

Cayuga Medical Center LIVE
101 Dates Drive
Ithaca, NY 14850

PCS Summary - Archived

Page: 1
Date: 11/20/18 01:46

BLAYK, BONZE ANNE ROSE

Fac: Cayuga Medical Center
62 F 05/01/1956

Loc: IMAGING

Med Rec Num: M000597460

Bed: -

Visit: A00089017792

Reg Date: 11/15/18

Attending: Benjamin Donohue

Reason: STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOUL

Allergies

No Known Allergies Allergy (Verified 01/14/17 16:02)

Active (Home) Medications

Medication	Instructions	Recorded	Confirmed	Last Taken	Type
Metoprolol Tartrate TAB* [Lopressor TAB*]	25 mg PO BID tab	10/15/18		Unknown	Rx
amLODIPine TAB* [Norvasc 5 mg TAB*]	10 mg PO DAILY tab	10/15/18		Unknown	Rx

Diagnoses

UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA (11/15/18)
UNSP FRACTURE OF SHAFT OF HUMERUS, LEFT ARM, INIT (11/15/18)
STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, INIT (11/15/18)
STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT (11/15/18)
EXPOSURE TO OTHER SPECIFIED FACTORS, INITIAL ENCOUNTER (11/15/18)
UNSPECIFIED PLACE OR NOT APPLICABLE (11/15/18)

Orders

11/15/18

MRI SHOULDER LEFT W/O [MR] Routine

Reason For Exam: STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOUL

BLAYK, BONZE ANNE ROSE**Fac:** Cayuga Medical Center
62 F 05/01/1956**Loc:** IMAGING
Med Rec Num: M000597460**Bed:-**
Visit: A00089017792**ED Visit information**

Last Name:	BLAYK	Status:	
First Name:	BONZE	Priority:	
Middle:	ANNE ROSE	Condition:	
Birthdate:	05/01/1956	Arrival Date/Time:	
Age:	62	Arrival Mode:	
Sex:	F	Triaged At:	
Language:	ENGLISH	Time Seen by Provider:	

Stated Complaint:

Chief Complaint:

ED Location:

Area:

Station:

Group:

ED Provider:

ED Midlevel Provider:

ED Nurse:

Primary Care Provider: Breiman, Robert

Procedures

GROUP PSYCHOTHERAPY (09/24/18)

INDIVIDUAL PSYCHOTHERAPY, COGNITIVE-BEHAVIORAL (12/25/16)

OTHER LOCAL DESTRUC SKIN (02/09/94)

REPOSITION LEFT SHOULDER JOINT, EXTERNAL APPROACH (09/19/18)

Assessments and Treatments

IMG: MRI Screening Questionnaire

Start: 11/12/18 13:17

Freq:

Status: Active

Protocol:

Document 11/12/18 13:17 KEL0085 (Rec: 11/12/18 13:24 KEL0085 IMGEC-C15)

Patient Exam Information

Patient Exam Information

Patient ID verified

Yes

Procedure(s) explained to:

Patient

Additional Patient Information

Weight/Symptoms

Weight

165 lb

Patient Stated Symptoms

LEFT SHOULDER-ABILITY TO LIFT
ARM Laterally IS IMPOSSIBLE-
LIMITED RANGE OF MOTION-
INJURED WHEN BEATEN DOWN BY
POLICE OFFICER

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LEGAL RECORD COPY - DO NOT DESTROY

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Visit: A00089017792

Assessments and Treatments - Continued

MRI Initial Screening Questionnaire

Screening Questions

Hx Pacemaker/ICD

No

SureScan System REQUIRED

*** Only patients with a complete MRI SureScan Pacing/ICD/CRT-D system can undergo an MRI procedure. ***

Have You Ever Had Any Head Surgery
Requiring Aneurysm Clips or Coils

No

Ear Prosthesis

No

Pregnant:

No

Intrauterine Device in Place

No

Lactating

No

Surgical History

Yes

Surgery Procedure, Year, and Place

1994 LIPOMA REMOVE RIGHT
ABDOMIN
SHOULDER REDUCTION 9/2018Have You Ever Had a Reaction to a
Contrast Agent Used for MRI, CT, or X-
Ray

No

Do You Have any Surgically Implanted
Metal of Any Type in Your Body

No

Have You Ever Been Injured by Any
Metallic Foreign Body (e.g. bullet, BB,
shrapnel, etc.)

No

Query Text: If yes, please describe in
comment.Have You Ever Had an Injury to the Eye
Involving a Metal Object (e.g. metallic
slivers, shavings, foreign body, etc.)

No

Query Text: If yes, please describe in
comment.

Do You Have Any Prosthesis

No

Do You Have Any Type of Electronic
Device (stimulator or pump) Implanted in
Your Body

No

Any tattoos, tattooed lip liner,
tattooed eye liner

Yes: NOT IN FOV

Do You Have Body Piercings

Yes: WILL REMOVE PRIOR

Query Text: If so, they will need to be
removed.

