered On: 08/15/12 0130 Starts/Ends: 08/15/12 0145 - 08/15/12 0133  
 Dose (Remaining/Total): 5 mL (0/1) Frequency: ONCE  
 Route: Intradermal Rate/Duration: - / -  
 Admin Instructions: Comments:

Administration	Status	Dose	Route	Site	Given By
08/15/12 0145	Due				
08/15/12 0133	Given		Intradermal		Mary Ronfeldt, RN

Comments: Given per ortho resident during procedure

**Medications (continued)**

**All Meds and Administrations (continued)**

sodium chloride 0.9% IV solution 1,000 mL [118456190] Status: Completed (Past End Date/Time)

Ordering Provider: Thomas J Hagele, MD  
 Ordered On: 08/14/12 2132 Starts/Ends: 08/14/12 2145 - 08/15/12 0134  
 Dose (Remaining/Total): 1,000 mL (0/1) Frequency: ONCE  
 Route: Intravenous Rate/Duration: - / -  
 Admin Instructions: Comments:

Administration	Status	Dose	Route	Site	Given By
08/15/12 0134	End Time	0 mL	Intravenous		Mary Ronfeldt, RN
08/14/12 2203	Started Rate: 0 mL/hr Comments: scanner not working in cage.	1,000 mL	Intravenous		Jennifer Meier, RN

**Multi-Disciplinary Problems (Active)**

**Care Plan**

There are no active problems.

**Patient Education**

**Patient Education**

Title: Generic Teaching Goals/Outcomes (Active)

Points For This Title

**Point: optison (Active)**

Description: Explained Optison use to patient including potential side effects. Explained that Optison contains a blood protein and confirmed that pt has not had transfusion reactions that would preclude receiving this medication. Emphasis on letting the RN know if pt is feeling differently after Optison administered.  
 Summary: Learning progress - not on file.

**Point: Room and Call Light (Active)**

Description:  
 Summary: Learning progress - not on file.

**Point: Dob echo (Active)**

Description: Described diagnostic tests/procedures and possible side effects.  
 <BR>Described use of medications (ie. Dobutamine, atropine, metoprolol, 0.9% NS, Definity)  
 <BR>Patient ready to learn.  
 <BR>Teaching method used: Explanation  
 <BR>Patients response: States/Identifies  
 <BR>  
 Summary: Learning progress - not on file.

**Point: Optison (Active)**

Description: Explained Optison use to patient including potential side effects. Explained that Optison contains a blood protein and confirmed that pt has not had transfusion reactions or religious objections to receiving blood that would preclude receiving this medication. Emphasis on letting the RN know if pt is feeling differently after Optison administered.  
 Summary: Learning progress - not on file.

**Point: Medical Equipment/Supplies (Active)**

Description: Medical Equipment/Supplies

**Patient Education (continued)**

**Patient Education (continued)**

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Summary: Learning progress - not on file.

**Point: Resources For Support (Active)**

Description: Resources For Support

Summary: Learning progress - not on file.

**Point: Pain and Pain Management (Active)**

Description: Pain and Pain Management

Summary: Learning progress - not on file.

**Point: Diagnostic Tests/Procedures (Active)**

Description: Diagnostic Tests/Procedures

Summary: Learning progress - not on file.

**Point: Dietary Modifications (Active)**

Description: Dietary Modifications

Summary: Learning progress - not on file.

**Point: Medications (Active)**

Description: Medications

Summary: Learning progress - not on file.

**Point: Tobacco Cessation (Active)**

Description: Tobacco Cessation

Summary: Learning progress - not on file.

**Point: Rehabilitation (Active)**

Description: Rehabilitation

Summary: Learning progress - not on file.

**Point: Hygiene/Infection Prevention (Active)**

Description: Hygiene/Infection Prevention

Summary: Learning progress - not on file.

Title: Respiratory Insufficiency (Adult, Obstetrics) (Active)

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Points For This Title

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**Point: Over The Counter/Prescribed Medication Effects On Respiratory Function (Active)**

Description: Over The Counter/Prescribed Medication Effects On Respiratory Function (e.g., antihistamines, aspirin, nonsteroidal anti-inflammatory drugs, opioids)

Summary: Learning progress - not on file.

