



**Cayuga
Medical Center
at Ithaca**

101 DATES DRIVE ITHACA, NY 14850
(607) 274-4011

ADMISSION FORM



41446428

SAUNDERS, KEVIN E
Roemmelt, Arthur F. MD.
213/02 45
05/01/56



0597460

Y/N/U PRIVATE ROOM REQUESTED ON ADMISSION

IF YES, PATIENT VERIFICATION RECEIVED

| DATE | TIME |
|------|------|
| | |
| | |
| | |

| | | | | | | | | |
|---|--|---------------------------------------|--------------------|------------|-------------------------|---------------------------------|-----------|---|
| PATIENT NAME/ADDRESS SAUNDERS, KEVIN E 1668 TRUMANSBURG ROAD ITHACA, NY 14850 PHONE 607-277-5808 SOC. SEC. NO. 431-88-9647 EMPLOYER DATABEAST INC 721 | | ACCOUNT NUMBER 41446428 | ROOM/BED 213/02 | TYPE IN | LOCATION/SERVICE 2PS | UNIT #MEDICAL REC. # 0597460 | | |
| GUARANTOR/ADDRESS SAUNDERS, KEVIN E 1668 TRUMANSBURG ROAD ITHACA, NY 14850 PHONE 607-277-5808 SOC. SEC. NO. 431-88-9647 EMPLOYER DATABEAST INC | | DATE OF BIRTH 05/01/56 | AGE 45 | SEX M | M/S D | RELIGION UNI | RACE C | N |
| PERSON TO NOTIFY/ADDRESS WHELAN, ANNE MARIE 721 W COURT ST ITHACA, NY 14850 HOME PHONE 607-273-6552 WORK PHONE | | RELATIONSHIP FRF | | | | | | |
| NEXT OF KIN/ADDRESS WHELAN, ANNE MARIE 721 W COURT ST ITHACA, NY 14850 HOME PHONE 607-273-6552 WORK PHONE | | RELATIONSHIP FRF | | | | | | |
| FINANCIAL CLASS P | | HOME PHONE 607-273-6552 WORK PHONE | | | | | | |

| | | |
|-----------------------------|-------------------|--|
| INSURANCE NAME PURE SELF | POLICY NO. SPP | SUBSCRIBER/INSURED NAME SAUNDERS, KEVIN E |
|-----------------------------|-------------------|--|

| | | | |
|-------------------------------------|--|---|------|
| ACCIDENT INFO. ONSET OF S | REASON FOR VISIT ACUTE PSYCHOSIS | CONFIDENTIAL RECORD REQUIRES SPECIFIC DISCLOSURE CONSENT | |
| ACCIDENT DATE/TIME 04/26/02 0000 | ADMISSION COMMENTS | | |
| ADMIT DATE/TIME 04/27/02 0815 | ADMITTING PHYSICIAN Roemmelt, Arthur F. MD. | ATTENDING PHYSICIAN Roemmelt, Arthur F. MD. | USER |
| DISCHARGE DATE/TIME 5/2/02 | CONSULTANTS | L.O.C. CHANGES | |

DRUG ALLERGIES:

| | | |
|---|--|---|
| DISCHARGE STATUS <input checked="" type="checkbox"/> HOME <input type="checkbox"/> HOME HEALTH <input type="checkbox"/> AMA <input type="checkbox"/> TRANSFERRED <input type="checkbox"/> SNF <input type="checkbox"/> HRF <input type="checkbox"/> OTHER <input type="checkbox"/> EXPIRED <input type="checkbox"/> AUTOPSY <input type="checkbox"/> NO AUTOPSY | ADMISSION STATUS <input checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> URGENT <input type="checkbox"/> ELECTIVE | H&P DICTATED _____ (DATE) OPERATION DICTATED _____ (DATE) SUMMARY DICTATED _____ (DATE) |
|---|--|---|



Cayuga Medical Center

Billing Form


08 - SelfPay

Patient Name..... SAUNDERS, KEVIN E E. Discharge Date..... 05/02/2002
Admission Date..... 04/27/2002 Date of Birth..... 05/01/1956
Medical Record Number..... 0597460 Account Number..... 41446428
Age..... 45 Discharge Disposition..... 01 - Home

DX Code DX Description
1 298.9 Psychosis NOS

PR Code PR Description Procedure Date Surgeon

DRG 430 PSYCHOSES \$5,889.37
MDC 19 Ver APDRG 18.0 Weight 1.2703 AMLOS 0 GMLOS 13 STrim 3 LOS 5



Attending Physician: 621 ROEMMELT,AR

5/15/02

Date:

Coder:

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA, NY 14850

DISCHARGE SUMMARY

ACCT #41446428
MR #0597460

SAUNDERS, KEVIN E
DOB: 05/01/56
Arthur F. Roemmelt, MD.

04/27/02-05/02/02

FINAL DIAGNOSES: AXIS I: Psychotic disorder not otherwise specified.
AXIS II: Deferred.
AXIS III: Transient hypertension, elevated white count.
AXIS IV: Unknown.
AXIS V: 55 at the time of discharge.

See the history and physical for presenting complaint and past history. This 45-year-old man was brought into the emergency room in an acutely psychotic state. He was agitated and delusional. Upon interview, no coherent and logical statement was forthcoming. Bits and pieces of history indicated that he had suffered insomnia for some time before coming in here and also that he was in the midst of a continuing quandary and predicament over the settlement of his court ordered monitoring secondary to events of five years ago. Otherwise there was not much different in his life. The patient, himself, would say or did say that he really could not pinpoint a particular stressor.

He was given two doses of p.r.n. Haldol during the first 24 hours of his admission. After that his thinking cleared dramatically. Loose associations disappeared. There was no longer a flight of ideas that were almost impossible to follow. He no longer spoke of being the reincarnation of Hitler and no longer sensed that he was on a mission. Initially he stated that he did believe in reincarnation and that all of this could be possible. That stance then changed to simply relating about the present and his life in that relating there was no evidence of psychotic material being suppressed or repressed. In fact, he presented himself as a person who was basically different than the way he had presented before. This view also was entertained by him regarding the arson that he had initiated 5+ years ago.

He was no longer agitated on the unit. He was able to interact appropriately with both patients and staff. He would describe himself as a bit different as would others. However, that difference was not hazardous to anyone. There was no suicidal or homicidal ideation or even aggressive thoughts. He and I had a number of conversations about this episode and the one where he committed arson. He believes that this was directly related to an interaction of medications and a deficient metabolism track in his own system. Therefore he does not see himself at risk.

