



Cayuga Medical Center at Ithaca

52

ED CCC Cortland

EMERGENCY PHYSICIAN

RECORD

Psych Disorder, Suicide Attempt, Overdose (5)

DATE: 4/4/03 TIME: 0810 ROOM: 17 EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

HPI chief complaint(s):

Suicidal Thoughts Depression
Agitated Hallucinating

Suicide Attempt
Self-Injury
Intentional Drug Overdose

Onset: _____

Accidental Drug Ingestion

Worsened since: _____

States feeling confused

severity:

mild moderate severe

When?
over past few days

context:

situational problems related to: spouse / parent / son / daughter / significant other work / lost job / school / legal problems

*- State can't think right
- some ~~delirium~~ hallucinations
of 7 and describe problem past 2
- D. won Assoc.*

current/associated complaints:

depressed / angry / frustrated / agitated / hostile / paranoid

confused / hallucinating

suicidal thoughts / specific plan / gesture of attempt

ingestion (see list below)

suicide attempt wanted to "escape" accidental will not answer

incised / abraded wrist (R/L)

LIST OF SUBSTANCES INGESTED (if applicable)

name	strength	# taken	when taken
acetaminophen	Y/N		
aspirin	Y/N		
ethanol	Y/N		

SAUNDERS, KEVIN E
Baker, Donald James MD.
43391507 ED 46
05/01/56 0597460

"RESCUE FACTOR" (if suicide attempt)-

How did ingestion/other acts come to attention?

self referred
Arrived by private car ambulance (who called?)
 police patient spouse

Recently seen/treated by doctor:

ROS

PULMONARY & CVS

cough
 trouble breathing
 chest pain

NEURO & EYES

headache
 visual disturbance

GI - GU

abdominal pain
 nausea
 vomiting
 diarrhea

SKIN & LYMPH & MS

skin rash / swelling
 joint pain

All systems neg. except as marked

PAST HISTORY negative

prior suicide attempt

psychiatric problems

depression bipolar disorder
 schizophrenia other

other problems

Surgeries:

tonsillectomy appendectomy
 cholecystectomy hysterectomy

Medications none see nurses note

Allergies NKDA
 see nurses note

SOCIAL HX smoker

recent alcohol use / binge drinking / alcoholism

marital status: single married children:

FAMILY HX mental illness



Nursing Assessment Reviewed BP, HR, RR, Temp reviewed

PHYSICAL EXAM

GENERAL APPEARANCE

alert anxious / lethargic / obtunded
 no acute distress mild / moderate / severe
 uncooperative for exam

ENT

nml ENT inspection abnormal TM (R / L)
 pharynx nml dry mucosa

if obtunded:

nml gag reflex gag reflexed diminished / absent

EYES

pupils equal, round nystagmus
& reactive to light disconjugate gaze
 EOM's intact mydriasis / meiosis / anisocoria
R Pupil ___ mm L Pupil ___ mm

NEURO / PSYCH

mental status
 slow / no response to commands
 withdraws to pain no response to pain
 depressed affect
 tearful / hostile / non-communicative
 suicidal ideation

For suicide attempts: On direct query, patient ADmits / DENIES
continued consideration of suicide as an option. common
If denies, why? unable to clarify

orientation

normal x3 uncooperative / cannot determine
 disoriented
to: day-of-week ___ day-of-month ___
month year place person ___

cranial nerves

sensory, motor
 CN's intact as tested facial droop / CN abnormality
 nml-motor response motor/sensory deficit
 nml sensory response abnormal gait
 nml reflexes
 nml gait

NECK / BACK

normal inspection cerv. lymphadenopathy (R / L)*
 neck supple thyromegaly / meningismus

RESPIRATORY

no resp. distress wheezing
 breath sounds nml rales / rhonchi

CVS

regular rate, rhythm irregularly irregular rhythm
 heart sounds normal extrasystoles (occasional / frequent)
 tachycardia / bradycardia
 JVD

GI (ABDOMEN)

non-tender guarding
 nml bowel sounds* hepatomegaly / splenomegaly
 no organomegaly

