17.

CITY AT THE CENTER
WEST ALLIS

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 regarding personal injuries allegedly sustained at South90 Street and West National Avenue on February 24, 2009.

Introduced: 6/16/2009 **Controlling Body:** Administration & Finance Committee

COMMITTEE RECOMMENDATION Deny

ACTION DATE: JUL 07 2009

	MOVER	SECONDER	AYE	NO	PRESENT	EXCUSED
Barczak						
Czaplewski						
Kopplin			✓			
Lajsic			✓			
Narlock	X		✓			
Reinke		X	✓			
Roadt						
Sengstock						
Vitale						✓
Weigel						
TOTAL			4			1

SIGNATURE OF COMMITTEE MEMBER

Chair Kurt E Kopplin Vice-Chair Member

COMMON COUNCIL ACTION Denied

ACTION DATE: JUL 07 2009

	MOVER	SECONDER	AYE	NO	PRESENT	EXCUSED
Barczak			✓			
Czaplewski			✓			
Kopplin	✓		✓			
Lajsic			✓			
Narlock		✓	✓			
Reinke			✓			
Roadt			✓			
Sengstock			✓			
Vitale						✓
Weigel			✓			
TOTAL			9			1

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

PUBLIC WORKS

Chair: Gary T. Barczak
Vice-Chair: Martin J. Weigel
Michael J. Czaplewski
Daniel J. Roadt
James W. Sengstock

SAFETY & DEVELOPMENT

Chair: Thomas G. Lajsic
Vice-Chair: Richard F. Narlock
Kurt E. Kopplin
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Chair: Michael J. Czaplewski
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Chair: Rosalie L. Reinke
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Kurt E. Kopplin
Richard F. Narlock
Vincent Vitale

CITY AT THE CENTER
WEST ALLIS

Wisconsin Award for Municipal Excellence

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,

Jeffrey J. Warchol
Assistant City Attorney

JJW:da

GRANT F. LANGLEY
City Attorney

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

CITY OF MILWAUKEE
Office of the City Attorney

THOMAS O. GARTNER
BRUCE D. SCHRIMPF
SUSAN D. BICKERT
STUART S. MUKAMAL
THOMAS J. BEAMISH
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MARYNELL REGAN
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JARELY M. RUIZ
ROBIN A. PEDERSON
DANIELLE M. BERGNER
Assistant City Attorneys

RECEIVED
JUN -5 2009
CITY OF WEST ALLIS
CLERK/TREASURER

June 3, 1009

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

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: Sharon Harris
8750 West National Avenue, #623
West Allis, WI 53214

CITY AT THE CENTER
WEST ALLIS

Wisconsin Award for Municipal Excellence

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

Monica Schultz
Assistant City Clerk

/jml

cc: City Attorney

To Whom it may concern

I called and reported that I fell at 90th National buy auto part on the street there was a big clump of black ~~Tar~~ Top or what ever you call it and I fell and fractured my left elbow, and injuer by (L) Knee had to have ~~surg~~ surgey and still having trouble with (L) Knee have to see another Orthopedic Dr at VA hospital. I have been fortuate 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 medical records.

So could you please call me at 414-659-9041

my address is 8750 W. National Ave Apt 623
West Allis, WI 53227

Again I am hoping we can settle this
Without getting a lawyer

Thank you

Shawn L Harris

P.S. I could not get this in
with the 120 days because I was
still being treated

Aurora Health Care• Milwaukee, Wisconsin

☐ ABMC ☐ ALMC ☐ AMCK ☐ AMCMC ☐ AMCO ☐ AMCWC ☐ AMHB ☐ APH ☐ ASLMC ☐ ASLSS ☐ ASMC ☐ ASMMC ☐ AWAMC ☐ AUWAMG ☐ AMG (site)

MRN: WMH-00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 64Y REG: 02/25/09
ATT: ERMED, X
FIN: 8000496860

Date: 2-25-09 D.O.B. 2-3-45 Age: 64
Patient's Name: Sharon Harris
PMD/Consult: Dr. Burns
ROOM # FT2
Here Before: ☒ Yes ☐ No Workman's Comp: ☐ Yes ☒ No

Pre-Arrival Treatment: ☐ FULLY IMMOBILIZED ☐ SPLINTED ☐ O2 ☐ CPR ☐ DEFIBRILLATED (x____) ☐ Est. Downtime: ____ min. ☐ INTUBATED ☐ IV ☐ Rx: ____ ☐ Police Notified/Time: ____ ☐ Waiting in Lobby/Patient Aware

Arrival Mode: ☐ Walk ☒ Wheelchair ☐ Cart ☐ Carried ☐ Ambulance ____ ☐ In Police Custody ☐ Refusal Form Signed

Triage Treatment: ☐ SPLINT ☐ ELEVATION ☐ COLD PACK ☐ FULLY IMMOBILIZED ☐ C COLLAR ☐ DRESSING ☐ Mask Given

EMS/Triage time: 1745
Call:
ED arrival time: 1745
ED MD notified: 1810
Time in room: 1810
Time seen by MD: 1841 (template)
Time left ED: 1947

CC: (L) knee pain.

Emergency Severity Index: 1 2 3 (4) 5

Interpreter called / Time ____

TRIAGE NOTE: fell onto (L) knee yesterday (pt ambulatory. took Darvocet s relief)

TRIAGE RN: Obohmann RN

Visual Acuity Correction: ☐ without ☐ with
Right Eye 20/____
Left Eye 20/____
Both Eyes 20/____

Wt: ____ kg

Immunizations: ☐ Unknown Last dT: ____ Peds Shots up to date: ☐ Yes ☐ No

Other Hx: LMP: ____ G__F__P__A__L__

Medical History ☐ Denies: ☐ Asthma ☒ COPD ☐ Kidney/Dialysis ☐ Kidney Stone ☒ Diabetes ☐ Arthritis ☐ Cancer ☐ Mental Illness ☐ GERD ☐ MI ☐ Valve Disease ☐ CHF ☒ HTN ☐ CAD / PVD ☐ CVA / TIA ☐ Seizures ☐ Sickle Cell
Other: pain pump. ↑cholesterol

Surgical History ☐ Denies: ☐ CABG ☐ Pacer / AICD ☐ Gallbladder ☐ Appendix ☐ Gastric Surgery ☐ Angioplasty/Stent ☐ Hysterectomy ☐ Tubal Ligation ☐ Transplant ☐ Other: ☐ Ortho ☐ C-Section
(L) knee - feb 2, 09

TIME	BP	P	R	T
1750	120/61	92	16	98.4

Room Air SaO2: 93 %

ALLERGIES ☐ NKDA ☐ Latex ☐ Unknown ☐ Environmental
Morphine
Sulfa

EDUCATIONAL NEEDS / PAIN GOAL: 0/10 / SAFETY / NEURO / PSYCHOSOCIAL / RESP / ABUSE / SKIN / SAFETY PLAN ☐ Yes ☐ No / MUSCULOSKELETAL / GI / CV/PV / GU / EENT

Social History ☐ Denies
Tobacco: (+) 2ppd.
ETOH: —
Illicit Drugs: —

MEDICATIONS: ☐ Denies ☐ Unknown
Source: ☒ Pt/SO ☐ EMS ☐ Other
☐ Med bottle / list
☐ See Home Profile - save as permanent
☒ See Reconciliation Form

NURSE'S NOTES: ☐ Physical Exam Deferred ☐ Nursing Addendum ☐ Long Nurses Notes
1815 - Pt to FT2.
1854 - i Percocet PO pain
1909 - pt to X-Ray
1930 - pt back from X-Ray
1946 - pt verbalized & demonstrated crutch walking, pt given d/c instructions & script, pt verbalized & taken out w/c

Initial Assessment SIGNATURE
INITIAL SIGNATURE

05403970

EMERGENCY DEPARTMENT RECORD (H&P / Emer)

White - Medical Records / Yellow - Department Pink - Physician Billing
AHC 05403970 (Rev. 07/06)

Aurora Health Care • Milwaukee, Wisconsin

☐SLMC ☐SLSS ☒WAMH

MRN: WMH–00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 64Y REG: 02/25/09
ATT: ERMED, X
FIN: 8000496860

MD Time Seen Timestamp '09 FEB 25 18:42

Lower Extremity Injury #43

Check ✓ if WNL/circle positives / slash negatives or negatives, mark ☐ for test ordered or tasks done

Date: 2/25/09 Time Seen: 1841 PMD: _____

T: _____ BP: _____/_____ P: _____ RR: _____ POX (%): _____

Chief Complaint: Injury to: (*right* *left*) thigh / knee / lower leg

pain / abrasion / laceration / contusion / sprain / fracture / deformity / immobility

HPI: *(L= Level of Service) L1-3: 1-3 elements; L4-5: 4+ elements*

Historian: patient / family / friend / EMS / interpreter /

Hx & ROS limited by: altered mental status / acuity / intoxication / dementia / age

Referred by: self / clinic / PMD / family / EMS /

Arrived by: EMS / walk-in / wheelchair / police / car driven by: self / friend / family

Advanced Directive: none / DNR / "full code" / comfort care /

Onset: sudden / gradual / unsure

Began: _____ time _____ date today / yesterday

_____ minutes / hrs / days / weeks / months prior to arrival

Location of injury:

Right: hip / thigh / knee / lower leg / ankle / foot / _____

Left: hip / thigh / knee / lower leg / ankle / foot / _____

Locale: home / work / school / _____

Course / Timing / Duration: constant / intermittent

Course: same / fluctuating / worse / improved / resolved (time: _____)

Onset of pain after injury: immediate / gradual / delayed _____ hrs / days

Context: new problem / recurrent / chronic

Mechanism: fall / jam / direct blow / crush / cut / GSW / stab / foreign body twisted / inversion / eversion / internal rotation / external rotation / valgus stress / varus stress / hyperflexion / hyperextension / burn

