

August 31, 2022

AGENT FOR STATE PROCESS SERVICE, INC.
 Time of Service 1145 a
 Date of Service 9/7
 Served upon: _____
 Personal Service Substitute personal service
 Corporate Service Posting

City of West Allis- Office of the City Clerk
 7525 West Greenfield Avenue
 Room 108 to 110
 West Allis, WI 53214
Attn: Rebecca Grill, City Clerk

West Allis Police Department
 11301 West Lincoln Avenue
 West Allis, WI 53227
Attn: Patrick Mitchell, Chief of Police

West Allis Police Department
 11301 West Lincoln Avenue
 West Allis, WI 53227
Attn: David J. Madden, Detective

City of West Allis-City Attorney's Office
 7525 West Greenfield Avenue, Room 232
 West Allis, WI 53214
Attn: City Attorney's Office

**NOTICE OF CLAIM OF DARIUS L. WADE
 PURSUANT TO SECTION 893.80(1)(b), WIS. STATS.**

Please be advised that we have been retained by and represent Darius L. Wade of 2753 North 41st Street, Milwaukee, Wisconsin 53210, and hereby give notice of claim in all matters concerning all injuries and damages he sustained as a result of a motor vehicle accident which occurred on November 16, 2021 as herein after described.

DATE AND TIME: November 16, 2021 at 2:40 p.m.

LOCATION: North 60th Street & West Chambers Street, Milwaukee, WI

CIRCUMSTANCES: On November 16, 2021 at approximately 2:40 p.m., the claimant, Darius L. Wade, was operating his vehicle southbound on North 60th Street at or near its intersection with West Chambers Street in the City and County of Milwaukee, State of Wisconsin when a City of West Allis Police Department vehicle, being operated by Detective David J. Madden, which was traveling in the same direction, suddenly and unexpectedly began to turn westbound on West Chambers Street in front of Mr. Wade's vehicle, thus causing a collision between the two vehicles, and thus causing injuries to the claimant, Darius L. Wade.

The City of West Allis, West Allis Police Department, Detective David J. Madden, and the City of West Allis-City Attorney's Office, through its agents, servants and employees, is hereby notified that Darius L. Wade makes a claim against City of West Allis, West Allis Police Department, Detective David J. Madden, and the City of West Allis-City Attorney's Office, pursuant to the theory of Respondent Superior, for the recovery of money damages in the total amount of Thirty-Two Thousand Dollars (\$32,000.00) as compensation for his damages, which include past and future medical expenses and past pain and suffering:

Accident Reports (MPD and WAPD)	
Police and Property Damage Photographs	
Medical Expenses:	\$12,100.15
*Milwaukee Fire Department: \$00.00	
*Bell Ambulance: \$795.14	
*Ascension SE WI Hospital-St. Joseph: \$1,748.00	
*Emergency Medicine Specialists: \$336.00	
*FMLH and F&MCWCP: \$6,821.01	
*Team Rehabilitation Physical Therapy: \$2,400.00	
 Pain and Suffering	 \$19,899.85
 TOTAL CLAIM DEMAND	 \$32,000.00

The undersigned is the attorney for Darius L. Wade and is, therefore, authorized to give this Notice of Claim.

Please send a written acknowledgment of this Notice of Claim.

Dated at Milwaukee, Wisconsin this 31st day of August, 2022

J. RICHARD LAW OFFICES, LLC
Attorneys for Claimant, Darius L. Wade

By: _____

Jason S. Richard
SBN: 1032068

POST OFFICE ADDRESS:


jason@jrichardlaw.com
710 North Plankinton Avenue
Suite 804
Milwaukee, WI 53203
Phone: 414.232.1792

Subscribed and sworn to before me
this 31st day of August, 2022



Notary Public, State of Wisconsin

My Commission Expires: 05.30.2026


CHRISTIN L. MUELLER
Notary Public
State of Wisconsin

J9L1GPZ7TT
213201132

WISCONSIN MOTOR VEHICLE
CRASH REPORT

MILWAUKEE POLICE DEPARTMENT
749 WEST STATE STREET
MILWAUKEE, WI 53201
(414) 933-4444

J9L1GPZ7TT

Document Number Override		Primary Crash Document #	Agency Crash Number DISTRICT 7	Investigating Officer/Deputy R. MONETTE	
Crash Date 11/16/2021		Crash Time 02:40 PM	Date Arrived 11/16/2021	Time Arrived 03:02 PM	
Date Notified 11/16/2021		Time Notified 02:41 PM	Total Units 02	Total Injured 01	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property	<input type="checkbox"/> Active School Zone	School Bus Related NO		Tags SUPERVISOR APPROVED, SQUAD ACCIDEN	
<input checked="" type="checkbox"/> Reportable	Crash Type DT4000 (STANDARD CRASH)		<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash	

Description

<p>Diagram</p>	Reconstruction By
	Photos By
	Additional Information NONE

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS OPERATING SOUTHBOUND ON N 60TH ST TOWARDS CHAMBERS. BEHIND UNIT 2 WHO WAS ALSO TRAVELING IN THE SAME DIRECTION. UNIT 2 THEN BEGAN TO TURN WESTBOUND ON W CHAMBERS ST FROM N 60TH ST WHEN UNIT 1 STRUCK UNIT 2.

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

MILWAUKEE POLICE DEPARTMENT
749 WEST STATE STREET
MILWAUKEE, WI 53201
(414) 933-4444

Location

INTERSECTION ON N 60TH ST AT W CHAMBERS ST IN THE CITY OF MILWAUKEE IN MILWAUKEE COUNTY	Latitude	Longitude
	43.073510235	-87.987356934
	X Coordinate	Y Coordinate
	419617.90625	4769451
Structure Type NO STRUCTURE		

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT	First Harmful Event Location ON ROADWAY	
Manner of Collision 01 - ANGLE	Light Condition DAYLIGHT	
Road Surface Condition(s) DRY	Roadway Factor(s) NONE	
Environment Factor(s) NONE		
Weather Condition(s) CLOUDY		
Animal Type	Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY	Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land	Access Control NO CONTROL	Special Study
Within Intc.change Area NO	Junction Location INTERSECTION	Intersection Type FOUR-WAY INTERSECTION

Unit Summary

UNIT 01	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS			Unit Type AUTOMOBILE
	Vehicle Type PASSENGER CAR				Operating As Endorsements
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0
	Insurance? NO	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre CrashTire Mark	Speed Limit 30	Total Lanes 2
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED	Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)	Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO				

Vehicle

UNIT VEHICLE 01	License Plate Number ALZ8435	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2G1WT58N881296814	Make CHEVROLET	Year 2008	Model IMPALA
	Color SIL - SILVER (ALUMINUM)	Body Style SD - SEDAN		Bus Use
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage		
	Extent Of Damage MINOR DAMAGE	10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER		

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

MILWAUKEE POLICE DEPARTMENT
749 WEST STATE STREET
MILWAUKEE, WI 53201
(414) 933-4444

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By		
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
	Driver Prior Action Other		NOT APPLICABLE		
	Driver Actions IMPROPER OVERTAKING / PASSING RIGHT				
01 01	Owner Name DARIUS LATRAIL WADE (414) 676-9091		Owner Address 7641 N 76TH ST APT 1 MILWAUKEE, WI 53223 , US		
	Sequence Of Events				
01 02 03 04	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
UNIT INDIVIDUAL	Driver DARIUS LATRAIL WADE (414) 676-9091		Citations Issued 1	Sex MALE	
	Address 7641 N 76TH ST APT 1 MILWAUKEE, WI 53223 , US		Date of Birth 03/15/1989	Race	
			Driver License Number W3001728909500		
			STATE: WISCONSIN COUNTRY: UNITED STATES		
01 001	Safety Equipment		On Duty Crash		
			Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	SHOULDER & LAP BELT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity POSSIBLE INJURY	Airbag NON DEPLOYED	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED	
	Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death		
Distracted By		Distracted By Source UNKNOWN			
Distracted By Action UNKNOWN					
Non Motorist		Striking Unit #	Location		

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

MILWAUKEE POLICE DEPARTMENT
749 WEST STATE STREET
MILWAUKEE, WI 53201
(414) 933-4444

UNIT INDIVIDUAL	Prior Action		
	Action		
01 001	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
01 001	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
Individual Condition APPEARED NORMAL			
Violations			
01	UTC Number BE719947	Issue To? 001	Statute Number 343.44(1)(a) Description OPERATING WHILE SUSPENDED

Unit Summary

UNIT 02	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS	Unit Type AUTOMOBILE
	Vehicle Type PASSENGER CAR	Operating As Endorsements	
UNIT 02	Total Occs 2	Train/Bus # Recorded	Total # Citations Issued 0
	Insurance? YES	Direction Of Travel SOUTHBOUND	Total Trailers 0
UNIT 02	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT	Special Function POLICE	Total HazMat Types 0
	Traffic Way TWO-WAY, NOT DIVIDED	Speed Limit 30	Total Lanes 2
UNIT 02	Surface Type BLACKTOP (BITUMINOUS)	Pre Crash Tire Mark <input type="checkbox"/>	Emergency Motor Vehicle Use NOT APPLICABLE
	Truck Bus or HazMat NO	Traffic Control NO CONTROL	Traffic Control Inoperative/Missing NO
UNIT 02		Road Curvature STRAIGHT	Road Grade LEVEL

Vehicle

UNIT 02	License Plate Number 170YTC	Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
	Vehicle Identification Number 2A8HR44HX8R617805	Make CHRYSLER	Year 2008	Model TOWN & COU
UNIT VEHICLE 02	Color TAN - TAN	Body Style VN - VAN	Bus Use	
	Initial Contact Point 02 - RIGHT SIDE FRONT	Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT		
Extent Of Damage MINOR DAMAGE				

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WISCONSIN MOTOR VEHICLE CRASH REPORT

MILWAUKEE POLICE DEPARTMENT
749 WEST STATE STREET
MILWAUKEE, WI 53201
(414) 933-4444

UNIT VEHICLE	Towed Due To Damage NOT TOWED		Vehicle Removed By OPERATOR	
	What Driver Was Doing RIGHT TURN		Vehicle Factors	
	Driver Prior Action Other		NOT APPLICABLE	
	Driver Actions LOOKED BUT DID NOT SEE			
02 02	Owner Name WEST ALLIS POLICE DEPARTMENT (414) 302-8000		Owner Address 11301 W LINCOLN AV WEST ALLIS, WI 53227 , US	
	Sequence Of Events			
01 02 03 04	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT	Policy Holder			
	Insurance Company SELF-INSURED		Individual DAVID MADDEN	
UNIT INDIVIDUAL	Individual			
	Driver DAVID J MADDEN (414) 302-8000		Citations Issued 0	Sex MALE
	Address 11301 W LINCOLN AV WEST ALLIS, WI 53227 , US		Date of Birth 09/20/1967	Race WHITE
			Driver License Number M3501706734007 STATE: WISCONSIN COUNTRY: UNITED STATES	
02 002	Safety Equipment		On Duty Crash POLICE	
			Safety Equipment SHOULDER & LAP BELT	
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier	EMS Run #	
Hospital		Date of Death	Time of Death	
Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)		
Distracted By Action NOT DISTRACTED				

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

MILWAUKEE POLICE DEPARTMENT
749 WEST STATE STREET
MILWAUKEE, WI 53201
(414) 933-4444

UNIT INDIVIDUAL	Non Motorist		Striking Unit #	Location
	Prior Action			
	Action			
	Action Other			To/From School
02 002	Drug & Alcohol		Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN		Drug Test Type	Drug Test Results
	Drug Type			
	Individual Condition APPEARED NORMAL			
	Individual			
UNIT INDIVIDUAL	Passenger JASON JAMES VANDERWERFF (414) 302-8000		Citations Issued 0	Sex MALE
	Address 11301 W LINCOLN AV WEST ALLIS, WI 53227 , US		Date of Birth 06/13/1976	Race WHITE
			Driver License Number V5364307621304 STATE: WISCONSIN COUNTRY: UNITED STATES	
02 003	Safety Equipment		On Duty Crash POLICE	Safety Equipment
	Row 01 - FRONT ROW	Seat Position 09 - RIGHT	SHOULDER & LAP BELT	
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
	Injury		Injury Severity NO APPARENT INJURY	Airbag NON DEPLOYED
Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated NOT TRAPPED
Medical Transport NOT TRANSPORTED		EMS Agency Identifier		EMS Run #
Hospital		Date of Death		Time of Death
Distracted By		Distracted By Source		
Distracted By Action				
Non Motorist		Striking Unit #	Location	

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WISCONSIN MOTOR VEHICLE CRASH REPORT

MILWAUKEE POLICE DEPARTMENT
749 WEST STATE STREET
MILWAUKEE, WI 53201
(414) 933-4444

UNIT INDIVIDUAL 02 003	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
	Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results
	Drug Type		
	Individual Condition APPEARED NORMAL		

Wisconsin Motor Vehicle Driver Exchange Of Crash Information

Reportable Accident
 Agency Crash Number **DISTRICT 7**
 Police Number **213201132**
 DOT Document Number **J9L1GPZ7TT**

OFFICER	Officer Name R. MONETTE		Law Enforcement Agency Address MILWAUKEE POLICE DEPARTMENT 749 WEST STATE STREET MILWAUKEE, WI 53201 (414) 933-4444	
	Badge Number 28799			
	Crash Date 11/16/2021		Location of Crash INTERSECTION ON N 60TH ST AT W CHAMBERS ST IN THE CITY OF MILWAUKEE IN MILWAUKEE COUNTY	
	Crash Time 14:40			
Total Units 02				
UNIT 01	Driver DARIUS LATRAIL WADE 7641 N 76TH ST APT 1 MILWAUKEE, WI 53223 , US (414) 676-9091		Owned By VEHICLE OWNER SAME AS OPERATOR	
			Driver License Number W3001728909500 STATE: WISCONSIN COUNTRY: UNITED STATES	
License Plate Number ALZ8435		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 2G1WT58N881296814			Year 2008	Make CHEVROLET
Model IMPALA		Body Style SD - SEDAN		Color SIL - SILVER (ALUMINUM)
UNIT 02	Driver DAVID J MADDEN 11301 W LINCOLN AV WEST ALLIS, WI 53227 , US (414) 302-8000		Owned By WEST ALLIS POLICE DEPARTMENT 11301 W LINCOLN AV WEST ALLIS, WI 53227 , US (414) 302-8000	
			Driver License Number M3501706734007 STATE: WISCONSIN COUNTRY: UNITED STATES	
License Plate Number 170YTC		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES
Vehicle Identification Number 2A8HR44HX8R617805			Year 2008	Make CHRYSLER
Model TOWN & COU		Body Style VN - VAN		Color TAN - TAN
Insurance Company SELF-INSURED				

**Wisconsin Motor Vehicle
Driver Exchange Of Crash Information**

Reportable
Accident

Agency Crash Number
DISTRICT 7

Police Number
213201132

DOT Document Number
J9L1GPZ7TT

J9L1GPZ7TT

CRASH REPORT INSTRUCTIONS

Reportable Crashes

Reportable Crash Reports are sent to and made available from The Wisconsin Department of Transportation. Using the DOT document number you may obtain a copy online or via US mail. To check availability and order online, go to: <https://crashreports.wi.gov>. Processing fee to obtain the report using both online and US mail is \$6.00.

To order a report via US mail: To ensure prompt delivery please provide:

- Payment for report processing: \$6 per report- Check or money order made payable to "Wisconsin DOT"
- Date of Crash, Name of Participant, DOT Document Number
- Name, address and phone number of where you need the report delivered

Requests and payments should be mailed to:
Wisconsin Department of Transportation
Wisconsin State Patrol – Crash Records Unit
4822 Madison Yards Way, 9th Floor South
Madison, WI 53705

Please allow up to 15 business days for report availability. If report is not available after this time, please contact Wisconsin DOT Crash Record Unit at 608-266-8753.

To request a Crash report from LexisNexis you must know at least one of the following about the accident: The date of the accident, a drivers license number for one of the parties involved; report number; or WisDOT document form number.

1. Below are the ways to contact Lexis Nexis
Online: <https://policereports.lexisnexis.com/>
Support Line (866) 215-2771

Detailed History for Police Call #213201132 As of 2/02/2022 07:44:50

Output for:

Priority:1 Type:1301 - ACC PI

Location:N 60TH ST / W CHAMBERS ST,MKE < 2900/ 5998>

Created:	11/16/2021 14:41:16	PD13	016182
Entered:	11/16/2021 14:41:16	PD13	016182
Dispatch:	11/16/2021 14:48:45	PD04	016306
Enroute:	11/16/2021 14:48:45	PD04	016306
Onscene:	11/16/2021 15:02:19	PD04	016306
Closed:	11/16/2021 16:53:54	PD04	025764

IC: PrimeUnit:7111 Dispo:C8 Type:1301 - ACC PI

Agency:MWPD DAREA:D7 Squad Area:750 RptDist:2846 Detail

- 14:41:16 CREATE Location:N 60TH ST / W CHAMBERS ST,MKE Type:1304 DAREA:D7 RptDist:2846
TypeDesc:ACC PDO LocDesc: < 2900/ 5998> Priority:1 Response:IPO Agency:MWPD
SquadArea:750 LocType:H
- 14:41:16 ENTRY Comment:PER WEST ALLIS PD, DETECTIVE'S VEHICLE WAS SIDE SWIPED BY A
VEHICLE ATTEMPTING TO PASS THEM. BOTH VEHICLES ARE ONSCENE. NO
INJURIES
- 14:41:16 -PREMIS Comment:PPR
- 14:41:22 SELECT
- 14:41:24 HOLD Priority:1-->2
- 14:42:02 SELECT
- 14:45:56 SELECT
- 14:46:08 SELECT
- 14:48:42 MISC Comment:DETECTIVE ON SCENE STS 1 SUBJ COMPLAINING OF BACK
- 14:48:45 DISPER 7111 Operator:013433 OperNames:BURCH, BRIAN C
- 14:48:45 -PRIU 7111
- 14:48:46 -HOLD
- 14:49:34 MISC Comment:DETECTIVE ON SCENE STS 1 SUBJ COMPLAINING OF BACK PAIN
- 14:49:44 CHANGE Type:1304-->1301 Priority:2-->1 TypeDesc:ACC PDO-->ACC PI
- 14:50:38 MISC Comment:MFD ADV SENDING
- 14:55:50 BACKER 7233 UnitID:7111 Location:N 60TH ST / W CHAMBERS ST,MKE Operator:028799 019450
OperNames:MONETTE,RYAN P RODENKIRCH, JAMIE J
- 15:02:19 ONSCN 7111
- 15:02:28 *ONSCN 7233
- 15:15:06 *RFT 7233 Comment:INQUIRY QVEH,,ALZ8435,AT,00,,,
- 15:16:38 *RFT 7233 Comment:INQUIRY QPER,WADE,DARIUS,LATRIL,M,B,03151989,,,
- 15:17:49 *RFT 7233 Comment:INQUIRY QVEH,,AT,00,2A8HR44HX8R617805,,
- 15:32:20 *CLEAR 7111 Dispo:C18 DispoLevel:0
- 15:48:42 CONTCT 7233 ContactTime:10 Comment:PER SQD
- 15:59:10 *CHIGLOC 7233 Location:ST. JOES Comment:RE
- 16:06:46 *ONSCN 7233
- 16:53:54 CLEAR 7233 Dispo:C8 DispoLevel:0
- 16:53:54 -CLEAR
- 16:53:54 CLOSE



21.039903

Accident/PDO

Disposition **Cleared/No Report**
Unit **108**

11/16/21 14:3932

60/Chambers, Milwaukee

Officer **JF9874**

CAD Comments

Squad accident- 60/Chambers, Chevy lic/ALZ8435
Update reviewed by dispatcher- Ludwig, Sarah-2948
MPD acknowledged on OALAW
MPD does not have an eta
back pain
MPD advised to send ambulance

Sgt. Fabrycki reports: ****SQUAD ACCIDENT - N 60 ST/W CHAMBERS ST****

On 11/16/21 at approximately 1439 hrs, I responded to the intersection of N 60 St and W Chambers St for a squad accident. Detectives Madden and Vanderwerff were in the gold unmarked van (VIN #2A8HR44HX8R617805) when they were struck by a vehicle (WI ALZ-8435) while making a right turn. WI ALZ-8435 attempted to pass them on the right when they made the turn, and struck the front passenger door of the unmarked van. Neither Detective Madden nor Detective Vanderwerff reported any injuries. The driver of ALZ-8435, Darius L. Wade (M/B 03/15/89), reported back pain and an ambulance responded to the scene. Milwaukee PD responded (Call #213201132) and Officer Monette (Squad #7233) took the accident report (Crash #J9L1GPZ7TT). Photographs of the vehicles and damage were uploaded to the DIMS system under this call number.

**Call Details Report with NCIC**

Report Date:01/25/22 11:53

West Allis Police Department**21-039903 60/Chambers, Milwaukee****Accident/PDO (PDO)**

Reported : 11/16/21 14:39
Priority : 3
Case# :
Stacked : 11/16/21 14:39
Dispatched : 11/16/21 14:39
Arrived : 11/16/21 14:39
Finished : 11/16/21 15:30
Disposition : Cleared/No Report

Units : 151 - DM1871 - Madden, David
155 - JV9515 - Vanderwerff, Jason
108 - JF9874 - Fabrycki, Jonathan

Notes

Date/Time	Unit	Notes
BK9755 - Kuhnmuench, Britnie		
11/16/2021 14:39:52	155	Squad accident- 60/Chambers, Chevy lic/ALZ8435
11/16/2021 14:40:40	151	MPD acknowledged on OALAW
SL2948 - Ludwig, Sarah		
11/16/2021 14:40:20		Update reviewed by dispatcher- Ludwig, Sarah-2948
11/16/2021 14:46:28	151	MPD does not have an eta
11/16/2021 14:46:49	151	back pain
11/16/2021 14:47:52	151	MPD advised to send ambulance

Unit History

Unit	Unit Time	Activity	Officer	Dispatcher	Disposition
151	11/16/21 14:39	OI	DM1871	BK9755	
155	11/16/21 14:39	OI	JV9515	BK9755	
151	11/16/21 14:40	NC	DM1871		
108	11/16/21 14:41	DI	JF9874	SL2948	
108	11/16/21 14:46	AC	JF9874	JF9874	
108	11/16/21 15:00	OS	JF9874	EB3140	
155	11/16/21 15:29	FI	JV9515	EB3140	Cleared/No Report
108	11/16/21 15:29	FI	JF9874	EB3140	Cleared/No Report
151	11/16/21 15:30	FI	DM1871	EB3140	Cleared/No Report

Summary

Sgt. Fabrycki reports: ****SQUAD ACCIDENT - N 60 ST/W CHAMBERS ST****

On 11/16/21 at approximately 1439 hrs, I responded to the intersection of N 60 St and W Chambers St for a squad accident. Detectives Madden and Vanderwerff were in the gold unmarked van (VIN #2A8HR44HX8R617805) when they were struck by a vehicle (WI ALZ-8435) while making a right turn. WI ALZ-8435 attempted to pass them on the right when they made the turn, and struck the front passenger door of the unmarked van. Neither Detective Madden nor Detective Vanderwerff reported any injuries. The driver of ALZ-8435, Darius L. Wade (M/B 03/15/89), reported back pain and an ambulance responded to the scene. Milwaukee PD responded (Call #213201132) and Officer Monette (Squad #7233) took the accident report (Crash #J9L1GPZ7TT). Photographs of the vehicles and damage were uploaded to the DIMS system under this call number.



Call Details Report with NCIC

Report Date:01/25/22 11:53

Vehicle

Activity	Date/Time	Plate	Make	Model	Serial	NCIC#	Insurance	Owner
Plate Check	11/16/2021 14:40:01	ALZ8435 - WI	CHEV		2G1WT58N8 81296814			

NCIC

11/16/21 14:40:01 BK9755 - Kuhnmuench, Britnie

ALZ8435
WI
21

BK9755

Response From -
XXX XXX W3001728909500 BK9755

Response From - TIME
WI0411600TIME 00332391 000027 11/16/21 14:40 01 OF 01NCIC2000 DOT CIB DOCFIELD EDIT SUCCESSFULALZ8435WI21

Response From - CIB
WI0411600CIB 332391 125 11/16/21 14:40 01 OF 01ALZ8435NO HITS CIB WANTED PERSON FILENO HITS CIB MISSING PERSON FILENO HITS CIB PROTECTION ORDER FILENO HITS CIB VEHICLE FILENO HITS CIB PART FILENO HITS CIB LICENSE PLATE FILE

Response From - NCIC
WI0411600NCIC 332391 126 11/16/21 14:40 01 OF 011L01C19900332391WI0411600NO RECORD LIC/ALZ8435 LIS/WI

Response From - DOT
Response from DOT 2021-11-16 at at 14:40:35**Plate** **PlateEntry** Number : ALZ8435 TypeCode : AUT TypeDescription : AUTOMOBILE**Registration** **RegistrationEntry** Type : AUTO**Updated** Date : 2020-12-28 Time : 13:43:07 Period : ANNUAL ExpirationDate : 2021-12-22**Owners** **Owner 1stIndividual** LastName : WADE FirstName : DARIUS MiddleName : LATRAIL DateOfBirth : 1989-03-15 DriversLicenseNumber : W3001728909500**Address** Street : 7641 N 76TH ST APT 1 City : MILWAUKEE State : WI ZipCode : 53223 ZipCodeExtension : 4034 OwnerOperatorIndicator : true**Vehicle** VIN : 2G1WT58N881296814 Type :

20px'>AUTOMOBILE Year : 2008 Make : CHEVROLET Model : IMPALA Style : SEDAN MajorColor : SILVER/ALUMINUM MinorColor : SILVER/ALUMINUM**Title** Number : 20363DH060024**LienHolders** **LienHolder** SecuredParty : 00065500 Name : CHILD SUPPORT LIEN PER S.49.854(2) WIS STATS**Address** Street : 201 E WASHINGTON AVE #E200 City : MADISON State : WI ZipCode : 53702 ZipCodeExtension : 0028

Response From - TIME
WI0411600TIME 00332410 000028 11/16/21 14:40 01 OF 01NCIC2000 DOT CIB DOCFIELD EDIT SUCCESSFULXXXXXXW3001728909500

Response From - CIB
WI0411600CIB 332410 128 11/16/21 14:40 01 OF 01XXXXXXW3001728909500NO HITS CIB WANTED PERSON FILENO HITS CIB MISSING PERSON FILENO HITS CIB PROTECTION ORDER FILE

Response From - NCIC
WI0411600NCIC 332410 129 11/16/21 14:40 01 OF 011L01C19900332410WI0411600NO NCIC WANT 0LN/W3001728909500***MESSAGE KEY QW SEARCHES WANTED PERSON FILE FELONY RECORDS REGARDLESS OFEXTRADITION AND MISDEMEANOR RECORDS INDICATING POSSIBLE INTERSTATEEXTRADITION FROM THE INQUIRING AGENCY'S LOCATION. ALL OTHER NCIC PERSONSFILES ARE SEARCHED WITHOUT LIMITATIONS.

Response From - DOC
WI0411600DOC 332391 130 11/16/21 14:40 01 OF 01LIC/ALZ8435.OID/BK9755WISCONSIN DOC 11-16-2021 14.40.35NO RECORDS FOUND----- END OF RECORD -----

Response From - DOC
WI0411600DOC 332410 131 11/16/21 14:40 01 OF 01LST/XXX.FST/XXX.OLN/W3001728909500.OID/BK9755WISCONSIN DOC 11-16-2021 14.40.35NO RECORDS FOUND----- END OF RECORD -----



Call Details Report with NCIC

Report Date:01/25/22 11:53

Response From - DOT

WI0411600DOT 332410 132 11/16/21 14:40 01 OF 01Request: 2021-11-16-14.40.37.000021 Type=CFL DID=W3001728909500 DID/W300-1728-9095-00NAM/WADE, DARIUS LATRAIL STR/7641 N 76TH ST APT 1 CTY/MILWAUKEE ST/WI ZIP/53223 CT/MILWAUKEE SEX/M RAC/DOB/031589 HGT/509 WGT/150 HAI/BLCK EYE/BRWN DONR/ NLT= REGI INSTRPMT ISS= 04/14/2021 EXP= 04/14/2022 AT= RSM CLASSES= D STATUS= SUS ----->>> CONDENSED FORMAT / QUICK VIEW <<<=====Regular Instruction Permit Status=SUS Classes=D-SUS Expires=04/14/2022 Name on Card=WADE DARIUS LATRAIL Restrictions=Suppressed in Quick View - see Expanded Format belowConfidential ID Card Confidential Status=SUR Expires=03/15/2023 Name on Card=WADE DARIUS L ADDRESS UPDATED=06/17/2018OAR/OWS/OWD CONVICTION(S) EXIST ON WI RECORDFORMER: First=DARIUS Middle=L Last=WADE Sex=M DOB=03/15/1989 Notified=10/02/2014 DID=W3001728909500FORMER: First=DARIUS Middle=L Last=WADE Sex=M DOB=03/15/1989 Notified=04/14/2021 DID=W3001728909500(PAGE 1 - MORE ...

Response From - DOT

WI0411600DOT 332410 133 11/16/21 14:40 01 OF 01====>> WADE, DARIUS LATRAIL Sex=M DOB=03/15/198911/12/2016 12/07/2016 GUILTY OWS 02/14/2018 ACCIDENT PROPERTY DAMAGE 02/21/2018 SUSPENDED 1 YEAR FPF ====>> CASE RELEASED on 05/14/201802/21/2018 SUSPENDED 1 YEAR FPF ====>> CASE RELEASED on 05/14/201809/06/2018 10/23/2018 GUILTY OWS See File #=S200489,S241465 11/03/2018 12/04/2018 GUILTY OWL 12/06/2018 SUSPENDED DOT ACTION 6 MONTH DR ====>> OPR REINSTATED on 04/14/202101/12/2019 SUSPENDED 1 YEAR FPF ====>> OPR REINSTATED on 04/14/202104/19/2019 10/16/2021 GUILTY SI 05/06/2019 07/01/2019 GUILTY OV 05/06/2019 07/01/2019 GUILTY IP 05/06/2019 07/02/2019 GUILTY FOS 05/06/2019 07/02/2019 GUILTY OWS See File #=S423736,S503686 05/06/2019 07/02/2019 GUILTY CNI 07/05/2019 SUSPENDED DOT ACTION 6 MONTH DR ====>> OPR REINSTATED on 04/14/202107/05/2019 CORRESPONDENCE: RIGHT OF WAY THREAT LETTER 09/17/2019 SUSPENDED 1 YEAR FPF ====>> OPR REINSTATED on 04/14/202109/17/2019 SUSPENDED 1 YEAR FPF ====>> OPR REINSTATED on 04/14/2021(PAGE 2 - MORE ...

Response From - DOT

WI0411600DOT 332410 134 11/16/21 14:40 01 OF 01====>> WADE, DARIUS LATRAIL Sex=M DOB=03/15/198909/18/2019 SUSPENDED 1 YEAR FPF ====>> OPR REINSTATED on 04/14/202109/18/2019 SUSPENDED 1 YEAR FPF ====>> OPR REINSTATED on 04/14/202109/18/2019 SUSPENDED 1 YEAR FPF ====>> OPR REINSTATED on 04/14/202111/21/2019 CORRESPONDENCE: RIGHT OF WAY REMINDER LETTER 01/05/2020 SUSPENDED DOT ACTION 464 DAY FCC ====>> OPR REINSTATED on 04/14/202103/21/2021 05/21/2021 GUILTY SE 03/21/2021 05/21/2021 GUILTY OWS See File #=S021348 03/21/2021 05/21/2021 GUILTY CNI 03/21/2021 05/21/2021 GUILTY IP 04/13/2021 TRAFFIC SAFETY SCHOOL 04/14/2021 CONFIDENTIAL - LICENSE SURRENDERED DOT ACTION INDEFINITE NID 04/14/2021 REINSTATED OPR 05/25/2021 SUSPENDED DOT ACTION 6 MONTH DR ----->>> EXPANDED FORMAT / DETAILED VIEW <<<=====ADDRESS UPDATED=06/17/2018OAR/OWS/OWD CONVICTION(S) EXIST ON WI RECORDFORMER: First=DARIUS Middle=L Last=WADE Sex=M DOB=03/15/1989 Notified=10/02/2014 DID=W3001728909500 (PAGE 3 - MORE ...

Response From - DOT

WI0411600DOT 332410 135 11/16/21 14:40 01 OF 01====>> WADE, DARIUS LATRAIL Sex=M DOB=03/15/1989FORMER: First=DARIUS Middle=LATRAIL Last=WADE Sex=M DOB=03/15/1989 Notified=02/16/2016 DID=W3001728909500FORMER: First=DARIUS Middle=L Last=WADE Sex=M DOB=03/15/1989 Notified=04/14/2021 DID=W3001728909500Regular Instruction Permit Status=SUS Classes=D-SUS Issued=04/14/2021 Expires=04/14/2022 Primary=Y RealId=Y Application Type=REINSTATEMENT + Name on Card=WADE DARIUS LATRAIL Restrictions=Person Seated Beside Operator Holds Valid Reg Lic And Is: Instructor, Parent, Guardian, Spouse Over 19. Driver Other Than Immediate Family May Not Be In Front Seat. If Driver Is Under 18, Parent Or Guardian Must Designate Driver Over 21 ** Confidential Product AND Confidential Status Next **ID Card Status=SUR Expires=03/15/2023 RealId=N Original=10/02/2014 Application Type=DUPLICATE Name on Card=WADE DARIUS L 11/12/2016 12/07/2016 GUILTY OWS (OPERATING WHILE SUSPENDED)OWS 343.44(1) (a) Points=06 Court=ELM GROVE VILLAGE MUNICIPAL COURT County=WAUKESHA Class=D Citation #=C857233-6 02/14/2018 ACCIDENT #=180213159 PROPERTY DAMAGE Class=D County=MILWAUKEE (PAGE 4 - MORE ...

Response From - DOT

WI0411600DOT 332410 136 11/16/21 14:40 01 OF 01====>> WADE, DARIUS LATRAIL Sex=M DOB=03/15/198902/21/2018 SUSPENDED 1 YEAR FPF (FAILURE TO PAY FORFEITURE)FPF Case #=S561030 Court=WAUWATOSA CITY MUNICIPAL COURT County=MILWAUKEE Released=05/14/2018 Mailed=06/28/2017 02/21/2018 SUSPENDED 1 YEAR FPF (FAILURE TO PAY FORFEITURE)FPF Case #=S561029 Court=WAUWATOSA CITY MUNICIPAL COURT County=MILWAUKEE Released=05/14/2018 Mailed=06/28/2017 09/06/2018 10/23/2018 GUILTY OWS (OPERATING WHILE SUSPENDED)OWS 343.44(1)(a) Points=06 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Class=D Citation #=AE887230-1 Court Case #=18071056 See File #=S200489,S241465 11/03/2018 12/04/2018 GUILTY OWL (OPERATING WITHOUT DRIVER LICENSE)OWL 343.05(3)(a) Points=06 Court=FOX POINT VILLAGE MUNICIPAL COURT County=MILWAUKEE Class=D Citation #=BC283382-1 See File #=S200489 12/06/2018 SUSPENDED 6 MONTH DR (DRIVER RECORD) DOT ACTIONDR Case #=S200489 Eligible For Reinstatement=06/07/2019 Reinstated=04/14/2021 Mailed=12/06/2018 (PAGE 5 - MORE ...

