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January 5, 2021

BY HAND DELIVERY

Mr. Harold Simmons
City Manager
City of Senoia Department of Administrative Services
80 Main Street
Senoia, Ga. 30276

RE: **ANTE LITEM NOTIFICATION**
Pursuant to O.C.G.A. § 36-33-5

Government Entity: City of Senoia Street Department,
City of Senoia Department of Public
Works, and the City of Senoia, Ga.
Our Clients: Penny Johnson and Charles Johnson,
her spouse.
Date of Incident: July 18, 2020
Location: Grassy Median dividing northbound
and southbound Main Street,
Senoia, Georgia, in the vicinity of
the Senoia Welcome Center (68
Main Street)
Time of Occurrence: 11:15 a.m.

Dear Mr. Simmons:

Please be advised that this firm represents the interests of Penny Johnson and Charles Johnson, her spouse, for injuries and damages received as a result of an incident on July 18, 2020. This letter shall constitute ante litem notice pursuant to O.C.G.A. § 36-33-5 and is given on behalf of Penny Johnson and Charles Johnson, her spouse.

This notice of claim is made to the extent of claimant's knowledge and belief and as may be practicable under the circumstances.

FACTS

On July 18, 2020 at approximately 11:15 a.m. Penny Johnson (a resident of Florida) was visiting Senoia, Georgia with her family. They intended to attend the Walking Dead tour. Ms. Johnson began to cross the grassy median which separates northbound Main Street from southbound Main Street, when she stepped in a depression in the grass. This resulted in her losing her balance and sustaining an injury to her right ankle which is described and discussed in greater detail below. Please note appended as Exhibit "A" are photos showing the area where the subject incident took place (with the specific area circled on two of the photos, and close-ups with regard to the other photos). There were no signs or notices warning pedestrians of the existence of this hazardous condition.

LIABILITY

The acts or omissions of the above entity asserted as the basis of the claim and which caused the loss are as follows: It is respectfully submitted that the City of Senoia Street Department, City of Senoia Department of Public Works, and the City of Senoia, Ga., through its officers, agents and employees negligently failed to properly inspect, maintain and repair the grassy median separating the northbound and southbound travel lanes of Main Street, in particular the area of the grassy median in the vicinity of the Senoia Welcome Center (68 Main Street, Senoia, Ga.). It is further submitted that the City of Senoia Street Department, City of Senoia Department of Public Works, and the City of Senoia, Ga., through its officers, agents and employees, caused the bodily injuries suffered by Penny Johnson, due to the following:

- a.---Failure to adopt and implement appropriate policies and procedures to protect pedestrians who are known to utilize the grassy median to cross Main Street.
- b.---Failure to warn pedestrians of any and all hazards pertaining to the grassy median separating the northbound and southbound travel lanes of Main Street.
- c.---Failure to exercise ordinary care under the circumstances.

It is further submitted that the City of Senoia Street Department, City of Senoia Department of Public Works, and the City of Senoia, Ga., through its officers, agents and employees, owed a legal duty of reasonable care to Penny Johnson and failed to do so when she stepped in the depression in the grassy median separating Main Street. It is further submitted that the City of Senoia Street Department, City of Senoia Department of Public Works, and the City of Senoia, Ga., through its officers, agents and employees, failed to prevent harm and injury to Ms. Johnson as she crossed the grassy median separating the northbound and southbound travel lanes of Main Street. Finally, it is likewise submitted that the City of Senoia Street Department, City of Senoia Department of Public Works, and the City of Senoia, Ga., through its officers, agents and employees, are vicariously liable for the negligent conduct of its officers, agents and employees under the doctrine of Respondeat Superior, Principal/Agency theory and Apparent Agency Theory, together with the negligent hiring, training, supervision and retention of its employees and/or agents.

These theories of negligence are not exclusive of additional theories that may exist but are not yet determined.

INJURIES

The nature of the loss suffered, and the amount of the loss claimed are as follows: As a direct and proximate consequence of the negligence of an officer, agent or employee of the City of Senoia Street Department, City of Senoia Department of Public Works and the City of Senoia, Ga., Penny Johnson suffered a serious injury to her right ankle and right foot. Upon information and belief, her treatment has consisted of a visit to an urgent care in Peachtree City, Georgia, a visit to the emergency room of Piedmont Fayette Hospital in Fayetteville, Ga, a visit to an orthopedic specialist (Michael Watson, M.D.) in Sebring, Florida, a visit to Neurology and Neurosurgery Associates in Winter Haven, Florida, x-rays at Advent Health Wachula in Wachula, Florida, and physical therapy at Advent Health Wachula in Wachula, Florida. Penny Johnson is still receiving treatment from the Orthopedic Medical Group of Tampa Bay in Winter

Haven, Florida, and was seen by a podiatrist in Plant City, Florida on December 29, 2020. Ms. Johnson has been told that there is a hole in her right talus bone, which will require surgery on January 27th. After surgery, she will be non-weight bearing for approximately six (6) weeks. Ms. Johnson's medical bills so far total approximately \$7,868.85. Copies of the medical records are appended hereto as Exhibit "B", with a copy of the corresponding medical bills annexed hereto as Exhibit "C". The following is a summary of the medical providers for whom records are attached, together with the corresponding medical bills:

<u>NAME OF PROVIDER</u>	<u>DATE OF SERVICE</u>	<u>MEDICAL CHARGES</u>
Piedmont Fayette Hospital	July 18, 2020	\$2,037.00.
Atlanta COD Emergency Phys LLC	July 18, 2020	\$ 668.00.
Piedmont South Imaging	July 18, 2020	\$ 30.00.
Michael Watson, MD Neurology and Neurosurgery Associates	July 31, 2020 Sept 3, 2020	unavailable \$ 325.00.
Advent Health Wauchula Radiology	Sept 8, 2020	\$1,228.68.
Advent Health Wauchula PT	Sept 10-28, 2020	\$3,580.17.
TOTAL AMOUNT OF MEDICAL BILLS KNOWN TO DATE--\$7,868.85.		

Please note that copies of any and all medical bills and records not provided herein will be furnished as part of a future amended ante litem notice. Moreover, upon information and belief, Ms. Johnson was unable to interview for a teaching position and has placed a hold on her business of selling homemade masks and pre-owned clothing on line. Additionally, Ms. Johnson and her spouse (Charles Johnson) will not be able to celebrate their thirty-second wedding anniversary (which takes place only one day before her scheduled surgery on January 26, 2020).

Please be advised that the right is reserved to furnish additional medical records and medical bills pertaining to Penny Johnson. In addition to the items stated above, Penny Johnson will be making claims for all economic and non-economic damages suffered in the past, now, and in the future, including but not exclusive of lost wages and pain and suffering. Finally, Charles Johnson, the spouse of Penny Johnson, will be asserting a derivative loss of consortium claim. This involves the past and future loss of Penny Johnson's services as a wife.

DEMAND—OFFER TO COMPROMISE

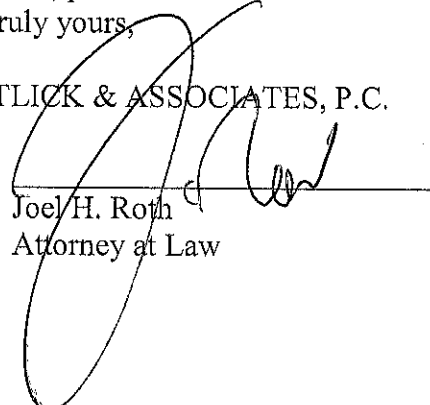
Penny Johnson hereby offers to compromise her bodily injury claim against the City of Senoia, Ga. for the sum of Two Hundred and Forty Thousand (\$240,000.00) Dollars. and Charles Johnson hereby offers to compromise his derivative loss of consortium claim against the City of Senoia Ga. for the sum of Ten Thousand (\$10,000.00) Dollars. Ms. Johnson agrees to settle all bodily injury actions she holds against the City of Senoia Street Department, City of Senoia Department of Public Works, and the City of Senoia, Ga. for the sum of Two Hundred and Forty Thousand (\$240,000.00) Dollars in exchange for a mutually agreeable release and Charles Johnson agrees to settle all derivative loss of consortium claims against the City of Senoia Street Department, the City of Senoia Department of Public Works and the City of Senoia, Ga. for the sum of Ten Thousand (\$10,000.00) Dollars in exchange for a mutually agreeable release.

This letter is intended to establish ante litem notification and is presumed to comply with all such requirements under O.C.G.A. § 36-33-5 unless you notify us of any defect within ten (10) days of receipt. If further information is needed, please feel free to contact the undersigned.

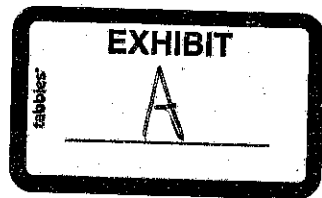
Very truly yours,

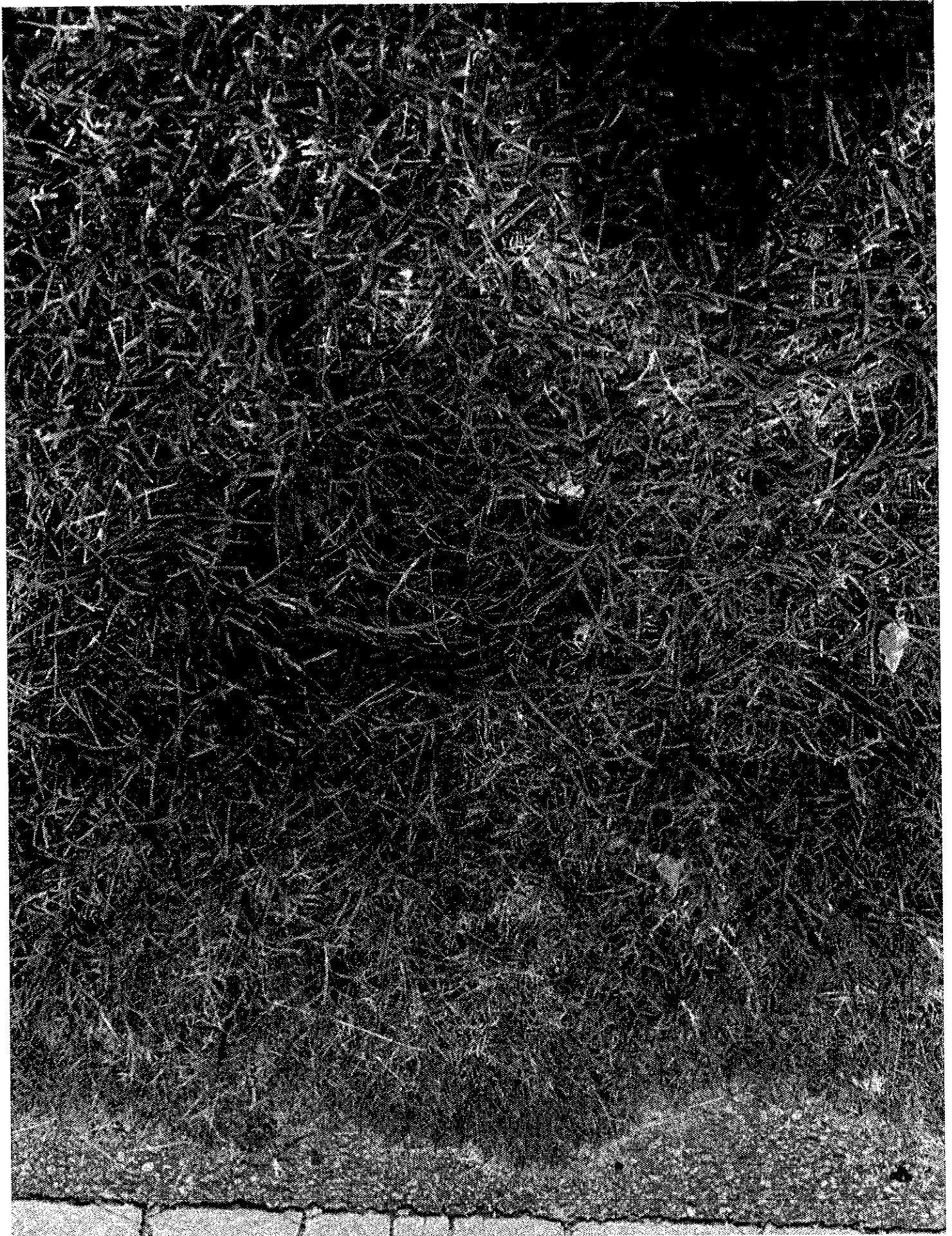
MONTLICK & ASSOCIATES, P.C.

