X12C0732A

#33

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center
2620 West Faidley Avenue Grand Island, NE 68803

REGISTRATION/ADMISSION FORM

UNIT NO	PATIENT NAME						
[redacted]	[redacted]						
DATE OF BIRTH	AGE	SEX	RACE	MARITAL STATUS	ACCOUNT NO	ADMIT DATE	ADMIT TIME
[redacted]	05M	F	WHITE	SINGLE	[redacted]	02/14/03	0320
RELIGION	SOCIAL SECURITY NO	DISCHARGE DISPOSITION	ROOM / BED	LOCATION/SERVICE	STATUS		
NO PREFERENCE	000-00-0000			ER	ER		
ATTENDING PHYSICIAN	FAMILY PHYSICIAN	LENGTH OF STAY (LOS)	DISCHARGE DATE	DISCHARGE TIME	OTHER PHYSICIAN		
[redacted]	[redacted]						

PATIENT INFORMATION

STREET: [redacted]
CITY/STATE/ZIP: GRAND ISLAND, NE 68801
PHONE: [redacted]
COUNTY: HALL
MAID/OTH NAMES:

EMPLOYER: CHILD
STREET:
CITY/STATE/ZIP:
HOME PHONE:
OCCUPATION:

NEXT OF KIN: [redacted]
STREET:
CITY/STATE/ZIP: GRAND ISLAND,NE 68801
HOME PHONE: [redacted]
WORK PHONE:
RELATIONSHIP: MOTHER

PERS TO NOTIFY: [redacted]
STREET:
CITY/STATE/ZIP: GRAND ISLAND,NE 68801
HOME PHONE: [redacted]
WORK PHONE:
RELATIONSHIP: AUNT

INSURANCE INFORMATION

GUARANTOR NAME: [redacted]
STREET:
CITY/STATE/ZIP: GRAND ISLAND,NE 68801
PHONE: [redacted]
SOCIAL SECURITY: [redacted]

EMPLOYER: [redacted]
STREET:
CITY/STATE/ZIP: GRAND ISLAND,NE 68801-5001
PHONE: [redacted]
OCCUPATION: [redacted]

INSURANCE: HEALTH & HUMAN SERVICE
POLICY NUMBER: [redacted]
COVERAGE NO
SUBSCRIBER

FINANCIAL CLASS	REGISTRAR	AUTHORIZATION NO	COMMENT
MD	ADM.JAP		

MEDICAL INFORMATION

ADMITTING DIAGNOSIS/REASON FOR VISIT: FEVER, WON'T SLEEP
DISCHARGE DIAGNOSIS:

PROCEDURES:

DRG:

FORM NO. FS-28 (04/00)

UNIT NO.

PHYSICIAN SIGNATURE

ACCOUNT NO.

Saint Francis Medical Center
Grand Island, Nebraska
CONDITIONS OF ADMISSION

1. **CONSENT FOR TREATMENT** I understand that I may have a condition requiring diagnostic procedures, physical examination and/or medical treatment. I hereby voluntarily consent to such diagnostic procedures (including, but not limited to, laboratory testing and x-ray testing), physical examination and such medical treatment as deemed necessary by my health care providers. I further acknowledge that no guarantees have been made to me as to the results of treatment or examination provided at the hospital.

2. **AUTHORIZATION FOR RELEASE OF INFORMATION** I hereby authorize Saint Francis Medical Center, Grand Island Radiology Associates, P.C., Radiation Oncology Associates, P.C., Greater Nebraska Rehabilitation Services, Pathology Specialists, L.L.C., Grand Island Imaging, L.L.C., and anesthesia groups to furnish from my medical record requested information or excerpts to any insurance company or third party payer for the purpose of obtaining payment of the account of the above named providers, or any physician providing care to the patient. The Medical Center is authorized to release information from my medical record to any skilled nursing facility or other health care facility to which I may be transferred.

3. **FINANCIAL AGREEMENT** I agree, whether I sign as the patient or as the legal representative of the patient, that in consideration of the services rendered to the patient that I individually obligate myself and the patient to pay the account of Saint Francis Medical Center in accordance with the regular rates and payment policy of the Medical Center. I understand that the payment policy requests a deposit at the time of admission, payment of accumulated charges at dismissal, and final payment on receipt of the itemized bill. I also understand that the above can be waived (excluding deductibles and coinsurance) if insurance benefits are assigned to the Medical Center. I further agree to grant Saint Francis Medical Center permission to obtain a credit rating report if applicable. Arrangements, which are different from this, must be made with the business office. If you believe you qualify for Community Benefit assistance, please notify the registrar or payment counselors.

4. **ASSIGNMENT OF INSURANCE BENEFITS** I assign to Saint Francis Medical Center, Grand Island Radiology Associates, P.C., Radiation Oncology Associates, P.C., Greater Nebraska Rehabilitation Services, Pathology Specialists, L.L.C., Grand Island Imaging, L.L.C. and anesthesia groups, and authorize direct payment to the respective above named providers of service all insurance benefits, including major medical and liability otherwise payable to the undersigned or the patient, but not to exceed the amount for service incident to this hospitalization. I agree to pay the above named providers for charges not paid according to this agreement.

5. **PRE-CERTIFICATION** I understand that it is my responsibility to ensure that appropriate pre-certification with my insurance company is completed for services provided.

6. **MEDICARE BENEFITS** Statement to Permit Payment of Medicare Benefits to Provider, Physicians, and Patients: I request payment of authorized Medicare benefits to me or on my behalf for any services furnished me by or in Saint Francis Medical Center including physician services. I authorize any holder of medical and other information about me to release to Medicare and its agents any information needed to determine these benefits or benefits for related services.

7. **NON-COVERED MEDICARE ADMISSIONS** The Medicare program has certain inpatient admissions that are excluded from coverage including, but not limited to, those admissions for cosmetic surgery, non-medically related dental surgery, routine diagnostic work up, and some routine physical examinations. If your medical chart indicates your admission is for any of the above and for which no Medicare benefits are allowable, please be advised that all charges incurred during this confinement will be your financial responsibility

8. **PERSONAL VALUABLES** Saint Francis Medical Center does not assume responsibility for money, valuables, dentures, and clothing kept in the patient's room including ALL privately owned appliances. All unnecessary articles of clothing should be sent home. It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables and the hospital shall not be liable for the loss of or damage to any money or other articles of unusual value unless placed therein.

9. **TEACHING AFFILIATION** I understand that Saint Francis Medical Center is affiliated with various teaching institutions and I agree to participate in the education of health care professionals including, but not limited to, physician and nurses. I agree that at times health care services can be delivered by residents and students under the supervision of an attending physician, department chairperson, faculty members, or other authorized hospital personnel.

10. **LEGAL RELATIONSHIP BETWEEN HOSPITAL AND PHYSICIAN** All physicians and surgeons furnishing services to the patient including radiologists, pathologists, anesthesiologists and other medical specialists are independent contractors with the patient and are not employees or agents of the Medical Center. The patient is under the care and supervision of his or her attending physician and it is the responsibility of the hospital through its nurses and technicians to carry out the instructions of such physicians. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital care rendered the patient under the general and special instructions of the physician and surgeon.

ACKNOWLEDGMENTS

By initialing after this statement I am acknowledging that Medicaid will not pay pre-certification or authorization penalties applied by my primary insurance company, and that I will be financially responsible. X [redacted]

By initialing after this statement I am acknowledging receipt of ADVANCE DIRECTIVE INFORMATION: X [redacted]

By initialing after this statement I am acknowledging receipt of "AN IMPORTANT MESSAGE FROM MEDICARE:" _____

By initialing after this statement I am acknowledging receipt of PATIENT RIGHTS AND RESPONSIBILITIES AND GRIEVANCE PROCESS: X [redacted]

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING, AND IS THE PATIENT OR IS DULY AUTHORIZED BY OR ON THE BEHALF OF THE PATIENT TO EXECUTE THE ABOVE AND ACCE[redacted]

Date: _____ Time: _____ Signed: [redacted]

Witness: _____ Or: [redacted]

Relationship to patient

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center
2620 West Faidley Avenue Grand Island, NE 68803

REGISTRATION/ADMISSION FORM

UNIT NO	PATIENT NAME	ACCOUNT NO	ADMIT DATE	ADMIT TIME
[redacted]	[redacted]	[redacted]	02/14/03	0320

DATE OF BIRTH	AGE	SEX	RACE	MARITAL STATUS	ROOM / BED	LOCATION/SERVICE	STATUS
[redacted]	05M	F				ER	ER

RELIGION	SOCIAL SECURITY NO	DISCHARGE DISPOSITION	LENGTH OF STAY (LOS)	DISCHARGE DATE	DISCHARGE TIME

ATTENDING PHYSICIAN	FAMILY PHYSICIAN	OTHER PHYSICIAN
[redacted]	[redacted]	

PATIENT INFORMATION

STREET: [redacted]
CITY/STATE/ZIP:
PHONE:
COUNTY
MAID/OTH NAMES

EMPLOYER:
STREET:
CITY/STATE/ZIP:
HOME PHONE:
OCCUPATION

NEXT OF KIN:
STREET:
CITY/STATE/ZIP:
HOME PHONE:
WORK PHONE:
RELATIONSHIP:

PERSONS TO NOTIFY
STREET
CITY/STATE/ZIP
HOME PHONE
WORK PHONE
RELATIONSHIP

INSURANCE INFORMATION

GUARANTOR NAME:
STREET:
CITY/STATE/ZIP:
PHONE:
SOCIAL SECURITY:

EMPLOYER:
STREET:
CITY/STATE/ZIP:
PHONE:
OCCUPATION:

INSURANCE	POLICY NUMBER	COVERAGE NO	SUBSCRIBER
	[redacted]	[redacted]	

FINANCIAL CLASS	REGISTRAR	AUTHORIZATION NO	COMMENT
	ADM.JAP		

MEDICAL INFORMATION

ADMITTING DIAGNOSIS/REASON FOR VISIT: FEVER, WON'T SLEEP
DISCHARGE DIAGNOSIS:

PROCEDURES:

DRG:

PHYSICIAN SIGNATURE

FORM NO. FS-28 (04/00)

UNIT NO.

