

HELEN ELLIS MEMORIAL HOSPITAL

ACCOUNT #: 0124500011

TYPE: EMR

MR #: 418192

*AP*

===== PATIENT INFORMATION =====

NAME: MCMILLAN, SHAWN  
PAT ADDR: 1518 RIVERSIDE DR  
TARPON SPRINGS FL 34689  
PT PHONE: (727) 942-6833  
DOB / AGE: 06/02/75 26Y SEX: M  
M/S: S REL:  
LIVING WILL: NO 09/02/2001  
HISTORY #:  
CHIEF COMPLAINT: GUNSHOT WOUND

ADMIT DATE  
DISCH DATE  
ROOM/BED:  
ADM TYPE:  
SVC: EMR  
ADM BY: MA  
ADM MD: WILKS, ABRAHAM  
ATT MD: WILKS, ABRAHAM

*RECALLED  
ITEM 9  
MED RECORDS*

REFERRING INSTITUTION:

===== PATIENT EMPLOYMENT INFORMATION =====

EMPLOYER:  
ADDRESS:

OCCUPATION:  
TELEPHONE:

===== NEAREST REL/EMERG CONTACT =====

NEAREST REL: MAHONEY, MICHAELA  
ADDRESS: 1876 WHISPERING WAY  
WORK #733-2154  
TARPON SPRINGS FL 34689  
EMPLOYER:

RELATIONSHIP: PARENT  
TELEPHONE: (727) 804-8000

===== GUARANTOR INFORMATION =====

NAME: MCMILLAN, SHAWN  
ADDRESS: 1518 RIVERSIDE DR  
TARPON SPRINGS FL 34689  
TELEPHONE#: (727) 942-6833  
GUARANTOR #:

RELATIONSHIP: SELF  
EMPL:  
ADDR:

===== INSURANCE INFORMATION =====

PLAN:  
ADDR:  
GROUP#: SUBSCRIBER:  
PLAN:  
ADDR:  
GROUP#: SUBSCRIBER:  
PLAN:  
ADDR:  
GROUP#: SUBSCRIBER:

POLICY NO:  
TELEPHONE#:  
GROUP NAME:  
POLICY NO:  
TELEPHONE#:  
GROUP NAME:  
POLICY NO:  
TELEPHONE#:  
GROUP NAME:

*873.9  
8922.9  
305.00  
427.5*

*96.04  
96.71  
99.60  
99.62*

*99285-25  
93005  
31500  
90784*

HELEN ELLIS MEMORIAL HOSPITAL  
TARPON SPRINGS, FLORIDA

Coding Summary

09-10-2001

Name: MCMILLAN, SHAWN  
Visit Type: EMR EMERGENCY

MR#: 418192  
Acct#: 0124500011

Admit Date: 09-02-2001 Birthdate: 06-02-1975 Sex: M Male  
Discharge Date: 09-02-2001 Age: 26 DR: 226 Wilks, Abraham  
Discharge Status: 03 Birth Wght: Payor: M Medicare  
Secondary Payor:

DRG: 280 TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC

LOS: 1 days Trim Point: days Weight: 0.6788  
GMLOS: 3.20 days Outlier: days Payment: \$2,559.31  
AMLOS: 4.20 days ASC Payment: NOT SUBJECT Charges: \$6,097.42

Admit Dx:  
873.9 OPEN WND HEAD NEC-COMPL

DIAGNOSES:

Principal Dx:  
873.9 OPEN WND HEAD NEC-COMPL

Secondary Dx:  
E922.9 FIREARM ACCIDENT NOS  
305.00 ALCOHOL ABUSE-UNSPEC  
427.5 CARDIAC ARREST

ICD9 PROCEDURES:	Ep#	Dr.	Name	Date
96.04 INSERT ENDOTRACHEAL TUBE	1	226	Wilks, Abraham	09-02-2001
96.71 CONT MECH VENT -96 HOUR	1	226	Wilks, Abraham	09-02-2001
99.60 CARDIOPULM RESUSCITA NOS	1	226	Wilks, Abraham	09-02-2001
99.62 HEART COUNTERSHOCK NEC	1	226	Wilks, Abraham	09-02-2001

CPT PROCEDURES:	Ep#	Dr.	Name	Date
99285-25 EMERGENCY DEPT VISIT				
93005 ELECTROCARDIOGRAM, TRACING				
31500 INTUBATION, ENDOTRACHEAL, EMER				
90784 INJECTION OF MEDICATION (IV)				

