



Access to Personal Health Information, Legal Services

Queen Elizabeth II Health Sciences Centre

Central Zone

Halifax Infirmary – Room 1123/24

1796 Summer Street

Halifax, Nova Scotia B3H 3A7

Phone (902) 473-5512 Fax (902) 473-2091

Date May 04, 2017

Request # 373886

TO:

Boyne Clarke

PO Box 876

Dartmouth NS B2Y 3Z5

Patient Name	FORAN, JUDY THERESA
---------------------	---------------------

Dear Boyne Clarke:

Please find enclosed a copy of the personal health information as requested for the above named patient. The personal health information attached to this letter is provided to us from various sources and, to our knowledge, is complete.

Please consider this request paid in full.

If we can be of further assistance, please do not hesitate to call or write.

Yours truly,

Shelley Forbes, CHIM

Access to Personal Health Information

Enclosure

cc: Hospital Chart

Note:	Please find enclosed all records for visits with Dartmouth General Hospital from November 27, 2016 to March 1, 2017.
--------------	--



RECIEPT FOR Boyne Clarke

2017/05/04

Attention : Laura Gilroy/Heather Mitchell

Fax: 463-7500

Please consider this a receipt for payment in full by visa:

Attention: Matthew Napier

Boyne Clarke

PO Box 876

Dartmouth, NS

B2Y 3Z5

Phone: 902 469 9500

Amount in Canadian Dollars: \$ 30.00

\$ 11.20

HST: \$ 6.18

Total amount: \$ 47.38

Patient Name: Judy Foran

Unit Number: 476698

File Ref: 137336.B

Submitted by

Shelley Forbes, CHIM

Access to Personal Health Information / Legal Services



FORAN, JUDY THERESA

Carla

Dartmouth General Hospital

OUTPATIENT RECORD

Date (y/m/d) 17/03/01		Reg Time 1030		Chief Complaint XRAY RT SHOULDER	
Location DORS		Patient Type DDC	Service ORS	Last Visit Date 17/01/16	
Attending Clinician URQUHART, NATHAN		Mode of Arrival SELF	Accident Date (y/m/d) / Time Location and Type		
Next of Kin FORAN, LARRY		Relationship HUSBAND	NOK Address 36 TRAILWOOD PLACE HALIFAX NS		Home Phone (902)445-3630
Responsibility for Payment Specify: DH		Non Resident Province or Country Length of Stay in NS:		Payment Charts Requested Yes <input type="checkbox"/> Time: No <input type="checkbox"/>	
EKG <input type="checkbox"/>	LAB		XRAY <i>Right Shoulder</i>		
Allergies		INITIAL VITALS	BP	Pulse	Temp
CURRENT MEDS		Resp	Pupils	02 Sat	TETANUS STATUS Current <input type="checkbox"/> No <input type="checkbox"/> Given <input type="checkbox"/>
Required Patient Identifier checked <input type="checkbox"/> Initials <i>JP</i>					
Written & Verbal Patient Safety Education provided <input type="checkbox"/> Initials <i>JP</i> Falls Risk Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initials <i>JP</i>					
Multidisciplinary Progress Notes					
<i>no 24 Rt not GT# CAPS</i>					
<i>FF Ambulation</i>					
<i>Hand Gutter</i>					
<i>8cm Dye</i>					
<i>1140-1150</i>					
<i>Osteoporosis Screening: Yr</i>					
<i>was struck by a car</i>					
<i>traumatic to rt</i>					
<i>will not be followed</i>					
<i>by Dr. FLS. provided</i>					
<i>information about nutrition</i>					
<i>for total hip</i>					
Report To:					
1. Ortho clinic for Xray <i>6</i> weeks <i>Rt 4 weeks</i>					
2. Ortho Clinic for cast removal in <i>6</i> weeks.					
3. Ortho Clinic in <i>6</i> weeks.					
Recheck only Dr. <i>JP</i>					
ATTENDING PHYSICIAN DATE					
AUTHORIZATION FOR TREATMENT I hereby consent, in the name of the patient names, to the treatment or procedure to be performed by the medical staff of employee as required and with the assistance of such employee of the CDHA as required for the treatment or procedure.					
SIGNATURE OF PATIENT (GUARDIAN) WITNESS					
Registered by:					



Ambulatory Care Face Sheets

E 2.03

97.92A

XRAY:XR-17-045286 FINAL REPORT:2017/03/02 16:47:15:27 DEPT:CENTRAL IMAGING:17-045286



Diagnostic Imaging Department
Rm 3208 3rd Fl Dickson Bldg
1276 South Park St
Halifax, Nova Scotia
B3H 2Y9

FORAN, JUDY THERESA

MRN : 0000476698

Admission Date: 2017/03/01

Sex/Age/DOB: Female 59 years 1958/01/21

PMI#: 0008816662

Physician:

Loc/Room/Bed: DG Orthopedic Clinic //

Visit #: 0000028522329

ID #:

DIAGNOSTIC IMAGING DEPARTMENT | RESULT INQUIRY PHONE: (902)473-2266**G e n e r a l I m a g i n g****Accession**

XR-17-045286 2017/03/01 10:50 XR Shoulder, RT -SH

Report

XR Shoulder, RT -SH

INDICATION: Orthopedics clinic.

COMPARISON: 1/16/2017

FINDINGS: There is ongoing sclerosis along the healing, undisplaced avulsion fracture of the humeral tuberosity.
Glenohumeral alignment is maintained.

***** Final Report*****

Dictated by: Delaney, Susan Marie

Verified by: Delaney, Susan Marie

Verified on: 2017/03/02 16:47

HEALTH RECORDS COPY

Urquhart, Nathan A; Doyon, Julie (PRIM)
Ordering: Urquhart, Nathan A

COPY(S) SENT TO:

PRINT DATE/TIME: 2017/03/03 15:27

PAGE 1 of 1



FORAN, JUDY THERESA

Dartmouth General Hospital

OUTPATIENT RECORD

Date (y/m/d) 17/01/16		Reg Time 1000		Chief Complaint RTN APPT - XRAY - (RT) SHLD	
Location DORS		Patient Type DOC		Service ORS	
				Last Visit Date 16/12/29	
Unit #: 0000476698 Acct #2-83604-14 Patient Name: FORAN, JUDY THERESA Sex: F DOB: 1958/01/21 Age: 58Y PMI #: 0008816662 Prov: NS Expiry Date: 17/12/31 Address: 36 TRAILWOOD PLACE Home Ph.: (902)445-3630 HALIFAX B3M 3Y1 Alt. Ph.: Country: CANADA Work Ph.: (902)499-4513 Religion: Family Physician PMB# RC DOYON, JULIE 16239					
Attending Clinician URQUHART, NATHAN		Mode of Arrival		Accident Date (y/m/d) / Time/Location and Type	
Next of Kin FORAN, LARRY		Relationship HUSBAND		NOK Address 36 TRAILWOOD PLACE HALIFAX NS	
				Home Phone (000)445-3630	
				NOK Notified Yes <input type="checkbox"/> Time: No <input type="checkbox"/>	
Responsibility for Payment Specify: DH		Non Resident Province or Country		Payment	
EKG <input type="checkbox"/> LAB <input type="checkbox"/>		Length of Stay in NS:		Charts Requested Yes <input type="checkbox"/> Time: No <input type="checkbox"/>	
Allergies		INITIAL VITALS		BP Pulse Temp Resp Pupils O2 Sat	
				TETANUS STATUS Current Y <input type="checkbox"/> N <input type="checkbox"/> Given <input type="checkbox"/>	
CURRENT MEDS					
Required Patient Identifier checked <input checked="" type="checkbox"/> Initials <i>[Signature]</i>					
Written & Verbal Patient Safety Education provided <input type="checkbox"/> Initials <i>[Signature]</i> Falls Risk Yes <input type="checkbox"/> No <input type="checkbox"/> Initials <i>[Signature]</i>					
Multidisciplinary Progress Notes					
<i>RT L shoulder + Anomaly</i> <i>RT L shoulder</i> <i>RT L shoulder</i> <i>RT L shoulder</i>					
Report To:					
1. Ortho clinic for Xray <u>6</u> weeks <i>RT L shoulder</i>					
2. Ortho Clinic for cast removal in <u> </u> weeks.					
3. Ortho Clinic in <u> </u> weeks.					
4. Recheck only Dr. <u> </u>					
ATTENDING PHYSICIAN DATE					
AUTHORIZATION FOR TREATMENT I hereby consent, in the name of the patient names, to the treatment or procedure to be performed by the medical staff of employee as required and with the assistance of such employee of the CDHA as required for the treatment or procedure.					
SIGNATURE OF PATIENT (GUARDIAN)				WITNESS	
				Registered by:	



NOVA SCOTIA HEALTH AUTHORITY CENTRAL ZONE

5820 University Avenue, Halifax, Nova Scotia, B3H 6A3
Health Information Services Room 5031, (902) 473-6318

MRN #: 0000476698 Acct #: 28360414
HCN #: 0008816662
FORAN, JUDY T
36 TRAILWOOD PLACE, HALIFAX, NS B3M-3Y1
DOB: 1958-Jan-21 Phone: (902)445-3630
PMI: DEPT OF HEALTH
WCB:

AMBULATORY CARE CLINIC LETTER

Orthopaedic Surgery Clinic
Dartmouth General Hospital

VISIT DATE: 2017-Jan-16

Dear Dr. Doyon:

I saw Mrs. Foran who is a 58-year-old woman who had a right shoulder GT fracture repair. She also had a labral repair. Currently, is quite stiff and is fairly anxious.

We reviewed our physio protocol for her and want her to get moving more aggressively. We will see her in 6 weeks' time for followup.

Sincerely,

DICTATED BUT NOT READ

If changes are required, they will be made and an updated report will be sent.
If you require immediate clarification, please contact the attending physician directly.

Nathan Urquhart MD, MSc, FRCSC
Attending Staff
Dept. of Surgery (Orthopedics)

Office Tel: 902-477-6002 Office Fax: 902-494-9298

cc: Julie Doyon <PCP>

Copies:

ATTENDING: NATHAN URQUHART REFERRING: PRIMARY CARE: Julie Doyon

Transc ID: / ungerr
Job ID / Document ID: 1084309 / 6090541
Date Dictated: 2017-Apr-10 23:19:43
Date Transcribed: 2017-Apr-10 23:29:08
Date Revised: 2017-Apr-10 23:29:08
Date Printed: 2017-Apr-10

Page 1

Ambulatory Care Clinic Letter

UNPROCESSED REPORT FOR JUDY THERESA FORAN 2017/01/22 15:11 DEPT:GENERAL IMAGING DEPT:DG-17/01/16



Diagnostic Imaging Department
Rm 3209 3rd Fl Dickson Bldg
1276 South Park St
Halifax, Nova Scotia
B3H 2Y9

FORAN, JUDY THERESA

MRN : 0000476698

Admission Date: 2017/01/16

Sex/Age/DOB: Female 59 years 1958/01/21

PMI#: 0008816662

Physician:

Loc/Room/Bed: DG Orthopedic Clinic //

Visit #: 0000028360414

ID #:

DIAGNOSTIC IMAGING DEPARTMENT | RESULT INQUIRY PHONE: (902)473-2266**G e n e r a l I m a g i n g****Accession**

XR-17-011552 2017/01/16 10:37 XR Shoulder, RT -SH

Report

XR Shoulder, RT -SH

INDICATION: Ortho clinic. Follow-up.

FINDINGS: There has been no significant change in alignment of the greater tuberosity fracture fragments when compared

with December 29, 2016. There is sclerosis at the fracture site suggesting healing. The glenohumeral and acromioclavicular joints are maintained.

***** Final Report*****

Dictated by: Ingham, Andrew Barclay

Verified by: Ingham, Andrew Barclay

Verified on: 2017/01/21 15:43

HEALTH RECORDS COPY

Urquhart, Nathan A; Doyon, Julie (PRIM)
Ordering: Urquhart, Nathan A

COPY(S) SENT TO:

PRINT DATE/TIME: 2017/01/22 15:11

PAGE 1 of 1



FORAN, JUDY THERESA

Dartmouth General Hospital

OUTPATIENT RECORD

Date (y/m/d) 16/12/29		Reg Time 1020		Chief Complaint XRAY RT SHOULDER	
Location DORS		Patient Type DDC		Service ORS	
Last Visit Date 16/12/12		Unit #: 0000476698 Acct #2-83088-26			
Patient Name: FORAN, JUDY THERESA					
Sex: F DOB: 1958/01/21 Age: 58Y					
PMI #: 0008816662 Prov: NS Expiry Date: 17/12/31					
Address: 36 TRAILWOOD PLACE Home Ph.: (902)445-3630 HALIFAX B3M 3Y1 Alt. Ph.: (902)499-4513					
Country: CANADA					
Religion: Family Physician PMB# RC DDYON, JULIE 16239					
Attending Clinician URQUHART, NATHAN		Made of Arrival		Accident Date (y/m/d) / Time Location end Type	
Next of Kin FORAN, LARRY		Relationship HUSBAND		NOK Address 36 TRAILWOOD PLACE HALIFAX NS	
Home Phone (902)445-3630		NOK Notified Yes <input type="checkbox"/> Time: _____ No <input type="checkbox"/>			
Responsibility for Payment Specify: DH		Non Resident Province or Country Length of Stay in NS:		Charts Requested Yes <input type="checkbox"/> Time: _____ No <input type="checkbox"/>	
EKG <input type="checkbox"/>		LAB <input type="checkbox"/>		XRAY <input checked="" type="checkbox"/> Right Shoulder	
Allergies		INITIAL BP		Pulse Temp Resp Pupils O2 Sat TETANUS STATUS	
CURRENT MEDS		VITALS		Current Y <input type="checkbox"/> N <input type="checkbox"/> Given <input type="checkbox"/>	
Required Patient Identifier checked _____ Initials					
Written & Verbal Patient Safety Education provided <input type="checkbox"/> _____ Initials Falls Risk Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> _____ Initials					
Multidisciplinary Progress Notes					
Nov 29,					
PT -					
very happy & healthy,					
Report To:					
1. Ortho clinic for Xray 2 weeks At 4 weeks					
2. Ortho Clinic for cast removal in _____ weeks.					
3. Ortho Clinic in _____ weeks.					
4. Recheck only Dr. _____					
ATTENDING PHYSICIAN DATE					
AUTHORIZATION FOR TREATMENT I hereby consent, in the name of the patient names, to the treatment or procedure to be performed by the medical staff of employee as required and with the assistance of such employee of the CDHA as required for the treatment or procedure.					
SIGNATURE OF PATIENT (GUARDIAN) WITNESS					
Registered by:					



**NOVA SCOTIA HEALTH AUTHORITY
CENTRAL ZONE**

5820 University Avenue, Halifax, Nova Scotia, B3H 6A3
Health Information Services Room 5031, (902) 473-6318

MRN #: 0000476698 Acct #: 28308826
HCN #: 0008816662
FORAN, JUDY T
36 TRAILWOOD PLACE, HALIFAX, NS B3M-3Y1
DOB: 1958-Jan-21 Phone: (902)445-3630
PMI: DEPT OF HEALTH
WCB:

AMBULATORY CARE CLINIC LETTER

Orthopaedic Surgery Clinic
Dartmouth General Hospital

VISIT DATE: 2016-Dec-29

Dear Dr. Doyon:

Ms. Foran is a 58-year-old woman who on November 29 suffered a right shoulder fracture and underwent a GT repair. Currently, she is very stiff and has been. She has a great deal of anxiety. The wound looks good, and we really just need to get her going at this time. We want her to be a bit more aggressive than she is being. We will see her in 2 weeks' time for followup.

Yours sincerely,

DICTATED BUT NOT READ

If changes are required, they will be made and an updated report will be sent.
If you require immediate clarification, please contact the attending physician directly.

Nathan Urquhart MD, MSc, FRCSC
Attending Staff
Dept. of Surgery (Orthopedics)

Office Tel: 902-477-6002 Office Fax: 902-494-9298

cc: Julie Doyon <PCP>

Copies:

ATTENDING: NATHAN URQUHART REFERRING: PRIMARY CARE: Julie Doyon

Transc ID: / claraleb
Job ID / Document ID: 1009678 / 6015712
Date Dictated: 2017-Jan-25 21:46:42
Date Transcribed: 2017-Jan-31 10:45:25
Date Revised: 2017-Jan-31 10:45:25
Date Printed: 2017-Jan-31

UNFOOTEDTUTURNALBFF4960PCBPRJAWPFC017/01/03 15:18 JRP708NPTAL IMAGINGTTPX06 16273X02



Diagnostic Imaging Department
Rm 3209 3rd Fl Dickson Bldg
1276 South Park St
Halifax, Nova Scotia
B3H 2Y9

FORAN, JUDY THERESA

MRN : 0000476698

Admission Date: 2016/12/29

Sex/Age/DOB: Female 58 years 1958/01/21

PMI#: 0008816662

Physician:

Loc/Room/Bed: DG Orthopedic Clinic //

Visit #: 0000028308826

ID #:

DIAGNOSTIC IMAGING DEPARTMENT | RESULT INQUIRY PHONE: (902)473-2266**G e n e r a l I m a g i n g****Accession**

XR-16-272802 2016/12/29 10:57 XR Shoulder, RT -SH

Report

XR Shoulder, RT -SH

INDICATION: Orthopedics clinic.

COMPARISON: 12/12/2016

FINDINGS: The surgical staples have been removed. Note is again made of the avulsed fracture of the humeral tuberosity, demonstrating approximately 3 mm of superior migration. There is slightly increased sclerosis and ill-definition along the fracture margins consistent with ongoing healing. Glenohumeral alignment is maintained.

