



City of West Allis Matter Summary

7525 W. Greenfield Ave. West Allis, WI 53214

File Number	Title	Status
2009-0404	Claim	Claim Report
	Sharon Harris communication reg and West National Avenue on Fel	garding personal injuries allegedly sustained at South90 Street bruary 24, 2009.
	Introduced: 6/16/2009	Controlling Body: Administration & Finance

COMMITTEE	RECOMM	ENDATION_		Derry			
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STANDING COMMITTEES OF THE CITY OF WEST ALLIS COMMON COUNCIL

ADMINISTRATION & FINANCE

Chair: Kurt E. Kopplin Vice-Chair: Vincent Vitale

Thomas G. Lajsic Richard F. Narlock Rosalie L. Reinke

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June 18, 2009

OFFICE OF THE CITY ATTORNEY

Scott E. Post City Attorney

Sheryl L Kuhary Jeffrey J. Warchol Jenna R. Merten Assistant City Attorneys

Common Council City of West Allis

RE: City Attorney's Report of Claim

Dear Council Members:

The enclosed claim has been referred to this office in accordance with Section 3.05(8) of the Revised Municipal Code. This office has examined the facts of the claim and the applicable law. Our Opinion regarding liability is as follows:

It is the recommendation of this office that the following claim be denied:

Sharon Harris - Amount: \$1,000.00

This is a claim for personal injuries alleged by the claimant on February 24th, 2009, when she fell in the street at South 90th and West National Avenue in the City of West Allis. The claimant states that she fell by tripping on big clumps of black tar in the street causing injury to her left knee and left elbow. The claimant filed a Notice of Claim on or about June 7th, 2009, and followed up with a Demand for Damages in the amount of \$1,000.00 on June 16th, 2009.

This claim was investigated by the Department of Public Works on or about June 12th, 2009. Nothing unusual, including black tar, was found at the scene of the incident. Due to the length of time it took the claimant to actually file a claim, even if there was something in the roadway on the day of the incident, it would be highly unlikely for it to still be there over four months later. Needless to say, the City is not responsible for people who trip and fall in the roadway absent a showing that there was an actual defect in the street, which the City knew about but failed to correct in a reasonable amount of time. This is not the situation nor has the claimant been able to show any evidence of the same.

Based upon the above, it is the recommendation of the City Attorney's Office to deny this claim pursuant to the provisions of Wisconsin Municipal Claims Statute 893.80.

Respectfully submitted

Assistant City Attorney

JJW:da

GRANT F. LANGLEY City Attorney

RUDOLPH M. KONRAD LINDA ULISS BURKE VINCENT D. MOSCHELLA Deputy City Attorneys



RECEIVED

THOMAS O. GARTNER

BRUCE D. SCHRIMPF SUSAN D. BICKERT

STUART S. MUKAMAL

THOMAS J. BEAMISH MAURITA F. HOUREN

JOHN J. HEINEN

DAVID J. STANOSZ SUSAN E. LAPPEN JAN A. SMOKOWICZ

ELLEN H. TANGEN MELANIE R. SWANK JAY A. UNORA DONALD L. SCHRIEFER

EDWARD M. EHRLICH LEONARD A. TOKUS

MIRIAM R. HORWITZ

MARYNELL REGAN G. O'SULLIVAN-CROWLEY KATHRYN Z. BLOCK MEGAN T. CRUMP

ELOISA DE LEÓN ADAM B. STEPHENS

KEVIN P. SULLIVAN

ROBIN A. PEDERSON DANIELLE M. BERGNER Assistant City Attorneys

BETH CONRADSON CLEARY THOMAS D. MILLER HEIDI E. GALVÁN JARELY M. RUIZ

PATRICIA A. FRICKER HEIDI WICK SPOERL KURT A. BEHLING GREGG C. HAGOPIAN

JUN -5 2009

June 3, 1009

CITY OF WEST ALLIS CLERK/TREASURER

City of West Allis - City Clerk's Office 7525 West Greenfield Avenue West Allis, WI 53214

illul.

Re:

Sharon Harris

Dear Sir/Madam:

Enclosed please find a claim filed with the City of Milwaukee by Sharon Harris, however, the alleged loss appears to have occurred in the City of West Allis, WI. We would please ask that you file the claim in your office. Please contact us with any questions. Thank you for your help in this matter.

Very truly yours,

GRANT F. LANGLEY

City Attorney

ROBERT M. OVERHOLT

Investigator Adjuster

RMO:beg Enclosure

1029-2009-1518:146553

c: S

Sharon Harris

8750 West National Avenue, #623

West Allis, WI 53214





CITY CLERK/TREASURER'S OFFICE

414/302-8200 or 414/302-8207 (Fax)

www.ci.west-allis.wi.us
Paul M. Ziehler
City Admin. Officer, Clerk/Treasurer
Monica Schultz
Assistant City Clerk
Rosemary West
Treasurer's Office Supervisor

June 8, 2009

Ms. Sharon Harris 8750 W. National Avenue #623 West Allis, WI 53227

Dear Ms. Harris:

This letter acknowledges receipt of your communication regarding injuries allegedly sustained at South 90 Street and West National Avenue on February 24, 2009.

The original document will be submitted to the Common Council at its meeting of June 16, 2009.

It is not anticipated that a decision regarding this matter will be made on this date. Generally, all communications are directed to the City Attorney's office for investigation. Common Council action regarding your communication will not be taken until the City Attorney's investigation is completed. Any questions you may have regarding this matter should be directed to their attention.

Sincerely,

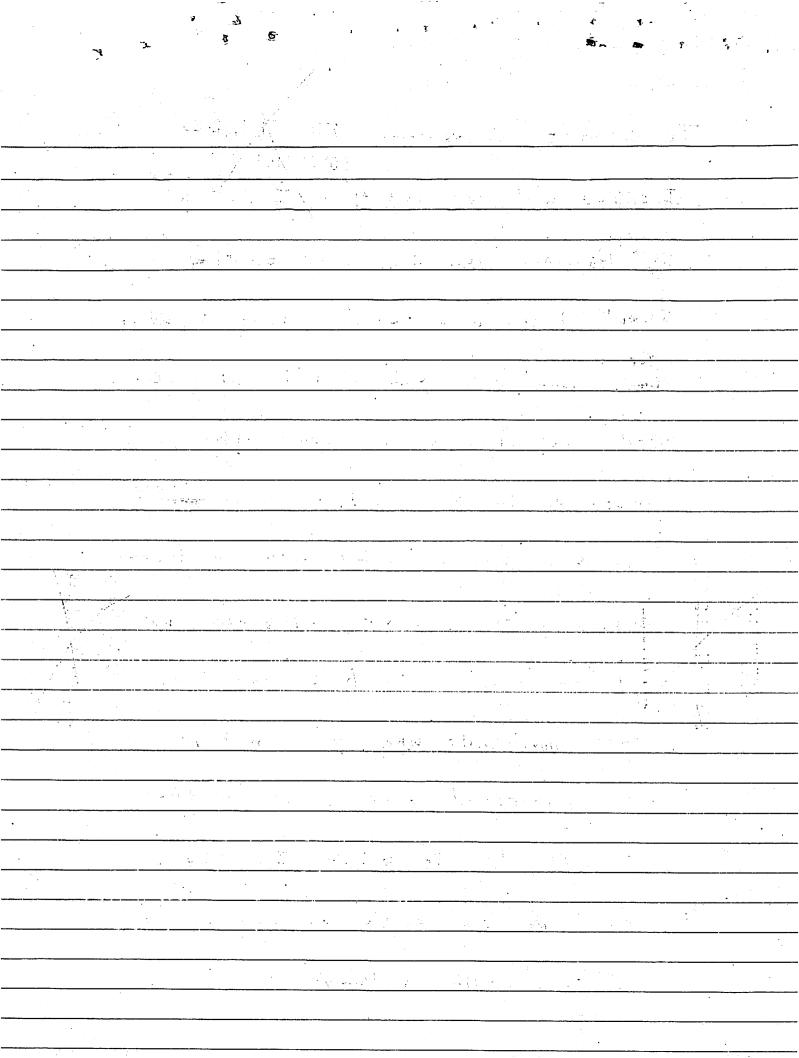
Monica Schultz Assistant City Clerk

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/jml

cc: City Attorney

To Whom it may concern 2000 JUN X PH 2: 22 RONALD/D I called and reported that / I fell at 90th National buy aulo part on the Street there was a big clump of black tor or what quer you call it and I Fell and fractured my left elbow, and Injuer by (L) Knee had to have surgey and still having trouble with ELD Knee have to see another Orthopedic Dr = at VA hospital. I have been futurtely that my bills where paid but it has interfered alot of things that I used to do before. Iam hoping that we can settle on some money without getting a lawyer.



I am enclosing moderat records. So Could you please dail me at 414-659-9041 my address is 8750 W. Nortronal Ave Apt 623 West Allis, WIS 53227 Again I am hoping we can settle this Without getting a lawred Thank you Sharm & Waris P.S. I could not get this in with the 120 days because I was Still being treated

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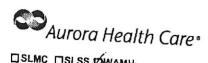
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TIME BP P R T	Yes No	Z Diabetes	Appendix Transplant
11/0 / OO L	Other Hx	Cancer Seizures	Gastric Surgery Other:
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Aurora		
Aurora	Health	Care

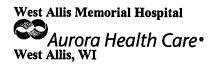
Milwaukee, Wisconsin

/ Milwaukee, Wisconsin	445
USLING USLSS (DVAMH	MRN: WMH-00708039 HARRIS, SHARON L
Lower Extremity Injury	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Check of If WNL Street Constitution	TARRIS, SHARON L DOB: 02/03/1945 F 64Y REG: 02/25/09 #443
Check \(\) if WNL/circle positives start negatives or negatives, mark \(\) for text ordered or task. Date: \(\) 0 5/09 \(\) Time Seen: \(\) PMD:	
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Historian: clatter) / family / friend / EMS / interpreter /	Past Medical, Family, Social hx: <u>L1-4</u> : 1 area: <u>L5</u> : 2 of 3 areas
	Allergy:NKDA see_ED record / latex / PCN / sulfa / confrast medium /
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Began: time date today Lyasterday	
minutes / hrs / days / weaks / months	
rocation of injury:	·
Right: hip / thigh / knee / lower leg / ankle / foot /	
	PMH / Surgical Hx:none See ED record
Notice / Work / school /	DJD / Osleoporosis /
	HTN / hypercholestemiemia / Auppar
Course: same / fluctuating / worse / improved / resolved (time:	HTN / hypercholesterolemia / NIDDM / IDDM / CAD / syncope / MI
Onset of pain after injury: Immediate / gradual / delayed hrs / days	afib / CHF / COPD / DVT / PE / PUD / GI Bleed / TIA / CVA appendectomy / cholecystactomy / CABG
Context: now new / delayed hrs / days	Pagemaker / AICD / cardiac costs
Context: new problem / recurrent / chronic	pacemaker / AICD / cardiac cath/ stress test
Mechanism: fail jam / direct blow / crush / cut / GSW / stab / foreign bod	hip replacement (right / left) / knee replacement (right / left)
TOTALLI / INIGINAL / CHICAGO / CONTROL / CONTR	arthroscopic knee surgary (right / left) /
g-0 50 655 / Varus Stress / hyperflexion / hypermeters /	
cane / welker / wheel chair / con-embutation	Tetanus immunization current: yes / no
Character / Quality: can't describe	Social Hx: unknown
Injury description: deformity confusion sprain / strain / distocation / fracture	Tobacco use: no yes: cigarettes packs per day week
abroales / lactifation / puncture wound / foreign body / elab / Court /	drinks per day / week Last FTOH
penetraing trauma /	Dividuse: no yes: cocaine / marijuana /
Hain: at rest Increased with movement - with weight headen / weekle	Occupation: unemployed / student / retired / employed:
Pain quality: aching / dull / "pain" / sharp / throbbing /	
Severity: can't describe	Lives: house / apartment / horneless / horneless shelter / group home
Now (0 to 10): nonemild / moderate / severe	essisted living / nursing home /
Associated Sx:	Living situation: alone / significant other / children / parents /
+ETOH / fever / chills / generalized weakness / chest pain / SOB / abdominal pain	Lomestic Violence: no ves:
golloratized weakliess / chast pain / SOB / abdominal pain	Family Hx: noncontributery unknown /
Other injuries: none /	ROS: <u>L1-3</u> : 1 system; <u>L4</u> : 2-9 systems, <u>L5</u> : 10+ systems
	All 14 systems reviewed:negneg except as per HPI and/or circled below
Alleviated/Relieved by:	Constitutional: fever / chills / generalized weakness / weight loss
ice / elevation / rest / immobilization / NSAID	Eyes: blurred vision / diplopia / loss of vision / redness
Aggravated/Exacerbated by:	ENT: nosebleed / ear pain / hearing problems / tinnitus
movement / palpation / position / weight bearing / walking /	CV: chest discomfort / palpitations / orthopnea / PND / ankle swelling
	Respiratory: SOB / cough
Prior Tx: no / yes / EMS: splint / cool compress / NSAID / morphine	GI: anorexia / abdomlnal discomfort / nauses / vomiting / diarrhea
- Davout (oheld)	hematemesis / tarry stools / rectal bleeding / constipation
	GU: dysuria / urgency / frequency / hematuria / kidney problems
	LMP::WNL abnormalMusculoskeletal: other painful areas;
	Skin: rash / erythema / skin problems
	Neurologic: numbness / tingling / focal weakness / ataxia / seizure
	Psychiatric: stress / anxiety / depression / suicidal idieation
	Hematology / Lymphatic: bruising / bleeding / swollan lymph nodes
	Endocrine: polyuria / polydipsia / thyroid problems
ED PHYSICIAN RECORD (H&P/ED)	immunology / Allergy : Immunosuppressant therapy / cancer
(H&P/ED)	
- ^ 6 7 6 7 5 4	Form X21675-43 (Rev. 7/05) Page 1 of 2