Ambulation hx: normal / cane / walker / wheel chair / non-ambulatory

Character / Quality: can't describe

Injury description: deformity / contusion / sprain / strain / dislocation / fracture abrasion / laceration / puncture wound / foreign body / stab / GSW / burn blunt trauma / penetrating trauma / _____

Pain: at rest / increased with movement / with weight bearing / unable to weight bear

Pain quality: aching / dull / "pain" / sharp / throbbing / _____

Severity: can't describe

Now (0 to 10): 10 none / mild / moderate / severe

Associated Sx: none

+ETOH / fever / chills / generalized weakness / chest pain / SOB / abdominal pain

_____

Other injuries: none / _____

Alleviated/Relieved by: nothing

ice / elevation / rest / immobilization / NSAID / _____

Aggravated/Exacerbated by: nothing

movement / palpation / position / weight bearing / walking / _____

Prior Tx: no / yes / EMS : splint / cool compress / NSAID / morphine

Darvocet (home)

_____

_____

_____

_____

_____

Past Medical, Family, Social hx: L1-4: 1 area; L5: 2 of 3 areas

Allergy: ___ NKDA see ED record / latex / PCN / sulfa / contrast medium / Morphine

Medications: ___ none see ED record aspirin / digoxin / coumadin

_____

_____

_____

_____

_____

PMH / Surgical Hx: ___ none see ED record

DJD / Osteoporosis /

HTN / hypercholesterolemia / NIDDM / IDDM / CAD / syncope / MI afib / CHF / COPD / DVT / PE / PUD / GI Bleed / TIA / CVA appendectomy / cholecystectomy / CABG pacemaker / AICD / cardiac cath _____ / stress test _____ hip replacement (*right* / *left*) / knee replacement (*right* / *left*) arthroscopic knee surgery (*right* / *left*) / _____

Rt knee surg 2/09

_____ Tetanus immunization current: *yes* / *no*

Social Hx: unknown

Tobacco use: no yes: 2 cigarettes / packs per day / week

ETOH: no yes: _____ drinks per *day* / *week* Last ETOH: _____

Drug use: no yes: *cocaine* / *marijuana* / _____

Occupation: unemployed / student / retired / employed : _____

_____

Lives: *house* / *apartment* / *homeless* / *homeless shelter* / *group home* *assisted living* / *nursing home* / _____

Living situation: *alone* / *significant other* / *children* / *parents* /

Domestic Violence: no yes: _____

Family Hx: noncontributory / unknown / _____

ROS: *L1-3: 1 system; L4: 2-9 systems; L5: 10+ systems*

☒ All 14 systems reviewed: ___ neg / ___ neg except as per HPI and/or circled below

__**Constitutional:** fever / chills / generalized weakness / weight loss

__**Eyes:** blurred vision / diplopia / loss of vision / redness

__**ENT:** nosebleed / ear pain / hearing problems / tinnitus

__**CV:** chest discomfort / palpitations / orthopnea / PND / ankle swelling

__**Respiratory:** SOB / cough

__**GI:** anorexia / abdominal discomfort / nausea / vomiting / diarrhea hematemesis / tarry stools / rectal bleeding / constipation

__**GU:** dysuria / urgency / frequency / hematuria / kidney problems

LMP: _____ : ___WNL abnormal

__**Musculoskeletal:** other painful areas:

__**Skin:** rash / erythema / skin problems

__**Neurologic:** numbness / tingling / focal weakness / ataxia / seizure

__**Psychiatric:** stress / anxiety / depression / suicidal ideation

__**Hematology / Lymphatic:** bruising / bleeding / swollen lymph nodes

__**Endocrine:** polyuria / polydipsia / thyroid problems

__**Immunology / Allergy :** Immunosuppressant therapy / cancer

Aurora Health Care®

Milwaukee, Wisconsin

☐SLMC ☐SLSS ☑WAMH

MRN: WMH–00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 64Y
ATT: ERMED, X
REG: 02/25/09
FIN: 8000496860

'09 FEB 25 18:42

Physical Exam: L 2-3: 2-4 organ/areas; L4: 5-7 organ/areas; L5: 8+ organ/areas

Lower Extremity Injury #43

☑ VS Reviewed Exam limited by: pain / urgency of condition / patient uncooperative
General: (alert) lethargic / confused / obtunded
Oriented: (person) (place) (time)
Anxious: mild / moderate / severe
Distress: (mild) moderate / severe
Nutritional status: ✓ WNL cachetic / obese
Hydration: ✓ WNL dehydrated

Head / Neck:
✓ head & face inspection WNL, non-tender
___ neck s̄ tenderness, no step-offs
___ neck ROM WNL

Eyes:
✓ lids, sclera WNL, EOM intact, PERRL bil.
___ funduscopic exam WNL bil.

ENT, Neck:
✓ nose, ears WNL
___ oropharynx WNL, no dental trauma

Cardiovascular:
✓ regular rate and rhythm
✓ normal S1&S2, no murmur
___ pulses equal and symmetric bilaterally

Respiratory:
✓ no respiratory distress
___ lungs CTA bilaterally

Gastrointestinal / Abdomen / Back
___ inspection and bowel sounds normal
___ soft, non-tender, no masses

Skin:
✓ warm and dry, no rash
___ no peripheral edema, CRT WNL

Neurologic:
✓ alert & oriented X 3
✓ CN II-XII grossly intact

Musculoskeletal:
___ T-spine, LS-spine non-tender

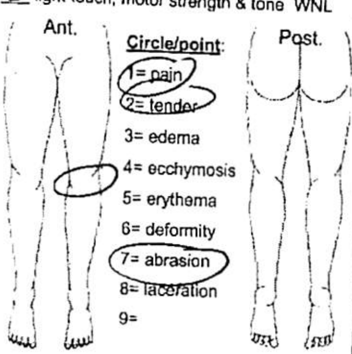
Right Hip / Lower Extremity
✓ inspection WNL, no edema / deformity
✓ ROM full s̄ pain, nontender:
✓ pelvis ✓ hip ✓ thigh ✓ knee
✓ lower leg ✓ ankle ✓ foot ✓ toes
✓ light touch, motor strength & tone WNL

Legend: 0 = absent; 1 = decreased ; 2 = normal

VASCULAR EXAM (0-2)	right	left
Femoral artery	2	2
Popliteal artery	2	2
Dorsalis pedis artery	2	2
Posterior tibialis artery	2	2
NEUROLOGIC EXAM (0-2)	**right**	**left**
Femoral nerve (L2-L4)		
Motor: knee extension	2	1
Sensory: anteromedial thigh	2	2
Sciatic nerve (L4-S2)		
Motor: knee flexion	2	1
Sensory: posterolateral leg	2	2
Peroneal nerve (L5)		
Motor: foot dorsiflexion	2	2
Sensory: 1-2 dorsal toe web	2	2

Left Hip / Lower Extremity
✓ inspection WNL, no edema / deformity
✓ ROM full s̄ pain, nontender:
___ pelvis ✓ hip ___ thigh ___ knee
✓ lower leg ✓ ankle ✓ foot ✓ toes
✓ light touch, motor strength & tone WNL

Ant. Post.



Circle/point:
(1= pain)
(2= tender)
3= edema
4= ecchymosis
5= erythema
6= deformity
(7= abrasion)
8= laceration
9=

Right knee: ☐ WNL ☐ WNL except:	Left knee: ☐ WNL ☑ WNL except:
+effusion	+effusion
+joint line tender	(+joint line tender)
+McMurray's test	+McMurray's test
+Apley's test with:	+Apley's test with:
-compression	-compression
-distraction	-distraction
+Varus stress gap	+Varus stress gap
+Valgus stress gap	+Valgus stress gap
+Lachman's test	+Lachman's test
+Pivot shift test	+Pivot shift test
+Ant. Drawer	+Ant. Drawer
+Post. Drawer	+Post. Drawer

(+) ant (L) joint line tenderness. (+) patellar tenderness

Diagnostic Considerations: circle or write potential diagnoses
hip fx / (knee fx) abrasion / laceration neurovascular injury fall / syncope
hip dislocation ACL tear / PCL tear
~~sprain~~ / strain (meniscus tear)
(contusion) compartment syndrome

Medical Decision Making: L1: straightforward; L2-3: low/complex; L4: mod; L5: high

Mark box ☐ if test ordered or task done, check normals ✓, (circle) and note abnormals

Lab: ☐ Lab Results Reviewed
☐ CBC: ___ WNL ___ WNL except:
☐ Chem: ___ WNL ___ WNL except:
☐ ETOH ___ neg pos ______
☐ Urine / Serum preg: ___ neg pos
☐ ECG: ___ WNL ___ WNL except:
☐ U/A: ___ WNL ___ WNL except:
RBCs ______ WBCs ______
Bacteria ______

Wound Repair: ☐ see laceration addendum (#61)

* X 2 1 6 7 5 *

ED PHYSICIAN RECORD (H&P/ED)

Radiology:
☑ 1– (right / (left)) hip / femur / (knee) tibia-fibula / ankle / foot
___ WNL
☐ 2– CXR (portable / 2-view) /
___ WNL
☑ 1– Read by: ED MD / Radiology Report ☐ 2– Read by: ED MD / Radiology Report

Treatment / Management Options / Course: ☐ refer to ED dictation
☐ O2 at ______ L/minute / % FiO2 (NC, face mask, ______)
☐ IV cap / infusion (NS, ____); Bolus ______ mL; Rate ______ mL/hr
☐ Acetaminophen / ibuprofen ______ mg PO ☑ Vicodin / (Percocet) (1) / 2 (PO)
☐ Morphine sulfate ______ mg IV / IM ; total dose= ______ mg
☐ Procedural sedation: fentanyl / versed / propofol / etomidate / ______
☐ Dislocated joint reduction : (right / left) hip / knee / ankle
☐ Wound dressing: topical antibiotic / bandage / kerlex /
☐ DT 0.5 ml IM

