07/09/2012

12:02

# NORTHWEST COMMUNITY HOSPITAL / DAY SURGERY CENTER

PATIENT FACE SHEET Hospital MEDICAL RECORD NO. TP/SVC REG BY HOOM/BD ADM. DATE ADM. TIME PATIENT NUMBER s G/DSC RBAGG DSC 0001307925 12:02 71265382 07/09/12 DATE OF BIRTH SEX RACE PATIENT STATUS AGE PATIENT NAME AND ADDRESS S.S. NUMBER s OΑ 03/19/1970 М 1 DULBERG PAUL R 4606 HAYDEN COURT XXX-XX-XXXX 42 CNTRY CD RELIGION (L @0051+ NOP MCHENRY 847/497-4250 COMPLAINT/DX CASE RIGHT ULNAR NEURITIS NCMG(Y)/Elec Ord(Q):

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# MOHK PHONE (999) (993-1999)		ADULT CHIL
DULBERG PAUL 4506 HAYDEN COURT	G GECONDARY	
MCHENRY IL 60051-	HOME PHONE / EXT	AELATIONSHE

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ATTENDING PHYSICIAN: PHYSICIAN GROUP; ADMITTING PHYSICIAN:	628 HAND SURGERY	ASSOC S.C. I, SCOTT D MD ORH	
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	Pol #: 00000 DULBERG 4606 HAYDEN COUI MCHENRY Sub1: DULBERG ,PAUL Ins 2: Pol #: Sub2: Ins 3: Pol #: Sub3: ATTENDING PHYSICIAN: PHYSICIAN GROUP: ADMITTING PHYSICIAN: PRIMARY CARE PHYSICIA	Pol #: 00000 Type: DULBERG 4606 HAYDEN COURT MCHENRY , IL 60050- Sub1: DULBERG , PAUL  Ins 2: Pol #: Type:  Sub2:  Ins 3: Pol #: Type:  Sub3:  ATTENDING PHYSICIAN: 009628 SAGERMAN PHYSICIAN GROUP: 628 HAND SURGERY. ADMITTING PHYSICIAN: 009628 SAGERMAN REF/FAMILY PHYSICIAN: PRIMARY CARE PHYSICIAN:	Pol #: 00000 Type:

#### **Outpatient Coding Summary**

Patient Nam			Sex <b>Male</b>	Birth Date 03/19/1970	Age 42	MR Num 0001307		Account Number 71265382
Admit Date 07/09/12 1	2:02 PM	Discharge Date 07/09/12 12:02 PM	LOS 1	Financial Class Self Pay		Dispositio	on	- Application -
Attending Physician SAGERMAN, SCOTT D MD Coder Litty Vincent							Center (DSC)	
Reason fo	r visit		••			1. 中国(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	, r , -	
Secondar 9552 Injury	of ulnar nerve VDlagnosis to ulnar nerve			ALL CARREST	2. 分数 2. 人感	A Property of the Control of the Con	3	
E9289 Uns	pecified environ	mental and accidental cause	18 1888 1873		Provider		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Date
Procedures  0449 Peripheral nerve/ganglion decompression/lysis of adhesion				3 7 7 5 5 5	SAGERMAN, SCOTT D MD 07/09/12			
CPT Procedures and Modifiers				Provider	Provider Date			
		d/or transposition; ulnar nerv			SAGERM	SAGERMAN, SCOTT D MD 07/09/12		
APC	CPT /	APC-Text		A. Ver	APC Weight	APC		CMS Reimb
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APC Total I	Reimbursemeni	t	APC Tota 18.88	l Welght	Total CMS 1075.21	3 Reimburse	ment	
Bill Type Claim Type Claim Disposition Condition Code  131 Single day proc No edits on claim None of the above								





# **Outpatient Coding Summary**

Patient Nam	ne <b>5, PAUL R</b>		Sex Male	Birth Date 03/19/1970	Age 42	MR Number 0001307925	Account Number 71265382
Admit Date 07/09/12 1		Discharge Date 07/09/12 12:02 PM	LOS 1	Financial Class Self Pay		Disposition	, and the second
	ng Physician Coder RMAN, SCOTT D MD Litty Vincent				ery Center (DSC)		
Reason fo	r visit		A GOLD				Company of the Company
••	n of ulnar nerve				77.4314		
Secondar	y Diagnosis			- Mari	Final Section (Section)	e de la companya de l	
	to ulnar nerve pecified environn	nental and accidental causes					
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		lion decompression/lysis of a	dhesion		SAGERMA	AN, SCOTT D MD	
	CRT Procedures and Modifiers			Provider	<b>一般ない。</b>	Date	
64718 -RT Neuroplasty and/or transposition; ulnar nerve at elb			SAGERMA	AN, SCOTT D MD	07/09/12		
APC	3:52:50 2000 day	РС Техt			APC Weight	Pct Rein	
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APC Total Reimbursement APC Total Weight 1344.01 18.88		Total CMS 1075.21	Reimbursement				
Bill Type	Type Claim Type Claim Disposition		Condition				
131	Single day proc No edits on claim			None of	the above		





#### **AUTHORIZATION FOR PERIPHERAL NERVE BLOCK PLACEMENT**

A peripheral nerve block has been chosen by both your surgeon and anesthesiologist as a way to manage your pain after surgery. The following information outlines the type of block that has been indicated for your procedure. Your anesthesiologist, who is specially trained in performing this procedure, and is an independent practitioner and not an employee of Northwest Community Healthcare, will be placing the nerve block.

71265382

Though peripheral nerve blocks have a good safety record, all the listed blocks below have possible adverse effects of incomplete block, infection, bleeding, hematoma formation, adverse drug reaction, local anesthetic systemic toxicity, damage to nerve and/or surrounding structures. The duration of block may vary between patients and some motor and sensory deficits may last longer then expected.

Brachial Plexus block

This is performed to reduce post operative pain in the upper extremity. Possible specific adverse effects include but are not limited to dryness or numbness of the throat/facial region, hoarseness of the voice, redness of the eye, drooping of the eye lid, shortness of breath and rarely collapsed lung.

Femoral, Sciatic, Popliteal nerve block(s)

This is performed to reduce post operative pain in the lower extremity. This block(s) will reduce your sensation and muscle strength in your leg. You will be required to have a leg splint on at all times when standing or walking until full feeling and muscle strength has returned, otherwise a potential injury due to fall may occur.

Lumbar Piexus block

Other regional nerve blocks: \_\_\_\_

This is performed to reduce post operative pain in the hip and lower extremity. Possible specific adverse effects include but are not limited to hematoma of the retroperitoneal space, spread of local Anesthetic to epidural/subarachnoid space, hypotension, possible injury due to fall.

Transversus Abdominis Plane Block (TAP block)

This is performed to reduce post operative pain in the abdominal area. Possible adverse effects include inadvertent needle puncture of the peritoneal space or abdominal viscera, bowel hematoma.

With your signature, you have acknowledged that you have been informed of risks and benefits as well as expected outcomes for the post operative nerve block chosen for you. You are also confirming that you have read and fully understand the content of this authorization.

Patient Signature ful July Date and Time 7/5/10 13:-/

DULBERG ,PAUL R 71265382 M 42 07/09/12

DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD 1 4 6 7 5 C O N S

AUTHORIZATION FOR PERIPHERAL NERVE BLOCK PLACEMENT

Date and Time

Northwest Community Hospital

Arlington Heights, IL 60005

Form # 001,175-07/11-1-PS

Witness Signature\_

					•
1.   hereby authorize	55	ugnian			
M.D. and whomever he may d	esignate as physician	(1. n A	ter such medical	treatment, including	blood trans-
fusions, as he deems necessary	ry and/or to perform in the second of the se	upon Paul D Alcomosita Nom	wholfy are of Patient	the following	g procedure;
transpose:	tion, 1	1110 ly 81S	at	fore	ina
	(Stale Nat	ure of Procedure(s) to be Pe	rformed)		
and if any unforeseen condition different from, those now control					
2. My physician has explained treatment, the risks involved, made as to the results that ma	and the possibility of				
<ol><li>I consent to the administrat and to the use of such anest explained to me, with the exce</li></ol>	hetics as he may de				
	(A Blank Space o	or the Word "None" Indicates	No Exceptions)		
4. I consent to the disposal by	/ authorities of Northy	vest Community Hospita	al of any tissues	or parts which may b	e removed.
5. I consent to and autho appropriate portions of my bo picture or by descriptive text a	dy for medical, scient				
6. I consent to and authorize during the above procedure.	students in the heal	Ith care professions an	d appropriate no	n-medical persons t	o be present
7. The above physician, the agents of the hospital, but are			s, and their physi	cian groups are not e	employees or
8. I certify that I have read an below.	d fully understand the	entire contents of this	authorization in [	proof of which I affix	my signature
	Donn	40.00	Muy		
(WITNESS)		(SIGNATURE OF PAT	ENT)		
NOTE: If patient is a Minor or	incompetent to give o	consent, complete the f	ollowing:		
(WITNESS)		(SIGNATURE OF PER	SON AUTHORIZED	TO CONSENT FOR PATI	ENT)
(WITNESS)	• · · · · · · · · · · · · · · · · · · ·	(RELATION TO PATIE	NT)		
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		Northwest Commu Northwest Commu Arlington Heights, IL 6	nity Day Surgery Cer		

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DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

2 4 6 0 1 C 0 N S N
AUTHORIZATION FOR SURGICAL TREATMENT OR

NCH Item # 1143 (170nt)

AUTHORIZATION FOR SURGICAL TREATMENT OR DIAGNOSTIC OR MINOR PROCEDURES
Form No. 001.011-03/10-1-SD

y à quien él señale como médico, y asistentes, para que administren tratamiento médico, lo cual incluye transfusiones de sang el lo estima necesario, y /o practicar en	Por medio de este documento autorizo al Doc     .	otor				
(Indique nombre dei paciente)  (Indique la naturaleza del procedimiento o procedimientos a ser practicado(s))  y, si surgiere alguna situación imprevista en el transcurso del procedimiento mencionado, yo pido y también le autorizo puque, a su criterio, aplique otros procedimientos que no hayan sido aquí considerados; y que proceda con lo que esti aconsejable.  2. Mi médico me ha explicado la naturaleza y el propósito del procedimiento, o transfusión de sangre, los métoc alternativos posibles del tratamiento, los riesgos que implica y la posibilidad de complicaciones. Declaro que ni garantía seguridad ha sido expresada acerca de los resultados que puedan ser obtenidos.  3. Consiento en que la administración de anestesia y/o sedación sea aplicada por o bajo la supervisión de un méd calificado, y que el uso de tales anestésicos será según el lo estime aconsejable, con la excepción de:  (Un espacio en bianco o la palabra "ninguna" indica que no hay excepciones)  4. Consiento en que las autoridades de Northwest Community Hospital dispongan de los tejidos o partes que hayan sido removid  5. Consiento y autorizo la toma de fotografías y las grabaciones televisivas de tales operaciones y/o procedimientos, lo cincluye porciones apropiadas de my cuerpo con fines médicos, científicos o educacionales, siempre que mi identidad no s revelada en las fotografías o en el texto que acompaña a éstas.  6. Consiento y autorizo que estudiantes de la profesión del cuidado de la salud, así como personal no-médico califica puedan estar presentes durante el procedimiento arriba mencionado.  7. El médico arriba mencionado, el anestesiólogo, si es aplicable, sus asistentes y su grupo médico no son empleados agentes del hospital, pero son personal médico independiente.  8. Certifico que he leido y que comprendo completamente todo el contenido de esta autorización y, como prueba estampo firma aquí.  (TESTIGO) (PERMA DEL A PERSONA AUTORIZADA PARA DAA CONSENTIMIENTO POR EL PACIENTE)  (TESTIGO) (PERMA DEL A PERSONA AUTORIZADA PARA DAA CONSENTI	y a quien él señale como médico, y asistentes, pa	ara que administren tratamiento médico, lo cual Incluye transfusiones de sangre,				
(Indique nombre dei paciente)  (Indique la naturaleza del procedimiento o procedimientos a ser practicado(s))  y, si surgiere alguna situación imprevista en el transcurso del procedimiento mencionado, yo pido y también le autorizo puque, a su criterio, aplique otros procedimientos que no hayan sido aquí considerados; y que proceda con lo que esti aconsejable.  2. Mi médico me ha explicado la naturaleza y el propósito del procedimiento, o transfusión de sangre, los métoc alternativos posibles del tratamiento, los riesgos que implica y la posibilidad de complicaciones. Declaro que ni garantía seguridad ha sido expresada acerca de los resultados que puedan ser obtenidos.  3. Consiento en que la administración de anestesia y/o sedación sea aplicada por o bajo la supervisión de un méd calificado, y que el uso de tales anestésicos será según el lo estime aconsejable, con la excepción de:  (Un espacio en bianco o la palabra "ninguna" indica que no hay excepciones)  4. Consiento en que las autoridades de Northwest Community Hospital dispongan de los tejidos o partes que hayan sido removid  5. Consiento y autorizo la toma de fotografías y las grabaciones televisivas de tales operaciones y/o procedimientos, lo cincluye porciones apropiadas de my cuerpo con fines médicos, científicos o educacionales, siempre que mi identidad no s revelada en las fotografías o en el texto que acompaña a éstas.  6. Consiento y autorizo que estudiantes de la profesión del cuidado de la salud, así como personal no-médico califica puedan estar presentes durante el procedimiento arriba mencionado.  7. El médico arriba mencionado, el anestesiólogo, si es aplicable, sus asistentes y su grupo médico no son empleados agentes del hospital, pero son personal médico independiente.  8. Certifico que he leido y que comprendo completamente todo el contenido de esta autorización y, como prueba estampo firma aquí.  (TESTIGO) (PERMA DEL A PERSONA AUTORIZADA PARA DAA CONSENTIMIENTO POR EL PACIENTE)  (TESTIGO) (PERMA DEL A PERSONA AUTORIZADA PARA DAA CONSENTI	si lo estima necesario. v /o practicar en	el siguiente procedimiento:				
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4. Consiento en que las autoridades de Northwest Community Hospital dispongan de los tejidos o partes que hayan sido removid  5. Consiento y autorizo la toma de fotografías y las grabaciones televisivas de tales operaciones y/o procedimientos, lo c incluye porciones apropiadas de my cuerpo con fines médicos, científicos o educacionales, siempre que mi identidad no s revelada en las fotografías o en el texto que acompaña a éstas.  6. Consiento y autorizo que estudiantes de la profesión del cuidado de la salud, así como personal no-médico califica puedan estar presentes durante el procedimiento arriba mencionado.  7. El médico arriba mencionado, el anestesiólogo, si es aplicable, sus asistentes y su grupo médico no son empleados agentes del hospital, pero son personal médico independiente.  8. Certifico que he leído y que comprendo completamente todo el contenido de esta autorización y, como prueba estampo firma aquí.  (TESTIGO)  (FIRMA DEL PACIENTE)  (TESTIGO)  (FIRMA DEL PACIENTE)  (TESTIGO)  (FIRMA DEL PACIENTE)  (TESTIGO)  (RELACION CON EL PACIENTE)	<ol> <li>Consiento en que la administración de ane calificado, y que el uso de tales anestésicos sen</li> </ol>	stesia y/o sedación sea aplicada por o bajo la supervisión de un médico á según el lo estime aconsejable, con la excepción de:				
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incluye porciones apropladas de my cuerpo con fines médicos, científicos o educacionales, siempre que mi identidad no s revelada en las fotografías o en el texto que acompaña a éstas.  6. Consiento y autorizo que estudiantes de la profesión del cuidado de la salud, así como personal no-médico califica puedan estar presentes durante el procedimiento arriba mencionado.  7. El médico arriba mencionado, el anestesiólogo, si es aplicable, sus asistentes y su grupo médico no son empleados agentes del hospital, pero son personal médico independiente.  8. Certifico que he leído y que comprendo completamente todo el contenido de esta autorización y, como prueba estampo firma aquí.  (TESTIGO)  (FIRMA DEL PACIENTE)  (TESTIGO)  (FIRMA DE LA PERSONA AUTORIZADA PARA DAR CONSENTIMIENTO POR EL PACIENTE)  (TESTIGO)  (RELACION CON EL PACIENTE)	4. Consiento en que las autoridades de Northwest	Community Hospital dispongan de los tejidos o partes que hayan sido removidos.				
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(TESTIGO) (RELACION CON EL PACIENTE)	•	itado para dar su consentimiento, complete la siguiente información:				
	(TESTIGO)	(FIRMA DE LA PERSONA AUTORIZADA PARA DAR CONSENTIMIENTO POR EL PACIENTE)				
(FECHA/HORA)	(TESTIGO)	(RELACION CON EL PACIENTE)				
	(FECHA/HORA)					
DULBERG, PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD  Northwest Community Hospital Northwest Community Day Surgery Center Adington Heights, IL 60005  AUTORIZACIÓN PARA PROCEDIMIENTOS E	71265382 M 42 07/09/12 DOB 03/19/1970 0001307925	Northwest Community Day Surgery Center Adington Heights, IL 60005				

