have for the most part sealed with combinations of conjunctiva and prolapsed uveal tissue in multiple different areas. There was no anterior chamber as the uveal tissue was directly abutting the cornea. There was no view posteriorly into the eye. Additionally, 2 medialized lacerations were identified. Throughout the course of inspection 2 pieces of glass were found and removed from the orbit along with multiple eyelashes.

Primary repair of the identified lacerations was then performed. Three limbal sutures were initially placed at 3, 9 and 12 o'clock. After this, attention was turned to the cornea where multiple, 10-0, single, interrupted, nylon sutures were then placed. As tension increased in some areas, multiple sutures had to be rethrown. During closure, attempts were made to reposit prolapsed uveal tissue; however, in several instances it had to be excised. Once corneal closure was completed, attention was turned to the scleral extensions of the lacerations. Medially was closed first with 9-0 interrupted nylon sutures. Temporally the laceration extended quite far posteriorly. Single, interrupted 9-0 nylon sutures were placed as far posterior as possible; however, complete closure was not achievable. The superior extension of the laceration at 12 o'clock was also closed with 9-0 simple, interrupted nylon sutures.

Once primary closure of the lacerations was completed, a conjunctival closure was then performed using 8-0 simple, interrupted Vicryl sutures.

Sub-Tenon dexamethasone, tobramycin and cefuroxime were then injected. TobraDex ointment was then placed in the eye that was then covered with a lightly applied cotton eye pad and shield.

Upon completion of the case, the patient was transferred back to 5.2 ICU via EHS.

Unfortunately, due to the extensive damage to the eye as well as the inability to completely close the posterior extension of the laceration the visual prognosis for this eye is quite poor.

_____
William Best, MD, Resident

Electronically authenticated by Amr M Zaki on 14 Nov 2018 12:15:01 PM

_____
Amr Zaki, MD, FRCSC
Attending Staff
Dept. of Ophthalmology

Office Tel: 902-473-1146 Office Fax: 902-473-2839

Copies:
ATTENDING: AMR ZAKI REFERRING: PRIMARY CARE: Soha Rizk

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Date Revised:	2018-Nov-14 08:46:49
Date Printed:	2018-Nov-14

Operative Report

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Capital Health

0001780058 1966/03/16 F 52Y
RANI,REKHA OPDS
HC 0010536027 NS EXP 22/02/28
8 CLIFFORD DR
DARTMOUTH NS B2W 1T8
(902)452-1561 NG 3-09489-70
FP RIZK,SOHA R 15197
PREF
Att. Phys./Prov:
16243 ZAKI,AMR M

RANI,REKHA
Acct #: 30948970

PHYSICIAN'S ORDERS

Allergy Alert **MUST COMPLE**
☐ No known allergies ☐ Known allergies
List

Diagnosis:

DO NOT USE	USE	DO NOT USE	USE	DO NOT USE	USE
U, IU, u	unit	D/C	discharge or discontinue	> or <	greater than or less than
OD, QD or qd	daily	cc	mL	trailing zero (X.0 mg)	never use zeros after decimal
QOD or qod	every other day	µg	mcg	lack of leading zero (.X mg)	always use zeros before decimal
drug name abbreviations	write generic drug name	@	at	OS, OD, OU	left eye, right eye, both eyes

DATE	TIME	PHYSICIAN'S SIGNED ORDERS	INT.
Nov. 2nd/2018	2pm	Ophthalmology	
		① Keep shield - Right eye - @ all times.	
		② Start drops @ ~~8pm~~ 12:00pm - Nov 3rd/2018	
		③ Ocuflox 1gtt to Right eye Q2H	
		④ Cyclogyl 1gtt to Right eye TID	
		⑤ Pred forte 1% 1gtt to Right eye Q2H.	
		⑥ Erythromycin ung to periocular / eyelid lacerations QID	
		⑦ Tetanus booster x 1	
		⑧	
		G Takang #86772	
		FAXED ~ TAN RN	

Physician's Orders

CD0120MR_10_2013 Copy to HIS and Pharmacy PHYSICIAN'S ORDERS Page 1 of 1

[illegible]

nova scotia health authority

Central Laboratory Reporting
Mackenzie Building
5788 University Avenue
Halifax, Nova Scotia
B3H 1V8

RANI , REKHA
Client: NSHA Central Zone
MRN: 0001481436
Admission Date: 2018/03/21
Sex/Age/DOB: Female 52 years 1966/03/16
PMI#: 0010536027
Physician: Rizk, Soha R (PRIM-FFDart Fam Prac)
Loc/Room/Bed: DG Blood Collection
Visit #: 0000030072752
ID #:

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE | RESULT INQUIRY PHONE: (902)473-2266