NEURO/PSYCH  
 \_\_\_ nml responsiveness  
 \_\_\_ nml orientation  
 \_\_\_ no gross motor deficits  
 \_\_\_ gross sensory deficits

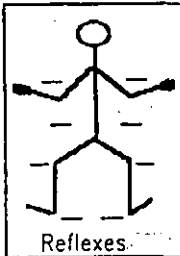
unresponsive to commands / confused / lethargic  
 fixed / irregular / unequal pupils  
 R \_\_\_ mm L \_\_\_ mm *Dilated*  
 \_\_\_ EOM deficit  
 \_\_\_ paresis  
 \_\_\_ Babinski reflex (L/R)

CBC  
 normal  
 nml except  
 WBC  
 Hgb  
 Hct  
 Platelets  
 segs  
 bands  
 lymphs  
 monos  
 eos

Chemistries  
 normal  
 nml except  
 Na  
 K  
 Cl  
 CO2  
 Gluc  
 BUN  
 Creat

CK  
 CKMB  
 Troponin  
 PT  
 INR  
 PTT

UA  
 normal  
 nml except  
 WBC  
 RBC's  
 bacteria  
 dip



Response to pain:  facial grimace

	withdraws	flexor	extensor	none
RUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABGs time: \_\_\_\_\_  
 pO2= \_\_\_ pCO2= \_\_\_ pH= \_\_\_ (RA O2 L)  
 time: \_\_\_\_\_  
 pO2= \_\_\_ pCO2= \_\_\_ pH= \_\_\_ (RA O2 L)

INITIAL ASSESSMENT AND PROCEDURES  
 VITAL SIGNS SEE NURSING ASSESSMENT FOR FURTHER VITALS  
 BP \_\_\_ / \_\_\_ HR \_\_\_ RR \_\_\_ Temp \_\_\_ F

EKG MONITOR RHYTHM  
 sinus rhythm tachycardia wide / narrow bradycardia

PULSE OXIMETER \_\_\_ % O2 saturation time: \_\_\_\_\_  
 RA O2 \_\_\_ L / % NP mask BVM

PROCEDURES AND INTERVENTIONS *See code sheet*  
 \_\_\_ intubated by: ED physician / anesthesiologist /  
 with # \_\_\_ ET tube curved / straight blade nasal / oral

Premedication: \_\_\_\_\_  
 Complications \_\_\_ unsuccessful attempt (nasally / orally)  
 \_\_\_ nosebleed \_\_\_ vomited \_\_\_ apparent aspiration  
 \_\_\_ O2 saturation decreased

Status after successful intubation  
 Breath sounds after intubation- equal R>L L>R  
 after ETT adjustment- n/a equal R>L L>R

Syringe aspiration test: GOOD / POOR air return from ET tube  
 Pulse oximeter reading: \_\_\_\_\_

\_\_\_ central line placed sterile technique betadine prep  
 right / left internal jugular subclavian femoral

\_\_\_ defibrillated  
 \_\_\_ Gastric Lavage \_\_\_ fr \_\_\_ pill fragments  
 \_\_\_ NG tube / Foley Catheter

EKG MONITOR STRIP \_\_\_ NSR \_\_\_ abnml  
 EKG \_\_\_ NML  Interp. by me  Reviewed by me Rate \_\_\_\_\_  
 \_\_\_ NSR \_\_\_ nml intervals \_\_\_ nml axis \_\_\_ nml QRS \_\_\_ nml ST/T

not / changed from: \_\_\_\_\_  
 Repeat EKG \_\_\_ unchanged /

CXR  Interp. by me  Reviewed by me  Discd w/radiologist  
 nml/VAD \_\_\_ no infiltrates \_\_\_ nml heart size \_\_\_ nml mediastinum

not / changed from: \_\_\_\_\_

Head CT \_\_\_ nml

PROGRESS NOTES  
 Time \_\_\_\_\_

*06/04 - Mother in ER brought in by police*

*0330 - Discussed - Bayflight Report  
 0357 " " " " Bayflight will*

CRIT CARE- 30-74 min 75-104 min  
 discussed with Dr. \_\_\_\_\_  
 initial admission orders written \_\_\_\_\_  
 prior chart reviewed \_\_\_\_\_

CLINICAL IMPRESSION:  
*GSW Head - Post Code Blue  
 Alcohol Intoxication*

DISPOSITION-  transferred  observation  home  admit  
 expired  AMA  Bacher Act  other  
 Time: *Bayflight*