1928 Vicodin [illegible]
Crutches

Pain Level: 10 /10 @ 1842 ; ___ /10 @ ______ ; ___ /10 @ ______
Course: (same) / worse / improved / resolved ☐ Patient evaluated and examined by MD
Level: ___1___2___3___4___5

physician # PA # 225330

Critical Care Time (excluding procedures) = ______ 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):
right / (left) / bilat. (contusion) strain / sprain
hip / femur / thigh fracture / dislocation fall / syncope
(knee) / patella / leg abrasion / laceration
tibia / fibula / ankle

Disposition: time: 1930
☑ Discharge ☐ Admit: OBS bed / general / Tele / medical / orthopedic / ICU
☐ Transfer: ______ to Dr. ______
Follow up: PMD / Kehoe in / on 3-5 days / pm / as scheduled
Condition: good / (stable) / serious / critical Isolation: none / droplet / contact / airborne
Restrictions: off work / limited duty / gym / school for ______
Discharge Instructions given: verbal / written / via interpreter
Discharge Rx: ibuprofen / vicodin / percocet /

[signature] MD / DO / (PA) Date 2/25/09
[signature] MD / DO / PA Date ______
______ MD / DO / PA Date ______

☐ Addendum: ______
See: template / dictation
☑ See RN Notes & ED Chart
☐ template complete, dictation pending
☐ template complete, full / partial dictation complete
☑ template complete, no dictation needed

West Allis Memorial Hospital
Aurora Health Care
West Allis, WI

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	Exam Date/Time	Accession Number	Ordering Provider
DX Knee 4 View Min LEFT	2/25/2009 19:18:15	DX-09-0159026	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. *****

Aurora Health Care Milwaukee, Wisconsin

- [ ] Aurora Medical Center, W.C.
- [ ] Aurora Sinai Medical Center
- [ ] Aurora St. Luke's Medical Center
- [ ] St. Luke's South Shore
- [x] West Allis Memorial Hospital
- [ ] Other: ______

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

Date: 11/16/07 D.O.B. 02/03/45 Age: ______

Patient's Name: Sharon Harris

PMD/Consult: BURNS

ROOM # 6

Here Before: ☐ Yes ☐ No   Workman's Comp: ☐ Yes ☐ No

Pre-Arrival Treatment: ☐ FULLY IMMOBILIZED ☐ SPLINTED ☐ O2 ☐ CPR ☐ DEFIBRILLATED (x____) ☐ Est. Downtime: ____ min. ☐ INTUBATED ☐ IV ☐ Rx: ____ ☐ Police Notified/Time: ____ ☐ Waiting in Lobby/Patient Aware

Arrival Mode: ☐ Walk ☐ Wheelchair ☐ Cart ☐ Carried ☒ Ambulance Med 11 ☐ In Police Custody ☐ Refusal Form Signed

Triage Treatment: ☐ SPLINT ☐ ELEVATION ☐ COLD PACK ☐ FULLY IMMOBILIZED ☐ C COLLAR ☐ DRESSING ☐ Mask Given

EMS/Triage time: PTA
Call:
ED arrival time: 1950
ED MD notified: 1950
Time in room: 1958
Time seen by MD: 2005
(template)
Time left ED: 2340

CC: CP radiates to jaw & back

Emergency Severity Index: 1 (2) 3 4 5

Interpreter called / Time: —

TRIAGE NOTE: 4240 ♀ IV 4 O2 pain pump to back pain

TRIAGE RN: Paige [illegible] RN

Visual Acuity Correction: ☐ without ☐ with
Right Eye 20/____
Left Eye 20/____
Both Eyes 20/____

Wt: ______ kg

Immunizations: ☐ Unknown
Last dT: ______
Peds Shots up to date: ☐ Yes ☐ No

Medical History ☐ Denies
- [ ] Asthma
- [x] COPD
- [ ] Kidney/Dialysis
- [ ] Kidney Stone
- [ ] Diabetes
- [ ] Arthritis
- [ ] Cancer
- [ ] Mental Illness
- [ ] GERD
- [ ] MI
- [ ] Valve Disease
- [ ] CHF
- [x] HTN
- [ ] CAD / PVD
- [ ] CVA / TIA
- [ ] Seizures
- [ ] Sickle Cell

Other: Back pain

Surgical History ☐ Denies
- [ ] CABG
- [ ] Pacer / AICD
- [ ] Gallbladder
- [ ] Appendix
- [ ] Gastric Surgery
- [ ] Angioplasty/Stent
- [ ] Hysterectomy
- [ ] Tubal Ligation
- [ ] Transplant ______
- [ ] Other: ______
- [ ] Ortho
- [ ] C-Section

TIME	BP	P	R	T
EMS	80/40	70	16	—
1955	82/43	76	16	98.4

1953 Room Air SaO_2: 91 %

Other Hx:
LMP: ______
G__ F__ P__ A__ L__

EDUCATIONAL NEEDS: | PAIN: | GOAL: | SAFETY: | NEURO | PSYCHOSOCIAL: | RESP | ABUSE: | SKIN | SAFETY PLAN ☐ Yes ☐ No | MUSCULO-SKELETAL | ECN | CV/PV | GU | E ENT

Social History ☐ Denies
Tobacco: ______
ETOH: ______
Illicit Drugs: ______

ALLERGIES: ☐ NKDA ☐ Latex ☐ Unknown ☐ Environmental

Morphine

NURSE'S NOTES:
- [ ] Physical Exam Deferred
- [x] Nursing Addendum
- [x] Long Nurses Notes

MEDICATIONS: ☐ Denies ☐ Unknown
Source: ☒ Pt/SO ☒ EMS ☐ Other
- [ ] Med bottle / list
- [ ] See Home Profile - save as permanent
- [ ] See Reconciliation Form

Trazadone, ASA,
Acetaminophen, Baclofen
Gabapentin, Citalopram
Azmocort
Diclofenac
Terbutaline
Simvastatin
Omeprazole
Loratadine

Initial Assessment INITIAL	SIGNATURE
HT	[illegible signature]

05403970

EMERGENCY DEPARTMENT RECORD
(H&P / Emer)

White - Medical Records / Yellow - Department
Pink - Physician Billing
AHC 05403970 .j (Rev. 07/06)

Aurora Health Care • Milwaukee, Wisconsin

☐SLMC ☐SLSS ☐WAMH

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

MD Time Seen Timestamp

Chest Pain #11

Check ✓ if WNL, circle positives, slash negatives or negatives, mark ☐ for test ordered or tasks done

Date: 11/16/07 Time Seen: 2002 PMD: PHRNS

T: ____ BP: 89 / 52 P: 75 RR: ____ POX (%): ____

Chief Complaint: Chest / (left / right) shoulder / arm : *discomfort / pain*

Anginal equivalent sx: *SOB / diaphoresis / nausea / weakness / neck pain / jaw pain /*

HPI: *(L=Level of Service) L1-3: 1-3 elements: L4-5: 4+ elements*

Historian: *patient / family / friend / EMS / interpreter /*

Hx & ROS limited by: *altered mental status / acuity / intoxication / dementia / age*

Referred by: *self / clinic / PMD / family / EMS /*

Arrived by: *EMS / walk-in / wheelchair / police / car driven by: self / friend / family*

Advanced Directive: *none / DNR / "full code" / comfort care /*

Onset: *sudden / gradual / unsure*

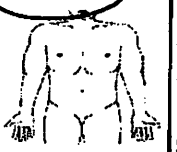
Began: ____ time ____ date *today / yesterday*

____ *minutes / hrs / days / weeks / months* prior to arrival

Location: ____

Radiation: no yes

jaw neck / abdomen / back / *(left / right)* shoulder / arm



Course / Timing / Duration: *constant / intermittent*

Course: *same / fluctuating / worse / improved / resolved (time: ____)*

Duration, frequency of episodes: ____

Context: *new problem / recurrent / chronic*

If recurrent episode, last episode of similar: ____

If recurrent or chronic episode, current episode: *same / not as bad / worse / worst ever*

Symptoms occurred: *rest / exertion / stress / after eating / sleeping /*

Character / Quality: can't describe

aching / burning / crushing / dull / heaviness / indigestion / "just pain"

"like prior MI" / numbness / pressure / sharp / squeezing / stabbing / tearing

tightness / tingling / ____

Severity: can't describe

At max (0 to 10): ____ *mild / moderate / severe*

Now (0 to 10): ____ *none / mild / moderate / severe*

Associated Sx: ___ none

diaphoresis / nausea / vomiting / belching / "heartburn" / palpitations / syncope

cough / SOB / weakness / dizzy / fatigue / jaw pain / arm pain / back pain

abdominal pain / calf pain / leg edema / ____

Alleviated / Relieved by: ___ nothing

Rest / O2 / aspirin / acetaminophen / ibuprofen / antacids /

Belching / vomiting / eating / shallow breathing / palpation / position change

Nitroglycerin: *1 / 2 / 3 / 4*

Administered by: *patient / EMS /* Degree of relief: *none / partial / complete*

Aggravated / Exacerbated by: ___ nothing

exertion / stress / deep breathing / coughing / palpation / movements / position change

Prior Episodes / Workup: no yes

stress test: 6/6/07

angiography / angioplasty / stent placement : ____

CABG: ____

Past Medical, Family, Social hx: L1-4: 1 area; L5: 2 of 3 areas

Allergy: ___ NKDA *see ED record / latex / PCN / sulfa / contrast medium /*

morphine, Sulfa, DARVOCET

Medications: ___ none see ED record *aspirin / digoxin / coumadin*

TRAZODONE
Terbutaline
Flexeril
Symbicort
ASA
Omeprazole
GABAPENTIN
ATENOLOL

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 / obesity / oral contraception / pregnancy / post-partum / estrogen replacement / surgery / trauma***