NCH Item # 1143 (backer)

AUTORIZACIÓN PARA PROCEDIMIENTOS E DIAGNÓSTICO, TERAPÉUTICOS Ó QUIRÚRGICOS AUTHORIZATION FOR SURGICAL TREATMENT OR DIAGNOSTIC OR MINOR PROCEDURES (SPANISH)

Form No. 001.011-03/10-1-SD







# DAY SURGERY CENTER PATIENTS



I received the Day Surgery Center brochure by mail outlining my Patient Rights and Advance Directive options.

I have received a copy of the Patient Rights and Responsibilities.

# SHARING CONSENT

- To comply with the Federal Privacy rules, we request that a spokesperson be identified by the
  patient to be the primary contact to receive updates about the patient's condition. An alternate
  spokesperson(s) may be selected in case the primary spokesperson is not available. It is a
  requirement that both primary and alternate spokespersons have the patient's permission to
  receive protected health information as it relates to his/her care.
- Information requests via the telephone will be given <u>only</u> to an identified spokesperson on this
  written document.

Physician may share information about my procedure with the following individuals:

	Dark	man	
Nam	e	Relationship	(Cell Phone Number)
Nam	Э	Relationship	(Cell Phone Number)
	Do not share routine	information regarding my pr	rocedure
Resp □	onsible adult that will drive Same as above	me home:	
	My driver plans to stay in	the immediate area (waiting ro	om)- Pager number 12
	My driver will pick me up	when ready:	
		Name and phone e at home for 24 hours:	number for driver
Votes			
******			
⊃atier	nt/Guardian Signature:	Wand dulling	Date:

DULBERG ,PAUL R

71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD Northwest Community Hospital Northwest Community Day Surgery Center Arlington Heights, IL 60005

7-



SHARING PATIENT INFORMATION FORM

NCH Item # 57533

Form # 001.170-09/11-1-SD

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#### UNIVERSAL CONSENT

LANGUAGE SERVICES (please initial	
Lunderstand that I have the right to a free interp	
English Speaking - No Interpreter Necessar	у.
I accept the interpreting services provided t	by the hospital.
Language	Name of
Requested:	Interpreter:
I refuse the interpreting services.	quest a friend or family member to interpret.
Refusal Signature:	
Form read to patient by:	
medical staff and personnel at Northwest Command/or Northwest Community Medical Group considered necessary or advisable for the diagn myself. I understand that the practice of medicin no guarantees have been made to me. I authomedical record, from my treating physician(s) or	rformance of all tests and treatments by members of the nunity Hospital, Northwest Community Day Surgery Center, ("NCH") which in the judgment of the physicians may be osis or treatment for the condition for which I am presenting e and surgery is not an exact science and acknowledge that rize NCH to request and receive information, including my agents.
privileges at these facilities. My physician employed by or agents of NCH and who provide specialized services such as emergence	e initial)  ire not employed by or acting as agents of NCH but have may decide to call in consultants who are also not bractice in other specialties to provide care to me. To be medicine, radiology, radiation oncology, pathology and greements with independent physician groups. The

members of these groups are not employees or agents of NCH. My care may be managed by allied health professionals such as nurse anesthetists, physician assistants, advanced practice nurses and nurse midwives who are not employees or agents of NCH. I understand that NCH does not exercise any control or authority over any physician's professional or allied health professional's judgment, diagnosis or treatment decisions. I understand that my treating physicians may not participate in the same insurance plans as NCH, and that I will receive a separate bill for these physician services.

RELEASE OF RESPONSIBILITY FOR VALUABLES (please initial)

I acknowledge that NCH WILL NOT be liable for any loss or theft of any personal property of mine, other than that which is deposited in the hospital safe, whether such loss or theft is caused by any patient, visitor, quest, agent or employee of NCH. I hereby release and exonerate NCH from any loss or theft of my personal property.

DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

Northwest Community Hospital **Northwest Community Day Surgery Center** Northwest Community Medical Group



UNIVERSAL CONSENT

Page 1 of 1

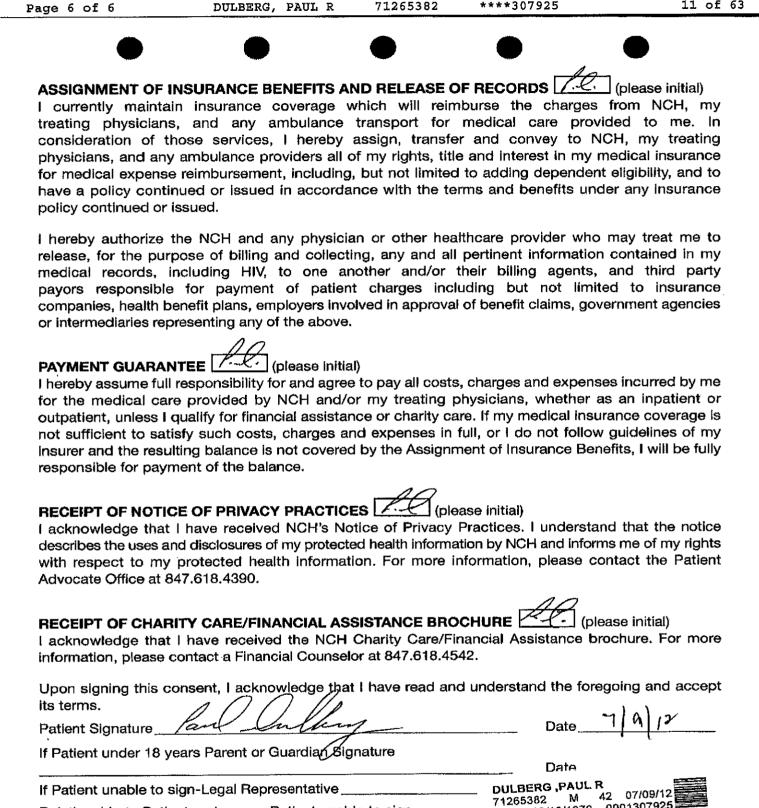
Form # 001.002-05/11-1-5D

Relationship to Patient and reason Patient unable to sign \_

Date of Service

NCH Item # 24839 (backer)

NCH Employee Witness Signature



DOB 03/19/1970 0001307925

SAGERMAN, SCOTT D MD

Date.



DULBERG, PAUL R





\*\*\*\*307925

#### **UNIVERSAL CONSENT**

LANGUAGE SERVICES (please initial)
Lunderstand that I have the right to a free interpreter.  English Speaking - No Interpreter Necessary.
I accept the interpreting services provided by the hospital.
Language Name of Requested; Interpreter:
☐ I refuse the interpreting services. ☐ I request a friend or family member to interpret.
Refusal Signature:
Form read to patient by:
CONSENT FOR TREATMENT (please initial)  I hereby consent to the administration and performance of all tests and treatments by members of the medical staff and personnel at Northwest Community Hospital, Northwest Community Day Surgery Center, and/or Northwest Community Medical Group ("NCH") which In the judgment of the physicians may be considered necessary or advisable for the diagnosis or treatment for the condition for which I am presenting myself. I understand that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made to me. I authorize NCH to request and receive information, including my medical record, from my treating physician(s) or agents.
My care will be managed by physicians who are not employed by or acting as agents of NCH but have privileges at these facilities. My physician may decide to call in consultants who are also not employed by or agents of NCH and who practice in other specialties to provide care to me. To provide specialized services such as emergency medicine, radiology, radiation oncology, pathology and anesthesiology, NCH has entered into agreements with independent physician groups. The members of these groups are not employees or agents of NCH. My care may be managed by allied health professionals such as nurse anesthetists, physician assistants, advanced practice nurses and nurse midwives who are not employees or agents of NCH. I understand that NCH does not exercise any control or authority over any physician's professional or allied health professional's judgment, diagnosis or treatment decisions. I understand that my treating physicians may not participate in the same insurance plans as NCH, and that I will receive a separate bill for these physician services.
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DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

Northwest Community Hospital Northwest Community Day Surgery Center Northwest Community Medical Group



**UNIVERSAL CONSENT** 

Page 1 of 1

Form # 001.002-05/11-1-SD

Page	2	of	3
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DULBERG, PAUL R

71265382

\*\*\*\*307925

13 of 63

ASSIGNMENT OF INSURANCE BENEFITS AND RELEASE OF RECORDS (please initial) (	my In ing nce I to
I hereby authorize the NCH and any physician or other healthcare provider who may treat me release, for the purpose of billing and collecting, any and all pertinent information contained in medical records, including HIV, to one another and/or their billing agents, and third papayors responsible for payment of patient charges including but not limited to insurar companies, health benefit plans, employers involved in approval of benefit claims, government agence or intermediaries representing any of the above.	my arty ace
PAYMENT GUARANTEE (please initial)  I hereby assume full responsibility for and agree to pay all costs, charges and expenses incurred by for the medical care provided by NCH and/or my treating physicians, whether as an inpatient outpatient, unless I qualify for financial assistance or charity care. If my medical insurance coverage not sufficient to satisfy such costs, charges and expenses in full, or I do not follow guidelines of insurer and the resulting balance is not covered by the Assignment of Insurance Benefits, I will be firesponsible for payment of the balance.	oı e is my
RECEIPT OF NOTICE OF PRIVACY PRACTICES (please Initial) I acknowledge that I have received NCH's Notice of Privacy Practices. I understand that the not describes the uses and disclosures of my protected health information by NCH and informs me of my rig with respect to my protected health information. For more information, please contact the Pati Advocate Office at 847.618.4390.	hts
RECEIPT OF CHARITY CARE/FINANCIAL ASSISTANCE BROCHURE (please initial) (please initial) acknowledge that I have received the NCH Charity Care/Financial Assistance brochure. For minformation, please contact a Financial Counselor at 847.618.4542.	ore
Upon signing this consent, I acknowledge that I have read and understand the foregoing and accident sterms.  Patient Signature	ept

4	e <sup>t</sup>	"ah
•		







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#### DAY SURGERY CENTER PATIENTS



I received the Day Surgery Center brochure by mail outlining my Patient Rights and Advance Directive options.

I have received a copy of the Patient Rights and Responsibilities.

#### SHARING CONSENT

- To comply with the Federal Privacy rules, we request that a spokesperson be Identified by the
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  receive protected health information as it relates to his/her care.
- Information requests via the telephone will be given only to an identified spokesperson on this
  written document.

Physician may share information about my procedure with the following individuals:

		// .						
Nan	ne	Relationship	(Cell Phone Number)					
Nam	19	Relationship	(Cell Phone Number)					
	Do not share routine i	nformation regarding my p	rocedure					
Res	ponsible adult that will drive r Same as above	ne home:	1.15					
	My driver plans to stay in the immediate area (waiting room)- Pager number							
	My driver will pick me up when ready:							
	Adult who will stay with me	e at home for 24 hours:						
Note	9S:	www.						
Pati	ent/Guardian Signature:	X fail Culting	Date:					

DULBERG , PAUL R

71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD Northwest Community Day Surgery Center Arlington Heights, IL 60005

Northwest Community Hospital

1 4 6 2 9 C

SHARING PATIENT INFORMATION FORM

Form # 001.170-09/11-1-SD

# Key Points to observe after hospital discharge:

- Begin to take your oral pain medication when you start to have feeling in your operative limb. This will provide more effective pain relief than if you wait until the block wears off completely.
- Start taking your home medications as directed by your family physician or surgeon. 2)
- You may notice a slight temperature difference between your "blocked" limb versus your 3) other limbs. This is not unusual and is a normal occurrence for this type of anesthesia.

# Upper Limb (Arm)

- The nerve block will wear off in about 6 24 hours. Until then, your arm and shoulder area will be numb and weak. DO NOT lift or carry objects.
- 2) Limit your activities until full feeling and strength have returned to avoid injury due to altered sensation.
- If given an arm sling, wear sling until you have feeling and muscle strength to control your 3) arm or your surgeon tells you to remove it. This also is to prevent injury.

### Lower Limb (Lea)

- 1) The nerve block will wear off in about 6 - 24 hours. Until then, your leg will be numb and weak. DO NOT try to bear weight on your leg or you might fall! When given a brace, wear it at all times that you are up and about, until your surgeon tells you otherwise.
- Limit your activities until full feeling and muscle strength have returned to avoid injury due to 2) altered sensation.
- 3) Use assistive devices such as crutches or a walker as ordered by your physician.

If you have redness or swelling at the injection site, metallic taste in your mouth, facial numbness or tingling, slurred speech, restlessness, or any question that is of concern please call the 847.618.7200 immediately and ask to talk to an anesthesiologist.