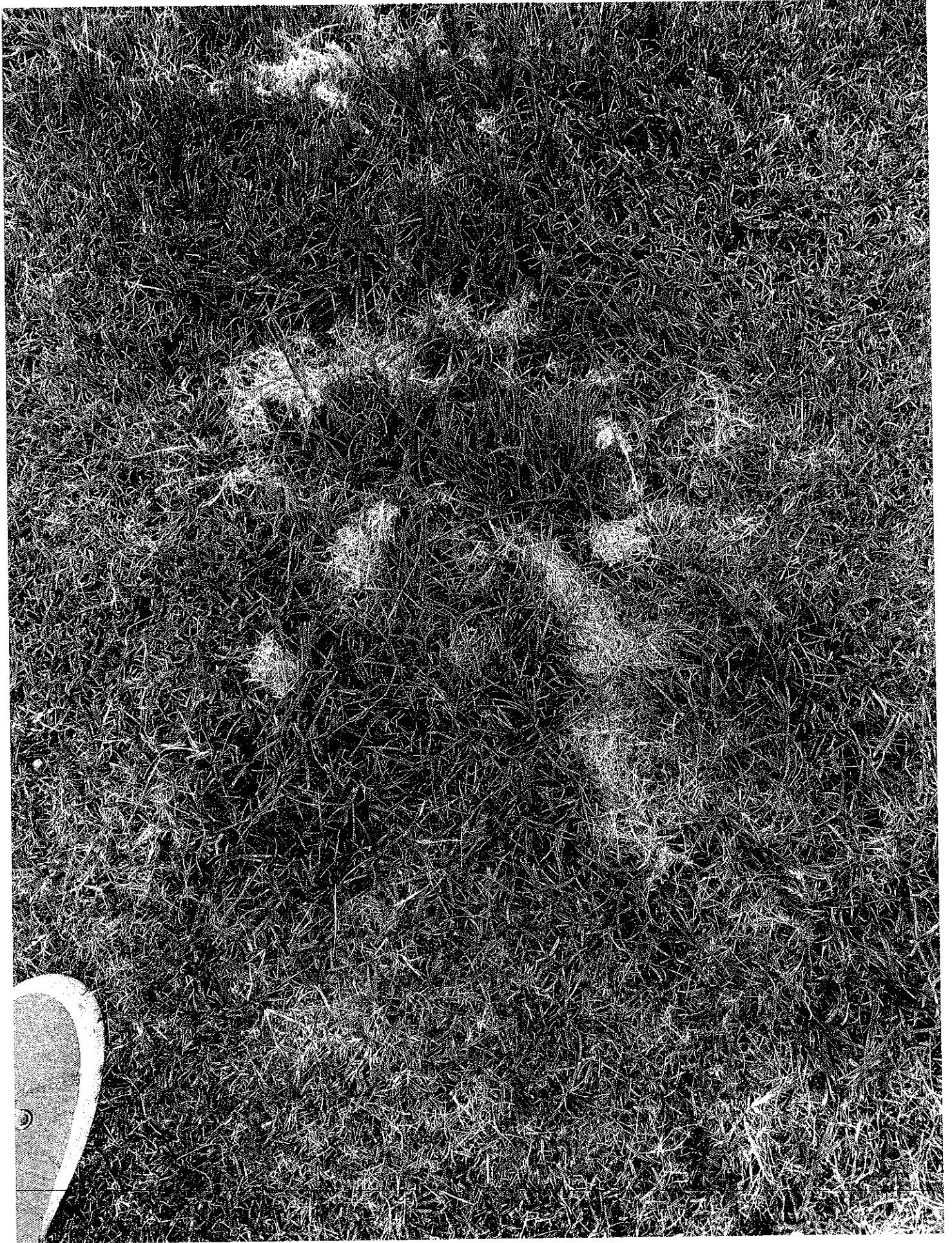
BY:

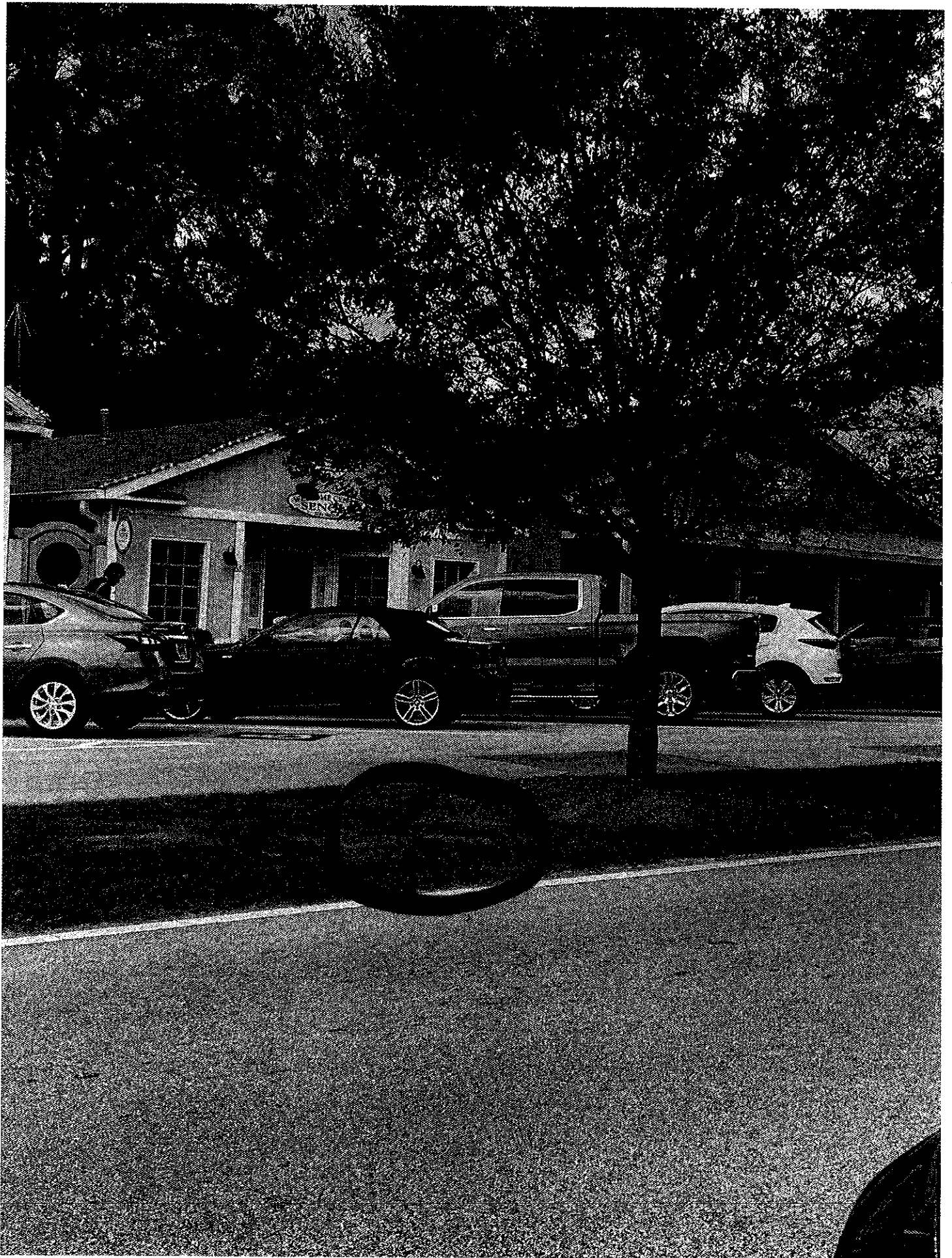

Joel H. Roth
Attorney at Law

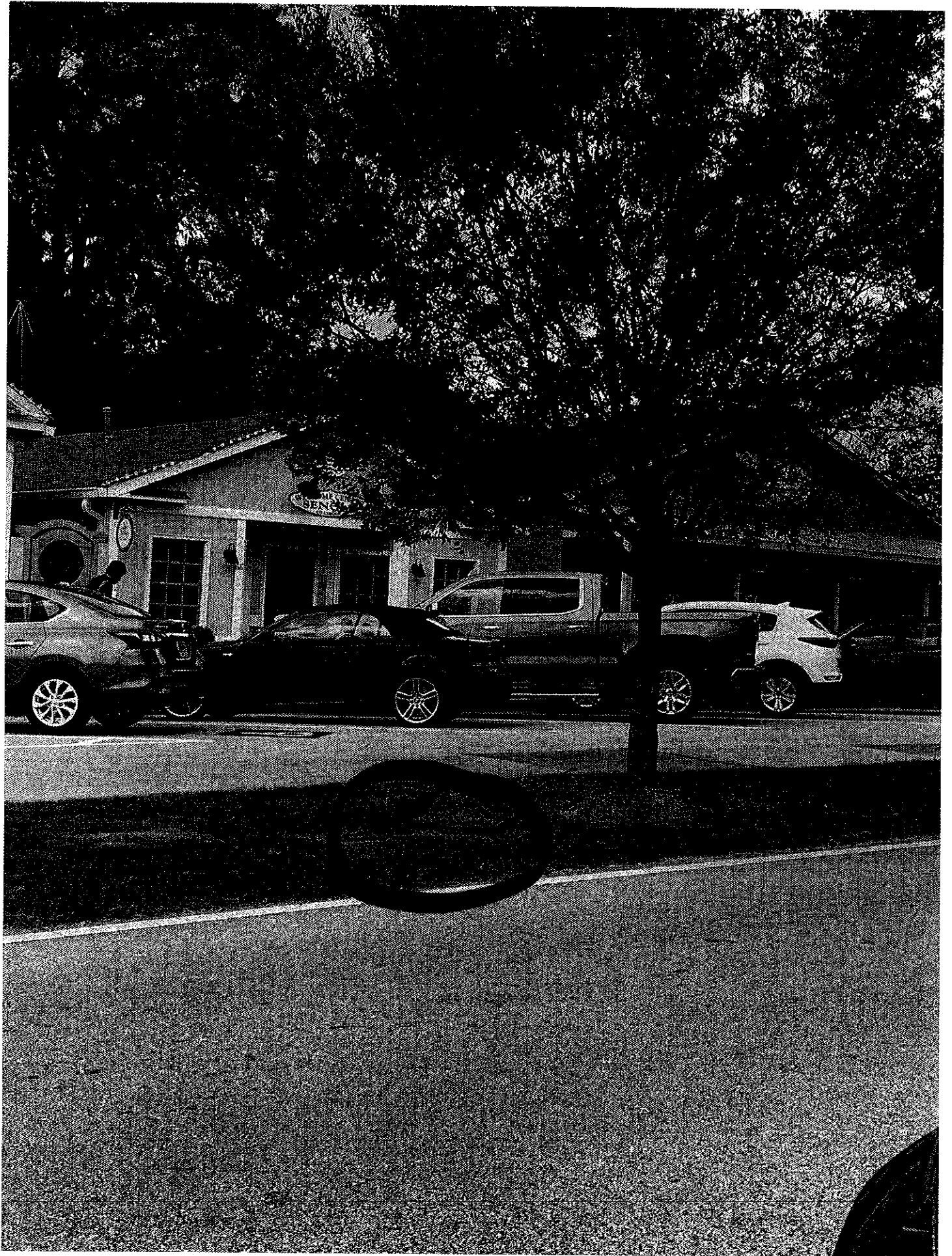
LTR_1509:699219.ndls
Enclosures

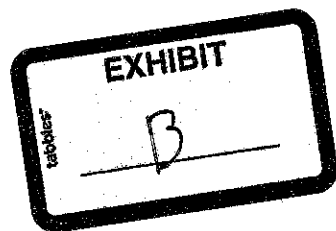














Johnson, Penny
 MRN: 907972240, DOB: 1/9/1971, Sex: F
 Adm: 7/18/2020, DIC: 7/18/2020