CONDITION-  good  fair  poor  critical  improved  
 stable  unchanged  deceased

EMERGENCY CONDITION:  stabilized

Physician ID # \_\_\_\_\_ *MD/DO*

If applicable)  
= FOCUS  
(See nurse's notes)

36971

OV	KE	NA	PULM	□	NA	GI	□	NA	SKIN	□	NA	NEURO	□	NA	SPINE	□	NA			
APICAL PULSE		AIRWAY		Denies Problems		Normal Color		Alert		Location										
REGULAR		Resp <u>4/20</u>		Nausea		Pale		Oriented X												
IRREGULAR		BREATHING		Vomiting		Cyanotic		Confused		Onset										
PULSES <u>See Key on Reverse</u>		Normal		Diarrhea		Flushed		Lethargic		Intensity (Scale 0 - 10)										
R	RADIAL		Retractions		Rectal Bleeding		Jaundice		Responds to Verbal		at Onset		Now							
L			Shallow/Labored		Constipation		Warm		Responds to Pain		Radiation to:									
R	POSTERIOR TIBIAL		R L LUNGS		Incontinent		Dry		Unresponsive		Dull									
L			Clear		Stool Color		Cool		R L ARM STRENGTH		Sharp									
R	DORSALUS PEDIS		Crackles		Heme <input type="checkbox"/> + <input type="checkbox"/> -		Moist		Normal		Stabbing									
L			Gurgles		ABDOMEN		Diaphoretic		Weak		Shooting									
BLEEDING		Wheeze		Soft		Integrity F		Flaccid		Ache/Throb										
None		Diminished		Firm		Rash F		R L LEG STRENGTH		Numb/Tingling										
Controlled		Absent		Distended		Injury F		Normal		Pressure										
Excessive		GU <input type="checkbox"/> NA <input type="checkbox"/>		Obese		ORTHO <input type="checkbox"/> NA <input type="checkbox"/>		Flaccid		Constant										
Location		Denies Problems		Pregnant		Site		Flaccid		Intermittent										
Est Blood Loss		Burning		Tender at		Deformity		R Pupil <u>4</u> mm		Increased By:										
cc.		Frequency		Rebound		Swelling		□ Reactive <u>6/20</u>		Decreased By:										
CAPILLARY REFILL		Urine Odor		Vomitus/GI Aspirate		Full		L Pupil <u>4</u> mm												
Normal		Hematuria		Color		Limited		□ Reactive <u>6/20</u>		NURSE'S DIAGNOSIS		PATIENT EDUCATION NEEDS								
Delayed		Distention		Heme <input type="checkbox"/> + <input type="checkbox"/> -		Absent		M		Impaired Gas Exchange R/T		□ MEDICATION								
EDEMA		Incontinent		BOWEL SOUNDS		Present		DISTAL NEUROVASCULAR		Altered Tissue Perfusion:		□ ACTIVITY								
None		Anuric		High Pitched		Absent		Intact		Impaired Skin Integrity		□ DISEASE								
R	Pedal		Vaginal Discharge		Absent		Impaired		Pain		Fluid Volume Deficit R/T:		□ DIET							
L			Vaginal Bleeding		NG/Gastrostomy		Appliance		Altered Health Maintenance R/T:		OTHER:									
		Catheter		Type		Site		Type		NURSE SIGNATURE		TIME		INIT						

VITAL SIGNS				OXIMETRY		PAIN SCALE	NEURO	PUPILS		NURSE'S DIAGNOSIS								
BP	T	P	R	SaO2	FiO2	1-10	AVPU	R	L	INIT								
250	120/48	127	100	✓		U	4F	4E	Q									
224	145/60	97	110	✓		U	4F	4E	Q									

TIME	MEDICATION	DOSAGE	MODE	SITE	INIT	OUTCOME EVALUATION	TIME	INIT
0229	#16 French Foley to BID					output 400cc	0229	Q

**NURSING NOTES**

0228 found in car by Dawn Bunker in (+) pulse. NO respirations, extubated. transferred to ER room by Dr. Wilks to bed for intubation. #8 Et-tube to A mbe 100% O2 Auscultated in all lung fields clear. Even chest rise noted. On Sat 10/9/02 0229 placed on CM-V-P103 - Deltek 2005. See CPR flow sheet. Bullet entry wound noted in (R) parasternal area. no exit wound, pupils fixed and dilated. 0218 post scum. Care of AT thru care in care of ICU providers. 0330 return from CT - tolerated well. 0429 pt. created by Dr. Wilks at Daybreak Med Ctr. by Dr. Wilks. Back flight notified. Report called to Linda Ann on tel. Foley output = 400cc. Intake = 300cc. mother advised police at bedside throughout. transfer via busy flight.