Northwest Community Hospital

Arlington Heights, IL 60005

DULBERG ,PAUL R 42 07/09/12 M 71265382 DOB 03/19/1970 0001307925

SAGERMAN, SCOTT D MD

Regional Anesthesia/ Single Block Injection **Discharge Instruction Sheet** 

NCH Item # 56906

Original - Chart

Photocopy -- Patient

Form # 005,789-12/11-1-P\$

ACTIVITY:

\*\*\*\*307925

You are urged to carefully follow these instructions. Following anesthesia you may experience lightheadedness, dizziness, and sleepiness.

DULBERG, PAUL R

# YOU MUST HAVE A RESPONSIBLE ADULT TO TAKE YOU HOME AND STAY WITH YOU FOR THE FIRST 24 HOURS.

The first 24 hours after surgery/procedure	NO activities that require judgment decisions.
NO operating of power/heavy equipment.	DayO, work or school.
TXNO driving a motor vehicle.	
REST at home. Limited activity as tolerated. No heav	y illing.
No weight bearing. □ Weight bearing as tolerated wit	th crutches/walker/surgical shoe as discussed.
Diskeep operative site elevated (44) arm	☐ May shower on
Fali prevention discussed.	☐ May return to work on
DIET:	
☐ Clear liquids for 24 hours, then advance to soft dlet th	en regular diet.
Resume normal diet 🗀 as tolerated 🔻 🗆 after	
Do not drink alcoholic beverages including beer or wir	ne for 24 hours.
MEDICATIONS: NOCO	ay produce some loss of judgment and/or coordination. If
Pain medication containing codeine or other narcotics m	ay produce some loss of judgment and/or coordination. If
you are taking such medication, please adhere to the fol	llowing instructions:
Do not drive a motor vehicle: operate power tools or n	nachinery while taking this medication.
Do not drink alcoholic beverages (including beer and	wine) while taking pain medication.
Medication reconciliation sheet discussed and given t	o patient.
iMPORTANT: Call your physician promptly for the fo	ollowing:
Signs of infection at operative area(s) and/or IV site:	fever >101 or chills, pus or foul smelling drainage,
redness or swelling at site, severe pain.	/
Many abnormal bleeding Heart pa	alpitations 🔀 New or unusual pain
Persistent nausea and vomiting Rash	9
If your extremity looks pale or blue, becomes swollen	, or you feel a change in sensation.
If you are unable to contact your physician/surgeon	and feel that your symptoms require a physician's
attention, call or go directly to the nearest emergence	v department or call 911.
GYNECOLOGY / UROLOGY	· · · · · · · · · · · · · · · · · · ·
☐ Avoid sexual intercourse as instructed by your physic	ian for
☐ No tampons, no douching, and no tub baths or swimn	ning as instructed by your physician for
☐ You may expect some vaginal bleeding, some abdom	ninal cramping, and lower back pain.
I rou may expect some vaginal blocking, come agent.	to the Emergency Room.
FOLLOW UP:  Call for an appointment to see Dr	An/on 7112
With Dras follow	/c
Call 911 or go directly to the nearest emergency	department for the following:
<ul> <li>difficulty breathing</li> <li>chest pain</li> <li>inability to r</li> </ul>	remain alert.
ADDITIONAL INSTRUCTIONS ,	1 6
1000 doubles de la Olasco	te (R) prom. I hlas x24 0
- deed trapping ent ) - entry	NJ WANT )
<u> </u>	V
I have received and understand the above instructions:	gnature RN Date 7,9,12
Patient SignatureNurse Si	
Guardian/Adult with Patient Signature Bank Wuls	berg Date 7/9/12
	Northwest Community Hospital Northwest Community Day Surgery Center
DULBERG ,PAUL R	Arlington Heights, JL 60005
71265382 M 42 07/09/12	Annigion riognis, at 00003
DOB 03/19/1970 0001307925	
SAGERMAN, SCOTT D MD	14010013.K
	PATIENT DISCHARGE INSTRUCTIONS

NCH Item # 27008

White Copy - Chart

Yellow Copy - Patient

Form # 005,044-04/11-2-PS

for Diagnostic, Therapeutic or Surgical Procedures

DATE: TIME:	
HISTORY AND PHYSICAL: This patient was examined, and "no change" has occurred in the patient's condit	tion since the history and physical was
completed.	
Physician Signature	M.D. / D.O.
Interval Changes:	
	· · · · · · · · · · · · · · · · · · ·
	***
	- That is a second of the seco
Physician Signature	M.D. / D.O.

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

Northwest Community Hospital Northwest Community Day Surgery Center Arkington Heights, IL 60005



HISTORY AND PHYSICAL UPDATE NOTE

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

MLS: 95331

Mon Jul 09 11:20:41 2012 EST DD: Mon Jul 09 11:35:47 2012 EST DT:

JN: 51400438

PREOPERATIVE HISTORY AND PHYSICAL

DATE OF ADMISSION: 07/09/2012 12:00 AM

CHIEF COMPLAINT/DETAILS OF PRESENT ILLNESS: The patient is a 42-year-old male being admitted for elective surgery for right ulnar nerve injury.

PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY:

left ulnar nerve decompression - SS

FAMILY HISTORY: n/c - ss

ALLERGIES: None,

MEDICATIONS: Naproxen, tramadol and fluoxetine

SOCTAL HISTORY: Smoking history positive.

REVIEW OF SYSTEMS: Negative.

PHYSICAL EXAMINATION:

HEART AND LUNGS: Normal.

EXTREMITIES: The right elbow shows positive Tinel signs at the cubital tunnel with satisfactory range of motion. Scar is noted at the ulnar aspect of the midforearm from prior chainsaw accident with local sensitivity and tenderness. He indicates numbness in his ring and small fingers with gripping activities.

DIAGNOSTIC DATA: X-rays of the right forearm from June 20, 2011, are negative. The MRI of the right forearm from February of 2012 was unremarkable.

IMPRESSION: Right ulnar neuritis at the cubital tunnel and partial ulnar nerve injury right forearm.

PLAN: Right ulnar nerve decompression, possible transposition and neurolysis at the forearm. The surgery is scheduled under regional block anesthetic in day surgery. The patient understands the risks and benefits of surgery and the chance of complications, and he requests to proceed.

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD PREOPERATIVE HISTORY AND PHYSICAL Page 1 of 2 Page 3 of 3 DULBERG, PAUL R 71265382 \*\*\*\*307925 19 of 63

PREOPERATIVE HISTORY AND PHYSICAL, continued

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
PREOPERATIVE HISTORY AND PHYSICAL Page 2 of 2

Authenticated by Scott Sagerman MD On 07/10/2012 11:58:23 AM

Page 1 of 2 DULBERG, PAUL R 71265382 \*\*\*\*307925 20 of 63

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

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FAMILY HISTORY:

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DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD PREOPERATIVE HISTORY AND PHYSICAL Page 1 of 2 Page 2 of 2 DULBERG, PAUL R 71265382 \*\*\*\*307925 21 of 63

PREOPERATIVE HISTORY AND PHYSICAL, continued

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
PREOPERATIVE HISTORY AND PHYSICAL Page 2 of 2 cc:

Authenticated by Scott Sagerman MD On 07/10/2012 11:58:23 AM

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	PATIENT O	UTCOMES				
Patient/significant other verbalizes understanding of planned procedure.  Surgical consent signed Compilance with verbal or written instructions States in own words understanding of pre-procedure teaching  *Patient demonstr acceptable level of states in own structions  States in own words understanding of pre-procedure teaching  *Patient demonstr acceptable level of states in own structions  States in own words understanding of pre-procedure teaching	of coping w words anxie words copi ropriate to	ith anxiety.	environment	with activity		pared rtive
IMMEDIATE PRE-PROCEDURE PATIENT ASSESSME	NT	744444	CHART	REVIEW	<del>,,, _</del>	
-ETD bracelet on D ALLERGIES SIENCE	0	Old Reco	rds	-Consent co	mpleted	TO
allergy bracelet on		☐ H&P com	plete [			
Scaled Weight: 76 kg Height 59 Last menses  Vital Signs: T 98 1 properties or all axillary tympanic 12			Ordered - Checi			
Vital Signs: T 98.1	temporal 📙	Basic Metabolic		☐ Pregnancy1	est	
P 66 Resp 1 BP 102/63 Sa02 /4 NPO since 1700 7/8/2 Last Void 2		i CBC / With Diπ I Comp Metaboli	c	L.J. Blood Gluco	se	
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Check': Following and/or Remove: Impairments: Present Removed □ none	Anta Year	PT/PTT		□ CXR		
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hearing aid (right/left)	emaker —			***************************************		
- VIII -						
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Surgical side/site verified with patient/family/guardian.	a					<u> </u>
Surgical site location Math. Math. RN Initials	V-1458	lood Orders:	'n	irected donor	blood avails	ble
Sile: Lyf Man Rate: Gauge By: All On	29	Type and scr	een A	utologous blo	od available	
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☐ PCA ☐ Incentive Spirometry ☐ pain scale ☐ CPM						
□ Other						
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Confirm adult supervision at home,						
NameMOM	ļ					
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71265382 M 42 07/09/12			r ichiel	1 5 4 0 6	AMMAT MAX MINING MAN Deligi	n a 1661 )
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mer transmit title tit jamen ver ( ) bet 1936er						

71265382

NCH (tem

Form No. 005,015-12/09-1-SD

Teaching	Audience Patient Family/Sig	gnificant Other _2 Phone Int	erview 🗆 In erson
Purpose:	To educate the patient in preparation	for their procedure.	
	Exped	cted Outcomes	
Ī	The patient will verbalize the planned p	rocedure.	
II	The patient will arrive on day of surgery	safely prepared for procedure	and anesthesia.
111	The patient will be aware that discharge significant other upon discharge.	e instructions will be given to the	em and their family or
	Individual	Needs Assessment	
	Patient	Family/Signifi	cant Other
🔲 Langu		☐ Language ☐ Ⅵ	
☐ Hearlı		· · · · · · · · · · · · · · · · · · ·	nysical Limitations
□ Cogni	tive □ None	☐ Cognitive — No	one
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	***************************************		
	ss to learn is evidenced by: g questions  □ Verbalization of treatm	nent plan □ Focusing attenti	on
	- 1		
	reference for learning:		
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LI VIGEO	(II available)		
	Teaching	Plan and Material	
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DSC Bro		Pre Operative Instructions	
	ative Booklet 🗆 🔻 🗆	Pain Management	
Advance	Directives □ □	Herbal/Dietary Supplement	
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	Complete on ADM	Crutch Walking	
ح.	Not Interested	Smoking Cessation	
□ Other	L-000 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
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		Northwest Community Hospital	
		Northwest Community Day Surgery	Center
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DOE SAG	3 03/19/1970 0001307925 ERMAN, SCOTT D MD	PRE-SURGICA NEEDS ASS	

NCH Item # 64479

**NEEDS ASSESSMENT** 

Form # 005,867-08/10-1-SD

DULBERG, PAUL R

\*\*\*\*307925

Northwest Community Hospital	ľ	Northwest Community Day Surgery Center 675 W. Kirchoff Rd.										
800 W. Central Rd. Arlington Heights, IL, 60005	1	Arlington Heights, I		0005	F .	her W						
□ 847.618.7258 □ 847.618.7255	1	847.618.7080	_, _		(_)~	Daw						
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Date of Procedure	-	Time of Procedure		.30	200							
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Call <b>847.618.7244</b> for arrival time		11110 011 111		:30	1200							
Beginning at midnight prior to surgery, do not eat or dri	ink a	nything, including wat	ter, ca	andy, m	ints, or gum.							
No solid food after midnight before surgery.												
☐ Clear liquids until and ther	not	hing by mouth after th	at tin	ne.								
Continue to take all of your routine medications up unti taking any blood thinning medications like Aspirin, NSA supplements/Vitamins.	il the AIDS	night before surgery. (Motrin®, Advil®, Ale	Che (ve®	ck with , Coum	your physici adin®, Plavix	an regarding ®, or Herbal						
If not allergic, you may take the following acceptable pa	ain m	edications (e.g. Tylend	ol®, A	\cetamii	nophen, Vico	din®, etc.)						
On the day of surgery, take the following inhalers and/	or m	edications with a sma	ili sip	of wate	)r							
No alcoholic beverages and no smoking 24 hours before												
Bathe/shower day of surgery. Leave off makeup, contable ands/body piercings. Wear loose, comfortable clothe	act le s. Le	enses, nail/toe polish, eave all valuables at h	and a ome.	ali jewel	lry including t	tion to						
A Bring on the day of surgery if applicable:					D5	c guin						
☐ Photo ID & Insurance Card ☐ Medicat ☐ Crutches/Walker ☐ CPAP machine ☐ Tolletries, robe, and slippers if desired ☐ ☐ Advance Directives/Living Will/ Power of Atto ☐ Other:	□ L orne	aboratory/X-ray result y for Healthcare	] Ph	ysician	se	0,						
Report any signs of illness/infection/respiratory symptomyour surgery.		to your surgeon. You		_								
Name of responsible adult to drive you home after the	e pro	cedure	Zan	rait	····							
Name of responsible adult to stay with you overnight a		your procedure	[	rane	nb							
Patient/Significant Other Signature					Date							
RN Signature Wavala Saft			ate/1	Time	4/26	112						
Phone Interview												
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71265382