**Point: Modification of Factors That Decrease Pulmonary Function (Active)**

Description: Modification of Factors That Decrease Pulmonary Function (e.g., smoking, inadequate nutrition, environmental factors, weather, sleep pattern)

Summary: Learning progress - not on file.

**Point: Lifestyle Alterations Present and Future (Active)**

Description: Lifestyle Alterations Present and Future (e.g., work, home, social, school)

Summary: Learning progress - not on file.

**Point: Factors That Enhance Pulmonary Function (Active)**

Description: Factors That Enhance Pulmonary Function (e.g., controlled exercise, cough and deep breathe, incentive spirometer, position changes, rest, relaxation, adequate nutrition/fluids)

Summary: Learning progress - not on file.

**Point: Personal Risk Factors and Signs/Symptoms Related To Respiratory Insufficiency (Active)**

**Patient Education (continued)****Patient Education (continued)**

Description: Personal Risk Factors and Signs/Symptoms Related To Respiratory Insufficiency  
 Summary: Learning progress - not on file.

**Point: Respiratory Distress/Infection/Allergies Symptoms; Avoidance Strategies/Treatment (Active)**

Description: Respiratory Distress/Infection/Allergies Symptoms; Avoidance Strategies/Treatment  
 Summary: Learning progress - not on file.

**Point: Use of Inhaler/Valved Holding Chamber or Spacer or Nebulizer (Active)**

Description: Use of Inhaler/Valved Holding Chamber or Spacer or Nebulizer  
 Summary: Learning progress - not on file.

**Point: Breathing Techniques To Decrease Workload of Breathing (Active)**

Description: Breathing Techniques To Decrease Workload of Breathing (e.g., pursed lip breathing, diaphragmatic breathing, positioning)  
 Summary: Learning progress - not on file.

Title: Acute Coronary Syndrome (Adult, Obstetrics) (Active)

**Points For This Title****Point: Differentiate between the signs/symptoms of myocardial infarction and angina (Active)**

Description: Differentiate between the signs/symptoms of myocardial infarction and angina  
 Summary: Learning progress - not on file.

**Point: Emotional responses commonly related to cardiac status/event (Active)**

Description: Emotional responses commonly related to cardiac status/event  
 Summary: Learning progress - not on file.

**Point: Heart and coronary arteries basic anatomy/physiology (Active)**

Description: Heart and coronary arteries basic anatomy/physiology  
 Summary: Learning progress - not on file.

**Point: Potential problems: signs/symptoms, prevention, follow-up strategy (Active)**

Description: Potential problems: signs/symptoms, prevention, follow-up strategy (chest pain/pressure, SOB, N/V, diaphoresis, sense of impending doom, activation of emergency medical system outside hospital environment)  
 Summary: Learning progress - not on file.

**Point: Lifestyle alterations, present and future (Active)**

Description: Lifestyle alterations, present and future (cardiac rehab, sexuality, psychological adjustment, understanding of early treatment strategies, especially in women; CPR training for family/significant other)  
 Summary: Learning progress - not on file.

**Point: When to call emergency medical system (EMS or 911) rather than call physician (Active)**

Description: When to call emergency medical system (EMS or 911) rather than call physician (symptoms are unimproved or worsening after 5 minutes, despite feelings or uncertainty about the symptoms and fear of potential embarrassment)  
 Summary: Learning progress - not on file.

**Point: Definition, cause, treatment of ACS (Active)**

Description: Definition, cause, treatment of ACS  
 Summary: Learning progress - not on file.

**Point: Risk factors for cardiovascular disease and acute coronary syndrome (Active)**

Description: Risk factors for cardiovascular disease and acute coronary syndrome (diabetes mellitus, smoking history, hypertension, hyperlipidemia, hypercholesterolemia, obesity, sedentary lifestyle, increased age, prior CVA, inherited metabolic disorders, methamphetamine use, occupational stress, connective tissue disease)

**Patient Education (continued)**

**Patient Education (continued)**

Summary: Learning progress - not on file.

