



EMERGENCY DEPARTMENT REPORT

DIAGNOSIS:

400873

*Baker*  
*Elmwood 1500*

DISPOSITION

<input type="checkbox"/> ADMITTED	<input checked="" type="checkbox"/> STABLE	<input type="checkbox"/> UNSTABLE	<input type="checkbox"/> GUARDED
<input type="checkbox"/> TRANSFERRED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EXPIRED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DISCHARGED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPORT CALLED TO: ACCEPTANCE OF PT. GIVEN BY:

MODE OF TRANSPORT:

<input type="checkbox"/> AMBULANCE	<input type="checkbox"/> WHEEL CHAIR	<input type="checkbox"/> CARRIED
<input type="checkbox"/> STRETCHER	<input type="checkbox"/> AMBULATORY	<input type="checkbox"/> OTHER:

COPY SENT TO:  PHYSICIAN BELOW INITIALS:

INSTRUCTION SHEET

SIGNED ED PHYS. *[Signature]* M.D.

SIGNED ATTEND. PHYS. M.D.

ACCOUNT # 43391507

PATIENT NAME/ADDRESS/PHONE #/SOCIAL SECURITY # SAUNDERS, KEVIN E  
1668 TRUMANSBURG ROAD  
ITHACA, NY 14850

ADMIT DATE 04/04/03

TIME 0805 607-277-5808 431-88-9647

DATE OF BIRTH 05/01/56

AGE 46

SEX M

M/S D

FIN. CLASS PP

MEDICAL RECORD # 0597460

PERSON TO NOTIFY/NAME/ADDRESS RELATIONSHIP

WHELAN, ANNE MARIE FRF

721 W COURT ST ITHACA, NY 14850

PHONE # 607-273-6552

PATIENT'S EMPLOYER/ADDRESS/PHONE

DATABEAST INC  
1668 TRUMANSBURG RD  
ITHACA, NY 14850  
607-277-5808

GUARANTOR NAME/CITY/STATE/PHONE #

SAUNDERS, KEVIN E  
ITHACA, NY 14850 607-277-5808

GUARANTOR EMPLOYER NAME RELATIONSHIP

DATABEAST INC SE

RELIGION UNITARIAN

ARRIVAL MODE AMB-TRU

PHONE # 607-277-5808

INSURANCE NAME PURE SELF PAY

POLICY # 431889647

COVERAGES

SUBSCRIBER/INSURED NAME SAUNDERS, KEVIN E

ACC. INFO. UNSET REASON FOR VISIT MENTAL HEALTH EVALUATION

ACC. DATE/TIME 04/04/03 0000 COMMENT NO CRD

ED PHYSICIAN Baker, Donald James MD.

FAMILY PHYSICIAN Breiman, Robert MD.

USER RJE

RECORD ROOM COPY



Cayuga Medical Center at Ithaca 52  
 ED  OCC  Cortland  
**EMERGENCY PHYSICIAN**  
**RECORD**  
**Psych Disorder, Suicide Attempt, Overdose (5)**

SAUNDERS, KEVIN E  
 Baker, Donald James MD.  
 43391507 ED 46  
 05/01/56 0597460

DATE: 4/9/03 TIME: 0810 ROOM: 17 EMS Arrival  
 HISTORIAN:  patient  spouse  paramedics  
 HX / EXAM LIMITED BY: \_\_\_\_\_

**HPI chief complaint(s):**

Suicidal Thoughts Depression	Suicide Attempt
Agitated Hallucinating	Self-Injury
	Intentional Drug Overdose
Onset: _____	Accidental Drug Ingestion
	<i>Stops feeling</i>
Worsened since: _____	<i>confused</i>
severity:	When? <i>over past</i>
mild moderate severe	<i>few days</i>

context: \_\_\_\_\_  
 situational problems \_\_\_\_\_  
 related to: spouse / parent / son / daughter / significant other  
 work / lost job / school / legal problems  
*- stops work thing left*  
*- there's someone full of depression*  
*- can't describe problem*  
*- D. was associated*

current/associated complaints:  
 depressed / angry / frustrated / agitated / hostile / paranoid  
 confused / hallucinating  
 suicidal thoughts / specific plan / gesture of attempt  
*done*  
 ingestion (see list below)  
 suicide attempt wanted to "escape" accidental will not answer  
 lacerated / abraded wrist (R/L)

LIST OF SUBSTANCES INGESTED (if applicable)			
name	strength	# taken	when taken
acetaminophen	Y/N		
aspirin	Y/N		
ethanol	Y/N		

"RESCUE FACTOR" (if suicide attempt)  
 How did ingestion/other acts come to attention?  
*self referred*  
 Arrived by:  private car  ambulance (who called?)  
 police  patient  spouse  
 Recently seen/treated by doctor: \_\_\_\_\_

<b>ROS</b>	<b>NEURO &amp; EYES</b>
<b>PULMONARY &amp; CVS</b>	headache _____
cough _____	visual disturbance _____
trouble breathing _____	<b>GI - GU</b>
chest pain _____	abdominal pain _____
	nausea _____
	vomiting _____
	diarrhea _____
	problems urinating _____
	<b>SKIN &amp; LYMPH &amp; MS</b>
	skin rash / swelling _____
	joint pain _____
	all systems neg. except as marked

*- stops for*  
*been feeling*  
*good for*

**PAST HISTORY** \_\_\_\_\_ negative  
 prior suicide attempt \_\_\_\_\_  
 psychiatric problems \_\_\_\_\_  
 depression bipolar disorder  
 schizophrenia other \_\_\_\_\_

other problems: *hypothyroidism*  
**Surgeries:**  
 tonsillectomy \_\_\_\_\_ appendectomy \_\_\_\_\_  
 cholecystectomy \_\_\_\_\_ hysterectomy \_\_\_\_\_

Medications: *none* see nurses note  
 Allergies: *NKDA*  
 see nurses note

**SOCIAL HX** *ambicar*  
 recent alcohol use / binge drinking / alcoholism \_\_\_\_\_  
 marital status:  single  married  children: \_\_\_\_\_

**FAMILY HX** \_\_\_\_\_ mental illness \_\_\_\_\_

Nursing Assessment Reviewed  BP, HR, RR, Temp reviewed

**PHYSICAL EXAM**

**GENERAL APPEARANCE**

alert  anxious / lethargic / obtunded  
 no acute distress  mild / moderate / severe  
 uncooperative for exam

**ENT**

nml ENT inspection  abnormal TM (R / L)  
 pharynx nml  dry mucosa

if obtunded:

nml gag reflex  gag reflexed diminished / absent

**EYES**

pupils equal, round  disconjugate gaze  
& reactive to light  mydriasis / meiosis / anisocoria  
 EOM's intact  R Pupil \_\_\_ mm L Pupil \_\_\_ mm

**NEURO / PSYCH**

**mental status**  
 mood/affect nml  slow / no response to commands  
 withdraws to pain  no response to pain  
 depressed/affect  tearful / hostile / non-communicative  
 suicidal/ideation

*unable to clearly*

For suicide attempts: On direct query, patient ADMITS / DENIES continued consideration of suicide as an option.

If denies, why?