ACCOUNT NO.

PATIENT:

UNIT#: [redacted]
AGE/SEX:

ADMIT/REG
ROOM:

SAINT FRANCIS MEDICAL CENTER
2620 W. FAIDLEY AVENUE
P.O. BOX 9804
GRAND ISLAND, NE 68802-9804

EMERGENCY DEPARTMENT AFTER CARE INSTRUCTIONS
Temperature Control

The examination and treatment you have received in the Emergency Department has been rendered on an emergency basis only, and it is not intended to be a substitute for or an effort to provide complete medical care. Your doctor or the follow-up doctor will receive a copy of your records and all test reports. IT IS IMPORTANT YOU LET HIM/HER RE-EVALUATE YOU, and that you report to him/her any new or remaining problems at that time, because IT IS IMPOSSIBLE TO RECOGNIZE AND TREAT ALL ELEMENTS OF INJURY OR ILLNESS IN A SINGLE EMERGENCY DEPARTMENT VISIT. Follow the instructions below as indicated. I have been given the option of having my prescriptions filled at a pharmacy of my choice.

[X] TEMPERATURE CONTROL
-98.6 isn't a magical number. Body temperature may vary up or down an still be normal for the person.
-Rectal temperature is one degree HIGHER than oral temperature, so a 99.6 rectal temperature is really normal because it is 98.6 orally.
-TREATING A FEVER
Persons with a fever should be dressed in LIGHT CLOTHING.
Plenty of fluids _____ 8oz. glasses in 24 hrs.
-INSTRUCTIONS
_____ DO NOT USE ASPIRIN.
_____ Take Tylenol _____ mg every 4 hours for fever.
_____ Take childrens liquid Motrin _____ mg every _____ hours for fever.
Check with your childs doctor if temperature.....
-Newborn to one month -- greater than 100.8
-One month to three months -- greater than 101.0
-3 months to 3 years -- greater than 102.
-Do not expect a person with a fever to feel like eating normally.
-CLEAR LIQUIDS INCLUDE THE FOLLOWING:
-Water (sugar water for infants)
-Flat soda pop (cola, gingerale, or clear)
-Jello or Jello water -Popsicles
-Tea -Broth Gatorade

[X] TYLENOL OR IBUPROFEN
-Tylenol 80 mg every four hours as needed for fever or pain
-Ibuprofen 25-50 mg every 4-6 hours as needed for fever or pain

[ ] INSTRUCTIONS FOR MEDICATION USE
[X] Prescriptions sent with patient
[ ] Prescriptions filled and sent with patient
-Fill all prescriptions immediately
-Follow label instructions for use
-Should you develop a rash, shortness of breath or swelling, contact your doctor or return to this Emergency Department
-Use of some medications may result in inability to drive or operate machinery. Read the label on all medications and consult with your doctor.

[X] X-RAY
-Your x-ray has been read on a preliminary basis as _____
-Final consultation and review by the radiologist will be made. YOU WILL BE NOTIFIED IF HIS INTERPRETATION DIFFERS and given specific instructions at that time. Pick up X-ray's from the X-RAY department prior to scheduled doctor appointments

[ ] OTHER SPECIFIC INSTRUCTIONS
[redacted] as prescribed

Call Dr. [redacted]
to make an appointment to be seen at his/her office as needed
Call to be seen sooner if symptoms persist or worsen.

I hereby acknowledge the receipt of these instructions and understand them. I further understand that I have had emergency treatment only and I must make arrangements for follow-up care.

[redacted]

ER-13 (11-99)

[redacted]

Triage

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center

[redacted] 20 West Faidley Avenue Grand Island, NE 68803
(308) 384-4600

Emergency Department Record

Emergent Urgent Non-urgent

Chief Complaint: C/o Ø sleeping ~~had~~ tonight or yesterday
Fever 100.9

Initial Vital Signs
Time 0325 Temp 101.3 Pulse 110 Resp 50
BP _____ Pain Irritable Pulse Ox 100% RA
Cardiac Monitor: ☐ Yes ☑ No Monitor Rhythm _____
Suspected Abuse or Neglect: ☐ Level Of Consciousness (A) V P U
☑ No ☐ Yes ☐ Notified Police ☐ Social Services
☐ See narrative

Mode of Arrival [redacted]
Transport From: ☐ Scene ☑ Home
☐ Referring Hospital _____
Report Received From: _____
Referring Physician: _____
Transport By: ☑ Private Vehicle ☐ Police
☐ Ambulatory ☐ Helicopter
☐ W/C ☐ Ambulance
☑ Carried
☐ Cart

History
Allergies: Ø

Medications: [redacted]

Past Illnesses: Ø

Last Tetanus _____ ☑ Current Immunizations
Weight 7.6 Kg 16.9 Lb ☑ Actual ☐ Stated

PHYSICIAN NOTES:

DCH

(3) [redacted]

NOTIFICATION WHO: TIME:
Family Physician _____ Other Physician _____

DIAGNOSIS: Roseola

DISCHARGE INSTRUCTIONS (FOLLOW-UP INSTRUCTIONS): Amoxil 200mg/5 3cc BID x10D

MD SIGNATURE: [signature]
NURSE SIGNATURE: [redacted]

PHYSICIANS ORDERS

TREATMENTS
| | MONITOR | | O_2 | | EKG
| | BP MONITOR | | OXIMETER | | N/G
| | FOLEY | | OLD CHARTS
| | OTHER: _____

DIAGNOSTIC TESTS
| | CBC | | BMP | | LYTES
| | ABG'S | | U.A. | | PREG TEST
| | BLOOD T&C | | BLOOD T&S | | TROPONIN
| | TRAUMA PANEL | | CMP | | PT | | PTT
| | URINE C&S | | THROAT C&S
| | CARDIAC ROUTINE | | CARDIAC ENZYMES
| | BLOOD CULTURES | | DRUG SCREEN
| | OTHER: _____

X-RAYS
| | C-SPINE | | PERF SERIES | | PELVIS
| | THORACIC-SPINE | | CHEST | | EXTREMITY
| | LUMBAR SPINE | | OTHER

CT SCAN
| | HEAD | | ABD | | PELVIS
| | C-SPINE | | OTHER _____

ULTRASOUND
| | _____

PHYSICIAN TX / ORDERS:

ER-15

[redacted]

CATHOLIC HEALTH INITIATIVES
Saint Francis Medical Center
2620 West Faidley Avenue Grand Island, NE 68803
(308) 384-4600

ER NURSING DOCUMENTATION

Injury Information

☒ NA

Date & Time of Injury _____

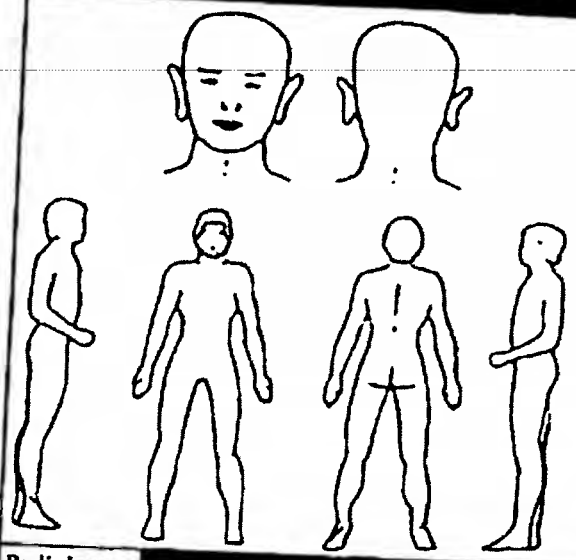
Place of Injury: ☐ Home ☐ Work ☐ School ☐ Other _____

☐ MVC ☐ MCC ☐ BCC

☐ Driver
☐ Restrained
☐ Unrestrained
☐ Child Restraint
☐ Speed _____ MPH
☐ Pedestrian vs Auto
☐ Gunshot Wound
☐ Crush
☐ Assault
☐ Livestock

☐ Passenger ☐ Front ☐ Back
☐ Air Bag Inflated ☐ Ejected
☐ Helmet Worn
☐ Drowning
☐ Suicide Attempt
☐ Overdose
☐ Fall _____ ft.
☐ Stab
☐ Burn
☐ Other _____

Mechanism of Injury _____



1. Abrasion
2. Amputation
3. Avulsion
4. Burn
5. Contusion
6. Crepitus
7. Deformity
8. Ecchymosis
9. Edema
10. Erythema
11. Foreign Body
12. Hematoma
13. Laceration
14. Pain
15. Rash
16. Other

Pre Hospital Information

☒ NA

BP _____ Pulse _____ Resp _____ EBL _____

SaO2 _____ O2 @ _____ liters/Min via _____

☐ Oral Airway ☐ Nasal Airway
☐ ET Tube # _____ ☐ NT Tube # _____
☐ Crico # _____ ☐ CPR
☐ Chest Tubes _____ Right _____ Left
☐ Needle Thoracostomy _____ Right _____ Left
☐ IV's # _____ ☐ Peripheral ☐ Central ☐ Intraosseous

