Jason Tower

Patient Health Summary, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Allergies

Penicillins (Unknown)

Medications

lidocaine (SALONPAS) 4 % patch (Started 6/30/2023)
Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.

sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet (Started 6/29/2023)
Take 2 tablets by mouth 2 (two) times daily

polyethylene glycol (MIRALAX) powder (Started 6/30/2023)
Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.

oxyCODONE (ROXICODONE) 5 MG immediate release tablet (Started 6/29/2023)
Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain

acetaminophen (TYLENOL) 325 MG tablet (Started 7/7/2023)
Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain

benzonatate (TESSALON) 200 MG capsule
Take 1 capsule 3 times a day by oral route for 7 days.

Ended Medications

cephalexin (KEFLEX) 500 MG capsule (Started 6/29/2023) **(Expired)**
Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily.

methocarbamoL (ROBAXIN) 500 MG tablet (Started 6/29/2023) **(Discontinued)**
Take 1 tablet (500 mg total) by mouth 2 (two) times daily as needed (muscle spasms and/or muscle pain)

acetaminophen (TYLENOL) 325 MG tablet (Started 6/29/2023) **(Discontinued)**
Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain

methocarbamoL (ROBAXIN) 500 MG tablet (Started 7/6/2023) **(Expired)**
Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days

Active Problems

Acute traumatic pain (Noted 6/29/2023)

Closed fracture of shaft of humerus (Noted 6/29/2023)

Motor vehicle collision, initial encounter (Noted 6/29/2023)

Open dislocation of metacarpophalangeal joint of left thumb, initial encounter (Noted 6/29/2023)

Resolved Problems

AKI (acute kidney injury) (Noted 6/29/2023)

Orthostatic hypotension (Noted 6/29/2023)

Immunizations

TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX) (Given 6/27/2023, 4/27/2015)

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Tobacco Cessation: Counseling Given: Not Answered

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/14/2023 7:44 AM EDT

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	142/86	06/29/2023 3:27 PM EDT	
Pulse	90	06/29/2023 3:27 PM EDT	
Temperature	36.9 °C (98.4 °F)	06/29/2023 12:29 PM EDT	
Respiratory Rate	18	06/29/2023 12:29 PM EDT	
Oxygen Saturation	98%	06/29/2023 8:22 AM EDT	
Inhaled Oxygen Concentration	-	-	
Weight	87.1 kg (192 lb)	06/28/2023 11:53 AM EDT	
Height	172.7 cm (5' 8")	06/28/2023 11:53 AM EDT	
Body Mass Index	29.19	06/28/2023 11:53 AM EDT	

Medical Devices

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Procedures

SPLINT APPLICATION (Performed 7/3/2023)
Performed for Open dislocation of metacarpophalangeal joint of left thumb, initial encounter

SPLINT APPLICATION (Performed 7/3/2023)
Performed for Open dislocation of metacarpophalangeal joint of left thumb, initial encounter

Comm to Vast- Insert PIV Adult (Performed 6/29/2023)

OXYGEN THERAPY PER RESPIRATORY CARE / PROTOCOL (Performed 6/28/2023)

MEASURE WEIGHT (Performed 6/28/2023)

ORTHOPEDIC INJURY TREATMENT - UPPER EXTREMITY (Performed 6/28/2023)

OXYGEN THERAPY PER RESPIRATORY CARE / PROTOCOL (Performed 6/27/2023)

OPERATIVE/PROCEDURES (Performed 3/27/2013)

OPERATIVE RECORD SUPPORT (Performed 3/27/2013)

INTERVENTIONS (Performed 3/27/2013)

Results

XR HUMERUS RIGHT MINIMUM 2 VIEWS - Final result (07/14/2023 8:05 AM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography, Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/14/2023 7:55 AM EDT	

Narrative

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07/14/2023 8:11 AM EDT
XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication:  S42.301A Unspecified fracture of shaft of humerus, right arm,
initial encounter for closed fracture.

Comparison: Right humerus radiographs 7/6/2020

Findings:

Hardware: None.

Alignment: Anatomic.

Bones: Unchanged appearance and alignment of the spiral humeral diaphyseal
fracture. Approximately one shaft's width of medial displacement remains.
No interval development marginal callus or bony bridging.

Joint spaces: Right acromioclavicular and glenohumeral joints appear
congruent.

Soft tissue: Decreased but persistent soft tissue swelling about the mid
right upper arm.


Impression:
Effectively unchanged appearance and alignment of the displaced right
humeral diaphyseal fracture, without interval development of marginal
callus or bony bridging.

Electronically Signed by:  Stephen Neville, MD, Duke Radiology
Electronically Signed on:  7/14/2023 8:11 AM
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Procedure Note

STEPHEN NEVILLE - 07/14/2023

Procedure Note

Formatting of this note might be different from the original.

XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication: S42.301A Unspecified fracture of shaft of humerus, right arm, initial encounter for closed fracture.

Comparison: Right humerus radiographs 7/6/2020

Findings:

Hardware: None.

Alignment: Anatomic.

Bones: Unchanged appearance and alignment of the spiral humeral diaphyseal fracture. Approximately one shaft's width of medial displacement remains. No interval development marginal callus or bony bridging.

Joint spaces: Right acromioclavicular and glenohumeral joints appear congruent.

Soft tissue: Decreased but persistent soft tissue swelling about the mid right upper arm.

Impression:
Effectively unchanged appearance and alignment of the displaced right humeral diaphyseal fracture, without interval development of marginal callus or bony bridging.

Electronically Signed by: Stephen Neville, MD, Duke Radiology
Electronically Signed on: 7/14/2023 8:11 AM

Authorizing Provider	Result Type
JENNIFER KRISTINE DYE	IMG DIAGNOSTIC IMAGING ORDERABLES

MRI HAND LEFT WITHOUT CONTRAST - Final result (07/06/2023 4:19 PM EDT)

Anatomical Region	Laterality	Modality
Hand Left, Wrist Left, Finger Left, ORTHO Hand Left		Magnetic Resonance

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/06/2023 3:36 PM EDT	

Narrative

07/06/2023 7:42 PM EDT

Narrative

MRI of portions of the left hand to include the thumb without contrast, July 6, 2023.

HISTORY: Patient with recent dislocation and reduction of the first metatarsophalangeal joint. Follow-up.

COMPARISON: Plain films from June 27 and June 28, 2023

There is fluid within the abductor pollicis brevis brevis and opponens pollicis and the flexor pollicis longus and brevis muscles consistent with myositis and intersubstance muscle tearing. The most severely affected is the flexor pollicis longus. Fluid surrounds the flexor pollicis longus tendon and the flexor pollicis brevis tendon as well as the abductor pollicis brevis tendon tendons. Signal characteristics suggest possible partial intersubstance tearing of these tendons but they are not completely torn.

There is milder fluid adjacent to the extensor tendons. These tendons appear intact.

There is no fracture detected. There is marrow edema involving the lateral sesamoid.

There is abnormal signal in the ulnar collateral ligament and overlying aponeurosis suggesting that these structures are torn..

The volar plate appears somewhat thickened.

There is diffuse subcutaneous edema

IMPRESSION:
1. The first metacarpophalangeal joint is reduced and no longer dislocated. Marrow edema in the lateral sesamoid bone
2. Abnormal fluid and edema associated with several muscles as described above consistent with myositis and intersubstance tearing. Probable mild intersubstance tearing tendons as outlined above
3. Abnormal signal within the ulnar collateral ligament and overlying aponeurosis suggests that these structures are torn

Electronically Signed by: Teresa Brown, MD, Durham Radiology
Electronically Signed on: 7/6/2023 7:42 PM

Procedure Note

TERESA T BROWN - 07/06/2023

Procedure Note

Formatting of this note might be different from the original.

MRI of portions of the left hand to include the thumb without contrast, July 6, 2023.

HISTORY: Patient with recent dislocation and reduction of the first metatarsophalangeal joint. Follow-up.

COMPARISON: Plain films from June 27 and June 28, 2023

There is fluid within the abductor pollicis brevis brevis and opponens pollicis and the flexor pollicis longus and brevis muscles consistent with myositis and intersubstance muscle tearing. The most severely affected is the flexor pollicis longus. Fluid surrounds the flexor pollicis longus tendon and the flexor pollicis brevis tendon as well as the abductor pollicis brevis tendon tendons. Signal characteristics suggest possible partial intersubstance tearing of these tendons but they are not completely torn.

There is milder fluid adjacent to the extensor tendons. These tendons appear intact.

There is no fracture detected. There is marrow edema involving the lateral sesamoid.

There is abnormal signal in the ulnar collateral ligament and overlying aponeurosis suggesting that these structures are torn..

The volar plate appears somewhat thickened.

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IMPRESSION:
1. The first metacarpophalangeal joint is reduced and no longer dislocated. Marrow edema in the lateral sesamoid bone
2. Abnormal fluid and edema associated with several muscles as described above consistent with myositis and intersubstance tearing. Probable mild intersubstance tearing tendons as outlined above
3. Abnormal signal within the ulnar collateral ligament and overlying aponeurosis suggests that these structures are torn

Electronically Signed by: Teresa Brown, MD, Durham Radiology
Electronically Signed on: 7/6/2023 7:42 PM

Authorizing Provider	Result Type
NEILL YUN LI	IMG MRI ORDERABLES

XR HUMERUS RIGHT MINIMUM 2 VIEWS - Final result (07/06/2023 8:17 AM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography, Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/06/2023 8:10 AM EDT	

Narrative

07/06/2023 8:43 AM EDT

Narrative

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XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication:  S42.301A Unspecified fracture of shaft of humerus, right arm,
initial encounter for closed fracture.

Comparison: Regress of the femur June 27, 2023

Findings/impression:
Unchanged alignment of mid humeral fracture with approximately one shaft
width medial displacement of the distal fragment..
Reduced angulation compared to prior exam.
No glenohumeral or acromioclavicular navicular dislocation.
Nondedicated views of the elbow demonstrate no gross malalignment.
Unremarkable soft tissues.

Electronically Signed by:  Dallin Johansen, MD, Duke Radiology
Electronically Signed on:  7/6/2023 8:43 AM
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Procedure Note

DALLIN JAY JOHANSEN - 07/06/2023

Formatting of this note might be different from the original.

XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication: S42.301A Unspecified fracture of shaft of humerus, right arm,
initial encounter for closed fracture.

Comparison: Regress of the femur June 27, 2023

Findings/impression:
Unchanged alignment of mid humeral fracture with approximately one shaft
width medial displacement of the distal fragment..
Reduced angulation compared to prior exam.
No glenohumeral or acromioclavicular navicular dislocation.
Nondedicated views of the elbow demonstrate no gross malalignment.
Unremarkable soft tissues.

Electronically Signed by: Dallin Johansen, MD, Duke Radiology
Electronically Signed on: 7/6/2023 8:43 AM

Authorizing Provider	Result Type
JENNIFER KRISTINE DYE	IMG DIAGNOSTIC IMAGING ORDERABLES

PR APP CAST SHORT ARM GAUNTLET, PR CAST SUP GAUNTLET FIBERGLASS (07/03/2023 3:02 PM EDT)

Narrative

NEILL YUN LI - 07/03/2023 3:02 PM EDT

Narrative

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Li, Neill Yun, MD     7/16/2023 11:43 PM
Cast/Splint Application

Date/Time: 7/3/2023 3:02 PM
Performed by: Li, Neill Yun, MD
Authorized by: Li, Neill Yun, MD

Consent Given by:  Patient
Location:  Hand
left hand
Neurovascularly intact


Pre-procedure Assessment
Distal Perfusion: normal
Distal Sensation: normal


Procedure Details
Manipulation Performed?: No
Immobilization:  Cast
Cast Type:  Thumb spica
Supplies Used:  Fiberglass
Patient age:  Adult (11+ Yrs)
Neurovascularly intact


Post-procedure Assessment
Distal Perfusion: normal
Distal Sensation: normal
Patient tolerance:  Patient tolerated the procedure well
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Authorizing Provider	Result Type
NEILL YUN LI	PROCEDURE/MINOR SURGICAL ORDERABLES

(ABNORMAL) COMPLETE BLOOD COUNT (CBC) - Final result (06/29/2023 7:01 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC (White Blood Cell Count)	7.6	3.2 - 9.8 x10^9/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hemoglobin	**13.3 (L)**	13.7 - 17.3 g/dL		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hematocrit	39.9	39.0 - 49.0 %		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Platelets	162	150 - 450 x10^9/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCV (Mean Corpuscular Volume)	86	80 - 98 fL		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCH (Mean Corpuscular Hemoglobin)	28.8	26.5 - 34.0 pg		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCHC (Mean Corpuscular Hemoglobin Concentration)	33.3	31.5 - 36.3 %		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RBC (Red Blood Cell Count)	4.62	4.37 - 5.74 x10^12/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RDW-CV (Red Cell Distribution Width)	12.6	11.5 - 14.5 %		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC (Nucleated Red Blood Cell Count)	0.00	0 x10ˆ9/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC % (Nucleated Red Blood Cell %)	0.0	%		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MPV (Mean Platelet Volume)	10.3	7.2 - 11.7 fL		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/29/2023 7:01 AM EDT	06/29/2023 7:52 AM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

MAGNESIUM - Final result (06/29/2023 7:00 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	2.1	1.8 - 2.5 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/29/2023 7:00 AM EDT	06/29/2023 7:38 AM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (06/29/2023 7:00 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	135	135 - 145 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	3.7	3.5 - 5.0 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Chloride	104	98 - 108 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Carbon Dioxide (CO2)	24	21 - 30 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urea Nitrogen (BUN)	13	7 - 20 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Creatinine	1.0	0.6 - 1.3 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose	90	70 - 140 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

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Interpretive Data:
Above is the NONFASTING reference range.

Below are the FASTING reference ranges:
NORMAL:      70-99 mg/dL
PREDIABETES: 100-125 mg/dL
DIABETES:    > 125 mg/dL
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Calcium	**8.5 (L)**	8.7 - 10.2 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Anion Gap	7	3 - 12 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
BUN/CREA Ratio	13	6 - 27		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glomerular Filtration Rate (eGFR)	91	mL/min/1.73sq m		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

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CKD-EPI (2021) does not include patient's race in the calculation of eGFR. Monitoring changes of plasma
creatinine and eGFR over time is useful for monitoring kidney function.  This change was made on
3/1/2022.

Interpretive Ranges for eGFR(CKD-EPI 2021):

eGFR:              > 60 mL/min/1.73 sq m - Normal
eGFR:              30 - 59 mL/min/1.73 sq m - Moderately Decreased
eGFR:              15 - 29 mL/min/1.73 sq m - Severely Decreased
eGFR:              < 15 mL/min/1.73 sq m -  Kidney Failure

Note: These eGFR calculations do not apply in acute situations
when eGFR is changing rapidly or in patients on dialysis.
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/29/2023 7:00 AM EDT	06/29/2023 7:38 AM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) COMPLETE BLOOD COUNT (CBC) - Final result (06/28/2023 1:16 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC (White Blood Cell Count)	9.3	3.2 - 9.8 x10^9/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hemoglobin	**13.0 (L)**	13.7 - 17.3 g/dL		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hematocrit	**38.4 (L)**	39.0 - 49.0 %		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Platelets	178	150 - 450 x10^9/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCV (Mean Corpuscular Volume)	84	80 - 98 fL		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCH (Mean Corpuscular Hemoglobin)	28.4	26.5 - 34.0 pg		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCHC (Mean Corpuscular Hemoglobin Concentration)	33.9	31.5 - 36.3 %		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RBC (Red Blood Cell Count)	4.57	4.37 - 5.74 x10^12/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RDW-CV (Red Cell Distribution Width)	12.7	11.5 - 14.5 %		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC (Nucleated Red Blood Cell Count)	0.00	0 x10^9/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC % (Nucleated Red Blood Cell %)	0.0	%		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MPV (Mean Platelet Volume)	10.2	7.2 - 11.7 fL		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Slide Review/ Morphology	Yes			06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment: Blood film reviewed, instrument counts confirmed,Polychromasia,

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/28/2023 1:16 PM EDT	06/28/2023 2:06 PM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (06/28/2023 1:16 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	138	135 - 145 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Potassium	3.7	3.5 - 5.0 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Chloride	108	98 - 108 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Carbon Dioxide (CO2)	24	21 - 30 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urea Nitrogen (BUN)	16	7 - 20 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Creatinine	1.2	0.6 - 1.3 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose	94	70 - 140 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						

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Interpretive Data:
Above is the NONFASTING reference range.

Below are the FASTING reference ranges:
NORMAL:       70-99 mg/dL
PREDIABETES: 100-125 mg/dL
DIABETES:     > 125 mg/dL
```

Calcium	**8.6 (L)**	8.7 - 10.2 mg/dL	06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Anion Gap	6	3 - 12 mmol/L	06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
BUN/CREA Ratio	13	6 - 27	06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glomerular Filtration Rate (eGFR)	73	mL/min/1.73sq m	06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
CKD-EPI (2021) does not include patient's race in the calculation of eGFR. Monitoring changes of plasma
creatinine and eGFR over time is useful for monitoring kidney function.  This change was made on
3/1/2022.

Interpretive Ranges for eGFR(CKD-EPI 2021):

eGFR:              > 60 mL/min/1.73 sq m - Normal
eGFR:              30 - 59 mL/min/1.73 sq m - Moderately Decreased
eGFR:              15 - 29 mL/min/1.73 sq m - Severely Decreased
eGFR:              < 15 mL/min/1.73 sq m -  Kidney Failure

Note: These eGFR calculations do not apply in acute situations
when eGFR is changing rapidly or in patients on dialysis.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/28/2023 1:16 PM EDT	06/28/2023 2:06 PM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

XR HAND LEFT MINIMUM 3 VIEWS - Final result (06/28/2023 3:21 AM EDT)

Anatomical Region	Laterality	Modality
Hand Left, Finger Left, Wrist Left, ORTHO Hand Left		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 3:13 AM EDT	

Narrative

06/28/2023 7:34 AM EDT

```
XR HAND LEFT MINIMUM 3 VIEWS
Number of views: 3.

Indication:  MOTOR VEHICLE CRASH, post reduction, V87.7XXA Person injured
in collision between other specified motor vehicles (traffic), initial
encounter.

Comparison: 6/27/2023

Findings/impression:

Interval reduction of left first MCP joint, now in anatomic alignment. No
evidence of acute fracture. Similar soft tissue throughout the hand and
digits.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 3:53 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:34 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS
Number of views: 3.

Indication: MOTOR VEHICLE CRASH, post reduction, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: 6/27/2023

Findings/impression:

Interval reduction of left first MCP joint, now in anatomic alignment. No evidence of acute fracture. Similar soft tissue throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 3:53 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:34 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

PR CLOSED RX MC-P DISLOC (06/28/2023 2:37 AM EDT)

Narrative

Jeff Peter Vista, MD - 06/28/2023 2:37 AM EDT

Narrative

```
Vista, Jeff Peter, MD     6/28/2023  7:00 AM
Orthopedic Injury Treatment - Upper Extremity

Date/Time: 6/28/2023 2:37 AM
Performed by: Vista, Jeff Peter, MD
Authorized by: Hoff, John August, MD

Consent:
 Consent obtained:  Verbal and emergent situation
 Consent given by:  Patient
 Risks, benefits, and alternatives were discussed: yes
 Risks discussed:  Fracture, irreducible dislocation, nerve damage,
recurrent dislocation, restricted joint movement, stiffness and vascular
damage
 Alternatives discussed:  No treatment
Universal protocol:
 Required blood products, implants, devices, and special equipment
available: yes
 Immediately prior to procedure, a time out was called: yes
 Patient identity confirmed:  Verbally with patient
Location:
 Location:  Finger
 Finger location:  L thumb
 Finger dislocation type: MCP
Pre-procedure details:
 Pre-procedure imaging:  X-ray
 Imaging findings: dislocation present
 Imaging findings: no fracture
 Distal perfusion: normal
Sedation:
 Sedation type:  None
Anesthesia:
 Anesthesia method:  None
Procedure details:
 Manipulation performed: yes
 Finger reduction method:  Direct traction
 Reduction successful: yes
 Reduction confirmed with imaging: yes
Post-procedure details:
 Neurological function: normal
 Distal perfusion: normal
 Range of motion: improved
 Procedure completion:  Tolerated well, no immediate complications
```

Authorizing Provider	Result Type
JOHN AUGUST HOFF	PROCEDURE/MINOR SURGICAL ORDERABLES

XR HUMERUS RIGHT MINIMUM 2 VIEWS PORTABLE - Final result (06/28/2023 2:15 AM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 2:10 AM EDT	

Narrative

06/28/2023 7:52 AM EDT

Narrative

```
XR HUMERUS RIGHT MINIMUM 2 VIEWS PORTABLE
Number of views: 3.

Indication:  MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision
between other specified motor vehicles (traffic), initial encounter.

Comparison: 6/27/2023

Findings/impression:

Interval placement of overlying brace material.

Redemonstrated oblique fracture through the mid humeral shaft. Slightly
improved alignment with decreased foreshortening, medial displacement, and
angulation. Nondisplaced fracture of the distal humerus lateral epicondyle
better appreciated on prior radiographs. Elbow joint effusion.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 3:31 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:52 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HUMERUS RIGHT MINIMUM 2 VIEWS PORTABLE
Number of views: 3.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: 6/27/2023

Findings/impression:

Interval placement of overlying brace material.

Redemonstrated oblique fracture through the mid humeral shaft. Slightly improved alignment with decreased foreshortening, medial displacement, and angulation. Nondisplaced fracture of the distal humerus lateral epicondyle better appreciated on prior radiographs. Elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 3:31 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:52 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

(ABNORMAL) Urinalysis Examination (UA W/REFLEX MICROSCOPIC (NO CULTURE)) - Final result (06/28/2023 1:49 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Color	Light Yellow	Colorless, Straw, Light Yellow, Yellow, Dark Yellow		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Clarity	Clear	Clear		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Specific Gravity	1.010	1.005 - 1.030		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
pH, Urine	8.0	5.0 - 8.0		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Protein, Urinalysis	**Trace (A)**	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Ketones, Urinalysis	**2+ (A)**	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Blood, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Nitrite, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Leukocytes, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Bilirubin, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urobilinogen, Urinalysis	0.2	0.2 - 1.0 mg/dL		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine		Collection / Unknown	06/28/2023 1:49 AM EDT	06/28/2023 2:42 AM EDT

Narrative

DUH CENTRAL AUTOMATED LABORATORY - 06/28/2023 3:57 AM EDT
Reporting of microscopic urinalysis (UA) bacteria and yeast results was discontinued on August 30th, 2021 due to poor clinical predictive value for urinary tract infection (UTI). Providers should use other clinical signs and symptoms to diagnose UTI including urine leukocyte esterase, white blood cell count, and culture in accordance with local and national guidelines. Additional information and rationale can obtained by emailing diagnosticstewards@duke.edu.

Authorizing Provider	Result Type
JOHN AUGUST HOFF	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

URINE DRUG SCREEN QUALITATIVE RAPID RESULTS - Final result (06/28/2023 1:49 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Amphetamine/ Methamphetamine, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Barbiturates, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Benzodiazepine, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Cocaine Metabolites, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Methadone, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Opiates, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Oxycodone, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Tetrahydrocannabinol (THC), Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine		Collection / Unknown	06/28/2023 1:49 AM EDT	06/28/2023 2:06 AM EDT

Narrative

DUH CENTRAL AUTOMATED LABORATORY - 06/28/2023 2:31 AM EDT
The tests in this panel are screening tests only. Fentanyl is not detected by this panel. Confirmatory testing has not been performed. These results cannot be used for any other purpose other than medical. They are not intended for use as an employee or forensic drugs of abuse screen and only physician made medical decisions can be based on these results

Amphetamine: Threshold for Positive: 1000 ng/mL
Barbituate: Threshold for Positive: 200 ng/mL
Benzodiazepine: Threshold for Positive: 200 ng/mL
Cocaine: Threshold for Positive: 300 ng/mL
Methadone: Threshold for Positive: 300 ng/mL
Opiates: Threshold for Positive: 300 ng/mL
Oxycodone: Threshold for Positive: 300 ng/mL
THC: Threshold for Positive: 50 ng/mL

Authorizing Provider	Result Type
JOHN AUGUST HOFF	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

ECG 12-LEAD - Final result (06/28/2023 12:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vent Rate (bpm)	85				DUHS GE MUSE RESULTS	
PR Interval (msec)	168				DUHS GE MUSE RESULTS	
QRS Interval (msec)	80				DUHS GE MUSE RESULTS	
QT Interval (msec)	342				DUHS GE MUSE RESULTS	
QTc (msec)	406				DUHS GE MUSE RESULTS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 12:10 AM EDT	06/28/2023 5:02 PM EDT

Narrative

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DUHS GE MUSE RESULTS - 06/28/2023 12:10 AM EDT
This result has an attachment that is not available.
Normal sinus rhythm
Normal ECG

When compared with ECG of 27-APR-2015 13:37,
ST elevation, probably due to early repolarization is now absent
I reviewed and concur with this report. Electronically signed by:GRANT, AUGUSTUS (7000) on 6/28/2023
5:02:02 PM
```

Authorizing Provider	Result Type
JOHN AUGUST HOFF	ECG ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUHS GE MUSE RESULTS			

XR PELVIS 1 TO 2 VIEWS PORTABLE - Final result (06/27/2023 11:34 PM EDT)

Anatomical Region	Laterality	Modality
Pelvis, Hip Right, Hip Left, ORTHO Pelvis		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:40 PM EDT	

Narrative

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06/28/2023 7:29 AM EDT
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Narrative

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE
Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE

Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR CHEST SINGLE VIEW PORTABLE - Final result (06/27/2023 11:34 PM EDT)

Anatomical Region	Laterality	Modality
Chest, ORTHO Chest		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:28 PM EDT	

Narrative

06/28/2023 8:24 AM EDT

Narrative

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PROCEDURE: XR CHEST SINGLE VIEW PORTABLE
INDICATION: Other ( add clinical information to comment box below), Lung
Aeration, V87.7XXA Person injured in collision between other specified
motor vehicles (traffic), initial encounter --
COMPARISON: Same-day CT

FINDINGS
Cardiomediastinal contours are within normal limits. Lungs are clear. No
effusion or pneumothorax.

IMPRESSION
No acute radiographic abnormalities.

The preliminary report (critical or emergent communication) was reviewed
prior to this dictation and there are no substantial differences between
the preliminary results and the impressions in this final report.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 7:46 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Holman McAdams, MD, Duke Radiology
Electronically Signed on:  6/28/2023 8:24 AM
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Procedure Note

Holman P Mcadams, MD - 06/28/2023

Formatting of this note might be different from the original.

PROCEDURE: XR CHEST SINGLE VIEW PORTABLE
INDICATION: Other (add clinical information to comment box below), Lung Aeration, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter --
COMPARISON: Same-day CT

FINDINGS
Cardiomediastinal contours are within normal limits. Lungs are clear. No effusion or pneumothorax.

IMPRESSION
No acute radiographic abnormalities.

The preliminary report (critical or emergent communication) was reviewed prior to this dictation and there are no substantial differences between the preliminary results and the impressions in this final report.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 7:46 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Holman McAdams, MD, Duke Radiology
Electronically Signed on: 6/28/2023 8:24 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR WRIST LEFT 3 PLUS VIEWS - Final result (06/27/2023 11:33 PM EDT)

Anatomical Region	Laterality	Modality
Wrist Left, Hand Left, Radius Ulna Left, ORTHO Wrist Left		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 11:06 PM EDT	

Narrative

06/28/2023 7:32 AM EDT

Narrative

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XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT
MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture.
Joint spaces are maintained. Nonspecific soft tissue swelling throughout
the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral
view. Anatomic wrist alignment. No acute fracture. Joint spaces are
maintained. Nonspecific soft tissue swelling throughout the hand and
digits.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:32 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:32 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS - Final result (06/27/2023 11:32 PM EDT)

Anatomical Region	Laterality	Modality
Shoulder Right, Clavicle Right, Humerus Right, ORTHO Shoulder Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:37 PM EDT	

Narrative

06/28/2023 7:49 AM EDT

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE - Final result (06/27/2023 11:31 PM EDT)

Anatomical Region	Laterality	Modality
Knee Right, Tib Fib Right, Femur Right, ORTHO Knee Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 12:14 AM EDT	

Narrative

06/28/2023 7:29 AM EDT

Narrative

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE
Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE

Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR HAND RIGHT MINIMUM 3 VIEWS - Final result (06/27/2023 11:29 PM EDT)

Anatomical Region	Laterality	Modality
Hand Right, Finger Right, Wrist Right, ORTHO Hand Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:56 PM EDT	

Narrative

06/28/2023 7:32 AM EDT

Narrative

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XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT
MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture.
Joint spaces are maintained. Nonspecific soft tissue swelling throughout
the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral
view. Anatomic wrist alignment. No acute fracture. Joint spaces are
maintained. Nonspecific soft tissue swelling throughout the hand and
digits.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:32 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:32 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR HUMERUS RIGHT MINIMUM 2 VIEWS - Final result (06/27/2023 11:29 PM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:30 PM EDT	

Narrative

06/28/2023 7:49 AM EDT

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XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR
HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views
right elbow, 3 views right hand.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture
through the mid humeral shaft with overlapping fracture fragments and
nearly a full shaft's width medial displacement. Fractures are in varus
angulation on AP view. Minimally displaced intra-articular fracture through
the distal lateral humerus epicondyle.


Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular
fracture of the distal humerus lateral epicondyle as above. Small joint
effusion.

Impression:
1.  Displaced angulated mid humeral shaft fracture with overlapping
fracture fragments.
2.  Nondisplaced/minimally displaced humerus lateral epicondyle
intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:49 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR HAND LEFT MINIMUM 3 VIEWS - Final result (06/27/2023 11:27 PM EDT)

Anatomical Region	Laterality	Modality
Hand Left, Finger Left, Wrist Left, ORTHO Hand Left		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 11:05 PM EDT	

Narrative

06/28/2023 7:32 AM EDT

Narrative

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XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT
MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture.
Joint spaces are maintained. Nonspecific soft tissue swelling throughout
the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral
view. Anatomic wrist alignment. No acute fracture. Joint spaces are
maintained. Nonspecific soft tissue swelling throughout the hand and
digits.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:32 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:32 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR FEMUR RIGHT 2 VIEWS - Final result (06/27/2023 11:26 PM EDT)

Anatomical Region	Laterality	Modality
Femur Right, Knee Right, Hip Right, ORTHO Femur Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:48 PM EDT	

Narrative

06/28/2023 7:29 AM EDT

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE
Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE

Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR ELBOW RIGHT 2 VIEWS - Final result (06/27/2023 11:26 PM EDT)

Anatomical Region	Laterality	Modality
Elbow Right, Humerus Right, Radius Ulna Right, ORTHO Elbow Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 11:58 PM EDT	

Narrative

06/28/2023 7:49 AM EDT

Narrative

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

CT LUMBAR SPINE REFORMAT TRAUMA WITHOUT CONTRAST - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:50 PM EDT	

Narrative

06/27/2023 8:59 PM EDT

Narrative

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Procedure Note

DEREK LE NGUYEN - 06/27/2023

Procedure Note

Formatting of this note might be different from the original.

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT THORACIC SPINE REFORMAT TRAUMA WITHOUT CONTRAST - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/27/2023 8:59 PM EDT

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Procedure Note

DEREK LE NGUYEN - 06/27/2023

Procedure Note

Formatting of this note might be different from the original.

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT CHEST ABDOMEN PELVIS WITH CONTRAST W MIPS - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
Chest, Abdomen, Pelvis		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/28/2023 11:19 AM EDT

Narrative

Procedure: CT Chest with IV Contrast
Procedure: CT Abdomen and Pelvis with IV Contrast

Comparison:

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

Technique: CT imaging was performed of the chest, abdomen, and pelvis following the administration of intravenous contrast. Iodinated contrast was used due to the indications for the examination, to improve disease detection and to further define anatomy. 3-D maximal intensity projection (MIP) reconstructions of the chest were performed to potentially increase study sensitivity. Coronal and sagittal images were also generated and reviewed.

Findings:
Chest:
- Chest wall and Thoracic Inlet: No masses or lymphadenopathy.

- Mediastinum and Hila: No masses or lymphadenopathy.

- Thoracic Vessels: Normal caliber of the thoracic aorta and main pulmonary artery.

- Heart and Pericardium: Normal heart size. No pericardial effusion.

- Lungs and Airways: No suspicious nodules or opacities.

- Pleura: No pleural effusions.

Abdomen and pelvis:

- Liver: Normal in morphology and enhancement. No suspicious hepatic masses are identified. The portal and hepatic veins are patent.

- Biliary and Gallbladder: No intrahepatic or extrahepatic bile duct dilatation.

- Spleen: Normal in appearance.

- Pancreas: Normal in appearance.

- Adrenal Glands: Normal in appearance.

- Kidneys: No suspicious renal lesions. No hydronephrosis.

- Abdominal and Pelvic Vasculature: No abdominal aortic aneurysm.

- Gastrointestinal Tract: No abnormal dilation or wall thickening.

- Peritoneum/Mesentery/Retroperitoneum: No free fluid. No free intraperitoneal air.

- Lymph Nodes: No retroperitoneal or mesenteric lymphadenopathy.

- Bladder: Mild diffuse bladder wall thickening.

- Pelvic Organs: Left spermatic cord surgical clip.

- Body Wall: Unremarkable.

- Musculoskeletal: No aggressive appearing osseous lesions.

Impression:
1. No evidence of traumatic visceral injury in the chest, abdomen, pelvis.
2. Mild circumferential bladder wall thickening, nonspecific although can be seen in the setting of cystitis. Consider correlation with urinalysis.

The preliminary report (critical or emergent communication) was reviewed prior to this dictation and there are no substantial differences between the preliminary results and the impressions in this final report.

Electronically Reviewed by: Randall Olmsted, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 9:40 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Lisa Ho, MD, Duke Radiology
Electronically Signed on: 6/28/2023 11:19 AM

Lisa M Ho, MD - 06/28/2023

Formatting of this note might be different from the original.

Procedure: CT Chest with IV Contrast
Procedure: CT Abdomen and Pelvis with IV Contrast

Comparison:

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

Technique: CT imaging was performed of the chest, abdomen, and pelvis following the administration of intravenous contrast. Iodinated contrast was used due to the indications for the examination, to improve disease detection and to further define anatomy. 3-D maximal intensity projection (MIP) reconstructions of the chest were performed to potentially increase study sensitivity. Coronal and sagittal images were also generated and reviewed.

Findings:
Chest:
- Chest wall and Thoracic Inlet: No masses or lymphadenopathy.

- Mediastinum and Hila: No masses or lymphadenopathy.

- Thoracic Vessels: Normal caliber of the thoracic aorta and main pulmonary artery.

- Heart and Pericardium: Normal heart size. No pericardial effusion.

- Lungs and Airways: No suspicious nodules or opacities.

- Pleura: No pleural effusions.

Abdomen and pelvis:

- Liver: Normal in morphology and enhancement. No suspicious hepatic masses are identified. The portal and hepatic veins are patent.

- Biliary and Gallbladder: No intrahepatic or extrahepatic bile duct dilatation.

- Spleen: Normal in appearance.

- Pancreas: Normal in appearance.

- Adrenal Glands: Normal in appearance.

- Kidneys: No suspicious renal lesions. No hydronephrosis.

- Abdominal and Pelvic Vasculature: No abdominal aortic aneurysm.

- Gastrointestinal Tract: No abnormal dilation or wall thickening.

- Peritoneum/Mesentery/Retroperitoneum: No free fluid. No free intraperitoneal air.

- Lymph Nodes: No retroperitoneal or mesenteric lymphadenopathy.

- Bladder: Mild diffuse bladder wall thickening.

- Pelvic Organs: Left spermatic cord surgical clip.

- Body Wall: Unremarkable.

- Musculoskeletal: No aggressive appearing osseous lesions.

Procedure Note

Impression:
1. No evidence of traumatic visceral injury in the chest, abdomen, pelvis.
2. Mild circumferential bladder wall thickening, nonspecific although can be seen in the setting of cystitis. Consider correlation with urinalysis.

The preliminary report (critical or emergent communication) was reviewed prior to this dictation and there are no substantial differences between the preliminary results and the impressions in this final report.

Electronically Reviewed by: Randall Olmsted, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 9:40 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Lisa Ho, MD, Duke Radiology
Electronically Signed on: 6/28/2023 11:19 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT CERVICAL SPINE WO CONTRAST (CT CERVICAL SPINE WITHOUT CONTRAST) - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
Spine Cervical, Spine Thoracic, ORTHO Spine Cervical		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/28/2023 8:24 PM EDT

Narrative

CT CERVICAL SPINE WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast cervical spine axial CT images obtained with generation of coronal and sagittal reformats.

FINDINGS:
Occipital Condyles: No fracture
Atlantodental interval: Normal

Alignment: No traumatic listhesis.
Vertebral column: No acute fracture.
Facet joints: No traumatic facet dislocations.
Prevertebral soft tissues: No soft tissue swelling.
Spinal canal: No high grade spinal canal stenosis.

Skull Base: The partially imaged skull base demonstrates right mastoid effusion.

Lung Apices: The partially visualized lung apices are unremarkable.
Ribs: no fracture of the visualized ribs.