Department

Name	Address	Phone	Fax
Piedmont Fayette Hospital Emergency Department	1255 Highway 54 West Fayetteville GA 30214-4526	770-719-6911	770-719-6715

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Johnson, Penny	907972240	XXX-XX-5411	Female	01/09/71 (49 yrs)
Address	Phone	Email		
4545 Apache Trl WAUCHULA FL 33873	863-448-7879 (H)			
Reg Status	PCP	Date Last Verified	Next Review Date	
Verified	Provider Not In System, MD	07/18/20	09/16/20	
HAR				
1030371285				

Primary Visit Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
MEDICAID	MEDICAID /OUT OF STATE			

Primary Visit Coverage Subscriber

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
3260170022	JOHNSON,PENNY	XXX-XX-XXXX	4545 Apache Trl WAUCHULA, FL 33873

Admission Information

Arrival Date/Time:	07/18/2020 1657	Admit Date/Time:	07/18/2020 1700	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Car	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	PIEDMONT HEALTHCARE	Unit:	Piedmont Fayette Hospital Emergency Department
Admit Provider:		Attending Provider:	Kevin Cleary, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
07/18/2020 1830	Home Or Self Care	None	None	Piedmont Fayette Hospital Emergency Department

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
S93.401A [Principal]	Sprain of other ligament of right ankle, initial encounter				

Review status set to Review Complete by Rebecca Childres, RN on 7/18/2020

Allergies as of 7/18/2020

No Known Allergies

Medical as of 7/18/2020

Past Medical History

Diagnosis	Date	Comments	Source
Anxiety [F41.9]			Patient
Arrhythmia [M19.90]			Provider
Fibromyalgia [M79.7]			Provider

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
	7/18/2020 16:57	Less Urgent	Car	Self	Emergency Medicine	Emergency



Johnson, Penny
MRN: 907972240, DOB: 1/9/1971, Sex: F
Adm: 7/18/2020, D/C: 7/18/2020

ED Arrival Information (continued)

Arrival Complaint
Right foot injury

ED Disposition

ED Disposition	Condition	Comment
Discharge	Stable	Penny Johnson discharged to home/self care.

ED Diagnosis

Diagnosis	Comment	Added By	Time Added	Team Role
Sprain of anterior talofibular ligament of right ankle, Initial encounter		Hugh Gregory McCollum, PA	7/18/2020 6:28 PM	Physician Assistant

Vitals for Transfer

	Most Recent Value
E - Vitals (15 min before transfer)	
Temp	98.2 °F (36.8 °C)
Heart Rate	84
Resp	20
BP	119/76
IV Fluids, Additives, Rate	---
O2 (L/min)	---

ED Notes
ED Provider Notes by Hugh Gregory McCollum, PA at 7/18/2020 6:29 PM

Author: Hugh Gregory McCollum, PA	Service: Emergency Medicine	Author Type: Physician Assistant
Filed: 7/18/2020 6:50 PM	Date of Service: 7/18/2020 6:29 PM	Status: Attended
Editor: Hugh Gregory McCollum, PA (Physician Assistant)		Designer: Kevin Cleary, MD at 7/19/2020 6:59 AM

Attestation signed by Kevin Cleary, MD at 7/19/2020 6:59 AM
 7/18/2020 6:58 AM

I have reviewed this patient's medical record. I agree with the documentation, medical decision making, and treatment plan as outlined by the MLP.

History
Chief Complaint

Patient presents with:

- Foot Injury
pt states she tripped in a hole in the ground around noon today, has right ankle pain

This 49-year-old female presents today 6 hours after stepping in a hole and rolling her ankle. She points to the right lateral ankle as the source of her pain. She went to an urgent care today and was placed in an Ace wrap and given a postop shoe. She was told to come to the emergency room for x-rays.

The history is provided by the patient. No language interpreter was used.

Ankle Injury

This is a new problem. The condition started 6 hours ago
 The problem occurs continuously. The incident occurred at unknown location. The injury mechanism was torsion. The pain is present in the right ankle. She reports no foreign bodies present. The pain is moderate. The quality of the pain is described as dull and aching. The pain is at a severity of 6/10. The pain has been intermittent since onset. The condition is worsened by bearing weight, palpation and movement. The condition improved by immobilization and narcotics. Associated symptoms include inability to bear weight and swelling. Pertinent negatives include no muscle weakness, no loss of sensation, no tingling, no bleeding, no bone protrusion, no coolness, full range of motion, no deformity and no discoloration.

Past Medical History:

Diagnosis

- Anxiety
- Arthritis
- Fibromyalgia

Past Surgical History:

Procedure

- CARPAL TUNNEL RELEASE
- HYSTERECTOMY
- KNEE SURGERY
- NECK SURGERY

ED Notes (continued)

ED Provider Notes by Hugh Gregory McCollum, PA at 7/18/2020 6:29 PM (continued)

No family history on file.

Additional Information

Social History

Tobacco Use

• Smoking status: Not on file

Substance Use/Topics

• Alcohol use: Not on file
• Drug use: Not on file

Review of Systems

Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Endocrine: Negative.
Genitourinary: Negative.
Musculoskeletal: Negative.
Skin: Negative.
Allergic/Immunologic: Negative.
Neurological: Negative.
Psychiatric/Behavioral: Negative.

Physical Exam

BP 119/76 (BP Location: Right arm, Patient Position: Sitting, BP Cuff Size: Large) | Pulse 84 | Temp 98.2 °F (36.8 °C) (Oral) | Resp 20 | Ht 5' 2" (1.575 m) | SpO2 99%

Physical Exam

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished.
HENT:
Head: Normocephalic and atraumatic.
Eyes: Conjunctivae and EOM are normal.
Neck: Normal range of motion.
Cardiovascular: Normal rate and intact distal pulses.
Pulmonary/Chest: Effort normal. No respiratory distress.
Abdominal: Soft.
Musculoskeletal: Normal range of motion.
General: Tenderness present.
Comments: **Mild tenderness on palpation in the right lateral ankle ligaments. Achilles intact bilaterally. CMS intact in bilateral lower extremities.**

ED Notes (continued)

ED Provider Notes by Hugh Gregory McCollum, PA at 7/18/2020 6:29 PM (continued)

Neurological: She is alert and oriented to person, place, and time.
Skin: Skin is warm and dry.
Psychiatric: She has a normal mood and affect. Her behavior is normal. Judgment normal.
Nursing note and vitals reviewed.

ED Course

Alteplase Stroke Assessment

NIH Stroke Assessment Scale

MDM

Number of Diagnoses or Management Options

Sprain of anterior talofibular ligament of right ankle, initial encounter:
Diagnosis management comments: Crutches for patient comfort.

----- PROGRESS NOTES -----

Re-evaluations:

----- COUNSELING -----

Counseling: The emergency provider has spoken with the pt and discussed today's findings, in addition to providing specific details for the plan of care. Questions are answered and there is agreement with the plan.

----- PROCEDURES -----

----- MEDICAL DECISION MAKING -----

Vital Signs: Reviewed the patient's vital signs.
Pulse oximetry interpretation: 99

Nursing Notes: Reviewed and utilized the nursing notes.

Old Medical Records:

Orders:

Orders Placed This Encounter

- X-ray ankle right 3 or more views

Generated by Charlene Mason [C109221] at 10/16/20 11:24 AM

ED Notes (continued)

ED Provider Notes by Hugh Gregory McCollum, PA at 7/18/2020 6:29 PM (continued)

Standing Status:	Standing
Number of Occurrences:	1
Order Specific Question:	Reason for exam:
Answer:	injury
• Crutches for patient	
<i>Crutches to patient with instruction</i>	
Standing Status:	Standing
Number of Occurrences:	1
• traMADoL (ULTRAM) 50 mg tablet	
Sig: Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for Pain.	
Dispense: 12 tablet	
Refill: 0	

Laboratory Studies: Ordered and independently interpreted laboratory tests.
 Labs Reviewed - No data to display

Imaging Studies: Imaging studies were ordered. Radiologist's interpretation includes:

X-ray ankle right 3 or more views
Final Result

1. Lateral soft tissue swelling.

Approved By: Scott Faith MD 7/18/2020 5:53 PM
 FXRRR03R

EKG: Ordered, reviewed, and independently interpreted the EKG.
 Time Interpreted:

Rate:
 Rhythm:
 Interpretation:
 Comparison:

Medications were given in the emergency department.
 Medications - No data to display

Consultations:

ED Physician Core Measures:

Critical Care:

ED Notes (continued)

ED Provider Notes by Hugh Gregory McCollum, PA at 7/18/2020 6:29 PM (continued)

Additional MDM and Provider Notes:

----- IMPRESSION AND DISPOSITION -----

CLINICAL IMPRESSION

1. Sprain of anterior talofibular ligament of right ankle, initial encounter

PRESCRIPTIONS:

New Prescriptions

TRAMADOL (ULTRAM) 50 MG TABLET Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for Pain.

DISPOSITION

Disposition: DC

Patient condition: Stable

Hugh Gregory McCollum, PA
07/18/20 1850

Electronically signed by Hugh Gregory McCollum, PA on 7/18/2020 6:50 PM
Electronically signed by Kevin Cleary, MD on 7/19/2020 6:58 AM

Discharge Summaries

No notes of this type exist for this encounter.

History & Physicals

No notes of this type exist for this encounter.

Consult Notes

No notes of this type exist for this encounter.

Operative Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

Care Plan Notes

No notes of this type exist for this encounter.

Progress Notes

No notes of this type exist for this encounter.

Other Notes

No notes of this type exist for this encounter.

Nursing Notes

No notes of this type exist for this encounter.

Orders
Admission Orders

No orders found

All Other Orders
X-ray ankle right 3 or more views [476679897]

 Electronically signed by: Kevin Cleary, MD on 07/19/20 0706
 Mode: Ordering in Verbal with readback mode
 Ordering user: Rebecca Childres, RN 07/18/20 1729
 Authorized by: Kevin Cleary, MD
 Frequency: STAT Once 07/18/20 1730 - 1 occurrence

 Communicated by: Rebecca Childres, RN
 Ordering provider: Kevin Cleary, MD

Status: Completed

Questionnaire

Question	Answer
Reason for exam:	injury

X-ray ankle right 3 or more views [476679898]

 Electronically signed by: Kevin Cleary, MD on 07/19/20 0706
 Mode: Ordering in Verbal with readback mode
 This order may be acted on in another encounter.
 Ordering user: Rebecca Childres, RN 07/18/20 1729
 Authorized by: Kevin Cleary, MD

 Communicated by: Rebecca Childres, RN
 Ordering provider: Kevin Cleary, MD

Status: Completed

Questionnaire

Question	Answer
Reason for exam:	injury

Crutches for patient [476679899]

 Electronically signed by: Hugh Gregory McCollum, PA on 07/18/20 1828
 Ordering user: Hugh Gregory McCollum, PA 07/18/20 1828
 Authorized by: Hugh Gregory McCollum, PA
 Frequency: STAT Once 07/18/20 1830 - 1 occurrence
 Order comments: Crutches to patient with instruction

Ordering provider: Hugh Gregory McCollum, PA

Status: Completed

Crutches for patient [476679900]

 Electronically signed by: Hugh Gregory McCollum, PA on 07/18/20 1828
 Ordering user: Hugh Gregory McCollum, PA 07/18/20 1828
 Authorized by: Hugh Gregory McCollum, PA
 Order comments: Crutches to patient with instruction

Ordering provider: Hugh Gregory McCollum, PA

Status: Completed

tramADoL (ULTRAM) 50 mg tablet [476679901]

 Electronically signed by: Hugh Gregory McCollum, PA on 07/18/20 1829
 Ordering user: Hugh Gregory McCollum, PA 07/18/20 1829
 Authorized by: Hugh Gregory McCollum, PA
 PRN reasons: Pain

Ordering provider: Hugh Gregory McCollum, PA

Status: Active

All Other Orders (continued)

tramADoL (ULTRAM) 50 mg tablet [476679901] (continued)

Frequency: Routine Q8H PRN 07/18/20 - Until Discontinued

Clinical Lab Results

Lab Results

No matching results found

Radiology Results

X-ray ankle right 3 or more views [476679898]

Resulted: 07/18/20 1753, Result status: Final result

Ordering provider: Kevin Cleary, MD 07/18/20 1729
Performed: 07/18/20 1736 - 07/18/20 1744
Resulting lab: EMC RAD
Narrative:

Resulted by: Daniel Scott Faith, MD
Assession number: PFH7728692

EXAM: XR ANKLE RIGHT 3 OR MORE VIEWS: 7/18/2020 5:36 PM

VIEWS: 3

INDICATION: 49 years Female. Injury.