IV Fluids: 1 2 3 4 5 6 Blood: 1 2 3 4 5

Medication _____

☐ Urinary Catheter ☐ XPI or KED (short backboard) ☐ NG Tube
☐ C-Collar ☐ CID (head blocks) ☐ Backboard

Radiology

Time Ordered	X-Ray	Time Done	Time Ordered	CT/Other	Time Done
	Skull			Head	
	Chest			Abdomen	
	Abdomen			Pelvis	
	Pelvis			Chest	
	Extremities			Neck	

Fluid Intake / Output Totals

Intake

IV: _____ mL
Blood: _____ mL

Output

Urine _____ mL
NG: _____ mL
Blood: _____ mL
Chest Tube: _____ mL
Emesis: _____ mL

Date/ Time	T	BP	P	R	Pain Rank	GCS	SaO2	Pupils Right Size	Pupils Right React	Pupils Left Size	Pupils Left React	Restraints	Medication Given	Comments
0340	101.1		108	44	crying		99%							discharge instructions given to Mother & prescription sent
														& _____ LR

Signatures: [redacted]

[redacted]

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center
2620 West Faidley Avenue Grand Island, NE 68803
(308) 384-4600

ER NURSING DOCUMENTATION

[redacted]

Airway Assessment [redacted] ☐ NA

Airway: ☒ Patent ☐ Obstruction
Obstructed by: ☐ Tongue ☐ Foreign Body ☐ Blood ☐ Vomitus ☐ Fractures
Upper Airway: ☐ Normal ☐ Nasal Singe ☐ Burns ☐ Carbon
Trachea: ☐ Midline ☐ Deviated ____L ____R
☐ Crepitus ☐ Edema
Other: _____

Breathing Assessment [redacted] ☐ NA

Respiratory Effort: ☒ Normal ☐ Apnea ☐ Grunting ☐ Dyspnea ☐ Nasal Flaring ☐ Agonal ☐ Retractions
Breath Sounds ☒ Equal ☒ Clear

Decreased	☐ R	☐ L	☐ U	☐ L
Absent	☐ R	☐ L	☐ U	☐ L
Rhonchi	☐ R	☐ L	☐ U	☐ L
Wheeze	☐ R	☐ L	☐ U	☐ L
Rales	☐ R	☐ L	☐ U	☐ L

Cough: ☐ Yes ☐ No
Describe: _____
☐ ETOH Odor
Other: _____

Circulation Assessment [redacted] ☐ NA

Heart Tone: ☒ Normal ☐ Rhythm _____ ☐ Murmur ☐ Rub ☐ Distant ☐ Extra Heart Sounds
Neck Veins: ☐ Normal ☐ Flat ☐ JVD
Skin: ☒ Pink ☐ Flush ☐ Mottled ☐ Cyanotic ☐ Pale ☐ Jaundice ☐ Moist ☐ Dry ☐ Cold ☒ Warm ☐ Pigmented
Pulses: (0-3) / Cap Refill (Seconds)
LUE___/___ RUE___/___ LLE___/___ RLE___/___
0=absent 1=questionable 2=weak 3=strong 4=bounding
Other: _____

Head / Neuro [redacted] ☒ NA

Loss of Consciousness: ☐ No ☐ Yes ☐ Unknown
How Long? _____
Facial Asymmetry: ☐ Yes Describe: _____
Purposeful Extremity Movement ☐ Yes ☐ Deficit Where? _____
Speech: Describe: _____
Sensation Distal to SCI: ☐ Normal ☐ Diminished ☐ Absent
Motor Distal to SCI: ☐ Normal ☐ Diminished ☐ Absent
Grasp: ☐ Equal ☐ R > L ☐ L > R
Dizzy: ☐ Yes ☐ No Describe _____
HA: ☐ Yes ☐ No Describe _____
Posturing: ☐ No ☐ Decorticate ☐ Decerebrate ☐ Flaccid

Pupil Size Scale

1mm 3mm 5mm 7mm 9mm

L. Pupil: _____ Size
☐ Reactive ☐ Non-reactive ☐ Sluggish ☐ Disconjugated
R. Pupil: _____ Size
☐ Reactive ☐ Non-reactive ☐ Sluggish ☐ Disconjugated

Action [redacted] ☒ NA

☐ Airway inserted ☐ Oral ☐ Nasal
☐ Intubated: _____PTA _____Oral _____Nasal
Time: _____ Size: _____ Inserted to: _____ cm
☐ ET position verified Time: _____
by whom: _____
☐ Crico Time: _____
☐ End tidal CO2 _____

Action [redacted] ☒ NA

O2: ☐ Nasal Cannula ☐ Non-rebreath mask ☐ Bag Valve Mask ☐ T-piece ☐ Blow by
Liters per minute: _____

Action [redacted] ☒ NA

☐ Pericardiocentesis:
Time _____ Amount _____
☐ Blood (clotting) ☐ Bloody Pericardial (non-clotting)
☐ Rapid Infuser ☐ Bear Hugger ☐ Warm Blankets
IV Access: ☐ Central ☐ Peripheral
Site _____ Gauge _____ Solution _____ Rate _____
Site _____ Gauge _____ Solution _____ Rate _____
☐ CPR: ☐ PTA ☐ ED Amount of time _____
☐ See Code Blue Sheet Pacer _____

Glasgow Coma Scale (GCS)

Infant	Eye Opening	Child/Adult
4	Spontaneously	4
3	Speech	3
2	Pain	2
1	No Response	1

Best Verbal Response

5	Babbles	Oriented	5
4	Irritable	Confused	4
3	Cries/Pain	Inapp Words	3
2	Moans	Incomprehensible	2
1	No Response		1

Best Motor Response

6	Spontaneous	Obey Com.	6
5	Localizes Pain		5
4	Withdraws from pain		4
3	Flexion (decorticate)		3
2	Extension (decerebrate)		2
1	No Response		1

= Total *GCS Total =

	GCS	RTS
Initial	14	
Final	14	

Revised Trauma Score ☒ NA

A. Respiratory RateShown:
10-29 = 4
>29 = 3
6-9 = 2
1-5 = 1
0 = 0
A._____

B. Systolic BP
>89 = 4
76-89 = 3
50-75 = 2
1-49 = 1
0 = 0
B._____

C Converted GCS as
13-15 = 4
9-12 = 3
6-8 = 2
4-5 = 1
3 = 0
C _____

Revised Trauma Score (RTS)
A+B+C=_____

<T> = Intubated
<S> = Chemically Sedated
<TP> = Intubated & chemically paralyzed
<L> = Legitimate values, without intervention

☐ = Initial _____ ☐ = Final _____

[redacted]

CATHOLIC HEALTH INITIATIVES
Saint Francis Medical Center
2620 West Faidley Avenue · (308) 384-4600 Grand Island, NE 68803

ER NURSING DOCUMENTATION

Head Exam

Head / Face / Scalp

☐ Normal
Describe

	Right	Left
Frontal		
Occipital		
Parietal		
Temporal		
Mandibular		
Chin		

Ears

☐ Normal
☐ Otorrhea ☐ L ☐ R
☐ Surface trauma ☐ L ☐ R
☐ Pain ☐ L ☐ R

*Key is the same as #1 - #14 on page 1.

Nose

☐ Normal
☐ Deformity
☐ Bleeding
☒ R nares
☒ L nares
☐ Rhinorrhea
☐ R nares
☐ L nares
☐ Laceration
☐ Abrasion
☐ Pain

Teeth

☐ Normal
☐ Malocclusion
☐ Broken Teeth
☐ Missing Teeth

Mouth

Lips: ☐ Laceration ☐ Swelling
Tongue ☐ Laceration ☐ Swelling

Eyes

☐ NA
☐ Normal
☐ Abnormal extraocular movements
☐ Gross visual/acuity intact
☐ Pain
☐ Visual Acuity _____ Lt _____ Rt
☐ Eye Irrigation

Bony Deformity	☐ L	☐ R
Soft Tissue Trauma	☐ L	☐ R
Edema	☐ L	☐ R
Ecchymosis	☐ L	☐ R
Abrasions	☐ L	☐ R
Lacerations	☐ L	☐ R

Neck Exam

☒ NA
☐ Normal
☐ Subcutaneous emphysema
☐ Surface/penetrating trauma/impaled objects
☐ Pain/tenderness
☐ Distended veins
☐ Dysphagia
☐ Ecchymosis

Action

☒ NA
Spinal Immobilization ☐ C-Collar ☐ Board ☐ PTA ☐ ED
C-Spine cleared by: _____
Spinal Immobilization removed at _____
CSM's intact after removal: ☐ Yes ☐ No

Chest Exam

☐ NA
☒ Normal
☐ Dyspnea
☐ Pain / Tenderness
☐ Sucking Chest Wound
☐ Bony Deformity
☐ Retractions
☐ Paradoxical movements
☐ Subq emphysema
☐ Surface / penetrating trauma impaled object

Action

☒ NA
Vent: Time _____ PEEP _____ Mode _____
TV _____ FIO2 _____ Rate _____
Chest Tubes: ☐ L) Size _____ Time _____
☐ R) Size _____ Time _____

Abdomen / GI Exam

☐ NA
Abdomen: ☒ Normal Last Meal: Last BM:
Recent Weight Change <>10 lb. ☐ No ☐ Yes ☐ Dietitian Consult
Bowel Sounds: ☐ Present ☐ Absent
Palpatations / Inspection:
☐ Normal ☐ Distended ☐ Firm ☐ Guarding ☐ Pain
☐ Rebound tenderness ☐ Ecchymosis ☐ Mass
☐ Surface/penetrating trauma/impaled object ☐ Diarrhea
Location: _____
☐ Nausea ☐ Vomiting
☐ Pregnant ☐ Fetal Movement _____
FHT _____
LMP _____ EDC _____ Gravida _____ Para _____