Milwaukee, Wisconsin

DSLMC DSLSS DWAMH	1 111500113)II 1	MDM
Physical Exam:	Lower Extremity In	jury #43	MRN: WMH-00708039 HARRIS, SHARON L
Physical Exam: <u>L 2-3</u> : 2-4 organ/ard VS Reviewed Exam limited by a six of	205: 14: 5-7 propole	THE RESERVE	- STANON L
General: alert lethargic / confused / obt	urgency of condition / notices	Samure	DOB: 02/03/1945 F 64Y REG: 02/25/09
		cooperative	
Nutritional status:WNL cachetic / obes	Distress mild moderate	le / severe	
Head Lifeck	THE DETTY	drated	
Intend & face inspection WAIL	Legend: 0 = absent; 1 = decreased;	2 = normal	d lake
	VACCIII AD EVAL		귀 앞
neck ROM WNL		right left	
lids, sclera WNI FOM integ DEDOL	Femoral artery	22	D. II.
- I I I I I I I I I I I I I I I I I I I	Popliteal artery	11	Radiology:
ENT Meck:nose, ears WNL	Dorsalls pedis artery	3/5-	1- (right left) hip / femur / knee tibia-fibula / ankle / foot
oropharynx WNL, no dental trauma		27	
	Posterior tibialis artery	12	□2- CXR (portable / 2-view) /
recorder rate and the state	NEUROLOGIC EXAM (0-2)	ight left	WNL
normal \$1&\$2 no murmur	Femoral nerve (L2-L4)	g	
pulses equal and symmetric bilaterally Respiratory:			Treatment / Management Options (Continue of Continue
no respiratory distress	Motor: knee extension	21	management Options / Course, D.
Jungs CTA bilaterally	Sensory: anteromedial thigh	22	
Gastrointestinal / Abdomen / Back inspection and bowel sounds normal	Sciatic nerve (L4-S2)	4 4	☐ O2 at
Soit, non-tender, no masses		HINE	Acetaminophen / ihupmfen
Skin:	Motor: knee flexion		Morphine suffate mg PO Vicodin / Percocel 1 / 2 PO
no perioheral and	Sensory: posterolateral leg	3 3 1	□ Acetaminophen / ibuprofen mg PO Vicodin / Percocet 1 / 2 PO □ Morphine sulfate mg IV / IM; total dose= mg mg □ Procedural sedation: fentanyl / versed / propofel / storaids
no peripheral edema, CRT WNL Neurologic:		0	☐ Procedural sedation: fentanyl / versed / propofol / etomidate /mg ☐ Dislocated joint reduction: / right / (if the control of the con
alert & oriented X 3	Peroneal nerve (L5)		□ Dislocated joint reduction: (right / left) hip / knee / ankle □ Wound dressing: topical antibiotic / bandage / kerlex /
CN II-XII grossly intact	Motor: foot dorsiflexion	22	DT 0.5 ml IM
Musculoskeletal: T-spine, LS-spine non-tender	2	0	
RIGHT MID / Lower Extremits		- 1	1908 VICIAIN TD. ELAN
Dection WNI no edema (defi	eft Hip / Lower Extremity		
- Noise Iuli S Dala, nontender	inspection WNL, no edema / def ROM full s pain nontender :	ormity .	Crutin3
	pelvismp thigh kno	e I.	
	lower leg	toes	Pain Level: 10 /10 @ F 9 :
	light touch, motor strength & tone	WNL	/ dill cevel. 10 @ /10 @ /10 @
Ant. Circle/point: / Post. \	Right knee: WNL Left knee:	(Course: same / worse / improved / resolved Patient evaluated and examined by MD
(=pain)	WNL except: WNL exc	I MUL	Level:12345
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	+McMurray's test +McMurray's	test (Consultation / Other Data Reviewed:
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6= deformity	-compression -compression	on s	Suggests: admit / discharge / will see:@
	-distraction -distraction	10	Case discussed with: noticet / family / 5-11
	Varus stress gap +Varus stress Valgus stress gap +Valgus stres	gap	Case discussed with: patient / family / Radiologist / PMD /
1 () 1		s gap	Reviewed: Nursing Home / EMS / RN / Old Records from
	Lachman's test +Lachman's te Pivot shift test +Pivot shift test	est	Clinical Impression (circle or write diagnoses):
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Mail Leit /	Post. Drawer +Post. Drawer	. 11	hin / ferrur / thich strain / sprain
Jam & joint ling L	17 OSL Blawer	_ 4	knee / patella / leg abrasion / laceration
tenderness. (A) Potelia	tendemess	t	tibia / fibula / ankle
	7 47 47 50 11 10 3	_	
Diagnostic Considerations: circle	or write potential diagnoses	ם	Disposition: time: 1930
	rovascular injury fall / synco		
hip dislocation ACL tear / PCL tear		7,4	Discharge ☐ Admit: OBS bed / general / Tele / medical / orthopedic / ICU Transfer:
sprain strain meniscus tear contusion compartment syndrome			to Ur
Temparation syndrollie	_		ollow up: PMD / Kelhoe in / on 3 - 5 days / pm / as scheduled
Medical Decision Making: 11: straightform	ward; L2-3; low/complex; L4; mod; L5;	high	ondition: good stable factious / critical Isolation: none / droplet / contact / airbome
Laby City	als . (circle) and note abnormals	L.G	estrictions: off work / limited duty / gym / school for
CBC:WNLWNL except:	CG: WNL WNL except:	Dis	scharge Instructions given: verbal / written / via interpreter
		Dis	scharge Rx, ibuprofen / yicpdin / percocet /
	A: WNLWNL except:		(N/M Lafter ATTS AD / DO (PA) Date 2/05/09
☐ ETOHneg pos R	BCs WBCs	_ _	
	acteria		MD / DO / PA Date
Wound Repair: see laceration addendum	(#61)		MD / DO / PA Date
a secondari	(1101)	🗆 .	Addendum: template complete, dictation pending
	ED BUYOLOUT	_	See: template / dictation template complete, full / partial dictation complete
	ED PHYSICIAN RECOR	n b	See RN Notes & ED Chart template complete, no dictation needed
- x 2 1 6 7 5 *	(H&P/ED)		Form X21675-43 (Rev. 7/05) Page 2 of 2



MRN: WMH-00708039

Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000496860

Admit Date: 2/25/2009 Discharge Date: 2/25/2009

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

Exam
DX Knee 4 View Min LEFT

Exam Date/Time 2/25/2009 19:18:15

Accession Number DX-09-0159026 Ordering Provider
Loftis, Patrick J

Reason for Exam:

Pain

DX Report

LEFT KNEE SERIES

Clinical History: Status post fall one day earlier with medial and lateral, as well as peripatellar pain.

Findings: The osseous structures of the left knee demonstrate normal alignment without evidence for fracture or subluxation. A very small joint effusion is noted.

CONCLUSION:

Very small knee joint effusion. Otherwise, unremarkable left knee series.

Dictated By: Malone, Daniel Patrick Dictated Date/Time 02/26/09 08:34:00

Electronically Signed By: Malone, Daniel Patrick

Signed Date/Time: 02/26/09 18:21:17

Transcribed By:/Transcribed Date Time: KH , 02/26/09 10:47:16

*** This print request includes documents that are images not included in this print out. ***

Print Date: 3/25/2009 Print Time: 8:42 AM

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Aurora Health Co	ITC • Milwauke	e, Wisconsin						
Aurora Medical Center, W.C. Aurora Sinai Medical Center Aurora St. Luke's Medical Center Other:					HAI DOI	7. 0010K.	E	
Date: 11/16/0	Age:	/inn	Harsen, Kyle	J ····································	11/16/07			
Patient's Name:	Date:						FIN: 8000	:
	-NS			ROOM#	>	\Box		0338106
Here Before: Yes N	lo Workman's	Comp:	Yes 🔲 I	vo 6		X		
Pre-Arrival FULLY IMM		PLINTED	□ O2 [CPR DEFI	BRILLATEQ		t. Downtime:	min.
Treatment: INTUBATED		X:	<i></i>	Police Notified/	1 11		/aiting in Lobby/Pati	
Arrival Mode: Walk Triage Treatment: Walk	☐ Wheelchair ☐ NT ☐ ELEVATION	<u> </u>	Carried K			In Police Cu		orm Signed
EMS/Triage time:			OLD PACK	FULLY IMMOB	ILIZED LC	COLLAR	DRESSING M	ask Given ndex
Call: ED arrival time: 1950		> Y/	idioi+e	CTU TIME	, & Buch		1 (2)/3	4 5
ED MD notified: 1950	prompige			<u> </u>		Int	terpreter called / Ti	ime
inct	TH AGE NOTE	φ	11121	h &	A MIN	IME	m Purk	XIII
1	U690.	Τ	V TI	16	V11, 1	antibe		WILL
Time seen by MD: 2005								
(template) Time left ED: 2340	55019-312-0010-019		70	Allem 1	7 (V)			
Visual Acuity Correction:	TRIACERNI	Pal	<i>y</i> (UTIVOLU	[4 0	Piletinos	Wei I Donton	
☐ without ☐ with	1444.	Unknov		Asthma	□MI	CABG	Denles ☐ Angloplasty/Sten	t Ortho
Right Eye 20/	Wt: kq	Last dT:	<u>v</u>	☐ Kldney/Dialysis	☐ Valve Disease ☐ CHF	Pacer / AICD	☐ Hysterectomy ☐ Tubal Ligation	□C-Section
Both Eyes 20/		Peds Shots	•	☐ Diabetes	CAD / PVD	Gailbladder Appendix	Transplant	
TIME BP P	RT			Cancer	CVA / TIA	Gastric Surge	Other:	
EMI SULLY HO	10	LMP:		GERD	Sickle Cell			
19 82 mg 76	00.4	GFP_	_^	Other:				
19 0 143 76	16 48.7			BULL				
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1953 Room Air SaO2	: 4] %	H41231	CDAL			Tobacco:		
ALLERGIES NKDA	Latex	MIN	NEURO			ETOH:		
Unknown Environr	nental					Illicit Drugs:		
Morephine		FT/CHO	RESP	NURSE'S NOTES:			Physical Exar	n Deterred Addendum
								rses Notes
MEDICATIONS Der	ies Dunknown	A CONCEPTION	SKIN					
Source: Pt/SO EM			J					
☐ Med bottle / list ☐ See Home Profile - sav	o as normanent							
See Reconciliation For		Day Pick	MUSCULO- SKELETAL			· · · · · · · · · · · · · · · · · · ·		<u>-</u>
Trazadone	, ASA.,	II FWA			· 			
thetaminiph	en, Back	ECN.	CV/PV					
Azmocort	y CHAIG	rom		Initial Assessment	SIGNATURE			
Diclotenac		GU	E ENT	INITIAL	SIGNATURE	NO		
Terbutalne		<u> </u>		#7	Chas	Khei	400 XN	~
SIMVASTAT	<u> </u>	-				100	-	
1 / 1 M/ A V /72.20	P			J				