***** Final Report*****

Dictated by: Delaney, Susan Marie

Verified by: Delaney, Susan Marie

Verified on: 2017/01/03 10:04

HEALTH RECORDS COPY

Urquhart, Nathan A; Doyon, Julie (PRIM)
Ordering: Urquhart, Nathan A

COPY(S) SENT TO:

PRINT DATE/TIME: 2017/01/03 15:18

PAGE 1 of 1



FORAN, JUDY THERESA

Dartmouth General Hospital

OUTPATIENT RECORD

Date (y/m/d)		Reg Time		Chief Complaint	
16/12/12		0850		RET APPT XRAY RT SHOULDER	
Location		Patient Type		Service	
DORS		DOC		ORS	
Last Visit Date		16/11/29			
Unit #: 0000476698 Acct #: 2-82470-20 Patient Name: FORAN, JUDY THERESA Sex: F DOB: 1958/01/21 Age: 56Y PMI #: 0008816662 Prov: NS Expiry Date: 17/12/31 Address: <u>Trailwood</u> 36 TRAILWOOD PLACE Home Ph.: (902) 445-3830 Work Ph.: (902) 499-4513 HALIFAX B3M 3Y1 Alt. Ph.: Country: CANADA Religion: Family Physician PMB# RC DOYON, JULIE 16239					
Attending Clinician		Mode of Arrival		Accident Date (y/m/d) / Time	
URQUHART, NATHAN		SELF			
Next of Kin		Relationship		NOK Address	
FORAN, LARRY		HUSBAND		36 TRAILWOOD PLACE HALIFAX NS	
Home Phone		NDK Notified			
(000) 445-3830		Yes <input type="checkbox"/> Time: _____ No <input type="checkbox"/>			
Responsibility for Payment		Non Resident Province or Country		Payment	
Specify: DH		Length of Stay in NS:		Charts Requested	
EKG <input type="checkbox"/> LAB <input type="checkbox"/>				Yes <input type="checkbox"/> Time: _____ No <input type="checkbox"/>	
Allergies		INITIAL		BP	
		VITALS		Pulse	
				Temp	
				Resp	
				Pupils	
				O2 Sat	
				TETANUS STATUS	
				Current Y <input type="checkbox"/> N <input type="checkbox"/> Given <input type="checkbox"/>	
CURRENT MEDS					
Required Patient Identifier checked <u>MP</u> initials					
Written & Verbal Patient Safety Education provided <input type="checkbox"/> initials Falls Risk Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> initials					
Multidisciplinary Progress Notes					
Postop 2 weeks R prox humerus # / RC repair / labral tear.					
Doing well. Still sore. paresth.					
Started physio					
O/E:					
m/r/u intact axil intact					
incision:					
Elbow, shoulder stiff.					
XR -					
AP: Postop 2 weeks prox humerus #					
Report To:					
1. Ortho clinic for Xray <u>2</u> weeks R shoulder.					
2. Ortho Clinic for cast removal in _____ weeks.					
3. Ortho Clinic in _____ weeks.					
4. Recheck only Dr. _____					
ATTENDING PHYSICIAN DATE					
AUTHORIZATION FOR TREATMENT I hereby consent, in the name of the patient names, to the treatment or procedure to be performed by the medical staff of employee as required and with the assistance of such employee of the COHA as required for the treatment or procedure.					
SIGNATURE OF PATIENT (GUARDIAN) WITNESS					
Registered by:					



NOVA SCOTIA HEALTH AUTHORITY CENTRAL ZONE

5820 University Avenue, Halifax, Nova Scotia, B3H 6A3
Health Information Services Room 5031, (902) 473-6318

MRN #: 0000476698 Acct #: 28247020
HCN #: 0008816662
FORAN, JUDY T
36 TRAILWOOD PLACE, HALIFAX, NS B3M-3Y1
DOB: 1958-Jan-21 Phone: (902)445-3630
PMI: DEPT OF HEALTH
WCB:

AMBULATORY CARE CLINIC LETTER

Orthopaedic Surgery Clinic
Dartmouth General Hospital

VISIT DATE: 2016-Dec-12

Dear Dr. Doyon:

Mrs. Foran was seen in followup in the orthopedic clinic today. She is postop 2 weeks from a right proximal humerus fracture and rotator cuff repair. She has been doing quite well since then. She is still having pain in the right shoulder, particularly at night. She denies any paresthesias in the arm. She had been to her first session of physio in the past week.

On examination today, her neurovascular status is intact. The incisions look good with no signs of infection. She does have some stiffness at her elbow and her shoulder.

An x-ray of the shoulder today shows that the fracture site is in good place.

Mrs. Foran is postop 2 weeks from a proximal humerus fracture, rotator cuff and labral repair. Her staples were removed today. She appears to be developing a bit of stiffness in the arm and so we explained the importance of range of motion exercises, although they will be sore initially. She will work with physiotherapy for this. We will see her in followup in 2 weeks' time.

Sincerely,

DICTATED BUT NOT READ

If changes are required, they will be made and an updated report will be sent.
If you require immediate clarification, please contact the attending physician directly.

Samantha Jang-Stewart, MD, Resident

Copies:

ATTENDING: NATHAN URQUHART REFERRING: PRIMARY CARE: Julie Doyon

Transc ID: / mintzdc
Job ID / Document ID: 966489 / 5972220
Date Dictated: 2016-Dec-12 20:33:42
Date Transcribed: 2016-Dec-17 18:31:28
Date Revised: 2016-Dec-17 18:31:28
Date Printed: 2016-Dec-17

Page 1

Ambulatory Care Clinic Letter

NSHA-Central Zone

FORAN, JUDY T
MRN #: 0000476698
Page 2

Nathan Urquhart MD, MSc, FRCSC
Attending Staff
Dept. of Surgery (Orthopedics)

Office Tel: 902-477-6002 Office Fax: 902-494-9298

cc: Julie Doyon <PCP>

Transc ID: / mintzdc
Job ID / Document ID: 966489 / 5972220
Date Dictated: 2016-Dec-12 20:33:42
Date Transcribed: 2016-Dec-17 18:31:28
Date Revised: 2016-Dec-17 18:31:28
Date Printed: 2016-Dec-17

Ambulatory Care Clinic Letter

REF ID: A66000



Diagnostic Imaging Department
Rm 3209 3rd Fl Dickson Bldg
1276 South Park St
Halifax, Nova Scotia
B3H 2Y9

FORAN , JUDY THERESA

MRN : 0000476698

Admission Date: 2016/12/12

Sex/Age/DOB: Female 58 years 1958/01/21

PMI#: 0008816662

Physician:

Loc/Room/Bed: DG Orthopedic Clinic //

Visit #: 0000028247020

ID #:

DIAGNOSTIC IMAGING DEPARTMENT | RESULT INQUIRY PHONE: (902)473-2266

General Imaging

Accession

XR-16-261639 2016/12/12 08:48 XR Shoulder, RT -SH

Report

XR Shoulder, RT -SH

INDICATION: Ortho clinic, Follow-up.

FINDINGS: Skin staples overlie the humeral head and adjacent soft tissues. Once again note is made of a comminuted fracture involving the greater tuberosity with approximately 5 mm of superior migration of the major greater tuberosity fracture fragment. No other definite fractures are identified however there is a lucency superimposed on the inferior aspect of the glenoid which may be related to artifact. There is osteophyte formation along the humeral head. The AC joint is maintained.

***** Final Report*****

Dictated by: Ingham , Andrew Barclay

Verified by: Ingham , Andrew Barclay

Verified on: 2016/12/13 12:39

HEALTH RECORDS COPY

Urquhart , Nathan A; Doyon , Julie (PRIM)
Ordering: Urquhart , Nathan A

COPY(S) SENT TO:

PRINT DATE/TIME: 2016/12/13 15:33



FORAN, JUDY THERESA

Dartmouth General Hospital

OUTPATIENT RECORD

Date (y/m/d) 16/11/29		Reg Time 0942		Chief Complaint (R) SHOULDER SCOPE / ORIF HUMERUS	
Location DOR		Patient Type DOD		Service ORS	
Last Visit Date 16/11/28		Attending Clinician URQUHART, NATHAN		Mode of Arrival RELATIVE	
Next of Kin FORAN, LARRY		Relationship HUSBAND		NOK Address 36 TRAILWOOD PLACE HALIFAX	
Responsibility for Payment Specify: DH		Non Resident Province or Country Length of Stay in NS:		Payment	
EKG <input type="checkbox"/>		LAB <input type="checkbox"/>		XRAY <input type="checkbox"/>	
Allergies		INITIAL VITALS		BP Pulse Temp Resp Pupils D2 Set TETANUS STATUS Current <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Given <input type="checkbox"/>	
CURRENT MEDS					
Required Patient Identifier checked _____ Initials					
Written & Verbal Patient Safety Education provided <input type="checkbox"/> _____ initials					
Multidisciplinary Progress Notes					
<p style="text-align: right;">① George R. C. R.</p> <p style="text-align: center;">G 7 #</p> <p style="text-align: center;">P An label for label exp</p> <p style="text-align: right;">CRZF</p> <p style="text-align: center;">- Vagel - G. R. R. - G. R. R. - Adams</p>					
ATTENDING PHYSICIAN				DATE	
AUTHORIZATION FOR TREATMENT I hereby consent, in the name of the patient named, to the treatment or procedure to be performed by the medical staff of employee as required and with the assistance of such employee of the CDHA as required for the treatment or procedure.					
SIGNATURE OF PATIENT (GUARDIAN)				WITNESS	
Registered by: JDF					





FORAN, JUDY THERESA

0000476698 1958/01/21 F 58Y
FORAN,JUDY THERESA DOR
HC 0008816662 NS EXP 17/12/31
36 TRIALWOOD PLACE
HALIFAX NS B3M 3Y1
(902)445-3630 RC 2-82129-70
FP DOYON,JULIE 16239
PREF

Dartmouth General Hospital

Anesthetic Record

Procedures: _____

Anesthesiologist _____ **Surgeon** _____ **Assistant(s)** _____

[illegible]

Time

[illegible]

Comments

In: Crystalline Colloid	Out: EBL U/O	Date: (yy/mm/dd) Start Finish
PACU/ICU RR BP HR SpO ₂	Signature:	



Department of Anesthesia
Pre Op Assessment

Meds

Allergies

LOBSTER.

Previous Surgery/Anesthetics ☐ Neg FHx

Yes - NO level

Cardiovascular ☒ None
Ischemic Heart Disease
Angina
MI
CHF
Hypertension

Respiratory ☒ None
Dyspnea
Smoker NO
COPD
Asthma
Recent URTI
Pneumonia

Gastrointestinal ☐ NPO ☒ None
Gastritis/Ulcer
Reflux
Hiatal hernia

Hematologic ☒ None
Anemia
Coagulopathy

Genitourinary ☒ None
ARF
CRF

Central Nervous System ☒ None
CVA/TIA
Epilepsy
Psychiatric
Spinal cord/Peripheral nerve injury
Narcotic tolerance
Mentally challenged

Pt Name: FORAN, JUDY THERESA
Acct #: 2-82129-70

Metabolic/Endocrine ☐ None
Diabetes
Thyroid
Steroids tx
Obesity

Musculoskeletal ☐ None

Other

Physical Ht ☒ Wt ☒
HR BP SpO2

Airway
Mallempati 1 2 3 4
Mouth opening ☒ Easy
Thyromental ☒ Difficult
Neck Gr ☒ A
Dentures ☒ J veneers

Laboratory
Hgb Pits INR PTT
Na K Cl Cr

ECG ☒ Dental ☒ Dmg

Other ☒ Allergy
☒ Malignancy

ASA 1 2 3 4 5 E

Signature: *[Signature]*

Date: (YY/MM/DD) NOV 29 2016

PAGE: 1 of 2

PAGE: 2 of 2



FORAN, JUDY THERESA
2-82129-70

0000476698 1958/01/21 F 58Y
FORAN, JUDY THERESA DEMR
HC 0008816662 NS EXP 17/12/31
36 TRIALWOOD F.ACE
HALIFAX NS B3M 3Y1
(902)445-3638 RC 7-50857-46
FP DOYON, JULIE 16239
PREF

Risk Management

Consent for Investigation, Treatment or Operative Procedure

1. I, Judy Foran consent to undergo the investigation, treatment or operative procedure ("treatment") in light of the scope of the procedure ordered by or to be performed by _____ and those whom he/she may designate as associates or assistants.

2. The proposed treatment has been explained to me by [Signature] in terms that I can understand, including:

- what the treatment involves (what will be done & what will happen);
- what my options or choices are;
- how the treatment is intended to help my condition;
- the potential need, risks, and benefits of transfusion of blood or blood components; and
- the common, foreseeable risks or potential serious consequences of the treatment, which may include:

After bleeding, severe dizziness, fainting, and other complications.

3. It has been explained to me that during the course of the proposed treatment, unforeseen conditions may be revealed or encountered that require other treatment in addition to or different from the treatment discussed. I also consent to such additional or alternative investigation, treatment or operative procedure as _____ deems immediately necessary.

4. I agree that the Nova Scotia Health can retain (for the purpose of diagnosis) or dispose of any material that may be removed during the treatment.

5. All my questions regarding the proposed treatment have been answered to my satisfaction.

Judy Foran 16/4/27
Patient/Guardian signature Date/Time

Telephone consent received from (name) _____ (relationship) _____
for (procedure) _____

Patient unable to sign for self because _____

Witness _____ Date/Time _____ Doctor _____

I confirm that I have explained the nature and effect of the above mentioned investigative procedures, operation or treatment to the patient/guardian signed here.

[Signature] 16/4/27
Physician's signature Date/Time



FORAN, JUDY THERESA

0000476698 1958/01/21 F 58Y
FORAN, JUDY THERESA DDR
HC 0008816682 NS EXP 17/12/31
36 TRIALWOOD PLACE
HALIFAX NS B3M 3Y1
(902)445-3630 RC 2-82129-70
FP DOYON, JULIE 16239
PREF

Dartmouth General Hospital
OR Department

Rhythm Interpretation

1. Rate: 74 P-R: 118-120 QRS: .08 QT: 136

Interpretation: Sinus RhySignature: [Signature]Date (YYYY/MM/DD): 11/11/20

. 29 Nov 2016 21:48. Speed: 25mm/s. Alarm Audio: All on.
medium priority: 7. Alarm volume (Low priority): 7. HR(EOG): 74/min. EDG Size: 1x.
/min. ST(II): 0.3mm. Filter: Monitoring. Arrhythmia: Full. SpO2: 100%.
BP: 141/85/65 mmHg. 21-45. RR: 16/min.



1. Rate: _____ P-R: _____ QRS: _____ QT: _____

Interpretation: _____

Signature: _____

Date (YYYY/MM/DD): _____



Diagnostic Reports

CD 1418 MRO_09_10



Dartmouth General Hospital
Same Day Surgery Program



FORAN, JUDY THERESA

0000476698 1958/01/21 F 58Y
FORAN, JUDY THERESA DOR
HC 0008816662 NS EXP 17/12/31
36 TRIALWOOD PLACE
HALIFAX NS B3M 3Y1
(902)445-3630 RC 2-82129-70
FP DOYON, JULIE 16239
PREF