**orientation**

normal x3  uncooperative / cannot determine  
 disoriented  
to: day-of-week day-of-month  
month year place person

**cranial nerves**

**sensory, motor**  
 CN's intact as tested  facial droop / CN abnormality  
 nml-motor response  motor/sensory deficit  
 nml sensory response  
 nml reflexes  abnormal gait  
 nml gait

**NECK / BACK**

normal inspection  cerv. lymphadenopathy (R / L)\*  
 neck supple  thyromegaly / meningismus

**RESPIRATORY**

no resp. distress  wheezing  
 breath sounds nml  rales / rhonchi

**CVS**

regular rate, rhythm  irregularly irregular rhythm  
 heart sounds normal  extrasystoles (occasional / frequent)  
 tachycardia / bradycardia  
 JVD

**GI (ABDOMEN)**

non-tender  guarding  
 nml bowel sounds\*  hepatomegaly / splenomegaly  
 no organomegaly

**SKIN**

color nml, no rash  cyanosis / diaphoresis / pallor  
 warm, dry  skin rash

**EXTREMITIES**

normal ROM\*  laceration  
 no signs of injury  pedal edema  
 no pedal edema

**PROCEDURES:**

Restraints  
 Intubated \_\_\_ by ED physician nasal/oral # \_\_\_ ET tube  
 breath sounds equal \_\_\_ tube position confirmed w CXR  
 Gastric Lavage \_\_\_ pill fragments recovered  
 Charcoal \_\_\_ gm given Sorbitol \_\_\_ oz given

Underline indicates organ system

\* equivalent or minimum required for organ system exam

Overdose -12

**LABS, XRAYS, and PROGRESS**

EKG MONITOR STRIP \_\_\_ NSR \_\_\_ Rate \_\_\_

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

not / changed from: \_\_\_

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

not / changed from: \_\_\_

CBC	Chemistries	ABG's	Toxicology
<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> except WBC <u>17.8</u>	<input checked="" type="checkbox"/> normal <input checked="" type="checkbox"/> except Na	time: ___	normal except acetamin. ___
Hgb ___	K ___	pH ___	aspirin ___
Hct ___	Cl ___	pCO2 ___	ETOH ___
Platelets ___	CO2 ___	pO2 ___	Triage™ urine drug screen- ___
segs <u>bl</u>	Glu ___	RA ___	
bands ___	BUN ___	O2 ___ L	
lymphs ___	Creat ___		
	Amylase ___		

Pulse Ox \_\_\_ % on RA / \_\_\_ L / \_\_\_ % Interp. \_\_\_

Time \_\_\_ unchanged \_\_\_ improved \_\_\_ re-examined \_\_\_

Discussed with Dr. \_\_\_ Time: \_\_\_

**INTERVIEW WITH OTHER RESPONSIBLE ADULT:**

Name: \_\_\_ Relationship: \_\_\_

Considers ongoing suicide risk: high low uncertain

Capable / comfortable with observing patient at home? Yes No N/A

**MEDICAL CLEARANCE FOR PSYCHIATRIC REFERRAL (if needed)**

Back-slash to indicate that diagnosis is unlikely based on H&P and, when needed, lab testing.

- Toxic (PCP, Amphetamines, Hallucinogens, Acetaminophen, ASA, ETOH, Other)
- Infectious (Meningitis, Encephalitis, Sepsis)
- Metabolic (Thyroid, Hypoglycemia, Drug Withdrawal, Hypoxemia, Electrolytes)
- CNS Vascular and Other (CVA, TIA, Seizure, Trauma)
- Other Unstable Comorbidities  cleared medically for psych referral

Counseled patient / family regarding: \_\_\_ CRIT CARE- 30-74 min

lab results diagnosis need for follow-up 75-104 min \_\_\_ min

Rx given \_\_\_ Admit orders written \_\_\_ Additional history from: \_\_\_

Prior records ordered \_\_\_ family caretaker paramedics

**CLINICAL IMPRESSION:**

Ethanol Intoxication  Psychosis  Schizophrenia- acute exac.

Depression  Drug Overdose (Intentional/accidental)

major manic  Suicide Attempt/Ideation

*2PC to Elmore*

DISPOSITION-  transferred  obs  home  admit  expired

Time \_\_\_  AMA  LWOBs

CONDITION-  good  fair  critical  improved  stable

unchanged

NP / PA \_\_\_ ID # \_\_\_

**ATTENDING NOTE:**

Resident / PA / NP's history reviewed, patient interviewed and examined.

Briefly, pertinent HPI is: \_\_\_

My personal exam of patient reveals: \_\_\_

Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show: \_\_\_

I confirm the diagnosis of: \_\_\_

Care plan reviewed. Patient will need: \_\_\_

Please see resident / midlevel note for details.

*[Signature]*

MD / DO \_\_\_ ID # \_\_\_

Template Complete



**Cayuga Medical Center at Ithaca** 52  
 ED  OCC  Confined  
**EMERGENCY PHYSICIAN**  
**RECORD**

**Psych Disorder, Suicide Attempt, Overdose (5)**

DATE: 4/4/03 TIME: 0810 ROOM: 17 EMS Arrived  
 HISTORIAN: patient spouse paramedics  
 HX / EXAM LIMITED BY: \_\_\_\_\_

**HPI chief complaint(s):**

Suicidal Thoughts Depression	Suicide Attempt
Agitated Hallucinating	Self-Injury
	Intentional Drug Overdose
Onset: _____	Accidental Drug Ingestion
	<i>Stole her compressed When eyes shut just drags</i>
Worsened since: _____	
Severity: _____	
mild/moderate/severe	

**Context:**

\_\_\_\_\_ situational problems  
 related to: spouse / parent / son / daughter / significant other  
 work / lost job / school / legal problems  
*- Still can't think right  
 - Nurse delirious full admission  
 - I can't describe problem  
 - N. was Assoc. with*

**currently associated complaints:**

depressed / sleep / frustrated / agitated / hostile / paranoid  
 confused / hallucinating  
 suicidal thoughts / specific plan / gesture of attempt  
*done*  
 ingestion (see list below)  
 suicide attempt wanted to "escape" accidental will not answer  
 inhaled / xbradell / wric (R/L)

LIST OF SUBSTANCES INGESTED (if applicable)			
name	strength	# taken	when taken
acetaminophen	Y/N		
aspirin	Y/N		
ethanol	Y/N		

SAUNDERS, KEVIN E  
 Baker, Donald James MD.  
 43391507 ED 46  
 05/01/58 0587460

**"RESOLVE FACTOR" (if suicide attempt)**

How did ingestion/other acc come to attention?  
*call 911*  
 Arrived by: power car ambulance (who called?)  
police patient spouse  
 Recently seen/treated by doctor: \_\_\_\_\_

<b>RDS</b>	<b>NEURO &amp; EYES</b>
<b>PULMONARY &amp; CVS</b>	headache
cough	visual disturbance
trouble breathing	<b>GI - GU</b>
chest pain	abdominal pain
	nausea
	vomiting
	diarrhea
	problems urinating
	<b>SKIN &amp; LYMPH &amp; MS</b>
	skin rash / swelling
	joint pain
	Other systems neg, except as marked

*- Stole her  
her pills  
good for  
1 week*

**PAST HISTORY** negative

prior suicide attempt  
 psychiatric problems  
 depression bipolar disorder  
 schizophrenia other  
 cardiac disease  
 hypertension  
 diabetes insulin / oral / diet  
 lung disease  
 +HIV / AIDS

other problems  
*no further info*  
 Surgeries:  
 tonsillectomy appendectomy  
 cholecystectomy hysterectomy