My concern about Kevin as stated to him was that he has now had another episode of psychosis that was indeed brief and for which he himself sought treatment. However, there is no chemical involved this time or any explanation. He did run a slight fever and he had an elevated white count. Medical consultation was sought with Dr. Breiman and he will be followed up for this as an outpatient. No infection was isolated in the hospital or at least no bacterial infection. He did complain of a sore throat.

Even if a fever precipitated this event, he still is vulnerable for another episode as a fever would not precipitate an event in the ordinary person.

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA, NY 14850

DISCHARGE SUMMARY

ACCT #41446428
MR #0597460

SAUNDERS, KEVIN E
DOB: 05/01/56
Arthur F. Roemmelt, MD.

04/27/02-05/02/02

There is an underlying predisposition to deterioration in to psychosis in my opinion and I stress that with Kevin. He was given a followup appointment at the clinic where he has been seen over the past several years also.

During this hospitalization, the only medication he took was the p.r.n. Haldol shots. He refused other medications. The Haldol could have been helpful in the resolution of this although it seems to me that usually the medication does not work that fast. Certainly, the Zyprexa which I had ordered and he did not take was not a factor in his clearing. He was discharged on no medications.

His blood pressure was elevated during the first few days of his hospitalization. As it began to come down, no medication was prescribed for this.

Hsjob: 227097
T: 30235

DISCHARGE INSTRUCTIONS: _____ HOSPITAL FORM _____ OFFICE FORM

Arthur F. Roemmelt, MD.
DICT. 05/03/02 1012 TR. 05/06/02 1716 HS
ELECTRONICALLY SIGNED

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA, NY 14850

HISTORY/PHYSICAL EXAMINATION

ACCT# 41446428
MR# 0597460

SAUNDERS, KEVIN E ROOM# 213-01 ADMITTED 04/27/02
DOB: 05/01/56
Arthur F. Roemmelt, MD.

HISTORY OF PRESENT ILLNESS: Kevin is a 45-year-old man who came to our emergency room the night before admission, brought in by a friend. At that time he reported an alarm at waking up and believing that he was Hitler. However, throughout most of the interview he was more coherent and did not at the time represent a danger to himself or others, and did not wish to stay. This friend then brought him back in the morning at which time he was grossly delusional, not only claiming to be the reincarnation of Adolf Hitler but stating that he had a mission. His judgment was deemed to be grossly impaired by this presentation of psychosis and he was admitted at the time. He was also agitated, even prior to the recommendation that he be admitted.

Kevin has given bits and pieces of a history. For instance, he states that he was hospitalized at least once five years ago at a hospital in Rochester. He is a self-employed computer programmer and worked for eight years at Cornell as a computer programmer. He is a Phi Beta Kappa graduate from college. He does live with a woman friend, although this apparently is not a romantic relationship. She is greatly concerned about his present condition. He was given a diagnosis in the past of bipolar disorder and borderline personality disorder. He is not currently in treatment or taking medications, but saw Dr. Leifer perhaps two years ago.

He was seen here in 1997 and presented then really in a rather coherent fashion complaining of chest pains which were deemed eventually secondary to stress. At that time, he gives a history of being treated with Prozac. He did state that too much Prozac made his thinking unclear. He also gave a history of fights with his girlfriend and court cases secondary to aggression.

PHYSICAL EXAM: In the emergency room, no acute findings were noted.

MENTAL STATUS EXAMINATION: He is physically and mentally agitated, and spews out continuous grandiose and illogical ideas. His thoughts are both pressured and loosely associated. While he is talking, he works with a pen to take words that he has uttered and look at them forwards and backwards to decipher their inner meaning. He states that he has been informed or in some other way instructed that he needs to save the world. It is very unclear because of his illogical speech as to what we are to be saved from. He answers no questions in a simple or coherent fashion. He states that he does not like psychiatry because of medications he has been given before, but will not be specific even on that matter.

ADMITTING DIAGNOSES: Axis I: Psychotic disorder not otherwise specified. Rule out schizophrenia. Rule out bipolar disorder, manic, with psychosis.

Axis II: Deferred.

Axis III: Unknown.

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA, NY 14850

HISTORY/PHYSICAL EXAMINATION

ACCT# 41446428
MR# 0597460

SAUNDERS, KEVIN E ROOM# 213-01 ADMITTED 04/27/02
DOB: 05/01/56
Arthur F. Roemmelt, MD.

Axis IV: Unknown.

Axis V: 30.

PLAN: Start him on both p.r.n. and regular antipsychotic medication and to attempt to form at least a negotiated arrangement with him to help him in his care. He is clearly quite paranoid in the hospital at this time. We will give him as much space as we can, even though we need to begin treatment of him.

Hsjob: 150616
T: 16382

Arthur F. Roemmelt, MD.
DICT. 04/27/02 1219
ELECTRONICALLY SIGNED

TR. 04/28/02 0601 HS

7089 (Rev. 1/86)

INTRAVENOUS

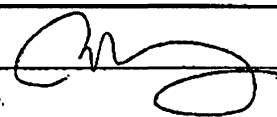
EMERGENCY DEPARTMENT REPORT

17

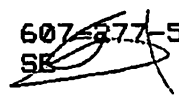
DIAGNOSIS:

381475

DISCHARGE

| | | | | | | | | | |
|--|------------------------------------|--------------------------------------|----------------------------------|-------------------------------------|--------------------------|--|--------------------------|-------------------|-----------------------------|
| DISPOSITION | 939 | TIME | 0926 | STABLE | CONDITION | UNSTABLE | GUARDED | REPORT CALLED TO: | ACCEPTANCE OF PT. GIVEN BY: |
| <input checked="" type="checkbox"/> ADMITTED | Room 213 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> TRANSFERRED | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | COPY SENT TO: | PHYSICIAN BELOW INITIALS: |
| <input type="checkbox"/> EXPIRED | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> DISCHARGED | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| MODE OF TRANSPORT: | <input type="checkbox"/> AMBULANCE | <input type="checkbox"/> WHEEL CHAIR | <input type="checkbox"/> CARRIED | | | | | | |
| | <input type="checkbox"/> STRETCHER | <input type="checkbox"/> AMBULATORY | <input type="checkbox"/> OTHER: | | | | | | |
| | | | | INSTRUCTION SHEET | | SIGNED ED PHYS.  M.D. | | | |
| | | | | | | SIGNED ATTEND. PHYS. M.D. | | | |