Aurora		_
Aurora	Health	Care•

Milwaukee, Wisconsin

DSLMC DSLSS DWAMP

MRN: WMH-00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 62Y REG: 11/16/07
ATT: Hansen, Kyle J
FIN: 8000338106

PMH / Surgical Hx: ___ none unsure / see ED record Cardiac Risk Factors: smoking / HTN / hypercholesterolemia / NIDDM IDDM | CAD | MI | angina | family hx of premature CAD PE Risk Factors: hx of DVT / hx of PE / cancer / hypercoagulable state Immobility I obesity I oral contraception I pregnancy I post-partum estrogen replacement / surgery / trauma afib / CHF / COPD / PUD / GERD / gallstones / GI bleed TIA / CVA / hypothyroidism / cancer appendectomy / cholecystectomy / CABG pacemaker / AICD / cardiac cath Augua franus immunization current: yes / no Social Hx: unknown _ cigarettes / packs per day / week _drinks per day / week Last ETOH: Drug use: ______no_yes: cocaine / marijuana /_ Occupation: unemployed / student / retired / employed : DIS(15c/14 Lives: Louse Lapartment I homeless I homeless shelter I group home assisted living I nursing home I__ Living situation: alone significant other / children / parents / Domestic Violence: ___ no yes: .. ____ Family Hx: noncontributory / unknown IDDM / NIDDM / HTN / CAD hx < 55 years / DVT / PE ROS: L1-3: 1 system: <u>L4</u>: 2-9 systems; <u>L5</u>: 10+ system. neg ..._ neg except as per HPI and/or circlad below All 14 systems reviewed: _Constitutional: tover/ chills / malaise / weight loss Eyes: visual problems / blurry vision / redness / icterus ENT: sore threat / congestion / nosebleed CV: palpitations orthopnes PND / ankle swelling Respiratory: SOB / DOE / wheezing / hemoptysis / cough GI: abdominal diecomfort / heartburn / tarry stocks / rectal bleeding GU: dysuria / urgency / frequency / hesitation / hematuria / kidney problems LMP: __WNL abnormal Cral Contraceptive: no / yes Musculoskeletal: call parts / leg pain / painful areas: Neurologic: headache j general weakness / focal weakness / peresthesias

Psychiatric: stress / anxiety depression / hashing / hallucinations Hematology / Lymphatic: bruising / bleeding / swollen lymph nodes

Endocrine: polyuda / polydipsia / thyrold problems

Immunology / Allergy : Immunosuppressant therapy / cancer



Milwaukee, Wisconsin

Secretary Control of the Control of	
□SLMC □SLSS □WAMH Chest Pain #11	MRN: WMH-00708039
Physical Exam: <u>L 2-3</u> : 2-4 organiareas; <u>L4</u> : 5-7 organiareas; <u>L5</u> : 8+ organiareas	HARRIS, SHARON L
General: clear tentargic centrused obtunded Oriented: person place time Anxious: mile moderate service Service Oriented: person place time	DOB: 02/03/1945 F 62Y REG: 11/16/07
General: alea othargic I centiused obtunded Oriented: Operson Kolace I time	ATT: Hansen, Kyle J
Anxious: mile I moderate I sewere Nutritional status:WNL cachetic I obese Nutritional status:WNL cachetic I obese Nutritional status:WNL cachetic I obese Oriented: (porson place I fore Distress: mile I protestate I severe Hydration:WNL dehydrate)	
	FIN: 8000338106
Orthostatic VS: 0—: BP≃ P= A : BP= P=	
Eyes: Musculoškeletal:	
lids, sclera WNL, PERRL bil., EOM intact no deformity, no tenderness	
funduscopic exam WNL muscle strength prossly intact	
ENT, Neck: Skin:	Radiology:
nares patent, no discharge warm and dry TM_ot injected, no bulging no rash, no erytherna	CXR (portable / 2-view)
no peripheral adema	WNL Chest CF scan: PE protocol Additional Control of the Control
DOCK SHOOLD DO PRINTE OF MOSCOOD	DZ-Chest CZ scan: PE protocol
Cardiovascular: Linguiar rate and rhythm CN 2-12 grossly intact	WNL 7 1
Tornal S1&S2, no murmur — CN 2-12 grossly intact — motor strength equal and symmetric	□ 1- Read by: ED MD / Radiology Report □ 2- Read by: ED MD / Radiology Report
pulses equal and symmetric bilaterallyight touch sensation intact	
Respiratory:reflexes equal and symmetric	Treatment / Management Options / Course:
Psychiatric:lungs CTA bilaterallyaffect and mood normal	☐ 92 at <i>Liminute</i> / % FiO2 (NC, face mask,)
chest wall non-tender no suicidal or homicidal ideation	V cap / infusion (NS,); BolusmL; RatemL/hr
Gastrointestinal / Abdomen / Back Lymphatic:	GI cocktail: 30 ml Maalox / 15 ml viscous lidocaine PO
inspection and bowel sounds normal no cervical lymphadenopathy no axillary lymphadenopathy	☐ Aspirin 81 mg: 4 chewed and swallowed / PR / administered PO prior to arriva
no flank or back tenderness no inguinal lymphadenopathy	☐ Metoprolol 5 mg IV x 1 / 2 / 3 ☐ Metoprolol 25 / 50 mg PO
rectal exam normal, heme negative stool Genitourinary, Female	□ Nitroglycerin: SL 1 / 2 / 3 □ NTG paste: 0.5 inch / 1 inch applied to skin
Genitourinary, Male external genitalia without lesions	☐ Morphine Sulfate mg IV; total dose = mg IV
external genitalia normal, no discharge no cervical motion tenderness no cervical discharge	□ Lovenox 1 mg/kg SQ □ Unfractionated Heparin IV □ Plavix mg / 300 mg Po
prostate not enlarged, no masses uterus, adnexa non-tender, no mass	☐ Emergent percutaneous coronary intervention ☐ Chest Pain observation admission
Comments:	
	(2/10/04 -> NEO Stress Test
(1.1.1)	Adenosine Nucley
11211	
$1/2 \cdot 1/3$	Pain Level: /10 @; /10 @; /10 @;
ガたされし - ガ(全.NU	Course: same / worse / improved / resolved Patient evaluated and examined by MI
	Level:1 _23 _45
Diagnostic Considerations: circle or write potential diagnoses	physician # PA #
Mt tangina costochondritis arrhythma	
Mt. (angine costochondritis arrhythma offic dissection chest wall pain	physician # PA # Critical Care Time (excluding procedures) =minutes ED Observation Admission ED Fast Track
MI Langina costochondritis arrhythma arrhythma arrhythma costochondritis arrhythma my costochondritis a	physician # PA # Critical Care Time (excluding procedures) =minutes ED Observation Admission ED Fast Track Consultation / Other Data Reviewed:
Mt (engine costochondritis arrhythmia arrhythmia filearphia costochondritis arrhythmia filearphia f	physician # PA # Critical Care Time (excluding procedures) =minutes ED Observation Admission ED Fast Track Consultation / Other Data Reviewed: Consulted Dr(s):@
MI Langina costochondritis arrhythma arrhythma arrhythma costochondritis arrhythma my costochondritis a	physician # PA # Critical Care Time (excluding procedures) =minutes ED Observation Admission ED Fast Track Consultation / Other Data Reviewed: Consulted Dr(s):@ Suggests: admit / discharge / will see:
Mt (angine costochondritis arrhythma entire dissoction pericarditis entire these pain valve disease hyperventilation enxiety CHF esophapitis & Pillux pulponary edema perioditis entire disease entire di	physician # PA # Critical Care Time (excluding procedures) =minutes ED Observation Admission
Mt Longins costochondritis arrhythma arrhythma chest wall pain these pair valve disease hyperventilation anxiety CH is poeumonta pericarditis hyperventilation anxiety CH is preumontal pericarditis hyperventilation anxiety pulpornary edema pericarditis pericarditis properties are properties. Later of the preumontal pericarditis pericarditis properties are properties. Later of the preumontal period of the perio	physician # PA # Critical Care Time (excluding procedures) =
Mt Longina costochondritis arrhythmia arrhythmia chest wall pain valve disease hypercentilation anxiety CHP PE preumonia shotsoysilie protection described by the conclusion of the conclusion o	physician # PA # minutes ED Observation Admission ED Fast Track Consultation / Other Data Reviewed: Consulted Dr(s):
Mt Longina costochondritis arrhythmia arrhythmia chest wall pain valve disease hypercentilation anxiety CHP PE preumonia shotsoysilie protection described by the conclusion of the conclusion o	physician # PA # minutes ED Observation Admission ED Fast Track Consultation / Other Data Reviewed: Consulted Dr(s):
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Mt. Longina costochondritis arrhythmia nortic dissoction chest wall pain valve disease hyperventilation anxiety CHP especially population anxiety pulmentary edema permentary periodical becision Making: L1. straightforward: L2-3: Inw/complex, L4: mod. L5. high Mark box D If test ordered or task done, check normals . Gircl and note abnormals Monitor DACS read by ED MD and compared to ECG from Rhythm MSD ST / a-fib / paced Rate: Intervals: WNL QRS: LWNL	physician # PA # minutes ED Observation Admission ED Fast Track Consultation / Other Data Reviewed: Consulted Dr(s): Suggests: admit / discharge / will see: Case discussed with: patient / family / Radiologist / PMD / Reviewed: Nursing Home / EMS / RN / Old Records from Clinical Impression (circle or write diagnoses): thest pain elevated cardiac marker(s) nausea / vomiting / fex pulmonary embolus acute myocardial infarction acute coronary syndrome pneumonia / bronchitis
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Mt (engine costochondritis arrhythmia nortic dissoction chest wall pain valve disease with the social pair valve disease hypercentilation enxiety CHP esopharitis in the social pair valve disease hypercentilation enxiety CHP permittis in the social pair valve disease hypercentilation enxiety CHP permittis in the social pair valve disease hypercentilation enxiety pulmonary edema permittis he social pair valve disease hypercentilation enxiety pulmonary edema pulmonarity edema permittis he social pair valve dema pulmonarity edema pu	physician # PA # minutes ED Observation Admission
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Mt Congine Costochondritis Costochondritis	physician # PA # minutes ED Observation Admission ED Fast Track Consultation / Other Data Reviewed: Consulted Dr(s): Suggests: admit / discharge / will see: Case discussed with: patient / family / Radiologist / PMD / Reviewed: Nursing Home / EMS / RN / Old Records from Clinical Impression (circle or write diagnoses): Thest pain elevated cardiac marker(s) pulmonary embolus acute myocardial infarction acute coronary syndrome pneumonia / bronchitis angina: stable / unstable dyspnea / hypoxia anxiety / panic attack Disposition: Disposition: Transfer: to Dr. Follow up: PMD / in / on days / pm / as scheduled ED Fast Track PA # minutes ED Fast Track Patient Indication / Other Data Reviewed: © Consulted Dr(s): Quality Panic attack PA # minutes ED Fast Track PA # minutes ED Fast Track PA # minutes ED Fast Track Patient Indication / Other Data Reviewed: Disposition: Transfer: to Dr. Follow up: PMD / in / on days / pm / as scheduled
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Mt Congina Costochondritis Congina Costochondritis Congina Congi	physician # PA # minutes ED Observation Admission ED Fast Track Consultation / Other Data Reviewed: Consulted Dr(s): Suggests: admit / discharge / will see: Case discussed with: patient / family / Radiologist / PMD / Reviewed: Nursing Home / EMS / RN / Old Records from Clinical Impression (circle or write diagnoses): Thest pain elevated cardiac marker(s) pulmonary embolus acute myocardial infarction acute coronary syndrome pneumonia / bronchitis angina: stable / unstable dyspnea / hypoxia anxiety / panic attack Disposition: Disposition: Transfer: to Dr. Follow up: PMD / in / on days / pm / as scheduled Condition: good stable / serious / critical Isolation: none / droplet / contact / airbornee Restrictions: off work / limited duty / gym / school for
Mt - Longina	physician # PA # minutes ED Observation Admission
Mt Congine Costochondritis Congine Costochondritis Congine Congi	critical Care Time (excluding procedures) =
Mt Congine Costochondritis Congine Con	physician # PA # minutes ED Observation Admission
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Mt Congina Costochondritis Congina Con	critical Care Time (excluding procedures) =
Mt Congina Costochondritis Congina Costochondritis Congina Congi	physician # PA # minutes ED Observation Admission ED Fast Track Consultation / Other Data Reviewed: Consulted Dr(s): Suggests: admit / discharge / will see: Case discussed with: patient / family / Radiologist / PMD / Reviewed: Nursing Home / EMS / RN / Old Records from Clinical Impression (circle or write diagnoses): Thest pain elevated cardiac marker(s) pulmonary embolus acute myocardial infarction acute coronary syndrome pneumonia / bronchitis angina: stable / unstable dyspnea / hypoxia anxiety / panic attack Disposition: Disposition: Disposition: Transfer: Follow up: PMD / In / on days / prn / as scheduled Condition: good (stable serious / critical Isolation: none / droplet / contact / airbome Restrictions: off work / limited duty / gym / school for Discharge Instructions given: verbal / written / via interpreter Discharge Rx: ibuprofen / vicodin / percocet / MD / DO / PA Date
Mt. Costochondritis Costoc	critical Care Time (excluding procedures) =
Military anglina costochondritis arrhythmila nortic dissection chest wall pain valve disease (any periodical pain valve disease) MyP hyperventilation arxiety CHF PE cophanitis Petrux periodical Decision Making: L1 straightforward: L2-3: Inwicomplex, L4: mod. L5: high periodical petro valve disease should be compared to ECG from pulpaonity edema petro valve disease should be compared to ECG from and note abnormals Medical Decision Making: L1 straightforward: L2-3: Inwicomplex, L4: mod. L5: high petro valve disease should be compared to ECG from and note abnormals Medical Decision Making: L1 straightforward: L2-3: Inwicomplex, L4: mod. L5: high petro valve disease should be compared to ECG from and note abnormals Medical Decision Making: L1 straightforward: L2-3: Inwicomplex, L4: mod. L5: high petro valve disease should be compared to ECG from Intervals: WNL QRS:	Critical Care Time (excluding procedures) =
Mt. Costochondritis Costoc	critical Care Time (excluding procedures) =

