

STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

LEONARD POZNER,
Plaintiff

vs.

Case No. 18CV3122

JAMES FETZER;
MIKE PALECEK;
WRONGS WITHOUT WREMEDIES, LLC,
Defendants.

AFFIDAVIT OF JACOB ZIMMERMAN IN SUPPORT OF PLAINTIFF'S
MOTION FOR SUMMARY JUDGMENT

Jacob Zimmerman, being first duly sworn upon oath, deposes and states as follows:

1. I am one of the attorneys for Plaintiff Leonard Pozner herein, and I make this Affidavit in support of Plaintiff's Notice of Motion and Motion For Summary Judgment.
2. Attached as Exhibit A is a true and correct copy of an email from Defendant Fetzer to Plaintiff dated February 7, 2016.
3. Attached as Exhibit B is a true and correct copy of Defendant Fetzer's Responses to Plaintiff's First Requests for Production
4. Attached as Exhibit C is a true and correct copy of a certified copy of Noah Pozner's birth certificate.
5. Attached as Exhibit D is a true and correct copy of a first set of certified medical records from Danbury Hospital.
6. Attached as Exhibit E is a true and correct copy of certified copy of medical billing records.
7. Attached as Exhibit F is a true and correct copy of screen captures of definitions from merriam-webster.com.

8. Attached as Exhibit G is a true and correct copy of certified records of the United States Social Security Administration. A portion of the certified document is obscured due to the fasteners. The original will be made available for inspection and copying.

9. Attached as Exhibit H is a true and correct copy of a second set of certified medical records from Danbury Hospital.

10. Attached as Exhibit I is a true and correct copy of a certified copy of the report filed by the Office of the Chief Medical Examiner of the State of Connecticut.

11. Attached as Exhibit J is a true and correct copy of a certified copy of Noah Pozner's death certificate, issued by the State of Connecticut Department of Vital Records in November of 2018. I ordered this copy through the Connecticut VitalChek records system prior to filing the Complaint in this case.

12. Attached as Exhibit K is a true and correct copy of a probate court order issued on December 10, 2014 by the State of Connecticut Probate Court, Northern Fairfield County, District PD45, Estate of Noah Samuel Pozner, Case No. PD4514-0589, Hon. Joseph A Egan, Jr.

13. Attached as Exhibit L is a true and correct copy of excerpts from Nobody Died At Sandy Hook (Second Edition). I purchased this copy in August of 2018. I have not purchased any other copies of the book.

14. Attached as Exhibit M is a true and correct copy of excerpts from Nobody Died At Sandy Hook (Banned Edition). This document was available as of April 27, 2019 at <http://reformation.org/NobodyDiedAtSandyHook.pdf>.

15. Attached as Exhibit N is a true and correct copy of an article by James Fetzer dated December 20, 2012.

16. Attached as Exhibit O is a true and correct copy of Defendant Fetzer's Responses to Plaintiff's First Set of Requests for Admission.

17. Attached as Exhibit P is a true and correct copy of a printout of a blog post, available as of April 27, 2019, at <https://phibetaiota.net/2018/08/james-fetzer-in-solidarity-with-alex-jones-how-we-know-sandy-hook-was-a-fema-drill-nobody-died-obama-officials-confirmed-it-was-an-anti-gun-propaganda-exercise>.

18. On October 1, 2018 I mailed a letter to each of the Defendants. A true and correct copy of that letter is attached as Exhibit Q to this affidavit.

19. Attached as Exhibit R is a true and correct copy of Wrongs Without Wremedies Responses to Plaintiff's First Requests for Admission.

20. Attached as Exhibit S is a true and correct copy of a blog post credited to James Fetzer dated April 17, 2019, last accessed on April 27, 2019 at <https://jamesfetzer.org/2019/04/sandy-hook-why-are-there-4-versions-of-noah-pozners-death-certificate/>

21. Attached as Exhibit T is a true and correct copy of Wrongs Without Wremedies Responses to Plaintiff's First Set of Interrogatories.

22. Attached as Exhibit U is a true and correct copy of Defendant Fetzer's Responses to Plaintiff's First Set of Interrogatories.

23. Attached as Exhibit V is a true and correct copy of an email produced by Infowars in *Pozner, et. al. v. Jones, et. al.*, 345th District Court, Travis County, TX, Case No. D-1-GN-18-001842 in August of 2018.

24. Attached as Exhibit W is a true and correct copy of Wrongs Without Wremedies Supplemental Response to Plaintiff's First Requests for Admission.

25. Attached as Exhibit X is a true and correct copy of an unsolicited filing submitted by Defendant Fetzer in the matter of *Pozner, et. al. v. Jones, et. al.*, 345th District Court, Travis County, TX, Case No. D-1-GN-18-001842 in August of 2018.

26. Attached as Exhibit Y is a true and correct copy of an incomplete Connecticut VS-4ME form death certificate.

27. Attached as Exhibit Z is a true and correct copy of an email from Defendant Fetzer to myself dated March 28, 2019.

28. I have read the foregoing affidavit and under penalty of perjury acknowledge the contents thereof and affirm I truthfully executed the same for the purposes therein expressed.

Dated: April 29, 2019


Jacob Zimmerman

Subscribed and sworn to before me on
this 29th day of April, 2019.



Notary Public, State of Minnesota
My Commission expires: 1-31-2024

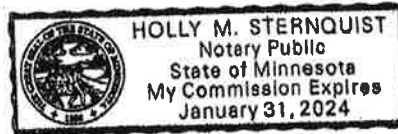


EXHIBIT A

From: Lanny Pozner - HONR Network <lpozner@honor.com>
Date: Sun, Feb 7, 2016 at 9:25 AM
Subject: Removal Demand
To: jfetzer@ducc.edu, lea@honor.com

Jim Fetzer

This email is being written relating to your website post on <http://jamesfetzer.blogspot.com/> where you are publishing personal information concerning the Pozner family. This publication is without authorization and is intended for the sole purpose of harassment. A report for Harassment will be filed.

Demand is hereby made for you to remove the link below immediately. Failure to do so will leave no alternative but to seek legal redress and remedies in the appropriate court of law.

PLEASE BE GOVERNED ACCORDINGLY.

<http://jamesfetzer.blogspot.com/2015/05/lanny-pozner-strikes-out-with-obviosity.html>

Very truly yours,

Lanny Pozner

HONR Network

Confidentiality: The information contained in this email message is intended only for the use of the individual or entity named above and is privileged and confidential. Any dissemination, distribution, or copy of this communication other than to the individual or entity named above is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone.

On Sun, Feb 7, 2016 at 3:22 PM James Fetzer <jfetzer@ducc.edu> wrote:
Lanny,

Well, if this isn't my lucky day! Hearing from one of the world's great liars and frauds makes my day. Since there is nothing "harassing" about my post (other than that it exposes you as a hypocrite and con-artist who is doing what he can to avoid being exposed, where you no doubt fear that, if the public becomes aware that Sandy Hook was an elaborate hoax, you may have to give back the money you have defrauded from the public and might even be prosecuted for fraud), there is no apparent basis for any such complaint. I am therefore asking for an explanation of the specifics on the basis of which you pretend to ground it. And I would like nothing better than to have the opportunity to engage you in legal action, which ought to be of enormous interest to the people of the United States and those whom you have conned out of sympathy in the false belief that you actually lost a son at Sandy Hook--the very same son who not only was reported to have died in Newtown on 14 December 2012 but to have died again in Pakistan on 16 December 2014--and where the presumptive "death certificate" that you not only sent to Kelley Watt but have also shown to one or more reporters is an obvious fabrication, where you apparently photoshopped the bottom part of a legitimate death certificate to the fake part of the top (which has no file number and the wrong "estimated time of death"). If your son had actually died at Sandy Hook, there would have been no reason to fabricate a fake one. So tell me the legal theory and facts that are supposed to sustain this absurd demand from an indecent human being who seems to thrive on taking the public for ride (at least, as long as it makes him money). I believe that there are laws against creating false death certificates that apply to you. Admit it: you are in this for the money and are harassing me, as you have harassed others, in an effort to deflect attention from the scam in which you are participating. And that you would call yourself the "HONR Network" is an absurdity, since you are among the nation's most dishonorable men. I can't wait to hear the legal theory and the facts that have motivated this "demand".
Jim

EXHIBIT B

STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

LEONARD POZNER,

CASE TYPE: DEFAMATION

PLAINTIFF

VS.

NO. 2018-CV-003122

JAMES FETZER,
MIKE PALECEK, AND
WRONGS WITHOUT WREMEDIES, LLC,

DEFENDANTS

**DEFENDANT FETZER'S ANSWERS TO PLAINTIFF'S FIRST SET OF DOCUMENT
REQUESTS**

Defendant Fetzer (hereinafter "Defendant"), representing myself pro se, respond to Plaintiff's First Set of Document Requests as follows:

Request No. 1: All communications sent or received by You that relate to Noah Pozner's death certificate.

Defendant's Answer: Having done hundreds of radio and video interviews and published loads of blogs about the alleged Sandy Hook Elementary School shooting, complying would impose a ridiculous burden and has no impact upon the lawsuit, which focuses on the specific death certificate that Defendant and Kelley Watt discuss in Chapter 11 of *Nobody Died At Sandy Hook: It was a FEMA Drill to Promote Gun Control*, (2015; 2nd ed., 2016), which is the same in both editions.

Request No. 2: Each draft of any edition of the Book that includes any reference to Noah Pozner's death certificate being fake, forged, counterfeit, or otherwise not authentic.

Defendant's Answer: The first edition of *Nobody Died At Sandy Hook: It was a FEMA Drill to Promote Gun Control*, is available as a PDF for free online by doing an Internet search. The second edition was purchased by Plaintiff's counsel Jacob Zimmerman on 24 August 2018 at 11:26:02 AM CDT. See Exhibit A.

Request No. 3: All communications with any author or editor or reviewer or publisher of any portion of the Book that refers to, directly or by implication, Noah Pozner.

Defendant's Answer: See Defendant's Answer to Request No. 1 above.

Request No. 4: All communications with any author or editor or reviewer or publisher of any portion of the Book that refers to, directly or by implication, Leonard Pozner.

Defendant's Answer: See Defendant's Answer to Request No. 1 above.

Request No. 5: All communication between you and Leonard Pozner.

Defendant's Answer: Plaintiff who calls himself "Lenny Pozner" sent Defendant one email. See Exhibit B.

Request No. 6: All communication between you and H. Wayne Carver, II.

Defendant's Answer: Defendant has had no communications with H. Wayne Carver, II.

Request No. 7: All blog posts that refer to Noah Pozner's death certificate.

Defendant's Answer: Many have disappeared or been deleted, no doubt by "Lenny Pozner" acting on behalf of the Deep State and using his misnamed "HONR Network" to perpetrate frauds on the public and the social media giants. Here is a representative sampling of Defendant's blogs:

- "Lenny Pozner's HONR Network: There is no honor among thieves!" (jamesfetzer.org/2019/04/lenny-pozners-honr-network-there-is-no-honor-among-thieves)
- "Pozner's Problem: How do you Discredit a Distinguished McKnight University Professor Emeritus?" (jamesfetzer.org/2019/04/sandy-hook-pozners-problem-how-do-you-discredit-a-distinguished-mcknight-university-professor-emeritus)

- “Alex Jones and Robert Barnes blow it BIG TIME with absurd deposition bereft of available evidence” (jamesfetzer.org/2019/03/alex-jones-and-robert-barnes-blow-it-big-time-with-absurd-deposition-bereft-of-available-evidence)
- “Sandy Hook ‘Pozner v. Fetzer’ Lawsuit: Defendant’s Counterclaim against ‘Leonard Pozner’” (jamesfetzer.org/2019/03/sandy-hook-pozner-v-fetzer-lawsuit-defendants-counterclaim-against-leonard-pozner)
- Mona Alexis Pressley, “Did ‘Lenny Pozner’ fabricate a passport for ‘Noah’?” (jamesfetzer.org/2019/03/mona-alexis-pressley-did-lenny-pozner-fabricate-a-passport-for-noah)
- Carl Herman, “Jim Fetzer’s Legal Testimony for Sandy Hook Lawsuit could be Bigger than King Family Civil Trial” (jamesfetzer.org/2019/02/carl-herman-jim-fetzers-legal-testimony-for-sandy-hook-lawsuit-could-be-bigger-than-king-family-civil-trial)
- Sandy Hook Lawsuit Discovery: Second Request for Admissions from Plaintiff Leonard Pozner (jamesfetzer.org/2019/02/sandy-hook-lawsuit-discovery-second-request-for-admissions-from-plaintiff-leonard-pozner)
- Sandy Hook Lawsuit Discovery: Request for Admissions from Plaintiff Leonard Pozner (jamesfetzer.org/2019/01/sandy-hook-lawsuit-discovery-request-for-admissions-from-plaintiff-leonard-pozner)
- THE SANDY HOOK “POZNER v. FETZER” LAWSUIT FOR DUMMIES (jamesfetzer.org/2019/01/the-sandy-hook-pozner-v-fetzer-lawsuit-for-dummies)
- PENN Magazine (January 2019): LET’S GET READY TO RUMBLE! Jim Fetzer vs. The Deep State (jamesfetzer.org/2018/12/penn-magazine-january-2019-lets-get-ready-to-rumble-jim-fetzer-vs-the-deep-state)
- FAKE NEWS about FALSE FLAG Lawsuit: AP Reporter caught Falsifying Story (jamesfetzer.org/2018/12/fake-news-about-false-flag-lawsuit-ap-reporter-caught-falsifying-story)

Request No. 8: All communication sent or received by you that relates to Noah Pozner’s status as a real person.

Defendant’s Answer: See Defendant’s Answer to Request No. 1 above.

Request No. 9: All communications set or received by you that relate to Lucy Richards.

Defendant’s Answer: None of which I can recall.

Request No. 10: All communications between you and Infowars that relate to the Book.

Defendant's Answer: None of which I can recall.

Request No. 11: All communications between you and Alex Jones that relate to the Book.

Defendant's Answer: We had no communications.

Request No. 12: All comments that you have posted in response to articles or blogs or other online publications relating to Noah Pozner.

Defendant's Answer: See Defendant's Answer to Request No. 1 above.

Request No. 13: All comments that you have posted in response to articles or blogs or other online publications relating to Plaintiff.

Defendant's Answer: See Defendant's Answer to Request No. 1 above.

Date: 14 mil 2019

Signed: 

James Fetzer

EXHIBIT A

Transaction details

 [Print](#)

Payment received from Jacob Zimmerman

August 24, 2018 at 11:26:02 AM CDT

Transaction ID: 9PM24681B98437325

Gross amount

\$35.00 USD

Payment Status: **COMPLETED**

Shipping Status: **SHIPPED**

Shipped to

Jacob Zimmerman

15 Crocus Hill

Saint Paul, MN 55102

United States

Confirmed 

[Add tracking info](#) | [Ship another](#) | [Print packing slip](#) |

Seller protection

Eligible

Eligible when you ...

Ship to the address on this page.

Save your tracking or shipping info.

Follow the requirements for seller protection.

Track your shipment

944900969938730224771

August 23, 2018 at 5:00:00 PM PDT

Sent by USPS

[Edit tracking info](#) | [Ship another](#) |

Order details

		Quantity	Price	Subtotal
Item # 3004	Nobody Died At Sandy Hook - Color \$30	1	\$30.00 USD	\$35.00 USD
			Purchase Total	\$30.00 USD

EXHIBIT B

From: Lenny Pozner - HONR Network <lpozner@honor.com>
Date: Sun, Feb 7, 2016 at 9:25 AM
Subject: Removal Demand
To: jfetzar@d.umt.edu, lega@honor.com

Jim Fetzar

This email is being written relating to your website post on <http://jamesfetzar.blogspot.com/> where you are publishing personal information concerning the Pozner family. This publication is without authorization and is intended for the sole purpose of harassment. A report for Harassment will be filed.

Demand is hereby made for you to remove the link below immediately. Failure to do so will leave no alternative but to seek legal redress and remedies in the appropriate court of law.

PLEASE BE GOVERNED ACCORDINGLY.

<http://jamesfetzar.blogspot.com/2015/05/lenny-pozner-striken-out-with-obvious.html>

Very truly yours,

Lenny Pozner

HONR Network

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On Sun, Feb 7, 2016 at 3:22 PM James Fetzar <jfetzar@d.umt.edu> wrote:
Lenny,

Well, if this isn't my lucky day! Hearing from one of the world's great liars and frauds makes my day. Since there is nothing 'harassing' about my post (other than that it exposes you as a hypocrite and con-artist who is doing what he can to avoid being exposed, where you no doubt fear that, if the public becomes aware that Sandy Hook was an elaborate hoax, you may have to give back the money you have defrauded from the public and might even be prosecuted for fraud), there is no apparent basis for any such complaint. I am therefore asking for an explanation of the specifics on the basis of which you pretend to ground it. And I would like nothing better than to have the opportunity to engage you in legal action, which ought to be of enormous interest to the people of the United States and those whom you have conned out of sympathy in the false belief that you actually lost a son at Sandy Hook--the very same son who not only was reported to have died in Newtown on 14 December 2012 but to have died again in Pakistan on 16 December 2014--and where the presumptive 'death certificate' that you not only sent to Kelley Watt but have also shown to one or more reporters is an obvious fabrication, where you apparently photoshopped the bottom part of a legitimate death certificate to the fake part of the top (which has no file number and the wrong 'estimated time of death'). If your son had actually died at Sandy Hook, there would have been no reason to fabricate a fake one. So tell me the legal theory and facts that are supposed to sustain this absurd demand from an indecent human being who seems to thrive on taking the public for ride (at least, as long as it makes him money). I believe that there are laws against creating false death certificates that apply to you. Admit it: you are in this for the money and are harassing me, as you have harassed others, in an effort to deflect attention from the scam in which you are participating. And that you would call yourself the 'HONR Network' is an absurdity, since you are among the nation's most disreputable men. I can't wait to hear the legal theory and the facts that have motivated this 'demand'.

Jim

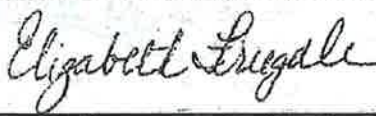
EXHIBIT C

CERTIFICATION OF VITAL RECORD

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

CERTIFICATE OF LIVE BIRTH

SFN: 2006-07-37904

Child's Name (first)		(middle)	(last)	
NOAH		SAMUEL	POZNER	
Sex:	Date of Birth:		Time of Birth:	Weight:
MALE	November 20, 2006		08:34 A	7 lbs 2 Ounces
Birthplace:			Town of Birth:	County of Birth:
DANBURY HOSPITAL			DANBURY	FAIRFIELD
Mother's Name (first)		(middle)	(last)	
VERONIQUE		PATRICIA	POZNER	
Mother's Maiden Name: (first)		(middle)	(last)	
			HALLER	
Mother's Birth State or Foreign Country: SWITZERLAND			Mother's Date of Birth: APRIL 24, 1967	
Mother's Residence Street:		Town:	State or Foreign Country:	Zip:
3 KALE DAVIS ROAD		SANDY HOOK	CONNECTICUT	06482
Father's Name (first)		(middle)	(last)	
LEONARD			POZNER	
Father's Birth State or Foreign Country: LATVIA			Father's Date of Birth: OCTOBER 11, 1967	
Certifier's Name:			Title:	Date Certified:
DANIEL A GOLDSTEIN			MD	NOVEMBER 20, 2006
Certifier's Address: 103 NEWTOWN ROAD, DANBURY, CONNECTICUT, 06810				
Registered By:			Title	
LORI A KABACK			REGISTRAR	
Date Registered:			Place Registered	
NOVEMBER 30, 2006			DANBURY	
<u>I HEREBY CERTIFY THAT THIS IS A TRUE CERTIFICATE OF LIVE BIRTH ISSUED FROM THE OFFICIAL RECORDS ON FILE</u>				
Date Issued:				Place of Issuance: STATE OF CONNECTICUT
APRIL 23, 2019				
SIGNATURE OF ISSUING REGISTRAR				
<p align="center"><i>This is not a legal document unless displaying a raised seal and a signature of the issuing Registrar</i></p>				

001222756

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT D

DANBURY HOSPITAL
NEW MILFORD HOSPITAL

CERTIFICATION OF RECORDS

The Undersigned hereby declares:

1. That said is the person in charge of or an authorized assistant to the person in charge of the Health Information Services Department at Danbury Hospital / New Milford Hospital (circle appropriate hospital).
2. That the attached record is a true and complete copy of the record of

NOAH POZNER in said hospital.

(Name of Patient)

MEDICAL RECORDS ON CD

3. That: (a) said record was made in the regular course of the business of said hospital; (b) it was the regular course of business to make such record at the time of the transactions, occurrences and/or events recorded therein or within a reasonable time thereafter; and (c) said record was kept in the course of regularly conducted business activity.

I am familiar with the mode of preparation of, and have the authority to certify, the facility records. I declare under penalty of perjury that the foregoing is true and accurate.



Health Information Services Department

4/2/19
Date

THE DANBURY HOSPITAL
 Department of Pathology and Laboratory Medicine
 24 Hospital Avenue Danbury, CT 06810-6099 Phone: (203) 797-7306

Patient: POZNER, NOAH SAMUEL
 Age: 2 WKS DOB: 11/20/2006 Sex: M
 Med Rec Number: {00000}0821014
 Financial Number: [REDACTED]

Location: 3 STROOCK NURSERY 1
 Admit Physician: KELLER, BARRY
 Admit Date: 11/20/2006
 Discharge Date: 11/24/2006

	GLUCOSE POCT 40 - 60 mg/dL	BILI,T CORD 0.0 - 2.0 mg/dL	BILI,D CORD mg/dL	BILI,T NEONATAL 1.4 - 8.7 mg/dL
22NOV06 0330				8.0
21NOV06 1441				6.3
20NOV06 2305	64 H			
20NOV06 2026	64 H			
20NOV06 1710	58			
20NOV06 1635		1.8	0.0	

B L O O D B A N K

B L O O D G R O U P A N D T Y P E

ABORN TYPE

20NOV06 1635 B POS

D I R E C T A N T I G L O B U L I N T E S T

DAT IGG

20NOV06 1635 POSITIVE *

Legend:

H = High, * = Abnormal

THE DANBURY HOSPITAL
Department of Pathology and Laboratory Medicine
24 Hospital Avenue Danbury, CT 06810-6099 Phone: (203) 797-7306

Patient: POZNER, NOAH SAMUEL
Age: 2 WKS DOB: 11/20/2006 Sex: M
Med Rec Number: (00000)0821014
Financial Number: [REDACTED]

Location: 3 STROOCK NURSERY 1
Admit Physician: KELLER, BARRY
Admit Date: 11/20/2006
Discharge Date: 11/24/2006

PKU @
NORMAL
MG/DL

22NOV06 0059 FOOTNOTE f

PKU..... Test Result: NEGATIVE

THE NEWBORN SCREENING PANEL INCLUDES THE FOLLOWING: FATTY ACID OXIDATION
DISORDERS: MCADD (Medium-Chain-Acyl-CoA Dehydrogenase Deficiency) and LCHADD
(Long-Chain-Hydroxyacyl-CoA-Dehydrogenase-Deficiency).
AMINO ACID DISORDERS: Phenylketonuria, Maple Syrup Urine Disease,
Homocystinuria (Hypermethionemia) and Tyrosinemia.
OTHER: Biotinidase Deficiency, Congenital Hypothyroidism, Congenital Adrenal
Hyperplasia, Hemoglobinopathies (Hemoglobin Phenotype) and Galactosemia.