**Call Details Report with NCIC**

Report Date:01/25/22 11:53

Response From - DOT

WI0411600DOT 332410 137 11/16/21 14:40 01 OF 01====>> WADE, DARIUS LATRAIL Sex=M DOB=03/15/198901/12/2019 SUSPENDED 1 YEAR FPF (FAILURE TO PAY FORFEITURE)FPF Case #=S241465 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Court Case #=18071056 Eligible For Reinstatement=01/11/2020 Reinstated=04/14/2021 Mailed=01/15/2019 04/19/2019 10/16/2021 GUILTY SI (SPEEDING INTERMEDIATE (11-19 OVER)) 19SI over in a 30 mph 346.57(5) Points=08 Court=MILWAUKEE CITY MUNICIPAL COURT BR 1 County=MILWAUKEE Class=D Citation #=BC693682-3 Court Case #=19022802 05/06/2019 07/01/2019 GUILTY OV (OBSTRUCTED VIEW OR CONTROL)OV TR305.32(4)(b)2 Points=04 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Class=D Citation #=AD722545-5 Court Case #=19024727 See File #=S423736,S501859 05/06/2019 07/01/2019 GUILTY IP (IMPROPER PLATES) 341.15(3)(a)IP Points=00 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Class=D Citation #=AD722544-4 Court Case #=19024726 See File #=S501860 (PAGE 6 - MORE ...

Response From - DOT

WI0411600DOT 332410 138 11/16/21 14:40 01 OF 01====>> WADE, DARIUS LATRAIL Sex=M DOB=03/15/198905/06/2019 07/02/2019 GUILTY FOS (FAILURE TO OBEY TRAFFIC SIGN OR FOS SIGNAL) 346.46(1) Points=06 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Class=D Citation #=BB979443-3 Court Case #=19025191 See File #=S423736,S503690,S617366 05/06/2019 07/02/2019 GUILTY OWS (OPERATING WHILE SUSPENDED)OWS 343.44(1)(a) Points=06 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Class=D Citation #=BB979445-5 Court Case #=19025193 See File #=S423736,S503686 05/06/2019 07/02/2019 GUILTY CNI (COMPULSORY INSURANCE - NO INSURANCE)CNI 344.62(1) Points=00 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Class=D Citation #=BB979444-4 Court Case #=19025192 See File #=S503688 07/05/2019 SUSPENDED 6 MONTH DR (DRIVER RECORD) DOT ACTIONDR Case #=S423736 Eligible For Reinstatement=01/06/2020 Reinstated=04/14/2021 Mailed=07/05/2019 07/05/2019 CORRESPONDENCE: RIGHT OF WAY THREAT LETTER (PAGE 7 - MORE ...

Response From - DOT

WI0411600DOT 332410 139 11/16/21 14:40 01 OF 01====>> WADE, DARIUS LATRAIL Sex=M DOB=03/15/198909/17/2019 SUSPENDED 1 YEAR FPF (FAILURE TO PAY FORFEITURE)FPF Case #=S501859 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Court Case #=19024727 Eligible For Reinstatement=09/16/2020 Reinstated=04/14/2021 Mailed=09/18/2019 09/17/2019 SUSPENDED 1 YEAR FPF (FAILURE TO PAY FORFEITURE)FPF Case #=S501860 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Court Case #=19024726 Eligible For Reinstatement=09/16/2020 Reinstated=04/14/2021 Mailed=09/18/2019 09/18/2019 SUSPENDED 1 YEAR FPF (FAILURE TO PAY FORFEITURE)FPF Case #=S503686 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Court Case #=19025193 Eligible For Reinstatement=09/17/2020 Reinstated=04/14/2021 Mailed=09/19/2019 09/18/2019 SUSPENDED 1 YEAR FPF (FAILURE TO PAY FORFEITURE)FPF Case #=S503688 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Court Case #=19025192 Eligible For Reinstatement=09/17/2020 Reinstated=04/14/2021 Mailed=09/19/2019 (PAGE 8 - MORE ...

Response From - DOT

WI0411600DOT 332410 140 11/16/21 14:40 01 OF 01====>> WADE, DARIUS LATRAIL Sex=M DOB=03/15/198909/18/2019 SUSPENDED 1 YEAR FPF (FAILURE TO PAY FORFEITURE)FPF Case #=S503690 Court=MILWAUKEE CITY MUNICIPAL COURT BR 3 County=MILWAUKEE Court Case #=19025191 Eligible For Reinstatement=09/17/2020 Reinstated=04/14/2021 Mailed=09/19/2019 11/21/2019 CORRESPONDENCE: RIGHT OF WAY REMINDER LETTER 01/05/2020 SUSPENDED 464 DAY FCC (FAILURE TO COMPLETE FCC RIGHT-OF-WAY COURSE) DOT ACTION Case #=S617366 Eligible For Reinstatement=04/13/2021 Reinstated=04/14/2021 Mailed=01/07/2020 03/21/2021 05/21/2021 GUILTY SE (SPEEDING EXCESS (20 OR MORE OVER)) 26SE over in a 55 mph 346.57(4)(h) Points=12 Court=MILWAUKEE COUNTY CIRCUIT COURT Class=D Citation #=BE111669-5 Court Case #=2021TR013479 See File #=S021348 03/21/2021 05/21/2021 GUILTY OWS (OPERATING WHILE SUSPENDED)OWS 343.44(1)(a) Points=06 Court=MILWAUKEE COUNTY CIRCUIT COURT Class=D Citation #=BE111670-6 Court Case #=2021TR013481 See File #=S021348 03/21/2021 05/21/2021 GUILTY CNI (COMPULSORY INSURANCE - NO INSURANCE)CNI 344.62(1) Points=00 Court=MILWAUKEE COUNTY CIRCUIT COURT Class=D Citation #=BE111671-0 Court Case #=2021TR013482 (PAGE 9 - MORE ...

Response From - DOT

WI0411600DOT 332410 141 11/16/21 14:40 01 OF 01====>> WADE, DARIUS LATRAIL Sex=M DOB=03/15/198903/21/2021 05/21/2021 GUILTY IP (IMPROPER PLATES) 341.15(3)(b)IP Points=00 Court=MILWAUKEE COUNTY CIRCUIT COURT Class=D Citation #=BE111672-1 Court Case #=2021TR013480 04/13/2021 TRAFFIC SAFETY SCHOOL Accepted=N ** Confidential Entry Next **04/14/2021 LICENSE SURRENDERED INDEFINITE NID (SURRENDERD IDNID CARD - DL PRODUCT ISSUED) DOT ACTION Case #=V964077 04/14/2021 REINSTATED OPR 05/25/2021 SUSPENDED 6 MONTH DR (DRIVER RECORD) DOT ACTIONDR Case #=S021348 Eligible For Reinstatement=11/26/2021 Mailed=05/25/2021 End of Record (PAGE 10 - END)

11/16/21 14:49:51**EB3140 - Beffel, Elizabeth****PA
WAU2GAFC1EN094554
EB3140**



Call Details Report with NCIC

Report Date:01/25/22 11:53

Response From - TIME

WI0411600TIME 00338287 000029 11/16/21 14:50 01 OF 01NLET NCIC2000 DOT CIBFIELD EDIT
SUCCESSFULPAWAWU2GAFC1EN094554EB3140

Response From - NCIC

WI0411600NCIC 338287 137 11/16/21 14:50 01 OF 011L01173000338287WI0411600NO RECORD VIN/WAU2GAFC1EN094554

Response From - CIB

WI0411600CIB 338287 138 11/16/21 14:50 01 OF 01WAWU2GAFC1EN094554NO HITS CIB WANTED PERSON FILENO HITS CIB MISSING
PERSON FILENO HITS CIB PROTECTION ORDER FILENO HITS CIB VEHICLE FILENO HITS CIB PART FILENO HITS CIB LICENSE PLATE FILE

Response From - NLET

WI0411600NLET 338287 139 11/16/21 14:50 01 OF 01RR.PADPS000013:50 11/16/2021 1704213:50 11/16/2021 18602
WI0411600*00338287XXTXT*** REGISTRATION DETAILS ***REGISTRATION AUTHORITY NAME: PennDOTREGISTRATION JURISDICTION
CODE (LIS): PAREGISTERED TO: ALTAHER,DURGHAM MMAILING ADDRESS: 2624 HOLLAND ST; ERIE,PA 16504COUNTRY: USCOUNTY:
ERIELOCATION COUNTY: ERIEVEHICLE REGISTRATION PLATE TYPE: PASSENGER*** VEHICLE DETAILS ***VEHICLE ID:
WAWU2GAFC1EN094554VEHICLE MAKE TEXT: AUDIVEHICLE MODEL YEAR: 2014VEHICLE STYLE CODE: SDN*** TITLE DETAILS ***TITLE ID:
79965159.

Response From - DOT

WI0411600DOT 338287 140 11/16/21 14:50 01 OF 01<?xml version="1.0"?>WAWU2GAFC1EN0945542021-11-1614:50:2511No matches

Approval

11/16/21 15:30

Beffel, Elizabeth - EB3140

On Hold

West Allis Police Department
Call Detail with Officers



Case#: 60/Chambers, Milwaukee

Call#: 21.039903

Reported 11/16/2021 14:39:32

Dispatcher BK9755

Comments

11/16/21 14:39 Squad accident- 60/Chambers, Chevy lic/ALZ8435
11/16/21 14:40 Update reviewed by dispatcher- Ludwig, Sarah-2948
11/16/21 14:40 MPD acknowledged on OALAW
11/16/21 14:46 MPD does not have an eta
11/16/21 14:46 back pain
11/16/21 14:47 MPD advised to send ambulance

Officers Assigned

108	Fabrycki, Jonathan	11/16/21 14:41	DI	Dispatch
108	Fabrycki, Jonathan	11/16/21 14:41	DI	Dispatch
108	Fabrycki, Jonathan	11/16/21 14:41	DI	Dispatch
108	Fabrycki, Jonathan	11/16/21 14:46	AC	Acknowledge
108	Fabrycki, Jonathan	11/16/21 14:46	AC	Acknowledge
108	Fabrycki, Jonathan	11/16/21 14:46	AC	Acknowledge
108	Fabrycki, Jonathan	11/16/21 15:00	OS	On-Scene
108	Fabrycki, Jonathan	11/16/21 15:00	OS	On-Scene
108	Fabrycki, Jonathan	11/16/21 15:00	OS	On-Scene
108	Fabrycki, Jonathan	11/16/21 15:29	FI	Finish
108	Fabrycki, Jonathan	11/16/21 15:29	FI	Finish
108	Fabrycki, Jonathan	11/16/21 15:29	FI	Finish
151	Madden, David	11/16/21 14:39	OI	Officer Initiated
151	Madden, David	11/16/21 14:39	OI	Officer Initiated
151	Madden, David	11/16/21 14:39	OI	Officer Initiated
151	Madden, David	11/16/21 14:39	OI	Officer Initiated
151	Madden, David	11/16/21 14:39	OI	Officer Initiated
151	Madden, David	11/16/21 14:39	OI	Officer Initiated
151	Madden, David	11/16/21 14:40	NC	NCIC Check
151	Madden, David	11/16/21 14:40	NC	NCIC Check
151	Madden, David	11/16/21 14:40	NC	NCIC Check
151	Madden, David	11/16/21 14:40	NC	NCIC Check
151	Madden, David	11/16/21 14:40	NC	NCIC Check
151	Madden, David	11/16/21 14:40	NC	NCIC Check
151	Madden, David	11/16/21 15:30	FI	Finish
151	Madden, David	11/16/21 15:30	FI	Finish
151	Madden, David	11/16/21 15:30	FI	Finish
155	Vanderwerff, Jason	11/16/21 14:39	OI	Officer Initiated
155	Vanderwerff, Jason	11/16/21 14:39	OI	Officer Initiated
155	Vanderwerff, Jason	11/16/21 14:39	OI	Officer Initiated
155	Vanderwerff, Jason	11/16/21 14:39	OI	Officer Initiated
155	Vanderwerff, Jason	11/16/21 14:39	OI	Officer Initiated
155	Vanderwerff, Jason	11/16/21 14:39	OI	Officer Initiated
155	Vanderwerff, Jason	11/16/21 15:29	FI	Finish
155	Vanderwerff, Jason	11/16/21 15:29	FI	Finish
155	Vanderwerff, Jason	11/16/21 15:29	FI	Finish

Wednesday, December 15, 2021 10:39:16

** For official use only **

West Allis Police Department



Call Detail with Officers

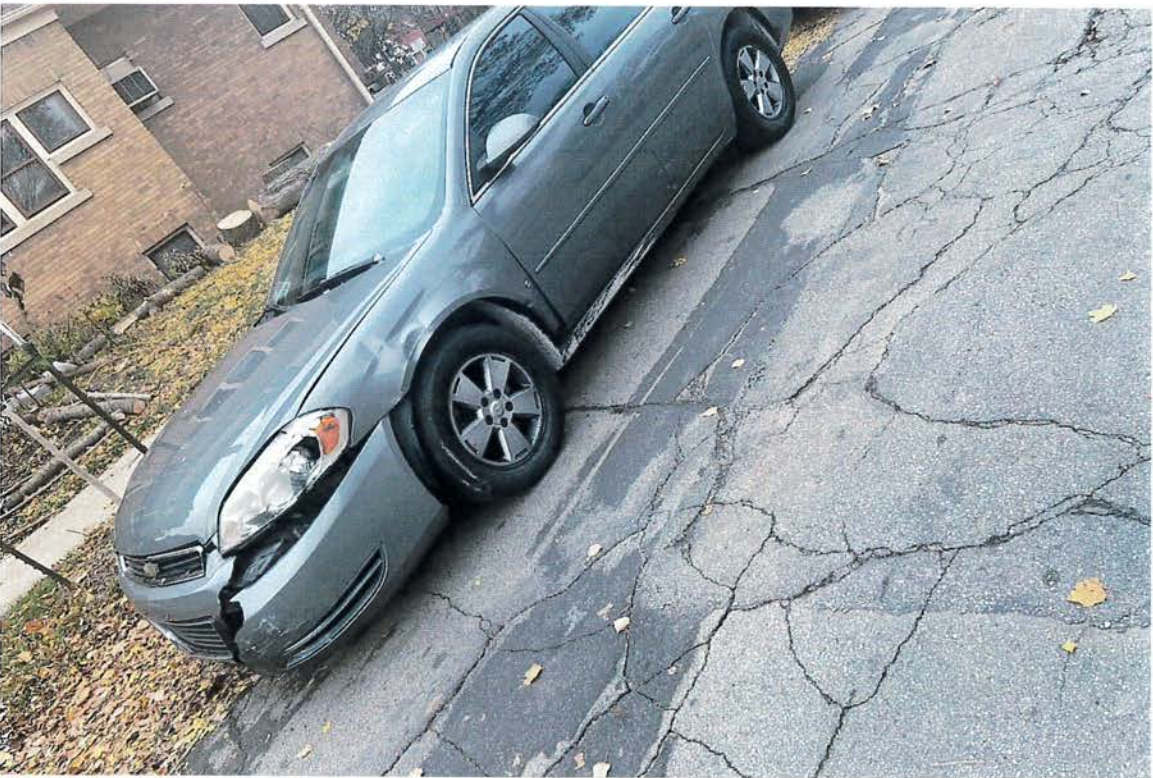
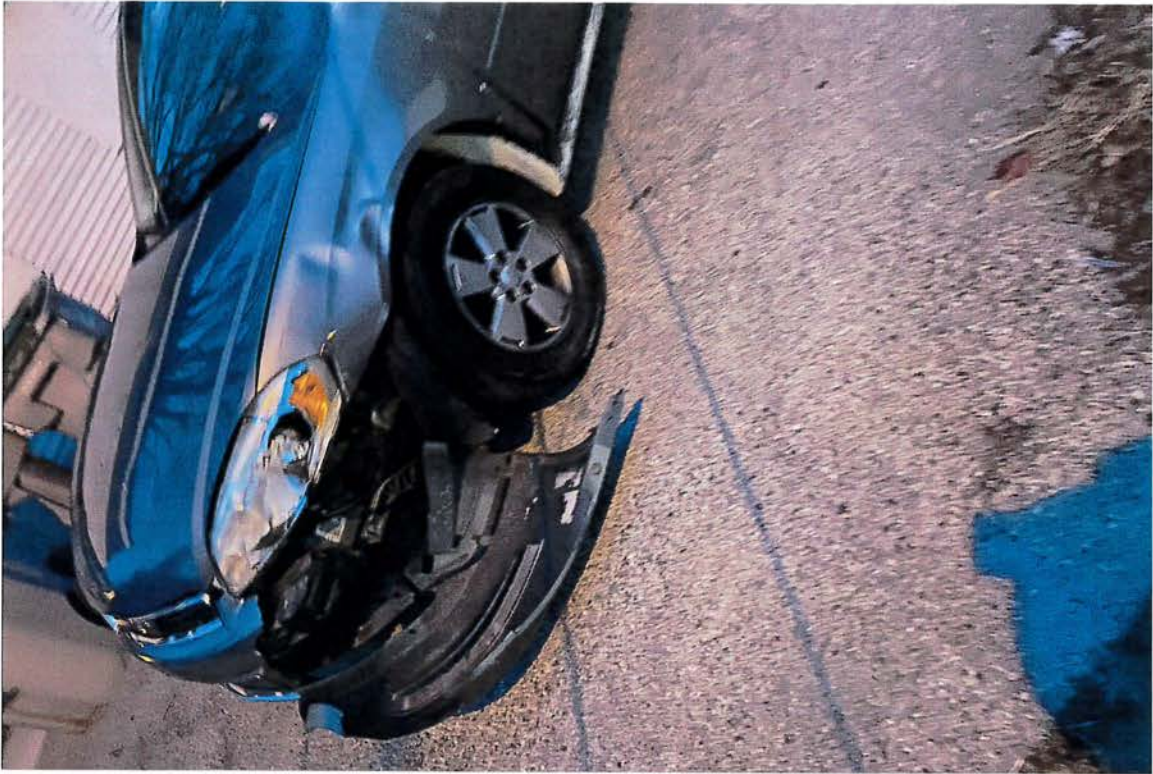
Case#: 60/Chambers, Milwaukee Accident/PBC

Call#: 21.039903

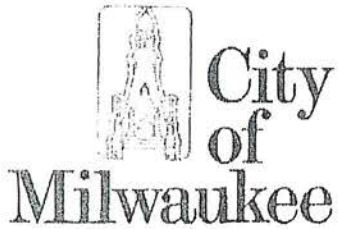
Short Narrative

Sgt. Fabrycki reports: ****SQUAD ACCIDENT - N 60 ST/W CHAMBERS ST****

On 11/16/21 at approximately 1439 hrs, I responded to the intersection of N 60 St and W Chambers St for a squad accident. Detectives Madden and Vanderwerff were in the gold unmarked van (VIN #2A8HR44HX8R617805) when they were struck by a vehicle (WI ALZ-8435) while making a right turn. WI ALZ-8435 attempted to pass them on the right when they made the turn, and struck the front passenger door of the unmarked van. Neither Detective Madden nor Detective Vanderwerff reported any injuries. The driver of ALZ-8435, Darlus L. Wade (M/B 03/15/89), reported back pain and an ambulance responded to the scene. Milwaukee PD responded (Call #213201132) and Officer Monette (Squad #7233) took the accident report (Crash #J9L1GPZ7TT). Photographs of the vehicles and damage were uploaded to the DIMS system under this call number.







Fire Department

Aaron Lipski
Chief

Joshua Parish
Assistant Chief
Russell Rivard
Assistant Chief

Certification of Medical Records and/or Medical Bills

Patient Name: Darius L. Wade
Date of Birth: 3/15/1989
Date of Incident: 11/16/2021

I, Sue Williams, custodian of patient medical records and/or patient accounts at Milwaukee Fire Department, DO HEREBY CERTIFY, that the electronic documents annexed to enclosed CD, and consisting of 8 pages constitute an accurate, legible and complete duplication of all medical records and/or billing statements regarding the above-mentioned patient.

I, Sue Williams, DO HEREBY CERTIFY that these records and/or bills are under my control and jurisdiction and have been maintained in the course of regularly conducted activity, pursuant to Section 908.03(6).

Dated at Milwaukee, WI, this 10th day of May, 2022.

Signature

Sue Williams
Printed Name





Milwaukee Fire Department
 711 West Wells Street
 MILWAUKEE, WI 53233
 414-286-8960

**CONVERSION
 RECORD**

62985954 (nemsis)
 Page 1 of 4

Trip Information

CAD ID# 211930695	Date 11-16-2021	Responding Unit E034	
Case Number f6a84e8e510846eba2 fe479424d0ba44	Dispatched As Traffic/Transportation Incident		Patient Disposition Treatment, no transport
Fire Incident Number		EMD Card Number 29B01	
Received 14:50:00	Dispatched 14:51:00	Enroute 14:52:00	Pt Contact 14:54:00
Transport Delay None		In Service 15:15:00	
Turn-Around Delay None			
Pickup S-Scene of Accident / Acute Ev N 60TH ST/W CHAMBERS ST MILWAUKEE, WI 53210		Destination St. Joseph Hospital WI 5000 W Chambers St MILWAUKEE, WI 53210	
Response To Scene	911 Response (Scene)	Response From Scene	
		Miles Transported	0.00
County	MILWAUKEE	County	MILWAUKEE
		Destination Reason	Other
		Number of Patients Transported	1

Patient Information

Patient Name Wade, Darius		Gender Male	Ethnicity Black
Patient Residence N 60TH ST/W CHAMBERS ST MILWAUKEE WI 53210		Date of Birth 03-15-1989 (32 YO)	DL
Phone (H)	Phone (W)		SSN
Next of Kin			

Patient Information

Allergies	
Medications	Not Recorded
History	
Chief Complaint	low back pain after car accident
Cardiac	
Cardiac Arrest	Resuscitation Attempt
	Etiology Other

Kwiatkowski, Daniel J (EMT-B) Primary Caregiver
 Franz, Joseph M (EMT-B) Crew #2
 Crew, EMT-Paramedic (EMT-P) Crew #3
 Crew, EMT-Paramedic (EMT-P) Crew #4
 Patient Name: Wade, Darius | Incident Date: 11-16-2021



Milwaukee Fire Department
 711 West Wells Street
 MILWAUKEE, WI 53233
 414-286-8960

**CONVERSION
 RECORD**

62985954 (nemsis)
 Page 2 of 4

Initial Patient Assessment

Chief Complaint Anatomic Location Not Known			Chief Complaint Organ System		
Primary Symptom Pain - Back			Other Symptoms Not Applicable		
Primary Impression Pain - Back Pain			Secondary Impression Not Applicable		
LOC A-	BP 149/83	SpO2 96%	ETCO2		
Breath Sounds Upper Left: Right:	Breath Sounds Lower Left: Right:		Resp Rate & Effort 16 Regular	Pulses Left: Right:	
Pulse Rate & Rhythm 110	Pupils Left: Right:	Capillary Refill			
Skin Color	Skin Moisture	Skin Temp	Skin Appearance		
Blood Glucose	Mental Status	Neurological Status			

Glasgow Coma Score

GCS Total 15	Eye Opening 4 - Opens Eyes spontaneously	Verbal Response 5 - Oriented	Motor Response 6 - Obeys Commands	RTS 12
------------------------	--	--	---	------------------

Sequence Chart

Date	Time	Event	By	Description
	14:50:00	PSAP Phone Rings		
	14:50:00	Received		
	14:51:00	Dispatched		
	14:52:00	Dispatch Acknowledged		
	14:52:00	Enroute		
	14:54:00	Patient Contact		
	15:00:00	Glasgow Coma Score		GCS Eye: 4 GCS Verbal: 5 GCS Motor: 6 GCS Total Score: 15 Eye: 4 - Opens Eyes spontaneously; Verbal: 5 - Oriented; Motor: 6 - Obeys Commands; Total: 15
	15:00:00	Pain Scale		Pain Scale Value: 7
	15:00:00	Vitals		BP 149/83, Pulse 110, Respirations 16, Respiratory Effort: Regular, SPO2 96%
	15:15:00	Patient Care Transferred		
	15:15:00	In Service		

Patient Assessment at Destination

Kwiatkowski, Daniel J (EMT-B) Primary Caregiver
 Franz, Joseph M (EMT-B) Crew #2
 Crew, EMT-Paramedic (EMT-P) Crew #3
 Crew, EMT-Paramedic (EMT-P) Crew #4
 Patient Name: Wade, Darius | Incident Date: 11-16-2021



Milwaukee Fire Department
 711 West Wells Street
 MILWAUKEE, WI 53233
 414-286-8960

**CONVERSION
 RECORD**

62985954 (nemsis)
 Page 3 of 4

Narrative

Alcohol/Drug Use Indicators: Not Recorded

Duration of complaint: 20 Minutes

Date of onset: 2021-11-16 14:34

Cause of injury: Not Recorded

***** Impressions & Symptoms:

Impressions: Pain - Back Pain, Not Applicable

Symptoms: Pain - Back, Not Applicable

Destination Reasons: Not Recorded

On 11/16/2021 at 14:51 hours, Milwaukee Fire E034 was dispatched to a(n) Traffic/Transportation Incident at N 60TH ST/W CHAMBERS ST, Milwaukee, Milwaukee County, WI. E034 crewed by KWIATKOWSKI, DANIEL (011230) (Driver/Pilot-Response), FRANZ, JOSEPH (013159) (Primary Patient Caregiver-At Scene), RONDEAU, TAI (032743) (Primary Patient Caregiver-At Scene) and GABRIEL, JOSEPH (029879) (Primary Patient Caregiver-At Scene) went en route at 14:52 hours with Emergent (Immediate Response). The patient was a 32 year old Black or African American Male (Darius Wade) with a Chief Complaint of low back pain after car accident for 20 Minutes. Initial assessment revealed the patient had a GCS of 15 (Eye = 4- Opens Eyes spontaneously (All Age Groups), Verbal = 5- Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts, Motor= 6- Obeys commands (>2 Years); Appropriate response to stimulation), with V/S of 149/83, P - 110, R - 16 e34 in proper ppe of gloves gpggles and kn95crew not fit tested with kn95The crew's impression was Back Pain and Not Applicable. The response disposition was Patient Treated, Transferred Care to Another EMS Unit. More details of the incident can be found below.

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Status: Signed

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Status: Signed

Barriers to Patient Care: Not Recorded

*** COMPLIANCE:

Ambulance Conditions: N/A

Patient Transport Assessment: N/A

Ambulance Transport Reason: N/A

CMS Transport Indicator: N/A

Stretcher Purpose: N/A

Ambulance Transport: N/A

Special Paramedic: N/A

Specialty Care Transport: N/A

CMS Service Level: Not Recorded

EMS Condition Codes: N/A

Mileage

to closest facility: N/A

Round Trip Purpose: N/A

Kwiatkowski, Daniel J
 (EMT-B)
 Primary Caregiver

Franz, Joseph M (EMT-B)
 Crew #2

Crew, EMT-Paramedic
 (EMT-P)
 Crew #3

Crew, EMT-Paramedic
 (EMT-P)
 Crew #4

Patient Name: Wade, Darius | Incident Date: 11-16-2021



Milwaukee Fire Department
711 West Wells Street
MILWAUKEE, WI 53233
414-286-8960

**CONVERSION
RECORD**

62985954 (nemsis)
Page 4 of 4

Type of CPR Provided: Not Recorded

Additional Transport Mode Descriptors: Not Recorded

Kwiatkowski, Daniel J
(EMT-B)
Primary Caregiver

Franz, Joseph M (EMT-B)
Crew #2

Crew, EMT-Paramedic
(EMT-P)
Crew #3

Crew, EMT-Paramedic
(EMT-P)
Crew #4

Patient Name: Wade, Darius | Incident Date: 11-16-2021

Patient Name: Wade, Darius



Milwaukee Fire Department Prehospital Care Report

Patient Information

Name: Wade, Darius
Address: N 60TH ST/W CHAMBERS ST
Milwaukee, WI 53210

Age: 32 Years
Gender: Male

D.O.B.: 3/15/1989
Race: Black or African American

Provider Impression

Primary Impression: Back Pain

Secondary Impression: Not Applicable

Narrative

Narrative: On 11/16/2021 at 14:51 hours, Milwaukee Fire E034 was dispatched to a(n) Traffic/Transportation Incident at N 60TH ST/W CHAMBERS ST, Milwaukee, Milwaukee County, WI. E034 crewed by KWIATKOWSKI, DANIEL (011230) (Driver/Pilot-Response), FRANZ, JOSEPH (013159) (Primary Patient Caregiver-At Scene), RONDEAU, TAI (032743) (Primary Patient Caregiver-At Scene) and GABRIEL, JOSEPH (029879) (Primary Patient Caregiver-At Scene) went en route at 14:52 hours with Emergent (Immediate Response).

The patient was a 32 year old Black or African American Male (Darius Wade) with a Chief Complaint of low back pain after car accident for 20 Minutes.

Initial assessment revealed the patient had a GCS of 15 (Eye = 4- Opens Eyes spontaneously (All Age Groups), Verbal = 5- Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts, Motor= 6- Obeys commands (>2Years); Appropriate response to stimulation), with V/S of 149/83, P - 110, R - 16

e34 in proper ppe of gloves goggles and kn95
crew not fit tested with kn95

The crew's impression was Back Pain and Not Applicable.

The response disposition was Patient Treated, Transferred Care to Another EMS Unit.

More details of the incident can be found below.

Past Medical History

Patient Medications

Table with 3 columns: Medication, Dosage, Route. Row 1: Not Recorded

Patient Condition

Table with 3 columns: Complaint Type, Complaint, Duration. Row 1: Chief (Primary), low back pain after car accident, 20 Minutes

Primary Symptom: Pain, Back

Other Symptoms: Not Applicable

Activities

Table with 15 columns: Time, BP, Limb, Pulse, Rhythm, Resp, Effort, SpO2, Qual, CO2, GCS, Pain, Stroke Scale, PTA, RTS, Pt. Position. Row 1: 11/16/2021 15:00:09, 149 / 83, Right Arm, 110, 16, Normal, 96, At Room Air, 15, 7, 12

GCS

Table with 5 columns: Time, Eye, Motor, Verbal, Score Qualifier. Row 1: 11/16/2021 15:00:09, 4- Opens Eyes spontaneously (All Age Groups), 6- Obeys commands (>2Years); Appropriate response to stimulation, 5- Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts, 15

Call Type/Location/Disposition

Call Type: Traffic/Transportation Incident
Resp. Mode: Emergent (Immediate Response)

Disposition: Patient Treated, Transferred Care to Another EMS Unit

Destination: St Joseph Hospital
5000 W CHAMBERS ST
Milwaukee, WI 53210

Unit Notified: 11/16/2021 14:51:06
Incident #: 211930695

Patient Name: Wade, Darius

Date Printed: 11/16/2021 15:17

Call #: 211116146561

Patient Name: Wade, Darius

Response: 911 Response (Scene)
Incident Address: N 60TH ST/W CHAMBERS ST
Milwaukee, WI 53210

Response Times and Mileage

PSAP: 11/16/2021
14:50:08
Disp. Notified: 11/16/2021
14:50:08
Unit Disp.: 11/16/2021
14:51:06
Enroute: 11/16/2021
14:52:26
At Patient: 11/16/2021
14:54:41
In Service: 11/16/2021
15:15:02

Incident Number: 211930695
Call Sign: E034
Veh. #: E034

Unit Personnel

Crew Member	Level of Certification	Role
KWIATKOWSKI, DANIEL (011230)	EMT - Basic	Driver/Pilot-Response
FRANZ, JOSEPH (013159)	EMT - Basic	Primary Patient Caregiver-At Scene
RONDEAU, TAI (032743)	Paramedic	Primary Patient Caregiver-At Scene
GABRIEL, JOSEPH (029879)	EMT-Paramedic	Primary Patient Caregiver-At Scene

Signatures


Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: EMS Provider

Paragraph Text:

I acknowledge that I have provided the documented primary assessments, treatments, and procedures for the patient referenced on this Patient Care Record (PCR).

Status: Signed



Printed Name: JOSEPH FRANZ

Signature Date: 11/16/2021 15:02:02

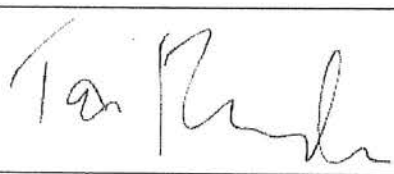
Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: EMS Provider

Paragraph Text:

I acknowledge that I have provided the documented primary assessments, treatments, and procedures for the patient referenced on this Patient Care Record (PCR).

Status: Signed



Printed Name: TAI RONDEAU

Signature Date: 11/16/2021 15:02:14

Unit Notified: 11/16/2021
14:51:06
Incident #: 211930695

Patient Name: Wade, Darius

Date Printed: 11/16/2021 15:17

Call #: 211116146561



Milwaukee Fire Department
 Box 78611
 Milwaukee, WI 53278-8611

Account #
62985954

Itemized Statement

Patient Wade, Darius N 60TH ST/W CHAMBERS ST MILWAUKEE WI 53210	Trip Date of Service: 11-16-2021 CAD ID#: 211930695 Pickup: N 60TH ST/W CHAMBERS ST Destination: St. Joseph Hospital WI
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Itemized Charges

Description	Unit Cost	Units	Amount
-------------	-----------	-------	--------

Account Detail

Transaction	Scan #	Post Date	Amount
-------------	--------	-----------	--------

Account Summary

Total Charges \$0.00	Total Payments \$0.00	Assign/Adjust \$0.00	Balance Due \$0.00
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FINAL

Patient Care Report

DARIUS WADE



"IF IT DOESN'T SAY BELL ON THE SIDE, YOU'VE JUST BEEN TAKEN FOR A RIDE!!!"

BELL AMBULANCE INC

2204 SILVERNAIL RD
PEWAUKEE, WI 53072-5529
(414) 486-4055 Ext.

Date of Service: 11/16/2021

Run Number: 3200202

Incident Number: 211930695

Agency: 6001146

NPI: 1164449807

Table with 4 columns: CREW INFO, RESPONSE INFO, DISPOSITION, and TIMES. Contains detailed patient care data including crew names, response times, and medical notes.

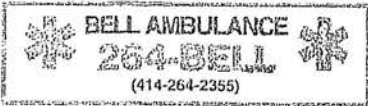
PATIENT INFORMATION

Table containing patient demographic and medical information such as Name (DARIUS WADE), SSN, Sex, DOB, Weight, and Race (Black or African American).

FINAL

Patient Care Report

DARIUS WADE



BELL AMBULANCE INC

2204 SILVERNAIL RD
PEWAUKEE, WI 53072-5529
(414) 486-4055 Ext.

Date of Service: 11/16/2021

Run Number: 3200202

Incident Number: 211930695

Agency: 6001146

NPI: 1164449807

NEXT OF KIN

Name : Phone : Relationship : Self
SSN : DOB : Cell Phone :
Sex : Home Addr. :

INSURANCE

no insurance information entered

PATIENT COMPLAINTS

Chief Complaint
Back Pain (Primary)
Last Oral Intake

Medical Hx Obtained From

HISTORY

Past Medical History
Unable to Complete

Allergies
No Known Drug Allergy No Known Environmental/Food Allergies

Medications
Unable to Complete

ASSESSMENT

11/16/2021 15:16:19 By: HUMPHREY, MICHAEL

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Breathing	Normal Respirations	Circulation	Pulses - Radial - Normal (2+)
Central Nervous System	Neuro Intact	Alcohol / Drugs	Not Known
Level Of Consciousness	A & O x 4	Mental Status	Normal (A & O x 4)

IMPRESSIONS

Primary Impression: Back Pain - other disorders

CARDIAC ARREST

Cardiac Arrest
No

TRAUMA

Trauma
MVA - Speed - < 20 MPH
Cause of Injury
MVC-Passenger Vehicle
Mechanism of injury
Blunt

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
11/16/2021 15:17	No	136/82	78, Strong, Auscultated	Regular	16 Normal, Regular	100%, Source: Room Air			

Initial GCS has legitimate values without interventions such as intubation and sedation

IBP 1 IBP 2 IBP 3

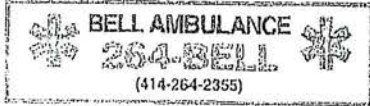
Level of Consciousness: Alert;

Taken by: BRUCE-KONUJAH, GLENN

FINAL

Patient Care Report

DARIUS WADE



BELL AMBULANCE INC

2204 SILVERNAIL RD
PEWAUKEE, WI 53072-5529
(414) 486-4055 Ext.

Date of Service: 11/16/2021

Run Number: 3200202

Incident Number: 211930695

Agency: 6001146

NPI: 1164449807

Taken by: BRUCE-KONUAH, GLENN

TRAUMA SCORES

no trauma scores entered

PRIOR AID

no prior aid entered

TREATMENT SUMMARY

Table with columns: Time, PTA, Treatment, Who performed, Authorized by, Comments. Row 1: 15:13, No, Patient Contact, HUMPHREY, MICHAEL. Includes sub-sections for # of Attempts, Gloves-Per Pair, PPE-Disposable N95 mask, PPE-Surgical mask for patient, and Successful status.