Aurora Health Care® Milwaukee, W	Isconsin					
Aurora Medical Center, W.C.	ora St. Luke's South Sho	"C HARRIS	MRN: WMH-00708039 HARRIS, SHARON L			
Aurora Sinai Medical Center West Aurora St. Luke's Medical Center Othor	t Allis Memorial Hospita er:	" DOB: 02/	DOB: 02/03/1945 F 63Y REG: 06/14/08 ATT: Smith, Kelly F			
6-14.080	3 10	ae:69	MANAMAMAMAMA FIN:			
Date:	drivis .		8000408212			
Patient's Name: YOUYU	714/1	ROOM #	la			
	mp: Yes No	1 1797 - V				
		CPR DEFIBRILLATED	(x)			
Pre-Arrival FULLY IMMOBILIZED SPLII		Police Notified/Time:	☐ Waiting in Lobby/Patient Aware			
Treatment		nbulance	☐ In Police Custody ☐ Refusal Form Signed			
Triage Treatment: SPLINT ELEVATION		FULLY IMMOBILIZED	C COLLAR DRESSING Mask Given			
EMS/Triage time:	/ /	1100	Emergency Severity Index			
Call: [44] [All ED arrival time:	/ Mach	um gu	Interpreter called / Time			
11 Da 1	thomas A	· A 10 2 CV	CIN Street this			
ED MD notified:	IN INCAN	m J. M.X	horest arm on			
Time in room:	BOILE	Chedle	Will- Hair			
Time seen by MD:	- IDIIIA	P TA	That ar man			
(template)	20 AU OUR	= 9/10.	18 Loc CHELL			
Time left ED:	VILLEY		es Denles			
Visual Acuity Correction: without with		Asthma DMI	CABG Angioplasty/Stent Ortho			
Right Eye 20/ Wt:	ast of: 5/04	COPD Valve C	- tulliantian			
1 l l l	Peds Shots up to date:	Kidney Stone CHTN	PVD Transplant			
Both Eyes 20/		Arthritis CVA/	100000			
111/12	MP:	Mental Illness 🔲 Sickle (Cell			
145 131/14/18 18 98.4		Other:				
		general				
	量		Societ History			
Room Air SaO ₂ : 25 %			Tobacco:			
	NEURO NEURO		ETOH:			
ALLERGRES NKDA Latex			Ifilcit Drugs:			
Unknown Environmental		NURSE'S NOTES:	Physical Exam Deferred			
Alighie	RESP	A and	Nursing Addendum			
		P1#2.	Long Nurses Notes			
MEDICATIONS: Denies Dunknown	ABUSE SKIN	soft into	Jour - Ill			
Source Pt/SO EMS Other	1 6 1	52XH List	the date self			
Med bottle / list See Home Profile - save as permanent		1535 15	fallen to X- New Day			
See Reconciliation Form	MUSCULO- SKELETAL	7677 71.40	ach full to planers.			
7		TLA) PD	isette into usdatest u			
	GI CV/PV	17/0 12	Spain, "6/10" - 10			
		musi Assessment Sign				
	GU E ENT	INITIALIA	Wat ke Me			
_		8	CPO			



Aurora Health Care®

□SLMC □SLSS □WAMH	MRN: WMH-00708039
Fall #49	HARRIS, SHARON L
Check of WNL, circle positives slush negatives or negatives, mark for test ordered or tasks done	DOB: 02/03/1945 F 63Y REG: 06/14/08
- DOUL - 30	ATT: Smith, Kelly F
T: 98.4 BP: 131, 76 P: 78 RR: 18 POX (%):97	# B000408212 has
Chief Complaint: Fall / "found down" / tripped / slipped / lost balance	E &
abrasion / laceration / contusion sprain / fracture / deformity /	Past Medical, Family, Social hx: <u>L1-4</u> : 1 area; <u>L5</u> : 2 of 3 areas
HPI: (L=1.cvel of Service) L1-3: 1-3 elements: L4-5: 4+ elements	
Historian: 'nation' / family / friend / EMS / interpreter /	Allergy: NKDA see ED record / latex / PCN/ sulfa / contrast medium /
Hx & ROS limited by: altered mental status / acuity / intoxication / dementia / age	Medications: none see ED record aspirin / digoxin / coumadin
Referred by: sel) / clinic / PMD / family / EMS / Arrived by: EMS / walk-in / wheelchair / police / cardnven by: self / friend / family	Wedicationsnone add Editors
Advanced Directive: none / DNR / "full code" / comfort care /	
Onset: sudden / (gradual) / unsure	
Began: date today / yesterday	
minutes (hrs / days / weeks / months prior to arrival	
Location of injury:	
nead scalp / ace / neck / chest / trunk / upper back / low back / pelvis	PMH / Surgical Hx: none see ED record
Right: shoulder / arm / Ciberty wiss mand hip / leg / knee / ankle / foot	ETOH abuse / drug abuse / Parkinson's disease / Alzheimer's disease
Left: shoulder / arm / elboy / wrist / nand / hip / leg / knee / ankle / foot	orthostatic hypotension / adrenal insufficiency / UTI / sepsis / seizure
Locale: home / work / school / street trying to cross street Course / Timing / Duration: constant / intermittent	afib / CHF / GOPD / DVT / PE / PUB / GLEGOD / TA / CVA
Course [Timing / Duration: constant // intermittent	appendectomy / cholecystectomy / CABG Atoms
Course same fluctuating / worse / improved / resolved (time:	/strees test
Onset of pain after injury: immediate / gradual / delayed hrs / days Patient down for: unsure / insignificant time / min / hr / days	Ancety purp
	depoin charles
Context: rew problem / recurrent / chronic Mechanism: unsure / tripped / slipped / lost balance / possible syncope	Tetanus immunization current: yes / (no)
Height of fall: unsure / standing / bed / chair /	Social Hx: unknown
Premonitory Sx: weak / dizzy / lightheaded / chest adin / SOB / palpitations / sypcope	Tobacco use: no (es) cigarettes (pagks per day) week
Hy of falls: Gone // once before / multiple falls:	ETOH: 60 yes:drinks per day / week Last ETOH:
Ambulation hx: normaD / cane / walker / wheel chair / non-ambulatory	Drug use: no yes: cocaine / marijuana /
Contributing factors: +ETOH / drug use / gait abnormality / balance problem	Occupation: unemployed / student / retired / employed:
vision preblem / orthostatic hypotension / syneope / demontia / poor netrition	dies while it
medication / environmental factors /	Lives: house / apartment / homeless / homeless shelter / group home
Character / Quality: can't describe	assisted living / nursing home /
Injury description: deformity / confusion / laceration / abrasion / puncture	Domestic Violence:no_yes:
wound / foreign body / stab / GSW / bum / blunt trauma / penetrating trauma Pain: at rest / increased with movement / only with movement / with weight bearing	Family Hx: noncontributory / unknown /
Pain: at rest / increased with inovential / Sharp / (hrobbing) /	ROS: <u>L1-3</u> : 1 system; <u>L4</u> : 2-9 systems; <u>L5</u> : 10+ systems
Associated Sx:	All 14 systems reviewed: neg neg except as per HPI and/or circled below
LOC: Gone / unknown / unreliable / dazed / +LOC	Constitutional: fever / chills / generalized weakness / weight loss
→ Duration of LOC: unsure / sec / min / hours	Eyes: blurred vision / diplopia / loss of vision / redness
D. U. at any ambaga: incident / coming to hospital /	ENT: nosebleed / ear pain / hearing problems / tinnitus
the I worked to I chee pain / SOS / abdominal pain / nadsea / vorpring	CV: chest discomfort / palpitations / orthopnea / PND / ankle swellingRespiratory: SOB / cough
diambag / nompein / retrograde / antegrade / / veringe /	GI: angresia / abdominal discomfort / nausea / vomiting / diarrhea
Syncope / seizure / behavior change / allered mental status / historia	hematemesis / tarry stools / rectal bleeding / constipation
focal deficit /	GU: dysuria / urgency / frequency / hematuria / kidney problems
Modifying Factors:none	LMP: : WNL abnormal Musculoskeletal: other painful areas:
+ ETOH / ambulatory at scene / spinal immobilization / witnessed / unwitnessed	Skin: rash / erythema / skin problems
Prior Tx: no / yes: EMS: spinal immobilization & Heari improg	Neurologic: numbness / tingling / focal weakness / ataxia / seizure
- LOS CALLER OF CHOCK PAIN, E Flicht	Psychiatric: stress / anxiety / depression / suicidal idieation
Prior Tx: no / yes: EMS: spinal immobilization to these i many e flewer every hon, e flewer every hon, e for prior or planted experience prover or planted experi	Hematology / Lymphatic: bruising / bleeding / swollen lymph nodes
and sun production of the	Endocrine: polyuria / polydipsia / thyroid problems
LINE HOLD THE CORD	Immunology / Allergy : Immunosuppressant therapy / cancer
Corper orange (14&P/ED)	Form X21675-49 (Rev. 7/05) Page 1 of 2