SKIN

color nml, no rash cyanosis / diaphoresis / pallor
 warm, dry skin rash

EXTREMITIES

normal ROM* laceration
 no signs of injury pedal edema
 no pedal edema

PROCEDURES:

Restraints
 Intubated by ED physician nasal/oral # ___ ET tube
breath sounds equal ___ tube position confirmed w CXR
 Gastric Lavage ___ pill fragments recovered
 Charcoal ___ gm given Sorbitol ___ oz given

LABS, XRAYs, and PROGRESS

EKG MONITOR STRIP ___ NSR ___ Rate ___

EKG ___ NML Interp. by me Reviewed by me Rate ___
___ NSR ___ nml intervals ___ nml axis ___ nml QRS ___ nml ST/T

not / changed from: ___

CXR Interp. by me Reviewed by me Discsd w/radiologist
___ nml/NAD ___ no infiltrates ___ nml heart size ___ nml mediastinum

not / changed from: ___

CBC	Chemistries	ABG's	Toxicology
<input checked="" type="checkbox"/> normal except WBC <u>17.8</u>	<input checked="" type="checkbox"/> normal except Na ___	time: ___	normal except acetamin. ___
Hgb ___	K ___	pH ___	aspirin- ___
Hct ___	Cl ___	pCO2 ___	ETOH- ___
Platelets ___	CO2 ___	pO2 ___	Triage™ urine drug screen- ___
segs <u>68</u>	Glu ___	RA ___	
bands ___	BUN ___	O2 ___ L	
lymphs ___	Creat ___		
	Amylase ___		

Pulse Ox ___ % on RA / ___ L / ___ % Interp. ___

Time ___ unchanged ___ improved ___ re-examined ___

Discussed with Dr. ___ Time: ___

INTERVIEW WITH OTHER RESPONSIBLE ADULT:

Name: ___ Relationship: ___

Considers ongoing suicide risk: high low uncertain

Capable / comfortable with observing patient at home? Yes No N/A

MEDICAL CLEARANCE FOR PSYCHIATRIC REFERRAL (if needed)

Back-slash to indicate that diagnosis is unlikely based on H&P and, when needed, lab testing.

- Toxic (PCP, Amphetamines, Hallucinogens, Acetaminophen, ASA, ETOH, Other)
- Infectious (Meningitis, Encephalitis, Sepsis)
- Metabolic (Thyroid, Hypoglycemia, Drug Withdrawal, Hypoxemia, Electrolytes)
- CNS Vascular and Other (CVA, TIA, Seizure, Trauma)
- Other Unstable Comorbidities cleared medically for psych referral

Counseled patient / family regarding: ___ CRIT CARE- 30-74 min

lab results ___ diagnosis ___ need for follow-up ___ 75-104 min ___ min

Rx given ___ Admit orders written ___ Additional history from: ___

Prior records ordered ___ family caretaker paramedics

CLINICAL IMPRESSION:

Ethanol Intoxication Psychosis Schizophrenia- acute exac.

Depression Drug Overdose (Intentional/ accidental)

major manic Suicide Attempt/ Ideation

SPC to elson

DISPOSITION- transferred obs home admit expired

Time AMA LWOBs

CONDITION- good fair critical improved stable

unchanged

NP / PA ___ ID # ___

ATTENDING NOTE:

Resident / PA / NP's history reviewed, patient interviewed and examined.

Briefly, pertinent HPI is: ___

My personal exam of patient reveals: ___

Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show: ___

I confirm the diagnosis of: ___

Care plan reviewed. Patient will need: ___

Please see resident / midlevel note for details.