C l i n i c a l C h e m i s t r y

Routine

Collected Date: 2018/03/21
Collected Time: 08:31

Procedure	Units	Ref Range	
Sodium !	mmol/L	[136-145]	143
Potassium !	mmol/L	[3.4-5.0]	4.4
Glucose AC !	mmol/L	[3.6-6.0]	5.1
Urea	mmol/L	[2.5-9.2]	3.3
Creatinine	umol/L	[49-90]	57
eGFR !	mL/min/1.73mE2	[>=60]	>90
ALT	U/L	[0-44]	12
AST	U/L	[5-45]	18
Creatine Kinase !	U/L	[30-200]	60
Patient Fasting?			Yes
Triglycerides !	mmol/L		0.72
Cholesterol	mmol/L		5.86
HDL-Cholesterol	mmol/L		1.62
LDL Calculated	mmol/L		3.92
Cholesterol/HDL Ratio	ratio		4
Non HDL Cholesterol !	mmol/L		4.24
Lipids Comment !			See Note

2018/03/21 08:31 Sodium:
Reference values have not been established for patients that are less than 1 year of age.
Pseudohyponatremia may be caused by specimens with high protein or lipid concentrations.

2018/03/21 08:31 Potassium:
Reference values have not been established for patients that are less than 1 year of age.
Note: Potassium (K+) reference ranges have been adjusted to accomodate for the possibility of slight leakage of K+ from red blood cells prior to sample separation.

2018/03/21 08:31 Glucose AC:
AC = Ante Cibum (Specimen was drawn before eating.)

Legend: *=Abnormal C=Critical !=Interpretive c=Corrected L=Low H=High @=Ref Lab f=Footnotes

HEALTH RECORDS COPY **COPY(S) SENT TO:**

PRINT DATE/TIME: 2018/03/22 23:16

nova scotia health authority

Central Laboratory Reporting
Mackenzie Building
5788 University Avenue
Halifax, Nova Scotia
B3H 1V8

RANI , REKHA
MRN: 0001481436
Sex/Age/DOB: Female 52 years 1966/03/16
PMI#: 0010536027
ID #:

C l i n i c a l C h e m i s t r y

Routine

For interpretation, please see the Canadian Journal of Diabetes 2013;

http://www.diabetes.ca

2018/03/21 08:31 eGFR:

Stage of Kidney Disease	eGFR	Description
1	>=90	Normal or High
2	60-89	Mildly Decreased
3a	45-59	Mildly to Moderately Decreased
3b	30-44	Moderately to Severely Decreased
4	15-29	Severely Decreased
5	<15	Kidney Failure

*Multiply the adult (>= 18 years) eGFR results by 1.159 if patient of African descent.
CAUTION: eGFR should not be used when plasma creatinine is changing rapidly, in pregnancy, for drug dosing, and should be interpreted with caution in extremes of body habitus.
eGFR <60 mL/min/1.73mE2 and/or Albumin to Creatinine Ratio (ACR) >= 3 mg/mmol for >3 months are diagnostic criterion for Chronic Kidney Disease (CKD).
For more information on CKD identification, management and referral:
http://www.nsrp.gov.ns.ca/ckd-prevention-and-early-detection

2018/03/21 08:31 Creatine Kinase:
Exercise can significantly increase plasma Creatine Kinase (CK) activity. CK activity in black population is approximately 2 times that of the white/asian population. Statin treatment can cause elevation of CK activity.
Reference ranges are for adults. Reference ranges have not been established for children.

2018/03/21 08:31 Triglycerides:
Fasting sample reference ranges:

Normal:	<1.70 mmol/L
Borderline High:	1.70 to 2.25 mmol/L
High:	2.26 to 5.64 mmol/L
Very High:	>5.65 mmol/L

Note: Triglyceride result greater than 15.00 mmol/L can lead to abdominal pain and may be life-threatening due to chylomicron-induced pancreatitis.

Legend: *=Abnormal C=Critical !=Interpretive c=Corrected L=Low H=High @=Ref Lab f=Footnotes

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RANI , REKHA
MRN: 0001481436
Sex/Age/DOB: Female 52 years 1966/03/16
PMI#: 0010536027
ID #:

C l i n i c a l C h e m i s t r y

Routine

2018/03/21 08:31 Non HDL Cholesterol:
Optimal: <2.60 mmol/L

2018/03/21 08:31 Lipids Comment:
For interpretation of levels or ranges, please see:

http://dyslipidemia.onlinecjc.ca/Content/PDFs/2012Guidelines.pdf

U r i n a l y s i s

		Collected Date	2018/03/21
		Collected Time	08:31
Procedure	Units	Ref Range	
Color			Straw
Appearance		[Clear]	Clear
Leukocyte Esterase	cells/uL	[Negative]	**70 ***
Nitrite		[Negative]	Negative
pH		[4.5-8.0]	6.0
Specific Gravity		[1.002-1.030]	1.010
Protein	g/L	[Negative-Trace]	Negative
Glucose		[Negative]	Negative
Ketones	mmol/L	[Negative]	Negative
Urobilinogen	umol/L	[3.2-16]	3.2
Bilirubin		[Negative]	Negative
Blood		[Negative]	Trace
Epithelial	/LPF		**Moderate ***
Cast	/LPF	[None Seen]	See Note
Cast Type:			See Below
WBC	/HPF		**5-10 ***
RBC	/HPF		3-5
Bacteria	/HPF	[None Seen]	**Moderate ***
Yeast	/HPF	[None Seen]	None Seen
Trichomonas	/HPF	[None Seen]	None Seen