	(H&P/ED)	
1	ED PHYSICIAN RECORD	
	(19#) mubnebb	Wound Repair:
	TinopoiT 9NB	☐ ELOH — ueg bos
	Myogiobin	sod gen :genum preg: neg pos
	CK-WB	□ Digoxin: WWL:
	—	: mML:
	MMACO STATE	
	=qsg noinA - a	SOLOW SHOWN
	MNF Pypoxic	<u> </u>
	= (%) POX(%) =	 / \
		Chem: WWL wwk except:
Ì	Bacteria	
	BBCs MBCs	4
	□ U/A: WNLWNL except:	
1		Other: ECG unchanged
١.		
	Intervals: WAL ORS: WAL	Rhythm: NSR / S1/a-fb/ paced Rale:
Ŀ	mosted to ECG from	Mark box I if test ordered or task done. che
	alghiforward: L2-3: low/complex, L4: mod: L5: high	Medical Decision Making: 11: sur
Г		TIA 1 CVA C-spine strain
1		x) aniqe-O mulibrium
	Gentiston abrasion Receration	syncope ariescranial bleed
1	head contusion (riacture) (dislocation	smu ral leinsia besel a (lei
		The state of the s
11	circle or write potential diagnoses	Diagnostic Considerations:
1	(atty framework) circle or write potential diagnoses	Disgnostic Considerations:
1	(dy a renoung.	plant to the free form
	Amy the June (the June)	promise to the for explana
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1	Psychiatric: And Carry the Control of Marketion And Control of Marke	rinspection and bowel sounds normal sounds normal sounds normal sounds normal normal normal hame negative slood cectal exam normal, hame negative slood as a second or so the se
1	Psychiatric: And Cory. M. C. Williams John Cory. M. Williams John Cory. M. C. Williams John Cory. M. C. Williams John Cory. M. Williams John Cory. M. Williams John Cory. M. Wil	Conscious de la control de la
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1	Thotor stength equal and symmetric releabellar function intact Telease equal and symmetric affect and mood WNL The symmetric and	Respliatory: Iungs CTA biliderially Chest wall non-tender Gastrointestinal / Abdomen / Back Inspection and bowel sounds normal coff, non-tender, no masses no flank or back lendemeses rectal exam normal, heme negalive slond tectal exam normal, heme negalive slond 1 = 65 5 = 61 7 = 61 8 = 13 8 = 13 9 = 62 10 = 62 10 = 62 10 = 62 10 = 62 10 = 62 10 = 63 10 = 64 10 = 64 10 = 64 10 = 65 10 = 64
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1	Warm and dry To cash, no eythems Aeurologic: Alect and mood WAL To flex so oriented and symmetric To III-XII grossly intact To allex so oriented and symmetric To allex	Cardiovascular (and Mark) Rospiratory (articles for the first of the first o
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Physical Exam: 12-3: 2-4 organ/areas; 14: 5-7 organ/areas; 15: 8+ organ/areas

□SFWC □SFSS □MAMH

E911 #48

-Kpoloibs

Form X21675.49 (Rev. 7/05) Page 2 of 2 ☑ See RN Notes & ED Charl template complete, no dictation needed See: template / dictation ☐ template complete, full / partial dictation complete :mubnabbA 🔲 Lemplate complete, dictation pending MD / DO / PA Date :811 (DOI (OC) Discharge Rx: Jbuprofen / vicodin_ Discharge Instructions given: Verbal / Willen / via interpreter Restrictions: off work / limited duty / gym / school for Condition: good /stable / serious / critical Isolation: none / droplet / contact / airbome uo / ui days / pm / as scheduled Transfer: _ to Dr. _ Discharge ☐ Admit: OBS bed / general / Tele / medical / surgical / Disposition: alucobe | uear syncope laceration abrasion tucco ogihev \ mundiliupeaib Fracture QG outlingthe for white Closed Cramial Laures altered mental status contusion () Fear alcohol intoxication intracranial bleed Clinical Impression (circle or write diagnoses): Reviewed: Nursing Home / EMS CRN Cld Records from Case discussed with; pared / family / Radiologist / PMD / Suggests: admit / discharge / will see: _ Consulted Dr(s): _ Consultation / Other Data Reviewed: ED Observation Admission EC) Fast Track Critical Care Time (excluding procedures) = ___ sətunim) physician # Course: same / worse / improved / resolved Patient evaluated and examined by MD 110 @ Wound dressing: topical antibiotic / bandage / kertex / Intribation: endotracheal (see critical care addendum #57) _ (flel \ trightarrow) : noitouber finio[betsooleid _ A Airiorpine suitate

A Airior | Aaldol | Geodon | Morphine sulfate =osop latot : MI / VI gm бω __ nelonqudi \ nenqonimsteck ML/nr MS, Solus mL/nr (PSO) infusion (NS,); Bolus mL/nr (PO) Acetaminophan / ibuprofen The Read by ED Management Options / Course: Crefer to ED dictations. Head CT scan, non contrast / C-spine series

800040851S

Jun Py.

REG: 06/14/08

DOB: 05/03/1845 F 63Y J NORAHS , SIRRAH

MRN: WMH-00708039

Aurora Health Care*

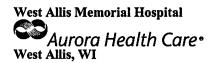
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Aurora Health Ca	I re• Milwaukee,	Wisconsin					V 1
Aurora Medical Center, Aurora Sinai Medical Ce Aurora St. Luke's Medic	enter 🗷 V	urora St. Luke's 'est Allis Memor ther:	South Shrial Hospi	nore ital		: 02/03/1045	
Date: 10-21-08 Patient's Name: +400	15,50	M-13- avor	- 45 1	Age: <u>U</u>		Polentini, Mark	S FIN: 8000410749
PMD/Consult: Here Before: Yes N	Workman's	Comp: Yes	A KNO				
Pre-Arrival T FULLY IMM		PLINTED	02 🛮	CPR DEFI	BRILLATED (x		Downtime: mln.
Treatment: INTUBATED		:	. 🗖	Police Notified/			ting in Lobby/Patient Aware
Arrival Mode: Walk		Cart Carri	ed 🔲 A	mbulance	[ody Refusal Form Signed
Triage Treatment: SPL	NT ELEVATIO	N COLD	PACK [FULLY IMMOR	ILIZED C		RESSING Mask Given
EMS/Triage time:	EC	1 011	\			Eme	rgency Severity Index
Call: ED arrival time:	(N).01	DOW HIM	/\			Inte	rpreter çalled / Time
1: 12	history Variability locustration	+all (A)	7.380	000 000	V-1/111	A (IV)	ent him.
ED MD notified:	TRACENOTE	TO CHO CO	71/64 24/11	ANT ANTE	711 300	MA Alle	WILD because the
Time in room	TO THE OWN		MOL	AT ALMIN	- D-alic	amus	X
Time seen by MD:	1 COMPLEX X	The 1 see	<u> </u>	TI INDIA.			
(template)			77	100	1		
Time left ED:			17	15			
Visual Acuity Correction:	Calculation of the second			Derical Harber	Denies		Denies
without with	Wt:	Unknown	~ \	Asthma Da COPD	☐ MI ☐ Valve Disease	CABG	Angioplasty/Stent Crtho Chysterectomy C-Section
Right Eye 20/	kg	Last dT:	4	Kidney/Dialysis Kidney Stone	CHF	☐ Pacer / AICD ☐ Gailbladder	☐ Tubal Ligation
Both Eyes 20/		Peds Shots up 1		☐ Diabetes	FI CAD / PVD	Appendix	Transplant
	RT	2000	r sacranae	Arthritis Cancer	CVA / TIA	Gastric Surger	y Other:
TIME BP P	10 000	LMP:		Mental Illness GERD	Sickle Cell		
1010 101/14/10	1/19/4/1910	y		Other:			
	'	GFF	·				
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						WANTED THE STREET	Denies
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ALGERGIS NKDA	□ Latex	SAMI / NE	URO			ETOH:	On
The state of the s	ımental					Illicit Drugs:	<i>y</i>
-A- a-A-				NURSE'S NOTE	S:		Physical Exam Deferred
HAMMINE-		RI SOM	SP	E TO CRIVI	DITLO	1 Dure	Nursing Addendum
				17188	Caroli	to see	Jong Nurses Notes
MEDICATIONS: De	nies Unknow	31	UNC P	175-1	4580X7	ray - a	merilated Me
Source: Pt/SO EN			- 'Y	7745 P	Track	Momx-	sex-Me
Med bottle / list				7755	erescet	Trus Y	allets Arguin
See Home Profile - sa		ALTYPO M	USCULO-	7800-1	Darm A	solent	de by PH M
See Reconcination Fo			ELETAL	7025	() Sling	apple	d m
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Aurora Health Care®	တ
. /	17:18
□SLMC □SLSS WAMH	
Upper Extremity Injury #40	MRN: WMH-00708039 HARRIS, SHARON L DOB: 02/03/1945 F 63Y REG: 06/21/08
Check Lif WNL, circle positives) slash negatives or negatives, mark for test ordered or tasks done	HARRIS, SHARON L
Date: 0 21 00 Time Seen: 17 (8 PMD: 60/21)	DOB: 02/03/1945 F 63Y REG: 06/21/08 ATT: Polentini, Mark S
T:P:POX (%):	ATT: Polentini, Mark S
Chief Complaint: (right (left)) shoulder / upper arm (elbow)/ forearm	ATT: Polentini, Mark S FIN: 8000410749
laceration / contusion / sprain / pain / fracture / deformity /	Past Medical, Family, Social hx: <u>L1-4</u> : 1 area: <u>L5</u> : 2 of 3 areas
HPI: (L=1 evel of Service) L1-3: 1-3 elements; L4-5: 4+ elements	Allergy: NKDA see ED record / latex / PCN / sulfa / contrast medium /
Historian: patient/ family / friend / EMS / interpreter / Hx & ROS limited by: altered mental status / acuity / intoxication / dementia / age	Allergy INDA See ED record / lalex / / G/17 G/17 G/17 G/17 G/17 G/17 G/17
Referred by: self / clinis / PMD / family / EMS /	Medications:, none see ED record aspirin / digoxin / cournadin
Arrived by: EMS (walk-in) wheelchair / police / car driven by: self / friend / family	? Albutero/ Lexaporo
Advanced Directive: none / DNR / "full code" / comfort care /	2 Norws C
Onset: sudden / gradual / unsure Began:timedate today / yesterday Zuurminutes / hrs / days / weeks / monthsprior to arrival	Frosemile
ZOK minutes / hrs / days / weeks / months prior to arrival)	Neeuontra
Location:	Andrica
	Yanas
Clavicle: (right / left): proximal / middle / distal third	
Shoulder: (right / left): ant / post / lat Upger arm (right / left): proximal / middle / distal third	PMH / Surgical Hx: none see ED record
Thow (right / left) radial head / olecranon	arthritis / bursitis / tendonitis / gout / rotator cuff problem carpal tunnel syndrome / DVT / thrombophlebitis
Forearm: (right / left): proximal / middle / distal third	(HTN) (hyperchalesterolema / NIDDM / IDDM / CAD / MI
(Wrist:) (right / (eft)): distal radius / distal ulna / scaphoid	PUD / gastritis / UGI bleed / LGI bleed
	prior (injury / surgery); wrist / forearm / elbow / upper arm / shoulder
Activity During Injury:	AC joint separation / GH dislocation Sip hyst
Fell while crossing street	Anxiety Depression
Locale: home / work / school /	Isthna
	Handedness (right Tetanus immunization current: yes / no
Course / Timing / Duration: constant / intermittent Course: same / fluctuating / worse improved / resolved (time:	Social Hx: unknown
Onset of pain after injury: Immediate / gradual / delayed hrs / days	Tobacco use: no yes: Z cigarettes / packs pe day / week
Character / Quality: can't describe	ETOH:no yes:drinks per day / week Last ETOH:
Mechanism: unsure / external rotation / internal rotation / abduction / adduction	Drug use: no yes: cocaine / manijuana /
hyperflexion / hyperextension / axial traction / axial compression	Occupation: unemployed / student / retired / employed :
fall on an outstretched hand" / jam / fall direct blow / crush / cut	Lives: house / apartment / homeless / homeless shelter / group home
hurn / foreign body penetration / repetitive motion /	assisted living / nursing home /
Injury description (quality): deformity / dislocation / sprain / strain / contusion	Living situation: alone / significant other / children / parents /
laceration / abrasion / foreign body / stab / GSW / hum /	Domestic Violence: no yes:
Pain: at rest increased with movement / only with movement with palpation	Family Hx: noncontributory / unknown /
Pain quality: aching / dull / "pain" / sharp / throbbing /	ROS: <u>L1-3</u> : 1 system; <u>L4</u> : 2-9 systems; <u>L5</u> : 10+ systems
Severity: can't describe	☐ All 14 systems reviewed:negneg except as per HPI and/or circled below
At max (0 to 10): mild / moderate / severe	Constitutional: fever / chils / generalized weakness Five: visual mobilems / redness No head aches
Now (0 to 10): none / mild / moderate / severe	Eyes: visual problems / redness No head decrees ENT: sore throat / congestion / nosebleed
Associated Sx:	CV: chest discomfort / paintations / orthopnea / PND / ankle swelling
"cold fingers" / weakness / Move forcising as well.	Respiratory: SOB / cough
Alleviated/Relieved by:nothing	GI: abdominal discomfort / nabsea / vorsiting / diarrhea / tarry stools
ice / elevation / rest / immobilization / NSAID /	GU: dysuria / urgency / frequency / hematuria / kidney problems
Aggravated/Exacerbated by:nothing	Musculoskeletal: other painful areas: Denices.
government / paipation / position	Skin: rash / erythema / skin problems
Prior Tx: no / ves / cool compress / NSAID / EMS: splint /	
Saga on Kelly South, DO Un WHILE ED.	Peychiatric: stress / anxiety / depression Acc,
If heroset # 20	Hematology / Lymphatic: pruising / Steeding / Stoller symphatic
Feak CT@, (T faval Gors - Chronic Sirus Limit Hall Hall Hall Hall Hall Hall Hall Hal	Endocrine: polyurla / polyurpala / thyroid problems Immunology / Allergy : Immunosuppressant therapy / cancer
ED PHYSICIAN RECORD	Immunology / Allergy : Immunosupplessall ulotopy Form X21675-40 (Rev. 7/05) Page 1 of 2
(H&P/ED) (Jelbow - join feffusion) (Delbow - join feffusion)	A) For + pad Sieu
(Difore avon D. Witanio 6)	
Gio Con Con Million	