Disclaimer - PLEASE NOTE: The purpose of newborn screening is to identify
infants at risk and in need of more definitive testing. As with any
laboratory test, both false positive and false negative results are
possible. These tests are not diagnostic. Screening test results are
insufficient information on which to base diagnosis or treatment. Regardless
of screening test results, a physician should immediately evaluate any infant
who exhibits findings consistent with targeted disorders noted above.

Legend:

f = Footnote

@ = PKU = Performed at STATE OF CT LABORATORY HARTFORD, CT 06144

FINAL MEDICAL RECORD REPORT

Page 2

END OF REPORT

PRINTED: 07DEC06 1507

FORM NO: MR28 PRINTSERVER

POZNER , NBM A

0821014 NUR 112006

KELLER BARRY

M S 0 112006



**AUTHORIZATIONS FOR INPATIENT TREATMENT AND ACKNOWLEDGEMENT
OF RECEIPT OF PRIVACY NOTICE**

Name of Patient Baby Pozner "A" MR# 0821014

**AUTHORIZATION TO PROVIDE BASIC TREATMENT AND CONDUCT BASIC
DIAGNOSTIC PROCEDURES**

I authorize the performing of all routine examinations, treatments, and care provided to me under the general or specific instructions or direction of my physician or Hospital Staff.

INFORMED CONSENT

I understand that if I require an operation or any procedure involving a degree of risk requiring an informed consent, except in the event of emergency my own physician will discuss the risks, benefits, and alternatives, and answer my questions. I am entitled to consent or refuse to consent. I also understand that medicine is not an exact science, that diagnosis and treatment can involve significant risks, and that results can never be guaranteed.

STUDENTS AND RESIDENT PHYSICIANS

I understand that medical, nursing and other health care students as well as resident physicians provide or observe services provided to Hospital patients, and may be present during operations and special procedures as part of their training and learning experiences.

MY PHYSICIANS ARE INDEPENDENT CONTRACTORS RESPONSIBLE FOR MY CARE

I understand that my physicians are not employees of the Hospital. While the Hospital periodically reviews the credentials of all of its physicians, my physician(s) -not the Hospital- are responsible for the care that they provide to me while I am in the Hospital. I further understand that if I have any questions for my physician(s), including questions about the nature or risks and benefits of, or the alternatives to any intended operation or procedure, or questions about the physician's charges or bills, my physician is solely responsible for answering such questions.

AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION

I authorize Danbury Hospital to provide from its own records any information including psychiatric, substance abuse, HIV related or other confidential information ("Confidential Information") requested by my insurance/managed care company, Medicare, Medicaid, Champus, or other third party payors, hospital agents or governmental agencies in connection with payment of my bill. I also authorize Danbury Hospital and its agents to provide Confidential Information from my medical records to any utilization, managed care, and/or quality review organization affiliated with my insurer/payor or otherwise for use in utilization management. I further authorize Danbury Hospital to provide from its own records Confidential Information to its case management personnel, including authorization to discuss my medical care with my physicians, and to other health providers and facilities involved in my continuing care after hospital discharge. I also authorize the release of Confidential Information to state or federal agencies for authorized auditing and licensure purposes.

I also consent to the disclosure to the Hospital of Confidential Information relating to my Hospital treatment that may be in the possession of any of my physicians.

I have been informed that my refusal to grant consent to release of information relating to psychiatric

treatment will not jeopardize my right to obtain present or future treatment except where disclosure of the communication and record is necessary for treatment. I understand that I may withdraw my consent to release mental health or substance abuse information at any time in writing, except to the extent that action already has been taken in reliance on such information. I also understand that if my refusal to provide consent results in a refusal of my insurer or managed care company or other third party payor to pay the Hospital, I will be personally responsible for the bill or the unpaid portion of the bill.

With respect to the release of substance abuse information, this authorization expires three years from the date of the patient's most recent discharge.

I also agree to sign any additional authorizations that may be required by law or my insurer/payor.

Authorization to Pay Benefits From Third Party Payment Sources/Financial Obligations

I authorize third party payors, including insurers, managed care companies, and Medicare or Medicaid and other governmental payors, to make payment directly to Danbury Hospital, its affiliates, and any physicians involved in my care for medical expenses and any/all (Group or Direct) Hospital benefits otherwise payable to me. I understand that I am financially responsible for payment for services not covered by this authorization, and that I will pay all costs of collection of any delinquent balance including reasonable attorney's fees, which may be added to my account. I understand that my refusal to grant authorization to my third party payors will in no way jeopardize my right to obtain present or future treatment except where disclosure is necessary for treatment, but understand that under such circumstances I will be responsible for paying my bill in full.

CONDITIONS OF ADMISSION

CONSENT TO RELEASE OF SOCIAL SECURITY NUMBER TO TRACK MEDICAL DEVICES

If in the course of my treatment I receive a medical device that is traceable to its manufacturer, I authorize the release of my Social Security number to the manufacturer or its agent. I understand that the Hospital has been told that my Social Security number may be used by the manufacturer to attempt to locate me if necessary in regard to this medical device.

PERSONAL VALUABLES

I understand and agree that the Hospital maintains a safe for the safekeeping of money and valuables. I agree that if I choose not to place my valuables in the Hospital safe, the Hospital will not be responsible for the loss of, or damage to my valuables. The Hospital shall not be responsible for loss or damage to items including documents, cash, dental work or dental prosthetics, eyeglasses, credit cards, hearing aids, and items of unusual value or size that have not or cannot be placed in the Hospital safe. I have been advised that any personal valuables should be given to a family member or friend for safekeeping. With the exception of items placed in the Hospital safe and for which a receipt has been issued, I agree not to make any claims against and release Danbury Hospital and its Staff from any and all liability for any loss or damage that may occur to my personal valuables.

RIGHT TO RECEIVE A COPY OF HOSPITAL CHARGES

Upon request, patients may receive copies of their hospital charges. A Patient Financial Services Representative is available at 730-5800, should assistance be needed.

VETERANS

Please indicate if you or your spouse is a veteran of the US Armed Forces. State the name of your spouse if he/she is a veteran. Please identify the branch of the Armed Forces and state the approximate dates of service: _____

POZNER, NBM, A

0821014 NUR 112006
KELLER BARRY
M S 0 112006

Medicare: An Important Message From Medicare
Champus: An Important Message From Champus
If applicable,

I acknowledge that I have been provided a copy of the notice entitled "An Important Message From Medicare" detailing my rights as a Medicare Hospital patient and procedures for requesting a review by the Peer Review Organization for this area. Or,

I acknowledge that I have been provided a copy of the notice entitled "An Important Message From Champus" detailing my rights as a Champus Hospital patient and procedures for requesting a review by the Peer Review Organization for this area.

PATIENT RIGHTS AND RESPONSIBILITIES AND NOTICE OF PRIVACY PRACTICES

The Hospital's Policy on Patient Rights and Responsibilities has been provided to me, and I agree to comply with such Policy.

I acknowledge that I have received a copy of Danbury Health Systems' Notice of Privacy Practices.

I HAVE READ AND UNDERSTAND THE AUTHORIZATIONS, AGREEMENTS AND NOTICES SET FORTH IN THIS FORM, AND AGREE TO SUCH AUTHORIZATIONS, AGREEMENTS, AND NOTICES

Date

11/20/00

Signature

X *[Signature]*

Witness

[Signature]

Relationship

mother

If this form has not been signed by the patient, please specify the signer's relationship to the patient, and, if necessary, explain why the patient did not sign:

If signed by the Patient's Representative, please print name and describe relationship to patient:

Name

Relationship to Patient

COMPLETE THE FOLLOWING DOCUMENTATION OF GOOD FAITH EFFORTS IF IT IS NOT POSSIBLE TO OBTAIN A SIGNATURE:

The following good faith efforts were made to obtain a signature:

A signature could not be obtained for the following reasons:

Documented by

(Signature)

(Print Name)

DANBURY HOSPITAL - DANBURY, CONNECTICUT 06810 Admit Newborn
ACCT#: [REDACTED] MR# 0821014 ADM DATE: 11/20/06 TIME: 08:34
ARR DATE: TIME: 06:00

PATIENT NAME: POZNER ,NBM A
SEX: M DOB: 11/20/2006 AGE: 0 SSN: DONOR:
M.STS: S LANG: PATIENT DIRECTORY: CLERGY LIST: N
CHURCH: NO CONGREGATION RELIGION: JEWISH
MAIL ADDRESS: 3 KALE DAVIS ROAD
CITY: SANDY HOOK ST: CT ZIP: 06482-
HOME PHONE: 203 - 426-9350 OTHER PHONE: 646 - 523-6800 PHN USE: CPN

EMPLOYER: STS: 000000009078
OCCUPATION: WORK PHONE: 203 - 426-1121 X

NEXT OF KIN: POZNER VERONIQUE
RELATION: 3 CHILD: FINANCIAL RES
ADDRESS: 3 KALE DAVIS ROAD
CITY: SANDY HOOK ST: CT ZIP: 06482-
HOME PHONE: 203 - 426-9350 WORK PHONE: 203 - 426-1121 X

GUARANTOR: POZNER VERONIQUE
RELATION: 3 CHILD: FINANCIAL RES HOME PHONE: 203 - 426-9350
OTHER PHONE: 646 - 523-6800 PHN USE: CPN WORK PHN:

INSURANCE: BLUECARE HMO VERIFY: Y PRIORITY: 1
GROUP NAME: NTWN CONSULT GROUP#: 045299000
POLICY #: XGN0066M493 12 AUTH #:
SUBSCRIBER: POZNER ,LEONARD REL: 3 CHILD: FINANCIAL RESPO

INSURANCE: VERIFY: PRIORITY:
GROUP NAME: GROUP#:
POLICY #: AUTH #:
SUBSCRIBER: REL:

INSURANCE: VERIFY: PRIORITY:
GROUP NAME: GROUP#:
POLICY #: AUTH #:
SUBSCRIBER: REL:

INSURANCE: VERIFY: PRIORITY:
GROUP NAME: GROUP#:
POLICY #: AUTH #:
SUBSCRIBER: REL:

FIN CLASS: S SERVICE: NUR TYPE: N ADM SOURCE: NB
NURSE STA: 3BN1 ROOM/BED: 3N0211 LAST DSCH:
DX/SYM: NEWBORN

ADM DR: 00226 KELLER BARRY
ATN DR: 00226 KELLER BARRY
REF DR:
PCP DR: 00000 DOCTOR UNKNOWN OR N/

MRSA:
VRE:

MEMO: 06 21 06 KL ACCT CREATED PT DIR YES, CLERGY NO, ADV
DIR NO: EDC 11/27/06 9/26/06 KL UPDATED DOCTOR.
10/10 CBS PER ANTHEM ONLINE P T IS ELIG FOR DOS EFFD AE 2/1
/06 NO COPAY
112006 SC ADMIT HIPAA PER L&D NURSE CLERGY N SMK N DIRV
007595

11/20/06 FROM FCOE,ADTPATFS

11/24/06

Danbury Hospital
Coding Summary
 Print Date: 11/30/2006 8:31:23AM

Patient Name: Pozner, Nbm A Account #: MRN: 821014

Date of Birth: 11/20/2006 Sex: MALE SSN:
 Age at Admit: 0 days Race: WHITE LOS: 4
 Attend Phys: 00000226 Keller, Barry R. Discharge Date: 11/24/2006 Total Charges:
 Admit Date: 11/20/2006 Financial Class: S MANAGED CARE
 Patient Type: I INPATIENT Payor 1: 062 BLUECARE/CHC/HMC
 Det Pt Type: B NURSERY WELL Payor 2:
 Discharge Service: NUR Payor 3:
 Admit Dx: V31.01 TWIN-MATE LB-IN HOS W Discharge Statu AHR ROUTINE DISCHARGE (HOME)

DRG	Description	MDC	Weight	GMLOS	ALOS	Expect Reimb	Coder ID	Coded Date	Final Date
390	NEONATE W OTHER SIGNIFIC	015	1.1551	3.40	3.40	\$ 8,316	CS	11/30/2006	11/30/2006

Seq.	Diagnosis	Description
1	V31.01	Twin birth, mate liveborn, born in hospital, cesarean delivery
2	790.99	Nonspecific findings on examination of blood
3	V29.3	Observation and evaluation of newborns for suspected genetic or metabolic condition

Seq/Episode	Procedure	Start	End	Modifiers					Role
				1	2	3	4	5	
1	1 64.0 CIRCUMCISION	11/23/2006							
		Provider							
		00001474	Dailey, Christine						S

Consult Performed By
 00001438 El-Hennawy, Magdy Sayed





Danbury Health Systems
Danbury Hospital

POZNER, NBM A

0821014 NUR 112006

KELLER BARRY

M S 0 112006

DISCHARGE INSTRUCTIONS: NEWBORN

DISPOSITION:

☒ Home ☐ Family Member ☐ Adoption Agency ☐ Foster Home ☐ Home Health Agency
Name and Phone # of Agency/Facility: _____

NO SMOKING:

DO NOT expose your baby to cigarette smoke. I understand that secondary smoke increases chances of suffering lung and heart disease and that smoking can shorten life. Secondary smoke has been related to **SIDS**.

NUTRITION:

☒ Breast-feed your baby when your baby displays feeding cues (8-12 times per day).

☐ Formula feed your baby every 3-5 hours. DO NOT change formula without talking to your baby's physician.

ACTIVITY & VISITORS:

Avoid taking your baby into large crowds. Anyone who expects to touch or handle the baby should wash his/her hands thoroughly with soap and water before doing so. Anyone with a cold should not be near the baby. Follow SIDS guideline as described by the American Academy of Pediatrics, including: Use firm bedding.

DO NOT leave pillows, stuffed animals or blankets in the crib. Place your baby on their back to sleep.

SAFETY:

Do not leave the baby unattended. Your baby must be in a federally approved car seat whenever riding in an automobile per Connecticut State Law. This should start with your baby's ride home from the hospital.

CORD CARE as per physician:

BATHING: NO TUB BATH until the cord is off and the area is dry and healed. You may use a mild soap and baby shampoo. DO NOT use Q-tips to clean nose or ears.

CIRCUMCISION:

Apply to circumcised area until circumcision has healed. ☐ Bacitracin ☐ A&D Ointment ☐ Petroleum Jelly

CALL YOUR BABY'S PHYSICIAN FOR ANY OF THE FOLLOWING:

- | | |
|---|---|
| <input type="checkbox"/> Temperature over <u>100 F</u> axillary <input type="checkbox"/> rectal _____ | OR Temperature under <u>97 F</u> axillary <input type="checkbox"/> rectal _____ |
| <input type="checkbox"/> Vomits 2 or more feedings | |
| <input type="checkbox"/> Lethargy, poor muscle tone (feels "floppy") | <input type="checkbox"/> Refuses to eat (skips 2 feedings) |
| <input type="checkbox"/> No wet diaper during past <u>8</u> hours | <input type="checkbox"/> Fussy for longer than <u>8</u> |
| <input type="checkbox"/> Other: _____ | |

FOLLOW UP APPOINTMENT:

- 2 mos.
☒ Call to schedule an appointment for _____ days from now with your baby's doctor.
☐ Call to schedule an appointment to have follow-up newborn diagnostic hearing test. ☐ Provider list given
☐ Call to schedule an appointment with a Lactation Consultant.

OTHER INSTRUCTIONS:

Children w/Special Health Care Needs Registry: ☒ No ☐ Yes Diagnosis: _____
☐ Referred to _____ Date: ____/____/____ OR ☐ Deferred ☐ Declined

Physician Signature Authorizing Discharge: B. Keller MD

Date/time: 11/24/06
9 AM

The Family Birth Center nursing staff will be happy to answer any questions. Please call (203) 797-7257

☐ Phone Number where you can be reached: _____ (in the event we need to contact you)

EDUCATION: I have received the following: _____

I have read & understand the above discharge instructions and have participated in the development of this plan.

Patient/Authorized Representative Signature: [Signature]

Date/time: 11-24/06

Nurse Signature/Title: [Signature]

Date/time: 11/24/06



DANBURY HOSPITAL NEWBORN BIRTH RECORD

Baby "A"

POZNER NRM A

0821014 NUR 112006
KELLER BARRY
M S 0 112006

Pediatrician: Keller

Neonatologist: James

MOTHER

Name Vernique Pozner Age 39
G 6 P 3 Bld type O- ROM
EDC 11-27-06 GEST. POS NEG

GBBS ☒
SEROLOGY ☒
HEP B ANTIGEN ☒
HIV ☒ done
RUBELLA Immune ☒ Not Immune ☐

NEWBORN

Birth date 11/20/06 Birth time 8:34A
APGAR 9 9
Delivery Vaginal ☐ C/S ☒
(Reason)
Weight 3240 grams 7 lbs. 2.2 oz.
AGA LGA SGA IUGR
Length 50.5 cms. 19 3/4 Inches
H.C. 35 1/4 cms. TCB 0.6
Breast ☐ Formula ☒ Type

DISCHARGE

BLDTYPE B+
COOMBS pos
WEIGHT
GMS
LBS
OZ
LENGTH
H.C.
TSB/Age

Code
o=normal x=abnormal

Code
ADMISSION PHYSICAL EXAM

Code
DISCHARGE PHYSICAL EXAM
DISCHARGE SUMMARY / FOLLOW UP

General

Skin

Head/Neck

EENT

Thorax

Lungs

Heart/Pulses

Abdomen

Umbilicus

Genitalia

Anus

Trunk/Spine

Clavicles/Hips

Extremities

Tone

Reflexes

Diagnosis Term Newborn diagnosed Twin A

Date / Time / Signature 11/20/06 12:30pm B. Bleh

DELIVERY ROOM

☐ ROUTINE

11/21/06 - Infant blood type B+. Mother
has had RhoGam Coombs +
serum bili 6.3 mg/dl at 30hr
mother had insulin-dependent gestational
diabetes. Infant vigorous.
Good color No cardioresp
embarrassment
B. Bleh

HEPATITIS VACCINE

☐ GIVEN

☒ DEFER

HEARING SCREEN

LEFT ☒ PASS ☐ REFER

RIGHT ☒ PASS ☐ REFER

Date / Time / Signature 11/21/06 9am

B. Bleh 326
DH 84296 REV 2/05



DANBURY HOSPITAL NEWBORN BIRTH RECORD

Baby "A"

POZNER, NBM A
0821014 NOR 112006
KELLER BARRY
M S 0 112006

Pediatrician: Keller

Neonatologist: James

MOTHER

Name Vernique Pozner Age 39
G 6 P 3 Bld type O- ROM
EDC 11-27-06 GEST. _____

POS NEG

GBBS ☒
SEROLOGY ☒
HEP B ANTIGEN ☒
HIV ☒ done
RUBELLA Immune ☒ Not Immune ☐

NEWBORN

Birth date 11/20/06 Birth time 8:34A
APGAR 9 9
Delivery Vaginal ☐ C/S ☒
(Reason)
Weight 3240 grams 7 lbs. 2.2 oz.
AGA LGA SGA IUGR
Length 50.5 cms. 19 3/4 inches
H.C. 35 1/4 cms. TCB 0.6
Breast ☐ Formula ☒ Type _____

Do Not Write Below This Line Until You Separate Parts 1 & 2

Medication	DATE	TIME	INIT.	SITE	
Vitamin K	11/20/06	9:45 AM	SG 207	WRT VS	<input checked="" type="checkbox"/> Triple Dye with Bath
Erythromycin	11/20/06	9:45 AM	SG 207	DL	

Code o= normal x= abnormal	Code	Nursing Physical Notes	TRANSITIONAL PERIOD					
1. General appearance	o		Time	8:34	10:11	11:11	12:32	2:00
2. Skin	o		Temperature	97.1	97.2	98.8	98.3	97.7
3. Head (symmetry, fontanel)	o		Apical Pulse	130	136	140	140	128
4. Eyes, ears, nose	o		Respirations	36	44	42	36	36
5. Mouth / palate	o		Lung sounds	clear	clear	clear	clear	clear
6. Chest (symmetry, shape)	o		Skin color	pink	pink	pink	pink	pink
7. Breath sounds	o		Activity	awake	sleep	sleep	awake	sleep
8. Heart sounds	o		Thermoregulation	w.	w.	w.	C	C
Abdomen	o		Accucheck	54	/	/	/	51
10. Spine	o		Feeding	/	/	30s	/	/
11. Genitalia	o		Void	/	/	/	/	/
12. Anus	o		Stool	/	/	/	/	/
13. Extremities	o		Initials	LS	LS	NS	LS	LS

RN Signature/Date/Time of Newborn Physical:

R. Seccombe

Progress Notes:

Delivery/Initial Assessment Comments:

Breast given - 10:34A

Initials / Signatures

LS Seccombe
SG Langenhove
WTH W. H. H. H. H.



Danbury Hospital

PROGRESS RECORD

POZNER, NRM, A

0821014 NUR 112006

KELLER BARRY

M S 0 112006

DATE	
11/21/06	1pm - Infant continues to require large amt of mucous mixed formula immediately p feeding. Also not sucking/feeding much. Mother due to offer formula in small amt q 3 rd and to burp well. Changed to NUK nipple and infant suck improved - <i>[Signature]</i>
11/22/06	Cord Bile 1.8 Dr Keller notes & ordered repeat Bile TCB 4.6 B1 drawn by Hulsebrook <i>[Signature]</i>
11/22/06	4 th pm - Good tone, activity. No apparent jaundice. Total serum bili at 4.3 but 8.0 mg/dl. Will follow with transcutaneous measurements. <i>[Signature]</i> 226
11/23/06	Proger - Feed well - Similar to 1-2000s. No vomit, stool pattern. All labs. TCB last night remained on c.f.s. On PE - heart & minimal jaundice. <i>[Signature]</i> 01366
11/23/06	OB 11 th am Circumcision performed s/p dorsal penile block & lidocaine. Uncomplicated hemostasis at end of procedure. Consent

DATE

obtained prior to procedure.
Gomco used.

C. Bailey, MD
1/4/74

1/24 7-11am - VSS - Color cry acting
good - formula feeding well
Mom handles well - Examined
Mom - teaching sheet reviewed & questions
answered - Discharged by Dr. Keller
with instructions Parents verbalize
good understanding - Will call
for follow-up - EMD Kampouris



Danbury
Hospital

CONSULTATION REPORT

POZNER, NBM A

0821014 NUR 112006
KELLER BARRY
M S 0 112006

Patient Addressograph

Date Requested: 11/20/06

CONSULTANT: Neonatology

REQUESTOR: OB/GYN

REASON FOR CONSULTATION REQUEST: Rgt C/S for Twins

REPORT:

Called to L & D for C/S, 39 Wk GA.
Mom is 40, G6 P3, Bld Type O negative,
GBSG, Ser G, HIVG, Hsp BG, RJ. Prgn
was C/S w/ GDM A2. Baby was born via
Rgt C/S, G6 P3 & 1000g, 1/1/06
91 95.