COMPARISON: none.

QUALITY/LIMITATIONS: Satisfactory.

FINDINGS:

Soft Tissues: Soft tissue swelling inferior to the lateral malleolus.
Bone: No evidence of acute fracture or dislocation.
Joints: Preserved.
Other: None.

Impression:

1. Lateral soft tissue swelling.

Approved By: Scott Faith MD 7/18/2020 5:53 PM FXRRR03R

Pathology Reports

PATHOLOGY RESULTS

No results found

Medications
Medication Documentation Review Audit

Prior to Admission medications have not yet been reviewed for this encounter

All Meds and Administrations

(There are no med orders for this encounter)

Current Discharge Medication List

Medication list as of: 7/18/2020 6:29 PM

UNREVIEWED medications

traMADoL (ULTRAM) 50 mg tablet

Medication List
START taking these medications

traMADoL 50 mg tablet

Commonly known as: ULTRAM

Take 1 tablet (50 mg total) by mouth every 6 (six) hours as needed for Pain.

Where to Get Your Medications
You can get these medications from any pharmacy

Bring a paper prescription for each of these medications

 traMADoL 50 mg tablet

Patient Education
Education

No education to display

Discharge Instructions

Johnson, Penny (MR # 907972240)

Date	Status	User	User Type	Discharge Note
	Pending	Hugh Gregory McCoilum PA	Physician Assistant	Original
Note				

Flowsheet (all recorded)
Custom Formula Data - Sat July 18, 2020

Row Name	Value
OTHER	1700
% IBW (kg) - Calc	80.8 -BH
IBW (kg) - Calc	50.1 -BH
IBW/kg (Calculated) Male	64.6 kg -BH
IBW/kg (Calculated)	50.1 kg -BH
FEMALE	
Weight in (lb) to have	136.4 -BH
BMI = 26	
IBW/kg (Calculated)	50.1 -BH
Low Range Vt Scchg	300.6 mL -BH

Flowsheet (all recorded) (continued)

Custom Formula Data - Sat July 18, 2020 (continued)

Row Name	1700
Adult Moderate Range Vt 8cc/kg	400.8 mL -BH
Adult High Range Vt 10cc/kg	501 mL -BH
Relevant Labs and Vitals	
Temp (in Celsius)	36.8 -BH

Sepsis Predictive Analytics - Sat July 18, 2020

Row Name	1840	1820	1800	1740	1720
OTHER					
Sepsis Predictive Analytics Score	0.8 -NI	0.8 -NI	0.8 -NI	0.8 -NI	0.8 -NI
Row Name 1700					
OTHER					
Sepsis Predictive Analytics Score	0.8 -NI				

Acuity/Destination - Sat July 18, 2020

Row Name	1728
Acuity/Destination	
Patient Acuity	4 -RC

Screenings - Sat July 18, 2020

Row Name	1728	1725	1700
Infection Screening			
Signs and Symptoms of New or Worsening Infection?	---	No -RC	---
Nutrition Screen			
Height	---	---	5' 2" (1.675 m) -BH
Morse Fall Risk			
History of Falling	0 -RC	---	---
Secondary Diagnosis	0 -RC	---	---
Amputatory Algia	0 -RC	---	---
IV Therapy/Heparin (saline) lock/equipment	0 -RC	---	---
Gait/Transferring	0 -RC	---	---
Mental Status	0 -RC	---	---
Score	0 -RC	---	---
Fall Prevention Interventions			
General Fall Risk Interventions (Score 0-35)	Yes -RC	---	---

Vital Signs - Sat July 18, 2020

Row Name	1700
Vital Signs	
Temp	98.2 °F (36.8 °C) -BH
Temp Source	Oral -BH
Heart Rate	84 -BH
Heart Rate Source	Monitor -BH
Resp	20 -BH
BP	119/76 -BH
MAP (mmHg) (calculated)	90 -BH
BP Location	Right arm -BH
BP Cuff Size	Large -BH
BP Method	Automatic -BH
Patient Position	Sitting -BH

Flowsheet (all recorded) (continued)

Vital Signs - Sat July 18, 2020 (continued)

Row Name	1700
Oxygen Therapy	
SpO2	98 % -BH
O2 Device	None (Room air) -BH
Pulse Oximetry Type	Intermittent -BH
Vitals Timer	
Restart Vitals Timer	Yes -BH
Automatic Restart Vitals Timer	Yes -BH
Pain Education	
Education offered to Patient understanding	patient -BH Understands pain, the risk for pain, the importance of effective pain management, the pain assessment process, and the methods for pain management. -BH
Pain education	Patient/family understand -BH
Pain Assessment	
Pain Assessment Scale Used	0-10 -BH
Pain Score	Ten -BH
Sedation Level	Wide Awake -BH
Pain Location	Ankle -BH
Pain Orientation	Right -BH
Pain Quality	Acute pain -BH
Pain Character	Aching,Sore,Tender -BH
Pain Frequency	Constant/continuous -BH
Date Pain First Started	07/18/20 -BH
Pain relieved by	None -BH
Exacerbation factors	Movement -BH
Pain Negatively Impacts:	Daily life -BH
Pain Goal	
Patient's Stated Pain Goal	No pain -BH
Height and Weight	
Height	5' 2" (1.575 m) -BH
Height Method	Stated -BH

Primary Assessment - Sat July 18, 2020

Row Name	1725	1700
Airway		
Airway (WDL)	WDL -RC	---
Breathing		
Breathing (WDL)	WDL -RC	---
SpO2	---	98 % -BH
Circulation		
Circulation (WDL)	WDL -RC	---
Disability		
Disability (WDL)	WDL -RC	---
Swallow screening		
Swallow	Able to swallow without difficulty -RC	---

Vaccination Screening - Sat July 18, 2020

Row Name	1728
Influenza Vaccine Screen - October through March	

Flowsheet (all recorded) (continued)

Vaccination Screening - Sat July 18, 2020 (continued)

Row Name	1728
Influenza Vaccine	No contraindication -RC
Contraindications/Refused	

Universal Protocol/Timeout - Sat July 18, 2020

Row Name	1743
Universal Protocol/Timeout	
Correct Patient?	Yes -KR
Patient ID Verified?	Verbal;Armband -KR

General Complaint - Sat July 18, 2020

Row Name	1726
General Complaint	
Onset	Today -RC
Chronicity	New -RC

Arrival Documentation - Sat July 18, 2020

Row Name	1724
Triage Call	
Triage Call	Call 1x -RC
Prehospital Treatment	
Prehospital Treatment	No -RC

Abuse Indicators - Sat July 18, 2020

Row Name	1726
Screening	
Safe in Home	Yes -RC
Safe in Relationship	Yes -RC
Are you in immediate danger?	No -RC
Have there been threats or direct abuse of you or your children?	No -RC

Departure Condition - Sat July 18, 2020

Row Name	1630	1700
Departure Condition		
Departure Condition	Good -KB	---
Mobility at Departure	Other (Comment) ambulates -KB	---
Patient Teaching	Discharge instructions reviewed;Pain management discussed;Patient verbalized understanding;Medications discussed;Follow-up care reviewed -KB	---
Departure Mode	By self -KB	---
Vital Signs		
Temp	---	98.2 °F (36.8 °C) -BH
Temp Source	---	Oral -BH
Heart Rate	---	84 -BH
Heart Rate Source	---	Monitor -BH
Resp	---	20 -BH
BP	---	119/76 -BH
MAP (mmHg) (calculated)	---	90 -BH
BP Location	---	Right arm -BH
BP Cuff Size	---	Large -BH

Flowsheet (all recorded) (continued)

Departure Condition - Sat July 18, 2020 (continued)

Row Name	1830	1700
BP Method	---	Automatic -BH
Patient Position	---	Sitting -BH
Pain Assessment		
Pain Assessment Scale Used	---	0-10 -BH
Pain Score	---	Ten -BH
Sedation Level	---	Wide Awake -BH
Pain Location	---	Ankle -BH
Pain Orientation	---	Right -BH
Pain Quality	---	Acute pain -BH
Pain Character	---	Aching/Sore/Tender -BH
Pain Frequency	---	Constant/continuous -BH
Date Pain First Started	---	07/18/20 -BH
Pain relieved by	---	None -BH
Exacerbating factors	---	Movement -BH
Pain Negatively Impacts:	---	Daily life -BH
Pain Goal		
Patient's Stated Pain Goal	---	No pain -BH
Oxygen Therapy		
SpO2	---	99 % -BH
O2 Device	---	None (Room air) -BH
Pulse Oximetry Type	---	Intermittent -BH

Latex Sensitivity Screening - Sat July 18, 2020

Row Name	1720
Latex Allergy	
Latex allergy?	No -RC

Learning Barriers - Sat July 18, 2020

Row Name	1726
Barriers to Learning	
Barriers to Learning?	No -RC
Cultural or Religious beliefs that would prevent us from treating you?	No -RC

Tuberculosis - Sat July 18, 2020

Row Name	1726
Tuberculosis Screening	
Does the patient complain of/exhibit symptoms/risks of tuberculosis?	No -RC

BEFAST Stroke Screening - Sat July 18, 2020

Row Name	1725
BALANCE - Does the patient complain of SUDDEN change in balance, coordination or dizziness?	
Does the patient complain of SUDDEN change in balance, coordination or dizziness?	No -RC
EYES - Does patient report SUDDEN painless change in vision in one or both eyes?	
EYES - Does patient report SUDDEN painless change in vision in one or both eyes?	No -RC
FACE - (ask patient to smile)	

Flowsheet (all recorded) (continued)

BEFAST Stroke Screening - Sat July 18, 2020 (continued)

Row Name	1725
Does one side of the face droop?	No -RC

ARMS - (ask the person to raise both arms)

Does one arm drift downward?	No -RC
------------------------------	--------

SPEECH - (repeat "you can't teach an old dog new tricks")

Is the speech slurred?	No -RC
Is the sentence repeated correctly?	Yes -RC

Sepsis Screening - Sat July 18, 2020

Row Name	1725
----------	------

Sepsis Infection Screening

Signs and Symptoms of New or Worsening Infection?	No -RC
---	--------

Lace Score - Sat July 18, 2020

Row Name	1895
----------	------

Lace Score

Lace Score	20 -LA
------------	--------

Suicide Risk Assessment - Sat July 18, 2020

Row Name	1726
----------	------

Interventions for Suicide

Low Risk (Score of <6)	No Intervention Needed -RC
------------------------	----------------------------

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name
LA	Automatic, Lace+
BH	Briant C Hense, RN
RC	Rebecca Childres, RN
KB	Kirk Beggley
KR	Kristopher Railey
NI	Nurse Inpatient, RN

Flowsheet Notes

No notes of this type exist for this encounter.

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

After Visit Summary printed by Hugh Gregory McCollum, PA on 7/18/2020 6:29 PM

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

AFTER VISIT SUMMARY

Penny Johnson MRN: 907972240 7/16/2020 Piedmont Fayette Hospital Emergency Department 770-719-2911



Instructions



Your medications have changed

START taking:
 traMADoL (ULTRAM)

Review your updated medication list below.