Table with columns: Time, PTA, Treatment, Who performed, Authorized by, Comments. Row 1: 15:13, No, Secured to Cot, HUMPHREY, MICHAEL. Includes sub-sections for # of Attempts, Fitted Sheet QTY, KCD Sheet QTY, and Response status.

NARRATIVE

BELL 410 DISPATCHED TO A PATIENT WITH BACK PAIN FROM A MOTOR VEHICLE COLLISION. CREW RESPONDED WITHOUT LIGHTS AND SIRENS. CREW ARRIVED ON SCENE AND WAS MET BY MFD ENGINE 34. CREW STATED PATIENT HAD REAR ENDED A VEHICLE GOING THE SAME DIRECTION AS THEM THAT SLOWED DOWN TO TURN. THERE WAS MINOR DAMAGE DONE TO EITHER VEHICLE. PATIENT WAS A&OX4 AND COMPLAINED OF LOWER BACK PAIN. PATIENT WAS ASSISTED STANDING AND PIVOTING TO THE COT. PATIENT WAS SECURED TO COT X5. PATIENT WAS LOADED INTO THE AMBULANCE. A SET OF VITALS WERE TAKEN. VITALS REMAINED IN NORMAL RANGE FOR PATIENT. PATIENT REMAINED IN SEMI-FOWLERS POSITION FOR DURATION OF TRANSPORT. CREW ARRIVED AT ST. JOSEPH HOSPITAL AND UNLOADED PATIENT FROM AMBULANCE. PATIENT WAS TRANSPORTED TO TRIAGE. CREW ASSISTED PATIENT STANDING AND PIVOTING TO WHEELCHAIR. PATIENT WAS CHECKED IN AND REPORT WAS GIVEN TO NURSE. CARE WAS TRANSFERRED TO ST. JOSEPH HOSPITAL.

MISCELLANEOUS

HIPAA

no HIPAA signatures entered

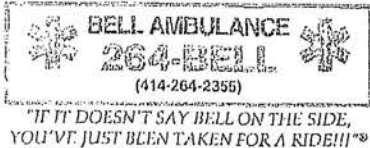
SIGNATURES

Table with columns: Time, Type, Who signed, Why patient did not sign. Row 1: 11/16/2021 15:31, (1) Assignment & Guarantee / HIPAA, Self - WADE, DARIUS, N/A. Includes ZOLL Rescuenet-ePCR.

FINAL

Patient Care Report

DARIUS WADE



BELL AMBULANCE INC

2204 SILVERNAIL RD
 PEWAUKEE, WI 53072-5529
 (414) 486-4055 Ext.

Date of Service: 11/16/2021

Run Number: 3200202

Incident Number: 211930695

Agency: 6001146

NPI: 1164449807

Type of Person Signing Patient

ASSIGNMENT & GUARANTEE / HIPAA

X D.W.

I, DARIUS WADE, acknowledge that I am legally responsible for the ambulance services provided to me. I request payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to Bell Ambulance, Inc. for any ambulance services and supplies furnished to me by Bell Ambulance, Inc., whether in the past, now or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payors and their respective agents and contractors, as well as Bell Ambulance, Inc. any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services, whether in the past, now or in the future. This authorization is in effect until I choose to revoke it.

I hereby agree to pay charges for services provided to me by Bell Ambulance, Inc. in accordance with Bell Ambulance, Inc.'s regular rates and terms. I understand that Medicare and/or other insurance(s) do not necessarily pay for all transportation services and/or supplies and agree to be responsible for payment in full of any services and/or supplies that may be determined to be not-covered or not medically necessary. I understand that each bill is due and payable within 10 days, and 1% per month late payment penalty will apply to any amount not paid when due. Should my account be referred to an attorney for collection, I agree to pay reasonable attorneys' fees and collection expenses.

I hereby acknowledge that I have been provided with a copy of the Bell Ambulance, Inc. Notice of Privacy Practices on this date.

I certify that I have read the foregoing, understand it, and accept its terms.

11/16/2021 15:32 Report Given To Nurse (RN) - M, THERESA N/A

Type of Person Signing Healthcare Provider

X [Signature]

I have received report for DARIUS WADE from HUMPHREY, MICHAEL, BRUCE-KONUAH, GLENN and accept this patient, who was received by this facility on the date and time set forth above.

CREW INFORMATION

Start Date/Time: 11/16/2021 08:49

Crew # Name
 4602 HUMPHREY, MICHAEL

Crew # Name
 F0019 BRUCE-KONUAH, GLENN

Crew1 State ID
 70116652

Crew2 State ID
 70114751

License: EMT
 Level: EMT-Basic

License: EMT
 Level: EMT-Basic

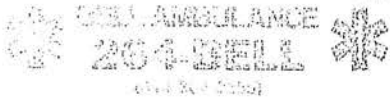
X MH

X GB

PATIENT REFUSAL FORM

no Patient Refusal entered

PLEASE PAY WITH YOUR PAYMENT



Client Name: **WADE, DARIUS L**

Trip Number:

21-3200202

2204 SILVERNAIL RD
PEWAUKEE, WI, 53072-9903

Service Date: **11/16/2021**

Amount Due: **\$ 0.00**

Billing Date: **07/26/2022**

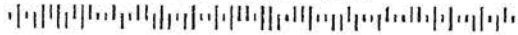
Billing Department: **(414) 486-4055**

Toll-Free Number: **(800) 896-6200**

Se Habla Español: **(414) 486-4016**



DARIUS L WADE
7641 N 76TH ST
APT 1
MILWAUKEE, WI 53223-4034



Trip Number: **21-3200202**

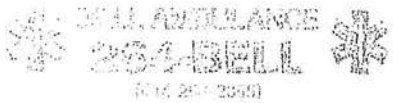
(523804)

Client Name: **WADE, DARIUS L**

Caller Name:

From Location: **N 60TH ST & W CHAMBERS**

To Location: **ST JOSEPH HOSPITAL**



BELL AMBULANCE, INC.
2204 SILVERNAIL RD
PEWAUKEE, WI, 53072-9903
Billing Department: (414) 486-4055
Toll-Free Number: (800) 896-6200

DATE	DESCRIPTION OF TRANSACTION	HCPC	QUANTITY	UNIT PRICE	AMOUNT
11/16/2021	Emergency Base Rate, BLS†	A0429	1	740.00	740.00
11/16/2021	Mileage†	A0380	1	20.14	20.14
11/16/2021	PPE†	A0382	1	35.00	35.00
11/04/2022	Contractual Allowance, Medicaid - UHC COMMUNITY PLAN- T19 - Ck # 2022010111400018				(602.10)
11/04/2022	Payment-EFT - UHC COMMUNITY PLAN- T19 - Ck # 2022010111400018				(185.95)
11/04/2022	Payment-EFT - UHC COMMUNITY PLAN- T19 - Ck # 2022010111400018				(7.09)

† Rate set by City of Milwaukee Ordinance Chapter 75-15

PLEASE PAY THIS AMOUNT => \$0.00

You can now pay online at www.264Bell.com

Please make corrections and additions to the insurance information listed

Insurance Company	Policy Number	Group Number	Relationship	Policy Holder Name
UHC COMMUNITY PLAN- T19	9410729998		Self	DARIUS L WADE
VEYO	9410729998		Self	DARIUS L WADE



Ascension

CERTIFICATION OF MEDICAL RECORDS

Patient Name: Darius Wade DOB: 03/15/1989

Name of Healthcare Facility: Ascension St. Joseph Hospital

I certify that the documents attached to this certificate, consisting of 37 pages, are accurate, legible, and complete duplicates of the original medical records of the patient listed above for the following time period:

11/16/2021 To 11/16/2021

Exclusions:

[X] None

[] As follows:

I further certify that the original records were: (1) made at or near the time of the occurrence of the matters set forth by, or information transmitted by, a person with knowledge of those matters; (2) kept in the course of the regularly conducted activity; and (3) made by the regularly conducted activity as a regular practice.

I certify under penalty and perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on this 12 day of January, 2022

Signature: Rebecca Kastenson

Printed Name: Rebecca Kastenson, an employee of CiOX Health, a contractor with Ascension.



11/16/2021 - ED in Ascension St. Joseph, Emergency Department
FACESHEET

Patient Demographics

Address Phone
7641 N 76 St 414-676-9091 (Home)
MILWAUKEE WI 53223 414-676-9091 (Mobile) *Preferred*

Basic Information

Race Ethnicity Preferred Language Language for Written Material
Black or African American Not Hispanic or Latino English English

Emergency Contact(s)

Name Relation Home Work Mobile
Wade, Tracy Mother 630-896-4823

Hospital Account

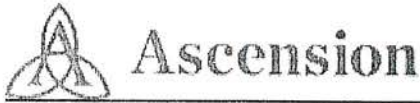
Name Acct ID Class Status Primary Coverage
Wade, Darius L 4000793897 8 Emergency Closed UHC MEDICAID REPLACEMENT - UHC MEDICAID REPLACEMENT

Guarantor Account (for Hospital Account #40007938978)

Name Relation to Pt Service Area Active? Acct Type
Wade, Darius L Self ASWI Yes Personal/Family
Address Phone
7641 N 76 St 414-676-9091(H)
MILWAUKEE, WI 53223

Coverage Information (for Hospital Account #40007938978)

F/O Payor/Plan Precert #
UHC MEDICAID REPLACEMENT/UHC MEDICAID REPLACEMENT
Subscriber Subscriber #
Wade, Darius L 9410729998
Address Phone
PO BOX 5280 877-651-6677
KINGSTON, NY 12402-5280



11/16/2021 - ED in Ascension St. Joseph, Emergency Department
FACESHEET (continued)

11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Treatment Team

Provider	Service	Role	Specialty	From	To
Khan, Jawwad A, MD	—	Attending Provider	Emergency Medicine	11/16/21 1719	11/16/21 1722
Sanchez-Tatum, Ivone, RN	—	Registered Nurse	Emergency Medicine	11/16/21 1606	—
Kapla, Trent, PA-C	—	Physician Assistant	Emergency Medicine	11/16/21 1604	—

Patient Summary as-of Visit

Allergies as of 11/16/2021

Allergies last reviewed by Sanchez-Tatum, Ivone, RN on 11/16/2021 1721 - Fully Reviewed
 No Known Allergies

Medication

Alphabetical						
AMB	IP	Medication Information	Continue?	Quantity	Refills	Initials
AMB		naproxen (NAPROSYN) 375 MG tablet —Take 1 tablet (375 mg total) by mouth 2 (two) times daily with meals for 14 days., Starting Tue 11/16/2021, Until Tue 11/30/2021, Normal Ended on: 11/30/21	This order has already been acted on			
AMB		ondansetron ODT (ZOFTRAN-ODT) 4 MG disintegrating tablet Take 1 tablet (4 mg total) by mouth every 12 (twelve) hours as needed for Nausea for up to 7 doses., Starting 6/21/2017, Until Discontinued, Print	() Resume () Stop Taking			
AMB		tiZANidine (ZANAFLEX) 2 MG tablet —Take 1 tablet (2 mg total) by mouth every 6 (six) hours as needed (back pain) for up to 10 days., Starting Tue 11/16/2021, Until Fri 11/26/2021 at 2359, Normal Ended on: 11/26/21	This order has already been acted on			

ED Provider Note

ED Provider Notes by Kapla, Trent, PA-C at 11/16/2021 1706

Author: Kapla, Trent, PA-C	Service: Emergency Medicine	Author Type: Physician Assistant
Filed: 11/16/2021 8:00 PM	Date of Service: 11/16/2021 5:06 PM	Status: Attested
Editor: Kapla, Trent, PA-C (Physician Assistant)		Cosigner: Khan, Jawwad A, MD at 11/16/2021 9:59 PM

Attestation signed by Khan, Jawwad A, MD at 11/16/2021 9:59 PM

Definitive care was exclusively provided by the Advanced Practice Provider.

History of Present Illness

Chief Complaint

Patient presents with

- Motor Vehicle Crash

Darius Wade is a 32 year old male who presents with back pain after a motor vehicle accident today. He was driving

11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)
ED Provider Note (continued)

around a car that was stopped in an intersection when that car turned right into his driver side at a relatively slow speed. He was wearing a seatbelt and there was some windshield cracking, but airbags did not deploy, he did not hit his head, and experienced no loss of consciousness. At the time of the accident he felt low back pain that has no progressed up his back to his neck. Endorses an achy pain with tightness on movement, but intact range of motion. He has had similar low back pain with a previous accident. He has not taken anything for the pain. Denies radiation to thighs/legs, saddle anesthesia, swelling, fecal incontinence. No reported allergies.

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

Family History was reviewed and was not relevant or related to today's diagnosis.

No family history on file.

No current facility-administered medications for this encounter.

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• naproxen (NAPROSYN) 375 MG tablet	Take 1 tablet (375 mg total) by mouth 2 (two) times daily with meals for 14 days.	28 tablet	0
• ondansetron ODT (ZOFTRAN-ODT) 4 MG disintegrating tablet	Take 1 tablet (4 mg total) by mouth every 12 (twelve) hours as needed for Nausea for up to 7 doses.	7 tablet	0
• tiZANidine (ZANAFLEX) 2 MG tablet	Take 1 tablet (2 mg total) by mouth every 6 (six) hours as needed (back pain) for up to 10 days.	16 tablet	0

No Known Allergies
Social History
Tobacco Use

- Smoking status: Current Every Day Smoker
- Types: Cigarettes
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Yes
Comment: occasionally
- Drug use: Yes
Types: Marijuana
Comment: daily

Healthcare Directives
Healthcare Directives Flowsheet
**ADVANCE DIRECTIVES
(FOR HEALTHCARE)**

 Do you have an Advance Directive? No



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

ED Provider Note (continued)

Review of Systems

Review of Systems

HENT: Negative for ear pain.

Genitourinary: Negative for dysuria.

Musculoskeletal: Negative for back pain, myalgias, neck pain and neck stiffness.

Neurological: Negative for syncope and headaches.

All other systems reviewed and are negative.

The remaining systems have been reviewed and are negative.

Physical Exam & Diagnostics

Most Recent Vitals:

Temp: 98.3 °F (36.8 °C)

Pulse: 87

Resp: 16

BP: 133/72

SpO2: 100 %

Physical Exam

Vitals and nursing note reviewed.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane, ear canal and external ear normal.

Left Ear: Tympanic membrane, ear canal and external ear normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Musculoskeletal:

Cervical back: Normal range of motion. Spasms and tenderness present. No swelling or bony tenderness.

Thoracic back: Spasms and tenderness present. No swelling or bony tenderness. Normal range of motion.

Lumbar back: Spasms and tenderness present. No swelling or bony tenderness. Normal range of motion.

Comments: **Generalized muscle tightness throughout back and neck**

Skin:

General: Skin is warm.

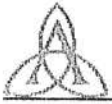
Neurological:

Mental Status: He is alert and oriented to person, place, and time.

GCS: GCS eye subscore is 4. GCS verbal subscore is 5. GCS motor subscore is 6.

Sensory: Sensation is intact.

Motor: Motor function is intact.



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

ED Provider Note (continued)

EKG:

Labs:

Labs Reviewed - No data to display

Imaging:

No orders to display

Medical Decision Making:

Patient is alert and in no acute distress. Airbag was not deployed and patient reports no head trauma or loss of consciousness. No physical exam findings suggestive of skull fracture or cauda equina syndrome. No bony tenderness along the spinal column. Generalized muscle tightness through back and neck most consistent with muscle spasm. No indication for spine imaging at this time. Educated on heat vs. Ice and gentle stretching for symptoms management. Provided with naproxen and tizanidine for pain management. Patient is stable for discharge.

Critical care time spent on management of this patient was 0 minutes.

ED Course

Clinical Impressions as of Nov 16 2000

- MVA (motor vehicle accident), initial encounter
- Strain of neck muscle, initial encounter
- Back strain, initial encounter

Procedures

No sedation data available.

Attestations

CMS MIPS Attestation:
Not Applicable

CMS HTN Attestation

I have reviewed this adult patient's last documented blood pressure under my care. It was $\geq 120/80$, and I have recommended appropriate follow up. (G8950)

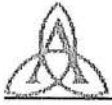
Temp: 98.3 °F (36.8 °C)

Pulse: 87

Resp: 16

BP: 133/72

SpO2: 100 %



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

ED Provider Note (continued)

Final diagnoses:

- T38.2XXA] MVA (motor vehicle accident), initial encounter
- S16.1XXA] Strain of neck muscle, initial encounter
- M50.112A] Back strain, initial encounter

Patient initially seen by Rachel Howard PA-S in collaboration with myself. I agree with documentation, work up and treatment plan.

Disposition

Pcp, Need
Needs PCP placeholder
Glendale WI

Ascension St. Joseph, Emergency Department
5000 W Chambers St
Milwaukee Wisconsin 53210-1650
414-447-2171

Discharge Medication List as of 11/16/2021 5:19 PM

START taking these medications

	Details
naproxen (NAPROSYN) 375 MG tablet	Take 1 tablet (375 mg total) by mouth 2 (two) times daily with meals for 14 days., Starting Tue 11/16/2021, Until Tue 11/30/2021, Normal
tiZANidine (ZANAFLEX) 2 MG tablet	Take 1 tablet (2 mg total) by mouth every 6 (six) hours as needed (back pain) for up to 10 days., Starting Tue 11/16/2021, Until Fri 11/26/2021 at 2359, Normal

Kapla, Trent, PA-C
11/16/21 2000

Khan, Jawwad A, MD
11/16/21 2159

Electronically signed by Kapla, Trent, PA-C at 11/16/2021 8:00 PM
Electronically signed by Khan, Jawwad A, MD at 11/16/2021 9:59 PM



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

ED Notes

ED Triage Notes by Moore, Theresa M, RN at 11/16/2021 1533

Author: Moore, Theresa M, RN Service: Emergency Medicine Author Type: Registered Nurse
Filed: 11/16/2021 3:34 PM Date of Service: 11/16/2021 3:33 PM Status: Signed
Editor: Moore, Theresa M, RN (Registered Nurse)

Low speed MVA, patient now has some moderate back pain

Electronically signed by Moore, Theresa M, RN at 11/16/2021 3:34 PM

ED Notes by Rodriguez, Jesse, RN at 11/16/2021 1610

Author: Rodriguez, Jesse, RN Service: Emergency Medicine Author Type: Registered Nurse
Filed: 11/16/2021 4:10 PM Date of Service: 11/16/2021 4:10 PM Status: Signed
Editor: Rodriguez, Jesse, RN (Registered Nurse)

MPD at bedside

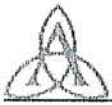
Rodriguez, Jesse, RN
11/16/21 1610

Electronically signed by Rodriguez, Jesse, RN at 11/16/2021 4:10 PM

ED Care Timeline

Patient Care Timeline (11/16/2021 15:33 to 11/16/2021 17:22)

11/16/2021	Event	Details	User
15:33	Patient arrived in ED		Moore, Theresa M, RN
15:33:01	Emergency encounter created		Moore, Theresa M, RN
15:33:15	Chief Complaints Updated	Motor Vehicle Crash	Moore, Theresa M, RN
15:33:15	Chief Complaint Filed		Moore, Theresa M, RN
15:33:15	Triage Started		Moore, Theresa M, RN
15:33:17	ED Triage Notes	Low speed MVA, patient now has some moderate back pain	Moore, Theresa M, RN
15:34	Anthropometrics	Anthropometrics Weight Change: 0	Moore, Theresa M, RN
15:34	Vital Signs	ED VITAL SIGNS BP: 133/72 Pulse: 87 Resp: 16 Temp: 36.8 °C (98.3 °F) SpO2: 100 % O2 Device: None (Room air) Height and Weight Weight: 61.2 kg (135 lb) Weight Method: Stated Oxygen Therapy SpO2: 100 % Vitals Timer (Automatic) Restart Vitals Timer: Yes	Moore, Theresa M, RN



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

ED Care Timeline (continued)

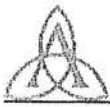
15:34	Custom Formula Data	Other flowsheet entries Test Weight: 135 BSA (Calculated - sq m): 1.75 sq meters Percent Weight Change Since Birth: 0	Moore, Theresa M, RN
15:34:07	ED Note Filed		Moore, Theresa M, RN
15:35	Travel Screening	Do you have any of the following new or worsening symptoms? None of these ; Have you traveled internationally or domestically in the last month? No Travel Locations: Travel history not shown for past encounters	Moore, Theresa M, RN
15:35	Acuity/Destination	Acuity/Destination Patient Acuity: 4 ED Destination: Minor Care	Moore, Theresa M, RN
15:35	COVID-19 (Coronavirus)	COVID-19 (Coronavirus) COVID-19 Screen?: Able to assess Have you recently tested positive for COVID-19?: No Have you had a recent known exposure to COVID-19? (defined as unmasked close contact, less than 6 ft, for greater than 15 minutes with an individual with confirmed or suspected case of COVID-19) : No Have you had a fever >99.5, NEW or CHANGING cough, shortness of breath, nasal drainage/congestion or sore throat? : No Do you have a NEW loss of taste or smell? : No Are you experiencing extreme fatigue, muscle/body aches or headache, more frequent than normal? : No Have you had nausea/vomiting or diarrhea, more frequent than normal?: No Have you received a COVID-19 vaccination?: No	Moore, Theresa M, RN
15:36:16	Acuity 4 Selected		Moore, Theresa M, RN
15:36:16	Triage Completed		Moore, Theresa M, RN
16:02	Sepsis Predictive Model Score	Sepsis Model Scores Sepsis Score: 0.7	Ordersbatchrun, Svcid
16:04:22	Patient roomed in ED		Sanchez-Tatum, Ivone, RN
16:04:22	Patient roomed in ED	To room F	Sanchez-Tatum, Ivone, RN
16:04:35	Assign APP	Kapla, Trent, PA-C assigned as Physician Assistant	Kapla, Trent, PA-C
16:04:35	Assign Physician		Kapla, Trent, PA-C
16:05	First Provider Evaluation of Patient		Kapla, Trent, PA-C
16:06	First Provider Evaluation	First Provider Evaluation Time File First Provider Evaluation Time: File	Kapla, Trent, PA-C
16:06:19	Assign Nurse	Sanchez-Tatum, Ivone, RN assigned as Registered Nurse	Sanchez-Tatum, Ivone, RN
16:09:20	Registration Started		Jackson, Cassandra



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

ED Care Timeline (continued)

16:10:16	ED Notes	MPD at bedside Rodriguez, Jesse, RN 11/16/21 1610	Rodriguez, Jesse, RN
16:10:19	ED Note Filed		Rodriguez, Jesse, RN
16:14	Stroke Alert	Other flowsheet entries Stroke Monitoring: Yes	Sanchez-Tatum, Ivone, RN
16:14	Pain Assessment	Pain Assessment Timer Pain Reassessment : Yes	Sanchez-Tatum, Ivone, RN
16:14	ED Required Assessment	Neurological Neuro (WDL): Within Defined Limits Respiratory O2 Device: None (Room air) Cough Cough Present: No Cardiac Cardiac (WDL): Within Defined Limits Pain Assessment Pain Assessment: 0-10 Pain Score: 8 - Severe Pain Type: Acute pain Pain Location: Back Integumentary Integumentary (WDL): Within Defined Limits	Sanchez-Tatum, Ivone, RN
16:14	GCS	Glasgow Coma Scale Eye Opening: Spontaneous Best Verbal Response: Oriented Best Motor Response: Obeys commands Glasgow Coma Scale Score: 15	Sanchez-Tatum, Ivone, RN
16:15	Musculoskeletal	Musculoskeletal Musculoskeletal (WDL): Exceptions to WDL (c/o back and neck tenderness after MVA.)	Sanchez-Tatum, Ivone, RN
16:15	Peripheral Vascular	Peripheral Vascular Peripheral Vascular (WDL): Within Defined Limits	Sanchez-Tatum, Ivone, RN
16:15	Abuse Indicators	Abuse/Neglect Have you ever been shoved, hit, controlled, exploited or taken advantage of physically or financially, or made to feel afraid in the past year?: Denies Do you feel neglected in your own home?: Denies Verbal Abuse: Denies	Sanchez-Tatum, Ivone, RN
16:15	Sepsis Screening	1. Suspicion of Infection? Suspicion of Infection (If YES, cont. screening): No 2. SIRS Screening Temp > 38 C (100.4 F) or < 36 C (96.8 F): No Heart Rate > 90 bpm: No Respiratory rate > 20 or PaCO2 < 32 mmHg: No Is there suspicion of infection and 2 or more VS abnormalities?: No	Sanchez-Tatum, Ivone, RN
16:15:58	Home Medications Reviewed		Sanchez-Tatum, Ivone, RN



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

ED Care Timeline (continued)

16:16:07	History Reviewed	Sections Reviewed: Medical, Surgical, Alcohol, Tobacco, Drug Use, Sexual Activity, Custom	Sanchez-Tatum, Ivone, RN
16:20	Sepsis Predictive Model Score	Sepsis Model Scores Sepsis Score: 0.7	Ordersbatchrun, Svcid
16:32:12	Registration Completed		Jackson, Cassandra
16:40	Sepsis Predictive Model Score	Sepsis Model Scores Sepsis Score: 0.7	Ordersbatchrun, Svcid
17:02	Sepsis Predictive Model Score	Sepsis Model Scores Sepsis Score: 0.7	Ordersbatchrun, Svcid
17:18:48	Discharge Disposition Selected	ED Disposition set to Discharge	Kapla, Trent, PA-C
17:18:48	Disposition Selected		Kapla, Trent, PA-C
17:19	Work/School Excuse **Will Print with AVS**	Patient Excuse from Work/School Work/School/Sport: may return to work on Return Date: 11/19/21	Kapla, Trent, PA-C
17:19	Rx Routing	Default Order Class For Discharge Rx: E-Prescribe (if available)	Kapla, Trent, PA-C
17:19:08	Assign Physician	Khan, Jawwad A, MD assigned as Attending	Kapla, Trent, PA-C
17:19:30	Discharge Orders Placed	naproxen (NAPROSYN) 375 MG tablet ; tiZANidine (ZANAFLEX) 2 MG tablet	Kapla, Trent, PA-C
17:19:52	AVS Printed		Kapla, Trent, PA-C
17:19:52	Excuse Letter Printed		Kapla, Trent, PA-C
17:19:52	AVS Printed	Work/School Excuse ED After Visit Summary	Kapla, Trent, PA-C
17:21	GCS	Glasgow Coma Scale Eye Opening: Spontaneous Best Verbal Response: Oriented Best Motor Response: Obeys commands Glasgow Coma Scale Score: 15	Sanchez-Tatum, Ivone, RN
17:21:41	Allergies Reviewed - Fully Reviewed		Sanchez-Tatum, Ivone, RN
17:22	Patient discharged		Sanchez-Tatum, Ivone, RN
17:22	Departure Condition	Facetime Facetime: Less than 30 Minutes Departure Condition Mobility at Departure: Ambulatory Patient Teaching: Discharge instructions reviewed; Medications discussed; Patient verbalized understanding; Patient verbalizes signs and symptoms to return to Emergency Department Return Demonstration by Patient: Yes Departure Mode: By self	Sanchez-Tatum, Ivone, RN
17:22:25	Patient discharged		Sanchez-Tatum, Ivone, RN
17:22:30	Charting Complete		Sanchez-Tatum, Ivone, RN



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

ED Care Timeline (continued)

Other Orders

Medications

naproxen (NAPROSYN) 375 MG tablet (Expired)

Electronically signed by: Kapla, Trent, PA-C on 11/16/21 1719

Status: Expired

Ordering user: Kapla, Trent, PA-C 11/16/21 1719

Ordering provider: Kapla, Trent, PA-C

Authorized by: Kapla, Trent, PA-C

Ordering mode: Standard

Frequency: Routine BID MEALS 11/16/21 - 14 days

Class: Normal

tiZANidine (ZANAFLEX) 2 MG tablet (Expired)

Electronically signed by: Kapla, Trent, PA-C on 11/16/21 1719

Status: Expired

Ordering user: Kapla, Trent, PA-C 11/16/21 1719

Ordering provider: Kapla, Trent, PA-C

Authorized by: Kapla, Trent, PA-C

Ordering mode: Standard

PRN Comment: back pain

Frequency: Routine Q6H PRN 11/16/21 - 10 days

Class: Normal

Flowsheets

Abuse Indicators

Row Name 11/16/21 1615

Abuse/Neglect

Have you ever been shoved, hit, controlled, exploited or taken advantage of physically or financially, or made to feel afraid in the past year?

Denies

Do you feel neglected in your own home?

Denies

Verbal Abuse

Denies

Acuity/Destination

Row Name 11/16/21 1535

Acuity/Destination

Patient Acuity Less Urgent

ED Destination Minor Care

Anthropometrics

Row Name 11/16/21 1534

Anthropometrics

Weight Change 0

COVID-19 (Coronavirus)

Row Name 11/16/21 1535

COVID-19 (Coronavirus)

COVID-19 Able to assess



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Flowsheets (continued)

Screen?
 Have you recently tested positive for COVID-19? No
 Have you had a recent known exposure to COVID-19? No
 (defined as unmasked close contact, less than 6 ft. for greater than 15 minutes with an individual with confirmed or suspected case of COVID-19)
 Have you had a fever >99.0, NEW or CHANGING cough, shortness of breath, nasal drainage/congestion or sore throat? No
 Do you have a NEW loss of taste or smell? No
 Are you experiencing extreme fatigue, muscle/body aches or headache, more frequent than normal? No
 Have you had nausea/vomiting or diarrhea, more frequent than normal? No

Have you received a COVID-19 vaccination? No

Custom Formula Data

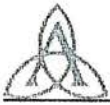
Row Name 11/16/21 1534

OTHER

Test Weight 135
 BSA (Calculated - sq m) 1.75 sq meters
 Percent Weight Change Since Birth 0

Departure Condition

Row Name 11/16/21 1722



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Flowsheets (continued)

Facetime

Facetime Less than 30
Minutes

Departure Condition

Mobility at Departure Ambulatory

Patient Teaching Discharge instructions reviewed; Medications discussed; Patient verbalized understanding; Patient verbalizes signs and symptoms to return to Emergency Department

Return Demonstration by Patient Yes

Departure Mode By self

ED Required Assessment

Row Name 11/16/21 1614

Neurological

Neuro (WDL) Within Defined Limits

Respiratory

O2 Device None (Room air)

Cough

Cough Present No

Cardiac

Cardiac (WDL) Within Defined Limits

Pain Assessment

Pain Assessment 0-10
Pain Score 8 - Severe
Pain Type Acute pain
Pain Location Back

Integumentary

Integumentary (WDL) Within Defined Limits

First Provider Evaluation

Row Name 11/16/21 1606

First Provider Evaluation Time

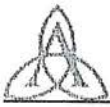
File First Provider Evaluation Time

GCS

Row Name 11/16/21 1721 11/16/21 1614

Glasgow Coma Scale

Eye Opening Spontaneous Spontaneous
Best Verbal Oriented Oriented



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)


Flowsheets (continued)

Response		
Best Motor Response	Obeys commands	Obeys commands
Glasgow Coma Scale Score	15	15

Musculoskeletal

Row Name 11/16/21 1615

Musculoskeletal

Musculoskeletal (WDL) Exceptions to WDL
 c/o back and neck tenderness after MVA

Pain Assessment

Row Name 11/16/21 1614

Pain Assessment Timer

Pain Reassessment Yes

Peripheral Vascular

Row Name 11/16/21 1615

Peripheral Vascular

Peripheral Vascular (WDL) Within Defined Limits

Risk Factors for Infectious Disease

ED from 11/16/2021 in Ascension St. Joseph, Emergency Department

Row Name

Signs & Symptoms Suggestive of TB

Cough for more than 3 weeks? no

SARS

Recent travel to endemic area for SARS? no

Meningitis

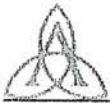
Recent close contact with meningitis? no

Rx Routing

Row Name 11/16/21 1719

Default Order Class

For Discharge Rx E-Prescribe (if available)



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Flowsheets (continued)

Sepsis Predictive Model Score

Row Name	11/16/21 1702	11/16/21 1640	11/16/21 1620	11/16/21 1602
Sepsis Model Scores				
Sepsis Score	0.7	0.7	0.7	0.7

Sepsis Screening

Row Name	11/16/21 1615
1. Suspicion of Infection?	
Suspicion of Infection (If YES, cont. screening)	No
2. SIRS Screening	
Temp > 38 C (100.4 F) or < 36 C (96.8 F)	No
Heart Rate > 90 bpm	No
Respiratory rate > 20 or PaCO2 < 32 mmHg	No
Is there suspicion of infection and 2 or more VS abnormalities?	No

Stroke Alert

Row Name	11/16/21 1614
OTHER	
Stroke Monitoring	Yes

Vital Signs

Row Name	11/16/21 1534
ED VITAL SIGNS	
BP	133/72
Pulse	87
Resp	16
Temp	36.8 °C (98.3 °F)
SpO2	100 %
O2 Device	None (Room air)
Height and Weight	
Weight	61.2 kg (135 lb)
Weight Method	Stated
Vitals Timer (Automatic)	
Restart Vitals Timer	Yes

Work/School Excuse **Will Print with AVS**

Row Name	11/16/21 1719
Patient Excuse from Work/School	
Work/School/Spont	may return to work on



Ascension

St. Joseph-Asc SEWI Hospital
5000 W Chambers St
Milwaukee WI 53210-1650

Wade, Darius L
MRN: E1694876, DOB: 3/15/1989, Sex: M
Adm: 11/16/2021, D/C: 11/16/2021

11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Flowsheets (continued)

Return Date 11/19/21



Ascension

St. Joseph-Asc SEWI Hospital
5000 W Chambers St
Milwaukee WI 53210-1650

Wade, Darius L
MRN: E1694876, DOB: 3/15/1989, Sex: M
Adm: 11/16/2021, D/C: 11/16/2021

11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.



Work/School Excuse

ASCENSION ST. JOSEPH, EMERGENCY DEPARTMENT
5000 W CHAMBERS ST
MILWAUKEE WI 53210-1650
414-447-2171
Phone: 414-447-2000

November 16, 2021

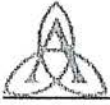
Patient: **Darius L Wade**
Date of Birth: **3/15/1989**
Date of Visit: **11/16/2021**

To Whom It May Concern:

Darius Wade was seen and treated in our emergency department on 11/16/2021. He may return to work on 11/19/21.