Medications none see nurses note  
 Allergies NKDA  
 see nurses note

**SOCIAL HX** smoker  
 recent alcohol use / binge drinking / alcoholism  
 marital status: single married children:

**FAMILY HX** mental illness

Nursing Assessment Reviewed  BP, HR, RR, Temp reviewed

**PHYSICAL EXAM**

**GENERAL APPEARANCE**

alert  anxious / lethargic / obtunded  
 no acute distress  mild / moderate / severe  
 uncooperative for exam

**ENT**

normal ENT inspection  abnormal TM (R / L)  
 pharynx nml  dry mucosa

if obtunded:

normal gag reflex  gag reflexed diminished / absent

**EYES**

pupils equal, round & reactive to light  nystagmus  
 EOM's intact  disconjugate gaze  
 mydriasis / miosis / anisocoria  
R Pupil          mm L Pupil          mm

**NEURO / PSYCH**

**mental status**  
 mood/affect nml  slow / no response to commands  
 withdraws to pain  no response to pain  
 depressed affect  tearful / hostile / non-communicative  
 suicidal ideation

*unable to clarify  
For suicide attempts: On direct query, patient ADMITS / DENIES continued consideration of suicide as an option. concurrent  
if denies, why?*

**orientation**

normal x3  uncooperative / cannot determine  
 disoriented  
to: day-of-week day-of-month  
month year place person

**cranial nerves**

**sensory, motor**  
 CN's intact as tested  facial droop / CN abnormality  
 normal motor response  motor/sensory deficit  
 normal sensory response  
 normal reflexes  abnormal gait  
 normal gait

**NECK / BACK**

normal inspection  cerv. lymphadenopathy (R / L)\*  
 neck supple  thyromegaly / meningismus

**RESPIRATORY**

no resp. distress  wheezing  
 breath sounds nml  rales / rhonchi

**CVS**

regular rate, rhythm  irregularly irregular rhythm  
 heart sounds normal  extrasystoles (occasional / frequent)  
 tachycardia / bradycardia  
 JVD  
 guarding  
 hepatomegaly / splenomegaly

**GI (ABDOMEN)**

non-tender  guarding  
 normal bowel sounds\*  hepatomegaly / splenomegaly  
 no organomegaly

**SKIN**

color nml, no rash  cyanosis / diaphoresis / pallor  
 warm, dry  skin rash

**EXTREMITIES**

normal ROM\*  laceration  
 no signs of injury  pedal edema  
 no pedal edema

**PROCEDURES:**

Restraints  
 Intubated by ED physician nasal/oral #          ET tube  
 breath sounds equal  tube position confirmed w CXR  
 Gastric Lavage  pill fragments recovered  
 Charcoal          gm given Sorbitol          oz given

         Underline indicates organ system

\* equivalent or minimum required for organ system exam

**LABS, XRAYs, and PROGRESS**

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

not / changed from           
CXR  Interp. by me  Reviewed by me  Disc'd w/radiologist  
         nml/NAD          no infiltrates          nml heart size          nml mediastinum

not / changed from           
**CBC**  normal  except           
**Chemistries**  normal  except           
**ABG's** time:           
**Toxicology** normal except           
WBC 12.8 Na          acetamin.           
Hgb          K          aspirin           
Hct          Cl          ETOH           
Platelets          CO2          pH           
segs bl Glu          pCO2          Triage™ urine           
bands          BUN          pO2          drug screen-           
lymphs          Creat          RA           
Amylase          O2          L         

Pulse O<sub>2</sub>          % on RA /          L /          % Interp.           
         unchanged          improved          re-examined

Discussed with Dr.          Time:         

**INTERVIEW WITH OTHER RESPONSIBLE ADULT:**

Name:          Relationship:           
Considers ongoing suicide risk: high low uncertain  
Capable / comfortable with observing patient at home? Yes No N/A  
MEDICAL CLEARANCE FOR PSYCHIATRIC REFERRAL (if needed)  
Back-slash to indicate that diagnosis is unlikely based on H&P and, when needed, lab testing.  
• Toxic (PCP, Amphetamines, Hallucinogens, Acetaminophen, ASA, ETOH, Other)  
• Infectious (Meningitis, Encephalitis, Sepsis)  
• Metabolic (Thyroid, Hypoglycemia, Drug Withdrawal, Hypoxemia, Electrolytes)  
• CNS Vascular and Other (CVA, TIA, Seizure, Trauma)  
• Other Unstable Comorbidities  cleared medically for psych referral

         Counselled patient / family regarding:          CRIT CARE- 30-74 min  
lab results          diagnosis need for follow-up          75-104 min          min  
Rx given          Admit orders written          Additional history from:           
Prior records ordered          family caretaker paramedics

**CLINICAL IMPRESSION:**

Ethanol Intoxication  Psychosis  Schizophrenia- acute exc.  
Depression  Drug Overdose (Intentional/ accidental)  
major manic  Suicide Attempt/ Ideation

DISPOSITION-  transferred  obs  home  admit  expired  
Time  AMA  LWOBs  
CONDITION-  good  fair  critical  improved  stable  
 unchanged

         NP / PA          ID #         

**ATTENDING NOTE:**

         Resident / PA / NP's history reviewed, patient interviewed and examined.  
Briefly, pertinent HPI is:           
My personal exam of patient reveals:           
Assessment and plan reviewed with resident / midlevel. Lab and ancillary studies show:           
I confirm the diagnosis of:           
         Care plan reviewed. Patient will need:           
Please see resident / midlevel note for details.

         MD / DO          ID #           
 Template Complete



Cayuga  
Medical Center  
at Ithaca

101 Dates Drive • Ithaca, New York 14850  
(607) 274-4011

SAUNDERS, KEVIN E  
Baker, Donald James MD.  
43391507 ED 48  
05/01/56 0597460

INITIAL ASSESSMENT FORM

ED EVAL     DIRECT ADMIT     CONVENIENT CARE

(PLEASE CHECK) ARRIVAL INFO ARRIVAL DATE/TIME <u>4/8/03</u> ARRIVAL MODE <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> AMBULANCE: ALS, BLS (Circle One) <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> CARRIED <input type="checkbox"/> POLICE	TREATMENT IN PROGRESS ON ARRIVAL <input type="checkbox"/> NONE <input type="checkbox"/> O <sub>2</sub> MASK <input type="checkbox"/> O <sub>2</sub> CANNULA <input type="checkbox"/> ORAL AIRWAY <input type="checkbox"/> ET TUBE (Size) _____ <input type="checkbox"/> IV (Site) _____ <input type="checkbox"/> MONITOR <input type="checkbox"/> CERVICAL COLLAR <input type="checkbox"/> SPINE BOARD: LONG, SHORT (Circle One)		<input type="checkbox"/> SAND BAGS <input type="checkbox"/> CPR <input type="checkbox"/> SLING <input type="checkbox"/> SACRIF SPLINT <input type="checkbox"/> HARE TRACTION <input type="checkbox"/> AIR SPLINT <input type="checkbox"/> OTHER SPLINT _____ <input type="checkbox"/> DRESSING (Site) _____ <input type="checkbox"/> MEDICATIONS _____
--	--	--	---

ALLERGIES <input type="checkbox"/> NKKA <input type="checkbox"/> DRUG <u>Amoxicillin</u> <input type="checkbox"/> FOOD _____ <input type="checkbox"/> CHEMICAL _____ <input type="checkbox"/> LATEX _____	CURRENT MEDICATIONS/DOBAGE (Including Alternative Medicines/Dietary Supplements) <u>Tables &amp; meds</u>  <u>Bizumina</u>
---	---