PG → WJ

A/P F/T, Twin A, IDMA2

Adm → if well baby

met Bld glucose as

per protocol

Date of Consultation: 11/20/06

Signature of Consultant: [Signature]



Danbury Hospital

HEPATITIS B IMMUNIZATION ORDER, CONSENT & DOCUMENTATION FORM

POZNER, NBM A

0821014 NUR 112006

KELLER BARRY

M S 0 112006

ADDRESSOGRAPH

PHYSICIAN ORDER (Check One)

☐ **MOTHER IS HBsAG NEGATIVE: UNIVERSAL HEPATITIS B IMMUNIZATION.**

Administer Hepatitis B Virus Vaccine after Parent/Guardian signs consent statement:
Recombivax 0.5 ml I.M. or Engerix 0.5 ml I.M. (Either given once prior to discharge)

☒ **OPPORTUNITY FOR VACCINATION WILL BE PROVIDED IN MY OFFICE**

☐ **MOTHER IS HBsAG POSITIVE: HEPATITIS B VIRUS TREATMENT.**

1. Aspirate stomach contents and bathe infant within one hour of birth.
2. Administer Hepatitis B Virus Vaccine within 12 hours of birth: Recombivax 0.5 ml I.M. or Engerix 0.5 ml I.M.
3. Administer Hepatitis B Immune Globulin 0.5 ml I.M. within 7 days of birth or prior to discharge.

☐ **MOTHER'S HBSAG STATUS IS UNKNOWN: HEPATITIS B VIRUS TREATMENT**

1. Aspirate stomach contents and bathe infant within one hour of birth.
2. Administer Hepatitis B Virus Vaccine within 12 hours of birth if status still not known: Recombivax 0.5 ml I.M. or Engerix 0.5 ml I.M.
3. Administer Hepatitis B Immune Globulin 0.5 ml I.M. within 7 days of birth or prior to discharge if status still not known.

Signature: BARRY KELLER MD

Date: 11/20/06

Time: 12:30 pm

PARENT/GUARDIAN CONSENT STATEMENT:

I have read, or have had explained to me, information about Hepatitis B Virus disease and vaccine. I believe I understand the benefits and risks of this vaccine, and ask that my infant be vaccinated.

Signature: _____

Date: _____

Time: _____

I have read, or have had explained to me, information about Hepatitis B Virus disease and vaccine. However, I do not wish my infant to be vaccinated at this time.

Signature: _____

Date: _____

Time: _____

NURSING DOCUMENTATION OF HEPATITIS B VIRUS VACCINATION:

Product Recombivax/Engerix, Lot #: _____, _____ ml was given I.M.

in the right/left upper thigh on date: _____, at time: _____, by _____

Signature: _____

Hepatitis B Immune Globulin, Lot #: _____, _____ 0.5 ml was given I.M.

in the right/left upper thigh on date: _____, at time: _____, by _____

Signature: _____



DANBURY HOSPITAL
DANBURY, CT 06810

POZNER, NBM A

0821014 NUR 112006

KELLER BARRY

M S 0 112006

PATIENT CODE STATUS

Patient's label

PATIENT CODE STATUS *Please check the appropriate box*

☒

FULL-CODE

Any and all appropriate treatment modalities will be provided

☐

NO-CODE

No Cardio-Pulmonary Resuscitation Measures will be provided

☐

CODE WITH
OPTIONS

Although patient is "Code" Status, certain treatments are excluded

☐

No Intubation or
Mechanical Ventilation

☐

No Pacemaker/CPR

☐

No Defibrillation

☐

No Emergent Cardiac Drugs

TRANSCRIBED BY:

UC Signature	Date	Time
CO-SIGNED BY: 	11-21-06	1600
RN Signature	Date	Time

TITLE: PATIENT CODE STATUS

PURPOSE: To outline the proper identification and documentation of a patient's code status

NATURE: This form is a permanent part of the Medical Record. It must be labeled with the patient's name, hospital number, age and Physician of Record. It must be completed in blue or black ink.

RESPONSIBLE PERSON:

1. Physicians (attending or housestaff) must complete code status on CPOE for all patients admitted to Danbury Hospital.
2. "No-Code" or "Code with Options" orders require a progress note by the attending physician describing the details and process for reaching that decision.
3. Housestaff entering code orders must obtain direction or approval from the attending physician.
4. Unit coordinators must transcribe the patient's code status onto this form upon admission to the unit, with date and signature and place the form in the patient's chart. The patient's RN must verify and co-sign this form.
5. The patient's nurse will complete item #4 in the absence of a unit coordinator on admission.
6. If the patient's code status is changed by a physician, the unit coordinator (or nurse) will complete a new form and place it in the chart, discarding the old form.

CHART PLACEMENT:

This form is to be placed in the front of the Physician's Order Section of the Medical Record.

APPROVAL: Code 99 Committee, 12/90; Hospital; QA Committee, 2/91; Medical Staff, 9/91
REVIEW: Executive Committee, 8/91, Code 99 Committee, 1/92, 7/97
REVISION: Code 99 Committee, 8/98, 11/00, 2/03, 8/05

11/24/2006

Discharge: Order Summary

Page: 1

Pt Name: POZNER, NBM A
Med Rec Num: 0821014
Pt Number: [REDACTED]
Adm Dt/Tm: 11/20/2006 08:34
Hosp Svc: NUR

Pt Dob: 11/20/2006 Age: 0
Pt Sex: M
Nurse Sta: 3BN1 - 3N02
Dsch Dt/Tm: 11/24/DSCHE 14:00
Att Doctor: KELLER BARRY

11/20/2006 08:49 - ORDERS PLACED BY ONDERKO AT: 11/20/06 08:49

Entered by: ONDERKO MCT, BARBARA
Status: COMPLETE
Start Dt/Tm: 11/20/2006 08:49
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 2
Dept / SubDept: ~~~
Stop Dt/Tm: 11/20/2006 08:49
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 08:50 - ADMIT TO *, NURSERY

Entered by: ONDERKO MCT, BARBARA
Status: VERIFIED
Start Dt/Tm: 11/20/2006 08:49
Ordering Dr: KELLER BARRY
Countersign: 00226
Rate:

Order Number: 3
Dept / SubDept: ADT / ADT
Stop Dt/Tm: 11/20/2006 08:49
TORB: BARBARA ONDERKO
CntrSign Dt/Tm: 11/20/2006 12:48

11/20/2006 08:50 - ORDERS PLACED BY ONDERKO AT: 11/20/06 08:50

Entered by: ONDERKO MCT, BARBARA
Status: COMPLETE
Start Dt/Tm: 11/20/2006 08:50
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 4
Dept / SubDept: ~~~
Stop Dt/Tm: 11/20/2006 08:50
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 08:54 - NEWBORN WELL ROUTINE

Entered by: ONDERKO MCT, BARBARA
Status: VERIFIED
Start Dt/Tm: 11/20/2006 08:54
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 5
Dept / SubDept: OBS / OBS
Stop Dt/Tm: 11/20/2006 08:54
TORB: BARBARA ONDERKO
CntrSign Dt/Tm: N/A

11/20/2006 08:54 - ORDERS PLACED BY ONDERKO AT: 11/20/06 08:54

Entered by: ONDERKO MCT, BARBARA
Status: COMPLETE
Start Dt/Tm: 11/20/2006 08:54
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 6
Dept / SubDept: ~~~
Stop Dt/Tm: 11/20/2006 08:54
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 11:33 - ORDERS NOTED BY SACCOMANNO AT: 11/20/06 11:33

Entered by:
Status: COMPLETE
Start Dt/Tm: 11/20/2006 11:33
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 7
Dept / SubDept: ~~~
Stop Dt/Tm: 11/20/2006 11:33
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:48 - CODE ORDERS Full Code

Entered by: KELLER MD, BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 8
Dept / SubDept: ZZZ / ADV
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:48 - MD PLACED KELLER AT: 11/20/06 12:48

Entered by: KELLER MD, BARRY
Status: COMPLETE
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 9
Dept / SubDept: ~~~
Stop Dt/Tm: 11/20/2006 12:48
TORB:
CntrSign Dt/Tm: N/A

11/24/2006

Discharge: Order Summary

Page: 2

Pt Name: POZNER ,NBM A
Med Rec Num: 0821014
Pt Number: [REDACTED]
Adm Dt/Tm: 11/20/2006 08:34
Hosp Svc: NUR

Pt Dob: 11/20/2006 Age: 0
Pt Sex: M
Nurse Sta: 3BN1 - 3N02
Dsch Dt/Tm: 11/24/DSCH 14:00
Att Doctor: KELLER BARRY

11/20/2006 12:49 - ADMIT TO * , , NON-TEACHING ,

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 10
Dept / SubDept: ADT / ADT
Stop Dt/Tm: 11/20/2006 12:48
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - DIAGNOSIS: WELL NEWBORN

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 11
Dept / SubDept: PCO / DX
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - ASSESSMENT PER WELL NEWBORN PROTOCOL ROUTINE ONCE DAILY UNTI

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 12
Dept / SubDept: PCO / VS
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - VS Q1HOUR X 5, AT 4-8 HOURS, THEN BID

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 13
Dept / SubDept: PCO
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - WEIGHT Q48HRS ROUTINE ONCE DAILY UNTIL D/C

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 14
Dept / SubDept: PCO / VS
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - TRANSCUTANEOUS BILIRUBIN (TCB) TIMES ONE, THEN BID

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 15
Dept / SubDept: PCO
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - NEWBORN SCREENING PRIOR TO DISCHARGE ROUTINE ONCE DAILY UNTI

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 16
Dept / SubDept: PCO / FBC
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - HEARING SCREENING PRIOR TO DISCHARGE

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 17
Dept / SubDept: PCO / GEN
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/24/2006

Discharge: Order Summary

Page: 3

Pt Name: POZNER , NBM A
Medl Rec Num: 0821014
Pt Number: [REDACTED]
Adm Dt/Tm: 11/20/2006 08:34
Hosp Svc: NUR

Pt Dob: 11/20/2006 Age: 0
Pt Sex: M
Nurse Sta: 3BN1 - 3N02
Dsch Dt/Tm: 11/24/DSCH 14:00
Att Doctor: KELLER BARRY

11/20/2006 12:49 - CORD CARE TRIPLE DYE ON ADMISSION ROUTINE ONCE DAILY UNTIL D

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 18
Dept / SubDept: PCO / FBC
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - VITAMIN K 1. MG IM ONCE

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 13:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 19
Dept / SubDept: PHM
Stop Dt/Tm: 11/20/2006 13:48
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - ERYTHROMYCIN 0.5% 1. APP OU ONCE

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 13:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 20
Dept / SubDept: PHM
Stop Dt/Tm: 11/20/2006 13:48
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - SEND METABOLIC SCREEN PRIOR TO DISCHARGE OR BY 48HRS

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 21
Dept / SubDept: PCO / GEN
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - OBTAIN TTL SERUM BILIRUBIN @TIME OF NEWBORN SCREEN BLOOD SPEC

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 22
Dept / SubDept: PCO / GEN
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - IF TCB = OR > 7 IN 1ST 24HRS, OBTAIN STAT TOTAL BILIRUBIN

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 23
Dept / SubDept: PCO / GEN
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - IF TCB = OR > 7 IN 1ST 24 HRS, CALL MD W/BOTH RESULTS

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 24
Dept / SubDept: PCO / GEN
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - IF TCB = OR >12 AT ANYTIME, OBTAIN A STAT TOTAL BILIRUBIN

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 25
Dept / SubDept: PCO / GEN
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/24/2006

Discharge: Order Summary

Page: 4

Pt Name: POZNER , NBM A
Med Rec Num: 0821014
Pt Number: [REDACTED]
Adm Dt/Tm: 11/20/2006 08:34
Hosp Svc: NUR

Pt Dob: 11/20/2006 Age: 0
Pt Sex: M
Nurse Sta: 3BN1 - 3N02
Dsch Dt/Tm: 11/24/DSCH 14:00
Att Doctor: KELLER BARRY

11/20/2006 12:49 - IF TCB = OR > 12 AT ANYTIME, CALL MD W/BOTH RESULTS

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 26
Dept / SubDept: PCO / GEN
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - CALL MD:IF FIRST VOID > 24HRS FROM BIRTH ROUTINE ONCE DAILY

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 27
Dept / SubDept: PCO / FBC
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - CALL MD:FOR POOR BREAST FEEDING > 24HRS PER PROTOCOL ROUTINE

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/20/2006 12:48
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 28
Dept / SubDept: PCO / FBC
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 12:49 - MD PLACED KELLER AT: 11/20/06 12:49

Entered by: KELLER MD , BARRY
Status: COMPLETE
Start Dt/Tm: 11/20/2006 12:49
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 29
Dept / SubDept: ~~~
Stop Dt/Tm: 11/20/2006 12:49
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 16:35 - CORD-ABORH ROUT NC

Entered by: PRUSAK RESIDENT , ELIZA
Status: FRS
Start Dt/Tm: 11/20/2006 16:35
Ordering Dr: PRUSAK ELIZABETH
Countersign: N/A
IV Rate:

Order Number: 30
Dept / SubDept: LAB / BBK
Stop Dt/Tm: 11/20/2006 16:35
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 16:35 - MD PLACED PRUSAK AT: 11/20/06 16:35

Entered by: PRUSAK RESIDENT , ELIZA
Status: COMPLETE
Start Dt/Tm: 11/20/2006 16:35
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 31
Dept / SubDept: ~~~
Stop Dt/Tm: 11/20/2006 16:35
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 17:35 - CORD-DAT

Entered by:
Status: FRS
Start Dt/Tm: 11/20/2006 16:35
Ordering Dr: PRUSAK, ELIZABETH MD
Countersign: N/A
IV Rate:

Order Number: 32
Dept / SubDept: LAB / BBK
Stop Dt/Tm: 11/20/2006 16:35
TORB:
CntrSign Dt/Tm: N/A

11/20/2006 17:44 - ORDERS NOTED BY VOGT AT: 11/20/06 17:44

Entered by:
Status: COMPLETE
Start Dt/Tm: 11/20/2006 17:44
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 33
Dept / SubDept: ~~~
Stop Dt/Tm: 11/20/2006 17:44
TORB:
CntrSign Dt/Tm: N/A

11/24/2006

Discharge: Order Summary

Page: 5

Pt Name: POZNER , NBM A
Med Rec Num: 0821014
Pt Number: [REDACTED]
Adm Dt/Tm: 11/20/2006 08:34
Hosp Svc: NUR

Pt Dob: 11/20/2006 Age: 0
Pt Sex: M
Nurse Sta: 3BN1 - 3N02
Dsch Dt/Tm: 11/24/DSCH 14:00
Att Doctor: KELLER BARRY

11/21/2006 13:06 - ORDERS PLACED BY LUKOMSKA AT: 11/21/06 13:06

Entered by: LUKOMSKA UC , OLGA
Status: COMPLETE
Start Dt/Tm: 11/21/2006 13:06
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 35
Dept / SubDept: ---
Stop Dt/Tm: 11/21/2006 13:06
TORB:
CntrSign Dt/Tm: N/A

11/21/2006 13:06 - OAE NEWBORN HEARING SCREENING ROUTINE

Entered by: LUKOMSKA UC , OLGA
Status: VERIFIED
Start Dt/Tm: 11/21/2006 13:06
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 36
Dept / SubDept: OBS / OBS
Stop Dt/Tm: 11/21/2006 13:06
TORB: OLGA LUKOMSKA
CntrSign Dt/Tm: N/A

11/21/2006 13:06 - ORDERS PLACED BY LUKOMSKA AT: 11/21/06 13:06

Entered by: LUKOMSKA UC , OLGA
Status: COMPLETE
Start Dt/Tm: 11/21/2006 13:06
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 37
Dept / SubDept: ---
Stop Dt/Tm: 11/21/2006 13:06
TORB:
CntrSign Dt/Tm: N/A

11/21/2006 13:31 - BILI D CORD

Entered by:
Status: FRS
Start Dt/Tm: 11/20/2006 16:35
Ordering Dr: PRUSAK, ELIZABETH MD
Countersign: N/A
IV Rate:

Order Number: 38
Dept / SubDept: LAB / CHM
Stop Dt/Tm: 11/20/2006 16:35
TORB:
CntrSign Dt/Tm: N/A

11/21/2006 13:31 - BILI T CORD

Entered by:
Status: FRS
Start Dt/Tm: 11/20/2006 16:35
Ordering Dr: PRUSAK, ELIZABETH MD
Countersign: N/A
IV Rate:

Order Number: 39
Dept / SubDept: LAB / CHM
Stop Dt/Tm: 11/20/2006 16:35
TORB:
CntrSign Dt/Tm: N/A

11/21/2006 14:41 - BILIRUBIN TOTAL ROUT NC

Entered by: VISCONTI LPN , MARY
Status: CANCELED
Start Dt/Tm: 11/21/2006 14:41
Ordering Dr: KELLER BARRY
Countersign: 01366
IV Rate:

Order Number: 40
Dept / SubDept: LAB / CHM
Stop Dt/Tm: 11/21/2006 14:41
TORB: MARY VISCONTI
CntrSign Dt/Tm: 11/23/2006 10:37

11/21/2006 14:41 - ORDERS PLACED BY VISCONTI AT: 11/21/06 14:41

Entered by: VISCONTI LPN , MARY
Status: COMPLETE
Start Dt/Tm: 11/21/2006 14:41
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 41
Dept / SubDept: ---
Stop Dt/Tm: 11/21/2006 14:41
TORB:
CntrSign Dt/Tm: N/A

11/21/2006 14:43 - BILI T BABY NEONATAL

Entered by:
Status: FRS
Start Dt/Tm: 11/21/2006 14:41
Ordering Dr: KELLER, BARRY
Countersign: N/A
IV Rate:

Order Number: 42
Dept / SubDept: LAB / CHM
Stop Dt/Tm: 11/21/2006 14:41
TORB:
CntrSign Dt/Tm: N/A

11/24/2006

Discharge: Order Summary

Page: 6

Pt Name: POZNER , NBM A
Med Rec Num: 0821014
Pt Number: [REDACTED]
Adm Dt/Tm: 11/20/2006 08:34
Hosp Svc: NUR

Pt Dob: 11/20/2006 Age: 0
Pt Sex: M
Nurse Sta: 3BN1 - 3N02
Dsch Dt/Tm: 11/24/DSCH 14:00
Att Doctor: KELLER BARRY

11/21/2006 15:44 - ORDERS NOTED BY MANNA AT: 11/21/06 15:44

Entered by:
Status: COMPLETE
Start Dt/Tm: 11/21/2006 15:44
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 43
Dept / SubDept: ~~~
Stop Dt/Tm: 11/21/2006 15:44
TORB:
CntrSign Dt/Tm: N/A

11/22/2006 00:59 - BILLI T BABY NEONATAL ROUT NC

Entered by: NALLEY RN , ELLEN
Status: FRS
Start Dt/Tm: 11/22/2006 00:59
Ordering Dr: KELLER BARRY
Countersign: 01366
IV Rate:

Order Number: 44
Dept / SubDept: LAB / CHM
Stop Dt/Tm: 11/22/2006 00:59
TORB: ELLEN NALLEY
CntrSign Dt/Tm: 11/23/2006 10:37

11/22/2006 00:59 - PKU ROUT NC

Entered by: NALLEY RN , ELLEN
Status: VERIFIED
Start Dt/Tm: 11/22/2006 00:59
Ordering Dr: KELLER BARRY
Countersign: 01366
IV Rate:

Order Number: 45
Dept / SubDept: LAB / SND
Stop Dt/Tm: 11/22/2006 00:59
TORB: ELLEN NALLEY
CntrSign Dt/Tm: 11/23/2006 10:37

11/22/2006 00:59 - ORDERS PLACED BY NALLEY AT: 11/22/06 00:59

Entered by: NALLEY RN , ELLEN
Status: COMPLETE
Start Dt/Tm: 11/22/2006 00:59
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 46
Dept / SubDept: ~~~
Stop Dt/Tm: 11/22/2006 00:59
TORB:
CntrSign Dt/Tm: N/A

11/23/2006 10:38 - TYLENOL 40. MG PO Q6HPRN PAIN

Entered by: TREECE, M.D. MD , DAVID
Status: VERIFIED
Start Dt/Tm: 11/23/2006 10:38
Ordering Dr: TREECE DAVID
Countersign: N/A
IV Rate:

Order Number: 47
Dept / SubDept: PHM
Stop Dt/Tm:
TORB:
CntrSign Dt/Tm: N/A

11/23/2006 10:38 - MD PLACED TREECE, M.D. AT: 11/23/06 10:38

Entered by: TREECE, M.D. MD , DAVID
Status: COMPLETE
Start Dt/Tm: 11/23/2006 10:38
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 48
Dept / SubDept: ~~~
Stop Dt/Tm: 11/23/2006 10:38
TORB:
CntrSign Dt/Tm: N/A

11/23/2006 10:39 - XYLOCAINE 1% 20. ML IF DAILY ROUTINE DAILY X 1 DOSES

Entered by: DAILEY PROVISIONAL , CH
Status: VERIFIED
Start Dt/Tm: 11/24/2006 08:00
Ordering Dr: DAILEY CHRISTINE
Countersign: N/A
IV Rate:

Order Number: 49
Dept / SubDept: PHM
Stop Dt/Tm: 11/24/2006 08:00
TORB:
CntrSign Dt/Tm: N/A

11/23/2006 10:39 - MD PLACED DAILEY AT: 11/23/06 10:39

Entered by: DAILEY PROVISIONAL , CH
Status: COMPLETE
Start Dt/Tm: 11/23/2006 10:39
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 50
Dept / SubDept: ~~~
Stop Dt/Tm: 11/23/2006 10:39
TORB:
CntrSign Dt/Tm: N/A

11/24/2006

Discharge: Order Summary

Page: 7

Pt Name: POZNER , NBM A
Med Rec Num: 0821014
Pt Number: [REDACTED]
Adm Dt/Tm: 11/20/2006 08:34
Hosp Svc: NUR

Pt Dob: 11/20/2006 Age: 0
Pt Sex: M
Nurse Sta: 3BN1 - 3N02
Dsch Dt/Tm: 11/24/DSCH 14:00
Att Doctor: KELLER BARRY

11/23/2006 11:03 - BACITRACIN TOPICAL 1. APP TOP PRN PRN DAILY X 2 DAYS

Entered by: MOREHOUSE LPN , DEBBIE
Status: VERIFIED
Start Dt/Tm: 11/23/2006 11:03
Ordering Dr: KELLER BARRY
Countersign: 00226
IV Rate:

Order Number: 51
Dept / SubDept: PHM
Stop Dt/Tm: 11/25/2006 08:03
TORB: DEBBIE MOREHOUSE
CntrSign Dt/Tm: 11/24/2006 09:34

11/23/2006 11:03 - ORDERS PLACED BY MOREHOUSE AT: 11/23/06 11:03

Entered by: MOREHOUSE LPN , DEBBIE
Status: COMPLETE
Start Dt/Tm: 11/23/2006 11:03
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 52
Dept / SubDept: ~~~
Stop Dt/Tm: 11/23/2006 11:03
TORB:
CntrSign Dt/Tm: N/A