Action

☒ NA
☐ NG Tube: Time _____ Size _____
Position Verified: ☐ Auscultation ☐ Left nares
☐ Aspiration of gastric content ☐ Right nares
Contents: _____
☐ Peritoneal Lavage: ☐ Gastric Lavage Time: _____
Solution: _____
Returns ☐ Clear ☐ Pink ☐ Gross blood
☐ Specimen to Lab

Pelvis / GU Assessment

☒ NA
☐ Normal ☐ Pain ☐ Instability with pelvic squeeze ☐ Palpable deformity ☐ Crepitus ☐ Contusions

Urinary Meatus: ☐ Normal ☐ Blood ☐ Priapism
Urine ☐ Clear ☐ Cloudy ☐ Pink
☐ Bloody ☐ Concentrated
Urination: ☐ Pain / Burn ☐ Frequency ☐ Urgency

Voided: ☐ Yes Amount _____ ☐ No
Foley: Time _____ Size _____ Amount _____
☐ UA to Lab
☐ Pelvic Exam ☐ Cultures to Lab

Extremity Assessment

☐ NA
Check all abnormalities: ☐ WNL

RUE	LUE	RLE	LLE		Describe
☐	☐	☐	☐	Pulses	
☐	☐	☐	☐	Movement	
☐	☐	☐	☐	Sensation	
☐	☐	☐	☐	Pain/Tenderness	
☐	☐	☐	☐	Surface Trauma	
☐	☐	☐	☐	Deformity	
☐	☐	☐	☐	Edema	
☐	☐	☐	☐	Ecchymosis	
☐	☐	☐	☐	Crepitus	

Treatments

☐ Ice
☐ Sutures placed
☐ Staples
☐ Bleeding Controlled
☐ Wound Irrigated
☐ Elevation
☐ Wound Cleansed
☐ Dressing placed to wound
☐ Steri Strips
☐ Extremity splinted / casted

CMS and Pulse distal post-application: ☐ Yes ☐ No

Posterior Surface Assessment

☒ NA
☐ Normal ☐ Pain ☐ Surface trauma ☐ Impaled objects
☐ Ecchymosis ☐ Hematoma ☐ Spine Tenderness

[redacted]

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center

2620 West Faidley Avenue Grand Island, NE 68803 (308)384-4600

ER NURSING DOCUMENTATION

Trauma Team Activation: ☐ Yes ☒ No Time: _____

Partial Trauma Team Activation: ☐ Yes ☒ No Time: _____

Response Times

[redacted]

Service	Name	Time Called	Time Arrived
ED Physician			
Trauma Surgeon			
Trauma RN			
CT Tech			
Radiology Tech.			
Lab			
CPC			
Unit 3 Nurse			
ICU / Unit 1			
Social Svs / Chaplain			
Surgery Team			
Anesthesia			
Pediatrics			
Police Dept.			
Other			
Other			
Other			

Medications

[redacted]

Medications	Lot#	Exp Date	Route	Time	Site	Intial
DT 0.5cc [redacted]						
80mg PO 0335						

Date/ Time	T	BP	P	R	Pain Rank	GCS	SaO2	Right SIZE	Right REAC	Left SIZE	Left REAC	REASSESS	MED GIVEN	Comments

Disposition
- ☒ Discharged
- ☐ Admitted _____
- ☐ Transferred _____
- ☐ Expired
- ☐ Elopement
- ☐ AMA
- ☐ Other _____

Mode
- ☐ Ambulatory
- ☐ W/C
- ☐ Stretcher
- ☒ Carried
- ☐ EMS _____
- ☐ Other _____

Instruction to
- ☐ Patient
- ☒ Family Mom
- ☐ Other _____

Patient Response Evaluation
- ☒ States Understanding
- ☐ Demonstrates

Valuables
- ☒ Kept with Patient
- ☐ Secured
- ☐ Home with Family _____
- ☐ N/A
- ☐ Other _____

Condition at Discharge Ovia IV

Teaching Methods
- ☐ Demonstration
- ☒ Explanation
- ☒ Handout Type Fever [redacted]

Discharge Nurse [redacted]

Discharge Time 0548

[redacted]

ER MD

Trauma Surgeon

ER-13D

Emergency Department Nursing Record Charting Guidelines / Resources

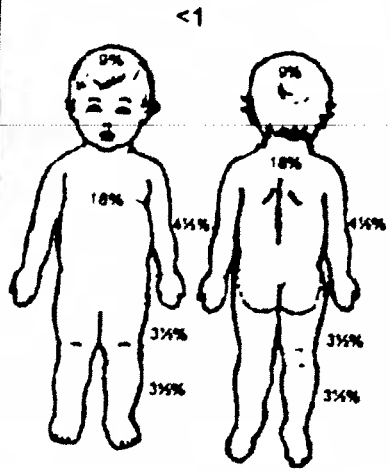
Pediatric Trauma Fluid
Guideline: 20 ml/Kg initial bolus

Parkland Formula: 4cc LR x wt in kg x % BSA burn. 1/2 fluids in first 8 hrs.: 1/4 second 8 hrs.: 1/4 last eight hrs.

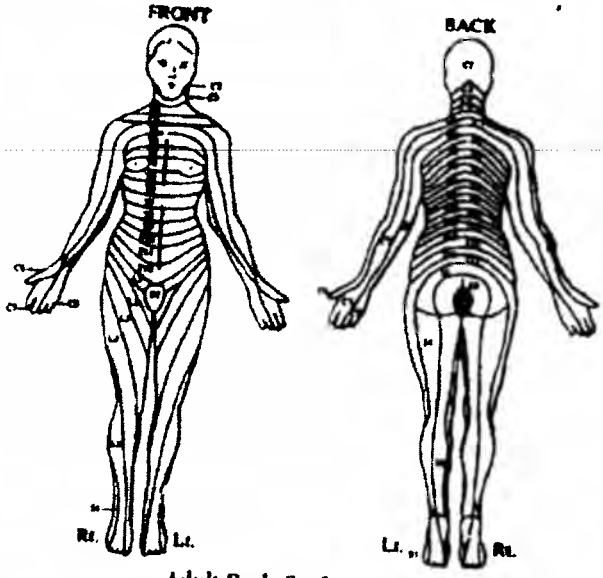
V.S. Pediatric Estimations

Age	Min. Heart Rate	Systolic BP
N.Born	80-205	70
6 mo	100-190	70
12 mo	100-190	72
2-3 yr	60-140	74
5-6 yr	60-140	82
8 yr	60-140	86
10 yr	50-100	90

Pediatric Body Surface Est.



Dermatome



Adult Body Surface Estimate

Modified Lund and Browder Chart

Burned Area	Age (years) 1	1 to 4	5 to 9	10 to 14	15	Adult
	Total Body Surface (%)					
Head	19	17	13	11	9	7
Neck	2	2	2	2	2	3
Anterior Trunk	13	13	13	13	13	13
Posterior Trunk	13	13	13	13	13	13
Right Buttock	2.5	2.5	2.5	2.5	2.5	2.5
Left Buttock	2.5	2.5	2.5	2.5	2.5	2.5
Genitalia	1	1	1	1	1	1
R.U. Arm	4	4	4	4	4	4
L.U. Arm	4	4	4	4	4	4
R.L. Arm	3	3	3	3	3	3
L.L. Arm	3	3	3	3	3	3
Right Hand	2.5	2.5	2.5	2.5	2.5	2.5
Left Hand	2.5	2.5	2.5	2.5	2.5	2.5
Right Thigh	5.5	6.5	8	8.5	9	9.5
Left Thigh	5.5	6.5	8	8.5	9	9.5
Right Leg	5	5	5.5	6	6.5	7
Left Leg	5	5	5.5	6	6.5	7
Right Foot	3.5	3.5	3.5	3.5	3.5	3.5
Left Foot	3.5	3.5	3.5	3.5	3.5	3.5

ADMIT DATE: 02/14/2003
MR# [redacted] ACCT#: [redacted]

SAINT FRANCIS MEDICAL CENTER
GRAND ISLAND, NEBRASKA

SEX: F AGE: 05M 08D DOB: [redacted]

EMERGENCY ROOM REPORT

TIME SEEN: 0230

CHIEF COMPLAINT: Fever, fussy.

HISTORY OF THE PRESENT ILLNESS: This is a five-month-old Hispanic male coming in with fever and fussiness. This started today. No real nausea or vomiting. No cough per se. No other associated symptoms.

PAST MEDICAL HISTORY: Significant disease - none.

ALLERGIES: None.

MEDICATIONS: [redacted]

FAMILY HISTORY/SOCIAL HISTORY: Brought in by mother.

REVIEW OF SYSTEMS: Constitutional: Just fever.
HEENT: Eyes negative. ENT negative.
Respiratory: No asthma.
GI: No nausea or vomiting.

The rest of the review of systems are negative.

PHYSICAL EXAMINATION: General: No acute distress.
Vital Signs: Vital signs stable. Pulse ox 100% on room air, temperature 101.3.
HEENT: Eyes negative. Nose - some purulent discharge from the nose. TMs - the right TM appears to be red and retracted. Left - just a little opaque. Throat clear.
Neck: Supple, no lymphadenopathy.
Lungs: Clear.
Heart: Regular rate and rhythm.
Abdomen: Nontender. No rebound, guarding, rigidity. I do not palpate any masses or organomegaly.
Extremities: Able to move all extremities in a full range of motion upper and lower without problems.
Skin: Warm, pink and dry.
CNS: Alert, active child, does not appear to be septic.