Regional Soft Tissues: The regional soft tissues are unremarkable.

IMPRESSION:
No acute fracture or traumatic listhesis.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:54 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:24 PM

Procedure Note

AUSTIN XAVIER DIXON - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

CT CERVICAL SPINE WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast cervical spine axial CT images obtained with generation of coronal and sagittal reformats.

FINDINGS:
Occipital Condyles: No fracture
Atlantodental interval: Normal

Alignment: No traumatic listhesis.
Vertebral column: No acute fracture.
Facet joints: No traumatic facet dislocations.
Prevertebral soft tissues: No soft tissue swelling.
Spinal canal: No high grade spinal canal stenosis.

Skull Base: The partially imaged skull base demonstrates right mastoid effusion.

Lung Apices: The partially visualized lung apices are unremarkable.
Ribs: no fracture of the visualized ribs.

Regional Soft Tissues: The regional soft tissues are unremarkable.

IMPRESSION:
No acute fracture or traumatic listhesis.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:54 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:24 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT BRAIN WITHOUT CONTRAST - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
Head, Face, Eye		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/28/2023 8:17 PM EDT

Narrative

CT BRAIN WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast brain CT.

FINDINGS:
Brain Parenchyma: There is no hemorrhage, cerebral edema, acute cortical infarction, mass, mass effect, or midline shift.
Ventricles and Sulci: Normal for age.
Extra-Axial Spaces: No extra-axial fluid collection.
Basal Cisterns: Normal.

Paranasal Sinuses: Normal.
Mastoid air cells: Normal.

Orbits: Normal.
Cranium and Bones: Normal.
Soft Tissues: Normal.

IMPRESSION:
No acute intracranial process.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:51 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:17 PM

Procedure Note

AUSTIN XAVIER DIXON - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

CT BRAIN WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast brain CT.

FINDINGS:
Brain Parenchyma: There is no hemorrhage, cerebral edema, acute cortical infarction, mass, mass effect, or midline shift.
Ventricles and Sulci: Normal for age.
Extra-Axial Spaces: No extra-axial fluid collection.
Basal Cisterns: Normal.

Paranasal Sinuses: Normal.
Mastoid air cells: Normal.

Orbits: Normal.
Cranium and Bones: Normal.
Soft Tissues: Normal.

IMPRESSION:
No acute intracranial process.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:51 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:17 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

(ABNORMAL) COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC (White Blood Cell Count)	**11.9 (H)**	3.2 - 9.8 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hemoglobin	15.3	13.7 - 17.3 g/dL		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hematocrit	47.0	39.0 - 49.0 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Platelets	234	150 - 450 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCV (Mean Corpuscular Volume)	89	80 - 98 fL		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MCH (Mean Corpuscular Hemoglobin)	28.8	26.5 - 34.0 pg		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCHC (Mean Corpuscular Hemoglobin Concentration)	32.6	31.5 - 36.3 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RBC (Red Blood Cell Count)	5.31	4.37 - 5.74 x10ˆ12/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RDW-CV (Red Cell Distribution Width)	12.3	11.5 - 14.5 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC (Nucleated Red Blood Cell Count)	0.00	0 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC % (Nucleated Red Blood Cell %)	0.0	%		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MPV (Mean Platelet Volume)	10.1	7.2 - 11.7 fL		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Neutrophil Count	6.8	2.0 - 8.6 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Neutrophil %	56.9	37 - 80 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Lymphocyte Count	4.0	0.6 - 4.2 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Lymphocyte %	33.2	10 - 50 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Monocyte Count	**1.0 (H)**	0 - 0.9 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Monocyte %	8.6	0 - 12 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Eosinophil Count	0.06	0 - 0.70 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Eosinophil %	0.5	0 - 7 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Basophil Count	0.04	0 - 0.20 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Basophil %	0.3	0 - 2 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Immature Granulocyte Count	0.06	<=0.06 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Immature Granulocyte %	0.5	<=0.7 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:59 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) TOXICOLOGY(DRUG) SCREEN, SERUM - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Ethanol	<5	<5 mg/dL		06/27/2023 9:21 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Alcohol Interpretive Data

          Reference Ranges

          Normal:              <5  mg/dL
          Toxic Concentration: >80 mg/dL

The sensitivity of this enzymatic assay is 5 mg/dL. Consequently a result <5 mg/dL indicates that
alcohol was not detected in the specimen.
```

Acetaminophen	**<10 (L)**	10 - 25 mcg/mL		06/27/2023 9:21 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Salicylate	**<40 (L)**	50 - 200 mg/L		06/27/2023 9:21 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:41 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Act Partial Thromboplastin Time	**21.4 (L)**	26.8 - 37.1 sec		06/27/2023 8:32 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Therapeutic Range (Heparin) = 65-95 seconds
Note: The therapeutic range for Heparin has been determined
using ex-vivo whole blood samples and therapeutic
Heparin level of 0.30-0.70 anti-factor Xa units.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:19 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

PROTHROMBIN TIME (INR) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Prothrombin Time	12.5	9.5 - 13.1 sec		06/27/2023 8:32 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Prothrombin INR	1.1	0.9 - 1.1		06/27/2023 8:32 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Reference Ranges:
DVT/PE/PVD = INR 2.0 - 3.0
Mechanical Heart Valve = INR 2.5 - 3.5

NOTE: The INR is not a PT Ratio and is valid only for Warfarin
patients
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:19 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

TYPE & SCREEN (TYPE AND SCREEN) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ABO RH TYPE	O Positive			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	
Antibody Screen	Negative			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	
Specimen Outdate	06-30-2023 23:59			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	
Performing Lab	DUH BLOOD BANK LAB			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:20 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	BLOOD BANK TEST ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH BLOOD BANK LAB	Room 1720 Hospital North DUMC	Durham, NC 27710	919-681-2644
DUH TRANSFUSION SERVICE	Room 1720 Hospital North DUMC	Durham, NC 27710	919-681-2644

(ABNORMAL) Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	143	135 - 145 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Potassium	3.9	3.5 - 5.0 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Chloride	107	98 - 108 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Carbon Dioxide (CO2)	**16 (L)**	21 - 30 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Urea Nitrogen (BUN)	13	7 - 20 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Creatinine	**1.8 (H)**	0.6 - 1.3 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose	100	70 - 140 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Interpretive Data:
Above is the NONFASTING reference range.

Below are the FASTING reference ranges:
NORMAL:       70-99 mg/dL
PREDIABETES: 100-125 mg/dL
DIABETES:     > 125 mg/dL
```

Calcium	9.5	8.7 - 10.2 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Anion Gap	**20 (H)**	3 - 12 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
BUN/CREA Ratio	7	6 - 27		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glomerular Filtration Rate (eGFR)	45	mL/min/1.73sq m		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
CKD-EPI (2021) does not include patient's race in the calculation of eGFR. Monitoring changes of plasma
creatinine and eGFR over time is useful for monitoring kidney function.  This change was made on
3/1/2022.

Interpretive Ranges for eGFR(CKD-EPI 2021):

eGFR:              > 60 mL/min/1.73 sq m - Normal
eGFR:              30 - 59 mL/min/1.73 sq m - Moderately Decreased
eGFR:              15 - 29 mL/min/1.73 sq m - Severely Decreased
eGFR:              < 15 mL/min/1.73 sq m -  Kidney Failure

Note: These eGFR calculations do not apply in acute situations
when eGFR is changing rapidly or in patients on dialysis.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:41 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) VITAMIN D 25 HYDROXY (25 OH VITAMIN D) - Final result (04/27/2015 1:57 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin D Total, 25OH	**25 (L)**	30 - 100 ng/ml		04/28/2015 1:19 PM EDT	DUH CLINICAL IMMUNOLOGY LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	04/27/2015 1:57 PM EDT	04/27/2015 1:57 PM EDT

Narrative

```
DUH CLINICAL IMMUNOLOGY LABORATORY - 04/28/2015 1:19 PM EDT
Bone and Mineral Metabolism:  Vitamin D

25 OH Vitamin D Status
<10 ng/mL        Deficiency
10-30 ng/mL      Insufficiency
30-100 ng/mL     Sufficiency
>100 ng/mL       Toxicity
```

Authorizing Provider	Result Type
Christopher Z Rayala, MD	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CLINICAL IMMUNOLOGY LABORATORY	Room 108 Research Park III DUMC	Durham, NC 27710	919-684-2822

HEMOGLOBIN A1C - Final result (04/27/2015 1:57 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hemoglobin A1C	5.0	4.3 - 6.0 %		04/27/2015 2:25 PM EDT	MORRISVILLE PRIMARY CARE DUAP	
Average Blood Glucose (Calculated From HgBA1c Level)	92	mg/dL		04/27/2015 2:25 PM EDT	MORRISVILLE PRIMARY CARE DUAP	

Comment:

```
INTERPRETIVE DATA

AVERAGE BLOOD GLUCOSE ASSOCIATED WITH THIS PERCENT GLYCATED HEMOGLOBIN (BASED ON DCCT)
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	04/27/2015 1:57 PM EDT	04/27/2015 1:57 PM EDT

Narrative

```
MORRISVILLE PRIMARY CARE DUAP - 04/27/2015 2:25 PM EDT
Interpretive Data

          THE ADA HAS MADE THE FOLLOWING RECOMMENDATIONS

        HBA1C results in the range of 5.7-6.4 % are suggestive of
        prediabetes.
        HBA1C results in the range of > or = 6.5 % are diagnostic for
        diabetes.
```

Authorizing Provider	Result Type
Christopher Z Rayala, MD	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
MORRISVILLE PRIMARY CARE	10950 Chapel Hill Rd.	Morrisville, NC 27560	919-327-1630
MORRISVILLE PRIMARY CARE DUAP	10950 Chapel Hill Rd.	Morrisville, NC 27650	919-327-1630

Lipid Panel Direct Low Density Lipoprotein (LDL) Cholesterol (LIPID PANEL W/REFLEX DIRECT LOW DENSITY LIPOPROTEIN (LDL) CHOLESTEROL) - Final result (04/27/2015 1:57 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Triglyceride	111	mg/dL		04/27/2015 8:53 PM EDT	CORE LABORATORY	

Comment:

```
Reference Ranges

        <150 mg/dL      NORMAL
        150-199 mg/dL   BORDERLINE HIGH
        200-499 mg/dL   HIGH
        >=500 mg/dL     VERY HIGH
```

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Cholesterol, Total	204	mg/dL		04/27/2015 8:53 PM EDT	CORE LABORATORY	

Comment:

```
Reference Ranges

        Desirable:              <200      mg/dL
        Borderline High Risk:   200 - 239 mg/dL
        High Risk:              >239      mg/dL
```

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HDL	45	mg/dL		04/27/2015 8:53 PM EDT	CORE LABORATORY	

Comment:

```
Reference Ranges

        <40 mg/dL  LOW
        >=60 mg/dL HIGH (NEGATIVE RISK FACTOR)
```

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
LDL Calculated	137	mg/dL		04/27/2015 8:53 PM EDT	CORE LABORATORY	

Comment:

```
Reference Ranges

        <100 mg/dL    OPTIMAL
        100-129 mg/dL NEAR OPTIMAL/ABOVE OPTIMAL
        130-159 mg/dL BORDERLINE HIGH
        160-189 mg/dL HIGH
        >=190 mg/dL   VERY HIGH
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	04/27/2015 1:57 PM EDT	04/27/2015 1:57 PM EDT

Authorizing Provider	Result Type
Christopher Z Rayala, MD	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
CORE LABORATORY	4425 Ben Franklin Blvd	Durham, NC 27704	919-613-8400

Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (04/27/2015 1:57 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	135 - 145 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Potassium	4.5	3.5 - 5.0 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Chloride	104	98 - 108 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Carbon Dioxide (CO2)	27	21 - 30 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Urea Nitrogen (BUN)	15	7 - 20 mg/dL		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Creatinine	1.1	0.6 - 1.3 mg/dL		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Glucose	78	70 - 140 mg/dL		04/27/2015 7:57 PM EDT	CORE LABORATORY	

Comment:

```
Interpretive Data:
Please note that the above listed reference range
is for NONFASTING GLUCOSE levels only.  FASTING GLUCOSE
reference ranges are shown below:
FASTING GLUCOSE REFERENCE RANGE
NORMAL:              70 - 99  mg/dL
PREDIABETES:        100 - 125 mg/dL
DIABETES:           > 125     mg/dL
```

Calcium	9.0	8.7 - 10.2 mg/dL		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Anion Gap (With Potassium)	14	7 - 17 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
BUN/CREA Ratio	14	<30		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Glomerular Filtration Rate (eGFR)	>60	mL/min/1.73sq m		04/27/2015 7:57 PM EDT	CORE LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:

```
Interpretive Ranges for Patients with Chronic Kidney Disease:
eGFR:      > 60 mL/min - Normal
eGFR:      30 - 59 mL/min - Moderately Decreased
eGFR:      15 - 29 mL/min - Severely Decreased
eGFR:      < 15 mL/min -  Kidney Failure

Note: These GFR calculations do not apply in acute situations
when GFR is changing rapidly or in patients on dialysis.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	04/27/2015 1:57 PM EDT	04/27/2015 1:57 PM EDT

Authorizing Provider	Result Type
Christopher Z Rayala, MD	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
CORE LABORATORY	4425 Ben Franklin Blvd	Durham, NC 27704	919-613-8400

(ABNORMAL) DUAP URINALYSIS CHEMICAL - Final result (03/25/2014 1:42 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Color, UA	Yellow				MORRISVILLE PRIMARY CARE DUAP	
Clarity, UA	Clear				MORRISVILLE PRIMARY CARE DUAP	
Specific Gravity, UA	**>=1.030 (A)**	1.005 - 1.030			MORRISVILLE PRIMARY CARE DUAP	
pH, UA	5.5	5.0 - 8.0			MORRISVILLE PRIMARY CARE DUAP	
Protein, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Glucose, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Ketones, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Blood, UA	**Trace (A)**	NEG			MORRISVILLE PRIMARY CARE DUAP	
Nitrite, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Leukocytes, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Bilirubin, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Urobilinogen, UA	0.2	0.2 - 1.0 mg/dL			MORRISVILLE PRIMARY CARE DUAP	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/25/2014 1:42 PM EDT	03/25/2014 1:42 PM EDT

Authorizing Provider	Result Type
MELANIE F LANGSTON	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
MORRISVILLE PRIMARY CARE	10950 Chapel Hill Rd.	Morrisville, NC 27560	919-327-1630
MORRISVILLE PRIMARY CARE DUAP	10950 Chapel Hill Rd.	Morrisville, NC 27650	919-327-1630

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 28, 1971 - Jul. 20, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Legal Authenticator
Associate C

If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable_XDMFormat**. You might need to enter a password before your doctor can use this file.

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Jason Tower

Continuity of Care Document, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Encounters - as of 07/20/2023

Date	Type	Specialty	Care Team
07/17/2023	PT/OT Office Visit	Physical and Occupational Therapy	Chelsea
07/17/2023	Office Visit	Orthopaedics	NEILL YUN LI
07/14/2023	Hospital Encounter	Radiology	JENNIFER KRISTINE DYE
07/14/2023	Office Visit	Orthopaedics	JENNIFER KRISTINE DYE
07/11/2023	Telephone	Orthopaedics	NEILL YUN LI
07/06/2023	Hospital Encounter	Radiology	JENNIFER KRISTINE DYE
07/06/2023	Hospital Encounter	Radiology	
07/06/2023	Initial consult	Orthopaedics	JENNIFER KRISTINE DYE
07/03/2023	Initial consult	Orthopaedics	NEILL YUN LI
07/02/2023	Telephone	Orthopaedics	NEILL YUN LI
06/27/2023 - 06/29/2023	Emergency	Inpatient	JOHN AUGUST HOFF SEAN PAUL MONTGOMERY KELLY MARIE GEKAS DANIEL JOSEPH COX Kelly DENISE ELIZONDO TIMOTHY PETER BECK A Ryan Haley SEAN MOLLER Nurse Sherika W Esther Jada JONATHAN THOMAS NEFF David Rebecca Sierra MEGAN ELIZABETH MCNEILL A1 PICKUP OT Cooper BRIANA FOUST Seth Jennifer DARIUS INGRAM Caroline Sara MICHELLE RICHARDSON BROWNSTEIN

Allergies - as of 07/20/2023

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - as of 07/20/2023

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	07/07/2023		Active
benzonatate (TESSALON) 200 MG capsule	Take 1 capsule 3 times a day by oral route for 7 days.		0			Active
cephalexin (KEFLEX) 500 MG capsule	Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily.	26 capsule	0	06/29/2023	07/06/2023	Expired
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 2 (two) times daily as needed (muscle spasms and/or muscle pain)	14 tablet	0	06/29/2023	07/06/2023	Discontinued (Reorder)
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023	Discontinued (Reorder)
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days	30 tablet	0	07/06/2023	07/16/2023	Expired

Active Problems - as of 07/20/2023

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - as of 07/20/2023

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - as of 07/20/2023

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - as of 07/20/2023

Smoking Status as of 07/14/2023

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Smoking Status as of 06/27/2023

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Smoking Status as of 04/27/2015

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Smoking Status as of 04/24/2015

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Smoking Status as of 03/25/2014

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				

Alcohol Use as of 07/14/2023

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/14/2023 7:44 AM EDT

Last Filed Vital Signs - as of 07/20/2023

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	142/86	06/29/2023 3:27 PM EDT	
Pulse	90	06/29/2023 3:27 PM EDT	
Temperature	36.9 °C (98.4 °F)	06/29/2023 12:29 PM EDT	
Respiratory Rate	18	06/29/2023 12:29 PM EDT	
Oxygen Saturation	98%	06/29/2023 8:22 AM EDT	
Inhaled Oxygen Concentration	-	-	
Weight	87.1 kg (192 lb)	06/28/2023 11:53 AM EDT	
Height	172.7 cm (5' 8")	06/28/2023 11:53 AM EDT	
Body Mass Index	29.19	06/28/2023 11:53 AM EDT	

Plan of Treatment - as of 07/20/2023

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Medical Devices - as of 07/20/2023

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Procedures - as of 07/20/2023

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
SPLINT APPLICATION	Routine	07/03/2023 3:02 PM EDT	Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	
SPLINT APPLICATION	Routine	07/03/2023 3:02 PM EDT	Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	
Comm to Vast- Insert PIV Adult	Routine	06/29/2023 12:26 PM EDT		
OXYGEN THERAPY PER RESPIRATORY CARE / PROTOCOL	STAT	06/28/2023 3:00 PM EDT		
MEASURE WEIGHT	Routine	06/28/2023 9:43 AM EDT		
ORTHOPEDIC INJURY TREATMENT - UPPER EXTREMITY	Routine	06/28/2023 2:37 AM EDT		
OXYGEN THERAPY PER RESPIRATORY CARE / PROTOCOL	STAT	06/27/2023 8:12 PM EDT		
OPERATIVE/PROCEDURES		03/27/2013 9:42 AM EDT		
OPERATIVE RECORD SUPPORT		03/27/2013 12:00 AM EDT		
INTERVENTIONS		03/27/2013 12:00 AM EDT		

Results - as of 07/20/2023

XR HUMERUS RIGHT MINIMUM 2 VIEWS - Final result (07/14/2023 8:05 AM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography, Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/14/2023 7:55 AM EDT	

Narrative

07/14/2023 8:11 AM EDT

```
XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication:  S42.301A Unspecified fracture of shaft of humerus, right arm,
initial encounter for closed fracture.

Comparison: Right humerus radiographs 7/6/2020

Findings:

Hardware: None.

Alignment: Anatomic.

Bones: Unchanged appearance and alignment of the spiral humeral diaphyseal
fracture. Approximately one shaft's width of medial displacement remains.
No interval development marginal callus or bony bridging.

Joint spaces: Right acromioclavicular and glenohumeral joints appear
congruent.

Soft tissue: Decreased but persistent soft tissue swelling about the mid
right upper arm.


Impression:
Effectively unchanged appearance and alignment of the displaced right
humeral diaphyseal fracture, without interval development of marginal
callus or bony bridging.

Electronically Signed by:  Stephen Neville, MD, Duke Radiology
Electronically Signed on:  7/14/2023 8:11 AM
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Procedure Note

STEPHEN NEVILLE - 07/14/2023

Procedure Note

Formatting of this note might be different from the original.

XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication: S42.301A Unspecified fracture of shaft of humerus, right arm, initial encounter for closed fracture.

Comparison: Right humerus radiographs 7/6/2020

Findings:

Hardware: None.

Alignment: Anatomic.

Bones: Unchanged appearance and alignment of the spiral humeral diaphyseal fracture. Approximately one shaft's width of medial displacement remains. No interval development marginal callus or bony bridging.

Joint spaces: Right acromioclavicular and glenohumeral joints appear congruent.

Soft tissue: Decreased but persistent soft tissue swelling about the mid right upper arm.

Impression:
Effectively unchanged appearance and alignment of the displaced right humeral diaphyseal fracture, without interval development of marginal callus or bony bridging.

Electronically Signed by: Stephen Neville, MD, Duke Radiology
Electronically Signed on: 7/14/2023 8:11 AM

Authorizing Provider	Result Type
JENNIFER KRISTINE DYE	IMG DIAGNOSTIC IMAGING ORDERABLES

MRI HAND LEFT WITHOUT CONTRAST - Final result (07/06/2023 4:19 PM EDT)

Anatomical Region	Laterality	Modality
Hand Left, Wrist Left, Finger Left, ORTHO Hand Left		Magnetic Resonance

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/06/2023 3:36 PM EDT	

Narrative

07/06/2023 7:42 PM EDT

Narrative

MRI of portions of the left hand to include the thumb without contrast, July 6, 2023.

HISTORY: Patient with recent dislocation and reduction of the first metatarsophalangeal joint. Follow-up.

COMPARISON: Plain films from June 27 and June 28, 2023

There is fluid within the abductor pollicis brevis brevis and opponens pollicis and the flexor pollicis longus and brevis muscles consistent with myositis and intersubstance muscle tearing. The most severely affected is the flexor pollicis longus. Fluid surrounds the flexor pollicis longus tendon and the flexor pollicis brevis tendon as well as the abductor pollicis brevis tendon tendons. Signal characteristics suggest possible partial intersubstance tearing of these tendons but they are not completely torn.

There is milder fluid adjacent to the extensor tendons. These tendons appear intact.

There is no fracture detected. There is marrow edema involving the lateral sesamoid.

There is abnormal signal in the ulnar collateral ligament and overlying aponeurosis suggesting that these structures are torn..

The volar plate appears somewhat thickened.

There is diffuse subcutaneous edema

IMPRESSION:
1. The first metacarpophalangeal joint is reduced and no longer dislocated. Marrow edema in the lateral sesamoid bone
2. Abnormal fluid and edema associated with several muscles as described above consistent with myositis and intersubstance tearing. Probable mild intersubstance tearing tendons as outlined above
3. Abnormal signal within the ulnar collateral ligament and overlying aponeurosis suggests that these structures are torn

Electronically Signed by: Teresa Brown, MD, Durham Radiology
Electronically Signed on: 7/6/2023 7:42 PM

Procedure Note

TERESA T BROWN - 07/06/2023

Procedure Note

Formatting of this note might be different from the original.

MRI of portions of the left hand to include the thumb without contrast, July 6, 2023.

HISTORY: Patient with recent dislocation and reduction of the first metatarsophalangeal joint. Follow-up.

COMPARISON: Plain films from June 27 and June 28, 2023

There is fluid within the abductor pollicis brevis brevis and opponens pollicis and the flexor pollicis longus and brevis muscles consistent with myositis and intersubstance muscle tearing. The most severely affected is the flexor pollicis longus. Fluid surrounds the flexor pollicis longus tendon and the flexor pollicis brevis tendon as well as the abductor pollicis brevis tendon tendons. Signal characteristics suggest possible partial intersubstance tearing of these tendons but they are not completely torn.

There is milder fluid adjacent to the extensor tendons. These tendons appear intact.

There is no fracture detected. There is marrow edema involving the lateral sesamoid.

There is abnormal signal in the ulnar collateral ligament and overlying aponeurosis suggesting that these structures are torn..

The volar plate appears somewhat thickened.

There is diffuse subcutaneous edema

IMPRESSION:
1. The first metacarpophalangeal joint is reduced and no longer dislocated. Marrow edema in the lateral sesamoid bone
2. Abnormal fluid and edema associated with several muscles as described above consistent with myositis and intersubstance tearing. Probable mild intersubstance tearing tendons as outlined above
3. Abnormal signal within the ulnar collateral ligament and overlying aponeurosis suggests that these structures are torn

Electronically Signed by: Teresa Brown, MD, Durham Radiology
Electronically Signed on: 7/6/2023 7:42 PM

Authorizing Provider	Result Type
NEILL YUN LI	IMG MRI ORDERABLES

XR HUMERUS RIGHT MINIMUM 2 VIEWS - Final result (07/06/2023 8:17 AM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography, Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/06/2023 8:10 AM EDT	

Narrative

07/06/2023 8:43 AM EDT

Narrative

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XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication:  S42.301A Unspecified fracture of shaft of humerus, right arm,
initial encounter for closed fracture.

Comparison: Regress of the femur June 27, 2023

Findings/impression:
Unchanged alignment of mid humeral fracture with approximately one shaft
width medial displacement of the distal fragment..
Reduced angulation compared to prior exam.
No glenohumeral or acromioclavicular navicular dislocation.
Nondedicated views of the elbow demonstrate no gross malalignment.
Unremarkable soft tissues.

Electronically Signed by:  Dallin Johansen, MD, Duke Radiology
Electronically Signed on:  7/6/2023 8:43 AM
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Procedure Note

DALLIN JAY JOHANSEN - 07/06/2023

Formatting of this note might be different from the original.

XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication: S42.301A Unspecified fracture of shaft of humerus, right arm,
initial encounter for closed fracture.

Comparison: Regress of the femur June 27, 2023

Findings/impression:
Unchanged alignment of mid humeral fracture with approximately one shaft
width medial displacement of the distal fragment..
Reduced angulation compared to prior exam.
No glenohumeral or acromioclavicular navicular dislocation.
Nondedicated views of the elbow demonstrate no gross malalignment.
Unremarkable soft tissues.

Electronically Signed by: Dallin Johansen, MD, Duke Radiology
Electronically Signed on: 7/6/2023 8:43 AM

Authorizing Provider	Result Type
JENNIFER KRISTINE DYE	IMG DIAGNOSTIC IMAGING ORDERABLES

PR APP CAST SHORT ARM GAUNTLET, PR CAST SUP GAUNTLET FIBERGLASS (07/03/2023 3:02 PM EDT)

Narrative

NEILL YUN LI - 07/03/2023 3:02 PM EDT

Narrative

```
Li, Neill Yun, MD     7/16/2023 11:43 PM
Cast/Splint Application

Date/Time: 7/3/2023 3:02 PM
Performed by: Li, Neill Yun, MD
Authorized by: Li, Neill Yun, MD

Consent Given by:  Patient
Location:  Hand
left hand
Neurovascularly intact


Pre-procedure Assessment
Distal Perfusion: normal
Distal Sensation: normal


Procedure Details
Manipulation Performed?: No
Immobilization:  Cast
Cast Type:  Thumb spica
Supplies Used:  Fiberglass
Patient age:  Adult (11+ Yrs)
Neurovascularly intact


Post-procedure Assessment
Distal Perfusion: normal
Distal Sensation: normal
Patient tolerance:  Patient tolerated the procedure well
```

Authorizing Provider	Result Type
NEILL YUN LI	PROCEDURE/MINOR SURGICAL ORDERABLES

(ABNORMAL) COMPLETE BLOOD COUNT (CBC) - Final result (06/29/2023 7:01 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC (White Blood Cell Count)	7.6	3.2 - 9.8 x10^9/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hemoglobin	**13.3 (L)**	13.7 - 17.3 g/dL		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hematocrit	39.9	39.0 - 49.0 %		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Platelets	162	150 - 450 x10^9/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCV (Mean Corpuscular Volume)	86	80 - 98 fL		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCH (Mean Corpuscular Hemoglobin)	28.8	26.5 - 34.0 pg		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCHC (Mean Corpuscular Hemoglobin Concentration)	33.3	31.5 - 36.3 %		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RBC (Red Blood Cell Count)	4.62	4.37 - 5.74 x10^12/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RDW-CV (Red Cell Distribution Width)	12.6	11.5 - 14.5 %		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC (Nucleated Red Blood Cell Count)	0.00	0 x10ˆ9/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC % (Nucleated Red Blood Cell %)	0.0	%		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MPV (Mean Platelet Volume)	10.3	7.2 - 11.7 fL		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/29/2023 7:01 AM EDT	06/29/2023 7:52 AM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

MAGNESIUM - Final result (06/29/2023 7:00 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	2.1	1.8 - 2.5 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/29/2023 7:00 AM EDT	06/29/2023 7:38 AM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (06/29/2023 7:00 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	135	135 - 145 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	3.7	3.5 - 5.0 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Chloride	104	98 - 108 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Carbon Dioxide (CO2)	24	21 - 30 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urea Nitrogen (BUN)	13	7 - 20 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Creatinine	1.0	0.6 - 1.3 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose	90	70 - 140 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Interpretive Data:
Above is the NONFASTING reference range.

Below are the FASTING reference ranges:
NORMAL:      70-99 mg/dL
PREDIABETES: 100-125 mg/dL
DIABETES:    > 125 mg/dL
```

Calcium	**8.5 (L)**	8.7 - 10.2 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Anion Gap	7	3 - 12 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
BUN/CREA Ratio	13	6 - 27		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glomerular Filtration Rate (eGFR)	91	mL/min/1.73sq m		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
CKD-EPI (2021) does not include patient's race in the calculation of eGFR. Monitoring changes of plasma
creatinine and eGFR over time is useful for monitoring kidney function.  This change was made on
3/1/2022.

Interpretive Ranges for eGFR(CKD-EPI 2021):

eGFR:              > 60 mL/min/1.73 sq m - Normal
eGFR:              30 - 59 mL/min/1.73 sq m - Moderately Decreased
eGFR:              15 - 29 mL/min/1.73 sq m - Severely Decreased
eGFR:              < 15 mL/min/1.73 sq m -  Kidney Failure

Note: These eGFR calculations do not apply in acute situations
when eGFR is changing rapidly or in patients on dialysis.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/29/2023 7:00 AM EDT	06/29/2023 7:38 AM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) COMPLETE BLOOD COUNT (CBC) - Final result (06/28/2023 1:16 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC (White Blood Cell Count)	9.3	3.2 - 9.8 x10^9/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hemoglobin	**13.0 (L)**	13.7 - 17.3 g/dL		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hematocrit	**38.4 (L)**	39.0 - 49.0 %		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Platelets	178	150 - 450 x10^9/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCV (Mean Corpuscular Volume)	84	80 - 98 fL		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCH (Mean Corpuscular Hemoglobin)	28.4	26.5 - 34.0 pg		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCHC (Mean Corpuscular Hemoglobin Concentration)	33.9	31.5 - 36.3 %		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RBC (Red Blood Cell Count)	4.57	4.37 - 5.74 x10^12/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RDW-CV (Red Cell Distribution Width)	12.7	11.5 - 14.5 %		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC (Nucleated Red Blood Cell Count)	0.00	0 x10^9/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC % (Nucleated Red Blood Cell %)	0.0	%		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MPV (Mean Platelet Volume)	10.2	7.2 - 11.7 fL		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Slide Review/ Morphology	Yes			06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment: Blood film reviewed, instrument counts confirmed,Polychromasia,

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/28/2023 1:16 PM EDT	06/28/2023 2:06 PM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (06/28/2023 1:16 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	138	135 - 145 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Potassium	3.7	3.5 - 5.0 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Chloride	108	98 - 108 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Carbon Dioxide (CO2)	24	21 - 30 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urea Nitrogen (BUN)	16	7 - 20 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Creatinine	1.2	0.6 - 1.3 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose	94	70 - 140 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						

```
Interpretive Data:
Above is the NONFASTING reference range.

Below are the FASTING reference ranges:
NORMAL:       70-99 mg/dL
PREDIABETES: 100-125 mg/dL
DIABETES:     > 125 mg/dL
```

Calcium	**8.6 (L)**	8.7 - 10.2 mg/dL	06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Anion Gap	6	3 - 12 mmol/L	06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
BUN/CREA Ratio	13	6 - 27	06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glomerular Filtration Rate (eGFR)	73	mL/min/1.73sq m	06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
CKD-EPI (2021) does not include patient's race in the calculation of eGFR. Monitoring changes of plasma
creatinine and eGFR over time is useful for monitoring kidney function.  This change was made on
3/1/2022.

Interpretive Ranges for eGFR(CKD-EPI 2021):

eGFR:              > 60 mL/min/1.73 sq m - Normal
eGFR:              30 - 59 mL/min/1.73 sq m - Moderately Decreased
eGFR:              15 - 29 mL/min/1.73 sq m - Severely Decreased
eGFR:              < 15 mL/min/1.73 sq m -  Kidney Failure

Note: These eGFR calculations do not apply in acute situations
when eGFR is changing rapidly or in patients on dialysis.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/28/2023 1:16 PM EDT	06/28/2023 2:06 PM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

XR HAND LEFT MINIMUM 3 VIEWS - Final result (06/28/2023 3:21 AM EDT)

Anatomical Region	Laterality	Modality
Hand Left, Finger Left, Wrist Left, ORTHO Hand Left		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 3:13 AM EDT	

Narrative

06/28/2023 7:34 AM EDT

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XR HAND LEFT MINIMUM 3 VIEWS
Number of views: 3.

Indication:  MOTOR VEHICLE CRASH, post reduction, V87.7XXA Person injured
in collision between other specified motor vehicles (traffic), initial
encounter.

Comparison: 6/27/2023

Findings/impression:

Interval reduction of left first MCP joint, now in anatomic alignment. No
evidence of acute fracture. Similar soft tissue throughout the hand and
digits.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 3:53 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:34 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS
Number of views: 3.

Indication: MOTOR VEHICLE CRASH, post reduction, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: 6/27/2023

Findings/impression:

Interval reduction of left first MCP joint, now in anatomic alignment. No evidence of acute fracture. Similar soft tissue throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 3:53 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:34 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

PR CLOSED RX MC-P DISLOC (06/28/2023 2:37 AM EDT)

Narrative

Jeff Peter Vista, MD - 06/28/2023 2:37 AM EDT

Narrative

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Vista, Jeff Peter, MD     6/28/2023  7:00 AM
Orthopedic Injury Treatment - Upper Extremity

Date/Time: 6/28/2023 2:37 AM
Performed by: Vista, Jeff Peter, MD
Authorized by: Hoff, John August, MD

Consent:
 Consent obtained:  Verbal and emergent situation
 Consent given by:  Patient
 Risks, benefits, and alternatives were discussed: yes
 Risks discussed:  Fracture, irreducible dislocation, nerve damage,
recurrent dislocation, restricted joint movement, stiffness and vascular
damage
 Alternatives discussed:  No treatment
Universal protocol:
 Required blood products, implants, devices, and special equipment
available: yes
 Immediately prior to procedure, a time out was called: yes
 Patient identity confirmed:  Verbally with patient
Location:
 Location:  Finger
 Finger location:  L thumb
 Finger dislocation type: MCP
Pre-procedure details:
 Pre-procedure imaging:  X-ray
 Imaging findings: dislocation present
 Imaging findings: no fracture
 Distal perfusion: normal
Sedation:
 Sedation type:  None
Anesthesia:
 Anesthesia method:  None
Procedure details:
 Manipulation performed: yes
 Finger reduction method:  Direct traction
 Reduction successful: yes
 Reduction confirmed with imaging: yes
Post-procedure details:
 Neurological function: normal
 Distal perfusion: normal
 Range of motion: improved
 Procedure completion:  Tolerated well, no immediate complications
```

Authorizing Provider	Result Type
JOHN AUGUST HOFF	PROCEDURE/MINOR SURGICAL ORDERABLES

XR HUMERUS RIGHT MINIMUM 2 VIEWS PORTABLE - Final result (06/28/2023 2:15 AM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 2:10 AM EDT	

Narrative

06/28/2023 7:52 AM EDT

Narrative

```
XR HUMERUS RIGHT MINIMUM 2 VIEWS PORTABLE
Number of views: 3.

Indication:  MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision
between other specified motor vehicles (traffic), initial encounter.

Comparison: 6/27/2023

Findings/impression:

Interval placement of overlying brace material.

Redemonstrated oblique fracture through the mid humeral shaft. Slightly
improved alignment with decreased foreshortening, medial displacement, and
angulation. Nondisplaced fracture of the distal humerus lateral epicondyle
better appreciated on prior radiographs. Elbow joint effusion.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 3:31 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:52 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HUMERUS RIGHT MINIMUM 2 VIEWS PORTABLE
Number of views: 3.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: 6/27/2023

Findings/impression:

Interval placement of overlying brace material.

Redemonstrated oblique fracture through the mid humeral shaft. Slightly improved alignment with decreased foreshortening, medial displacement, and angulation. Nondisplaced fracture of the distal humerus lateral epicondyle better appreciated on prior radiographs. Elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 3:31 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:52 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

(ABNORMAL) Urinalysis Examination (UA W/REFLEX MICROSCOPIC (NO CULTURE)) - Final result (06/28/2023 1:49 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Color	Light Yellow	Colorless, Straw, Light Yellow, Yellow, Dark Yellow		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Clarity	Clear	Clear		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Specific Gravity	1.010	1.005 - 1.030		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
pH, Urine	8.0	5.0 - 8.0		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Protein, Urinalysis	**Trace (A)**	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Ketones, Urinalysis	**2+ (A)**	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Blood, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Nitrite, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Leukocytes, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Bilirubin, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urobilinogen, Urinalysis	0.2	0.2 - 1.0 mg/dL		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine		Collection / Unknown	06/28/2023 1:49 AM EDT	06/28/2023 2:42 AM EDT

Narrative

DUH CENTRAL AUTOMATED LABORATORY - 06/28/2023 3:57 AM EDT
Reporting of microscopic urinalysis (UA) bacteria and yeast results was discontinued on August 30th, 2021 due to poor clinical predictive value for urinary tract infection (UTI). Providers should use other clinical signs and symptoms to diagnose UTI including urine leukocyte esterase, white blood cell count, and culture in accordance with local and national guidelines. Additional information and rationale can obtained by emailing diagnosticstewards@duke.edu.

Authorizing Provider	Result Type
JOHN AUGUST HOFF	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

URINE DRUG SCREEN QUALITATIVE RAPID RESULTS - Final result (06/28/2023 1:49 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Amphetamine/ Methamphetamine, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Barbiturates, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Benzodiazepine, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Cocaine Metabolites, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Methadone, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Opiates, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Oxycodone, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Tetrahydrocannabinol (THC), Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine		Collection / Unknown	06/28/2023 1:49 AM EDT	06/28/2023 2:06 AM EDT

Narrative

DUH CENTRAL AUTOMATED LABORATORY - 06/28/2023 2:31 AM EDT
The tests in this panel are screening tests only. Fentanyl is not detected by this panel. Confirmatory testing has not been performed. These results cannot be used for any other purpose other than medical. They are not intended for use as an employee or forensic drugs of abuse screen and only physician made medical decisions can be based on these results

Amphetamine: Threshold for Positive: 1000 ng/mL
Barbituate: Threshold for Positive: 200 ng/mL
Benzodiazepine: Threshold for Positive: 200 ng/mL
Cocaine: Threshold for Positive: 300 ng/mL
Methadone: Threshold for Positive: 300 ng/mL
Opiates: Threshold for Positive: 300 ng/mL
Oxycodone: Threshold for Positive: 300 ng/mL
THC: Threshold for Positive: 50 ng/mL

Authorizing Provider	Result Type
JOHN AUGUST HOFF	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

ECG 12-LEAD - Final result (06/28/2023 12:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vent Rate (bpm)	85				DUHS GE MUSE RESULTS	
PR Interval (msec)	168				DUHS GE MUSE RESULTS	
QRS Interval (msec)	80				DUHS GE MUSE RESULTS	
QT Interval (msec)	342				DUHS GE MUSE RESULTS	
QTc (msec)	406				DUHS GE MUSE RESULTS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 12:10 AM EDT	06/28/2023 5:02 PM EDT

Narrative

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DUHS GE MUSE RESULTS - 06/28/2023 12:10 AM EDT
This result has an attachment that is not available.
Normal sinus rhythm
Normal ECG

When compared with ECG of 27-APR-2015 13:37,
ST elevation, probably due to early repolarization is now absent
I reviewed and concur with this report. Electronically signed by:GRANT, AUGUSTUS (7000) on 6/28/2023
5:02:02 PM
```

Authorizing Provider	Result Type
JOHN AUGUST HOFF	ECG ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUHS GE MUSE RESULTS			

XR PELVIS 1 TO 2 VIEWS PORTABLE - Final result (06/27/2023 11:34 PM EDT)

Anatomical Region	Laterality	Modality
Pelvis, Hip Right, Hip Left, ORTHO Pelvis		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:40 PM EDT	

Narrative

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06/28/2023 7:29 AM EDT
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Narrative

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE
Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE

Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR CHEST SINGLE VIEW PORTABLE - Final result (06/27/2023 11:34 PM EDT)

Anatomical Region	Laterality	Modality
Chest, ORTHO Chest		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:28 PM EDT	

Narrative

06/28/2023 8:24 AM EDT

Narrative

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PROCEDURE: XR CHEST SINGLE VIEW PORTABLE
INDICATION: Other ( add clinical information to comment box below), Lung
Aeration, V87.7XXA Person injured in collision between other specified
motor vehicles (traffic), initial encounter --
COMPARISON: Same-day CT

FINDINGS
Cardiomediastinal contours are within normal limits. Lungs are clear. No
effusion or pneumothorax.