PTSD

afib / CHF / COPD / PUD / GERD / gallstones / GI bleed

TIA / CVA / hypothyroidism / cancer Anxiety

appendectomy / cholecystectomy / CABG Depression

pacemaker / AICD / cardiac cath ____ / stress test ____

Saw group interdeca

TAH, (2) Leg Angioplasty

tetanus immunization current: yes / no

Social Hx: unknown

Tobacco use: ___ no yes ____ *cigarettes / packs per day / week*

ETOH: ___ no yes: ____ drinks per *day / week* Last ETOH: ____

Drug use: ___ no yes: *cocaine / marijuana /* ____

Occupation: unemployed / student / retired / employed : Disability

Lives: *house / apartment / homeless / homeless shelter / group home / assisted living / nursing home /* ____

Living situation: *alone / significant other / children / parents /*

Domestic Violence: ___ *no yes:* ____

Family Hx: noncontributory / unknown CHF

IDDM / NIDDM / HTN / CAD hx < 55 years / DVT / PE

ROS: L1-3: 1 system; L4: 2-9 systems; L5: 10+ systems

☑ All 14 systems reviewed: ___ neg ____ neg except as per HPI and/or circled below

___ **Constitutional:** fever / chills / malaise / weight loss

___ **Eyes:** visual problems / blurry vision / redness / icterus

___ **ENT:** sore throat / congestion / nosebleed

___ **CV:** palpitations / orthopnea / PND / ankle swelling

___ **Respiratory:** SOB / DOE / wheezing / hemoptysis / cough

___ **GI:** abdominal discomfort / heartburn / tarry stools / rectal bleeding

___ **GU:** dysuria / urgency / frequency / hesitation / hematuria / kidney problems

LMP: ____ : ___ WNL abnormal

Oral Contraceptive : no / yes

___ **Musculoskeletal:** calf pain / leg pain / painful areas:

___ **Skin:** rash / skin problems

___ **Neurologic:** headache / general weakness / focal weakness / paresthesias

___ **Psychiatric:** stress / anxiety / depression / insomnia / hallucinations

___ **Hematology / Lymphatic:** bruising / bleeding / swollen lymph nodes

___ **Endocrine:** polyuria / polydipsia / thyroid problems

___ **Immunology / Allergy :** immunosuppressant therapy / cancer

Aurora Health Care® Milwaukee, Wisconsin

☐SLMC ☐SLSS ☐WAMH

Chest Pain #11

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

Physical Exam: L1-3: 2-4 organ/areas; L4: 5-7 organ/areas; L5: 8+ organ/areas

☑VS Reviewed Exam limited by: urgency of condition / patient uncooperative
General: alert / lethargic / confused / obtunded Oriented: person / place / time
Anxious: mild / moderate / severe Distress: mild / moderate / severe
Nutritional status: ___WNL cachetic / obese Hydration: ___WNL dehydrated

Orthostatic VS: O— : BP=_____ P=_____ ▲: BP=_____ P=_____

Eyes:
___ lids, sclera WNL, PERRL bil., EOM intact
___ funduscopic exam WNL

ENT, Neck:
___ nares patent, no discharge
___ TM not injected, no bulging
___ pharynx not injected, no exudates
___ neck supple, no bruits or masses

Cardiovascular:
___ regular rate and rhythm
___ normal S1&S2, no murmur
___ pulses equal and symmetric bilaterally

Respiratory:
___ no respiratory distress
___ lungs CTA bilaterally
___ chest wall non-tender

Gastrointestinal / Abdomen / Back
___ inspection and bowel sounds normal
___ soft, non-tender, no masses
___ no flank or back tenderness
___ rectal exam normal, heme negative stool

Genitourinary, Male
___ external genitalia normal, no discharge
___ testicles normal, no masses, no hernia
___ prostate not enlarged, no masses

Musculoskeletal:
___ no deformity, no tenderness
___ muscle strength grossly intact

Skin:
___ warm and dry
___ no rash, no erythema
___ no peripheral edema

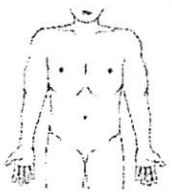
Neurologic:
___ alert & oriented X 3
___ CN 2-12 grossly intact
___ motor strength equal and symmetric
___ light touch sensation intact
___ reflexes equal and symmetric

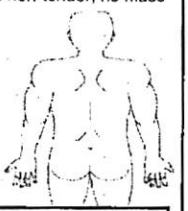
Psychiatric:
___ affect and mood normal
___ no suicidal or homicidal ideation

Lymphatic:
___ no cervical lymphadenopathy
___ no axillary lymphadenopathy
___ no inguinal lymphadenopathy

Genitourinary, Female
___ external genitalia without lesions
___ no cervical motion tenderness
___ no cervical discharge
___ uterus, adnexa non-tender, no mass

Comments:





Diagnostic Considerations: circle or write potential diagnoses

MI / angina	costochondritis	arrhythmia
aortic dissection	chest wall pain	CHF
pericarditis	atypical chest pain	valve disease
MVP	hyperventilation / anxiety	CHF
PE	esophagitis / reflux	pulmonary edema
pneumonia	peptic ulcer disease	
bronchitis	cholecystitis	

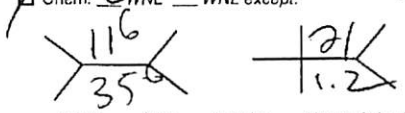
Medical Decision Making: L1: straightforward; L2-3: low/complex; L4: mod; L5: high

Mark box ☐ if test ordered or task done, check normals ✓, circle and note abnormals

☑Monitor ☐ECG: read by ED MD and compared to ECG from_____
Rhythm: NSR / ST / a-fib / paced Rate:_____ Intervals: ___WNL QRS: ___WNL
ST-T wave: ___WNL: _____
Other: ECG unchanged / _____

Lab: ☐ Lab Results Reviewed

☑CBC: ___WNL ___WNL except:
☑Chem: ___WNL ___WNL except:



___Bands ___Segs ___Lymphs ___Monos Anion Gap=

☐ U/A: ___WNL ___WNL except:
RBCs _____ WBCs _____
Bacteria _____

☐ POX(%) =_____
on RA / O2: _____ % / L
___WNL hypoxic

☐ Quantitative D-Dimer: ___WNL:_____
☐ INR: ___WNL:_____
☐ Digoxin: ___WNL:_____
☐ LFT's ___WNL ___WNL except:
☐ Lipase ___WNL:_____

☑ Cardiac Markers: ___WNL ___WNL except:
☐#1 (___:___) ☐#2 (___:___)

CK-MB		
Myoglobin	251	
Troponin I		
BNP		

Radiology:

☐1– CXR (portable / 2-view) _____
___WNL
☑2– Chest CT scan: PE protocol PE
___WNL
☐1– Read by: ED MD / Radiology Report ☐2– Read by: ED MD / Radiology Report

Treatment / Management Options / Course:

☐ O2 at _____ L/minute / % FiO2 (NC, face mask, _____)
☑IV cap / infusion (NS, ____): Bolus _____ mL; Rate_____ ___ mL/hr
☐ GI cocktail: 30 ml Maalox / 15 ml viscous lidocaine PO
☐ **Aspirin 81 mg: *4 chewed and swallowed / PR / administered PO prior to arrival***
☐ **Metoprolol 5 mg IV x *1 / 2 / 3*** ☐ **Metoprolol *25 / 50 mg* PO**
☐ Nitroglycerin: *SL 1 / 2 / 3* ☐ *NTG paste: 0.5 inch / 1 inch* applied to skin
☐ Morphine Sulfate _____ mg IV; total dose = _____ mg IV
☐ Lovenox 1 mg/kg SQ ☐ Unfractionated Heparin IV ☐ Plavix _____ mg / 300 mg PO
☐ Emergent percutaneous coronary intervention ☐ Chest Pain observation admission

6/6/07 → NEG Stress Test
Adenosine Nuclear

Pain Level: ___ /10 @_____ ___; ___ /10 @_____ ___; ___ /10 @_____
Course: *same / worse / improved / resolved* ☑Patient evaluated and examined by MD
Level: ___1 ___2 ___3 ___4 ___5 220691 _____
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:* _____
Case discussed with: *patient / family / Radiologist / PMD /* ___ _____
Reviewed: *Nursing Home / EMS / RN / Old Records from* _____

Clinical Impression (circle or write diagnoses):

chest pain	elevated cardiac marker(s)	nausea / vomiting / fever
chest wall pain	pulmonary embolus	
acute myocardial infarction	GI cause of chest pain	
acute coronary syndrome	pneumonia / bronchitis	
angina: *stable / unstable*	dyspnea / hypoxia	
anginal equivalent symptoms	anxiety / panic attack	

Low Blood pressure

Disposition:

time:_____

☐Discharge ☐Admit: *OBS bed / general / Tele / medical / surgical / ICU*
☐Transfer: _____ to Dr. _____
Follow up: PMD / _____ *in / on* _____ *days / prn / as scheduled*
Condition: *good / stable / serious / critical* Isolation: *none / droplet / contact / airborne*
Restrictions: *off work / limited duty / gym / school* for _____
Discharge Instructions given: *verbal / written / via interpreter*
Discharge Rx: *ibuprofen / vicodin / percocet /*

_____ *MD / DO / PA* Date_____
_____ *MD / DO / PA* Date_____
_____ *MD / DO / PA* Date_____

☐ **Addendum:** _____ ☐ template complete, dictation pending
See: *template / dictation* ☑ template complete, full / *partial* dictation complete
☑ See RN Notes & ED Chart ☐ template complete, no dictation needed