11/23/2006 11:51 - ORDERS NOTED BY CARLSON AT: 11/23/06 11:51

Entered by:
Status: COMPLETE
Start Dt/Tm: 11/23/2006 11:51
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 53
Dept / SubDept: ~~~
Stop Dt/Tm: 11/23/2006 11:51
TORB:
CntrSign Dt/Tm: N/A

11/24/2006 09:35 - DISCHARGE PATIENT TODAY , DISC TO HOME

Entered by: KELLER MD , BARRY
Status: VERIFIED
Start Dt/Tm: 11/24/2006 09:35
Ordering Dr: KELLER BARRY
Countersign: N/A
IV Rate:

Order Number: 54
Dept / SubDept: ADT
Stop Dt/Tm: 11/24/2006 09:35
TORB:
CntrSign Dt/Tm: N/A

11/24/2006 09:35 - MD PLACED KELLER AT: 11/24/06 09:35

Entered by: KELLER MD , BARRY
Status: COMPLETE
Start Dt/Tm: 11/24/2006 09:35
Ordering Dr:
Countersign: N/A
IV Rate:

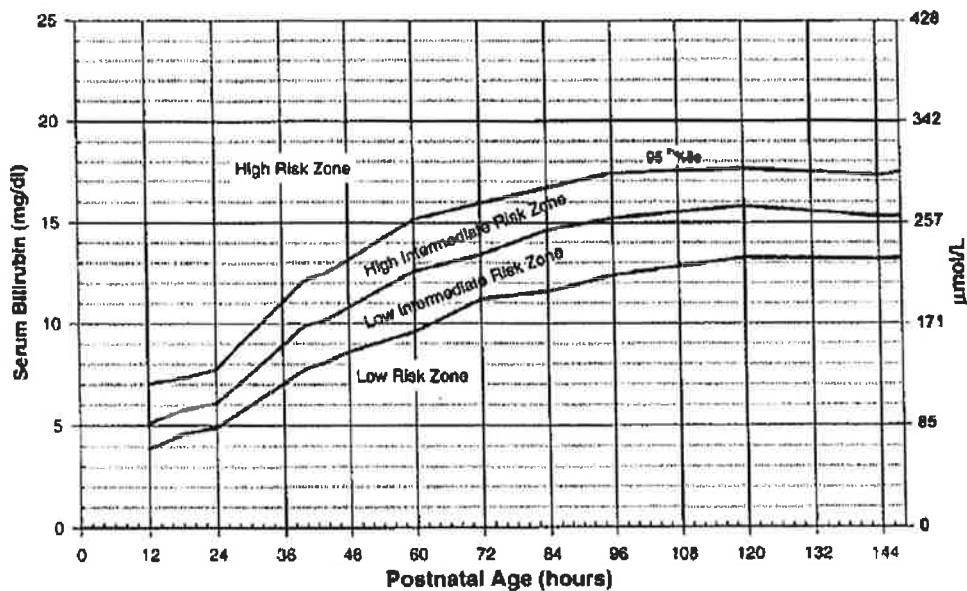
Order Number: 55
Dept / SubDept: ~~~
Stop Dt/Tm: 11/24/2006 09:35
TORB:
CntrSign Dt/Tm: N/A

11/24/2006 10:56 - ORDERS NOTED BY YARISH AT: 11/24/06 10:56

Entered by:
Status: COMPLETE
Start Dt/Tm: 11/24/2006 10:56
Ordering Dr:
Countersign: N/A
IV Rate:

Order Number: 56
Dept / SubDept: ~~~
Stop Dt/Tm: 11/24/2006 10:56
TORB:
CntrSign Dt/Tm: N/A

Newborn Jaundice Risk Assessment Sheet



Plot TSB level on graph

Risk factors for Development of Severe Hyperbilirubinemia
(check all that apply)

Major risk factors:

- ☐ predischage bilirubin in high risk zone
- ☐ jaundice within the first 24 hours of life
- ☐ blood group incompatibility – Coombs positive or other hemolytic disease (G6PD)
- ☐ gestational age 35 – 36 weeks
- ☐ previous sibling received phototherapy
- ☐ Cephalohematoma or significant bruising
- ☐ exclusively breastfeeding, particularly if not nursing well and excessive weight loss
- ☐ East Asian race

Minor risk factors:

- ☐ predischage bilirubin in high intermediate risk zone
- ☐ gestational age 37 – 38 weeks
- ☐ jaundice observed before discharge
- ☐ previous sibling with jaundice
- ☐ macrosomic infant of a diabetic mother
- ☐ maternal age greater than 25 years
- ☐ male gender

Decreased risk factors:

- ☐ bilirubin in low risk zone
- ☐ gestational age equal or greater than 41 weeks
- ☐ exclusive bottle feeding
- ☐ black race
- ☐ discharge from hospital after 72 hours

In-House Neonatal Team Member Signature/Date

MD Signature/Date

Last Name: Pozner
First Name:
Sex: Male
Birth Date: 11/20/2006
Physician: KELLER, BARRY
Nursery:
High Risk: No

Medical Rec# : 0821014
Secondary ID :

Test Sessions between 11/7/2006
and 11/21/2006

Hearing Screening Status

	Left	Right
OAE	Pass	Pass
ABR	N.T.	N.T.

Overall Pass

Criterion: OAE only

Left Ear

OAE			
Overall OAE Mark:		Pass	
Trial	F2	%Rej.	Result
1	5000	17.1	Refer
2	4000	0.0	Pass
3	3200	0.0	Pass
4	2500	36.6	Pass
5	2000	25.4	Pass
TestTime: 8 min 00 sec			

Protocol: *OAE Screen, 11/21/2006 10:58 AM

OAE: L1=65 L2=55 F2:F1=1.2

Pass Req:4/5 Refer Req:2/5

Screener: olga lukomska

ABR
Not Tested

Right Ear

OAE			
Overall OAE Mark:		Pass	
Trial	F2	%Rej.	Result
1	5000	45.5	Refer
2	4000	19.2	Pass
3	3200	50.0	Pass
4	2500	3.9	Pass
5	2000	33.3	Pass
TestTime: 4 min 22 sec			

Protocol: *OAE Screen, 11/21/2006 10:58 AM

OAE: L1=65 L2=55 F2:F1=1.2

Pass Req:4/5 Refer Req:2/5

Screener: olga lukomska

ABR
Not Tested

Left Ear Test Time: 8 min 00 sec

Right Ear Test Time: 4 min 22 sec

Danbury Hospital24 Hospital Ave
Danbury, CT 06810Print Date & Time: 11/20/2006 11:56
Printed by: Lukomska, Olga MCT**POZNER, VERONIQUE**

MR#: 0752626

Service: OBS

DOB : 4/24/1967

Age: 39

Unit: 3BDL

Bed: 3D0901

Attending: GOLDSTEIN DANIEL

Admission/Delivery Summary

Page 1

Pregnancy Information

Attending: GOLDSTEIN DANIEL

LMP:

EDC: 11/27/06

G/ 6 P/ 3 T/ 3 Pt/ 0 SAB/ 1 IAB/ 1 L/ 3

Height: 66.0 (in)

Weight (pre-pregnancy): 72.7 (kg) 160 Lbs.

EGA per Dates: 39.0

AllergiesMedication Allergies: No
Food Allergies: No
Environmental Allergies: No
Latex Allergies: NegLatex
Potential Latex Allergies: No**Prenatal Lab Results**

Blood Type/Rh:	O	Neg	Rhogam this pregnancy:	Yes
Group B Strep:	Negative		HbSAg:	Negative
RPR/VDRL:	Nonreactive		TB Exposure:	
Rubella/Titer:	Immune		Gonorrhea:	Negative
Chlamydia:	Negative		Herpes:	Negative
HIV+ Exposure/Results:	Results on Chart			
Diabetes Screen:	145	3 Hr GTT- FBS 1hr 2hr 3hr:	79	173 150 92
Lab Comments:	pt did home finger sticks, which were high			
RN Lab Comments:	pt did home finger sticks, which were high			

OB/Med/Surg History**Obstetrical**

Gestational Diabetes:	No	Sensitization:	
Incompetent Cervix:	No	DES:	No
Infertility:	Yes	Uterine Anomaly:	No
IUGR:	No	Hx of Previous CSection:	No
Macrosomia:	Yes	Hx Stillborn:	No
PTH:	No	Hx Neonatal Death:	No
Placenta Previa/Abruption:	No	Postpartum Depression:	Yes
PTL/PROM:	No	Postpartum Hemorrhage:	No
OB Hx Comments:	tubal occlusion secondary to endometriosis, 10lb baby in third pregnancy, post-partum depression after 1st baby		

Medical/Surgical

Asthma:	No	Thyroid Disease:	Yes
Diabetes:	No	Psychiatric Disorder:	No
Hypertension:	No	Major Trauma:	No
Heart Disease:	No	Abnormal Pap Smear:	No
Mitral Valve Prolapse:	No	Gynecologic Surgery:	Yes
Neurologic:	No	Hospitalization/Surgery:	No
Seizures:	No	Anesthetic Complication:	No
Kidney Disease:	No	Blood Transfusion:	No
Liver Disease:	No	Other Medical Diseases:	No
Phlebitis:	No		
Hx Comments:	hypothyroidism, hysteroscopy for endometrial polyp, laparoscopy for endometriosis - stage II, with occlusion of right tube		

Infectious Disease

Chlamydia:	No	HIV/AIDS:	No
Genital Herpes:	No	Human Papilloma Virus:	No
Gonorrhea:	No	Syphilis:	No
Hepatitis:	No	Tuberculosis:	No

Alcohol/Smoking/Drug UseAlcohol Use: No
Cigarette Use: No
Marijuana Use: No
Cocaine/Crack Use: No
Other Illicit Drugs: No**Current Medications**Prenatal Medications: Prenatal Vitamins, Iron Supplement
Herbal Supplements: None
Prescription/OTC Meds: YES
Medication 1: Levoxyl 112mcg
Medication 2: Insulin- regular and NPH

Danbury Hospital
24 Hospital Ave
Danbury, CT 06810

Print Date & Time: 11/20/2006 11:56
Printed by: Lukomska, Olga MCT

POZNER, VERONIQUE

MR#: 0752626

Service: OBS

DOB : 4/24/1967

Age: 39

Unit: 3BDL

Bed: 3D0901

Attending: GOLDSTEIN DANIEL

Admission/Delivery Summary

Page 2 (EOD)

Maternal Labor/Delivery Information

Delivery Doctor: Goldstein MD
Labor Anesthesia: None
Delivery Anesthesia: Spinal
Onset of Labor:
ROM Method: Artificial
ROM Date/Time: 11/20/06 08:33 EST
Amniotic Fluid Color: Clear
Amniotic Fluid Amt/Odor: Moderate, No Odor
GBS Prophylaxis: N/A
EBL (ml's): 500
Medications in Delivery: Pitocin 20 units to IV
Medications in Delivery: see Anesthesia Record

Delivery Assistant:

Stage 1:	Hrs	min
Stage 2:	Hrs	min
Stage 3:	0	Hrs 6 min
Total Time in Labor:	Hrs	min

Oxytocin: N/A
Cervical Ripening Agent:
Other Cerv Ripening Agent:

C- Section Delivery

Primary Indication: Repeat Elective
Other Primary Indicat:
Secondary Indication: Multiple Gestation
Other Second Indicat: permanent sterilization
Labor: No Labor

Urgency: Nonemergent
Elective: Elective
Incision: Lower Uterine Transverse
Other Incision:
Incidence: Repeat

Maternal Complications

Delivery Complications: None
Other Complications:

Baby A Delivery Information

Delivery Date/Time: 11/20/06 08:34 EST
Sex: Male
GA at Delivery/Status: 39 (wks) Term
Outcome: Liveborn
Condition: Stable
Birth Weight: 3240 (grams)
7 (lbs) 2 (oz)
Length: 50.2 (cm) 19.75 (in)
Cord Vessels: 3
Nuchal Cord: Around neck x1, loose

Method of Delivery: C-Section
APGAR Score: 1 Min 9 5 Min 9 10 Min 9
Placenta Deliv Time: 11/20/06 08:40 EST
Placenta Deliv Method: Expressed
Placenta Status: Delivered
ROM Date/Time: 11/20/06 08:33 EST
VBAC: N/A
Forceps: N/A

True Knot: 0

Transferred to:

Complications

Infant Complications:
Other Complications:

Baby B Delivery Information

Delivery Date: 11/20/06 08:35 EST
Sex: Female
GA at Delivery/Status: 39.0 (wks) Term
Outcome: Liveborn
Condition: Stable

Method of Delivery: C-Section
APGAR Score: 1 Min 9 5 Min 9
Placenta Deliv Time: 11/20/06 08:40 EST

ANNOTATIONS:
Data stored by QS on
behalf of user
Birth Weight: 3220 (grams)
7 (lbs) 1 (oz)
Length: 49.53 (cm) 19.50 (in)
Cord Vessels: 3
Nuchal Cord: N/A
Other Nuchal:
True Knot: 0

Placenta Deliv Method: Expressed
Placenta Status: Delivered
ROM Date/Time Baby B: 11/20/06 08:35 EST
VBAC: N/A
Forceps: N/A

Transferred to:

Danbury Hospital24 Hospital Ave
Danbury, CT 06810Print Date & Time: 11/20/2006 11:56
Printed by: Lukomska, Olga MCT**POZNER, VERONIQUE**MR#: 0752626 Service: OBS
DOB : 4/24/1967 Age: 39
Unit: 3BDL Bed: 3D0901
Attending: GOLDSTEIN DANIEL**LD- Medications**

11/20/06			
	07:09	10:10	10:30
Medications			
Antiemetics/Antacids	Bicitra 30 ml PO		
Recovery Medications			
Analgesics			Toradol 15mg IV
Medications Recovery Room		Benadryl 25mg LIP Annotation: IVP	
Recorded by	020232	010346	010346

LD- Medications

Print Requested by: Lukomska, Olga MCT

Page 1

Danbury Hospital24 Hospital Ave
Danbury, CT 06810Print Date & Time: 11/20/2006 11:56
Printed by: Lukomska, Olga MCT**POZNER, VERONIQUE**

MR#: 0752626

Service: OBS

DOB : 4/24/1967

Age: 39

Unit: 3BDL

Bed: 3D0901

Attending: GOLDSTEIN DANIEL

LD- Medications

010346 -- King, Robin RNC

020232 -- Mendelsohn, Nicole RNC

LD- Medications

Print Requested by: Lukomska, Olga MCT

Page 2 (EOD)



Danbury Hospital
Family Birth Center

POZNER, NBM A

0821014 NUR 112006

KELLER BARRY

M S 0 112006

Well Newborn Flow Rct

11/24/8a

		<input type="checkbox"/> Breast <input checked="" type="checkbox"/> Formula	voids	stool	Weight Notes
<input type="checkbox"/> Intact skin <input checked="" type="checkbox"/> eyes clear cord condition <input type="checkbox"/> circumcision WNL <input type="checkbox"/> ID bands on (2) <input type="checkbox"/> Prosecc sensor	<input type="checkbox"/> Intact skin <input type="checkbox"/> eyes clear cord condition <input type="checkbox"/> circumcision WNL <input type="checkbox"/> ID bands on (2) <input type="checkbox"/> Prosecc sensor	11:40p: 1 1/2 oz 24: 1/2 oz 4:15: 10 oz 6:15: 1/2 oz *Total	1	1	
<input type="checkbox"/> feeding cues displayed <input type="checkbox"/> proper position <input type="checkbox"/> latch <input type="checkbox"/> suck <input type="checkbox"/> swallow	<input type="checkbox"/> feeding cues displayed <input type="checkbox"/> proper position <input type="checkbox"/> latch <input type="checkbox"/> suck <input type="checkbox"/> swallow	9: 102	1	1	8am TCB 9.3 Notes
<input checked="" type="checkbox"/> alert/arousable <input type="checkbox"/> sleepy <input type="checkbox"/> bonding <input type="checkbox"/> easily comforted	<input type="checkbox"/> alert/arousable <input type="checkbox"/> sleepy <input type="checkbox"/> bonding <input type="checkbox"/> easily comforted	*Total	1	1	
<input checked="" type="checkbox"/> absence of cyanosis <input checked="" type="checkbox"/> mucous membranes pink <input type="checkbox"/> no murmurs <input type="checkbox"/> respirations regular <input type="checkbox"/> lung sounds clear and equal	<input type="checkbox"/> absence of cyanosis <input type="checkbox"/> mucous membranes pink <input type="checkbox"/> no murmur <input type="checkbox"/> respirations regular <input type="checkbox"/> lung sounds clear and equal				8pm TBC Notes
<input type="checkbox"/> moves all extremities <input type="checkbox"/> + muscle tone	<input type="checkbox"/> moves all extremities <input type="checkbox"/> + muscle tone				
<input checked="" type="checkbox"/> bowel sounds + <input type="checkbox"/> abdomen soft <input type="checkbox"/> ABD non-distended SIG <i>transverse</i>	<input type="checkbox"/> bowel sounds + <input type="checkbox"/> abdomen soft <input type="checkbox"/> ABD non-distended SIG	*Total			
<input type="checkbox"/> Intact skin <input type="checkbox"/> eyes clear cord condition <input type="checkbox"/> circumcision WNL <input type="checkbox"/> ID bands on (2) <input type="checkbox"/> Prosecc sensor	<input type="checkbox"/> Intact skin <input type="checkbox"/> eyes clear cord condition <input type="checkbox"/> circumcision WNL <input type="checkbox"/> ID bands on (2) <input type="checkbox"/> Prosecc sensor				
<input type="checkbox"/> feeding cues displayed <input type="checkbox"/> proper position <input type="checkbox"/> latch <input type="checkbox"/> suck <input type="checkbox"/> swallow	<input type="checkbox"/> feeding cues displayed <input type="checkbox"/> proper position <input type="checkbox"/> latch <input type="checkbox"/> suck <input type="checkbox"/> swallow	*Total			
<input type="checkbox"/> alert/arousable <input type="checkbox"/> sleepy <input type="checkbox"/> bonding <input type="checkbox"/> easily comforted	<input type="checkbox"/> alert/arousable <input type="checkbox"/> sleepy <input type="checkbox"/> bonding <input type="checkbox"/> easily comforted				8am TCB Notes
<input type="checkbox"/> absence of cyanosis <input type="checkbox"/> mucous membranes pink <input type="checkbox"/> no murmurs <input type="checkbox"/> respirations regular <input type="checkbox"/> lung sounds clear and equal	<input type="checkbox"/> absence of cyanosis <input type="checkbox"/> mucous membranes pink <input type="checkbox"/> no murmur <input type="checkbox"/> respirations regular <input type="checkbox"/> lung sounds clear and equal	*Total			
<input type="checkbox"/> moves all extremities <input type="checkbox"/> + muscle tone	<input type="checkbox"/> moves all extremities <input type="checkbox"/> + muscle tone				8pm TCB Notes
<input type="checkbox"/> bowel sounds + <input type="checkbox"/> abdomen soft <input type="checkbox"/> ABD non-distended SIG	<input type="checkbox"/> bowel sounds + <input type="checkbox"/> abdomen soft <input type="checkbox"/> ABD non-distended SIG	*Total			



DANBURY HOSPITAL
FAMILY BIRTH CENTER

POZNER, NEM A

112006

0821014 NUR

KELLER BARRY

M S 0 112006

Critical Path - Well Newborn

Please date & initial & complete each item as indicated. Any exceptions must be documented in the progress record.

Problem	Goal	Resolved
Newborn	Newborn	
Date 11/2/06	Sig/Title: Jalela	
Problem	Goal	Resolved
Date	Sig/Title:	
Problem	Goal	Resolved
Date	Sig/Title:	
Male Female Baby's Name	Wash	
Circumcision planned	Breast	Bottle
AOG weight	7-2.2oz	
SVD Forceps Vacuum C/section		
Pediatrician	Neonatologist	
Maternal Hepatitis B status		
GBBS		
Mother's Blood type	O-	
Baby's Blood type		
Risk factors		
Discharge Checklist:		
Hearing screen done	✓	
Hepatitis B given	✓	
Newborn screen (PKU) done		
Discharge weight on chart		

Consults	Date 11/2/06	Delivery Day 8:34 AM	Date 11/1/06	Day 1 Time
Tasks	Initial TCB during transition		TCB 8am & 8pm	6:8
Activity	Ad lib		Ad lib	
Assessments	Vital signs q 1 hour x 5 hours then 8am & 8pm TN complete at am/pm First wet by 24 hours Meconium by 24 hours		Vital signs 8am & 8pm Output >1 wet >1 stool	
Diet	Feeding initiated am/pm Breastfeeding with, latch, suck & Swallow Difficulties		circumcision: N/A done comments	
Meds	Erythromycin ophthalmic ointment (by 1 hour) Vitamin K IM (by 1 hour) Pain med PRN for circumcision		As tolerated Breastfeeding with latch, suck & swallow Difficulties	S20
Teaching	Initiate maternal teaching sheet		Pain med PRN for circumcision	
Discharge Plan	WIC CRM Homecare		Update/ Review maternal patient education record	
Psychosocial	Assess bonding Encourage rooming in		Assess bonding Encourage rooming in	
Additional Plan (see Progress notes)	Revised x50e 54-51 11:30am 2:30pm		TBili 6.3 Coombs ⊕	
Pathway reviewed and Chart Checked	Sig/Title Jalela time 11:30pm Sig/Title Jalela time 11:30pm Sig/Title Jalela time 11:30pm		Sig/Title Jalela time 7-330 Sig/Title Jalela time 3-1130 Sig/Title Jalela time	

NOTE: Critical Pathways do not represent a standard of care. These are guidelines for consideration which may be modified according to the individual patient's needs



DANE COUNTY HOSPITAL
FAMILY BIRTH CENTER

Critical Path – Well Newborn

Pozner, A. NBM

Please date & initial & complete each item as indicated. Any exceptions must be documented in the progress record.