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Sex/Age/DOB: Female 52 years 1966/03/16
PMI#: 0010536027
ID #:

U r i n a l y s i s

		Collected Date	2018/03/21
		Collected Time	08:31
Procedure	Units	Ref Range	
Crystals	/HPF	[None Seen]	None Seen

2018/03/21 08:31 Cast Type:
Hyaline casts: 2-5 /LPF

E n d o c r i n o l o g y

		Collected Date	2018/03/21
		Collected Time	08:31
Procedure	Units	Ref Range	
Thyroid Stimulating Hormone	mIU/L	[0.35-4.30]	0.66 f
T4 Free	pmol/L	[9.0-19.0]	15.8
25-Hydroxy Vitamin D !	nmol/L		101.5

2018/03/21 08:31 25-Hydroxy Vitamin D:
Reference ranges for adults only:
<25.0 nmol/L: severe vitamin D deficiency
25.0-49.9 nmol/L: vitamin D deficiency possible
50.0-75.0 nmol/L: likely vitamin D replete
>200.0 nmol/L: vitamin D toxicity possible

2018/03/21 08:31 Thyroid Stimulating Hormone:
Thyroid Stimulating Hormone (TSH) reference range during pregnancy may be lower by up to 0.20 mIU/L of the lower limit and 1.00 mIU/L of the upper limit of stated reference range, particularly during the first trimester. Refer to American Thyroid Association (ATA) guidelines for more information.

Legend: *=Abnormal C=Critical !=Interpretive c=Corrected L=Low H=High @=Ref Lab f=Footnotes

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RANI , REKHA
Client: NSHA Central Zone
MRN : 0001481436
Admission Date: 2018/03/21
Sex/Age/DOB: Female 52 years 1966/03/16
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Physician: Rizk, Soha R (PRIM-FFDart Fam Prac)
Loc/Room/Bed: DG Blood Collection
Visit #: 0000030072752
ID #:

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE | RESULT INQUIRY PHONE: (902)473-2266

R o u t i n e H e m a t o l o g y

Profile

		Collected Date	2018/03/21
		Collected Time	08:31
Procedure	Units	Ref Range	
WBC	x10(9)/L	[4.50-11.00]	7.57
RBC	x10(12)/L	[3.80-5.80]	5.02
Hgb	g/L	[120-160]	128
Hct		[0.370-0.470]	0.413
MCV	fL	[80.0-97.0]	82.3
MCH	pg	[28.0-32.0]	**25.5 L**
MCHC	g/L	[315-350]	**310 L**
RDW	%	[11.5-14.5]	14.4
PLT	x10(9)/L	[150-350]	229
MPV	fL	[9.0-12.5]	11.7
Neut	%	[45.0-70.0]	60.6
Lymph	%	[15.0-41.0]	27.6
Mono	%	[2.0-10.0]	6.1
Eos	%	[0.0-7.0]	4.9
Baso	%	[0.0-1.5]	0.4
Immature Grans	%	[0.0-5.0]	0.4
NRBC/100 WBC's	%	[0.0-0.0]	0.0
Neut	x10(9)/L	[2.00-7.50]	4.59
Lymph	x10(9)/L	[1.50-4.00]	2.09
Mono	x10(9)/L	[0.10-0.90]	0.46
Eos	x10(9)/L	[0.00-0.50]	0.37
Baso	x10(9)/L	[0.00-0.10]	0.03
Immature Grans	x10(9)/L	[0.00-0.09]	0.03

Legend: *=Abnormal C=Critical !=Interpretive c=Corrected L=Low H=High @=Ref Lab F=Footnotes

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Halifax, Nova Scotia
B3H 1V8

RANI , REKHA
MRN: 0001481436
Sex/Age/DOB: Female 52 years 1966/03/16
PMI#: 0010536027
ID #:

S p e c i a l H e m a t o l o g y

Miscellaneous

		Collected Date	2018/03/21
		Collected Time	08:31
Procedure	Units	Ref Range	
Vitamin B12 !	pmol/L	[138-652]	**1362 H**
Ferritin !	ug/L	[6.5-204.0]	30.3
Hgb A1c !	%	[4.6-6.3]	5.5

2018/03/21 08:31 Vitamin B12:
Consider B12 replacement for symptomatic patients with B12 levels between 138 and 220 pmol/L and hematological or neurological abnormalities.