Aurora Health Care Milwaukee, Wisconsin

- [ ] Aurora Medical Center, W.C.
- [ ] Aurora Sinai Medical Center
- [ ] Aurora St. Luke's Medical Center
- [ ] Aurora St. Luke's South Shore
- [x] West Allis Memorial Hospital
- [ ] Other:

MRN: WMH-00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 63Y REG: 06/14/08
ATT: Smith, Kelly F
FIN: 8000408212

Date: 6-14-08 D.O.B. 2-3-45 Age: 63
Patient's Name: Sharon Harris
PMD/Consult: Burns
ROOM # A#2 ✓
Here Before: [x] Yes [ ] No Workman's Comp: [ ] Yes [ ] No

Pre-Arrival Treatment: [ ] FULLY IMMOBILIZED [ ] SPLINTED [ ] O2 [ ] CPR [ ] DEFIBRILLATED (x____) [ ] INTUBATED [ ] IV [ ] Rx: [ ] Police Notified/Time: [ ] Est. Downtime: ____ min. [ ] Waiting in Lobby/Patient Aware

Arrival Mode: [ ] Walk [ ] Wheelchair [ ] Cart [ ] Carried [ ] Ambulance [ ] In Police Custody [ ] Refusal Form Signed

Triage Treatment: [ ] SPLINT [ ] ELEVATION [ ] COLD PACK [ ] FULLY IMMOBILIZED [ ] C COLLAR [ ] DRESSING [ ] Mask Given

EMS/Triage time: 1440
Call:
ED arrival time: 1440
ED MD notified: 1500
Time in room: 1500
Time seen by MD: 1522 (template)
Time left ED: 1710

CC: fall / head + arm pain

Emergency Severity Index 1 2 3 (4) 5
Interpreter called / Time

TRIAGE NOTE: tripped while crossing street this AM - fell down + hit head + arm on cement. Bruising [illegible] pain + swelling [illegible] 9/10. [illegible]

TRIAGE RN: [illegible]

Visual Acuity Correction: [ ] without [ ] with
Right Eye 20/
Left Eye 20/
Both Eyes 20/

Wt: ____ kg

Immunizations: [x] Unknown Last dT: [illegible] Peds Shots up to date: [ ] Yes [ ] No

TIME	BP	P	R	T
1453	131/74	78	18	98.4

Room Air SaO_2: 95 %

LMP:
G__F__P__A__L__

Medical History: [ ] Denies
[ ] Asthma [ ] COPD [ ] Kidney/Dialysis [ ] Kidney Stone [ ] Diabetes [ ] Arthritis [ ] Cancer [ ] Mental Illness [ ] GERD [ ] MI [ ] Valve Disease [ ] CHF [x] HTN [ ] CAD / PVD [ ] CVA / TIA [ ] Seizures [ ] Sickle Cell
Other: ↑chol

Surgical History: [ ] Denies
[ ] CABG [ ] Pacer / AICD [ ] Gallbladder [ ] Appendix [ ] Gastric Surgery [ ] Angioplasty/Stent [x] Hysterectomy [ ] Tubal Ligation [ ] Transplant [ ] Other: [ ] Ortho [ ] C-Section

Social History: [ ] Denies
Tobacco: ↓ppd
ETOH:
Illicit Drugs:

ALLERGIES: [ ] NKDA [ ] Latex [ ] Unknown [ ] Environmental
Morphine

MEDICATIONS: [ ] Denies [x] Unknown
Source: [x] Pt/SO [ ] EMS [ ] Other
[ ] Med bottle / list
[ ] See Home Profile - save as permanent
[x] See Reconciliation Form

EDUCATIONAL NEEDS ✓ PAIN 9/10 GOAL 0/10
SAFETY ✓ NEURO ✓
PSYCHOSOCIAL RESP
ABUSE ✓ SKIN
SAFETY PLAN [ ] Yes [ ] No MUSCULOSKELETAL
GI CV/PV
GU EENT

[ ] Physical Exam Deferred
[ ] Nursing Addendum
[x] Long Nurses Notes

NURSE'S NOTES:
1500 Pt. ambulated to A#2 ___ [initials]
1502 Pt into gown [initials]
1522 PA Lisette into see pt [initials]
1535 Pt. taken to x-ray [initials]
1600 Pt back from CT / x-ray [initials]
1610 two percocet tablets given [initials]
1650 PA Lisette into update pt [initials]
1710 pt pain "6/10" [initials]

Initial Assessment SIGNATURE [signature]
INITIAL SIGNATURE [signature]

White - Medical Records / Yellow - Department
Pink - Physician Billing
AHC 05403970 .J (Rev. 07/06)

EMERGENCY DEPARTMENT RECORD
(H&P / Emer)

05403970

Aurora Health Care

3

☐SLMC ☐SLSS ☐WAMH

MRN: WMH-00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 63Y REG: 06/14/08
ATT: Smith, Kelly F
FIN: 8000408212

Fall #49

Check ✓ if WNL, circle positives, slash negatives or negatives, mark ☐ for test ordered or tasks done

Date: 6/13/08 Time Seen: 1514 PMD:
T: 98.4 BP: 131 / 76 P: 78 RR: 18 POX (%): 97%

MD Time Seen Timestamp: 1530

Chief Complaint: (Fall) / "found down" / tripped / slipped / lost balance
abrasion / laceration / (contusion) / sprain / fracture / deformity /

HPI: (L=Level of Service) L1-3: 1-3 elements; L4-5: 4+ elements

Historian: (patient) / family / friend / EMS / interpreter /
Hx & ROS limited by: altered mental status / acuity / intoxication / dementia / age
Referred by: (self) / clinic / PMD / family / EMS /
Arrived by: EMS / (walk-in) / wheelchair / police / car driven by: self / friend / family
Advanced Directive: none / DNR / "full code" / comfort care /

Onset: sudden / (gradual) / unsure
Began: ____ time ____ date today / yesterday
7 minutes / (hrs) / days / weeks / months (prior to arrival)

Location of injury:
(head) / scalp / (face) / neck / chest / trunk / upper back / low back / pelvis
Right: shoulder / arm / (elbow) / (wrist) / (hand) / hip / leg / knee / ankle / foot
Left: shoulder / arm / (elbow) / (wrist) / (hand) / hip / leg / knee / ankle / foot

Locale: home / work / school / street trying to cross street tripped + fell

Course / Timing / Duration: (constant) / intermittent
Course: (same) / fluctuating / worse / improved / resolved (time:)
Onset of pain after injury: (immediate) / gradual / delayed ____ hrs / days
Patient down for: unsure / insignificant time / ____ min / hr / days

Context: (new problem) / recurrent / chronic
Mechanism: unsure / (tripped) / slipped / lost balance / possible syncope
Height of fall: unsure / (standing) / bed / chair /
Premonitory Sx: ~~weak~~ / ~~dizzy~~ / ~~lightheaded~~ / ~~chest pain~~ / ~~SOB~~ / palpitations / ~~syncope~~
Hx of falls: (none) / once before / multiple falls:
Ambulation hx: (normal) / cane / walker / wheel chair / non-ambulatory
Contributing factors: +~~ETOH~~ / ~~drug use~~ / ~~gait abnormality~~ / ~~balance problem~~
~~vision problem~~ / ~~orthostatic hypotension~~ / ~~syncope~~ / ~~dementia~~ / ~~poor nutrition~~
~~medication~~ / ~~environmental factors~~ /

Character / Quality: can't describe
Injury description: deformity / (contusion) / laceration / abrasion / puncture
wound / foreign body / stab / GSW / burn / blunt trauma / penetrating trauma
Pain: at rest / ~~increased with movement~~ / only with movement / with weight bearing
Pain quality: aching / ~~dull~~ / "pain" / sharp / (throbbing) /

Associated Sx: (none) GCS= ____ /15
LOC: (none) / unknown / unreliable / dazed / + LOC
→ Duration of LOC: unsure / ____ sec / min / hours
→ Patient remembers: incident / coming to hospital /
Other: ~~fever~~ / ~~weakness~~ / ~~chest pain~~ / ~~SOB~~ / ~~abdominal pain~~ / ~~nausea~~ / ~~vomiting~~
~~diarrhea~~ / ~~amnesia~~ (retrograde / antegrade) / ~~vertigo~~ / ~~lightheaded~~ / ~~fainting~~
~~syncope~~ / ~~seizure~~ / ~~behavior change~~ / ~~altered mental status~~ / ~~headache~~ / ~~neck pain~~
~~focal deficit~~ /

Modifying Factors: __none
+ ETOH / ambulatory at scene / spinal immobilization / witnessed / unwitnessed

Prior Tx: no / yes : EMS: spinal immobilization ⊕ Head injury
Ⓢ LOC, Ⓢ neck pain, Ⓢ new back pain, Ⓢ f/c/chills
Ⓢ vision loss, Ⓢ focal wkns, Ⓢ N/T Ⓢ B/B incontinence
Ⓢ CP, Ⓢ SOB, Ⓢ etc... [illegible] prior or [illegible]
Ⓢ [illegible] ... Ⓢ other [illegible]

Past Medical, Family, Social hx: L1-4: 1 area; L5: 2 of 3 areas

Clearing [illegible] [illegible] [illegible] tripped. [illegible]

Allergy: ___ NKDA see ED record / latex / PCN / sulfa / contrast medium /
morphine

Medications: ___ none (see ED record) aspirin / digoxin / coumadin

PMH / Surgical Hx: ___ none see ED record
ETOH abuse / drug abuse / Parkinson's disease / Alzheimer's disease
orthostatic hypotension / adrenal insufficiency / UTI / sepsis / seizure
(HTN) / hypercholesterolemia / NIDDM / IDDM / CAD / syncope / MI
afib / CHF / (COPD) / DVT / PE / PUD / GI bleed / TIA / CVA
appendectomy / cholecystectomy / CABG Hysterectomy
pacemaker / AICD / cardiac cath / stress test
Anxiety [illegible]
depression chronic [illegible]
[illegible] Tetanus immunization current: yes / (no)