	Date <u>11/23/06</u> Day 2	Date <u>11/23/06</u> Day 3	Date <u>11/24</u> Day 4
Consults			
Tests			
Activity	TCB 8am & 8pm 7.4 Ad lib	TCB 8am & 8pm Ad lib	TCB 8am & 8pm Ad lib
Assessments	Vital signs 8am & 8pm Output >1 wet >1 stool circumcision: N/A done comments <u>TO be done</u> weight q 48 hours	Vital signs 8am & 8pm Output >2 wet >2 stool <u>Circ done 11/23</u> <u>pos circ void</u>	Vital signs 8am & 8pm Output >2 wet >2 stool weight q 48 hours
Diet	As tolerated Breastfeeding with latch, suck & swallow Difficulties <u>Simile</u>	As tolerated Breastfeeding with latch, suck & swallow Difficulties <u>Simile</u>	As tolerated Breastfeeding with latch, suck & swallow Difficulties
Meds	Pain med PRN for circumcision		
Teaching	Update/ Review maternal patient education record	Update/ Review maternal patient education record	Update/ Review maternal patient education record
Discharge Plan			
Psychosocial	Assess bonding Encourage rooming in <u>LA Bill</u>	Assess bonding Encourage rooming in <input checked="" type="checkbox"/>	Assess bonding Encourage rooming in
Active/ Current Problems (see progress notes)			
Pathway Reviewed and Chart Checked	Sig/title <u>Simile</u> time <u>11</u> Sig/title <u>LA Bill</u> time <u>7-3</u> Sig/title <u>LA Bill</u> time <u>9-11</u>	Sig/title <u>LA Bill</u> time <u>7-3</u> Sig/title <u>LA Bill</u> time <u>3-7p</u> Sig/title <u>LA Bill</u> time <u>7-3p</u>	Sig/title <u>LA Bill</u> time <u>7-3</u> Sig/title <u>LA Bill</u> time <u>7-3</u> Sig/title <u>LA Bill</u> time <u>7-3</u>

NOTE: Critical Pathways do not represent a standard of care. These are guidelines for consideration which may be modified

LA Bill



Danbury Hospital
Family Birth Center

Well Newborn Flow Record

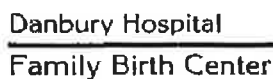
POZNER, NBM A

0821014 NUR 112006

KELLER BARRY

M S 0 112006

Date/Time: 11/20/06		Date/Time: 11/20/06		Date/Time: 11/20/06		Date/Time: 11/20/06	
<input checked="" type="checkbox"/> Intact skin	<input checked="" type="checkbox"/> eyes clear	<input checked="" type="checkbox"/> Intact skin	<input checked="" type="checkbox"/> eyes clear	<input checked="" type="checkbox"/> Intact skin	<input checked="" type="checkbox"/> eyes clear	<input checked="" type="checkbox"/> Intact skin	<input checked="" type="checkbox"/> eyes clear
<input checked="" type="checkbox"/> cord condition	<input checked="" type="checkbox"/> circumcision WNL	<input checked="" type="checkbox"/> cord condition	<input checked="" type="checkbox"/> circumcision WNL	<input checked="" type="checkbox"/> cord condition	<input checked="" type="checkbox"/> circumcision WNL	<input checked="" type="checkbox"/> cord condition	<input checked="" type="checkbox"/> circumcision WNL
<input checked="" type="checkbox"/> ID bands on (2)	<input checked="" type="checkbox"/> Prosecc sensor	<input checked="" type="checkbox"/> ID bands on (2)	<input checked="" type="checkbox"/> Prosecc sensor	<input checked="" type="checkbox"/> ID bands on (2)	<input checked="" type="checkbox"/> Prosecc sensor	<input checked="" type="checkbox"/> ID bands on (2)	<input checked="" type="checkbox"/> Prosecc sensor
<input checked="" type="checkbox"/> feeding cues displayed	<input checked="" type="checkbox"/> proper position	<input checked="" type="checkbox"/> feeding cues displayed	<input checked="" type="checkbox"/> proper position	<input checked="" type="checkbox"/> feeding cues displayed	<input checked="" type="checkbox"/> proper position	<input checked="" type="checkbox"/> feeding cues displayed	<input checked="" type="checkbox"/> proper position
<input checked="" type="checkbox"/> latch	<input checked="" type="checkbox"/> suck	<input checked="" type="checkbox"/> latch	<input checked="" type="checkbox"/> suck	<input checked="" type="checkbox"/> latch	<input checked="" type="checkbox"/> suck	<input checked="" type="checkbox"/> latch	<input checked="" type="checkbox"/> suck
<input checked="" type="checkbox"/> alert/arousable	<input checked="" type="checkbox"/> sleepy	<input checked="" type="checkbox"/> alert/arousable	<input checked="" type="checkbox"/> sleepy	<input checked="" type="checkbox"/> alert/arousable	<input checked="" type="checkbox"/> sleepy	<input checked="" type="checkbox"/> alert/arousable	<input checked="" type="checkbox"/> sleepy
<input checked="" type="checkbox"/> bonding	<input checked="" type="checkbox"/> easily comforted	<input checked="" type="checkbox"/> bonding	<input checked="" type="checkbox"/> easily comforted	<input checked="" type="checkbox"/> bonding	<input checked="" type="checkbox"/> easily comforted	<input checked="" type="checkbox"/> bonding	<input checked="" type="checkbox"/> easily comforted
<input checked="" type="checkbox"/> absence of cyanosis	<input checked="" type="checkbox"/> mucous membranes pink	<input checked="" type="checkbox"/> absence of cyanosis	<input checked="" type="checkbox"/> mucous membranes pink	<input checked="" type="checkbox"/> absence of cyanosis	<input checked="" type="checkbox"/> mucous membranes pink	<input checked="" type="checkbox"/> absence of cyanosis	<input checked="" type="checkbox"/> mucous membranes pink
<input checked="" type="checkbox"/> no murmurs	<input checked="" type="checkbox"/> respirations regular	<input checked="" type="checkbox"/> no murmurs	<input checked="" type="checkbox"/> respirations regular	<input checked="" type="checkbox"/> no murmurs	<input checked="" type="checkbox"/> respirations regular	<input checked="" type="checkbox"/> no murmurs	<input checked="" type="checkbox"/> respirations regular
<input checked="" type="checkbox"/> lung sounds clear and equal	<input checked="" type="checkbox"/> moves all extremities	<input checked="" type="checkbox"/> lung sounds clear and equal	<input checked="" type="checkbox"/> moves all extremities	<input checked="" type="checkbox"/> lung sounds clear and equal	<input checked="" type="checkbox"/> moves all extremities	<input checked="" type="checkbox"/> lung sounds clear and equal	<input checked="" type="checkbox"/> moves all extremities
<input checked="" type="checkbox"/> + muscle tone	<input checked="" type="checkbox"/> bowel sounds +	<input checked="" type="checkbox"/> + muscle tone	<input checked="" type="checkbox"/> bowel sounds +	<input checked="" type="checkbox"/> + muscle tone	<input checked="" type="checkbox"/> bowel sounds +	<input checked="" type="checkbox"/> + muscle tone	<input checked="" type="checkbox"/> bowel sounds +
<input checked="" type="checkbox"/> abdomen soft	<input checked="" type="checkbox"/> ABD non-distended	<input checked="" type="checkbox"/> abdomen soft	<input checked="" type="checkbox"/> ABD non-distended	<input checked="" type="checkbox"/> abdomen soft	<input checked="" type="checkbox"/> ABD non-distended	<input checked="" type="checkbox"/> abdomen soft	<input checked="" type="checkbox"/> ABD non-distended
SIG	SIG	SIG	SIG	SIG	SIG	SIG	SIG
11pm-7am		7am-3pm		3pm-11pm		11pm-7am	
<input type="checkbox"/> Breast <input type="checkbox"/> Formula *Total		<input checked="" type="checkbox"/> Breast <input checked="" type="checkbox"/> Formula S20 *Total		<input checked="" type="checkbox"/> Breast <input checked="" type="checkbox"/> Formula S20 *Total		<input checked="" type="checkbox"/> Breast <input checked="" type="checkbox"/> Formula S20 *Total	
voids		voids		voids		voids	
stool		stool		stool		stool	
Weight Notes		Weight Notes		Weight Notes		Weight Notes	
4/200 1/403		4/200 1/403		4/200 1/403		4/200 1/403	
1/30pm		1/30pm		1/30pm		1/30pm	
800-3/403		800-3/403		800-3/403		800-3/403	
*Total 11p		*Total 11p		*Total 11p		*Total 11p	
10g		10g		10g		10g	
8am TCB Notes		8am TCB Notes		8am TCB Notes		8am TCB Notes	
4p accu 68		4p accu 68		4p accu 68		4p accu 68	
8pm TCB Notes		8pm TCB Notes		8pm TCB Notes		8pm TCB Notes	
1130p accu 65		1130p accu 65		1130p accu 65		1130p accu 65	



Patient Label

Date: 10/10/06		Date: 10/10/06		Date: 10/10/06		Date: 10/10/06					
Time	Time	Time	Time	Time	Time	Time	Time				
<input checked="" type="checkbox"/> Intact skin <input checked="" type="checkbox"/> Eyes clear <input checked="" type="checkbox"/> Cord condition <input checked="" type="checkbox"/> Circumcision WNL <input checked="" type="checkbox"/> ID bands on (2) <input checked="" type="checkbox"/> Prose sensor	<input checked="" type="checkbox"/> Intact skin <input checked="" type="checkbox"/> Eyes clear <input checked="" type="checkbox"/> Cord condition <input checked="" type="checkbox"/> Circumcision WNL <input checked="" type="checkbox"/> ID bands on (2) <input checked="" type="checkbox"/> Prose sensor	<input checked="" type="checkbox"/> Breast <input checked="" type="checkbox"/> Formula <u>Smilac</u>	<input checked="" type="checkbox"/> voids <input checked="" type="checkbox"/> stool	<input checked="" type="checkbox"/> Weight <u>3065</u> <input checked="" type="checkbox"/> Notes <u>6-12</u> <u>TCB 7.0</u> <u>Plus 1 sensor</u> <u>bill at 3:00pm</u>							
<input checked="" type="checkbox"/> Feeding cues displayed <input checked="" type="checkbox"/> Proper position <input checked="" type="checkbox"/> Latch <input checked="" type="checkbox"/> Suck <input checked="" type="checkbox"/> Swallow	<input checked="" type="checkbox"/> Feeding cues displayed <input checked="" type="checkbox"/> Proper position <input checked="" type="checkbox"/> Latch <input checked="" type="checkbox"/> Suck <input checked="" type="checkbox"/> Swallow	<input checked="" type="checkbox"/> alert/arousable <input checked="" type="checkbox"/> sleepy <input checked="" type="checkbox"/> bonding <input checked="" type="checkbox"/> easily comforted	<input checked="" type="checkbox"/> alert/arousable <input checked="" type="checkbox"/> sleepy <input checked="" type="checkbox"/> bonding <input checked="" type="checkbox"/> easily comforted	<input checked="" type="checkbox"/> absence of cyanosis <input checked="" type="checkbox"/> mucous membranes pink <input checked="" type="checkbox"/> no murmurs <input checked="" type="checkbox"/> respirations regular <input checked="" type="checkbox"/> lung sounds clear and equal	<input checked="" type="checkbox"/> absence of cyanosis <input checked="" type="checkbox"/> mucous membranes pink <input checked="" type="checkbox"/> no murmurs <input checked="" type="checkbox"/> respirations regular <input checked="" type="checkbox"/> lung sounds clear and equal	<input checked="" type="checkbox"/> moves all extremities <input checked="" type="checkbox"/> + muscle tone	<input checked="" type="checkbox"/> moves all extremities <input checked="" type="checkbox"/> + muscle tone	<input checked="" type="checkbox"/> bowel sounds + <input checked="" type="checkbox"/> abdomen soft <input checked="" type="checkbox"/> ABD non-distended	<input checked="" type="checkbox"/> bowel sounds + <input checked="" type="checkbox"/> abdomen soft <input checked="" type="checkbox"/> ABD non-distended	SIG: <u>[Signature]</u>	SIG: <u>[Signature]</u>
<input checked="" type="checkbox"/> Intact skin <input checked="" type="checkbox"/> Eyes clear <input checked="" type="checkbox"/> Cord condition <input checked="" type="checkbox"/> Circumcision WNL <input checked="" type="checkbox"/> ID bands on (2) <input checked="" type="checkbox"/> Prose sensor	<input checked="" type="checkbox"/> Intact skin <input checked="" type="checkbox"/> Eyes clear <input checked="" type="checkbox"/> Cord condition <input checked="" type="checkbox"/> Circumcision WNL <input checked="" type="checkbox"/> ID bands on (2) <input checked="" type="checkbox"/> Prose sensor	<input checked="" type="checkbox"/> Breast <input checked="" type="checkbox"/> Formula <u>SAB</u>	<input checked="" type="checkbox"/> voids <input checked="" type="checkbox"/> stool	<input checked="" type="checkbox"/> Weight <input checked="" type="checkbox"/> Notes							
<input checked="" type="checkbox"/> Feeding cues displayed <input checked="" type="checkbox"/> Proper position <input checked="" type="checkbox"/> Latch <input checked="" type="checkbox"/> Suck <input checked="" type="checkbox"/> Swallow	<input checked="" type="checkbox"/> Feeding cues displayed <input checked="" type="checkbox"/> Proper position <input checked="" type="checkbox"/> Latch <input checked="" type="checkbox"/> Suck <input checked="" type="checkbox"/> Swallow	<input checked="" type="checkbox"/> alert/arousable <input checked="" type="checkbox"/> sleepy <input checked="" type="checkbox"/> bonding <input checked="" type="checkbox"/> easily comforted	<input checked="" type="checkbox"/> alert/arousable <input checked="" type="checkbox"/> sleepy <input checked="" type="checkbox"/> bonding <input checked="" type="checkbox"/> easily comforted	<input checked="" type="checkbox"/> absence of cyanosis <input checked="" type="checkbox"/> mucous membranes pink <input checked="" type="checkbox"/> no murmurs <input checked="" type="checkbox"/> respirations regular <input checked="" type="checkbox"/> lung sounds clear and equal	<input checked="" type="checkbox"/> absence of cyanosis <input checked="" type="checkbox"/> mucous membranes pink <input checked="" type="checkbox"/> no murmurs <input checked="" type="checkbox"/> respirations regular <input checked="" type="checkbox"/> lung sounds clear and equal	<input checked="" type="checkbox"/> moves all extremities <input checked="" type="checkbox"/> + muscle tone	<input checked="" type="checkbox"/> moves all extremities <input checked="" type="checkbox"/> + muscle tone	<input checked="" type="checkbox"/> bowel sounds + <input checked="" type="checkbox"/> abdomen soft <input checked="" type="checkbox"/> ABD non-distended	<input checked="" type="checkbox"/> bowel sounds + <input checked="" type="checkbox"/> abdomen soft <input checked="" type="checkbox"/> ABD non-distended	SIG: <u>[Signature]</u>	SIG: <u>[Signature]</u>

Label

COMFORT GOAL:

COMFORT GOAL:	Other procedure:
PROCEEDURE: CINCIMICRION - Time of anasthesia	Other procedure:

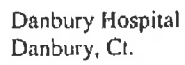
First Incisor

Other procedure:

Assessment Guidelines: pre-procedure (baseline), post procedure, with vital signs x24 hours and PRN

[illegible]

Nonpharmacological interventions		Neonatal Infant Pain Scale- NIPS		
	Behaviors*	0	1	2
R – rocking	Facial Expression	Relaxed muscles. Neutral expression	Tight facial muscles. Furrowed brow, chin, jaw	--
S – skin to skin	Cry	Quiet- not crying	Mild, intermittent cry	Loud scream, rising shrill continuous.
SW – swaddling	Breathing Patterns	Relaxed	Changes in breathing: irregular, faster than usual, gagging, breath holding	--
T – tucked positioning	Arms	Relaxed, No muscular rigidity. Occasional random movements of arms	Flexed/extended. Tense, straight arms, rigid and/or rapid extension, flexion	--
P – pacifier soaked in glucose water	Legs	Relaxed. , No muscular rigidity. Occasional random movements of legs	Flexed/extended. Tense, straight legs, rigid and/or rapid extension, flexion	--
G – **if breastfeeding – 2 drops glucose water on tongue or buccal space	State of Arousal	Sleeping/awake.	Fussy, Alert, restless and thrashing	--
other-de fine		Quiet, peaceful. Sleeping, or alert and settled		
(glucose water is a premixed solution and requires MD order) *Each behavior is observed for a score from 0-2, then the 6 behavior scores are totaled for the NIPS score				



ADDRESSOGRAPH

ALLERGIES: Refer to the electronic MAR

Revised 2/04

Baby "A"
NEWBORN IDENTIFICATION

POZNER, NEM A
0821014 NUR 112006
KELLER BARRY
M S 0 112006

MOTHER - Name Pozner		Hospital No.		INFANT - Name Pozner	
IDENT-A-BAND® Bracelet		Infant's Birth Date 11/20/06		Time 8:34 A	Sex Male
Printed Number 33768	Signature, Person Applying IDENT-A-BAND® Bracelet <i>[Signature]</i>		Color or Race		Weight 7 2.2
PRINTS		Signature, Person Taking Prints <i>[Signature]</i>		Length 19 3/4	



MOTHER'S RIGHT INDEX
FINGERPRINT

INFANT'S LEFT FOOTPRINT
(or palmprint)



INFANT'S RIGHT FOOTPRINT
(or palmprint)



Signature, Persons Confirming Sex and Identification	Physician	Delivery Room Nurse <i>[Signature]</i>	Nursery Nurse <i>[Signature]</i>
--	-----------	---	-------------------------------------

UPON DISCHARGE - Affix Infant's Ident-A-Band® bracelet below and have statement signed and witnessed.

33768	POZNER, NEM A
0821014	NUR 112006

Date **11-24-06**

I CERTIFY that during the discharge procedure I checked the Ident-A-Band® bracelets sealed on the baby and on me and found that they were identically numbered **33768** and contained correct identifying information. I certify that I have received my baby.

Witness

[Signature]
Hospital Representative

Signer

[Signature]
Mother

TO BE COMPLETED IN DELIVERY ROOM

POZNER NBM A
0821014 NUR 112006
KELLER BARRY
M S O 112006

THE DANBURY HOSPITAL
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
CONSENT FOR NEWBORN CIRCUMCISION

Circumcision is the surgical removal of a portion of the foreskin of the penis, leaving the tip or glands of the penis exposed. There are no medical indications for circumcision and although many parents elect to have their babies circumcised it is only for social or religious reasons. Removing the foreskin may facilitate cleanliness of the penis but parents can easily teach the necessary hygiene to their boys in the absence of circumcision.

Circumcision is most often uncomplicated but is not totally harmless. The most frequent complication of circumcision is bleeding which usually stops spontaneously or with a minimum of topical treatment; however, bleeding requiring suturing may occur and on very rare occasions blood transfusion may be required. Infection requiring antibiotic therapy occurs less commonly. Injury to the penis resulting in scarring or deformity has also been reported.

There are a small number of men, uncircumcised at birth, who will require circumcision at some later time. Complication rates are apt to be somewhat higher for this group than for circumcisions done shortly after birth.

There are some congenital conditions for the penis in which circumcision would be medically contraindicated or unnecessary. Your physician will explain this to you if the need arises.

The decision whether or not to have your baby circumcised is up to you. Your physician will be glad to discuss this decision with you.

I request that Dr. May (and whomever he may designate as his assistant)

perform a circumcision on baby boy Pozner

Signature of parent C. Pozner

Witness _____ Date 11/21/06

REVISED 1992
REVISED MARCH 1995
DH85869

11/23/06 Risks include infection, bleeding,
need for repeat or other procedures.
C. Pozner / C. D'Arcy, M.D.
1474.

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient:	POZNER, NOAH SAMUEL	DOB:	11/20/2006
MR #:	0821014	Age/Gender:	3y M
Arrival Date/Time:	9/9/2010 23:21	Acct #:	[REDACTED]
Private Phys:	Lalaine Mortera	ED Phys:	PAULA DASKAM, PA

CHIEF COMPLAINT:
See chief complaint quote

ENCOUNTER TYPE:
Initial

ACUITY:
Level 4

Additional Complaints:

Laceration(s)

Physicians caring for patient:

PAULA DASKAM, PA

Height and Weight

Weight: 19.7 kg. (43.4 lbs.) (est)

VITAL SIGNS

Initials/Date/Time	Temp(F)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/M	Pain Sc
LMM 9/9/2010 23:33	96.6	T	105					99	RA	

TRIAGE

confused/ lethargic/ disoriented? N <DRO 9/9/2010 23:33>

high risk situation? N <DRO 9/9/2010 23:33>

Requires immediate life-saving intervention? N <DRO 9/9/2010 23:33>

severe pain/ distress? N <DRO 9/9/2010 23:33>

how many different resources are needed? one <DRO 9/9/2010 23:33>

Admission consent <24628 09/10/10 00:08 >

Registration complete <24628 09/10/10 00:07 >

ESI Triage <DRO 09/09/10 23:33 >

Chief complaint quote: We were here before. He ran into a corner in the kitchen and cut his head. <DRO 09/09/10 23:34 >

Symptoms started 6 p.m. today <DRO 9/9/2010 23:34>

Historian: The history is provided by the father <DRO 9/9/2010 23:34>

Arrival: Main entrance . Patient arrived ambulatory via private auto from home accompanied by parent(s) <DRO 9/9/2010 23:34>

ABC's: The airway is open and patent . Respiration(s) is/are spontaneous non-labored . Breath sounds are clear and equal bilaterally . The radial pulse <DRO 9/9/2010 23:34>

Mental status: The patient is awake, alert and cooperative with an affect that is calm and appropriate . The patient is oriented x 3 and speaking coherently and speaking appropriately for age <DRO 9/9/2010 23:34>

Skin color, temperature, moisture: The patient's color is normal for age and race <DRO 9/9/2010 23:34>

Infectious Respiratory symptoms (-) <DRO 09/09/10 23:34 >

The historian states the laceration(s) was/were caused by a cut from a sharp edge left forehead . The wound is clean. The bleeding is controlled . Aseptic dressing applied.

<DRO 9/9/2010 23:35>

PAST HISTORY

Past Medical/Surgical History

PATIENT ALLERGIES: No Known Allergies <DRO 9/9/2010 23:36>

Printed By User N. Interface on 9/16/2010 12:08 PM

Unless there is an electronic signature, the ED record is unreviewed.

Emergency Department Record (without Lab/Rad Results)

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient:	POZNER, NOAH SAMUEL	DOB:	11/20/2006
MR #:	0821014	Age/Gender:	3y M
Arrival Date/Time:	9/9/2010 23:21	Acct #:	[REDACTED]
Private Phys:	Lalaine Mortera	ED Phys:	PAULA DASKAM, PA

HOME MEDICATIONS: Patient not currently taking any medications. < DRO 9/9/2010 23:35>

Primary Care Physician: Lalaine Mortera < DRO 9/9/2010 23:35>

The patient's pertinent past medical history is as follows: None < DRO 9/9/2010 23:35>

I have reviewed and agree with Nurses documented Past History. <PDA 09/14/10 08:57 >

FLWSHEETS**Medication Administration**

LET Solution 3ml TOP PAULA DASKAM, PA 9/10/2010 00:50

Given topical EILEEN M. O'BRIEN, RN 9/10/2010 00:53

EMO 9/10/2010 00:53

HISTORY OF PRESENT ILLNESS

Physician chief complaint: After speaking directly with my patient, I felt the presenting Chief Complaint was: Laceration(s) < PDA 9/14/2010 08:57>

HPI text: This is a 3 Y/O who was running in the kitchen and hit his head on the corner of the counter. He presents with laceration to the forehead. Dad reports he cried right away and there is no history of LOC, nausea, or vomiting. He has had normal behavior since the fall with no lethargy. No other complaint or injury. <PDA 09/14/10 08:59 >

REVIEW OF SYSTEMS

Unable to obtain due to patient's condition. <PDA 09/14/10 09:00 >

Constitutional: No fever, <PDA 09/14/10 09:00 >

EXAM

Constitutional: Alert and appropriate, well groomed and in no acute distress.