Autora meaitri Cai	re•			
□SLMC □SLSS AWAMH	Upper Extremity I	njury	#40	
Physical Exam: L 2-3: 2-4 organiares	os: <u>L4</u> : 5-7 organ/areas; <u>L5</u> : 8+	**** *** *** *** *** *** *** *** *** *		
VS Reviewed Exam limited by: pain / c	rgency of condition / patient un	сооре	rative	MRN: WMH-00708039
General: alen / tethergic / confused / obtu Anxious: mild / moderate / severe	Distress: mild ∠ modert	ite / s	evere	HARRIS, SHARON L DOB: 02/03/1945 F 63Y REG: 06/21/08
Nutritional statusWNL cechelic / obes	e Hydration: WNL del	ydrate	d	ATT: Polentini, Mark S
Cardiovascular: regular rate and rhythm	Legend: 0 = absent; 1 = decreased			HEAR COM THUM HER TO FIN:
normal S1&S2, no murmur	VASCULAR EXAM (0-2)	right	left	
Respiratory: no respiratory distress	Brachial artery		ļ	Radiology:
lungs CTA bilaterally Gastrointestinal / Abdomen / Back	Radial artery	1	<u></u>	shoulder / arm / (albow) forearm / (wrist)
inspection and bowel sounds normal	Ulnar artery			WNL
soft, non-tender, no masses Skin	NEUROLOGIC EXAM (0-2)	right	lsft	□2
no rash, no erythema, no cyanosis warm & dry, capillary refill < 2 sec	Axillary nerve (C5-C6)		!	WNL
no peripheral edema	Motor: shoulder ABD			□1-Read by: ED MD / Radiology Report □2-Read by: ED MD / Radiology Report
no axillary, capital lymphadenopathy	Sensory: lateral shoulder		i	Treatment / Management Options / Course: refer to ED dictation
Right Upper Extremity appearance WNL, no edema / deformity	Radial nerve (C6-C7)			O2 at
ROM full s pain, nontender:	Motor: wrist extension			□ IV cap / infusion (NS,); BolusmL; RatemL/hr □ Acetaminophen / ibuprofenmg PO □ Vicodin / Percocet 1 / 2 PO
neck shoulder arm elbow forearm wrist hand fingers	Sensory: dorsal 1st web space			☐ Morphine sulfate mg /V / IM ; total dose= mg
light touch, two point discrimination WNL	Median nerve (C6-T1)			Procedural sedation: IV fentanyl / versed / propofol / etomidate /
Left Upper Extremity appearance WNL, no edema / deformity	Motor: thumb opposition			□ Dislocated joint / fx reduction: (right / left) shoulder / □ Education: splint / wound management by MD / PA / ED Tech
ROM full s pain, nontenderneck shoulder armelbow	Sensory: volar digits 1, 2, & 3		\vdash	Splint: (shoulder immobilizer /) by MD / PA / ED Tech
forearmwristhandfingers	Ulnar nerve (C8-T1)			□ Wound dressing: topical entibiotic / bandage / kerlex / □ DT 0.5 ml IM /
light touch, two point discrimination WNL	Motor: finger ABD / ADD			Longarm splint by Pt.
	Sensory: 4th end 5th digits		 	
Circle/poin	44 00 000	ber.	<i>6</i>	eff elbow cechynosis + point
1= pain	Ja. Ogingas Miss	الدو	10	eral head. It has most tendelness & fell
2= tender	extension the	יינטיי		Pain Level:/10 @;/10 @;/10 @
3= edema	elbis, (4) disis	f n	Ø-0	Course: same / worse / moroved / resolved Patient evaluated and examined by MD
All 4= ecchymic			<u>): </u>	Level:12345physician # PA #
5= erythem	a brasion disloca bscess foreign			Critical Care Time (excluding procedures) =minutes
6= deformit	AC separation Tractur			ED Observation Admission ED Fast Track
7= abrasion	bursitis GH dis		on .	Consultation / Other Data Reviewed:
9= numbne	Celibritis lacoro			Consulted Dr(s):
10= radiatio		_	a)n	Case discussed with patient family / Radiologist / PMD /
"脚" 11=				Reviewed: Nursing Home / EMS / RN / Old Records from
Medical Decision Making: 11: strang	ghtforward; <u>1-2-3; low-complex; 1-4</u> + n	iod: <u>1.5</u>	: bigh	Clinical Impression (circle or write diagnoses):
Mark box () if test ordered or task done, check				right (left) / bilateral contusion acromioclavicular separation
—	☐ Urine / Serum preg: neg			shoulder arm / eibow off som glenchumeral dislocation forearm / wrist / hand fracture dislocation / tendonitis
	Chem: WNL WNL ext			abrasion strain lacaration lacaration
Wound Repair:	ECG: WNL WNL exc	ept:		sprain / strain laceration
Location Length /	Depth Repair			Disposition: time:
	cm suture / Dermabon	d / s1	aples	Spischarge Admit: OBS bed / general / Tele / medical / surgical / ICU Transfer: to Dr
superficial / SQ / IM#ofO (ethilon / prolene /)				Follow up: PMD /OTTO - WOO In / on 2-3 (ays) / pm / as scheduled
# ofO (vicryl /)				Condition: good (stable) / serious / critical Isolation: none / droplet / contact / airborne
sensation intact neurovascular intact		Bestrictions: off work / limited duty / gym / school for		
Level of contamination: cleanmin / mod / severe				Discharge (by) bupgoter /) vicodin percoce /
Anesthesia: topical / local / digital / withml of:			ALD HELD PAC MD / DO (1 PA) Date 6/21/08	
	marcaine (0.25% / %) / Ildocaine (1 % / %) c: NaHCO3 / epinephrine			MD / DO / PA Dale
prep		eign bo	ody	MD / DO / DA Date 4/6267
☐ irrigat. ☐ debrided ☐ undermined				☐ Addendum: ☐ template complete, dictation pending
				See tempiste dictation template complete, full / partial dictation complete
	ED PHYSICIAN R		RD	See Rathers & ED Chart Stemplate complete, no dictation needed
	(H&P/ED)			Form X21675-40 (Rev. 7/05) Page 2 of 2



MRN: WMH-00708039 Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000436290

Admit Date: 9/2/2008 Discharge Date: 9/2/2008

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

DX Finger 2 View Min RIGHT

Exam Date/Time

9/2/2008 18:33:01

Accession Number DX-08-0660833

Ordering Provider

Yarbrough, Sarah J

Reason for Exam:

Pain

DX Report

RIGHT THUMB

History: Pain.

No evidence of fracture or dislocation. No evidence of opaque foreign body.

Incidentally noted is what I suspect represents a very prominent accessory ossicle adjacent to the trapezium in between the right first and second metacarpals.

Dictated By: Van Nostrand, Allan F Dictated Date/Time 09/03/08 09:47:00

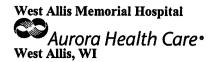
Electronically Signed By: Van Nostrand, Allan F

Signed Date/Time: 09/03/08 19:37:02

Transcribed By:/Transcribed Date Time: MS , 09/03/08 11:29:52

*** This print request includes documents that are images not included in this print out. ***

Print Date: 3/25/2009



MRN: WMH-00708039

Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000410749

Admit Date: 6/21/2008 Discharge Date: 6/21/2008

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

Exam
DX Elbow 3 View Min LEFT 1
DX Wrist Complete LEFT 2

Exam Date/Time 6/21/2008 18:25:52 6/21/2008 18:25:52 Accession Number DX-08-0469208 DX-08-0469210 Ordering Provider
Plankenhorn, Carol M
Plankenhorn, Carol M

Reason for Exam:

- 1. Pain
- 2. Pain

DX Report

LEFT WRIST ON 6/21/08

The left wrist is normal. No evidence for fracture, subluxation or dislocation. No arthritic changes. No opaque soft tissue foreign bodies are seen.

IMPRESSION

Normal left wrist.

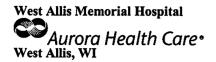
LEFT ELBOW

Linear lucency is projected over the central aspect of the left radial head. There is some minimal articular offset. This finding is probably due to an acute nondisplaced fracture. There does appear to be, however, anterior displacement of the anterior fat pad consistent with an effusion. The left elbow is otherwise unremarkable.