IMPRESSION
No acute radiographic abnormalities.

The preliminary report (critical or emergent communication) was reviewed
prior to this dictation and there are no substantial differences between
the preliminary results and the impressions in this final report.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 7:46 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Holman McAdams, MD, Duke Radiology
Electronically Signed on:  6/28/2023 8:24 AM
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Procedure Note

Holman P Mcadams, MD - 06/28/2023

Formatting of this note might be different from the original.

PROCEDURE: XR CHEST SINGLE VIEW PORTABLE
INDICATION: Other (add clinical information to comment box below), Lung Aeration, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter --
COMPARISON: Same-day CT

FINDINGS
Cardiomediastinal contours are within normal limits. Lungs are clear. No effusion or pneumothorax.

IMPRESSION
No acute radiographic abnormalities.

The preliminary report (critical or emergent communication) was reviewed prior to this dictation and there are no substantial differences between the preliminary results and the impressions in this final report.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 7:46 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Holman McAdams, MD, Duke Radiology
Electronically Signed on: 6/28/2023 8:24 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR WRIST LEFT 3 PLUS VIEWS - Final result (06/27/2023 11:33 PM EDT)

Anatomical Region	Laterality	Modality
Wrist Left, Hand Left, Radius Ulna Left, ORTHO Wrist Left		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 11:06 PM EDT	

Narrative

06/28/2023 7:32 AM EDT

Narrative

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XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT
MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture.
Joint spaces are maintained. Nonspecific soft tissue swelling throughout
the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral
view. Anatomic wrist alignment. No acute fracture. Joint spaces are
maintained. Nonspecific soft tissue swelling throughout the hand and
digits.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:32 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:32 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS - Final result (06/27/2023 11:32 PM EDT)

Anatomical Region	Laterality	Modality
Shoulder Right, Clavicle Right, Humerus Right, ORTHO Shoulder Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:37 PM EDT	

Narrative

06/28/2023 7:49 AM EDT

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE - Final result (06/27/2023 11:31 PM EDT)

Anatomical Region	Laterality	Modality
Knee Right, Tib Fib Right, Femur Right, ORTHO Knee Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 12:14 AM EDT	

Narrative

06/28/2023 7:29 AM EDT

Narrative

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE
Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE

Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR HAND RIGHT MINIMUM 3 VIEWS - Final result (06/27/2023 11:29 PM EDT)

Anatomical Region	Laterality	Modality
Hand Right, Finger Right, Wrist Right, ORTHO Hand Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:56 PM EDT	

Narrative

06/28/2023 7:32 AM EDT

Narrative

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XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT
MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture.
Joint spaces are maintained. Nonspecific soft tissue swelling throughout
the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral
view. Anatomic wrist alignment. No acute fracture. Joint spaces are
maintained. Nonspecific soft tissue swelling throughout the hand and
digits.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:32 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:32 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR HUMERUS RIGHT MINIMUM 2 VIEWS - Final result (06/27/2023 11:29 PM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:30 PM EDT	

Narrative

06/28/2023 7:49 AM EDT

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XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR
HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views
right elbow, 3 views right hand.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture
through the mid humeral shaft with overlapping fracture fragments and
nearly a full shaft's width medial displacement. Fractures are in varus
angulation on AP view. Minimally displaced intra-articular fracture through
the distal lateral humerus epicondyle.


Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular
fracture of the distal humerus lateral epicondyle as above. Small joint
effusion.

Impression:
1.  Displaced angulated mid humeral shaft fracture with overlapping
fracture fragments.
2.  Nondisplaced/minimally displaced humerus lateral epicondyle
intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:49 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR HAND LEFT MINIMUM 3 VIEWS - Final result (06/27/2023 11:27 PM EDT)

Anatomical Region	Laterality	Modality
Hand Left, Finger Left, Wrist Left, ORTHO Hand Left		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 11:05 PM EDT	

Narrative

06/28/2023 7:32 AM EDT

Narrative

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XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT
MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture.
Joint spaces are maintained. Nonspecific soft tissue swelling throughout
the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral
view. Anatomic wrist alignment. No acute fracture. Joint spaces are
maintained. Nonspecific soft tissue swelling throughout the hand and
digits.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:32 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:32 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR FEMUR RIGHT 2 VIEWS - Final result (06/27/2023 11:26 PM EDT)

Anatomical Region	Laterality	Modality
Femur Right, Knee Right, Hip Right, ORTHO Femur Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:48 PM EDT	

Narrative

06/28/2023 7:29 AM EDT

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE
Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE

Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR ELBOW RIGHT 2 VIEWS - Final result (06/27/2023 11:26 PM EDT)

Anatomical Region	Laterality	Modality
Elbow Right, Humerus Right, Radius Ulna Right, ORTHO Elbow Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 11:58 PM EDT	

Narrative

06/28/2023 7:49 AM EDT

Narrative

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

CT LUMBAR SPINE REFORMAT TRAUMA WITHOUT CONTRAST - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:50 PM EDT	

Narrative

06/27/2023 8:59 PM EDT

Narrative

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Procedure Note

DEREK LE NGUYEN - 06/27/2023

Procedure Note

Formatting of this note might be different from the original.

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT THORACIC SPINE REFORMAT TRAUMA WITHOUT CONTRAST - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/27/2023 8:59 PM EDT

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Procedure Note

DEREK LE NGUYEN - 06/27/2023

Procedure Note

Formatting of this note might be different from the original.

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT CHEST ABDOMEN PELVIS WITH CONTRAST W MIPS - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
Chest, Abdomen, Pelvis		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/28/2023 11:19 AM EDT

Narrative

Procedure: CT Chest with IV Contrast
Procedure: CT Abdomen and Pelvis with IV Contrast

Comparison:

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

Technique: CT imaging was performed of the chest, abdomen, and pelvis following the administration of intravenous contrast. Iodinated contrast was used due to the indications for the examination, to improve disease detection and to further define anatomy. 3-D maximal intensity projection (MIP) reconstructions of the chest were performed to potentially increase study sensitivity. Coronal and sagittal images were also generated and reviewed.

Findings:
Chest:
- Chest wall and Thoracic Inlet: No masses or lymphadenopathy.

- Mediastinum and Hila: No masses or lymphadenopathy.

- Thoracic Vessels: Normal caliber of the thoracic aorta and main pulmonary artery.

- Heart and Pericardium: Normal heart size. No pericardial effusion.

- Lungs and Airways: No suspicious nodules or opacities.

- Pleura: No pleural effusions.

Abdomen and pelvis:

- Liver: Normal in morphology and enhancement. No suspicious hepatic masses are identified. The portal and hepatic veins are patent.

- Biliary and Gallbladder: No intrahepatic or extrahepatic bile duct dilatation.

- Spleen: Normal in appearance.

- Pancreas: Normal in appearance.

- Adrenal Glands: Normal in appearance.

- Kidneys: No suspicious renal lesions. No hydronephrosis.

- Abdominal and Pelvic Vasculature: No abdominal aortic aneurysm.

- Gastrointestinal Tract: No abnormal dilation or wall thickening.

- Peritoneum/Mesentery/Retroperitoneum: No free fluid. No free intraperitoneal air.

- Lymph Nodes: No retroperitoneal or mesenteric lymphadenopathy.

- Bladder: Mild diffuse bladder wall thickening.

- Pelvic Organs: Left spermatic cord surgical clip.

- Body Wall: Unremarkable.

- Musculoskeletal: No aggressive appearing osseous lesions.

Impression:
1. No evidence of traumatic visceral injury in the chest, abdomen, pelvis.
2. Mild circumferential bladder wall thickening, nonspecific although can be seen in the setting of cystitis. Consider correlation with urinalysis.

The preliminary report (critical or emergent communication) was reviewed prior to this dictation and there are no substantial differences between the preliminary results and the impressions in this final report.

Electronically Reviewed by: Randall Olmsted, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 9:40 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Lisa Ho, MD, Duke Radiology
Electronically Signed on: 6/28/2023 11:19 AM

Lisa M Ho, MD - 06/28/2023

Formatting of this note might be different from the original.

Procedure: CT Chest with IV Contrast
Procedure: CT Abdomen and Pelvis with IV Contrast

Comparison:

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

Technique: CT imaging was performed of the chest, abdomen, and pelvis following the administration of intravenous contrast. Iodinated contrast was used due to the indications for the examination, to improve disease detection and to further define anatomy. 3-D maximal intensity projection (MIP) reconstructions of the chest were performed to potentially increase study sensitivity. Coronal and sagittal images were also generated and reviewed.

Findings:
Chest:
- Chest wall and Thoracic Inlet: No masses or lymphadenopathy.

- Mediastinum and Hila: No masses or lymphadenopathy.

- Thoracic Vessels: Normal caliber of the thoracic aorta and main pulmonary artery.

- Heart and Pericardium: Normal heart size. No pericardial effusion.

- Lungs and Airways: No suspicious nodules or opacities.

- Pleura: No pleural effusions.

Abdomen and pelvis:

- Liver: Normal in morphology and enhancement. No suspicious hepatic masses are identified. The portal and hepatic veins are patent.

- Biliary and Gallbladder: No intrahepatic or extrahepatic bile duct dilatation.

- Spleen: Normal in appearance.

- Pancreas: Normal in appearance.

- Adrenal Glands: Normal in appearance.

- Kidneys: No suspicious renal lesions. No hydronephrosis.

- Abdominal and Pelvic Vasculature: No abdominal aortic aneurysm.

- Gastrointestinal Tract: No abnormal dilation or wall thickening.

- Peritoneum/Mesentery/Retroperitoneum: No free fluid. No free intraperitoneal air.

- Lymph Nodes: No retroperitoneal or mesenteric lymphadenopathy.

- Bladder: Mild diffuse bladder wall thickening.

- Pelvic Organs: Left spermatic cord surgical clip.

- Body Wall: Unremarkable.

- Musculoskeletal: No aggressive appearing osseous lesions.

Procedure Note

Impression:
1. No evidence of traumatic visceral injury in the chest, abdomen, pelvis.
2. Mild circumferential bladder wall thickening, nonspecific although can be seen in the setting of cystitis. Consider correlation with urinalysis.

The preliminary report (critical or emergent communication) was reviewed prior to this dictation and there are no substantial differences between the preliminary results and the impressions in this final report.

Electronically Reviewed by: Randall Olmsted, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 9:40 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Lisa Ho, MD, Duke Radiology
Electronically Signed on: 6/28/2023 11:19 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT CERVICAL SPINE WO CONTRAST (CT CERVICAL SPINE WITHOUT CONTRAST) - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
Spine Cervical, Spine Thoracic, ORTHO Spine Cervical		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/28/2023 8:24 PM EDT

Narrative

CT CERVICAL SPINE WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast cervical spine axial CT images obtained with generation of coronal and sagittal reformats.

FINDINGS:
Occipital Condyles: No fracture
Atlantodental interval: Normal

Alignment: No traumatic listhesis.
Vertebral column: No acute fracture.
Facet joints: No traumatic facet dislocations.
Prevertebral soft tissues: No soft tissue swelling.
Spinal canal: No high grade spinal canal stenosis.

Skull Base: The partially imaged skull base demonstrates right mastoid effusion.

Lung Apices: The partially visualized lung apices are unremarkable.
Ribs: no fracture of the visualized ribs.

Regional Soft Tissues: The regional soft tissues are unremarkable.

IMPRESSION:
No acute fracture or traumatic listhesis.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:54 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:24 PM

Procedure Note

AUSTIN XAVIER DIXON - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

CT CERVICAL SPINE WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast cervical spine axial CT images obtained with generation of coronal and sagittal reformats.

FINDINGS:
Occipital Condyles: No fracture
Atlantodental interval: Normal

Alignment: No traumatic listhesis.
Vertebral column: No acute fracture.
Facet joints: No traumatic facet dislocations.
Prevertebral soft tissues: No soft tissue swelling.
Spinal canal: No high grade spinal canal stenosis.

Skull Base: The partially imaged skull base demonstrates right mastoid effusion.

Lung Apices: The partially visualized lung apices are unremarkable.
Ribs: no fracture of the visualized ribs.

Regional Soft Tissues: The regional soft tissues are unremarkable.

IMPRESSION:
No acute fracture or traumatic listhesis.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:54 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:24 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT BRAIN WITHOUT CONTRAST - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
Head, Face, Eye		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/28/2023 8:17 PM EDT

Narrative

CT BRAIN WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast brain CT.

FINDINGS:
Brain Parenchyma: There is no hemorrhage, cerebral edema, acute cortical infarction, mass, mass effect, or midline shift.
Ventricles and Sulci: Normal for age.
Extra-Axial Spaces: No extra-axial fluid collection.
Basal Cisterns: Normal.

Paranasal Sinuses: Normal.
Mastoid air cells: Normal.

Orbits: Normal.
Cranium and Bones: Normal.
Soft Tissues: Normal.

IMPRESSION:
No acute intracranial process.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:51 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:17 PM

Procedure Note

AUSTIN XAVIER DIXON - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

CT BRAIN WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast brain CT.

FINDINGS:
Brain Parenchyma: There is no hemorrhage, cerebral edema, acute cortical infarction, mass, mass effect, or midline shift.
Ventricles and Sulci: Normal for age.
Extra-Axial Spaces: No extra-axial fluid collection.
Basal Cisterns: Normal.

Paranasal Sinuses: Normal.
Mastoid air cells: Normal.

Orbits: Normal.
Cranium and Bones: Normal.
Soft Tissues: Normal.

IMPRESSION:
No acute intracranial process.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:51 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:17 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

(ABNORMAL) COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC (White Blood Cell Count)	**11.9 (H)**	3.2 - 9.8 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hemoglobin	15.3	13.7 - 17.3 g/dL		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hematocrit	47.0	39.0 - 49.0 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Platelets	234	150 - 450 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCV (Mean Corpuscular Volume)	89	80 - 98 fL		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MCH (Mean Corpuscular Hemoglobin)	28.8	26.5 - 34.0 pg		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCHC (Mean Corpuscular Hemoglobin Concentration)	32.6	31.5 - 36.3 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RBC (Red Blood Cell Count)	5.31	4.37 - 5.74 x10ˆ12/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RDW-CV (Red Cell Distribution Width)	12.3	11.5 - 14.5 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC (Nucleated Red Blood Cell Count)	0.00	0 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC % (Nucleated Red Blood Cell %)	0.0	%		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MPV (Mean Platelet Volume)	10.1	7.2 - 11.7 fL		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Neutrophil Count	6.8	2.0 - 8.6 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Neutrophil %	56.9	37 - 80 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Lymphocyte Count	4.0	0.6 - 4.2 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Lymphocyte %	33.2	10 - 50 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Monocyte Count	**1.0 (H)**	0 - 0.9 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Monocyte %	8.6	0 - 12 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Eosinophil Count	0.06	0 - 0.70 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Eosinophil %	0.5	0 - 7 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Basophil Count	0.04	0 - 0.20 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Basophil %	0.3	0 - 2 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Immature Granulocyte Count	0.06	<=0.06 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Immature Granulocyte %	0.5	<=0.7 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:59 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) TOXICOLOGY(DRUG) SCREEN, SERUM - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Ethanol	<5	<5 mg/dL		06/27/2023 9:21 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Alcohol Interpretive Data

          Reference Ranges

          Normal:              <5  mg/dL
          Toxic Concentration: >80 mg/dL

The sensitivity of this enzymatic assay is 5 mg/dL. Consequently a result <5 mg/dL indicates that
alcohol was not detected in the specimen.
```

Acetaminophen	**<10 (L)**	10 - 25 mcg/mL		06/27/2023 9:21 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Salicylate	**<40 (L)**	50 - 200 mg/L		06/27/2023 9:21 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:41 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Act Partial Thromboplastin Time	**21.4 (L)**	26.8 - 37.1 sec		06/27/2023 8:32 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

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Therapeutic Range (Heparin) = 65-95 seconds
Note: The therapeutic range for Heparin has been determined
using ex-vivo whole blood samples and therapeutic
Heparin level of 0.30-0.70 anti-factor Xa units.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:19 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

PROTHROMBIN TIME (INR) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Prothrombin Time	12.5	9.5 - 13.1 sec		06/27/2023 8:32 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Prothrombin INR	1.1	0.9 - 1.1		06/27/2023 8:32 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Reference Ranges:
DVT/PE/PVD = INR 2.0 - 3.0
Mechanical Heart Valve = INR 2.5 - 3.5

NOTE: The INR is not a PT Ratio and is valid only for Warfarin
patients
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:19 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

TYPE & SCREEN (TYPE AND SCREEN) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ABO RH TYPE	O Positive			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	
Antibody Screen	Negative			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	
Specimen Outdate	06-30-2023 23:59			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	
Performing Lab	DUH BLOOD BANK LAB			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:20 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	BLOOD BANK TEST ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH BLOOD BANK LAB	Room 1720 Hospital North DUMC	Durham, NC 27710	919-681-2644
DUH TRANSFUSION SERVICE	Room 1720 Hospital North DUMC	Durham, NC 27710	919-681-2644

(ABNORMAL) Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	143	135 - 145 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Potassium	3.9	3.5 - 5.0 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Chloride	107	98 - 108 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Carbon Dioxide (CO2)	**16 (L)**	21 - 30 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Urea Nitrogen (BUN)	13	7 - 20 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Creatinine	**1.8 (H)**	0.6 - 1.3 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose	100	70 - 140 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Interpretive Data:
Above is the NONFASTING reference range.

Below are the FASTING reference ranges:
NORMAL:       70-99 mg/dL
PREDIABETES: 100-125 mg/dL
DIABETES:     > 125 mg/dL
```

Calcium	9.5	8.7 - 10.2 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Anion Gap	**20 (H)**	3 - 12 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
BUN/CREA Ratio	7	6 - 27		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glomerular Filtration Rate (eGFR)	45	mL/min/1.73sq m		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
CKD-EPI (2021) does not include patient's race in the calculation of eGFR. Monitoring changes of plasma
creatinine and eGFR over time is useful for monitoring kidney function.  This change was made on
3/1/2022.

Interpretive Ranges for eGFR(CKD-EPI 2021):

eGFR:              > 60 mL/min/1.73 sq m - Normal
eGFR:              30 - 59 mL/min/1.73 sq m - Moderately Decreased
eGFR:              15 - 29 mL/min/1.73 sq m - Severely Decreased
eGFR:              < 15 mL/min/1.73 sq m -  Kidney Failure

Note: These eGFR calculations do not apply in acute situations
when eGFR is changing rapidly or in patients on dialysis.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:41 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) VITAMIN D 25 HYDROXY (25 OH VITAMIN D) - Final result (04/27/2015 1:57 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin D Total, 25OH	**25 (L)**	30 - 100 ng/ml		04/28/2015 1:19 PM EDT	DUH CLINICAL IMMUNOLOGY LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	04/27/2015 1:57 PM EDT	04/27/2015 1:57 PM EDT

Narrative

```
DUH CLINICAL IMMUNOLOGY LABORATORY - 04/28/2015 1:19 PM EDT
Bone and Mineral Metabolism:  Vitamin D

25 OH Vitamin D Status
<10 ng/mL        Deficiency
10-30 ng/mL      Insufficiency
30-100 ng/mL     Sufficiency
>100 ng/mL       Toxicity
```

Authorizing Provider	Result Type
Christopher Z Rayala, MD	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CLINICAL IMMUNOLOGY LABORATORY	Room 108 Research Park III DUMC	Durham, NC 27710	919-684-2822

HEMOGLOBIN A1C - Final result (04/27/2015 1:57 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hemoglobin A1C	5.0	4.3 - 6.0 %		04/27/2015 2:25 PM EDT	MORRISVILLE PRIMARY CARE DUAP	
Average Blood Glucose (Calculated From HgBA1c Level)	92	mg/dL		04/27/2015 2:25 PM EDT	MORRISVILLE PRIMARY CARE DUAP	

Comment:

```
INTERPRETIVE DATA

AVERAGE BLOOD GLUCOSE ASSOCIATED WITH THIS PERCENT GLYCATED HEMOGLOBIN (BASED ON DCCT)
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	04/27/2015 1:57 PM EDT	04/27/2015 1:57 PM EDT

Narrative

```
MORRISVILLE PRIMARY CARE DUAP - 04/27/2015 2:25 PM EDT
Interpretive Data

          THE ADA HAS MADE THE FOLLOWING RECOMMENDATIONS

        HBA1C results in the range of 5.7-6.4 % are suggestive of
        prediabetes.
        HBA1C results in the range of > or = 6.5 % are diagnostic for
        diabetes.
```

Authorizing Provider	Result Type
Christopher Z Rayala, MD	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
MORRISVILLE PRIMARY CARE	10950 Chapel Hill Rd.	Morrisville, NC 27560	919-327-1630
MORRISVILLE PRIMARY CARE DUAP	10950 Chapel Hill Rd.	Morrisville, NC 27650	919-327-1630

Lipid Panel Direct Low Density Lipoprotein (LDL) Cholesterol (LIPID PANEL W/REFLEX DIRECT LOW DENSITY LIPOPROTEIN (LDL) CHOLESTEROL) - Final result (04/27/2015 1:57 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Triglyceride	111	mg/dL		04/27/2015 8:53 PM EDT	CORE LABORATORY	

Comment:

```
Reference Ranges

        <150 mg/dL      NORMAL
        150-199 mg/dL   BORDERLINE HIGH
        200-499 mg/dL   HIGH
        >=500 mg/dL     VERY HIGH
```

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Cholesterol, Total	204	mg/dL		04/27/2015 8:53 PM EDT	CORE LABORATORY	

Comment:

```
Reference Ranges

        Desirable:              <200      mg/dL
        Borderline High Risk:   200 - 239 mg/dL
        High Risk:              >239      mg/dL
```

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HDL	45	mg/dL		04/27/2015 8:53 PM EDT	CORE LABORATORY	

Comment:

```
Reference Ranges

        <40 mg/dL  LOW
        >=60 mg/dL HIGH (NEGATIVE RISK FACTOR)
```

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
LDL Calculated	137	mg/dL		04/27/2015 8:53 PM EDT	CORE LABORATORY	

Comment:

```
Reference Ranges

        <100 mg/dL    OPTIMAL
        100-129 mg/dL NEAR OPTIMAL/ABOVE OPTIMAL
        130-159 mg/dL BORDERLINE HIGH
        160-189 mg/dL HIGH
        >=190 mg/dL   VERY HIGH
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	04/27/2015 1:57 PM EDT	04/27/2015 1:57 PM EDT

Authorizing Provider	Result Type
Christopher Z Rayala, MD	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
CORE LABORATORY	4425 Ben Franklin Blvd	Durham, NC 27704	919-613-8400

Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (04/27/2015 1:57 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	135 - 145 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Potassium	4.5	3.5 - 5.0 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Chloride	104	98 - 108 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Carbon Dioxide (CO2)	27	21 - 30 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Urea Nitrogen (BUN)	15	7 - 20 mg/dL		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Creatinine	1.1	0.6 - 1.3 mg/dL		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Glucose	78	70 - 140 mg/dL		04/27/2015 7:57 PM EDT	CORE LABORATORY	

Comment:

```
Interpretive Data:
Please note that the above listed reference range
is for NONFASTING GLUCOSE levels only.  FASTING GLUCOSE
reference ranges are shown below:
FASTING GLUCOSE REFERENCE RANGE
NORMAL:              70 - 99  mg/dL
PREDIABETES:        100 - 125 mg/dL
DIABETES:           > 125     mg/dL
```