Do You Wear a Medicated Skin Patch

No

Hx Panic Disorder

No

Hx Claustrophobia

No

Have You Ever Had a Colonoscopy/
Endoscopy

Yes: NO POLYPS CMC

Query Text: If yes, please comment if
polyps were removed and where it was
done.Have You Had a Bravo Ph Gastric Study
Within the Last 30 Days

No

Hearing Aid

No

Dentures or Partial

No

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Visit: A00089017792

Assessments and Treatments - Continued

Has the Patient Received a Feraheme Injection	No
Query Text: Patient may NOT have an MRA within three days of receiving the injection. Effects of this medication will render MRA studies as non-diagnostic.	
Screened and Cleared	
Screening complete and patient cleared for	3.0 1.5
Completed by:	KSS
Gastrointestinal History	
History	
Gastrointestinal History	No
Genitourinary History	
History	
Genitourinary History	No
Cancer History	
Cancer History	
Hx Cancer	None
Neurologic History	
History	
Neurological History	Yes
Other Neuro Impairments/Disorders	Yes: States history of temporal lobe epilepsy, no seizures
Respiratory History	
History	
Respiratory History	No
Contrast Screening History	
Contrast History Screening	
Hx Hypertension	Yes: BORDERLINE/NO MEDICATION
Hx Diabetes	No
Hx Renal Disease	No
MR Contrast Screening	
Lab Results	
Contrasted exam	No

IMG: MRI Verification Screening Start: 11/12/18 13:17
Freq: Status: Active
Protocol:
Document 11/15/18 13:33 TER0069 (Rec: 11/15/18 13:35 TER0069 IMG-CS74)
Patient Exam Information
Patient Exam Information
Patient ID verified Yes
Procedure(s) explained to: Patient
Additional Patient Information
Weight/Symptoms
Weight 165 lb
Patient Stated Symptoms LEFT SHOULDER-ABILITY TO LIFT ARM LATERALLY IS IMPOSSIBLE-LIMITED RANGE OF MOTION-INJURED

MRI Verification Screening Questionnaire

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Visit: A00089017792

Assessments and Treatments - Continued

Screening Questions	
Hx Pacemaker/ICD	No
SureScan System REQUIRED	*** Only patients with a complete MRI SureScan Pacing/ICD/CRT-D system can undergo an MRI procedure. ***
Have You Ever Had Any Head Surgery Requiring Aneurysm Clips or Coils	No
Ear Prosthesis	No
Pregnant:	No
Intrauterine Device in Place	No
Lactating	No
Surgical History	Yes
Surgery Procedure, Year, and Place	1994 LIPOMA REMOVE RIGHT ABDOMIN SHOULDER REDUCTION 9/2018
Have You Ever Had a Reaction to a Contrast Agent Used for MRI, CT, or X-Ray	No
Do You Have any Surgically Implanted Metal of Any Type in Your Body	No
Have You Ever Been Injured by Any Metallic Foreign Body (e.g. bullet, BB, shrapnel, etc.)	No
Query Text:If yes, please describe in comment.	
Have You Ever Had an Injury to the Eye Involving a Metal Object (e.g. metallic slivers, shavings, foreign body, etc.)	No
Query Text:If yes, please describe in comment.	
Do You Have Any Prosthesis	No
Do You Have Any Type of Electronic Device (stimulator or pump) Implanted in Your Body	No
Any tattoos, tattooed lip liner, tattooed eye liner	Yes: NOT IN FOV
Do You Have Body Piercings	Yes: WILL REMOVE PRIOR
Query Text:If so, they will need to be removed.	
Do You Wear a Medicated Skin Patch	No
Hx Panic Disorder	No
Hx Claustrophobia	No
Have You Ever Had a Colonoscopy/Endoscopy	Yes: NO POLYPS CMC
Query Text:If yes, please comment if polyps were removed and where it was done.	
Have You Had a Bravo Ph Gastric Study Within the Last 30 Days	No
Hearing Aid	No
Dentures or Partial	No
Has the Patient Received a Feraheme	No

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Visit: A00089017792

Assessments and Treatments - Continued

Injection

Query Text: Patient may NOT have an MRA within three days of receiving the injection. Effects of this medication will render MRA studies as non-diagnostic.

Confirm Verification

Verification of Information Complete Yes
Screening complete and patient cleared for 3.0
Completed by: ta/sa 1.5

Gastrointestinal History

History

Gastrointestinal History No

Genitourinary History

History

Genitourinary History No

Cancer History

Cancer History

Hx Cancer None

Neurologic History

History

Neurological History Yes
Other Neuro Impairments/Disorders Yes: States history of temporal lobe epilepsy, no seizures

Respiratory History

History

Respiratory History No

Contrast Screening History

Contrast History Screening

Hx Hypertension Yes: BORDERLINE/NO MEDICATION

Hx Diabetes No

Hx Renal Disease No

MR Contrast Screening Verify

Lab Results

Contrasted exam No

Clinical Data

PREFERRED LANGUAGE (MU) ENGLISH

Weight 165 lb

Pregnant: No

Visit Reason STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOUL

Language ENGLISH

Diagnosis Code	Name
S42.302A	UNSP FRACTURE OF SHAFT OF HUMERUS, LEFT ARM, INIT
M75.102	UNSP ROTATR-CUFF TEAR/RUPTR OF LEFT SHOULDER, NOT TRAUMA
S46.912A	STRAIN UNSP MUSC/FASC/TEND AT SHLDR/UP ARM, LEFT ARM, INIT

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Clinical Data - Continued

S46.012A	STRAIN OF MUSC/TEND THE ROTATOR CUFF OF LEFT SHOULDER, INIT
X58.XXXA	EXPOSURE TO OTHER SPECIFIED FACTORS, INITIAL ENCOUNTER
Y92.9	UNSPECIFIED PLACE OR NOT APPLICABLE

Discharge Information

Referred Discharge Date/Time:
 Referred Discharge Disposition: HOME
 Referred Discharge Comment:

Instructions:
 Stand-Alone Forms:
 Prescriptions:
 Visit Report
 - Forms:
 - Referrals:

User Key

Monogram	Mnemonic	Name	Credentials	Provider Type
	KEL0085	Spaulding, Kelly		Radiology Technologist
	TER0069	Aho, Teri Jo		Radiology Technologist