Patient Health History Questionnaire

Patient Name: <u>FORAN, JUDY THERESA</u>		Date of Birth: <u>1958</u> yyyy/ <u>01</u> mm/ <u>21</u> dd	
Height: <u>5'4</u> weight: <u>150</u>			
Who completed this form? Patient <input type="checkbox"/> Other <input checked="" type="checkbox"/>		Date completed: <u>1958/01/21</u> yyyy/mm/dd	
If other, Name & Relationship to patient: (please print) _____			
Do you have a responsible adult to accompany you home and stay with you after Day Surgery (Outpatient Surgery)? YES <input checked="" type="checkbox"/> No <input type="checkbox"/> (If you answered NO, you must make these arrangements or your surgery will be cancelled.)			
1. Do you smoke? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> How many per day? _____ Number of years you have smoked? _____			
2. If you stopped smoking when did you quit? _____			
3. Is it possible you are pregnant? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
4. Do you take Warfarin, Coumadin, Aspirin, Plavix or any other blood thinner? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
5. Have you taken oral or IV Prednisone, Cortisone or steroids (excluding inhalers and creams) in the last 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DO YOU HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?			
6. a) An unusual or serious reaction or complication to any kind of anesthetic?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	23. Pacemaker or implantable cardioverter-defibrillator (ICD)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
b) Has this happened to anyone else in your family?	<input type="checkbox"/> <input checked="" type="checkbox"/>	24. Angina, heart attack or cardiac stent?	<input type="checkbox"/> <input checked="" type="checkbox"/>
7. Nausea or vomiting after an anesthetic?	<input type="checkbox"/> <input checked="" type="checkbox"/>	25. Chest pressure or pain with exercise?	<input type="checkbox"/> <input checked="" type="checkbox"/>
8. Difficulty with neck movement or opening your mouth? Do you have a neck injury?	<input type="checkbox"/> <input checked="" type="checkbox"/>	26. Heart testing such as: a) Stress test (treadmill test)?	<input type="checkbox"/> <input checked="" type="checkbox"/>
9. Capped, loose, false teeth or body piercing?	<input type="checkbox"/> <input checked="" type="checkbox"/>	b) Dye Test / Cardiac Catheterization?	<input type="checkbox"/> <input checked="" type="checkbox"/>
10. Hiatus hernia or significant problems with stomach acid or heartburn?	<input type="checkbox"/> <input checked="" type="checkbox"/>	27. Bruise or bleed easily (you or your family)?	<input checked="" type="checkbox"/> <input type="checkbox"/>
11. Asthma, bronchitis, COPD, TB?	<input type="checkbox"/> <input checked="" type="checkbox"/>	28. Leg or lung blood clots or DVT?	<input type="checkbox"/> <input checked="" type="checkbox"/>
12. Are you on home oxygen?	<input type="checkbox"/> <input checked="" type="checkbox"/>	29. Current low blood count, current anemia or other blood disorder?	<input type="checkbox"/> <input checked="" type="checkbox"/>
13. Chronic or troublesome cough?	<input type="checkbox"/> <input checked="" type="checkbox"/>	30. Blackouts or fainting spells in the last year?	<input type="checkbox"/> <input checked="" type="checkbox"/>
14. Shortness of breath at rest or when lying flat?	<input type="checkbox"/> <input checked="" type="checkbox"/>	31. Stroke, mini stroke, severe muscle weakness or paralysis of any part of your body?	<input type="checkbox"/> <input checked="" type="checkbox"/>
15. Shortness of breath climbing one flight of stairs?	<input type="checkbox"/> <input checked="" type="checkbox"/>	32. Epilepsy, seizure or a significant neurological disorder?	<input type="checkbox"/> <input checked="" type="checkbox"/>
16. Do you have sleep apnea?	<input type="checkbox"/> <input checked="" type="checkbox"/>	33. Kidney disease?	<input type="checkbox"/> <input checked="" type="checkbox"/>
17. Do you use a CPAP machine?	<input type="checkbox"/> <input checked="" type="checkbox"/>	34. Thyroid problems?	<input type="checkbox"/> <input checked="" type="checkbox"/>
18. Do you snore loudly?	<input type="checkbox"/> <input checked="" type="checkbox"/>	35. Diabetes?	<input type="checkbox"/> <input checked="" type="checkbox"/>
19. Are you extremely tired during the day?	<input type="checkbox"/> <input checked="" type="checkbox"/>	36. Rheumatoid arthritis? (not Osteoarthritis)	<input type="checkbox"/> <input checked="" type="checkbox"/>
20. Has anyone observed that you choke, gasp or stop breathing during sleep?	<input type="checkbox"/> <input checked="" type="checkbox"/>	37. HIV?	<input type="checkbox"/> <input checked="" type="checkbox"/>
21. Do you have high blood pressure?	<input type="checkbox"/> <input checked="" type="checkbox"/>	38. Yellow jaundice, hepatitis or liver problems? When?	<input type="checkbox"/> <input checked="" type="checkbox"/>
22. Heart problems such as: a) Heart murmur?	<input type="checkbox"/> <input checked="" type="checkbox"/>	39. Do you have one of these IV lines? 2) PICC line	<input type="checkbox"/> <input checked="" type="checkbox"/>
b) Valve replacement surgery?	<input type="checkbox"/> <input checked="" type="checkbox"/>	b) Port-a-cath	<input type="checkbox"/> <input checked="" type="checkbox"/>
c) Palpitations, skipped heart beat?	<input type="checkbox"/> <input checked="" type="checkbox"/>		

PLEASE FILL OUT FRONT AND BACK OF THIS FORM



Patient Health History Questionnaire

40. Have you been found to have an antibiotic resistant organism like MRSA or VRE? YES ☐ NO ☒

41. Have you or any family members been diagnosed with CJD (Mad Cow Disease) or told you may be carriers of the disease? YES ☐ NO ☒

42. Do you have chronic or acute pain requiring prescription medication? YES ☐ NO ☒

43. Do you drink alcohol, wine or beer? YES ☒ NO ☐
How much? Wine How often? Once a week

44. Do you use street / recreational drugs? YES ☐ NO ☒
Type? _____ How often? _____

45. List any major illnesses (including psychological)
None

46. List any operations you have had - include where and when you had the operation.
Stomach removed polyps - cauterized nose

47. When was the last time you were in hospital? N/A Where? _____
Why? _____

48. When was the last time you had a general anesthetic? N/A What hospital? _____

49. Are you allergic to LATEX? YES ☐ NO ☒ what is your reaction? _____

50. Do you have any other allergies? YES ☒ NO ☐ Please list all allergies and your reaction

Allergic to:	Reaction:	Allergic to:	Reaction:
<u>lobster</u>			

51. Do you take any medications? YES ☒ NO ☐ If yes, list all medications below:
all prescriptions, insulin, herbals and over the counter medication.

Medication	Dose and when taken	Medication	Dose and when taken
<u>Omega-3</u>	<u>2</u>		<u>Evening</u>
<u>Multi-Vitamin</u>	<u>2</u>		<u>Evening</u>

Pharmacy name _____ location _____ Phone # _____

If you have significant changes to your health before your surgery, please contact your surgeon's office.

Reviewed by: RN Signature _____ / _____
y y y y / m m / d d



FORAN, JUDY THERESA
2-82129-70

0000476698 1958/01/21 F 58Y
FORAN, JUDY THERESA DOR
HC 0008816662 NS EXP 17/12/31
36 TRIALWOOD PLACE
HALIFAX NS B3M 3Y1
(902)445-3630 RC 2-82065-46
FP DOYON, JULIE 16239
PREF

Dartmouth General Hospital
Same Day Surgery Program

Patient Health History Questionnaire

Patient Name: <u>FORAN, JUDY THERESA</u>		Date of Birth: <u>1958</u> yyyy/ <u>01</u> mm/ <u>21</u> dd	
height <u>5'4</u> weight <u>150</u>		Date completed: <u>1958/01/21</u> yyyy/mm/dd	
Who completed this form? Patient <input checked="" type="checkbox"/> Other <input type="checkbox"/> If other, Name & Relationship to patient: (please print) _____			
Do you have a responsible adult to accompany you home and stay with you after Day Surgery (Outpatient Surgery)? YES <input checked="" type="checkbox"/> No <input type="checkbox"/> If you answered NO, you must make these arrangements or your surgery will be cancelled.			
1. Do you smoke? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> How many per day? _____ Number of years you have smoked? _____			
2. If you stopped smoking when did you quit? _____			
3. Is it possible you are pregnant? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
4. Do you take Warfarin, Coumadin, Aspirin, Plavix or any other blood thinner? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
5. Have you taken oral or IV Prednisone, Cortisone or steroids (excluding inhalers and creams) in the last 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DO YOU HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?			
6. a) An unusual or serious reaction or complication to any kind of anesthetic? b) Has this happened to anyone else in your family?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	23. Pacemaker or implantable cardioverter-defibrillator (ICD)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
7. Nausea or vomiting after an anesthetic?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	24. Angina, heart attack or cardiac arrest?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
8. Difficulty with neck movement or opening your mouth? Do you have a neck injury?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	25. Chest pressure or pain with exercise?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
9. Capped, loose, false teeth or body piercing?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	26. Heart testing such as: a) Stress test (treadmill test)? b) Dye Test / Cardiac Catheterization?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10. Hiatus hernia or significant problems with stomach acid or heartburn?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	27. Bruise or bleed easily (you or your family)?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
11. Asthma, bronchitis, COPD, TB?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	28. Leg or lung blood clots or DVT?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
12. Are you on home oxygen?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	29. Current low blood count, current anemia or other blood disorder?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
13. Chronic or troublesome cough?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	30. Blackouts or fainting spells in the last year?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
14. Shortness of breath at rest or when lying flat?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	31. Stroke, mini stroke, severe muscle weakness or paralysis of any part of your body?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15. Shortness of breath climbing one flight of stairs?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	32. Epilepsy, seizure or a significant neurological disorder?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
16. Do you have sleep apnea?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	33. Kidney disease?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
17. Do you use a CPAP machine?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	34. Thyroid problems?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
18. Do you snore loudly?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	35. Diabetes?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19. Are you extremely tired during the day?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	36. Rheumatoid arthritis? (not Osteoarthritis)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. Has anyone observed that you choke, gasp or stop breathing during sleep?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	37. HIV?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. Do you have high blood pressure?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	38. Yellow jaundice, hepatitis or liver problems? When?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22. Heart problems such as: a) Heart murmur? b) Valve replacement surgery? c) Palpitations, skipped heart beat?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	39. Do you have one of these IV lines? a) PICC line b) Port-a-cath	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

PLEASE FILL OUT FRONT AND BACK OF THIS FORM



Patient Health History Questionnaire

40. Have you been found to have an antibiotic resistant organism like MRSA or VRE?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
41. Have you or any family members been diagnosed with CJD (Mad Cow Disease) or told you may be carriers of the disease?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
42. Do you have chronic or acute pain requiring prescription medication?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
43. Do you drink alcohol, wine or beer? How much? <u>Wine</u> How often? <u>once a week</u>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
44. Do you use street / recreational drugs? Type? _____ How often? _____	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
45. List any major illnesses (including psychological)			
46. List any operations you have had - include where and when you had the operation. <u>Haven't had any in years.</u>			
47. When was the last time you were in hospital? <u>Don't remember</u> Where? _____ Why? _____			
48. When was the last time you had a general anesthetic? <u>N/A</u> What hospital? <u>N/A</u>			
49. Are you allergic to LATEX? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> what is your reaction? _____			
50. Do you have any other allergies? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Please list all allergies and your reaction			
Allergic to:	Reaction:	Allergic to:	Reaction:
<u>lobster</u>			
51. Do you take any medications? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, list all medications below: all prescriptions, insulin, herbs and over the counter medication.			
Medication	Dose and when taken	Medication	Dose and when taken
<u>Hormon replacement.</u>			
Pharmacy name _____ location _____ Phone # _____			

If you have significant changes to your health before your surgery, please contact your surgeon's office.

Reviewed by: RN Signature _____ / _____
yyyy/mm/dd

2016-11-28 15:09 W # 519 PHM Fax

123 >>

9024655720

P 1/1

Patient Medical History Report

Costco Pharmacy #519, 230 Chain Lake Drive, Halifax NS B3S 1C5

Phone: (902) 876-1234 Fax: (902) 876-2204

Report Parameters

Patients - Foran, Judy Theresa

Fill Date - 01/01/2015 to 28/11/2016

Display Inactive Rxs

Display Refills

FORAN, JUDY THERESA
2-82128-70**Foran, Judy Theresa**

36 Trialwood Place

Halifax NS

B3M 3Y1

Allergies - No Known Drug Allergies

Conditions - Herpes Labialis

Patient Medical History Report

Printed On: 23/11/2016 15:07:55

Orig Rx	TX	Disp.	Rem.	Drug Name	DIN	Doctor	First Fill	Fill Date
Sig Code		Qty	Qty					Status
Acyclovir/Hydrocortisone								
1547384	1547384	10	20	GM Xerese 5%/1%	02404044	Mr. Macdonald, Michael	13-Oct-2015	13-Oct-2015
APPLY TO THE AFFECTED AREA(S) 4-5 TIMES DAILY								
Clotrimazole / Betamethasone Diolol								
1623264	1623264	30	90	GM Lotriderm Cream	00611174	Dr. Doyon, Julie	20-Apr-2016	20-Apr-2016
APPLY TO AFFECTED AREA(S) TWICE A DAY								
NS Pharmacist Assessment								
1547388	1547388	1	0	NS Pharmacist Assessment	70000000	Mr. Macdonald, Michael	13-Oct-2015	13-Oct-2015
FOR COLD SORE								
Thal Fee (Expired)								

PERIOPERATIVE RECORD

DGH OPERATING ROOM



PREOPERATIVE RECORD

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

PATIENT INFORMATION

TRANSPORTATION HOME: LARRY

PHONE NUMBER: () 830-0125

PATIENT TYPE: DGH-DAY SURGERY OUTPATIENT

PATIENT SOURCE: HOME

PATIENT IDENTIFICATION: PAPER CHART, VERBAL, ID BAND
PAPER CHART, HSM CHART

PATIENT TRANSPORT METHOD: WALKING

ATTENDING PHYSICIAN: URQUHART, NATHAN

ALLERGIES

ALLERGEN: LOBSTER

☐ SURGICAL MANAGER VALIDATED

STATUS: Confirmed or verified

ALLERGEN TYPE: Food

SEVERITY: Severe

SENSITIVITY: Allergy

REPORTED DATE/TIME: 2016/11/28 14:58

☒ ALLERGY BAND

ALLERGY ATTENTION FORM: Yes

CASE INFORMATION

PREOP DIAGNOSIS:

(RT) HUMERUS

PROCEDURES

PRIMARY PROCEDURE: SHOULDER: SCOPE (RT)

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

PREOP CHECKLIST

PROCEDURE CONSENT ON CHART: No

TRANSFUSION REFUSAL CONSENT: No

PERSONAL DIRECTIVE: No

SUBSTITUTE DECISION MAKER FORM: No

HISTORY/PHYSICAL AVAILABLE: No

PROCEDURE(S)/SITE(S)/SIDE(S) VERIFIED WITH PATIENT/GUARDIAN/SIGNIFICANT OTHER:
Yes

NAME: FORAN, JUDY THERESA
GENDER: F BIRTH DATE: 1958/01/21 AGE: 58 Years
MEDICAL RECORD NUMBER: 0000476698 ACCOUNT NUMBER: 28212970
PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)
PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

PATIENT ASSESSMENT

NPO STATUS: 2016/11/29 00:00

NPO COMMENT:

WATER TILL 1000

HEIGHT: 5 FT 4 IN 162.56 CM

WEIGHT: 132 LB 59.87 KG

BODY MASS INDEX: 22.7

METHOD: Actual

DATE/TIME	TRANSFER OF ACCOUNTABILITY
2016/11/29 16:15	REVIEWED MEDICAL RECORD (HSM AND PAPER)

IMPLANTS: No

PREOP TEACHING COMPLETED: Yes

HOME MEDICATIONS

MEDICATION: HORMONE REPLACEMENT CREAM

ROUTE: TOPICAL

LAST TAKEN: 16/11/28

FREQUENCY: DAILY

STATUS: Active

MEDICATION: IBUPROFEN (ADVIL, MOTRIN)

DOSE: 400

UNITS: MG

ROUTE: PO

LAST TAKEN: 16/11/28

FREQUENCY: PRN

STATUS: Active

MEDICATION: MULTI VITAMIN/MINERAL TAB

DOSE: 1

UNITS: TAB

ROUTE: PO

LAST TAKEN: 16/11/28

FREQUENCY: DAILY

STATUS: Active

MEDICATION: OMEGA 3 (HERBAL)

DOSE: 1

UNITS: TAB

ROUTE: PO

LAST TAKEN: 16/11/28

FREQUENCY: DAILY

STATUS: Active

DATE/TIME	HOME MEDICATIONS COMMENT
2016/11/29 16:29	BPMH BY L STBLEY RN SOURCE PT ONLY

BELONGINGS/DISPOSITION

BELONGING	DISPOSITION	COMMENT
PATIENT BELONGINGS BAG	PREOP	
JEWELRY	PATIENT	TAPED RING

STAFF

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

NAME: SIBLEY, RN, LYNN

ROLEINOUTSECOND IN
SECOND
OUT

PREOP RN

TIMES

PREOP IN: 2016/11/29 16:15

PREOP OUT: 2016/11/29 16:50

CARE APPARATUS - SHOULDER: SCOPE (RT)

CARE APPARATUS - HUMERUS: FRACTURE DISTAL ORIF

PREP - SHOULDER: SCOPE (RT)

PREP - HUMERUS: FRACTURE DISTAL ORIF

EQUIPMENT - SHOULDER: SCOPE (RT)

EQUIPMENT - HUMERUS: FRACTURE DISTAL ORIF

PROGRESS NOTESDATE/TIME

2016/11/29 16:25

NOTESHEALTH HISTORY UPDATED/ DRSG CHANGED LEFT THIGH APPLIED
JELNET AND TELFA / SLING ON RT ARM INTACT . RT THIGH BRUISED

NAME: FORAN, JUDY THERESA**GENDER:** F**BIRTH DATE:** 1958/01/21**AGE:** 58 Years**MEDICAL RECORD NUMBER:** 0000476698**ACCOUNT NUMBER:** 28212970**PROCEDURE:PRIMARY:** SHOULDER: SCOPE (RT)**PROCEDURE:** HUMERUS: FRACTURE DISTAL ORIF (RT)

		PREOP				
		2016/11/29				
	Total	16:29				
Vital Signs						
B/P		117/78				
Pulse		68				
Oxygen Saturation		98 %				
Respirations		16				
Temperature		36.7 C Oral				
Level of Consciousness						
Level of Consciousness		Alert Awake				
Emotional Status						
Emotional Status		Anxious/ Nervous				
Skin Assessment						
Thigh - Left						
Skin Condition		Abrasion				
Dressing/ Operative Site						
Thigh - Left						
Dressing/ Operative Site		Mefix				
Interventions		Changed				
		SIBLEY,RN, LYNN				

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

SIGNATURE

DOCUMENTED BY:

USER	REASON *	FIRST SAVE	LAST SAVE
LYNN SIBLEY	Close Case/Phase	2016/11/29 16:13	2016/11/29 16:55

* See Case User Record or Case User Audit Report for more details.

PERIOPERATIVE RECORD

DGH OPERATING ROOM



INTRAOPERATIVE RECORD

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

PATIENT INFORMATION

PATIENT IDENTIFICATION: PAPER CHART, VERBAL, ID BAND
PAPER CHART, HSM CHART

CASE INFORMATION

ACTUAL OR: DOR-RM 3

PROCEDURE CONSENT ON CHART: Yes

SITE MARKED / PROCEDURE AGREES WITH:

SURGERY SCHEDULE: Yes

SURGERY CONSENT: Yes

CASE CLASS: LEVEL 4

CASE SERVICE: ORTHOPAEDIC SURGERY

PATIENT TYPE: DGH-DAY SURGERY OUTPATIENT

CASE WOUND CLASS: CLEAN

PREOP DIAGNOSIS:

(RT) HUMERUS

ALLERGIES

ALLERGEN: LOBSTER

☒ SURGICAL MANAGER VALIDATED

STATUS: Confirmed or verified

ALLERGEN TYPE: Food

SEVERITY: Severe

SENSITIVITY: Allergy

REPORTED DATE/TIME: 2016/11/28 14:58

☒ ALLERGY BAND

ALLERGY ATTENTION FORM: Yes

PATIENT ASSESSMENT

NPO STATUS: 2016/11/29 00:00

NPO COMMENT:

WATER TILL 1000

HEIGHT: 5 FT 4 IN 162.56 CM

WEIGHT: 132 LB 59.87 KG

BODY MASS INDEX: 22.7

TRANSFER OF ACCOUNTABILITY

TOA ACCEPTED

REVIEWED MEDICAL RECORD (HSM
AND PAPER)

REVIEWED PREOP CHECKLIST

COMMENT

pre op check S.Haynes R.N.