DIAGNOSIS: 1) Right otitis media. 2) Rhinitis.

TREATMENT: amoxicillin 200 per 5, 3 cc q12 x10 days, [redacted] recheck if not improving.

Medical Records

ADMIT DATE: 02/14/2003
MR#: [redacted] ACCT#: [redacted]

[redacted] NE [redacted]

SEX: F AGE: 05M 08D DOB: [redacted]

SAINT FRANCIS MEDICAL CENTER
GRAND ISLAND, NEBRASKA

EMERGENCY ROOM REPORT

CONDITION ON DISCHARGE: Good.

[redacted]

D 02/14/2003 T 02/14/2003 [redacted]

CC: [redacted] .D.

Medical Records

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center
3820 West Faidley Avenue Grand Island, NE 68803

PRINTED 09/20/03 1554

REGISTRATION/ADMISSION FORM

UNIT NO	PATIENT NAME	ACCOUNT NO	ADMIT DATE	ADMIT TIME
[redacted]	[redacted]	[redacted]	09/20/03	1554

DATE OF BIRTH	AGE	SEX	RACE	MARITAL STATUS	ROOM / BED	LOCATION/SERVICE	STATUS
[redacted]	1Y	F	WHITE	SINGLE		ER	ER

RELIGION	SOCIAL SECURITY NO		LENGTH OF STAY (LOS)	DISCHARGE DATE	DISCHARGE TIME
NO PREFERENCE	000-00-0000	EXPIRED			

ATTENDING PHYSICIAN	FAMILY [redacted]	OTHER PHYSICIAN
[redacted]		

PATIENT INFORMATION

STREET: [redacted]
CITY/STATE/ZIP: GRAND ISLAND, NE 68801
PHONE: [redacted]
COUNTY: HALL
MAID/OTH NAMES:

EMPLOYER: CHILD
STREET:
CITY/STATE/ZIP:
HOME PHONE:
OCCUPATION:

NEXT OF KIN: [redacted]
STREET:
CITY/STATE/ZIP: GRAND ISLAND,NE 68801
HOME PHONE: [redacted]
WORK PHONE:
RELATIONSHIP: MOTHER

PERS TO NOTIFY: [redacted]
STREET:
CITY/STATE/ZIP: GRAND ISLAND,NE 68801
HOME PHONE: [redacted]
WORK PHONE:
RELATIONSHIP: AUNT

INSURANCE INFORMATION

GUARANTOR NAME: [redacted]
STREET:
CITY/STATE/ZIP: GRAND ISLAND,NE 68801
PHONE: [redacted]
SOCIAL SECURITY:

EMPLOYER: [redacted]
STREET:
CITY/STATE/ZIP: GRAND ISLAND,NE 68801-5001
PHONE: [redacted]
OCCUPATION: DST

INSURANCE	POLICY NUMBER	COVERAGE NO	SUBSCRIBER
HEALTH & HUMAN SERVICE	[redacted]		

FINANCIAL CLASS	REGISTRAR	AUTHORIZATION NO	COMMENT
MD	ADM.TLB		

MEDICAL INFORMATION

ADMITTING DIAGNOSIS/REASON FOR VISIT: UNRESPONSIVE
DISCHARGE DIAGNOSIS:

PROCEDURES:

DRG. _____

PHYSICIAN SIGNATURE

FORM NO. FS-28 (04/00)

UNIT NO.

ACCOUNT NO.

PATIENT: [redacted]

UNIT #: [redacted] ACCOUNT#: [redacted]
AGE/SEX: 1Y F DOB: [redacted]

ADMIT/REG DATE: 09/20/03
ROOM: LOC: ER

SAINT FRANCIS MEDICAL CENTER
2620 W FAIDLEY AVENUE
PO BOX 9804
GRAND ISLAND, NE 68802-9804

MORTUARY RECORD

Patient name [redacted] Room #: ER

Date of death: 9/20/03 Time: 1612 Physician [redacted]

Patient's disease was communicable? YES: NO: X

Mortuary [redacted]

Address: [redacted] Grand Island, Ne.

Autopsy: YES: ____ NO: X Date: ____ Time: ____

Body Removed: Date: 9/20/03 Time: 1825

Mortician/Designee [redacted]

Witness [redacted]

NS-14 (08/99) Unit#: [redacted] Acct#: [redacted]

[redacted] F 1Y
ADM DT: 09/20/03 1554 DOB: [redacted]

Patient Name [redacted] F #

Saint Francis Medical Center

Date 9/20/03 Time Event Recog. 1527 Location ER Trauma 2
Age 1 year old Weight ____ Length ____

Was a hospital-wide resuscitation response activated? ☒ Yes ☐ No
Type of Event: ☐ Respiratory ☐ Respiratory Leading to Cardiopulmonary ☐ Cardiopulmonary
Witnessed: ☐ Yes ☒ No Indicate all monitors that were present at Onset: ☐ ECG ☐ Pulse Ox. ☐ Apnea
Patient Conscious at Onset: ☐ Yes ☒ No Pulse Present at Onset: ☐ Yes ☒ No

Airway/Ventilation

Initial: ☐ Spontaneous ☐ Apnea ☐ Agonal ☒ Assisted
Types of Ventilation: ☐ Mouth/Mouth ☐ Mouth/Mask ☒ BVM ☒ ETT ☐ Tracheotomy ☐ Other
Time of First Assisted Ventilation In Field
ETT Intubation: Time ____ Size 4.5
By Whom: In Field
Secondary Confirmation: ☒ Auscultation ☐ Ex. CO_2 CXR ☐ Esophageal Detection Device

Circulation

Initial Rhythm Asystole
Time Chest Compressions were Started In Field
Rhythm when Chest Compressions Started asystole
Patient Defibrillated ☐ Yes ☒ No
If yes: Time of first Shock ____
AED Applied ☐ Yes ☒ No
AED Shock ☐ Advised ☐ Delivered ☐ 1st Shock
Pacemaker On ☐ Yes ☒ No

Time	Resp. Spontaneous / Assisted	Pulse Spontaneous / Compressions	BP	Rhythm	Defib/Cardiovert Joules	Amiodarone 300 mg IV	Atropine 1 mg IV	Epinephrine 1 mg IV	Sodium Bicarbonate 100 mg IV	Vasopressin 40 u IV	IV Fluids/ Rate	Dopamine	Dobutamine	Epinephrine	Norepinephrine	Comments: i.e.: Peripheral/Central Line Placement, ID, Chest tube, Vital Signs, Response to Intervention
1554																
1559																
1600																
1601																
1604																
1605																
1612																Code Called

Outcome

Resuscitation Event Ended @ 1612
Status: ☐ Alive ☒ Dead
Reason Resuscitation Ended: ☐ Restoration of Circulation ☐ Restoration of Ventilation ☒ Unresponsive to ALS ☐ Medical Futility ☐ Advance Directives ☐ [redacted]

Recorder's Signature & ID [redacted] RN Physician's Printed Name [redacted]
ICU/Code Team
Nurse's Signature & ID [redacted] Physician's Signature [redacted]

Provided by American Heart Association's National Registry for Cardiopulmonary Resuscitation

[redacted]

ADM DT: 09/20/03 DOB: [redacted] F 1Y

DATE	TIME	CODE BLUE NARRATIVE RECORD
9/20/03	1554	Pt arrives per GLFD on cart - transferred to bed. Compressions in progress, ventilations bag valve to ETT, Rhythm asystole. Petechiae noted head.
	1555	Breath sounds bilat per Carrie RRT / Angie RRT. Compressions continued by [redacted] RN. Pupils 5mm Rt Fixed, unresponsive.
	1556	Intraosseous attempted per Dr [redacted] lt shin NS IVF attached - no flow. Multiple peripheral IV attempts
	1558	Dr [redacted] @ bedside
	1559	Compressions by [redacted]. Atropine 4mg ETT
	15 1600	Intraosseous - dripping slowly NS - Dr [redacted] assesses patency - compressions held - asystole
	1601	40cc NS bolus per Mcaw pump, 2cc Epi, per IO
	1602	CXR being obtained - pupils fixed rt 7mm lt 6mm, no response
	1604	2mg Atropine IO site.
	1605	IO site lost, 4mg Atropine ETT
	1606	rhythm: asystole (40 minutes since GLFD first dispatched)
	1607	ETT pulled back 2cm per Dr [redacted] after viewing CXR. Nursing supervisor speaking with family in waiting room. Bilat breath sounds present
	1609	IO D/c'd by Dr [redacted]. [redacted]

Staff present

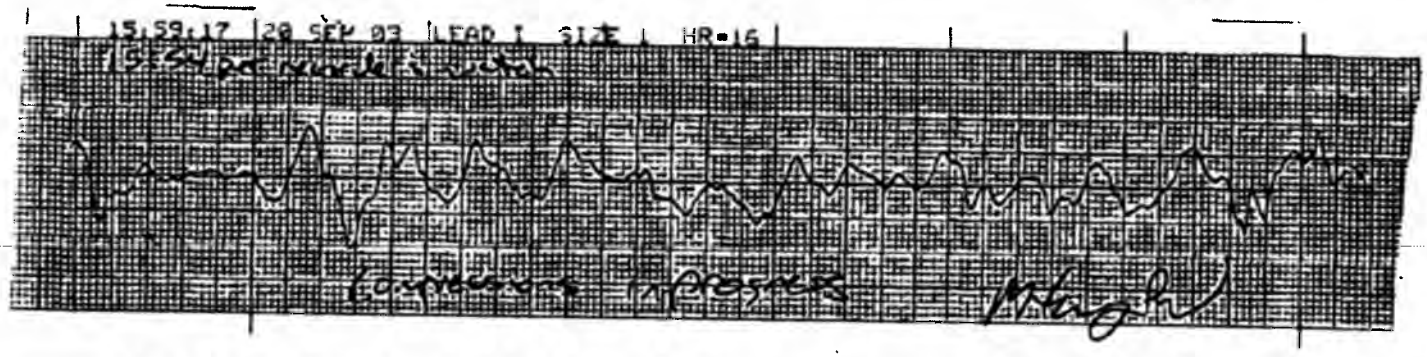
[redacted]