2018/03/21 08:31 Ferritin:
Note: Ferritin is an acute phase reactant, hence mild/moderate elevations may be seen in inflammatory conditions.

2018/03/21 08:31 Hgb A1c:
Adults with type 1 and type 2 diabetes: A1c < 7%
Pre-pregnant females: A1c <7%*
During pregnancy: A1c ≤ 6%

* A1c ≤ 6% if this can be safely achieved. In some women, particularly those with type 1 diabetes, higher targets may be necessary to avoid excessive hypoglycemia.

2008 CDA Guidelines. CJD 2008: 32: S30, S168

Legend:	*=Abnormal	C=Critical	!=Interpretive	c=Corrected	L=Low	H=High	@=Ref Lab	f=Footnotes

HEALTH RECORDS COPY

PRINT DATE/TIME: 2018/03/22 22:08

MRN: 0001481436

RANI,REKHA
Acct #: 28696431

0001481436 1966/03/16 F 51Y
RANI,REKHA NHCE
HC 0010536027 NS EXP 18/02/28
8 CLIFFORD DR
DARTMOUTH NS B2W 1T8
(902)410-4164 HND 2-86964-31
FP RIZK,SOHA R 15197
PREF

FIRST SESSION SUMMARY

Location: Cole Harbour Telephone: **(902)434-3263**
Date: April 13, 2017

Circumstances of referral/client expectations of what would be helpful:

Rekha was referred by her Dr. Stacey Bradley. The referral suggested Rekha was experiencing anxiety which was interfering with her daily life.

This writer saw Rekha for the purpose of the choice appointment. The process of choice and the limits to confidentiality were discussed and permission was given to proceed.

This is Rekha's first contact with our service.

Major concerns/issues identified by the client:

Rekha is a 51 year old married female. She is a Mom to two girls, one in High School, the other is working on her thesis to become a PHD. Rekha lives at the above address with her husband of 28 years and her younger daughter. She is employed on a part time basis with Winners store. She presents today on time, appropriately dressed in a sari. She was polite and maintained eye contact throughout the session. She denied any perceptual disturbance and none noted.

Rekha is attending today as she reports she has been in an abusive relationship for the past 28 years. She states "he controls everything" and states she has no relationship with him. She states he works at a hotel as a chef so he is not home very much. She notices when he is not home things are peaceful and calmer. She states when he is home he is usually drinking and he yells a lot, criticizes "everything" she does, even her cooking style. She states leaving him is not an option. She states the hardest part of being with him is when he wants to be intimate. Rekha stated that although she "hates" sex with him, it makes him calmer and the anger she feels makes her stronger. Rekha stated she does have a plan and is putting money away in an account her husband does not know about. She feels she may be able to leave in 2 years when her youngest daughter graduates. Fortunately, Rekha states he works a lot so he's not around all the time.

Rekha also is worried about her daughter as she may have not registered her thesis in Germany. She is currently in Dartmouth trying to register it and Rekha is worried if she doesn't get this done on time, she will lose the chance to defend her thesis on political science. Her daughter is looking for work in the UK.

Assessment Forms

MRN: 0001481436

RANI,REKHA
Acct #: 28696431

0001481436 1966/03/16 F 51Y
RANI,REKHA NHCE
HC 0010536027 NS EXP 18/02/28
8 CLIFFORD DR
DARTMOUTH NS B2W 1T8
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FP RIZK,SOHA R 15197
PREF

How does the client want things to be?

Rekha would like to be separated from her spouse but recognizes this is not possible. She states she has "learned "how to handle him. She states they have gotten use to the way he is.

Client strengths/coping supports:

Although Rekha is under stress from her relationship, she is able to stay positive and plan for her future. She has friends she facetimes with when she can, she finds this helpful as they "act silly and laugh a lot" She is able to sock some money away and is planning on leaving in 2 years. She stated that culturally, she is his property. She is grateful to be in Canada where women are respected.
She has support from her sister, her brother and her Mother and talks to them when she can. She enjoys working at winners and has supportive friends there as well. She enjoys reading and hanging out with her younger daughter.

Feedback to client:

Rekha was validated for the situation she finds herself. Her strengths and coping were highlighted and her reaction normalized. We did agree that we would meet 2 times to help her with strategies for her anxiety. Rekha realizes that she cannot leave now and her stresses are beyond her control. She is doing what she can to help herself. She does have emergency numbers on hand if she needs them.

Goals:

To plan on leaving her marriage in 2 years.

Client Plan:

Rekha and writer have agreed to 2 sessions and then reassess.

Next appointment: April 30, 2017
Clinician: Barb

Assessment Forms