Sincerely,

Authorizing Provider: _____



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

AFTER VISIT SUMMARY



Darius L. Wade (MRN: E1694876) 11/16/2021 Ascension St. Joseph, Emergency Department 414-447-2171

Instructions

Your prescriptions have changed.
MARI RxInfo
naproxen (NAPROSYN)
tizANidine (ZANAFLEX)
Review details of your medication changes below.

- Read the attached information:
1. Back Sprain/Strain (English)
 2. Cervical Strain, Understanding (English)

Get these medications at WALGREENS DRUG STORE 801 N 76TH ST MILWAUKEE, WI - 53223-6102
Address: 801 N 76TH ST MILWAUKEE, WI 53223-6102
Phone: 414-750-0550
naproxen • tizANidine

Get your attached Rx at:
General Practice
Needs PCP placeholder
Glendale WI

Get your attached Rx at Ascension St. Joseph, Emergency
Department
See you: Emergency Medicine
Address: 5000 W Chambers St
Milwaukee Wisconsin 53210-1650
414-447-2171

Today's Visit

You were cared for today by a team of clinicians, nurses and technicians who specialize in emergency care including emergency medicine specialists: Khan, Jawwad A, MD, Kapla, Trent, PA-C.

Reason for Visit
Motor Vehicle Crash

- Diagnoses
- MVA (motor vehicle accident), initial encounter
 - Strain of neck muscle, initial encounter
 - Back strain, initial encounter

Blood Pressure 133/72
Temperature 98.3 °F
Pulse 87
Respiration 16
Oxygen Saturation 100%

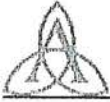
What's Next

Your primary care MD upcoming appointments scheduled.

Ascension Wisconsin
MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://wimychart.ascension.org/>, click "Sign Up Now", and enter your personal activation code: 9Q9QK-PSWCT-M5G53. Activation code expires 1/15/2022.



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

Changes to Your Medication List

START taking these medications



NAPROSYN 375 MG tablet
NAPROSYN

Take 1 tablet (375 mg total) by mouth 2 (two) times daily with meals for 14 days.



MUSCADA 2 MG tablet
MUSCADA

Take 1 tablet (2 mg total) by mouth every 6 (six) hours as needed (back pain) for up to 10 days.



Ascension

St. Joseph-Asc SEWI Hospital
5000 W Chambers St
Milwaukee WI 53210-1650

Wade, Darius L
MRN: E1694876, DOB: 3/15/1989, Sex: M
Adm: 11/16/2021, D/C: 11/16/2021

11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)**After Visit Summary (continued)****Helpful ideas for following your medication schedule:**

- Develop a daily routine for taking your medication
- Never change or stop taking your medication without first checking with your doctor.
- Call your doctor if you have any problems or questions about your medications.
- Call your doctor for a refill before your medications get too low.
- Keep a current medication list with you at all times.
- Bring your current list of medications with you every time you see your doctor or go to the hospital.
- Make sure your doctor knows about any herbal products, vitamins, or OTC medications that you take.

How to safely store your medication:

- Keep in original bottle with cap tightly closed
- Keep away from heat, light and moisture
- Keep away from children and pets
- Good places to store medication include:
 - A safe or other locked box or locked drawer
 - Top shelf of a hallway or bedroom closet
 - Top shelf of a kitchen cabinet furthest away from your stove
- Do NOT store medication in your bathroom medicine cabinet
- Do NOT store medication above your stove
- Do NOT store medication in a hot car

How to safely dispose of medication:

- Always get rid of expired, unwanted or unused medication as soon as possible
- Do NOT share your medication with anyone
- Talk to your pharmacist or call the local police station about how to get rid of extra medications
- Look for national drug take-back days where you can bring your unused medications

We have examined and treated you today on an emergency basis only. If your symptoms or medical problem(s) fail to improve, call your doctor or return here. Please note:

- **If you should need psychiatric assistance or suicide prevention information, please call 1-800-273-8255 (suicide crisis line) or Project Impact at 211 for personal crisis resources.**
- **If you were prescribed sedatives or pain medications:** these may make you drowsy. Do not drink alcohol or operate machinery while you are taking these medications.
- **If you were prescribed an over the counter medication:** it is important to thoroughly read the information contained in the package before taking the medication.
- **If you had an x-ray:** fractures (breaks in bone) may not be revealed on the initial X-rays but may be revealed on subsequent X-rays. If your pain persists, please seek follow-up care. Your X-ray has been read on a preliminary basis. Final reading will be made by the radiologist in 24 hours. You will be notified of any additional findings.
- **If you had lab tests or cultures obtained:** if additional treatment is required we will contact you. If you do not hear from us, but are interested in the results, you may view them on MyChart. Results can also be obtained in person with picture ID at our Medical Records department.

Improving our Performance



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

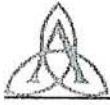
After Visit Summary (continued)

Thank you for choosing our Emergency Department for your health care needs. Our goal is for each patient and family to have a positive experience. We strive for excellence and value your opinion of our services. You may receive a text message or an e-mail from our survey partner, PRC (Professional Research Consultants, Inc.), about your recent visit. They will ask questions about the care you received and the people who took care of you. We want to hear about what we did well so we can thank our staff. We also want to hear about what we could do better in the future. If you have any feedback you would like to share about your visit, please call our Patient Relations Line at 414-447-7433.

Billing by Independent Providers

You may receive separate billing statements from independent physicians involved in your care at Ascension Wisconsin facilities, including radiologists, emergency physicians, urgent care physicians, and others. These physicians may or may not participate in all insurance networks. Please talk with your insurance provider for network provider and coverage information. If you have any questions regarding your independent physician bills, please call the telephone numbers listed on the billing statement.

The information in this after visit summary is up to date as of: 11/16/2021 5:19 PM.



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

COVID-19 Home Care / Discharge Instructions

Q: What is COVID-19 (novel coronavirus)?

A: A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing COVID-19 is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

Q: What are the symptoms of COVID-19?

A: Patients with COVID-19 typically have mild to severe respiratory illness with symptoms of

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing

Additional symptoms per the CDC include but are not limited to the following:

- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

It is important to note that symptoms may appear 2-14 days after exposure to the virus.

Q: How can I protect myself and others?

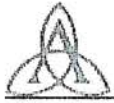
A:

- Talk to your clinician about you and your household getting the COVID-19 vaccine, if not already completed
- Practice social distancing
 - Avoid public places
 - Avoid gatherings with others
 - Avoid handshakes
- Maintain six (6) feet distance between yourself and others
- Limit visitors at home to only those needed for your care
- Prohibit elderly persons, persons with chronic health problems and/or persons with immune disorders (e.g., diabetes, chronic heart, lung or kidney issues) from visiting
- Avoid close contact with people who are sick
- Monitor your symptoms if you are the person providing care
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available
- Stay home when you are sick, except to get medical care
- When in public, wear a facemask* (or cloth face covering) over your nose and mouth
 - *If you are not able to wear a face mask due to breathing problems, try to maintain 6 feet of distance and cover your coughs and sneezes some other way, e.g., with a tissue*

Q: What precautions do I need to take when I am discharged?

A:

- Follow all instructions provided by your clinician
- If your doctor prescribed a medication(s), you should take the medication(s) until gone



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

- If you have a follow-up appointment, call the doctor's office ahead of time and inform that you tested positive for COVID-19
- Wear a facemask* (or cloth face covering) when you are around other people and when going to the doctor while symptoms still exist - follow your doctor's instructions
If you are not able to wear a face mask due to breathing problems, try to maintain 6 feet of distance
- Practice social distancing and avoid crowds
- Stay away from persons with any signs and symptoms of sickness
- Do not share utensils/drinking glasses/toothbrushes
- Do not share pillows/sheets/blankets
- Wash your laundry (e.g., clothes, sheets, blankets) with the hottest temperature allowed by the recommendations on the garment
- Avoid using public transportation
- Drink plenty of fluids
- Get rest
- Cover your mouth/nose when you cough/sneeze
- Throw used tissues in a lined trash can
- Wash your hands with soap and water for at least 20 seconds, especially after blowing your nose, coughing or sneezing
- If soap and water is not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Frequently clean surfaces you touch with wet wipes/disinfectant
- Try to use a separate bathroom just for you
- Avoid handling of your pets
- Check your temperature
- Wash dishes and utensils using gloves and hot water. Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water or in a dishwasher.
- Do not share: dishes, cups/glasses, silverware, towels, bedding, or electronics (like a cell phone) with the person who is sick.
- Make sure caregivers wear gloves and wash their hands when handling bodily fluids or dirty items
- Make sure caregivers wear mask when entering the room

Q: When will I be able to stop home isolation?

A: Patients with mild to moderate illness who are not severely immunocompromised:

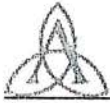
- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, home isolation may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with severe to critical illness or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Note: For severely immunocompromised patients who were asymptomatic throughout their infection, home isolation may be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

If you believe you may be severely immunocompromised, speak with your clinician to determine when to stop home isolation.

Q: Should I be re-tested for infection after I go home or am discharged?

A: For most patients, re-testing a patient for the virus is no longer recommended except to discontinue isolation or other precautions earlier than would occur under the symptom-based strategy outlined above.

Testing for detection of SARS-CoV-2 RNA for discontinuing isolation could be considered for persons who are severely immunocompromised, in consultation with infectious disease experts.

Q: What if I have exposed my household contacts?

A: They should quarantine if they have been in close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with you, unless they have been fully vaccinated. People who are fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they have symptoms. However, fully vaccinated people should get tested 3-5 days after their exposure, even if they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

Q: When should I seek emergency care?

A: Call your doctor if you think your symptoms are worse or you develop new symptoms. This list does not contain every possible symptom. Please consult your clinician about any symptoms you are experiencing that are concerning. Alert 911 operator or hospital if you think you may have COVID-19. If possible, place a covering over your nose and mouth prior to ambulance arrival or entering the hospital.

- Call 911 and/or go to the ER if you are experiencing:
 - o Difficulty breathing or shortness of breath
 - o Persistent pain or pressure in the chest
 - o New confusion or inability to arouse
 - o Bluish lips or face

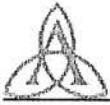
For additional information on COVID-19 go to the following website:

What to do if you are sick: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

Disposition of Non-Hospitalized Patients with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

10 Things you can do to manage your health at home: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>

05/18/2020; 06/08/2020, 07/31/2020, 12/17/2020, 08/27/2021 revised

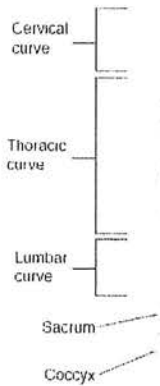


11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

Attached Information

Back Sprain/Strain (English)



Injury to the muscles (strain) or ligaments (sprain) around the spine can be troubling. Injury may occur after a sudden forceful twisting or bending such as in a car accident, after a simple awkward movement, or after lifting something heavy with poor body positioning. In any case, muscle spasm is often present and adds to the pain.

Thankfully, most people feel better in 1 to 2 weeks. Most of the rest feel better in 1 to 2 months. Most people can remain active. Unless you had a forceful or traumatic physical injury such as a car accident or fall, X-rays may not be done for the first assessment of a back sprain or strain. If pain continues and doesn't respond to medical treatment, your healthcare provider may then do X-rays and other tests.

Home care

These guidelines will help you care for your injury at home:

- When in bed, try to find a comfortable position. A firm mattress is best. Try lying flat on your back with pillows under your knees. You can also try lying on your side with your knees bent up toward your chest and a pillow between your knees.
- Don't sit for long periods. Try not to take long car rides or take other trips that have you sitting for a long time. This puts more stress on the lower back than standing or walking.



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

- During the first 24 to 72 hours after an injury or flare-up, put an ice pack on the painful area for 20 minutes. Then remove it for 20 minutes. Do this for 60 to 90 minutes, or several times a day. This will reduce swelling and pain. Always wrap the ice pack in a thin towel or plastic to protect your skin.
- You can start with ice, then switch to heat. Heat from a hot shower, hot bath, or heating pad reduces pain and works well for muscle spasms. Put heat on the painful area for 20 minutes, then remove for 20 minutes. Do this for 60 to 90 minutes, or several times a day. Don't use a heating pad while sleeping. It can burn the skin.
- You can alternate the ice and heat. Talk with your healthcare provider to find out the best treatment or therapy for your back pain.
- Therapeutic massage can help relax the back muscles without stretching them.
- Be aware of safe lifting methods. Don't lift anything over 15 pounds until all of the pain is gone.

Medicines

Talk with your healthcare provider before using medicines, especially if you have other health problems or are taking other medicines.

- You may use over-the-counter medicines such as acetaminophen, ibuprofen, or naproxen to control pain, unless another pain medicine was prescribed. Talk with your healthcare provider before taking any medicines if you have a chronic condition such as diabetes, liver or kidney disease, stomach ulcers, or digestive bleeding, or are taking blood-thinner medicines.
- Be careful if you are given prescription medicines, opioids, or medicine for muscle spasm. They can cause drowsiness, and affect your coordination, reflexes, and judgment. Don't drive or operate heavy machinery when taking these types of medicines. Only take pain medicine as prescribed by your healthcare provider.

Follow-up care

Follow up with your healthcare provider, or as advised. You may need physical therapy or more tests if your symptoms get worse.

If you had X-rays, your healthcare provider may be checking for any broken bones, breaks, or fractures. Bruises and sprains can sometimes hurt as much as a fracture. These injuries can take time to heal fully. If your symptoms don't get better or they get worse, talk with your healthcare provider. You may need a repeat X-ray or other tests.

Call 911

Call 911 if any of the following occur:

- Trouble breathing
- Confused
- Very drowsy or trouble awakening
- Fainting or loss of consciousness
- Rapid or very slow heart rate
- Loss of bowel or bladder control

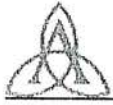
When to seek medical advice

Call your healthcare provider right away if any of the following occur:

- Pain gets worse or spreads to your arms or legs
- Weakness or numbness in one or both arms or legs
- Numbness in the groin or genital area

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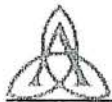
Ascension

St. Joseph-Asc SEWI Hospital
5000 W Chambers St
Milwaukee WI 53210-1650

Wade, Darius L
MRN: E1694876, DOB: 3/15/1989, Sex: M
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11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

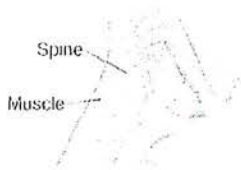


11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

Attached Information

Cervical Strain, Understanding (English)



There are 7 bones (vertebrae) in the neck that are part of the spine. These are called the cervical spine. Cervical strain is a medical term for neck pain. The neck has several layers of muscles. These are connected with tendons to the cervical spine and other bones. Neck pain is often the result of injury to these muscles and tendons.

Causes of cervical strain

Different types of stress on the neck can damage muscles and tendons (soft tissues) and cause cervical strain. Cervical tissues can be damaged by:

- The neck being forced past its normal range of motion, such as in a car accident or sports injury
- Constant, low-level stress, such as from poor posture or a poorly set-up workspace

Symptoms of cervical strain

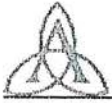
These may include:

- Neck pain or stiffness
- Pain in the shoulders or upper back
- Muscle spasms
- Headache, often starting at the base of the neck
- Irritability, trouble concentrating, or sleeplessness
- Numbness in the arm or hand
- Tingling or weakness in the arm

Treatment for cervical strain

This problem often gets better on its own. Treatments aim to reduce pain and inflammation and increase the range of motion of the neck. Possible treatments include:

- Over-the-counter or prescription medicine. These help relieve pain and inflammation.
- Muscle relaxant can help with muscle spasms.



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

After Visit Summary (continued)

- Stretching exercises to decrease neck stiffness.
- Massage to decrease neck stiffness.
- Cold or heat pack. These help reduce pain and swelling.

Call 911

Call 911 right away if you have any of these:

- Face drooping or numbness
- Numbness or weakness, especially in the arms or on one side
- Slurred speech or difficulty speaking
- Blurred vision

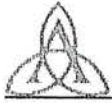
When to call your healthcare provider

Call your healthcare provider right away if you have any of these:

- Fever of 100.4°F (38°C) or higher, or as directed by your provider
- Chills
- Pain or stiffness that gets worse
- Symptoms that don't get better, or get worse
- Numbness, tingling, weakness or shooting pains into the arms or legs
- New symptoms

Wade/Dell last reviewed this educational content on 6/12/2019

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Documents

Ascension SE WI Episode Consent - Electronic signature on 11/16/2021 4:32 PM (effective from 11/16/2021) - E-signed

Ascension Wisconsin* Consent for Treatment and Financial Agreement

GENERAL CONSENT TO CARE

- I am coming for care and treatment. I agree to services including examinations, procedures, x-ray and lab services, tests and treatments, medication, monitoring, nursing care, counseling and education.
- I understand that some of the doctors and staff caring for me are not employed by the organization and the organization is not liable for any act or omission of such providers.
- I understand that for inpatient/observation services my primary care provider will be notified of the admission.
- I understand that if tissue or body parts are removed when I am in the hospital, the hospital or pathologists may use or dispose of the tissue or body parts at their discretion unless I disagree.
- I understand that electronic communication such as telemedicine may be used to help healthcare providers at different locations to participate in my care.
- I understand that some facilities participate in education and training programs and that I may receive healthcare services performed or observed by students/ trainees.
- I understand that the provision of healthcare is not an exact science and I acknowledge that no guarantees have been made to me as a result of examinations or treatments provided to me.

HOME HEALTH, MEDICAL EQUIPMENT

- In order to facilitate informed decisions about services available upon my discharge, I agree to have post-discharge care providers, including but not limited to home health agencies, involved in my discharge planning process.
- I understand my health information may be shared with post-discharge care providers to create a discharge plan for me. I understand that I am not obligated to select these providers or the services they offer.
- I understand that information about post-discharge care provider options will be provided to me should the need arise and it is my choice as to which provider I might use.

IMPORTANT INFORMATION:

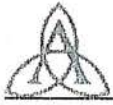
- I know that I need to follow up with recommended care after I am discharged.
- I agree to notify the hospital or my doctor within 24 – 48 hours if I am canceling or rescheduling an appointment.
- I know that the facility may take pictures or video of me for my care and safety.
- If I have a baby, I agree for my baby to have pictures taken for security reasons.

ACCESS TO HEALTHCARE RECORDS

- I know that I may review my medical record during normal business hours upon reasonable notice.
- I know that I may get a copy of my medical record and I may be asked to pay for the copies.

VALUABLES (Hospitals only)

- I know I should not keep valuables such as money, jewelry, important papers, or dentures with me.
- I know that the facility has a safe place where valuables may be stored.
- I know that I keep my items at my own risk. I agree that the facility may not be liable



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Documents (continued)

for any loss or damage to valuables that I keep with me.

RELEASE OF INFORMATION FOR BILLING PURPOSES

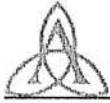
- I agree that the facility and all healthcare providers participating in my treatment may release my health information to my insurers and other payers or other persons as necessary for billing, collection or payment of claims for services provided.

ASSIGNMENT & FINANCIAL AGREEMENT

- I assign to the facility or healthcare provider any payment for such services otherwise payable to me under a benefit plan through Medicare, Medicaid, an insurance carrier(s), an employer health plan(s) or any other third party payer(s) (each referred to as a "Plan").
- I allow my Plan (s) to send all payment directly to the billing facility or healthcare provider.
- Ascension Wisconsin will try to verify my Plan(s) coverage for services and obtain any approvals and authorization required by my Plan and shall notify me of any services it knows are not covered by the Plan.
- I understand that should my Plan deny payment for the services provided to me, I am ultimately responsible for paying the charges billed for the services, including co-pays, co-insurance, and deductibles charges consistent with any applicable, written contractual agreements between Ascension Wisconsin and my Plan and Ascension Wisconsin's patient financial assistance policies. I agree to cooperate with Ascension Wisconsin on any appeals of my payer's denials and authorize Ascension Wisconsin to be my representative on these appeals.
- I agree not to revoke this assignment and authorization without the facility's or healthcare provider's consent.
If I receive payment directly from my Plan, it is my responsibility to forward it to Ascension Wisconsin within 30 days of receipt.
- I know that I am responsible for knowing the limitations of my Plan's benefit coverage. If my Plan determines that a service is not a covered benefit under the Plan or is experimental or investigational, I will be responsible for paying the charges billed by the facility or healthcare provider for the service. Ascension Wisconsin reserves the right to balance the bill for any services in which a payment is made by a Non-Network plan (i.e., there is no written contract between Ascension and patient's employer). I further acknowledge that, should the amount covered by my Plan(s) benefits be insufficient to cover the charges for the services rendered to me, I will be responsible for the payment of the difference.
- I agree that credit balances resulting from payments made by the patient or other sources may be applied to any account owed to the facility or healthcare provider by the same guarantor (me or my family).
- I understand that I may request an estimate of certain treatment costs prior to receipt of treatment by following directions posted online at the Ascension website <https://healthcare.ascension.org>.
- I understand Ascension offers a financial assistance program for patients who may not be able to pay for all of their medical expenses or need additional time to pay. If you would like more information, you are encouraged to contact the facility business office or on-line at <https://healthcare.ascension.org>.
- I understand that I should also expect to receive invoices from other healthcare providers who provided care to me, such as anesthesia, pathology and radiology which are billed separately from the facility.

COLLECTION & ASSIGNMENT

- Should my account or any unpaid portion thereof be referred to an attorney for collection, I agree that I shall also be responsible for all reasonable attorney fees,



11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Documents (continued)

including Ascension Wisconsin's attorney fees and personal attorney fees, and any other costs, fees or expenses incurred as a result of the collection process as allowed by Wisconsin law.

PATIENT'S CERTIFICATION/PAYMENT REQUEST

- o Patient's Certification/Payment Request under Title XVIII and Title XIX or the Social Security Act (Medicare/Medicaid):
- o I certify that the information given by me in applying for payment under the Title XVIII and Title XIX of the Social Security Act and Wisconsin's Medicaid Assistance law is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare or Medicaid claim. As a Medicare inpatient, I acknowledge that I have received a copy of the "I m p o r t a n t M e s s a g e f r o m Medicare/TRICARE." This authorization extends to the time when this or a related claim is paid or is finally denied.
- o I request that payment of authorized benefits be made on my behalf.

PRIVACY NOTICE AND PATIENT RIGHTS

- I confirm that I received or was offered and declined a copy of the Notice of Privacy Practices. I know I can get more information about the uses of my medical record from that notice.
- I confirm that I received or was offered and declined a summary of the organization's financial assistance program.
- I confirm that I received or was offered and declined a copy of the Patient Rights and Responsibilities.
- I agree to let the facility or provider release information to other healthcare providers and school health offices through the Immunization Registry in the State of the Facility or provider.

ETHICAL & RELIGIOUS DIRECTIVES

- o I acknowledge that Ascension Wisconsin is a Catholic organization and provides all care in compliance with the Ethical and Religious Directives for Catholic Healthcare and that some services may not be provided at Ascension Wisconsin facilities.

TELEPHONE CONSUMER PROTECTION ACT

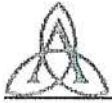
- o I authorize Hospital and all clinical providers who have provided care or interpreted my tests, along with any billing service and their collection agency or attorney who may work on their behalf, to contact me at any number I am providing or have previously provided orally or in writing, including my cell phone which could result in text/data charges to me and/or home phone or VOIP (voice over internet provider) using pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication for any follow up purposes and to discuss any past, future or current services, including billing and collection of any past due amounts.

DOCUMENT CHANGES

- o I know that if I refuse to sign this form or make any changes to this form prior to non-emergent services performed it may keep me from getting the care and services.

DOCUMENT ACKNOWLEDGEMENT AND DURATION

- My signature indicates that I have read and understand the Consent to Treatment and Financial Agreement form.
- I understand that this agreement applies to all Ascension Wisconsin facilities and is valid for one year for treatment at the doctor's office (s) and for outpatient hospital services including radiology, laboratory, nutrition, cardiac diagnostic, respiratory, pulmonary, outpatient behavioral health, rehabilitation and oncology and with each episode of care for all other services including emergency room, inpatient, observation and surgical services including GI services.

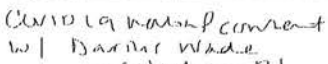


11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Documents (continued)

Wade, Darius L

11/16/2021 4:32 PM

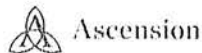

 w | Darius Wade
 - 11/16/2021 4:32 PM
Signature captured electronically by Darius L. Wade

*Ascension Wisconsin refers to all healthcare organizations wholly owned, controlled and/or managed indirectly or directly by Columbia St. Mary's, Inc., Ministry Health Care, Inc. or Wheaton Franciscan Healthcare - Southeast Wisconsin, Inc. or their successor organization. Ascension Wisconsin complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-462-4973.
 LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-462-4973.

Ascension Wisconsin* Consent for Treatment and Financial Agreement

192522 07/2019 R7





11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Documents (continued)

EMS Reports - Scan on 12/6/2021 10:50 AM

Scan (below)

To: +14148744364

Page: 2 of 4

2021-11-16 16:26:57 EST

14143269218

From: 4143269218

Patient Name: Wade, Darius



Milwaukee Fire Department Prehospital Care Report

Name: Wade, Darius
Address: N 60TH ST/W CHAMBERS ST
Milwaukee, WI 53210
Age: 32 Years
Gender: Male
D.O.B.: 3/15/1989
Race: Black or African American

Primary Impression: Back Pain
Secondary Impression: Not Applicable

Narrative: On 11/16/2021 at 14:51 hours, Milwaukee Fire E034 was dispatched to a(n) Traffic/Transportation Incident at N 60TH ST/W CHAMBERS ST, Milwaukee, Milwaukee County, WI. E034 crewed by KWATKOWSKI, DANIEL (011230) (Driver/Pilot-Response), FRANZ, JOSEPH (013159) (Primary Patient Caregiver-At Scene), RONDEAU, TAI (032743) (Primary Patient Caregiver-At Scene) and GABRIEL, JOSEPH (029879) (Primary Patient Caregiver-At Scene) went en route at 14:52 hours with Emergent (Immediate Response).

The patient was a 32 year old Black or African American Male (Darius Wade) with a Chief Complaint of low back pain after car accident for 20 Minutes.

Initial assessment revealed the patient had a GCS of 15 (Eye = 4 - Opens Eyes spontaneously (All Age Groups), Verbal = 5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts, Motor = 6 - Obeys commands (>2 Years); Appropriate response to stimulation), with V/S of 149/83, P - 110, R - 16

034 in proper ppe of gloves goggles and kn95
crew not fit tested with kn95

The crew's impression was Back Pain and Not Applicable.

The response disposition was Patient Treated, Transferred Care to Another EMS Unit.

More details of the incident can be found below.

Patient Medications

Medication	Dosage	Route
Not Recorded		

Complaint Type	Complaint	Duration
Chief (Primary)	Low back pain after car accident	20 Minutes

Primary Symptoms: Pain, Back
Other Symptoms: Not Applicable

Time	Vitals															
	BP	Limb	Pulse	Rhythm	Resp	Effort	SpO2	Qual	CO2	GCS	Pain	Stroke	Scale	PTA	RTS	PL Position
11/16/2021 15:02:09	149/83	Normal	110	Normal	16	Normal	96	Normal	None	15	None	None	None	None	None	None

Time	GCS		Verbal		Score Qualifier
	Eye	Motor	Verbal	Verbal	
11/16/2021 15:02:09	4 - Opens Eyes spontaneously (All Age Groups)	6 - Obeys commands (>2 Years)	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	5 - Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts	15

Call Type: Traffic/Transportation Incident
Disposition: Patient Treated, Transferred Care to Another EMS Unit
Resp. Mode: Emergent (Immediate Response)
Destination: St Joseph Hospital
5000 W CHAMBERS ST
Milwaukee, WI 53210

Unit Notified: 11/16/2021 14:51:06
Incident #: 211930695

Patient Name: Wade, Darius L. "Darius"
3/15/1989/32 y. o. /male
GSN: 153771270
E-MRN: E1694876 2021 15:18
L-MRN: 1185144 1146561
Visit Dt: 11/16/21





Ascension

St. Joseph-Asc SEWI Hospital
5000 W Chambers St
Milwaukee WI 53210-1650

Wade, Darius L
MRN: E1694876, DOB: 3/15/1989, Sex: M
Adm: 11/16/2021, D/C: 11/16/2021

11/16/2021 - ED in Ascension St. Joseph, Emergency Department (continued)

Documents (continued)

To: +14148744364

Page: 4 of 4

2021-11-16 16:26:57 EST

14143269218

From: 4143269218

Unit Notified: 11/16/2021
1405106
Incident #: 211930695

Patient Name: Wade, Darius

Date Printed: 11/16/2021 15:18
Call #: 211116146561

Wade, Darius L "Darius"
3/15/1989/32 y. o. /male
GSN: 153771279

E-MRN: E1694876
L-MRN: 1185144
Visit Dt: 11/16/21



Page 3 of 3

PAGE 4/4 * RCVD AT 11/16/2021 3:27:05 PM [Central Standard Time] * GVR:RFWIPCOM/H1 * DNS:4144654677 * CSID:14143269218 * ANI:4143269218 * DURATION (mm-ss):04-41

END OF REPORT



BILLING CERTIFICATION

I, Stephen Uhyrek, Manager of Revenue Cycle, Customer Service, an employee of R1 RCM, a contractor of Ascension Wisconsin Hospitals, do hereby certify that the annexed photographic/electronic copy of the medical billing records for:

Patient Name: Ogarius Wade Date of Birth: 3-15-89

Consisting of: 2 billing records covering the period from

11-16-21 to 11-16-21

- All Saints Hospital
- Elmbrook Hospital
- Franklin Hospital
- Midwest Spine & Orthopedic Hospital / WI Heart Hospital
- St. Francis
- St. Joseph
- Medical Group

has been compared to the original medical billing records created and/or received at Wheaton Franciscan Medical Group/ Wheaton Franciscan Healthcare. The annexed photographic copy is, to the best of my knowledge, a complete legible and accurate duplicate of said information with the following exceptions or variations outlined here:

In testimony whereof, I have hereunto set my hand this date: 2-9-22

Stephen Uhyrek



Account #	Total Charges	Current Balance
40007938978	\$1,748.00	\$0.00

Place of Service: Ascension SE Wisconsin Hospital - St Joseph

Darius L Wade
7641 N 76 St

Guarantor ID: 525112
Date: 02/07/22

MILWAUKEE, WI 53223

This is not a bill. This is an itemization of your hospital services for:

Patient: Wade, Darius L
Hospital Account: 40007938978

Admission Date: 11/16/21
Discharge Date: 11/16/21

Visit Coverages:

UHC-United Healthcare Medicaid - Uhc Medicaid Replacement

Hospital Charges

Service Date	Revenue Code	CPT Code	CDM Code	NDC Codes	Description	Quantity	Amount
11/16/2021	0450	99284	45099284		HC ER CARE LEVEL IV	1	1,748.00
Total hospital charges:							1,748.00

Hospital Payments and Adjustments

Date	Description	Amount
12/13/21	UHC-United Healthcare Medicaid Payments	-88.70
12/13/21	UHC-United Healthcare Medicaid Adjustments	-1,659.30
Total hospital payments and adjustments:		-1,748.00

Questions? Call (877) 304-6332
Customer Service Representatives are available
Monday - Friday 8 am to 5 pm

ASCENSION SE WISCONSIN HO		ASCENSION SE WISCONSIN HO		3a PAT. CNTL.# 4000793897800		4 TYPE OF BILL	
5000 W CHAMBERS STREET		PO BOX 860002		b MED. REC.# E1694876		0131	
MILWAUKEE WI 532101650		MINNEAPOLIS MN554865000		6 STATEMENT COVERS PERIOD FROM 390816857 TO 111621 111621		7	
8 PATIENT NAME: a		9 PATIENT ADDRESS: b		7641 N 76 ST			
b WADE DARIUS		b MILWAUKEE		c WI		d 53223	
10 BIRTHDATE 03151989		11 SEX M		12 DATE		13 HR 1	
14 TYPE 1		15 SRC 1		16 DHR 01		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACDT STATE	
30		31 OCCURENCE DATE		32 CODE		33 OCCURENCE DATE	
34		35 CODE		36 OCCURENCE SPAN FROM		37 THROUGH	
38		39 CODE		40 VALUE CODES AMOUNT		41 CODE	
42		43 VALUE CODES AMOUNT		44 CODE		45 VALUE CODES AMOUNT	
46		47 CODE		48 VALUE CODES AMOUNT		49	
UHC MEDICAID REPLACEMENT		PO BOX 5280		KINGSTON, NY 12402-5280			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0450		EMERGENCY ROOM - GENERAL		99284		111621	
2						1	
3						174800	
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23 0001		PAGE 1 OF 1		CREATION DATE 112221		TOTALS 174800 000	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASGN. GEN.	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1427007384	
UHC MEDICAID REPLACEMENT		87726		Y Y		000 174800	
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME	
62 INSURANCE GROUP NO.		WADE, DARIUS		189410729998		UHC MEDICAID R	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 S161XXA		67 S39012A		68 R402362		69 R402142	
70 R402252		71 F17210		72		73	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ICD	
73		M549		V4352XA			
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		1255506390	
77 LAST		78 FIRST		79 QUAL		JAWWAD A	
74 OTHER PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OPERATING NPI		1255506390	
77 LAST		78 FIRST		79 QUAL		JAWWAD A	
80 REMARKS		81 CC a		82		83	
84		85		86		87	
88		89		90		91	
92		93		94		95	
96		97		98		99	
100		101		102		103	



SERVING
EMERGENCY MEDICINE SPECIALISTS, SC

January 10, 2022

Re: DARIUS WADE
Date of birth:3/15/1989
Dos:11/16/2021 TO PRESENT

RECORDS CERTIFICATION

I, SHARI PERINA, hereby certify that the attached documents are a complete and accurate copy of the record(s) held at ConsensioHealth, for Emergency Room Doctors at St. Francis Memorial Hospital, Wheaton Franciscan Franklin Hospital and Walk in Clinic, Elmbrook Memorial Hospital, St Joseph's and St. Joseph's Urgent Care, All Saints Hospital in Racine.

If you have any additional questions, please feel free to contact us at 414-858-2200.

Sincerely,

SHARI PERINA

Medical Billing Specialist

EMERGENCY MEDICINE SPECIALISTS
10625 W NORTH AVE
MILWAUKEE WI 53226-2315
(414) 858-2200

Patient:

Acct #: 161111
WADE, DARIUS L
7641 N 76 ST
MILWAUKEE, WI 53223

Responsible party:

WADE, DARIUS L
7641 N 76 ST
MILWAUKEE, WI 53223

Srv. Date Modifier(s)	Procedure Description Diagnosis Code(s)	Location	Charge	Balance	Physician
11/16/2021 AQ	99283 - EMERGENCY DEPARTMENT V S16.1XXA, S39.012A, V89.2	203 - SJH	\$336.00	\$336.00	KAPLA, TRENT E

Payment Information

TOTAL BALANCE: \$336.00
Print Date: 01/10/2022

Reproduced: Monday, January 10, 2022 10:06:09 AM (sperina)



CERTIFICATION OF RECORDS
FROEDTERT & THE MEDICAL COLLEGE of WISCONSIN

To Whom It May Concern:

I hereby certify that the attached pages of Personal Health Information (PHI) have been compared with the original and are true and accurate copies of the [X] legal medical record, [] radiology images and/or [X] facility billing for the following patient, as requested, and for which authorization was granted:

F&MCW Entity:

- [X] Froedtert Hospital
9200 West Wisconsin Avenue
Milwaukee, WI 53226-3596
[] Community Memorial Hospital
W180N8085 Town Hall Road
Menomonee Falls, WI 53051
[] Froedtert & the Medical College of Wisconsin Community Physicians
110 Lone Oak Lane
Hartford, WI 53027

- [] St. Joseph's Hospital
3200 Pleasant Valley Road
West Bend, WI 53095

- [] Medical College of WI
110 Lone Oak Lane
Hartford, WI 53027

Other:

[] [] []

Patient Name: Darius Wade
Date of Birth: 03/15/1989
Medical Record #: 09057933
Court Case #:
Time Period: 11/17/2021
Number of Pages: 58

The original records were created in the usual course of business and maintained in the custody of the Health Information Management (HIM) Department at Froedtert and the Medical College of Wisconsin. Any records in our designated record set generated by other physicians, hospitals, clinics that are not part of the Froedtert and the Medical College of Wisconsin record are not certified as original, true or accurate.