Social Hx: unknown
Tobacco use: __ no (yes) 2 cigarettes / (packs) per (day) / week
ETOH: __ (no) yes: ____ drinks per day / week Last ETOH:
Drug use: __ (no) yes: cocaine / marijuana /
Occupation: (unemployed) / student / retired / employed :
disability
Lives: house / (apartment) / homeless / homeless shelter / group home
assisted living / nursing home /
Living situation: alone / significant other / children / parents /
Domestic Violence: ___ no yes:

Family Hx: noncontributory / unknown /

ROS: L1-3: 1 system; L4: 2-9 systems; L5: 10+ systems

☐ All 14 systems reviewed: ___ neg ___ neg except as per HPI and/or circled below
__**Constitutional:** fever / chills / generalized weakness / weight loss
__**Eyes:** blurred vision / diplopia / loss of vision / redness
__**ENT:** nosebleed / ear pain / hearing problems / tinnitus
__**CV:** chest discomfort / palpitations / orthopnea / PND / ankle swelling
__**Respiratory:** SOB / cough
__**GI:** anorexia / abdominal discomfort / nausea / vomiting / diarrhea
hematemesis / tarry stools / rectal bleeding / constipation
__**GU:** dysuria / urgency / frequency / hematuria / kidney problems
LMP: ____ : ___WNL abnormal
__**Musculoskeletal:** other painful areas:
__**Skin:** rash / erythema / skin problems
__**Neurologic:** numbness / tingling / focal weakness / ataxia / seizure
__**Psychiatric:** stress / anxiety / depression / suicidal ideation
__**Hematology / Lymphatic:** bruising / bleeding / swollen lymph nodes
__**Endocrine:** polyuria / polydipsia / thyroid problems
__**Immunology / Allergy:** Immunosuppressant therapy / cancer

ED PHYSICIAN RECORD (H&P/ED)

X21675

Aurora Health Care

☐SLMC ☐SLSS ☐WAMH Fall #49

MRN: WMH-00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 63Y REG: 06/14/08
ATT: Smith, Kelly F
FIN: 8000408212

Physical Exam: L1-3: 2-4 organ/areas; L4: 5-7 organ/areas; L5: 8+ organ/areas

☑VS Reviewed Exam limited by: pain / urgency of condition / patient uncooperative
General: alert / lethargic / confused / obtunded Oriented: person / place / time
Anxious: mild / moderate / severe Distress: mild / moderate / severe
Nutritional status: WNL / cachetic / obese Hydration: WNL / dehydrated

Orthostatic VS: O – ; BP= P= : BP= P=

Eyes: lids, sclera WNL, EOM intact, PERRL bil.
no hyphema, funduscopic exam WNL bil.

ENT, Neck: nares patent, no discharge, no bleeding
oropharynx WNL, no dental trauma
external ears, canals, and TM's WNL

Cardiovascular: regular rate and rhythm
normal S1&S2, no murmur
pulses equal and symmetric bilaterally

Respiratory: no respiratory distress
lungs CTA bilaterally
chest wall non-tender

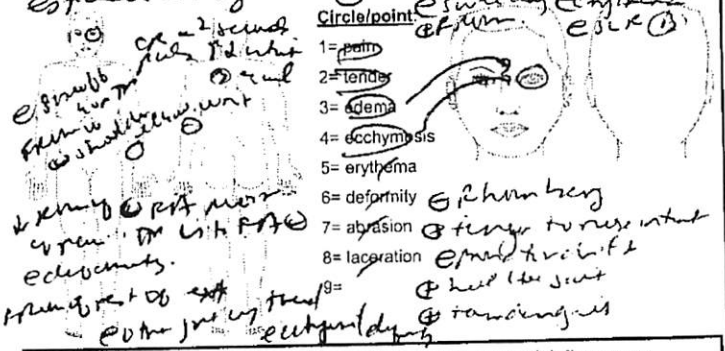
Gastrointestinal / Abdomen / Back: inspection and bowel sounds normal
soft, non-tender, no masses
no flank or back tenderness
rectal exam normal, heme negative stool

Musculoskeletal: head & neck normal, non-tender
neck s tenderness, no step-offs
neck ROM WNL
T-spine, LS-spine non-tender

Skin: warm and dry
no rash, no erythema
no peripheral edema

Neurologic: alert & oriented X 3
CN II-XII grossly intact
motor strength equal and symmetric
light touch sensation intact
reflexes equal and symmetric
cerebellar function intact

Psychiatric: affect and mood WNL
no suicidal or homicidal ideation



Circle/point:
1= pain
2= tender
3= edema
4= ecchymosis
5= erythema
6= deformity
7= abrasion
8= laceration
9=

Diagnostic Considerations: circle or write potential diagnoses

fall
syncope
disequilibrium
TIA / CVA
closed cranial trauma
intracranial bleed
C-spine fx
C-spine strain
head contusion
contusion
fracture / dislocation
abrasion / laceration

Medical Decision Making: L1: straightforward; L2-3: low/complex; L4: mod; L5: high

Mark box ☐ if test ordered or task done, check normals ✓, circle and note abnormals

☐Monitor ☐ECG : read by ED MD and compared to ECG from
Rhythm: NSR / ST / a-fib / paced Rate: Intervals: WNL QRS: WNL
ST-T wave: WNL :
Other: ECG unchanged /

Lab: ☐ Lab Results Reviewed
☐ CBC: WNL WNL except:
☐ Chem: WNL WNL except:
☐ U/A: WNL WNL except:
RBCs WBCs
Bacteria
☐ POX(%) =
on RA / O2: % / L
WNL hypoxic

Bands Segs Lymphs Monos Anion gap=

☐ INR: WNL:
☐ Digoxin: WNL:
☐ Urine / Serum preg: neg pos
☐ ETOH neg pos

☐ Cardiac Markers: WNL
CK-MB
Myoglobin
Troponin I
BNP

Wound Repair: ☐ see laceration addendum (#61)

Radiology:

☑ Head CT scan, non-contrast / C-spine series
WNL
WNL
☐ 1– Read by: ED MD / Radiology Report ☐ 2– Read by: ED MD / Radiology Report

Treatment / Management Options / Course: ☐ refer to ED dictation

☐ O2 at L/minute / % FiO2 (NC, face mask,)
☐ IV cap / infusion (NS,); Bolus mL; Rate mL/hr
☐ Acetaminophen / ibuprofen mg PO ☑ Vicodin / Percocet / PO
☐ Morphine sulfate mg IV / IM ; total dose= mg
☐ Ativan / Haldol / Geodon / mg IV / IM / PO
☐ Dislocated joint reduction : (right / left)
☐ Intubation: endotracheal (see critical care addendum #57) ☐ nasopharyngeal airway
☐ Wound dressing: topical antibiotic / bandage / kerlex /
☐ DT 0.5 ml IM

Pain Level: /10 @ ; /10 @ ; /10 @
Course: same / worse / improved / resolved ☐ Patient evaluated and examined by MD
Level: 1 2 3 4 5 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:
Case discussed with: patient / family / Radiologist / PMD /
Reviewed: Nursing Home / EMS / RN / Old Records from

Clinical Impression (circle or write diagnoses):

alcohol intoxication
altered mental status
closed cranial trauma
disequilibrium / vertigo
syncope / near syncope
contusion
fracture
laceration / abrasion
intracranial bleed

Disposition:

time:

☑Discharge ☐Admit: OBS bed / general / Tele / medical / surgical / ICU
☐ Transfer: to Dr.
Follow up: PMD in / on days / prn / as scheduled
Condition: good / stable / serious / critical Isolation: none / droplet / contact / airborne
Restrictions: off work / limited duty / gym / school for
Discharge Instructions given: verbal / written / via interpreter
Discharge Rx: ibuprofen / vicodin / percocet /

MD / DO / PA Date
MD / DO / PA Date
MD / DO / PA Date

☐ Addendum:
See: template / dictation
☑ See RN Notes & ED Chart

☐ template complete, dictation pending
☐ template complete, full / partial dictation complete
☑ template complete, no dictation needed

Aurora Health Care Milwaukee, Wisconsin

- [ ] Aurora Medical Center, W.C.
- [ ] Aurora Sinai Medical Center
- [ ] Aurora St. Luke's Medical Center
- [ ] Aurora St. Luke's South Shore
- [x] West Allis Memorial Hospital
- [ ] Other:

MRN: WMH-00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 63Y
ATT: Polentini, Mark S
REG: 06/21/08
FIN: 8000410749

Date: 6-21-08 D.O.B. 02-03-45 Age: 63
Patient's Name: Harris, Sharon
PMD/Consult: E. Burns
ROOM # FT
Here Before: [ ] Yes [ ] No Workman's Comp: [ ] Yes [x] No

Pre-Arrival Treatment: [ ] FULLY IMMOBILIZED [ ] SPLINTED [ ] O2 [ ] CPR [ ] DEFIBRILLATED (x____) [ ] Est. Downtime: ____ min. [ ] INTUBATED [ ] IV [ ] Rx: ____ [ ] Police Notified/Time: ____ [ ] Waiting in Lobby/Patient Aware

Arrival Mode: [x] Walk [ ] Wheelchair [ ] Cart [ ] Carried [ ] Ambulance ____ [ ] In Police Custody [ ] Refusal Form Signed

Triage Treatment: [ ] SPLINT [ ] ELEVATION [x] COLD PACK [ ] FULLY IMMOBILIZED [ ] C COLLAR [ ] DRESSING [ ] Mask Given

Emergency Severity Index: 1 2 3 (4) 5
Interpreter called / Time ____

EMS/Triage time: 1618
Call:
ED arrival time: 1606
ED MD notified: 1618
Time in room: 1626
Time seen by MD: 1718
(template)
Time left ED: 1830