ADVANCE DIRECTIVE: <input type="checkbox"/> YES <input type="checkbox"/> NO ON FILE ..... <input type="checkbox"/> YES <input type="checkbox"/> NO DO NOT RESUSCITATE: <input type="checkbox"/> YES <input type="checkbox"/> NO ON FILE ..... <input type="checkbox"/> YES <input type="checkbox"/> NO	LMP _____ <input type="checkbox"/> N/A TETANUS _____ <input type="checkbox"/> N/A <input type="checkbox"/> IMMUNIZATION/LEAD FORM DONE <input type="checkbox"/> N/A	PAST MEDICAL HX <u>delusions</u> <u>mental health problems</u>
---	---	--

NURSING ASSESSMENT PSYCHOSOCIAL RISKS: CULTURAL/SPIRITUAL: <input type="checkbox"/> YES <input type="checkbox"/> NO LIVING CONDITIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO EDUCATIONAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBSTANCE USE (Active or History): <input type="checkbox"/> YES <input type="checkbox"/> NO SUPPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO PSYCHIATRIC (Active or History): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE/COMMUNICATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF ANY BOX CHECKED YES SOCIAL WORK REFERRAL: <input type="checkbox"/> YES <input type="checkbox"/> NO DV Risk Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

VITALS	DATE/TIME <u>4/4/03</u>	PAIN LEVEL <u>0-10</u>	T <u>97</u>	P <u>72</u>	R <u>12</u>	SpO <sub>2</sub> <u>100</u>	BP <u>130/72</u>	HR <u>72</u>	ECG	O <sub>2</sub> Sat	HT	WT	< 2 YEARS HEAD CIRC.
--------	-------------------------	------------------------	-------------	-------------	-------------	-----------------------------	------------------	--------------	-----	--------------------	----	----	----------------------

S CHIEF COMPLAINT 47 yo M 2 arrival via T-bus and for MHA at his wife's admission here to MHU in past - states he has problem to MHA cancel down town - at present he has poor eye contact

AIRWAY: <input type="checkbox"/> Clear <input type="checkbox"/> Obstructed <input type="checkbox"/> Intubated BREATHING: <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Absent CHEST EXPANSION: <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical BREATH SOUNDS: Right _____ Left _____	CIRCULATION: RADIAL PULSE: <input type="checkbox"/> Present <input type="checkbox"/> Not Present CAROTID PULSE: <input type="checkbox"/> Present <input type="checkbox"/> Not Present NEURO STATUS: <input checked="" type="checkbox"/> Oriented & Converses <input type="checkbox"/> Disoriented & Converses <input type="checkbox"/> Inappropriate Words <input type="checkbox"/> Incomprehensible Sounds <input type="checkbox"/> Unconscious EYES OPEN: <input type="checkbox"/> Spontaneously <input type="checkbox"/> To Verbal Stimulus <input type="checkbox"/> To Pain <input type="checkbox"/> Other BEHAVIOR: <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Combative <input type="checkbox"/> Other
HEAD/FACE: _____ <input type="checkbox"/> Normal <input type="checkbox"/> N/A NECK: _____ <input type="checkbox"/> Normal <input type="checkbox"/> N/A CHEST: _____ <input type="checkbox"/> Normal <input type="checkbox"/> N/A ABDOMEN/PELTS: _____ <input type="checkbox"/> Normal <input type="checkbox"/> N/A BACK/SPINE: _____ <input type="checkbox"/> Normal <input type="checkbox"/> N/A	SKIN: <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Cyanotic <input type="checkbox"/> Mottled EXTREMITIES: Left Upper _____ Right Upper _____ Left Lower _____ Right Lower _____

A TRIAGE CATEGORY:  Life Threatening     Urgent     Non-Urgent

P PLAN/INTERVENTIONS:  Dressing     Ice/Elevation     Immobilization     Old Records     EKG

X-ray \_\_\_\_\_  
 Lab \_\_\_\_\_  
 Other \_\_\_\_\_

Nursing Diagnosis  
Alteration of mental status - delusional

RN SIGNATURE Kathy Fox

MD005 (Rev. 7/99) 0101

TIME ↑	SOLUTION (AMT)	RATE	CATH	RN	TIME ↓	ABSORBED	INTAKE	OUTPUT
TOTAL							TOTAL	TOTAL

Discharge  
 McMorris  
 Sanders, Kevin

REASSESSMENT

TIME											
TEMP											
PULSE / RHYTHM											
BP											
RESP											
SpO2											
PEAK FLOW											
O2											
PAIN (0-10)											
MED ADM / INTERVENTION											
PAIN RESPONSE											
MENTAL STATUS											
PUPIL	SIZE	R									
		L									
	REACTION	R									
		L									
MOTOR	LOWER	R									
		L									
	UPPER	R									
		L									
PERIPHERAL	LOWER	R									
		L									
	UPPER	R									
		L									

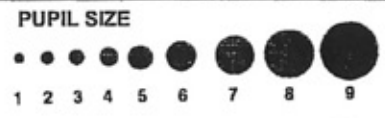
NARRATIVE: (Interventions, Procedures, Treatments, Outcomes, Change in Condition, Discharge Note)

0810 D. Baker into ED - cleared for MTHF  
 6830 D. Baker is a 45-year-old male who states he has been delusional - states he has not been eating - but has been drinking milk + juice + she states he has been watching out doors and has had several panic attacks - she is very concerned about him and really believes he needs admission to the hospital

ASSESSMENT ABBREVIATIONS

Motor	Sensory	Pulse	Cap Refill	Mental Status	Pupil Reaction	Response to Medications	Pain Scale
S Strong M Moderate W Weak A Absent	C Intact T Tingling N Numbness	S Strong W Weak A Absent	B Brisk S Sluggish N None	+ Alert & Responds to Verbal Stimuli - Responds Only to Painful Stimuli O No Response	B - Brisk S - Sluggish N - Nonreactive	+ Good - Minimal O None	0-10 No Pain -> Worst Pain NA

SIGNATURE: \_\_\_\_\_  
 INITIALS: MMH







Cayuga  
Medical Center  
at Ithaca

101 Dates Drive • Ithaca, New York 14850  
(607) 274-4011

SAUNDERS, KEVIN E  
Baker, Donald James MD.  
43381507 ED 48  
05/01/56 0592480

INITIAL ASSESSMENT FORM

ED EVAL

DIRECT ADMIT

CONVENIENT CARE

(PLEASE CHECK)

ARRIVAL INFO: 4/8/03

ARRIVAL DATE/TIME: 4/8/03

ARRIVAL MODE:  AMBULATORY

AMBULANCE: ALS, BLS (Circle One)

WHEELCHAIR

CARRIED

POLICE

TREATMENT IN PROGRESS ON ARRIVAL

NONE

O<sub>2</sub> MASK  O<sub>2</sub> CANNULA

ORAL AIRWAY

ET TUBE (Size) \_\_\_\_\_

IV (Site) \_\_\_\_\_

MONITOR

CERVICAL COLLAR

SPINE BOARD: LONG, SHORT (Circle One)

SAND BAGS  CPR

SLING

SAGER SPLINT

HARE TRACTION

AIR SPLINT

OTHER SPLINT \_\_\_\_\_

DRESSING (Site) \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

ALLERGIES  NKA

DRUG: Amoxicillin

FOOD \_\_\_\_\_

CHEMICAL \_\_\_\_\_

LATEX \_\_\_\_\_

CURRENT MEDICATIONS/DOSEAGE (Including Alternative Medicines/Dietary Supplements)