[redacted]

[redacted]

ADM DT: 09/20/03 F 1Y
1554 DOB: [redacted]

DATE	TIME	CODE BLUE NARRATIVE RECORD
9/20/03	1611	Rt pupil 6mm, oval & fixed. Lt pupil 3mm - fixed. Dr [redacted] back after speaking with family. Reportedly it is more difficult to bag / chest compressions.
	1612	Code called after Dr [redacted] spoke w/family. Dr [redacted] @ bedside. [redacted] RN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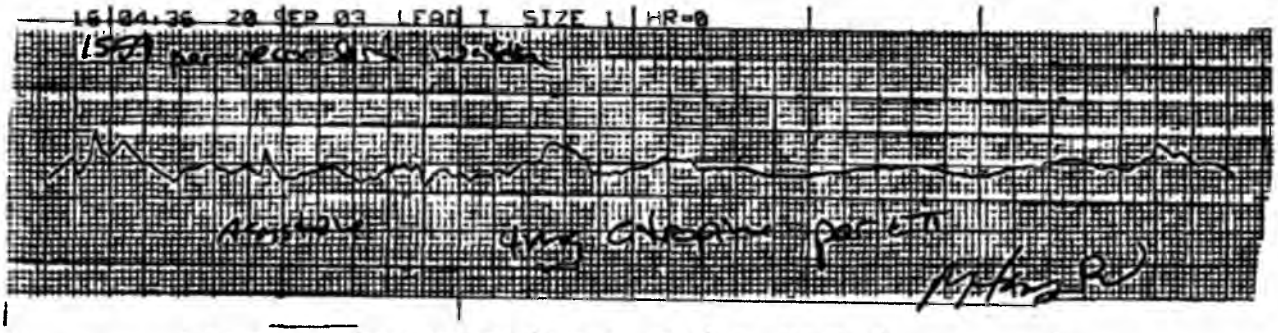
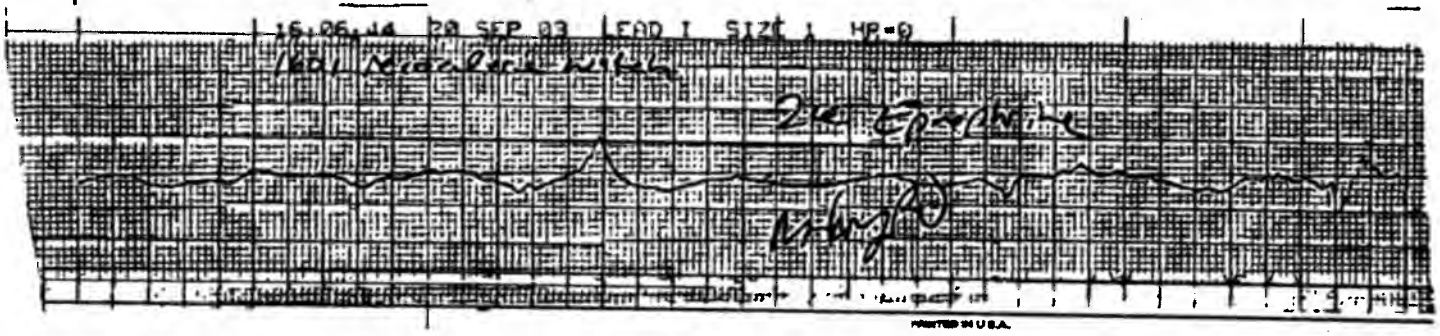

16:04:36 20 SEP 03 LEAD I SIZE 1 HR=0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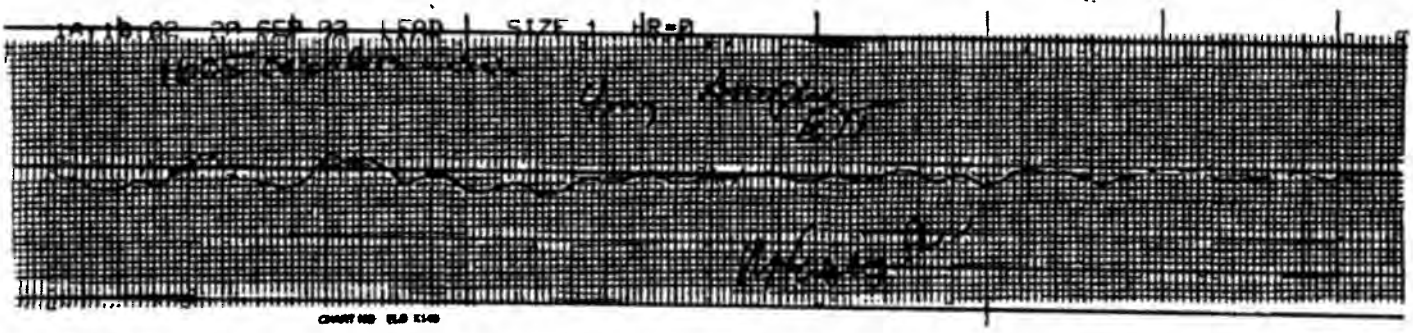
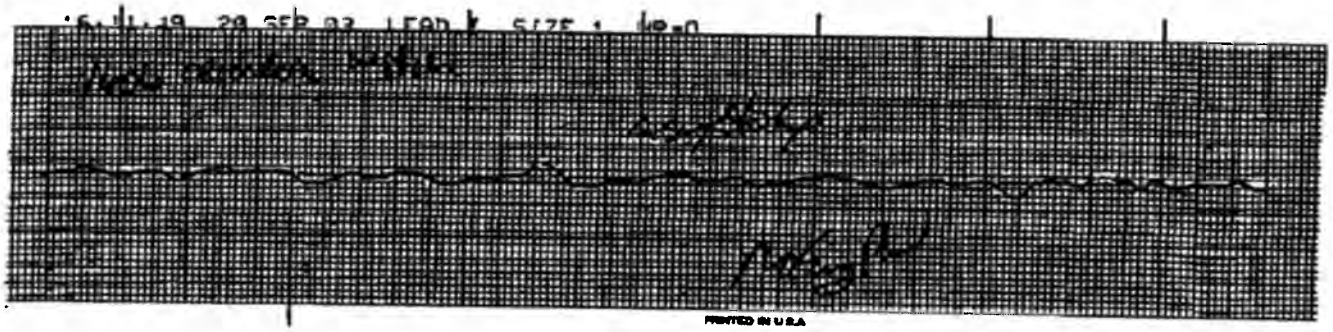




Pg 4 of 4

16:17:02 20 SEP 03 FOD 1 SIZE : HR-8

code ORVQ

Problem with time 1 16/2 [redacted]

[redacted]

ADM DT:09/20/03 DOB: [redacted] F 1Y

1554

[redacted]

ADM DT: 09/20/03 1554 DOB: [redacted] F 1Y

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center

2620 West Faidley Avenue Grand Island, NE 68803 (308) 384-4600

Emergency Department Record

Triage

Physician [redacted]

Chief Complaint: Baby found hanging from bouncer pads at approx 1500 Code Blue in progress

Initial Vital Signs [redacted]

Time 1559 Temp 98.7 Pulse Resp

BP Code Stroke

Cardiac Monitor: ☐ Yes ☐ No Monitor Rhythm

Suspected Abuse or Neglect: ☐ Level Of Consciousness A V P U

☐ No ☐ Yes ☐ Notified Police ☐ Social Services

☐ See narrative

Mode of Arrival [redacted]

Transport From: ☐ Scene ☐ Home

☐ Referring Hospital

Report Received From:

Referring Physician:

Transport By: ☐ Private Vehicle ☐ Police ☐ Ambulatory ☐ Helicopter ☐ W/C ☐ Ambulance ☐ Carried ☐ Fire ☐ Car

History

Allergies: NKA

Medications: 0

Past Illnesses:

Weight: ____ Kg ____ Lb ☐ Actual ☐ Stated

Last Tetanus ____ ☐ Current Immunizations

PHYSICIAN NOTES:

Dictated 803792 Level IV

PHYSICIAN NOTIFICATION

	WHO:	TIME:
Family Physician		
Trauma Physician		
Other Physician		

DIAGNOSIS: Cardio pulmonary arrest.