Calcium	9.0	8.7 - 10.2 mg/dL		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Anion Gap (With Potassium)	14	7 - 17 mmol/L		04/27/2015 7:57 PM EDT	CORE LABORATORY	
BUN/CREA Ratio	14	<30		04/27/2015 7:57 PM EDT	CORE LABORATORY	
Glomerular Filtration Rate (eGFR)	>60	mL/min/1.73sq m		04/27/2015 7:57 PM EDT	CORE LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:

```
Interpretive Ranges for Patients with Chronic Kidney Disease:
eGFR:      > 60 mL/min - Normal
eGFR:      30 - 59 mL/min - Moderately Decreased
eGFR:      15 - 29 mL/min - Severely Decreased
eGFR:      < 15 mL/min -  Kidney Failure

Note: These GFR calculations do not apply in acute situations
when GFR is changing rapidly or in patients on dialysis.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	04/27/2015 1:57 PM EDT	04/27/2015 1:57 PM EDT

Authorizing Provider	Result Type
Christopher Z Rayala, MD	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
CORE LABORATORY	4425 Ben Franklin Blvd	Durham, NC 27704	919-613-8400

(ABNORMAL) DUAP URINALYSIS CHEMICAL - Final result (03/25/2014 1:42 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Color, UA	Yellow				MORRISVILLE PRIMARY CARE DUAP	
Clarity, UA	Clear				MORRISVILLE PRIMARY CARE DUAP	
Specific Gravity, UA	**>=1.030 (A)**	1.005 - 1.030			MORRISVILLE PRIMARY CARE DUAP	
pH, UA	5.5	5.0 - 8.0			MORRISVILLE PRIMARY CARE DUAP	
Protein, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Glucose, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Ketones, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Blood, UA	**Trace (A)**	NEG			MORRISVILLE PRIMARY CARE DUAP	
Nitrite, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Leukocytes, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Bilirubin, UA	NEGATIVE	NEG			MORRISVILLE PRIMARY CARE DUAP	
Urobilinogen, UA	0.2	0.2 - 1.0 mg/dL			MORRISVILLE PRIMARY CARE DUAP	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/25/2014 1:42 PM EDT	03/25/2014 1:42 PM EDT

Authorizing Provider	Result Type
MELANIE F LANGSTON	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
MORRISVILLE PRIMARY CARE	10950 Chapel Hill Rd.	Morrisville, NC 27560	919-327-1630
MORRISVILLE PRIMARY CARE DUAP	10950 Chapel Hill Rd.	Morrisville, NC 27650	919-327-1630

Visit Diagnoses - as of 07/20/2023

Diagnosis	Start Date
Motor vehicle collision, initial encounter	6/27/2023
Research study patient	6/27/2023
Concussion with unknown loss of consciousness status, initial encounter	6/27/2023
Symbolic dysfunction	6/27/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	7/2/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	7/3/2023
Closed fracture of shaft of right humerus, unspecified fracture morphology, initial encounter	7/6/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	7/6/2023
Closed displaced oblique fracture of shaft of right humerus, initial encounter	7/6/2023
Closed fracture of shaft of right humerus, unspecified fracture morphology, initial encounter	7/14/2023
Closed displaced oblique fracture of shaft of right humerus with routine healing, subsequent encounter	7/14/2023
Motor vehicle accident, sequela	7/17/2023
Stiffness of right wrist joint	7/17/2023
Stiffness of right elbow joint	7/17/2023
Hand muscle weakness	7/17/2023
Open dislocation of metacarpophalangeal joint of left thumb, subsequent encounter	7/17/2023
Closed displaced oblique fracture of shaft of right humerus with routine healing, subsequent encounter	7/17/2023
Localized edema	7/17/2023
Stiffness of right hand joint	7/17/2023
Thumb joint stiffness	7/17/2023
Motor vehicle collision, initial encounter	6/27/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	6/27/2023
Acute traumatic pain	6/27/2023
AKI (acute kidney injury) (CMS-HCC)	6/27/2023
Closed fracture of shaft of humerus	6/27/2023
Orthostatic hypotension	6/27/2023

Care Teams - as of 07/20/2023

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 28, 1971 - Jul. 20, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Reason for Visit

PT/ OT (Routine) - Authorized

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Occupational Therapy / Physical and Occupational Therapy	Diagnoses Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	NEILL YUN LI 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 Phone: 919-660-5066 Fax: 919-660-5041	

Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
19417234	Authorized		7/10/2023	7/9/2024	60	60

Encounter Details

Date	Type	Department	Care Team
07/17/2023	PT/OT Office Visit	Duke PTOT Hand Therapy Arringdon 5601 Arringdon Park Drive Ste 300 Morrisville, NC 27560-5676 919-660-5049	**Chelsea**

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	07/07/2023		Active
benzonatate (TESSALON) 200 MG capsule	Take 1 capsule 3 times a day by oral route for 7 days.		0			Active

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/14/2023 7:44 AM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Progress Notes - documented in this encounter

Chelsea - 07/17/2023 3:00 PM EDT

Formatting of this note is different from the original.
Images from the original note were not included.

Department of Rehabilitation Services

Hand Therapy Evaluation

Visit Date: 7/17/2023
Clinic Location: DUKE HEALTH ARRINGDON
DUKE PTOT HAND THERAPY ARRINGDON
5601 ARRINGDON PARK DRIVE
STE 300
MORRISVILLE NC 27560-5676
Dept: 919-660-5049
Visit Number: 1 for current Episode of Care

Jason Tower (Preferred name: Jason) is a 51 y.o. year old referred to Occupational Therapy for evaluation and treatment.
MRN: KA5434
DOB: 7/28/1971

History

Date of Onset: 06/27/23
ICD-10-CM
1. Thumb joint stiffness M25.649
2. Motor vehicle accident, sequela V89.2XXS
3. Stiffness of right wrist joint M25.631
4. Stiffness of right elbow joint M25.621
5. Hand muscle weakness M62.81
6. Open dislocation of metacarpophalangeal joint of left thumb, subsequent encounter S63.115D
S61.002D
7. Closed displaced oblique fracture of shaft of right humerus with routine healing, subsequent encounter S42.331D
8. Localized edema R60.0
9. Stiffness of right hand joint M25.641

Diagnosis: right humeral shaft fracture and L thumb MCP dislocation treated conservatively

Mechanism of injury: bike vs. car

Dominant side: Right

Subjective

Signs of abuse: No
Barriers to Learning: none

Pain Assessment
Pain Assessment %%: 0-10
Pain Score %%: 1 ; pain range: 0-1/10; pain location: left thumb; pain character: burning, pain duration: intermittent
R arm: dull ache 2-8/10

Current work status: not employed
Leisure Activities/ Hobbies: bicycle
Patient living situation: Patient lives with spouse / significant other

Level of function prior to onset of current symptoms: Independent
Current level of function: Requires assistance for ADLs and IADLs

Functional ADL Loss: Difficulty with self-care activities, difficulty with household chores, difficulty opening containers, difficulty with resisted grip and pinch, difficulty with carrying task objects
Patient goals: Increase functional use

Fall history: no
Falls risk factors: none

Other relevant personal factors and/or co-morbidities: severity of symptoms and high disability level

An expanded review of medical and therapy records was completed in addition to review of current functional level.

PMH:
No past medical history on file.

OSPRO-YF: Symptoms, such as pain, are complex and can affect individuals in many ways. The OSPRO-YF questionnaire is intended to explore how symptoms affect each individual to help guide care. Results listed below are based on responses to this questionnaire.

No data to display

PROMIS CAT - ADULT

7/3/2023 7/5/2023
16:02 7/14/2023

ADULT PROMIS CAT
PROMIS Physical Function T-Score 23 24
PROMIS Pain Interference T-Score (range: 10 - 90) 65 57
PROMIS Depression T-Score 47 49 55

For PROMIS measures, higher scores equals more of the concept being measured. PROMIS scores have a mean of 50 and standard deviation (SD) of 10.
Scores 0.5 - 1.0 SD worse than the mean = mild symptoms/impairment
Scores 1.0 - 2.0 SD worse than the mean = moderate symptoms/impairment
Scores 2.0 SD or more worse than the mean = severe symptoms/impairment

Interpretation of PROMIS Scores WNL Mild Symptoms/Impairment Moderate Symptoms/Impairment Severe Symptoms/ Impairment
Physical Function (Adult and Pediatric) 45 or greater 40-44 30-39 29 or less
Adult Pain Interference 54 or less 55-59 60-69 70 or greater
Depression 54 or less 55-59 60-69 70 or greater
Sleep Disturbance 54 or less 55-59 60-69 70 or greater
Pediatric or Parent Proxy Pain Interference 50 or less 50-54 55-64 65 or greater
Cognitive Function 45 or greater 40-44 30-39 29 or less

Objective

Mental functions that reside within the patient that influence the patient's performance in occupations: none noted

Edema: minimal at L thumb
Severe at R hand
Moderate-severe at R forearm

Right Hand AROM
Right Hand AROM: Index, Long, Ring, Small, Thumb
Index MCP: /42
Index PIP: /75
Index DIP : /57
Long MCP : /45
Long PIP : /76
Long DIP : /67
Ring MCP: /47
Ring PIP: /77
Ring DIP : /64
Small MCP: /45
Small PIP : /70
Small DIP: /82
Thumb MP : /30
Thumb IP : /65
Right Upper Extremity AROM / PROM
Right Upper Extremity AROM / PROM: Elbow
Right Forearm Supination AROM / PROM: 42/
Right Forearm Pronation AROM / PROM: 30/
Right Elbow Flexion AROM / PROM: 110/
Right Elbow Extension AROM / PROM: 20/
Left Hand AROM
Left Hand AROM: Thumb
Thumb MP: /17
Thumb IP: /36

Jason's right UE gross motor coordination is impaired, unable to use UE to protect integrity of surgical repair.
Jason's bilateral hand fine motor coordination is impaired; ineffective grip, pinch, manipulation, and/or stabilization on task objects.

Treatment Today

ORTHOTIC FIT and FUNCTION: Orthotic Fabrication: fabricated left hand-based static thumb spica IP free
Orthosis purpose: reduce pain/inflammation
Orthosis instructions: Patient demonstrated ability to don/doff orthosis independently
Verbal instructions provided regarding orthosis precautions

THERAPEUTIC PROCEDURES: Range of motion:
The following exercises were performed in therapy and added to HEP:

Strengthening: Patient vended Medium resistance foam block to increase gross grip strength.

MANUAL THERAPY: Performed retrograde massage to R hand.
THERAPEUTIC ACTIVITIES: Edema control: edema glove fitted on R hand (M and L)
Pt was educated on elevation of R hand and AROM (muscle pumping) to reduce edema
Pt was educated on performing light functional ADLs with both hands

Patient Education
The patient received education regarding Home Exercises, custom orthosis, and current activity restrictions and/or modifications by verbal communication and demonstration, appeared to show willingness to learn and verbalized understanding and able to perform exercises as directed

Assessment

Rehabilitation Potential: Good

Client factors and skill area loss that influence their performance in occupations: Repaired/healing structures need protection , Edema, Range of motion limitations: active and passive , Decreased strength, Pain, Limitations of activities of daily living, Fine motor coordination limitations, Gross motor coordination limitations, and Lack of joint stability

Performance deficits include activity limitations and/or participation restrictions in the followings occupations: bathing/ showering, dressing, health management and maintenance/recreation/gym activities , home establishment and management, meal preparation and cleanup, personal hygiene and grooming, shopping, play/leisure participation, driving and community mobility, and sleeping

In conclusion, a comprehensive assessment was completed, including consideration of multiple treatment options, and the assessment required significant modification of tasks or assistance to complete.

Jason presents to OT 2 weeks after open dislocation of L thumb MCP and R humeral shaft fracture treated conservatively. Patient presents to OT with pain, significant edema of RUE, decreased ROM of joints of BUE, and decreased functional use of bilateral hands 2for ADLs and IADLs. Patient educated on importance of wear of orthosis as well as initial HEP to increase ROM and decrease edema. Pt was educated on ADL training. Patient educated on precautions to promote full healing.
. The patient will benefit from skilled OT intervention to address the above stated impairments and assist the patient in maximizing their functional level.

Goals

Short Term Goals:
- Patient will demonstrate independence in formal home program to facilitate progress toward long-term goals. Status: Met for initial HEP issue for this stage of recovery, ongoing HEP modifications likely to occur at each subsequent hand therapy visit per patient's symptoms and progression in OT program.
- Patient will be independent in edema management techniques to progress toward long-term goals. Status: New and progressing
- all finger(s) MCP joint ROM flexion will increase to 60 degrees to facilitate progress toward long-term goals. Status: New and progressing
- Thumb MP joint ROM flexion will increase to 40 degrees to facilitate progress toward long-term goals. Status: New and progressing
- Thumb IP joint ROM flexion will increase to 50 degrees to facilitate progress toward long-term goals. Status: New and progressing
- Forearm ROM supination and pronation will increase to 50 degrees to facilitate progress toward long-term goals. Status: New and progressing
- Patient will be independent with orthotic home program within first visit. Status: New and Met
- Patient will verbalize understanding of activity modification recommendations and report use at home or within community to reduce pain and enable healing of soft tissue structures. Status: New and progressing
Time frame for goals: by 6 weeks

Long Term Goals:
- The patient will demonstrate improved engagement in activity as measured by a decrease in PROMIS-CAT Pain Interference score by > or = to 5 points. Status: New
- The patient will demonstrate improved function as measured by an increase in PROMIS-CAT Physical Function score by > or = to 5 points. Status: New
- Patient will demonstrate full composite finger/thumb flexion and extension ROM to demonstrate improvement in the following areas writing, typing and eating with a fork. Status: New
- The patient will return to bathing, dressing and grooming with no physical assistance needed. Status: New
Time frame for goals: by 12 weeks

Strength goals not set as it is too early to assess initial strength.

Treatment Plan

Patient will be treated one time per week over next 12 weeks tapering as appropriate (as scheduling permits).

Treatment will consist of the following: AROM/AAROM/PROM , Orthotic fabrication and modification (as appropriate), Therapeutic activities , Strengthening exercises , Home exercise instruction/review/revision, Wound care/ Scar management / Edema control techniques , Modalities of choice , Instruction in joint protection/energy conservation/adaptive equipment , and Neuromuscular Re-Education

OT Billing Documentation
OT Evaluation or Progress Note Completed Today: Yes
Date of Onset: 06/27/23
Visit Number: 1
Session Start:: 1445
Session Stop:: 1545
Total Time: 60 minutes
OT Eval HIGH Complexity CPT 97167: 1
Therapeutic Procedure CPT 97110 : 15 minutes
Orthotics Training - Initial (97760): 15 minutes
Therapeutic Activity CPT 97530: 5 minutes
Manual Therapy CPT 97140: 5 minutes

The complexity of care was determined based on the occupational profile, standardized tests and/or clinical reasoning and judgment. The plan of care was developed in collaboration with the patient/family to determine the appropriate level of intervention to meet the above goals.

If patient returns to clinic with variance in plan of care, then it may be attributable to one or more of the following factors: preferred clinician availability, appointment time request availability, therapy pool appointment availability, major holiday with clinic closure, caregiver availability, patient transportation, conflicting medical appointment, inclement weather, patient illness, and/or scheduling error.

Note: If patient does not return for follow up visit(s) related to this episode of care, this note will serve as their discharge note from occupational therapy.

Clinical Notes on My Chart:
Progress notes documented by your healthcare team will now be available on the MyChart portal. We believe that patients should be a part of the healthcare team. We encourage you to review notes after visits and in preparation for upcoming appointments. This provides the opportunity to review recommendations as well as to prepare questions for your healthcare team to address during your next visit. If you identify discrepancies in the documentation or have specific questions related to the notes, please bring them to your next scheduled visit to discuss with your Physical Therapist (PT) or Occupational Therapist (OT.) With increased transparency, our hope is that we create more trust, better communication, more shared decision-making, and increased satisfaction.
Please be aware that these notes will not be discussed over the phone or through My Chart messages. They will be discussed only at your next office visit with your provider.

Electronically signed by Chelsea at 07/18/2023 10:29 PM EDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis
Thumb joint stiffness - Primary
Motor vehicle accident, sequela
Stiffness of right wrist joint
Stiffness of right elbow joint
Hand muscle weakness
Open dislocation of metacarpophalangeal joint of left thumb, subsequent encounter
Closed displaced oblique fracture of shaft of right humerus with routine healing, subsequent encounter
Localized edema
Stiffness of right hand joint

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 17, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
Chelsea (Attending) Occupational Therapy	Jul. 17, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Reason for Visit

Reason
Follow-up

Encounter Details

Date	Type	Department	Care Team
07/17/2023	Office Visit	Duke Orthopaedics Arringdon 5601 Arringdon Park Dr Ste 300 Morrisville, NC 27560-5676 919-660-5066	**NEILL YUN LI** 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 919-660-5066 (Work) 919-660-5041 (Fax)

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	07/07/2023		Active
benzonatate (TESSALON) 200 MG capsule	Take 1 capsule 3 times a day by oral route for 7 days.		0			Active

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/14/2023 7:44 AM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Results - documented in this encounter

Not on file

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 17, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
NEILL YUN LI (Attending) 919-660-5066 (Work) 919-660-5041 (Fax) 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 Orthopedic Surgery	Jul. 17, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Encounter Details

Date	Type	Department	Care Team
07/14/2023	Hospital Encounter	Duke Diagnostic Ortho Trauma Clinic 1H 40 Duke Medicine Circle Durham, NC 27710-3037 919-668-0291	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	07/07/2023		Active
benzonatate (TESSALON) 200 MG capsule	Take 1 capsule 3 times a day by oral route for 7 days.		0			Active
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days	30 tablet	0	07/06/2023	07/16/2023	Expired

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/14/2023 7:44 AM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Refills	Start Date	End Date
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	07/07/2023	
benzonatate (TESSALON) 200 MG capsule	Take 1 capsule 3 times a day by oral route for 7 days.		0		
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023	
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023	
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023	
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023	
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Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
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11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
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Colorectal cancer screening	**07/29/1971**		
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Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
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Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Results - documented in this encounter

XR HUMERUS RIGHT MINIMUM 2 VIEWS - Final result (07/14/2023 8:05 AM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography, Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/14/2023 7:55 AM EDT	

Narrative

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07/14/2023 8:11 AM EDT
XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication:  S42.301A Unspecified fracture of shaft of humerus, right arm,
initial encounter for closed fracture.

Comparison: Right humerus radiographs 7/6/2020

Findings:

Hardware: None.

Alignment: Anatomic.

Bones: Unchanged appearance and alignment of the spiral humeral diaphyseal
fracture. Approximately one shaft's width of medial displacement remains.
No interval development marginal callus or bony bridging.

Joint spaces: Right acromioclavicular and glenohumeral joints appear
congruent.

Soft tissue: Decreased but persistent soft tissue swelling about the mid
right upper arm.


Impression:
Effectively unchanged appearance and alignment of the displaced right
humeral diaphyseal fracture, without interval development of marginal
callus or bony bridging.

Electronically Signed by:  Stephen Neville, MD, Duke Radiology
Electronically Signed on:  7/14/2023 8:11 AM
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Procedure Note

STEPHEN NEVILLE - 07/14/2023

Procedure Note

Formatting of this note might be different from the original.

XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication: S42.301A Unspecified fracture of shaft of humerus, right arm, initial encounter for closed fracture.

Comparison: Right humerus radiographs 7/6/2020

Findings:

Hardware: None.

Alignment: Anatomic.

Bones: Unchanged appearance and alignment of the spiral humeral diaphyseal fracture. Approximately one shaft's width of medial displacement remains. No interval development marginal callus or bony bridging.

Joint spaces: Right acromioclavicular and glenohumeral joints appear congruent.

Soft tissue: Decreased but persistent soft tissue swelling about the mid right upper arm.

Impression:
Effectively unchanged appearance and alignment of the displaced right humeral diaphyseal fracture, without interval development of marginal callus or bony bridging.

Electronically Signed by: Stephen Neville, MD, Duke Radiology
Electronically Signed on: 7/14/2023 8:11 AM

Authorizing Provider	Result Type
JENNIFER KRISTINE DYE	IMG DIAGNOSTIC IMAGING ORDERABLES

Visit Diagnoses - documented in this encounter

Diagnosis
Closed fracture of shaft of right humerus, unspecified fracture morphology, initial encounter

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 14, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
JENNIFER KRISTINE DYE (Attending) 919-668-0291 (Work) 919-668-0272 (Fax) 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 Orthopedic Surgery	Jul. 14, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Reason for Visit

Reason
Follow-up

Encounter Details

Date	Type	Department	Care Team
07/14/2023	Office Visit	Duke Ortho Trauma Clinic 1H 40 Duke Medicine Circle Clinic 1H Durham, NC 27710-4000 919-668-0291	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	07/07/2023		Active
benzonatate (TESSALON) 200 MG capsule	Take 1 capsule 3 times a day by oral route for 7 days.		0			Active
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days	30 tablet	0	07/06/2023	07/16/2023	Expired

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Tobacco Cessation: Counseling Given: Not Answered

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/14/2023 7:44 AM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Patient Instructions - documented in this encounter

Patient Instructions

JENNIFER KRISTINE DYE - 07/14/2023 8:00 AM EDT
Formatting of this note might be different from the original.
- Fracture shows minimal change in alignment.
- Continue working on elbow motion and coming out of the sling more.
- Return to clinic as scheduled 7/25 with repeat images of the right humerus in the brace.

Electronically signed by JENNIFER KRISTINE DYE at 07/14/2023 8:07 AM EDT

Progress Notes - documented in this encounter

JENNIFER KRISTINE DYE - 07/14/2023 8:00 AM EDT
Formatting of this note is different from the original.
Orthopaedic Trauma Visit

History of Present Illness:
Mr. Jason Tower is a 51 y.o. RHD male who presents for follow up evaluation 2 weeks after sustaining a right humerus shaft fracture. DOI is 6/27/2023 after bike vs car. He was treated in a Sarmiento brace.

Since last visit he has been working more on elbow motion. He has some persistent pain with motion and some at rest. He has

been taking muscle relaxants 3 times a day and it not sure if he still needs to or not.

Past Medical, Surgical and Social History:

No past medical history on file.

Past Surgical History:
Procedure Laterality Date
DIAPHRAGMATIC HERNIA REPAIR
HERNIA REPAIR

Family History
Adopted: Yes

Current Outpatient Medications
Medication Sig Dispense Refill
acetaminophen (TYLENOL) 325 MG tablet Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain 60 tablet 0
lidocaine (SALONPAS) 4 % patch Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions. 30 patch 0
methocarbamoL (ROBAXIN) 500 MG tablet Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days 30 tablet 0
oxyCODONE (ROXICODONE) 5 MG immediate release tablet Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain (Patient not taking: Reported on 7/6/2023) 20 tablet 0
polyethylene glycol (MIRALAX) powder Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking. 238 g 0
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet Take 2 tablets by mouth 2 (two) times daily 56 tablet 0

No current facility-administered medications for this visit.

Allergies
Allergen Reactions
Penicillins Unknown

Social History

Socioeconomic History
Marital status: Life Partner
Tobacco Use
Smoking status: Never
Smokeless tobacco: Never
Substance and Sexual Activity
Alcohol use: No
Sexual activity: Yes
Partners: Female
Social History Narrative
The patient is married. No children. Works as a computer administrator at GSK. Does car racing.

Social Determinants of Health

Financial Resource Strain: Low Risk
Difficulty of Paying Living Expenses: Not hard at all
Food Insecurity: No Food Insecurity
Worried About Running Out of Food in the Last Year: Never true
Ran Out of Food in the Last Year: Never true
Transportation Needs: No Transportation Needs
Lack of Transportation (Medical): No
Lack of Transportation (Non-Medical): No
Housing Stability: Low Risk
Unable to Pay for Housing in the Last Year: No
Number of Places Lived in the Last Year: 2
Unstable Housing in the Last Year: No

Physical Exam:
There were no vitals taken for this visit.
General/Constitutional: No apparent distress: well-nourished and well developed.

Elbow Musculoskeletal Exam

Inspection
Inspection additional comments: Marked edema in the forearm and hand with no associated tenderness.

Range of Motion
Right
Active Extension: 10
Active Flexion: 40
Passive Flexion: 100

Neurovascular
Right
Radial pulse: 2+
Capillary refill: brisk
Ulnar nerve sensory distribution: normal
Median nerve sensory distribution: normal
Radial nerve sensory distribution: normal

General
Constitutional: well-developed and well-nourished
Labored breathing: no
Psychiatric: normal mood and affect and no acute distress
Neurological: alert

Imaging
AP/lat right humerus in Sarmiento images taken in clinic today indicate fracture with minimal change in alignment. I have personally reviewed and interpreted these images.

Assessment:
ICD-10-CM
1. Closed displaced oblique fracture of shaft of right humerus with routine healing, subsequent encounter S42.331D

Plan: Findings are discussed with the patient and his family member. Patient/family verbalized understanding.
- Fracture shows minimal change in alignment.
- Continue working on elbow motion and coming out of the sling more.
- Return to clinic as scheduled 7/25 with repeat images of the right humerus in the brace.

I spent a total of 30 minutes in both face-to-face and non-face-to-face activities for this visit on the date of this encounter.

Attestation Statement:

I personally performed the service, non-incident to. (WP)

JENNIFER KRISTINE DYE, PA

Electronically signed by JENNIFER KRISTINE DYE at 07/14/2023 8:33 AM EDT

Melanie - 07/14/2023 8:00 AM EDT
Formatting of this note might be different from the original.
Review of Systems
Musculoskeletal: Negative.
Skin: Negative.

Patient arrived in clinic today using no assistive device accompanied by wife for appointment with Dye. Patient was called back to exam room for initial intake from nursing staff and identified via name and date of birth per protocol.

In active dialogue with patient reviewed chief complaint, completed a falls risk assessment for safety needs, reviewed allergies, did a complete medication review including updating the preferred pharmacy with the location and contact numbers.

The patient's pain was assessed with the corresponding pain scale noted in the pain flowsheet. Xrays performed prior to provider exam.

Electronically signed by Melanie at 07/14/2023 8:33 AM EDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis
Closed displaced oblique fracture of shaft of right humerus with routine healing, subsequent encounter - Primary

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 14, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
JENNIFER KRISTINE DYE (Attending) 919-668-0291 (Work) 919-668-0272 (Fax) 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 Orthopedic Surgery	Jul. 14, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Reason for Visit

Reason	Onset Date
Results	07/11/2023

Encounter Details

Date	Type	Department	Care Team
07/11/2023	Telephone	Duke Orthopaedics Arringdon 5601 Arringdon Park Dr Ste 300 Morrisville, NC 27560-5676 919-660-5066	**NEILL YUN LI** 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 919-660-5066 (Work) 919-660-5041 (Fax)

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	07/07/2023		Active

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/14/2023 7:44 AM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Miscellaneous Notes - documented in this encounter

Telephone Encounter - WILLINA THOMAS - 07/11/2023 10:54 AM EDT

Formatting of this note might be different from the original.

Patient LVM he had MRI completed and would like to know if provider reviewed images and what is his next step?

He left a mychart message as well.

Electronically signed by WILLINA THOMAS at 07/11/2023 10:56 AM EDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Results - documented in this encounter

Not on file

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 11, 2023 - Jul. 20, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
NEILL YUN LI (Attending) 919-660-5066 (Work) 919-660-5041 (Fax) 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 Orthopedic Surgery	Jul. 11, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

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Encounter Details

Date	Type	Department	Care Team
07/06/2023	Hospital Encounter	Duke Diagnostic Ortho Trauma Clinic 1H 40 Duke Medicine Circle Durham, NC 27710-3037 919-668-0291	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023	Discontinued (Reorder)
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days	30 tablet	0	07/06/2023	07/16/2023	Expired

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/6/2023 7:43 AM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Refills	Start Date	End Date
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023	
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023	
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023	
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023	
cephalexin (KEFLEX) 500 MG capsule	Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily.	26 capsule	0	06/29/2023	07/06/2023
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days	30 tablet	0	07/06/2023	07/16/2023
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Results - documented in this encounter

XR HUMERUS RIGHT MINIMUM 2 VIEWS - Final result (07/06/2023 8:17 AM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography, Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/06/2023 8:10 AM EDT	

Narrative

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07/06/2023 8:43 AM EDT
XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication:  S42.301A Unspecified fracture of shaft of humerus, right arm,
initial encounter for closed fracture.

Comparison: Regress of the femur June 27, 2023

Findings/impression:
Unchanged alignment of mid humeral fracture with approximately one shaft
width medial displacement of the distal fragment..
Reduced angulation compared to prior exam.
No glenohumeral or acromioclavicular navicular dislocation.
Nondedicated views of the elbow demonstrate no gross malalignment.
Unremarkable soft tissues.

Electronically Signed by:  Dallin Johansen, MD, Duke Radiology
Electronically Signed on:  7/6/2023 8:43 AM
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Procedure Note

DALLIN JAY JOHANSEN - 07/06/2023

Formatting of this note might be different from the original.

XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 2.

Indication: S42.301A Unspecified fracture of shaft of humerus, right arm,
initial encounter for closed fracture.

Comparison: Regress of the femur June 27, 2023

Findings/impression:
Unchanged alignment of mid humeral fracture with approximately one shaft
width medial displacement of the distal fragment..
Reduced angulation compared to prior exam.
No glenohumeral or acromioclavicular navicular dislocation.
Nondedicated views of the elbow demonstrate no gross malalignment.
Unremarkable soft tissues.

Electronically Signed by: Dallin Johansen, MD, Duke Radiology
Electronically Signed on: 7/6/2023 8:43 AM

Authorizing Provider	Result Type
JENNIFER KRISTINE DYE	IMG DIAGNOSTIC IMAGING ORDERABLES

Visit Diagnoses - documented in this encounter

Diagnosis
Closed fracture of shaft of right humerus, unspecified fracture morphology, initial encounter

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 06, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
JENNIFER KRISTINE DYE (Attending) 919-668-0291 (Work) 919-668-0272 (Fax) 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 Orthopedic Surgery	Jul. 06, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Reason for Visit

Radiology (Routine) - Authorized

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Radiology	Diagnoses Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	NEILL YUN LI 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 Phone: 919-660-5066 Fax: 919-660-5041	

Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
19370136	Authorized		7/4/2023	12/31/2023	1	1

Encounter Details

Date	Type	Department	Care Team
07/06/2023	Hospital Encounter	Duke Regional Hospital MRI 3643 North Roxboro Street Durham, NC 27704-2702 919-470-4000	

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days	30 tablet	0	07/06/2023	07/16/2023	Expired

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/6/2023 7:43 AM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Refills	Start Date	End Date
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023	
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023	
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023	
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023	
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days	30 tablet	0	07/06/2023	07/16/2023
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Results - documented in this encounter

MRI HAND LEFT WITHOUT CONTRAST - Final result (07/06/2023 4:19 PM EDT)

Anatomical Region	Laterality	Modality
Hand Left, Wrist Left, Finger Left, ORTHO Hand Left		Magnetic Resonance

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/06/2023 3:36 PM EDT	

Narrative

07/06/2023 7:42 PM EDT

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MRI of portions of the left hand to include the thumb without contrast,
July 6, 2023.

HISTORY: Patient with recent dislocation and reduction of the first
metatarsophalangeal joint. Follow-up.

COMPARISON: Plain films from June 27 and June 28, 2023

There is fluid within the abductor pollicis brevis brevis and opponens
pollicis and the flexor pollicis longus and brevis muscles consistent with
myositis and intersubstance muscle tearing. The most severely affected is
the flexor pollicis longus. Fluid surrounds the flexor pollicis longus
tendon and the flexor pollicis brevis tendon as well as the abductor
pollicis brevis tendon tendons. Signal characteristics suggest possible
partial intersubstance tearing of these tendons but they are not completely
torn.

There is milder fluid adjacent to the extensor tendons. These tendons
appear intact.

There is no fracture detected. There is marrow edema involving the lateral
sesamoid.

There is abnormal signal in the ulnar collateral ligament and overlying
aponeurosis suggesting that these structures are torn..

The volar plate appears somewhat thickened.

There is diffuse subcutaneous edema

IMPRESSION:
1. The first metacarpophalangeal joint is reduced and no longer dislocated.
Marrow edema in the lateral sesamoid bone
2. Abnormal fluid and edema associated with several muscles as described
above consistent with myositis and intersubstance tearing. Probable mild
intersubstance tearing tendons as outlined above
3. Abnormal signal within the ulnar collateral ligament and overlying
aponeurosis suggests that these structures are torn

Electronically Signed by:  Teresa Brown, MD, Durham Radiology
Electronically Signed on:  7/6/2023 7:42 PM
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Procedure Note

TERESA T BROWN - 07/06/2023

Procedure Note

Formatting of this note might be different from the original.

MRI of portions of the left hand to include the thumb without contrast, July 6, 2023.

HISTORY: Patient with recent dislocation and reduction of the first metatarsophalangeal joint. Follow-up.

COMPARISON: Plain films from June 27 and June 28, 2023

There is fluid within the abductor pollicis brevis brevis and opponens pollicis and the flexor pollicis longus and brevis muscles consistent with myositis and intersubstance muscle tearing. The most severely affected is the flexor pollicis longus. Fluid surrounds the flexor pollicis longus tendon and the flexor pollicis brevis tendon as well as the abductor pollicis brevis tendon tendons. Signal characteristics suggest possible partial intersubstance tearing of these tendons but they are not completely torn.

There is milder fluid adjacent to the extensor tendons. These tendons appear intact.

There is no fracture detected. There is marrow edema involving the lateral sesamoid.

There is abnormal signal in the ulnar collateral ligament and overlying aponeurosis suggesting that these structures are torn..

The volar plate appears somewhat thickened.

There is diffuse subcutaneous edema

IMPRESSION:
1. The first metacarpophalangeal joint is reduced and no longer dislocated. Marrow edema in the lateral sesamoid bone
2. Abnormal fluid and edema associated with several muscles as described above consistent with myositis and intersubstance tearing. Probable mild intersubstance tearing tendons as outlined above
3. Abnormal signal within the ulnar collateral ligament and overlying aponeurosis suggests that these structures are torn

Electronically Signed by: Teresa Brown, MD, Durham Radiology
Electronically Signed on: 7/6/2023 7:42 PM

Authorizing Provider	Result Type
NEILL YUN LI	IMG MRI ORDERABLES

Visit Diagnoses - documented in this encounter

Diagnosis
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 06, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
DURHAM REGIONAL MRI (Attending)	Jul. 06, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Encounter Details

Date	Type	Department	Care Team
07/06/2023	Initial consult	Duke Ortho Trauma Clinic 1H 40 Duke Medicine Circle Clinic 1H Durham, NC 27710-4000 919-668-0291	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
cephalexin (KEFLEX) 500 MG capsule	Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily.	26 capsule	0	06/29/2023	07/06/2023	Expired
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 2 (two) times daily as needed (muscle spasms and/or muscle pain)	14 tablet	0	06/29/2023	07/06/2023	Discontinued (Reorder)
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023	Discontinued (Reorder)
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days	30 tablet	0	07/06/2023	07/16/2023	Expired

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/6/2023 7:43 AM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Patient Instructions - documented in this encounter

Patient Instructions

JENNIFER KRISTINE DYE - 07/06/2023 8:00 AM EDT

Formatting of this note might be different from the original.

- We discussed the alignment of the fracture and the importance of working on elbow motion to try to improve the alignment.
- We discussed the swelling in the hand. Recommend moving the wrist and fingers as much as possible to help decrease swelling.
- We will continue to monitor the fracture closely for healing over the next 6 weeks. If the fracture does not heal we may consider surgery.
- We discussed the swelling in his legs and recommend evaluation by a PCP to discuss possibility of a diuretic to help reduce the fluid burden if indicated.
- Script provided for robaxin.
- Referral placed to PCP.
- Reviewed images with surgical partners who agree with the above plan.
- Return to clinic in 1 week with repeat images of the right humerus.

Electronically signed by JENNIFER KRISTINE DYE at 07/06/2023 9:15 AM EDT

Ordered Prescriptions - documented in this encounter

Prescription	Sig	Dispensed	Refills	Start Date	End Date
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days	30 tablet	0	07/06/2023	07/16/2023

Progress Notes - documented in this encounter

JENNIFER KRISTINE DYE - 07/06/2023 8:00 AM EDT

Formatting of this note is different from the original.

Orthopaedic Trauma Visit

History of Present Illness:
Mr. Jason Tower is a 51 y.o. RHD male who presents for ED follow up evaluation of a right humerus shaft fracture. DOI is 6/27/2023 after bike vs car. He was treated in a Sarmiento brace. He notes spasms and pain in the arm. Swelling in the right hand. He has been wearing the brace and adjusting it daily. He has been taking robaxin for pain and spasms with some relief. He notes swelling in the right arm and both legs (right greater than left).

HPI - Right Hand/UE
The patient reports that the symptoms began suddenly with injury 7 days ago. The date of injury is 6/27/2023. This is not a work related injury. A worker's compensation claim has not been filed. Primary symptoms include pain and swelling. He reports the pain is present in his right arm, right elbow, right wrist and right hand and describes the pain as aching and sharp with the severity being severe. On a scale of 0 (no pain) to 10 (worst pain ever), his pain is at a 6/10 and the pain is activity related. Since the problem started it is getting worse. His symptoms do wake him from sleep. His symptoms are worsened by activity with limb and improved by acetaminophen, muscle relaxants and rest. He has previously had the following imaging studies performed for this problem: X-rays.

Past Medical, Surgical and Social History:

No past medical history on file.

Past Surgical History:
Procedure Laterality Date
DIAPHRAGMATIC HERNIA REPAIR
HERNIA REPAIR

Family History
Adopted: Yes

Current Outpatient Medications
Medication Sig Dispense Refill
acetaminophen (TYLENOL) 325 MG tablet Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain 60 tablet 0
cephalexin (KEFLEX) 500 MG capsule Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily. 26 capsule 0
methocarbamoL (ROBAXIN) 500 MG tablet Take 1 tablet (500 mg total) by mouth 3 (three) times daily as needed (Muscle spasms and/or Muscle pain) for up to 10 days 30 tablet 0
polyethylene glycol (MIRALAX) powder Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking. 238 g 0
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet Take 2 tablets by mouth 2 (two) times daily 56 tablet 0
lidocaine (SALONPAS) 4 % patch Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions. 30 patch 0
oxyCODONE (ROXICODONE) 5 MG immediate release tablet Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain (Patient not taking: Reported on 7/6/2023) 20 tablet 0

No current facility-administered medications for this visit.

Allergies
Allergen Reactions
Penicillins Unknown

Social History

Socioeconomic History

Marital status: Life Partner
Tobacco Use
Smoking status: Never
Smokeless tobacco: Never
Substance and Sexual Activity
Alcohol use: No
Sexual activity: Yes
Partners: Female
Social History Narrative
The patient is married. No children. Works as a computer administrator at GSK. Does car racing.

Social Determinants of Health

Financial Resource Strain: Low Risk
Difficulty of Paying Living Expenses: Not hard at all
Food Insecurity: No Food Insecurity
Worried About Running Out of Food in the Last Year: Never true
Ran Out of Food in the Last Year: Never true
Transportation Needs: No Transportation Needs
Lack of Transportation (Medical): No
Lack of Transportation (Non-Medical): No
Housing Stability: Low Risk
Unable to Pay for Housing in the Last Year: No
Number of Places Lived in the Last Year: 2
Unstable Housing in the Last Year: No

Physical Exam:
There were no vitals taken for this visit.
General/Constitutional: No apparent distress: well-nourished and well developed.
Elbow Musculoskeletal Exam

Inspection
Right
Ecchymosis: none
Swelling: diffuse
Swelling comment: 1+ pitting edema

Range of Motion
Right
Active Extension: 30
Active Flexion: 90 (Active assisted)

Neurovascular
Right
Radial pulse: 2+
Capillary refill: brisk
Ulnar nerve sensory distribution: normal
Median nerve sensory distribution: normal
Radial nerve sensory distribution: normal

General
Constitutional: well-developed and well-nourished
Labored breathing: no
Psychiatric: normal mood and affect and no acute distress
Neurological: alert

Imaging
AP/lat right humerus in Sarmiento images taken in clinic today indicate displaced humerus shaft fracture with some increased angulation. I have personally reviewed and interpreted these images.

Assessment:
ICD-10-CM
1. Closed displaced oblique fracture of shaft of right humerus, initial encounter S42.331A

Plan: Findings are discussed with the patient and his family member. Patient/family verbalized understanding.
- We discussed the alignment of the fracture and the importance of working on elbow motion to try to improve the alignment.
- We discussed the swelling in the hand. Recommend moving the wrist and fingers as much as possible to help decrease swelling.
- We will continue to monitor the fracture closely for healing over the next 6 weeks. If the fracture does not heal we may

consider surgery.
- We discussed the swelling in his legs and recommend evaluation by a PCP to discuss possibility of a diuretic to help reduce the fluid burden if indicated.
- Script provided for robaxin.
- Referral placed to PCP.
- Reviewed images with surgical partners who agree with the above plan.
- Return to clinic in 1 week with repeat images of the right humerus.

I spent a total of 45 minutes in both face-to-face and non-face-to-face activities for this visit on the date of this encounter.

Attestation Statement:

I personally performed the service, non-incident to. (WP)

JENNIFER KRISTINE DYE, PA

Electronically signed by JENNIFER KRISTINE DYE at 07/06/2023 9:20 AM EDT

Linda - 07/06/2023 8:00 AM EDT

Formatting of this note might be different from the original.

Review of Systems
Musculoskeletal: Positive for joint swelling.
Sarmiento brace to R arm; cast to L arm

Patient arrived in clinic today via w/c accompanied by his daughter for appointment with Jennifer Dye, PA. Patient was called back to exam room for initial intake from nursing staff and identified via name and date of birth per protocol.

In active dialogue with patient reviewed chief complaint, completed a falls risk assessment for safety needs, reviewed allergies, did a complete medication review including updating the preferred pharmacy with the location and contact numbers.

The patient's pain was assessed with the corresponding pain scale noted in the pain flowsheet. Xrays performed prior to provider exam.

Electronically signed by Linda at 07/06/2023 9:20 AM EDT

MICHAEL SIMON - 07/06/2023 8:00 AM EDT

Formatting of this note might be different from the original.
ORTHO-TECH DOCUMENTATION
Chief Complaint: No chief complaint on file.

HISTORY OF PRESENT ILLNESS:
This is a 51 y.o. male who is presenting for evaluation for right humerus fracture. The injury occurred when the patient was hit by a MV while on his bicycle. The patient underwent evaluation and Splinting at DUH for treatment of the injury. The patient is currently in a Sarmiento brace for immobilization and protection of the injury. The patient denies experiencing fevers, chills, pain or paresthesia to the extremity. The following procedure was performed during today's visit on 7/6/2023.
IMAGES:

PROCEDURE:
Brace fitting cut and adjusted the patients sarmiento brace to prevent rubbing and slipping down. Also gave patient new under padding.
Dressing change applied island dressing to the patients underarm wound, also gave interdry to use a dressing changes to cover the wound and keep it dry.
Pre-Procedure Status:
The skin is clean and intact. yes
Patient is without pain. no
Vascular circulation baseline/normal. yes
Nerves is intact baseline/normal. yes
Patient has baseline/normal ROM in digits. yes
Skin is intact. yes
Post-Procedure Status:
The patient tolerated the procedure well.
Patient is without pain. yes
Vascular intact baseline/normal. yes
Patient has baseline/normal ROM in digits. yes
Nerves is intact baseline/normal. yes
Skin is intact. yes
PATIENT INSTRUCTION:
Wear brace as directed by your provider, remove only as instructed.
Performed by:
MICHAEL SIMON

Electronically signed by MICHAEL SIMON at 07/06/2023 10:44 AM EDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis
Closed displaced oblique fracture of shaft of right humerus, initial encounter - Primary

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 06, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
JENNIFER KRISTINE DYE (Attending) 919-668-0291 (Work) 919-668-0272 (Fax) 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 Orthopedic Surgery	Jul. 06, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Reason for Visit

Reason
Evaluation

Encounter Details

Date	Type	Department	Care Team
07/03/2023	Initial consult	Duke Orthopaedics Arringdon 5601 Arringdon Park Dr Ste 300 Morrisville, NC 27560-5676 919-660-5066	**NEILL YUN LI** 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 919-660-5066 (Work) 919-660-5041 (Fax)

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
cephalexin (KEFLEX) 500 MG capsule	Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily.	26 capsule	0	06/29/2023	07/06/2023	Expired
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 2 (two) times daily as needed (muscle spasms and/or muscle pain)	14 tablet	0	06/29/2023	07/06/2023	Discontinued (Reorder)
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023	Discontinued (Reorder)

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/14/2023 7:44 AM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Progress Notes - documented in this encounter

NEILL YUN LI - 07/03/2023 1:30 PM EDT

Formatting of this note is different from the original.
Images from the original note were not included.

Hand, Upper Extremity and Microvascular Surgery Clinic

Neill Y. Li, M.D.
Assistant Professor
Hand, Upper Extremity, and Microvascular Surgery
Office: 919-613-1101

CHIEF COMPLAINT
Left thumb pain

Referral: Patient being seen in referral from ED consultation from hand consult

HISTORY OF PRESENT ILLNESS
Jason Tower is a 51 y.o. right handed male was involved in a hit-and-run with a car. He sustained a laceration to his left hand as well as a left thumb dorsal dislocation. He was reduced and his wounds were closed at the Duke ED. He has since been in a splint and is felt stable. He currently denies any numbness or tingling of the thumb.

He has a history of a gamekeeper's thumb on the right side.

Occupation: IT

PROMIS CAT - ADULT

7/3/2023
ADULT PROMIS CAT
PROMIS Physical Function T-Score 23
PROMIS Pain Interference T-Score (range: 10 - 90) 65
PROMIS Depression T-Score 47

For PROMIS measures, higher scores equals more of the concept being measured. PROMIS scores have a mean of 50 and standard deviation (SD) of 10.
Scores 0.5 - 1.0 SD worse than the mean = mild symptoms/impairment
Scores 1.0 - 2.0 SD worse than the mean = moderate symptoms/impairment
Scores 2.0 SD or more worse than the mean = severe symptoms/impairment

Interpretation of PROMIS Scores WNL Mild Symptoms/Impairment Moderate Symptoms/Impairment Severe Symptoms/Impairment
Physical Function (Adult and Pediatric) 45 or greater 40-44 30-39 29 or less
Adult Pain Interference 54 or less 55-59 60-69 70 or greater
Depression 54 or less 55-59 60-69 70 or greater
Sleep Disturbance 54 or less 55-59 60-69 70 or greater
Pediatric or Parent Proxy Pain Interference 50 or less 50-54 55-64 65 or greater
Cognitive Function 45 or greater 40-44 30-39 29 or less

REVIEW OF SYSTEMS
Negative except as noted in HPI.

MEDICATIONS
Prior to Admission medications
Medication Sig Taking? Last Dose
acetaminophen (TYLENOL) 325 MG tablet Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain
cephalexin (KEFLEX) 500 MG capsule Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily.
lidocaine (SALONPAS) 4 % patch Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.
methocarbamoL (ROBAXIN) 500 MG tablet Take 1 tablet (500 mg total) by mouth 2 (two) times daily as needed (muscle spasms and/or muscle pain)
oxyCODONE (ROXICODONE) 5 MG immediate release tablet Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain
polyethylene glycol (MIRALAX) powder Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet Take 2 tablets by mouth 2 (two) times daily

ALLERGIES
Allergies
Allergen Reactions
Penicillins Unknown

PAST MEDICAL HISTORY
No past medical history on file.

PAST SURGICAL HISTORY
Past Surgical History:
Procedure Laterality Date
DIAPHRAGMATIC HERNIA REPAIR
HERNIA REPAIR

FAMILY HISTORY
Family History
Adopted: Yes

SOCIAL HISTORY
Social History

Tobacco Use
Smoking status: Never
Smokeless tobacco: Never
Substance Use Topics
Alcohol use: No

PHYSICAL EXAMINATION
General: Patient is awake, follows commands, not in acute distress
Left Upper Extremity: His laceration is well-appearing. No erythema or drainage about the wound. His thumb on gross motion feels stable. Radial and ulnar deviation of the thumb at 30 and 60 degrees and no excessive laxity when compared to the contralateral side as well as firm endpoint. Sensation was intact at the radial and ulnar borders.

IMAGING STUDIES
Left hand radiographs, 3 views demonstrate reduction of the first MCP joint and acceptable alignment

IMPRESSION/ASSESSMENT:
1. Left thumb MCP dislocation

Jason Tower has been progressing well following his left thumb injury and laceration. He is currently demonstrating appropriate stability of the thumb and a healing laceration. Given the nature of the injury as well as difficulty in ensuring appropriate determination of ligamentous injury, such as UCL injury and ensuring no presence of a Stener lesion given the traumatic nature of his dislocation. We will continue to maintain his thumb spica splint. We discussed undergoing an MRI scan. Should things appear well, we will plan to see him back at 3 weeks following injury, in order to fashion a fabricated thumb spica splint to 4 radial and ulnar with extension and flexion motion. All of his questions were answered. He understands to write or call with any further questions or concerns.

PLAN.
MRI scan
Follow-up at 3 weeks from injury.
Order occupational therapy

We appreciate the opportunity to participate in this patient's care. Please contact us with questions or concerns.

I spent a total of 45 minutes in both face-to-face and non-face-to-face activities, excluding procedures performed, for this visit on the date of this encounter.

Neill Y. Li, M.D.
Assistant Professor
Department of Orthopaedic Surgery
Division of Hand, Upper Extremity, and Microvascular Surgery

This note has been dictated using Dragon voice recognition software.

Electronically signed by NEILL YUN LI at 07/16/2023 11:43 PM EDT

NEILL YUN LI - 07/03/2023 1:30 PM EDT

Associated Order(s): Cast/Splint Application
Post-Procedure Diagnose(s): Open dislocation of metacarpophalangeal joint of left thumb, initial encounter
Formatting of this note might be different from the original.
Cast/Splint Application

Date/Time: 7/3/2023 3:02 PM
Performed by: Li, Neill Yun, MD
Authorized by: Li, Neill Yun, MD

Consent Given by: Patient
Location: Hand
left hand
Neurovascularly intact

Pre-procedure Assessment
Distal Perfusion: normal
Distal Sensation: normal

Procedure Details
Manipulation Performed?: No
Immobilization: Cast
Cast Type: Thumb spica
Supplies Used: Fiberglass
Patient age: Adult (11+ Yrs)
Neurovascularly intact

Post-procedure Assessment
Distal Perfusion: normal
Distal Sensation: normal
Patient tolerance: Patient tolerated the procedure well
Electronically signed by NEILL YUN LI at 07/16/2023 11:43 PM EDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Procedures - documented in this encounter

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
SPLINT APPLICATION	Routine	07/03/2023 3:02 PM EDT	Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	
SPLINT APPLICATION	Routine	07/03/2023 3:02 PM EDT	Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	

Results - documented in this encounter

PR APP CAST SHORT ARM GAUNTLET, PR CAST SUP GAUNTLET FIBERGLASS (07/03/2023 3:02 PM EDT)

Narrative