[Signature] MD / DO ___ ID # ___

Template Complete

Underline indicates organ system
* equivalent or minimum required for organ system exam



Cayuga Medical Center at Ithaca

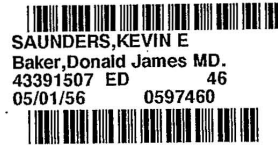
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HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY: _____

HPI chief complaint(s):

Suicidal Thoughts	Depression	Self-Injury
Agitated	Hallucinating	Intentional Drug Overdose
Onset: _____		Accidental Drug Ingestion
Worsened since: _____		When? <u>States I felt confused</u>
severity: _____		<u>ever put feet out</u>
mild moderate severe		<u>feet out</u>

context: _____

situational problems related to: spouse / parent / son / daughter / significant other work / lost job / school / legal problems

States wife that left
her in hospital full of medication
for 7 and describe problems with
D. Wore Assoc. 1.

current/associated complaints:

depressed / angry / frustrated / agitated / hostile / paranoid

confused / hallucinating

suicidal thoughts / specific plan / gesture or attempt done

ingestion (see list below) _____
suicide attempt wanted to "escape" accidental will not answer

incised / abraded wrist (R/L)

LIST OF SUBSTANCES INGESTED (if applicable)			
name	strength	# taken	when taken
acetaminophen	Y / N		
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"RESCUE FACTOR" (if suicide attempt):

How did ingestion/other acts come to attention?
call referral

Arrived by: private car ambulance (who called?)
 police patient spouse

Recently seen/treated by doctor.

ROS	NEURO & EYES
PULMONARY & CVS	headache
cough	visual disturbance
trouble breathing	GI - GU
chest pain	abdominal pain
	nausea
	vomiting
	diarrhea
	problems urinating
	SKIN & LYMPH & MS
	skin rash / swelling
	joint pain
	All systems neg. except as marked

States has been fully good for

PAST HISTORY _____negative

prior suicide attempt	cardiac disease
psychiatric problems	hypertension
depression bipolar disorder	diabetes insulin / oral / diet
schizophrenia other	lung disease
	+ HIV / AIDS
other problems	

Respiratory & eye

Surgeries:

tonsillectomy	appendectomy
cholecystectomy	hysterectomy

Medications none see nurses note

Allergies NKDA see nurses note

SOCIAL HX smoker drugs

recent alcohol use / binge drinking / alcoholism

marital status: single married children:

FAMILY HX mental illness



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 & reactive to light disconjugate gaze
 EOM's intact mydriasis / meiosis / anisocoria
 R Pupil ___ mm L Pupil ___ mm

NEURO / PSYCH

mental status
 mood/affect nml slow / no. response to commands
 withdraws to pain no response to pain
 depressed affect tearful / hostile / non-communicative
 suicidal ideation

unable to comply
For suicide attempts: On direct query, patient ADMITS / DENIES continued consideration of suicide as an option. *continued*
If denies, why?

orientation

normal x3 uncooperative / cannot determine
 disoriented
to: day-of-week day-of-month month year place person

cranial nerves

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LABS, XRAYs, and PROGRESS

EKG MONITOR STRIP NSR Rate

EKG NML Interp. by me Reviewed by me Rate
NSR nml intervals nml axis nml QRS nml ST/T

not / changed from:

CXR Interp. by me Reviewed by me Discsd w/radiologist
nml/NAD no infiltrates nml heart size nml mediastinum

not / changed from:

CBC <input checked="" type="checkbox"/> normal - except WBC 17.8 Hgb Hct Platelets segs 68 bands lymphs	Chemistries <input checked="" type="checkbox"/> normal - except Na K Cl CO2 Glu BUN Creat Amylase	ABG's time: pH pCO2 pO2 RA O2 L	Toxicology normal except acetamin. aspirin ETOH- Triage™ urine drug screen-
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Pulse Ox % on RA / L / % Interp.
Time unchanged improved re-examined

Discussed with Dr. Time:

INTERVIEW WITH OTHER RESPONSIBLE ADULT:

Name: Relationship:

Considers ongoing suicide risk: high low uncertain
Capable / comfortable with observing patient at home? Yes No N/A

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major manic Suicide Attempt/ Ideation

DISPOSITION- transferred obs home admit expired
Time AMA LWOBs
CONDITION- good fair critical improved stable
 unchanged

NP / PA ID #

ATTENDING NOTE:

Resident / PA / NP's history reviewed, patient interviewed and examined.
Briefly, pertinent HPI is:
My personal exam of patient reveals:
Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show:
I confirm the diagnosis of:
Care plan reviewed. Patient will need:
Please see resident / midlevel note for details.

MD / DO ID #

Template Complete