Read the attached information
 Ankle Sprain Easy-to-Read (English)



Pick up these medications from any pharmacy with your printed prescription
 traMADoL



Schedule an appointment with Domenic Scalapogin, MD as soon as possible for a visit
 Why: As needed
 Specialty: Orthopedic Surgery
 Contact: 1265 HIGHWAY 54 WEST
 SUITE 102
 Fayetteville GA 30214
 770-460-1900

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit

You were seen by Kevin Cleary, MD and Hugh McCollum, PA

Reason for Visit
 Foot Injury

Diagnosis
 Sprain of anterior talofibular ligament of right ankle, initial encounter

Imaging Tests

X-ray ankle right 3 or more views

Your End of Visit Vitals

Blood Pressure	Temperature (Oral)
119/76	98.2 °F
Pulse	Respiration
84	20
Oxygen Saturation	
99%	

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://mychart.piedmont.org/prd/accesscheck.asp>, click "Sign Up Now", and enter your personal activation code: RT6TS-8XTEB-3GH4W. Activation code expires 10/16/2020.

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

Your Medication List



tramadol, 50 mg tablet
Commonly known as: ULTRAM


Take 1 tablet (50 mg total) by mouth every 6 (six)
hours as needed for Pain.

Your Allergies

No active allergies

Date Reviewed: 7/18/2020

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

 Attached Information

Ankle Sprain Easy-to-Read (English)

Ankle Sprain



An ankle sprain is a stretch or tear in one of the tough tissues (*ligaments*) that connect the bones in your ankle. An ankle sprain can happen when the ankle rolls outward (*inversion sprain*) or inward (*eversion sprain*).

What are the causes?

This condition is caused by rolling or twisting the ankle.

What increases the risk?

You are more likely to develop this condition if you play sports.

What are the signs or symptoms?

Symptoms of this condition include:

- Pain in your ankle.
- Swelling.
- Bruising. This may happen right after you sprain your ankle or 1–2 days later.
- Trouble standing or walking.

How is this diagnosed?

This condition is diagnosed with:

- A physical exam. During the exam, your doctor will press on certain parts of your foot and ankle and try to move them in certain ways.
- X-ray imaging. These may be taken to see how bad the sprain is and to check for broken bones.

How is this treated?

This condition may be treated with:

- A brace or splint. This is used to keep the ankle from moving until it heals.
- An elastic bandage. This is used to support the ankle.
- Crutches.
- Pain medicine.
- Surgery. This may be needed if the sprain is very bad.
- Physical therapy. This may help to improve movement in the ankle.

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

Follow these instructions at home:

If you have a brace or a splint:

- Wear the brace or splint as told by your doctor. Remove it only as told by your doctor.
- Loosen the brace or splint if your toes:
 - Tingle.
 - Lose feeling (become *numb*).
 - Turn cold and blue.
- Keep the brace or splint clean.
- If the brace or splint is not waterproof:
 - **Do not** let it get wet.
 - Cover it with a watertight covering when you take a bath or a shower.

If you have an elastic bandage (*dressing*):

- Remove it to shower or bathe.
- Try not to move your ankle much, but wiggle your toes from time to time. This helps to prevent swelling.
- Adjust the dressing if it feels too tight.
- Loosen the dressing if your foot:
 - Loses feeling.
 - Tingles.
 - Becomes cold and blue.

Managing pain, stiffness, and swelling



- Take over-the-counter and prescription medicines only as told by doctor.
- For 2-3 days, keep your ankle raised (*elevated*) above the level of your heart.
- If told, put ice on the injured area:
 - If you have a removable brace or splint, remove it as told by your doctor.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2-3 times a day.

General instructions

- Rest your ankle.
- **Do not** use your injured leg to support your body weight until your doctor says that you can. Use crutches as told by your doctor.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes, e-cigarettes, and chewing tobacco. If you need help quitting, ask your doctor.
- Keep all follow-up visits as told by your doctor.

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

Contact a doctor if:

- Your bruises or swelling are quickly getting worse.
- Your pain does not get better after you take medicine.

Get help right away if:

- You cannot feel your toes or foot.
- Your foot or toes look blue.
- You have very bad pain that gets worse.

Summary

- An ankle sprain is a stretch or tear in one of the tough tissues (*ligaments*) that connect the bones in your ankle.
- This condition is caused by rolling or twisting the ankle.
- Symptoms include pain, swelling, bruising, and trouble walking.
- To help with pain and swelling, put ice on the injured ankle, raise your ankle above the level of your heart, and use an elastic bandage. Also, rest as told by your doctor.
- Keep all follow-up visits as told by your doctor. This is important.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 06/05/2009 Document Revised: 05/14/2019 Document Reviewed: 05/14/2019
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Patient Follow-up Responsibility

You have been referred to a provider for follow-up care. It is your responsibility to arrange an appointment within the suggested time frame with this provider or a provider of your choosing.

The patients who attend their follow-up appointment after an emergency room visit are less likely to have another health event that requires another emergency visit, typically have lower healthcare cost and decreased financial burden. Here at Piedmont, we value this follow-up appointment and ask that you schedule your appointment as soon as possible.

If you need an additional Piedmont provider, please call our referral line at 678-842-6379.

Opiates/Sedatives Warning/Disposal Information

If you have been prescribed opioids ("pain pills", including but not limited to codeine, hydrocodone, oxycodone, tramadol, meperidine, fentanyl, morphine, and methadone) or benzodiazepines ("sedatives", including but not limited to diazepam, lorazepam, alprazolam, clonazepam, and chlordiazepoxide), please be aware that these medications have serious risks, including addiction and overdose. Please follow-up with your doctor for any ongoing pain management needs and prescriptions. If you do not need to take all of the prescribed medication, do not share it with others. Methods of disposing of leftover medication vary in different municipalities and counties. It is recommended that you refer to your local health department, local pharmacy, or sheriff's department to determine what methods are preferred or available in your community.



Johnson, Penny
MRN: 907972240, DOB: 1/9/1971, Sex: F
Adm: 7/18/2020, D/C: 7/18/2020

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

Additional Resources

Department of Behavioral Health & Developmental Disabilities

The Georgia Crisis & Access Line is available 24 hours/day, every day, to assist all people of all ages with urgent and emergent needs, including emotional distress, mental illness, addictive diseases and related developmental disabilities. 1-800-715-4225.



Johnson, Penny
 MRN: 907972240, DOB: 1/9/1971, Sex: F
 Adm: 7/18/2020, D/C: 7/18/2020

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart. (continued)

Encounter-Level Documents - 07/18/2020:

Scan on 9/10/2020 6:56 AM (below)



Breg Billing Services:
 (800) 264-0072 • www.breg.com

Sub Inventory Location # ED



Please complete in all Capital or Block letters

DETAILED WRITTEN ORDER/PREScription To be completed by the prescribing clinician

Order Date: Hugh McCollum 7/18/2020
 Prescribing Clinician's Full Name: H.G. McCollum PA-C
 Prescribing Clinician's Signature (No Signatures/Initials): [Signature]
 Date: 7/18/2020

Product Prescription: 1093762916
 Product Name: CRUTCHERS YOUTH 4FT 8IN-SFT 2IN
 NDC: 100311-000
 Lot: CM77020819
 HCPCS: ED114

PATIENT INFORMATION (include patient demographics)

Date of Birth (mm/dd/yyyy): 1/9/1971 Sex: M F
 Phone (Primary): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Emergency Contact or Parent Name (if patient is a minor): _____
 Emergency Contact Phone: _____ Relationship to Patient: _____

Prescribing Clinician's NPI #: 1093762916
 Discharge Date: 7/18/2020
 Patient Discharged to: Home SNF/Inpatient Rehab Other
 Patient Currently Resides at: Home SNF Other
 Quantity: 1 ICD-10 Dx: S93.491A Quota
 ICD-10 Dx: _____
 Chart notes attached to support product dispensed: Yes No

INSURANCE INFORMATION / PAYMENT

Insurance Type: Medicare Medicaid Patient Pay Auto Workers' Comp Other
 Date of Injury: _____ State of Injury: _____
 If checked "Patient Pay" provide phone #: _____
 Include copy of insurance card (front/back) _____

Policyholder's Date of Birth (mm/dd/yyyy): _____ Sex: M F
 Policyholder's Full Name: _____ Suffix: _____
 Relationship of Insured to Patient: Self Parent Spouse Other
 Insurance Company Name: _____ Phone: _____
 Policy# / Claim# / Subscriber or ID#: _____ Group#: _____
 Employer: _____ Employer Phone: _____

PATIENT ACKNOWLEDGMENT SECTION Important Please Read

Customer acknowledges receipt/proof of delivery of the following: I confirm on this day I received from Breg, Inc. or a Breg affiliate ("Provider"), the product listed above and participated in the plan of care. I have also been provided a separate patient handbook with the following: (1) information and instructions regarding proper use and care of the product, (2) Medicare Supplier Standards, (3) Patient Bill of Rights, (4) Proper instruction for use, care, and maintenance of product provided, (5) Provider's Notice of Privacy Practices, (6) Warranty information, (7) Contact information for questions and/or complaints, and (8) Rental vs Purchase (addon for capless) rental or ownership or routinely purchased items.

Consent for treatment: I consent to treatment by the Provider. I understand and acknowledge that (1) my care is under the supervision and control of my attending physician, (2) my physician has prescribed the product and services listed as part of my treatment and has explained to me the risks, advantages, possible complications and alternatives, and why it is considered necessary treatment for my condition, (3) the Provider's services do not include diagnosis, procedures or other services pertaining to wound physicians, and (4) my physician is solely responsible for diagnosing and prescribing drugs, product, and therapy for my condition and otherwise supervising and controlling my medical condition. I further understand I may refuse to accept delivery of the product.

Assignment of Benefits, Consent to Bill and Release of Medical Information: I consent to allow the Provider and request that the payment of authorized Medicare, Medicaid and/or other third party insurance benefits, including supplemental, co-insurance and Medicare policies be made on my behalf directly to the Provider for products provided to me by the Provider and identified above. I agree to provide all statements and information necessary for the Provider to obtain direct payment from Medicare, Medicaid or other third party payers and hereby authorize the release of my medical information to determine and obtain insurance benefits for products and services provided to me by the Provider. I agree to transfer immediately to the Provider any payments made directly to me for products and/or services provided by the Provider. I authorize the Provider to accept direct insurance authorizations and benefits. Your services/supplies may be provided by any of Breg's family of companies, including Breg, Inc., Duracell Medical, Inc., First Steps Orthotics And Prosthetics, LLC, Madison Medical, LLC, OneMotion, Inc., OptimumMed, LLC, OrthoFit, Inc., PAINiS, PLLC, Team Medical, Inc. or Trade Orthotics, Inc. and certain other Breg affiliates. For a full list of Breg affiliated companies, visit our website at www.breg.com.

Financial Responsibility: Product Pricing and estimated co-insurance information appears on page 2 of the form. I understand and agree that, (1) I am financially responsible to the Provider for payment of applicable deductibles and co-insurance and any other amounts that are not covered by my insurance unless otherwise provided by law, regulation or third party contractual relationships, (2) the actual amount I will owe depends on my insurance plan, whether my deductible has been reached, and whether I have secondary coverage such as Medigap, (3) if I have supplemental insurance, that plan may cover my co-insurance obligation in whole or in part, (4) if I am unable to pay the full amount, the Provider will work with me to establish a payment plan that fits within my budget, and (5) the Provider has a policy regarding rental and will assess on a case by case basis if a patient qualifies for financial assistance. To apply for financial assistance or to establish a payment plan, contact Breg Billing Services at (800) 264-0072.

Email Acknowledgment: By providing my email address, I authorize the Provider to contact me regarding care and services related to the product I have received and that it will not be used for any other purpose. Portions of the correspondence may not be encrypted therefore the Provider cannot ensure or warrant the security of any information transmitted or received by email. For any questions regarding my rights, I will refer to the Provider's Notice of Privacy Practices.