Tobacco & meds

Box 1020

ADVANCE DIRECTIVE:  YES  NO

ON FILE:  YES  NO

DO NOT RESUSCITATE:  YES  NO

ON FILE:  YES  NO

LMP: \_\_\_\_\_  N/A

TETANUS: \_\_\_\_\_  N/A

IMMUNIZATION LEAD FORM DONE  N/A

PAST MEDICAL HX: depression  
mental health problems

NURSING ASSESSMENT

PSYCHOSOCIAL RISKS: \_\_\_\_\_

CULTURAL/SPIRITUAL:  YES  NO

LIVING CONDITIONS:  YES  NO

EDUCATIONAL:  YES  NO

SUBSTANCE USE (Active or History):  YES  NO

SUPPORT:  YES  NO

PSYCHIATRIC (Active or History):  YES  NO

LANGUAGE/COMMUNICATION:  YES  NO

IF ANY BOX CHECKED YES

SOCIAL WORK REFERRAL:  YES  NO

DV Risk Assessment:  Yes  No

VITALS	PAIN LEVEL	T	P	R	BP (R)	BP (L)	SpO <sub>2</sub>	HT	WT	< 2 YEARS HEAD CTR.
DATE/TIME: 4/8/03	0-10	97	72	12	130	72				

S CHIEF COMPLAINT: 47 y/o F arrives via T-Box with  
at pt history of admission in past - mental health  
He has problems with contact - at present

AIRWAY:  Clear  Obstructed  Intubated

BREATHING:  Normal  Labored  Absent

CHEST EXPANSION:  Symmetrical  Asymmetrical

BREATH SOUNDS: Right \_\_\_\_\_ Left \_\_\_\_\_

CIRCULATION: RADIAL PULSE:  Present  Not Present

CAROTID PULSE:  Present  Not Present

NEURO STATUS:  Oriented & Conversant  Disoriented & Conversant  Inappropriate Words  Incomprehensible Sounds  Unconscious

EYES OPEN:  Spontaneously  To Verbal Stimulus  To Pain  Other \_\_\_\_\_

BEHAVIOR:  Cooperative  Uncooperative  Combative  Other \_\_\_\_\_

HEAD/FACE: \_\_\_\_\_  Normal  N/A

NECK: \_\_\_\_\_  Normal  N/A

CHEST: \_\_\_\_\_  Normal  N/A

ABDOMEN/PELVIS: \_\_\_\_\_  Normal  N/A

BACK/SPINE: \_\_\_\_\_  Normal  N/A

SKIN:  Cool  Warm  Dry  Clammy  Diaphoretic  Pale  Flushed  Cyanotic  Mottled

EXTREMITIES: Left Upper \_\_\_\_\_ Right Upper \_\_\_\_\_  
Left Lower \_\_\_\_\_ Right Lower \_\_\_\_\_

A TRIAGE CATEGORY:  Life Threatening  Urgent  Non Urgent

P PLAN/INTERVENTIONS:  Dressing  Ice/Elevation  Immobilization  Old Records  EKG

Nursing Diagnosis: Agitation of mental status - delusional

RN SIGNATURE: Kathy Fox

14801 (Rev. 7/22/99)

04001

TIME ↑	SOLUTION (AMT)	RATE	CATH	RN	TIME ↓	ABSORBED	INTAKE	OUTPUT
TOTAL							TOTAL	TOTAL

2100  
 McMorris  
 Sanders, Kevin

**REASSESSMENT**

TIME									
TEMP									
PULSE / RHYTHM									
BP									
RESP									
SpO2									
PEAK FLOW									
O2									
PAIN (0-10)									
MED ADM / INTERVENTION									
PAIN RESPONSE									
MENTAL STATUS									
P U P I L	SIZE	R							
		L							
REACTION	R								
	L								
M O T O R	BRS	LOWER	R						
		L							
	UPPER	R							
	L								
C R A P I L	LOWER	R							
		L							
	UPPER	R							
	L								

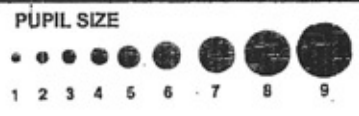
**NARRATIVE:** (Interventions, Procedures, Treatments, Outcomes, Change in Condition, Discharge Note):

5810 Dr. Ozaki intoduced - cleared for mHE III  
 5830 Dr. Ozaki is a friend of wife who states pt  
 has been delusional - states he has not been  
 eating - but has been drinking milk + juice + she states  
 he has been washing out of his bed has had several  
 panic attacks - she is very concerned about him and  
 really believes he needs admission to the hospital

**ASSESSMENT ABBREVIATIONS:**

<b>Motor</b> S Strong M Moderate W Weak A Absent	<b>Sensory</b> C Intact T Tingling N Numbness	<b>Pulse</b> S Strong W Weak A Absent	<b>Cap Refill</b> B Brisk S Sluggish N None	<b>Mental Status</b> + Alert & Responds to Verbal Stimuli - Responds Only to Painful Stimuli O No Response	<b>Pupil Reaction</b> B - Brisk S - Sluggish N - Nonreactive	<b>Response to Medications</b> + Good - Minimal O None	<b>Pain Scale</b> 0-10 No Pain - Worst Pain NA
--	--	--	--	---	---	---	---

SIGNATURE: \_\_\_\_\_ INITIALS: **mn/HF**



Age/Sex: 47 M  
Unit #: 0597460  
Account#: 43391507  
Admitted:

SAUNDERS, KEVIN E (DEP ER)  
ED-

Page: 1 of 3  
Printed 08/22/03 at 0108  
Date Range: Beginning to End  
Admission Assessment

CAYUGA MEDICAL CENTER NURSING \*

MHU EVALUATION 04/04/03 1051 ECL

MENTAL HEALTH UNIT, PSYCHIATRIC EVALUATION  
(PRESS: F5 FOR DEMO RECALL)

DATE OF EVALUATION: 04/04/03 Time: 0915 TIME CLEARED: 0825  
Revisit Within 72 Hours? N Arrival Mode: Ambulance, BLS  
Patient's address: 1668 TRUMANSBURG ROAD City: ITHACA State: NY  
Patient's phone number: 607-277-5808  
Accompanied By: Friend  
In Emergency Notify: WHELAN, ANNE MARIE  
Relationship: Friend Phone: 607-273-6552  
Address: 721 W COURT ST City: ITHACA State: NY

Chief Complaint: pt presents in er after coming via ambulance. states he has been feeling "a little bit different" and "feeling delusional" but is unable to provide any detailed information. pt denies a/v hallucinations but appears to be responding to internal stimulation. pt describe an increase energy level which has caused him to run excessively. pt admits he has been sleeping poorly and hasn't eaten very well. pt is vague & evasive during eval but is very polite. admits to poor memory and fair concentration. appears preoccupied and seems to be experiencing thought blocking. admits to daily marijuana use, last use reported to be "few days ago". pt denies any current med regime, states he sees janet stevens and dr belsare at epc outpt clinic.