| | | | | | | | |
|------------|--|-------------------------------|-----|--------------|-----|------------|------------------|
| ACCOUNT # | PATIENT NAME/ADDRESS/PHONE #/SOCIAL SECURITY # | DATE OF BIRTH | AGE | SEX | M/S | FIN. CLASS | MEDICAL RECORD # |
| 41446428 | SAUNDERS, KEVIN E | 05/01/56 | 45 | M | D | PP | 0597460 |
| ADMIT DATE | 1668 TRUMANSBURG ROAD | PERSON TO NOTIFY/NAME/ADDRESS | | RELATIONSHIP | | | |
| 04/27/02 | ITHACA, NY 14850 | WHELAN, ANNE MARIE | | FRF | | | |
| TIME | 0636 607-277-5808 431-88-9647 | 721 W COURT ST | | PHONE # | | | |
| | | ITHACA, NY 14850 | | 607-273-6552 | | | |

| | | |
|----------------------------------|-----------------------------------|--|
| PATIENT'S EMPLOYER/ADDRESS/PHONE | GUARANTOR NAME/CITY/STATE/PHONE # | RELATIONSHIP |
| DATABEAST INC | SAUNDERS, KEVIN E | |
| N | ITHACA, NY 14850 | 607-277-5808 |
| ITHACA, NY 14850 | GUARANTOR EMPLOYER NAME | RELATIONSHIP |
| 0 | DATABEAST INC | SE  |
| RELIGION | ARRIVAL MODE | PHONE # |
| UNITARIAN | CAR | 0 |

| | | | |
|----------------|----------|------------|-------------------------|
| INSURANCE NAME | POLICY # | COVERAGE # | SUBSCRIBER/INSURED NAME |
| PURE SELF PAY | SPP | | SAUNDERS, KEVIN E |

| | | | |
|----------------|---------------|------------------|---------------|
| ACC. INFO. | ONSET | REASON FOR VISIT | SLEEPLESSNESS |
| ACC. DATE/TIME | 04/26/02 0000 | COMMENT | |

| | | |
|-----------------------|---------------------|------|
| ED PHYSICIAN | FAMILY PHYSICIAN | USER |
| Sheiman, Lawrence MD. | Breiman, Robert MD. | VS |
| RECORD ROOM COPY | | |

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Cayuga Medical Center at Ithaca
EMERGENCY PHYSICIAN RECORD
Psych Disorder, Suicide Attempt, Overdose (5)

SAUNDERS, KEVIN E
Shelman, Lawrence MD.
41446428 ED 45
05/01/56 0597460

TIME SEEN: 0700 ROOM: 17 EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY: The patients idents are checked

HPI chief complaint(s): hostile and nearly communitarian

Depression Suicidal Ideation Suicide Attempt
Agitated Hallucinating Drug Overdose
Self-Injury

onset: _____

when? _____

increased since: _____

context/severity: _____

I Can't Sleep. I'm being
poisoned by a vast alien
conspiracy. They are attacking all of

current/associated complaints: us with their plasma
depressed / angry / frustrated / agitated / hostile / paranoid

situational problems won't state

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

confused / hallucinating Psychotic symptoms
personality delusions of alien
being

suicidal thoughts / specific plan / gesture or 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 | | |
| | | | |
| | | | |
| | | | |

"RESCUE FACTOR" (if suicide attempt)
How did ingestion/other acts come to attention?

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

Recently seen/treated by doctor

ROS

PULMONARY & CVS

cough
trouble breathing
chest pain

States he has
not slept in
a week.

Agitation paranoia

NEURO & EYES

headache
visual disturbance

GI - GU

abdominal pain
nausea
vomiting
diarrhea
problems urinating

Wont
answer

SKIN & LYMPH & MS

skin rash / swelling
joint pain

Seen last night for consult
He was poisoned (by aliens)
see M.H. 2nd

☐ all systems neg. except as marked

PAST HISTORY negative

prior suicide attempt

psychiatric problems

depression bipolar disorder
schizophrenia other

cardiac disease

hypertension

diabetes insulin / oral / diet

lung disease

+HIV / AIDS

other problems

Alcohol + marijuana issues in past
DWI 97 Prior Dr include Adipren 1997
Cannabis abuse 99, 00, 01. Personality down 96, 99

Surgeries:

tonsillectomy

cholecystectomy

appendectomy

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

1 daughter
1 son
1 grandchild

per housework - rare Eilat contact
2 born in wff garden for 1 month.

Agitated flight of ideas, verbally aggressive "I demand my rights... you with the alphas" 42=16 mg of secumal

☒ Nursing Assessment Reviewed. ☒ BP, HR, RR, Temp reviewed.

PHYSICAL EXAM Alert ☒ Lethargic ☐ Obtunded

Distress ☐ NAD ☐ mild ☐ moderate ☐ severe

☐ uncooperative for exam

HEENT

☒ nml ENT inspection

☐ pharynx nml

if obtunded:

☒ nml gag reflex

EYES

☒ pupils equal, round & reactive to light

☒ EOM's intact

NEURO/PSYCH

mental status

☒ mood/affect nml

For suicide attempts: On direct query, patient ADMITS / DENIES continued consideration of suicide as an option.

If denies, why?

orientation

☒ normal x3

cranial nerves

sensory, motor

☒ CN's intact as tested

☒ nml motor response

☒ nml sensory response

☒ nml reflexes

☒ nml gait

NECK/BACK

☒ normal inspection

☒ neck supple

RESPIRATORY

☒ no resp. distress

☒ breath sounds nml

CVS

☒ regular rate, rhythm

☒ heart sounds normal

ABDOMEN

☒ non-tender

☒ nml bowel sounds

☒ no organomegaly

SKIN

☒ color nml, no rash

☒ warm, dry

EXTREMITIES

☒ non-tender

☒ normal ROM

☒ no signs of injury

☒ 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 abnml

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

normal except

WBC

Hgb

Hct

Platelets

segs

bands

lymphs

monos

Chemistries

normal except

Na

K

Cl

CO2

Gluc

BUN

Creat

ABG's

time:

pH

PCO2

pO2

RA

O2

Toxicology

normal except

acetamin.

aspirin-

ETOH-

Triage™ urine

drug screen-

Cannabidiol

Pulse Ox % on RA / L / % at (time)

Time unchanged improved re-examined

This patient is currently delusional. His lack of sleep + insight + judgment are concerning. Admit 9.24