STAFF

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

NAME: ADAMSON, HENRY

ROLEINOUTSECOND IN SECOND
OUT

ATTENDING ANESTHESIOLOGIST

NAME: GINN, JOHN L

ROLEINOUTSECOND IN SECOND
OUT

FIRST ASSISTING SURGEON

NAME: COTNAM, RN, SANDY

ROLEINOUTSECOND IN SECOND
OUT

RELIEF CIRCULATOR

18:10

NAME: Matt Duffett

ROLEINOUTSECOND IN SECOND
OUT

VENDOR

NAME: Samantha Jang-Stewart

ROLEINOUTSECOND IN SECOND
OUT

SECOND ASSISTING SURGEON

18:04

20:43

NAME: HAYNES, RN, SHELLEY A

ROLEINOUTSECOND IN SECOND
OUT

CIRCULATOR

NAME: SCALI, RN, JACOB J

ROLEINOUTSECOND IN SECOND
OUT

FIRST SCRUB

ANESTHESIA INFORMATION**ANESTHESIA TYPE**

GENERAL

☒ SAFETY STRAP FOR INDUCTION**TIMES**

PATIENT OR IN: 2016/11/29 17:58

PATIENT OR OUT: 2016/11/29 21:38

ANESTHESIA IN: 2016/11/29 17:51

ANESTHESIA START: 2016/11/29 18:00

ANESTHESIA STOP: 2016/11/29 18:20

ACTUAL CASE START: 2016/11/29 18:30

ACTUAL CASE STOP: 2016/11/29 21:20

SHOULDER: SCOPE (RT); LABRAL REPAIR

ACTUAL PROCEDURE START: 2016/11/29 18:30

ACTUAL PROCEDURE STOP: 2016/11/29 20:08

PRIMARY SURGEON OR IN: 2016/11/29 17:49

PRIMARY SURGEON OR OUT: 2016/11/29 21:25

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

SHOULDER: ROTATOR CUFF REPAIR

ACTUAL PROCEDURE START: 2016/11/29 20:08

ACTUAL PROCEDURE STOP: 2016/11/29 21:20

PRIMARY SURGEON OR IN: 2016/11/29 17:49

PRIMARY SURGEON OR OUT: 2016/11/29 21:25

SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

ACTUAL PROCEDURE START: 2016/11/29 20:08

ACTUAL PROCEDURE STOP: 2016/11/29 21:20

PRIMARY SURGEON OR IN: 2016/11/29 17:49

PRIMARY SURGEON OR OUT: 2016/11/29 21:25

SURGICAL SAFETY CHECKLIST**BEFORE INDUCTION OF ANESTHESIA**

DATE/TIME: 11/29/2016 18:01 RECORDED BY: HAYNES, RN, SHELLEY A

BEFORE SKIN INCISION

DATE/TIME: 11/29/2016 18:03 RECORDED BY: HAYNES, RN, SHELLEY A

BEFORE PATIENT LEAVES OPERATING ROOM

DATE/TIME: 11/29/2016 21:20 RECORDED BY: HAYNES, RN, SHELLEY A

PROCEDURES

PRIMARY PROCEDURE: SHOULDER: SCOPE (RT); LABRAL REPAIR

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

PROCEDURE INFORMATION - SHOULDER: SCOPE (RT); LABRAL R

PROCEDURE SERVICE: ORTHOPAEDIC SURGERY

PROCEDURE INFORMATION - SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE SERVICE: ORTHOPAEDIC SURGERY

PROCEDURE INFORMATION - SHOULDER: CLOSED REDUCTION GRE

PROCEDURE SERVICE: ORTHOPAEDIC SURGERY

POSITIONAL DEVICES - SHOULDER: SCOPE (RT); LABRAL R

POSITION FOR SURGERY

POSITIONED BY

LATERAL LEFT

NAME: FORAN, JUDY THERESA
GENDER: F BIRTH DATE: 1958/01/21 AGE: 58 Years
MEDICAL RECORD NUMBER: 0000476698 ACCOUNT NUMBER: 28212970
PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR
PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR
PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

POSITIONAL DEVICES

SITE: HEAD

COMMENT: GEL RING

SITE: ARM LEFT

DEVICE: SAFETY STRAP

TABLE ATTACHMENTS: ARMBOARD: STANDARD

COMMENT: GEL

SITE: ARM RIGHT

COMMENT: ASSIST ARM

SITE: LEG BILATERAL

COMMENT: PILLOWS BETWEEN/ EGGCRATE UNDERNEATH

SITE: ABDOMEN

DEVICE: SAFETY STRAP

POSITIONAL DEVICES - SHOULDER: ROTATOR CUFF REPAIR

POSITIONAL DEVICES - SHOULDER: CLOSED REDUCTION GRE

PREP - SHOULDER: SCOPE (RT); LABRAL R

PREP: CHG 2% ISOPROPYL ALCOHOL 70%

SITE

SURGICAL SITE

PREP BY

URQUHART, NATHAN

START STOP
TIME TIME

PREP - SHOULDER: ROTATOR CUFF REPAIR

PREP - SHOULDER: CLOSED REDUCTION GRE

COUNTS - SHOULDER: SCOPE (RT); LABRAL R

COUNT TYPE	SPONGES	SHARPS	INSTRUMENTS	COUNT CORRECT
FINAL COUNT	[]	[]	[]	
COMPLETE				

☐ FLASH STERILIZATION USED☐ X-RAY TAKEN☐ PHYSICIAN NOTIFIED

COUNTS - SHOULDER: ROTATOR CUFF REPAIR

☐ FLASH STERILIZATION USED☐ X-RAY TAKEN☐ PHYSICIAN NOTIFIED

COUNTS - SHOULDER: CLOSED REDUCTION GRE

☐ FLASH STERILIZATION USED☐ X-RAY TAKEN☐ PHYSICIAN NOTIFIED

EQUIPMENT - SHOULDER: SCOPE (RT); LABRAL R

DESCRIPTION: CART:SCOPE DYONICS W/VCR PRINTER

SERIAL #: E2275

DESCRIPTION: MACHINE:CAUTERY ESU

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

EQUIPMENT - SHOULDER: ROTATOR CUFF REPAIR
EQUIPMENT - SHOULDER: CLOSED REDUCTION GRE
IMPLANTS - SHOULDER: SCOPE (RT); LABRAL R
IMPLANTS - SHOULDER: ROTATOR CUFF REPAIR
IMPLANTS - SHOULDER: CLOSED REDUCTION GRE
EXPLANTS - SHOULDER: SCOPE (RT); LABRAL R
EXPLANTS - SHOULDER: ROTATOR CUFF REPAIR
EXPLANTS - SHOULDER: CLOSED REDUCTION GRE
CARE APPARATUS - SHOULDER: SCOPE (RT); LABRAL R
CARE APPARATUS - SHOULDER: ROTATOR CUFF REPAIR
CARE APPARATUS - SHOULDER: CLOSED REDUCTION GRE
MEDICATIONS

DRUG: BUPIVACAINE (MARCAINE) 0.25% 50ML [ML]

TIME GIVEN	DOSE	ADMIN AMOUNT	ROUTE	SITE
18:40	7 ML		LOCALINF	SURGICAL SITE
ADMINISTERED BY: URQUHART, NATHAN				
21:15	13 ML		LOCALINF	SURGICAL SITE
ADMINISTERED BY: URQUHART, NATHAN				
20 ML TOTAL FOR DRUG: BUPIVACAINE (MARCAINE) 0.25% 50ML [ML] IN ML				

MORPHINE SULPHATE 5 MG + DRUG: LIDOCAINE 1% WITH EPINEPHrine 1:200,000 20ML 20 ML

ORDERING DR.: URQUHART, NATHAN

MIXED BY: SCALI, RN, JACOB J

TIME GIVEN	DOSE	ADMIN AMOUNT	ROUTE	SITE
18:40	5 ML		LOCALINF	SURGICAL SITE
ADMINISTERED BY: URQUHART, NATHAN				
21:15	15 ML		LOCALINF	SURGICAL SITE
ADMINISTERED BY: URQUHART, NATHAN				
20 ML TOTAL FOR MORPHINE SULPHATE 5 MG + DRUG: LIDOCAINE 1% WITH EPINEPHrine 1:200,000 20ML 20 ML IN ML				

OUTCOME/DISCHARGE

REPORT GIVEN BY: ADAMSON, HENRY

TRANSFERRED TO: PACU

TRANSFER MODE: STRETCHER

NAME: FORAN, JUDY THERESA**GENDER:** F**BIRTH DATE:** 1958/01/21**AGE:** 58 Years**MEDICAL RECORD NUMBER:** 0000476698**ACCOUNT NUMBER:** 28212970**PROCEDURE:PRIMARY:** SHOULDER: SCOPE (RT); LABRAL REPAIR**PROCEDURE:** SHOULDER: ROTATOR CUFF REPAIR**PROCEDURE:** SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

		INTRAOP	INTRAOP	INTRAOP	INTRAOP	INTRAOP
		2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/29
	Total	00:00	18:25	18:40	21:15	21:20
Skin Assessment						
Leg - Left						
Skin Condition			Bruise [1]			
[1] OBSERVED ACROSS LEFT SIDE AND LEG. - 2016/11/29 18:25 by HAYNES,RN, SHELLEY A						
Thigh - Left						
Skin Condition			Abrasion [2]			
[2] ABRASIONS OVER LEFT SIDE; DR URQUHART CHANGED DRESSING TO MEPILEX. - 2016/11/29 18:25 by HAYNES,RN, SHELLEY A						
Dressing/ Operative Site						
Shoulder - Right						
Dressing/ Operative Site		Abdomen Pad Fluff Gauze Mefix Mepore Shoulder Dressing				
Thigh - Left						
Dressing/ Operative Site						Other [3]
[3] MEPILEX - 2016/11/29 21:20 by HAYNES,RN, SHELLEY A						
Medications						
DRUG: LIDOCAINE 1% WITH EPINEPHrine 1:200,000 20ML; MORPHINE SULPHATE LOCALINF				5 ML	15 ML	
DRUG:BUPIVACAINE (MARCAINE) 0.25% 50ML LOCALINF				7 ML	13 ML	
		HAYNES,RN, SHELLEY A	HAYNES,RN, SHELLEY A	HAYNES,RN, SHELLEY A	HAYNES,RN, SHELLEY A	HAYNES,RN, SHELLEY A

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

SIGNATURE

DOCUMENTED BY:

USERREASON *FIRST SAVELAST SAVE

SHELLEY A HAYNES

Close Case/Phase

2016/11/29 17:18

2016/11/29 21:46

* See Case User Record or Case User Audit Report for more details.

PERIOPERATIVE RECORD

DGH OPERATING ROOM



POSTOPERATIVE RECORD

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

PATIENT INFORMATION

ANESTHESIA TYPE

GENERAL

ALLERGIES

ALLERGEN: LOBSTER

☒ SURGICAL MANAGER VALIDATED

STATUS: Confirmed or verified

ALLERGEN TYPE: Food

SEVERITY: Severe

SENSITIVITY: Allergy

REPORTED DATE/TIME: 2016/11/28 14:58

☐ ALLERGY BAND

PATIENT ASSESSMENT

HEIGHT: 5 FT 4 IN 162.56 CM

WEIGHT: 132 LB 59.87 KG

BODY MASS INDEX: 22.7

DATE/TIME2016/11/29
21:38TRANSFER OF ACCOUNTABILITY

REVIEWED EPISODIC TOA FORM

REVIEWED MEDICAL RECORD (HSM
AND PAPER)TOA FROM PRIMARY
ANESTHESIOLOGIST

ADMISSION TO PACU

PACU PHASE I IN: 2016/11/29 21:38

RECEIVED FROM: PACU

MODE OF ADMISSION: STRETCHER

PATIENT IDENTIFICATION: PAPER CHART, HSM CHART
PAPER CHART, ID BAND

REPORT GIVEN TO: RAKE, RN, FRANCESCA

PRIMARY ANESTHETIST: ADAMSON, HENRY

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

ORDERS CHECKED: Yes

ACUITY: NA

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

SAFETY MEASURES**SAFETY MEASURES**

BRAKES-STRETCHER WHEELC-TRANSFER/CARE

SIDE RAILS UP

SAFETY MEASURES

BELONGINGS/DISPOSITION

<u>BELONGING</u>	<u>DISPOSITION</u>	<u>COMMENT</u>
PATIENT BELONGINGS BAG	PATIENT	
JEWELRY	PATIENT	taped ring

PROCEDURES

PRIMARY PROCEDURE: SHOULDER: SCOPE (RT); LABRAL REPAIR

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

CARE APPARATUS - SHOULDER: SCOPE (RT); LABRAL R

CARE APPARATUS - SHOULDER: ROTATOR CUFF REPAIR

CARE APPARATUS - SHOULDER: CLOSED REDUCTION GRE

EQUIPMENT - SHOULDER: SCOPE (RT); LABRAL R

EQUIPMENT - SHOULDER: ROTATOR CUFF REPAIR

EQUIPMENT - SHOULDER: CLOSED REDUCTION GRE

STAFF

NAME: RAKE, RN, FRANCESCA

PROGRESS NOTES

<u>DATE/TIME</u>	<u>NOTES</u>
2016/11/29 21:39	PT IS AWAKE BUT VERY DROWSY ON ARRIVAL. BAIR HUGGER APPLIED. PT IS SHIVERING. CONNECTED TO MONITOR.
2016/11/29 21:55	HAS BEEN MEDICATED FOR PAIN
2016/11/29 22:25	XRAY DONE OF RIGHT SHOULDER, VITALS STABLE.
2016/11/29 23:37	PHASE 2 STARTED. STILL DROWSY, MOBILIZES WELL
2016/11/30 00:30	DRESSED AND READY TO GO
2016/11/30 01:00	HUSBAND AND SISTERS IN AND INSTRUCTIONS GIVEN TO PT. MEPILEX DRESSING GIVEN TO PT FOR HIP DRESSING.

DISCHARGE FROM PACU

CLINICALLY READY FOR DISCHARGE: 2016/11/30 00:34

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

PHYSICIAN ORDERS FAXED TO UNIT: No

HOME CARE / VON ORDERS FAXED: No

PACU PHASE I OUT: 2016/11/30 00:34

DISCHARGE TO: HOME

VIA: WHEELCHAIR

DISCHARGE COMMENT:

SLING ON. DRESSED AND READY FOR HOME. DILAUDID PILLS GIVEN TO TAKE HOME FOR TONIGHT.

