



Cayuga Medical Center
at Ithaca
101 Dales Drive • Ithaca, New York 14850
(607) 274-4011

SAUNDERS, KEVIN E
Darling MD, James L.
UC DOB 05/01/56 53



CHIEF COMPLAINT: VOMITING HEADACHE

INITIAL ENCOUNTER URGENT CARE CENTER Date of Visit: 04/28/10 Time Registered: 1515

Initial Time: 1526	UAP/RN signature: <i>[Signature]</i>	Pediatric Assessment	Vital Signs:
Allergies/Type of Rx	PMH <input type="checkbox"/> Cardiac <input type="checkbox"/> HTN	Pain: 3/10	Immunizations: N/A
SEE	<input type="checkbox"/> Diabetes <input type="checkbox"/> COPD <input type="checkbox"/> Asthma	Location: HA	B/P: 191/114
MEDICATION	Other: bipolar	Quality: dull ache	Pulse: 80 Reg Irr
RECONCILIATION	inguinal hernia	Duration: constant	RR: 18
FORM		Scale: Baker/Wong	Temp: 97.6 O R T
		Head Circ. cm	Pulse Ox: 98% RA O2
		Tetanus:	O2@ LPM N/C NRB

LMP: Menopause/Hyster. Pregnant Lactating

Visual Acuity: Left / Right / Corrected / Uncorrected

Visual Screen: Do you feel emotionally and physically safe? Yes No

Mobility: Low Risk: Amb/transfer independently

Resources provided: SW Consult

Nutrition: Weight 174 LB Kg Estimate

Addictive Behavior: Smoking Never Quit Current/PPD: Cessation Education provided

Spiritual Needs: Spiritual Needs? Yes No Pastoral Consult

Educational Needs: No barriers Language Barrier?

Interpreter Present/Provided Barrier to Learning: N/A

Resources Provided: SW Consult

Nursing Note: Room Time: 1526 CHIEF COMPLAINT: Since 6AM has felt sick to stomach & HA. Has had mild headache off + on for a few months. feels he may be drinking + smoking too much. Has the HA + then gets tobacco + caffeine in his body + then HA goes away. Vomiting up clear liquid. No food all day. No trauma involved. Had 1 "Swig" of bad milk last night. Taking sips of apple juice since he registered + has kept it down. Patient wanted to lie down.

MEDICATIONS							
Time	Initials	Medication Name	Dose	Route	Site	Admin Time	Response to Medication

Time	Initials	Amt	IV Solution	Rate	Site	Gauge	Amount Infused	Stop Time

Reassessment									
Time	B/P	Pulse	RR	Temp	PO2	Pain	Orthostatic	Vital Signs	Time
1555	180/110	manual	recheck			/10	Lying	B/P /	Pulse
						/10	Sitting	B/P /	Pulse
						/10	Standing	B/P /	Pulse

INITIALS *[Signature]* SIGNATURE *[Signature]* INITIALS SIGNATURE

INITIALS SIGNATURE INITIALS SIGNATURE