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



Day Surgery Center Arlington Heights, IL 60005

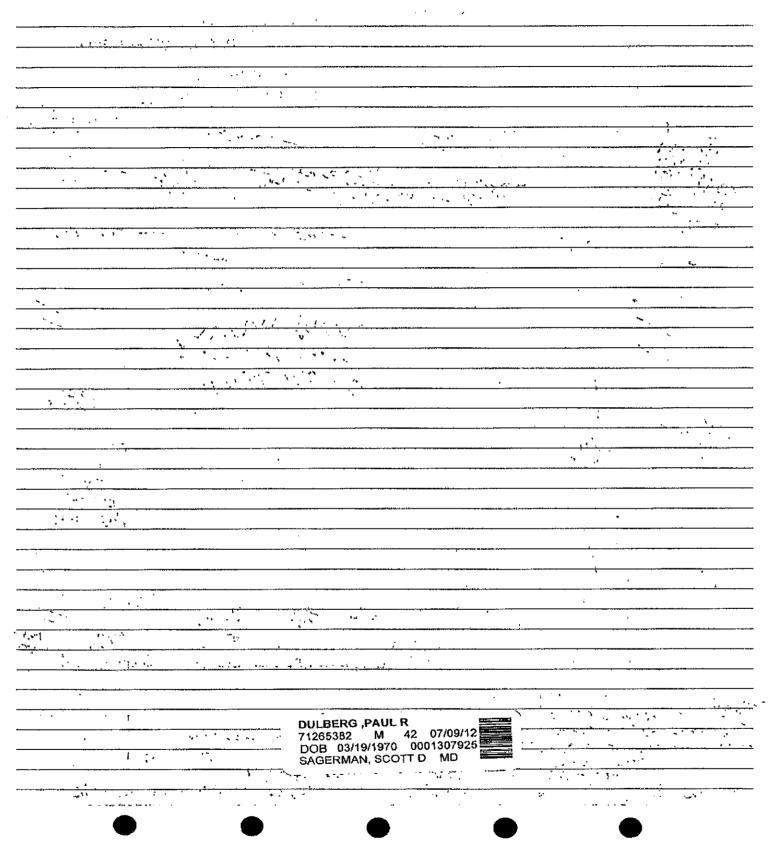


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# **ANESTHESIA RECORD**

Form # 005.095 - 05/04 - 2 - S&D

# NOTES



27 of 63

# **ANESTHESIA PRE-OPERATIVE HEALTH HISTORY ASSESSMENT** & PHYSICAL EXAM

DULBERG , PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

NCH Item # 32132

Northwest Community Hospital Northwest Community Day Surgery Center

Arlington Heights, IL 60005



**ANESTHESIA PRE-OPERATIVE HEALTH** HISTORY ASSESSMENT AND PHYSICAL EXAM

Form # 002,018-02/11-1-SD

\*\*\*\*307925

		•
	Please Print:	Dulbers Date: 6/26/12.
	Patient's full name:	Date: Date:
	Age: 42 Sex: Male Female Stated height:	iddie initial 1991 Stated weight; 165 BMI
	Home phone: ( )	Stated weight;
	Home phone: () Primary care physician:	Phone #:
		Phone #:
	ALLERGIES: None    Yes (Include food & latex, list; if v	es, describe reaction).
	MEDICAL / HEALTH HISTORY given by	
		obtained by In person Phone
	NO YES  1. Heart attack/disease	NO YES NO YES
	2. Chest pain/pressure	st 2 weeks  x/hlatel hernia
	4. Mitral Valve Prolapse 🔲 17. Hepatitisa	aundice 🖟 🖟 31. Arthelis DJD rede 🗆 🗁
↶	5. High Blood Pressure	ase/cirrhosis
9	6. Pacemaker/AICD 19. Kidney di 7. Shortness of breath 20. Peripheral	sease/dialysis 33. Gaucoma 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
든	8. Able to climb 1 flight of stairs	rascular/arterial disease
ഗ	8. Able to climb 1 flight of stairs 21. Stroke 9. Able to walk 2 city blocks 22. Seizures	35. Malignant Hyperthermia
I	8. Able to climb 1 flight of stairs 9. Able to walk 2 city blocks 10. Asthma/wheezing 11. COPD (emphysema/bronchitts) 12. Stroke 12. Stroke 12. Seizures 12. Motion S 12. Parkinson	ckness 🗏 🗌 Self Family
Ξ	11. COPD (emphysema/bronchitis) 📮 🔲 24. Parkinsor	's disease   36. Any Anesthesia complications
5	12. Other lung Disease 📈 📋 25. Multiple 8	iclerosis Self Family
₹	13. Sleep Apnea 26. Diabetes 27. Thyroid	37. Other Illness/injury
HEAL	Comments:	
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느	Previous surgery and previous anesthesia: None  SURGERY TYPE DATE OF SURGI	RY TYPE OF ANESTHESIA ANESTHESIA PROBLEMS
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	Aspirin; NSAIDS (Motrin/Advil), Coumadin, Plavix, Other blood to Steroid use in the last 6 months?	ninners? No Yes Last taken: Manager Luciforum
		ars smoked: Date quit?
		How much every day/week?
	Do you use recreational drugs?	How much every day/week?
	Females: could you be pregnant?	Date of last menstrual period:
	Did you donate blood for surgery? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Number of units
	Patient/Guardian Signature: Land Juliu	Date: 7/9/12
	Admitting RN Signature:	Date: 7/9/13
	receiving late organization	
		Northwest Community Hospital
	DULBERG ,PAUL R	Northwest Community Day Surgery Center
	/1265382 M 42 07/00/4	Arlington Heights, IL 60005
	SAGERMAN, SCOTT D MD	PRE-OPERATIVE HEALTH HISTORY
N.	CH Ham # 92132	Form #002.018-02/11-1-SD

Page 4 of 8

DULBERG, PAUL R

PHYSICAL EXAM:	PAT Vitals:	т	RR _	BP	\$AO2	
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		Dentures				
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Pepcid 20mg po OCOR		anel, Comprehensi	IVE			<u> </u>
Vallum5 mg no OCOR HOLD	☐ Hepatic Fun					
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Day of surgery, Patient seen Physician	Signature:		············	Date:	/, Time:	
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		Northwest Comm	unity Hospit	al ·	,, –	
	-	Northwest Comm	unity Day su	rgery Center		
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DULBERG PAUL R		Arlington Heights, IL				
71265382 M 42 07/09/12		Arlington Heights, IL	. 60005			
		Arlington Heights, tl ANESTH	. 60005 ESIA ASSI	ESSMENT & F		

\*\*\*\*307925 Page 6 of 8 DULBERG, PAUL R 71265382 MEDICATIONS (Daily, Over the Counter, Herbal, Vitamins, Dietary Supplements) LAST DOSE TAKEN DOSE ROUTE FREQUENCY NAME Advance Directives Yes Bring copy day of surgery Carelink Validated
No Form mailed/to be given day of surgery Not Interested **ADDITIONAL COMMENTS** DATE / TIME

Post Anesthesia Evaluation Note for Outpatients  Blood Pressure and pulse returned to baseline Cardiovascular function/hydration status stable Respiratory function stable; airway patient; O2	Temperature returned to baseline Mental status recovered; patient participates in evaluation Nausea and vomiting control satisfactory
Post Anesthesia Evaluation Note for Inpatients Cardiopulmonary status returned to baseline: Level of consciousness returned to baseline: Complications occuring during post-anesthesia recovery: Mental status recovered; patient participates in evaluation: Anesthetic follow-up care and/or observations:	Pain control satisfactory  yes no (explain below)
Notes:	
Physician Signature N	Date 9/9/15 TimeOrthwest Community Hospital

DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD Arlington Heights, IL 60005

**Northwest Community Day Surgery Center** 

**ANESTHESIA ASSESSMENT** 

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KEY: C		<u> </u>			Regular	LOC	A=Awake S=Sleepv		PATIENT:	A=Anxi apprehe			=Grimacing =Moaning
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DULBERG, PAUL R

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Do you have known Sleep Apnea?  ☐ Yes (complete section A only) ☐ No	formulate and a post
	(complete sections B only)
A. Diagnosed Sleep Apnea	
Do you have a CPAP machine?	□ Yes □ No
<ol><li>Do you know your pressure settings?</li></ol>	☐ Yes ☐ No
Who supplies your equipment?	
4. How many hours/night do you wear your	- William V
Patients with a CPAP machine should bring t	he unit for use during hospital stay.
B. Screening:	
Do you snore?	☐ Yes ← No
Are you excessively tired during the day?	☐ Yes ☐ No
Have you been told you stop breathing during	• • • • • • •
Do you have a history of hypertension?	□ Yes ∠ No
Do you wake during the night feeling breathle	
Comments:	
To be completed by NCH Staff	
C. Results	Calculation of BMI = $\cancel{24.4}$
A positive screening for sleep disordered brea	athing is one or more of the following:
1. A "YES" response in section A	
<ol><li>A "YES" response to 3 or more of the screen</li></ol>	eening questions
<ol><li>BMI &gt; 35 and "YES" response to one add</li></ol>	itional screening question
PLEASE CIRCLE THE FINAL RESULT:	Negative Positive
Results of this screening are not diagnostic. Formal evalua	· · · · · · · · · · · · · · · · · · ·
Notify physician of positive screening or histo	( / 2 . /
RN Signature:	Date:(0/26/12-`
☐ See Preoperative Health History Assessment	and Exam for additional orders/comments.
Reviewing Physician Signature:	Date: 6/26/1
	Northwest Community Hospital
	Northwest Community Day Surgery Center Arlington Heights, IL 60005
DULBERG ,PAUL R	)  \$4121   11061   HEEL WILL XALLI (2001)   109107 ARED 161 4001
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DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD	OPETRICTIVE OF EED ADMEA CORESINO

NCH Item # 53718

**OBSTRUCTIVE SLEEP APNEA SCREENING** 

Form # 005.761-08/09-1-PS

Allergies: N/K/3	Date: 07-19-12				
Pre-Operative RN confirms	Pre-Induction RN/Anesthesia discuss				
ID Band w/2 identifiers Procedural Consent	Confirm patient identity, and signed consent				
Ef Site Marked/□ NA	☑ Allergies ☐ Latex Precautions ☑ NA				
PENPO Status PH&P DNR ANA	Difficult airway/Aspiration risk/Preparation confirmed				
☐ Diagnostic test results; Æ—NA	RN Confirm				
☐ Type/Screen ☑ NA ☐ Blood available units; ☑ NA	VTE prophylaxis				
☑ Equipment/Implant avail; ☐ NA ☐ Isolation ☑NA					
Pre-op antibiotic ordered I NA	☐ SCD/Ted Hose/PlexiPulse				
☐ VTE Prophylaxis order ☑ NA	Left/Right				
Level of Consciousness:  Responsive  Non Responsive					
Anxiety Level: 2 Mild  Moderate  Severe	Medication given				
Skin Condition: Tintact Other Report From M. Zieg Lenker 1840	RN/Scrub Confirm				
Report From M. Zies Lenker 1840	Chemical Indicators Verified				
Transferred to OR per Cart CE Bed Chair	7				
☐ Ambulated ☐ Carried By					
Pre-Incision Team reviews: Time Out #1 at	/\8 / Time Out #2 at				
Team Introductions Correct Patient	Ø-Yes □ Yes				
Allergies Correct Procedure	ZK_Yes ☐ Yes				
Anticipated blood loss TI NA Correct Site	☑-Yes ☐ Yes				
Blood products available units Site/Side Marked	Pyes   NA   Yes   NA				
Plan of Care discussed Implants available	ZĒ-Yes □ NA □ Yes □ NA				
☐ Imaging Displayed/☑NA Position verified	Ø-Yes □ Yes □ NA				
Skin prep dry per manufacturer's Antibiotic given	Pyes I NA I Yes I NA lered I Yes I NA I Yes I NA				
guideline	eled Ti les Ti MY Ti les Ti MY				
Other					
Preoperative diagnosis	e NEURITIS AT HE Cubital				
Preoperative diagnosis / 1977 / 100/09/	and the safe of the trave can				
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Operative Procedure 1: Registration 1	verva promissi willi				
TVEUROLYCS 19T PORDITION	Start Stop				
Operative Procedure 2:   NA					
the state of the s	StartStop				
Post operative diagnosis:   Same as preoperative					
OR Number Anesthesia (Circle) General	Mac Local Consed A Scheduled Acuity#				
1	Mac Local Consed Acuity # 3   Add-On   ASA# 2				
Regional (Type)	☐ Emergency				
OR In 1443 Case Start 1504	Family Notified Family Notified				
OR Out 16/3 Case Stop 1008					
OR Out 16/15   Guest diep 1/2/2	Family Notified Family Notified				
No	orthwest Community Hospital 5				
DULBERG, PAUL R					
DULBERG ,PAUL R 71265382 M 42 07/09/12	orthwest Community Hospital 5				
DULBERG, PAUL R	orthwest Community Hospital 5				

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Surgeon 2 DR BYA FORA M.	0	Circulator 2 / ,				
Assistant		Circulator relief				
Assistant		Scrub 1 V. La	WRG Re			
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Anesthesiologist 2		Scrub relief				
Perfusionist/Cell Saver		Other		ſ		
Other		Other	· · · · · · · · · · · · · · · · · · ·			
Surgical Position: 🗷 Supine 🛘 Pror	ne 🗆 Ja	ackknife 🛮 Sitting	☐ Lithotomy	☐ Lat	eral 🛭 Rigi	nt 🗆 Left
Arm Secured on Armboard A A Right A Left	rm at Sec	cured Side tight	☐ Fluroscopy ☐ Patient shie			
Check all those that apply  Andrews Frame  Arthroscopy leg holder Left/Right  Axillary Rolf Left/Right  Beach chair positioner  Bean Bag  Elbow Pads Left/Right  Fracture Table  Hand table  Head butler  Head support  Heel Pads Left/Right	☐ Kidne ☐ Later ☐ Later ☐ Mayf ☐ Mont ☐ Pillov ☐ Posit ☐ Sand ☐ Shou	ral Arm Holder Left/F ral positioner ield Head Holder treal Positioner ws tioning Rolls	Right F	Vilson Fr ming/Co ed Air W	Fins Candy rame  colling Interve farming I Lower Settle Settling	e <b>ntions</b> ing
Comments:  Skin Preparation	HG bloroprer		Hair Removal: □ None - Æ Cl	loper by		
☐ Other:	By:_	1.16	$\overline{}$	.ک.ک	Becm	mmo
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Laser Protocol Followed, Joules Time		Additional equipm Type Setting(s)			Unit No	
DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD			nmunity Hospital nmunity Day Surger <sup>55</sup>	y Center		

NCH Item # 25901

White - Chart

Yellow - Journal

**OPERATING ROOM RECORD** AND PLAN OF CARE

PAGE 2 OF 3 Form # 005.017-12/11-2-SD

DULBERG, PAUL R

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		-				
Medications	Dose	Route	Time	Auminis	tered By	Ventied: Initials
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Irrigation Ty	/pe	Amou	nt Warmed			·····
1000 ml 92NA 6	L With		Y or 😡		,	
50,000 BA			Y or No			
Scrub Relief Meds Verified: In	itials					
Blood Products Given ዾ No □	Yes (See Transfusion i	record)	☐ Pathology (	See Tissue R	ecord) 💢 N	A
Cultures	,		☐ Implant (Se			
4			Drains			
В			Drains	.,		
C			Urinary Cathet	er: Type	Size_	Ву
D	, , , , , , , , , , , , , , , , , , ,		Amount	Color	Source	Time
			☐ Indwelling □	Noided prior to	OR Disco	ontinued at
Initial Count By Sn VL	First By: Sm 1	16	Relief By:			SNVL
SPONGE: A Completed II NA			Correct: DY			Y DN DNA
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INSTRUMENT: □ Completed □ NA			Correct: □ Y □		Correct:	Y DN JEKNA
UNRESOLVED COUNT X-R			ON NOTIFIED II Y	ES RESULTS	;	PER:
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Post-Procedure Team review			8		·····	
7 Procedure(s) Confirmed - Specimen(s) Identified and I	Wound Class confir	med ,⊈	/ II II _ I	_		
∃rSpecimen(s) identified and l Dutcomes: ◘ Patlent maintain	åbeled Number o	of Specir	mens	2	_ 🗆 NA	
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Skin integrity ma	intained				~	
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Notes						
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RN Signature(s):	aster b				Da	te: 07/09/12
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NCH Item # 25901

White - Chart Yellow - Journal

AND PLAN OF CARE PAGE 3 OF 3 Form # 005,017-12/11-2-SD

Page 1 of 3 DULBERG, PAUL R 71265382 \*\*\*\*307925 36 of 63

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

MLS: 55223

DD: Mon Jul 09 17:36:30 2012 EST DT: Tue Jul 10 02:03:22 2012 EST

JN: 51418590

DSC OPERATIVE REPORT

DATE OF OPERATION: 07/09/2012

#### PREOPERATIVE DIAGNOSES:

1. Right cubital tunnel syndrome.

2. Right ulnar nerve injury at the forearm.

#### POSTOPERATIVE DIAGNOSES:

1. Right cubital tunnel syndrome.

2. Right ulnar nerve injury at the forearm.

#### PROCEDURES:

1. Right cubital tunnel release.

2. Right ulnar neurolysis at the forearm.

SURGEON: Scott Sagerman, MD.