ScanSTAT Technologies is a business associate of Froedtert & the Medical College of Wisconsin. As a business associate, ScanSTAT Technologies is authorized to review and as appropriate, disclose PHI to requestors for Froedtert & the Medical College of Wisconsin.

This certification is for medical records and/or images and facility bills only. *The Medical College of Wisconsin and Community Physicians Professional Billing Department will send any itemized bills separately.

[Signature]
Signature of HIM Representative

1/17/2022
Date

G Hanshaw
Printed Name of HIM Representative

1/17/2022
Date



Froedtert Hospital
9200 W Wisconsin Ave
MILWAUKEE WI 53226

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Face Sheet

Froedtert Hospital	Encounter Date:	11/17/2021 1111
	Discharge Date:	11/17/2021 1420
	MRN:	09057933
	Hospital Account:	6503201731
	Contact Serial #:	143850838

ENCOUNTER

Patient Class:	Emergency	Unit:	FH EMERGENCY DE*
Hospital Service:	ADT Emergency	Bed:	A049/049
Admitting Provider:		Referring Physician:	
Attending Provider:	Liu, Thomas S	Obsrv Admit D/T:	
Adm Diagnosis:		Inpt Admit D/T:	

PATIENT

Name:	Wade,Darius	DOB:	3/15/1989 (32 yrs)
Address:	7641 N 76TH ST APT 1	Sex:	Male
City:	MILWAUKEE, WI 53223	Race:	Black or African
Primary Phone:	414-676-9091	Ethnicity:	Non-Hispanic
Primary Care Provider:	Pcp, None		
EMERGENCY CONTACT			
<u>Contact Name</u>	<u>Guardian?</u>	<u>Relationship</u>	<u>Home Phone</u>
<u>Work Phone</u>	<u>Mobile Phone</u>	<u>Preferred</u>	
1. Wade, Tracy		Mother	312-905-4764
2. *No Contact Specified*			

GUARANTOR

Guarantor:	WADE,DARIUS	DOB:	3/15/1989
Address:	7641 N 76TH ST APT 1	Sex:	Male
	MILWAUKEE, WI 53223		
Relation to Patient:	Self	Home Phone:	
Guarantor ID:	5712496	Work Phone:	
GUARANTOR EMPLOYER			
Employer:		Status:	NOT EMPLO*

COVERAGE

PRIMARY INSURANCE			
Payor:	UHC COMM HP MEDICAID	Plan:	UHC COMMUNITY HEALTH
Group Number:		Subscriber DOB:	03/15/1989
Subscriber Name:	WADE,DARIUS		
Subscriber ID:	9410729998		
Pat. Rel. to Subscriber:	Self		
SECONDARY INSURANCE			
Payor:		Plan:	
Group Number:		Subscriber DOB:	

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



Froedtert Hospital
 9200 W Wisconsin Ave
 MILWAUKEE WI 53226

Wade, Darius
 MRN: 09057933, DOB: 3/15/1989, Sex: M
 Acct #: 6503201731
 Adm: 11/17/2021, D/C: 11/17/2021

Face Sheet (continued)

Subscriber Name:
 Subscriber ID:
 Pat. Rel. to Subscriber:

Contact Serial # (143850838)



Reason for Visit

Chief Complaint [last edited by Buhler, Maura, RN on 11/17/2021 0954]

- Motor Vehicle Crash

Visit Diagnoses [last edited by Liu, Thomas S, MD on 11/17/2021 1411]

Name	Is ED?
Motor vehicle accident, initial encounter (primary)	Yes
Neck pain	Yes

Revision History

Action	Name	Is ED?	User	Date/Time
Diagnosis #1				
Add	Motor vehicle accident, initial encounter (primary)	Yes	Liu, Thomas S, MD	11/17/2021 1411
Diagnosis #2				
Add	Neck pain	Yes	Liu, Thomas S, MD	11/17/2021 1411

Visit Information

Admission Information

Arrival Date/Time:	11/17/2021 0946	Admit Date/Time:	11/17/2021 1111	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility	Admit Category:	
Means of Arrival:	Car	Primary Service:	Adt Emergency	Secondary Service:	N/A
Transfer Source:		Service Area:	FROEDTERT & THE MEDICAL COLLEGE OF WISCONSIN HEALTH NETWORK	Unit:	Emergency Department and Trauma Center
Admit Provider:		Attending Provider:	Liu, Thomas S, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
11/17/2021 1420	Home Or Self Care	None	None	Emergency Department and Trauma Center

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
----------------	-------------	---------	-----	--------------

Wade, Darius
 MRN: 09057933, DOB: 3/15/1989, Sex: M



Froedtert Hospital
9200 W Wisconsin Ave
MILWAUKEE WI 53226

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Visit Information (continued)

Meister, Carla J, MD	Medicine Pediatrics, Pediatric Emergency Medicine	Schedule an appointment as soon as possible for a visit in 1 week	1905 N CALHOUN RD Brookfield WI 53005 262-754-8000
----------------------	---	--	--

Patient as-of Visit

Problem List as of 11/17/2021

Problems last reviewed by Meister, Carla J, MD on 2/11/2019 1044
No problems documented.

Problem List Review History

User	Reviewed On
Meister, Carla J, MD	02/11/2019 1044

History as of 11/17/2021

Medical History as of 11/17/2021

Medical last reviewed by Christ, Brian, RN on 11/17/2021
None

Medical History Audit Trail through 11/17/2021

There is no audit trail information available for Medical History.

Surgical History as of 11/17/2021

Surgical last reviewed by Christ, Brian, RN on 11/17/2021

Past Surgical History

Procedure	Laterality	Date	Comments	Source
MANDIBLE FRACTURE SURGERY	—	—	—	Provider

Surgical History Audit Trail through 11/17/2021

MANDIBLE FRACTURE SURGERY

Surgical History	Laterality	Date	Comments	Action	Updated	User	Source
MANDIBLE FRACTURE SURGERY	—	—	—	Created	2/11/2019 10:29 AM	Meister, Carla J, MD	Provider

NO PAST MEDICAL HISTORY

Surgical History	Laterality	Date	Comments	Action	Updated	User	Source
NO PAST MEDICAL HISTORY	—	—	—	Deleted	2/11/2019 10:29 AM	Meister, Carla J, MD	Provider
NO PAST MEDICAL HISTORY	—	—	—	Created	12/20/2013 10:14 PM	Pilarski, Alicia M, DO	Provider

NO PAST SURGICAL HISTORY

Surgical History	Laterality	Date	Comments	Action	Updated	User	Source
NO PAST SURGICAL	—	—	—	Deleted	2/11/2019 10:29 AM	Meister, Carla J,	Provider

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



Froedtert Hospital
9200 W Wisconsin Ave
MILWAUKEE WI 53226

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Patient as-of Visit (continued)

HISTORY	—	—	—	Created	12/20/2013	MD	
NO PAST					10:14 PM	Pilarski,	Provider
SURGICAL						Alicia M,	
HISTORY						DO	

Family History as of 11/17/2021

Family History as of 11/17/2021

Negative

Relationship: Negative
Name: —
Status: —
Age: —
Genetic Sex: —
Gender Identity: —
Father: —
Mother: —
Linked with: —
Comment: —
Fertility Status: —
Fertility Comment: —

Condition	Age of Onset	Comment
Cancer		
Non-contributory		

Family Medical Audit Trail through 11/17/2021

Cancer

Created by Meister, Carla J, MD 2/11/2019 10:29 (Provider)

Condition: Cancer
Relationship: Negative
Name: —
Age of Onset: —
Comment: —

Non-contributory

Created by Pilarski, Alicia M, DO 12/20/2013 22:14 (Provider)

Condition: Non-contributory
Relationship: Negative
Name: —
Age of Onset: —
Comment: —

Family Status Audit Trail through 11/17/2021

There is no audit trail information available for Family Status.

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



Froedtert Hospital
 9200 W Wisconsin Ave
 MILWAUKEE WI 53226

Wade, Darius
 MRN: 09057933, DOB: 3/15/1989, Sex: M
 Acct #: 6503201731
 Adm: 11/17/2021, D/C: 11/17/2021

Patient as-of Visit (continued)

Pedigree Annotations Audit Trail through 11/17/2021

There is no audit trail information available for pedigree annotations

Substance & Sexuality History as of 11/17/2021

Tobacco Use as of 11/17/2021

Tobacco Use last reviewed by Christ, Brian, RN on 11/17/2021

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Current Every Day Smoker	—	—	0.50	—
Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source
—	—	Never Used	—	Provider

Alcohol Use as of 11/17/2021

Alcohol Use last reviewed by Christ, Brian, RN on 11/17/2021

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
Yes	—	—	2 drinks/week	Provider

Drug Use as of 11/17/2021

Drug Use last reviewed by Christ, Brian, RN on 11/17/2021

Drug Use	Types	Frequency	Comments	Source
Yes	Marijuana	—	—	Provider

Sexual Activity as of 11/17/2021

Sexual Activity last reviewed by Christ, Brian, RN on 11/17/2021

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	—	Provider

Tobacco History Audit Trail through 11/17/2021

2/11/2019 10:31 AM Updated By Meister, Carla J, MD (Provider)

Item	New Value	Previous Value
Packs/Day	0.50	—

12/18/2013 1:57 AM Updated By Bahr, Steve, RN (Provider)

Item	New Value	Previous Value
Smoking Status	Current Every Day Smoker	—
Smokeless Tobacco Status	Never Used	—

Alcohol History Audit Trail through 11/17/2021

Alcohol	Drinks/Week	Alcohol/	Comments	Updated	User	Source
---------	-------------	----------	----------	---------	------	--------

Wade, Darius
 MRN: 09057933, DOB: 3/15/1989, Sex: M



Froedtert Hospital
9200 W Wisconsin Ave
MILWAUKEE WI 53226

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Patient as-of Visit (continued)

Use	Week					
Yes	—	—	2 drinks/week	2/11/2019 10:31 AM	Meister, Carla J, MD	Provider
Yes	—	—	—	12/18/2013 1:57 AM	Bahr, Steve, RN	Provider

Drug History Audit Trail through 11/17/2021

Drug Use	Types	Frequency	Comments	Updated	User	Source
Yes	Marijuana	—	—	12/18/2013 1:57 AM	Bahr, Steve, RN	Provider

Sexual Activity Audit Trail through 11/17/2021

Sexually Active	Partners	Birth Control	Comments	Updated	User	Source
Yes	Female	—	—	2/11/2019 10:31 AM	Meister, Carla J, MD	Provider

Socioeconomic History as of 11/17/2021

Socioeconomic as of 11/17/2021

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	—	English	Non-Hispanic	Black or African American	—

Occupational Audit Trail through 11/17/2021

There is no audit trail information available for Occupational History.

Socioeconomic Audit Trail through 11/17/2021

There is no audit trail information available for Socioeconomic History.

Social Documentation History as of 11/17/2021

Lives alone
3 children
Works as machine operator
Source: Provider

Social Documentation Audit Trail through 11/17/2021

2/11/2019 10:31 AM - Updated by: Meister, Carla J, MD - Source: Provider

Lives alone
3 children
Works as machine operator

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Patient as-of Visit (continued)

The audit trail for Social Documentation is not available prior to 2/11/2019

Allergies as of 11/17/2021

Allergies last reviewed by Christ, Brian, RN on 11/17/2021 1116
No Known Allergies

Last Reviewed By - Revision History

Reviewed On	User	Review Status
11/17/2021 1116	Christ, Brian, RN	Mark as Reviewed
11/17/2021 0956	Buhler, Maura, RN	Mark as Reviewed
02/22/2019 1402	Fritz, Noel, MA	Mark as Reviewed
02/11/2019 1044	Meister, Carla J, MD	Mark as Reviewed
02/11/2019 1015	Wojnar, Stephanie, MA	Mark as Reviewed
02/01/2019 1724	Fox, Elizabeth, RN	Mark as Reviewed
02/01/2019 1624	Kosloske, Catherine A, RN	Mark as Reviewed
12/18/2013 0156	Bahr, Steve, RN	Mark as Reviewed

Immunizations as of 11/17/2021

Immunization	Administered On
(Tdap)Tetanus/reduced Diphtheria/Pertussis, adult	03/04/2011, 09/22/2014
DTaP - Diphtheria, Tetanus, Acellular Pertussis, Pediatric	07/13/1989, 09/10/1992, 11/12/1992, 07/12/1993
Hepatitis A pediatric/adolescent	05/22/2004
Hepatitis B	08/12/2004
Hepatitis B Pediatric/adolescent Formulation	05/22/2004
Measles/Mumps/Rubella (MMR)	09/10/1992, 07/12/1993
Polio Vaccine	07/13/1989, 09/10/1992, 08/05/1994
Td (adult), 2 Lf tetanus toxoid, preservative free, adsorbed	05/22/2004

Care Team as of 11/17/2021

Active

Name	Relationship	Specialty	Phone	Duration
Meister, Carla J, MD	PCP - General	Medicine Pediatrics	262-754-8000	02/11/2019 - 01/02/2022

Inactive

Name	Relationship	Specialty	Phone	Duration
Pcp, None	PCP - General	—	—	12/18/2013 - 02/10/2019

Vitals

Date/Time	Temp	Pulse	Resp	BP	SpO2
11/17/21 1410	—	76	18	127/85	100 %
11/17/21 1250	—	71	18	126/72	—
11/17/21 1230	—	82	16	125/69	99 %
11/17/21 1220	—	74	16	130/72	99 %
11/17/21 1200	—	79	18	126/68	99 %
11/17/21 1150	—	82	16	122/68	99 %
11/17/21 1130	—	82	19	124/63	100 %
11/17/21 1120	—	80	18	128/84	100 %
11/17/21 0956	98.1 °F (36.7 °C)	101	16	138/79	98 %

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Current Medications

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.
 For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

Medication Comment

Bahr, Steve, RN on 12/18/2013 0156

Denied Rx meds At this eval

Events

ED Arrival at 11/17/2021 0946

Unit: Emergency Department and Trauma Center
 User: Davis, Myquisha

Admission at 11/17/2021 1111

Unit: Emergency Department and Trauma Center Room: A049 Bed: 049
 User: Drewek, Robert J Jr., RN Patient class: Emergency

ED Roomed at 11/17/2021 1111

Unit: Emergency Department and Trauma Center Room: A049 Bed: 049
 User: Drewek, Robert J Jr., RN Patient class: Emergency

Discharge at 11/17/2021 1420

Unit: Emergency Department and Trauma Center Room: A049 Bed: 049
 User: Samra, Ravneet, RN Patient class: Emergency

Discharge at 11/17/2021 1420

Unit: Emergency Department and Trauma Center Room: A049 Bed: 049
 User: Samra, Ravneet, RN Patient class: Emergency

ED Care Timeline

Patient Care Timeline (11/17/2021 09:46 to 11/17/2021 14:20)

11/17/2021	Event	Details	User
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ED Care Timeline (continued)

09:45:57	Emergency encounter created		Davis, Myquisha
09:46	Patient arrived in ED		Davis, Myquisha
09:46:07	Arrival Complaint	MVC	
09:54	Triage Start	Triage Start Triage: START	Buhler, Maura, RN
09:54:20	Chief Complaints Updated	Motor Vehicle Crash	Buhler, Maura, RN
09:54:22	ED Triage Notes	Belted driver in MVC yesterday. Car sustained driver side damage. No airbag deployment. Taken by ambulance to St Joe's with neck and back pain. States no imaging done. Woke today with increased pain to mid upper back. No chest or abd pain. Gait steady. NAD.	Buhler, Maura, RN
09:55	HPI	HPI (Adult) Stated Reason for Visit: MVC, back pain History Obtained From: patient Onset of Symptoms: worsening Recent Emergency Department Visit: yes for same problem Discharged Within Last 30 Days: no Tetanus Status Last Tetanus: N/A	Buhler, Maura, RN
09:55	Triage Assessment	Triage Assessment (Adult) Airway WDL: WDL Respiratory WDL Respiratory WDL: WDL Cardiac WDL Cardiac WDL: WDL Peripheral/Neurovascular WDL Peripheral Neurovascular WDL: WDL Cognitive/Neuro/Behavioral WDL Cognitive/Neuro/Behavioral WDL: WDL	Buhler, Maura, RN
09:56	Travel Screening	In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19? No / Unsure ; Have you had a COVID-19 viral test in the last 14 days? No ; Do you have any of the following new or worsening symptoms? None of these ; Have you traveled internationally or domestically in the last month? No Travel Locations: Travel history not shown for past encounters	Buhler, Maura, RN

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ED Care Timeline (continued)

09:56	Vitals	Vital Signs Temp: 98.1 °F (36.7 °C) Temp src: Oral Pulse: 101 Resp: 16 BP: 138/79 BP taken on: Right Upper Arm Patient Position During BP: Sitting Oxygen Therapy SpO2: 98 % Oxygen Therapy: None (Room air) Pain/Comfort/Sleep Preferred Pain Scale: number (Numeric Rating Pain Scale) Comfort/Acceptable Pain Level: 0 NUMBER: Pain Rating (0-10): Rest: 8 NUMBER: Pain Rating (0-10): Activity: 8 Pain Location: back Pain Side/Orientation: upper	Buhler, Maura, RN
09:56	Custom Formula Data	Vital Signs Restart Vitals Timer: Yes Other flowsheet entries SpO2/ Estimated FiO2 Ratio from MSOFA: 466.67	Buhler, Maura, RN
09:56	Sepsis Screen	Sepsis Screen Confirmed or suspected infection: No SIRS Variables: None Noted Positive Sepsis Screen: No	Buhler, Maura, RN
09:56	Vitals	Vitals/Pain Reassessment Automatic Restart Vitals Timer: Yes Restart Pain Assessment Timer: Yes	Buhler, Maura, RN
09:56	Triage Plan	Triage Plan Level: 4 Waiting for: Main ED Arm Band Applied?: Yes ID Band Color: Standard (White) Patient instructed to return to Triage RN if symptoms change or worsen: N/A	Buhler, Maura, RN
09:56:12	Allergies Reviewed		Buhler, Maura, RN
09:56:35	Triage Complete		Buhler, Maura, RN
11:05:09	Bed was Held		Buhler, Maura, RN
11:11:00	Patient roomed in ED	To room A049	Drewek, Robert J Jr., RN
11:11:09	ED Notes	Bed: 049 Expected date: Expected time: Means of arrival: Comments: ESI 4 pt	Buhler, Maura, RN

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ED Care Timeline (continued)

11:14:40	Assign Nurse	Samra, Ravneet, RN assigned as Registered Nurse	Samra, Ravneet, RN
11:15:04	Team Member Assigned	Liang, Nicole assigned as Technician	Liang, Nicole
11:16:16	Allergies Reviewed		Christ, Brian, RN
11:15:57	Home Medications Reviewed		Christ, Brian, RN
11:17	Elopement Risk Assessment	Elopement Risk Assessment Is the patient on an Emergency Detention?: No or Admitted to Locked Unit Is the patient a transfer from another facility where they were being involuntary detained?: No or Admitted to Locked Unit Does the patient display threatening or impulsive behavior, or confusion and is mobile?: No Is the patient suspected of being under the influence or being monitored for withdrawal from a substance?: No Does the patient have active symptoms that suggest hallucinations, paranoia, and/or delusions?: No Previous history of elopement or wandering behaviors?: No or Unknown Any of the above with expressed ideation to leave?: No Elopement Risk Total: 0 Security Notified of Elopement Risk: Not Applicable	Samra, Ravneet, RN
11:17	Advance Directive	Advance Directives (For Healthcare) Have you reviewed your Advance Directive and is it valid for this stay?: No Advance Directive: Not applicable Information Provided on Healthcare Directives: No Pre-existing DNR/DNI Order: No Patient Requests Assistance: No	Samra, Ravneet, RN
11:17	Fall Risk	Fall Risk (Adult) Fall Risk Indicators: 1-->male Fall Risk Score: 1	Samra, Ravneet, RN
11:17	Abuse Screen	Abuse Screen (Adult) Feels Unsafe at Home or Work/School: no Feels Threatened by Someone: no Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?: no Physical Signs of Abuse Present: no	Samra, Ravneet, RN
11:17	Violence Risk Screen	Violence Risk Screen (Adult) Feels Like Hurting Others: no (Simultaneous filing. User may not have seen previous data.) Previous Attempt to Harm Others: no (Simultaneous filing. User may not have seen previous data.)	Samra, Ravneet, RN
11:17	Prior Accident History	Prior Accident History Has Patient ever been in a Motor Vehicle Accident: No Has Patient ever been in an Accident (non MVA) that Resulted in Injury: No Has Patient ever Experienced a Fall that Resulted in Injury: No	Christ, Brian, RN
11:17	Audit-C Alcohol Screening	AUDIT-C (Alcohol Use Disorders ID Test) Alcohol Use In Past Year: 0-->never Alcohol Amount Per Day In Past Year: 0-->none More Than 6 Drinks On One Occasion: 0-->never Total AUDIT-C Score: 0	Christ, Brian, RN

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ED Care Timeline (continued)

11/17	Values/Beliefs/Spiritual Care	Values/Beliefs/Spiritual Care Would you like me to contact a member of our spiritual care team for you? (Req): Neutral Should we notify your place of worship, clergy, or spiritual advisor that you are here? (Req): No Spiritual Advisor Contact Status: none needed	Christ, Brian, RN
11/17	Suicide Risk	C-SSRS (Recent) Should this patient be screened for suicide?: No	Christ, Brian, RN
11/17/01	History Reviewed	Sections Reviewed: Medical, Surgical, Tobacco, Alcohol, Drug Use, Sexual Activity, Custom, Family	Christ, Brian, RN
11/18	Nutrition	Nutrition Screen Unplanned Weight Loss in Last Three Months: No Poor Oral Intake for Four or More Days Prior to Admission: No Difficulty Chewing or Swallowing: No Pressure Ulcer or Non-Healing Wound: No Hometube Feeding or Total Parenteral Nutrition (TPN): No Pregnant or Lactating: No Dietician Consult Needed: No Malnutrition Screening Tool (MST) Have you recently lost weight without trying? (Req): No Have you been eating poorly because of Decreased appetite? (Req): No MST Score: 0 RETIRED RETIRED 6.22.2019 5.18.2019 Nutrition Risk Screen Have you recently lost weight without trying? (Req): No Have you been eating poorly because of Decreased appetite? (Req): No MST Score: 0	Christ, Brian, RN
11/18	Advance Directive	Advance Directives (For Healthcare) Have you reviewed your Advance Directive and is it valid for this stay?: No Advance Directive: Patient would not like information Information Provided on Healthcare Directives: No Pre-existing DNR/DNI Order: No Patient Requests Assistance: No	Christ, Brian, RN
11/18	Fall Risk	Fall Risk (Adult) Fall Risk Indicators: 1-->male Fall Risk Score: 1	Christ, Brian, RN
11/18/02	RETIRED 12.8.2021 Treatment Plan Review	Treatment Plan Review (Adult) Treatment Plan Reviewed: patient Education Provided Person Taught: patient Teaching Method: verbal instruction; written material Teaching Focus: risk factors/triggers Education Outcome Evaluation: eager to learn; acceptance expressed	Samra, Ravneet, RN
11/18/56	Team Member Assigned	Collins, Reiley assigned as Technician	Collins, Reiley
11/19	Emergency Department Security Status	Security Status Has Security been Notified: Not Applicable	Christ, Brian, RN
11/19	Prior Accident History	Prior Accident History Has Patient ever been in a Motor Vehicle Accident: Yes Brief Description (Include date if known): Yesterday Has Patient ever been in an Accident (non MVA) that Resulted in Injury: No Has Patient ever Experienced a Fall that Resulted in Injury: No	Christ, Brian, RN

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ED Care Timeline (continued)

11:19	Nutrition	<p>Nutrition Screen Unplanned Weight Loss in Last Three Months: No Poor Oral Intake for Four or More Days Prior to Admission: No Difficulty Chewing or Swallowing: No Pressure Ulcer or Non-Healing Wound: No Hometube Feeding or Total Parenteral Nutrition (TPN): No Pregnant or Lactating: No Dietician Consult Needed: No</p> <p>Malnutrition Screening Tool (MST) Have you recently lost weight without trying? (Req): No Have you been eating poorly because of Decreased appetite? (Req): No MST Score: 0</p> <p>RETIRED RETIRED 6.22.2019 5.18.2019 Nutrition Risk Screen Have you recently lost weight without trying? (Req): No Have you been eating poorly because of Decreased appetite? (Req): No MST Score: 0</p>	Christ, Brian, RN
11:19	Sepsis Screen	<p>Sepsis Screen Confirmed or suspected infection: No Positive Sepsis Screen: No</p>	Christ, Brian, RN
11:20	Vitals	<p>Vital Signs Pulse: 80 (Device Time: 11:20:00) Heart Rate Source: Monitor Resp: 18 BP: 128/84 (Device Time: 11:17:00) MAP (mmHg): 101 (Device Time: 11:17:00) BP taken on: Right Upper Arm BP Method: Automatic Patient Position During BP: Supine</p> <p>Oxygen Therapy SpO2: 100 % (Device Time: 11:20:00) Oxygen Therapy: None (Room air)</p>	Samra, Ravneet, RN
11:20	Custom Formula Data	<p>Vital Signs Restart Vitals Timer: Yes</p> <p>Other flowsheet entries SpO2/ Estimated FiO2 Ratio from MSOFA: 476.19</p>	Samra, Ravneet, RN
11:20	Vitals	<p>Vitals/Pain Reassessment Automatic Restart Vitals Timer: Yes</p>	Samra, Ravneet, RN
11:25:15	ED Notes	<p>Patient complaint tenderness to upper neck. C-spine held with Tech Nicole. Patient placed in c- collar.</p>	Samra, Ravneet, RN
11:26:36	Initial Provider Assessment	<p>Liu, Thomas S, MD assigned as Attending</p>	Liu, Thomas S, MD
11:26:36	Assign Provider - Initial		Liu, Thomas S, MD

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ED Care Timeline (continued)

11:30	Vitals	Vital Signs Pulse: 82 (Device Time: 11:30:00) Heart Rate Source: Monitor Resp: 19 BP: 124/63 (Device Time: 11:30:00) MAP (mmHg): 88 (Device Time: 11:30:00) BP taken on: Right Upper Arm BP Method: Automatic Patient Position During BP: Supine Oxygen Therapy SpO2: 100 % (Device Time: 11:30:00) Oxygen Therapy: None (Room air)	Samra, Ravneet, RN
11:30	Custom Formula Data	Vital Signs Restart Vitals Timer: Yes Other flowsheet entries SpO2/ Estimated FiO2 Ratio from MSOFA: 476.19	Samra, Ravneet, RN
11:30	Vitals	Vitals/Pain Reassessment Automatic Restart Vitals Timer: Yes	Samra, Ravneet, RN
11:30:08	Motor Vehicle Crash Assessments	Motor Vehicle Crash Assessments Abdominal Appearance: flat Bowel Sounds: All Quadrants All Quadrants Bowel Sounds: audible Abdominal Palpation: All Quadrants All Quadrants Abdominal Palpation: soft; nontender Respiratory WDL Respiratory WDL: WDL Cardiac WDL Cardiac WDL: WDL Peripheral/Neurovascular WDL Peripheral Neurovascular WDL: WDL Cognitive/Neuro/Behavioral WDL Cognitive/Neuro/Behavioral WDL: WDL Head/Face WDL Head/Face WDL: WDL Neck WDL Neck WDL: WDL Genitourinary WDL Genitourinary WDL: WDL Musculoskeletal WDL Musculoskeletal WDL: exception to WDL; joint(s) (tenderness to upper neck) Skin WDL Skin WDL: WDL Safety WDL Safety WDL: WDL	Samra, Ravneet, RN
11:31	RETIRED 12.8.2021 Multiple Trauma CPG Interventions	Multiple Trauma CPG Interventions Multiple Trauma Management: calming techniques promoted Coping Interventions: care explained to patient/family prior to performing Safety Interventions Safety Precautions/Falls Reduction: safety attendant All Alarms: none present Oxygen Therapy Oxygen Therapy: None (Room air)	Samra, Ravneet, RN
11:42:40	Rad Ordered	DX T SPINE 3 V SS, CT C SPINE W/O CONT	Liu, Thomas S, MD

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ED Care Timeline (continued)

11:40	Orders Placed	CT C Spine W/O Cont ; DX T Spine	Liu, Thomas S, MD
11:43:21	Orders Acknowledged	New - CT C Spine W/O Cont ; DX T Spine	Samra, Ravneet, RN
11:50	Vitals	Vital Signs Pulse: 82 (Device Time: 11:50:00) Heart Rate Source: Monitor Resp: 16 BP: 122/68 (Device Time: 11:45:00) MAP (mmHg): 88 (Device Time: 11:45:00) BP taken on: Right Upper Arm BP Method: Automatic Patient Position During BP: Supine Oxygen Therapy SpO2: 99 % (Device Time: 11:50:00) Oxygen Therapy: None (Room air)	Samra, Ravneet, RN
11:50	Custom Formula Data	Vital Signs Restart Vitals Timer: Yes Other flowsheet entries SpO2/ Estimated FiO2 Ratio from MSOFA: 471.43	Samra, Ravneet, RN
11:50	Vitals	Vitals/Pain Reassessment Automatic Restart Vitals Timer: Yes	Samra, Ravneet, RN
12:00	Vitals	Vital Signs Pulse: 79 (Device Time: 12:00:00) Heart Rate Source: Monitor Resp: 18 BP: 126/68 (Device Time: 12:00:00) MAP (mmHg): 92 (Device Time: 12:00:00) BP taken on: Right Upper Arm BP Method: Automatic Patient Position During BP: Supine Oxygen Therapy SpO2: 99 % (Device Time: 12:00:00)	Samra, Ravneet, RN
12:00	Custom Formula Data	Vital Signs Restart Vitals Timer: Yes Other flowsheet entries SpO2/ Estimated FiO2 Ratio from MSOFA: 471.43	Samra, Ravneet, RN
12:00	Vitals	Vitals/Pain Reassessment Automatic Restart Vitals Timer: Yes	Samra, Ravneet, RN
12:12:04	Team Member Assigned	Anderley, Debra A assigned as Registrar	Anderley, Debra A
12:20	Vitals	Vital Signs Pulse: 74 (Device Time: 12:20:00) Heart Rate Source: Monitor Resp: 16 BP: 130/72 (Device Time: 12:15:00) MAP (mmHg): 95 (Device Time: 12:15:00) BP taken on: Right Upper Arm BP Method: Automatic Patient Position During BP: Supine Oxygen Therapy SpO2: 99 % (Device Time: 12:20:00) Oxygen Therapy: None (Room air)	Samra, Ravneet, RN

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ED Care Timeline (continued)

12:20	Custom Formula Data	Vital Signs Restart Vitals Timer: Yes Other flowsheet entries SpO2/ Estimated FiO2 Ratio from MSOFA: 471.43	Samra, Ravneet, RN
12:30	Vitals	Vitals/Pain Reassessment Automatic Restart Vitals Timer: Yes	Samra, Ravneet, RN
12:30	Vitals	Vital Signs Pulse: 82 (Device Time: 12:30:00) Heart Rate Source: Monitor Resp: 16 BP: 125/69 (Device Time: 12:30:00) MAP (mmHg): 91 (Device Time: 12:30:00) BP taken on: Right Upper Arm BP Method: Automatic Patient Position During BP: Supine Oxygen Therapy SpO2: 99 % (Device Time: 12:30:00)	Samra, Ravneet, RN
12:30	Custom Formula Data	Vital Signs Restart Vitals Timer: Yes Other flowsheet entries SpO2/ Estimated FiO2 Ratio from MSOFA: 471.43	Samra, Ravneet, RN
12:30	Vitals	Vitals/Pain Reassessment Automatic Restart Vitals Timer: Yes	Samra, Ravneet, RN
12:40:29	Team Member Assigned	Padilla Mendez, Juan assigned as Technician	Padilla Mendez, Juan
12:46	Patient Radiology Status	Patient Radiology Status Patient Radiology Status: In X-Ray	Belsha, Nicole, RTR
12:46:18	Begin Exam	DX T Spine	Belsha, Nicole, RTR
12:50	Vitals	Vital Signs Pulse: 71 Heart Rate Source: Monitor Resp: 18 BP: 126/72 (Device Time: 12:45:00) MAP (mmHg): 92 (Device Time: 12:45:00) BP taken on: Right Upper Arm BP Method: Automatic Patient Position During BP: Supine Oxygen Therapy Oxygen Therapy: None (Room air)	Samra, Ravneet, RN
12:50	Vitals	Vitals/Pain Reassessment Automatic Restart Vitals Timer: Yes	Samra, Ravneet, RN
12:50:35	Begin Exam	CT C Spine W/O Cont	Fuhrman, Kevin D, RTR

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ED Care Timeline (continued)

13:01:20	ED Notes	Reviewed ED hand off report. Exam(s) performed: CT C SPINE WITHOUT CONTRAST Patient status when leaving the department: no change noted from ED hand off report.	Ndeye, Thiam
13:10	Rad Ended	CT C Spine W/O Cont	Ndeye, Thiam
13:12:19	ED Notes	Reviewed ED hand off report. Exam(s) performed: DX T-spine x-rays completed. NMB Patient status when leaving the department: no change noted from ED hand off report.	Belsha, Nicole, RTR
13:13:59	Rad Ended	DX T Spine	Belsha, Nicole, RTR
13:28:28	Rad Resulted	(Preliminary result) DX T SPINE 3 V SS	Interface, Fh_Inbound_Rad
13:30:59	DX T Spine Resulted	Last updated: 11/17/2021 13:34 Status: Final result	Interface, Fh_Inbound_Rad
13:34:03	Rad Resulted	(Final result) DX T SPINE 3 V SS	Interface, Fh_Inbound_Rad
13:50:45	Rad Resulted	(Preliminary result) CT C SPINE W/O CONT	Interface, Fh_Inbound_Rad
14:02:14	CT C Spine W/O Cont Resulted	Last updated: 11/17/2021 14:05 Status: Final result	Interface, Fh_Inbound_Rad
14:05:10	Rad Resulted	(Final result) CT C SPINE W/O CONT	Interface, Fh_Inbound_Rad
14:10	Reassessed Vitals		Samra, Ravneet, RN
14:16	Vitals	Vital Signs Pulse: 76 (Device Time: 14:10:00) Heart Rate Source: Monitor Resp: 18 BP: 127/85 (Device Time: 14:15:00) MAP (mmHg): 102 (Device Time: 14:15:00) BP taken on: Right Upper Arm BP Method: Automatic Patient Position During BP: Supine Oxygen Therapy SpO2: 100 % (Device Time: 14:10:00) Patient Activity: At rest	Samra, Ravneet, RN

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ED Care Timeline (continued)

14:10	Custom Formula Data	Vital Signs Restart Vitals Timer: Yes Other flowsheet entries SpO2/ Estimated FiO2 Ratio from MSOFA: 476.19	Samra, Ravneet, RN
14:10	Vitals	Vitals/Pain Reassessment Automatic Restart Vitals Timer: Yes	Samra, Ravneet, RN
14:11:30	Discharge Disposition Selected	ED Disposition set to Discharge	Liu, Thomas S, MD
14:11:30	Disposition Selected		Liu, Thomas S, MD
14:11:47	Reg Complete		Belhaj, Sarah
14:12:27	Ready for Discharge		Liu, Thomas S, MD
14:13	Departure Condition	Departure Condition Mobility at Departure: Ambulatory Departure Mode: By self, With caregiver Education Provided Person Taught: patient Teaching Method: verbal instruction; written material Teaching Focus: symptom/problem overview; risk factors/triggers Education Outcome Evaluation: eager to learn; acceptance expressed	Samra, Ravneet, RN
14:13	RETIRED 12.8.2021 Goal/Outcome Evaluation	Goal/Outcome Evaluation (Adult) Goal: Acute Signs/Symptoms are Managed: met Goal: Acceptable Pain Level Achieved: met	Samra, Ravneet, RN
14:14:12	AVS Printed	ED After Visit Summary	Samra, Ravneet, RN
14:14:19	ED Notes	Discharge disposition: home. Accompanied By: self. Mode: walk.	Samra, Ravneet, RN
14:20	Patient discharged		Samra, Ravneet, RN
14:20	IP WALTER SCORE	Other flowsheet entries IP Walter Score: 5	Him Integrity, Checker
14:20:23	Charting Complete		Anderley, Debra A
14:20:23	Charting Complete		Samra, Ravneet, RN
14:20:23	Charting Complete		Padilla Mendez, Juan
14:20:23	Charting Complete		Liu, Thomas S, MD
14:20:23	Charting Complete		Liang, Nicole
14:20:33	Charting Complete		Collins, Reiley

Treatment Team

Provider	Service	Role	Specialty	From	To
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Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



Froedtert Hospital
9200 W Wisconsin Ave
MILWAUKEE WI 53226

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Treatment Team (continued)

Provider	Service	Role	Specialty	From	To
Liu, Thomas S, MD	—	Attending Provider	Emergency Medicine	11/17/21 1126	11/17/21 1420
Padilla Mendez, Juan	—	Technician	Emergency Medicine	11/17/21 1240	—
Anderley, Debra A	—	Registrar	Emergency Medicine	11/17/21 1212	—
Collins, Reiley	—	Technician	Emergency Medicine	11/17/21 1118	—
Liang, Nicole	—	Technician	Emergency Medicine	11/17/21 1115	—
Samra, Ravneet, RN	—	Registered Nurse	Emergency Medicine	11/17/21 1114	—

Treatment Team Audit Trail

User	Date/Time	Action	Provider	Role	ED
Samra, Ravneet, RN	11/17/21 1114	Add	Samra, Ravneet, RN	Registered Nurse	Yes
Liang, Nicole	11/17/21 1115	Add	Liang, Nicole	Technician	Yes
Collins, Reiley	11/17/21 1118	Add	Collins, Reiley	Technician	Yes
Liu, Thomas S, MD	11/17/21 1126	Add	Liu, Thomas S, MD	Attending	Yes
Anderley, Debra A	11/17/21 1212	Add	Anderley, Debra A	Registrar	Yes
Padilla Mendez, Juan	11/17/21 1240	Add	Padilla Mendez, Juan	Technician	Yes

ED Provider Note

ED Provider Notes by Liu, Thomas S, MD at 11/17/2021 1420

Version 1 of 1

Author: Liu, Thomas S, MD	Service: Emergency Medicine	Author Type: Physician
Filed: 11/18/2021 10:36 AM	Date of Service: 11/17/2021 2:20 PM	Creation Time: 11/18/2021 10:34 AM
Status: Signed	Editor: Liu, Thomas S, MD (Physician)	

CC: 73 completed

patient presents with

- Motor Vehicle Crash

32-year-old male who is presenting to the emergency Department after being involved in a motor vehicle accident. The accident happened yesterday. Patient was the belted driver airbags did not deploy. Patient was taken to Saint Joe's with neck and back pain. He says that he was unhappy with his care as no imaging was done at that time and he was discharged. He says he woke up today with worsening pain. Now describes pain in his neck in addition to his upper back area. No low back pain. He did not feel that he hit his head when the accident happened he did not have any loss of consciousness. Does not report any headache at the moment. Otherwise no nausea or vomiting. No changes in his vision. Has been able to ambulate without any difficulty.