0124500011 09/02/01  
UNIT# 418192 DOB: 06/02/75  
MILLER, SPAIN M 26Y  
MILLS, ARDIAW DR# 226

Helen Ellis Memorial Hospital  
 Sun Sep 02, 2001 07:43 am  
 Outpatient Summary Report

Page: 1

Pat Name: MCMILLAN, SHAWN  
 Unit #/Acct #: 418192/H0124500011  
 Loc: EMR 09/02/01  
 Phys-Service: WILKS, ABRAHAM - EMERGENCY

\*\*\*\*\*  
 Test Name: ALCOHOL-BLOOD (MEDICAL) Spec: Blood  
 Collected: 09/02/01 0240 In at: 09/02/01 0249  
 Ordering Phys: WILKS, ABRAHAM Out at: 09/02/01 0332

Result Name	Outside	Within	Reference Range	Units
Alcohol, Ethyl	221.32	H	0-100	mg/dl

\*\*\*\*\*  
 Test Name: CARDIAC PROFILE Spec: Blood  
 Collected: 09/02/01 0240 In at: 09/02/01 0249  
 Ordering Phys: WILKS, ABRAHAM Out at: 09/02/01 0314

Result Name	Outside	Within	Reference Range	Units
CK		205	35-232	U/L
LDH		175	100-190	U/L

\*\*\*\*\*  
 Test Name: CPK-MB Spec: Blood  
 Collected: 09/02/01 0240 In at: 09/02/01 0316  
 Ordering Phys: WILKS, ABRAHAM Out at: 09/02/01 0359

Result Name	Outside	Within	Reference Range	Units
CK		205	35-232	U/L
CK-MB		1.7	0-5.0	ng/ml
CK-MB Index		0.8	0.0-5.0	%

\*\*\*\*\*  
 Test Name: DRUG SCREEN, ABUSED-URINE Spec: Urine  
 Collected: 09/02/01 0240 In at: 09/02/01 0249  
 Ordering Phys: WILKS, ABRAHAM Out at: 09/02/01 0256

Result Name	Outside	Within	Normal Result	Units
Amphetamines		Neg		
Barbiturates		Neg		
Benzodiazepines		Neg		
Cannabinoids		Neg		
Cocaine		Neg		
Opiates		Neg		
PCP		Neg		

Screen Interp  
 \*\*NOTE: This panel is for screening purposes only. All positive results are to be considered presumptive. Presumptive positives will be confirmed by GC/MS.

(Continued on next page)

Jeffrey B. Smith, MD  
 Outpatient Summary Report  
 MCMILLAN, SHAWN  
 418192/H0124500011  
 EMR 09/02/01  
 (M-06/02/75)  
 Dr. WILKS, ABRAHAM

HELEN ELLIS MEMORIAL HOSPITAL  
1395 S. Pinellas Ave.  
Tarpon Springs, FL. 34689

CT SCAN OF THE BRAIN:

Noted is a projectile wound to the brain. There is a subgaleal hematoma along the right temporal bone. There are fragments from the projectile across the right temporal region. There is parenchymal hemorrhage. There is subarachnoid and subdural hemorrhage. There is significant mass effect.

IMPRESSION:

Sequelae of a projectile wound are noted as described above.

DE:pb  
09/02/2001  
0744

/READ BY/ DR DOUGLAS EILAND  
/Released By/ DR DOUGLAS EILAND

PB

FINAL DUPLICATE

NAME: MCMILLAN, SHAWN  
SSN:  
TEL#: (727)942-6833  
MR#: 418192  
RM/BED: DIS

AGE: 26Y M  
DOE: 09/02/01 0300  
AN#:0124500011  
Pt Type: EMR  
Check-In#: 198587

CON:  
ATT: WILKS, ABRAHAM  
ORD: WILKS, ABRAHAM  
ADM: WILKS, ABRAHAM  
REF:

BRAIN WITHOUT CONTRAST:

Computed tomography of the head was performed without the administration of intravenous contrast material.

No acute intracranial processes are identified.