MEDICATIONS

HYDRomorphone [MG]

<u>TIME GIVEN</u>	<u>DOSE</u>	<u>ADMIN AMOUNT</u>	<u>ROUTE</u>	<u>SITE</u>
00:01	1 MG		PO	

ADMINISTERED BY: RAKE, RN, FRANCESCA

1 MG TOTAL FOR HYDRomorphone [MG] IN MG

IBUPROFEN [MG]

<u>TIME GIVEN</u>	<u>DOSE</u>	<u>ADMIN AMOUNT</u>	<u>ROUTE</u>	<u>SITE</u>
23:47	400 MG		PO	

ADMINISTERED BY: RAKE, RN, FRANCESCA

400 MG TOTAL FOR IBUPROFEN [MG] IN MG

ACETAMINOPHEN TABLETS [MG]

<u>TIME GIVEN</u>	<u>DOSE</u>	<u>ADMIN AMOUNT</u>	<u>ROUTE</u>	<u>SITE</u>
23:47	975 MG		PO	

ADMINISTERED BY: RAKE, RN, FRANCESCA

975 MG TOTAL FOR ACETAMINOPHEN TABLETS [MG] IN MG

ONDANSETRON HYDROCHLORIDE [MG]

<u>TIME GIVEN</u>	<u>DOSE</u>	<u>ADMIN AMOUNT</u>	<u>ROUTE</u>	<u>SITE</u>
21:56	4 MG		IVDIRECT	

ADMINISTERED BY: RAKE, RN, FRANCESCA

4 MG TOTAL FOR ONDANSETRON HYDROCHLORIDE [MG] IN MG

HYDRomorphone [MG]

<u>TIME GIVEN</u>	<u>DOSE</u>	<u>ADMIN AMOUNT</u>	<u>ROUTE</u>	<u>SITE</u>
22:01	0.4 MG		IVDIRECT	

ADMINISTERED BY: RAKE, RN, FRANCESCA

22:49	0.2 MG		IVDIRECT	
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ADMINISTERED BY: RAKE, RN, FRANCESCA

0.6 MG TOTAL FOR HYDRomorphone [MG] IN MG

ONDANSETRON HYDROCHLORIDE [MG]

<u>TIME GIVEN</u>	<u>DOSE</u>	<u>ADMIN AMOUNT</u>	<u>ROUTE</u>	<u>SITE</u>
22:01	4 MG		IVDIRECT	

ADMINISTERED BY: RAKE, RN, FRANCESCA

4 MG TOTAL FOR ONDANSETRON HYDROCHLORIDE [MG] IN MG

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

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TUBES, DRAINS, CATHETERS

INSITU: #1 IV CATHETER - IN PLACE ON ARRIVAL, Antecubital - Left

RECORDED BY: RAKE, RN, FRANCESCA

IV SITE: Antecubital - Left

IV TYPE: Peripheral

REMOVAL TIME: 01:20

REMOVAL BY: RAKEF

DATE/TIME: 2016/11/29 21:40

RECORDED BY: RAKE, RN, FRANCESCA

STATUS: Dry, Patent

DRESSING CONDITION: Dry & Intact

INTAKE

INTAKE TYPE: R/L

<u>TIME</u>	<u>INTAKE AMT</u> <u>(ML)</u>	<u>ESTIMATED</u>	<u>ESTIMATED BY</u> <u>SURGEON</u>	<u>SITE</u>
21:39	0	[]	[]	

INTAKE COMMENT:
700

TOTAL R/L: 0 ML

TOTAL INTAKE AMOUNT: 0 ML

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

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		POSTOP	POSTOP	POSTOP	POSTOP	POSTOP
		2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/29
	Total	21:39	21:40	21:45	21:56	22:01
Vital Signs						
B/P		143/75	149/74	141/69		146/78
Pulse		80	78	74		80
Oxygen Saturation		100 % Mask	100 % Mask	100 % Mask		100 % Mask
Respirations		14	14	12		12
Temperature		36 C Tympanic		16 C		
PACU Assess & D/C Score						
Respirations		1-Dyspnea or Limited Breathing (ETT or Airway)	1-Dyspnea or Limited Breathing (ETT or Airway)		2-Adequate Rate & Depth	2-Adequate Rate & Depth
O2 Saturation		2-O2 Sat >90% on Room Air	2-O2 Sat >90% on Room Air		2-O2 Sat >90% on Room Air	2-O2 Sat >90% on Room Air
Circulation		2-BP +/- 20% of Pre Anesthetic Value	2-BP +/- 20% of Pre Anesthetic Value		2-BP +/- 20% of Pre Anesthetic Value	2-BP +/- 20% of Pre Anesthetic Value
Level of Consciousness		1-Responds to Verbal Stimuli	1-Responds to Verbal Stimuli		1-Responds to Verbal Stimuli	1-Responds to Verbal Stimuli
Muscle Activity		1-Moving Limbs Weakly/ Moving 2 Limbs Purposely	1-Moving Limbs Weakly/ Moving 2 Limbs Purposely		1-Moving Limbs Weakly/ Moving 2 Limbs Purposely	1-Moving Limbs Weakly/ Moving 2 Limbs Purposely
Total Score		7				
Respiratory Therapy						
O2 Delivery		Face Mask				
FIO2		50 %				
Respiratory Assessment						
Airway		Nasal Right			Nasal Right	
Interventions					Removed	
Pattern		Deep Regular				
Cardiac Assessment						
Quality of Pulse		Strong Regular				
Cardiac Rhythm		Normal Sinus				
		RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA

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		POSTOP	POSTOP	POSTOP	POSTOP	POSTOP
		2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/29
	Total	21:39	21:40	21:45	21:56	22:01
Level of Consciousness						
Level of Consciousness		Difficult to Arouse Drowsy				
Somnolence Score		3 - Requires Vigorous Stimulation to Arouse				
Pt Positioning						
Pt Position		Left Side HOB 30 Degrees				
Dressing/ Operative Site						
Shoulder - Right						
Dressing/ Operative Site		Abdomen Pad				
Condition		Dry & Intact				Dry & Intact
Thigh - Left						
Dressing/ Operative Site		Mepilex Dressing				
Condition		Dry & Intact				Dry & Intact
Vascular Assessment						
Hand Right						
Colour/ Temperature		Normal				
Sensation						Normal
Movement		Reduced				
Cap Refill		2-4 Seconds				
Pulse		Radial Right				
Pulse Quality		Strong palpable				
Ongoing Assessment						No Change
Pain Assessment						
Shoulder - Right						
Pain Score		0		0		7
Medications						
		RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA

NAME: FORAN, JUDY THERESA

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		POSTOP	POSTOP	POSTOP	POSTOP	POSTOP
		2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/29
	Total	21:39	21:40	21:45	21:56	22:01
HYDROMORPHONE IVDIRECT						0.4 MG
ONDANSETRON HYDROCHLORIDE IVDIRECT					4 MG	
ONDANSETRON HYDROCHLORIDE IVDIRECT						4 MG
Intake	0					
R/L	0	0 [1]				
[1] 700 - 2016/11/29 21:39 by RAKE, RN, FRANCESCA						
TDC						
INSITU: #1 IV CATHETER - IN PLACE ON ARRIVAL, Antecubital - Left						
Status			Dry Patent			
Dressing Condition			Dry & Intact			
Nursing Interventions						
Interventions			Warming Device - Bair Hugger			
Skin Assessment						
Leg - Left						
Skin Condition			Bruise [2]			
[2] LEFT SIDE AND LEG - 2016/11/29 21:40 by RAKE, RN, FRANCESCA						
		RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA

NAME: FORAN, JUDY THERESA**GENDER:** F**BIRTH DATE:** 1958/01/21**AGE:** 58 Years**MEDICAL RECORD NUMBER:** 0000476698**ACCOUNT NUMBER:** 28212970**PROCEDURE:PRIMARY:** SHOULDER: SCOPE (RT); LABRAL REPAIR**PROCEDURE:** SHOULDER: ROTATOR CUFF REPAIR**PROCEDURE:** SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

	POSTOP	POSTOP	POSTOP	POSTOP	POSTOP	POSTOP
	2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/29
	22:15	22:25	22:31	22:45	22:49	23:00
Vital Signs						
B/P	150/79		142/75	142/74		128/67
Pulse	72		70	70		71
Oxygen Saturation	100 % Mask		100 % Nasal Cannula	100 % Nasal Cannula		99 % Nasal Cannula
Respirations	12		14			12
PACU Assess & D/C Score						
Respirations						2-Adequate Rate & Depth
O2 Saturation						2-O2 Sat >90% on Room Air
Circulation						2-BP +/- 20% of Pre Anesthetic Value
Level of Consciousness						2-Awake and Oriented X3
Muscle Activity						2-Moving All Limbs Spontaneously/ Purposely
Respiratory Therapy						
O2 Delivery		Nasal Prongs				
Litre/Min		3 LPM				
Dressing/ Operative Site						
Shoulder - Right						
Condition		Dry & Intact				
Thigh - Left						
Condition		Dry & Intact				
Vascular Assessment						
Hand Right						
Ongoing Assessment		No Change [3]				
[3] MOVES ALL FINGERS WELL - 2016/11/29 22:25 by RAKE, RN, FRANCESCA						
Pain Assessment						
Shoulder - Right						
	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA

NAME: FORAN, JUDY THERESA**GENDER:** F**BIRTH DATE:** 1958/01/21**AGE:** 58 Years**MEDICAL RECORD NUMBER:** 0000476698**ACCOUNT NUMBER:** 28212970**PROCEDURE:PRIMARY:** SHOULDER: SCOPE (RT); LABRAL REPAIR**PROCEDURE:** SHOULDER: ROTATOR CUFF REPAIR**PROCEDURE:** SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

	POSTOP	POSTOP	POSTOP	POSTOP	POSTOP	POSTOP
	2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/29
	22:15	22:25	22:31	22:45	22:49	23:00
Pain Score			2			
Pain Control			Satisfactory			
Medications						
HYDROMORPHONE IVDIRECT					0.2 MG	
	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA

NAME: FORAN, JUDY THERESA**GENDER:** F**BIRTH DATE:** 1958/01/21**AGE:** 58 Years**MEDICAL RECORD NUMBER:** 0000476698**ACCOUNT NUMBER:** 28212970**PROCEDURE: PRIMARY:** SHOULDER: SCOPE (RT); LABRAL REPAIR**PROCEDURE:** SHOULDER: ROTATOR CUFF REPAIR**PROCEDURE:** SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

	POSTOP	POSTOP	POSTOP	POSTOP	POSTOP	
	2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/30	
	23:15	23:30	23:40	23:47	00:01	
Vital Signs						
B/P	121/67		132/63			
Pulse	73		70			
Oxygen Saturation	98 % Room Air		96 % Room Air			
Respirations	12		16			
PACU Assess & D/C Score						
Respirations			2-Adequate Rate & Depth			
O2 Saturation			2-O2 Sat >90% on Room Air			
Circulation			2-BP +/- 20% of Pre Anesthetic Value			
Level of Consciousness			2-Awake and Oriented X3			
Muscle Activity			2-Moving All Limbs Spontaneously/ Purposely			
Dressing/ Operative Site						
Shoulder - Right						
Dressing/ Operative Site		Abdomen Pad				
Condition		Damp				
Interventions		Changed				
Thigh - Left						
Condition		Dry & Intact				
Vascular Assessment						
Hand Right						
Ongoing Assessment			No Change			
Pain Assessment						
Shoulder - Right						
Pain Score		5				
Pain Control		Satisfactory	Satisfactory		Satisfactory	
Medications						
	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

	POSTOP	POSTOP	POSTOP	POSTOP	POSTOP	
	2016/11/29	2016/11/29	2016/11/29	2016/11/29	2016/11/30	
	23:15	23:30	23:40	23:47	00:01	
ACETAMINOPHEN TABLETS PO				975 MG		
HYDROMORPHONE PO					1 MG	
IBUPROFEN PD				400 MG		
Phase II Discharge Score						
Circulation		2 +/- 20mm Pre -Anaesthetic level			2 +/- 20mm Pre -Anaesthetic level	
Activity		1 - Up with assistance			2 - Up ad lib/ No change from Preop Baseline	
Pain		1 - Pain Rx PO			2 - Pain controlled	
Bleeding		2 - None/ Minimal Surgical Bleeding			2 - None/ Minimal Surgical Bleeding	
Intake and Output		2 - PO Fluids without nausea/ Not allowed			2 - PO Fluids without nausea/ Not allowed	
Totals					10	
	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	RAKE, RN, FRANCESCA	

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28212970

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT); LABRAL REPAIR

PROCEDURE: SHOULDER: ROTATOR CUFF REPAIR

PROCEDURE: SHOULDER: CLOSED REDUCTION GREATER TUBEROCITY

SIGNATURE

DOCUMENTED BY:

<u>USER</u>	<u>REASON *</u>	<u>FIRST SAVE</u>	<u>LAST SAVE</u>
RAKE, FRANCESCA A	Close Case/Phase	2016/11/29 19:58	2016/11/30 00:43

* See Case User Record or Case User Audit Report for more details.

INSTRUMENTS	1st	R	DGH OR COUNT RECORDED (cont)	1st	R
Scalpel Handles			Dilators		
Probes			Stone Forceps		
Groove Directors			Grasping Forceps		
Ligature Carriers			Hemoclip Holders		
Tissue Forceps			Elevators		
Scissors			Prostate Clamps		
Suction Tips			Cardiovascular Clamps		
Suction Sheaths			Ring Clamps		
Sponge Sticks			Nerve Hooks		
Needle Drivers			Stapling Instruments		
Hamostats					
Allis					
Kellys			Skin Stapler		
Kochers			Hand Held Retractors		
Babcocks					
Gallbladders					
Towel Clips					
Mosquitoes					
Intestinal Clamps					
EEA Sizers			LAPRASCOPIC		
			Cannulas		
Tenaculum			Trocars		
Straight Hysterectomy Clamp			Rubbers/Gaskets		
Curved Hysterectomy Clamps			Light Cord Adaptors		
Ovum Forceps			Reducers		
T-Clamps			Verres Needle		
Currettes			Hassan		
Sounds			Disposable Seals		
Metal Catheter			Gas Port Covers		
Uterine Dressing Forceps			Cautery Adaptors		
Myoma Screw (Corkscrew)					
Cone Tips					

Retractor Name	Parts	Screws	Ratchets	1st	R
Balfour					
Bookwalter					

Signatures/Status	Circulating Nurse	Scrub Nurse	Count Correct
Initial Count	<i>Haynes R</i>	<i>Haynes R</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1st Closure	<i>Haynes R</i>	<i>Haynes R</i>	Surgeon
Skin	<i>Haynes R</i>	<i>Haynes R</i>	Acknowledgement
Relief Count			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments			



Dartmouth General Hospital

FORAN, JUDY THERESA

PHYSICIAN'S ORDERS

Allergy Alert

MUST COMPLETE

☐ No known allergies ☐ Known allergies

List

0000476698 1958/01/21 F 58Y
FORAN,JUDY THERESA DOR
HC 0008816662 NS EXP 17/12/31
36 TRIALWOOD PLACE
HALIFAX NS B3M 3Y1
(902)445-3630 RC 2-82129-70
FP DOYON,JULIE 16239
PREF

Diagnosis: (R) SHOULDER SCOPE / ORIF HUMERUS

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 zero 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	INIT.
NOV 29 2016		<p>Post op - Acet. CS needed</p> <p>1. IV. HYDROMORPHONE 0.2mg → 4mg</p> <p>- 50. ONDANSERON 4mg. x 2 if needed</p> <p>- 1.0. Nc @ 80mls.</p> <p>- P.O. ACETAMINOPHEN 650mg } in Med</p> <p>IBUPROFEN 400mg.</p> <p>AL. <i>[Signature]</i></p>	



HPF0JAFEDRFRPNNALHPF49GAPDZLWHPRESD16,11:3:15:25 HPFCORNFALMACHINERPODER-16-SS3816



Diagnostic Imaging Department
Rm 3209 3rd Fl Dickson Bldg
1276 South Park St
Halifax, Nova Scotia
B3H 2Y9

FORAN , JUDY THERESA

MRN : 0000476698

Admission Date: 2016/11/29

Sex/Age/DOB: Female 58 years 1958/01/21

PMI#: 0008816662

Physician:

Loc/Room/Bed: DG Operating Room //

Visit #: 0000028212970

ID #:

DIAGNOSTIC IMAGING DEPARTMENT | RESULT INQUIRY PHONE: (902)473-2266

General Imaging

Accession

XR-16-252816 2016/11/29 22:19 XR Shoulder, RT Mobile-SH

Report

INDICATIONS FOR RIGHT SHOULDER X-RAY:

Follow-up of a surgical procedure.

X-RAY FINDINGS:

When compared to the preop exam, the greater tuberosity fracture appears to have undergone an open reduction, but it is unclear from the images obtained and the information provided whether some of the fracture fragments resected or were reimplanted to the parent bone.

***** Final Report*****

Dictated by: Cheverie , Donald Joseph

Verified by: Cheverie , Donald Joseph

Verified on: 2016/11/30 08:42

HEALTH RECORDS COPY

Urquhart , Nathan A; Doyon , Julie (PRIM)
Ordering: Urquhart , Nathan A

COPY(S) SENT TO:

PRINT DATE/TIME: 2016/11/30 15:23

PAGE 1 of 1



If you have

If no cov:

FORAN, JUDY THERESA
2-82129-70

Capital Health

Outpatient Physiotherapy Referral

- | | | | |
|--------------------------|----------------------------------|----------|---------------|
| <input type="checkbox"/> | Cobequid Community Health Centre | 869-6116 | Fax: 865-6018 |
| <input type="checkbox"/> | Dartmouth General Hospital | 465-8303 | Fax: 465-8304 |
| <input type="checkbox"/> | Eastern Shore Memorial Hospital | 885-3621 | Fax: 885-3210 |
| <input type="checkbox"/> | Hants Community Hospital | 792-2071 | Fax: 792-2135 |
| <input type="checkbox"/> | Musquodoboit VM Hospital | 384-2220 | Fax: 384-3310 |
| <input type="checkbox"/> | QEII Health Sciences Centre | 473-1288 | Fax: 473-3398 |
| <input type="checkbox"/> | Twin Oaks Memorial Hospital | 889-4113 | Fax: 889-2470 |

Patient Name: Foran Judy
DOB: 1958-Jan-21 (YYYYMM/DD)
Address: _____
Postal Code: _____
Phone: (H) (902) 445-3630 (Alt) _____
MCN: 0008816662 (Exp.) _____
Ref. Physician: _____
Family Physician: _____
HUN #: _____ WCB Claim #: _____

PLEASE PRINT

- ☐ Alt contact: _____ Phone: _____
☐ Interpreter needed - Language: _____

DIAGNOSIS/RELEVANT MEDICAL HISTORY:

Surgical diagnosis
Labral tear [Anterior, superior, and posterior]
Fracture [greater tuberosity]
Rotator cuff

Surgical procedure
Shoulder arthroscopy [Right]
Labrum repair [Anterior, superior, and posterior: 3 anchor]
Rotator cuff repair [4 anchor]
Loose body removal

PRECAUTIONS: Physio can start in 1-2 weeks
Non weight bearing
REASON FOR REFERRAL: Shoulder sling will be used for 6 weeks. Pendulum exercises and gentle passive range of motion can be started
Early focus on decreasing swelling and pain
contact office for rotator cuff protocol

Recheck: _____

- ☐ History of Falls: Frequency _____/Week _____/Month
☐ Instruction/Review of exercise program
☐ Respiratory Issues/Training: _____

Present mobility status: _____

Home Support/Situation: _____

Referral Source: Name: Dr. Nathan Urquhart Designation: Orthopedic Surgeon
(Please print) Signature: _____
Phone: (902) 477-6002 Date: 2016-Nov-29
Fax: (902) 494-9298

Referral Forms
CD0035MR_05_11Page 1 of 1
Patient: Judy Foran PHN: 0008816662 DOB: 1958-Jan-21