FINAL CHART COPY

CONCLUSION:

Print Date: 3/25/2009



MRN: WMH-00708039

Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000410749

Admit Date: 6/21/2008 Discharge Date: 6/21/2008

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

Exam DX Elbow 3 View Min LEFT ¹ DX Wrist Complete LEFT ² Exam Date/Time 6/21/2008 18:25:52 6/21/2008 18:25:52 Accession Number DX-08-0469208 DX-08-0469210 Ordering Provider
Plankenhorn, Carol M
Plankenhorn, Carol M

Probable acute left radial head fracture with associated effusion.

Dictated By: Jochem, Richard J Dictated Date/Time 06/22/08 11:44:00 Electronically Signed By: Jochem, Richard J

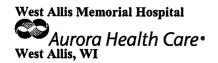
Signed Date/Time: 06/23/08 16:34:44

Transcribed By:/Transcribed Date Time: JJ , 06/22/08 14:35:24

*** This print request includes documents that are images not included in this print out. ***

Print Date: 3/25/2009 Print Time: 8:46 AM

Rev 02/06



MRN: WMH-00708039
Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000408212

Admit Date: 6/14/2008 Discharge Date: 6/14/2008

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

Exam

CT Head WO Contrast

Exam Date/Time 6/14/2008 15:50:24

Accession Number CT-08-0449849 **Ordering Provider**

Brown, Lisette C

Reason for Exam:

Head injury

CT Report

CT HEAD

Clinical History: Posttraumatic pain.

Findings: The ventricles and extra-axial CSF spaces are normal for age. There is no mass effect or midline shift. No acute intracranial hemorrhage is present. There is no displaced skull fracture. The visualized paranasal sinuses are clear.

IMPRESSION:

Negative head CT.

Dictated By: Weekes, Richard G
Dictated Date/Time 06/15/08 08:05:00

Electronically Signed By: Weekes, Richard G

Signed Date/Time: 06/15/08 20:34:01

Transcribed By/Transcribed Date/Time: DKO, 06/15/08 12:40:19

Print Date: 3/25/2009



MRN: WMH-00708039
Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000408212

Admit Date: 6/14/2008 Discharge Date: 6/14/2008

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

<u>Exam</u>

CT Orbit WO Contrast BILATERAL

Exam Date/Time

Accession Number

Ordering Provider

6/14/2008 15:49:50

CT-08-0449852

Brown, Lisette C

Reason for Exam:

Pain

CT Report

CT BILATERAL ORBITS WITHOUT CONTRAST

Clinical History: Pain after trauma to the left eye region.

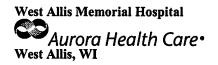
CT scan of the orbits reveals no evidence of any fracture involving the orbits or any of the visualized facial bones. There is soft tissue swelling over the left orbit and the upper left cheek. Mucosal thickening in multiple ethmoid air cells and within the inferior aspect of the left maxillary sinus. No air-fluid levels in any of the paranasal sinuses.

CONCLUSION:

No evidence of an orbital fracture.

Soft tissue swelling anterior to the left orbit and in the upper left cheek.

Print Date: 3/25/2009



MRN: WMH-00708039

Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000408212

Admit Date: 6/14/2008 Discharge Date: 6/14/2008

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

Exam
CT Orbit WO Contrast BILATERAL

Exam Date/Time

Accession Number

Ordering Provider

6/14/2008 15:49:50 CT-08-0449852

Brown, Lisette C

Chronic sinus disease involving the ethmoid sinuses and the left maxillary sinus.

Dictated By: Weekes, Richard G Dictated Date/Time 06/15/08 08:06:00 Electronically Signed By: Weekes, Richard G

Signed Date/Time: 06/15/08 20:34:01

Transcribed By/Transcribed Date/Time: DKO, 06/15/08 12:43:10

Exam DX Forearm LEFT Exam Date/Time 6/14/2008 16:04:05

Accession Number DX-08-0449855

Ordering Provider Brown, Lisette C

Reason for Exam:

Trauma

DX Report

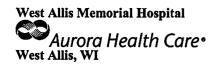
LEFT FOREARM

Clinical History: Posttraumatic pain.

Two views demonstrate normal bony mineralization. No fracture or joint space abnormality.

IMPRESSION:

Print Date: 3/25/2009



MRN: WMH-00708039
Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000408212

Admit Date: 6/14/2008 Discharge Date: 6/14/2008

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

<u>Exam</u>

DX Forearm LEFT

Exam Date/Time 6/14/2008 16:04:05

Accession Number DX-08-0449855 **Ordering Provider**

Brown, Lisette C

Negative forearm.

Dictated By: Weekes, Richard G Dictated Date/Time 06/15/08 11:21:00 Electronically Signed By: Weekes, Richard G

Signed Date/Time: 06/15/08 20:34:01

Transcribed By:/Transcribed Date Time: DO, 06/15/08 14:21:06

Exam

DX Elbow 3 View Min LEFT

Exam Date/Time 6/14/2008 16:04:05

Accession Number DX-08-0449857

Ordering Provider

Brown, Lisette C

Reason for Exam:

Trauma

DX Report

LEFT ELBOW

Clinical History: Posttraumatic pain.

There is a left elbow joint effusion present, with elevation of the anterior fat pad. I cannot definitely identify a fracture at this time.

CONCLUSION:

Print Date: 3/25/2009
Print Time: 8:47 AM

Rev 02/06



MRN: WMH-00708039 Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000408212

Admit Date: 6/14/2008 Discharge Date: 6/14/2008

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

Exam

Exam Date/Time

Accession Number

Ordering Provider

DX Elbow 3 View Min LEFT

6/14/2008 16:04:05

DX-08-0449857

Brown, Lisette C

Left elbow joint effusion, but no definite fracture identified at this time.

Dictated By: Weekes, Richard G Dictated Date/Time 06/15/08 11:21:00 Electronically Signed By: Weekes, Richard G

Signed Date/Time: 06/15/08 20:34:01

Transcribed By:/Transcribed Date Time: DO, 06/15/08 14:27:05

Exam

Exam Date/Time

Accession Number

Ordering Provider

DX Hand 3 View Min LEFT

6/14/2008 16:04:05

DX-08-0449854

Brown, Lisette C

Reason for Exam:

Trauma

DX Report

LEFT HAND

Clinical History: Posttraumatic pain.

Findings: Three views of the hand demonstrate normal bone mineralization. No fracture or dislocation is

present.

IMPRESSION:

Print Date: 3/25/2009

West Allis Memorial Hospital Aurora Health Care• West Allis, WI

MRN: WMH-00708039

Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000408212

Admit Date: 6/14/2008 Discharge Date: 6/14/2008

Pt. Loc/Type/Room: ED FT-WAMH Emergency Department ED

Radiology

DX Hand 3 View Min LEFT

Exam Date/Time 6/14/2008 16:04:05

FINAL CHART COPY

Accession Number

Ordering Provider

DX-08-0449854

Brown, Lisette C

Negative hand.

Dictated By: Weekes, Richard G Dictated Date/Time 06/15/08 11:21:00

Electronically Signed By: Weekes, Richard G

Signed Date/Time: 06/15/08 20:34:01

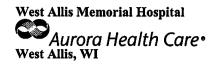
Transcribed By:/Transcribed Date Time: DO, 06/15/08 14:25:28

*** This print request includes documents that are images not included in this print out. ***

Print Date: 3/25/2009

Print Time: 8:47 AM

Rev 02/06



MRN: WMH-00708039
Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000338106

Admit Date: 11/16/2007 Discharge Date: 11/16/2007

Pt. Loc/Type/Room: ED-WAMH Emergency Department

LABORATORY

LABORATORY

		Date	11/16/2007	11/16/2007
		Time	8:24:00 PM	8:07:00 PM
Procedure	Units	Ref Range		
Sodium - Point of Care	mmol/L	[135-145]	141	
Potassium - Point of Care	mmol/L	[3.5-5.0]	3.9	
Chloride - Point of Care	mmol/L	[98-107]	110	
Anion Gap Venous -Point of Care	mmol/L		11	
Glucose - Point of Care	mg/dL	[65-99]	87	
BUN-POC	mg/dL	[10-20]	21	
Creatinine-POC	mg/dL	[0.6-1.1]	1.2	
B Type Natriuretic Peptide - POC	pg/mL	[<100]		53.0
CK-MB - Point of Care	ng/mL	[<10.0]		4.4
Myoglobin - Point of Care	ng/mL	[<170.0]		251.0
Troponin I - Point of Care	ng/mL	[<0.10]		< 0.10
Total CO2 - Point of Care	mmol/L	[23-32]	26	
PH Venous - Point of Care	units	[7.35-7.45]	7.32	
PCO2 - Point of Care	mmHg	[41-51]	48	
HCO3 - Point of Care	mmol/L	[22-29]	25	
Base Excess Venous - Point of Care	mmol/L	[0-2]	NOT APPLICABLE	
Base Deficit Venous - Point of Care	mmol/L	[0-2]	2	
Hemoglobin - Point of Care	gm/dL	[12.0-15.5]	11.6	
Hematocrit - Point of Care	%	[36.0-46.5]	34.0	

11/16/2007 8:24:00 PM Glucose - Point of Care: Reference range is for a fasting sample.

		Date Time	11/16/2007 8:00:00 PM
Procedure	Units	Ref Range	
WBC	K/uL	[4.2-11.0]	7.7
RBC	mil/mcL	[4.00-5.20]	3.86
HEMOGLOBIN	gm/dL	[12.0-15.5]	11.6
HEMATOCRIT	%	[36.0-46.5]	35.6
MCV	fL	[78.0-100.0]	92.2
MCH	pg	[26.0-34.0]	30.1
MCHC	gm/dL	[32.0-36.5]	32.6
RDW-CV	%	[11.0-15.0]	14.5
IDW-CV	70	[11.0-15.0]	71.0

Print Date: 3/25/2009 Print Time: 8:48 AM

nt 1 ime: 8:48 AM Rev 02/06 West Allis Memorial Hospital

Aurora Health Care

West Allis, WI

MRN: WMH-00708039

Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000338106

Admit Date: 11/16/2007 Discharge Date: 11/16/2007

Pt. Loc/Type/Room: ED-WAMH Emergency Department

I A B O R A T O R Y

LABORATORY

		Date	11/16/2007
		Time	8:00:00 PM
Procedure	Units	Ref Range	
PLATELET	K/uL	[140-450]	167
Differential Type			AUTOMATED DIFFERENTIAL
NEUTROPHILS	%	[33-69]	49
LYMPHS	%	[20-55]	39
MONOCYTES	%	[0-10]	9
EOSINOPHILS	%	[0-6]	3
BASOPHILS	%	[0-2]	0
Absolute Neut	K/uL	[1.8-7.7]	3.8
Absolute Lymph	K/uL	[1.0-4.0]	3.0
Absolute Mono	K/uL	[0.3-0.9]	0.7
Absolute Eos	K/uL	[0.1-0.5]	0.2
Absolute Baso	K/uL	[0.0-0.3]	0.0

Print Date: 3/25/2009 Print Time: 8:48 AM

nt Time: 8:48 AM Rev 02/06 West Allis Memorial Hospital

Aurora Health Care

West Allis, WI

MRN: WMH-00708039

Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000338106

Admit Date: 11/16/2007 Discharge Date: 11/16/2007

Pt. Loc/Type/Room: ED-WAMH Emergency Department

Emergency

WEST ALLIS MEMORIAL HOSPITAL

ADMISSION DATE: 11/16/2007

SERVICE DATE:

EMERGENCY DEPARTMENT COURSE:

This 62-year-old female presents with chest pain that started, she said, an hour prior to arrival. She says it goes to her neck, it is constant. She has had this before. It is a sharp pain, shortness of breath. Nothing makes it worse or better. Initially, she said that she has had no workups in the past, but I did review the old records and she has had a stress test, an Adenosine nuclear scan done on 06/06/2007 which was negative. She has a history of anxiety, depression, PTSD. She has chronic back problems. She has an intrathecal pump. She apparently has been on quite a bit of pain medications but she says she is not on any pain medications at this time.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP 88/52, pulse 75. GENERAL: She is somewhat sleepy here.