Review of Systems

Constitutional: Negative. Negative for fever.
 HENT: Negative for hearing loss and sore throat.
 Eyes: Negative. Negative for blurred vision.
 Respiratory: Negative. Negative for cough and shortness of breath.
 Cardiovascular: Negative. Negative for chest pain.
 Gastrointestinal: Negative. Negative for abdominal pain.
 Genitourinary: Negative. Negative for dysuria.
 Musculoskeletal: Positive for back pain and neck pain. Negative for joint pain.
 Skin: Negative. Negative for rash.

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Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

ED Provider Note (continued)

Neurological: Negative. Negative for headaches.
Endo/Heme/Allergies: Negative.

Medication History 11/17/21 1116
01:00:10

Medication Comments documented by Bahr, Steve, RN on 12/18/2013 at 0156.
Denied Rx meds At this eval

No Known Allergies

History reviewed. No pertinent past medical history.

Past Surgical History:
Procedures

Laterality Date

- MANDIBLE FRACTURE SURGERY

Substance and Sexual History

Substance Use

- Smoking status: Current Every Day Smoker
Packs/day: 0.50
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: Yes
Comment: 2 drinks/week
- Drug use: Yes
Types: Marijuana
- Sexual activity: Yes
Partners: Female

Family History

Problems

Relation

Age of Onset

- Non-contributory Negative
- Cancer Negative

BP 127/85 (BP taken on: Right Upper Arm, Patient Position During BP: Supine) | Pulse 76 | Temp 98.1 °F (36.7 °C) (Oral) | Resp 18 | SpO2 100%

Physical Exam

Vitals reviewed.

Constitutional:

General: He is not in acute distress.

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Adm: 11/17/2021, D/C: 11/17/2021

ED Provider Note (continued)

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat:

Pharynx: Oropharynx is clear.

Eyes:

Extraocular Movements: Extraocular movements intact.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Comments: **Mild tenderness with palpation over the midline of the C-spine. In addition the patient did have mild tenderness with palpation over the T-spine. No L-spine tenderness.**

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Musculoskeletal:

General: No swelling, tenderness or deformity. Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

Medical Decision-Making

32-year-old male who is presenting after being involved in a motor vehicle accident yesterday. Patient at this time continues to complain of upper thoracic C-spine pain in addition to neck pain. To go to Saint Joe's yesterday where no imaging was obtained. With C-spine tenderness a CT of the C-spine was obtained which was unremarkable. In addition I did obtain a T-spine x-ray as well which was unremarkable.

I did reevaluate the patient he is doing well at this time. C-collar was removed I was able to clear his neck he was able to range his neck left and right without any difficulty. With negative imaging and resolving symptoms patient will be discharged. To return to the emergency department if his any further concerns.

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M

0DF5BEDF10E540D38650 11/17/22 8:58 AM
Printed by 96889 at 11/17/22 8:58 AM



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Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

ED Provider Note (continued)

Electronically signed by Liu, Thomas S, MD at 11/18/2021 10:36 AM

ED Notes

ED Notes by Samra, Ravneet, RN at 11/17/2021 1414

Version 1 of 1

Author: Samra, Ravneet, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 11/17/2021 2:14 PM	Date of Service: 11/17/2021 2:14 PM	Creation Time: 11/17/2021 2:14 PM
Status: Signed	Editor: Samra, Ravneet, RN (Registered Nurse)	

Discharge disposition: home. Accompanied By: self. Mode: walk.

Electronically signed by Samra, Ravneet, RN at 11/17/2021 2:14 PM

ED Notes by Belsha, Nicole, RTR at 11/17/2021 1313

Version 1 of 1

Author: Belsha, Nicole, RTR	Service: Radiology	Author Type: Registered Technologist
Filed: 11/17/2021 1:13 PM	Date of Service: 11/17/2021 1:13 PM	Creation Time: 11/17/2021 1:13 PM
Status: Signed	Editor: Belsha, Nicole, RTR (Registered Technologist)	

Reviewed ED hand off report.
Exam(s) performed: DX T-spine x-rays completed. NMB

Patient status when leaving the department: no change noted from ED hand off report.

Electronically signed by Belsha, Nicole, RTR at 11/17/2021 1:13 PM

ED Notes by Ndeye, Thiam at 11/17/2021 1304

Version 1 of 1

Author: Ndeye, Thiam	Service: Radiology	Author Type: Support Staff
Filed: 11/17/2021 1:04 PM	Date of Service: 11/17/2021 1:04 PM	Creation Time: 11/17/2021 1:04 PM
Status: Signed	Editor: Ndeye, Thiam (Support Staff)	

Reviewed ED hand off report.
Exam(s) performed:

CT C SPINE WITHOUT CONTRAST

Patient status when leaving the department: no change noted from ED hand off report.

Wade, Darius
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Wade, Darius
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 Acct #: 6503201731
 Adm: 11/17/2021, D/C: 11/17/2021

ED Notes (continued)

Electronically signed by Ndeye. Thiam at 11/17/2021 1:04 PM

ED Notes by Samra, Ravneet, RN at 11/17/2021 1126

Version 1 of 1

Author: Samra, Ravneet, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 11/17/2021 11:30 AM	Date of Service: 11/17/2021 11:26 AM	Creation Time: 11/17/2021 11:26 AM
Status: Signed	Editor: Samra, Ravneet, RN (Registered Nurse)	

Patient complaint tenderness to upper neck. C-spine held with Tech Nicole. Patient placed in c- collar.

Electronically signed by Samra, Ravneet, RN at 11/17/2021 11:30 AM

ED Notes by Buhler, Maura, RN at 11/17/2021 1111

Version 1 of 1

Author: Buhler, Maura, RN	Service: —	Author Type: Registered Nurse
Filed: 11/17/2021 11:11 AM	Date of Service: 11/17/2021 11:11 AM	Creation Time: 11/17/2021 11:11 AM
Status: Signed	Editor: Buhler, Maura, RN (Registered Nurse)	

Bed: 049
 Expected date:
 Expected time:
 Means of arrival:
 Comments:
 ESI 4 pt

Electronically signed by Buhler, Maura, RN at 11/17/2021 11:11 AM

ED Triage Notes by Buhler, Maura, RN at 11/17/2021 0954

Version 1 of 1

Author: Buhler, Maura, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 11/17/2021 9:55 AM	Date of Service: 11/17/2021 9:54 AM	Creation Time: 11/17/2021 9:54 AM
Status: Signed	Editor: Buhler, Maura, RN (Registered Nurse)	

Belted driver in MVC yesterday. Car sustained driver side damage. No airbag deployment. Taken by ambulance to St Joe's with neck and back pain. States no imaging done. Woke today with increased pain to mid upper back. No chest or abd pain. Gait steady. NAD.

Electronically signed by Buhler, Maura, RN at 11/17/2021 9:55 AM

Prior to Admission Medication Review

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Wade, Darius
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Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Prior to Admission Medication Review (continued)

Prior To Admission

None

Discharge Medication List

None

Stopped in Visit

None

Medication Comment

Bahr, Steve, RN on 12/18/2013 0156

Denied Rx meds At this eval

Labs

No documentation.

All Orders

No orders and results found

Imaging

Imaging

CT C Spine W/O Cont [364781418] (Final result)

Electronically signed by: Liu, Thomas S, MD on 11/17/21 1142

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Liu, Thomas S, MD 11/17/21 1142

Ordering provider: Liu, Thomas S, MD

Authorized by: Liu, Thomas S, MD

Ordering mode: Standard

Frequency IP RAD STAT RAD ONCE 11/17/21 1143 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Indications comment: mvc, pain

Instance released by: Liu, Thomas S, MD (auto-released)
11/17/2021 11:42 AM

Provider Details

Provider

Liu, Thomas S, MD

NPI

1427580950

Questionnaire

Question

Clinical Indication
If IV and/or oral contrast is needed per radiology protocol,
imaging staff to order and administer.
Release to patient

Answer

neck pain, mvc
Yes
Immediate

End Exam Questions

	Answer	Comment
Was patient identified with two identifiers?	Yes	

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Wade, Darius
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Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Imaging (continued)

Was contrast injected? No
 IV Gauge/Type
 IV Placement (RT/LT - extremity)
 IV Contrast Injection Rate (ml/sec)
 Scan Delay (seconds)
 Was the patient premedicated due to a contrast allergy?
 Type of Premedication Regimen:
 Type of Enteric Contrast NA or None
 Route of Enteric Contrast
 Amount of Enteric Contrast (ML)
 Were there any complications during the exam? None
 Once in the exam area, did you have the patient remove jewelry, hearing aide, dentures, clothing or jackets, etc for the exam? N/A
 Appointment where the Documentation Resides:
 What belongings were removed?
 Where were belongings stored?
 Were the patient belongings returned upon patient leaving the exam area?
 Did you ask the patient and did they state that they had all their personal belongings before leaving the exam area?

CT C Spine W/O Cont [364781418]

Resulted: 11/17/21 1402, Result status: Final result

Ordering provider: Liu, Thomas S, MD 11/17/21 1142

Order status: Completed

Requested by:

Filed by: Interface, Fh_Inbound_Rad 11/17/21 1405

Bhalla, Manav I, MD

Kolli, Lohitha, MD

Performed: 11/17/21 1300 - 11/17/21 1309

Resulting lab: RADIOLOGY FROEDTERT

Narrative:

Accession number: FH00002545485

Examination(s): CT cervical spine without contrast.

Clinical information: History of MVC, reports of neck pain.

Comparison(s): CT cervical spine dated 02/01/2019.

Technique:

CT of the cervical spine obtained without contrast.

CT exam(s) performed using one or more of the following dose-reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size and/or iterative reconstruction technique.

Findings:

Numbering: Seven cervical vertebrae.

Alignment: Normal atlanto-occipital and atlanto-axial articulations. No significant spondylolisthesis.

Bones: No acute fractures.

Wade, Darius
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Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Imaging (continued)

Discs: No significant height loss.

Soft tissues: No prevertebral or paraspinal soft tissue edema.

Imaged head: No suspicious findings.

Imaged chest: No suspicious findings.

Detailed assessment of spinal canal and neural foramina limited secondary to technique (CT versus MR). With this caveat, pertinent level-wise findings as follows:

No significant spinal canal or neural foraminal stenoses.

Impression:

No acute fracture in the cervical spine or traumatic subluxation. No significant interval change since prior CT dated 02/01/2019.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
209 - RADFH	RADIOLOGY FROEDTERT	Unknown	Unknown	08/06/04 0100 - Present

CT C Spine W/O Cont [364781418]

Resulted: 11/17/21 1357, Result status: In process

Ordering provider: Liu, Thomas S, MD 11/17/21 1142

Order status: Completed

Resulted by:

Filed by: Bhalla, Manav I, MD 11/17/21 1402

Bhalla, Manav I, MD

Kolli, Lohitha, MD

Performed: 11/17/21 1300 - 11/17/21 1309

Accession number: FH00002545485

Resulting lab: RADIOLOGY FROEDTERT

Response:

Examination(s): CT cervical spine without contrast.

Clinical information: History of MVC, reports of neck pain.

Comparison(s): CT cervical spine dated 02/01/2019.

Technique:

CT of the cervical spine obtained without contrast.

CT exam(s) performed using one or more of the following dose-reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size and/or iterative reconstruction technique.

Findings:

Numbering: Seven cervical vertebrae.

Alignment: Normal atlanto-occipital and atlanto-axial articulations. No significant spondylolisthesis.

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



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Wade, Darius
 MRN: 09057933, DOB: 3/15/1989, Sex: M
 Acct #: 6503201731
 Adm: 11/17/2021, D/C: 11/17/2021

Imaging (continued)

Bones: No acute fractures.

Discs: No significant height loss.

Soft tissues: No prevertebral or paraspinal soft tissue edema.

Imaged head: No suspicious findings.

Imaged chest: No suspicious findings.

Detailed assessment of spinal canal and neural foramina limited secondary to technique (CT versus MR). With this caveat, pertinent level-wise findings as follows:

No significant spinal canal or neural foraminal stenoses.

Impression:

1. No acute fracture in the cervical spine or traumatic subluxation. No significant interval change since prior CT dated 02/01/2019.

THIS EXAM AND REPORT HAVE NOT BEEN REVIEWED BY A STAFF RADIOLOGIST.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
209 - RADFH	RADIOLOGY FROEDTERT	Unknown	Unknown	08/06/04 0100 - Present

Resulted: 11/17/21 1350, Result status: Preliminary result

CT C Spine W/O Cont [364781418]

Ordering provider: Liu, Thomas S, MD 11/17/21 1142

Order status: Completed

Referred by:

Filed by: Interface, Fh_Inbound_Rad 11/17/21 1350

Bhalla, Manav I, MD

Kolli, Lohitha, MD

Performed: 11/17/21 1300 - 11/17/21 1309

Accession number: FH00002545485

Resulting lab: RADIOLOGY FROEDTERT

Narrative:

Examination(s): CT cervical spine without contrast.

Clinical information: History of MVC, reports of neck pain.

Comparison(s): CT cervical spine dated 02/01/2019.

Technique:

CT of the cervical spine obtained without contrast.

CT exam(s) performed using one or more of the following dose-reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size and/or iterative reconstruction technique.

Findings:

Wade, Darius
 MRN: 09057933, DOB: 3/15/1989, Sex: M



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Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Imaging (continued)

Numbering: Seven cervical vertebrae.

Alignment: Normal atlanto-occipital and atlanto-axial articulations. No significant spondylolisthesis.

Bones: No acute fractures.

Discs: No significant height loss.

Soft tissues: No prevertebral or paraspinal soft tissue edema.

Imaged head: No suspicious findings.

Imaged chest: No suspicious findings.

Detailed assessment of spinal canal and neural foramina limited secondary to technique (CT versus MR). With this caveat, pertinent level-wise findings as follows:

No significant spinal canal or neural foraminal stenoses.

Impression:

1. No acute fracture in the cervical spine or traumatic subluxation. No significant interval change since prior CT dated 02/01/2019.

THIS EXAM AND REPORT HAVE NOT BEEN REVIEWED BY A STAFF RADIOLOGIST.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
209 - RADFH	RADIOLOGY FROEDTERT	Unknown	Unknown	08/06/04 0100 - Present

CT C Spine W/O Cont [364781418]

Resulted: 11/17/21 1336, Result status: In process

Ordering provider Liu, Thomas S, MD 11/17/21 1142
Resulted by:
Bhalla, Manav I, MD
Kolli, Lohitha, MD
Performed: 11/17/21 1300 - 11/17/21 1309
Performing lab: CT FH BACK OFFICE

Order status: Completed
Filed by: Kolli, Lohitha, MD 11/17/21 1350
Accession number: FH00002545485

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
689 - CTFHBO	CT FH BACK OFFICE	Unknown	9200 W WISCONSIN AVE MILWAUKEE WI 53226	01/21/09 1215 - Present

CT C Spine W/O Cont [364781418]

Resulted: 11/17/21 1300, Result status: In process

Ordering provider Liu, Thomas S, MD 11/17/21 1142
Resulted by:

Order status: Completed
Filed by: Fuhrman, Kevin D, RTR 11/17/21 1300

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



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9200 W Wisconsin Ave
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Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Imaging (continued)

Bhalla, Manav I, MD
Kolli, Lohitha, MD
Performed 11/17/21 1300 - 11/17/21 1309
Facilitating lab: CT FH BACK OFFICE

Accession number: FH00002545485

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
689 - CTFHBO	CT FH BACK OFFICE	Unknown	9200 W WISCONSIN AVE MILWAUKEE WI 53226	01/21/09 1215 - Present

Signed

Electronically signed by Bhalla, Manav I, MD on 11/17/21 at 1402 CST

DX T Spine [364781419] (Final result)

Electronically signed by Liu, Thomas S, MD on 11/17/21 1142

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Liu, Thomas S, MD 11/17/21 1142

Ordering provider: Liu, Thomas S, MD

Authorized by: Liu, Thomas S, MD

Ordering mode: Standard

Frequency: IP RAD STAT RAD ONCE 11/17/21 1142 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Release released by: Liu, Thomas S, MD (auto-released) 11/17/2021 11:42 AM

Provider Details

Provider	NPI
Liu, Thomas S, MD	1427580950

Questionnaire

Question	Answer
Std Series, Ord Physician, Please change if other views are needed.	SS AP/LAT/Swimmers
Clinical Indication	Mvc, pain
Nonspecific mid back pain does not require early imaging in most patients. Consider imaging in the following situations:	Other - enter comment

Order comments: Mvc

End Exam Questions

	Answer	Comment
Confirm Resource:	FMLH RAD ED 2	
Was patient identified with two identifiers?	Yes	
Student Assisting in Exam.	No	
Once in the exam area, did you have the patient remove jewelry, hearing aide, dentures, clothing or jackets, etc for the exam?		
Appointment where the Documentation Resides:		
What belongings were removed?		
Where were belongings stored?		
Were the patient belongings returned upon patient leaving the exam area?		
Did you ask the patient and did they		

Wade, Darius
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Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

Imaging (continued)

state that they had all their personal belongings before leaving the exam area?

Number of Exposures 4
Number of Repeats 1
Repeat Reasons Position

DX T Spine [364781419]

Resulted: 11/17/21 1330, Result status: Final result

Ordering provider: Liu, Thomas S, MD 11/17/21 1142
Resulted by: Vickery, Matthew R, MD
Performed: 11/17/21 1246 - 11/17/21 1305
Resulting lab: RADIOLOGY FROEDTERT
Narrative:

Order status: Completed
Filed by: Interface, Fh_Inbound_Rad 11/17/21 1334
Accession number: FH00002545025

Examination: 3 views of the thoracic spine.

Indication: MVC, pain.

Comparison: 12/18/2013 CT. Contemporaneous thoracic spine CT.

Findings:
No acute fracture is identified. No significant loss of vertebral body height. Alignment of the thoracic spine appears appropriate. Disc spaces are preserved radiographically. Limited evaluation of the lungs and mediastinum demonstrates no acute abnormality.

Impression:

No acute osseous abnormality.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
209 - RADFH	RADIOLOGY FROEDTERT	Unknown	Unknown	08/06/04 0100 - Present

DX T Spine [364781419]

Resulted: 11/17/21 1328, Result status: Preliminary result

Ordering provider: Liu, Thomas S, MD 11/17/21 1142
Resulted by: Vickery, Matthew R, MD
Performed: 11/17/21 1246 - 11/17/21 1305
Resulting lab: RADIOLOGY FROEDTERT
Narrative:

Order status: Completed
Filed by: Interface, Fh_Inbound_Rad 11/17/21 1328
Accession number: FH00002545025

Examination: 3 views of the thoracic spine.

Indication: MVC, pain.

Comparison: 12/18/2013 CT. Contemporaneous thoracic spine CT.

Findings:
No acute fracture is identified. No significant loss of vertebral body height. Alignment of the thoracic spine appears appropriate. Disc spaces are preserved radiographically. Limited evaluation of the lungs and mediastinum demonstrates no acute abnormality.

Impression:

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



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Imaging (continued)

No acute osseous abnormality.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
209 - RADFH	RADIOLOGY FROEDTERT	Unknown	Unknown	08/06/04 0100 - Present

DX T Spine [364781419]

Resulted: 11/17/21 1321, Result status: In process

Ordering provider: Liu, Thomas S, MD 11/17/21 1142
Resulted by: Vickery, Matthew R, MD
Performed: 11/17/21 1246 - 11/17/21 1305

Order status: Completed
Filed by: Vickery, Matthew R, MD 11/17/21 1325
Accession number: FH00002545025

DX T Spine [364781419]

Resulted: 11/17/21 1246, Result status: In process

Ordering provider: Liu, Thomas S, MD 11/17/21 1142
Resulted by: Vickery, Matthew R, MD
Performed: 11/17/21 1246 - 11/17/21 1305

Order status: Completed
Filed by: Belsha, Nicole, RTR 11/17/21 1246
Accession number: FH00002545025

Signed

Electronically signed by Vickery, Matthew R, MD on 11/17/21 at 1330 CST

Procedures

No documentation.

Other Orders

No documentation.

**11/17/2021 - ED in Emergency Department and Trauma Center
Discharge Instructions**

Discharge Instructions

Please follow up with your primary care physician in a week. Return to the ED with any further symptoms.

Discharge Instructions

No notes of this type exist for this encounter.

11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets

Abuse Screen

Row Name 11/17/21 1117

Abuse Screen (Adult)

Feels Unsafe at Home or Work/School NO RS of 11/17/21 1117

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

Feels Threatened
by Someone. **no** -RS at 11/17/21 1117
Does Anyone Try
to Keep You
From Having
Contact with
Others or Doing
Things Outside
Your Home?
Physical Signs of
Abuse Present **no** -RS at 11/17/21 1117

Adult Patient Profile

Row Name	11/17/21 1117	11/17/21 1118	11/17/21 1119
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Spiritual Beliefs

Would you like me to contact a member of our spiritual care team for you? (Req)	Neutral -SC at 11/17/21 1118	—	—
Should we notify your place of worship, clergy, or spiritual advisor that you are here? (Req)	No -BC at 11/17/21 1118	—	—
Spiritual Advisor Contact Status	none needed -BC at 11/17/21 1118	—	—

AUDIT-C (Alcohol Use Disorders ID Test)

Alcohol Use In Past Year	0-->never -BC at 11/17/21 1117	—	—
Alcohol Amount Per Day In Past Year	0-->none -BC at 11/17/21 1117	—	—
More Than 6 Drinks On One Occasion	0-->never -BC at 11/17/21 1117	—	—
Total AUDIT-C Score	0 -BC at 11/17/21 1117	—	—

Abuse Screen (yes response referral indicated)

Feels Unsafe at Home or Work/School	no -RS at 11/17/21 1117	—	—
Feels Threatened by someone	no -RS at 11/17/21 1117	—	—
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?	no -RS at 11/17/21 1117	—	—
Physical Signs of Abuse Present	no -RS at 11/17/21 1117	—	—

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

C-SSRS (Recent)

Should this patient be screened for suicide?	No -BC at 11/17/21 1117	—	—
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Violence Risk

Has the patient threatened or harmed others?	no Simultaneous filing. User may not have seen previous data. [1] - RS at 11/17/21 1117	—	—
Has the patient attempted to harm others?	no Simultaneous filing. User may not have seen previous data. [2] - RS at 11/17/21 1117	—	—

Nutrition Screen

Unplanned weight loss in last three months	—	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Poor Oral Intake for Four or More Days Prior to Admission	—	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Difficulty Chewing or Swallowing	—	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Presence Ulcer or Non-healing Wound	—	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Headache resulting or Total Functional (ADLs)	—	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Frequent or Frequent	—	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Protein Loss still needed	—	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119

Malnutrition Screening Tool (MST)

Have you recently lost weight without trying? (Req)	—	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Have you been eating poorly because of decreased appetite? (Req)	—	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
MST score	—	0 -BC at 11/17/21 1118	0 -BC at 11/17/21 1119

Advance Directive

Row Name	11/17/21 1117	11/17/21 1118
Advance Directives (For Healthcare)		
Have you reviewed your Advance Directive and is it	No -RS at 11/17/21 1117	No -BC at 11/17/21 1118

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

valid for this stay?		
Advance Directive	Not applicable -RS at 11/17/21 1117	Patient would not like information -BC at 11/17/21 1118
Information Provided on Healthcare Directives	No -RS at 11/17/21 1117	No -BC at 11/17/21 1118
Pre-existing DNR/DoNI Order	No -RS at 11/17/21 1117	No -BC at 11/17/21 1118
Problem Requests Assistance	No -RS at 11/17/21 1117	No -BC at 11/17/21 1118

Custom Formula Data

Row Name	11/17/21 0956	11/17/21 1120	11/17/21 1130	11/17/21 1150	11/17/21 1200
OTHER					
SpO2/Estimated FiO2 Ratio from MISO-A	466.67 -MB at 11/17/21 0957	476.19 -RS at 11/17/21 1143	476.19 -RS at 11/17/21 1144	471.43 -RS at 11/17/21 1153	471.43 -RS at 11/17/21 1341

Vital Signs

Restart Vitals Timer	Yes -MB at 11/17/21 0957	Yes -RS at 11/17/21 1144	Yes -RS at 11/17/21 1144	Yes -RS at 11/17/21 1154	Yes -RS at 11/17/21 1343
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Row Name	11/17/21 1220	11/17/21 1230	11/17/21 1410
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OTHER

SpO2/Estimated FiO2 Ratio from MISO-A	471.43 -RS at 11/17/21 1341	471.43 -RS at 11/17/21 1341	476.19 -RS at 11/17/21 1417
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Vital Signs

Restart Vitals Timer	Yes -RS at 11/17/21 1343	Yes -RS at 11/17/21 1343	Yes -RS at 11/17/21 1417
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Departure Condition

Row Name	11/17/21 0956	11/17/21 11:18:02	11/17/21 1120	11/17/21 1130	11/17/21 1134
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Education Provided

Person Taught	—	patient -RS at 11/17/21 1118	—	—	—
Teaching Method	—	verbal instruction;written material -RS at 11/17/21 1118	—	—	—
Teaching Focus	—	risk factors/triggers -RS at 11/17/21 1118	—	—	—
Teaching Outcome Evaluation	—	eager to learn;acceptance expressed -RS at 11/17/21 1118	—	—	—

Vitals

Temp	98.1 °F (36.7 °C) -MB at 11/17/21 0957	—	—	—	—
Temp site	Oral -MB at 11/17/21 0957	—	—	—	—
Pulse	101 -MB at 11/17/21 0957	—	80 -RS at 11/17/21 1143	82 -RS at 11/17/21 1144	—

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

Heart Rate	—	—	Monitor -RS at 11/17/21 1144	Monitor -RS at 11/17/21 1144	—
SpO2	—	—	18 -RS at 11/17/21 1144	19 -RS at 11/17/21 1144	—
Resp	16 -MB at 11/17/21 0957	—	128/84 -RS at 11/17/21 1143	124/63 -RS at 11/17/21 1144	—
BP	138/79 -MB at 11/17/21 0957	—	101 -RS at 11/17/21 1143	88 -RS at 11/17/21 1144	—
MAP (mmHg)	—	—	Right Upper Arm -RS at 11/17/21 1144	Right Upper Arm -RS at 11/17/21 1144	—
BP taken on	Right Upper Arm -MB at 11/17/21 0957	—	Automatic -RS at 11/17/21 1144	Automatic -RS at 11/17/21 1144	—
BP Method	—	—	Supine -RS at 11/17/21 1144	Supine -RS at 11/17/21 1144	—
Patient Position During BP	Sitting -MB at 11/17/21 0957	—	—	—	—

Pain

Comfort/Acceptable Pain Level	0 -MB at 11/17/21 0957	—	—	—	—
NUMBER Pain Rating (0-10): Rest	8 -MB at 11/17/21 0957	—	—	—	—
NUMBER Pain Rating (0-10): Activity	8 -MB at 11/17/21 0957	—	—	—	—
Pain Location	back -MB at 11/17/21 0957	—	—	—	—
Pain Side/Operation	upper -MB at 11/17/21 0957	—	—	—	—
Preferred Pain Scale	number (Numeric Rating Pain Scale) -MB at 11/17/21 0957	—	—	—	—

Oxygen Therapy

SpO2	98 % -MB at 11/17/21 0957	—	100 % -RS at 11/17/21 1143	100 % -RS at 11/17/21 1144	—
Oxygen Therapy	None (Room air) -MB at 11/17/21 0957	—	None (Room air) -RS at 11/17/21 1144	None (Room air) -RS at 11/17/21 1144	None (Room air) -RS at 11/17/21 1134
Row Name	11/17/21 1150	11/17/21 1200	11/17/21 1220	11/17/21 1230	11/17/21 1250

Vitals

SpO2	82 -RS at 11/17/21 1153	79 -RS at 11/17/21 1341	74 -RS at 11/17/21 1341	82 -RS at 11/17/21 1341	71 -RS at 11/17/21 1343
Heart Rate	Monitor -RS at 11/17/21 1154	Monitor -RS at 11/17/21 1343	Monitor -RS at 11/17/21 1343	Monitor -RS at 11/17/21 1343	Monitor -RS at 11/17/21 1343
Resp	16 -RS at 11/17/21 1154	18 -RS at 11/17/21 1343	16 -RS at 11/17/21 1343	16 -RS at 11/17/21 1343	18 -RS at 11/17/21 1343
BP	122/68 -RS at 11/17/21 1153	126/68 -RS at 11/17/21 1341	130/72 -RS at 11/17/21 1341	125/69 -RS at 11/17/21 1341	126/72 -RS at 11/17/21 1341
MAP (mmHg)	88 -RS at 11/17/21 1153	92 -RS at 11/17/21 1341	95 -RS at 11/17/21 1341	91 -RS at 11/17/21 1341	92 -RS at 11/17/21 1341
BP taken on	Right Upper Arm -RS at 11/17/21 1154	Right Upper Arm -RS at 11/17/21 1343	Right Upper Arm -RS at 11/17/21 1343	Right Upper Arm -RS at 11/17/21 1343	Right Upper Arm -RS at 11/17/21 1343
BP Method	Automatic -RS at 11/17/21 1154	Automatic -RS at 11/17/21 1343	Automatic -RS at 11/17/21 1343	Automatic -RS at 11/17/21 1343	Automatic -RS at 11/17/21 1343
Patient Position During BP	Supine -RS at 11/17/21 1154	Supine -RS at 11/17/21 1343	Supine -RS at 11/17/21 1343	Supine -RS at 11/17/21 1343	Supine -RS at 11/17/21 1343

Oxygen Therapy

SpO2	99 % -RS at 11/17/21 1153	99 % -RS at 11/17/21 1341	99 % -RS at 11/17/21 1341	99 % -RS at 11/17/21 1341	—
Oxygen Therapy	None (Room air) -RS at 11/17/21 1154	—	None (Room air) -RS at 11/17/21 1343	—	None (Room air) -RS at 11/17/21 1343
Row Name	11/17/21 1410	11/17/21 1413			

Departure Condition

Mobility at	—	Ambulatory -RS at			
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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

Departure		11/17/21 1413
Departure Mode	—	By self;With caregiver -RS at 11/17/21 1413
Education Provided		
Person Taught	—	patient -RS at 11/17/21 1413
Teaching Method	—	verbal instruction;written material -RS at 11/17/21 1413
Teaching Focus	—	symptom/problem overview;risk factors/triggers -RS at 11/17/21 1413
Participant Outcome Evaluation	—	eager to learn;acceptance expressed -RS at 11/17/21 1413

Vitals

Pulse	76 -RS at 11/17/21 1417	—
Heart Rate Source	Monitor -RS at 11/17/21 1417	—
Resp	18 -RS at 11/17/21 1417	—
BP	127/85 -RS at 11/17/21 1417	—
MAP (mmHg)	102 -RS at 11/17/21 1417	—
BP taken on	Right Upper Arm -RS at 11/17/21 1417	—
BP Method	Automatic -RS at 11/17/21 1417	—
Patient Position During BP	Supine -RS at 11/17/21 1417	—

Oxygen Therapy

SpO2	100 % -RS at 11/17/21 1417	—
Patient Activity	At rest -RS at 11/17/21 1417	—