DISCHARGE INSTRUCTIONS (FOLLOW-UP INSTRUCTIONS):

MD SIGNATURE: [redacted]

TRAUMA PHYSICIAN:

NURSE SIGNATURE: [redacted]

PHYSICIANS ORDERS

TREATMENTS

[X] MONITOR [X] O_2 [ ] EKG

[X] BP MONITOR [X] OXIMETER [ ] N/G

[ ] FOLEY [ ] OLD CHARTS

[ ] OTHER:

DIAGNOSTIC TESTS

[ ] CBC [ ] BMP [ ] LYTES

[ ] ABG'S [ ] UA/CS [ ] PREG TEST

[ ] BLOOD T&C [ ] BLOOD T&S [ ] TROPONIN

[ ] ETOH [ ] CMP [ ] PT [ ] PTT

[ ] CARDIAC ROUTINE [ ] THROAT C&S [ ] DRUG SCREEN

[ ] BLOOD CULTURES [ ] CARDIAC ENZYMES

[ ] TRAUMA ROUTINE [ ] OTHER:

X-RAYS

[X] C-SPINE [ ] PERF SERIES [ ] PELVIS

[ ] THORACIC-SPINE [X] CHEST [ ] EXTREMITY

[ ] LUMBAR SPINE [ ] OTHER

CT SCAN

[ ] HEAD [ ] ABD [ ] PELVIS

[ ] NECK [ ] CHEST [ ] OTHER

ULTRASOUND

[ ]

PHYSICIAN TX / ORDERS:

1100 - MDRS notified - #3419066

[redacted]

[redacted] F 1Y

ADM DT: 09/20/03 DOB: [redacted]
1554

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center
2620 West Faidley Avenue Grand Island, NE 68803
(308) 384-4600

ER NURSING DOCUMENTATION

Injury Information

☐ NA

Injury Date 9/20/03 Estimated Time of Injury 1550

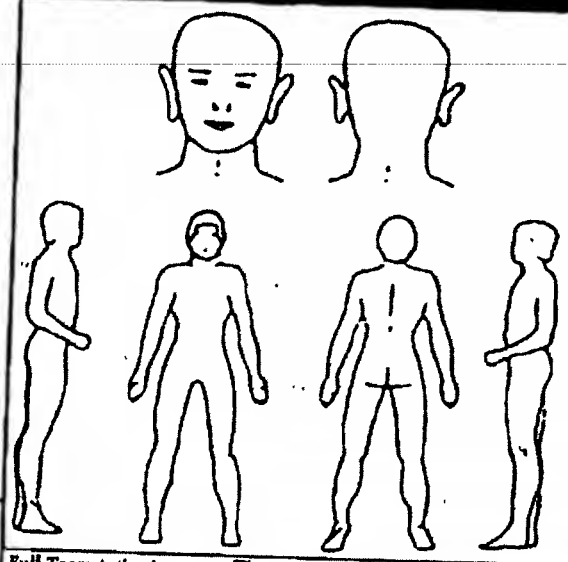
Place of Injury: ☐ Home ☐ Work ☐ School ☐ Other _____

☐ MVC ☐ MCC ☐ BCC

☐ Driver
☐ Restrained
☐ Unrestrained
☐ Child Restraint
☐ Speed _____ MPH
☐ Pedestrian vs Auto
☐ Gunshot Wound
☐ Crush
☐ Assault
☐ Livestock

☐ Passenger ☐ Front ☐ Back
☐ Air Bag Inflated ☐ Ejected
☐ Helmet Worn
☐ Drowning
☐ Suicide Attempt
☐ Overdose
☐ Fall _____ ft.
☐ Stab
☐ Burn
☐ Other _____

Mechanism of Injury Found hanging by string from



1. Abrasion
2. Amputation
3. Avulsion
4. Burn
5. Contusion
6. Crepitus
7. Deformity
8. Ecchymosis
9. Edema
10. Erythema
11. Foreign Body
12. Hematoma
13. Laceration
14. Pain
15. Rash
16. Other

Pre Hospital Information

☐ NA

Time 1544 ETA 4 min

BP _____ Pulse Asystole Resp _____ EBL _____

SaO2 _____ O2 @ _____ liters/Min via _____

☐ Oral Airway ☐ Nasal Airway
☐ ET Tube # _____ ☐ NT Tube # _____
☐ Crico # _____ ☐ CPR
☐ Chest Tubes _____ Right _____ Left
☐ Needle Thoracostomy _____ Right _____ Left
☐ IV's # J/O ☐ Peripheral ☐ Central ☐ Intraosseous

IV Fluids: 1 2 3 4 5 6 Blood: 1 2 3 4 5

Medication: _____

☐ Urinary Catheter ☐ XPt or KED (short backboard) ☐ NG Tube
☐ C-Collar ☐ CID (head blocks) ☐ Backboard

Full Team Activation: ☐ Yes ☐ No Time: _____
Partial Trauma Team Activation: ☐ Yes ☐ No Time: _____

Response Times

Service	Name	Time Arrived
ED Physician		
Trauma Surgeon		
Trauma RN		
CT Tech		
Radiology Tech.		
Lab		
CPC		
Unit 3 Nurse		
ICU / Unit 1		
Social Svs / Chaplain		
Surgery Team		
Anesthesia		
Pediatrics		
House Supervisor		

Medications

Medications	Lot#	Exp Date	Route	Time	Site	Intial
DT 0.5cc						

Medications	Route	Time	Site	Intial

ER-15A

[redacted]

ADM DT: 08/20/03 1554 DOB: [redacted] F 1Y

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center
2620 West Faidley Avenue Grand Island, NE 68803
(308) 384-4600

ER NURSING DOCUMENTATION

Airway Assessment

Airway: ☒ Patent ☐ Obstruction
Obstructed by: ☐ Tongue ☐ Foreign Body ☐ Blood ☐ Vomitus ☐ Fractures
Upper Airway: ☒ Normal ☐ Nasal Singe ☐ Burns ☐ Carbon
Trachea: ☒ Midline ☐ Deviated ____L ____R
☐ Crepitus ☐ Edema
Other: ____

Breathing Assessment

Respiratory Effort: ☐ Normal ☐ Apnea ☐ Grunting ☐ Dyspnea ☐ Nasal Flaring ☐ Agonal ☐ Retractions ☒ Bagging/Assist.
Breath Sounds ☒ Equal ☒ Clear
Decreased ☐ R ☐ L ☐ U ☐ L Cough: ☐ Yes ☐ No
Absent ☐ R ☐ L ☐ U ☐ L Describe: ____
Rhonchi ☐ R ☐ L ☐ U ☐ L
Wheeze ☐ R ☐ L ☐ U ☐ L ☐ ETOH Odor
Rales ☐ R ☐ L ☐ U ☐ L
Other: ____
Other: ____

Circulation Assessment

Heart Tone: ☐ Normal ☒ Rhythm Asystole ☐ Murmur ☐ Rub ☐ Distant heart tones absent ☐ Extra Heart Sounds
Neck Veins: ☐ Normal ☐ Flat ☐ JVD
Skin: ☐ Pink ☐ Flush ☐ Mottled ☐ Cyanotic ☒ Pale ☐ Jaundice ☐ Moist ☐ Dry ☐ Cold ☐ Warm ☐ Pigmented ☐ Dusky ☐ Ashen petechia on neck + face
Pulses: (0-3) / Cap Refill (Seconds)
LUE NONE RUE ___ LLE ___ RLE ___
0=absent 1=questionable 2=weak 3=strong 4=bounding
Other: ____

Head / Neuro

Loss of Consciousness: ☐ No ☐ Yes ☒ Unknown How Long? ____
Alert? ☐ Yes ☒ No: Oriented: ☐ Yes ☐ No
Amnesic to event? ☐ Yes
Facial Asymmetry: ☐ Yes Describe: ____
Purposeful Extremity Movement ☐ Yes ☐ Deficit Where? ____
Speech: Describe: ____
Sensation Distal to SCI: ☐ Normal ☐ Diminished ☐ Absent
Motor Distal to SCI: ☐ Normal ☐ Diminished ☐ Absent
Grasp: ☐ Equal ☐ R > L ☐ L > R
Dizzy: ☐ Yes ☐ No Describe ____
HA: ☐ Yes ☐ No Describe ____
Posturing: ☐ No ☐ Decorticate ☐ Decerebrate ☐ Flaccid

Pupil Size Scale

1mm 3mm 5mm 7mm 9mm

L. Pupil: 4 Size
☐ Reactive ☒ Non-reactive ☐ Sluggish ☐ Disconjugated
R. Pupil: 6 Size
☐ Reactive ☒ Non-reactive ☐ Sluggish ☐ Disconjugated

Action

☐ NA
☐ Airway inserted ☐ Oral ☐ Nasal
☒ Intubated: X PTA ____ Oral ____ Nasal
Time: ____ Size: 4.5 Inserted to: ____ cm
☒ ET position verified Time: ____ by whom: ____
☐ Crico Time: ____ ☐ End tidal CO2 ____
Vent: Time ____ PEEP ____ Mode ____
TV ____ FIO2 ____ Rate ____

Action

☐ NA
O2: ☐ Nasal Cannula ☐ Non-rebreath mask ☒ Bag Valve Mask ☐ T-piece ☐ Blow by ☒ ET Liters per minute: 15
Chest Tubes: ☐ L) Size ____ Time ____ ☐ R) Size ____ Time ____

Action

☐ NA
☐ Pericardiocentesis: See Code Blue Record
Time ____ Amount ____
☐ Blood (clotting) ☐ Bloody Pericardial (non-clotting)
☐ Rapid Infuser ☐ Bear Hugger ☒ Warm Blankets
IV Access: ☐ Central ☐ Peripheral Time: ____
Site ____ Gauge ____ Solution ____ Rate ____
Site ____ Gauge ____ Solution ____ Rate ____
☐ CPR: ☐ PTA ☐ ED Amount of time ____
☐ See Code Blue Sheet Pacer ____

Glasgow Coma Scale (GCS)

Infant	Eye Opening	Child/Adult
4	Spontaneously	4
3	Speech	3
2	Pain	2
1	No Response	1

5	Babbles / Oriented	5
4	Irritable / Confused	4
3	Cries/Pain / Inapp. Words	3
2	Moans / Incompreh.	2
1	No Response	1

6	Spontaneous / Obey Com.	6
5	Localizes Pain	5
4	Withdraws from pain	4
3	Flexion (decorticate)	3
2	Extension (decerebrate)	2
1	No Response	1