ASSISTANT: Sam Biafora, MD.

ANESTHESIA: Regional block.

COMPLICATIONS: None.

TOURNIQUET TIME: 1 hour.

FINDINGS: The right cubital tunnel showed thickening of the cubital tunnel ligament with scarring of the ulnar nerve to the floor of the cubital tunnel and local constriction. The nerve also appeared constricted at the flexor pronator aponeurosis at the distal aspect of the cubital tunnel. Also, a thick arcade of Struthers was present proximal to the cubital tunnel, though the ulnar nerve was not visibly constricted at this level.

The right forearm, the site of the previous chainsaw laceration revealed extension to the subcutaneous tissue and fascia overlying the flexor carpi ulnaris muscle. A piece of retained absorbable suture material was present. The muscle fibers were in intact. The ulnar nerve was intact beneath the muscle belly. There was no visible scarring around the ulnar nerve at this level.

DESCRIPTION OF PROCEDURE: Informed consent was obtained from the patient. Prophylactic IV antibiotic was given. He received medical clearance from his primary care physician. Regional block anesthetic was administered by the

DULBERG, PAUL 071265382 0001307925 Room#:

Scott D Sagerman, MD DSC OPERATIVE REPORT Page 1 of 2

cc: Sam Biafora, MD

Page 2 of 3 DULBERG, PAUL R 71265382 \*\*\*\*307925 37 of 63

DSC OPERATIVE REPORT, continued

NORTHWEST COMMUNITY HOSPITAL ARLINGTON HEIGHTS, ILLINOIS

anesthesiologist in the right upper extremity. The right arm was prepped and draped sterilely. A sterile tourniquet was applied to the right upper arm, and it was elevated following exsanguination of the limb.

A longitudinal incision was made over the posteromedial aspect of the right elbow centered at the cubital tunnel. Under loupe magnification, the subcutaneous tissue was dissected. Superficial veins were ligated with bipolar cautery. A branch of the medial antebrachial cutaneous nerve was identified. This was gently retracted safely and protected. The fascia was incised proximal to the cubital tunnel, and the ulnar nerve was visualized. The cubital tunnel ligament was divided and completely released. The flexor pronator aponeurosis was also incised and released, and the nerve was dissected distally into the musculature where motor branches were identified. The release was then carried proximally, and the arcade of Struthers was divided and completely released. The ulnar nerve was inspected. The nerve was mobilized from adhesions with gentle blunt dissection. Nerve gliding was checked and found to be satisfactory. The ulnar nerve was stable at the cubital tunnel. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

Attention was then directed to the forearm scar. A longitudinal incision was made over the ulnar aspect of the mid forearm centered at the site of the scar. Under loupe magnification, the subcutaneous tissue was dissected. The fascia was visualized. Superficial vein was ligated with bipolar cautery. The dermis was elevated off of the scarred fascia with blunt dissection. The retained suture material was removed. The muscle fibers were visualized and found to be in continuity. The ulnar nerve was exposed in the interval between the flexor digitorum and flexor carpi ulnaris muscle bellies. The nerve was dissected proximal and distal from the region of the laceration. The nerve was completely intact at this level with no visible scarring or adhesions. The field was irrigated with antibiotic solution. The subcutaneous tissue was reapproximated with buried Vicryl sutures, and the skin edges were reapproximated with nylon sutures.

A sterile bulky gauze dressing was applied. The tourniquet was deflated. Circulation returned to the right arm with normal capillary refill distally. The patient was transported to recovery in stable condition. He tolerated the procedure well. There were no complications. An arm sling was applied for protection.

DULBERG, PAUL 071265382 0001307925 Room#: Scott D Sagerman, MD DSC OPERATIVE REPORT Page 2 of 2 cc: Sam Biafora, MD DULBERG, PAUL
071265382
0001307925
Room#:
Scott D Sagerman, MD
DSC OPERATIVE REPORT Page 2 of 2
cc: Sam Biafora, MD

Authenticated and Edited by Scott Sagerman MD On 7/10/12 11:58:39 AM

Check or fill in appropriate areas/blanks. Write NA Date of surgery Phone Number Alternate Procedure  Procedure  Anesthesiologist/Radiologist  Anesthesiologist/Radiologist  Anesthesiologist/Cone  Anesthesio	Admitted to  Ind/or or leave message, representative Mon Paul  At time of Discharge    Nausea/vomiting   Able to urinate   Other
Date Time Spoke with □ F  Ath Day / Spoke with □ F  (CPNB) Date Time	Patient
	OUTCOMES
Pain Scale 0-None 1-3-Minimal 4-7 Moderate  Pain level at 3	Physician notified of any Issues Yes No NA Who notified/Action taken
Perineural Local Anesthethetic	
Alternate pain relief  po meds  IV meds Site redness or swelling noted  Yes  No   Site covered/dressing Any unusual symptoms/problems  Yes  No Date  Comment .	We would appreciate feedback on your surgical experience. If you receive a survey in the mail, we hope that you will take a moment to complete it. Any comments/suggestions:
Date ☐ No Change	
Comment	
	Reminded/Advised to contact Physician: Any problems Da Follow-up appt: 7-11-1
	RN Signature / Date /-/-/
DULBERG ,PAUL R. 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD	Northwest Community Mospital Northwest Community Day Surgery Center Arlington Heights, IL 60005  1 4 5 0 1 P A C U

PATIENT POST-OPERATIVE PHONE ASSESSMENT

DATE / TIME	POST-OPERATIVE OUTCOME OF PROCEDURE NOTE	DATE / TIME	PRE-OPERATIVE ORDERS:
7/9	SURGEON: SAGEMAN	1 11112	
2013	9		
	ASSISTANT: Bi afra		
	hor /		
		7)0	112 (1615)
	-	_//-1	112 (1615)
	PREOPERATIVE DIAGNOSIS: Rught	-	STATUS OUTPATIENT:
	Capal trans		DISPOSITION: (select one)
	Ann 1 - a latinal		Discharge when criteria met with Post-Op Instructions
	have inn here		☐ To Phase III Recovery for hours
	The formation		Discharge when criteria met with Post-Op Instructions
	POSTOPERATIVE DIAGNOSIS:	1	Discharge when chieffa thet with Post-op instructions
	Total Elante State of the State	1	Discharge Instructions:
		- [:	Diet: Ran 100
			Diet. Regula
<b></b>			Ind. dd.
	PROCEDURE PERFORMED: Ling lut		'Medications:
	A A A A A A A		DOCUMENT ON MEDICATION RECONCILIATION FORM
	curry rung	_	
-	receive, humany		Incision Care: Kup duy
	when have fream		
ļl			(0)
	FINDING / COMPLICATIONS: N/A		Activity: Munte (R) arm
,_	,		Sting X 24°
	(nne)		
			Follow-up: 1/12/12
	SPECIMENS REMOVED:		
		_!_	Other:
	4		Disposition/condition on discharge:
	ESTIMATED BLOOD LOSS:		
			/ M
	Physician Signature Company		Physician Signature:
		Nort	hwest Community Hospital
		North	hwest Community-Day Surgery Center MYVIII
		Arling	gton-Heights, IC 60005
mu RE	ERG ,PAUL R 07/09/12		I IN THE REPORT OF THE PROPERTY OF THE PROPERT
71265	ERG PAUL 42 07/09/12 382 M 42 07/09/12 382 03/19/1970 0001307925 SRMAN, SCOTT D MD		
DOB	382 MO 03/19/1970 000130/19 ERMAN, SCOTT D MD		OUTPATIENT PHYSICIAN POST OPERATIVE
	ΓΕΜ # 5365		ORDERS / DISCHARGE NOTE Form # 002.011-02/09-1-PS
*****	Territor weeke		FUITH # 002.0 1 1-02/08-1-75

Directions: Check boxes to indicate a choice and select all	
ALLERGIES: WOA	
GENERAL	MEDICAL ORDERS
☐ Bypass Phase I Recovery	
DNasal Cannula at Titers per minute Wean to	room air as tolerated ☐ High humidity face tentFIQ2
TOPulse Oximetery: Wean patient to lower FIO2 of	as long as SPO2 is gleater than for rounin
Continue Oxygen overnight per at liters	,
□Continue Oxygen overnight peratliters □Ventilator: TVFiO2% Rate:PS	: PEEP:
Other	
DAIN MANAGEMENT	
Nurses: Give the analgesic medication(s) below in the	order specified until the patient's pain score is an acceptable
level to the pt.	·
Trackmont Order	
1 2 3 4 Fentanyl mcg IV every mg IV every	minutes PRN up to a total ofmcg.
1 (2 /3 4 Morphine / mg IV every —	minutes PRN pain up to total ofmg,_
1 2 3 4 Affydromorphone (Dilaudid)	mg IV everyminutes PRN pain up tomg.
1 2 3 4 DMeperidine (Demerol) 25 mg	minutes PRN pain up to total ormg.  mg IV everyminutes PRN pain up tomg.  IV everyminutes PRN pain up to a totalmg.  pain; infuse over 15 minutes IVPB
1 2 3 4 Other	· · · · · · · · · · · · · · · · · · ·
Aretaminophen (Ofirmey) / mg IV x 1 PRN	pain; Infuse over 15 minutes IVPB
☐ Hydrocodone/Acetaminophen (Norco) 5/325mg po x 1 P	RN pain
	A CONTRACTOR OF THE CONTRACTOR
ANTIEMETICS:	
Treatment Order  1 2 3 4 Ondansetron (Zofran) 4 mg IV x 1 PR	M nausoa
Ondansetron (Zofran) 4 mg IV x 1 PR	1 DPN natices
1 2 3 4 Metoclopramide (Reglan) 10 mg IV x 1 2 3 4 Prochlorperazine (Compazine) 10 mg	IV v 1 PRN nausea
1 2 3 4 Prochlorperazine (Compazine) 10 mg 1 2 3 4 Dendansetron (Zofran) ODT	mg place on the tongue x 1 PRN nausea
1 2 3 4 Dexamethasone (Decadron) 10mg IV	mg place on the tongue x 1 PRN nausea x 1 PRN for nausea
Other_	X 11 1 (10) (10)
	4444
OTHER MEDICATIONS:	
Meperidine 12.5 mg IV x 1 time as needed for shivering	n
0	
IV FLUID8:	****
☐ LR ☐ D5LR ☐ NS ☐ OtherInfuse at	mi/nour
☐ Give ml bolus x1 for SBP lower th	an
☐ Give ml bolus x 1 for low urine out	put less than <
STAT LABORATORY:	
☐ CBC (Without Diff) ☐ Metabolic Panel, Basic ☐	ABG ☐ POC blood glucose ☐ Cardiac Markers
Other	
1 IDADIOLOGY	
RADIOLOGY:	
□ PA Chest X-Ray Reason: □ Q	ther
□ PA Chest X-Ray Reason: □ Q	ther
□ PA Chest X-Ray Reason: □ Q	ther
CARDIAC DIAGNOSTICS:  12 Lead ECG Reason:  GENERAL MEDICAL ORDERS:	theral Telemetry  ☐ Other
CARDIAC DIAGNOSTICS:    12 Lead ECG Reason:   Centre     GENERAL MEDICAL ORDERS:   Warming blanket for temperature less than <	theral Telemetry  ☐ Other
CARDIAC DIAGNOSTICS:  12 Lead ECG Reason:  CENERAL MEDICAL ORDERS:  Warming blanket for temperature less than <  Discharge to inpatient unit when PACU disch.	al Telemetry   Other
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	arge criteria are met.
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	al Telemetry   Other
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	al Telemetry   Other
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	al Telemetry   Other
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	al Telemetry  Other
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	al Telemetry  Other
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	al Telemetry  Other
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	al Telemetry Other
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	arge criteria are met. Ischarge criteria are met. Ischarge criteria are met. Ischarge criteria are met. Instructions sheet. Instructions.  Northwest Community Hospital
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	arge criteria are met. Ischarge criteria are met
☐ PA Chest X-Ray Reason: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	arge criteria are met. Ischarge criteria are met. Ischarge criteria are met. Ischarge criteria are met. Instructions sheet. Instructions.  Northwest Community Hospital
□ PA Chest X-Ray Reason: □ C  CARDIAC DIAGNOSTICS: □ 12 Lead ECG Reason: □ Centre GENERAL MEDICAL ORDERS: □ Warming blanket for temperature less than < □ Discharge to inpatient unit when PACU discharge to: □ Phase II □ Home when described Perineural Nerve Block discharge inservice Obstructive Sleep Apnea Discharge II Other □ Date: 7/	arge criteria are met. Ischarge criteria are met
□ PA Chest X-Ray Reason: □ C  CARDIAC DIAGNOSTICS: □ 12 Lead ECG Reason: □ Centre GENERAL MEDICAL ORDERS: □ Warming blanket for temperature less than < □ Discharge to inpatient unit when PACU discher Discharge to: □ Provide Perineural Nerve Block discharge ins □ Provide Obstructive Sleep Apnea Discharge □ Other  Physician Signature: □ Date: 7/  DULBERG ,PAUL R 71265382 M. 42 07/09/12	ther
□ PA Chest X-Ray Reason: □ C  CARDIAC DIAGNOSTICS: □ 12 Lead ECG Reason: □ Centre GENERAL MEDICAL ORDERS: □ Warming blanket for temperature less than < □ Discharge to inpatient unit when PACL discharge to: □ Provide Perineural Nerve Block discharge ins □ Provide Obstructive Sleep Apnea Discharge □ Other  Physician Signature: □ Date: 7/  DULBERG ,PAUL R 71265382 M. 42 07/09/12 DOB 03/19/1970 0001307925	ther
□ PA Chest X-Ray Reason: □ C  CARDIAC DIAGNOSTICS: □ 12 Lead ECG Reason: □ Centre GENERAL MEDICAL ORDERS: □ Warming blanket for temperature less than < □ Discharge to inpatient unit when PACU discharge to: □ Provide Perineural Nerve Block discharge ins □ Provide Obstructive Sleep Apnea Discharge □ Other □ Date: 7/  Physician Signature: □ Date: 7/  DULBERG ,PAUL R 71265382 M. 42 07/09/12	ther
□ PA Chest X-Ray Reason: □ C  CARDIAC DIAGNOSTICS: □ 12 Lead ECG Reason: □ Centre GENERAL MEDICAL ORDERS: □ Warming blanket for temperature less than < □ Discharge to inpatient unit when PACL discharge to: □ Provide Perineural Nerve Block discharge ins □ Provide Obstructive Sleep Apnea Discharge □ Other  Physician Signature: □ Date: 7/  DULBERG ,PAUL R 71265382 M. 42 07/09/12 DOB 03/19/1970 0001307925	ther