```
NEILL YUN LI - 07/03/2023 3:02 PM EDT
Li, Neill Yun, MD     7/16/2023 11:43 PM
Cast/Splint Application

Date/Time: 7/3/2023 3:02 PM
Performed by: Li, Neill Yun, MD
Authorized by: Li, Neill Yun, MD

Consent Given by:  Patient
Location:  Hand
left hand
Neurovascularly intact


Pre-procedure Assessment
Distal Perfusion: normal
Distal Sensation: normal


Procedure Details
Manipulation Performed?: No
Immobilization:  Cast
Cast Type:  Thumb spica
Supplies Used:  Fiberglass
Patient age:  Adult (11+ Yrs)
Neurovascularly intact


Post-procedure Assessment
Distal Perfusion: normal
Distal Sensation: normal
Patient tolerance:  Patient tolerated the procedure well
```

Authorizing Provider	Result Type
NEILL YUN LI	PROCEDURE/MINOR SURGICAL ORDERABLES

Visit Diagnoses - documented in this encounter

Diagnosis
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter - Primary

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 03, 2023 - Jul. 17, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
NEILL YUN LI (Attending) 919-660-5066 (Work) 919-660-5041 (Fax) 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 Orthopedic Surgery	Jul. 03, 2023 - Jul. 17, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Encounter Details

Date	Type	Department	Care Team
07/02/2023	Telephone	Duke Orthopaedics Arringdon 5601 Arringdon Park Dr Ste 300 Morrisville, NC 27560-5676 919-660-5066	**NEILL YUN LI** 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 919-660-5066 (Work) 919-660-5041 (Fax)

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
cephalexin (KEFLEX) 500 MG capsule	Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily.	26 capsule	0	06/29/2023	07/06/2023	Expired
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 2 (two) times daily as needed (muscle spasms and/or muscle pain)	14 tablet	0	06/29/2023	07/06/2023	Discontinued (Reorder)
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023	Discontinued (Reorder)

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	7/3/2023 1:31 PM EDT

Last Filed Vital Signs - documented in this encounter

Not on file

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter - Primary

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jul. 02, 2023 - Jul. 20, 2023

Custodian Organization
Duke University Health System 2301 Erwin Road Durham, NC 27710

Encounter Providers	Encounter Date
NEILL YUN LI (Attending) 919-660-5066 (Work) 919-660-5041 (Fax) 5601 Arringdon Park Drive Suite 300 Morrisville, NC 27713 Orthopedic Surgery	Jul. 02, 2023

Legal Authenticator
Associate C

Jason Tower

Summary of Care, generated on Jul. 20, 2023

Patient Demographics - Male; born Jul. 28, 1971

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
1308 snyder street *(Home)* DURHAM, NC 27713 *Former (Jun. 27, 2023 - Jul. 11, 2023):* 1308 snyder street *(Home)* DURHAM, NC 27703 *Former (Mar. 21, 2013 - Apr. 22, 2015):* 1704 COLEEN DRIVE *(Home)* CARY, NC 27519	919-624-0896 (Mobile) 919-624-0896 (Home) JTOWER@GMAIL.COM	English (Preferred)	White / Not Hispanic or Latino	Life Partner

Note from Duke University Health System

This document contains information that was shared with Jason Tower. It may not contain the entire record from Duke University Health System.

Reason for Visit

Reason
Motor Vehicle Crash

Auth/Cert (Routine)

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Inpatient	Diagnoses Motor vehicle collision, initial encounter		Dct 11a/11b Musculoskeletal & Trauma Stepdown 2301 Erwin Rd Duke Central Tower Level 11 Durham, NC 27705-4699 Phone: 919-684-8111

Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
19355078					1	1

Encounter Details

Date	Type	Department	Care Team
06/27/2023 - 06/29/2023	Emergency	DCT 11A11B Musculoskeletal and Trauma Stepdown 2301 Erwin Rd Duke Central Tower Level 11 Durham, NC 27705-4699 919-684-8111	**JOHN AUGUST HOFF** 2301 Erwin Road Durham, NC 27710 919-681-0196 (Work) 919-681-8521 (Fax) **SEAN PAUL MONTGOMERY** 40 Duke Medicine Circle Durham, NC 27705 919-681-8799 (Work) 919-668-4369 (Fax) **KELLY MARIE GEKAS** 2301 Erwin Road Durham, NC 27705 919-681-9960 (Work) 919-681-1400 (Fax) **DANIEL JOSEPH COX** 2301 Erwin Road Emergency Dept Durham, NC 27710 919-681-2247 (Work) 919-668-6115 (Fax) **Kelly** **DENISE ELIZONDO** 2301 Erwin Road Emergency Dept Durham, NC 27710 919-681-2247 (Work) 919-668-6115 (Fax) **TIMOTHY PETER BECK** 2301 Erwin Road Emergency Dept Durham, NC 27710 919-681-2247 (Work) 919-668-6115 (Fax) **A** **Ryan** **Haley** **SEAN MOLLER** **Nurse Sherika W** **Esther** **Jada** **JONATHAN THOMAS NEFF** 2301 Erwin Road Durham, NC 27705 919-681-2237 (Work) 919-681-8856 (Fax) **David** **Rebecca** **Sierra**

Date	Type	Department	Care Team
			MEGAN ELIZABETH MCNEILL 2301 Erwin Road Durham, NC 27705 919-681-9960 (Work) 919-688-4369 (Fax) **A1 PICKUP OT** **Cooper** **BRIANA FOUST** **Seth** **Jennifer** **DARIUS INGRAM** **Caroline** Duke University Hospital Dept of Case Management DUMC Bx 3647 DURHAM, NC 27710 919-668-0204 (Work) **Sara** **MICHELLE RICHARDSON BROWNSTEIN** 2301 Erwin Road Durham, NC 27705 919-681-8799 (Work) 919-668-4369 (Fax)

Allergies - documented as of this encounter (statuses as of 07/20/2023)

Active Allergy	Reactions	Severity	Noted Date	Comments
Penicillins	Unknown		03/25/2014	

Medications - documented as of this encounter (statuses as of 07/20/2023)

Medication	Sig	Dispensed	Refills	Start Date	End Date	Status
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023		Active
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023		Active
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023		Active
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023		Active
cephalexin (KEFLEX) 500 MG capsule	Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily.	26 capsule	0	06/29/2023	07/06/2023	Expired
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 2 (two) times daily as needed (muscle spasms and/or muscle pain)	14 tablet	0	06/29/2023	07/06/2023	Discontinued (Reorder)
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023	Discontinued (Reorder)

Active Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date
Motor vehicle collision, initial encounter	06/29/2023
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter	06/29/2023
Acute traumatic pain	06/29/2023
Closed fracture of shaft of humerus	06/29/2023

Resolved Problems - documented as of this encounter (statuses as of 07/20/2023)

Problem	Noted Date	Resolved Date
AKI (acute kidney injury)	06/29/2023	06/29/2023
Orthostatic hypotension	06/29/2023	06/29/2023

Immunizations - documented as of this encounter

Name	Administration Dates	Next Due
TDAP (>=7YR) VACCINE (ADACEL/BOOSTRIX)	06/27/2023, 04/27/2015	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use	Standard Drinks/Week
No	0 (1 standard drink = 0.6 oz pure alcohol)

Financial Resource Strain	Answer	Date Recorded
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Not hard at all	07/06/2023

Food Insecurity	Answer	Date Recorded
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Never true	07/06/2023
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Never true	07/06/2023

Transportation Needs	Answer	Date Recorded
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No	07/06/2023
In the past 12 months, has lack of transportation kept you from meetings, work, or getting things needed for daily living?	No	07/06/2023

Housing Stability	Answer	Date Recorded
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No	07/06/2023
In the last 12 months, how many places have you lived?	2	07/06/2023
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No	07/06/2023

Sex Assigned at Birth	Date Recorded
Not on file	

COVID-19 Exposure	Response	Date Recorded
In the last 10 days, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure	6/27/2023 7:50 PM EDT

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	142/86	06/29/2023 3:27 PM EDT	
Pulse	90	06/29/2023 3:27 PM EDT	
Temperature	36.9 °C (98.4 °F)	06/29/2023 12:29 PM EDT	
Respiratory Rate	18	06/29/2023 12:29 PM EDT	
Oxygen Saturation	98%	06/29/2023 8:22 AM EDT	
Inhaled Oxygen Concentration	-	-	
Weight	87.1 kg (192 lb)	06/28/2023 11:53 AM EDT	
Height	172.7 cm (5' 8")	06/28/2023 11:53 AM EDT	
Body Mass Index	29.19	06/28/2023 11:53 AM EDT	

Discharge Instructions - documented in this encounter

Discharge Instructions

MEGAN ELIZABETH MCNEILL - 06/29/2023 2:51 PM EDT
Formatting of this note is different from the original.
Duke General Surgery - Discharge Instructions

Admission Diagnosis: Motor vehicle collision, initial encounter [V87.7XXA]
Your attending physician was Montgomery, Sean Paul, MD
Surgeries Performed: NONE

FOLLOW UP APPOINTMENTS:
Future Appointments

Date Time Provider Department Center
7/6/2023 8:00 AM Dye, Jennifer Kristine, PA DUKETRAUMA Duke Clinic

Activity/Diet
You may eat a regular diet as you are able to tolerate it.
Please do NOT bear weight through your right arm or your left hand. Weight bearing restrictions will be directed per your Orthopedic and Plastic Surgery teams. Otherwise, you may return to your regular level of activity as you feel comfortable. It will likely take you several days to feel your normal self again. You may return to work once you are cleared by your Orthopedic and Plastic Surgery teams.
You should not drive until cleared by your Orthopedic / Plastic Surgery teams. You should not drive or operate heavy machinery at all if you are taking narcotic pain medication.
It is important that you continue walking at least 3 times a day, at least 10 minutes per walk (as tolerated). This will help prevent blood clots in your legs as well as help prevent an pneumonia by keeping your lungs expanded.

Splint Care
Here are instructions for taking care of your cast/splint
Keep the left arm/hand splint clean and dry
Please call us if the splint becomes wet or dirty
If you are experiencing worsening pain or worsening swelling, please call.
Itching can be boethersome. You can try:
Scratching the opposite limb in the same spot
Blowing on the cast with a blow dryer on cold
Do NOT stick anything inside the splint, especially to scratch an itch.

New Medications
Cephalexin (Keflex): this is an antibiotic prescribed for your open thumb dislocation to prevent infection. Please take the entire course and do not skip doses. You may take this medication with food.
Tylenol may be taken regularly as the main pain relief option. Do NOT take more than 3.5 grams (3500 mg) of tylenol in a 24 hour period.
Topical Lidocaine Pain Relief Patches 4% (can be used as substitute for the LidoPatches used at the hospital) are available over the counter at local drugstore or pharmacy. Use as directed. Do not apply over incisions, abrasions, or wounds.
You have been prescribed Oxycodone, a narcotic pain medication, for your severe pain. Reduce your use of this medication over the next few days. The Trauma Service is not able to provide you any refills of your medications once you leave the hospital. You cannot drive while taking this medication; it is equivalent to a DUI. You should not drink alcohol while taking narcotic pain medications.
While taking narcotic pain medications, you should take Senokot-S (sennosides-docusate) 8.6-50 mg, 2 tablets twice daily, Miralax powder, 17g packet mixed with 6oz of water, once daily, or any equivalent over-the-counter stool softener / laxative to prevent constipation. It is very important that you take this stool softener when you are taking the narcotics to prevent constipation and allow you to heal.

Notify your provider of...
Abdominal pain
Swelling in arms, legs, or stomach
Nausea or vomiting
Bleeding, redness, swelling, pain, or drainage from laceration
Temperature greater than 101.0 F (38.3 C) degrees
Dizziness or passing out
Difficulty breathing or shortness of breath
Inability to eat, drink fluids, or take medicines

Trauma Surgery Office Contact Information

TRIAGE NURSE: For questions, report concerns or complications, and additional educational needs--Please call (919) 681-1300 Or (919) 660-1770 The nurse is available Monday thru Friday 8:30 am to 4:00 pm.
After hours and on weekends, call 919-684-8111 and ask for the General Surgery resident on call
APPOINTMENTS: If you need to schedule or reschedule your appointment, please call The General Surgery Scheduling Hub at (919) 684-4064.
If you would like to leave a message for your provider, please call (919) 681-8799.
For a life-threatening emergency, call 911

Scheduled Follow-Up Appointments
Please bring all medications with you to your clinic visit.
Please follow-up with your primary care provider in the next few weeks.

Future Appointments
Date Time Provider Department Center
7/6/2023 8:00 AM Dye, Jennifer Kristine, PA DUKETRAUMA Duke Clinic

Electronically signed by MEGAN ELIZABETH MCNEILL at 06/29/2023 2:53 PM EDT

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Refills	Start Date	End Date
lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023	
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023	
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023	
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet	Take 2 tablets by mouth 2 (two) times daily	56 tablet	0	06/29/2023	
cephalexin (KEFLEX) 500 MG capsule	Take 1 capsule (500 mg total) by mouth 4 (four) times daily for 26 doses. You have 2 doses left today (6/29), please take the first dose ~4pm and the 2nd dose ~8pm. You may take this medication at 8am, 12pm, 4pm, and 8pm daily.	26 capsule	0	06/29/2023	07/06/2023
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023
methocarbamoL (ROBAXIN) 500 MG tablet	Take 1 tablet (500 mg total) by mouth 2 (two) times daily as needed (muscle spasms and/or muscle pain)	14 tablet	0	06/29/2023	07/06/2023

Ordered Prescriptions - documented in this encounter

Prescription	Sig	Dispensed	Refills	Start Date	End Date
oxyCODONE (ROXICODONE) 5 MG immediate release tablet	Take 1 tablet (5 mg total) by mouth every 6 (six) hours as needed for severe pain	20 tablet	0	06/29/2023	
polyethylene glycol (MIRALAX) powder	Take 1 packet (17 g total) by mouth once daily. Mix in 4-8ounces of fluid prior to taking.	238 g	0	06/30/2023	
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lidocaine (SALONPAS) 4 % patch	Place 1 patch onto the skin daily. Apply patch to the most painful area for up to 12 hours in a 24 hours period. Do not apply over wounds or abrasions.	30 patch	0	06/30/2023	
acetaminophen (TYLENOL) 325 MG tablet	Take 2 tablets (650 mg total) by mouth every 6 (six) hours as needed for pain	60 tablet	0	06/29/2023	07/07/2023
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Progress Notes - documented in this encounter

Jennifer - 06/29/2023 6:32 PM EDT

Formatting of this note might be different from the original.

DISCHARGE

Patient is POD # 3 s/p MVC. Patient's pain is controlled with PRN oxycodone and scheduled acetaminophen . PIV discontinued. POC resolved. All acute problems resolved. Education complete (see education record). Discharge instructions, prescriptions, follow-up appointment, signs and symptoms to report reviewed with patient. Patient and family given the opportunity to ask questions; all questions answered to the patient's satisfaction. Patient and family verbalized understanding of discharge instructions. Discharged via wheelchair accompanied by Duke transport .

Electronically signed by Jennifer at 06/29/2023 6:45 PM EDT

DARIUS INGRAM - 06/29/2023 3:18 PM EDT

Formatting of this note is different from the original.
Images from the original note were not included.

Occupational Therapy
Occupational Therapy Initial Evaluation

Patient Name: Jason Tower
Date of Evaluation: 06/29/23
Time of Evaluation: 1121
Duration of Session: 75 Minutes
Room/Bed: 11A09/11A09-01
Precautions: Weight bearing, Brace(s)
Weight Bearing status: Non weight bearing on right upper extremity, Non weight bearing on left upper extremity
Brace(s): (Sarmiento R shoulder)

Reason for Admission:
Jason Tower is a 51 y.o. male admitted on 6/27/2023 s/p MVC (Patient riding bike)
He has no past medical history on file.

Assessment:

Pt demonstrating decreased independence with self care and functional mobility due to fractures resulting in NWB status in L/R UE. Pt is safe for discharge and will have family assist to ensure safety. The patient will continue to benefit from the skills of an occupational therapist to address Decreased strength, Decreased ROM/flexibility, Decreased Basic ADLs/Self-care, Decreased endurance/activity intolerance, Pain. Limiting factors to progression may include pain.

Recommendations for performance of self care with nursing:
Use BMAT score and associated clinical judgement to determine safe mobility on a daily basis as patient status may be subject to change. Ambulate w/assistance

Discharge Recommendations:
Is the patient safe to discharge to the recommended disposition? Yes
Discharge Recommendations: Home
DME Recommendations:

Complete details of today's session:
Extensive family education/training provided for ADL performance and UE restrictions. Pt and family member present verbally acknowledged all aspects of teachings and able to demonstrate taught strategies. OT reviewed positioning for sitting/sleeping, benefits of sling use, ROM exercises for R wrist and elbow as well as L elbow and shoulder ROM. Bed mobility and STS performed x3 with CGA at R UE to provide support for pain management. At end of session, the patient was left with all needs in reach, with nurse call device in reach, with family present, semi-reclined in bed. His status was communicated to the Patient, Family, PA-C, PT.

06/29/23 1121
Discipline Timestamp
Discipline Timestamp OT
Documentation Type
Documentation Type E,R, T Initial Assessment
Occupational Profile/Social History
Social history source Patient;Partner
Patient lives with partner
(with cat)
Admitted from Home
Number of falls in the last 3 months 0
Home Activity / Exercise Yes
(cycling)
Assistance received prior to admission No
Assistance available after discharge Family;As needed
Number of days per week 7
No.of hours per day 24
Home Environment
Type of Home House
Home Layout Two level
Access Exterior stairs;Interior stairs
Interior stairs - number of steps full flight with landing in middle
Interior stairs - rails Other (Comment)
(L until landingl, then R side)
Exterior stairs - number of steps 4
Exterior stairs - rails Right (ascending)
Bathroom Shower/Tub Walk-in shower
Home Equipment/DME Available For Use
Bathroom Equipment Built-in shower seat;Hand-held shower
Mobility aid None
Bed Other (Comment)
(standard bed)
Patient/Family Goals
Patient/Family Goals Go home
Precautions
Precautions Weight bearing;Brace(s)
Weight Bearing status NWB RUE;NWB LUE
Brace(s)
(Sarmiento R shoulder)
Pain Assessment
Pain Assessment %% 0-10
Pain Score %% Two
Pain Type Acute pain
Pain Loc ARM
Cognition Client Factors/Performance Skills
Overall Cognitive Status WNL
Arousal/Alertness Alert
Orientation X 4

Attention Span Appears intact
Following Commands Consistently
Behavior Cooperative
Neuro-Musculoskeletal Client Factors/Performance Skills
RUE Assessment X
LUE Assessment X
Additional Comments NWB bilaterally, may weightbear through elbow
Adult OT Outcomes
Inpatient AM-PAC Performed Daily Activity Inpatient Short Form
AM-PAC "6 Clicks" Daily Activity Inpatient Short Form
Putting on and taking off regular lower body clothing? 1-Total
Bathing (including washing, rinsing, drying)? 2-A Lot
Toileting, which includes using toilet, bedpan, or urinal? 2-A Lot
Putting on and taking off regular upper body clothing? 1-Total
Taking care of personal grooming such as brushing teeth? 2-A Lot
Eating meals? 2-A Lot
AM-PAC Daily Activity Raw Score 10
AM-PAC Daily Activity t-Scale Score 27.31
Daily Activity G-Code Modifier CL
Basic ADLs Analysis of Occupational Performance
Overall ADL Status Maximal Assist (Pt. performs 25-49%)
Patient Status At End of Session
Status Communicated to: Patient;Family;PA-C;PT
Pt Left: with all needs in reach;with nurse call device in reach;with family present;semi-reclined in bed
Assessment
OT Barriers Pain;Skin integrity/wounds/pressure ulcers;Decreased activity tolerance/medically complex/comorbities
Impairments Decreased strength;Decreased ROM/flexibility;Decreased Basic ADLs/Self-care;Decreased endurance/activity intolerance;Pain
Rehab Potential Good
Pt.safe for Discharge/OT perspective? Yes
Summary of Findings The patient demonstrates decreased function secondary to
Patient Demonstrates Decreased Function Secondary to Medical status limitations;Decreased activity tolerance;Pain
Plan
OT Frequency Evaluation only
Discharge Recommendation (DUH/DRH) Home
Plan (Progress Note) Discontinue occupational therapy

OT GOALS

OT GOALS (Active)

There are no active problems.

OT GOALS (Resolved)

There are no resolved problems.

Please see OT overview for patient education completed today.

DARIUS INGRAM, OT

Electronically signed by DARIUS INGRAM at 06/29/2023 3:27 PM EDT

Jennifer - 06/29/2023 11:16 AM EDT

Formatting of this note might be different from the original.
Patient called RN with report of feeling light headed, sweaty and pale. RN notified Provider, Fluid Bolus ordered, patient AAX04, with spouse.
Electronically signed by Jennifer at 06/29/2023 11:20 AM EDT

Jesse Fletcher - 06/29/2023 10:22 AM EDT
Formatting of this note is different from the original.
Prior to Admission Medication History
Jason Tower's medication history has been completed by a Continuity of Care pharmacy technician.

Resources Utilized to Obtain Medication Information:
patient interview, interview with family, and review of outpatient pharmacy refill records

Updates made to home medication list:
none

Please review the updated home medication list below and contact the floor specific pharmacist with any further questions. This prior to admission medication information was obtained to the best of our abilities; however, its accuracy assumes patient reliability at the time of the interview and clinical discretion should be used to determine the appropriateness of continuing or discontinuing any medications on admission and discharge.

Jesse Fletcher, PharmD

No medications prior to admission.

Electronically signed by Jesse Fletcher at 06/29/2023 10:22 AM EDT

MEGAN ELIZABETH MCNEILL - 06/29/2023 7:50 AM EDT
Formatting of this note is different from the original.
Images from the original note were not included.

Trauma-Critical Care Surgery

TRAUMA PROGRESS NOTE

HPI: Jason Tower is a 51 y.o. male was admitted on 6/27/2023. The current inpatient stay is Hospital Day: 3. Jason Tower is a 51 y.o. male with unknown PMH who presents being struck by a car while on his bike. unknown LOC, unknown head impact. Antegrade amnesia in the bay

There is no problem list on file for this patient.

SUBJECTIVE

Chief Complaint: Bike accident

Interval History: Intermittently hypertensive in the 140s/80s overnight, VSOS. NAEON. Patient reports doing well this morning, feeling ready to get up on his feet and walk with PT/OT. Notes some pain in his right upper arm and left hand/thumb but says this has been well controlled with little need for narcotics; otherwise denies pain.

Notes he has not eaten much out of fear of needing to have a bowel movement given he has not been up and out of bed much since admission. Denies appetite change, abdominal pain, N/V.

Review of Systems:
Review of Systems
Constitutional: Negative for appetite change.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for abdominal pain, nausea and vomiting.
Genitourinary: Negative for difficulty urinating.
All other systems reviewed and are negative.

History:
History reviewed. No pertinent past medical history.

Past Surgical History:
Procedure Laterality Date
DIAPHRAGMATIC HERNIA REPAIR
HERNIA REPAIR

Problem List Date Reviewed: 4/27/2015

None

OBJECTIVE

Vital Signs:
Current Vital Signs 24h Vital Sign Ranges
HR 74 (06/29/23 1109) Pulse Avg: 81.6 Min: 74 Max: 90
RR 12 (06/29/23 0432) Resp Avg: 13.4 Min: 11 Max: 17
BP 106/78 (06/29/23 1109) BP Min: 106/78 Max: 144/80
T 36.7 °C (98.1 °F) (06/29/23 1109) Temp Avg: 37.1 °C (98.7 °F) Min: 36.7 °C (98.1 °F) Max: 37.2 °C (99 °F)
O2sat 98 % SpO2 Avg: 98.2 % Min: 98 % Max: 99 %

Intake & Output:
06/28 0701 - 06/29 0700
In: -
Out: 300 [Urine:300]

Current Shift
06/29 0701 - 06/29 1900
In: 10 [P.O.:10]
Out: 600 [Urine:600]

Labs:
Recent Labs
Lab 06/27/23
2012 06/28/23
1316 06/29/23
0700
NA 143 138 135
K 3.9 3.7 3.7
CL 107 108 104
CO2 16* 24 24
BUN 13 16 13
CREATININE 1.8* 1.2 1.0
GLUCOSE 100 94 90
CALCIUM 9.5 8.6* 8.5*
Recent Labs
Lab 06/27/23
2012 06/28/23
1316 06/29/23
0701
WBC 11.9* 9.3 7.6
HGB 15.3 13.0* 13.3*
HCT 47.0 38.4* 39.9
PLT 234 178 162

Recent Labs
Lab 06/27/23
2012
APTT 21.4*
INR 1.1

Medications:
Scheduled Meds
acetaminophen, 975 mg, Oral, TID (7-15-22)
cephalexin, 500 mg, Oral, QID
enoxaparin, 30 mg, Subcutaneous, Q12H SCH
lactated ringers, 1,000 mL, Intravenous, Once
lidocaine, 1-2 patch, Transdermal, Q24H
polyethylene glycol, 17 g, Oral, Daily
sennosides-docusate, 2 tablet, Oral, BID
sodium chloride 0.9% flush, 5 mL, Intracatheter, Q12H SCH

Infusions

PRN Meds
lidocaine, 0.5 mL, Subcutaneous, As Directed

ondansetron, 4 mg, Intravenous, Q6H PRN
oxyCODONE, 5-10 mg, Oral, Q4H PRN

Current Diet:
Diet regular

DIAGNOSTICS (Pertinent Positives, final reads)

Hand (Left) 6/28 @0321

Findings/impression:

Interval reduction of left first MCP joint, now in anatomic alignment. No evidence of acute fracture. Similar soft tissue throughout the hand and digits.

Humerus (Right) 6/28 @0215

Findings/impression:

Interval placement of overlying brace material.

Redemonstrated oblique fracture through the mid humeral shaft. Slightly improved alignment with decreased foreshortening, medial displacement, and angulation. Nondisplaced fracture of the distal humerus lateral epicondyle better appreciated on prior radiographs. Elbow joint effusion.

PHYSICAL EXAM

Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is not ill-appearing or diaphoretic.
HENT:
Head: Normocephalic and atraumatic.
Eyes:
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Abdominal:
General: There is no distension.
Palpations: Abdomen is soft.
Comments: Well healed transverse surgical scar over RUQ from reported hx of pyloric stenosis.
Well healed vertical scar over midline from prior hernia.
Musculoskeletal:
Right lower leg: No edema.
Left lower leg: No edema.
Comments: Right upper arm with Sarmiento brace in place; sensation in tact, distal fingertips well perfused, can wiggle fingers.
LUE with thumb spica splint in place, sensation in tact above/below splint.
Skin:
General: Skin is warm and dry.
Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

ASSESSMENT

Jason Tower is a 51 year old male with no significant PMH who was admitted to observation 6/27/2023 s/p bike vs car accident. Found to have a R humerus fx and open L thumb dislocation. Also noted to have mild concussion. Admitted under obs for PT/OT/SLP eval.

INJURIES / MEDICAL PROBLEMS / PROCEDURES

Open thumb dislocation (Left MP), s/p bedside washout, lac repair, thumb spica splint 6/28
-Per PSU (Hand)
--Patient likely to need outpatient operative intervention
--Keflex QID x 7 days (last dose 7/5pm)
--NWB in L hand
--F/u requested

Humerus fracture, mid-shaft (Right)
-Per Ortho
--Non-op management
--NWB RUE in Sarmiento brace
--F/u requested

Possible Right lateral patellar facet fracture
-Patient is non-tender (6/28)

L shoulder ecchymosis
-6/28: Patient minimally tender and with normal ROM. He is declining xray of this at this time but reassess in AM to see if worse
-6/29: Denies pain aside from right arm and left hand/thumb

Concussion
-TBI screen by SLP ----> recs for ambulatory referral to SLP (ordered)
-Supervision at home recommended at d/c

AKI, resolved
-sCr 1.8 on admission 6/27 --> Got 1L bolus in ED
-6/28: Re-check sCr 1.2
-6/29: sCr 1.0

Acute Trauma Pain
-sch Tylenol, Lidocaine patch / prn Oxy sliding scale

Co-Morbidities
NO PRE-EXISTING CONDITIONS

Pertinent Clinical Events (ie: transfers, tube/drains, variance in care)
Trauma Complications from Registry: NO HOSPITAL EVENTS

WOUNDS and DRAINS: L knee abrasion, L thumb laceration s/p repair and splinting
RESTART HOME MEDICATIONS: n/a
ANTIBIOTICS: Keflex Indication: open dislocation Last dose: 7/5pm
BOWEL REGIMEN: Senokot and Miralax
DVT PPx: lovenox and SCDs
WEIGHT BEARING STATUS: NWB RUE in sarmiento brace, NWB L hand

PT:
OT:

DISCHARGE PREPARATION

Injury Consult Team Follow-up Date Recommendations at DC
R humerus fx Ortho Appt 7/6 with Jennifer Dye, PA NWB RUE in Sarmiento brace
L thumb open dislocation PSU Requested NWB L hand in thumb spica splint

PLAN

-Keflex QID x 7 days (last dose 7/5 PM)
-NWB RUE in Sarmiento brace
-NWB L hand in thumb spica splint
-Amb referral to SLP for concussion placed 6/28
-PT/OT eval 6/29; f/u recs

MEGAN ELIZABETH MCNEILL, PA
Department of Trauma Surgery
970-9994 Trauma Team A (Devils)

970-9360 Trauma Team B (Bulls)
6/29/2023

Electronically signed by MEGAN ELIZABETH MCNEILL at 06/29/2023 11:40 AM EDT

Haley - 06/28/2023 11:00 AM EDT

Formatting of this note is different from the original.
Images from the original note were not included.

Speech Language Cognitive Evaluation

Location: Observation / 11A09/11A09-01
Time of Service: 1100-1135
Verification from Source Document: 1. Patient's name 2. DOB 3.Correct Procedure
Precautions: Falls risk

Medical History

Medical History: Jason Tower is a 51 y.o. male with an unknown past medical history who presented 6/27/2023 after being stuck by a car while on his bike. GCS 14 upon arrival. Notable injuries include right humerus fracture x2 and left open thumb dislocation identified on imaging.

Relevant Imaging:
CT brain (pending final signature) 6/27/23: No acute intracranial trauma.

Reason for Consult: Patient failed TBI screen due to: decreased GCS, positive LOC, amnesia to event or time surrounding, observed/reported mental status changes.

Social History

History provided by: Patient
Communication History: None prior.
Social History: Patient lives in Hillsborough, NC with his girlfriend, Sarah. He recently bought a house in Durham, NC. He previously worked in IT, but states that he has been laid off.
Baseline Responsibilities: Independent with all ADLs/iADLs
Education: College

Environment

Level of Alertness: awake, alert, participative

Baseline status upon arrival:
Patient Positioning: Laying in bed
Lights: Off
Distractions: Patient in ED, open room, noise/alarms throughout
Restraints: N/A, limited movement of arms given presence of splint and brace

Modifications made by clinician/staff:
Patient Positioning: No modifications made
Lights: No modifications made
Distractions: No modifications made
Restraints: N/A

Personal Needs:
Hearing: Hearing appeared adequate for 1:1 conversational speech
Vision: Wears glasses/contacts, which were not present
Interpreter services: N/A

Therapeutic Alliance

Greeting: Looked at clinician upon knocking and entry to room, Made small talk appropriately
Patient verification: Stated name and date of birth independently
Patient's Preferred Name: Jason
Patient's concerns/goals: None stated
Topics of Interest: Family
Topics to avoid (if identified): N/A

Safety and Awareness

Behavior Observations: No concerns during session

Report pain score: patient reported pain score without cues
Pain score: Numeric response: 3-4/10
Awareness of Current Situation: Patient is aware of reason for admission and aware of limitations/injuries
Aware of falls precautions: Patient answered questions regarding falls precautions accurately (e.g., Is it safe for you to get up on your own? What do you do if you need something/in pain/need help?)
Demonstrate use of call bell: Not completed as call bell not present
Implementation of safety/falls precautions: Patient is adhering to recall of safety precautions per observation and/or RN report

Objective Assessment

Respiratory Status: Room air

Oral Mechanism Report:
Full examination completed with no noted abnormalities

Motor Speech:
Overall Intelligibility: 100%
Respiration: adequate volume and breath support for speech
Resonance: WFL
Articulation: WFL
Prosody: WNL
Vocal Quality: strong, clear

Cognitive-Communication:
Communication Observations: Verbally participates in assessment
Orientation: person, year, and place, not oriented to month, date, or day. Following education and 5 minute delay patient still stating that it's May and unable to recall date or day
Attention: Adequate for duration of session
Command Following: 1-step commands: 100%
Yes/No Reliability: Simple questions: 100%
Verbal problem solving: 4/5 accuracy for solving functional problems (e.g., what would you do if you lost your wallet?)
Reading Comprehension: responded to 4/4 questions from medicine label task on Assessment of Language Related Functional Activities (ALFA)
Written Expression: Not assessed given split and brace
Pragmatics: appropriate throughout evaluation
Functional Recall: patient able to recall functional information related to hospital course with cues from clinician

The following standardized assessment(s) were administered:
Mini- Addenbrooke's Cognitive Examination (Version A) (2014)

Section Task Score
Attention Oriented to: year 1/4
Memory Repeating address 7/7
Fluency Animals 7/7

Clock Drawing Unable to score as patient unable to write due to splints and brace. Patient independently and accurately told clinician to draw a circle, space numbers, and set hands to appropriate place N/A/5
Memory Recall Recall of address 6/7

Total Score: N/A/30**
(Score of <25 indicates possible cognitive impairment)

**Unable to fully score as patient could not independently complete the clock drawing

Sections of the following standardized assessment(s) were administered:
Cognitive Linguistic Quick Test (CLQT)
Story retelling subscore 1: 12/18
Story retelling comprehension: subscore 2: 3/3
Story Retelling: 8/10 - meets criterion

Patient reports the following symptoms: (derived from The Acute Concussion Evaluation (ACE) created by Gioia,G. and Collins, M.)

[] No reported symptoms this date

Physical Thinking Emotional Sleep
[x] Headaches [] Light sensitivity [x] Feeling mentally foggy [] Irritability []Drowsiness
[] Nausea [] Noise Sensitivity [x] Problems concentrating [] Sadness [] Sleeping more than usual

[] Fatigue [] Numbness
tingling [x] Problems rememebering [] Feeling more emotional [] Sleeping less than usual
[] Visual Problems []Vomiting [] Feeling more slowed down [] Nervousness [] Trouble falling asleep
[] Balance Problems [] Dizziness

Awareness of Performance: patient identifies performance is not at baseline

Compensatory supports and techniques

The following supports, tools, techniques, and/or strategies were trialed during session:

Beneficial: components of cognitive coaching (e.g., Errorless learning, "TELL don't ASK", elaboration, collaboration, appropriate questions, motivating/meaningful topics)
Not Beneficial: N/A

Education

Patient Education was provided via verbal communication re: role of speech pathologist, rationale for evaluation, recommendations, plan of care. Patient verbally expressed/demonstrated understanding. Barriers to education include: cognitive-communication impairment. Will continue to provide education in subsequent sessions as warranted

Assessment

Patient presents with cognitive-communication deficits in the setting of s/p MVC vs bicycle with decreased GCS, positive loss of consciousness, amnesia to event or time surrounding, and observed/reported mental status changes. Of note, evaluation completed in a non-optimal testing environmental with many distractions/noises. Deficits primarily characterized by impaired orientation and delayed recall. Patient oriented to person, place, situation, and year, but not month, day, or date despite verbal education. He demonstrates improving insight into deficits (I.e. stating that people have told him that he's been repeating himself) and states that he is not at his cognitive baseline. Patient will benefit from speech pathology services to train use of external memory strategies and an outpatient evaluation to assess higher level cognitive skills. Should discharge be home, currently anticipate patient to benefit from ongoing supervision and assistance with cognitive iADLs at discharge. Speech to follow.

Prognosis: Good for improved function with skilled speech pathology services focusing on stated goals. Positive prognostic indicators include: motivation, family support, prior level of function, stimulability, and age.

Results and recommendations of this evaluation were communicated to: APP via Epic chat

Plan

1. Strategies to maximize cognitive-communication:
Re-orient frequently and ensure room sign is up to date
Review purpose of medical equipment frequently
Present information in verbal and written format to decrease memory load.
Repeat information as needed
Encourage patient to participate in self- care activities as able
Encourage patient to engage in cognitive tasks (e.g. reading, word finds, crossword puzzles, etc.)
2. Speech pathology follow up: 1 time/s a week for 1 month/s
3. Discharge Plan: Home with close supervision given deficits in memory. Please place referral in discharge navigator for "Ambulatory Referral to Speech Pathology" for evaluation and treatment via Speech Language Cognitive Evaluation. Request for outpatient evaluation was completed on 6/28/23. Scheduling Hub will schedule appointment.

Long Term Goals:
1. To reduce risk of communication failures, increase patient safety, increase patient participation in health care, and increase patient/family satisfaction, patient will improve cognitive-communicative abilities when provided supports as needed by staff, family, and friends.
2. Patient will have immediate communication needs met in hospital, home, community, and medical setting(s) when patient, staff, family, and friends use conversational and environmental supports as appropriate.

Short Term Goals:
1. To train use of external memory devices, patient will be oriented to month, date, and day of week when given verbal cues as needed to refer to room calendar, smart phone, or memory book.
2. To improve retrospective memory of conversations, patient will (a) recall 3/4 memory strategies (write it, repeat it, associate it, picture it, (b) utilize at least 3 during a functional memory task, and (c) recall +3 pieces of novel information with mild clinical assistance (I.e. guided/direct questions, simplified language, errorless learning, etc.)
3. To compensate for memory impairment, patient will use memory book during structured tasks (given assistance as needed given limited arm mobility) with 100% accuracy when given verbal cues across 3 sessions.
4. To ensure appropriate and individualized therapy targets, patient will participate in ongoing diagnostic intervention as needed.

Thank you for the opportunity to care for this patient. Please page 206-9318 with questions.
Haley Reiff, M.S., CCC-SLP

Electronically signed by Haley at 06/28/2023 2:18 PM EDT

H&P Notes - documented in this encounter

LILLIAN KANG - 06/27/2023 8:23 PM EDT
Formatting of this note is different from the original.
Images from the original note were not included.

Trauma Surgery History and Physical

Date of Service: 6/27/2023 Time: 8:24 PM

Trauma Level: Level 3
Mechanism of Injury: bicycle vs car
Mode of Transport: Ambulance
Loss of consciousness: Unknown
Historian: pre-hospital

History of Present Illness

Brief History of Present Illness
Jason Tower is a 51 y.o. male with unknown PMH who presents being struck by a car while on his bike. unknown LOC, unknown head impact. Antegrade amnesia in the bay

Anticoagulation: unknown
Tetanus: unknown
Last PO: unknown
EtOH, illicits: unknown

Past Medical History
No past medical history on file.

Past Surgical History
Past Surgical History:
Procedure Laterality Date
DIAPHRAGMATIC HERNIA REPAIR
HERNIA REPAIR

Family History
Family History
Adopted: Yes

Social History
Social History

Socioeconomic History
Marital status: Unknown
Tobacco Use
Smoking status: Never
Smokeless tobacco: Never
Substance and Sexual Activity
Alcohol use: No
Sexual activity: Yes
Partners: Female
Social History Narrative
The patient is married. No children. Works as a computer administrator at GSK. Does car racing.

Allergies
Allergies
Allergen Reactions
Penicillins Unknown

Medications

None

Review of Systems
Full ROS unable to obtain secondary to trauma.

Objective Data

Physical Exam
Heart Rate: [103] 103
No data recorded.

Primary survey:
A - airway intact
B - breath sounds equal bilaterally, no respiratory distress
C - 2+ radial and femoral pulses, 2+ cap refill, no significant bleeding identified

Secondary survey:
General appearance: alert, appears stated age, and cooperative
Head: atraumatic. No lacerations or bony abnormalities. No facial instability.
Eyes: conjunctivae/corneas clear. PERRL, EOM's intact. Sclera anicteric.
Ears: normal TM's and external ear canals both ears. No Battle's signs.
Nose: Nares normal. Septum midline. Mucosa normal. No drainage or sinus tenderness.
Throat: lips, mucosa, and tongue normal; teeth and gums normal
Neck: supple, symmetrical, trachea midline. No bruits.
Back: symmetric, no curvature. No bony stepoffs. No spinal tenderness. No paraspinal tenderness. No CVA tenderness
Lungs: clear to auscultation bilaterally
Heart: regular rate and rhythm
Chest: no sternal or chest wall tenderness, crepitus, or ecchymosis
Abdomen: soft, non-tender; no rebound/guarding
Pelvic: pelvis stable, external genitalia normal
Rectal: Normal sphincter tone; no gross blood
Extremities:
- RUE: R upper arm deformity, palpable radial pulses
- LUE: L thumb deformity with open wound, L shoulder road rash, palpable radial pulses
- RLE: R thigh tenderness with ecchymosis, no crepitus or deformities, palpable PT and DP pulses
- LLE: L knee and shin ecchymosis and abrasion, no crepitus or deformities, palpable PT and DP pulses
Pulses: palpable carotid, femoral, radial, and pedal pulses bilaterally
Skin: Skin color, texture, turgor normal. No rashes or lesions
Neurologic: Alert and oriented X 3, normal strength and tone.
Sensory: normal and equal bilaterally in upper and lower extremities
Motor: grossly normal and equal bilaterally in upper and lower extremities

GCS: 4 - Opens eyes on own, 4 - Seems confused, disoriented, 6 - Follows simple motor commands
GCS Score: 14

Recent Laboratory Values
pending

Radiology Studies Ordered
CXR
Pelvic Xray

CT Head
CT C-spine
CT Chest
CT Abd/Pelvis
CT L + T-Spine Reformats

All four extremity XRs

FAST: not examined

Assessment and Plan

Known Injuries:
- L open thumb fx
- R humerus fx

Consults Requested by Trauma Service:
- Orthopaedics, for R humerus fx
- Plastic surgery, for L open thumb fx

Trauma Plan:
- pending consult recs + imaging

Disposition:
- pending consult recs + imaging

Addendum to follow with final list of injuries and plan, including dispo. Please page 919.970.7704 with further questions or concerns.

Plan reviewed with: Dr. Montgomery, Trauma Attending.

Lillian Kang
General Surgery PGY5
ED/Trauma Consults 970-7704
6/27/2023

Addendum
CXR
IMPRESSION
No acute radiographic abnormalities.

Pelvis + RLE XR
IMPRESSION
No acute radiographic abnormalities.

CT head
IMPRESSION:
No acute intracranial trauma.

CT C-spine
IMPRESSION:
No acute fracture or traumatic listhesis.

CT T+L spine
IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

CT CAP
1. No evidence of traumatic visceral injury in the chest, abdomen, pelvis.
2. Mild circumferential bladder wall thickening, nonspecific although can be seen in the setting of cystitis. Consider correlation with urinalysis.

BL hand and wrist XRs
FINDINGS/IMPRESSION:
RIGHT HAND:
No evidence of acute fracture or dislocation. Joint spaces are preserved. Soft tissues within normal limits.
LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. No definite fracture. Soft tissue swelling about the thenar eminence.

RUE XRs
Impression:
1. Obliquely oriented fracture of the mid humerus with approximately one half shaft width medial displacement and 5 cm foreshortening.
2. Nondisplaced fracture of the distal humerus lateral epicondyle. Associated elbow joint effusion.

Updated Plan: Patient has R humerus fx x2 and L open thumb dislocation identified on imaging. Consult Plastics for open thumb dislocation. Dispo per Ortho + Plastics. Trauma to admit if require surgery.

Lillian Kang
General Surgery PGY5
6/28/2023

Electronically signed by SEAN PAUL MONTGOMERY at 07/05/2023 5:33 PM EDT

Associated attestation - SEAN PAUL MONTGOMERY - 07/05/2023 5:33 PM EDT
Formatting of this note might be different from the original.
I personally saw and evaluated the patient, and participated in the management and treatment plan as documented in the resident/fellow note.

SEAN PAUL MONTGOMERY, MD

Procedure Notes - documented in this encounter

Sara - 06/29/2023 1:27 PM EDT
Formatting of this note might be different from the original.
VAT: Pt with communication order for new PIV d/t current one leaking.

Upon arrival, existing PIV in LAC was assessed. Extension tubing noted to be loose. Dressing change initiated. Cleansed entire area with CHG and allowed to dry. Attached new extension tubing with flush attached. Ultrasound was utilized to view vein proximal to insertion site while flushing. Catheter seen in vein without signs of infiltration or leaking. Foam Hub Guards utilized to anchor hub at the correct angle, then covered with new transparent dressing.

Communication for new PIV cancelled. VAT consult entered and completed.

Electronically signed by Sara at 06/29/2023 1:33 PM EDT

HANI IHAB NAGA - 06/28/2023 10:14 AM EDT
Procedure(s): LACERATION REPAIR OF HANDS, FEET, GENITALIA
Pre-Procedure Diagnose(s): Motor vehicle collision, initial encounter
Post-Procedure Diagnose(s): Motor vehicle collision, initial encounter
Formatting of this note might be different from the original.
Images from the original note were not included.
PROCEDURE: laceration repair

INDICATION(S): Jason Tower is a 51 y.o. male with 4cm laceration to L thumb involving MP joint

PROCEDURAL DETAILS:
The patient was placed supine position. A time-out was then performed with all personnel in attendance. After anesthesia using lido/epi was achieved, the affected areas listed above were prepped and draped according to standard, sterile fashion. The affected areas listed above were then thoroughly irrigated with peroxide, betadine, and then sterile saline. Hemostasis was ensured.

Interrupted 4-0 chromic gut sutures were used to reapproximate the wound edges. The patient was dressed with xeroform and a thumb spica splint.

All sponge, needle, and instrument counts were correct at the close of the procedure.

Electronically signed by NEILL YUN LI at 07/02/2023 12:58 AM EDT

Consult Notes - documented in this encounter

HANI IHAB NAGA - 06/28/2023 6:33 AM EDT
Associated Order(s): IP CONSULT TO PLASTIC SURGERY
Formatting of this note is different from the original.
Images from the original note were not included.

Plastic Surgery Consult Note
Date of Consult: 6/28/2023 6:33 AM

Service Requesting Consult: Emergency Medicine

Referring Provider: Hoff, John August, MD

Reason for Consultation: L thumb laceration, c/f joint involvement

History of Present Illness:
Mr. Jason Tower is a 51 y.o. male L3 trauma MVC vs bicycle, helmeted, antegrade amnesia in bay. Notable injuries include concussion, R humerus fx x2 and L open thumb dislocation identified on imaging. ED initially reduced dislocation, but due to deep laceration, consult to Hand Surgery was placed.

Patient reports childhood thumb ligament reconstruction although he cannot remember which side. Patient is RHD, works in IT.

Past Medical History:
History reviewed. No pertinent past medical history.

Past Surgical History:
Past Surgical History:
Procedure Laterality Date
DIAPHRAGMATIC HERNIA REPAIR
HERNIA REPAIR

Family History:
Family History
Adopted: Yes

Social History:
Social History

Tobacco Use
Smoking status: Never
Smokeless tobacco: Never
Substance Use Topics
Alcohol use: No

Allergies:
Allergies
Allergen Reactions
Penicillins Unknown

Medications:
Prior to Admission medications
Not on File

sodium chloride 0.9% flush 5 mL Intracatheter Q12H SCH

Review of Systems:
A 14 point review of systems was obtained from the patient. Pertinent positive and negative systems are documented in the HPI. All other systems are reviewed and are negative.

OBJECTIVE:
Physical Exam:
Temp: [36.4 °C (97.5 °F)] 36.4 °C (97.5 °F)
Heart Rate: [77-103] 83
Resp: [11-21] 12
BP: (121-150)/(69-94) 132/81

Focused Physical Exam
GEN: NAD
CV: Hemodynamically stable
RESP: Breathing unlabored

LEFT Upper Extremity:
L thumb laceration over MP crease. Thumb stable to manipulation. PROM/AROM intact.
Painless and full PROM/AROM of the wrist
Resting cascade of fingers is normal. Tenodesis is normal
Painless and full PROM/AROM of fingers, without rotational deformity.
Wrist extensors, EPL, EDC; wrist flexors, FPL, FDS, FDP, thenars; interossei are intact.
Sensation: intact to light touch in the median, ulnar, and radial nerve distributions
Vascular: Palpable radial pulse. Capillary refill at fingertips < 2 seconds.

No intake/output data recorded.

Recent Labs
06/27/23
2012
HGB 15.3
HCT 47.0
WBC 11.9*
PLT 234
NA 143

K 3.9
CL 107
CO2 16*
BUN 13
CREATININE 1.8*
GLUCOSE 100
INR 1.1
APTT 21.4*

Data:

Pre reduction