Patient or Patient's Authorized Representative Signature: [Signature] Date of Service: 7-18-2020 E-mail Address: _____
 Relationship to Patient, if other than self: Parent Spouse Other
 Delivery Address: Home Physician's Office Other
 Have you ever received a brace for the same body part as the one you are receiving today? No Yes if yes, how long ago? _____

CLAIM FORM STICKER HERE



Johnson, Penny
MRN: 907972240, DOB: 1/9/1971, Sex: F
Adm: 7/18/2020, D/C: 7/18/2020

Order-Level Documents:

There are no order-level documents.

Encounter Messages

No messages in this encounter

Coding/CDI Query Notes

No notes of this type exist for this encounter.

ED Patient Care Timeline (7/18/2020 16:57 to 7/18/2020 18:30)

7/18/2020	Event	Details	User
16:57	Patient arrived in ED		Parrish Turner
16:57:18	Emergency encounter created		Parrish Turner
16:57:52	Patient arrived in ED		Parrish Turner
16:57:52	Arrival Complaint	Right foot injury	

ED Patient Care Timelines (7/18/2020 16:57 to 7/18/2020 18:30) (continued)

7/18/2020	Event	Details	User
17:00	Vital Signs	<p>Vital Signs Temp: 98.2 °F (36.8 °C) Temp Source: Oral Heart Rate: 84 Heart Rate Source: Monitor Resp: 20 BP: 119/76 MAP (mmHg) (calculated): 90 BP Location: Right arm BP Cuff Size: Large BP Method: Automatic Patient Position: Sitting</p> <p>Oxygen Therapy SpO2: 99 % O2 Device: None (Room air) Pulse Oximetry Type: Intermittent</p> <p>Vitals Timer Restart Vitals Timer: Yes Automatic Restart Vitals Timer: Yes</p> <p>Pain Education Education offered to: patient Patient understanding: Understands pain, the risk for pain, the importance of effective pain management, the pain assessment process, and the methods for pain management. Pain education: Patient/family understand</p> <p>Pain Assessment Pain Assessment Scale Used: 0-10 Pain Score: 10-Worst pain ever Sedation Level: Wide Awake Pain Location: Ankle Pain Orientation: Right Pain Quality: Acute pain Pain Character: Aching; Sore; Tender Pain Frequency: Constant/continuous Date Pain First Started: 07/18/20 Pain relieved by: None Exacerbating factors : Movement Pain Negatively Impacts:: Daily life</p> <p>Pain Goal Patient's Stated Pain Goal: No pain</p> <p>Height and Weight Height: 5' 2" (157.5 cm) Height Method: Stated</p>	Brian C Hanse, RN
17:00	Custom Formula Data	<p>Relevant Labs and Vitals Temp (In Celsius): 36.8</p> <p>Other flowsheet entries % IBW (kg) - Calc: 80.8 IBW (kg) - Calc: 50.1 IBW/kg (Calculated) Male: 54.6 kg IBW/kg (Calculated) FEMALE: 50.1 kg Weight in (lb) to have BMI = 25: 136.4 IBW/kg (Calculated) : 50.1 Low Range Vt 6cc/kg : 300.6 mL Adult Moderate Range Vt 8cc/kg : 400.8 mL Adult High Range Vt 10cc/kg : 501 mL</p>	Brian C Hanse, RN
17:00	Sepsis Predictive Analytics	<p>Other flowsheet entries Sepsis Predictive Analytics Score: 0.8</p>	Nurse Inpatient, RN
17:00:01	Patient roomed in ED	To room ETR-28	Brian C Hanse, RN
17:00:01	Patient roomed in ED		Brian C Hanse, RN

ED Patient Care Timeline (7/18/2020 16:57 to 7/18/2020 18:30) (continued)

7/18/2020	Event	Details	User
17:00:01	ED ETR Transfer In		Brian C Hanse, RN
17:20	Sepsis Predictive Analytics	Other flowsheet entries Sepsis Predictive Analytics Score: 0.8	Nurse Inpatient, RN
17:22:55	Patient transferred	From room ETR-28 to room AR-01	Rebecca Childres, RN
17:22:55	Patient transferred		Rebecca Childres, RN
17:22:55	ED ETR Transfer Out		Rebecca Childres, RN
17:24	Arrival Documentation	Triage Call Triage Call: Call 1x Prehospital Treatment Prehospital Treatment: No	Rebecca Childres, RN
17:25	Travel Screening	In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19? No / Unsure ; Do you have any of the following new or worsening symptoms? None of these ; Have you traveled internationally in the last month? No Travel Locations: Travel history not shown for past encounters	Rebecca Childres, RN
17:25	Primary Assessment	Airway Airway (WDL): Within Defined Limits Breathing Breathing (WDL): Within Defined Limits Circulation Circulation (WDL): Within Defined Limits Disability Disability (WDL): Within Defined Limits Swallow screening Swallow: Able to swallow without difficulty	Rebecca Childres, RN
17:25	Latex Sensitivity Screening	Latex Allergy Latex allergy?: No	Rebecca Childres, RN
17:25	BEFAST Stroke Screening	BALANCE - Does the patient complain of SUDDEN change in balance, coordination or dizziness? Does the patient complain of SUDDEN change in balance, coordination or dizziness?: No EYES - Does patient report SUDDEN painless change in vision in one or both eyes? EYES - Does patient report SUDDEN painless change in vision in one or both eyes?: No FACE - (ask patient to smile) Does one side of the face droop?: No ARMS - (ask the person to raise both arms) Does one arm drift downward?: No SPEECH - (repeat "you can't teach an old dog new tricks") Is the speech slurred?: No Is the sentence repeated correctly?: Yes	Rebecca Childres, RN
17:25	Sepsis Screening	Sepsis Infection Screening Signs and Symptoms of New or Worsening Infection?: No	Rebecca Childres, RN
17:25:30	Chief Complaints Updated	Foot Injury (pt states she tripped in a hole in the ground around noon today, has right ankle pain)	Rebecca Childres, RN
17:25:30	Triage Started		Rebecca Childres, RN
17:25:42	Allergies Reviewed - Review Complete		Rebecca Childres, RN

ED Patient Care Timeline (7/18/2020 16:57 to 7/18/2020 18:30) (continued)

7/18/2020	Event	Details	User
17:26	General Complaint	General Complaint Onset: Today Chronicity: New	Rebecca Childres, RN
17:26	Abuse Indicators	Screening Safe in Home: Yes Safe in Relationship: Yes Are you in immediate danger?: No Have there been threats or direct abuse of you or your children?: No	Rebecca Childres, RN
17:26	Learning Barriers	Barriers to Learning Barriers to Learning?: No Cultural or Religious beliefs that would prevent us from treating you?: No	Rebecca Childres, RN
17:26	Tuberculosis	Tuberculosis Screening Does the patient complain of/exhibit symptoms/risks of tuberculosis?: No	Rebecca Childres, RN
17:26	Suicide Risk Assessment	Interventions for Suicide Low Risk (Score of <6): No Intervention Needed	Rebecca Childres, RN
17:26	Fall Risk Assessment	Morse Fall Risk History of Falling: No Secondary Diagnosis: No Ambulatory Aids: None/bedrest/nurse assist IV Therapy/Heparin (saline) lock/equipment: No Gait/Transferring: Normal/bedrest/wheelchair Mental Status: Oriented to own ability Score: 0 Fall Prevention Interventions General Fall Risk Interventions (Score 0-35): Yes	Rebecca Childres, RN
17:27:06	History Reviewed	Sections Reviewed: Medical	Rebecca Childres, RN
17:27:51	History Reviewed	Sections Reviewed: Surgical	Rebecca Childres, RN
17:28	Vaccination Screening	Influenza Vaccine Screen - October through March Influenza Vaccine Contraindications/Refused: No contraindication	Rebecca Childres, RN
17:28	Acuity/Destination	Acuity/Destination Patient Acuity: 4	Rebecca Childres, RN
17:28:07	History Reviewed	Sections Reviewed: Medical, Surgical, Alcohol, Drug Use, Sexual Activity, Custom	Rebecca Childres, RN
17:28:36	Triage Completed		Rebecca Childres, RN
17:29:03	XR Ordered	XR ANKLE RIGHT 3 OR MORE VIEWS	Rebecca Childres, RN
17:29:03	Imaging Exam Ordered		Rebecca Childres, RN
17:29:03	Orders Placed	X-ray ankle right 3 or more views	Kevin Cleary, MD
17:29:15	Patient transferred	From room AR-01 to room ETR-22	Rebecca Childres, RN
17:29:15	Patient transferred		Rebecca Childres, RN
17:29:15	ED ETR Transfer In		Rebecca Childres, RN
17:40	Sepsis Predictive Analytics	Other flowsheet entries Sepsis Predictive Analytics Score: 0.8	Nurse Inpatient, RN

ED Patient Care Timeline (7/18/2020 16:57 to 7/18/2020 18:30) (continued)

7/18/2020	Event	Details	User
17:43	Universal Protocol/Timeout	Universal Protocol/Timeout Correct Patient?: Yes Patient ID Verified?: Verbal; Armband	Kristopher Railey
17:43:15	Imaging Exam Started	X-ray ankle right 3 or more views	Kristopher Railey
17:44:43	Imaging Exam Ended	X-ray ankle right 3 or more views	Kristopher Railey
17:46:33	Patient transferred	From room ETR-22 to room 38	Caroline Beebe, RN
17:46:33	Patient transferred		Caroline Beebe, RN
17:48:33	ED ETR Transfer Out		Caroline Beebe, RN
17:48:33	Patient In Treatment Room		Caroline Beebe, RN
17:53:47	X-ray ankle right 3 or more views Resulted	Collected: 7/18/2020 17:56 Last updated: 7/18/2020 17:56 Status: Final result	Interface, Rad Results In
17:56:43	Assign Mid-level	Hugh Gregory McCollum, PA assigned as Physician Assistant	Hugh Gregory McCollum, PA
17:56:43	Assign Provider		Hugh Gregory McCollum, PA
17:56:43	First Provider Evaluation	Auto firing FPE with Provider Assigned	Hugh Gregory McCollum, PA
17:56:43	Assign Attending	Kevin Cleary, MD assigned as Attending	Hugh Gregory McCollum, PA
17:56:43	Assign Provider		Hugh Gregory McCollum, PA
17:56:51	Orders Acknowledged	New - X-ray ankle right 3 or more views	Kirk Beasley
17:56:57	Imaging Final Result	X-ray ankle right 3 or more views	Interface, Rad Results In
17:56:57	Xray Final Result	(Final result) XR ANKLE RIGHT 3 OR MORE VIEWS	Interface, Rad Results In
18:00	Sepsis Predictive Analytics	Other flowsheet entries Sepsis Predictive Analytics Score: 0.8	Nurse Inpatient, RN
18:12:55	Remove Attending	Kevin Cleary, MD removed as Attending	Kevin Cleary, MD
18:13:48	Registration Started		Tracy Young
18:20	Sepsis Predictive Analytics	Other flowsheet entries Sepsis Predictive Analytics Score: 0.8	Nurse Inpatient, RN
18:28:17	Discharge Disposition Selected	ED Disposition set to Discharge	Hugh Gregory McCollum, PA
18:28:17	Disposition Selected		Hugh Gregory McCollum, PA
18:28:42	Orders Placed	Crutches for patient	Hugh Gregory McCollum, PA
18:29:03	Discharge Orders Placed	traMADoL (ULTRAM) 50 mg tablet	Hugh Gregory McCollum, PA
18:29:08	AVS Printed	ED After Visit Summary	Hugh Gregory McCollum, PA
18:30	Patient discharged		Hugh Bennett

ED Patient Care Timeline (7/18/2020 16:57 to 7/18/2020 18:30) (continued)

7/18/2020	Event	Details	User
18:30	Departure Condition	Departure Condition Departure Condition: Good Mobility at Departure: Other (Comment) (crutches) Patient Teaching: Discharge instructions reviewed; Pain management discussed; Patient verbalized understanding; Medications discussed; Follow-up care reviewed Departure Mode: By self	Kirk Beasley
18:31:36	Orders Completed	Crutches for patient	Hugh Bennett
18:31:36	Crutches for patient Completed	Crutches for patient	Hugh Bennett
18:31:39	Orders Acknowledged	New - Crutches for patient	Hugh Bennett

END OF REPORT

JOHNSON, PENNY (Id #597840, dob: 01/09/1971)

Patient

Name JOHNSON, PENNY (49yo, F) ID# 697840 **Appt. Date/Time** 07/31/2020 11:30AM
DOB 01/09/1971 **Service Dept.** FHHMC_ORTHOPEDEICS AT SNL
Provider MICHAEL WATSON, MD
Insurance Med Primary: WELLCARE OF FL - STAYWELL (MEDICAID REPLACEMENT - HMO)
 Insurance #: 3260170022
 Prescription: CVS/CAREMARK - Member is eligible.