Peripheral Nerve Block (PNB) Procedure Note	CPNB Administration Orders Post-Operatively
Allergies MONL KNOWN	Pump continuous Peripheral Nerve Block
Reason for Block: Primary Anesthesia Type	Fill with ml of%
Post-op Pain Management Surgeon Request	Bupivacaine
Block start time 1450 V Block end time 141,14	Ropivacaine
Blocks performed: . Left Right Single Continuous	☐ Mepivacaine ☐ Other
☐ Interscalene ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Rate ml/H
🗂 Infraclavicular 📋 📋 📋	
☐ Axillery ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Bolus ml
Sclatic	Interval min
Femoral	Initiated @ (time)
	•
☐ Other	Nursing to instruct patient on use of the pain pump.
Ultrasound guided:   Posítion:   No	2. Place post block peripheral caution sign at patient bed.
Supine Lateral Left Right	3if lightheadedness, oversedation, tinnitus, metallic
Prone Other	taste in the mouth or circumoral numbness occurs, stop the infusion and notify anesthesiologist immediately.
Prep: Other	sup the initiation and notify allest testologist intiliediately.
Skin infiltration 1% Lidocaine mls	<ol> <li>If redness, swelling, fever, purulent drainage occurs at the catheter site, immediately notify anesthesiologist on call.</li> </ol>
Needle type: Nerve Response @:	• •
Touhy Gauge mA	5. Maintain integrity of dressing. Reinforce if needed. If leakage occurs at the catheter site, reinforce with gauze
Stimuplex Gauge mA	and tape.
Catheter (if applicable):	6. For breakthrough pain, call primary anesthesiologist, if
Stimucath Perifix Other	not available, notify on-call anesthesiologist.
Test dose: 1.5% Lidocaine with Epinephrine mis	7. For pump discontinuation consult surgeon.
☐ Yes ☐ No	8. Adjuvant pain meds:
Secured on the skin @ cm	o. Adjuvant pain meds,
Medication(s): With Epinephrine Volume (ml): Bupivacaine 1 % Yes No 2 >	And the state of t
Bupivacaine Yes No 72 Ropivacaine % Yes No No	
Mepivacaine% Yes No	
Xylocaine% Yes No	
Other	
Narrative: After negative aspiration, medications injected in	Anesthesiologist Signature
5ml increments.  Complications: No Yes (please explain)	7,91/2 14:16.
Note:	$\frac{2}{2} \frac{1}{2} \frac{9}{1} \frac{1}{2} \frac{1}$
Varia	) R11G

DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD Northwest Community Hospital Arlington Heights, IL 60005



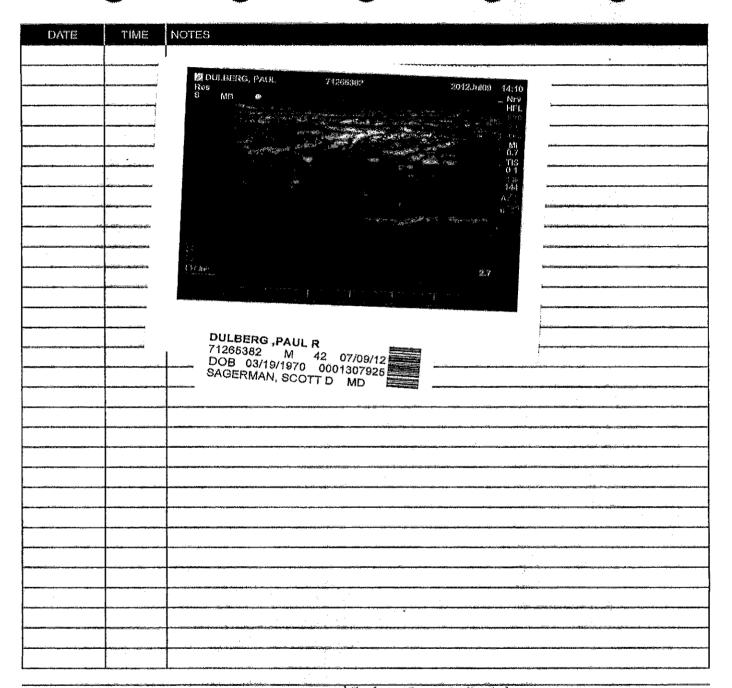
Procedural Note/Orders for Continuous Peripheral Nerve Block Infusion (CPNB)

	· .					
	Day Surgery Fax: 847.618.7088		ain:OR 347,618,7259	☐ Lat Fax: 8	por & Delivery 47.618.8409	
A	dmission Status: 🔲 Inpatient	Outpatient				
Pa	atient Name: DURISCH  Irgeon: Scott Sagerman, 1  asson / Dx for Surgery: Rull	PAUL.	DOB:	119/70	Madlaces Manua	12. ·
St.	eason / Dx for Surgery: Rest	1.D. Doctor	responsible for H	IAP:	Medicate: C yes	. <b>X</b> □ no
	Irgery Date: 7/9//					
DI	RECTIONS: Check boxes indicate a choi					
TE	STING: Basic Metabolic	Reason/Dx	•		Resson/Dx	
	CBC / with Diff	,	_ ☐ Pregris	incy - Serum incy - Urine		
	Comprehensive Metabolic Micro Rhogam		_ 🖵 Type &	Cross	X units	
	Potassium		_ □ Type & _ □ U/A ়	Screen		_
	DT.	·	. 🗀 U/A (wi	th refiex)		
	Other:		□ EKG □ CXR		,	_
DIE	ET: ☐ NPO after midnight ☐ Per anesthesia order / guidell ☐ Other:	Inee				
PA	TIENT EDUCATION PRE-OP:		,	,		
	Continuous Pertoheral Nerve Blo	ck 🗆 POAP	ump '	. (	3000	
	Epidural	☐ Single	injection Block	( .		
	ATMENTS:		•			to
	Surgical Site Hair Removal Incentive Spirometry – Instruct Pr	Location:			/ N	W ,
	Enema 🔲 Fleets	Other:	,			1911)
	Other:			f	7	
VTE I	PROPHYLAXIS - Mechanical:	· (7000)		·	, . 	1)N/6
<u> </u>	Graduated Compression Stocking Intermittent Pneumatic Compress	js (TEDS) ☐ ion ☐	Knee (SCD)	☐ Thigh ☐ Thigh(SCD)	. <i>○</i> Foot (Plexipal)	IN
WEC J	OCATIONS: Antibiotic – order on pa IV (Non-anesthesia patients):	acie 2				,
_	Other:				on Diaiyais □ Yes C	
ON Obta	SENT:	alas Ale	Les de	•	Weight:	,
_7	ISENT: In Procedural Consent for: Regit  Karapoutton	work	at/fur.	- Tresse	con 4	
		. /	10			,
roce	edure including Risks, Benefits, Comm	oryComplications an	d Alternatives hav	e been discusse	ed with patient / guard	ian.
hysi	Ician Signature;	trajen		_ Date: 6/04	//aTime:	
		Northw	est Community Hos	pital /		
	•	Northw	est Community Day	Surgery Conter		
			· · · · · · · · · · · · · · · · · · ·		HI <b>se</b> n ing pasakan dan kara	TI (II)
	DULBERG ,PAUL R 71265382 M 42 07/09/12		•		Ministration in the second of	TI HIN
	DOB 03/19/1970 0001307925		Slipcical teo	2 2007 - 22	0 4 6 / U K C	,
CHI	SAGERMAN, SCOTT D MD		-ordical IES	LING / PRE-OP	ERATIVE ORDERS Form# 008.121-02/12-1-SI	<b>)</b>
		I			···· - u = · · · · · · · · · · · · · · · · · ·	-
	T'd ceange	THIES SALS:	KUEKI HEENC	ne muuu .	ו כחול ולוכחג	sz unr

Patient name:	Bulberg,	Pu	<b>Q</b>
Initial and repeat do	ose and times ner P	Priopozoti	ve Prophylactic Antibiotic Policy"
☐ MD aware of PCN	alleray . ok to alvo se	ariobelati.	ve Prophylactic Antiblotic Policy"
Nature of Operation	Preoperative Antibioti	ic Réalmen	Alternative Regimen for pt with
Colon Surgery - adult pt	IVPB X 1 dose (	DCOR	Beta lactam allergy IVPB X 1 dose OCOR
a a cost out SETY a south be	1 gm for pt < 80 k 2 gm for pt ≥ 80 k □ ampicillin / suibactam : □ cefazolin 1 gm for pt < 80 k 2 gm for pt > 80 k	g 3gm g	☐ clindamycin 900 mg AND gentamicin 1.5 mg / kg ☐ clindamycin 900 mg AND ciprofloxacin 400 mg ☐ clindamycin 900 mg AND levofloxacin 500 mg ☐ clindamycin 900 mg AND extreonam 2 gm ☐ metronidazcie 500 mg AND gentamicin 1.5 mg / kg
	AND metronidazole 500	o mg	metronidazole 500 mg AND ciprofloxacin 400 mg
Hysterectomy - eduit pt	D cefazolfn 1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg D cefoxitin 1 gm for pt < 80 kg 2 gm for pt > 80 kg	,	metronidazole 500 mg AND levofloxacin 500 mg  clindamycin 900 mg AND centamicin 1.5 mg / kg  clindamycin 900 mg AND ciprofloxacin 400 mg  clindamycin 900 mg AND levofloxacin 500 mg  metronidazole 500 mg AND gentamicin 1.5 mg / kg
	🗀 ampiciliin / sulbactam 3		□ metronidezole 500 mg AND ciprofloxacin 400 mg □ metronidezole 500 mg AND levofloxacin 500 mg For hysterectomy WITH colon procedure □ clindamyoin 900 mg AND extreonam 2 gm
CABG - adult pt	☐ Cefazolin		□ vancomycin
Cardiac - adult pi	1 gm for pt < 80 kg 2 gm for pt ≥ 80 kg		1 gm for pt < 80 kg 1.5 gm for pt ≥ 80kg
Vascular - adult pt Orthopedic - adult pt Hip artificplasty Ares arthroplasty	☐ vancomycin (MRSA risk) 1 gm for pt < 80 kg 1.6 gm for pt ≥ 80kg	)	clindamycin 900 mg
Other Procedures	Common Regimens:		Common Regimens:
Por procedures not listed above, consult published guidelines for current procedure - specific antibiotic recommendations	1 gm for pt ≤ 80 kg. 2 gm for pt ≤ 80 kg. 2 gm for pt ≤ 80 kg. □ vancomycin (MRSA risk) 1 gm for pt ≤ 80 kg. 1.5 gm for pt ≤ 80 kg.		vencomycin 1 gm for pt < 80 kg 1.5 gm for pt ≥ 80kg □ clindamycin 900 mg
Pediatric Procedures consult published guidelines	Common Regimens:	***************************************	Compton Regimens:
for current procedure - specific antiblotic recommendations	□ cefazolin 25 mg / kg* for pt <4 1 gm for pt 40 - 80 l 2 gm for pt ≥ 80 kg *dose rounded to the neare □ cefoxitin	kg et 50 mg	☐ diindamycin 10 mg / kg * for pt < 80 kg *dose rounded to the nearest 50 mg 800 mg for pt ≥ 80 kg ☐ Vancomycin
	□ sefoxitin 30 mg / kg* for pt <3 1 gm for pt 30 - 80 kg 2 gm for pt ≥ 80 kg *dose rounded to the near	lo kg	20 mg / kg * for pt < 50 kg "dose rounded to the nearest 50 mg 1 gm for pt 50 - 80 kg 1.5 gm for pt ≥ 80kg
ther antiblotic(s)	11 11 /		
hysician signature	out Hoge	Page 2 of 2	Date 6/29/12 Time_
DULBERG ,PAUL 71265382 M DOB 03/19/1970 ICH Item SAGERMAN, SCO	42 07/09/12 0001307925	Northwest ( Northwest ( Adington Heights,	Community Hospital Community Day Surgery Center IL 60005  RGICAL TESTING / PRE-OPERATIVE ORDERS Form# 003.121-02/12-1-50
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DULBERG, PAUL R

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DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