CC: (L) elbow pain

TRIAGE NOTE: Fell ≈ 2 wks ago, had x-rays & was sent home. (L) elbow getting worse since fall. Didn't follow up because she can't see her PMD until August! B-9/10 elbow pain

TRIAGE RN: [signature]

Visual Acuity Correction: [ ] without [ ] with
Right Eye 20/____
Left Eye 20/____
Both Eyes 20/____

Wt: ____ kg

Immunizations: [ ] Unknown
Last dT: ____
Peds Shots up to date: [ ] Yes [ ] No

TIME	BP	P	R	T
1618	104/74	76	18	97 [illegible]

Room Air SaO_2: 93 %

Other Hx — LMP: ____ G__F__P__A__L__

Medical History [ ] Denies
- [ ] Asthma
- [x] COPD
- [ ] Kidney/Dialysis
- [ ] Kidney Stone
- [ ] Diabetes
- [ ] Arthritis
- [ ] Cancer
- [x] Mental Illness
- [ ] GERD
- [ ] MI
- [ ] Valve Disease
- [ ] CHF
- [ ] HTN
- [ ] CAD / PVD
- [ ] CVA / TIA
- [ ] Seizures
- [ ] Sickle Cell
- Other:

Surgical History [ ] Denies
- [ ] CABG
- [ ] Pacer / AICD
- [ ] Gallbladder
- [ ] Appendix
- [ ] Gastric Surgery
- [ ] Angioplasty/Stent
- [x] Hysterectomy
- [ ] Tubal Ligation
- [ ] Transplant
- [ ] Other:
- [ ] Ortho
- [ ] C-Section

Social History [ ] Denies
Tobacco: 2 ppd
ETOH: Ø
Illicit Drugs: Ø

ALLERGIES [ ] NKDA [ ] Latex [ ] Unknown [ ] Environmental
Morphine

MEDICATIONS: [ ] Denies [ ] Unknown
Source: [ ] Pt/SO [ ] EMS [ ] Other
- [ ] Med bottle / list
- [ ] See Home Profile - save as permanent
- [ ] See Reconciliation Form

EDUCATIONAL NEEDS ✓ | PAIN 9/10 | GOAL
SAFETY ✓ | NEUROLOGY
PSYCHOSOCIAL ✓ | RESP
SKIN ✓ | SKIN Ø
SAFETY PLAN [ ] Yes [ ] No | MUSCULO-SKELETAL X
GI | CV/PV
GU | E ENT

[ ] Physical Exam Deferred
[ ] Nursing Addendum
[ ] Long Nurses Notes

NURSE'S NOTES:
1627 Pt to FT pg towel
1718 PA Carol into see pt. [initials]
1735 Pt to X-ray - ambulated [initials]
1745 Pt back from x-ray [initials]
1755 Percocet two tablets po given [initials]
1800 (L) arm splinted by PA [initials]
1825 (L) sling applied [initials]
1830 - Discharge instructions given c prescription Pt verbalized understanding, left ambulatory [initials]

Initial Assessment [initials] SIGNATURE
INITIAL SIGNATURE
[initials] [signature]

EMERGENCY DEPARTMENT RECORD
(H&P / Emer)

05403970

White - Medical Records / Yellow - Department
Pink - Physician Billing
AHC 05403970 .J (Rev. 07/06)

Aurora Health Care®

☐SLMC ☐SLSS ☒WAMH

'08 JUN 21 17:18
MD Time Seen Timestamp

MRN: WMH-00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 63Y REG: 06/21/08
ATT: Polentini, Mark S
FIN: 8000410749

Upper Extremity Injury #40

Check ✓ if WNL, circle positives, slash negatives or negatives, mark ☐ for test ordered or tasks done

Date: 6/21/08 Time Seen: 1718 PMD: Burns

T: _____ BP: _____/_____ P: _____ RR: _____ POX (%): _____

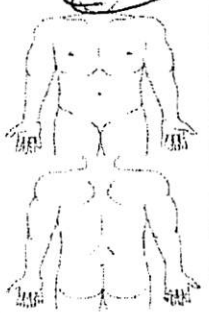
Chief Complaint: (right (left)) shoulder / upper arm / elbow / forearm laceration / contusion / sprain / pain / fracture / deformity / _____

HPI: *(L= Level of Service) L1-3: 1-3 elements; L4-5: 4+ elements*

Historian: patient / family / friend / EMS / interpreter /
Hx & ROS limited by: altered mental status / acuity / intoxication / dementia / age
Referred by: self / clinic / PMD / family / EMS /
Arrived by: EMS / walk-in / wheelchair / police / car driven by: self / friend / family
Advanced Directive: none / DNR / "full code" / comfort care /

Onset: sudden / gradual / unsure
Began: _____ time _____ date today / yesterday
2 wks minutes / hrs / days / weeks / months prior to arrival

Location:



Clavicle: (right / left): proximal / middle / distal third
Shoulder: (right / left): ant / post / lat
Upper arm (right / left): proximal / middle / distal third
Elbow: (right / left) radial head / olecranon
Forearm: (right / left): proximal / middle / distal third
Wrist: (right / left): distal radius / distal ulna / scaphoid

Activity During Injury: Fell while crossing street

Locale: home / work / school / _____

Course / Timing / Duration: constant / intermittent
Course: same / fluctuating / worse / improved / resolved (time: _____)
Onset of pain after injury: immediate / gradual / delayed _____ hrs / days

Character / Quality: can't describe
Mechanism: unsure / external rotation / internal rotation / abduction / adduction hyperflexion / hyperextension / axial traction / axial compression "fall on an outstretched hand" / jam / fall / direct blow / crush / cut burn / foreign body penetration / repetitive motion / _____
Injury description (quality): deformity / dislocation / sprain / strain / contusion laceration / abrasion / foreign body / stab / GSW / burn / _____
Pain: at rest / increased with movement / only with movement / with palpation
Pain quality: aching / dull / "pain" / sharp / throbbing / _____

Severity: can't describe
At max (0 to 10): _____ mild / moderate / severe
Now (0 to 10): 4 none / mild / moderate / severe

Associated Sx: none
swelling (immediate / gradual / delayed > 24 hr) / numbness / tingling / pallor "cold fingers" / weakness / More bruising as well.

Alleviated/Relieved by: ✓nothing
ice / elevation / rest / immobilization / NSAID / _____

Aggravated/Exacerbated by: nothing
movement / palpation / position _____

Prior Tx: no / yes / cool compress / NSAID / EMS: splint / _____
Seen by Kelly Smith, DO in WAMC ED.
Rx Percocet #20
Head CT⊖, CT facial bones - chronic sinus dz - Ethmoid + (L) max.

ED PHYSICIAN RECORD (H&P/ED)

(L) elbow - joint effusion, (+) fat pad sign
(L) forearm ⊖; (L) HAND ⊖

Past Medical, Family, Social hx: L1-4: 1 area; L5: 2 of 3 areas

Allergy: ___ NKDA *see ED record / latex / PCN / sulfa / contrast medium /* _____

Medications: ___ none see ED record *aspirin / digoxin / coumadin*
? Albuterol / Lexapro
? Norvasc
Furosemide
Neeuontin
~~Ambien~~
Xanax

PMH / Surgical Hx: ___ none see ED record
arthritis / bursitis / tendonitis / gout / rotator cuff problem
carpal tunnel syndrome / DVT / thrombophlebitis
HTN / hypercholesterolemia / NIDDM / IDDM / CAD / MI
PUD / gastritis / UGI bleed / LGI bleed
prior (injury / surgery): wrist / forearm / elbow / upper arm / shoulder
AC joint separation / GH dislocation S/p hyst
Anxiety, Depression
Asthma
Handedness: right / ~~left~~ Tetanus immunization current: yes / no

Social Hx: unknown
Tobacco use: ___ no yes: 2 cigarettes / packs per day / week
ETOH: ___ no yes: _____ drinks per day / week Last ETOH: _____
Drug use: ___ no yes: cocaine / marijuana / _____
Occupation: unemployed / student / retired / employed : _____
Lives: house / apartment / homeless / homeless shelter / group home assisted living / nursing home / _____
Living situation: alone / significant other / children / parents /
Domestic Violence: ___ no yes: _____

Family Hx: noncontributory / unknown / _____

ROS: L1-3: 1 system; L4: 2-9 systems; L5: 10+ systems

☐ All 14 systems reviewed: ___ neg ___ neg except as per HPI and/or circled below
__**Constitutional:** fever / chills / generalized weakness
__**Eyes:** visual problems / redness No headaches
__**ENT:** sore throat / congestion / nosebleed
__**CV:** chest discomfort / palpitations / orthopnea / PND / ankle swelling
__**Respiratory:** SOB / cough
__**GI:** abdominal discomfort / nausea / vomiting / diarrhea / tarry stools
__**GU:** dysuria / urgency / frequency / hematuria / kidney problems
LMP: _____ : ___WNL abnormal
__**Musculoskeletal:** other painful areas: Denies.
__**Skin:** rash / erythema / skin problems
✓**Neurologic:** numbness / tingling / focal weakness FACE, (L) arm
__**Psychiatric:** stress / anxiety / depression
✓**Hematology / Lymphatic:** bruising / bleeding / swollen lymph nodes
__**Endocrine:** polyuria / polydipsia / thyroid problems
__**Immunology / Allergy:** Immunosuppressant therapy / cancer