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: Full CRIT CARE- 30-74 min

lab results diagnosis need for follow-up 75-104 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

DISPOSITION-

☐ transferred ☐ obs ☐ home ☐ admit ☐ expired

☐ AMA ☐ LWOBs Time:

CONDITION-

☐ good ☐ fair ☐ critical ☐ improved ☐ stable

☐ unchanged

NP / PA

MD / DO



Cayuga
Medical Center
at Ithaca

101 Dates Drive • Ithaca, New York 14850
(607) 274-4011

SAUNDERS, KEVIN E
Shelman, Lawrence MD.
41446428 ED 45
05/01/56 0597460

INITIAL ASSESSMENT FORM

☒ ED EVAL

☐ DIRECT ADMIT

(PLEASE CHECK)

ARRIVAL INFO

ARRIVAL DATE/TIME

0635

ARRIVAL MODE

☒ AMBULATORY

☐ AMBULANCE: ALS, BLS (Circle One)

☐ WHEELCHAIR

☐ CARRIED

☐ POLICE

TREATMENT IN PROGRESS ON ARRIVAL

☒ NONE

☐ O₂ MASK ☐ O₂ CANNULA

☐ ORAL AIRWAY

☐ ET TUBE (Size) _____

☐ IV (Site) _____

☐ MONITOR

☐ CERVICAL COLLAR

☐ SPINE BOARD: LONG, SHORT (Circle One)

☐ SAND BAGS

☐ CPR

☐ SLING

☐ SAGER SPLINT

☐ HARE TRACTION

☐ AIR SPLINT

☐ OTHER SPLINT _____

☐ DRESSING (Site) _____

☐ MEDICATIONS _____

ALLERGIES ☐ NKA

☐ DRUG

☐ FOOD

☐ CHEMICAL

☐ LATEX

CURRENT MEDICATIONS/DOSAGE (Including Alternative Medicines/Dietary Supplements)

Denies

ADVANCE DIRECTIVE: ☐ YES ☒ NO

ON FILE: ☐ YES ☒ NO

DO NOT RESUSCITATE: ☐ YES ☒ NO

ON FILE: ☐ YES ☒ NO

LMP

TETANUS

☐ IMMUNIZATION/
LEAD FORM DONE

PAST MEDICAL HX

NURSING ASSESSMENT

PSYCHOSOCIAL RISKS:

CULTURAL/SPIRITUAL: ☐ YES ☒ NO

LIVING CONDITIONS: ☐ YES ☒ NO

EDUCATIONAL: ☐ YES ☒ NO

SUBSTANCE USE (Active or History): ☐ YES ☒ NO

SUPPORT: ☐ YES ☒ NO

PSYCHIATRIC (Active or History): ☐ YES ☒ NO

LANGUAGE/COMMUNICATION: ☐ YES ☒ NO

IF ANY BOX CHECKED YES

SOCIAL WORK REFERRAL: ☐ YES ☒ NO

DV Risk Assessment

☐ Yes ☒ No

VITALS

DATE/TIME

0635

PAIN LEVEL

0 @ 10

T

100/2

P

116

R

20

BP (R)

BP (L)

O₂ Sat

5'7

HT

190

WT

< 2 YEARS

HEAD CIR.

S CHIEF COMPLAINT

Seen in ER yesterday - same thing -

Does not want to answer same questions - MHE -

not slept again this night - wants lab results from you

O AIRWAY: ☒ Clear ☐ Obstructed ☐ Intubated

BREATHING: ☒ Normal ☐ Labored ☐ Absent

CHEST EXPANSION: ☒ Symmetrical ☐ Asymmetrical

BREATH SOUNDS: Right _____

Left _____

CIRCULATION: RADIAL PULSE: ☒ Present ☐ Not Present

CAROTID PULSE: ☐ Present ☐ Not Present

NEURO STATUS: ☒ Oriented & Converses ☐ Disoriented & Converses ☐ Inappropriate Words ☐ Incomprehensible Sounds ☐ Unconscious

EYES OPEN: ☒ Spontaneously ☐ To Verbal Stimulus ☐ To Pain ☐ Other _____

BEHAVIOR: ☒ Cooperative ☐ Uncooperative ☐ Combative ☐ Other _____

HEAD/FACE:

face pale, skin warm + moist

☐ Normal ☒ N/A

NECK:

☐ Normal ☒ N/A

CHEST:

☐ Normal ☒ N/A

ABDOMEN/PELVIS:

☐ Normal ☒ N/A

BACK/SPINE:

☐ Normal ☒ N/A

SKIN:

☐ Cool ☒ Warm

☐ Dry

☒ Clammy

☐ Diaphoretic

☒ Pale

☐ Flushed

☐ Cyanotic

☐ Mottled

EXTREMITIES: Left Upper _____

Right Upper _____

Left Lower _____

Right Lower _____

A TRIAGE CATEGORY: ☐ Life Threatening ☐ Urgent ☒ Non Urgent

P PLAN/INTERVENTIONS: ☐ Dressing ☐ Ice/Elevation ☐ Immobilization ☐ Old Records ☐ EKG

☐ X-ray

☐ Lab

☐ Other

Nursing Diagnosis

Alteration in coping

RN SIGNATURE

M. Sterlino

04001 (Rev. 07/01)

04001

Age/Sex: 46 M
Unit #: 0597460
Account#: 41446428
Admitted: 04/27/02 at 0815

SAUNDERS, KEVIN E (ADM IN)

2PS-213-01

Roemmelt, Arthur F. MD.
CAYUGA MEDICAL CENTER NURSING *

Page: 2 of 6

Printed 05/02/02 at 1453

Period ending 05/02/02 at 1453

Admission Assessment

Patient Focus Adm Assessment

04/27/02 1020 JSA

Date of Admission: 04/27/02

Time: 0945

Blood Pressure: Pulse: Temperature: Respirations:

=====PAIN ASSESSMENT=====

Patient meets standard for pain assessment: (SF+F8) Y

Pain Location:

****Please use Shift + F8 for documentation instructions****

Pain intensity, 0 - 10 scale:

Duration/Description of pain:

Aggravating factors:

What helps the pain:

Date/time of last pain med:

Pain med and dosage:

Effectiveness of pain med:

Effectiveness of non-pharmacological pain control measures:

=====ADVANCED DIRECTIVES STATUS=====

Code Status: Full Code

Patient has Advanced Directives: N Patient given information about Advanced directives: Y

Advanced Directives are on file:

Advanced Directives completion discussed w/pt:

Advanced Directives done - Location & contents:

===== Hospital Orientation =====

ID bracelet on? Y Allergy bracelet on? Yes

Room orientation completed: Y

=====IMMUNIZATION HISTORY =====

Review patient history, ask the family or request this
information from the Primary Care MD or Nursing Home Record.