Post reduction

ASSESSMENT & PLAN:
51 y.o. male who p/w L thumb open dislocation of MP joint.

Patient warrants bedside washout and repair of laceration, s/p repair with interrupted 4-0 chromic gut suture. Due to injury pattern, patient likely has ligamentous injury to MP joint, with c/f UCL, RCL, and volar plate involvement. As such, patient will likely require outpatient operative intervention. Placed in L thumb spica splint, will need 1 week augmentin, and f/u will be requested.

HANI IHAB NAGA, MD
Plastic Surgery
970-3383

Electronically signed by NEILL YUN LI at 07/02/2023 12:58 AM EDT

Associated attestation - NEILL YUN LI - 07/02/2023 12:58 AM EDT
Formatting of this note is different from the original.

Attestation Statement:

This service was rendered under my overall direction and control, and I was immediately available via phone/pager or present on site.

NEILL YUN LI, MD

FREDERIC BAKER MILLS - 06/28/2023 12:07 AM EDT
Associated Order(s): IP CONSULT TO ORTHOPEDIC SURGERY
Formatting of this note is different from the original.
Images from the original note were not included.

Consultation Note

Name: Jason Tower Age: 51 y.o.
MRN: KA5434 Sex: male
Room/Bed: R02/R02 DOB: 7/28/1971
Admission Date: 6/27/2023 7:49 PM Attending Provider: Hoff, John August, MD

Time: 12:53 AM Hosp. Day #: 0

Reason for Consult: Right Midshaft Humerus Fracture

HPI:
Jason Tower is 51 y.o. male who presents to the ED as a level 3 trauma with a R midshaft humerus fracture after MVC versus bicycle. The patient was alert and interactive upon presentation.

PMH/PSH:
History reviewed. No pertinent past medical history.
Past Surgical History:
Procedure Laterality Date
DIAPHRAGMATIC HERNIA REPAIR
HERNIA REPAIR

FH:
Noncontributory.

SH:

Patient denies smoking or drug use.

Medications:
Scheduled Meds:
sodium chloride 0.9% flush 5 mL Intracatheter Q12H SCH

Continuous Infusions:
PRN Meds:HYDROmorphone

Allergies:
Penicillins

Exam:
Awake, alert, and oriented.
Lying on stretcher with C-collar intact.

Right Upper Extremity
Obvious deformity about the humerus.
TTP over the humerus.
Full PROM about the elbow and wrist. PROM about the shoulder limited secondary to pain.
Motor: AIN/PIN/Ulnar intact.
Sensory: Median/Ulnar/Radial intact.
Vascular: palpable radial pulse.

Right Upper Extremity:
Appearance: Inspection of the right upper extremity demonstrates an obvious deformity overlying the humerus.
Palpation: TTP over the humerus. No TTP over the wrist and elbow without crepitus.
ROM: Full PROM about the wrist. PROM about the shoulder and elbow limited secondary to pain.
Sensory: Sensation is intact to light touch in the median, ulnar, and radial nerve distributions.
Motor: EDC, EPL, FDP, FPL, interossei, wrist flexors, wrist extensors, elbow flexors, elbow extensors, and shoulder abductors are intact.
Vascular: Radial pulses are palpable. Capillary refill at fingertips < 2 seconds.

Imaging:
Radiographs of the right humerus demonstrate a midshaft humerus fracture.

Impression: 51 y.o. patient who presents to the ED as a level 3 trauma with a R midshaft humerus fracture after MVC versus bicycle. Patient was closed and neurovascularly intact on exam.

Plan:
Patient was placed in a sarmiento brace and will be treated nonoperatively. Post-immobilization radiographs obtained demonstrating improved alignment. We will coordinate outpatient follow up for this patient.

- Pending Items: Final reads.
- WB Status: NWB RUE in sarmiento brace.
- ABX: None indicated from an orthopedic standpoint.
- Diet: No dietary restrictions from an orthopedic standpoint.
- Pain Control: Per primary team.
- Anticoagulation: Per primary team.
- Follow up: We have requested outpatient orthopedic follow-up in 2-3 weeks. Patient receive a phone call once this appointment scheduled.

F. Baker Mills, MD, MS
PGY-2 Orthopaedic Surgery Resident
For primary patients please page 970-9980.
For consult patients please page 970-0356.

All information from clinical evaluation of this patient will be communicated to Dr. Rocos, the attending surgeon, who will review the patient's history, clinical evaluation, and diagnostic studies, prior to co-signing of this note.

This service was rendered under their overall direction and control, and they were immediately available via phone/pager or present on site.

Electronically signed by BRETT ROCOS at 06/29/2023 7:41 AM EDT

ED Notes - documented in this encounter

A - 06/28/2023 11:28 AM EDT

Formatting of this note might be different from the original.

Pt verbalizes understanding of all admit instructions and care. Pt left appropriately to 11A09 with pt transport and with all belongings at side. Pt replies no further need from RN at this time. ABCs intact. Respirations even and unlabored. Pt in NAD.

Electronically signed by A at 06/28/2023 11:49 AM EDT

Kelly - 06/28/2023 5:10 AM EDT

Formatting of this note might be different from the original.

Patient continues to have questions concerning the situation and how he ended up in the hospital. Patient continues to be re-orientated to room and situation again.

Electronically signed by Kelly at 06/28/2023 5:12 AM EDT

DANIEL JOSEPH COX - 06/27/2023 8:06 PM EDT

Formatting of this note is different from the original.
Images from the original note were not included.

DUH EMERGENCY DEPT

ED Provider Note
History

Chief Complaint
Patient presents with
• Motor Vehicle Crash
Cyclist vs motor vehicle

History of Present Illness
HPI
51-year-old male with unknown past medical history who presents emergency department as a level 3 trauma. Patient was reportedly riding his bicycle when a car struck him. Positive loss of consciousness. Vital signs were stable. GCS was 14 with EMS for confusion. Patient was reportedly having cyclical speech and repeating questions often. Complaining of some pain in the left hand and the left upper extremity.

History reviewed. No pertinent past medical history.
Past Surgical History:
Procedure Laterality Date
• DIAPHRAGMATIC HERNIA REPAIR
• HERNIA REPAIR

Family History
Adopted: Yes

Social History

Socioeconomic History
• Marital status: Married
Tobacco Use
• Smoking status: Never
• Smokeless tobacco: Never
Substance and Sexual Activity
• Alcohol use: No
• Sexual activity: Yes
Partners: Female
Social History Narrative
The patient is married. No children. Works as a computer administrator at GSK. Does car racing.

Review of Systems
Unable to perform ROS: Mental status change

Physical Exam
BP 121/84 | Pulse 87 | Temp 36.4 °C (97.5 °F) | Resp 16 | Ht 172.7 cm (5' 8") | Wt 95.3 kg (210 lb) | SpO2 94% | BMI 31.93 kg/m²
Physical Exam
Vital signs and nursing note reviewed
Vitals:
06/27/23 2106 06/27/23 2140 06/27/23 2220 06/27/23 2245
BP: 121/84
Pulse: 81 77 83 87
Resp: 13 12 16

Temp:
SpO2: 93% 96% 94%
Weight:
Height:

PRIMARY SURVEY
Airway Airway intact
Breathing Bilateral breath sounds
Circulation Carotid pulses intact
GCS E = 4 V = 4 M = 6. Total = 14
Environment All clothes removed

SECONDARY SURVEY
Gen: NAD
HEENT: Head: NCAT. Scalp is clear of lacerations or wounds. No deformities or depressions to skull.
Forehead: Nontender
Midface: Stable
Eyes: No visible injury to eyelids or eye, PERRL, EOMI
Nose: No gross deformities, no septal hematoma
Mouth: No injuries to lips, tongue or teeth. No trismus or malposition
Ears: No hemotympanum, no auricular hematoma
Neck: Trachea is midline, no distended neck veins

Chest: No tenderness, deformities, bruising or crepitus to clavicles or chest
Normal chest expansion
Abdomen: No tenderness, bruising or penetrating injury
Pelvis: Pelvis is stable and non-tender
Genital: No gross deformity or visible injury to perineum or external genitalia
No blood at urethral meatus
No incontinence
Extremities: Upper Extremity:
Deformed to left thumb with laceration on hand, deformity to right upper extremity. Bruising to left shoulder.
Radial pulse intact, cap refill good, sensation intact, motor intact

Lower Extremity:
No point tenderness, deformity or other signs of injury
DP intact, cap refill good, sensation intact, motor intact
Back/Spine: no tenderness or step-offs
Rectal: good rectal tone
Collar: c-collar in place
N/A

Procedures
Procedures

Medical Decision Making

Assessment and Plan:
Pt presents as level 3 trauma. Primary and secondary survey significant for deformity to left thumb, right upper extremity, pain to right femur and altered mental status. Vitals reassuring at this time.

Differential Diagnosis:
Immediate considerations in trauma patient:
Head Injury - No signs of head injury on survey of her has altered mental status
Airway compromise/injury - Airway intact on primary survey
Chest Injury and Abdominal Injury - including hemo/pneumothorax, cardiac, abdominal solid and hollow organ injury - No signs of injury to thorax on secondary survey
Spinal Cord or Vertebral injury - No signs of injury on posterior survey
Vascular compromise/injury/Hemorrhage - No signs/symptoms of acute bleeding
Fractures or dislocation- 2 obvious deformities on exam
Medical Complexity:
New and requires workup.
Pertinent labs & imaging results that were available during my care of the patient were reviewed by me and considered in my medical decision making.
I obtained history from someone other than the patient.
I independently visualized image(s), tracing(s), and/or specimen(s).
I discussed the patient with another provider.
Summary Statement:
Awaiting x-ray imaging which will likely show fractures to the right upper extremity and left thumb. Orthopedic surgery will be consulted for the upper extremity and plastic surgery likely for the left hand. Patient signed out to oncoming team for further

management.

ED Course as of 06/28/23 0950
Wed Jun 28, 2023
0018 X-ray shoulder complete right minimum 2 views
1. Obliquely oriented fracture of the mid humerus with approximately one half shaft width medial displacement and 5 cm foreshortening.
2. Nondisplaced fracture of the distal humerus lateral epicondyle. Associated elbow joint effusion.
[DE]
0122 X-ray hand left minimum 3 views
Subluxation of the first MCP joint with apex volar angulation on lateral view. No definite fracture. Soft tissue swelling about the thenar eminence.
[DE]
0537 X-ray hand left minimum 3 views
Interval reduction of left first MCP joint, now in anatomic alignment. No evidence of acute fracture. Diffuse soft tissue about the thenar eminence.
[DE]
0950 Patient admitted to trauma, handoff complete with trauma team, updated family at bedside [TB]

ED Course User Index
[DE] Elizondo, Denise, MD
[TB] Beck, Timothy Peter, MD

Medications Administered in the Emergency Department

sodium chloride 0.9% flush inj syringe 5 mL (has no administration in time range)
HYDROmorphone (DILAUDID) 1 mg/mL inj syringe 0.5 mg (has no administration in time range)
diphtheria-tetanus-acellular pertussis (Tdap) (BOOSTRIX) injection 0.5 mL (0.5 mLs Intramuscular Given 6/27/23 2014)
iopamidoL (ISOVUE-370) 76% injection 125 mL (125 mLs Intravenous Given 6/27/23 2049)

ED Clinical Impression
1. Motor vehicle collision, initial encounter

Cox, Daniel Joseph, MD
Resident
06/27/23 2259

Electronically signed by JOHN AUGUST HOFF at 06/27/2023 11:23 PM EDT

Olivia - 06/27/2023 8:00 PM EDT
Formatting of this note might be different from the original.
Pt BIB DCEMS after being struck by car while riding bicycle. Pt is GCS 14, obvious deformity to R upper arm and L thumb. Pt changed into gown and placed on CCM and pulse ox. Respirations even and unlabored. ED and trauma team at bedside.
Electronically signed by Olivia at 06/27/2023 8:23 PM EDT

Miscellaneous Notes - documented in this encounter

Plan of Care - Jennifer - 06/29/2023 4:34 PM EDT

Formatting of this note might be different from the original.

Patient AAX04. Room air. Patient's pain managed with scheduled acetaminophen and PRN oxycodone.Patient voiding well, no bm during shift. Patient had a hypotensive episode while working with PT - refer to note, cleared PT - discharging today.
Problem: Safety
Goal: Free from accidental physical injury
Outcome: Progressing

Problem: Discharge Barriers
Goal: Patient's discharge needs are met
Description: Collaborate with interdisciplinary team and initiate plans and interventions as needed.
Outcome: Progressing

Electronically signed by Jennifer at 06/29/2023 4:38 PM EDT

Initial Assessments - BRIANA FOUST - 06/29/2023 9:58 AM EDT

Formatting of this note might be different from the original.

Case Management Assessment and Discharge Plan

Patient Information:
Jason Tower
1308 snyder street
DURHAM, North Carolina 27703
DOB: 7/28/1971
Age: 51 y.o.
MRN: KA5434
CSN: 313668445

Admission Information
6/27/2023 7:49 PM
Motor vehicle collision, initial encounter [V87.7XXA]
Montgomery, Sean Paul, MD
Michelle Richardson Brownstein, MD
11A09/11A09-01

High Risk Assessment
Referral Source: case management screening
Information Reviewed: Nursing Admission Summary, H&P, MD consults/round, multidisciplinary progress notes

Assessment Summary
Met with patient (, , , ,), explained case management role and responsibilities. Patient expressed understanding and agreed to assessment at this time.

The primary encounter diagnosis was Symbolic dysfunction. Diagnoses of Motor vehicle collision, initial encounter, Research study patient, and Concussion with unknown loss of consciousness status, initial encounter were also pertinent to this visit.

Living environment prior to hospital: Private Residence
Home Accessibility: 1-story house/trailer
Patient lives with their partner.
Prior Level of Functioning: independent in ADLs, independent in IADLs
Prior to arrival, did anyone help you at home? If yes, how? no
Social Support System Network: no issues identified
Who is available to assist/take care of you when you leave the hospital? S.O
Preferred Emergency Contact / Legal Guardian / POA & Phone Number:
Primary/Secondary Caregiver:
Advance Care Planning: Advance Directive: Patient does NOT have NC advance directive
Information on Out of State Healthcare Directives: Patient does NOT have an out of state advance directive
Did the Patient Complete a Healthcare Directive when offered information and instructions?: Patient/Patient Representative declined information
Resources Prior to Admission: Prior Resources Utilized Within Past 6 Months: No Resources
Insurance: LIABILITY GENERIC PAYOR /
Funding Status: commercial coverage (pt covered under S.O's health coverage)
Preferred Pharmacy:
CVS 17605 IN TARGET - Morrisville, NC - 3001 Market Center Dr
3001 Market Center Dr
Morrisville NC 27560-7505
Phone: 919-379-2181 Fax: 919-379-2191

Prescription Drug Coverage: none
SBDoH / Psychosocial:
Social Behavioral Determinants of Health/Psychosocial Status: no issues identified

Employment Status: Unemployed (pt recently laid off)
Transportation:
Anticipated transportation at DC: private vehicle
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?: No
In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?: No
PCP: Rayala, Christopher Zaguirre, MD
DukeWell Eligible: No
Active Episode? No
30 Day Readmission? Readmission Assessment
Was the patient re-admitted within the last 30 days?: No
Anticipated Discharge Plan: Home, pending recommendations from the medical team, including PT/OT. SLP recommending home with supervision.
Patient's Preference for Post Discharge Care: home - self care
Family's Preference for Post Discharge Care: unable to assess at this time. Will reassess when patient/family able to participate
Case Management Next Steps: CM will follow for dc planning needs.

BRIANA FOUST
Electronically signed by BRIANA FOUST at 06/29/2023 1:46 PM EDT

Initial Assessments - Seth - 06/29/2023 9:10 AM EDT

Formatting of this note is different from the original.
Images from the original note were not included.
Duke Medicine
Duke University Hospital

Physical Therapy Initial Evaluation

Patient Name: Jason Tower
Date of Therapy Session: 06/29/23
Time of Therapy Session: 0910
Duration of Session: 58 Minutes
Room/Bed: 11A09/11A09-01
Precautions: Weight bearing, Brace(s)
Weight Bearing status: Non weight bearing on right upper extremity, Non weight bearing on left upper extremity
Brace(s): (Sarmiento R shoulder)

Assessment:
Pt presents for PT evaluation s/p MVC vs cyclist, with BUE injuries as listed below. Upon initial PT session, able diaphoretic and hypotensive following ambulation in hall, able to fully recover to stable BP while reclined in chair. Per pt request, PT returned later in day and pt with significantly improved tolerance to therapy, able to complete all functional mobilityr required for home while maintaining stable BP. Pt cleared from PT and is safe to return home at current functional mobility. Pt demonstrates ability to maintain all WB precautions and will have 24/7 assist from partner at home.

Recommendations for mobility with nursing: Supervision for transfers and ambulation. NWB BUE.
*Please always refer to most recent BMAT score prior to mobilizing pt.

Discharge Recommendations:
Is the patient safe to discharge to the recommended disposition? Yes
Discharge Recommendations: Home
DME Recommendations

Flowsheet Row Most Recent Value
DME Recommendations None Filed at 06/29/2023 0910

Reason for Admission:

Jason Tower is a 51 y.o. male admitted on 6/27/2023 L3 trauma MVC vs bicycle, helmeted, antegrade amnesia in bay. Notable injuries include concussion, R humerus fx x2 and L open thumb dislocation identified on imaging. ED initially reduced dislocation, but due to deep laceration, consult to Hand Surgery was placed.

Patient reports childhood thumb ligament reconstruction although he cannot remember which side. Patient is RHD, works in IT.

who presents to the ED as a level 3 trauma with a R midshaft humerus fracture after MVC versus bicycle. The patient was alert and interactive upon presentation.

Pertinent Imaging:
CXR
IMPRESSION
No acute radiographic abnormalities.

Pelvis + RLE XR
IMPRESSION
No acute radiographic abnormalities.

CT head
IMPRESSION:
No acute intracranial trauma.

CT C-spine
IMPRESSION:
No acute fracture or traumatic listhesis.

CT T+L spine
IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

CT CAP
1. No evidence of traumatic visceral injury in the chest, abdomen, pelvis.
2. Mild circumferential bladder wall thickening, nonspecific although can be seen in the setting of cystitis. Consider correlation with urinalysis.

BL hand and wrist XRs
FINDINGS/IMPRESSION:
RIGHT HAND:
No evidence of acute fracture or dislocation. Joint spaces are preserved. Soft tissues within normal limits.
LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. No definite fracture. Soft tissue swelling about the thenar eminence.

RUE XRs
Impression:
1. Obliquely oriented fracture of the mid humerus with approximately one half shaft width medial displacement and 5 cm foreshortening.
2. Nondisplaced fracture of the distal humerus lateral epicondyle. Associated elbow joint effusion.

He has no past medical history on file.

Complete details of today's session:

Discussed case with RN prior to session. Patient received semi-reclined in bed, with Sarmiento brace in place for RUE, with partner present, and agreeable to working with therapy. Subjective hx collected at start of session. Pt completed all functional mobility with assist levels as seen in flowsheet. Education provided re: activity precautions and safety awareness during functional mobility. Following ambulation of 60' in hall, pt became diaphoretic and hypotensive with BP as seen below, prompting immediate seated rest and reclined position in chair; symptoms resolved and BP recovered while resting in recliner.

PT returned in afternoon from 14:12-14:34, per pt request. Pt with stable BP, able to ambulate, practice stairs, and car transfer. Education provided to pt and spouse on techniques to safely guard pt, safety awareness at home, and progression to increase activity. Pt w/o further questions at end of session.

At end of session, the patient was left (standing in room with partner present). His status was communicated to the PA-C, Case Manager, RN, OT, Patient, Family.

Please see below flowsheet for complete details of session and mobility.

Please see patient education record for PT teaching completed today.

06/29/23 0910
Discipline Timestamp

Discipline Timestamp PT
Documentation Type
Documentation Type E,R, T Initial Assessment
Patient Subjective Information
Patient Subjective Information Patient agreeable to therapy
Patient Profile/Social History
Social history source Patient;Partner
Patient lives with partner
(with cat)
Admitted from Home
Number of falls in the last 3 months 0
Prior Level of Function Independent community mobility without an assistive device;Independent household mobility without an assistive device
Home Activity / Exercise Yes
(cycling)
Assistance received prior to admission No
Assistance available after discharge Family;As needed
Number of days per week 7
No.of hours per day 24
Additional Comments Partner, Sarah works from home. Her mom will be able to assist for first few days
Home Environment
Type of Home House
Home Layout Two level
Access Exterior stairs;Interior stairs
Interior stairs - number of steps full flight with landing in middle
Interior stairs - rails Other (Comment)
(L until landingl, then R side)
Exterior stairs - number of steps 4
Exterior stairs - rails Right (ascending)
Bathroom Shower/Tub Walk-in shower
Home Equipment/DME Available For Use
Bathroom Equipment Built-in shower seat;Hand-held shower
Mobility aid None
Bed Other (Comment)
(standard bed)
Precautions
Precautions Falls Risk;Brace(s);Weight bearing
Weight Bearing status NWB RUE;NWB LUE
(NWB L hand; OK to WB through elbow)
Brace(s) Other (Comment)
(R Sarmiento brace)
Patient/Family Goals
Patient/Family Goals Go home
Vital Signs
BP (!) 69/48
(following ambulation; able to fully recover reclined in chair with BP returning to 112/79)
MAP (mmHg) 52
BP Location Left upper arm
BP Method Automatic
Patient Position Lying
Pain Assessment
Pain Assessment %% 0-10
Pain Score %% Three
Pain Type Acute pain
Pain Loc ARM
Pain Orientation Bilateral
Pain Descriptors Aching
Pain Frequency Intermittent
Pain Onset With activity
Non-Pharmacological Intervention(s) Active listening
Pain Intervention Response %% Patient satisfied with pain management
Review of Systems Cardiovascular/Pulmonary Function
Any supplemental oxygen? No
Review of Systems - Cognition
Overall Cognitive Status WNL
Arousal/Alertness Alert
Orientation X 4
Attention Span Appears intact
Following Commands Consistently
Behavior Cooperative;Motivated

Review of Systems- Musculoskeletal
RLE Assessment WFL
LLE Assessment WFL
Mobility
Bed Mobility Supine to Sit;Sit to Stand;Stand to Sit
Supine to Sit Assistance Minimal assist (pt. performs > 75%)
Supine to Sit Details Requires extra time;Verbal cues;Head of bed flat
Number of People Required 1
Sit to Stand Assistance Stand by assist
Sit to Stand Details Requires extra time
Number of People Required 1
Stand to Sit Assistance Stand by assist
Stand to Sit Details Requires extra time;Verbal cues
Number of People Required 1
Ambulation Yes
Ambulation Assistance Supervision
Number of People Required 1
Distance ambulated in feet 400 feet
Ambulation Assistive Device None
Number of rest breaks 1
(seated)
Gait Pattern No impairment
Stairs/Curb assessed Yes
Rails None (comment)
Assistance Contact Guard Assist (Hand Touch)
Comment/# Steps 4 steps x 3 reps
Stair Pattern Step over step going up;Step-to going down/Lead right foot
Weight Bearing status NWB RUE;NWB LUE
Adult PT Outcomes
Inpatient AM-PAC Performed Basic Mobility Inpatient Short Form - 6 Clicks
AM-PAC "6 Clicks" Basic Mobility Inpatient Short Form
Turning from your back to your side while in a flat bed without using bedrails? 3-A Little
Moving from lying on your back to sitting on the side of a flat bed without using bedrails? 3-A Little
Moving to and from a bed to a chair (including a wheelchair)? 4-None
Standing up from a chair using using your arms (e.g,. wheelchair, or bedside chair)? 4-None
To walk in hospital room? 4-None
Climbing 3-5 steps with a railing? 4-None
AM-PAC Basic Mobility Raw Score 22
AM-PAC Basic Mobility t-Scale Score 47.4
AM-PAC Basic Mobility G-Code Modifier CJ
Patient Status At End of Session
Status Communicated to: PA-C;Case Manager;RN;OT;Patient;Family
Pt Left:
(standing in room with partner present)
Assessment
Impairments/Functional Limitations Impaired functional mobility;Decreased ROM/flexibility;Impaired Joint integrity;Pain;Decreased bed mobility
Rehab Potential Good
Patient safe for DC/PT perspective? Yes
Summary of Findings Safe to return home;The patient is ready for discharge from a therapy perspective. Discharge therapy;Notified case manager that patient is ready for discharge from PT perspective;Notified provider that patient is ready for discharge from PT perspective
Plan
Treatment/Interventions Bed mobility;Transfers;Stair training;Patient and family education
PT Frequency Evaluation only;Patient discharged from PT
Discharge Recommendation (DUH/DRH) Home
DME Recommendations None
Plan(Progress Note) Discontinue physical therapy

PT Goals

PT Goals (Active)

Physical Therapy: Locomotion

Dates: Start: 06/29/23
Disciplines: PT

PT Ambulation

Dates: Start: 06/29/23 Expected End: 07/13/23
Description: STG=LTG: Patient will ambulate 150' at SBA level by time of discharge.

Disciplines: PT

Stairs

Dates: Start: 06/29/23 Expected End: 07/13/23
Description: STG=LTG: Patient will negotiate a full flight of steps using no handrails at CGA by time of discharge.
.
Disciplines: PT

Physical Therapy: Transfers

Dates: Start: 06/29/23

PT Goals (Resolved)

There are no resolved problems.

Seth Von Rentzell PT, DPT
Pager: 970-2326

Electronically signed by Seth at 06/29/2023 10:02 PM EDT

Initial Assessments - SEAN MOLLER - 06/28/2023 2:19 PM EDT

Formatting of this note is different from the original.

CLINICAL SOCIAL WORK PSYCHOSOCIAL ASSESSMENT & SCREEN

[x] Mental Health & Trauma (Standard) [] Human Trafficking (if red flags present)
[]Substance Use (Positive Tox/AUDITC score) []Child Abuse/Neglect Screen (Age < 18 yrs)
[]Safety (Victim of Violent Crime) []Geriatric QOL (Age > 65 yrs)
[]IPV (Positive Brief Screen) []Elder Abuse Screen (Dependent Care)
Reason for Admission/HPI: Per H&P "Jason Tower is a 51 y.o. male with unknown PMH who presents being struck by a car while on his bike. unknown LOC, unknown head impact. Antegrade amnesia in the bay."

Patient Name: Jason Tower
Age: 51 y.o.
MRN: KA5434

Current Pt Status: engaging, some confusion

Personal Information:
Pt Preferred Name:
Does Pt a legal HCPOA?: no, declines to create one at this time.
Medical Decision Maker or NOK?: Mother Lani Tower (in Ohio). Pt does not know phone number.
Marital Status/Spouse: divorced. Pt's significant other (NOT SPOUSE) is Sarah Rachmeler 984-260-2425.
Children: none
Parental Information: Mother Lani Tower (in Ohio). Pt does not know phone number.
Support Person(s) and Network(s): Sig Other Sarah
Current living Situation: Lives in Durham with Sarah
Work/School: Recently laid off.
Hobbies/ Coping Skills: cycling

Financial Screen
Homeless: no
Unemployed: recently laid off

Legal Issues: no

MENTAL HEALTH SCREEN
Current or prior psychiatric diagnosis: no
Current psychotropic medications: denies
Are you currently receiving psychiatric and/or counseling services? no
Have you received psychiatric and/or counseling services in the past? no
Suicidal Ideation?: no
Homicidal Ideation?: no

TRAUMA RESPONSE (Acute Stress Responses Pt is currently experiencing): Pt does not remember his accident. He denies acute stress response, is using humor in assessment and reports plan to return to cycling in the future.
_____

INTERVENTION/PATIENT CARE
CSW provided:
Traumatic Event & Mental Health Debriefing with Pt/Family
Promoted emotional processing and sharing of the event as guided by patient/family.
Provided trauma-informed therapeutic counseling and support
Provided supportive and empathic listening
Provided psychoeducation about Acute Stress Responses, co-morbidity with pre-existing mental health concerns and healthy coping skills to adapt to current situation.
Normalized Pt/family reaction to traumatic response
Provided information about, and opportunity for, further trauma-related interventions in the community, if desired by the pt/family.
Referral provided for mental health follow-up: not indicated.

Follow-up Plan(s): CSW to follow.
Sean Moller, LCSW
Inpatient Adult Clinical Social Worker
Duke University Hospital
Desk (919) 997-4768
Pager (919) 970-3874

Prohibition on Re-disclosure of Information Concerning Client in Alcohol or Drug Abuse Treatment statement: The information that has been disclosed to you herein is protected by Federal confidentiality rules (42CFR pt.2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.
Electronically signed by SEAN MOLLER at 06/28/2023 2:23 PM EDT

Tertiary Survey - KELLY MARIE GEKAS - 06/28/2023 1:00 PM EDT

Formatting of this note is different from the original.
Images from the original note were not included.

Trauma-Critical Care Surgery

TRAUMA TERTIARY SURVEY

HPI: Jason Tower is a 51 y.o. male was admitted on 6/27/2023. The current inpatient stay is Hospital Day: 2. Jason Tower is a 51 y.o. male with unknown PMH who presents being struck by a car while on his bike. unknown LOC, unknown head impact. Antegrade amnesia in the bay

There is no problem list on file for this patient.

SUBJECTIVE

Chief Complaint: s/p bike accident

Interval History: Mr. Tower states he can't remember what happened. He thinks it was a bike accident and he knows he was wearing his helmet because he always does but denies knowing any further details. He states his R arm and L thumb are hurting. He denies pain in other areas. No headache, neck pain, jaw/dental pain, chest pain, SOB, abdominal pain, back pain, lower extremity pain. He reports he's having difficulty with his memory. He has not been able to eat because he has splints on bilateral upper extremities. He hasn't been out of bed yet. He has voided.

Review of Systems:
Review of Systems
Constitutional: Positive for activity change. Negative for appetite change.

Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for abdominal pain.
Genitourinary: Negative for difficulty urinating.
Musculoskeletal: Positive for arthralgias. Negative for back pain and neck pain.
Neurological: Negative for headaches.
Psychiatric/Behavioral: Positive for confusion.
All other systems reviewed and are negative.
History:
History reviewed. No pertinent past medical history.

Past Surgical History:
Procedure Laterality Date
DIAPHRAGMATIC HERNIA REPAIR
HERNIA REPAIR

Problem List Date Reviewed: 4/27/2015
None

OBJECTIVE

Vital Signs:
Current Vital Signs 24h Vital Sign Ranges
HR 84 (06/28/23 1153) Pulse Avg: 87.6 Min: 77 Max: 103
RR 14 (06/28/23 1153) Resp Avg: 13.5 Min: 8 Max: 21
BP (!) 141/81 (06/28/23 1153) BP Min: 121/88 Max: 150/89
T 37.1 °C (98.8 °F) (06/28/23 1153) Temp Avg: 36.6 °C (97.8 °F) Min: 36.4 °C (97.5 °F) Max: 37.1 °C (98.8 °F)
O2sat 98 % SpO2 Avg: 96.1 % Min: 89 % Max: 100 %

Intake & Output:
No intake/output data recorded.

Current Shift
No intake/output data recorded.

Labs:
Recent Labs
Lab 06/27/23
2012
NA 143
K 3.9
CL 107
CO2 16*
BUN 13
CREATININE 1.8*
GLUCOSE 100
CALCIUM 9.5
Recent Labs
Lab 06/27/23
2012
WBC 11.9*
HGB 15.3
HCT 47.0
PLT 234

Recent Labs
Lab 06/27/23
2012
APTT 21.4*
INR 1.1

Medications:
Scheduled Meds
acetaminophen, 975 mg, Oral, TID (7-15-22)
ceFEPime (MAXIPIME) IV Extended Infusion, 2 g, Intravenous, Q8H
heparin (porcine), 5,000 Units, Subcutaneous, Q8H SCH
lidocaine, 1-2 patch, Transdermal, Q24H
sennosides-docusate, 2 tablet, Oral, BID
sodium chloride 0.9% flush, 5 mL, Intracatheter, Q12H SCH

Infusions

PRN Meds
[START ON 6/29/2023] HYDROmorphone, 0.5 mg, Intravenous, Q4H PRN
ondansetron, 4 mg, Intravenous, Q6H PRN
oxyCODONE, 5-10 mg, Oral, Q4H PRN

Current Diet:
Diet regular

DIAGNOSTICS (Pertinent Positives, final reads)

Xray:
Chest 6/27:

IMPRESSION
No acute radiographic abnormalities.

Pelvis/R femur/R knee 6/27:

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Right shoulder/humerus/elbow 6/27:

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Right hand/Left wrist/hand 6/27:

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

CT Scans
Brain 6/27:

IMPRESSION:
No acute intracranial trauma.

Cervical 6/27:

IMPRESSION:
No acute fracture or traumatic listhesis.

Chest/Abdomen/Pelvis 6/27:

Impression:
1. No evidence of traumatic visceral injury in the chest, abdomen, pelvis.
2. Mild circumferential bladder wall thickening, nonspecific although can be seen in the setting of cystitis. Consider correlation with urinalysis.

Bony Reformat/Thoracic/ Lumbar 6/27:

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

PHYSICAL EXAM

Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is not ill-appearing.
Comments: Alert, NAD. Mild repetitiveness noted
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Comments: No malocclusion
Eyes:
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Neck:
Comments: No C-spine tenderness, step offs
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Abdominal:
General: Abdomen is flat. There is no distension.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding.
Comments: Well healed transverse surgical scar over RUQ from reported hx of pyloric stenosis

Well healed vertical scar over midline from prior hernia
Musculoskeletal:
Cervical back: Normal range of motion.
Comments: Back: No tenderness, step offs
Skin:
General: Skin is warm and dry.
Neurological:
General: No focal deficit present.
Mental Status: He is alert and oriented to person, place, and time. Mental status is at baseline.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

Extremities:
RUE: Sarmiento brace in place. No hand tenderness. Motor, sensory intact. Radial pulse 2+.
LUE: Bruising and road rash over R shoulder. No specific tenderness to palpation. Full AROM. Motor, sensory intact. Radial pulse 2+.
RLE: Inspection WNL. No specific tenderness to palpation. Full AROM. Motor, sensory intact. Pedal pulse palpable.
LLE: Superficial road rash over anterior knee. No specific tenderness to palpation. Full AROM. Motor, sensory intact. Pedal pulse palpable.

ASSESSMENT

Jason Tower is a 51 year old male with no significant PMH who was a bike vs car accident. Found to have R humerus fx and open L thumb dislocation. Also noted to have mild concussion. Admitted under obs for PT/OT/SLP eval

INJURIES / MEDICAL PROBLEMS / PROCEDURES

Left thumb dislocation and laceration
-PSU consulted ----> s/p bedside washout and lac repair; placed in thumb spica splint
-Keflex QID x 7 days
-NWB in L hand

R humerus fx
-Ortho consulted ----> non-op management
-NWB RUE in Sarmiento brace
-PT/OT

Right possible lateral patellar facet fracture
-Patient is non-tender

L shoulder ecchymosis
-Patient minimally tender and with normal ROM. He is declining xray of this at this time but reassess in AM to see if worse

Concussion
-TBI screen by SLP ----> recs for ambulatory referral to SLP (ordered)
-Supervision at home recommended at d/c

AKI
-Scr 1.8. Got 1L bolus in ED
-Recheck Scr 1.2

Acute Trauma Pain
-SCH Tylenol, Lidocaine patch
-PRN Oxy, IV HM

Co-Morbidities
NO PRE-EXISTING CONDITIONS

Pertinent Clinical Events (ie: transfers, tube/drains, variance in care)
Trauma Complications from Registry: NO HOSPITAL EVENTS

WOUNDS and DRAINS: L knee abrasion, L thumb laceration
RESTART HOME MEDICATIONS: n/a
ANTIBIOTICS: Keflex Indication: soft tissue Stop Date: 7/5
BOWEL REGIMEN: Senokot and Miralax
DVT PPx: lovenox and SCDs
WEIGHT BEARING STATUS: NWB RUE in sarmiento brace, NWB L hand

PT:
OT:

DISCHARGE PREPARATION

Injury Consult Team Follow-up Date Recommendations at DC
R humerus fx Ortho 2-3 weeks NWB RUE
L thumb injury PSU Requested NWB L hand

PLAN

Multimodal pain control
Keflex QID x 7 days
NWB RUE, NWB L hand
PT/OT eval
Reassess L shoulder in AM

Trauma Service has done a review of all diagnostics, labs, and a complete physical exam of the patient.

Additional recommendations based on our Tertiary Survey:
None

KELLY MARIE GEKAS, PA

Department of Trauma Surgery
970-9994 Trauma Team A (Devils)
970-9360 Trauma Team B (Bulls)
6/28/2023

Electronically signed by KELLY MARIE GEKAS at 06/28/2023 2:56 PM EDT

Plan of Care - Nurse Sherika W - 06/28/2023 11:57 AM EDT

Formatting of this note might be different from the original.

Pt admitted to DCT 11 from ED. Pain under control

Electronically signed by Nurse Sherika W at 06/28/2023 11:57 AM EDT

Trauma Note - A - 06/28/2023 11:26 AM EDT

Formatting of this note might be different from the original.

ED RN called and gave report to 11A09 RN at this time.

Electronically signed by A at 06/28/2023 11:26 AM EDT

RRT/Code Note - Ryan - 06/28/2023 11:06 AM EDT

Formatting of this note might be different from the original.

Speech language pathologist at bedside performing TBI screening.

Electronically signed by Ryan at 06/28/2023 11:24 AM EDT

Trauma Note - A - 06/28/2023 9:30 AM EDT

Formatting of this note might be different from the original.

Pt ABCs intact. Pt respirations are even and unlabored. Pt in NAD. Denies needs at this time. Call bell within reach. Bed in lowest locked position. Pt family made RN aware of leave and asked to be contacted for any major changes.

Electronically signed by A at 06/28/2023 11:01 AM EDT

Trauma Note - A - 06/28/2023 7:15 AM EDT

Formatting of this note might be different from the original.

RN assumed care and received report from PM RN at this time.

Electronically signed by A at 06/28/2023 8:22 AM EDT

Trauma Note - Kelly - 06/28/2023 6:35 AM EDT

Formatting of this note might be different from the original.

MD bedside discussing discharge and different treatment plan option with patient and patent's family member.

Electronically signed by Kelly at 06/28/2023 6:44 AM EDT

Trauma Note - Kelly - 06/28/2023 6:10 AM EDT

Formatting of this note might be different from the original.

Member of plastics team is bedside repairing laceration on write. Family member of patient wished to speak to doctor about concerns with discharge of patient. MD notified.

Electronically signed by Kelly at 06/28/2023 6:43 AM EDT

ED Procedure Notes - Jeff Peter Vista, MD - 06/28/2023 2:36 AM EDT

Associated Order(s): Orthopedic Injury Treatment - Upper Extremity
Formatting of this note might be different from the original.
Orthopedic Injury Treatment - Upper Extremity

Date/Time: 6/28/2023 2:37 AM
Performed by: Vista, Jeff Peter, MD
Authorized by: Hoff, John August, MD

Consent:
Consent obtained: Verbal and emergent situation
Consent given by: Patient
Risks, benefits, and alternatives were discussed: yes
Risks discussed: Fracture, irreducible dislocation, nerve damage, recurrent dislocation, restricted joint movement, stiffness and vascular damage
Alternatives discussed: No treatment
Universal protocol:
Required blood products, implants, devices, and special equipment available: yes
Immediately prior to procedure, a time out was called: yes
Patient identity confirmed: Verbally with patient
Location:
Location: Finger
Finger location: L thumb
Finger dislocation type: MCP
Pre-procedure details:
Pre-procedure imaging: X-ray
Imaging findings: dislocation present
Imaging findings: no fracture
Distal perfusion: normal
Sedation:
Sedation type: None
Anesthesia:
Anesthesia method: None
Procedure details:
Manipulation performed: yes
Finger reduction method: Direct traction
Reduction successful: yes
Reduction confirmed with imaging: yes
Post-procedure details:
Neurological function: normal
Distal perfusion: normal
Range of motion: improved
Procedure completion: Tolerated well, no immediate complications
Electronically signed by Jeff Peter Vista, MD at 06/28/2023 7:00 AM EDT

Trauma Note - Kelly - 06/28/2023 1:30 AM EDT
Formatting of this note might be different from the original.
Patient resting quietly in bed. Breaths unlabored and equal. Patient NAD. Patient given bedside urinal and educated on importance of providing sample. Patient verbalized understanding.
Electronically signed by Kelly at 06/28/2023 2:39 AM EDT

EMS External - On File Provider - 06/28/2023 12:35 AM EDT
Formatting of this note might be different from the original.
E12 dispatched to a Vehicle vs Bicycle accident. UOA DPD was already on scene controlling traffic. E12 found a 51yo M pt caox4 supine in the street. He stated that he was hit by a car, did not lose consciousness and was not in any pain. E12 performed a rapid trauma assessment. Upper right arm deformity, minor abrasion on right arm, no pulse at right wrist. E12 was attempting to place a C-collar on due to MOI when M7 arrived, took over pt care, waived off the collar. M7 assisted pt to stand and onto the gurney for rapid transport to DUMC. M7 cleared E12. E12 available.

Electronically signed by On File Provider at 06/28/2023 1:35 AM EDT

Trauma Note - Olivia - 06/27/2023 11:40 PM EDT
Formatting of this note might be different from the original.
Pt diaphoretic, states he feels he is "getting shocky," reports feeling tingly all over. Pt denies needing pain medications. Pt reports needing to urinate, provided with urinal, says he is not sure he will be able to d/t the tingling sensation.
Electronically signed by Olivia at 06/27/2023 11:42 PM EDT

Trauma Note - Kelly - 06/27/2023 10:08 PM EDT

Formatting of this note might be different from the original.
ER doctor at bedside discussing imaging and treatment plan
Electronically signed by Kelly at 06/27/2023 10:09 PM EDT

ED Attestation Notes - JOHN AUGUST HOFF - 06/27/2023 8:12 PM EDT

Formatting of this note might be different from the original.
I performed a history and physical examination of Jason Tower
as documented in the resident/fellow/APP note and discussed his
management with:

Treatment Team:
Attending Provider: Hoff, John August, MD
Resident: Cox, Daniel Joseph, MD
Registered Nurse: Reid, Kelly, G-RN

I agree with the history, physical, assessment, and plan of care, with the following exceptions: None

Level 3 trauma MVC vs bicycle. Pt appears mildly confused with some repetitive statements but otherwise primary assessment reassuring. Secondary survey shows RUE deformity and L thumb laceration.

Imaging shows R midshaft humerus fx. Pending further imaging at time of signout.

I personally saw the patient and performed a substantive portion of this encounter in conjunction with the listed resident as documented above.
I have reviewed the vital signs and the nursing notes.
Additional history obtained from family, EMS, or other collateral sources if available.
Past Medical and Surgical History: PMH/PSH discussed with patient, reviewed in medical record and nursing notes if applicable.
Social History: Discussed with patient and/or reviewed in EMR.
Medications: Discussed with patient and/or reviewed in EMR.
Allergies: Discussed with patient and/or reviewed in EMR
Review of Systems: A complete review of systems was performed and is otherwise negative except as noted in the HPI and medical decision making.
Labs and radiology results that were available during my care of the patient were independently reviewed by me and considered in my medical decision making.
I independently visualized the EKG tracing if performed.
I independently visualized the radiology images if performed.
I reviewed the patient's prior medical records if available.

I was present for the following procedures: None
Time Spent in Critical Care of the patient: None
Time spent in discussions with the patient and family: 10 mins

JJ Hoff, MD
Emergency Medicine

Electronically signed by JOHN AUGUST HOFF at 06/27/2023 11:19 PM EDT

EMS External - On File Provider - 06/27/2023 7:50 PM EDT

Formatting of this note might be different from the original.

EMS was dispatched for a MVC pedestrian and responded immediately. Upon arrival, the patient was found laying supine on the road, alert but not fully oriented, accompanied by DPD, DFD and bystanders. Per bystander the patient was hit by a car while riding a bike. It was estimated that the car was going 30-35mph. Patient stated he does not remember what happened and that he thinks his arm is broken.

Medic 7 rapidly assessed the patient and then moved to the patient to the stretcher once a cervical collar was placed. Once in the ambulance, emergent transport to DUMC began. Patient was not to have a mangled arm(right) and an obviously broken thumb. Vitals were checked and a trauma alert was given to DUMC. IV access was obtained and the patient was given 2 doses of Fentanyl for pain. Patient asked the same questions about 10-15 times during transport and could not recall events. Patient was reassessed during the transport with no new findings being noted. Upon arrival at DUMC patient care and report was given over to the nursing staff in RESUS 2.

Note: during transport the patient was able to confirm his name and date of birth. He could not say what happened, what year it is and what city he is in. He just kept saying "how bad am I?" and "Is my arm broken?" over and over.

William Holder EMTP P103426

_____

Electronically signed by On File Provider at 06/28/2023 4:20 AM EDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Specialty	Care Team
07/25/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	Appointment	Radiology	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
07/25/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/01/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
08/02/2023	Office Visit	Orthopaedics	**JENNIFER KRISTINE DYE** 30 DUKE MEDICINE CIRCLE CLINIC 1B/1C DURHAM, NC 27710 919-668-0291 (Work) 919-668-0272 (Fax)
08/08/2023	PT/OT Office Visit	Physical and Occupational Therapy	**Chelsea**
11/20/2023	Initial consult	Internal Medicine	**MAX FLINT HOCKENBURY** 234 Crooked Creek Pkwy Ste 200 Durham, NC 27713 919-544-6644 (Work) 919-644-0934 (Fax)

Health Maintenance	Due Date	Last Done	Comments
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/28/1971**		
Colorectal cancer screening	**07/29/1971**		
Annual Visit/Physical/Well Child Check	**04/27/2016**	04/27/2015	
Colorectal Cancer Screening	**07/28/2021**		
Colorectal cancer screening	**07/28/2021**		
Tetanus Booster	06/27/2033	06/27/2023, 04/27/2015	
HIB Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Hepatitis A Vaccine	Aged Out		No longer eligible based on patient's age to complete this topic
Pneumococcal Vaccination	Aged Out		No longer eligible based on patient's age to complete this topic

Medical Devices - documented as of this encounter

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Patch, Hernia Ventralex Sm Circ 1.7x1.7 Implanted: 03/27/2013 (Quantity not on file)		N/A: Abdomen	CR BARD/DAVOL		10301 / / HUWK0809

Procedures - documented in this encounter

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
Comm to Vast- Insert PIV Adult	Routine	06/29/2023 12:26 PM EDT		
OXYGEN THERAPY PER RESPIRATORY CARE / PROTOCOL	STAT	06/28/2023 3:00 PM EDT		
MEASURE WEIGHT	Routine	06/28/2023 9:43 AM EDT		
ORTHOPEDIC INJURY TREATMENT - UPPER EXTREMITY	Routine	06/28/2023 2:37 AM EDT		
OXYGEN THERAPY PER RESPIRATORY CARE / PROTOCOL	STAT	06/27/2023 8:12 PM EDT		

Results - documented in this encounter

(ABNORMAL) COMPLETE BLOOD COUNT (CBC) - Final result (06/29/2023 7:01 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC (White Blood Cell Count)	7.6	3.2 - 9.8 x10^9/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hemoglobin	**13.3 (L)**	13.7 - 17.3 g/dL		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hematocrit	39.9	39.0 - 49.0 %		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Platelets	162	150 - 450 x10^9/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCV (Mean Corpuscular Volume)	86	80 - 98 fL		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCH (Mean Corpuscular Hemoglobin)	28.8	26.5 - 34.0 pg		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCHC (Mean Corpuscular Hemoglobin Concentration)	33.3	31.5 - 36.3 %		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RBC (Red Blood Cell Count)	4.62	4.37 - 5.74 x10^12/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RDW-CV (Red Cell Distribution Width)	12.6	11.5 - 14.5 %		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC (Nucleated Red Blood Cell Count)	0.00	0 x10^9/L		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC % (Nucleated Red Blood Cell %)	0.0	%		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MPV (Mean Platelet Volume)	10.3	7.2 - 11.7 fL		06/29/2023 7:54 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/29/2023 7:01 AM EDT	06/29/2023 7:52 AM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (06/29/2023 7:00 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	135	135 - 145 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Potassium	3.7	3.5 - 5.0 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Chloride	104	98 - 108 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Carbon Dioxide (CO2)	24	21 - 30 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urea Nitrogen (BUN)	13	7 - 20 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Creatinine	1.0	0.6 - 1.3 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose	90	70 - 140 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Interpretive Data:
Above is the NONFASTING reference range.

Below are the FASTING reference ranges:
NORMAL:      70-99 mg/dL
PREDIABETES: 100-125 mg/dL
DIABETES:    > 125 mg/dL
```