Chief Complaint

new. Referral from K. Coker, PA-C. 49 yo female presents with complaints of a right ankle sprain, DOI 7/18/2020, pt reports she fell into hole. Pt has right ankle wrapped in ace bandage and orthopedic shoe. Pt is currently walking with crutches. Pt reports a pain level 4/10 but reaches an 8/10 with WB on the right LE. Pt also reports some bruising and swelling in the right ankle. Pt is currently taking Diclofenac for her Fibromyagia that also helps her pain.

Patient's Care Team

Primary Care Provider: LAUREN CANARY PA: 515 CARLTON ST, WAUCHULA, FL 33873, Ph (863) 773-6806, Fax (863) 773-9542 NPI: 1205948197
Pain Management: MARK E JAWAHIR MD: 1759-1763 US HWY 27 S, SEBRING, FL 33870, Ph (863) 402-0244, Fax (863) 402-0243 NPI: 1962473264
Orthopedic Surgeon: MICHAEL WATSON, MD: 4409 SUN N LAKE BLVD, SEBRING, FL 33872, Ph (863) 402-3480 NPI: 1598778789

Patient's Pharmacies

WALMART PHARMACY 759 (ERX): 1480 US HWY 17 N, WAUCHULA FL 33873, Ph (863) 773-5900, Fax (863) 773-9635

Vitals

Ht: 5 ft (152.4 cm) 07/31/2020 11:30 am	Wt: 170 lbs With clothes (77.11 kg) 07/31/2020 11:30 am	BMI: 33.2 07/31/2020 11:30 am
BP: 137/84 sitting L arm 07/31/2020 11:31 am	Pulse: 80 bpm regular 07/31/2020 11:31 am	RR: 18 07/31/2020 11:32 am
Pain Scale: 10 07/31/2020 11:32 am	HR: 80 07/31/2020 11:31 am	Pain Scale Type: Numeric 07/31/2020 11:31 am
T: 98 F° oral (36.67 C) 07/31/2020 11:31 am	O2Sat: 98% Room Air at Rest 07/31/2020 11:32 am	

Allergies

Reviewed Allergies
MELOXICAM: - tongue swelling
MORPHINE: - per pt makes her sick

Medications

Reviewed Medications

ALPRAZolam 0.25 mg tablet Take 1 tablet 3 times a day by oral route. Internal Note: dr torres -rheumatology	08/15/19 filled
atorvastatin 10 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY IN THE EVENING-needs labs for further refills	07/20/20 filled
busPIRone 15 mg tablet TAKE 1 TABLET BY MOUTH THREE TIMES DAILY	06/29/20 filled
cetirizine 10 mg tablet Take 1 tablet(s) every day by oral route.	07/30/20 filled
cyclobenzaprine 10 mg tablet Take 1 tablet by mouth three times daily as needed	06/22/20 filled
diclofenac 1 % topical gel	07/24/20 filled

JOHNSON, PENNY (id #597840, dob: 01/09/1971)

APPLY 2 GRAM TO THE AFFECTED AREA(S) BY TOPICAL ROUTE 4 TIMES PER DAY

diclofenac sodium 75 mg tablet, delayed release Take 1 tablet(s) 3 times a day by oral route for 30 days.	07/24/20	filled
DULoxetine 60 mg capsule, delayed release TAKE 1 CAPSULE BY MOUTH TWICE DAILY	07/24/20	filled
ketorolac 10 mg tablet Take 1 tablet(s) 3 times a day by oral route.	07/24/20	entered
loratadine 10 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY	05/10/20	filled
omeprazole 40 mg capsule, delayed release Take 1 capsule(s) every day by oral route.	07/24/20	filled
pregabalin 75 mg capsule Take 1 capsule(s) 3 times a day by oral route.	06/28/20	filled
traZODone 100 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY AT BEDTIME	07/06/20	filled

7/31/2020 mb

Vaccines

Reviewed Vaccines

Vaccine	Date	Area	Route	Lot #	Exp.	Site	Date	Initiator
Fluorid A								
Flu by adelt	02/17/20			6K69B		GlaxoSmithKline		
Influzen								
Influzen, injectable, quadrivalent, preservative free	02/17/20			59872		GlaxoSmithKline		

Some vaccines listed in Documents: #150032482, #151927731 could not be added to this patient's chart. Please review these documents and add these vaccines to the patient's chart manually as needed.

Problems

Reviewed Problems

- Body mass index 30+ - obesity - Onset: 10/17/2018
- Anxiety - Onset: 07/18/2018
- Mixed anxiety and depressive disorder - Onset: 05/02/2020
- Insomnia - Onset: 10/17/2018
- Peripheral nerve disease - Onset: 09/23/2014
- Gastroesophageal reflux disease - Onset: 07/23/2012
- Cyst of ovary - Onset: 11/29/2011
- Female genital organ symptoms - Onset: 11/29/2011
- Intermenstrual bleeding - irregular - Onset: 03/17/2011
- Dysfunctional uterine bleeding - Onset: 01/19/2011
- Menopausal symptom - Onset: 07/13/2012
- Cervical spondylosis with myelopathy
- Lumbar spondylosis with myelopathy
- Cervical disc disorder - Onset: 09/23/2014
- Spinal stenosis in cervical region - Onset: 11/04/2014
- Neck pain
- Cervical disc disorder with radiculopathy - Onset: 09/23/2014
- Sciatica - Onset: 08/28/2019
- Fibromyalgia - Onset: 08/28/2019
- Pain in upper limb
- Headache - Onset: 10/07/2014
- Chest pain - Onset: 07/23/2012
- Right lower quadrant pain - Onset: 07/13/2012
- Reduced libido - Onset: 07/13/2012
- Postoperative follow-up visit - Onset: 03/01/2011
- Medical history unknown
- Pain in right knee - Onset: 07/18/2018

JOHNSON, PENNY (id #597840, dob: 01/09/1971)

- Bilateral hip joint pain - Onset: 08/28/2019

Family History

Reviewed Family History

Sister - Family history of asthma
- Family history of diabetes mellitus.type 2
Maternal Grandmother - Family history of malignant neoplasm of lung
Mother - Family history of Hypertension
- Family history of diabetes mellitus type 2
Paternal Grandmother - Family history of malignant neoplasm of breast in first degree relative
(Historical Import from NextGen)

Social History

Reviewed Social History

Meaningful Use - Optional and Orthopedic Surgery

Tobacco Smoking Status: Never smoker
Non-smoker
Smokeless Tobacco Status: Never used smokeless tobacco
Tobacco-years of use: 0
E-cigarette/Vape Status: Never used electronic cigarettes
Most Recent Tobacco Use Screening: 07/31/2020
Chewing tobacco: none
Tobacco cessation counseling provided date: (Notes: mbeauchamp3 pt answers no to the cessation counseling question 7/31/2020)
Advance directive: N
Alcohol intake: None
How many days in the past year have you had a heavy drinking consumption (4+ female, 5+ male)?: 0
Deaf or serious difficulty hearing: N
Blind or serious difficulty seeing: N
Difficulty concentrating, remembering or making decisions: N
Difficulty walking or climbing stairs: N
Difficulty dressing or bathing: N
Difficulty doing errands alone: N
What is the highest grade or level of school you have completed or the highest degree you have received?: High school graduate
How many days of moderate to strenuous exercise, like a brisk walk, did you do in the last 7 days?: 0
On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise?: 0
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?: Not very hard
Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - these days: Not at all
Do you have religious beliefs that influence your medical decisions?: No
Do you have someone who loves and cares for you?: Yes
Do you have a source of joy in your life?: Yes
Do you have a sense of peace today?: Yes
Are you currently employed?: N
Employer: unemployed
Occupation: unemployed
Live alone or with others?: with others
Is the patient ambulatory?: Yes; walks without restrictions
Single or multi-level home/work?: single level home
Able to Care for Self: Y
Has smoked since age: 0
Caffeine intake: Occasional
Illicit drugs: none
Diet: Regular
Exercise level: None
General stress level: Low
Sporting activities: none
Hand Dominance: Right
Work related injury?: N
Auto related injury?: N
If injured, is litigation ongoing?: N
Is blood transfusion acceptable in an emergency?: Y
med 7/18/18, LGC 10/17/18, LGC 11/20/18, CB 02/19/19, CB 07/08/19, 6/29/2020nc, 7/24/2020nc, 7/31/2020 mb

Surgical History

Reviewed Surgical History

- Knee Surgery - 08/19/2018
- Carpal tunnel release - 06/01/2016 - right hand
- Removal of ovary(s) - 12/06/2011
- Vag hyst including wo - 03/28/2011
- Dilation and curettage - 02/18/2011
- Prc cardiac angioplast 1 art - 2008

JOHNSON, PENNY (id #597840, dob: 01/09/1971)

Procedure: Alprazolam & Citalopram, Procedure: Excision/removal ingrown toenail (Historical import from NextGen), right knee torn meniscus repair 2016.

GYN History

GYN History not reviewed (last reviewed 07/24/2020)
 Current Birth Control Method: Hysterectomy.

Obstetric History

Obstetric History not reviewed (last reviewed 07/24/2020)

TOTAL	FULL	PRE	AB. I	AB. S	ECTOPICS	MULTIPLE	LIVING
5	5						

Past Medical History

Reviewed Past Medical History

- High Cholesterol: Y
- Acid Reflux (GERD): Y
- Allergies/Hayfever: Y
- Rheumatoid Arthritis: Y
- Other Neurological Problems: Y - fibromyalgia
- Anxiety Disorder: Y
- Insomnia: Y

Notes: peripheral neuropathy, abdominal pain, reflux, degenerative disc disease cervical spine with radiculopathy (Historical import from NextGen) | anxiety; back pain; neck pain; GERD; arthritis

Screening

Name	Score	Notes
PHQ-2/PHQ-9	0 (out of 6 for the PHQ-2), Finding: Negative	
Morse Fall Scale	30 (out of 125)	

HPI

new, Referral from K. Coker, PA-C. 49 yo female presents with complaints of a right ankle sprain. DOI 7/18/2020, pt reports she fell into hole. Pt has right ankle wrapped in ace bandage and orthopedic shoe. Pt is currently walking with crutches. Pt reports a pain level 4/10 but reaches an 8/10 with WB on the right LE. Pt also reports some bruising and swelling in the right ankle. Pt is currently taking Diclofenac for her Fibromyalgia that also helps her pain.

During the intake process today the patient provided the staff with complete family medical history, I reviewed this family medical history and discussed the pertinent issues with the patient.