Date of Last Vaccination:

Influenza: Was vaccination given over one year ago?

Pneumovax: Was first dose given before age of 65?

Tetanus: Was this given more than 10 years ago?

Any Yes Response - Notify MD to consider ordering the vaccine or note contraindication.

===== NEUROLOGICAL ASSESSMENT =====

Patient meets standards for neurologic assessment? (F8) Y

Patient's level of consciousness:

Coordination & Muscle Tone:

*** NOTE - CONSIDER SPEECH THERAPY CONSULT IF ANSWER YES ***

Patient has difficulty swallowing:

Patient has slurred speech.

Patient is experiencing numbness, weakness, or tingling.

Location of numbness, weakness or tingling:

=====CARDIOVASCULAR=====

Patient meets standards for cardiovascular assessment. (F8) Y

Pulse: BP:

Peripheral Pulses Absent: BP Source:

Skin Temp:

Moisture:

Color:

Edema:

=====RESPIRATORY=====

Patient meets standards for Respiratory Status: (SFT+F8) Y

Breath Sounds on right: Cough:

Breath Sounds on Left: Quit smoking years ago:

Number of years has smoked:

Number of Packs per day smoked:

Age/Sex: 46 M
Unit #: 0597460
Account#: 41446428
Admitted: 04/27/02 at 0815

SAUNDERS, KEVIN E (ADM IN)
2PS-213-01
Roemmelt, Arthur F. MD.
CAYUGA MEDICAL CENTER NURSING *

Page: 3 of 6
Printed 05/02/02 at 1453
Period ending 05/02/02 at 1453
Admission Assessment

Patient Focus Adm Assessment 04/27/02 1020 JSA

If patient requires breathing device or O2 in use
IF * CONSIDER RT CONSULT

Is oxygen or a breathing device in use? ☐
Breathing device: ☐ O2 Amount (L/M or %): ☐
Respiratory Pattern is: ☐ Is respiratory effort labored? ☐

=====GENTOURINARY - GYNECOLOGICAL=====

Meets standard - Gentourinary/Gynecological assess: (SF+F8) Y
Deviations noted in kidney function: Patient is on Dialysis:
Deviations noted, Bladder Function/Urine: Requires urinary drainage tube:
Deviations, male GU/Reproductive systems: Testicular self exam? ☐

Female - Gynecological Information Currently Pregnant? ☐
Date of LMP: ☐ Number of Children: ☐ Date of Last PAP ☐
Menopause? ☐ Breast self exam? ☐ Breast Prosthesis: ☐
Sexually Transmitted Disease? ☐ Prior Surgery? ☐
Menstruation: ☐ Date Menses Started: ☐
Color/odor of menses: ☐

=====NUTRITION=====

Patient meets standard for Nutrition: (SH+F8) Y
Deviations noted in appetite: ☐ Deviations in Oral Hygiene/Dental care: ☐

If inadequate dental care obvious/consider MD referral to DDS

Deviations in abdominal assessment: ☐ Bowel Sounds: ☐
Deviations in Bowel Movements: ☐ Date of last bowel movement: ☐
04/26/02

Describe color/frequency/duration of Diarrhea: ☐
Please list any dietary requirements:
N/A

=====NURTITION SCREEN=====

Unintentional weight loss of 10 lbs or more in past 6 mos: No ☐
Recent appetite has consistently been very poor: No ☐
Significantly underweight by appearance: No ☐
Evidence of difficulty swallowing or chewing: No ☐
Skin integrity score over 9: No ☐
Lactating or pregnant: No ☐
Modified diet/tube feeding/TPN prior to admission: No ☐
Any YES responses above, food allergies or requirements? N

YES response will generate Nutritional consult order

=====SAFETY RISK SCREEN=====

Gait Problems: N Initiate Comprehensive Assess/ Pre Rest/Seclusion intervent.
Confused, disoriented: N Sensory Impaired: N
Weakness: N Post seizure: N Over 65 years old: N
ETOH or other drug related diagnosis: N Previous fall: home/hospital: N
Drugs causing diuresis, GI mobility, suppress thought process N
Did you answer yes to any question above in the risk screen? N
Red dot system has been initiated if any of the above - YES

===== POTENTIAL FOR ETOH/DRUG ABUSE ASSESSMENT=====

Document patient responses to the following:

Describe your past and present use of alcohol, recreational
street drugs and/or over the counter drugs:
Patient has been smoking cannabis Q DAY
Has the pattern of use changed from prior use? N If YES - Please describe:

****If above answers suggest more than social/recreational use - please continue:

Age/Sex: 46 M
Unit #: 0597460
Account#: 41446428
Admitted: 04/27/02 at 0815

SAUNDERS, KEVIN E (ADM IN)
2PS-213-01
Roemmelt, Arthur F. MD.
CAYUGA MEDICAL CENTER NURSING *

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Admission Assessment

Patient Focus Adm. Assessment

04/27/02 1020 JSA

Medical problems associated
with past or present use:

Other problems associated with your substance abuse:

N Relationships

Has anyone told you they think you have a drug/alcohol problem? N

If YES please explain:

Have you had inpatient/outpatient treatment for these issues in the past or present?

N

Has patient answered YES to any of the above? N

A Social Work referral will be generated if YES to above

===== EDUCATION & COMMUNICATION =====

PT. MEETS STANDARDS FOR EDUCATION & COMMUNICATION (F8) Y

LANGUAGE BARRIER:

Pt's primary language:

PATIENT HAS MINIMAL UNDERSTANDING OF ENGLISH:

Interpreter needed?

COMMENTS:

Communication Impairments:

Learning/Communication Barriers

Has mental impairment or comprehension difficulties:

Misunderstands current problem or treatment plan:

***** Lifestyles and Discharge Planning Screen *****

DESCRIBE LIVING SITUATION:

COMMENT:

LIVES WITH FRIEND

Family members living with patient are in good health? Y

Psychosocial/Emotional Status:

Anxious

COMMENT: (also consider SW consult if appropriate)

Irritable

SPIRITUAL NEEDS: Patient will contact religious leader/support as desired? Y

Patient/Family desire referral to hospital chaplain? N

Discharge Needs Indicators: ETOH Or Drug Related DX

Cultural Needs:

Has known or suspected problems carrying out ADL's? N

In Emergency Notify: Anne Marie Whelan

Phone: 607-273-6552

Relationship:

Address: 721 Court St

***** Mobility and Functional Abilities *****

Ambulates and does ADL's Independently, senses are intact? Y

Patient uses following mobility aide(s):

Is patient non-weight bearing?