Calcium	**8.5 (L)**	8.7 - 10.2 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Anion Gap	7	3 - 12 mmol/L		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
BUN/CREA Ratio	13	6 - 27		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glomerular Filtration Rate (eGFR)	91	mL/min/1.73sq m		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:

```
CKD-EPI (2021) does not include patient's race in the calculation of eGFR. Monitoring changes of plasma
creatinine and eGFR over time is useful for monitoring kidney function.  This change was made on
3/1/2022.

Interpretive Ranges for eGFR(CKD-EPI 2021):

eGFR:              > 60 mL/min/1.73 sq m - Normal
eGFR:              30 - 59 mL/min/1.73 sq m - Moderately Decreased
eGFR:              15 - 29 mL/min/1.73 sq m - Severely Decreased
eGFR:              < 15 mL/min/1.73 sq m -  Kidney Failure

Note: These eGFR calculations do not apply in acute situations
when eGFR is changing rapidly or in patients on dialysis.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/29/2023 7:00 AM EDT	06/29/2023 7:38 AM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

MAGNESIUM - Final result (06/29/2023 7:00 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	2.1	1.8 - 2.5 mg/dL		06/29/2023 8:03 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/29/2023 7:00 AM EDT	06/29/2023 7:38 AM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) COMPLETE BLOOD COUNT (CBC) - Final result (06/28/2023 1:16 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC (White Blood Cell Count)	9.3	3.2 - 9.8 x10^9/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hemoglobin	**13.0 (L)**	13.7 - 17.3 g/dL		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hematocrit	**38.4 (L)**	39.0 - 49.0 %		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Platelets	178	150 - 450 x10ˆ9/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCV (Mean Corpuscular Volume)	84	80 - 98 fL		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCH (Mean Corpuscular Hemoglobin)	28.4	26.5 - 34.0 pg		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCHC (Mean Corpuscular Hemoglobin Concentration)	33.9	31.5 - 36.3 %		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RBC (Red Blood Cell Count)	4.57	4.37 - 5.74 x10ˆ12/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RDW-CV (Red Cell Distribution Width)	12.7	11.5 - 14.5 %		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC (Nucleated Red Blood Cell Count)	0.00	0 x10ˆ9/L		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC % (Nucleated Red Blood Cell %)	0.0	%		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MPV (Mean Platelet Volume)	10.2	7.2 - 11.7 fL		06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Slide Review/ Morphology	Yes			06/28/2023 2:46 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment: Blood film reviewed, instrument counts confirmed,Polychromasia,

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/28/2023 1:16 PM EDT	06/28/2023 2:06 PM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (06/28/2023 1:16 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	138	135 - 145 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Potassium	3.7	3.5 - 5.0 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Chloride	108	98 - 108 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Carbon Dioxide (CO2)	24	21 - 30 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urea Nitrogen (BUN)	16	7 - 20 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Creatinine	1.2	0.6 - 1.3 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose	94	70 - 140 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

```
Interpretive Data:
Above is the NONFASTING reference range.

Below are the FASTING reference ranges:
NORMAL:       70-99 mg/dL
PREDIABETES:  100-125 mg/dL
DIABETES:     > 125 mg/dL
```

Calcium	**8.6 (L)**	8.7 - 10.2 mg/dL		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Anion Gap	6	3 - 12 mmol/L		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
BUN/CREA Ratio	13	6 - 27		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glomerular Filtration Rate (eGFR)	73	mL/min/1.73sq m		06/28/2023 2:38 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:

```
CKD-EPI (2021) does not include patient's race in the calculation of eGFR. Monitoring changes of plasma
creatinine and eGFR over time is useful for monitoring kidney function.  This change was made on
3/1/2022.

Interpretive Ranges for eGFR(CKD-EPI 2021):

eGFR:              > 60 mL/min/1.73 sq m - Normal
eGFR:              30 - 59 mL/min/1.73 sq m - Moderately Decreased
eGFR:              15 - 29 mL/min/1.73 sq m - Severely Decreased
eGFR:              < 15 mL/min/1.73 sq m -  Kidney Failure

Note: These eGFR calculations do not apply in acute situations
when eGFR is changing rapidly or in patients on dialysis.
```

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/28/2023 1:16 PM EDT	06/28/2023 2:06 PM EDT

Authorizing Provider	Result Type
KELLY MARIE GEKAS	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

XR HAND LEFT MINIMUM 3 VIEWS - Final result (06/28/2023 3:21 AM EDT)

Anatomical Region	Laterality	Modality
Hand Left, Finger Left, Wrist Left, ORTHO Hand Left		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 3:13 AM EDT	

Narrative

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06/28/2023 7:34 AM EDT
XR HAND LEFT MINIMUM 3 VIEWS
Number of views: 3.

Indication:  MOTOR VEHICLE CRASH, post reduction, V87.7XXA Person injured
in collision between other specified motor vehicles (traffic), initial
encounter.

Comparison: 6/27/2023

Findings/impression:

Interval reduction of left first MCP joint, now in anatomic alignment. No
evidence of acute fracture. Similar soft tissue throughout the hand and
digits.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 3:53 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:34 AM
```

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS
Number of views: 3.

Indication: MOTOR VEHICLE CRASH, post reduction, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: 6/27/2023

Findings/impression:

Interval reduction of left first MCP joint, now in anatomic alignment. No evidence of acute fracture. Similar soft tissue throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 3:53 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:34 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

PR CLOSED RX MC-P DISLOC (06/28/2023 2:37 AM EDT)

Narrative

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Jeff Peter Vista, MD - 06/28/2023 2:37 AM EDT
Vista, Jeff Peter, MD     6/28/2023  7:00 AM
Orthopedic Injury Treatment - Upper Extremity

Date/Time: 6/28/2023 2:37 AM
Performed by: Vista, Jeff Peter, MD
Authorized by: Hoff, John August, MD

Consent:
 Consent obtained:  Verbal and emergent situation
 Consent given by:  Patient
 Risks, benefits, and alternatives were discussed: yes
 Risks discussed:  Fracture, irreducible dislocation, nerve damage,
recurrent dislocation, restricted joint movement, stiffness and vascular
damage
 Alternatives discussed:  No treatment
Universal protocol:
 Required blood products, implants, devices, and special equipment
available: yes
 Immediately prior to procedure, a time out was called: yes
 Patient identity confirmed:  Verbally with patient
Location:
 Location:  Finger
 Finger location:  L thumb
 Finger dislocation type: MCP
Pre-procedure details:
 Pre-procedure imaging:  X-ray
 Imaging findings: dislocation present
 Imaging findings: no fracture
 Distal perfusion: normal
Sedation:
 Sedation type:  None
Anesthesia:
 Anesthesia method:  None
Procedure details:
 Manipulation performed: yes
 Finger reduction method:  Direct traction
 Reduction successful: yes
 Reduction confirmed with imaging: yes
Post-procedure details:
 Neurological function: normal
 Distal perfusion: normal
 Range of motion: improved
 Procedure completion:  Tolerated well, no immediate complications
```

Authorizing Provider	Result Type
JOHN AUGUST HOFF	PROCEDURE/MINOR SURGICAL ORDERABLES

XR HUMERUS RIGHT MINIMUM 2 VIEWS PORTABLE - Final result (06/28/2023 2:15 AM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 2:10 AM EDT	

Narrative

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06/28/2023 7:52 AM EDT
XR HUMERUS RIGHT MINIMUM 2 VIEWS PORTABLE
Number of views: 3.

Indication:  MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision
between other specified motor vehicles (traffic), initial encounter.

Comparison: 6/27/2023

Findings/impression:

Interval placement of overlying brace material.

Redemonstrated oblique fracture through the mid humeral shaft. Slightly
improved alignment with decreased foreshortening, medial displacement, and
angulation. Nondisplaced fracture of the distal humerus lateral epicondyle
better appreciated on prior radiographs. Elbow joint effusion.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 3:31 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:52 AM
```

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HUMERUS RIGHT MINIMUM 2 VIEWS PORTABLE
Number of views: 3.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: 6/27/2023

Findings/impression:

Interval placement of overlying brace material.

Redemonstrated oblique fracture through the mid humeral shaft. Slightly improved alignment with decreased foreshortening, medial displacement, and angulation. Nondisplaced fracture of the distal humerus lateral epicondyle better appreciated on prior radiographs. Elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 3:31 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:52 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

URINE DRUG SCREEN QUALITATIVE RAPID RESULTS - Final result (06/28/2023 1:49 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Amphetamine/ Methamphetamine, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Barbiturates, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Benzodiazepine, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Cocaine Metabolites, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Methadone, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Opiates, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Oxycodone, Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Tetrahydrocannabinol (THC), Urine	Negative	Negative		06/28/2023 2:31 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine		Collection / Unknown	06/28/2023 1:49 AM EDT	06/28/2023 2:06 AM EDT

Narrative

DUH CENTRAL AUTOMATED LABORATORY - 06/28/2023 2:31 AM EDT
The tests in this panel are screening tests only. Fentanyl is not detected by this panel. Confirmatory testing has not been performed. These results cannot be used for any other purpose other than medical. They are not intended for use as an employee or forensic drugs of abuse screen and only physician made medical decisions can be based on these results

Amphetamine: Threshold for Positive: 1000 ng/mL
Barbituate: Threshold for Positive: 200 ng/mL
Benzodiazepine: Threshold for Positive: 200 ng/mL
Cocaine: Threshold for Positive: 300 ng/mL
Methadone: Threshold for Positive: 300 ng/mL
Opiates: Threshold for Positive: 300 ng/mL
Oxycodone: Threshold for Positive: 300 ng/mL
THC: Threshold for Positive: 50 ng/mL

Authorizing Provider	Result Type
JOHN AUGUST HOFF	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) Urinalysis Examination (UA W/REFLEX MICROSCOPIC (NO CULTURE)) - Final result (06/28/2023 1:49 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Color	Light Yellow	Colorless, Straw, Light Yellow, Yellow, Dark Yellow		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Clarity	Clear	Clear		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Specific Gravity	1.010	1.005 - 1.030		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
pH, Urine	8.0	5.0 - 8.0		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Protein, Urinalysis	**Trace (A)**	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Ketones, Urinalysis	**2+ (A)**	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Blood, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Nitrite, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Leukocytes, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Bilirubin, Urinalysis	Negative	Negative		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urobilinogen, Urinalysis	0.2	0.2 - 1.0 mg/dL		06/28/2023 3:57 AM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine		Collection / Unknown	06/28/2023 1:49 AM EDT	06/28/2023 2:42 AM EDT

Narrative

DUH CENTRAL AUTOMATED LABORATORY - 06/28/2023 3:57 AM EDT
Reporting of microscopic urinalysis (UA) bacteria and yeast results was discontinued on August 30th, 2021 due to poor clinical predictive value for urinary tract infection (UTI). Providers should use other clinical signs and symptoms to diagnose UTI including urine leukocyte esterase, white blood cell count, and culture in accordance with local and national guidelines. Additional information and rationale can obtained by emailing diagnosticstewards@duke.edu.