LUNGS: Clear.

CARDIAC: Normal, except 2/6 systolic ejection murmur. ABDOMEN: Soft, good bowel sounds, nondistended, nontender.

EXTREMITIES: Nontender throughout.

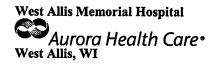
EMERGENCY DEPARTMENT COURSE:

The patient had an EKG, nonischemic. CBC was normal. Chemistry normal. Cardiac markers were normal. Chest x-ray was normal. CT of the chest showed that there is no PE. I did review the old records. I talked with the patient at length about staying in the hospital because of the chest pain as well as the low blood pressure and she is quite sleepy. She stated that she is always this way and her blood pressure is fine. She does not want to stay in the hospital.

I explained to her the risk of leaving tonight could result in serious injury and/or death. She states she understands but still would want to leave. She feels that there is nothing wrong with her. She had a cardiac workup earlier this year. She said that was normal. She is not sure why she has had this pain, but she feels that she can be discharged. I again expressed to her that I was very concerned about

Print Date: 3/25/2009 Print Time: 8:48 AM

Rev 02/06



MRN: WMH-00708039

Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000338106

Admit Date: 11/16/2007 Discharge Date: 11/16/2007

Pt. Loc/Type/Room: ED-WAMH Emergency Department

Emergency

her leaving, she said she was fine and still wanted to leave. She did pull her IV. We tried to put another IV in. She stated that we were stalling and she just wanted to leave. So, we did have the patient sign an AMA form with the nurse as a witness and she will be discharged home AMA.

DISCHARGE DIAGNOSES:

- 1. Chest pain.
- 2. Low back pain.

Electronically Authenticated Kyle J. Hansen/ESA, MD 11/20/2007 07:30

Dictating Provider Kyle J. Hansen/ESA, MD

KJH/LDE (000708641) d. 11/16/2007 10:46 P t. 11/17/2007 4:41 A Document #: 967294

copies:

Print Date: 3/25/2009

West Allis Memorial Hospital

Aurora Health Care

West Allis, WI

MRN: WMH-00708039

Patient Name: HARRIS, SHARON L

DOB: 2/3/1945

Case #: WMH-08000338106

Admit Date: 11/16/2007 Discharge Date: 11/16/2007

Pt. Loc/Type/Room: ED-WAMH Emergency Department

Radiology

<u>Exam</u>

CT Chest W Contrast

Exam Date/Time

11/16/2007 21:20:39

Accession Number

Ordering Provider

CT-07-0845058 Hansen, Kyle J

Reason for Exam:

Chest pain

CT Report

CT CHEST WITH CONTRAST

Indication: Chest pain and clinical suspicion of pulmonary embolus.

Discussion: Helical CT of the chest was performed during IV administration of iodinated contrast per

pulmonary embolism protocol.

There is no evidence of pulmonary embolus. Mediastinal contents are within normal limits. There is mild centrilobular emphysema in the upper lobes. Expected dependent subsegmental atelectasis is present in the left lower lobe. No other significant lung abnormality is identified.

A limited view of the extreme upper abdomen shows no significant abnormality. There is an implanted device partially imaged in the subcutaneous tissues over the left abdomen. A catheter is seen in the posterior subcutaneous tissues. Although not completely imaged, this probably represents a medication pump and catheter.

IMPRESSION:

No evidence of pulmonary embolus.

Print Date: 3/25/2009

Print Time: 8:48 AM Rev 02/06

FINAL CHART COPY

OFFICE OF THE CITY CLERK Milwaukee Wisconsin

INSTRUCTIONS FOR FILING A CLAIM AGAINST THE CITY OF MILWAUKEE

To file a claim against the City a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed on the reverse side of this instruction sheet. Generally the statue requires the claimant to submit to the City Clerk:

- I. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.
- 2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

(The above information may be combined in a single document.)

The following information should also be submitted to allow the City to promptly act on your claim:

- Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.
- 2. A phone number where the claimant can be reached during business hours as well as the claimant's e-mail address, if any.
- 3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

City Clerk ATTN: CLAIMS 200 E. Wells St., Room 205 Milwaukee, WI 53202-3567

ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully. or negligently.

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.



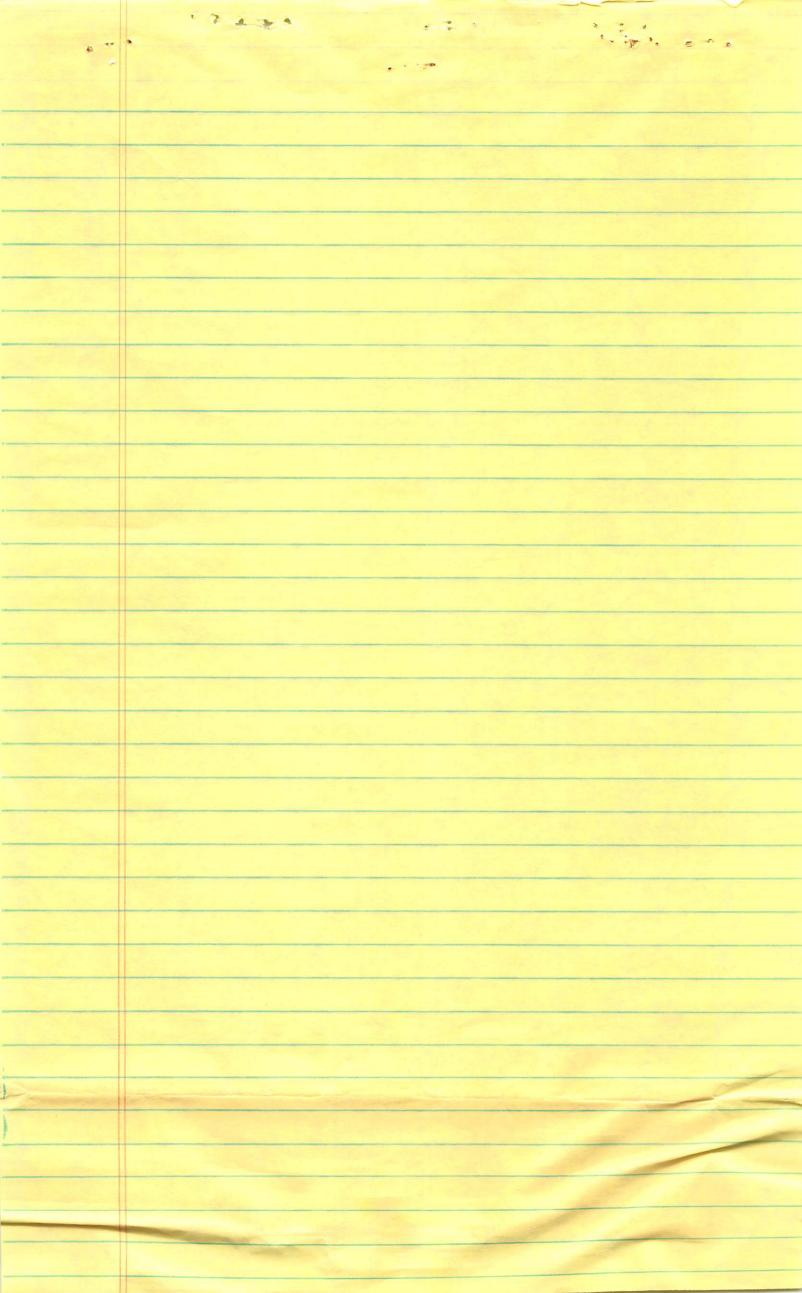
893.60 Claims against governmental bodies or officers, agents or employees; notice of Injury; limitation of damages and suits. (1) Except as provided in subs. (1 g), (1 in), (1 p) and (8), no action may be brought or maintained against any volunteer fire company organized under ch.. 213, political corporation, governmental subdivision or agency thereof nor against any officer, official, agent or employee of the corporation, subdivision or agency for acts done in their official capacity or in the course of their agency or employment upon a claim or cause of action unless:

- (a) Within 120 days after the happening of the event giving rise to the claim, written notice of the circumstances of the claim signed by the party, agent or attorney is served on the volunteer fire company, political corporation, governmental subdivision or agency and on the officer, official, agent or employee under s. 801.11. Failure to give the requisite notice shall not bar action on the claim if the fire company, corporation, subdivision or agency had actual notice of the claim and the claimant shows to the satisfaction of the court that the delay or failure to give the requisite notice has not been prejudicial to the defendant fire company, corporation, subdivision or agency or to the defendant officer, official, agent or employee; and
- (b) A claim containing the address of the claimant and an itemized statement of the relief sought is presented to the appropriate clerk or person who performs the duties of a clerk or secretary for the defendant fire company, corporation, subdivision or agency and the claim is disallowed.

West Allis, wi saaa7



Ath: Claims Street, 7m 205 Milwankee, W1 53a0a-3567



RECEIVED "

JUN 16 2009

To Whom it may concern I put it claim in against the City of West Allis when I fell on goth + Natronal Ave I just want to clavify that I fell on elumps of black top around man hole cover. The city of West Allis attorney said I had to write a letter stating a monetary amount Iam asking. Iam asking 1,000,00 dollars. Like I stated in claim since I fell it has taken a lot of things away that I enjoyed before I have to walk with a cane, Address 8750 W. National Are Apt 623 Thank you West A11.9 Ws 53227 Sharon Harris

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ca: City Attorney

2 4 6

RECEIVED

Block & F. MUL

LIYO MESTANDE REKOTEBARINE

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OFFICE OF THE CITY ATTORNEY

Scott E. Post City Attorney Sheryl L Kuhary

Sheryl L Kuhary Jeffrey J. Warchol Jenna R. Merten Assistant City Attorneys

June 18, 2009

Common Council City of West Allis

RE: City Attorney's Report of Claims/Lawsuits

Dear Council Members:

The enclosed claims/lawsuits have been referred to this office in accordance with Section 3.05(8) of the Revised Municipal Code. This office has examined the facts of each claim/lawsuit and the applicable law. Our Opinion regarding liability is attached to each claim/lawsuit.

The following claim/lawsuit has been paid and placed on file:

Brillo Home Improvements Inc. (\$310.00)

The following claims/lawsuits have been denied:

Nate Mertens (\$1,000.00/approximately) Sharon Harris (\$1,000.00)

Respectfully submitted,

Jeffrey J. Warchol
Assistant City Attorney

JJW:da Enclosures

cc: Thomas E. Mann, CVMIC





CITY ADMINISTRATIVE OFFICE

PAUL M. ZIEHLER

City Administrative Officer Clerk/Treasurer

> 414/302-8294 414/302-8207 (Fax)

City Hall 7525 West Greenfield Avenue West Allis, Wisconsin 53214

pziehler@ci.west-allis.wi.us www.ci.west-allis.wi.us

NOTICE OF DISALLOWANCE OF CLAIM

July 10, 2009

<u>CERTIFIED MAIL</u> RETURN RECEIPT REQUESTED

Ms. Sharon Harris 8750 West National Avenue #623 West Allis, WI 53227

Re:

Your Claim Against the City of West Allis

Date of Loss: 2/24/09

Dear Ms. Harris:

At its meeting on July 7th, 2009, the Common Council of the City of West Allis considered your claim received on June 8th, 2009, regarding personal injuries allegedly sustained in the area of South 90th Street and West National Avenue, West Allis, Wisconsin and denied it in full.

Please be advised that no lawsuit may be brought on this claim against the City of West Allis or any of its officials, officers, agents or employees after six (6) months from the date of receipt of this letter.

Sincerely,

Paul M. Ziehler

City Administrative Officer

Clerk/Treasurer

PMZ:da L:\jeff\claims\denialLtrs\ltr-denial-S Harris

cc: City Attorney's Office City Clerk's Office