Page 1 of 1

**Capital Health**

Perioperative Services

Surgical Implant RecordFORAN, JUDY THERESA
2-82129-700000476698 1958/01/21 F 58Y
FORAN, JUDY THERESA DOR
HC 0008818662 NS EXP 17/12/31
36 TRIALWOOD PLACE
HALIFAX NS B3M 3Y1
(902) 445-3630 RC 2-82129-70
FP DOYON, JULIE 16239
PREF

Surgical Procedure

Rt Shoulder scope; labral repair; rotator cuff

Surgeon's Name

Dr Ugruhart

Date

Nov 29/16

Place Stickers Here

REF Y1802A AFFIX TO PATIENT RECORD
Y-Knot® Flex 1.8mm All-Suture Anchor w/ Two #2 Hi-Fi® Sutures (1 White & 1 Blue)
1.8mm
CONMED CORPORATION
UTICA, NY 13502 USA 2021-03-04 **STERILE EO** **LOT** 745327REF Y1802A AFFIX TO PATIENT RECORD
Y-Knot® Flex 1.8mm All-Suture Anchor w/ Two #2 Hi-Fi® Sutures (1 White & 1 Blue)
1.8mm
CONMED CORPORATION
UTICA, NY 13502 USA 2021-03-04 **STERILE EO** **LOT** 745327REF Y1802A AFFIX TO PATIENT RECORD
Y-Knot® Flex 1.8mm All-Suture Anchor w/ Two #2 Hi-Fi® Sutures (1 White & 1 Blue)
1.8mm
CONMED CORPORATION
UTICA, NY 13502 USA 2021-03-04 **STERILE EO** **LOT** 745327REF CFP-5502B AFFIX TO PATIENT RECORD
CrossFT™ Suture Anchor with Two #2 (5 metric) Hi-Fi® Sutures
3.5mm
CONMED CORPORATION
UTICA, NY 13502 USA 2021-03-04 **STERILE EO** **LOT** 768701REF CFP-5502B AFFIX TO PATIENT RECORD
CrossFT™ Suture Anchor with Two #2 (5 metric) Hi-Fi® Sutures
3.5mm
CONMED CORPORATION
UTICA, NY 13502 USA 2021-03-04 **STERILE EO** **LOT** 768701REF CKP-4500 AFFIX TO PATIENT RECORD
PopLoK™ Suture Anchor
4.5mm
CONMED CORPORATION
UTICA, NY 13502 USA 2021-04-10 **STERILE R** **LOT** 737373REF CKP-4500 AFFIX TO PATIENT RECORD
PopLoK™ Suture Anchor
15mm
CONMED CORPORATION
UTICA, NY 13502 USA 2021-04-10 **STERILE R** **LOT** 737373

Surgical Implant Records

CD0508MR_06_07



FORAN, JUDY THERESA

Dartmouth General Hospital

Date (y/m/d) 16/11/28		Reg Time 0848		Chief Complaint (R) SHOULDER SCOPE, ORIF HUMERUS		HALIFAX Country: CANADA		Werk Ph.: (902)499-4513	
Location DOR		Patient Type ODD		Service ORS		Last Visit Date 18/11/27		B3M 3Y1 Alt. Ph.:	
Attending Clinician URQUHART, NATHAN		Mode of Arrival SELF		Accident Date (y/m/d) / Time		Religion: Family Physician RC DOYON, JULIE		PMB# 18239	
Next of Kin FORAN, LARRY		Relationship HUSBAND		NDK Address 38 TRAILWOOD PLACE HALIFAX NS		Home Phone (000)445-3630		NOK Notified Yes <input type="checkbox"/> Time: _____ No <input type="checkbox"/>	
Responsibility for Payment Specify: DH		Non Resident Province or Country Length of Stay in NS:		Payment		Cherts Requested Yes <input type="checkbox"/> Time: _____ No <input type="checkbox"/>			
EKG <input type="checkbox"/>		LAB		XRAY					
Allergies		INITIAL VITALS		BP		Pulse		Temp	
CURRENT MEDS									
Required Patient Identifier checked _____ Initials									
Written & Verbal Patient Safety Education provided <input type="checkbox"/> _____ Initials									
Falls Risk Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Initials									
Multidisciplinary Progress Notes									
<p><i>RT Shoulder</i></p> <p><i>OR - Cancelled. No Time.</i></p> <p><i>Rebooked for Nov 29th.</i></p>									
ATTENDING PHYSICIAN								DATE	
AUTHORIZATION FOR TREATMENT I hereby consent, in the name of the patient named, to the treatment or procedure to be performed by the medical staff of employee as required and with the assistance of such employee of the CDHA as required for the treatment or procedure.									
SIGNATURE OF PATIENT (GUARDIAN)					WITNESS				
Registered by: DLD									



PERIOPERATIVE RECORD

DGH OPERATING ROOM



PREOPERATIVE RECORD

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28206546

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

PATIENT INFORMATION

INTERPRETER NEEDED: No

TRANSPORTATION HOME: LARRY FORAN

PATIENT TYPE: DGH-DAY SURGERY OUTPATIENT

PATIENT SOURCE: HOME

PATIENT IDENTIFICATION: PAPER CHART, HSM CHART
PAPER CHART, ID BAND

PATIENT TRANSPORT METHOD: WALKING

ATTENDING PHYSICIAN: URQUHART, NATHAN

ALLERGIES

ALLERGEN: LOBSTER

☒ SURGICAL MANAGER VALIDATED

STATUS: Confirmed or verified

ALLERGEN TYPE: Food

SEVERITY: Severe

SENSITIVITY: Allergy

REPORTED DATE/TIME: 2016/11/28 14:58

☒ ALLERGY BAND

ALLERGY ATTENTION FORM: Yes

CASE INFORMATION

PREOP DIAGNOSIS:

(RT) HUMERUS

CASE CANCEL REASON: OR: LACK OF ELECTIVE TIME

PROCEDURES

PRIMARY PROCEDURE: SHOULDER: SCOPE (RT)

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

PRIMARY SURGEON / PHYSICIAN: URQUHART, NATHAN

PREOP CHECKLIST

PROCEDURE CONSENT ON CHART: No

TRANSFUSION REFUSAL CONSENT: No

PERSONAL DIRECTIVE: No

SUBSTITUTE DECISION MAKER FORM: No

HISTORY/PHYSICAL AVAILABLE: No

PROCEDURE(S) / SITE(S) / SIDE(S) VERIFIED WITH PATIENT/GUARDIAN/SIGNIFICANT OTHER:
Yes

NAME: FORAN, JUDY THERESA
GENDER: F BIRTH DATE: 1958/01/21 AGE: 58 Years
MEDICAL RECORD NUMBER: 0000476698 ACCOUNT NUMBER: 28206546
PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)
PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

PATIENT ASSESSMENT

NPO STATUS: 2016/11/27 20:00

NPO COMMENT:

SIP WITH MEDS AT 1000

HEIGHT: 5 FT 4 IN 162.56 CM

WEIGHT: 132 LB 59.87 KG

BODY MASS INDEX: 22.7

METHOD: Actual

DATE/TIME	TRANSFER OF ACCOUNTABILITY
2016/11/28 14:09	REVIEWED MEDICAL RECORD (HSM AND PAPER)

IMPLANTS: Yes

IMPLANTS IDENTIFIED BY PATIENT:

DENTAL CROWN

PREOP TEACHING COMPLETED: Yes

HOME MEDICATIONS

MEDICATION: HORMONE REPLACEMENT CREAM

ROUTE: TOPICAL

LAST TAKEN: 2016/11/26 2200

FREQUENCY: DAILY

STATUS: Active

COMMENTS: APPLIES TO WRIST OR INSIDE OF LEG

MEDICATION: IBUPROFEN (ADVIL, MOTRIN)

DOSE: 400

UNITS: MG

ROUTE: PO

LAST TAKEN: 2016/11/28 1000

FREQUENCY: PRN

STATUS: Active

MEDICATION: MULTI VITAMIN/MINERAL TAB

DOSE: 2

UNITS: TAB

ROUTE: PO

LAST TAKEN: 2016/11/26 1800

FREQUENCY: DAILY

STATUS: Active

MEDICATION: OMEGA 3 (HERBAL)

DOSE: 2

UNITS: TAB

ROUTE: PO

LAST TAKEN: 2016/11/26 1800

FREQUENCY: DAILY

STATUS: Active

DATE/TIME	HOME MEDICATIONS COMMENT
2016/11/28 15:49	BPMH COMPLETED BY KYORKE RN. SOURCE: PT.

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28206546

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

SAFETY MEASURES

SAFETY MEASURES

BRAKES-STRETCHER WHEELC-TRANSFER/CARE

BELONGINGS/DISPOSITION

BELONGING	DISPOSITION	COMMENT
PATIENT BELONGINGS BAG	LOCKER	
JEWELRY	PATIENT	RINGS ON LT HAND

MEDICATIONS

HYDROMORPHONE [MG]

TIME GIVEN	DOSE	ADMIN AMOUNT	ROUTE	SITE
21:00	1 MG		PO	

ADMINISTERED BY: HEALEY, RN, DENISE G

1 MG TOTAL FOR HYDROMORPHONE [MG] IN MG

ACETAMINOPHEN TABLETS [MG]

TIME GIVEN	DOSE	ADMIN AMOUNT	ROUTE	SITE
21:00	975 MG		PO	

ADMINISTERED BY: HEALEY, RN, DENISE G

975 MG TOTAL FOR ACETAMINOPHEN TABLETS [MG] IN MG

STAFF

NAME: GRADY, RN, DONNA B

ROLE	IN	OUT	SECOND IN	SECOND OUT
PREOP RN				

NAME: YORKE, KRYSTAL

ROLE	IN	OUT	SECOND IN	SECOND OUT
PREOP RN				

TIMES

PREOP IN: 2016/11/28 14:09

CARE APPARATUS - SHOULDER: SCOPE (RT)

CARE APPARATUS - HUMERUS: FRACTURE DISTAL ORIF

PREP - SHOULDER: SCOPE (RT)

PREP - HUMERUS: FRACTURE DISTAL ORIF

EQUIPMENT - SHOULDER: SCOPE (RT)

EQUIPMENT - HUMERUS: FRACTURE DISTAL ORIF

PATIENT EDUCATION

LEARNER: PATIENT

PROGRESS NOTES

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28206546

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

DATE/TIMENOTES

2016/11/28 15:30	LEG DRESSING CHANGED. SITE CLEANSED WITH NS, POLYSPORIN APPLIED. TELFA AND MEFIX APPLIED. KYORKE RN
2016/11/28 15:50	READY FOR OR HISTORY AND PHYSICAL REVIEWED WITH PT
2016/11/28 21:00	DR URQUHART IN TO TELL PT HER OR IS CANCELLED THIS EVENING. PT TOLD TO COME BACK TOMORROW AT APPROX 3 PM. DR URQUHART TOLD PT SHE COULD EAT TONIGHT UNTIL 2 AM, AND HAVE APPLE JUICE/CLEAR FLUIDS UNTIL 10 AM TOMORROW MORNING. PT GIVEN BELONGINGS AND FAMILY ASSISTED WITH DRESSING PT.
2016/11/28 21:25	PT DC HOME VIA WHEELCHAIR WITH FAMILY.

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28206546

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

		PREOP	PREOP	PREOP		
		2016/11/28	2016/11/28	2016/11/28		
	Total	14:50	14:50	21:00		
Vital Signs						
B/P			121/68			
Pulse			65			
Oxygen Saturation			97 % Room Air			
Respirations			18			
Temperature			36.3 C Oral			
Respiratory Therapy						
O2 Delivery			Room Air			
Level of Consciousness						
Level of Consciousness			Alert Awake			
Emotional Status						
Emotional Status			Anxious/ Nervous			
Skin Assessment						
Body						
Skin Condition		Abrasion [1]				
[1] TO LEFT HIP FROM THE SAME ACCIDENT THAT CAUSED HER SHOULDER INJURY, HIT BY A CAR. - 2016/11/28 14:50 by RICHARDS, RN, BELINDA						
Medications						
ACETAMINOPHEN TABLETS PO				975 MG		
HYDROMORPHONE PO				1 MG		
		RICHARDS, RN, BELINDA	YORKE, KRYSTAL	HEALEY,RN, DENISE G		

NAME: FORAN, JUDY THERESA

GENDER: F

BIRTH DATE: 1958/01/21

AGE: 58 Years

MEDICAL RECORD NUMBER: 0000476698

ACCOUNT NUMBER: 28206546

PROCEDURE: PRIMARY: SHOULDER: SCOPE (RT)

PROCEDURE: HUMERUS: FRACTURE DISTAL ORIF (RT)

SIGNATURE

DOCUMENTED BY:

<u>USER</u>	<u>REASON *</u>	<u>FIRST SAVE</u>	<u>LAST SAVE</u>
DONNA B GRADY	Edit Case/Phase	2016/11/28 14:07	2016/11/28 14:09
KRYSTAL YORKE	Edit Case/Phase	2016/11/28 14:22	2016/11/28 14:54
BELINDA RICHARDS	Edit Case/Phase	2016/11/28 14:56	2016/11/28 14:58
KRYSTAL YORKE	Close Case/Phase	2016/11/28 15:08	2016/11/28 15:54
HEALEY, DENISE G	Edit Case/Phase	2016/11/28 21:32	2016/11/28 21:39

* See Case User Record or Case User Audit Report for more details.



FORAN, JUDY THERESA

List

Page 1 of 1

75085746



Created on: 11/27/2016 1:54:15 PM

Finalized: Yes

Incident Number: 112716-00192

Patient 1 of 1

Report Number:

Report Completed By: dd

PATIENT

Foran, Judy T 58 Years (Actual) Female 65 Kg

Chief Complaint: Minor Trauma;

Working Diagnosis: R shoulder injury

COMMENTS

58 y/o female pt was walking in a crosswalk when she was struck by a vehicle & proceeded to roll onto the pavement. Pt did not strike her head & remembers the entire event. Pt has complaints R shoulder pain & L leg pain - mid-thigh. R shoulder has pain @ distal aspect of clavicle with pain on abduction with good distal circulation & sensation. Pt's L thigh 'feels like road rash' - ambulatory on scene without difficulty & good cms distally.

Pt denied head, neck, or back pain; no chest pain - lung sounds equal & clear bilaterally; abd soft & non-tender; pelvis stable; long bones in tact.

Pt's R arm placed in a sling @ hospital due to pt's hesitation to remove her coat prehospitally due to feeling cold.

No pertinent PMHx; takes not medications; NKDA.

Pt transported to DGH without incident & transfer of care after officer interview in hallway.

PRESENT HX

	ACTUAL	PERTINENT NEGATIVES
Symptoms	Musculoskeletal / Skin: Shoulder Injury; Leg Injury;	
Onset	Date / Time: 11/27/2016 1:49:00 PM	
PMH	GI / GU: Irritable Bowel Syndrome;	

INJURY

Type Of Activity	Other Specified: walking in crosswalk;
Incident Location	Public Street;
1; MOI	Motor Vehicle Collision; Collision Location: Traffic Patient's Position In Vehicle: Other: not in a vehicle Vehicle Type: Other: pedestrian Patient Vs.: Car Pt. Ejected From Vehicle: No Vehicular Injury Indicators: Other: broken head lamp Area of Vehicle Impact by Collision: Other: front ;
Safety Equipment Use	None;
Intent Of Injury	Not Known;

FIRST VITAL SIGNS

Time	Position	HR	RR	SBP	DBP	Pain	MAP	SPO2	Peak Flow	Gluc	GCS	TEMP	ETCO2	CVP	Pain: Visual	Done By
M-2:00:00 PM	Semi Fowlers	72 BPM	20 BrPM	156 mmHg	P;	7		99 %			M 6 V 5 E 4 15	36.7 Celsius				DD

Created on: 11/27/2016 1:54:15 PM

Foran, Judy

Incident Number: 112716-00192

75085746

LAST VITAL SIGNS																
Time	Position	HR	RR	SBP	DBP	Pain	MAP	SPO2	Peak Flow	Gluc	GCS	TEMP	ETCO2	CVP	Pain: Visual	Done By
M- 2:30:00 PM	Sitting	60 BPM	20 BrPM	140 mmHg	84 mmHg		102.67 mmHg				M 6 V 5 E 4 15					DD

REASSESSMENT / TREATMENT

Start Time	Stop Time	Section	Item	Summary	Done By
11/27/2016 2:47:26 PM		Treatment	Splint Type	Type: Sling; Locations: Shoulder (Right);	Darek Desaulniers

476698

Medication(s)	Dosage	Frequency	Compliant	Comments
NONE	mg	/Hour	Unknown	

Allergies	Medications: None Known;
-----------	--------------------------

INITIAL ASSESSMENT

		ACTUAL	PERTINENT NEGATIVES
Gen	Assessment Time:	Normal	
	Location Patient Found:	Other: sitting in a vehicle that stopped	
	Scene Findings:	No Pertinent Findings;	
	Level of Consciousness:	Alert: To Person; To Place; To Time; To Situation;	
	Stroke Scale:		
A	Airway Status:	Patent (Open);	
	Airway Signs:	Unremarkable;	
B	Breathing Signs:	Regular;	
	Breathing Quality:	Rate: 20 BPM Regularity: Regular; Effort: No Distress; Depth: Normal;	
C	Skin:	Temperature: Normal; Color: Normal; Moisture: Normal; Turgor: Normal;	
	Pulse:	Site: Radial - Left; Rate: Normal; Rhythm: Regular; Strength: Strong;	
	Neck Veins:	JVD Absent;	
	Estimated Blood Loss:	None;	
D	Pupils:	(L): Reactivity: Brisk; Quality: Normal; (R): Reactivity: Brisk; Quality: Normal;	
	Mental Status:	Normal;	
	Distal CMS:	All Extremities: Pulse Present; Movement Present; Sensation Present;	