**Discharge Instructions**

Johnson, Paul (MR # 970644306)

Date	Status	User	User Type	Discharge Note
08/15/12 0210	Pended	Thomas J Hagele, MD	Resident	Original
Note:				

**Laceration, General Wound Care**

Use the following wound care instructions for your laceration (cut):

- Keep the wound clean and dry for the next 24 hours. Avoid excessive moisture. You can wash the wound gently with soap and water, then apply a dry bandage.
- DO NOT allow your wound to soak in water (don't do the dishes or go swimming, for example). You can shower, but do not rub your stitches too hard. Let the wound dry before putting another bandage on.
- Take off old dressings every day. Then put on a clean, dry dressing.
- If the dressing sticks to the wound, slightly moisten it with water. This way, it can come off more easily.
- To help remove a scab, cleanse the area with a mixture of half hydrogen peroxide and half water. This will also help us to take out the sutures when they are ready to be taken out.
- Let the area dry thoroughly.
- Unless you receive instructions not to do so, you can place a thin layer of antibiotic ointment over the wound. You can buy Polysporin (Triple Antibiotic), Bacitracin, or Neosporin at the store. Neosporin can sometimes cause irritation to your skin. If this happens, stop using it and switch to another topical (surface) antibiotic.
- If needed, put a clean, dry bandage over the wound to protect it.

Keep the injured area elevated (lifted) for the next 24 hours. This will decrease swelling and pain. You may also want to put ice on the area. Place some ice cubes in a re-sealable (Ziploc) bag and add some water. Put a thin washcloth between the bag and the skin. Apply the ice bag to the area for at least 20 minutes. Do this at least 4 times per day. It is okay to do this more often than directed. You can also do it for longer than directed. NEVER APPLY ICE DIRECTLY TO THE SKIN.

If you had a local anesthetic, it will wear off in about 2 hours. Until then, be careful not to hurt yourself because of having less feeling in the area.

Not all lacerations (cuts) will need antibiotics. Your doctor may have decided that you need antibiotics to prevent an infection. Be sure to fill the prescription and take all medicines as directed.

If your doctor gave you a prescription for pain medicine, fill the prescription and use the medicine as directed.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

- You see redness or swelling.
- There are red streaks or there is redness around the wound.
- The wound smells bad or has a lot of drainage.
- You have fever (temperature higher than 100.4°F or 38°C), chills, worse pain and / or swelling.

**Discharge Medications:**

Cephalexin 500mg PO caps every 12 hours

Oxycodone-acetaminophen 5-325mg PO Tabs every 4 hours as needed for pain

**Paul Johnson**

**Patient Education (continued)**

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**Paul Johnson does not have an active treatment plan of type ONCOLOGY TREATMENT in this episode.**

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**Flowsheets (all recorded)**

OSU Formula Calculations Template - Tue August 14, 2012

	2018	2203			
<b>OTHER</b>					
(RETIRED)	0.71 -LS	! 1.09 -JM			
ECG R-R interval (sec) - (Calc in IHIS)					

ED Triage - Tue August 14, 2012

	2009	2018	2019		
<b>Full Triage Complete</b>					
Triage Complete			triage complete - LS		
<b>Height and Estimated Weight</b>					
Estimated Weight (Patient reported/Provider estimated)	104.327 kg (230 lb) -LS				
<b>Vitals Timer</b>					
Restart Vitals Timer		yes -LS			
<b>Abuse Screening Completed</b>					
Abuse Screening:		completed pt incarcerated -LS			
<b>Oxygen Therapy</b>					
SpO2		98 % -LS			
O2 Device (Oxygen Therapy)		room air -LS			
<b>Quick Vitals</b>					
Temp		97.8 °F (36.6 °C) - LS			
Temp src		Oral -LS			
Pulse		85 -LS			
Resp		18 -LS			
BP		! 140/92 mmHg - LS			
<b>Pain Assessment/Number Scale</b>					
Presence of Pain - Number Scale		complains of pain/discomfort - LS			
Pain Location - Orientation - Number Scale		Left -LS			
Pain Location - Number Scale		hand -LS			
Pain Rating: Rest - Number Scale		10 -LS			