Head: Normocephalic, atraumatic

ENT: Sclera white, Conjunctiva clear

Neck:Supple full NT AROM

Respiratory: Rate and effort normal

Extremities: Moves all 4 without difficulty

Skin: No Cyanosis, no clinically significant rash on exposed skin. There is a 2cm laceration oriented horizontally to the left forehead. It is thru the full thickness of the skin and into the subcutaneous tissue. Slight venous ooze otherwise no active bleeding. NV is intact. <PDA 09/14/10 09:01 >

PROCEDURES

Laceration repair: The laceration of the SEE EXAM FOR DETAILS Patient and/or family advised about potential scar. The wound was cleaned well and closed with 3 6-0 nylon simple skin sutures. Dressed with bacitracin and bandaid. Patient tolerated procedure well. Follow up as instructed for suture removal. PDA 09/14/10 09:03 < PDA 9/14/2010 09:03>

ORDERS**Medicine**

LET Solution 3ml TOP < PAULA DASKAM, PA 9/10/2010 00:50>

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient:	POZNER, NOAH SAMUEL	DOB:	11/20/2006
MR #:	0821014	Age/Gender:	3y M
Arrival Date/Time:	9/9/2010 23:21	Acct #:	[REDACTED]
Private Phys:	Lalaine Mortera	ED Phys:	PAULA DASKAM, PA

PROGRESS NOTES

Discussed risks and benefits of treatment plan with patient and/or family. Patient and/or family advised of ED plan of care. Counseled patient and/or family regarding diagnosis. Counseled patient and/or family regarding the need for follow up.
PDA 09/14/10 09:01 < PDA 9/14/2010 09:01>

DIAGNOSIS

Laceration - forehead
<PDA:PAULA DASKAM, PA 09/10/10 01:42>

DISPOSITION

Nursing

Discharged - Routine
< FMW 9/10/2010 01:46>

Summary Chart faxed to Lalaine Mortera - 172 Mt Pleasant Road, Newtown, CT; phone: (203) 426-2400
< SHH 9/14/2010 10:17>

Physician

Supervising Physician: Dr. In-Hei Hahn MD
< PDA 9/10/2010 01:41>

Discharge from ED: Current HOME MEDICATIONS identified by you or your family: Continue all your current HOME MEDICATIONS. . After explaining and obtaining understanding of the discharge instructions home . Patient's condition is stable . The patient is to follow-up with your Primary Care MD in 6 day(s) without fail . Purpose of referral: for suture removal
< PDA 9/10/2010 01:42>

AFTER CARE INSTRUCTIONS

General Discharge Instructions - English <PDA 09/10/10 01:42 >
Laceration- General Wound Care - English <PDA 09/10/10 01:43 >

NURSING NOTES

09/09/10 23:33	Temp(F)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	02 L/M	Pain Sc
96.6	T	105					99	RA		
	Entered: <LMM 9/9/2010 23:35>									

09/10/10 00:04 I have reviewed the arrival documentation. Entered: <LUA 9/10/2010 00:04>

09/10/10 00:05 Orientation/safety/plan of care: The patient was brought to room ambulatory with ED staff from triage . Patient was placed on stretcher . Bed placed in low/locked position and side rail up x 1 . Call light is within reach of family member . Explanation of care provided to father . Plan of care: family to bedside, privacy provided, verbalizes understanding of process, observe/reassure and position of comfort . Comfort measures include position of comfort Entered: <LUA 9/10/2010 00:05>

09/10/10 00:06 Brief Assessment: Entered: <LUA 9/10/2010 00:06>

09/10/10 00:06 Signs of distress:Patient is in no apparent physical distress. Entered: <LUA 9/10/2010 00:06>

09/10/10 00:06 Patient denies difficulty breathing. Entered: <LUA 9/10/2010 00:06>

09/10/10 00:06 Patient has pain. Entered: <LUA 9/10/2010 00:06>

Printed By User N. Interface on 9/16/2010 12:08 PM

Unless there is an electronic signature, the ED record is unreviewed.

Emergency Department Record (without Lab/Rad Results)

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient:	POZNER, NOAH SAMUEL	DOB:	11/20/2006
MR #:	0821014	Age/Gender:	3y M
Arrival Date/Time:	9/9/2010 23:21	Acct #:	[REDACTED]
Private Phys:	Lalaine Mortera	ED Phys:	PAULA DASKAM, PA

09/10/10 00:06 Pain index: 1 Entered: <LUA 9/10/2010 00:06>
 09/10/10 00:06 Patient denies abdominal pain. Entered: <LUA 9/10/2010 00:06>
 09/10/10 00:06 Patient denies chest pain. Entered: <LUA 9/10/2010 00:06>
 09/10/10 00:06 Skin is not intact. Entered: <LUA 9/10/2010 00:06>
 09/10/10 00:06 Site and description: laceration to left forehead Entered: <LUA 9/10/2010 00:06>
 09/10/10 00:06 Signs of distress: Anxiety: [-] Entered: <LUA 9/10/2010 00:06>
 09/10/10 00:53 MAR: Given topical Entered: <EMO9/10/2010 00:53> LET Solution 3ml TOP
 09/10/10 01:04 I have reviewed the arrival documentation. Entered: <EMO 9/10/2010 01:04>
 09/10/10 01:04 Skin: The patient presents with a single 2 cm(s) simple laceration and linear laceration to the forehead on LT . The laceration was caused by a fall while running at home
 Entered: <EMO 9/10/2010 01:04>

Bed Assignments:

WAIT_RM INU 9/9/2010 23:21

18 LUA 9/9/2010 23:55

Status Activity:

Awaiting triage INU 9/9/2010 23:21

With triage DRO 9/9/2010 23:33

Awaiting ED room DRO 9/9/2010 23:36

Needs exam LUA 9/9/2010 23:55

Nurse assigned. Received report and accepted care. LUA 9/10/2010 00:04

Nurse assigned. Received report and accepted care. EMO 9/10/2010 00:20

Provider assigned PDA 9/10/2010 00:24

Released FMW 9/10/2010 01:46

Chart Documented or Coded By:

FMW: FRANCES M. WOOD, RN

MAI: Mary Maier, CODER

EMO: EILEEN M. O'BRIEN, RN

SHH: SHEREANA HODGE, PAFS

LMM: LAURALYNN M. FERRARO, PCT

DRO: DORI VENEZIA, RN

24628: Nicole Dzamko, PAFS

LUA: LUCENA ABELLERA, RN

PDA: PAULA DASKAM, PA

X4647: Lisa Capuano, MRSI

Tracking Board Release:

Patient released 9/10/2010 01:46

Released by FRANCES M. WOOD, RN

Signatures:

I have reviewed and agree with the Chief Complaint, Triage, Past History, and with the documented Amendments.

PAULA DASKAM, PA 9/14/2010 09:03

Chart, including verbal orders, electronically signed by: PAULA DASKAM, PA 9/14/2010 09:03



Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100

Patient: POZNER, NOAH SAMUEL
Physician: PAULA DASKAM, PA

MR#: 0821014
Acct #: [REDACTED]
DOB: 11/20/2006

General Emergency Department Discharge Instructions

You were treated in the Emergency Department by:
PAULA DASKAM, PA

Your diagnosis is
Primary Diagnosis: Laceration - forehead
Secondary Diagnosis:
Tertiary Diagnosis:

What to do:

- Follow the instructions on this and the additional sheets you were given:
Admission consent
- Discharge from ED: Current HOME MEDICATIONS identified by you or your family: Continue all your current HOME MEDICATIONS. . After explaining and obtaining understanding of the discharge instructions home . Patient's condition is stable . The patient is to follow-up with your Primary Care MD in 6 day(s) without fail . Purpose of referral: for suture removal
- Take this sheet with you when you go to your follow-up visit.

ALLERGIES identified by you, your family and / or your records upon arrival:

HOME MEDICATIONS Identified by you and / or your Family upon arrival:
HOME MEDICATIONS: Patient not currently taking any medications.

PRESCRIPTIONS GIVEN IN THE EMERGENCY DEPARTMENT:

Take all Medications as Directed.

** * If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach, stop the medication and call your doctor or the Emergency Department.*



Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100

Patient: POZNER, NOAH SAMUEL
Physician: PAULA DASKAM, PA

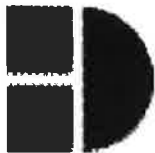
MR#: 0821014
Acct #: [REDACTED]
DOB: 11/20/2006

- The emergency physician provides an on-the-spot interpretation of your x-rays and/or EKG. A specialist will do a final interpretation of these tests. If a change in your diagnosis or treatment is needed, we will contact you. It is critical that we have a current phone number for you.
- Culture test results take 48 hours. Your results will be available to your follow-up doctor(s). The Emergency Department will contact you if the results require a change in your treatment.
- Some blood test results also return after you leave the ED. You will not be routinely called for negative test results. We do notify you and/or your Doctor with positive results. Please do not call the ED directly for test results.
- Bring any x-ray copies, CDs, or test results given to you during your ED visit to your follow-up appointment.
- Sometimes children with injuries to their extremities may have what is called a Salter-Harris fracture. This injury is to that part of the bone that is still growing called the Growth Plate. Fracture to this area may not be seen on initial X-ray. It is a clinical consideration in the ED and may be further considered by your follow up Physician.
- If you had a CT Scan with Intravenous Contrast and are a Diabetic taking Metformin (Glucophage) or metformin in combination medications (Glucovance, Metaglip, Avandament, Actoplus Met), you should discontinue this medication for 48hrs. You need to monitor your glucose and restart the medication after it has been determined with your Doctor that your Kidney function has not worsened.

I acknowledge that I have requested and received copies from my current visit of the following information prior to discharge: Lab results ☐ Radiology copies/CDs ☐ EKG ☐ Other ☐

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you make arrangements to follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. It is your responsibility to arrange for this follow-up care. Neither the Hospital, nor any physician or other practitioner suggested to you by the Hospital, has any responsibility for your follow-up care and will not contact you. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day. Phone number: (203) 739-7100.

I, POZNER, NOAH SAMUEL, have had these instructions explained to me. I understand the instructions and will arrange for follow-up care.



Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100

Patient: POZNER, NOAH SAMUEL
Physician: PAULA DASKAM, PA

MR#: 0821014
Acct #: XXXXXXXXXX
DOB: 11/20/2006

Len Pozner

Patient Signature

<RepSig>

Representative Signature

[Signature]

Staff Signature

**Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100**

Patient: POZNER, NOAH SAMUEL
Physician: PAULA DASKAM, PA

MR#: 0821014
Acct #: XXXXXXXXXX
DOB: 11/20/2006

Use the following wound care instructions for your laceration (cut):

- Keep the wound clean and dry for the next 24 hours and avoid excessive moisture. You can wash the wound gently with soap and water, then apply a dry bandage.
- DO NOT allow your wound to soak in water (i.e. doing dishes or swimming). You can shower, but be careful not to be too abrasive to your stitches. Allow the wound to dry before putting another bandage on.
- Remove old dressings daily and apply a clean, dry dressing.
- If the dressing sticks to the wound, slightly moisten with water. This will allow it to come off more easily.
- To help remove a scab, cleanse the area with a mixture of half hydrogen peroxide and half water. This will also help us to remove the sutures when they are ready to be removed.
- Allow the area to dry thoroughly.
- Unless instructed to do otherwise, you can place a thin layer of antibiotic ointment over the wound for the first 24-48 hours only. You can buy Bacitracin, over-the counter.
- Apply a clean, dry bandage over the wound if necessary to protect the wound.

Keep the affected area elevated for the next 24 hours to decrease swelling and pain. You may also want to apply ice to the area. Place some ice cubes in a resealable (Ziploc) bag and add some water. Put a thin washcloth between the bag and the skin. Apply the ice bag to the area for at least 20 minutes. Do this at least 4 times per day. Longer times and more frequently are OK. NEVER APPLY ICE DIRECTLY TO THE SKIN.

If you were given a local anesthetic, it will wear off in about 2 hours. Until that time, you must be careful not to injure yourself because of decreased feeling to the area.

Not all lacerations will need antibiotics. If your physician has determined that

**Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100**

Patient: POZNER, NOAH SAMUEL
Physician: PAULA DASKAM, PA

MR#: 0821014
Acct #: XXXXXXXXXX
DOB: 11/20/2006

antibiotics are necessary to prevent an infection, then be sure to fill the prescription and take all medications as directed.

If your physician gave you a prescription for pain medicine, fill the prescription and use the medicine as directed.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

- Unusual redness or swelling.
- Red streaks or redness around the wound.
- Foul drainage or odor from wound.
- Fever, chills, increasing pain and / or swelling.



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

AUTHORIZATIONS FOR INPATIENT TREATMENT AND ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

AUTHORIZATION TO PROVIDE BASIC TREATMENT AND CONDUCT BASIC DIAGNOSTIC PROCEDURES
I authorize the performing of all routine examinations, treatments, and care provided to me under the general or specific instructions or direction of my physician or Hospital Staff.
INFORMED CONSENT
I understand that if I require an operation or any procedure involving a degree of risk requiring an informed consent, except in the event of emergency my own physician will discuss the risks, benefits, and alternatives, and answer my questions. I am entitled to consent or refuse to consent. I also understand that medicine is not an exact science, that diagnosis and treatment can involve significant risks, and that results can never be guaranteed.
STUDENTS AND RESIDENT PHYSICIANS
I understand that medical, nursing and other health care students as well as resident physicians provide or observe services provided to Hospital patients, and may be present during operations and special procedures as part of their training and learning experiences.
MY PHYSICIANS ARE INDEPENDENT CONTRACTORS RESPONSIBLE FOR MY CARE
I understand that my physicians are not employees of the Hospital. While the Hospital periodically reviews the credentials of all of its physicians, my physician(s) -not the Hospital- are responsible for the care that they provide to me while I am in the Hospital. I further understand that if I have any questions for my physician(s), including questions about the nature or risks and benefits of, or the alternatives to any intended operation or procedure, or questions about the physician's charges or bills, my physician is solely responsible for answering such questions.
AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION
I authorize Danbury Hospital to provide from its own records any information including psychiatric, substance abuse, HIV related or other confidential information ("Confidential Information") requested by my insurance/managed care company, Medicare, Medicaid, Champus, or other third party payors, hospital agents or governmental agencies in connection with payment of my bill. I also authorize Danbury Hospital and its agents to provide Confidential Information from my medical records to any utilization, managed care, and/or quality review organization affiliated with my insurer/payer or otherwise for use in utilization management. I further authorize Danbury Hospital to provide from its own records Confidential Information to its case management personnel, including authorization to discuss my medical care with my physicians, and to other health providers and facilities involved in my continuing care after hospital discharge. I also authorize the release of Confidential Information to state or federal agencies for authorized auditing and licensure purposes.
I also consent to the disclosure to the Hospital of Confidential Information relating to my Hospital treatment that may be in the possession of any of my physicians.
I have been informed that my refusal to grant consent to release of information relating to psychiatric treatment will not jeopardize my right to obtain present or future treatment except where disclosure of the communication and record is necessary for treatment. I understand that I may withdraw my consent to release mental health or substance abuse information at any time in writing, except to the extent that action already has been taken in reliance on such information. I also understand that if my refusal to provide consent results in a refusal of my insurer or managed care company or other third party payer to pay the Hospital, I will be



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

personally responsible for the bill or the unpaid portion of the bill.

With respect to the release of substance abuse information, this authorization expires three years from the date of the patient's most recent discharge.

I also agree to sign any additional authorizations that may be required by law or my insurer/payor.

Authorization to Pay Benefits From Third Party Payment Sources / Financial Obligations

I authorize third party payors, including insurers, managed care companies, and Medicare or Medicaid and other governmental payors, to make payment directly to Danbury Hospital, its affiliates, and any physicians involved in my care for medical expenses and any/all (Group or Direct) Hospital benefits otherwise payable to me. I understand that I am financially responsible for payment for services not covered by this authorization, and that I will pay all costs of collection of any delinquent balance including reasonable attorney's fees, which may be added to my account. I understand that my refusal to grant authorization to my third party payors will in no way jeopardize my right to obtain present or future treatment except where disclosure is necessary for treatment, but understand that under such circumstances I will be responsible for paying my bill in full.

CONDITIONS OF PARTICIPATION

CONSENT TO RELEASE OF SOCIAL SECURITY NUMBER TO TRACK MEDICAL DEVICES

If in the course of my treatment I receive a medical device that is traceable to its manufacturer, I authorize the release of my Social Security number to the manufacturer or its agent. I understand that the Hospital has been told that my Social Security number may be used by the manufacturer to attempt to locate me if necessary in regard to this medical device.

PERSONAL VALUABLES

I understand and agree that the Hospital maintains a safe for the safekeeping of money and valuables. I agree that if I choose not to place my valuables in the Hospital safe, the Hospital will not be responsible for the loss of, or damage to my valuables. The Hospital shall not be responsible for loss or damage to items including documents, cash, dental work or dental prosthetics, eyeglasses, credit cards, hearing aids, and items of unusual value or size that have not or cannot be placed in the Hospital safe. I have been advised that any personal valuables should be given to a family member or friend for safekeeping. With the exception of items placed in the Hospital safe and for which a receipt has been issued, I agree not to make any claims against and release Danbury Hospital and its Staff from any and all liability for any loss or damage that may occur to my personal valuables.

RIGHT TO RECEIVE A COPY OF HOSPITAL CHARGES

Upon request, patients may receive copies of their hospital charges. A Patient Financial Services Representative is available at 730-5800, should assistance be needed.

VETERANS

Please indicate if you or your spouse is a veteran of the US Armed Forces. State the name of your spouse if he/she is a veteran. Please identify the branch of the Armed Forces and state the approximate dates of service:



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

Medicare: An Important Message From Medicare

Champus: An Important Message From Champus

If applicable,

I acknowledge that I have been provided a copy of the notice entitled "An Important Message From Medicare" detail my rights as a Medicare Hospital patient and procedures for requesting a review by the Peer Review Organization this area. Or,

I acknowledge that I have been provided a copy of the notice entitled "An Important Message From Champus" detail my rights as a Champus Hospital patient and procedures for requesting a review by the Peer Review Organization this area.

PATIENT RIGHTS AND RESPONSIBILITIES AND NOTICE OF PRIVACY PRACTICES

The Hospital's Policy on Patient Rights and Responsibilities has been provided to me, and I agree to comply with st Policy.

I acknowledge that I have received a copy of Danbury Health Systems' Notice of Privacy Practices.

I HAVE READ AND UNDERSTAND THE AUTHORIZATIONS, AGREEMENTS AND NOTICES S FORTH IN THIS FORM, AND AGREE TO SUCH AUTHORIZATIONS, AGREEMENTS, AND NOTICES

09/10/10

Date

Signature

pt father

Witness

Relationship

If this form has not been signed by the patient, please specify the signer's relationship to the patient, and, if necessary explain why the patient did not sign:

If signed by the Patient's Representative, please print name and describe relationship to patient:

Name

Relationship to Patient

COMPLETE THE FOLLOWING DOCUMENTATION OF GOOD FAITH EFFORTS IF IT IS NOT POSSIBLE TO OBTAIN A SIGNATURE:

The following good faith efforts were made to obtain a signature:



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

A signature could not be obtained for the following reasons:

Documented by

<StaffSig>

(Signature)

(Print Name)

DANBURY H DANBURY, CONNECTICUT 06810 Complete RPI Patient
 ACCT#: MR# 0821014 ADM DATE: 09/09/10 TIME: 19:29
 ARR DATE: TIME:

PATIENT NAME: POZNER ,NOAH SAMUEL
 SEX: M DOB: 11/20/2006 AGE: 3 SSN: 999-99-9999 DONOR: U
 M.STS: S LANG: E PATIENT DIRECTORY: Y CLERGY LIST:
 CHURCH: NO CONGREGATION RELIGION: JEWISH
 MAIL ADDRESS: 3 KALE DAVIS ROAD
 CITY: SANDY HOOK ST: CT ZIP: 06482-
 HOME PHONE: 203 - 426-1121 OTHER PHONE: 646 - 523-6800 PHN USE: CPN

EMPLOYER: UNEMPLOYED/CHILD STS: 3 000000010001
 OCCUPATION: WORK PHONE: - X

NEXT OF KIN: POZNER LEONARD
 RELATION: 3 CHILD: FINANCIAL RES
 ADDRESS: 3 KALE DAVIS ROAD
 CITY: SANDY HOOK ST: CT ZIP: 06482-
 HOME PHONE: 203 - 426-1121 WORK PHONE: 203 - 426-1121 X

GUARANTOR: POZNER VERONIQUE
 RELATION: 3 CHILD: FINANCIAL RES HOME PHONE: 203 - 426-1121
 OTHER PHONE: - PHN USE: WORK PHN:

EMER CONTACT: POZNER LEONARD
 ADDRESS: 3 KALE DAVIS ROAD REL: 3
 CITY: SANDY HOOK ST: CT ZIP: 06482
 HOME PHONE: 203 - 426-9350 WORK PHN: 203 - 426-1121 EXT:

INSURANCE: VERIFY: Y PRIORITY: 1
 GROUP NAME: DIRECT GROUP#: 03100
 POLICY #: AUTH #:
 SUBSCRIBER: POZNER ,NOAH REL: 1 SELF

INSURANCE: VERIFY: PRIORITY:
 GROUP NAME: GROUP#:
 POLICY #: AUTH #:
 SUBSCRIBER: REL:

INSURANCE: VERIFY: PRIORITY:
 GROUP NAME: GROUP#:
 POLICY #: AUTH #:
 SUBSCRIBER: REL:

FIN CLASS: 1 SERVICE: EMR TYPE: X ADM SOURCE: A1
 NURSE STA: ROOM/BED: LAST DSCH: 11/24/06
 DX/SYM: LAC

ADM DR: 00000 Res Dr:
 ATN DR: 00000 DOCTOR UNKNOWN OR N/ Res Dr:
 REF DR: PCP Dr: 01186 MORTERA LALAINÉ
 MRSA: VRE:
 MDRO:

MEMO: 090910 ND RPI COMPLETE INFO VER W/PT FATHER CONS SIGN SM
 K=N PTDR=Y INS CRD SCND CTMED STS PROCESS ERROR
 9/10JNIC,PT LWBS

013811

14:40 09/10/10 FROM FBXQ,ADTPATF5

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient: POZNER, NOAH SAMUEL MR #: 0821014 Arrival Date/Time: 9/9/2010 19:29 Private Phys: - MORTERA, LALAINA	DOB: 11/20/2006 Age/Gender: 3y M Acct #: XXXXXXXXXX ED Phys:
--	---

CHIEF COMPLAINT:	ENCOUNTER TYPE:	ACUITY:
Laceration(s)	Initial	Level 4

Height and Weight

Weight: 19.7 kg. (43.4 lbs.) (est)

VITAL SIGNS

Initials/Date/Time	Temp(F)	Rt. Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/M	Pain Sc
LMM 9/9/2010 19:55	95.8	T 103					99	RA	

Vital Signs Alert:

Abnormal vital signs reviewed by: < JASON FEDAK, PA 9/9/2010 23:49 >

TRIAGE

confused/ lethargic/ disoriented? N <DRO 9/9/2010 19:58>
 high risk situation? N <DRO 9/9/2010 19:58>
 Requires immediate life-saving intervention? N <DRO 9/9/2010 19:58>
 severe pain/ distress? N <DRO 9/9/2010 19:58>
 how many different resources are needed? one <DRO 9/9/2010 19:58>
 Admission consent <24628 09/09/10 19:30 >
 Registration complete <JUN 09/10/10 14:40 >
 ESI Triage <DRO 09/09/10 19:58 >
 Chief complaint quote: I bumped into the corner of the kitchen counter. <DRO 09/09/10 19:55 >
 Symptoms started today < DRO 9/9/2010 19:55>
 Historian: The history is provided by the patient and a family member < DRO 9/9/2010 19:56>
 Arrival: Main entrance . Patient arrived ambulatory via private auto from home accompanied by parent(s) < DRO 9/9/2010 19:56>
 ABC's: The airway is open and patent . Respiration(s) is/are spontaneous non-labored . Breath sounds are clear and equal bilaterally . The radial pulse is strong. < DRO 9/9/2010 19:56>
 Mental status: The patient is awake, alert and cooperative with an affect that is calm and appropriate . The patient is oriented x 3 and speaking coherently and speaking appropriately for age < DRO 9/9/2010 19:56>
 Skin color, temperature, moisture: The patient's color is normal for age and race < DRO 9/9/2010 19:56>
 Infectious Respiratory symptoms (-) <DRO 09/09/10 19:57 >
 The historian states the laceration(s) was/were caused by a cut from a sharp edge. The laceration left forehead . The wound is dirty. slight venous bleeding
 < DRO 9/9/2010 19:57>
 Patient called to triage. No response. <FMW:09/09/2010 21:24> <FMW 09/09/10 21:24 >
 Patient called for treatment area. No response. <FMW 09/09/10 21:24 >

PAST HISTORY

Past Medical/Surgical History

PATIENT ALLERGIES: No Known Allergies < DRO 9/9/2010 19:58>

HOME MEDICATIONS: Patient not currently taking any medications. < DRO 9/9/2010 19:57>

Primary Care Physician: Lalaine Mortera < DRO 9/9/2010 19:57>

Printed By User N. Interface on 9/10/2010 8:06 PM

Unless there is an electronic signature, the ED record is unreviewed.