Created on: 11/27/2016 1:54:15 PM

Foran, Judy

Incident Number: 112716-00192

75085746

INITIAL ASSESSMENT																
Loss of Consciousness:		No;														
ON EXAM																
VITAL SIGNS																
Time	Position	HR	RR	SBP	DBP	Pain	MAP	SPO2	Peak Flow	Gluc	GCS	TEMP	ETCO2	CVP	Pain: Visual	Done By
M-2:00:00 PM	Semi Fowlers	72 BPM	20 BrPM	156 mmHg	P;	7		99 %			M 6 V 5 E 4 15	36.7 Celsius				DD
M-2:30:00 PM	Sitting	60 BPM	20 BrPM	140 mmHg	84 mmHg		102.67 mmHg				M 6 V 5 E 4 15					DD
SCORES																
Time	CTAS	RTS	PTS	Broselow Tape Category	START Trlage	% Burn	APGAR	Done By								
M-2:30:00 PM	3							DD								
PROTOCOLS																
Start Time	Stop Time	Section	Item	Summary	Done By											
11/27/2016 2:59:46 PM		Protocols	Trauma	Fractures Sprains Abr Lac 6304.02	Darek Desautiniers											

NECESSITY FOR SERVICE

CODES

Clinical Impression: Trauma - Shoulder Injury;

INCIDENT

	Time	Odometer	Details	Complications / Misc
Request for Service:	11/27/2016 1:49:40 PM		Location Type: Street / Highway; Address 1: Alderney/prince Intersection City / Town: Dartmouth Province / State: Nova Scotia Country: Canada	
Unit Dispatched:	11/27/2016 1:49:40 PM		Dispatch Complaint: Traffic Collision Location Type: Street / Highway; Address 1: Alderney/prince Intersection City / Town: Dartmouth Province / State: Nova Scotia Country: Canada	
Enroute:	11/27/2016 1:50:15		Incident Number: 112716-00192 Response Mode: Code 1; Number of	

Created on: 11/27/2016 1:54:15 PM

Foran, Judy

Incident Number: 112716-00192

75085746

	PM		Patients: 1	
Arrive Scene:	11/27/2016 1:55:47 PM			
Arrive Patient:	11/27/2016 1:57:00 PM			476698
Transfer of Care - LF:				
Depart Scene:	11/27/2016 2:08:15 PM		Transport Mode: Code 2;	Response Outcomes: Treated - Transported;
Arrive Destination:	11/27/2016 2:14:50 PM		Destination Type: Hospital; Receiving Facility: Dartmouth General Hospital	
Transfer of Care:				
Available:				
Wheels Up:				

VEHICLE(S)

Agency Name	Agency Number	Region	Unit Number	Unit Call Sign - Aircraft	Vehicle Number	CMS Service Level	Vehicle Type	Primary Role of Unit	Station
		Central	M-214				Ambulance	ALS	Jamieson

CREW MEMBERS

Name	Crew Role	Crew Level	Position	ID Number	Registration	Crew Type	Current Crew
Desaulniers Darek	Paramedic	ACP	Primary Crew		39460		Yes
Long Trevor	Paramedic	PCP	Secondary Crew		11830		Yes

OUTCOMES

REFERENCE

Report Completed By: Name: dd;

DEMOGRAPHICS

Last Name: Foran

DOB: 1/21/1958

Address 1: 36 Trailwood Pl

County:

Country: Canada

First Name: Judy

SSN:

Address 2:

Province: NS

Phone Number 1: 902-445-3630

Middle: T

MedicAlert #:

City / Town: HALIFAX

Postal Code:

Phone Number 2:

INSURANCE GENERAL

Insurance Type: Health Card #;

Province: Nova Scotia

Provincial Health Card #: 0008816662

Created on: 11/27/2016 1:54:15 PM

Foran, Judy

Incident Number: 112716-00192

75085746

CONTACT PERSON(S)

Last Name	First Name	Relationship	Address
Smith	Peter	Patient Physician	
Sullivan	Wayne	Patient Physician	

RESPONSIBLE PARTY

476698

Last Name: Foran

First Name: Judy

Relationship: Self

Address 1: 36 Trailwood Pl

Address 2:

City / Town: HALIFAX

County:

Province: NS

Postal Code:

Country: Canada

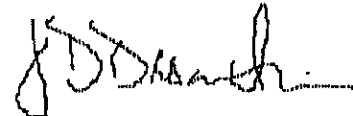
Phone Number 1: 902-445-3630

Phone Number 2:

SIGNATURE

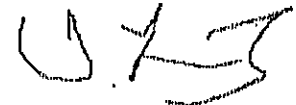
Primary Crew

Name: Desautniers Darek



Secondary Crew

Name: Long Trevor



Created on: 11/27/2016 1:54:15 PM

Foran, Judy

Incident Number: 112716-00192



Capital Health
Consultation Form



FORAN, JUDY THERESA
7-50857-46

0000476698 1958/01/21 F 68Y
FORAN, JUDY THERESA DEMR
HC 0008816682 NS EXP 17/12/31
36 TRIALWOOD PLACE
HALIFAX NS B3M 3Y1
(902)445-3630 RC 7-50857-46
FP DDYON, JULIE 16239
PREF

DARTMOUTH GENERAL HOSPITAL & COMMUNITY HEALTH CENTER
325 Pleasant Street
Dartmouth, NS
B2Y 4G8

To Dr. Whelan
From ERB
Date Nov 27/16

Problem R prox humerus GT #

- ☐ Please assess
☐ Please assess and follow

Signature

E. Roberts

CONSULTANT'S REPORT

- ☐ Will follow

Signature M.D. _____

Date _____



Consultation Records
CD1234MR_10_08

Consultation Form

SBYoF w R prox humerus #

HPI: Was crossing at a crosswalk today when a car didn't stop. She reached out with her R arm and was struck → rolled onto ground. ϕ head impact ϕ LOC ϕ neck pain. Abrasions to L lat leg & tender R lower leg but able to WB easily.

PMedHx: ϕ

Meds: No identical hormones

All: nil

Soc: ϕ smoking

RHD

Work out frequently

o/e: Well, ϕ distress.

R arm nvi (N) 5/5 bi/tri/wr/bi/med/rad/uln.

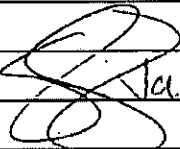
(N) Sens incl axil

Remainder of ϕ survey unremarkable etc.

Abrasions L lat leg
R leg tender.

A/P: SBYoF 2 pt prox humerus # inv. GT in min displacement. Given age / disp already will operate to prevent further displacement.

- (1) CT to better delineate bony anatomy
- (2) Consent for scope/debridement/ORIF
- (3) XR tibfib R.

 Jang Stewart
Rt.

NOVA SCOTIA HEALTH AUTHORITY CENTRAL ZONE

5820 University Avenue, Halifax, Nova Scotia, B3H 6A3
Health Information Services Room 5031, (902) 473-6318

MRN #: 0000476698 Acct #: 75085746
HCN #: 0008816662
FORAN, JUDY T
36 TRIALWOOD PLACE, HALIFAX, NS B3M-3Y1
DOB: 1958-Jan-21 Phone: (902)445-3630
PMI: DEPT OF HEALTH
WCB:

EMERGENCY ROOM CONSULTATION

Emergency Services
Dartmouth General Hospital

VISIT DATE: 2016-Nov-27

Dear Dr. Doyon:

Judy Foran is a 58-year-old lady who was seen in the emergency department today in regard to a right proximal humerus fracture. Today, she was crossing at a crosswalk when a vehicle did not stop. She reached out with her right arm and was struck by the vehicle, causing her to fall over and roll onto the ground. She did not strike her head with this and there was no loss of consciousness or neck pain. She has some abrasions to her left lateral leg and she was tender in her right lower leg, but otherwise there were no other significant injuries. She was able to ambulate easily after this. She denied any paraesthesias in the right arm.

Her past medical history is insignificant.

MEDICATIONS: Bioidentical hormones.

ALLERGIES: Nil.

SOCIAL HISTORY: Ms. Foran is a nonsmoker. She is right hand dominant and works as a realtor. She is relatively active and works out quite frequently.

On examination today, she is well and in no distress. Her vitals are stable. Her right arm is neurovascularly intact, with 5/5 strength throughout the arm. She has normal sensation. The remainder of her secondary survey is unremarkable, except for some superficial abrasions to the left lateral leg.

Investigations revealed a 2-part proximal humerus fracture of the right arm involving the greater tuberosity, with some minimal displacement. A CT was performed that confirmed this. A right tib-fib x-ray did not show any fractures there.

Copies:

ATTENDING: ELISE ROBERTS REFERRING: PRIMARY CARE: Julie Doyon

Transc ID: / barkett
Job ID / Document ID: 948312 / 5953961
Date Dictated: 2016-Nov-27 20:29:41
Date Transcribed: 2016-Nov-30 21:24:04
Date Revised: 2016-Dec-01 07:37:30
Date Printed: 2016-Dec-01

Page 1

Emergency Room Consultation

NSHA-Central Zone

FORAN, JUDY T
MRN #: 0000476698
Page 2

In summary, Ms. Foran is a 58-year-old female with a proximal humerus fracture involving the greater tuberosity, with some minimal displacement on the right. Given her young age, good health and some displacement already, we discussed operative management to prevent further displacement or complications. She is agreeable to this plan. She was consented for operative management of this, as well as arthroscopy and debridement. She will be added to the wait list for surgery.

Sincerely,

Dictated but not read

If changes are required, they will be made and an updated report will be sent.
If you require immediate clarification, please contact the attending physician directly.

Samantha Jang-Stewart, MD, Resident

Nathan Urquhart MD, MSc, FRCSC
Attending Staff
Dept. of Surgery (Orthopedics)

Office Tel: 902-477-6002 Office Fax: 902-494-9298

cc: Julie Doyon <PCP>

Transc ID: / barkett
Job ID / Document ID: 948312 / 5953961
Date Dictated: 2016-Nov-27 20:29:41
Date Transcribed: 2016-Nov-30 21:24:04
Date Revised: 2016-Dec-01 07:37:30
Date Printed: 2016-Dec-01

Emergency Room Consultation

CDHA Emergency Registration Form

Dartmouth General Hospital



Name: **FORAN, JUDY THERESA** Location: *met 5*

Acct #: **75065746** Health Card: **0008816662** MRN: **0000476698**

Date of Birth: **1958/01/21** Age: **58** Sex: **F** Religion: **RC** Phone: **(902)445-3630**

Address: **35 TRIALWOOD PLACE**
HALIFAX
NS B3M 3Y1

Next of Kin: **FORAN, LARRY** Relationship: **HUSBAND** NOK Phone #: **(000)445-3630**

Local Contact Name: _____ Contact Phone #: _____

Date/Time	Temp °C	HR	RR	BP	O2 Sat	P Flow	Pain	Bid Glucose
2016/11/27 14:25	36.7	60	16	144/81	96%	lpm	7/10	mmol/l
					%	lpm	/10	mmol/l

LMP: _____ Wt. Kg: _____ Visual Acuity: L _____ R _____

☐ Td UTD ☐ More Vitals

Nurse Signature: *[Signature]* Alerts: _____

Allergies: **NKA**

Admittance Date: **2016/11/27** Previous Visit Date: **C 2014/10/18** Visits/Yr: **0** Family Physician: **JULIE OYOON**

CTAS: **4** Chief Complaint: **UPPER EXTREMITY INJURY, ORTHOPEIC - UPPER...**

Triage Time: **14:25** Triage Notes: **ACUTE PERIPHERAL MODERATE PAIN (4-7). ARRIVED VIA EHS. PED HIT BY CAR IN CROSSWALK. RT SHOULDER INJURY, OCECREASED ROM. ABRASIONS LT HIP. WALKED AFTERWARDS.**

Triaged By: **CH**

Reg Time: **14:52**

RFP: **14001**

Arrival: **EHS**

Time to Rm: **15:05**

Medications: **NIL**

MD Time: **15:35** Attending Physician (print): **ROBERTS** ☐ Resident ☐ Student (print): _____

Geriatric Assessment: to be completed on all pts > 70yrs

New Medication Y/N: _____ Delayed Recall: **/3**

CURE (circle one) _____ Mobility Safe / Unsafe: _____

Crossing at a crosswalk a car didn't stop - turned body sideways - put arm out towards the vehicle - called - 666-8 heading injury

Delayed injury to leg

VS Noted. legs v - abrasion pulse stable - hip. tender @ shoulder - pain elbow v. NUI

abso soft

C-spine v

6 tabs

radiology results

Diagnosis: **Humerus #**

Date/Time of Death: _____

Date of Accident: _____ Insurance #: **0008816662**

Employer: _____

Attending Physician's Signature: *[Signature]* Consult 1: **ORPAC**

Resident/Student's Signature: _____ Consult 2: _____

Discharge Instructions: _____

☐ Look for Continuation Sheet

Transferred to: _____

Date/Time of Discharge: _____

☐ RT ED if conditions worsen ☐ FU/GP in _____ days ☐ Return to work in _____ days

☐ RT to Emergency in _____ days ☐ FU/Specialist clinic ☐ Patient Instruction sheet



Copies: White - Medical Records Yellow - Family Physician Pink - Attending Physician



Capital Health

PRE-PRINTED ORDER

Medicine, Emergency Medicine

Pain Management Protocol – Nurse Initiated

Patient: _____

Allergies: _____

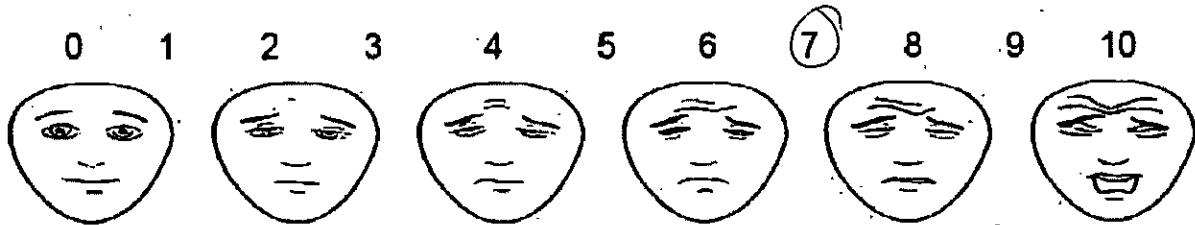
Items preceded by a bullet (•) are mandatory. Items preceded by a checkbox (☐) are only to be carried out if checked.Date (yyyy/mm/dd) 16.11.27

0000476698 1958/01/21 F 68Y
 FORAN, JUDY THERESA DEMR
 HC 0008816662 NS EXP 17/12/31
 38 TRIALWOOD PLACE
 HALIFAX NS B3M 3Y1
 (902)445-3630 RC 7-50857-46
 FP OOOYON, JULIE 16239
 PREF



FORAN, JUDY THERESA
 7-50857-46

1. Pain Score (Circle one)



Faces Pain Scale- Revised: Spafford, von Beyer, van Kori, Doodenough (2001)

2. Recent analgesia (Medication, dose and time)

Zylaxel 935 mg po3. Meets inclusion criteria ☒ Yes ☐ No

4. Nurse Initiated Pain Management Protocol

Pain Score	Action (Adults)	Action (2-12 years)
1-3	Acetaminophen 650-975 mg po x 1 AND / OR Ibuprofen 600-800 mg po x 1	Acetaminophen 15mg/kg po x 1 AND / OR Ibuprofen 10 mg/kg po x 1
4-10	See medication options for pain score 1-3 OR If patient requires opioid analgesia OR Does not meet inclusion criteria, consult Emergency Department Physician for completion of PPO447MR Pain Management Protocol	See medication options for pain score 1-3 OR If patient requires opioid analgesia OR Does not meet inclusion criteria, consult Emergency Department Physician for completion of PPO447MR Pain Management Protocol
Additional Orders	Ketorolac 30 mg IV x 1 dose (If high clinical suspicion of renal colic and unable to tolerate oral NSAIDs)	
If patient does not meet inclusion criteria, consult Emergency Department Physician for completion of PPO		

Time analgesia given 1500

Physician Orders(1)

Nurse's Signature: _____

Date (yyyy/mm/dd): 16.11.27Nurse's Name Janet Bullock

Licence No. _____

Print

Inclusion Criteria

- Musculoskeletal (MSK) conditions (soft tissue injuries and suspected fractures/ dislocations).
- Surface trauma (burns, abrasions, lacerations).
- Specific abdominal pain (biliary colic and renal colic).
Although it is impossible to make a certain diagnosis at triage, if there is a reasonably high certainty that pain is due to an identifiable condition (such as a diagnosis of same condition), pain pathway can be used.
- ENT ear pain, throat pain without stridor, toothache, eye pain.
- Neuropathic pain (eg. diabetic pain, trigeminal neuralgia, shingles).

Exclusion Criteria

- Headache or retro-orbital pain
- Non-diagnosed abdominal pain
- Suspected drug seeking patients
- Patients refusing analgesia
- Chest pain unless due to obvious musculoskeletal cause
- Allergy to pathway medication
- Prior analgesia (acetaminophen in the last 4 hours or ibuprofen in last 6 hours)
- Decreased level of consciousness (such as intoxication & new onset delirium / dementia).

Contraindications

- Ibuprofen or ketorolac should not be given to patients with renal impairment or peptic ulcer disease.
- Acetaminophen should not be given to patients with liver disease.

Absolute Contraindications

- Respiratory compromise (rr < 12)
- Hypotension (systolic bp < 100)
Medications should not be administered if there is any contraindication unless discussed with an emergency department physician.

Patient Monitoring and Re-assessment

- All patients receiving oral pain medication should have their pain score and vital signs (HR, RR, BP, pulse oximetry, GCS) reviewed every 30 minutes.
- All patients receiving IV pain medication should have their pain score and vital signs (HR, RR, BP, pulse oximetry, GCS) reviewed every 5 minutes.
- If additional analgesia is required after 3 doses of intravenous pain medication, an ED physician assessment is required.