There is no evidence of intracranial hemorrhage or intracranial mass. There is no shift of the midline structures.

The ventricles and sulci are normal in appearance. No extra-axial collections are identified.

IMPRESSION:

No acute intracranial process is identified.

No evidence of intracranial hemorrhage or intracranial mass.

EH/DP  
05/21/00  
5285

DEP

/READ BY/ DR EVAN HARRIS  
/Released By/ DR EVAN HARRIS

FINAL DUPLICATE

NAME: MCMILLAN, SHAWN  
SSN:  
TEL#: (727)942-6833  
MR#: 418192  
RM/BED: DIS

AGE: 26Y M  
DOE: 05/21/00 1118  
AN#:0014200019  
Pt Type: INP  
Check-In#: 126482

CON: HORTON, LARRY W  
ATT: ROEVER, FREDERICK H  
ORD: COWART, CRAIG O  
ADM: ROEVER, FREDERICK H  
REF:

Helen Ellis Memorial Hospital

Date: 9-2-01

Time Started: 0229

Time Ended: 0314

Time	BP	HR	R	EKG Rhythm	Drugs	Dose Time	0229	0235	0237	0239
0229	CPR			V-FIB	Epinephrine 0.000 (1mg/ml)	0234	1	1	1	
0234	CPR			V-FIB	Atropine 1mg/0ml	0235				
0235	CPR			V-FIB	Lidocaine 1.2mg/5ml	0244				
0240		126		Sinustach (2) mch.	Bretylium 52mg/10ml					
0241	CPR			V-FIB	Procystyl 15mg/2ml					
0244	130/55	137	Vent.	Sinustach	Calcium Chloride 10% 1Gm/10ml					
0245	100/48	116	Vent.	Sinustach A2:K:V:0	Magnesium Sulfate 5Gm/10ml					
0247	101/37	136	Vent.	F, O, L, 100%, TV=500 ACV4	Sodium Bicarbonate 50mEq/50ml					
0300	87/39	98	Vent.	↑	Dopamine 2mg/5ml 800mg/500ml wt = 70kg	0304				
0315	99/40	85	Vent.		Lidocaine Praxib 2Gm/500ml 2mg	0249 3005	0/LD	023		
0318	119/47	81	Vent.		Cardiome 300mg SUP Cardiome 5mg/500ml (025-)	3003 0234 3304 0253	023			

Intubation: Size: 8 Time: 0229 Intubated By: DM Wilks	Defibrillation Recor: Cardioversion				
Insertion Of Pacer: <input checked="" type="checkbox"/> Time: By: <input checked="" type="checkbox"/>	Time:	024	0230	0238	0241 0242
Capnometer Used: <input type="checkbox"/> Positive <input type="checkbox"/> Negative NO	Joules	3005	3005	360	500 360

Location of Arrest <input type="checkbox"/> O/R <input checked="" type="checkbox"/> E/R <input type="checkbox"/> Room <input type="checkbox"/> ICU <input type="checkbox"/> CCU <input checked="" type="checkbox"/> Other	
Type Of Arrest <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Respiratory <input type="checkbox"/> Cardiac	
Suspect Cause of Arrest <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Pulmonary Edema <input type="checkbox"/> Drug <input type="checkbox"/> Anesthesia <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Pulmonary Emboli <input type="checkbox"/> Respiratory Obstruction <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Other Gunshot wound to chest	
Recognized By: <input checked="" type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> CNA / Tech <input type="checkbox"/> Alarm <input type="checkbox"/> Other	
How Recognized: <input checked="" type="checkbox"/> No Respiration <input type="checkbox"/> No Pulse <input type="checkbox"/> Agonal Respiration <input type="checkbox"/> Monitor	
Resuscitation Started By: <input checked="" type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Anesthetist <input type="checkbox"/> CNA / Tech <input type="checkbox"/> Other	
Outcome Spontaneous Breathing Restored <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Palpable Pulse Restored <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Consciousness Restored <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Rhythmic EKG Restored <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Report Recorder's Signature: D. Krummer
R.N Signature: [Signature]
Physician's Signature: [Signature]
Team Members (Last Name and Title): Naomi STAHL RN Doreen A. Seccajko RN Greg Camp RN Doreen - RT Kelly Cerny ER TECH Doreen Dimick RN

0124500011 09/02/01  
UNITE 418192  
MCHILLAN, SHAWK  
WILKS, ABRAHAM  
DOB: 06/02/75  
M 26Y  
DR# 226

000030