Elopement Risk Assessment

Row Name	11/17/21 1117
Elopement Risk Assessment	
Is the patient on an Emergency Detention?	No or Admitted to Locked Unit -RS at 11/17/21 1117
Is the patient a transfer from another facility where they were being involuntary detained?	No or Admitted to Locked Unit -RS at 11/17/21 1117
Does the patient display threatening or impulsive behavior, or	No -RS at 11/17/21 1117

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

confusion and is
 feasible?
 Is the patient
 suspected of
 being under the
 influence or
 being monitored
 for withdrawal
 from a
 substance?
 Does the patient
 have active
 symptoms that
 suggest
 hallucinations,
 paranoia, and/or
 delusions?
 Previous history
 of elopement or
 wandering
 behaviors?
 Any of the above
 and expressed
 pleasure to leave?
 Elopement Risk
 Total
 Family Notified
 or Elopement
 Risk

No -RS at 11/17/21
1117

No -RS at 11/17/21
1117

No or Unknown -RS
at 11/17/21 1117

No -RS at 11/17/21
1117

0 -RS at 11/17/21 1117

Not Applicable -RS
at 11/17/21 1117

Emergency Department Security Status

Row Name 11/17/21 1119

Security Status

Has Security
 been Notified **Not Applicable** -BC
 at 11/17/21 1119

Fall Risk

Row Name 11/17/21 1117 11/17/21 1118

Fall Risk (Adult)

Fall Risk **1-->male** -RS at **1-->male** -BC at
 Indicators 11/17/21 1117 11/17/21 1118
 Fall Risk Score **1** -RS at 11/17/21 1117 **1** -BC at 11/17/21 1118

HPI

Row Name 11/17/21 0955

HPI (Adult)

Chief Complaint **MVC, back pain** -MS
 at 11/17/21 0955
 History Obtained **patient** -MS at 11/17/21
 from 0955
 Onset of **worsening** -MS at
 symptoms 11/17/21 0955

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

Recent yes for same
Emergency problem -MB at
Department Visit 11/17/21 0955
Discharged no -MB at 11/17/21
Adm: Last 30 0955
Days

Tetanus Status

Last Tetanus: N/A -MB at 11/17/21
0955

IP WALTER SCORE

Row Name 11/17/21 1420

OTHER

IP Walter Score 5 -CH at 11/17/21 1420

Motor Vehicle Crash Assessments

Row Name 11/17/21 0955 11/17/21 11:30:09

Motor Vehicle Crash Assessments

Abdominal Appearance	—	flat -RS at 11/17/21 1130
Bowel Sounds	—	All Quadrants -RS at 11/17/21 1130
All Quadrants Bowel Sounds	—	audible -RS at 11/17/21 1130
Abdominal Palpation	—	All Quadrants -RS at 11/17/21 1130
All Quadrants Abdominal Palpation	—	soft;nontender -RS at 11/17/21 1130

Respiratory WDL

Respiratory WDL	WDL -MB at 11/17/21 0955	WDL -RS at 11/17/21 1130
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Cardiac WDL

Cardiac WDL	WDL -MB at 11/17/21 0955	WDL -RS at 11/17/21 1130
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Peripheral/Neurovascular WDL

Peripheral Neurovascular WDL	WDL -MB at 11/17/21 0955	WDL -RS at 11/17/21 1130
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Cognitive/Neuro/Behavioral WDL

Cognitive/Neuro/Behavioral WDL	WDL -MB at 11/17/21 0955	WDL -RS at 11/17/21 1130
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Head/Face WDL

Head/Face WDL	—	WDL -RS at 11/17/21 1130
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Neck WDL

Neck WDL	—	WDL -RS at 11/17/21 1130
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Genitourinary WDL

Genitourinary WDL	—	WDL -RS at 11/17/21 1130
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Musculoskeletal WDL

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

Musculoskeletal WDL	—	exception to WDL joint(s) tenderness to upper neck -RS at 11/17/21 1130
Skin WDL	—	WDL -RS at 11/17/21 1130
Safety WDL	—	WDL -RS at 11/17/21 1130

Nutrition

Row Name	11/17/21 1118	11/17/21 1119
Nutrition Screen		
Unplanned Weight Loss in Last 30 Days	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Poor Calorie Intake for Four or More Days Prior to Admission	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Difficulty Chewing or Swallowing	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Pressure Ulcer or Non-Healing Wound	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Endtube Feeding or Total Parenteral Nutrition (TPN)	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Pregnant or Lactating	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Diabetic Consult Needed	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119

Malnutrition Screening Tool (MST)

Have you recently lost weight without trying? (Pkg)	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
Have you been eating poorly because of decreased appetite? (Pkg)	No -BC at 11/17/21 1118	No -BC at 11/17/21 1119
MST Score	0 -BC at 11/17/21 1118	0 -BC at 11/17/21 1119

Patient Radiology Status

Row Name	11/17/21 1246
Patient Radiology Status	In X-Ray NB at 11/17/21 1246

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

Prior Accident History

Row Name	11/17/21 1117	11/17/21 1119
Prior Accident History		
Has Patient ever Been in a Motor Vehicle Accident	No -BC at 11/17/21 1117	Yes -BC at 11/17/21 1120
Event Description (include date if known)	—	Yesterday -BC at 11/17/21 1120
Has Patient ever been in an Accident (non MVA) that Resulted in Injury	No -BC at 11/17/21 1117	No -BC at 11/17/21 1120
Has Patient ever Experienced a Fall that Resulted in Injury	No -BC at 11/17/21 1117	No -BC at 11/17/21 1120

RETIRED 12.8.2021 Goal/Outcome Evaluation

Row Name	11/17/21 1413
Goal/Outcome Evaluation (Adult)	
Goal: Acute Signs/Symptoms are Managed	met -PS at 11/17/21 1413
Goal: Acceptable Pain Level Achieved	met -RS at 11/17/21 1413

RETIRED 12.8.2021 Multiple Trauma CPG Interventions

Row Name	11/17/21 0956	11/17/21 1120	11/17/21 1130	11/17/21 1134	11/17/21 1150
Multiple Trauma CPG Interventions					
Multiple Trauma Management	—	—	—	calming techniques promoted -RS at 11/17/21 1134	—
Coping Interventions	—	—	—	care explained to patient/family prior to performing -RS at 11/17/21 1134	—
Safety Interventions					
Safety Precautions/Falls Reduction	—	—	—	safety attendant -RS at 11/17/21 1134	—
All Alarms	—	—	—	none present -RS at 11/17/21 1134	—
Oxygen Therapy					
SpO2	98 % -MB at 11/17/21 0957	100 % -RS at 11/17/21 1143	100 % -RS at 11/17/21 1144	—	99 % -RS at 11/17/21 1152
Oxygen Therapy	None (Room air) - MB at 11/17/21 0957	None (Room air) - PS at 11/17/21 1144	None (Room air) - RS at 11/17/21 1144	None (Room air) - RS at 11/17/21 1134	None (Room air) - RS at 11/17/21 1154
Row Name	11/17/21 1200	11/17/21 1220	11/17/21 1230	11/17/21 1250	11/17/21 1410

Oxygen Therapy

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Adm: 11/17/2021, D/C: 11/17/2021

11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

SpO2	99 % -RS at 11/17/21 1341	99 % -RS at 11/17/21 1341	99 % -RS at 11/17/21 1341	—	100 % -RS at 11/17/21 1417
Patient Activity	—	—	—	—	At rest -RS at 11/17/21 1417
Oxygen Therapy	—	None (Room air) - RS at 11/17/21 1343	—	None (Room air) - RS at 11/17/21 1343	—

RETIRED 12.8.2021 Treatment Plan Review

Row Name	11/17/21 11:18:02	11/17/21 1413
Treatment Plan Review (Adult)		
Treatment Plan Reviewed	patient -RS at 11/17/21 1118	—
Education Provided		
Person Taught	patient -RS at 11/17/21 1118	patient -RS at 11/17/21 1413
Teaching Method	verbal instruction;written material -RS at 11/17/21 1118	verbal instruction;written material -RS at 11/17/21 1413
Teaching Focus	risk factors/triggers -RS at 11/17/21 1118	symptom/problem overview;risk factors/triggers -RS at 11/17/21 1413
Education Outcome Evaluation	eager to learn;acceptance expressed -RS at 11/17/21 1118	eager to learn;acceptance expressed -RS at 11/17/21 1413

Sepsis Screen

Row Name	11/17/21 0956	11/17/21 1119
Sepsis Screen		
Continued or completed medication	No -MB at 11/17/21 0956	No -BC at 11/17/21 1119
SIRS Variables	None Noted -MB at 11/17/21 0956	—
Positive Sepsis Screen	No -MB at 11/17/21 0956	No -BC at 11/17/21 1119

Suicide Risk

Row Name	11/17/21 1117
C-SSRS (Recent)	
Should this patient be screened for suicide?	No -BC at 11/17/21 1117

Triage Assessment

Row Name	11/17/21 0955	11/17/21 11:30:09
Triage Assessment (Adult)		
Airway WDL	WDL -MB at 11/17/21 0955	—

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

Respiratory WDL

Respiratory WDL	WDL -MB at 11/17/21 0955	WDL -RS at 11/17/21 1130
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Cardiac WDL

Cardiac WDL	WDL -MB at 11/17/21 0955	WDL -RS at 11/17/21 1130
-------------	-----------------------------	-----------------------------

Peripheral/Neurovascular WDL

Peripheral Neurovascular WDL	WDL -MB at 11/17/21 0955	WDL -RS at 11/17/21 1130
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Cognitive/Neuro/Behavioral WDL

Cognitive/Neuro/ Behavioral WDL	WDL -MB at 11/17/21 0955	WDL -RS at 11/17/21 1130
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Triage Plan

Row Name 11/17/21 0956

Triage Plan

Level	ESI 4 -MB at 11/17/21 0956
Waiting for	Main ED -MB at 11/17/21 0956
Arm Band applied?	Yes -MB at 11/17/21 0956
ID Band Color	Standard (White) - MB at 11/17/21 0956
Patient instructed to return to Triage RN if symptoms change or worsen	N/A -MB at 11/17/21 0956

Triage Start

Row Name 11/17/21 0954

Triage Start

Triage	START -MB at 11/17/21 0954
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Values/Beliefs/Spiritual Care

Row Name 11/17/21 1117

Values/Beliefs/Spiritual Care

Would you like me to contact a representative of our faith? (Req)	Neutral -BC at 11/17/21 1118
Should we notify your place of worship, clergy, or spiritual advisor that you are here? (Req)	No -BC at 11/17/21 1118

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

Spiritual Advisor none needed -BC at
Contact Status 11/17/21 1118

Violence Risk Screen

Row Name 11/17/21 1117

Violence Risk Screen (Adult)

Feels Like no Simultaneous
filings User may not have
seen previous data. [1] -
RS at 11/17/21 1117

Previous Attempt no Simultaneous
to Harm Others filings User may not have
seen previous data. [2] -
RS at 11/17/21 1117

Vitals

Row Name	11/17/21 0956	11/17/21 1120	11/17/21 1130	11/17/21 1134	11/17/21 1150
Vital Signs					
Temp	98.1 °F (36.7 °C) - MB at 11/17/21 0957	—	—	—	—
Temp site	Oral -MB at 11/17/21 0957	—	—	—	—
Pulse	101 -ME at 11/17/21 0957	80 -RS at 11/17/21 1143	82 -RS at 11/17/21 1144	—	82 -RS at 11/17/21 1153
Resp Rate	—	Monitor -RS at 11/17/21 1144	Monitor -RS at 11/17/21 1144	—	Monitor -RS at 11/17/21 1154
SpO2	16 -MB at 11/17/21 0957	18 -RS at 11/17/21 1144	19 -RS at 11/17/21 1144	—	16 -RS at 11/17/21 1154
BP	138/79 -MB at 11/17/21 0957	128/84 -RS at 11/17/21 1143	124/63 -RS at 11/17/21 1144	—	122/68 -RS at 11/17/21 1153
BP (mmHg)	—	101 -RS at 11/17/21 1143	88 -RS at 11/17/21 1144	—	88 -RS at 11/17/21 1153
BP taken on	Right Upper Arm - MB at 11/17/21 0957	Right Upper Arm - RS at 11/17/21 1144	Right Upper Arm - RS at 11/17/21 1144	—	Right Upper Arm - RS at 11/17/21 1154
BP Method	—	Automatic -RS at 11/17/21 1144	Automatic -RS at 11/17/21 1144	—	Automatic -RS at 11/17/21 1154
BP arm Position	Sitting -MB at 11/17/21 0957	Supine -RS at 11/17/21 1144	Supine -RS at 11/17/21 1144	—	Supine -RS at 11/17/21 1154
Pain					
Comfort/Acceptable Pain Level	0 -MB at 11/17/21 0957	—	—	—	—
NUMBER: Pain Rating (0-10) Rest	8 -MB at 11/17/21 0957	—	—	—	—
NUMBER: Pain Rating (0-10) Activity	8 -MB at 11/17/21 0957	—	—	—	—
Pain Location	back -MB at 11/17/21 0957	—	—	—	—
Pain side/Direction	upper -MB at 11/17/21 0957	—	—	—	—
Preferred Pain Scale	number (Numeric Rating Pain Scale) MB at 11/17/21 0957	—	—	—	—
Oxygen Therapy					
SpO2	98 % -MB at 11/17/21	100 % -RS at 11/17/21	100 % -RS at 11/17/21	—	99 % -RS at 11/17/21

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

	0957	1143	1144	1153
Oxygen Therapy	None (Room air) - MB at 11/17/21 0957	None (Room air) - RS at 11/17/21 1144	None (Room air) - RS at 11/17/21 1144	None (Room air) - RS at 11/17/21 1154
Vitals/Pain Reassessment				
Automatic Restart Vitals Timer	Yes -MB at 11/17/21 0957	Yes -RS at 11/17/21 1144	Yes -RS at 11/17/21 1144	Yes -RS at 11/17/21 1154
Restart Pain Assessment Timer	Yes -MB at 11/17/21 0957	—	—	—
Row Name	11/17/21 1200	11/17/21 1220	11/17/21 1230	11/17/21 1410

Vital Signs					
Pulse	79 -RS at 11/17/21 1341	74 -RS at 11/17/21 1341	82 -RS at 11/17/21 1341	71 -RS at 11/17/21 1343	76 -RS at 11/17/21 1417
Heart Rate	Monitor -RS at 11/17/21 1343	Monitor -RS at 11/17/21 1343	Monitor -RS at 11/17/21 1343	Monitor -RS at 11/17/21 1343	Monitor -RS at 11/17/21 1417
Resp	18 -RS at 11/17/21 1343	16 -RS at 11/17/21 1343	16 -RS at 11/17/21 1343	18 -RS at 11/17/21 1343	18 -RS at 11/17/21 1417
BP	126/68 -RS at 11/17/21 1341	130/72 -RS at 11/17/21 1341	125/69 -RS at 11/17/21 1341	126/72 -RS at 11/17/21 1341	127/85 -RS at 11/17/21 1417
MAP (mmHg)	92 -RS at 11/17/21 1341	95 -RS at 11/17/21 1341	91 -RS at 11/17/21 1341	92 -RS at 11/17/21 1341	102 -RS at 11/17/21 1417
BP taken on	Right Upper Arm - RS at 11/17/21 1343	Right Upper Arm - RS at 11/17/21 1343	Right Upper Arm - RS at 11/17/21 1343	Right Upper Arm - RS at 11/17/21 1343	Right Upper Arm - RS at 11/17/21 1417
BP Method	Automatic -RS at 11/17/21 1343	Automatic -RS at 11/17/21 1343	Automatic -RS at 11/17/21 1343	Automatic -RS at 11/17/21 1343	Automatic -RS at 11/17/21 1417
Patient Position During BP	Supine -RS at 11/17/21 1343	Supine -RS at 11/17/21 1343	Supine -RS at 11/17/21 1343	Supine -RS at 11/17/21 1343	Supine -RS at 11/17/21 1417

Oxygen Therapy					
SpO2	99 % -RS at 11/17/21 1341	99 % -RS at 11/17/21 1341	99 % -RS at 11/17/21 1341	—	100 % -RS at 11/17/21 1417
Patient Activity	—	—	—	—	At rest -RS at 11/17/21 1417
Oxygen Therapy	—	None (Room air) - RS at 11/17/21 1343	—	None (Room air) - RS at 11/17/21 1343	—

Vitals/Pain Reassessment					
Automatic Restart Vitals Timer	Yes -RS at 11/17/21 1343	Yes -RS at 11/17/21 1343	Yes -RS at 11/17/21 1343	Yes -RS at 11/17/21 1343	Yes -RS at 11/17/21 1417

Vitals I&O Summary

Row Name	11/17/21 0956	11/17/21 1120	11/17/21 1130	11/17/21 1134	11/17/21 1150
Vitals					
Temp	98.1 °F (36.7 °C) - MB at 11/17/21 0957	—	—	—	—
Temp Route	Oral -MB at 11/17/21 0957	—	—	—	—
Pulse	101 -MB at 11/17/21 0957	80 -RS at 11/17/21 1143	82 -RS at 11/17/21 1144	—	82 -RS at 11/17/21 1153
Heart Rate	—	Monitor -RS at 11/17/21 1144	Monitor -RS at 11/17/21 1144	—	Monitor -RS at 11/17/21 1154
Resp	16 -MB at 11/17/21 0957	18 -RS at 11/17/21 1144	19 -RS at 11/17/21 1144	—	16 -RS at 11/17/21 1154
BP	138/79 -MB at 11/17/21 0957	128/84 -RS at 11/17/21 1145	124/63 -RS at 11/17/21 1144	—	122/68 -RS at 11/17/21 1153
MAP (mmHg)	—	101 -RS at 11/17/21 1145	88 -RS at 11/17/21 1144	—	88 -RS at 11/17/21 1153
BP taken on	Right Upper Arm - MB at 11/17/21 0957	Right Upper Arm - RS at 11/17/21 1144	Right Upper Arm - RS at 11/17/21 1144	—	Right Upper Arm - RS at 11/17/21 1154

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Flowsheets (continued)

to Harm Others

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates	Provider Type	Discipline	Dates Documented
MB	Buhler, Maura, RN	07/07/21 -	Registered Nurse	Nurse	11/17/2021
CH	Him Integrity, Checker	—	—	—	11/17/2021
NB	Belsha, Nicole, RTR	07/07/21 -	Registered Technologist	Clinical Support	11/17/2021
RS	Samra, Ravneet, RN	07/07/21 -	Registered Nurse	Nurse	11/17/2021
BC	Christ, Brian, RN	07/07/21 -	Registered Nurse	Nurse	11/17/2021

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Documents

After Visit Summary - Document on 11/17/2021 2:14 PM: ED After Visit Summary

Document (below)

AFTER VISIT SUMMARY



Darius Wade MRN 09057933 11/17/2021 Emergency Department and Trauma Center 414-805-6717

Instructions

Please follow up with your primary care physician in a week. Return to the ED with any further symptoms.

Dr. Thomas Liu, MD
1905 N CALHOUN RD
Brookfield WI 53005
262-754-8000
Medicine Pediatrics, Pediatric Emergency Medicine

What's Next

Appointment reminders are being scheduled.

Your Medication List

You have not been prescribed any medications.

Thank you for choosing Froedtert and the Medical College Froedtert Hospital Emergency Department to serve your healthcare needs. We value your opinions about the care you received. If you have any questions or concerns about your care that could not be immediately resolved by one of our staff members, please call and leave a message at 414-805-3250 and a member of our leadership team will contact you.

Treatment was given on an emergency basis only and therefore discharge may have occurred before all medical problems were apparent, diagnosed and/or treated. A radiologist will reread your X-rays and you will be notified if there is new information. If cultures were taken you will be notified if you need additional treatment. If you received a prescription for medications it is important for you to review the medication instructions with your pharmacist or primary care physician. There are many different prescription medications, each with its own set of side effects that may require you to limit certain activities (for example, driving or operating equipment) or drug interactions with other medications you take. A copy of this form and applicable instruction sheets have been provided. You are responsible for arranging follow-up care as indicated above.

Today's Visit

You were seen by THOMAS LIU

Reason for Visit
Motor Vehicle Crash

- Diagnoses
- Motor vehicle accident, initial encounter
 - Neck pain

Imaging Tests
CT C Spine W/O Cont
DX T Spine

Blood Pressure	Temperature (Oral)
126/72	98.1 °F
Pulse	Respiration
71	18
Oxygen Saturation	
99%	

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://register.my.froedtert.com/activate/>, click "Sign Up Now", and enter your personal activation code: 59DV3-JMBJ-8CJ22. Activation code expires 11/19/2021.



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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Documents (continued)

If you had labs and/or test results completed, they will be sent to you through the Froedtert & MCW mobile app as well as MyChart. To help you stay as informed as possible, we send results when they are final, which may be before your provider has reviewed them. After your provider reviews your results, he/she may add comments or contact you directly. He/she may also wait for more tests or information before providing their opinion or recommendations for you. You can choose to view your results as soon as they are sent or wait to discuss your results with your provider. Please ask your provider when you should expect to hear from him/her regarding your test results.

For any billing concerns please call Patient Financial Services at 414-805-5951. To request release of information from your medical record please call 414-805-2909.

National Institutes of Health All of Us Research Program

Froedtert & the Medical College of Wisconsin is a key partner in the National Institutes of Health *All of Us* Research Program which will collect health data from 1 million or more individuals to help scientists create the personalized healthcare of the future. The *All of Us* Research Program has the potential to help us better understand who gets sick and why and might help us learn how to better prevent and treat disease. To find out how you can be part of this, visit <http://AllOfUs.mcw.edu/>, or contact the *All of Us* Froedtert & MCW team by phone at (414) 955-2689 or by email at allofus@mcw.edu.



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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Documents (continued)

Froedtert Health Affiliate Agreement - Admission - Electronic signature on 11/17/2021 2:11 PM (effective from 11/17/2021 expires 11/16/2022) - 1 of 2 e-signatures recorded

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M

0DF5BEDF107516D385C9 11/17/2021 8:58 AM
Printed by: 96889



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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Documents (continued)

Patent Name: Wade, Darius
Patient MRN: 09057933
Patient DOB: 3/15/1989
Patient Age: 32 Y
Patient Sex: Male

Froedtert Health Affiliate



CONDITIONS OF ADMISSION and/or
TREATMENT AGREEMENT

This CONDITIONS OF ADMISSION and/or TREATMENT AGREEMENT (the "AGREEMENT") applies to all services provided or visits started during this period: 11/17/21 to 11/16/2022. This Agreement expires no earlier than and only when all treatment/hospital charges have been paid in full and there is a zero balance on the resulting account.

This agreement applies to The Medical College of Wisconsin, Inc. ("MCW") and Froedtert Health affiliates: Froedtert Hospital, Inc.; Froedtert Menomonee Falls Hospital, Inc.; Froedtert West Bend Hospital, Inc.; Froedtert & The Medical College of Wisconsin Community Physicians, Inc.; West Bend Surgery Center, LLC; Drexel Surgery Center, LLC; Froedtert Surgery Center, LLC; and Froedtert Health Neighborhood Hospital, LLC d/b/a Froedtert Community Hospital. The term "Affiliate" in this Agreement includes MCW and the Froedtert Health affiliate organizations listed above.

1. Notice of Privacy Practices: I have received the Joint Notice of Privacy Practices which provides information about how the Affiliate may use and disclose Protected Health Information (PHI) about the patient. Signing this Agreement acknowledges the patient's receipt of the privacy practices. As provided in the notice, the terms of the notice may change. If the Affiliate changes the notice, the patient may obtain a revised copy by stopping at our Admitting Department/Reception Desk or visiting our website at www.froedtert.com.

2. Medical Consent: My signature below provides consent for the full duration of this Agreement to medical care and treatment as deemed necessary and proper by the authorized medical providers of the Affiliate for the patient identified below. I understand that the patient is under the direct care of providers while at an Affiliate location and I expect the providers of the Affiliate to carry out their instructions. This Agreement also includes consent for any Affiliate services rendered under the general or special instructions of a provider, including, but not limited to, X-ray examinations, laboratory procedures, medical or surgical treatments and administration of anesthesia. I understand that some of the providers are independent contractors and not employees of the Affiliate.

I acknowledge that any medical care furnished to the patient in the Emergency Department will be limited solely to emergency treatment. I understand that the patient may be released before all of the patient's medical problems are known or treated, and that it will be necessary for the patient to arrange follow-up care.

3. Consent to Record, Photograph or Film: I consent to the recording, photographing, closed circuit monitoring or filming of the patient for purposes of treatment (will be in the medical record) or for the organization's internal operations (not in the medical record) such as quality of care and teaching.

4. Student Participation: I understand that the Affiliate has educational programs and affiliations with academic institutions and I agree to student and resident participation in the patient's care under appropriate supervision.

5. Financial Agreement and Assignment: I, the undersigned agree, whether signing as agent or as patient, that I am financially responsible for all charges incurred. Assignment of commercial insurance benefits to the Affiliate does not reduce the responsibility for payment. Should the account be referred to any attorney for collection, the undersigned shall also be responsible for reasonable attorney's fees and any additional fees associated with the collection process. Further, by signing below, I authorize payment to be made directly to the Affiliate for the benefits otherwise payable to me by any third party including major medical benefits. I understand that a service fee may be charged for the processing of any uncollectible check presented as payment for goods/services provided by an Affiliate. I agree to pay the Affiliate the patient responsibility, including co-insurance and deductibles, not covered by the patient's insurance, subject to applicable Medicare and Medicaid advance notice requirements.

6. Medical Claims: I request that payment of authorized Medicare benefits, if applicable, and any Medigap Supplemental Insurance benefits identified by me and provided to or on file with the Affiliate on this date, be made either to me or on my behalf to the Affiliate for any services furnished me by that provider. I authorize any holder of medical information about me to release to Medicare, its agents, and Medigap Supplemental Insurance identified by me, any information needed to determine these benefits or the benefits payable for related services. The authorization contained in this paragraph remains in effect until the date specified for the expiration of this Agreement unless I revoke it sooner or unless I become an inpatient, at which time I will sign a new authorization.

7. Intent to Donate Unclaimed Patient Refunds: Occasionally a patient is owed a refund. It is the Affiliate's policy to refund all amounts due to patients. However, if you are owed a refund and the Affiliate is unable to locate you (or your estate) at your last-known address, the Affiliate may ultimately be required to turn over the refund to the Treasurer of the State of Wisconsin pursuant to the laws governing unclaimed property. If the monies remain unclaimed, the State Treasurer will deposit them in the State school fund. Alternatively, a patient may designate that refunds that are not claimed are donated as a gift to the Affiliate. By signing below, I agree that if I am owed a refund and the Affiliate is unable to locate me at my last-known address within one year of the discovery of the refund due, or if the refund amount owed me is less than \$20.00, I hereby donate the refund to the Affiliate, at the Affiliate's discretion.

8. Disclosure of Confidential Information: To the extent necessary to determine liability for payment and to obtain reimbursement, I hereby authorize the Affiliate to disclose information, including portions or all of my medical record, to any person or public or private funding sources providing health care insurance or reimbursement to or on behalf of the patient (including, but not limited to, Medicare, Medicaid, or other insurance). I understand the specific type of information to be disclosed includes diagnosis, prognosis, and treatment for physical illness, and, where applicable - mental illness, developmental disabilities, HIV test results or AIDS or any AIDS-related diagnosis, alcoholism or drug abuse for the purpose of enabling such evaluation or treatment to be performed.

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11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Documents (continued)

9. Personal Valuables: Currency, watches, rings, necklaces, wallets, credit cards and other personal valuables should be retained outside the Affiliate's facility. Upon admission as an inpatient, if no one can retain such items outside the hospital, the patient may request to store items in the Affiliate's safe. A special waiver form must be signed by the patient before the Affiliate accepts such valuables and before the patient is admitted to the unit. I understand that the patient will be responsible for all articles kept in the patient's room, that the Affiliate assumes no control over personal valuables not deposited in its safe. I understand and agree that the Affiliate assumes no responsibility to reimburse for any loss or damage to money, jewelry, glasses, dentures, personal clothing or other articles brought by or for me to the Affiliate. I understand that the Affiliate maintains a safe for the storage of valuables and other articles during inpatient hospitalization that I may utilize upon request.

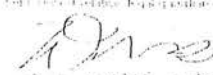
10. No Smoking, Unauthorized Weapons or Firearms Policy: I understand that no smoking, or unauthorized weapons or firearms are permitted anywhere in the Affiliate buildings and/or the grounds. I understand that a patient who leaves the building to smoke does so at the patient's own risk and is solely responsible for any and all adverse effects that may occur.

11. Ongoing Care Needs: At the time of admission/registration, it is important to start considering and planning for any care that might be required after discharge and/or after leaving the clinic. I understand that I have the freedom to choose and the right to select my provider for post-discharge and post clinic care. I am aware that for home health care and hospice services after discharge, the hospital will generally recommend Horizon Home Care and Hospice (an affiliate of the hospital), or Froedtert & the Medical College of Wisconsin Home Infusion, or another affiliate of the hospital, unless I select a different provider. I understand that I will receive a list of other available home care agencies when specific discharge plans are discussed, and that I may ask a nurse/case manager for the list at any time.

12. Notice Regarding Patient Health Care Records: I acknowledge that upon submitting a valid, written authorization, I may inspect and/or receive a copy of my health care records, including radiology reports, at my own expense. The review shall take place in the Affiliate's Health Information Management (HIM) Department during regular business hours, upon reasonable notice. I am aware that I may authorize other persons to review and receive a copy of my medical records by signing a valid authorization form. An Authorization form that complies with the legal requirements can be obtained from the Affiliate's HIM Department.

13. Contact Made Via Telephone: I authorize Froedtert Health and its Affiliates or contractors to contact me for any purpose, including appointment reminder calls or calls for payment of services, at the current or any future numbers that I provide for my landline telephone, cellular telephone or any wireless device, including the use of automated dialing equipment or prerecorded voice or text messages.

Signature of patient, closest relative, legal guardian, or other authorized person:


 This document is signed by Darius Wade on 11/17/2021 at 11:11 AM.

NOTE: If this document is signed by someone other than the patient, it is for the reason below:

Witness: Sarah Belhaj

11/17/2021 2:10 PM

Signature of Additional Witness:

Wade, Darius
 MRN: 09057933, DOB: 3/15/1989, Sex: M



Froedtert Hospital
9200 W Wisconsin Ave
MILWAUKEE WI 53226

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Documents (continued)

After Visit Summary

After Visit Summary printed by Samra, Ravneet, RN on 11/17/2021 2:14 PM

AFTER VISIT SUMMARY



Darius Wade MRN 09057933 11/17/2021 Emergency Department and Trauma Center 414-805-6717

What's Next

Please follow up with your primary care physician in a week. Return to the ED with any further symptoms.

Medicine Pediatrics, Pediatric Emergency Medicine
1905 N CALHOUN RD
Brookfield WI 53005
262-754-8000

What's Next

Check with your primary care physician for scheduled appointments.

Your Medication List

You have not been prescribed any medications.

Thank you for choosing Froedtert and the Medical College Froedtert Hospital Emergency Department to serve your healthcare needs. We value your opinions about the care you received. If you have any questions or concerns about your care that could not be immediately resolved by one of our staff members, please call and leave a message at 414-805-3250 and a member of our leadership team will contact you.

Treatment was given on an emergency basis only and therefore discharge may have occurred before all medical problems were apparent, diagnosed and/or treated. A radiologist will reread your X-rays and you will be notified if there is new information. If cultures were taken you will be notified if you need additional treatment. If you received a prescription for medications it is important for you to review the medication instructions with your pharmacist or primary care physician. There are many different prescription medications, each with its own set of side effects that may require you to limit certain activities (for example, driving or operating equipment) or drug interactions with other medications you take. A copy of this form and applicable instruction sheets have been provided. You are responsible for arranging follow-up care as indicated above.

Today's Visit

You were seen by THOMAS LIU

Reason for Visit
Motor Vehicle Crash

Diagnoses
• Motor vehicle accident, initial encounter
• Neck pain

Imaging Tests
CT C Spine W/O Cont
DX T Spine

Blood Pressure	Temperature (Oral)
126/72	98.1 °F
Pulse	Respiration
71	18
Oxygen Saturation	
99%	

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://register.my.froedtert.com/activate/>, click "Sign Up Now", and enter your personal activation code: S9DV3-JM8J-8CJ22. Activation code expires 11/19/2021.



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Adm: 11/17/2021, D/C: 11/17/2021

11/17/2021 - ED in Emergency Department and Trauma Center (continued)

After Visit Summary (continued)

If you had labs and/or test results completed, they will be sent to you through the Froedtert & MCW mobile app as well as MyChart. To help you stay as informed as possible, we send results when they are final, which may be before your provider has reviewed them. After your provider reviews your results, he/she may add comments or contact you directly. He/she may also wait for more tests or information before providing their opinion or recommendations for you. You can choose to view your results as soon as they are sent or wait to discuss your results with your provider. Please ask your provider when you should expect to hear from him/her regarding your test results.

For any billing concerns please call Patient Financial Services at 414-805-5951. To request release of information from your medical record please call 414-805-2909.

National Institutes of Health All of Us Research Program

Froedtert & the Medical College of Wisconsin is a key partner in the National Institutes of Health *All of Us* Research Program which will collect health data from 1 million or more individuals to help scientists create the personalized healthcare of the future. The *All of Us* Research Program has the potential to help us better understand who gets sick and why and might help us learn how to better prevent and treat disease. To find out how you can be part of this, visit <https://AllOfUs.mcw.edu/>, or contact the *All of Us* Froedtert & MCW team by phone at (414) 955-2689 or by email at allolus@mcw.edu.



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Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

11/17/2021 - ED in Emergency Department and Trauma Center (continued)

After Visit Summary (continued)

Coding Summary

Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
6503201731 - WADE,DARIUS	UHC COMM HP MEDICAID [35249]	None	None

Admission Information

Arrival Date/Time:	11/17/2021 0946	Admit Date/Time:	11/17/2021 0946	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility	Admit Category:	
Means of Arrival:	Car	Primary Service:	Adt Emergency	Secondary Service:	
Transfer Source:		Service Area:	FROEDTERT & THE MEDICAL COLLEGE OF WISCONSIN HEALTH NETWORK	Unit:	Emergency Department and Trauma Center
Adm Provider:		Attending Provider:	Liu, Thomas S, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
11/17/2021 1420	Home Or Self Care	None	None	Emergency Department and Trauma Center

Admission Diagnoses / Reasons for Visit (ICD-10-CM)

Code	Description	Comments
T14.90XA	Injury, unspecified, initial encounter	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M54.2 [Principal]	Cervicalgia				
M54.6	Pain in thoracic spine				
F17.210	Nicotine dependence, cigarettes, uncomplicated				

External Causes of Injury (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
V49.40XA	Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter				

**11/17/2021 - ED in Emergency Department and Trauma Center
Communication Routing**

Communication Routing History

Recipient	Method	Sent by	Date Sent
Darius Wade	Print Locally	Liu, Thomas S, MD Letter from Liu, Thomas S, MD created on 11/17/2021 Reason: ED Excuse Letter	11/17/2021
Carla J Meister, MD	In Basket	Liu, Thomas S, MD	11/17/2021

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



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Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M
Acct #: 6503201731
Adm: 11/17/2021, D/C: 11/17/2021

**11/17/2021 - ED in Emergency Department and Trauma Center
Communication Routing (continued)**

Communication Routing History (continued)

Continuity of Care (CCD) Sent

Communication	Date/Time
Darius Wade	
Carla J Meister, MD	

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



Froedtert Hospital
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Adm: 11/17/2021, D/C: 11/17/2021

11/17/2021 - ED in Emergency Department and Trauma Center (continued)

Letters

ED Excuse Letter by Liu, Thomas S, MD on 11/17/2021

Status Sent
Letterbody

November 17, 2021



Patient:	Darius Wade	Department	Emergency Department
Date of Birth:	03/15/1989	Information:	And Trauma Center
Date of Visit:	11/17/2021		9200 W Wisconsin Ave
			MILWAUKEE WI 53226
			414-805-6717

To Whom It May Concern:

Darius Wade was seen and treated in our emergency department on 11/17/2021. He may return to work on 11/19/2021.