ED Narrator - Tue August 14, 2012

	2009	2203	2300		
<b>Vitals Timer</b>					
Restart Vitals Timer		yes -JM			
<b>Musculoskeletal Assessment</b>					
Musculoskeletal			Ex		



	0220				
<b>OTHER</b>					
(RETIRED)	0.92 -MR				
ECG R-R interval (sec) - (Calc in IHIS)					

ED Narrator - Wed August 15, 2012

	0046	0104	0119	0141	0220
<b>Vitals Timer</b>					
Restart Vitals Timer					yes -MR

<b>Patient Checks</b>					
Patient Activity	--	--			
	ortho at bedside repairing injury -MR	Ortho remains at bedside repairing injury -MR			

Comfort Measures meal tray given to patient -MR

<b>Venipuncture</b>					
Lab(s) Collected?			yes -MR		
Blood Cultures sent to Lab?			no -MR		
Performed			venipuncture performed/labs sent drawn from existing IV site. 5mL waste drawn off then sample drawn -MR		
Site			right AC -MR		

<b>Vital Signs</b>					
Pulse					65 -MR
Heart Rate Source					Radial -MR
Resp					16 -MR
BP					149/88 mmHg -MR
BP Method					Automatic -MR
BP Location					Right arm -MR
BP Position					Sitting -MR
SpO2					97 % -MR
O2 Device (Oxygen Therapy)					room air -MR

<b>Pain Assessment/Number Scale</b>					
Presence of Pain - Number Scale					complaints of pain/discomfort -MR
Pain Rating: Rest - Number Scale					10 Pt does not appear in distress -MR

ED ADT - Wed August 15, 2012

	0221				
<b>Discharge Plan</b>					
Mobility at					ambulatory -MR

**Flowsheets (all recorded) (continued)**

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Discharge	
Accompanied	corrections officer
By:	-MR
Learning	follow-up;ED
Needs	medications;woun d care;splint/cast care;pain management -MR
Barriers to	emotional -MR
Learning	
Patient	discharge
Teaching/Follo	instructions
w-Up	reviewed;pain management discussed;patient/ guardian verbalized understanding -MR
Level of	complex
teaching	discharge teaching performed -MR

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1009				
<b>Coding Timestamps</b>				
Coding Started	Yes -NK			
Main Coding Completed	Yes -NK			

(r) = User Recd, (t) = User Taken, (c) = User Cosigned

User Key

Initials	Name
KG	Kadi Gonzalez, RN
NK	Nancy Kleindorfer
JM	Jennifer Meier, RN
MR	Mary Ronfeldt, RN
LS	Latisha Stein, RN

**Patient Demographics**

Name	Patient ID	SSN	Sex	Birth Date
Johnson, Paul	970644306	xxx-xx-2027	Male	11/30/67 (46 yrs)
Address	Phone	E-Mail	Employer	
ACI#A637985 LIMA OH 45802	419-227-8000 (H)		INMATE	
County	Occupation	Emp Status		
ALLEN	-	<b>Not Employed</b>		
Reg Status	PCP			
Verified	Other: Franklin Medical Center Zone A (Cmc)614-445-5960			
Marital Status				
Single				

**Hospital Account**

Name	Acct ID	Class	Status	Primary Coverage
Johnson, Paul	2352932	Inpatient	Billed	ODRC - ODRC

**Guarantor Account (for Hospital Account #2352932)**

Name	Relation to Pt	Service Area	Active?	Acct Type
Johnson, Paul	Self	OSUHS	Yes	Personal/Family
Address	Phone			
ACI#A637985 LIMA, OH 45802	419-227-8000(H)			

**Coverage Information (for Hospital Account #2352932)**

F/O Payor/Plan	Precert #	
ODRC/ODRC		
Subscriber	Relation to Pt	Subscriber #
Johnson, Paul	Self	A637985
Grp #	Group Name	
ACI		
Address	Phone	

**Coverage Information (for Hospital Account #2352932) (continued)**

Policy Number A637985		
Subscriber Emp INMATE	Emp Phone	Emp Address

**Admission Information**

Attending Provider	Admitting Provider Matthew L McCutcheon, MD	Admission Type Emergency	Admission Date/Time 05/03/13 1503
Discharge Date/Time 05/07/13 1538	Hospital Service GEN MED 6	Auth/Cert Status Incomplete	Service Area OSU Wexner Medical Center
Unit H5	Room/Bed 5058/A	Admission Status Discharged (Confirmed)	Referring Provider
Diagnosis			