History of current states he has been feeling this way for "a few days or weeks" episode/illness:

Current Outpt. treatment: epc outpt services,  
janet stevens and  
(agency, therapist, frequency dr belsare qmo  
and when last seen)  
Most recent inpatient treatment: cmc mhu 4/02  
(location, date, reason, los)

IDEATION: DENIES ALL

DELUSIONS: Bizzare

HALLUCINATIONS: Denies All

COMMENTS:

appears to be responding to  
internal stimuli

Self mutilation: has been scratching hand and  
hitting self as reported by  
(EXPLAIN) friend, alice

Abuse: unknown

AFFECT: Inappropriate

(EXPLAIN)

MOOD: Elevated

EYE CONTACT: Good

Speech pattern: RATE: Normal  
ENUNCIATION: C

RHYTHM: Halting  
COMMENT

VOLUME: Soft

Sleep Pattern: reports he has only been  
(DOCUMENT HRS/DAY, sleeping 1-2 hr/night

Sensorium: Oriented all spheres  
Substance use: Marijuana  
daily  
Alcohol  
occas

MED AIDS & DREAMS)

(EXPLAIN)

Family History of mental illness (EXPLAIN): states "no, not really"

Medication: (F5) denies

History: (F5) denies

(Medical) states "no, nothing  
serious"

Age/Sex: 47 M  
Unit #: 0597460  
Account#: 43391507  
Admitted:

SAUNDERS, KEVIN E (DEP ER)  
ED-

Page: 2 of 3  
Printed 08/22/03 at 0108  
Date Range: Beginning to End  
Admission Assessment

CAYUGA MEDICAL CENTER NURSING \*

MHU EVALUATION

04/04/03 1051 ECL

STRESSORS INCLUDE: recent forensic review at epc clinic

Legal Status: HX Of Conviction Explain: criminal procedure law status

Support System: Friend Live Arrange: House Lives with: Friend  
Disposition: Transfer Rationale: pt to be transferred to epc as he is  
linked w/ epc outpt clinic

Are there children in the home: N EXPLAIN:

Diagnosis:

AXIS I: bipolar d/o manic phase  
AXIS II: deferred  
AXIS III: deferred  
AXIS IV: deferred  
AXIS V: deferred

Lethality Screen: (SHIFT + F8 FOR SCALE DESCRIPTION)

Dangerousness: 1 Support System: 3

Ability to cooperate: 2 Total Score: 6

\*\*SCORE <8 = INCREASED RISK OF HARM TO SELF OR OTHERS\*\*

COLLATERAL DATA: alice richardson, pt's friend who has been staying w/ pt: she reports pt has been increasingly agitated since forensic review at epc outpt services. she relates pt has not been eating, has not been sleeping, and has been running around out side for 5-6 hrs w/ no clothes on. pt has been making threatening statements towards self and others, making statements that he is hitler. she also states pt has disconnected all electrical appliances in his home, has left running water for hours. pt has been exhibiting rigid, compulsive type behavior such as running hands under scalding hot water, banging hands & scratching self. alice voices grave concern for pt's safety and for other people including herself. she relates there was a loud verbal altercation last night in which pt became threatening and alice was fearful for her safety. she also relates pt has been experiencing panic attacks in which he becomes very agitated & out of control. she feels pt is a danger to himself and is not safe to return home.

(TIME, PERSON/AGENCY, ROI?)

REVIEWED WITH ER PERSONELL: dr baker

REVIEWED WITH PSYCHIATRIST: dr roemmelt

Insurance Pre-certification Documentation

\*\*\*\*\*Document all attempts to pre-certify\*\*\*\*\*

Age/Sex: 47 M  
Unit #: 0597460  
Account#: 43391507  
Admitted:

SAUNDERS, KEVIN E (DEP ER)

ED-

CAYUGA MEDICAL CENTER NURSING \*

Monogram	Initials	Name	Nurse Type
----------	----------	------	------------

ECL	ECL	CLEARY, EILEEN	RN
-----	-----	----------------	----



Cayuga Medical Center  
at Ithaca

101 Dates Drive • Ithaca, New York 14850  
(607) 274-4011

SAUNDERS, KEVIN E  
Baker, Donald James MD,  
43391507 ED 48  
05/01/58 0597460

PROGRESS NOTES AND CONSULTATIONS

DATE/TIME	SERVICE	PLEASE USE FULL SIGNATURE WITH PROFESSIONAL TITLE
4/10/03 0915	MHE	in to See pt _____ AP

RUN DATE: 04/11/14  
RUN TIME: 1031

Cayuga Medical Center \*LIVE\*

PAGE 1

Department of Pathology 101 Dates Drive, Ithaca NY 14850  
Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010  
Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report  
PCI User: CEK Lab Database: LAB.LIVE

LOCATION

PATIENT: ██████████	ACCT #: 43391507	LOC: E0	U #: 0597460
REG DR: Baker MD, Donald James	AGE/SX: 46/M	ROOM:	REG: 04/04/03
	STATUS: DEP ER	BED:	DIS:

\*\*\*\*\* GENERAL HEMATOLOGY \*\*\*\*\*

Date Time	4/4 1135	Reference Units
=> WBC	17.8 H 04/04/03 1146	(4.8-10.8) CUMM Verified Date Time
-> RBC	4.53 L 04/04/03 1146	(4.6-6.2) CUMM Verified Date Time
=> HGB	14.1 04/04/03 1146	(14.0-18.0) G/DL Verified Date Time
-> HEMATOCRIT	41 L 04/04/03 1146	(47-52) % Verified Date Time
=> MCV	91 04/04/03 1146	(80-94) um3 Verified Date Time
=> MCH	31 04/04/03 1146	(27-31) pg Verified Date Time

RUN DATE: 04/11/14  
RUN TIME: 1031

Cayuga Medical Center \*LIVE\*

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Department of Pathology 101 Dates Drive, Ithaca NY 14850  
Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010  
Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report  
PCI User: CEH Lab Database: LAB LIVE

LOCATION

Patient: SAUNDERS,KEVIN E #43391507 (Continued)		
----- *** GENERAL HEMATOLOGY *** -----		
Date Time	4/4 1135	Reference Units
=> MCHC	34 04/04/03 1146	(32-36) g/dl Verified Date Time
=> RDW	13 04/04/03 1146	(10.5-15) % Verified Date Time
=> PLATELETS	323 04/04/03 1146	(150-450) CUMM Verified Date Time
=> MEAN PLATE VOL	8.6 04/04/03 1146	(7.4-10.4) um <sup>3</sup> Verified Date Time
=> POLY	68 04/04/03 1209	(38-83) Verified Date Time
=> BAND	4 04/04/03 1209	(0-8) Verified Date Time
=> LYMPH	15 04/04/03 1209	(5-47) Verified Date Time



RUN DATE: 04/11/14  
RUN TIME: 1031

Cayuga Medical Center \*LIVE\*

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Department of Pathology 101 Dates Drive, Ithaca NY 14850  
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Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report  
PCI User: CEH Lab Database: LAB.LIVE

LOCATION

Patient: SAUNDERS,KEVIN E			#43391507	(Continued)
----- * * * GENERAL HEMATOLOGY * * * -----				
Date Time	4/4 1135			Reference Units
=> MONO	13 04/04/03 1209			(0-13) Verified Date Time
=> MORPHOLOGY	NORMAL 04/04/03 1209			Verified Date Time
=====				
* * * GENERAL CHEMISTRY * * *				
=====				
Date Time	4/4 1135			Reference Units
=> SODIUM	140 04/04/03 1202			(135-145) MMOL/L Verified Date Time
=> POTASSIUM	4.5 04/04/03 1202			(3.5-5.0) MMOL/L Verified Date Time

RUN DATE: 04/11/14  
RUN TIME: 1031

Cayuga Medical Center \*LIVE\*

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Department of Pathology 101 Dates Drive, Ithaca NY 14850  
Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010  
Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report  
PCI User: CEH Lab Database: LAB.LIVE