Emergency Department Record (without Lab/Rad Results)

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient:	POZNER, NOAH SAMUEL	DOB:	11/20/2006
MR #:	0821014	Age/Gender:	3y M
Arrival Date/Time:	9/9/2010 19:29	Acct #:	[REDACTED]
Private Phys:	- MORTERA, LALAINE	ED Phys:	

The patient's pertinent past medical history is as follows: None < DRO 9/9/2010 19:57>

DIAGNOSIS

-Left without being seen (LWBS)
<MCA:MARGARET C. AESCHLIMANN, RN 09/10/10 07:51>

DISPOSITION

Nursing

LWBS by MD/PA
< MKM 9/9/2010 22:28>

Physician

NURSING NOTES

09/09/10 19:55	Temp(F)	Rt. Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/M	Pain Sc
-------------------	----------------	------------------	-------------	-------------	--------------	-------------	---------------	---------------	----------------

95.8	T	103				99	RA		
------	---	-----	--	--	--	----	----	--	--

Entered: <LMM 9/9/2010 19:56>

09/09/10 19:58 Progress notes: Entered: <DRO 9/9/2010 19:58>

09/09/10 19:59 Progress note details: There was no LOC and per the family the patient is acting normally. There is no complaint of dizziness, nausea or vomiting. Entered: <DRO 9/9/2010 19:59>

Bed Assignments:

WAIT_RM INU 9/9/2010 19:29

26 FMW 9/9/2010 21:22

WAIT_RM FMW 9/9/2010 21:23

Status Activity:

Awaiting triage INU 9/9/2010 19:29

With triage DRO 9/9/2010 19:54

Awaiting ED room DRO 9/9/2010 19:59

Nurse assigned. Received report and accepted care. FMW 9/9/2010 21:22

Needs exam FMW 9/9/2010 21:22

Released MKM 9/9/2010 23:50

Chart Documented or Coded By:

MCA: MARGARET C. AESCHLIMANN, RN

JUN: JUDY NICOLOSI, PAFS

FMW: FRANCES M. WOOD, RN

MAI: Mary Maier, CODER

LMM: LAURALYNN M. FERRARO, PCT

DRO: DORI VENEZIA, RN

MKM: MEAGHAN K. MAYEN, RN

24628: Nicole Dzamko, PAFS

Tracking Board Release:

Patient released 9/9/2010 23:50

Released by MEAGHAN K. MAYEN, RN

Printed By User N. Interface on 9/10/2010 8:06 PM

Unless there is an electronic signature, the ED record is unreviewed.

Emergency Department Record (without Lab/Rad Results)



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

AUTHORIZATIONS FOR INPATIENT TREATMENT AND ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

AUTHORIZATION TO PROVIDE BASIC TREATMENT AND CONDUCT BASIC DIAGNOSTIC PROCEDURES
I authorize the performing of all routine examinations, treatments, and care provided to me under the general or specific instructions or direction of my physician or Hospital Staff.
INFORMED CONSENT
I understand that if I require an operation or any procedure involving a degree of risk requiring an informed consent, except in the event of emergency my own physician will discuss the risks, benefits, and alternatives, and answer my questions. I am entitled to consent or refuse to consent. I also understand that medicine is not an exact science, that diagnosis and treatment can involve significant risks, and that results can never be guaranteed.
STUDENTS AND RESIDENT PHYSICIANS
I understand that medical, nursing and other health care students as well as resident physicians provide or observe services provided to Hospital patients, and may be present during operations and special procedures as part of their training and learning experiences.
MY PHYSICIANS ARE INDEPENDENT CONTRACTORS RESPONSIBLE FOR MY CARE
I understand that my physicians are not employees of the Hospital. While the Hospital periodically reviews the credentials of all of its physicians, my physician(s) -not the Hospital- are responsible for the care that they provide to me while I am in the Hospital. I further understand that if I have any questions for my physician(s), including questions about the nature or risks and benefits of, or the alternatives to any intended operation or procedure, or questions about the physician's charges or bills, my physician is solely responsible for answering such questions.
AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION
I authorize Danbury Hospital to provide from its own records any information including psychiatric, substance abuse, HIV related or other confidential information ("Confidential Information") requested by my insurance/managed care company, Medicare, Medicaid, Champus, or other third party payors, hospital agents or governmental agencies in connection with payment of my bill. I also authorize Danbury Hospital and its agents to provide Confidential Information from my medical records to any utilization, managed care, and/or quality review organization affiliated with my insurer/payor or otherwise for use in utilization management. I further authorize Danbury Hospital to provide from its own records Confidential Information to its case management personnel, including authorization to discuss my medical care with my physicians, and to other health providers and facilities involved in my continuing care after hospital discharge. I also authorize the release of Confidential Information to state or federal agencies for authorized auditing and licensure purposes.
I also consent to the disclosure to the Hospital of Confidential Information relating to my Hospital treatment that may be in the possession of any of my physicians.
I have been informed that my refusal to grant consent to release of information relating to psychiatric treatment will not jeopardize my right to obtain present or future treatment except where disclosure of the communication and record is necessary for treatment. I understand that I may withdraw my consent to release mental health or substance abuse information at any time in writing, except to the extent that action already has been taken in reliance on such information. I also understand that if my refusal to provide consent results in a refusal of my



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

insurer or managed care company or other third party payor to pay the Hospital, I will be personally responsible for the bill or the unpaid portion of the bill.

With respect to the release of substance abuse information, this authorization expires three years from the date of the patient's most recent discharge.

I also agree to sign any additional authorizations that may be required by law or my insurer/payor.

Authorization to Pay Benefits From Third Party Payment Sources / Financial Obligations

I authorize third party payors, including insurers, managed care companies, and Medicare or Medicaid and other governmental payors, to make payment directly to Danbury Hospital, its affiliates, and any physicians involved in my care for medical expenses and any/all (Group or Direct) Hospital benefits otherwise payable to me. I understand that I am financially responsible for payment for services not covered by this authorization, and that I will pay all costs of collection of any delinquent balance including reasonable attorney's fees, which may be added to my account. I understand that my refusal to grant authorization to my third party payors will in no way jeopardize my right to obtain present or future treatment except where disclosure is necessary for treatment, but understand that under such circumstances I will be responsible for paying my bill in full.

CONDITIONS OF PARTICIPATION

CONSENT TO RELEASE OF SOCIAL SECURITY NUMBER TO TRACK MEDICAL DEVICES

If in the course of my treatment I receive a medical device that is traceable to its manufacturer, I authorize the release of my Social Security number to the manufacturer or its agent. I understand that the Hospital has been told that my Social Security number may be used by the manufacturer to attempt to locate me if necessary in regard to this medical device.

PERSONAL VALUABLES

I understand and agree that the Hospital maintains a safe for the safekeeping of money and valuables. I agree that if I choose not to place my valuables in the Hospital safe, the Hospital will not be responsible for the loss of, or damage to my valuables. The Hospital shall not be responsible for loss or damage to items including documents, cash, dental work or dental prosthetics, eyeglasses, credit cards, hearing aids, and items of unusual value or size that have not or cannot be placed in the Hospital safe. I have been advised that any personal valuables should be given to a family member or friend for safekeeping. With the exception of items placed in the Hospital safe and for which a receipt has been issued, I agree not to make any claims against and release Danbury Hospital and its Staff from any and all liability for any loss or damage that may occur to my personal valuables.

RIGHT TO RECEIVE A COPY OF HOSPITAL CHARGES

Upon request, patients may receive copies of their hospital charges. A Patient Financial Services Representative is available at 730-5800, should assistance be needed.

VETERANS

Please indicate if you or your spouse is a veteran of the US Armed Forces. State the name of your spouse if he/she is a veteran. Please identify the branch of the Armed Forces and state the approximate dates of service:



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

Medicare: An Important Message From Medicare

Champus: An Important Message From Champus

If applicable,

I acknowledge that I have been provided a copy of the notice entitled "An Important Message From Medicare" detailing my rights as a Medicare Hospital patient and procedures for requesting a review by the Peer Review Organization for this area. Or,

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PATIENT RIGHTS AND RESPONSIBILITIES AND NOTICE OF PRIVACY PRACTICES

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I HAVE READ AND UNDERSTAND THE AUTHORIZATIONS, AGREEMENTS AND NOTICES SET FORTH IN THIS FORM, AND AGREE TO SUCH AUTHORIZATIONS, AGREEMENTS, AND NOTICES

09/09/10

Date

Signature

<RepSig>

self

Witness

Relationship

If this form has not been signed by the patient, please specify the signer's relationship to the patient, and, if necessary, explain why the patient did not sign:

If signed by the Patient's Representative, please print name and describe relationship to patient:

Name

Relationship to Patient

COMPLETE THE FOLLOWING DOCUMENTATION OF GOOD FAITH EFFORTS IF IT IS NOT POSSIBLE TO OBTAIN A SIGNATURE:



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

The following good faith efforts were made to obtain a signature:

A signature could not be obtained for the following reasons:

Documented by

<StaffSig>

(Signature)

(Print Name)

DANBURY H DANBURY, CONNECTICUT 06810 Complete RPI Patient
 ACCT#: MR# 0821014 ADM DATE: 12/09/09 TIME: 20:22
 ARR DATE: TIME:

PATIENT NAME: POZNER ,NOAH SAMUEL
 SEX: M DOB: 11/20/2006 AGE: 3 SSN: 999-99-9999 DONOR: U
 M.STS: S LANG: E PATIENT DIRECTORY: Y CLERGY LIST:
 CHURCH: NO CONGREGATION RELIGION: JEWISH
 MAIL ADDRESS: 3 KALE DAVIS ROAD
 CITY: SANDY HOOK ST: CT ZIP: 06482-
 HOME PHONE: 203 - 426-9350 OTHER PHONE: 646 - 523-6800 PHN USE: CPN

EMPLOYER: UNEMPLOYED/CHILD STS: 3 000000010001
 OCCUPATION: WORK PHONE: - X

NEXT OF KIN: POZNER VERONIQUE
 RELATION: 3 CHILD: FINANCIAL RES
 ADDRESS: 3 KALE DAVIS ROAD
 CITY: SANDY HOOK ST: CT ZIP: 06482-
 HOME PHONE: 203 - 426-9350 WORK PHONE: 203 - X

GUARANTOR: POZNER VERONIQUE
 RELATION: 3 CHILD: FINANCIAL RES HOME PHONE: 203 - 426-9350
 OTHER PHONE: 646 - 523-6800 PHN USE: CPN WORK PHN:

EMER CONTACT: POZNER LEONARD
 ADDRESS: 3 KALE DAVIS ROAD REL: 3
 CITY: SANDY HOOK ST: CT ZIP: 06482
 HOME PHONE: 203 - 426-9350 WORK PHN: 203 - 426-1121 EXT:

INSURANCE: CIGNA HMO OPEN ACCES VERIFY: Y PRIORITY: 1
 GROUP NAME: GROUP#: 3328399
 POLICY #: AUTH #:
 SUBSCRIBER: POZNER ,VERONIQUE REL: 3 CHILD: FINANCIAL RESPO

INSURANCE: VERIFY: PRIORITY:
 GROUP NAME: GROUP#:
 POLICY #: AUTH #:
 SUBSCRIBER: REL:

INSURANCE: VERIFY: PRIORITY:
 GROUP NAME: GROUP#:
 POLICY #: AUTH #:
 SUBSCRIBER: REL:

FIN CLASS: S SERVICE: EMR TYPE: X ADM SOURCE: EO
 NURSE STA: ROOM/BED: LAST DSCH: 11/24/06
 DX/SYM: FEVER AND COUGH

ADM DR: 00000 Res Dr:
 ATN DR: 08321 MCCAMBLEY BRIAN Res Dr:
 REF DR: MRSA VRE Flushot
 PCP DR: 01186 MORTERA LALAINÉ Pneumovax:

MEMO: 120909 BJR CONSENT AT TRPI, ALL INFO FROM MOM, INS CARD C
 OPIED, CLR-U, DIR-Y, SMOK-NA

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient: POZNER, NOAH SAMUEL MR #: 0821014 Arrival Date/Time: 12/9/2009 20:22 Private Phys: - MORTERA, LALAINE	DOB: 11/20/2006 Age/Gender: 3y M Acct #: XXXXXXXXXX ED Phys: BRIAN V. MCCAMBLEY, PA
---	--

CHIEF COMPLAINT:

Cough

ENCOUNTER TYPE:

Initial

ACUITY:

Level 4

Physicians caring for patient:

BRIAN V. MCCAMBLEY, PA

Height and Weight

Weight: 18.5 kg. (40.8 lbs.)

VITAL SIGNS

Initials/Date/Time	Temp(F)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	O2 L/M	Pain Sc
SAE 12/9/2009 20:31	102.0	T	145					98	RA	
MWW 12/9/2009 22:13			138	48				96	ra	unable

Vital Signs Alert:

Abnormal vital signs reviewed by: < BRIAN V. MCCAMBLEY, PA 12/9/2009 22:27>

Abnormal vital signs reviewed by: < BRIAN V. MCCAMBLEY, PA 12/9/2009 20:56>

TRIAGE

confused/ lethargic/ disoriented? N <SAE 12/9/2009 20:32>

high risk situation? N <SAE 12/9/2009 20:32>

Requires immediate life-saving intervention? N <SAE 12/9/2009 20:32>

severe pain/ distress? N <SAE 12/9/2009 20:32>

how many different resources are needed? none <SAE 12/9/2009 20:32>

Admission consent <MRR 12/09/09 20:23 >

Registration complete <BAR 12/09/09 21:07 >

< BAR 12/9/2009 21:08>

< 25269 12/9/2009 22:42>

ESI Triage <SAE 12/09/09 20:32 >

Chief complaint quote: He started on Monday am with fever and cough <SAE 12/09/09 20:32 >

Arrival: Main entrance . Patient arrived ambulatory via private auto from home accompanied by parent(s) .

The person who accompanied the patient is available to transport home. < SAE 12/9/2009 20:33>

ABC's: The airway is open and patent . Respiration(s) is/are spontaneous non-labored < SAE 12/9/2009 20:33>

Mental status: The patient is awake, alert and cooperative with an affect that is appropriate and playful < SAE 12/9/2009 20:33>

Skin color, temperature, moisture: The patient's color is normal for age and race . The skin is hot and dry .

Skin turgor is good. < SAE 12/9/2009 20:33>

Infectious Respiratory symptoms (+) <SAE 12/09/09 20:34 >

Documented temp > 100.4 (+) <SAE 12/09/09 20:34 >

Patient has a cough. <SAE 12/09/09 20:34 >

Patient has shortness of breath. <SAE 12/09/09 20:34 >

The historian describes the patient as having a mild cough that began gradually 2 day(s) ago. The

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Unless there is an electronic signature, the ED record is unreviewed.

Emergency Department Record (without Lab/Rad Results)

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient: POZNER, NOAH SAMUEL MR #: 0821014 Arrival Date/Time: 12/9/2009 20:22 Private Phys: - MORTERA, LALAINÉ	DOB: 11/20/2006 Age/Gender: 3y M Acct #: [REDACTED] ED Phys: BRIAN V. MCCAMBLEY, PA
---	--

symptoms are constant. The cough is barking, hacking and productive . Other pertinent symptoms and complaints include: fever and post-nasal drip . The historian denies any other symptoms . No modifying factors noted . Prior treatment includes nothing Patient has a history of nothing contributory to their presenting complaint(s)
 < SAE 12/9/2009 20:35>

PAST HISTORY

Past Medical/Surgical History

PATIENT ALLERGIES: No Known Drug Allergies < SAE 12/9/2009 20:35>

HOME MEDICATIONS: Patient not currently taking any medications. < SAE 12/9/2009 20:35>

Medications were taken prior to arrival to the ED. <SAE 12/09/09 20:37 >

Ibuprofen taken PTA to ED. <SAE 12/09/09 20:37 >

Amount: 1.5 Tsp < SAE 12/9/2009 20:37>

Date/time of last dose: Wednesday, December 9, 2009 19:30 <SAE 12/09/09 20:37 >

Vaccinations are up to date. <BVM 12/09/09 22:05 >

Primary Care Physician: Lalaine Mortera < SAE 12/9/2009 20:36>

The patient's pertinent past medical history is as follows: None < SAE 12/9/2009 20:36>

FLWSHEETS

Medication Administration

Orapred Solution . Strength= 15mg/5ml 2 teaspoons PO, BRIAN V. MCCAMBLEY, PA 12/9/2009 21:24

Given MICHELLE MARTIR, RN 12/9/2009 21:50

MMA 12/9/2009 22:07

Acetaminophen Liquid, strength: 160mg / 5 ml, DOSE: 240 mg = 7.5 ml PO, Wt based formula: 10-15 mg / kg/ dose, Wt Equals: 16 - 24 kg BRIAN V. MCCAMBLEY, PA 12/9/2009 21:26

Given oral MICHELLE MARTIR, RN 12/9/2009 21:50

MMA 12/9/2009 22:07

HISTORY OF PRESENT ILLNESS

HPI text: This patient presents to the ER for evaluation, with his mother. The patient does have a cough, barking in nature, increasing over the last two days. There has been no respiratory distress noted, there has been a fever, temperature maximum is 102°F at home. Mom has been using Motrin, with slight relief of the fever. Slight clear nasal drainage, no other associated URI symptoms. There is been no vomiting, diarrhea, or rashes. He has been feeding otherwise well. There are multiple siblings at home, with whom have had cold symptoms over the last week. No history of respiratory disease, mom has been trying symptomatically home, without relief of the symptoms. The cough is nonproductive in nature. The cough was worsening tonight, and therefore they present to the ER. <BVM 12/09/09 22:08 >

REVIEW OF SYSTEMS

Cough: [+] <BVM 12/09/09 22:05 >

Cold/congestion: [+] <BVM 12/09/09 22:05 >

All other systems are negative. <BVM 12/09/09 22:05 >

Exam

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Unless there is an electronic signature, the ED record is unreviewed.

Emergency Department Record (without Lab/Rad Results)

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient:	POZNER, NOAH SAMUEL	DOB:	11/20/2006
MR #:	0821014	Age/Gender:	3y M
Arrival Date/Time:	12/9/2009 20:22	Acct #:	[REDACTED]
Private Phys:	- MORTERA, LALAINE	ED Phys:	BRIAN V. MCCAMBLEY, PA

CONSTITUTIONAL: alert, non-toxic appearing, well nourished, well developed, comfortable in no apparent distress.

HEAD: Normocephalic, atraumatic

EYES: conjunctivae without injection, drainage, or discharge

EARS: tympanic membranes normal appearing

NOSE: +clear----white nasal drainage apprec b/l

THROAT: no erythema, exudates, ulcerations or lesions, oral mucosa moist, uvula midline

NECK: Supple, no nuchal rigidity; no stridor

CARDIAC: Regular rate and rhythm, no obvious murmurs.

RESPIRATORY: respiratory rate and effort normal for age. Lungs are clear to auscultation bilaterally, no wheezing or rhonchi

ABD: Soft, non-tender. No rebound, no guarding, non-distended, normal bowel sounds, no masses

LYMPHATICS: no significant lymphadenopathy

MUSCULOSKELETAL: normal movement and tone

NEURO: awake, alert, responds appropriately to caregiver

EXTREMITIES: Moves all extremities well, good capillary refill; no gross deformities

SKIN: no rashes, no lesions, no ecchymosis, no petechiae <BVM 12/09/09 22:05 >

PROCEDURES**Notes:**

<BVM 12-09-2009 22:09>Positive barky, croupy cough auscultated on examination. She may have I asked him, steroids in the ER. Chest x-ray commissure is subglottic narrowing, with croup changes. No other focal infiltrate is noted. Patient is observed for a period of time, with improvement of symptoms. Will withhold racemic epinephrine at this time. Continue to observe, if improved, will discharge to home, with continued outpatient treatment. This is discussed with the patient and his mother.

ORDERS**Radiology**

X-ray : CHEST; Reason for exam: Cough Fever ; Transportation mode: STRETCHER < BRIAN V. MCCAMBLEY, PA 12/9/2009 21:16>

Notes:

<BVM 12-09-2009 21:56>+ croup chgs noted

Medicine

Orapred Solution . Strength= 15mg/5ml 2 teaspoons PO, < BRIAN V. MCCAMBLEY, PA 12/9/2009 21:24>

Acetaminophen Liquid, strength: 160mg / 5 ml, DOSE: 240 mg = 7.5 ml PO, Wt based formula: 10-15 mg / kg/ dose, Wt Equals: 16 - 24 kg < BRIAN V. MCCAMBLEY, PA 12/9/2009 21:26>

Respiratory

Humidified O2 < BRIAN V. MCCAMBLEY, PA 12/9/2009 20:56>

Printed By User N. Interface on 12/14/2009 4:07 PM

Unless there is an electronic signature, the ED record is unreviewed.

Emergency Department Record (without Lab/Rad Results)

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient:	POZNER, NOAH SAMUEL	DOB:	11/20/2006
MR #:	0821014	Age/Gender:	3y M
Arrival Date/Time:	12/9/2009 20:22	Acct #:	
Private Phys:	- MORTERA, LALAINÉ	ED Phys:	BRIAN V. MCCAMBLEY, PA

Prescriptions

Orapred 15mg/5ml Suspension - Dispense # : quantity sufficient - Take: 2 TEAspoon(s) by mouth every day - Duration: X4 day(s) - Refills: None < BRIAN V. MCCAMBLEY, PA 12/9/2009 22:38>

PROGRESS NOTES

Discussed risks and benefits of treatment plan with patient and/or family. Patient and/or family advised of ED plan of care.