Capital Health

Emergency Department

Minor Treatment Record

0000476698 1958/01/21 F 68Y
 FORAN, JUDY THERESA DEMR
 HC 0008818862 NS EXP 17/12/31
 36 TRIALWOOD PLACE
 HALIFAX NS B3M 3Y1
 (902)445-3830 RC 7-50857-46
 FP DOYDN, JULIE 16239
 PREF

FORAN, JUDY THERESA
 7-50857-46

<input checked="" type="checkbox"/> Nursing Assessment		Date/Time (YYYY/MM/DD): 16/11/27 1510	
Airway: <input checked="" type="checkbox"/> Normal Abnormal	Description	2 medicated 2 Lgt. as per	
	Abrasion <input checked="" type="checkbox"/>	200 l. being on - WPO.	
	Bruising <input type="checkbox"/>	153 Pain med given.	
Breathing: <input checked="" type="checkbox"/> Normal Abnormal	Burn <input checked="" type="checkbox"/>	158 - CT right shoulder complete	
	Deformity <input type="checkbox"/>	C Adams (RTR)	
	Wound <input checked="" type="checkbox"/>	1629 - dressing applied to (C) leg.	
Circulation: <input checked="" type="checkbox"/> Normal Abnormal	Pain <input checked="" type="checkbox"/>	Pysprin.	
	Swelling <input type="checkbox"/>		
	Foreign Body <input type="checkbox"/>		
GCS: 15/15 LOC: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Chemstrip			
<input type="checkbox"/> See Continuation Sheet			
Pain Scale 9/10 (Aam)	Td UTD Y N	Visual Acuity: R L	
Vital Signs - Time	T	P	R BP
Vital Signs - Time	T	P	R BP
Medication Administration Record			
Time	Drug	Dose	Route/Site
1510	Ibuprofen	400mg po	1558 Dilaudid 1mg IV to go
1558	Dilaudid	1mg	po
Intravenous Solution Administration Record			
Time	Solution	Amount	Additives
Absorbed			
Time	Solution	Amount	Initial
Diagnostic Procedures / Treatments / Blood work (times to be included)			
Lab:	DI:		
Discharged: 16/11/27 @ 1553 Initials JR		Referrals/Action Taken	
Via: Ambulatory Ambulance Wheelchair		<input type="checkbox"/> VON <input type="checkbox"/> SW ED <input type="checkbox"/> OT/PT <input type="checkbox"/> DPN <input type="checkbox"/> HCNS	
Accompanied <input type="checkbox"/> Unsure <input checked="" type="checkbox"/> Family/Friend <input type="checkbox"/> Self Discharged		<input type="checkbox"/> Recheck with ED prn <input type="checkbox"/> Clinic	
<input type="checkbox"/> Not Discharged by RN <input type="checkbox"/> Left AMA <input type="checkbox"/> Police		<input type="checkbox"/> Recheck with FD prn <input type="checkbox"/> Pamphlets	
<input type="checkbox"/> Discharged by MD			
Name	Signature	Initials	Name



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Diagnostic Imaging Department
Rm 3209 3rd Fl Dickson Bldg
1276 South Park St
Halifax, Nova Scotia
B3H 2Y9

FORAN , JUDY THERESA

MRN : 0000476698

Admission Date: 2016/11/27

Sex/Age/DOB: Female 58 years 1958/01/21

PMI#: 0008816662

Physician:

Loc/Room/Bed: DG Emergency

Visit #: 0000075085746

ID #:

DIAGNOSTIC IMAGING DEPARTMENT | RESULT INQUIRY PHONE: (902)473-2266

Computed Tomography

Accession

CT-16-058955	2016/11/27 18:00	CT Extremities, Non Enhanced -EX
--------------	------------------	----------------------------------

Report

CT Extremities, Non Enhanced -EX

INDICATION: Fracture of the greater tuberosity. Surgical planning.

FINDINGS: There is a comminuted fracture involving the greater tuberosity. The fracture fragments measure 2.8 cm in maximum AP dimension when measured together. The fracture fragments involve the attachments of the supra and infraspinatus tendons. There is superior, medial and posterior displacement of the fracture fragments by up to 5 mm. No other fractures are identified.

Incidental note is made of degenerative changes in the lower cervical spine and upper thoracic spine. There is an 8 mm hypodense lesion in the right lobe of the thyroid which is nonspecific, but likely represents an adenomatous nodule.

Opinion: Comminuted fracture involving the greater tuberosity with superomedial and posterior displacement of fracture fragments as described above. Incidental 8 mm right lobe of thyroid nodule likely represents an adenomatous nodule. This could be further evaluated with ultrasound.

***** Final Report*****

Dictated by: Ingham , Andrew Barclay

Verified by: Ingham , Andrew Barclay

Verified on: 2016/11/27 21:40

HEALTH RECORDS COPY

COPY(S) SENT TO:

Roberts, Elise (PRIM); Roberts, Elise (PRIM); Emergency Room Physician

PRINT DATE/TIME: 2016/11/28 15:37

PAGE 1 of 1

INFOREFPFOURFURNALRFPFPGJOP75WAS74-88P0001611/26 15:25 INFOFURNAL IMAGINGDEPTX-16-250732



Diagnostic Imaging Department
Rm 3209 3rd Fl Dickson Bldg
1276 South Park St
Halifax, Nova Scotia
B3H 2Y9

FORAN, JUDY THERESA

MRN : 0000476698

Admission Date: 2016/11/27

Sex/Age/DOB: Female 58 years 1958/01/21

PMI#: 0008816662

Physician:

Loc/Room/Bed: DG Emergency //

Visit #: 0000075085746

ID #:

DIAGNOSTIC IMAGING DEPARTMENT | RESULT INQUIRY PHONE: (902)473-2266**G e n e r a l I m a g i n g****Accession**

XR-16-250732	2016/11/27 16:40	XR Shoulder, RT -SH
XR-16-250734	2016/11/27 16:40	XR Elbow, RT -UEX
XR-16-250733	2016/11/27 16:40	XR Humerus, RT -UEX

Report

XR Shoulder, RT -SH, XR Humerus, RT -UEX, XR Elbow, RT -UEX

INDICATION: 58-year-old female pedestrian hit by car in a crosswalk. Shoulder injury.

FINDINGS: There is a fracture through the greater tuberosity which is minimally comminuted. The fracture fragments measure 2.6 cm in maximum dimensions and are minimally superomedially displaced. The glenohumeral and acromioclavicular joints are maintained.

The remainder of the humerus is intact. Suboptimal AP and lateral views of the elbow have been obtained with no obvious fracture identified.

***** Final Report*****

Dictated by: Ingham, Andrew Barclay

Verified by: Ingham, Andrew Barclay

Verified on: 2016/11/27 21:35

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

Roberts, Elise (PRIM); Roberts, Elise (PRIM) Doyon, Julie (PRIM)
Ordering: Emergency Room Physician

PRINT DATE/TIME: 2016/11/28 15:25

PAGE 1 of 1

XRAY-16-250754 2016/11/27 18:06 XR Tibia Fibula, RT -LEX



Diagnostic Imaging Department
Rm 3209 3rd Fl Dickson Bldg
1276 South Park St
Halifax, Nova Scotia
B3H 2Y9

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Sex/Age/DOB: Female 58 years 1958/01/21

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G e n e r a l I m a g i n g

Accession

XR-16-250754 2016/11/27 18:06 XR Tibia Fibula, RT -LEX

Report

XR Tibia Fibula, RT -LEX

INDICATION: Struck by a moving vehicle while in a crosswalk. Rule out fracture.

FINDINGS: No fracture is identified.

***** Final Report*****

Dictated by: Ingham , Andrew Barclay

Verified by: Ingham , Andrew Barclay

Verified on: 2016/11/27 21:42

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

Roberts , Elise (PRIM); Roberts , Elise (PRIM) Doyon , Julie (PRIM)
Ordering: Emergency Room Physician

PRINT DATE/TIME: 2016/11/28 15:25

PAGE 1 of 1



Capital Health

0000476698 1958/01/21 F 58Y
 FORAN, JUDY THERESA DEMR
 HC 0008816662 NS EXP 17/12/31
 36 TRIALWOOD PLACE
 HALIFAX NS B3M 3Y1
 (902)445-3630 RC 7-50857-46
 FP DOYON, JULIE 16239
 PREF

0000476698 1958/01/21 F 58Y
 FORAN, JUDY THERESA OEMR
 HC 0008816662 NS EXP 17/12/31
 36 TRIALWOOD PLACE
 HALIFAX NS B3M 3Y1
 (902)445-3630 RC 7-50857-46
 FP DOYON, JULIE 16239
 PREF

Transfer of Patient Information: Minimum Patient Data

To/From Episodic Care Areas:

Diagnostic/Interventional/Dialysis/Endoscopy/Ambulatory Clinics/ED to OR/ED to Episodic

For Use in Areas that Do Not Use Kardex

Section A: Patient Identifiers & Pre Procedure Transfer Checklist (To Be Completed by Transferring Provider Pre Transfer To Any Episodic Care Area)	
Date: <u>WA. 27/12/06</u> Procedure/Test: <u>CT (R) Shoulder</u> <input checked="" type="checkbox"/> ID Band Check/Identifier <input type="checkbox"/> Allergy Band Check <input checked="" type="checkbox"/> NA <input checked="" type="checkbox"/> Health Record & MAR <input type="checkbox"/> O ₂ Tank Check <input checked="" type="checkbox"/> Lines/Tubes secure <input checked="" type="checkbox"/> Privacy/Comfort met Patient belongings sent: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes list: _____	<input type="checkbox"/> Patient assessed pre transport & Appropriate mode of transportation is: <u>Staircase</u> & Appropriate transporter is: <u>DM</u> If accompanied by relative/friend (name): _____ Unit contact number: <u>460 4196</u> Assigned Care Provider name: <u>Juan</u> Signature/Status: _____ Time: <u>1746</u>
Section B: Current Patient Status (To Be Completed by Transferring Provider Pre Transfer To Any Episodic Care Area)	
Allergies: <input checked="" type="checkbox"/> NKA <input type="checkbox"/> Yes List: _____ *Latex Allergy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *Fall Risk: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Skin/Wound Risk: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No - <u>wound OK</u> Cognitive Status: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> *Confused <input type="checkbox"/> *Dementia *Isolation/Precautions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type: _____ * Requires at a minimum verbal communication with Episodic Area pre transport	O ₂ : <u>NA</u> (L/m) <input type="checkbox"/> Nasal cannula <input type="checkbox"/> Mask Code Status: <input checked="" type="checkbox"/> Full <input type="checkbox"/> DNR Mobility: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Assist <input type="checkbox"/> Bedrest Hearing: <input checked="" type="checkbox"/> No Deficits <input type="checkbox"/> Deficits <input type="checkbox"/> Hearing Aid Vision: <input checked="" type="checkbox"/> No Deficits <input type="checkbox"/> Blind <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts Language: <input checked="" type="checkbox"/> English Other: _____ Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Diet: <input checked="" type="checkbox"/> NPO Other: _____ Other: _____
Section C: Additional Care Needs/Plan of Care (To Be Completed Below by Transferring Provider When Transferring Patient to Episodic Area in Which Episodic Care Provider is to Assess and/or Provide Related Care (example: dialysis, endoscopy, interventional etc.))	
Complete the following (as required) <input type="checkbox"/> See Recent Vitals (graphic section) <input type="checkbox"/> See Ht./Wt. (graphic section) <input type="checkbox"/> Not done <input type="checkbox"/> See Spo ₂ <input type="checkbox"/> See Glucometer Reading <input type="checkbox"/> See Recent Labs on Chart Monitoring: <input type="checkbox"/> Spo ₂ Due: _____ <input type="checkbox"/> Glucometer Due: _____	<input type="checkbox"/> Vital Signs Due: _____ <input type="checkbox"/> I.V. Solution & Rate: _____ Solution & Rate: _____ Medications due: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See MAR/Nurse's Note Dialysis only: Blood-work Required <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, send blood-work requisitions & tubes) Other: _____
Section D: Pre & Post Procedure Checklist: (To Be Completed by Episodic Provider)	
Pre: <input checked="" type="checkbox"/> ID Band Check/Identifier <input type="checkbox"/> Allergy Band Check <input type="checkbox"/> NA <input type="checkbox"/> Transfer Information Reviewed <input type="checkbox"/> O ₂ Tank Check <input checked="" type="checkbox"/> Provider Introduction <input checked="" type="checkbox"/> Privacy/Comfort met Signature/Status: <u>Adam (DR)</u> Time: <u>1750</u>	Post: <input checked="" type="checkbox"/> Unchanged <input type="checkbox"/> Change in Status <input type="checkbox"/> See Health Record: _____ Medications Administered during Procedure: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> See MAR/Health Record Additional Monitoring/Care Requirements Post Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Documentation/Orders in Record <input type="checkbox"/> Transferring Destination Verified: _____ <input type="checkbox"/> See Vitals (graphic section or episodic record) <input type="checkbox"/> See Glucometer result (graphic section or episodic record) Dialysis Only: Net Fluid Removed _____ Extra Normal Saline Given _____ Signature/Status: <u>Adam (DR)</u> Time: <u>1758</u>



Transfer Reports
 CD2364MR_02_12

Use when multiple episodic transfers required/day & information on page 1 has not changed.

Section A: Patient Identifiers & Pre Procedure Transfer Checklist (To Be Completed by Transferring Provider Pre Transfer To Any Episodic Care Area & ED to OR)	
Date: _____ Procedure/Test: _____ <input type="checkbox"/> ID Band Check/Identifier <input type="checkbox"/> Allergy Band Check <input type="checkbox"/> NA <input type="checkbox"/> Health Record & MAR <input type="checkbox"/> O ₂ Tank Check <input type="checkbox"/> Lines/Tubes secure <input type="checkbox"/> Privacy/Comfort met Patient belongings sent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list: _____	<input type="checkbox"/> See Patient Assessment/Transportation Information on Front. Additional Information: _____ Accompanied by relative/friend (name): <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ See Unit contact number/Care Provider Name on Front. Additional Information: _____ Signature/Status: _____ Time: _____
Section B: Current Patient Status	
<input type="checkbox"/> See Patient Status Information on Front Additional Information: _____	
Section C: Additional Care Needs/Plan of Care	
<input type="checkbox"/> See Care Needs Information on Front <input type="checkbox"/> NA Additional Information: _____	
Section D: Pre & Post Procedure Checklist: (To Be Completed by Episodic Provider)	
Pre: <input type="checkbox"/> ID Band Check/Identifier <input type="checkbox"/> Allergy Band Check <input type="checkbox"/> NA <input type="checkbox"/> Transfer Information Reviewed <input type="checkbox"/> O ₂ Tank Check <input type="checkbox"/> Provider Introduction <input type="checkbox"/> Privacy/Comfort met Signature/Status: _____ Time: _____	Post: <input type="checkbox"/> Unchanged <input type="checkbox"/> Change in Status <input type="checkbox"/> See Health Record: _____ Medications Administered During Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No See MAR/Health Record <input type="checkbox"/> Additional Monitoring/Care Requirements Post Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Documentation/Orders in Record <input type="checkbox"/> Transferring Destination Verified: _____ <input type="checkbox"/> See Graphic or episodic record for: <input type="checkbox"/> Vitals <input type="checkbox"/> Glucometer Dialysis Only: Net Fluid Removed _____ Extra Normal Saline Given _____ Signature/Status: _____ Time: _____

Section A: Patient Identifiers & Pre Procedure Transfer Checklist (To Be Completed by Transferring Provider Pre Transfer To Any Episodic Care Area & ED to OR)	
Date: _____ Procedure/Test: _____ <input type="checkbox"/> ID Band Check/Identifier <input type="checkbox"/> Allergy Band Check <input type="checkbox"/> NA <input type="checkbox"/> Health Record & MAR <input type="checkbox"/> O ₂ Tank Check <input type="checkbox"/> Lines/Tubes secure <input type="checkbox"/> Privacy/Comfort met Patient belongings sent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list: _____	<input type="checkbox"/> See Patient Assessment/Transportation Information on Front. Additional Information: _____ Accompanied by relative/friend (name): <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ See Unit contact number/Care Provider Name on Front. Additional Information: _____ Signature/Status: _____ Time: _____
Section B: Current Patient Status	
<input type="checkbox"/> See Patient Status Information on Front Additional Information: _____	
Section C: Additional Care Needs/Plan of Care	
<input type="checkbox"/> See Care Needs Information on Front <input type="checkbox"/> NA Additional Information: _____	
Section D: Pre & Post Procedure Checklist: (To Be Completed by Episodic Provider)	
Pre: <input type="checkbox"/> ID Band Check/Identifier <input type="checkbox"/> Allergy Band Check <input type="checkbox"/> NA <input type="checkbox"/> Transfer Information Reviewed <input type="checkbox"/> O ₂ Tank Check <input type="checkbox"/> Provider Introduction <input type="checkbox"/> Privacy/Comfort met Signature/Status: _____ Time: _____	Post: <input type="checkbox"/> Unchanged <input type="checkbox"/> Change in Status <input type="checkbox"/> See Health Record: _____ Medications Administered During Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No See MAR/Health Record <input type="checkbox"/> Additional Monitoring/Care Requirements Post Procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Documentation/Orders in Record <input type="checkbox"/> Transferring Destination Verified: _____ <input type="checkbox"/> See Graphic or episodic record for: <input type="checkbox"/> Vitals <input type="checkbox"/> Glucometer Dialysis Only: Net Fluid Removed _____ Extra Normal Saline Given _____ Signature/Status: _____ Time: _____