ROS

Patient reports arthralgias/joint pain, swelling in the extremities, and difficulty walking but reports no muscle aches, no muscle weakness, no muscle cramps, and no back pain. She reports anxiety but reports no irritability, no depression, no panic attacks, no sleep disturbances, feeling safe in relationship, no paranoia, and no thoughts about suicide. She reports no fever, no chills, no night sweats, no significant weight gain, no significant weight loss, no exercise intolerance, normal appetite, and no sleep disturbances; insomnia. She reports no dry eyes, no irritation, no pain in the eyes, no visual changes, no floaters, no sensitivity to light (photophobia), no seeing double (diplopia), and no discharge. She reports no difficulty hearing, no ear pain, no vertigo, and no ringing in the ears (tinnitus). She reports no difficulty smelling, no frequent nosebleeds, and no nose/sinus problems. She reports no sore throat, no difficulty swallowing (dysphagia), no anterior neck pain/tenderness, no unusual taste of foods, no bleeding gums, no snoring, no change in voice, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, no known heart murmur, no lightheadedness, no calf or jaw pain, and no ankle edema. She reports no cough, no wheezing, no shortness of breath, no rapid breathing, no sputum production, and no coughing up blood. She reports no nausea, no vomiting, not vomiting blood, no abdominal pain, normal appetite, no diarrhea, no constipation, no dyspepsia/reflux, no heartburn, no early satiety, complete emptying of stool, no bloating, able to restrain bowel movement, no bowel urgency, and no blood in stool/on toilet paper. She reports no pain during urination, no incontinence, no difficulty urinating, no hematuria, no increased frequency, no feelings of urgency, no flank pain, and no urinary tract infections. She reports no dry skin, no abnormal mole, no jaundice, no rashes, no discoloration, no excessive facial or body hair (hirsutism), no hair thinning, no growths / lesions, and no excessive sweating. She reports no loss of consciousness, no slurred speech, no weakness, no numbness, no tingling, no tremors, no seizures, no dizziness, no headaches, no memory lapses or changes, no difficulty finding desired words, and no loss of balance or falls. She reports no fatigue, no cold intolerance, no heat intolerance, and no unusual body odor. She reports no bruising, no swollen glands, no clotting problems, and no bleeding disorders. She reports no runny nose, no nasal congestion, no frequent sneezing, no sinus pressure, no itching, and no hives.

Physical Exam

Patient is a 49-year-old female.

JOHNSON, PENNY (id #597840, dob: 01/09/1971)

PHYSICAL EXAM

HEENT: Pupils are equal and responsive to light and accommodation. Extraocular movements are intact. Neck is supple and nontender.

Chest: Regular rate and rhythm

Lungs: Clear breath sounds bilaterally.

Abdomen: Abdomen is soft and nontender with normal bowel sounds.

Genital urinary exam: Deferred

Psychiatric: Insight: Good judgement. Mental status normal. Oriented to person, place, and time.

Constitutional: General appearance is healthy appearing, and well developed.

Neurologic: Cranial nerves grossly intact. Sensation grossly intact.

ORTHOPEDIC EXAM:

Examination of the right ankle reveals large amount of swelling on the lateral ankle. She is tender over the anterior talofibular ligament. She has a negative drawer sign. There is pain with inversion. The foot itself is neurovascularly intact. There are no open skin wounds. Calf is nontender.

Assessment / Plan

X-rays were taken in the emergency room in Georgia and interpreted to the patient has being normal. Specifically she states that there was no fracture.

My diagnosis is a grade 3 ankle sprain. I instructed her on some home exercises and I will make arrangements for her to get a stirrup splint. She can return to see me on an as-needed basis if symptoms persist or worsen with time.

1. Sprain of right ankle

S93.401A: Sprain of unspecified ligament of right ankle, initial encounter

- ANKLE STIRRUP BRACE - Use as directed. Qty: 1 Unit Refills: 0 Supplier: HANGER PROSTHETICS

2. Body mass index 30+ - obesity

Z68.32: Body mass index (BMI) 32.0-32.9, adult

- BODY MASS INDEX: CARE INSTRUCTIONS
- LEARNING ABOUT HEALTHY WEIGHT
- WHEN YOU ARE OVERWEIGHT: CARE INSTRUCTIONS

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by MICHAEL WATSON, MD, 07/31/2020.

Encounter performed and documented by MICHAEL WATSON, MD

Encounter reviewed & signed by MICHAEL WATSON, MD on 07/31/2020 at 11:46am

Screening: PHQ-2/PHQ-9 Morse Fall Scale

Patient Assessment Tool (PAT)

PATIENTS NAME: Penny Johnson DATE: 11/10/20 DATE OF SERVICE: 11/10/20

High Risk: 45 or Higher _____ Moderate Risk: 25 - 44 25 Low Risk: 0 - 24 _____

Home Health Contact: _____ Referred Back to Primary Care: Yes _____ No ✓

IV: Any inspection of order or neglect? Yes _____ No ✓

3. Depression/Suicide Assessment
 A. Signs of Depression (Anhedonia to all pastimes)
 1. Sleep, Energy, Weight or Appetite Changes Yes _____ No ✓
 2. Decrease in Activities Involving Self Yes _____ No ✓
 3. Feelings of Helplessness or Hopelessness Yes _____ No ✓
 4. Social Isolation or Withdrawal from Others Yes _____ No ✓

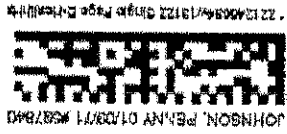
B. Suicide Questions to Ask in Only Depressed Patients Based on Above Score
 1. Do You Have Thoughts of Suicide? Yes _____ No ✓
 2. Are These Thoughts New or Have You Had Similar Thoughts? Yes _____ No ✓
 3. Do You Have a Plan? Yes _____ No ✓
 4. Do You Have Access to the Components of Your Plan? Yes _____ No ✓

Level of Suicide Risk
 A. Moderate - Immediate, Verbal Plan, Low on lethality
 B. Severe - Verbal, High Specific, Lethal, Credible Risk, Do H
 C. Extreme - Written, High Specific, Lethal, Will Do H

Impression: Severe and Extreme Risk of Suicide _____ Baker AS _____
 Plan of Care: Date: # _____ Yes _____ No ✓

W. Advanced Directives (written patients not honored at clinic)
 A. Patient has an Advanced Directive Yes _____ No ✓
 B. Copy of Advanced Directive in Room Yes _____ No ✓
 C. Request of Individual to Develop Advanced Directive Yes _____ No ✓
 D. Documentation Provided Yes _____ No ✓

VI. Patient Assessment for Learning Needs/Primary Language
 A. Communication Skills Yes ✓ No _____
 B. Preferred Language Yes ✓ No _____
 C. Cultural/Linguistic Issues Yes ✓ No _____
 D. Interest in Learning Yes ✓ No _____
 E. Physical or Cognitive Limitations Yes _____ No ✓



22 15:05:46/19122 0170 Page 01-Health

Assessment Completed by: M. D. Wolf Date/Time: 11/10/20 11:49

I. Nutritional/Functional Scores
 A. Any Weight Loss Yes _____ No ✓ Lbs: _____
 B. Appetite Daily Hydration Yes ✓ No _____ How Much: _____
 C. Diarrhea or New GI/Nocturnal Issues Yes _____ No ✓
 D. Acute Issues Affecting Nutritional Hydration Yes _____ No ✓
 E. History of Stroke or Swallowing Problems Yes ✓ No _____
 F. Ambulation to Meet Daily Needs Yes ✓ No _____
 Impairment: Normal _____ Hydration, Functional Status _____
 Other: _____ Swallow Study: _____

B. Pain Assessment
 A. BRAVERMAN PAIN ASSESSMENT TOOL (P30 years of age and cognitively intact) - This tool assessment tool is intended to help patient rate moderate to severe pain according to their individual medical needs. Check and use 0 - 10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret unexpressed pain when patient cannot communicate verbal pain intensity.

Verbal Descriptor Scale

0 NONE 1 MILD 2 MODERATE 3 SEVERE 4 WORST POSSIBLE

Wink-Saker Facial Grimace Scale

0 1 2 3 4 5 6 7 8 9 10

Activity Tolerance Scale

NO PAIN CAN BE IGNORED
 INTERFERES WITH TASKS
 INTERFERES WITH DAILY ACTIVITIES
 INTERFERES WITH TASKS
 INTERFERES WITH DAILY ACTIVITIES
 INTERFERES WITH TASKS
 INTERFERES WITH DAILY ACTIVITIES

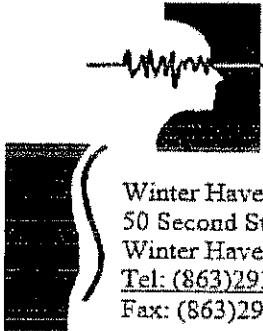
III. Risk for Falls Assessment
 A. Risk Factors
 1. History of Falls Yes ✓ No _____
 2. Two or More D/L's Yes ✓ No _____
 3. Loss of Ambulation AID Yes ✓ No _____
 4. Other Transfer Aids _____
 5. Mental Status Normal ✓ Forget Limits 10; Aware of Limits 0
 Total Score 30

Modified Score: 9-1 No Pain _____ 2-3 Mild Pain 3 4-5 Moderate Pain _____ 6 Severe Pain _____

Pain/Discomfort Score
 Yes 25 No 0
 Yes 15 No 0
 Impaired 20; W/ptat 10;
 No 0
 Normal 0;
 Forget Limits 10;
 Aware of Limits 0

Assessment Completed by: Penny Johnson Date/Time: 11/10/20 11:39

Assessment Completed by: M. D. Wolf Date/Time: 11/10/20 11:49



**Neurology and
Neurosurgery Associates, P.A.**
Providing complete neurological and spinal care

<p>Winter Haven Office 50 Second Street S.E. Winter Haven, FL 33880 <u>Tel: (863)293-2107</u> Fax: (863)294-9314</p>	<p>Haines City Office 175 Patterson Rd Haines City, FL 33844</p>	<p>Lakeland Office 4310 S. Florida Ave. Lakeland, FL 33813</p>
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Patient: Penny Johnson
 Date of Birth: 01/09/1971
 Visit Type: Consult
 Date: 09/03/2020 03:45 PM
 Provider: Sheryl Bacheldor PA
 Location: Neurology And Neurosurgery Assoc PA
 Historian: self

This 49 year old patient was referred by Terrence Delikat.
 This 49 year old female presents for low back pain. Seen for Dr. Miranda

History of Present Illness:

1. low back pain
 Onset: 1 year ago. Severity level is 6. The problem is worsening. It occurs persistently. Location of pain is lower back. Pain is radiated to the left calf, left foot and left thigh. The patient describes the pain as numbness and leg and foot. Symptoms are aggravated by sitting, standing, walking, driving for extended periods and lifting grandkids. Symptoms are relieved by rest and sitting. Additional information: Patient was in pain management Dr. Jawahir in Sebring which included PT, injections. Hx of fibromyalgia, ACDF, partial knee replacement. Currently on cyclobenzaprine X, diclofenac 1% topical gel X, cymbalta 60mg bid, ketorolac 10mg tid. and lyrica 75, bid. Patient turned her ankle 6 weeks ago and it still hurts. Patient wore an air splint for weeks. Patient states it is hard for her to walk and it also makes her back hurt worse.

Screening Tools

Other Screenings:

Encounter Date	Documented Date	Instrument	Score	Severity/Interpretation	MDD Classification
09/03/2020	09/03/2020	Patient Health Questionnaire (PHQ-2)	1	1 - Further testing indicated	

09/03/2020 09/03/2020 Patient Health Questionnaire (PHQ-9) 2 None

PATIENT HEALTH QUESTIONNAIRE

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1. Little interest or pleasure in doing things	X			
2. Feeling down, depressed or hopeless		X		
3. Trouble falling or staying asleep, or sleeping too much	X			
4. Feeling tired or having little energy	X			
5. Poor appetite or overeating	X			
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	X			
7. Trouble concentrating on things, such as reading the newspaper or watching television		X		
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	X			
9. Thoughts that you would be better off dead, or of hurting yourself in some way	X			

	NOT DIFFICULT AT ALL	SOMEWHAT DIFFICULT	VERY DIFFICULT	EXTREMELY DIFFICULT
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?				

Total score: Screening total score was 2.
Interpretation of total score: None.
Initial diagnosis: None.
Comments:

PROBLEM LIST: Problem List reviewed.

Problem Description	Onset Date	Chronic	Clinical Status	Notes
LBP		Y		
Ankle pain		Y		

PAST MEDICAL/SURGICAL HISTORY (Detailed)