<b>Paul Johnson</b> 5/3/2013 3:03 PM Hospital Encounter MRN: 970644306	<b>Description: 45 year old male</b> <b>Department: H5</b>
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**Admission Information**

Attending Provider	Admitting Provider Matthew L McCutcheon, MD	Admission Type Emergency	Admission Date/Time 05/03/13 1503
Discharge Date 05/07/13	Hospital Service GEN MED 6	Auth/Cert Status Incomplete	Service Area OSU Wexner Medical Center
Unit H5	Room/Bed 5058/A	Admission Status Discharged (Confirmed)	

**Discharge Information**

Discharge Provider (none)	Date/Time 05/07/13 1538	Disposition Court/Law Enforcement	Destination (none)
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**Allergies as of 5/7/2013**

Reviewed On: 5/7/2013 By: Neeta Mall, RN

No Known Allergies

**Immunizations Administered for This Admission**

Never Reviewed

None Given

**Medical History as of 5/3/2013**

Diagnosis	Date
HTN (hypertension), malignant	
CAD (coronary artery disease) s/p stents	
GERD (gastroesophageal reflux disease)	
HLD (hyperlipidemia)	
COPD (chronic obstructive pulmonary disease)	
Depressive disorder, not elsewhere classified	
Antisocial personality	

**Surgical History as of 5/3/2013**

Procedure	Laterality	Date
CATHETERIZATION HEART LT W/ LV & CORONARY ANGIO		12/15/2011
Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH		

**Surgical History as of 5/3/2013 (continued)**

Procedure	Laterality	Date
<b>TRANSCATH PLACEMENT STENT PERCUTANEOUS INTRACORONARY SINGLE VESSEL</b>		12/15/2011
Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH		
<b>TRANSCATH PLACE STENT DRUG ELUTING PERC INTRACORONARY SINGLE VSL</b>		12/15/2011
Laterality: N/A; Surgeon: Vincent J Pompili, MD;; Location: OSU ROSS CATH		
<b>CATHETERIZATION HEART LT W/ LV &amp; CORONARY ANGIO</b>		7/16/2012
Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH		
<b>ANGIOPLASTY BALLOON PERCUTANEOUS CORONARY SINGLE VESSEL</b>		7/16/2012
Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH		
<b>THROMBECTOMY PERCUTANEOUS CORONARY</b>		7/16/2012
Laterality: N/A; Surgeon: Barry S George, MD;; Location: OSU ROSS CATH		
<b>CATHETERIZATION HEART LT W/ LV &amp; CORONARY ANGIO</b>		8/2/2012
Laterality: N/A; Surgeon: Konstantinos D Boudoulas, MD;; Location: OSU ROSS CATH		
<b>DOPPLER VELOCITY INTRAVASC/CORONARY FLOW RSRV MEASURE W/ ANGIO 1ST VSL</b>		8/2/2012
Laterality: N/A; Surgeon: Konstantinos D Boudoulas, MD;; Location: OSU ROSS CATH		

**Family Medical History as of 5/3/2013**

Problem	Relation	Age of Onset
Lipid Disorder	Mother	
Hypertension	Mother	
Other - Specify	Father	
Lipid Disorder	Father	
Hypertension	Father	

**Hospital Problems as of 5/7/2013**

Date Reviewed: 5/3/2013

None

**ED Records**

**ED Arrival Information**

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type	Arrival Complaint
-	5/3/2013 17:49	2=Emergent	State Vehicle	Corrections Officer	GEN MED 6	Emergency	Hypertension

**ED Disposition**

**Admit** Unit Location:: REQ UNIVERSITY [300100825]  
 Type of Unit Requested:: Med/Surg [10004]  
 Type of Bed:: Telemetry [5]  
 Bed Planning Comments:: Hypertension with chest pain and SOB, now controlled on metoprolol IV push,  
 ED Resident Rosevear 66860