Patient has following prosthesis:

Patient has paralysis/weakness:

Describe sensory deficits and aides used:

***** Diabetes Education and Care *****

Is patient a diabetic? N

Does patient/significant other self manage their diabetes?

Is patient's diabetes newly diagnosed or uncontrolled?

Does patient have frequent hypo or hyperglycemia?

Does patient desire further diabetes education?

How does patient manage diabetes at home?

Insulin is drawn up by:

Insulin is injected by:

How frequently are fingerstick blood sugars done?

Who does the fingerstick blood sugars?

***** SKIN ASSESSMENT *****

Patient meets standard for skin assessment: Y

Skin Integrity:

Skin Turgor is:

Age/Sex: 46 M
Unit #: 0597460
Account#: 41446428
Admitted: 04/27/02 at 0815

SAUNDERS, KEVIN E (ADM IN)

2PS-213-01

Roemmelt, Arthur F. MD.
CAYUGA MEDICAL CENTER NURSING *

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Admission Assessment

Patient Focus Adm Assessment

04/27/02 1020 JSA

Patient has poor personal hygiene: ■■

***** SKIN INTEGRITY RISK SCREEN *****

Enter appropriate score (use Shift + F8 for scoring info) 0

Enter appropriate score (use Shift + F8 for scoring info) 0

Enter appropriate score (use Shift + F8 for scoring info) 0

Enter appropriate score (use Shift + F8 for scoring info) 0

Enter appropriate score (use Shift + F8 for scoring info) 0

Enter appropriate score (use Shift + F8 for scoring info) 0

Please add your scores

TOTAL SKIN INTEGRITY SCORE ON ADMISSION: 0 = NOT AT RISK

PLEASE COMPLETE SKIN ASSESSMENT DIAGRAM IF SCORE > 0

Plan of Care: MHU/GEN

Age/Sex: 46 M
Unit #: 0597460
Account#: 41446428
Admitted: 04/27/02 at 0815

SAUNDERS, KEVIN E (ADM IN)
2PS-213-01
Roemmelt, Arthur F. MD.
CAYUGA MEDICAL CENTER NURSING *

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Admission Assessment

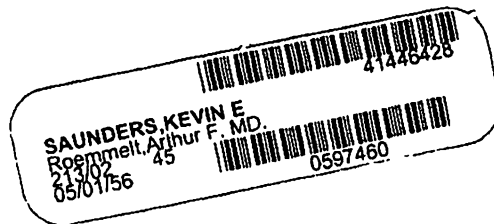
| Monogram | Initials | Name | Nurse Type |
|----------|----------|------|------------|
|----------|----------|------|------------|

| | | | |
|-----|-----|--------------|----|
| JSA | JSA | SAGE, JUDITH | RN |
|-----|-----|--------------|----|



101 Dates Drive • Ithaca, New York 14850
(607) 274-4011

PROGRESS NOTES AND CONSULTATIONS



| DATE/TIME | SERVICE | PLEASE USE FULL SIGNATURE WITH PROFESSIONAL TITLE |
|-----------|---------|--|
| 5/1/02 | | <p>Called by patient to see reps JURI ? fees. feels psychosis represented by URI in some way still see that will get TLC reps DCB HESNT clerk CRRR</p> <p>by URI?</p> <p>Plan TLC, reps DCB</p> <p>RHB</p> |



CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA, NY 14850

CONSULTATION NOTE

ACCT #41446428
MR #0597460

SAUNDERS, KEVIN E
DOB: 05/01/56
Fredric Kardon, MD.

ROOM# 213-01

04/30/02

DATE OF BIRTH: 05/01/56

This 45-year-old man was admitted with delusional thinking and acute psychosis. He had an episode 5 years ago when he was hospitalized in Rochester. He really was not in any condition to give much history and none was available. He was not on any medications as an outpatient. He was given Zyprexa here. He has improved markedly. I was asked to see him because of his elevated blood pressure.

The patient was taking no prescriptions at home. He was able to give me quite an accurate and complete history today. His thinking seemed quite well ordered.

He does smoke cigarettes. He drinks very lightly. The most he has ever drunk is 4 to 6 beers a week. He uses marijuana up to once a week and no more. Twenty years ago he used cocaine, but not since. He has never used needles.

He has no really significant medical history. He had a lipoma removed from his abdominal wall once, but has not really had any other significant illnesses. He was diagnosed as either bipolar disorder or borderline personality in the past.

He said he got a little foggy from the Zyprexa and has refused it the last 24 hours, and is generally feeling rather well.

He lives with a friend. He works by selling computer software on the internet. This is software he developed while working for Cornell about 7 or 8 years ago.

FAMILY HISTORY: Is unremarkable. His father died of a CVA at 60. Mother is living at 80 with macular degeneration and irritable bowel syndrome. He has some siblings who are well.

Blood pressure on April 28, 2002, was 158/84, on April 29, 2002, 158/90. Today it was 158/120 with a repeat of 160/102 about an hour later.

Patient says he has gained about 15 or 20 pounds over the past couple of years, although he has lost 5 pounds in the last few months.

EXAMINATION: He is a slightly obese young man. He is alert, cooperative, quite friendly, and maintains good eye contact. HEENT is unremarkable. Carotids are 2+ without bruits. Heart and lungs are clear to auscultation and percussion. Abdomen is soft. There is no organomegaly, mass or tenderness. There is an old surgical scar from his lipoma resection. Extremities are warm and dry. Peripheral pulses are normal and symmetric. There is no pedal edema. Skin is intact.

The patient has had elevated blood pressure for a day or so. I would not

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA, NY 14850

CONSULTATION NOTE

ACCT #41446428
MR #0597460

SAUNDERS, KEVIN E

ROOM# 213-01

04/30/02

DOB: 05/01/56

Fredric Kardon, MD.

rush in and treat it right now but observe him as it was normal a few days ago. He should have an EKG to look for evidence of long-term hypertension. I note his lab work showed normal electrolytes and creatinine. White count was slightly elevated at 11.0. Differential was unremarkable. Hemoglobin was 14.4. Glucose was 116, which is really minimally elevated.