BVM 12/09/09 21:56 < BVM 12/9/2009 21:56>

Patient has been reevaluated by myself at the bedside. Reassessment shows: The patient's Symptom(s) is improved after treatment. Patient has been reevaluated by myself at the bedside. Condition Improved. Discussed risks and benefits of treatment plan with patient and/or family. Patient and/or family advised of ED plan of care. Counseled patient and/or family regarding diagnosis. Counseled patient and/or family regarding the need for follow up. Counseled patient and/or family regarding test results.

BVM 12/09/09 22:05 < BVM 12/9/2009 22:05>

Patient has been reevaluated by myself at the bedside. Reassessment shows: Symptom(s) is improved after treatment. Patient has been reevaluated by myself at the bedside. Condition Improved. Case Discussed with supervising MD. Discussed risks and benefits of treatment plan with patient and/or family. Patient and/or family advised of ED plan of care. Counseled patient and/or family regarding diagnosis. Counseled patient and/or family regarding the need for follow up. Counseled patient and/or family regarding test results. The Patient is ready to go home.

BVM 12/09/09 22:36 < BVM 12/9/2009 22:36>

Notes:

<BVM 12-09-2009 22:39>RR, 30 BY ME, +EASY SPEECH, READING BOOK, EATING, NO RESP DISTRESS,WILL D/C HOME, CLOSE PMD F/U. D/W MON UNDERSTANDS AND AGREES.

DIAGNOSIS

Croup

Fever

<BVM:BRIAN V. MCCAMBLEY, PA 12/09/09 21:56>

<BVM:BRIAN V. MCCAMBLEY, PA 12/09/09 21:56>

DISPOSITION**Nursing**

Pain reassessment: The patient describes the pain as a 0/10.

< MMA 12/9/2009 22:50>

Discharged - Routine

< MMA 12/9/2009 22:49>

The patient was discharged to home . The patient is alert and oriented . Patient's condition: stable . Discharge mode is ambulatory . Patient accompanied by parent/guardian . The patient's diagnosis, condition and treatment were explained to patient or parent/guardian. The patient/responsible party expressed understanding. . A discharge plan has been developed. Aftercare instructions were given to the patient. . Patient can access home safely upon arrival. Patient demonstrates the ability to ambulate

Printed By User N. Interface on 12/14/2009 4:07 PM

Unless there is an electronic signature, the ED record is unreviewed.

Emergency Department Record (without Lab/Rad Results)

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient:	POZNER, NOAH SAMUEL	DOB:	11/20/2006
MR #:	0821014	Age/Gender:	3y M
Arrival Date/Time:	12/9/2009 20:22	Acct #:	[REDACTED]
Private Phys:	- MORTERA, LALAINE	ED Phys:	BRIAN V. MCCAMBLEY, PA

independently. Patient states can safely manage at home without additional services.

< MMA 12/9/2009 22:50>

Summary Chart faxed to Lalaine Mortera - 172 Mt Pleasant Road, Newtown, CT; phone: (203) 426-2400
< SHH 12/10/2009 10:41>

Physician

Supervising Physician: Dr. Patrick Giles

< BVM 12/9/2009 21:56>

Discharge from ED: Current HOME MEDICATIONS identified by you or your family: Continue all your current HOME MEDICATIONS. . After explaining and obtaining understanding of the discharge instructions home . Patient's condition is stable . The physician(s) to whom the patient is being referred may not yet be the patient's physician and has no responsibility for the patient's care and will not contact the patient. It is the patient's responsibility to contact the suggested physician or arrange to see another physician of the patient's choice. The patient should follow-up by contacting Dr. Lalaine Mortera - 172 Mt Pleasant Road, Newtown, CT; phone: (203) 426-2400 in Tomorrow . Purpose of referral: for re-evaluation and further treatment < BVM 12/9/2009 22:37>

Rx <BVM 12/09/09 22:38 >

AFTER CARE INSTRUCTIONS

General Discharge Instructions - English <BVM 12/09/09 22:38 >

Croup- with Oral Steroids - English <BVM 12/09/09 22:38 >

NURSING PROCEDURES

Nursing

Airway/Oxygen: via blow by O2 at 40% MWW 12/09/09 21:01 < MWW 12/9/2009 21:01>

Urine obtained via clean catch UA . Obtain/Hold

MMA 12/09/09 21:10 < MMA 12/9/2009 21:10>

NURSING NOTES

12/09/09 20:31	Temp(F)	Rt. Pulse	Resp	Syst	Diast	Pos.	O2 Sat	02 L/M	Pain	Sc
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102.0	T	145					98		RA	
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Entered: <SAE 12/9/2009 20:32>

12/09/09 20:55 The patient appears alert, awake, smiling and talking appropriately for age . Respirations are unlabored . Breath sounds: clear and equal bilaterally throughout the chest . The patient has a bark-like cough. Heart rate regular. . Capillary refill is 2-3 seconds Abdomen is soft and non-tender . Bowel sounds are present Skin is warm, dry, intact and good turgor . Patient is eating table food and has an appropriate appetite.

Entered: <MMA 12/9/2009 20:55>

12/09/09 20:55 Progress notes: Entered: <MMA 12/9/2009 20:55>

12/09/09 20:56 Progress note details: Pt acting age appropriate denies any difficulty breathing however pt has constant bark like cough with rapid breathing. LCTA. Pt's mother states pt had one episode of vomiting today from gagging on mucus. Pt denies any pain or discomfort at this time. Entered: <MMA 12/9/2009 20:56>

12/09/09 21:01 Airway/Oxygen: via blow by O2 at 40% Entered: <MWW 12/9/2009 21:01>

12/09/09 21:10 Urine obtained via clean catch UA . Obtain/Hold

Printed By User N. Interface on 12/14/2009 4:07 PM

Unless there is an electronic signature, the ED record is unreviewed.

Emergency Department Record (without Lab/Rad Results)

Danbury Hospital Emergency Department - Danbury, CT 06810

Patient: POZNER, NOAH SAMUEL MR #: 0821014 Arrival Date/Time: 12/9/2009 20:22 Private Phys: - MORTERA, LALAINA	DOB: 11/20/2006 Age/Gender: 3y M Acct #: [REDACTED] ED Phys: BRIAN V. MCCAMBLEY, PA
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Entered: <MMA 12/9/2009 21:10>
 12/09/09 21:50 MAR: Given oral Entered: <MMA12/9/2009 22:07> Acetaminophen Liquid, strength: 160mg / 5 ml, DOSE: 240 mg = 7.5 ml PO, Wt based formula: 10-15 mg / kg/ dose, Wt Equals: 16 - 24 kg

12/09/09 21:50 MAR: Given Entered: <MMA12/9/2009 22:07> Omapred Solution . Strength= 15mg/5ml 2 teaspoons PO,

12/09/09 22:13	Temp(F)	Rt.	Pulse	Resp	Syst	Diast	Pos.	O2 Sat	02 L/M	Pain Sc
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			138	48				96	ra	unable
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Entered: <MWW 12/9/2009 22:13>

Bed Assignments:

WAIT_RM INU 12/9/2009 20:22

15 MMA 12/9/2009 20:47

Status Activity:

Awaiting triage INU 12/9/2009 20:22

With triage SAE 12/9/2009 20:30

Awaiting ED room SAE 12/9/2009 20:36

Nurse assigned. Received report and accepted care. MMA 12/9/2009 20:49

Needs exam DMJ 12/9/2009 20:53

Provider assigned BVM 12/9/2009 20:55

Released MMA 12/9/2009 22:50

Chart Documented or Coded By:

BSI: BONNIE SIROIS, RN

SAE: SABRINA L. AESCHLIMANN, RN

BAR: BARBARA REILLY, PAFS

MAI: Mary Maier, CODER

MWW: MICHAEL W. WILMOT, PCT

SHH: SHEREANA HODGE, PAFS

MRR: Marilyn Rodriguez, PAFS

MMA: MICHELLE MARTIR, RN

25269: Laurel McCollam, PAFS

BVM: BRIAN V. MCCAMBLEY, PA

3723: Heidi Stumps, MRSI

X4448: Rachel Hovasse, MRSI

Tracking Board Release:

Patient released 12/9/2009 22:50

Released by MICHELLE MARTIR, RN

Signatures:

I have reviewed and agree with the Chief Complaint, Triage and Past History.

BRIAN V. MCCAMBLEY, PA 12/9/2009 20:55

Chart, including verbal orders, electronically signed by: BRIAN V. MCCAMBLEY, PA 12/9/2009 22:39

**Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100**

Patient: POZNER, NOAH SAMUEL
Physician: BRIAN V. MCCAMBLEY, PA

MR#: 0821014
Acct #: [REDACTED]
DOB: 11/20/2006

Your child has been diagnosed with croup.

Croup is the result of a viral infection of the upper part of the airway, typically with a virus called "Parainfluenza," although other viruses may be responsible. Adults will just get a hoarse voice and a sore throat, but because of the different shape and size of a child's airway, they may develop a deep cough or trouble breathing as well. Symptoms usually include a barking "seal-like" cough and sometimes a whistling noise when breathing in. Fever and runny nose are also commonly present. Symptoms tend to be worse in the evening, often waking a child from sleep, and progress over about three days, and then improve.

Treatment for croup includes steroid medicines and in severe cases, your child may need epinephrine mist. Sometimes cool mist will be given, but this has been shown to be of little help in children with croup.

If the coughing/barking starts again, take your child into the bathroom with the shower running. Let your child breathe the mist from the shower as this may help. You might also want to bundle up your child and take him or her outside in the cool night air. Cool air often can resolve the crouping spell.

If none of the above home remedies help within 15 minutes, or you notice other breathing problems (as listed below), return here or go to the nearest Emergency Department immediately.

Your child has been given the first dose of steroids by mouth. Fill the prescription and have your child start taking the medication as directed tomorrow.

Routine follow-up with your child's pediatrician is recommended.

YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY FOR YOUR CHILD, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:

- Your child looks sicker at any time.
- If your child is having any problems breathing or develops blueness around his or her lips.

**Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100**

Patient: POZNER, NOAH SAMUEL
Physician: BRIAN V. MCCAMBLEY, PA

MR#: 0821014
Acct #: XXXXXXXXXX
DOB: 11/20/2006

- If your child is breathing faster than normal and appears uncomfortable.
- If you notice that your child's skin is pulling against the ribs or neck while they are trying to breath.
- If your child develops any other symptoms that you are concerned about.



Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100

Patient: POZNER, NOAH SAMUEL
Physician: BRIAN V. MCCAMBLEY, PA

MR#: 0821014
Acct #: XXXXXXXXXX
DOB: 11/20/2006

General Emergency Department Discharge Instructions

You were treated in the Emergency Department by:
BRIAN V. MCCAMBLEY, PA

Your diagnosis is
Primary Diagnosis: Croup
Secondary Diagnosis: Fever
Tertiary Diagnosis:

What to do:

- Follow the instructions on this and the additional sheets you were given:
Admission consent
- Discharge from ED: Current HOME MEDICATIONS identified by you or your family: Continue all your current HOME MEDICATIONS. . After explaining and obtaining understanding of the discharge instructions home . Patient's condition is stable . The physician(s) to whom the patient is being referred may not yet be the patient's physician and has no responsibility for the patient's care and will not contact the patient. It is the patient's responsibility to contact the suggested physician or arrange to see another physician of the patient's choice. The patient should follow-up by contacting Dr. Lalaine Mortera - 172 Mt Pleasant Road, Newtown, CT; phone: (203) 426-2400 in Tomorrow . Purpose of referral: for re-evaluation and further treatment
- Take this sheet with you when you go to your follow-up visit.
- INCREASE FLUIDS
- HUMIDIFIER, STEAM SHOWER, COLD AIR AS NEEDED

ALLERGIES identified by you, your family and / or your records upon arrival:

HOME MEDICATIONS Identified by you and / or your Family upon arrival:

HOME MEDICATIONS: Patient not currently taking any medications.

MEDICATIONS GIVEN IN THE EMERGENCY DEPARTMENT:

Orapred Solution . Strength= 15mg/5ml 2 teaspoons PO,
Acetaminophen Liquid, strength: 160mg / 5 ml, DOSE: 240 mg = 7.5 ml PO, Wt based formula: 10-15 mg / kg/ dose, Wt Equals: 16 - 24 kg

PRESCRIPTIONS GIVEN IN THE EMERGENCY DEPARTMENT:



Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100

Patient: POZNER, NOAH SAMUEL
Physician: BRIAN V. MCCAMBLEY, PA

MR#: 0821014
Acct #: XXXXXXXXXX
DOB: 11/20/2006

Orapred 15mg/5ml Suspension - Dispense # : quantity sufficient - Take: 2 TEAspoon(s)
by mouth every day - Duration: X4 day(s) - Refills: None

Take all Medications as Directed.

** * If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach, stop the medication and call your doctor or the Emergency Department.*

Studies done in the Emergency Department:

X-ray : CHEST; Reason for exam: Cough Fever ; Transportation mode: STRETCHER

Humidified O2

- The emergency physician provided an on-the-spot interpretation of your x-rays and/or EKG. A specialist will do a final interpretation of these tests. If a change in your diagnosis or treatment is needed, we will contact you. It is critical that we have a current phone number for you.
- Sometimes children with injuries to their extremities may have what is called a Salter-Harris fracture. This injury is to that part of the bone that is still growing called the Growth Plate. Fracture to this area may not be seen on initial X-ray. It is a clinical consideration in the ED and may be further considered by your follow up Physician.
- Bring any x-ray copies, CDs, or test results given to you during your ED visit to your follow-up appointment.
- Culture results take 48 hours. Your results will be available to your follow-up doctor(s). The Emergency Department will contact you if the results require a change in your treatment.
- If you had a CT Scan with Intravenous Contrast and are a Diabetic taking Metformin (Glucophage) or metformin in combination medications (Glucovance, Metaglip, Avandament, Actoplus Met), you



Danbury Hospital Emergency Department
24 Hospital Avenue,
Danbury, CT 06810
(203) 739-7100

Patient: POZNER, NOAH SAMUEL
Physician: BRIAN V. MCCAMBLEY, PA

MR#: 0821014
Acct #: XXXXXXXXXX
DOB: 11/20/2006

should discontinue this medication for 48hrs. You need to monitor your glucose and restart the medication after it has been determined with your Doctor that your Kidney function has not worsened.

I acknowledge that I have requested and received copies from my current visit of the following information prior to discharge: Lab results ☐ Radiology copies/CDs ☐ EKG ☐ Other ☐

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you make arrangements to follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. It is your responsibility to arrange for this follow-up care. Neither the Hospital, nor any physician or other practitioner suggested to you by the Hospital, has any responsibility for your follow-up care and will not contact you. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day. Phone number: (203) 739-7100.

I, POZNER, NOAH SAMUEL, have had these instructions explained to me. I understand the instructions and will arrange for follow-up care.

<PTSig>

Patient Signature

<RepSig>

Representative Signature

<StaffSig>

Staff Signature

PLEASE STOP IN THE DISCHARGE OFFICE ON YOUR WAY OUT.
It is marked with a YELLOW SIGN



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

AUTHORIZATIONS FOR INPATIENT TREATMENT AND ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

AUTHORIZATION TO PROVIDE BASIC TREATMENT AND CONDUCT BASIC DIAGNOSTIC PROCEDURES
I authorize the performing of all routine examinations, treatments, and care provided to me under the general or specific instructions or direction of my physician or Hospital Staff.
INFORMED CONSENT
I understand that if I require an operation or any procedure involving a degree of risk requiring an informed consent, except in the event of emergency my own physician will discuss the risks, benefits, and alternatives, and answer my questions. I am entitled to consent or refuse to consent. I also understand that medicine is not an exact science, that diagnosis and treatment can involve significant risks, and that results can never be guaranteed.
STUDENTS AND RESIDENT PHYSICIANS
I understand that medical, nursing and other health care students as well as resident physicians provide or observe services provided to Hospital patients, and may be present during operations and special procedures as part of their training and learning experiences.
MY PHYSICIANS ARE INDEPENDENT CONTRACTORS RESPONSIBLE FOR MY CARE
I understand that my physicians are not employees of the Hospital. While the Hospital periodically reviews the credentials of all of its physicians, my physician(s) -not the Hospital- are responsible for the care that they provide to me while I am in the Hospital. I further understand that if I have any questions for my physician(s), including questions about the nature or risks and benefits of, or the alternatives to any intended operation or procedure, or questions about the physician's charges or bills, my physician is solely responsible for answering such questions.
AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION
I authorize Danbury Hospital to provide from its own records any information including psychiatric, substance abuse, HIV related or other confidential information ("Confidential Information") requested by my insurance/managed care company, Medicare, Medicaid, Champus, or other third party payors, hospital agents or governmental agencies in connection with payment of my bill. I also authorize Danbury Hospital and its agents to provide Confidential Information from my medical records to any utilization, managed care, and/or quality review organization affiliated with my insurer/payor or otherwise for use in utilization management. I further authorize Danbury Hospital to provide from its own records Confidential Information to its case management personnel, including authorization to discuss my medical care with my physicians, and to other health providers and facilities involved in my continuing care after hospital discharge. I also authorize the release of Confidential Information to state or federal agencies for authorized auditing and licensure purposes.
I also consent to the disclosure to the Hospital of Confidential Information relating to my Hospital treatment that may be in the possession of any of my physicians.
I have been informed that my refusal to grant consent to release of information relating to psychiatric treatment will not jeopardize my right to obtain present or future treatment except where disclosure of the communication and record is necessary for treatment. I understand that I may withdraw my consent to release mental health or substance abuse information at any time in writing, except to the extent that action already has been taken in reliance on such information. I also understand that if my refusal to provide consent results in a refusal of my



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

insurer or managed care company or other third party payor to pay the Hospital, I will be personally responsible for the bill or the unpaid portion of the bill.

With respect to the release of substance abuse information, this authorization expires three years from the date of the patient's most recent discharge.

I also agree to sign any additional authorizations that may be required by law or my insurer/payor.

Authorization to Pay Benefits From Third Party Payment Sources / Financial Obligations

I authorize third party payors, including insurers, managed care companies, and Medicare or Medicaid and other governmental payors, to make payment directly to Danbury Hospital, its affiliates, and any physicians involved in my care for medical expenses and any/all (Group or Direct) Hospital benefits otherwise payable to me. I understand that I am financially responsible for payment for services not covered by this authorization, and that I will pay all costs of collection of any delinquent balance including reasonable attorney's fees, which may be added to my account. I understand that my refusal to grant authorization to my third party payors will in no way jeopardize my right to obtain present or future treatment except where disclosure is necessary for treatment, but understand that under such circumstances I will be responsible for paying my bill in full.

CONDITIONS OF PARTICIPATION

CONSENT TO RELEASE OF SOCIAL SECURITY NUMBER TO TRACK MEDICAL DEVICES

If in the course of my treatment I receive a medical device that is traceable to its manufacturer, I authorize the release of my Social Security number to the manufacturer or its agent. I understand that the Hospital has been told that my Social Security number may be used by the manufacturer to attempt to locate me if necessary in regard to this medical device.

PERSONAL VALUABLES

I understand and agree that the Hospital maintains a safe for the safekeeping of money and valuables. I agree that if I choose not to place my valuables in the Hospital safe, the Hospital will not be responsible for the loss of, or damage to my valuables. The Hospital shall not be responsible for loss or damage to items including documents, cash, dental work or dental prosthetics, eyeglasses, credit cards, hearing aids, and items of unusual value or size that have not or cannot be placed in the Hospital safe. I have been advised that any personal valuables should be given to a family member or friend for safekeeping. With the exception of items placed in the Hospital safe and for which a receipt has been issued, I agree not to make any claims against and release Danbury Hospital and its Staff from any and all liability for any loss or damage that may occur to my personal valuables.

RIGHT TO RECEIVE A COPY OF HOSPITAL CHARGES

Upon request, patients may receive copies of their hospital charges. A Patient Financial Services Representative is available at 730-5800, should assistance be needed.

VETERANS

Please indicate if you or your spouse is a veteran of the US Armed Forces. State the name of your spouse if he/she is a veteran. Please identify the branch of the Armed Forces and state the approximate dates of service:



Patient:	POZNER, NOAH SAMUEL
MR#:	0821014
Acct #:	
DOB:	11/20/2006
Physician:	

Medicare: An Important Message From Medicare

Champus: An Important Message From Champus

If applicable,

I acknowledge that I have been provided a copy of the notice entitled "An Important Message From Medicare" detailing my rights as a Medicare Hospital patient and procedures for requesting a review by the Peer Review Organization for this area. Or,

I acknowledge that I have been provided a copy of the notice entitled "An Important Message From Champus" detailing my rights as a Champus Hospital patient and procedures for requesting a review by the Peer Review Organization for this area.

PATIENT RIGHTS AND RESPONSIBILITIES AND NOTICE OF PRIVACY PRACTICES

The Hospital's Policy on Patient Rights and Responsibilities has been provided to me, and I agree to comply with such Policy.

I acknowledge that I have received a copy of Danbury Health Systems' Notice of Privacy Practices.

I HAVE READ AND UNDERSTAND THE AUTHORIZATIONS, AGREEMENTS AND NOTICES SET FORTH IN THIS FORM, AND AGREE TO SUCH AUTHORIZATIONS, AGREEMENTS, AND NOTICES

12/09/09

Date

Signature

mother

Witness

Relationship

If this form has not been signed by the patient, please specify the signer's relationship to the patient, and, if necessary, explain why the patient did not sign:

If signed by the Patient's Representative, please print name and describe relationship to patient:

Name

Relationship to Patient

COMPLETE THE FOLLOWING DOCUMENTATION OF GOOD FAITH EFFORTS IF IT IS NOT POSSIBLE TO OBTAIN A SIGNATURE:

The following good faith efforts were made to obtain a signature:



Danbury Hospital
A Difference That Matters

Patient:	POZNER, NOAH SAMUEL
MR#:	[REDACTED]
Acct #:	8210140007
DOB:	11/20/2006
Physician:	

A signature could not be obtained for the following reasons:

Documented by

<StaffSig>

(Signature)

(Print Name)



Danbury Hospital

24 Hospital Avenue
Danbury, CT 06810
(203) 739 - 7213

Patient: **POZNER, NOAH SAMUEL**

Med Rec Number: **0821014**

Financial Number: [REDACTED]

DOB/Age/Sex: 20 Nov 2006 3 years Male

Location: EMR DEPART - -

Consulting Provider(s): McCambley, Brian Mortera, Lalaine

Copy To: McCambley, Brian

Ordering Provider: McCambley, Brian

Admitting Provider: McCambley, Brian

General Diagnostic

Accession Number

XR-09-081163

Exam

XR Chest 2 Views

Exam Date/Time

09 Dec 2009 21:46 EST

Ordering Physician

McCambley, Brian

Reason for Exam

Cough, Fever

Report

HISTORY: 3-year old male with cough and fever.

PA and lateral views of the chest compared to the previous study of 01/22/07.

The pulmonary vascularity, heart and mediastinal silhouettes are within normal limits. The trachea is in the midline and the bones are intact.

IMPRESSION:

No evidence of active cardiopulmonary disease.

***** Final *****

DICTATED BY: Welber, Adam

SIGNED BY: Welber, Adam

Danbury Radiology Associates, P.C.

Dictated: 12/09/2009

Signed: 12/10/2009