Northwest Community Hospital Adlagion Heights, IL 60005

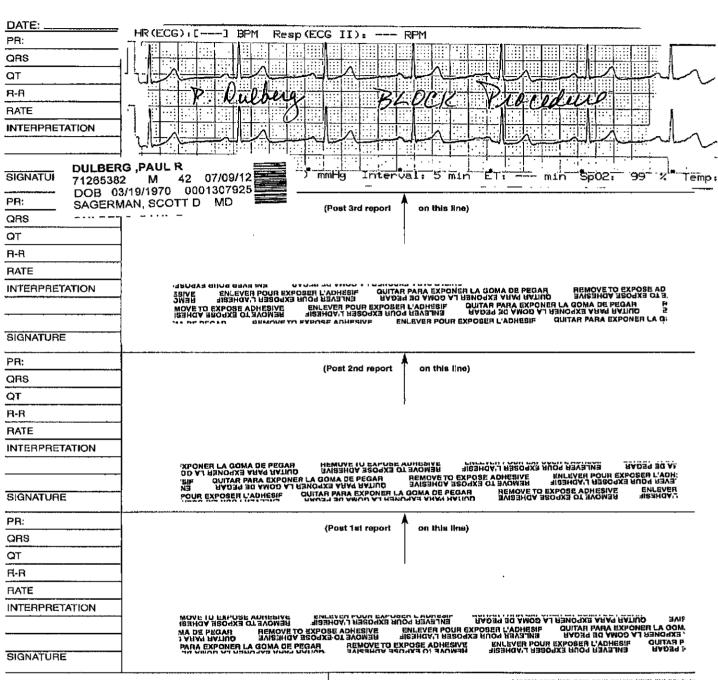
Scanned Radiology Reports

PATIENT

NCH Item # 64199

Form # 005.858-06/10-1-9D

DULBERG, PAUL R



DULBERG ,PAUL R M 42 07/09/12 DOB 03/19/1970 0001307925 71265382 SAGERMAN, SCOTT D MD

**Northwest Community Hospital** Arlington Heights, IL 60005

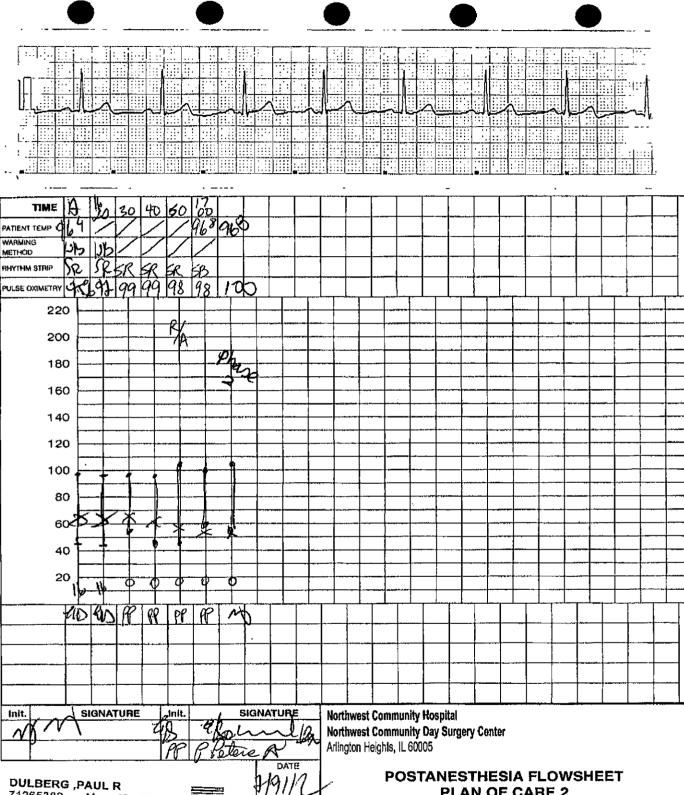


**ELECTROCARDIOGRAM TRACINGS** 

NCH Item #973

Form # 005,673-10/04-1-S&D

PROCEDURE				1			1, , ,	1		7			<del></del>			<del>~~~</del>		GEI	4D				<del></del> 1
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	<b>VeF</b>	14/n	$\Theta M$	/-				EIL	KG (				G = G					DUDY	B	≖ Bile	•		
ANESTHESIA (CIR	CLE ONE)	GENE	RAL		IONAL	<del>)</del> (	MAC SF	PINAL E	PIDU	RAL	(OCA)	)	C = C I = IN	_	IITTEN		= YEL = BLC			= Sef = Fra			
AIRWAY	AD	RTM	ethod F	102	ON	OFF	REFLEXE	S Time	LU	NG SND	A	۵	BED	Pos	ition	Time	Τö	RE\$	SING	A	P(0 1	D M	ip D
NONE	\ <u>/</u> -	- NASAL CANNUI	LA 九	L		50	COUGH	1637	, BIL	AT EAR	lum'		ΓLΑτ				SITE		RUE	1	レ	/ ,	/
ORAL / NASAL	1-T	MASK					SWALLOW	1	_	OLOR	A	D	HOB 4	ተ 30'		14	DRY	//INTA	•——	2	1	オ	7
CHIN / JAW SUPP		FAGE TE	NT				LIFT HEAD		PII		V	_	HOB	ተ 45°		1645		NFORC	ED/				$\neg$
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TIME OUT	1		-				DEEP BRI	EATHE q 10		SKY							ICE	VAICU	····	1	ļ	+	
· · · · · · · · · · · · · · · · · · ·	VENTI	LATOR	J.			$T^{\prime}$	DRAINS	Size / N	=-		hara	cteri	Alica I	A	PH 1	PH II D	_	OURP	MENT	A	PH 1	D PI	H II D
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SURGICAL BL	equite day city			<b>a</b> [	7	Æ) P	ATIENT WILL E	XHIBIT PATE	NT T	TEMPERA		UM	+					T .					
(1) Moderate up to two (0) Severe more than I			-	_ (	2	OF	ATIENT WILL D	EMONSTRAT		COLOR		PL	ave	A					<b>j</b> t				*****
NAUSEA / VO			1	,		C	EFLEXES & LEI ONSCIOUSNES	VEL OF SS APPROP F	OR	PULSE		4	*	14	-	1 1							
(1) N & V controlled by	meds		-	۱ ۱		F/P	ADCEDURE ATIENT WILL E	XHIBIT STAB	LE T	CAPILL. RI	FALL		+	را ا	-	1							
PAIN					$\overline{}$		EMOOYNAMIC ATIENT WILL E		- 1	SENSATIO	4	-	100	'n	+	1					_		
[2] 0-2 No Pain / Mild [1] 3-6 Discomforting					U	<b>7</b> B	ALANCE WITH	IN NORMAL	<b>'</b>	MOBILITY			ã	14	16	1		<del> </del>	l	-	$\dashv$		
AMBULATION		· · · · · ·		+		_}	ROCEDURE		ŀ			4-4-	1,7.	PAR	SCO	REI		Щ,			A	15"	D
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71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

**PLAN OF CARE 2** 

Page 2 of 4

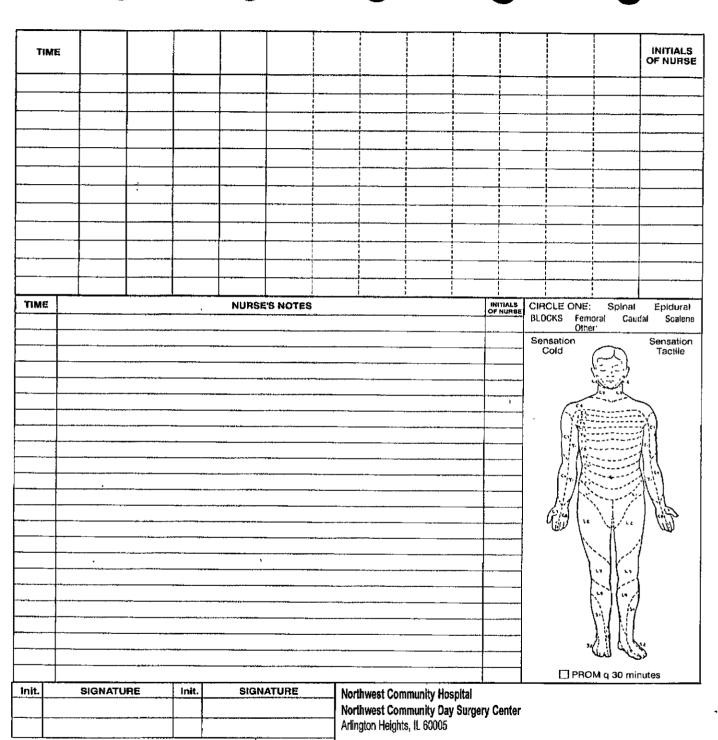
Page 3 of 4

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

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	I			~ <u>`</u>	DATE									
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71265382



DULBERG ,PAUL R 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 SAGERMAN, SCOTT D MD

**POSTANESTHESIA FLOWSHEET** PLAN OF CARE 4

Page 4 of 4

\*\*\*\*307925

DULBERG, PAUL R

INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE
	121				· · · · · · · · · · · · · · · · · · ·		·
LACTATE R	ED RINGERS ATE: TKO (00 C	c.M	IV 1000 MLX 1 RN:	2.,	1348 a	5	
(DIAZEPA	MG AM) N CALL TO OR		POX1 RN: J DATE: J	<b>1</b> 2	1318 de 1210 de 1210 de	HOLD	
	DINE) N CALL TO OR		PO 20 MG X 1 RN: XXI DATE: XXI		1210-1 HOLL	Ant	3/oc en
	OPRAMIDE) N CALL TO OR		PO 10 MG X 1 RN: DATE:				CX.
(ACETAN	TABLETMG INOPHEN) N CALL YO OR	*****	PO X 1 RN: DATE:				
ANCEF CEFAZO D	GM	ITES	IV PREOP X 1 RN: DATE:			,	,
(VANCOC	YCINMG ZIN) 5W 250 ML FUSE OVER 1 HOUR		IV PREOP X 1 RN: DATE:				
CLINDAM (CLEOCIN DE	YCINMG		IV PREOP X 1 RN: DATE:				
		ITES	IV PREOP X 1 RN: DATE:				
AMPLICIL (AMPLICI NS	LINGM	•	IV PREOP X 1 RN: DATE;				
(GARAMY	CINMG 'CIN) 3 100 ML FUSE OVERM	INUTES	IV PREOP X 1 RN: DATE:			***************************************	
LEVAQUII (LEVOFLO	NMG DXACIN) D5WML	INUTES	IV PREOP X 1 RN: DATE:				
Administra	ition Period: 07:01	(1/1)(dai	te) to 07:00	(date)	07:01 - 15:00	15:01 – 23:00	23:01 – 7:00
Allergie	s: NK	17			<b>***</b>		
			F	Page 1 of	f 2		

**PATIENT ID** 

DOB:

MED REC NO: ADMITTED: PHYSICIAN

DX: DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

AGE:

NCH Item # 62496

Northwest Community Hospital Northwest Community Day Surgery Center Adington Heights, IL 60005



**DSC MEDICATION ADMINISTRATION RECORD** 

Form # 005.850-04/10-1-SD

					)		
INIT.	SIGNATURE	INIT,	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE
	. SALINE ATE: TKO		IV 500 ML X 1 RN:				
ZOFRAN (ONDAN) O	SETRON) N CALL TO OR	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	PO 8 MG X 1 RN: DATE:	_			
(MIDAZO	MG LAM) N CALL TO OR	********	PO SYRUP X 1 RN: DATE:	~			
TYLENOI (ACETAM	L LIQUIDMG MNOPHEN) N CALL TO OR		PO X 1 RN:	_	***************************************		
ALBUTER (VENTOL	ROL 8 GM INHALER	***********	DATE:	-			
(TRANSD	AMINE 1.5 MG DERM-SCOP)		PATCH X 1 SITE APPLIED: RN:				
SOLUCO	CORTISONE)		DATE: IV PREOP X 1 RN: DATE:	-			
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\dmlnistra	tion Period: 07:01	(d <i>e</i>	ite) to 07:00	(date)	07:01 – 15:00	15:01 – 23	:00 23:01 - 7:00
Allergie	s:					·····	***************************************

Page 2 of 2

Northwest Community Hospital

Northwest Community Day Surgery Center Arlington Heights, IL 60005

PATIENT ID MED REC NO: DOB:

AGE:

ADMITTED: PHYSICIA\*\*\*

DX:

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD

**DSC MEDICATION ADMINISTRATION RECORD** 

Form # 005.850-04/10-1-SD

NCH Item # 62496



# DULBERG, PAUL R.

NCH-A - DSC

MD: Sagerman, Scott D., MD Acct: 71265382 MAN MRN: 0001307925

Discharge Date:

Requested Date: 07/09/2012 16:33

Page 1 of 1

# **Allergy History**

Allergen	Ons	et Date		Primary React	lon.	Sever	ity :
Na Known Allergies							
	Pati	ent Med	lication R	leconcilia	tion		
Medication	Dose ·	Route	Freq	Last Taken	Next Dose Due	Start Date	Stop Date
Neurontin Oral Generic: gabapentin	900 mg Tablet	Oral	2 times per day	07/08/2012			
Norco Oral	7.5-352 mg	Oral	Every 6				
Generia: hydrocodone- acetaminophen		<u> </u>	hours as needed		İ		
Comment: for severe pain				<u></u>			
cyclobenzaprine 10 mg Tab	[4] W-1-1-2	Oral		Tagarana a			
Generic:	1 Tablet	Olai	As Needed	06/08/2012			
							77-4
naproxen Oral Generic: naproxen	500 mg Tablet	Oral	2 times per day	07/06/2012			
to deliberate pro-							
tramadol 50 mg Tab <i>Generic:</i>	1 Tablet	Oral	As Needed	06/16/2012			
Comment: not for months	DULBERG ,P. 71265382 DOB 03/19/1 SAGERMAN,	M 42 1970 000	07/09/12 01307925 MD		of this date.	of our knowled edications you Questions rej should be dire physician.	are taking as
Nurse Signature:	ما	in	•	1 - 2 - 2 dd han al	Date	): 	7/9/12
Patient Signature:	But &	ulbe	- 19 ·		Date	): 	7/9/12

This report indicates medications to be taken/given following discharge. Do not take any additional medications unless you check with your Physician. Please take this report with you when you visit your Physician and other Healthcare Providers.

Opt Out:

DULBERG, PAUL R.

NCH-A - DSC

From: 07/08/2012 12:49 To: 07/09/2012 12:49

Rm-Bed: Admit Dt: 07/09/2012 12:02

Age: 42 yr Gender: M MD: Sagerman, Scott D., MD

DOB: 03/19/1970 Acct; 71265382

MRN: 0001307925

Requested: 07/09/2012 Discharge Med Reconclitation Orders From: 07/08/2012 12:49 To:

Requested: 07/09/2012 12:49 (LB57)

Page 1 of 2

#### Allergy History

No Known Allergies

Active Medications

Marie Madlantian Avdava

Drug Name .	Dose	Route	Frequency	Last Taken	Comments:	Continue	Disconlinue	M.D. Initials	Start Date
cyclobenzaprine 10 mg Tab	1 Tablet	Oral	As Needed	06/08/2012	Strength: 10 mg				
gabapentin(Neurontin Oral)	900 mg Tablet	Oral	2 times per day	07/08/2012	2				
hydrocodone- acetaminophen 10-650 mg Tab	0.5-1 Tablet Tablet	Oral	As Needed	03/01/2012	Special Instructions: not for months Strength: 10-650 mg				
naproxen(naproxen Oral)	500 mg Tablet	Oral	2 times per day	07/06/2012	11.644.00	12/			
tramadol 50 mg Tab	1 Tablet	Oral	As Needed	06/16/2012	Special Instructions: not for months Strength: 50 mg	<b>D</b>			
	L		<del> </del>	I	January	· الله الله الله الله الله الله الله الل	. • البتاء .		

NO DATA FOUND FOR MODULE: 3. Active Inpatient Medications

Aem Medication Olders				
Drug Name	Dose	Route	Frequency	' a . i . i . i .
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DULBERG, PAUL R.

NCH-A - DSC

Page 1 of 2

DULBERG ,PAUL R
71265382 M 42 07/09/12
DOB 03/19/1970 0001307925
SAGERMAN, SCOTT D MD



DULBERG, PAUL R.

Opt Out:

NCH-A - DSC

NGH-A - DSC
Olacharge Med Reconciliation Orders
From: 07/08/2012 12:49
From: 07/08/2012 12:49
Frm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD; Sagerman, Scott D., MD
DOB: 03/19/1970 Acct: 71265382
MRN: 0001307925
Page 18/19/1970 Acct 171265382

Requested: 07/09/2012 (2:49 (LB57)

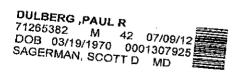
Page 2 of 2

Signatures:	1		
Any medication char	nges (le, dose, route, frequency) needs to be written in t	the New Medication Order Se	
Physician:	- Englis	Date: 1/9//2	Time: 1430
Physician:		_ Date:	Time:
Physician:		_ Date:	Time:
Nurse:	-//	Date:	Time:
Nurse:	Malm	_ Date:	Time: _/620

DULBERG, PAUL R.