LOCATION

Patient: SAUNDERS, KEVIN E		#43391507	(Continued)
=====			
= * * * GENERAL CHEMISTRY * * * =			
=====			
Date Time	4/4 1135		Reference Units
-> CHLORIDE	105 04/04/03 1202		(101-111) MMOL/L Verified Date Time
=> CO2	27.0 04/04/03 1202		(22-32) MMOL/L Verified Date Time
=> GLUCOSE	100 04/04/03 1202		(70-105) MG/DL Verified Date Time
=> BUN	20 04/04/03 1202		(6-24) MG/DL Verified Date Time
-> CREATININE	1.2 04/04/03 1202		(0.5-1.4) MG/DL Verified Date Time
=> BUN/CREAT RATIO	16.7 04/04/03 1202		(8-20) Verified Date Time
=> CALCIUM	9.7 04/04/03 1202		(8.7-10.2) MG/DL Verified Date Time

RUN DATE: 04/11/14  
RUN TIME: 1031

Cayuga Medical Center \*LIVE\*

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Department of Pathology 101 Dates Drive, Ithaca NY 14850  
Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010  
Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report  
PCI User: CFH Lab Database: LAB.LIVE

LOCATION

Patient: SAUNDERS,KEVIN E #43391507 (Continued)		
----- * * * GENERAL CHEMISTRY * * * -----		
Date Time	4/4 1135	Reference Units
=> TOTAL PROTEIN	7.2 04/04/03 1202	(6.2-8.1) GM/DL Verified Date Time
=> ALBUMIN	4.4 04/04/03 1206	(3.6-5.4) GM/DL Verified Date Time
=> GLOBULIN	2.8 04/04/03 1206	(2-4) GM/DL Verified Date Time
=> ALB/GLOB RATIO	1.6 04/04/03 1205	(1-3) Verified Date Time
=> TOTAL BILIRUBIN	1.1 04/04/03 1206	(0.4-1.5) MG/DL Verified Date Time

RUN DATE: 04/11/14  
RUN TIME: 1031

Cayuga Medical Center \*LIVE\*

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Department of Pathology 101 Dates Drive, Ithaca NY 14850  
Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010  
Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report  
PCI User: CEH Lab Database: LAB.LIVE

LOCATION

Patient: SAUNDERS, KEVIN E #43391507 (Continued)		
***** ENZYMES *****		
Date Time	4/4 1135	Reference Units
=> ALK PHOS	73 04/04/03 1206	(39-117) U/L Verified Date Time
=> ALT (SGPT)	85 H 04/04/03 1206	(17-63) U/L Verified Date Time
=> AST (SGOT)	135 H 04/04/03 1206	(12-42) U/L Verified Date Time
***** TOXICOLOGY *****		
Date Time	4/4 1417	Reference Units
=> AMPHETAMINE SCR	(A) 04/04/03 1555	(NONE) DETECT Verified Date Time
	(A) NONE DETECTED	
=> BARBITUATE SCR	(B) 04/04/03 1555	(NONE) DETECT Verified Date Time
	(B) NONE DETECTED	
=> BENZODIAZEPINE	(C) 04/04/03 1555	(NONE) DETECT Verified Date Time
	(C) NONE DETECTED	
=> CANNABINOID UR	POSITIVE H 04/04/03 1555	(NONE) DETECT Verified Date Time

RUN DATE: 04/11/14  
RUN TIME: 1031

Cayuga Medical Center \*LIVE\*

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Department of Pathology 101 Dates Drive, Ithaca NY 14850  
Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010  
Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report  
PC1 User: CEM Lab Database: LAB.LIVE

LOCATION

Patient: SAUNDERS, KEVIN E		#43391507	(Continued)
=====			
= * * * TOXICOLOGY * * * =			
=====			
Date Time	4/4 1417		Reference Units
=> COCAINE UR SCR	(D) 04/04/03 1555		(NONE) DETECT Verified Date Time
	(D) NONE DETECTED		
=> OPIATES UR SCR	(E) 04/04/03 1555		(NONE) DETECT Verified Date Time
	(E) NONE DETECTED		
=> PCP URINE SCREE	(F) 04/04/03 1555		(NONE) DETECT Verified Date Time
	(F) NONE DETECTED See also (G)		
(G)	***** THE URINE SPECIMEN WAS TESTED AT THE LISTED CUTOFFS.		
	DRUG CLASS	TEST LEVEL (NG/ML)	
	AMPHETAMINES	300	
	BARBITUATES	200	
	BENZODIAZEPINE METABOLITES	200	
	COCAINE METABOLITES	300	
	CANNABINOIDS	25	
	OPIATES	200	
	PCP	25	
	*****		
	THIS IS A SCREENING PROCEDURE. POSITIVE RESULTS ARE NOT CONFIRMED.		
	SPECIMEN WAS RECEIVED WITHOUT CHAIN OF CUSTODY. RESULTS SHOULD BE USED FOR MEDICAL PURPOSES ONLY.		

RUN DATE: 04/11/14  
RUN TIME: 1031

Cayuga Medical Center \*LIVE\*

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Department of Pathology 101 Dates Drive, Ithaca NY 14850  
Phone # 607-274-4474 Fax # 607-274-4481 New York State Permit #54017010  
Daniel Sudilovsky, M.D. Director of Laboratories

Summary Discharge Report  
PCI User: CEH Lab Database: LAB.LIVE

LOCATION

Patient: SAUNDERS, KEVIN E			#43391507	(Continued)
=====				
* * * ENDOCRINOLOGY * * *				
=====				
Date Time	4/4 1135			Reference Units
-> TSH	0.88 04/04/03 1451			(0.34-5.60) MIU/ML Verified Date Time



Cayuga  
Medical Center  
at Ithaca  
101 DATES DRIVE • ITHACA, N.Y. 14850

MEDICAL RECORDS COPY

RADIOLOGY SERVICE REPORT

PAGE 1

PATIENTS NAME: SAUNDERS, KEVIN E

ROOM NO: ED

REFERRED BY: Baker, Donald James MD.

X-RAY NO: 136804

EXAMINATION OF: LEFT FOOT

PATIENT NO: 0597460

ACCT. NO: 43321507

DATE OF EXAMINATION: 04/04/2003

DATE OF BIRTH: 05/01/1956

HISTORY:

REPORT:

EXAM#	TYPE/EXAM	RESULT
000435800	DX/LEFT FOOT	

Indication: Foreign body in the left foot.

Three views of the foot were obtained. The bones demonstrate normal alignment. Joint spaces appear maintained. There is no evidence of fracture.

IMPRESSION: NEGATIVE EXAM.

Copies To: Donald James Baker MD.; Robert Breiman MD.

Transcribed Date/Time: 04/07/2003 (1002)

Transcriptionist: SHI

Radiology Tech: DPI PITCHER, DEBORAH

Printed Date/Time: 04/07/2003 (1334) Batch No: 4045

REPORT BY: Marc Jouandet MD.

\*\*ELECTRONICALLY SIGNED BY JOUANDET, MARC MD.