If you have any questions or concerns, please don't hesitate to call.

Liu, Thomas S, MD

Wade, Darius
MRN: 09057933, DOB: 3/15/1989, Sex: M



THIS IS NOT A BILL

Darius Wade
 7641 N 76TH ST APT 1
 MILWAUKEE WI 53223

The following document contains the requested services for Darius Wade (Guarantor #5712496) for date(s) of service November 17, 2021. If you have any questions, please contact customer service at 800-466-9670.

<u>Charges</u>	<u>Insurance Payments</u>	<u>Patient Payments</u>	<u>Adjustments</u>	<u>Total Balance</u>
6,821.01	-206.02	0.00	-6,614.99	0.00

Date	Code	Description	Payor	Qty	Amount
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Emergency Visit to Froedtert Hospital (Acct #6503201731, Patient Darius Wade)

November 17, 2021

Charges

11/17/21	72072	X-RAY OF MIDDLE SPINE, 3 VIEWS		1	644.00
11/17/21	72125	CT SCAN OF UPPER SPINE, WITHOUT CONTRAST		1	2,534.00
11/17/21	99284	EMERGENCY DEPARTMENT VISIT LEVEL 4		1	2,050.00
11/17/21	G1004	CLINICAL DECISION SUPP NATIONAL COMPANY		1	0.01
11/17/21	L0140	CERVICAL BRACE		1	168.00
Total Charges					5,396.01

Insurance Payments and Adjustments

11/23/21	3000	CONTRACTUAL WRITE-OFF	UHC COMM HP MEDICAID	1	-0.01
11/23/21	3000	CONTRACTUAL WRITE-OFF	UHC COMM HP MEDICAID	1	-5,286.75
12/10/21	2000	INSURANCE PAYMENT (INSURANCE)	UHC COMM HP MEDICAID	1	-109.25
Total Insurance Payments and Adjustments					-5,396.01

Emergency Visit to Froedtert Hospital (Acct #8018105125, Patient Darius Wade)

November 17, 2021

Charges

Charges for visit with Bhalla, Manav I, MD

11/17/21	72125	CT SCAN,CERVICAL SPINE,W/O CONTRAST	UHC COMM HP MEDICAID	1	587.00
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Insurance Payments and Adjustments

NY Date	Code	Description	Payor	Qty	Amount
12/07/21	2000	INSURANCE PAYMENT (INSURANCE)	UHC COMM HP MEDICAID	1	-58.41
12/07/21	3000	CONTRACTUAL WRITE-OFF	UHC COMM HP MEDICAID	1	-528.59
Total Insurance Payments and Adjustments					-587.00

Emergency Visit to Froedtert Hospital (Acct #8019145925, Patient Darius Wade)

November 17, 2021

Charges

Charges for visit with Vickery, Matthew R, MD

11/17/21	72072	X-RAY THORACIC SPINE+SWIM 3 VW	UHC COMM HP MEDICAID	1	132.00
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Insurance Payments and Adjustments

12/10/21	2000	INSURANCE PAYMENT (INSURANCE)	UHC COMM HP MEDICAID	1	-11.10
12/10/21	3000	CONTRACTUAL WRITE-OFF	UHC COMM HP MEDICAID	1	-120.90
Total Insurance Payments and Adjustments					-132.00

Emergency Visit to Froedtert Hospital (Acct #8019353801, Patient Darius Wade)

November 17, 2021

Charges

Charges for visit with Liu, Thomas S, MD

11/17/21	99284	EMERGENCY DEPARTMENT VISIT LEVEL 4	UHC COMM HP MEDICAID	1	706.00
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Insurance Payments and Adjustments

12/16/21	2000	INSURANCE PAYMENT (INSURANCE)	UHC COMM HP MEDICAID	1	-27.26
12/16/21	3000	CONTRACTUAL WRITE-OFF	UHC COMM HP MEDICAID	1	-678.74
Total Insurance Payments and Adjustments					-706.00

CERTIFICATION OF
MEDICAL AND BILLING RECORDS

TEAM REHABILITATION

(Name of Facility)

Patient: DARIUS WADE

I, Emily Hite, certify that the attached are true and correct copies of all
(Name of Records Custodian)

medical and billing records in my possession at TEAM REHABILITATION,
(Name of Facility)

regarding the above-named patient.

These records are dated from 11/23/2021 to 01/19/2022.

And they consist of 21 page(s).

Emily Hite

(Signature of Records Custodian)

Emily Hite

(Printed Name of Records Custodian)

01/19/2022

(Date Signed)

GENERAL CONSENT FOR TREATMENT

CONSENT: I consent to physical, occupational, and/or speech therapy treatments as deemed necessary by my doctor and therapist. I understand that while in Team Rehabilitation's clinics I am under the care of my doctor and my therapist, and that my therapist and any staff assisting him or her will follow a plan of care approved by my doctor.

ATTENDANCE AND RECOVERY: I understand that my doctor requested that I attend therapy at a specific frequency and duration because he/she feels this is appropriate for my recovery. I understand that my regular attendance is critical to my success. If a scheduling conflict arises, I will give Team Rehabilitation as much notice as possible to reschedule my appointment.

NO GUARANTEE: I understand that the practice of therapy is not an exact science, and that there is tremendous variation between the results achieved by apparently similar patients with apparently similar diagnoses. Therefore, neither Team Rehabilitation nor any of its therapists has made any promise to me concerning the results of my therapy. However, Team Rehabilitation and all its therapists do promise to use their best clinical judgment and their utmost efforts to help me to achieve the best result I possibly can.

PERSONAL PROPERTY: Team Rehabilitation is not responsible for loss or damage to any of my personal property while I am in any of Team Rehabilitation's clinics.

FINANCIAL CONSENTS AND RELEASES

Team Rehabilitation is a participating provider with Medicare, Blue Cross Blue Shield, and many health insurers. Thus, Team Rehabilitation accepts payment from all health insurers as payment in full for its services. The only exception is where the insurer requires Team Rehabilitation to collect copays, coinsurances, and/or deductibles from the patient. I understand that Team Rehabilitation will never bill me for contractual allowances (sometimes called network discounts) or payments for services that are denied or deemed to be not covered, unless I have agreed in writing, in advance, to pay for those services.

VERIFICATION OF BENEFITS: I certify that the information I have provided to enable Team Rehabilitation to verify my health insurance or Medicare benefits is accurate and complete to the best of my knowledge and belief. I authorize Team Rehabilitation to contact all the payors involved in my case, and to give them all the information they request about my case, in order to verify my benefits.

PAYMENT BY HEALTH INSURANCES: I authorize my health insurance (or Medicare) to make payment for my treatment directly to Team Rehabilitation. I authorize Team Rehabilitation to contact all the payors involved in my case, and to give them all the information they request about my case, in order to process payments.

PATIENT COST SHARE: I understand that my contract with my health insurer may specify deductibles, copays and coinsurances. I understand that these payments are my responsibility and agree to pay them. I have been informed that Team Rehabilitation may waive all or part of my financial responsibility if I am experiencing financial hardship.

CHANGE OF INSURANCE: I agree to inform Team Rehabilitation of any insurance changes that occur during my treatment.

INSURANCE PAYMENTS SENT DIRECTLY TO PATIENT: I understand that, if my insurance company sends payment for my therapy services directly to me, I need to sign over the check to Team Rehabilitation, and provide a copy of the Explanation of Benefits for the services.

ATTORNEY REPRESENTATION: I agree to inform Team Rehabilitation should I engage attorney representation, or change attorney representation, during my treatment. I understand that I am responsible for paying my portion of the cost of care whether I am successful in recovering any monies from those responsible for my injuries.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read and understand Team Rehabilitation's Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that Team Rehabilitation has the right to change its Notice of Privacy practices from time to time and that I may contact Team Rehabilitation at any time at the address below to obtain a current copy of the Notice of Privacy Practices.

Team Rehabilitation Records Department
33900 Harper Avenue
Clinton Township, MI 48035

I understand that I may request in writing that you restrict how my private information is used or Disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Emergency Contact Name and Relationship

Note: Tracy Wade Mother

Emergency Contact Phone Number

Note: 312 9044764

SOCIAL WORKER SERVICES ARE AVAILABLE

Team Rehabilitation offers patients the services of a social worker free of charge. Some services referred by the social worker may have additional costs; the social worker will discuss these costs with you.

The social worker can help with the following issues: Assistance with applying for benefits (for example Social Security or Medicaid), Assistance with Worker's Compensation Transportation, Programs for Seniors, Chore Services, Meals on wheels, Therapy Counseling, Psychosocial Assessment, Psychiatric Services, Other community or medical services

Would you like to speak with the Social Worker? *

Answer: NO

Note: No Response

Signee checked the signature box at 9:13am CST on November 23rd, 2021 and applied their signature at 9:16am CST on November 23rd, 2021.

A handwritten signature in black ink, appearing to read "Dad We". The signature is written in a cursive style with some loops and flourishes.

Signature of patient or guardian

Loss of Enjoyment/Duties Under Duress Summary

Complete the following questionnaire as it relates to how your injury(s) affect your performance of your work duties, living duties and general activities you would be enjoying. **Place a check in front of the duties/responsibilities/activities which are painful or difficult for you to perform as a result of the injury(s)** you sustained in the accident then check the appropriate box designating the reason for difficulty. Include those duties responsibilities activities which you have reduced the time in performing or perform less often due to the injury(s).

Job description: Machine operator

Work	Reason for the difficulty		
<input type="checkbox"/> Lifting	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
<input type="checkbox"/> Bending	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
<input type="checkbox"/> Sitting	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
<input type="checkbox"/> Walking	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
<input type="checkbox"/> Computer Duties	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other: <u>Staircase</u>	<input checked="" type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness

Studies/School	Reason for the difficulty		
<input type="checkbox"/> Lifting	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
<input type="checkbox"/> Bending	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
<input type="checkbox"/> Sitting	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
<input type="checkbox"/> Walking	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
<input type="checkbox"/> Computer Duties	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Studying	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness

Domestic Duties	Reason for the difficulty		
<input type="checkbox"/> Vacuuming	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Taking care of kids	<input type="checkbox"/> Increased Pain/Anxiety	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Preparing Meals	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Increased Pain/Anxiety	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue

Household Duties	Reason for the difficulty		
<input type="checkbox"/> Yardwork	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Transportation	<input type="checkbox"/> Increased Pain/Anxiety	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Shopping	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Taking out trash	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Increased Pain/Anxiety	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Fatigue

Hobbies/Sports	Reason for the difficulty		
Hobby/Sport: <u>Fishing</u>	<input type="checkbox"/> Increased Pain	<input checked="" type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
Pre-accident level of participation: _____	<input type="checkbox"/> Socially	<input type="checkbox"/> Competitively	<input type="checkbox"/> Professionally
Hobby/Sport: _____	<input type="checkbox"/> Increased Pain	<input type="checkbox"/> Restricted movement	<input type="checkbox"/> Weakness
Pre-accident level of participation: _____	<input type="checkbox"/> Socially	<input type="checkbox"/> Competitively	<input type="checkbox"/> Professionally

Hobby/Sport: _____ _ Increased Pain _ Restricted movement _ Weakness
Pre-accident level of participation: _ Socially _ Competitively _ Professionally
Hobby/Sport: _____ _ Increased Pain _ Restricted movement _ Weakness
Pre-accident level of participation: _ Socially _ Competitively _ Professionally

DESCRIBE any OTHER Duties/responsibilities/activities **which are painful or difficult for you to perform as a result of the injury(s)** you sustained in the motor vehicle collision.

Spending long periods of time

Patient Name: James White Date: 11/23/2021

Patient Health Questionnaire

Please check all that apply because of the accident.

Head/Cognitive

- headache R51
- dizziness R42
- nervousness R45.0
- depression F32.9
- anxiety (general) F41.9
- anxiety while riding in a vehicle F40.9
- decreased desire to be around others Z72.81
- memory loss R41.3
- increased irritability R45.4
- shortness of breath R06.02
- general fatigue R53.83
- sleep disturbance G47.01
- chest pain R07.9
- buzzing in ears H93.19
- loss of balance R26.89
- fainting R55.9
- upset stomach R19.8
- constipation K59.00
- jaw pain R68.84
- forgetfulness R41.3
- trouble focusing R41.840
- slowed thinking R46.4
- double vision H53.2
- vision disturbance H53.9
- sensitivity to light H53.14
- nausea R11.0
- vomiting R11.10

Neck/Back

- neck pain M54.2
- neck stiffness M25.619
- neck decreased range of motion M53.2X2
- upper back pain M54.6
- upper back stiffness M25.60
- upper back decreased range of motion M53.2X2
- mid-back pain M54.64
- mid-back stiffness M25.619

- mid-back decreased range of motion M53.2X6
- low back pain M54.56
- low back stiffness M25.60
- low back decreased range of motion M53.2X6

Extremities

- muscle weakness R53.1
- shoulder pain M25.51
- elbow pain M25.529
- upper arm pain M79.62
- wrist pain M25.539
- hand pain M79.64
- hip pain M25.559
- upper leg pain M79.606
- knee pain M25.569
- lower leg pain M79.669
- ankle pain M25.57
- foot pain M79.67
- joint stiffness/swelling M25.60
- shoulder stiffness M25.61
- elbow stiffness M25.62
- wrist stiffness M25.63
- hand stiffness M25.64
- hip stiffness M25.65
- knee stiffness M25.66
- ankle/foot stiffness M25.67



M I D W E S T
INTERVENTIONAL PAIN
& DIAGNOSTICS S.C.

525 W River Woods Parkway, Suite 240
Glendale, WI 53212-1010
(414) 962-6700

11/22/2021

Re: Darius Wade
DOB: 03/15/1989
(414) 676-9091

Physical Therapy:

Diagnosis: Cervical Radiculopathy

Frequency: 2 times a week for 4-6 weeks

Evaluate and Treat: Please focus on a neutral based physical therapy program focusing on strengthening and range of motion

Modalities: Heat, Ice, Tens Unit

If there are any further questions regarding this patient, please do not hesitate to call me at (414) 962-6700

Sincerely,

Brian Curtin DO
NPI:1093001851

Electronically signed by: Brian Curtin DO Nov 22, 2021 9:34 am

Plan of Care

Patient: Darius Wade
DOB: 1989-03-15 *Sex: M*
Visit: 2021-11-23 *Visit # 1*
Provider: Jennifer Tomczyk, DPT *NPI # 1225698715*



Clinic Details

Clinic
Team Rehabilitation WI01, LLC
Address
N81W15014 Appleton Ave
Phone #
2627147040
Fax #
2627147041
Menomonee Falls, WI 53051-4375

Case Details

Injury Description WI01-PT-Back-Legal	Date of Plan of Care 2021-11-23
Diagnosis Codes M54.2, M54.6	Injury Onset Date 2021-11-16
Referring Physician Brian Curtin	Accident Date 2021-11-16
	Accident State WI

Assessment

Patient Self-Report

Age-Gender: 32 year old male
Body Part – Onset Date: upper back/neck - 11/16/2021
Tests-Imaging: X-ray - of upper back was negative and CAT scan was negative
Subjective: Patient was in a car accident when he was driving and vehicle in front of him was turning left and as he was going around him the vehicle hit his front drivers side. He then began experiencing upper back and neck pain about 15 minutes post accident. Patient describes upper back and neck pain as tight and sore. Denies any numbness and tingling into upper extremities. Denies any headaches, nausea, dizziness, or dysphagia since accident.
Home Duties-Responsibilities: Patient responsible for laundry, dishes, and household cleaning as well assist in outdoor chores which requires frequent forward bending, squatting, lifting, stair climbing, and ambulation.
Work Duties: Quad graphics - machine operator ; standing, bending, squatting, lifting up to 50 lbs on occasionally and up to 20 lbs frequently
Barriers Home & Work: Lives alone
Prior Level of Function:
- able to sleep through the night
- able to stand for 8 hour shift
- able to squat down and wash floors and bathtub
- able to play age related recreational activities

Current Deficits
- unable to sleep through the night
- unable to stand for 8 hour shift
- unable to squat down and wash floors and bathroom
- unable to play recreational activities

Rehab Potential

Good

Goals

PHYSICIAN'S SHORT-TERM GOALS

DATE	EXAM/TEST	GOAL/PROGRESS
------	-----------	---------------

No short term goals reported.

THERAPIST LONG-TERM GOALS

GOAL	DURATION	GOAL PROGRESS
------	----------	---------------

Ambulation/Standing time increased to >60 minutes to permit work activities	10 weeks	
Sleeping, uninterrupted sleep time reaches prior level of function		
Squatting/Kneeling ability is improved to prior level of function to permit work activities and household activities		
Jogging on a level surface for 30 mins using proper running mechanics for recreational running		

Plan

Possible Procedures Treated over full course of treatment

97110, 97112, 97140, 97530, 97026, 97035, 97162, 97164, 97535

FREQUENCY OF TREATMENT	DURATION OF TREATMENT
------------------------	-----------------------

2x every week

until 12/24/2021

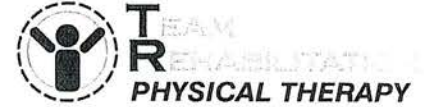
Signatures

Treating Provider Signature

*Initiated by Jennifer Tomczyk, DPT on 2021-11-24 06:31 CST. License #: 1464124
Electronically co-signed by Casey Devlin, DPT on 2021-11-30 21:03 CST. License #: 14300-24*

Medical Necessity Note

Patient: Darius Wade
DOB: 1989-03-15 *Sex: M*
Visit: 2021-11-30 *Visit # 2*
Provider: Jennifer Tomczyk, DPT *NPI # 1225698715*



Clinic Details

Clinic
Team Rehabilitation WI01, LLC
Address
N81W15014 Appleton Ave
Phone #
2627147040
Fax #
2627147041
Menomonee Falls, WI 53051-4375

Case Details

Injury Description
WI01-PT-Back-Legal
Injury Onset Date
2021-11-16
Diagnosis Codes
M54.2, M54.6
Referring Physician
Brian Curtin
Accident Date
2021-11-16
Accident State
WI

Subjective Analysis

Patient Self-Report

Prior Level of Function:
 - able to sleep through the night
 - able to stand for 8 hour shift
 - able to squat down and wash floors and bathtub
 - able to play age related recreational activities

Deficits at Eval:
 - unable to sleep through the night
 - unable to stand for 8 hour shift
 - unable to squat down and wash floors and bathroom
 - unable to play recreational activities

Current Deficits
 - unable to sleep through the night ; improved 50%
 - unable to stand for 8 hour shift
 - unable to squat down and wash floors and bathroom
 - unable to play recreational activities

Objective Analysis

Flow Sheet Exercises

EXERCISE	CPT	SETS	REPS	WEIGHT	HOLD	BILLABLE MINUTES	COMPLETED	ADDITIONAL COMMENTS
Myofascial Release	97112					4	Not today	
WI01 Bridges	97530	3	10			3	Yes	
WI01 DKTC	97530	3	10			3	Yes	
Intramuscular trigger point therapy	97112					8	Not today	
Chin Tucks	97530	3	10			3	Yes	
Passive Range of Motion	97140					8	Yes	cervical range of motion all directions
Rows	97530	3	10			3	Yes	
Scapular Retractions	97530	3	10			4	Not today	
Soft Tissue Mobilization	97112					18	Yes	upper trapezius, thoracic paraspinals
Clam Shells	97530	3	15			5	Yes	
Bilateral External Rotation	97530	3	10			3	Yes	

NAME	ICD9	SETS	REPS	WEIGHT	HOLD	BILLABLE MINUTES	COMPLETED	ADDITIONAL COMMENTS
Shoulder Extension	97530	3	10			3	Yes	
W101 Lumbar Rotation	97530	10	3			3	Yes	
Joint Mobilization Gr I-IV	97112					5	Yes	thoracic prone PAs
Patient Education	97530					10	Not today	Regarding anatomy, diagnosis and prognosis, home exercise program, and plan of care.

Assessment

Rehab Potential

Good

Goals

PHYSICIAN SHORT-TERM GOALS			THERAPIST LONG-TERM GOALS	
GOAL	FEASIBLE	GOAL PROGRESS	GOAL	DURATION GOAL PROGRESS
No short term goals reported.			Ambulation/Standing time increased to >60 minutes to permit work activities	10 weeks
			Sleeping, uninterrupted sleep time reaches prior level of function	
			Squatting/Kneeling ability is improved to prior level of function to permit work activities and household activities	
			Jogging on a level surface for 30 mins using proper running mechanics for recreational running	

Plan

Possible Procedures Treated over full course of treatment

97110, 97112, 97140, 97530, 97026, 97035, 97162, 97164, 97535

TYPE AND FREQUENCY OF TREATMENT	DURATION OF TREATMENT
2x every week	until 12/24/2021

TREATMENT	UNITS	MINUTES
97140	1.000	8
97530	2.000	26
97112	2.000	23
Total Timed Code Treatment Minutes		57
Total Treatment Time		57

Signatures

Treating Provider Signature

Initiated by Jennifer Tomczyk, DPT on 2021-11-30 12:06 CST. License #: 1464124

Electronically co-signed by Casey Devlin, DPT on 2021-11-30 21:04 CST. License #: 14300-24

Daily Note

Patient: Darius Wade
DOB: 1989-03-15 *Sex: M*
Visit: 2021-12-02 *Visit # 3*
Provider: Jennifer Tomczyk, DPT *NPI # 1225698715*



Clinic Details		Case Details	
Clinic	Address	Injury Description	Injury Onset Date
Team Rehabilitation WI01, LLC	N81W15014 Appleton Ave	WI01-PT-Back-Legal	2021-11-16
Phone #	Menomonee Falls, WI 53051-4375	Diagnosis Codes	Accident Date
2627147040		M54.2, M54.6	2021-11-16
Fax #		Referring Physician	Accident State
2627147041		Brian Curtin	WI

Subjective Analysis

Objective Analysis

Flow Sheet Exercises

EXERCISE	CPT	SETS	REPS	WEIGHT	HOLD	BILLABLE MINUTES	COMPLETED	ADDITIONAL COMMENTS
Foam Roller Pec stretch	97110				180 sec	3	Yes	
WI01 Lumbar Rotation	97530	10	3			3	Yes	
Bilateral External Rotation	97530	3	10			3	Yes	green
Scapular Retractions	97530	3	10			4	Not today	
Patient Education	97530					10	Not today	Regarding anatomy, diagnosis and prognosis, home exercise program, and plan of care.
Chin Tucks	97530	3	10			3	Yes	
Myofascial Release	97112					4	Not today	
table push ups with a plus	97530	3	10			3	Yes	
Soft Tissue Mobilization	97112					18	Yes	upper trapezius, thoracic paraspinals
Thoracic Self Mob	97530	2	10			3	Yes	
Clam Shells	97530	3	15			5	Not today	
Shoulder Extension	97530	3	10			3	Yes	green
WI01 DKTC	97530	3	10			3	Yes	
Joint Mobilization Gr I-IV	97112					5	Yes	thoracic prone PAs
Passive Range of Motion	97140					8	Yes	cervical range of motion all directions
Intramuscular trigger point therapy	97112					8	Not today	
Rows	97530	3	10			3	Yes	green
WI01 Bridges	97530	3	10			3	Yes	
Prone Ts	97530	3	10	1.00 lbs		3	Yes	

Assessment

Rehab Potential

Good

Goals

THERAPIST SHORT-TERM GOALS			THERAPIST LONG-TERM GOALS	
GOAL	ONSET	GOAL PROGRESS	GOAL	DURATION GOAL PROGRESS
No short term goals reported.			Ambulation/Standing time increased to >60 minutes to permit work activities	10 weeks
			Sleeping, uninterrupted sleep time reaches prior level of function	
			Squatting/Kneeling ability is improved to prior level of function to permit work activities and household activities	
			Jogging on a level surface for 30 mins using proper running mechanics for recreational running	

Plan

Possible Procedures Treated over full course of treatment

97110, 97112, 97140, 97530, 97026, 97035, 97162, 97164, 97535

PROCEDURE CATEGORIES	DURATION OF TREATMENT
2x every week	until 12/24/2021

PROCEDURE CATEGORIES	UNITS	MINUTES
97530	2.000	30
97110	0.000	3
97112	2.000	23
97140	1.000	8
Total Timed Code Treatment Minutes		64
Total Treatment Time		64

Signatures

Treating Provider Signature

Electronically signed by Jennifer Tomczyk, DPT on 2021-12-06 17:06 CST. License #: 1464124



**TEAM
REHABILITATION
PHYSICAL THERAPY**

Fax

To Name: Dr. Brian Curtin

From Name: Ashley Everhart

To Fax: 414-962-6070

From Fax: 262-714-7041

Subject: Re: D. Wade

From Phone: 262-714-7040

Date: December 1st, 2021 10:58 AM (CST)

Signature Required: Yes

Message:

Confidentiality Warning: This message is intended only for the use of the individual or entity to which it is addressed, and may contain information which is privileged, confidential, proprietary or exempt from disclosure under applicable law. If you are not the intended recipient or the person responsible for delivering the message to the intended recipient, you are strictly prohibited from disclosing, distributing, copying or in any way using this message. If you have received this communication in error, please notify the sender, and destroy and delete any copies you may have received.

Initial Evaluation Note

Patient: Darius Wade
DOB: 1989-03-15 *Sex: M*
Visit: 2021-11-23 *Visit # 1*
Provider: Jennifer Tomczyk, DPT *NPI # 1226698715*



Clinic Details

Clinic
Team Rehabilitation WI01, LLC
Address
N81W15014 Appleton Ave
Monomonee Falls, WI 53051-4375
Phone #
2627147040
Fax #
2627147041

Case Details

Injury Description
WI01-PT-Back-Legal
Injury Onset Date
2021-11-18
Diagnosis Codes
M54.2, M54.6
Accident Date
2021-11-18
Referring Physician
Brian Curtin
Accident State
WI

Subjective Analysis

Work Related

(NO)

Auto Related

(YES)

Note: Someone ran into me

Patient Primary Concern

Upper back

Patient Self-Report

Age-Gender: 32 year old male
Body Part - Onset Date: upper back/neck - 11/16/2021
Tests-Imaging: X-ray - of upper back was negative and CAT scan was negative
Subjective: Patient was in a car accident when he was driving and vehicle in front of him was turning left and as he was going around him the vehicle hit his front drivers side. He then began experiencing upper back and neck pain about 15 minutes post accident. Patient describes upper back and neck pain as tight and sore. Denies any numbness and tingling into upper extremities. Denies any headaches, nausea, dizziness, or dysphagia since accident.
Home Duties-Responsibilities: Patient responsible for laundry, dishes, and household cleaning as well assist in outdoor chores which requires frequent forward bending, squatting, lifting, stair climbing, and ambulation.
Work Duties: Quad graphics - machine operator : standing, bending, squatting, lifting up to 50 lbs on occasionally and up to 20 lbs frequently
Barriers Home & Work: Lives alone
Prior Level of Function:
- able to sleep through the night
- able to stand for 8 hour shift
- able to squat down and wash floors and bathtub
- able to play age related recreational activities
Current Deficits
- unable to sleep through the night
- unable to stand for 8 hour shift
- unable to squat down and wash floors and bathroom
- unable to play recreational activities

Medical History Review

Moderate Complexity - The patient has a history of present problem with a history of 1-2 personal factors and/or comorbidities that impact the plan of care

Objective Analysis

Flow Sheet Exercises



NAME	OPT	SETS	REPS	WEIGHT	HOLD	BILLABLE MINUTES	COMPLETED	ADDITIONAL COMMENTS
Bilateral External Rotation	97530	3	10			3	Not today	
Scapular Retractions	97530	3	10			4	Yes	
Chin Tucks	97530	3	10			3	Yes	
Joint Mobilization Gr I-IV	97112					5	Not today	
Intramuscular trigger point therapy	97112					8	Not today	
Passive Range of Motion	97140					8	Yes	cervical range of motion all directions
Myofascial Release	97112					4	Not today	
Patient Education	97530					10	Yes	Regarding anatomy, diagnosis and prognosis, home exercise program, and plan of care.
Soft Tissue Mobilization	97112					8	Yes	upper trapezius, thoracic paraspinals

General Objective Analysis

Cervical Range of Motion;
flexion: 45
extension: 35
lateral flexion R: 40
lateral flexion L: 35
rotation R: 85
rotation L: 70

Tissue Pliability: active trigger points at bilateral upper trapezius, levator scapulae, thoracic paraspinals

Joint Mobility: hypomobile at C7 junction T1-5

Posture: forward head, rounded shoulders, protracted scapula, thoracic kyphosis

Inspection

None Reported

Assessment

Rehab Potential

Good

Goals

THERAPIST SHORT-TERM GOALS

GOAL	DURATION	GOAL PROGRESS
No short term goals reported.		

THERAPIST LONG-TERM GOALS

GOAL	DURATION	GOAL PROGRESS
Ambulation/Standing time increased to >60 minutes to permit work activities	10 weeks	
Sleeping, uninterrupted sleep time reaches prior level of function		
Squatting/Kneeling ability is improved to prior level of function to permit work activities and household activities		
Jogging on a level surface for 30 mins using proper running mechanics for recreational running		

Plan

Possible Procedures Treated over full course of treatment

97110, 97112, 97140, 97530, 97026, 97035, 97162, 97164, 97538

FREQUENCY OF TREATMENT	DURATION OF TREATMENT
2x every week	until 12/24/2021

CODES BILLED DURING VISIT

CPT CODE	UNITS	MINUTES
97140	1.000	8
97112	1.000	8
97530	1.000	17
97162	1.000	30
Total Timed Code Treatment Minutes		33
Total Treatment Time		63

Signatures

Treating Provider Signature

Initiated by Jennifer Tomczyk, DPT on 2021-11-24 06:31 CST License #: 1464124
 Electronically co-signed by Casey Devlin, DPT on 2021-11-30 21:03 CST License #: 14300-24

Referring Provider Signature

If you are the referring physician, please select one of the following options before signing and returning the form. If any revisions are required, fill out in the blank space to the right.

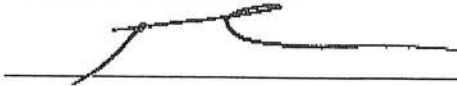
I have no revisions to the plan of care.
 Revise the plan of care as follows:

I, Dr. Brian Curtin, certify the need for these services furnished under this plan of treatment and while under Jennifer Tomczyk, DPT's care.

Signature of Referring Physician

Date

Time



12/2/21

CST

Dr. Brian Curtin

Discharge Summary

Patient: Darius Wade
DOB: 1989-03-15 *Sex: M*
Visit: 2021-12-21 *Visit # 4*
Provider: Jennifer Tomczyk, DPT *NPI#*
1225698715



Clinic Details

Clinic	Address
Team Rehabilitation WI01, LLC	N81W15014 Appleton Ave Menomonee Falls, WI 53051-4375
Phone #	
2627147040	
Fax #	
2627147041	

Case Details

Injury Description	Injury Onset Date
WI01-PT-Back-Legal	2021-11-16
Diagnosis Codes	Accident Date
M54.2, M54.6	2021-11-16
Referring Physician	Accident State
Brian Curtin	WI

Assessment

Patient Self-Report

Prior Level of Function:

- able to sleep through the night
- able to stand for 8 hour shift
- able to squat down and wash floors and bathtub
- able to play age related recreational activities

Deficits at Eval:

- unable to sleep through the night
- unable to stand for 8 hour shift
- unable to squat down and wash floors and bathroom
- unable to play recreational activities

Current Deficits

- able to sleep through the night
- able to stand for 8 hour shift
- able to squat down and wash floors and bathtub
- able to play age related recreational activities

Patient has met all of his goals and is no longer having difficulty with function. He continues to have soreness in upper back after a long shift at work, but this is improving with improved posture and is not lasting as long. He will be independent in home program at this time.

Rehab Potential

Good

Goals

PATIENT SHORT-TERM GOALS

GOAL	DATE	GOAL PROGRESS
------	------	---------------

No short term goals reported.

THERAPIST LONG-TERM GOALS

GOAL	DURATION	GOAL PROGRESS
Ambulation/Standing time increased to >60 minutes to permit work activities	10 weeks	MET - Ambulation/Standing time increased to >60 minutes to permit work activities
Sleeping, uninterrupted sleep time reaches prior level of function		MET - Sleeping, uninterrupted sleep time reaches prior level of function
Squatting/Kneeling ability is improved to prior level of function to permit work activities and household activities		MET - Squatting/Kneeling ability is improved to prior level of function to permit work activities and household activities
Jogging on a level surface for 30 mins using proper running mechanics for recreational running		MET - Jogging on a level surface for 30 mins using proper running mechanics for recreational running

Plan

Possible Procedures Treated over full course of treatment

97110, 97112, 97140, 97530, 97026, 97035, 97162, 97164, 97535

FREQUENCY OF TREATMENT	DURATION OF TREATMENT
------------------------	-----------------------

2x every week

until 12/24/2021

Signatures

Treating Provider Signature

Electronically signed by Jennifer Tomczyk, DPT on 2021-12-28 06:50 CST. License #: 1464124

Team Rehab

N81W15014 Appleton Ave
 Menomonee Falls, WI 53051-4375
 P: (262) 714-7040 • F: (262) 714-7041



CASE LEDGER

Accurate as of 1/19/22 12:54:56 PM

Contact Address:

Darius Wade
 7641 N 76th St, Apt 1
 Milwaukee, WI 53223

Darius Wade (Patient)

DOB
 03/15/89
 Mobile
 (414) 676-9091
 Address
 7641 N 76th St, Apt 1
 Milwaukee, WI 53223

Account #1073163-TRH

Contact
 Darius Wade (Patient)

Phone Mobile Phone
 () - (414) 676-9091 () -

Address
 7641 N 76th St, Apt 1
 Milwaukee, WI 53223

Case Billing Info

Visits / Claims 4 / 4	Billed \$2,400.00	Patient Re. \$0.00	Ins. Paid \$0.00
Pending Ins. \$2,400.00	Not Allowed \$0.00	Patient Paid \$0.00	Remain. Patient \$0.00

Insurance Details
 (Prim.) J RICHARDS LAW OFFICES

WI01-PT-Back-Legal (Case)

Provider Jennifer Tomczyk	Eval Date N/A	Injury Date 11/16/21	Surgery Date N/A
Ref. Doctor Brian Curtin	Ref. Dr. Phone (414) 962-6700	Accident Date 11/16/21	Accident State WI
Diagnosis Codes M54.2, M54.6			

Visit Details

DOS Code	Cancel No Show	Units	Billed	Not Allowed	Ins. Paid	Patient Responsibility	Copay Visit Chg.	Patient Paid	Remaining Balance
11/23/21		4	\$615.00						
97112		1	\$120.00						
97140	-	1	\$105.00	-	-	-	-	-	-
97162		1	\$265.00						
97530		1	\$125.00						
11/30/21		5	\$595.00						
97112		2	\$240.00						
97140	-	1	\$105.00	-	-	-	-	-	-
97530		2	\$250.00						
12/02/21		5	\$595.00						
97112		2	\$240.00						
97140	-	1	\$105.00	-	-	-	-	-	-
97530		2	\$250.00						
12/21/21		5	\$595.00						
97112		2	\$240.00						
97140	-	1	\$105.00	-	-	-	-	-	-
97530		2	\$250.00						
Totals		19	\$2,400.00						