NCH-A - DSC

Page 2 of 2





\*\*\*\*307925

DULBERG, PAUL R.

Opt Out:

NCH-A

nch\_hhsadmhx

Admit Dt: 07/09/2012 12:02 Gender: M MD: Sagerman, Scott D., MD Acct: 71265382 Rm-Bed: Age: 42 yr Gender: M DOB: 03/19/1970 Acet: 71 MRN: 0001307925 Requested: 07/11/2012 22:01

Page 1 of 4

### **Admission History Assessment**

Observables				
Template: Admission I	History			
Category: Arrival Date/Tim			T	T
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Arrival Date/Time	07/09/2012 12:14	07/09/2012 12:48 BURNS, LYNDA, RN	07/09/2012 12:46 BURNS, LYNDA, RN	
Category: Tobacco Use				
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Have you smoked within the last 30 days?	yes	06/26/2012 12:00 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN
Smoking status	current every day smoker	06/26/2012 12:00 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN
Category: Advance Directi	Ves			
Observable Name	Observation	Chart Time	Perform Time	Confirm Time
Advance directives	no	06/26/2012 12:00 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN	06/26/2012 11:59 MANALANSAN, LORENA, RN

Description Dose Route Rate Form Streng Active - Unknown								
Neurontin Oral (gabapentin Oral) PRN: No	900 mg	Oral	2 times per day	Tablet				
AKA:								
Indication:					[			
Type:	1			ļ	1			
Info Source:								
Spec Instr:								
Comments:								
Entered: 06/26/2012 11:43 Manalansan, Lorena , RN		i						
Confirmed: 07/09/2012 16:32 Balawender, Edyta , RN	İ							
Modified: 07/09/2012 16:32 Balawender, Edyta , RN								

DULBERG, PAUL R.

Rm-Bed:

Acct: 71265382

MRN: 0001307925

DOB: 03/19/1970

nch\_hhsadmhx

Page 1 of 4 Permanent

\*\*\*\*307925

DULBERG, PAUL R.

Opt Out:

NGH-A nch\_hhsadmhx Rm-Bed:

Rm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Sagerman, Scott D., MD
DOB: 03/19/1970 Acot: 71265382
MRN: 0001307925
Requested: 07/11/2012 22:01

Page 2 of 4

	<del>P</del> arantanan		Route	Freq/	Form	Strengt
Active - Unk	Description (nown	Dose	House	Rate	issa <u>c</u> ă rificato	oueng
	hydrocodone- acetaminophen Oral)	7.5-352 mg	Oral	Every 6		
PRN: AKA: Indication: Type:	No No			hours as needed		
Info Source:						
Spec Instr: Comments:	for severe pain					
Entered:	07/09/2012 16:33 Balawender, Edyta , RN					[
Confirmed:	07/09/2012 16:33 Balawender, Edyta , RN					
Modified:	07/09/2012 16:33 Balawender, Edyta , RN					
cyclobenzap	orine 10 mg Tab (cyclobenzaprine 10 mg Tab)	1	Oral	As Needed	Tablet	10 mg
PRN: AKA: Indication: Type;	Yes					
Info Source:						
Spec Instr:						
Comments:	COURT TO A SECTION OF THE COURT					
Entered:	06/26/2012 11:45 Manalansan, Lorena , RN		1			
Confirmed:	07/09/2012 16:32 Balawender, Edyta , RN					
Modified:	07/09/2012 16;32 Balawender, Edyta , RN	500 mg	Oral	2 times per	Tablet	<del> </del>
PRN: AKA: Indication: Type: Info Source:	ral (naproxen Oral) No			day		
Spec instr:						
Comments:						1
Entered:	06/26/2012 11:42 Manalansan, Lorena , RN					
Confirmed:	07/09/2012 16:32 Balawender, Edyta , RN				1	
Modified:	07/09/2012 16:32 Balawender, Edyta , RN		Overl	An Nagadari	Toblet	50 mg
PRN: AKA:	mg Tab (tramadol 50 mg Tab). No	1	Oral	As Needed	Tablet	Jo mg
Indication: Type: Info Source:						
Spec Instr: Comments:	not for months					
Entered:	06/26/2012 11:45 Manalansan, Lorena , RN					
Confirmed:	07/09/2012 16:32 Balawender, Edyta , RN					1

DULBERG, PAUL R.

07/09/2012 16:32 Balawender, Edyta , RN

Rm-Bed:

Modified:

Acct: 71265382

MRN: 0001307925

DOB: 03/19/1970

nch\_hhsadmhx

Opt Out:

DULBERG, PAUL R.

NCH-A nch\_hhsadmhx Rm-Bed:

Rm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Sagerman, Scott D., MD
DOB: 03/19/1970 Acot: 71265382
MRN: 0001307925
Requested: 07/11/2012 22:01

Page 3 of 4

Medication Detail (continued)

Wedication De	ail (continued)	1683.053.053.053.053.053		Freq/		
	Description	Dose	Route	Rate	Form	Strength
Discontinue	d - Unknown		11	200000000000000000000000000000000000000		4
	e- acetaminophen 10- 650 mg Tab (hydrocodone- hen 10- 650 mg Tab) No	0.5-1 Tablet	Oral	As Needed	Tablet	10-650 mg
AKA: Indication: Type: Info Source:						
Spec Instr: Comments:	not for months					
Entered:	06/26/2012 11:47 Manalansan, Lorena , RN				1	
Confirmed:	07/09/2012 16:32 Balawender, Edyta , RN					
Modified:	07/09/2012 16:32 Balawender, Edyta , RN					ŀ
Inactive- ER	ROR - Unknown		-l	I		ſ
Bayer Aspir PRN:	in Oral (aspirin Oral) No		Oral	As Needed	Tablet	250 mg
AKA:						
Indication: Type:				]		
Info Source:						
Spec Instr:						
Comments:			1			
Entered:	06/26/2012 11:49 Manalansan, Lorena , RN					
Confirmed:	07/09/2012 12:46 Burns, Lynda , RN					
Modified:	07/09/2012 12:46 Burns, Lynda , RN					

### Problem Detail

	Description (Snomed code)		Chronicity	Additional Info
Active - Medical			**************************************	ellere sense dese ause de seu tra-radione rout e rais fils e co
Neuritis (8429900	09) (Right)[1]	ICD: 729.2		
Problem Priority:				
Problem Onset:				
Current Occurrence	ce:			1
Comment:	right ulna			
Entered:	06/26/2012 11:59 Manalansan, Lorena , RN			
Last Confirmed:	07/09/2012 12:46 Burns, Lynda , RN			
Last Modified:	07/09/2012 12:46 Burns, Lynda , RN			

Alleroy Detail

wiici Ah netan	
	Sensitivity
	20081689666000000000000000000000000000000
	Allergen Reagtion Severity Type

DULBERG, PAUL R.

Rm-Bed:

Acct: 71265382 MRN: 0001307925

DOB: 03/19/1970 nch\_hhsadmhx

Page 3 of 4

Permanent

DULBERG, PAUL R.

Opt Out:

NCH-A noh\_hhsadmhx Rm-Bed:

Rm-Bed: Admit Dt: 07/09/2012 12:02
Age: 42 yr Gender: M MD: Sagerman, Scott D., MD
DOB: 03/19/1970 Acct: 71265382
MRN: 0001307925
Requested: 07/11/2012 22:01

Page 4 of 4

Allergy Detail (continued)

		Reaction	Severit	Sensilivily Type
Active				
[NS] No Known Alle	ergies			
Onset Date:				
Reported By:				
Rel. to Patien	rt:			
Comments:				
Entered:	07/09/2012 12:44 Burns, Lynda , RN			ł
Confirmed:	07/09/2012 00:00 Staffid, Auto			
Verified:	07/09/2012 00:00 Staffid, Auto			

NO DATA FOUND FOR MODULE: 5. Immunization Details

DULBERG, PAUL R.

Rm-Bed:

Acct; 71265382

MRN: 0001307925

DOB: 03/19/1970

nch\_hhsadmhx

NCH Rem No. 25666

DULBERG, PAUL R

\*\*\*\*307925

Form # 005.014-02/04-1-S&D

		VIN	NG SITUA	TION / SUP	POI	RT SER	/ICES	not b	وم	<b>~</b>	_ (1.6)	line.	. <i>E</i>	C <sub>M</sub>	<u>Lli</u> h
Occupatio	C C C	) F	ives Alone Iome Health oster Care Other	<del></del>		With Spou Assisted Hospice	se / S.O	nt b		Ļ	With Family Retirement Nursing Ho	Comm.	pa	heu	<u> </u>
Facility: _															<del>,,,</del>
Cultural/Re	eligious I	Pra	ctices 🔎		_										<del></del>
Primary La	nausas	Sni	niren:	Engli		- Sun	nort System	1							
•		•	or Loss/Cha	nges) 🛚 None		List:	port Oyuton	·		•					
CUNCTO	CALAL C		DEEN!	Y = Yes			SK ASSES	SMENT	Τ.	Ç	HECK IF PRE	SENT O	N ADN	IISSI	ON
	/SVG	/	(d)	N = No I = Independent		(Che	ck All That /	Apply)	J↓	E	QUIPMENT/I	PROSTI	-IESES	s US	ED
/	NY SEE		1 / 2 D	A = Assisted D = Dependent		Previous f	all (in past 6	months)		(Check All That Apply)					
ist of	SNAL STATES	NE SI	State State	U = Unknown		Mobility P	roblem				Cane				
\ \(\delta_{\alpha\\\ \alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha_{\alpha}\alpha\\\ \alpha\\\ \alpha\}\\ \alpha\}\}}}}}}}}}}}}}}}}}}}}}}} \end{\targint_{\alpha\alpha\alpha\alpha\}\}}}}}}}\timeto_{\alpha\alpha\alpha\alpha\}\}}}}}\timeto_{\alpha\alpha\alpha\}\}}}}}\timeto_{\alpha\alpha\alpha\}\}}}}}\timeto_{\alpha\alpha\alpha\alpha\}\}}}}}}\timeto_{\alpha\alpha\alpha\alpha\alpha\}\}}}}}\timeto_{\alpha\alpha\alpha\alpha\alpha\alpha\}\}}}}}\timeto_{\alpha	CONTRACTOR OF STREET	/ ,	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			Confusion	1				Walker			,	
1	7		Amb	ulation (PT)		Incontine	nt				Crutches	·		,	
7	7		Tran	sfers (PT)		Hearing /	Visual Impair	ment			Wheelchair				
7	7		Tolle	ting (OT)		Meds Tha	t Put Patient	at Risk of Falling			Dentures	Full		U	L
7	1		Hygi	ene (OT)		Communi	cation Barrie	r		}		Partial		U	L
ì	7		Dres	sing (OT)		CNS Impa	ılment		T.,		Glasses				
			Feed	ling (OT)		None of A	bove		╁┈		Contact Lens	es			
1	- 7		Şwa	llowing (ST)	PR	ESSURE U	LCER RISI	( ASSESMEN	Т		Artificial Eye	R		L	
ſ	7	-	Com	munication (CT)	Bra	den Scale to	ol attatched		1		Hearing Aid	R	. ,	L	
☐ Therap 24 hou		rop	riate upcoming	g surgery is within:	Bra	den Scale S	core >				OTHER: NO		<del></del>	<del>-</del> -	<u> </u>
NUTRITIO	ON SCI	RE	E <b>N</b> Circle nun	nbers that apply to pa	tient;	total the pol	its.								
						Points								Pọi	ints
Dx. of maln						5 Nausea/vomiting/dlarrhea > 3 days							2		
Inadequate	-		•			3	-	newing/swallowi 	_						3
Surgical pat		•				Decubitis ulcer/non-healing wound			l				5 3		
			bidly obese			4 Trauma/sepsis 1 Unintentional 10 lb. gain/loss in 1 month						3 3			
			OB admission			3	Officialities	ici in ib. genine	35 1,1	•	i joniu i				
Braden sca				•		5	Total Po	ints					L	<u> </u>	<u>,                                     </u>
Risk Level	: Low (1-4	1) / [	Voderate (5-7)	/High > 7 Ris	k tot	al 5 or greate	er must be re	ferred by docum	onta	tio	on physician	orders fo	or orde	r to N	IFS.
RN Signatu	re <u>U</u>	U	wala	Ds	te_		6/24	(12-		4	200	w	7/	91	12
71 D	ULBER0 1265382 OB 03/ AGERM	/19	M 42	07/09/12 1307925 MD		Nor	<b>thwest Comm</b> gton Heights, IL. BC	unity Hospital unity Day Surgery <sup>005</sup> JRSING AI			SION AS	SESS	MEN	R T	

SKIN: Color <u>punt</u> Temp <u>Waum</u>	CARDIO / VASCULAR / PERIPHERAL: Quality and Rhythm:
☐ Rash ☐ Pressure Wound	Radial pulse
☐ Patient denies problems	© Edema
a Other Blood Blota right	Patient denies problems
NEURO: My finger, & 1 th fe	Maga D Other
Awake / Alert / Oriented	GASTROINTESTINAL:
Other pt c/o headaches	— □ Abdomen distended
☐ Pupils / Peria	- Diet Child Date of last B.M. 7/2/63
☐ Patient Denies Problems	
RESPIRATORY:	☐ Patient denies problems
Lung Sounds: Right: 🔟 Clear Other	Other
Left: 🗖 Clear Other	MUSCULAR / SKELETAL:
☐ Cough ☐ Dyspnea ☐ Wheezing	Impairments
Patient denies problems	Positioning requirements
Other Symbhal	D Patient denies problems
GYNE /GU	- a Other At C/o number as K ting
Patient denies problems	PSYCH / EMOTIONAL: 40 MAN JULIAN Demeanor appropriate to Jungus
•	· · · · · · · · · · · · · · · · · · ·
□ Other	□ Other
PAIN ASSESSMENT: 0-10 Faces 0-10 Numeric Other	Circle the pain scale used for Pain Intensity and Patient's Pain Goals:  U - Unable to Respond UW - Unwilling to Respond
Time Pain Location Quality Indicating (scale) Pain Pain Behavior Aggravating Factors	Alleviating Intervention* Patient's Pain Goal* Initials Factors (Medications (see Mar) and non-medication)
230 Rue sharp 2/10	24 of
ANTICIPATED DISCHARGE NEEDS (Check All That Apply):	
SHome C MOM Sub Acute	alth Agency 🔲 Respite Care
☐ Rehab ☐ Hospice ☐ NHP	
a route a Mak	☐ Other
RN Signature Assume	mie 7/9/10
B 10/42	Northwest Community Hospital Marthwest Community Day Surgery Center Arington Heights, IL 60005
DULBERG PADE 42 07/09/12 71265382 M 42 07/09/12 DOB 03/19/1970 0001307925 DOB 03/19/1970 MD SAGERMAN, SCOTT D MD	NURSING ADMISSION ASSESSMENT .
NCH Item No. 25566 (Backer)	Form # 005.014-02/04-1-S&D