Authorizing Provider	Result Type
JOHN AUGUST HOFF	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

ECG 12-LEAD - Final result (06/28/2023 12:10 AM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vent Rate (bpm)	85				DUHS GE MUSE RESULTS	
PR Interval (msec)	168				DUHS GE MUSE RESULTS	
QRS Interval (msec)	80				DUHS GE MUSE RESULTS	
QT Interval (msec)	342				DUHS GE MUSE RESULTS	
QTc (msec)	406				DUHS GE MUSE RESULTS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 12:10 AM EDT	06/28/2023 5:02 PM EDT

Narrative

DUHS GE MUSE RESULTS - 06/28/2023 12:10 AM EDT
This result has an attachment that is not available.
Normal sinus rhythm
Normal ECG

When compared with ECG of 27-APR-2015 13:37,
ST elevation, probably due to early repolarization is now absent
I reviewed and concur with this report. Electronically signed by:GRANT, AUGUSTUS (7000) on 6/28/2023 5:02:02 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	ECG ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUHS GE MUSE RESULTS			

XR PELVIS 1 TO 2 VIEWS PORTABLE - Final result (06/27/2023 11:34 PM EDT)

Anatomical Region	Laterality	Modality
Pelvis, Hip Right, Hip Left, ORTHO Pelvis		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:40 PM EDT	

Narrative

06/28/2023 7:29 AM EDT

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XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO
2 VIEWS PORTABLE
Number of views: One view AP pelvis, 2 views right femur, 2 views right
knee.

Indication:  MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision
between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal
collecting system are partially opacified by contrast, obscuring portions
of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the
patella, favored likely having bipartite patella with alternate
consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of
prior trauma.

IMPRESSION:
1.  Bipartite patella versus possible lateral patellar facet fracture. In
the absence of priors for comparison, recommend correlation with point
tenderness to further assess acuity.
2.  No acute pelvic or right femur fracture.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:29 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE

Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR CHEST SINGLE VIEW PORTABLE - Final result (06/27/2023 11:34 PM EDT)

Anatomical Region	Laterality	Modality
Chest, ORTHO Chest		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:28 PM EDT	

Narrative

06/28/2023 8:24 AM EDT

Narrative

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PROCEDURE: XR CHEST SINGLE VIEW PORTABLE
INDICATION: Other ( add clinical information to comment box below), Lung
Aeration, V87.7XXA Person injured in collision between other specified
motor vehicles (traffic), initial encounter --
COMPARISON: Same-day CT

FINDINGS
Cardiomediastinal contours are within normal limits. Lungs are clear. No
effusion or pneumothorax.

IMPRESSION
No acute radiographic abnormalities.

The preliminary report (critical or emergent communication) was reviewed
prior to this dictation and there are no substantial differences between
the preliminary results and the impressions in this final report.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 7:46 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Holman McAdams, MD, Duke Radiology
Electronically Signed on:  6/28/2023 8:24 AM
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Procedure Note

Holman P Mcadams, MD - 06/28/2023

Formatting of this note might be different from the original.

PROCEDURE: XR CHEST SINGLE VIEW PORTABLE
INDICATION: Other (add clinical information to comment box below), Lung Aeration, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter --
COMPARISON: Same-day CT

FINDINGS
Cardiomediastinal contours are within normal limits. Lungs are clear. No effusion or pneumothorax.

IMPRESSION
No acute radiographic abnormalities.

The preliminary report (critical or emergent communication) was reviewed prior to this dictation and there are no substantial differences between the preliminary results and the impressions in this final report.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 7:46 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Holman McAdams, MD, Duke Radiology
Electronically Signed on: 6/28/2023 8:24 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR WRIST LEFT 3 PLUS VIEWS - Final result (06/27/2023 11:33 PM EDT)

Anatomical Region	Laterality	Modality
Wrist Left, Hand Left, Radius Ulna Left, ORTHO Wrist Left		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 11:06 PM EDT	

Narrative

06/28/2023 7:32 AM EDT

Narrative

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XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT
MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture.
Joint spaces are maintained. Nonspecific soft tissue swelling throughout
the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral
view. Anatomic wrist alignment. No acute fracture. Joint spaces are
maintained. Nonspecific soft tissue swelling throughout the hand and
digits.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:32 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:32 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS - Final result (06/27/2023 11:32 PM EDT)

Anatomical Region	Laterality	Modality
Shoulder Right, Clavicle Right, Humerus Right, ORTHO Shoulder Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:37 PM EDT	

Narrative

06/28/2023 7:49 AM EDT

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE - Final result (06/27/2023 11:31 PM EDT)

Anatomical Region	Laterality	Modality
Knee Right, Tib Fib Right, Femur Right, ORTHO Knee Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/28/2023 12:14 AM EDT	

Narrative

06/28/2023 7:29 AM EDT

Narrative

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE
Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE

Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR HAND RIGHT MINIMUM 3 VIEWS - Final result (06/27/2023 11:29 PM EDT)

Anatomical Region	Laterality	Modality
Hand Right, Finger Right, Wrist Right, ORTHO Hand Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:56 PM EDT	

Narrative

06/28/2023 7:32 AM EDT

Narrative

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XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT
MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture.
Joint spaces are maintained. Nonspecific soft tissue swelling throughout
the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral
view. Anatomic wrist alignment. No acute fracture. Joint spaces are
maintained. Nonspecific soft tissue swelling throughout the hand and
digits.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:32 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:32 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR HUMERUS RIGHT MINIMUM 2 VIEWS - Final result (06/27/2023 11:29 PM EDT)

Anatomical Region	Laterality	Modality
Humerus Right, Shoulder Right, Elbow Right, ORTHO Humerus Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:30 PM EDT	

Narrative

06/28/2023 7:49 AM EDT

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XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR
HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views
right elbow, 3 views right hand.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture
through the mid humeral shaft with overlapping fracture fragments and
nearly a full shaft's width medial displacement. Fractures are in varus
angulation on AP view. Minimally displaced intra-articular fracture through
the distal lateral humerus epicondyle.


Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular
fracture of the distal humerus lateral epicondyle as above. Small joint
effusion.

Impression:
1.  Displaced angulated mid humeral shaft fracture with overlapping
fracture fragments.
2.  Nondisplaced/minimally displaced humerus lateral epicondyle
intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:49 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR HAND LEFT MINIMUM 3 VIEWS - Final result (06/27/2023 11:27 PM EDT)

Anatomical Region	Laterality	Modality
Hand Left, Finger Left, Wrist Left, ORTHO Hand Left		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 11:05 PM EDT	

Narrative

06/28/2023 7:32 AM EDT

Narrative

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XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT
MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication:  mvc, V87.7XXA Person injured in collision between other
specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture.
Joint spaces are maintained. Nonspecific soft tissue swelling throughout
the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral
view. Anatomic wrist alignment. No acute fracture. Joint spaces are
maintained. Nonspecific soft tissue swelling throughout the hand and
digits.


Electronically Reviewed by:  Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on:  6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by:  Jennifer D Smith, DO, Duke Radiology
Electronically Signed on:  6/28/2023 7:32 AM
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Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Formatting of this note might be different from the original.

XR HAND LEFT MINIMUM 3 VIEWS, XR WRIST LEFT 3 PLUS VIEWS, XR HAND RIGHT MINIMUM 3 VIEWS
Number of views: 3 views right hand, 3 views left hand, 3 views left wrist.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

FINDINGS/IMPRESSION:

RIGHT HAND:
Anatomic alignment. Chronic ulnar styloid fracture. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

LEFT WRIST AND HAND:
Subluxation of the first MCP joint with apex volar angulation on lateral view. Anatomic wrist alignment. No acute fracture. Joint spaces are maintained. Nonspecific soft tissue swelling throughout the hand and digits.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:47 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:32 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR FEMUR RIGHT 2 VIEWS - Final result (06/27/2023 11:26 PM EDT)

Anatomical Region	Laterality	Modality
Femur Right, Knee Right, Hip Right, ORTHO Femur Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 10:48 PM EDT	

Narrative

06/28/2023 7:29 AM EDT

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE
Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR FEMUR RIGHT 2 VIEWS, XR PELVIS 1 TO 2 VIEWS PORTABLE, XR KNEE RIGHT 1 TO 2 VIEWS PORTABLE

Number of views: One view AP pelvis, 2 views right femur, 2 views right knee.

Indication: MOTOR VEHICLE CRASH, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day thoracolumbar CT

Findings:

AP pelvis:
Normal hip alignment. The bladder and portions of the lower renal collecting system are partially opacified by contrast, obscuring portions of the sacrum and diminishing evaluation. No acute fracture.
Vasectomy clips.

Right femur:
Anatomic alignment. No acute fracture.

Right knee:
No knee dislocation. Lucency through the superolateral aspect of the patella, favored likely having bipartite patella with alternate consideration of a lateral patellar facet fracture. No joint effusion.
Well-corticated ossification superior to the fibula, possibly sequela of prior trauma.

IMPRESSION:
1. Bipartite patella versus possible lateral patellar facet fracture. In the absence of priors for comparison, recommend correlation with point tenderness to further assess acuity.
2. No acute pelvic or right femur fracture.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:37 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:29 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

XR ELBOW RIGHT 2 VIEWS - Final result (06/27/2023 11:26 PM EDT)

Anatomical Region	Laterality	Modality
Elbow Right, Humerus Right, Radius Ulna Right, ORTHO Elbow Right		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 11:58 PM EDT	

Narrative

06/28/2023 7:49 AM EDT

Narrative

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Procedure Note

JENNIFER DAWN SMITH - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

XR ELBOW RIGHT 2 VIEWS, XR SHOULDER COMPLETE RIGHT MINIMUM 2 VIEWS, XR HUMERUS RIGHT MINIMUM 2 VIEWS
Number of views: 4 views right shoulder, 2 views right humerus, 2 views right elbow, 3 views right hand.

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: Same-day CT thoracolumbar spine

Findings:
Right shoulder/humerus :
Anatomic glenohumeral and acromioclavicular alignment. Oblique fracture through the mid humeral shaft with overlapping fracture fragments and nearly a full shaft's width medial displacement. Fractures are in varus angulation on AP view. Minimally displaced intra-articular fracture through the distal lateral humerus epicondyle.

Right elbow:
Anatomic elbow joint alignment. Minimally displaced intra-articular fracture of the distal humerus lateral epicondyle as above. Small joint effusion.

Impression:
1. Displaced angulated mid humeral shaft fracture with overlapping fracture fragments.
2. Nondisplaced/minimally displaced humerus lateral epicondyle intra-articular fracture. Associated elbow joint effusion.

Electronically Reviewed by: Mohammed Al Tarhuni, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 12:14 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Jennifer D Smith, DO, Duke Radiology
Electronically Signed on: 6/28/2023 7:49 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG DIAGNOSTIC IMAGING ORDERABLES

CT CHEST ABDOMEN PELVIS WITH CONTRAST W MIPS - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
Chest, Abdomen, Pelvis		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/28/2023 11:19 AM EDT

Narrative

Procedure: CT Chest with IV Contrast
Procedure: CT Abdomen and Pelvis with IV Contrast

Comparison:

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

Technique: CT imaging was performed of the chest, abdomen, and pelvis following the administration of intravenous contrast. Iodinated contrast was used due to the indications for the examination, to improve disease detection and to further define anatomy. 3-D maximal intensity projection (MIP) reconstructions of the chest were performed to potentially increase study sensitivity. Coronal and sagittal images were also generated and reviewed.

Findings:
Chest:
- Chest wall and Thoracic Inlet: No masses or lymphadenopathy.

- Mediastinum and Hila: No masses or lymphadenopathy.

- Thoracic Vessels: Normal caliber of the thoracic aorta and main pulmonary artery.

- Heart and Pericardium: Normal heart size. No pericardial effusion.

- Lungs and Airways: No suspicious nodules or opacities.

- Pleura: No pleural effusions.

Abdomen and pelvis:

- Liver: Normal in morphology and enhancement. No suspicious hepatic masses are identified. The portal and hepatic veins are patent.

- Biliary and Gallbladder: No intrahepatic or extrahepatic bile duct dilatation.

- Spleen: Normal in appearance.

- Pancreas: Normal in appearance.

- Adrenal Glands: Normal in appearance.

- Kidneys: No suspicious renal lesions. No hydronephrosis.

- Abdominal and Pelvic Vasculature: No abdominal aortic aneurysm.

- Gastrointestinal Tract: No abnormal dilation or wall thickening.

- Peritoneum/Mesentery/Retroperitoneum: No free fluid. No free intraperitoneal air.

- Lymph Nodes: No retroperitoneal or mesenteric lymphadenopathy.

- Bladder: Mild diffuse bladder wall thickening.

- Pelvic Organs: Left spermatic cord surgical clip.

- Body Wall: Unremarkable.

- Musculoskeletal: No aggressive appearing osseous lesions.

Impression:
1. No evidence of traumatic visceral injury in the chest, abdomen, pelvis.
2. Mild circumferential bladder wall thickening, nonspecific although can be seen in the setting of cystitis. Consider correlation with urinalysis.

The preliminary report (critical or emergent communication) was reviewed prior to this dictation and there are no substantial differences between the preliminary results and the impressions in this final report.

Electronically Reviewed by: Randall Olmsted, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 9:40 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Lisa Ho, MD, Duke Radiology
Electronically Signed on: 6/28/2023 11:19 AM

Lisa M Ho, MD - 06/28/2023

Formatting of this note might be different from the original.

Procedure: CT Chest with IV Contrast
Procedure: CT Abdomen and Pelvis with IV Contrast

Comparison:

Indication: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

Technique: CT imaging was performed of the chest, abdomen, and pelvis following the administration of intravenous contrast. Iodinated contrast was used due to the indications for the examination, to improve disease detection and to further define anatomy. 3-D maximal intensity projection (MIP) reconstructions of the chest were performed to potentially increase study sensitivity. Coronal and sagittal images were also generated and reviewed.

Findings:
Chest:
- Chest wall and Thoracic Inlet: No masses or lymphadenopathy.

- Mediastinum and Hila: No masses or lymphadenopathy.

- Thoracic Vessels: Normal caliber of the thoracic aorta and main pulmonary artery.

- Heart and Pericardium: Normal heart size. No pericardial effusion.

- Lungs and Airways: No suspicious nodules or opacities.

- Pleura: No pleural effusions.

Abdomen and pelvis:

- Liver: Normal in morphology and enhancement. No suspicious hepatic masses are identified. The portal and hepatic veins are patent.

- Biliary and Gallbladder: No intrahepatic or extrahepatic bile duct dilatation.

- Spleen: Normal in appearance.

- Pancreas: Normal in appearance.

- Adrenal Glands: Normal in appearance.

- Kidneys: No suspicious renal lesions. No hydronephrosis.

- Abdominal and Pelvic Vasculature: No abdominal aortic aneurysm.

- Gastrointestinal Tract: No abnormal dilation or wall thickening.

- Peritoneum/Mesentery/Retroperitoneum: No free fluid. No free intraperitoneal air.

- Lymph Nodes: No retroperitoneal or mesenteric lymphadenopathy.

- Bladder: Mild diffuse bladder wall thickening.

- Pelvic Organs: Left spermatic cord surgical clip.

- Body Wall: Unremarkable.

- Musculoskeletal: No aggressive appearing osseous lesions.

Procedure Note

Impression:
1. No evidence of traumatic visceral injury in the chest, abdomen, pelvis.
2. Mild circumferential bladder wall thickening, nonspecific although can be seen in the setting of cystitis. Consider correlation with urinalysis.

The preliminary report (critical or emergent communication) was reviewed prior to this dictation and there are no substantial differences between the preliminary results and the impressions in this final report.

Electronically Reviewed by: Randall Olmsted, MD, Duke Radiology
Electronically Reviewed on: 6/28/2023 9:40 AM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Lisa Ho, MD, Duke Radiology
Electronically Signed on: 6/28/2023 11:19 AM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT LUMBAR SPINE REFORMAT TRAUMA WITHOUT CONTRAST - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:50 PM EDT	

Narrative

06/27/2023 8:59 PM EDT

Narrative

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Procedure Note

DEREK LE NGUYEN - 06/27/2023

Procedure Note

Formatting of this note might be different from the original.

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT THORACIC SPINE REFORMAT TRAUMA WITHOUT CONTRAST - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/27/2023 8:59 PM EDT

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Procedure Note

DEREK LE NGUYEN - 06/27/2023

Procedure Note

Formatting of this note might be different from the original.

CT reformats thoracic and lumbar spine

Indication: Trauma. mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter.

Comparison: None.

Technique: Sagittal and coronal reformatted images from previously obtained CT were generated to evaluate the thoracic and lumbar spine.

FINDINGS:

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings. This dictation refers only to thoracic and lumbar spine and other visualized skeletal structures.

THORACIC SPINE:

Alignment of the thoracic spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

LUMBAR SPINE:

Alignment of the lumbar spine is normal. Vertebral body heights and intervertebral disc spaces are preserved. No fractures. Limited sensitivity for the detection of epidural hematoma or traumatic disc pathology by CT technique.

OTHER:
The pelvis is negative for fracture. The visualized proximal aspect of the bilateral femurs are negative for fracture.

The clavicles, scapulae, and sternum are negative for fracture. No acute rib fractures.

Partially visualized minimally displaced fracture of the midshaft of the right humerus is seen on the scout image.

IMPRESSION:
1. No CT evidence of acute fracture of the thoracic or lumbar spine.
2. Partially visualized minimally displaced fracture of the midshaft of the right humerus. Findings were known to the clinical team at time of dictation.

Please refer to separate dedicated dictation for results of chest/abdominal/pelvic CT findings.

Electronically Signed by: Derek Nguyen, MD, Duke Radiology
Electronically Signed on: 6/27/2023 8:59 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT CERVICAL SPINE WO CONTRAST (CT CERVICAL SPINE WITHOUT CONTRAST) - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
Spine Cervical, Spine Thoracic, ORTHO Spine Cervical		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/28/2023 8:24 PM EDT

CT CERVICAL SPINE WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast cervical spine axial CT images obtained with generation of coronal and sagittal reformats.

FINDINGS:
Occipital Condyles: No fracture
Atlantodental interval: Normal

Alignment: No traumatic listhesis.
Vertebral column: No acute fracture.
Facet joints: No traumatic facet dislocations.
Prevertebral soft tissues: No soft tissue swelling.
Spinal canal: No high grade spinal canal stenosis.

Skull Base: The partially imaged skull base demonstrates right mastoid effusion.

Lung Apices: The partially visualized lung apices are unremarkable.
Ribs: no fracture of the visualized ribs.

Regional Soft Tissues: The regional soft tissues are unremarkable.

IMPRESSION:
No acute fracture or traumatic listhesis.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:54 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:24 PM

Procedure Note

AUSTIN XAVIER DIXON - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

CT CERVICAL SPINE WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast cervical spine axial CT images obtained with generation of coronal and sagittal reformats.

FINDINGS:
Occipital Condyles: No fracture
Atlantodental interval: Normal

Alignment: No traumatic listhesis.
Vertebral column: No acute fracture.
Facet joints: No traumatic facet dislocations.
Prevertebral soft tissues: No soft tissue swelling.
Spinal canal: No high grade spinal canal stenosis.

Skull Base: The partially imaged skull base demonstrates right mastoid effusion.

Lung Apices: The partially visualized lung apices are unremarkable.
Ribs: no fracture of the visualized ribs.

Regional Soft Tissues: The regional soft tissues are unremarkable.

IMPRESSION:
No acute fracture or traumatic listhesis.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:54 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:24 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

CT BRAIN WITHOUT CONTRAST - Final result (06/27/2023 8:46 PM EDT)

Anatomical Region	Laterality	Modality
Head, Face, Eye		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/27/2023 8:30 PM EDT	

Narrative

06/28/2023 8:17 PM EDT

Narrative

CT BRAIN WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast brain CT.

FINDINGS:
Brain Parenchyma: There is no hemorrhage, cerebral edema, acute cortical infarction, mass, mass effect, or midline shift.
Ventricles and Sulci: Normal for age.
Extra-Axial Spaces: No extra-axial fluid collection.
Basal Cisterns: Normal.

Paranasal Sinuses: Normal.
Mastoid air cells: Normal.

Orbits: Normal.
Cranium and Bones: Normal.
Soft Tissues: Normal.

IMPRESSION:
No acute intracranial process.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:51 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:17 PM

Procedure Note

AUSTIN XAVIER DIXON - 06/28/2023

Procedure Note

Formatting of this note might be different from the original.

CT BRAIN WITHOUT CONTRAST

INDICATION: mvc, V87.7XXA Person injured in collision between other specified motor vehicles (traffic), initial encounter

COMPARISON: None.

TECHNIQUE: Standard noncontrast brain CT.

FINDINGS:
Brain Parenchyma: There is no hemorrhage, cerebral edema, acute cortical infarction, mass, mass effect, or midline shift.
Ventricles and Sulci: Normal for age.
Extra-Axial Spaces: No extra-axial fluid collection.
Basal Cisterns: Normal.

Paranasal Sinuses: Normal.
Mastoid air cells: Normal.

Orbits: Normal.
Cranium and Bones: Normal.
Soft Tissues: Normal.

IMPRESSION:
No acute intracranial process.

Electronically Reviewed by: Tyler Lacy, MD, Duke Radiology
Electronically Reviewed on: 6/27/2023 8:51 PM

I have reviewed the images and concur with the above findings.

Electronically Signed by: Austin Dixon, MD
Electronically Signed on: 6/28/2023 8:17 PM

Authorizing Provider	Result Type
JOHN AUGUST HOFF	IMG CT ORDERABLES

(ABNORMAL) TOXICOLOGY(DRUG) SCREEN, SERUM - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Ethanol	<5	<5 mg/dL		06/27/2023 9:21 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

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Alcohol Interpretive Data

          Reference Ranges

          Normal:              <5  mg/dL
          Toxic Concentration: >80 mg/dL

The sensitivity of this enzymatic assay is 5 mg/dL. Consequently a result <5 mg/dL indicates that
alcohol was not detected in the specimen.
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Acetaminophen	**<10 (L)**	10 - 25 mcg/mL		06/27/2023 9:21 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Salicylate	**<40 (L)**	50 - 200 mg/L		06/27/2023 9:21 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:41 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) ACTIVATED PARTIAL THROMBOPLASTIN TIME (APTT) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Act Partial Thromboplastin Time	**21.4 (L)**	26.8 - 37.1 sec		06/27/2023 8:32 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Comment:

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Therapeutic Range (Heparin) = 65-95 seconds
Note: The therapeutic range for Heparin has been determined
using ex-vivo whole blood samples and therapeutic
Heparin level of 0.30-0.70 anti-factor Xa units.
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:19 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

PROTHROMBIN TIME (INR) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Prothrombin Time	12.5	9.5 - 13.1 sec		06/27/2023 8:32 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Prothrombin INR	1.1	0.9 - 1.1		06/27/2023 8:32 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:
```
Reference Ranges:
DVT/PE/PVD = INR 2.0 - 3.0
Mechanical Heart Valve = INR 2.5 - 3.5

NOTE: The INR is not a PT Ratio and is valid only for Warfarin
patients
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:19 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

TYPE & SCREEN (TYPE AND SCREEN) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ABO RH TYPE	O Positive			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	
Antibody Screen	Negative			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	
Specimen Outdate	06-30-2023 23:59			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	
Performing Lab	DUH BLOOD BANK LAB			06/27/2023 8:58 PM EDT	DUH TRANSFUSION SERVICE	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:20 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	BLOOD BANK TEST ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH BLOOD BANK LAB	Room 1720 Hospital North DUMC	Durham, NC 27710	919-681-2644
DUH TRANSFUSION SERVICE	Room 1720 Hospital North DUMC	Durham, NC 27710	919-681-2644

(ABNORMAL) Basic Metabolic Panel (BASIC METABOLIC PANEL (BMP)) - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	143	135 - 145 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Potassium	3.9	3.5 - 5.0 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Chloride	107	98 - 108 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Carbon Dioxide (CO2)	**16 (L)**	21 - 30 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Urea Nitrogen (BUN)	13	7 - 20 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Creatinine	**1.8 (H)**	0.6 - 1.3 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glucose	100	70 - 140 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Comment: Interpretive Data: Above is the NONFASTING reference range. Below are the FASTING reference ranges: NORMAL: 70-99 mg/dL PREDIABETES: 100-125 mg/dL DIABETES: > 125 mg/dL						
Calcium	9.5	8.7 - 10.2 mg/dL		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Anion Gap	**20 (H)**	3 - 12 mmol/L		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
BUN/CREA Ratio	7	6 - 27		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Glomerular Filtration Rate (eGFR)	45	mL/min/ 1.73sq m		06/27/2023 9:10 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:

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CKD-EPI (2021) does not include patient's race in the calculation of eGFR. Monitoring changes of plasma
creatinine and eGFR over time is useful for monitoring kidney function.  This change was made on
3/1/2022.

Interpretive Ranges for eGFR(CKD-EPI 2021):

eGFR:              > 60 mL/min/1.73 sq m - Normal
eGFR:              30 - 59 mL/min/1.73 sq m - Moderately Decreased
eGFR:              15 - 29 mL/min/1.73 sq m - Severely Decreased
eGFR:              < 15 mL/min/1.73 sq m -  Kidney Failure

Note: These eGFR calculations do not apply in acute situations
when eGFR is changing rapidly or in patients on dialysis.
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:41 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

(ABNORMAL) COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL - Final result (06/27/2023 8:12 PM EDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC (White Blood Cell Count)	**11.9 (H)**	3.2 - 9.8 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hemoglobin	15.3	13.7 - 17.3 g/dL		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Hematocrit	47.0	39.0 - 49.0 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Platelets	234	150 - 450 x10^9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCV (Mean Corpuscular Volume)	89	80 - 98 fL		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCH (Mean Corpuscular Hemoglobin)	28.8	26.5 - 34.0 pg		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MCHC (Mean Corpuscular Hemoglobin Concentration)	32.6	31.5 - 36.3 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
RBC (Red Blood Cell Count)	5.31	4.37 - 5.74 x10^12/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RDW-CV (Red Cell Distribution Width)	12.3	11.5 - 14.5 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC (Nucleated Red Blood Cell Count)	0.00	0 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
NRBC % (Nucleated Red Blood Cell %)	0.0	%		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
MPV (Mean Platelet Volume)	10.1	7.2 - 11.7 fL		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Neutrophil Count	6.8	2.0 - 8.6 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Neutrophil %	56.9	37 - 80 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Lymphocyte Count	4.0	0.6 - 4.2 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Lymphocyte %	33.2	10 - 50 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Monocyte Count	**1.0 (H)**	0 - 0.9 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Monocyte %	8.6	0 - 12 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Eosinophil Count	0.06	0 - 0.70 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Eosinophil %	0.5	0 - 7 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Basophil Count	0.04	0 - 0.20 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Basophil %	0.3	0 - 2 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	
Immature Granulocyte Count	0.06	<=0.06 x10ˆ9/L		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Immature Granulocyte %	0.5	<=0.7 %		06/27/2023 9:03 PM EDT	DUH CENTRAL AUTOMATED LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood		Venipuncture / Unknown	06/27/2023 8:12 PM EDT	06/27/2023 8:59 PM EDT

Authorizing Provider	Result Type
JOHN AUGUST HOFF	LAB BLOOD ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
DUH CENTRAL AUTOMATED LABORATORY	2351 Erwin Road, Room 1520	Durham, NC 27705-4699	919-613-8400

Visit Diagnoses - documented in this encounter

Diagnosis
Motor vehicle collision, initial encounter - Primary
Motor vehicle collision, initial encounter
Research study patient
Concussion with unknown loss of consciousness status, initial encounter
Symbolic dysfunction
Open dislocation of metacarpophalangeal joint of left thumb, initial encounter
Acute traumatic pain
AKI (acute kidney injury) (CMS-HCC)
Closed fracture of shaft of humerus
Orthostatic hypotension

Admitting Diagnoses - documented in this encounter

Diagnosis
Motor vehicle collision, initial encounter

Administered Medications - documented in this encounter

Inactive Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, TID, First dose (after last modification) on Wed 6/28/23 at 1200, Maximum acetaminophen intake from all sources should not exceed 75 mg/kg OR 4 grams in any 24 hour period, whichever is less.	Given Given Given	06/29/2023 3:26 PM EDT 06/29/2023 8:47 AM EDT 06/28/2023 9:21 PM EDT	975 mg 975 mg 975 mg		
ceFEPIme (MAXIPIME) 2 g in sodium chloride 0.9 % 100 mL IVPB 2 g, Intravenous, at 25 mL/hr, Every 8 hours, First dose on Wed 6/28/23 at 0945, For 14 days, **Infuse bag over 4 hours for Extended Infusion Therapy.**Contact pharmacy for help with IV medication compatibility and scheduling.**	New Bag	06/28/2023 12:21 PM EDT	2 g	25 mL/hr	
cephalexin (KEFLEX) capsule 500 mg 500 mg, Oral, 4 times Daily, First dose on Wed 6/28/23 at 2100, For 7 days	Given Given Given	06/29/2023 4:22 PM EDT 06/29/2023 1:35 PM EDT 06/29/2023 8:49 AM EDT	500 mg 500 mg 500 mg		
enoxaparin (LOVENOX) 30 mg/0.3 mL inj syringe 30 mg 30 mg, Subcutaneous, Every 12 hours, First dose on Wed 6/28/23 at 2100, **Administer subcutaneous injection in the abdominal wall, rotating sites**	Given Given	06/29/2023 8:49 AM EDT 06/28/2023 8:15 PM EDT	30 mg 30 mg		Abdomen: right lower quadrant Abdomen: left lower quadrant
HYDROmorphone (DILAUDID) 1 mg/mL inj syringe 0.5 mg 0.5 mg, Intravenous, Every 3 hours PRN, moderate pain (4-6), severe pain (7-10), Starting on Tue 6/27/23 at 2014, For 5 days	Given	06/28/2023 4:35 AM EDT	0.5 mg		
iopamidoL (ISOVUE-370) 76% injection 125 mL 125 mL, Intravenous, Once, On Tue 6/27/23 at 2100, For 1 dose, Radiology	Given	06/27/2023 8:49 PM EDT	125 mLs		
lactated ringers bolus 1,000 mL 1,000 mL, Intravenous, at 1,000 mL/hr, Once, On Wed 6/28/23 at 0115, For 1 dose	New Bag	06/28/2023 1:51 AM EDT	1,000 mLs	1000 mL/hr	
lactated ringers bolus 1,000 mL 1,000 mL, Intravenous, at 500 mL/hr, Once, On Thu 6/29/23 at 1215, For 1 dose	New Bag	06/29/2023 1:35 PM EDT	1,000 mLs	500 mL/hr	
lidocaine (SALONPAS) 4 % patch 1-2 patch 1-2 patch, Transdermal, Administer over 12 Hours, Every 24 hours, First dose on Wed 6/28/23 at 1200, Apply to painful areas Do not apply if patient has an "amide" type anesthetic allergy.					
lidocaine (XYLOCAINE) 1 % injection 0.5 mL 0.5 mL, Subcutaneous, As Directed, For PIV insertion: may use lidocaine and may repeat x 1 for additional attempt., Starting on Thu 6/29/23 at 1123					
methocarbamoL (ROBAXIN) tablet 500 mg	Given	06/29/2023 3:26 PM EDT	500 mg		

Medication Order	MAR Action	Action Date	Dose	Rate	Site
500 mg, Oral, 2 times Daily, First dose on Thu 6/29/23 at 1500					
ondansetron (PF) (ZOFRAN) injection 4 mg 4 mg, Intravenous, Every 6 hours PRN, Nausea/ Vomiting (1st line), Starting on Wed 6/28/23 at 0936, **IV Push over 30 seconds to 2 minutes up to a MAXIMUM of 4 mg**					
oxyCODONE (ROXICODONE) immediate release tablet 5-10 mg 5-10 mg, Oral, Every 4 hours PRN, severe pain (7-10), moderate pain (4-6), Starting on Wed 6/28/23 at 0950, For 5 days, Give 5mg for moderate pain (4-6) and 10mg for severe pain (7-10)	Given Given	06/29/2023 8:49 AM EDT 06/28/2023 12:46 PM EDT	5 mg 10 mg		
polyethylene glycol (MIRALAX) packet 17 g 17 g, Oral, Daily, First dose on Wed 6/28/23 at 1545, Mix in 4-8 ounces of fluid.	Given	06/29/2023 8:48 AM EDT	17 g		
sennosides-docusate (SENOKOT-S) 8.6-50 mg tablet 2 tablet 2 tablet, Oral, 2 times Daily, First dose on Wed 6/28/23 at 1700, Use for constipation. Contains sennosides 8.6 mg-docusate 50 mg per tab.	Given Given	06/29/2023 4:22 PM EDT 06/29/2023 8:47 AM EDT	2 tablets 2 tablets		
sodium chloride 0.9% flush inj syringe 5 mL 5 mL, Intracatheter, Every 12 hours, First dose on Tue 6/27/23 at 2100, For 30 days	Given Given Given	06/29/2023 10:15 AM EDT 06/28/2023 8:22 PM EDT 06/28/2023 12:08 PM EDT	5 mLs 5 mLs 5 mLs		

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Christopher Z Rayala, MD 10950 Chapel Hill Road Morrisville, NC 27560 919-327-1630 (Work) 919-327-1649 (Fax)	PCP - General	Family Medicine	4/27/15	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Sarah Rachmeler	1308 Snyder St Durham, NC 27713	984-260-2425 (Mobile) srachmeler@hotmail.com	Life Partner, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Christopher Z Rayala, MD (Apr. 27, 2015 - Present) 919-327-1630 (Work) 919-327-1649 (Fax) 10950 Chapel Hill Road Morrisville, NC 27560 Family Medicine **Duke University Health System** 2301 Erwin Road Durham, NC 27710		Jun. 27, 2023 - Jun. 29, 2023

Custodian Organization

Duke University Health System
2301 Erwin Road
Durham, NC 27710

Encounter Providers	Encounter Date
	Jun. 27, 2023 - Jun. 29, 2023

JOHN AUGUST HOFF (Attending)
919-681-0196 (Work)
919-681-8521 (Fax)
2301 Erwin Road
Durham, NC 27710
Emergency Medicine

SEAN PAUL MONTGOMERY (Attending)
919-681-8799 (Work)
919-668-4369 (Fax)
40 Duke Medicine Circle
Durham, NC 27705
Trauma Surgery

MICHELLE RICHARDSON BROWNSTEIN (Admitting)
919-681-8799 (Work)
919-668-4369 (Fax)
2301 Erwin Road
Durham, NC 27705
General Surgery

KELLY MARIE GEKAS (Attending)
919-681-9960 (Work)
919-681-1400 (Fax)
2301 Erwin Road
Durham, NC 27705
General Surgery

DANIEL JOSEPH COX (Attending)
919-681-2247 (Work)
919-668-6115 (Fax)
2301 Erwin Road
Emergency Dept
Durham, NC 27710
Emergency Medicine

Kelly (Attending)

DENISE ELIZONDO (Attending)
919-681-2247 (Work)
919-668-6115 (Fax)
2301 Erwin Road
Emergency Dept
Durham, NC 27710
Emergency Medicine

TIMOTHY PETER BECK (Attending)
919-681-2247 (Work)
919-668-6115 (Fax)
2301 Erwin Road
Emergency Dept
Durham, NC 27710
Emergency Medicine

A (Attending)

Ryan (Attending)

Haley (Attending)
Speech Pathology

SEAN MOLLER (Attending)
Licensed Clinical Social Worker

Nurse Sherika W (Attending)

Esther (Attending)

Jada (Attending)
Speech Pathology

JONATHAN THOMAS NEFF (Attending)
919-681-2237 (Work)
919-681-8856 (Fax)
2301 Erwin Road
Durham, NC 27705
General Surgery

David (Attending)

Rebecca (Attending)

Sierra (Attending)

MEGAN ELIZABETH MCNEILL (Attending)
919-681-9960 (Work)
919-688-4369 (Fax)
2301 Erwin Road
Durham, NC 27705
General Surgery

A1 PICKUP OT (Attending)
Occupational Therapy

Cooper (Attending)

BRIANA FOUST (Attending)

Seth (Attending)
Physical Therapy

Jennifer (Attending)

Legal Authenticator

Associate C