Aurora Health Care

☐SLMC ☐SLSS ☒WAMH **Upper Extremity Injury #40**

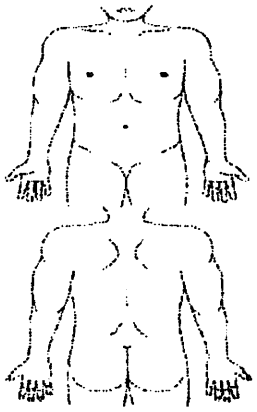
Physical Exam: L 2-3: 2-4 organ/areas; L4: 5-7 organ/areas; L5: 8+ organ/areas

☒VS Reviewed Exam limited by: *pain / urgency of condition / patient uncooperative*
General: (alert) / *lethargic / confused / obtunded* Oriented: *person / place / time*
Anxious: *mild / moderate / severe* Distress: *mild / moderate / severe*
Nutritional status: ✓ WNL *cachetic / obese* Hydration: ✓ WNL *dehydrated*

Cardiovascular:
___ regular rate and rhythm
___ normal S1&S2, no murmur
Respiratory:
___ no respiratory distress
___ lungs CTA bilaterally
Gastrointestinal / Abdomen / Back
___ inspection and bowel sounds normal
___ soft, non-tender, no masses
Skin
✓ no rash, no erythema, no cyanosis
___ warm & dry, capillary refill < 2 sec
___ no peripheral edema
Lymphatic:
___ no axillary, capital lymphadenopathy
Right Upper Extremity
___ appearance WNL, no edema / deformity
___ ROM full s pain, nontender:
___ *neck* ___ *shoulder* ___ *arm* ___ *elbow*
___ *forearm* ___ *wrist* ___ *hand* ___ *fingers*
___ light touch, two point discrimination WNL
Left Upper Extremity
___ appearance WNL, no edema / deformity
___ ROM full s pain, nontender
___ *neck* ___ *shoulder* ___ *arm* ___ *elbow*
___ *forearm* ___ *wrist* ___ *hand* ___ *fingers*
___ light touch, two point discrimination WNL

Legend: 0 = absent; 1 = decreased; 2 = normal

VASCULAR EXAM (0-2)	right	left
Brachial artery		
Radial artery	✓	✓
Ulnar artery		
NEUROLOGIC EXAM (0-2)	**right**	**left**
Axillary nerve (C5-C6)		
Motor: *shoulder ABD*		
Sensory: *lateral shoulder*		
Radial nerve (C6-C7)		
Motor: *wrist extension*		
Sensory: *dorsal 1st web space*		
Median nerve (C6-T1)		
Motor: *thumb opposition*		
Sensory: *volar digits 1, 2, & 3*		
Ulnar nerve (C8-T1)		
Motor: *finger ABD / ADD*		
Sensory: *4th and 5th digits*		



Circle/point: 1= pain, 2= tender, 3= edema, 4= ecchymosis, 5= erythema, 6= deformity, 7= abrasion, 8= laceration, 9= numbness, 10= radiation, 11=

Moderate swelling to left elbow c ecchymosis & point tenderness over lateral head. Pt has most tenderness c full extension & flexion (L) elbow. (L) wrist has mild tenderness upon initial palpation.

Differential Dx (circle or write):

abrasion	dislocation
abscess	foreign body
AC separation	fracture
bursitis	GH dislocation
cellulitis	laceration
contusion	septic joint
DJD	sprain / strain

Medical Decision Making: L1: straightforward; L2-3: low complex; L4: mod; L5: high
Mark box ☐ if test ordered or task done, check normals ✓, (circle) and note abnormals

Lab: ☐ Lab Results Reviewed
☐CBC: ___ *WNL* ___ *WNL except:*
☐ *Urine / Serum* preg: ___ neg pos
☐ Chem: ___ *WNL* ___ *WNL except:*
☐ ECG: ___ *WNL* ___ *WNL except:*

Wound Repair:

Location	Length / Depth	Repair

_____ _____ cm suture / Dermabond / staples
superficial / SQ / IM _____ # of _____ -O (ethilon / prolene / _____)
_____ # of _____ -O (vicryl / _____)
___ sensation intact ___ neurovascular intact
Level of contamination: ___ clean *min / mod / severe*
Anesthesia: *topical / local / digital /* _____ with _____ ml of:
marcaine (0.25% / %) / lidocaine (1% / %) c: NaHCO3 / epinephrine
☐ prep ☐ Suture / staples removal in _____ days
☐ explored: ___ no tendon injury ___ base of wound visualized ___ no foreign body
☐ irrigat. ☐ debrided ☐ undermined ☐ revised ☐ foreign body removed

MRN: WMH-00708039
HARRIS, SHARON L
DOB: 02/03/1945 F 63Y REG: 06/21/08
ATT: Polentini, Mark S
FIN: 8000410749

Radiology:
☒1- right (left) *shoulder / arm / (elbow) / forearm / (wrist)* (WNL)
☐2- _____
___ WNL
☐ 1- Read by: *ED MD / Radiology Report* ☐ 2- Read by: *ED MD / Radiology Report*

Treatment / Management Options / Course: ☐ refer to ED dictation
☐ O2 at _____ *L/minute / % FiO2* (NC, face mask, _____)
☐ IV *cap / infusion* (NS, ____); Bolus _____ mL; Rate _____ mL/hr
☐ Acetaminophen / ibuprofen _____ mg PO ☐ *Vicodin / Percocet 1 / 2 PO*
☐ Morphine sulfate _____ mg *IV / IM* ; total dose= _____ mg
☐ Procedural sedation: IV *fentanyl / versed / propofol / etomidate* / _____
☐ Dislocated joint / fx reduction : *(right / left)* shoulder / _____
☐ Education: *splint / wound management* by *MD / PA / ED Tech*
☐ Splint: *(shoulder immobilizer /* _____) by *MD / PA / ED Tech*
☐ Wound dressing: *topical antibiotic / bandage / kerlex /*
☐ DT 0.5 ml IM
Long arm splint by PT.

Pain Level: ___ /10 @ _____ ; ___ /10 @ _____ ; ___ /10 @ _____
Course: *same / worse / improved / resolved* ☐ Patient evaluated and examined by MD
Level: ___1 ___2 ___3 (4) ___5 11491 222526
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:* _____
Case discussed with (patient) / *family / Radiologist / PMD /* _____
Reviewed: *Nursing Home / EMS /* (RN) / *Old Records from* _____

Clinical Impression (circle or write diagnoses):

right (*left*) / *bilateral*	contusion	acromioclavicular separation
shoulder / arm / (*elbow*)	effusion	glenohumeral dislocation
forearm / wrist / hand	fracture	dislocation / tendonitis
abrasion	(L) wrist sprain	
sprain / strain	laceration	

Disposition: time: _____
☒ Discharge ☐ Admit: *OBS bed / general / Tele / medical / surgical / ICU*
☐ Transfer: _____ to Dr. _____
Follow up: PMD / ortho - Woodin / on 2-3 (days) / *prn / as scheduled*
Condition: *good* (*stable*) / *serious / critical* Isolation: *none / droplet / contact / airborne*
Restrictions: *off work / limited duty / gym / school* for _____
Discharge Instructions given: (verbal) / (written) / *via interpreter*
Discharge Rx: *ibuprofen / vicodin /* (percocet) /

Amy Henderson PA _____ MD / DO (PA) Date 6/21/08
_____ MD / DO / PA Date _____
_____ MD / DO / PA Date 9/22/08

☐ Addendum: _____
See: (*template*) / *dictation*
☒ See RN Notes & ED Chart
☐ template complete, dictation pending
☐ template complete, full / *partial* dictation complete
☒ template complete, no dictation needed

West Allis Memorial Hospital
Aurora Health Care
West Allis, WI

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

Exam	Exam Date/Time	Accession Number	Ordering Provider
DX Finger 2 View Min RIGHT	9/2/2008 18:33:01	DX-08-0660833	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. *****

West Allis Memorial Hospital
Aurora Health Care
West Allis, WI

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

CONCLUSION:

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

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

Exam	Exam Date/Time	Accession Number	Ordering Provider
CT Head WO Contrast	6/14/2008 15:50:24	CT-08-0449849	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

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

Exam	Exam Date/Time	Accession Number	Ordering Provider
CT Orbit WO Contrast BILATERAL	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.

Radiology

Exam	Exam Date/Time	Accession Number	Ordering Provider
CT Orbit WO Contrast BILATERAL	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	Exam Date/Time	Accession Number	Ordering Provider
DX Forearm LEFT	6/14/2008 16:04:05	DX-08-0449855	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:

Radiology

Exam	Exam Date/Time	Accession Number	Ordering Provider
DX Forearm LEFT	6/14/2008 16:04:05	DX-08-0449855	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	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

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:

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:

Radiology

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

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. ***

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

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	11/16/2007
			Time	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

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

LABORATORY

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

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

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:

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

Exam	Exam Date/Time	Accession Number	Ordering Provider
CT Chest W Contrast	11/16/2007 21:20:39	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.

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:

1. 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.

Harri's
8750 W National Ave #623
West Allis, WI 53227

CITY CLERK
Attn: Claims
200 E Wells Street, Rm 205
Milwaukee, WI 53202-3567

To Whom it may concern

I put it claim in against the City of West Allis when I fell on 90th & National Ave I just want to clarify that I fell on clumps of black top around man hole cover. The city of West Allis attorney said I had to write a letter stating a monetary amount I am asking. I am asking 1,000.00 dollars. Like I stated in claim since I fell it has taken alot of things away that I enjoyed before I have to walk with a cane.

Again I am asking for 1,000.00 dollars

Address 8750 W. National Ave Apt 623
West Allis, WI 53227
Phone 414-659-9041

Thank you
Sharon Harris

cc: City Attorney

CITY AT THE CENTER
WEST ALLIS

Wisconsin Award for Municipal Excellence

OFFICE OF THE CITY ATTORNEY
Scott E. Post
City Attorney
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 AT THE CENTER
WEST ALLIS

Wisconsin Award for Municipal Excellence

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

CERTIFIED MAIL
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