PAGE 1

Practice: ICA  
2643688

ACCOUNT #

SAUNDERS, KEVIN E  
Baker, Donald James MD.  
43391507 ED 46  
05/01/56 0597460

CAYUGA MEDICAL CENTER AT ITHACA AND  
ARROWHEAD EMERGENCY PHYSICIAN  
- (EMERGENCY DEPARTMENT)  
PATIENT SIGNATURE ON FILE FORM

Advanced Directives  
Provided to: KEJ (Initials)

On File: Yes:   
No:

Patient's Rights Reviewed  
By: KEJ (Initials)

Organ Donor: Yes:   
No:

GENERAL

**CONSENT AND TREATMENT** - I have come of my own volition, seeking urgent/emergency treatment. I hereby give my permission to the physicians and professional staff of Cayuga Medical Center to give a treatment or perform test(s) or diagnostic procedures (including x-rays) which may be ordered by a medical center physician(s), his/her assistant, or designee as are necessary in their judgment. I am aware the practice of medicine is not an exact science, and I acknowledge that no guarantees will be made to me as to the results of treatments or examinations in Cayuga Medical Center. I voluntarily consent to emergent treatment and subsequent care, including admission, if deemed necessary by a medical center physician.

Initials KEJ

**RELEASE OF INFORMATION** - Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians may disclose any or all parts of the clinical record to my (our) insurance company(s) or employer(s) for purposes of satisfying charges billed by Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians. I further understand that it may be necessary to contact my (our) past or present employer(s) in regards to this claim. This authorization does not cover 3rd party liability claims.

I authorize Cayuga Medical Center physician(s) to direct that copies of relevant portions of my medical record be forwarded to such medical practitioners or facilities as may be responsible for my subsequent care.

I authorize Cayuga Medical Center representatives to review my record for quality assurance and/or utilization review procedures. I also hereby authorize and direct Cayuga Medical Center, having treated me, to release to governmental agencies, insurance carriers, or others who are financially liable for my stay at the Medical Center and medical care, and to permit representatives thereof to examine and make copies of all records relating to such care and treatment.

I authorize the release of my social security number to manufacturers for the purpose of tracking medical devices.

Initials KEJ

**GUARANTEE OF ACCOUNT** - Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians. For and in consideration of services rendered by Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians to the below named patient, the undersigned (jointly and severally if more than one) guarantees payment of all charges incurred for said patient in accordance with the policy of payment of such bills.

I agree that in consideration of the services rendered I hereby obligate myself to pay the account of the medical center in accordance with the rate and the terms of the medical center. Should the account be referred to an attorney for collection, I shall pay reasonable attorney's fees and collection expense.

I understand that I will receive separate bills for services rendered by specialists such as radiologists, anesthesiologists, private physicians, emergency physicians, and other specialists my attending physician consulted with.

Initials KEJ

MEDICARE

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment of authorized Medicare benefits be made either to me or on my behalf to Cayuga Medical Center at Ithaca and/or my treating provider for any services furnished to me by that physician/provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Initials KEJ

MEDIGAP

I request that payment of authorized Medigap benefits be made either to me or on my behalf to Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians for any services furnished to me by that physician or organization. I authorize any holder of medical information about me to release to my Insurance Company any information needed to determine these benefits or the benefits payable for related services.

Initials \_\_\_\_\_

OTHER THIRD-PARTY PAYORS

**ASSIGNMENT OF INSURANCE BENEFITS** - I hereby authorize payment directly to Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians for medical insurance benefits including any Major Medical benefits otherwise payable to me under the terms of my policy but not to exceed the balance due to the physicians or organization furnishing the services performed during this period of hospitalization. In making this assignment, I understand and agree that I am financially responsible to the above party and/or parties for charges not paid under this insurance policy. I permit a copy of this authorization to be used in place of the original.

Initials KEJ

PATIENT SIGNATURE

This form has been fully explained to me and I certify that I understand its contents. This consent does not constitute a waiver of the right to informed consent to specific procedures or treatment where it is feasible for me or my health care proxy to give, withhold, or revoke consent. I certify that I have read the foregoing and am the patient or am duly authorized by the patient as patient's general agent to execute the above and accept its terms.

THE UNDERSIGNED CERTIFIES THAT EACH HAS READ AND UNDERSTANDS THE ABOVE TERMS AND CONDITIONS. Initials KEJ

Kevin E Saunders  
Patient Signature

Insurance Identification Number

44-03

[Signature]  
Witness

Patient's Agent Representative and Guarantor Signature

Date



# CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for  
Involuntary Admission

Person's Name (Last, First, M.I.)

Saunders, Kevin

Sex: M

Date of Birth: 5/1/62

Address: 11608 Trumansburg Rd -

## CERTIFICATION

I, Arthur Roemelt, hereby certify that  
(Name of Examining Physician)

- 1. I am a physician licensed to practice medicine in New York State.
- 2. I have with care and diligence personally examined the above named person

on: 

MO	DAY	YEAR
04	04	02

 at Cayuga Medical Center  
(place where examined)

- 3. I find:
  - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
  - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous-conduct associated with non-compliance with mental health treatment programs).
- 4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- 5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- 6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- 7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature <u>Arthur Roemelt</u>	Print Name Signed <u>Arthur Roemelt</u>	Title <u>MO, Psychiatrist</u>
Address <u>101 Deets Drive</u>	Phone Number <u>607-255-2744-1304</u>	Date Mo: <u>4</u> Day: <u>03</u> Yr: <u>11</u> Time: <u>5:00 PM</u>

Agitated, confused, delirious. Not taking care of himself and making threats towards others. Judgment severely impaired and dangerous to both himself and others secondary to psychosis.

Arthur Roemelt

# CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for  
Involuntary Admission

Person's Name (Last, First, M.I.)

Saunders, Kevin E.

Sex: M

Date of Birth: 5/1/52

Address: 1608 Trumansburg Rd.

## CERTIFICATION

I, RONALD J. BAKER hereby certify that:  
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person

on: 

04	09	02
MO	DAY	YEAR

 at CANYON MEDICAL CENTER  
(place where examined)

3. I find:
  - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
  - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature: <u>RJB</u>	Print Name Signed: <u>RONALD J. BAKER</u>	Title: <u>MD, ED</u>
Address: <u>101 State St. Ithaca NY</u>	Phone Number: <u>607-274-4411</u>	Date: <u>4/03/02</u> Time: <u>1:10 PM</u>
<p>- Acutely agitated, confused, delusional</p> <p>- Severely impaired judgment</p> <p>- unable to care for self - danger to self</p>		
<p><u>RJB</u></p>		

**NOTICE OF STATUS AND RIGHTS  
INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION**

(to be given to the patient at the time of admission to the hospital)

Section 9.27 Mental Hygiene Law

Patient's Name (Last, First, MI.)

IC# No.

Sex

Date of Birth

Public Health

Admission Date

Admission Date

Mo.

Day

Yr.

TO:

Based upon the certificates of two examining physicians, whose findings have been confirmed by a member of the psychiatric staff of this hospital, you have been admitted as an involuntary-status patient to this hospital which provides care and treatment for persons with mental illness. You may be kept in the hospital for a period of up to 60 days from the date of your admission, unless you have had a court hearing. During this 60 day period you may be released, or converted to voluntary or informal status, if you are willing to continue receiving inpatient care and treatment and are suitable for such status.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need involuntary care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

**MENTAL HYGIENE LEGAL SERVICE**

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HYGIENE LEGAL SERVICES  
100 WASHINGTON STREET  
BUILDING 4  
ELMIRA, NY 14901**

(607) 271-9262

**THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.**

Signature of Staff Physician

Date

COPIES TO:

COPIES TO: Persons designated by patient to be informed of admission. (If None, type in "NONE")

(Original Applicant)

(Insured Relative)

*A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service. State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.*