At the conclusion of the interview, the patient did mention that he sees Dr. Breiman as a physician when he needs to and saw him perhaps a few weeks ago. Dr. Breiman would be an excellent choice for followup for the patient's blood pressure as an outpatient.

Hsjob: 182055

T: 31744

Fredric Kardon, MD.

DICT. 04/30/02 1153

TR. 04/30/02 1552

HS

ELECTRONICALLY SIGNED

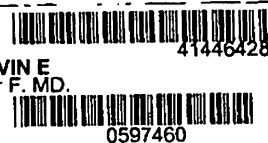


Cayuga
Medical Center
at Ithaca

101 DATES DRIVE • ITHACA, NY 14850
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DISCHARGE INSTRUCTIONS AND PLAN

SAUNDERS, KEVIN E
Roemmel, Arthur F. MD.
21302 45
05/01/56



MAKE PROMPT CONTACT WITH PHYSICIAN IF ANYTHING UNUSUAL DEVELOPS.

DIET:

ACTIVITY:

MEDICATIONS

DOSE

FREQUENCY

No psychotropics

REFERRALS:

*You have an appointment with Dr. Baerman
at the North East office on 5/3/02 at
2:00 pm.*

*You have an appointment with Linda Riley
May 6th at 11:00.*

All personal belongings left behind will be disposed of after 14 days from discharge.

MENTAL HEALTH UNIT 274-4304
CRISIS HOTLINE 272-1818
TOMPKINS COUNTY MENTAL HEALTH CLINIC 274-8200
ALCOHOLICS ANONYMOUS 273-1541
MENTAL HEALTH ASSOCIATION 273-9250

Arthur F. Roemmel MD
PHYSICIAN SIGNATURE

5/2/02
DATE

The above information has been explained to me. I am fully aware of my Physician options and chose the final arrangements suitable to my needs.

[Signature]
PATIENT SIGNATURE

5/2/02
DATE



5/2

RUN DATE: 05/05/02
 RUN TIME: 0400
 RUN USER: LABBKJ08

Cayuga Medical Center *LIVE*
 Summary Discharge Report

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LOCATION

PATIENT: SAUNDERS, KEVIN E ACCT #: 41446428 LOC: 2PS U #: 0597460
 AGE/SX: 46/M ROOM: 213 REG: 04/27/02
 REG DR: Roemmel, Arthur F. MD. STATUS: DIS IN BED: 01 DIS: 05/02/02

*** GENERAL HEMATOLOGY ***

| Date Time | 5/1 1030 | 4/28 0836 | Reference Units |
|-------------------|-------------|--------------|------------------|
| ⇒ WBC | 12.4 H | 11.0 H | (4.8-10.8) CUMM |
| ⇒ RBC | 4.55 L | 4.58 L | (4.6-6.2) CUMM |
| ⇒ HGB | 14.7 | 14.4 | (14.0-18.0) G/DL |
| ⇒ HEMATOCRIT | 42 | 42 | (42-52) % |
| ⇒ MCV | 92 | 91 | (80-94) um3 |
| ⇒ MCH | 32 H | 32 H | (27-31) pg |
| ⇒ MCHC | 35 | 35 | (32-36) g/dl |
| ⇒ RDW | 13 | 12 | (10.5-15) % |
| ⇒ PLATELETS | 336 | 313 | (150-450) CUMM |
| ⇒ MEAN PLATE VOL | 7.8 | 8.0 | (7.4-10.4) um3 |
| ⇒ GRAN % | | 67.6 | (38-83) % |
| ⇒ LYMPH % | | 22.7 | (20-45) % |
| ⇒ MONONUCLEAR % | | 8.5 | (1-9) % |
| ⇒ EOSINOPHIL % | | 1.1 | (0-6) % |
| ⇒ BASOPHIL % | | 0.1 | (0-2) % |
| ⇒ ABS LYMPHS | | 2.5 | (1.0-4.8) |
| ⇒ ABS MONONUCLEAR | | 0.9 H | (0-0.8) |
| ⇒ ABS GRANS | | 7.5 | (1.5-7.7) |
| ⇒ ABS EOSINOPHILS | | 0.1 | (0-0.6) |
| ⇒ ABS BASOPHILS | | 0 | (0-0.2) |
| ⇒ POLY | 69 | | (38-83) |
| ⇒ LYMPH | 24 | | (5-47) |
| ⇒ MONO | 7 | | (0-13) |
| ⇒ MORPHOLOGY | NORMAL | | |

*** GENERAL CHEMISTRY ***

| Date Time | 4/28 0836 | Reference Units |
|-------------------|--------------|------------------|
| ⇒ SODIUM | 141 | (135-145) MMOL/L |
| ⇒ POTASSIUM | 4.7 | (3.5-5.0) MMOL/L |
| ⇒ CHLORIDE | 103 | (95-108) MMOL/L |
| ⇒ CO2 | 25.3 | (21-33) MMOL/L |
| ⇒ GLUCOSE | 116 H | (70-105) MG/DL |
| ⇒ BUN | 11 | (6-22) MG/DL |
| ⇒ CREATININE | 1.0 | (0.5-1.4) MG/DL |
| ⇒ BUN/CREAT RATIO | 11.0 | (8-20) |
| ⇒ CALCIUM | 9.5 | (8.7-10.2) MG/DL |
| ⇒ TOTAL PROTEIN | 7.1 | (6.2-8.1) GM/DL |

RUN DATE: 05/05/02
RUN TIME: 0400
RUN USER: LABBKGJOB

Cayuga Medical Center *LIVE*
Summary Discharge Report

PAGE 25

LOCATION

| | | | | |
|----------------------------|------|--|-----------|------------------|
| Patient: SAUNDERS, KEVIN E | | | #41446428 | (Continued) |
| *** GENERAL CHEMISTRY *** | | | | |
| Date | 4/28 | | | Reference Units |
| Time | 0836 | | | |
| => ALBUMIN | 4.1 | | | (3.6-5.4) GM/DL |
| => GLOBULIN | 3.0 | | | (2-4) GM/DL |
| => ALB/GLOB RATIO | 1.4 | | | (1-3) |
| => TOTAL BILIRUBIN | 0.4 | | | (0.1-1.0) MG/DL |
| *** ENZYMES *** | | | | |
| Date | 4/28 | | | Reference Units |
| Time | 0836 | | | |
| => ALK PHOS | 87 | | | (39-117) U/L |
| => ALT (SGPT) | 72 H | | | (1-40) U/L |
| => AST (SGOT) | 53 H | | | (1-34) U/L |
| *** ENDOCRINOLOGY *** | | | | |
| Date | 4/28 | | | Reference Units |
| Time | 0836 | | | |
| => TSH | 1.0 | | | (0.3-4.5) MIU/ML |

RUN DATE: 05/05/02
RUN TIME: 0400
RUN USER: LABBKJOB

Cayuga Medical Center *LIVE*
Summary Discharge Report

PAGE 26

LOCATION

Patient: SAUNDERS, KEVIN E #41446428 (Continued)

Microbiology Specimen Summary

| Col | Date | Time | Specimen # | Source | Sp Desc | P/F | Organisms |
|-----|----------|------|---------------|--------|---------|-----|----------------|
| > | 05/01/02 | 1915 | 02:MB0006714R | THROAT | | | E. H. PARAINFL |

RUN DATE: 05/05/02
RUN TIME: 0400
RUN USER: LABBKJOB

Cayuga Medical Center *LIVE*
Summary Discharge Report

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LOCATION

Patient: SAUNDERS, KEVIN E

#41446428

(Continued)

***** BACTERIOLOGY *****

Source: THROAT

Collection Date: 05/01/02

> THROAT CULTURE FULL C&S Final 05/04/02
NORMAL THROAT FLORA
WITH HAEMOPHILUS PARAINFLUENZAE

5/2

01-May-2002 14:00:50
45 Years

SAUNDERS-KEVIN
Male

MR

CAYUGA MEDICAL CENTER
Department: MHU
Room: 213
Operator: CAC

Rate 78 . Normal sinus rhythm, rate 78.....Normal P axis, PR, rate & rhythm
PR 145 . Probable early repolarization pattern.....ST elevation, age 16 - 55
ORSD 78
QT 329
QTc 375

DOB
05-01-56

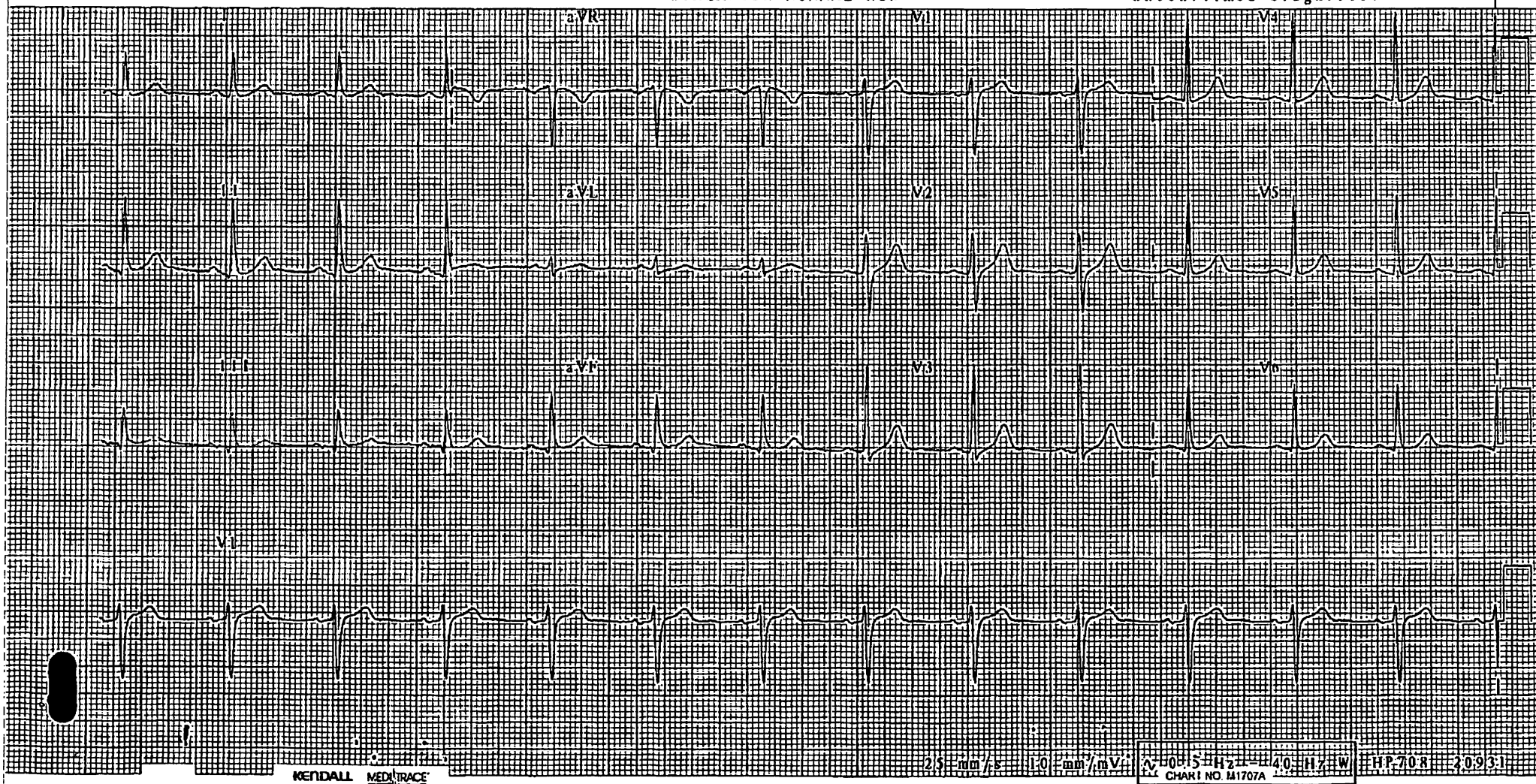
Requested by:
ROEMMELT

--Axis--

P 43
QRS 58
T 48

- OTHERWISE NORMAL ECG -

Unconfirmed diagnosis.



01-May-2002 14:00:50
45 Years

SAUNDERS-KEVIN
Male

CAYUGA MEDICAL CENTER
Department: MHU
Room: 213
Operator: CAC

Rate 78 . Normal sinus rhythm, rate 78.....Normal P axis, PR, rate & rhythm
PR 145 . Probable early repolarization pattern.....ST elevation, age 16 - 55
QRSD 78
QT 329
QTc 375

DOB
05-01-56

Requested by:
ROEMMELT

Handwritten signature: Carl Kel

--Axis--
P 43
QRS 58
T 48

- OTHERWISE NORMAL ECG -

Unconfirmed diagnosis.