3 = Total *GCS Total =
GCS RTS
Initial 3
Final 3

☐ NA Revised Trauma Score

A. Respiratory Rate Shown:
10-29 = 4
>29 = 3
6-9 = 2
1-5 = 1
0 = 0
A. 0

B. Systolic BP
>89 = 4
76-89 = 3
50-75 = 2
1-49 = 1
0 = 0
B. 0

C. Converted GCS as
13-15 = 4
9-12 = 3
6-8 = 2
4-5 = 1
3 = 0
C. 0

Revised Trauma Score (RTS)
A+B+C= 0

<T> = Intubated
<S> = Chemically Sedated
<TP> = Intubated & chemically paralyzed
<L> = Legitimate values, without intervention

☐ = Initial ☐ = Final
+ T

ER-15B

[redacted]

ADM DT: 09/20/03 DOB: [redacted] F 1Y
1554

CATHOLIC HEALTH INITIATIVES
Saint Francis Medical Center
2620 West Faidley Avenue Grand Island, NE 68803
(308) 384-4600

Assessment

ER NURSING DOCUMENTATION

Head Exam [redacted] ☐ NA

Head / Face / Scalp

☒ Normal
Describe

	Right	Left
Frontal		
Occipital		
Parietal		
Temporal		
Mandibular		
Chin		

Ears

☒ Normal
☐ Otorrhea ☐ L ☐ R
☐ Surface trauma ☐ L ☐ R
☐ Pain ☐ L ☐ R

*Key is the same as #1 - #14 on page 1.

Nose

☒ Normal
☐ Deformity
☐ Bleeding
☐ R nares
☐ L nares
☐ Rinorrhea
☐ R nares
☐ L nares
☐ Laceration
☐ Abrasion
☐ Pain

Teeth

☒ Normal
☐ Malocclusion
☐ Broken Teeth
☐ Missing Teeth

Mouth

Lips: ☐ Laceration ☐ Swelling
Tongue ☐ Laceration ☐ Swelling

Eyes

☒ Normal
☐ Abnormal extraocular movements
☐ Gross visual/acuity intact
☐ Pain
☐ Visual Acuity _____ Lt _____ Rt
☐ Eye Irrigation
Bony Deformity ☐ L ☐ R
Soft Tissue Trauma ☐ L ☐ R
Edema ☐ L ☐ R
Ecchymosis ☐ L ☐ R
Abrasions ☐ L ☐ R
Lacerations ☐ L ☐ R

Neck Exam [redacted] ☐ NA

☒ Normal See narrative
☐ Subcutaneous emphysema
☐ Surface/penetrating trauma/impaled objects
☐ Pain/tenderness
☐ Distended veins
☐ Dysphagia
☐ Ecchymosis
Throat: ☐ Pain

Action [redacted] ☐ NA

Spinal Immobilization ☐ C-Collar ☒ Board ☐ PTA ☐ ED
C-Spine cleared by: _____
Spinal immobilization removed at _____
CSM's intact after removal: ☐ Yes ☐ No

Chest Exam [redacted] ☐ NA

☒ Normal See narrative
☐ Dyspnea
☐ Pain / Tenderness
☐ Sucking Chest Wound
☐ Bony Deformity
☐ Retractions
☐ Paradoxical movements
☐ Subq emphysema
☐ Surface / penetrating trauma impaled object

Abdomen / GI Exam [redacted] ☐ NA

Abdomen: ☐ Normal Last Meal: Last BM:
Recent Weight Change <>10 lb. ☐ No ☐ Yes ☐ Dietitian Consult
Bowel Sounds: ☐ Present ☐ Absent ☐ Hypoactive ☐ Hyperactive
Palpations / Inspection:
☐ Normal ☒ Distended ☐ Firm ☐ Guarding ☐ Pain
☐ Rebound tenderness ☐ Ecchymosis ☐ Mass
☐ Surface/penetrating trauma/impaled object ☐ Diarrhea
Location: _____

☐ Nausea ☐ Vomiting
☐ Pregnant ☐ Fetal Movement _____
FHT _____
LMP _____ EDC _____ Gravida _____ Para _____

Action [redacted] ☒ NA

☐ NG Tube: Time _____ Size _____
Position Verified: ☐ Auscultation ☐ Left nares
☐ Aspiration of gastric content ☐ Right nares
Contents: _____
☐ Peritoneal Lavage: ☐ Gastric Lavage Time: _____
Solution: _____
Returns ☐ Clear ☐ Pink ☐ Gross blood
☐ Specimen to Lab

Pelvis / GU Assessment [redacted] ☒ NA

☐ Normal ☐ Pain ☐ Instability with pelvic squeeze ☐ Palpable deformity ☐ Crepitus ☐ Contusions

Urinary Meatus: ☐ Normal ☐ Blood ☐ Priapism
Urine: ☐ Clear ☐ Cloudy ☐ Pink
☐ Bloody ☐ Concentrated
Urination: ☐ Pain / Burn ☐ Frequency ☐ Urgency

Voided: ☐ Yes Amount _____ ☐ No
Foley: Time _____ Size _____ Amount _____
☐ UA to Lab
☐ Pelvic Exam ☐ Cultures to Lab

Extremity Assessment [redacted] ☐ NA

Check all abnormalities: ☐ WNL

RUE	LUE	RLE	LLE		Describe
☐	☐	☐	☐	Pulses	
☐	☐	☐	☐	Movement	
☐	☐	☐	☐	Sensation	
☐	☐	☐	☐	Pain/Tenderness	
☐	☐	☐	☐	Surface Trauma	
☐	☐	☐	☐	Deformity	
☐	☐	☐	☐	Edema	
☒	☐	☐	☐	Ecchymosis	Upper arm
☐	☐	☐	☐	Crepitus	

Posterior Surface Assessment ☒ NA

☒ Normal
☐ Pain
☐ Surface trauma
☐ Impaled objects
☐ Ecchymosis
☐ Hematoma
☐ Spine Tenderness

ER-TSC

[redacted]

ADM DT: 09/20/03 1554 DOB: [redacted] F 1Y

CATHOLIC HEALTH INITIATIVES

Saint Francis Medical Center
2620 West Faidley Avenue Grand Island, NE 68803
(308)384-4600

ER NURSING DOCUMENTATION

Treatments [redacted]

☐ Ice ☐ Elevation ☐ Sutures placed ☐ Wound Cleansed ☐ Staples ☐ Dressing placed to wound
☐ Bleeding Controlled ☐ Wound Irrigated _____ ☐ Steri Strips
☐ Extremity splinted / casted _____
CMS and Pulse distal post-application: ☐ Yes ☐ No

Date/ Time	T	BP	P	R	Pain Rank	GCS	SaO2	Right SIZE	Right REAC	Left SIZE	Left REAC	REASSESS	MEDGIVEN	Comments
1554														Code Blue Jr called
														R arm + right chest
														swollen and ecchymotic
														R side of neck red
														striation noted
1558														Dr. [redacted] speaks
														with family
1612														Code Blue called.
1620														Hall County Attorney
														notified - [redacted]
														will come in — SW
E 1612														Grand Police Officer
														Bennett here / badge
														# 446
1630														Grand Police Investigator
														T. Dvorak here badge #46
1645														Family @ bedside
1700														[redacted] here
														Grand Police Officer Hildebrand
														badge # 307 here
1728														[redacted] here says we
														can take tube out - Not pulsing

Disposition
☐ Discharged
☐ Admitted _____
☐ Transferred _____
☒ Expired ☐ Organ Donor
☐ Autopsy
☐ Elopement ☐ AMA
☐ Other _____

Mode
☐ Ambulatory
☐ W/C
☐ Stretcher
☐ Carried
☐ EMS _____
☐ Other _____

Condition at Discharge: Expired @ 1612

Instruction to
☐ Patient ☐ Family
☐ Other _____

Teaching Methods
☐ Demonstration
☐ Explanation
☐ Handout
Type _____

Response Evaluation
☐ States Understanding
☐ Demonstrates

Valuables
☐ Kept with Patient
☐ Secured
☐ Home with Family _____
☐ N/A
☐ Other _____

Fluid Intake / Output Totals [redacted]

Intake
IV: _____ mL
Blood: _____ mL

Output
Urine _____ mL
NG: _____ mL
Blood: _____ mL
Chest Tube: _____ mL
Emesis: _____ mL

Discharge Nurse: [redacted]
Discharge Time: 1825 [redacted]

Initials	Signature
SW	[redacted]
AR	[redacted]

ER-15D

[redacted]
ADM DT: 09/20/03 F 1Y
1554 DOB: [redacted]

CATHOLIC HEALTH INITIATIVES
Saint Francis Medical Center
1620 West Faidley Avenue Grand Island, NE 68803

Patient Name

Continued Flowsheet

Date/ Time	T	BP	P	R	Pain Rank	GCS	SaO2	[redacted] Pupils [redacted] Right		Left		[redacted]	Comments
1728													tube removed — family @ side — holds child — [redacted]
1755													funeral home notified
1825													Body released to [redacted] funeral home — sw

[redacted]

ADMIT DATE: 09/20/2003
MR#: [redacted] ACCT#: [redacted]

[redacted]
GRAND ISLAND NE 68801

SEX: F AGE: 1Y 00M DOB: [redacted]

SAINT FRANCIS MEDICAL CENTER
GRAND ISLAND, NEBRASKA

EMERGENCY ROOM REPORT

CHIEF COMPLAINT: Cardiopulmonary arrest.

HISTORY OF THE PRESENT ILLNESS: This 12-month-old infant female was found by her 12-year-old sister hanging from a bumper pad attached to a crib approximately an hour prior to the patient's arrival to our Emergency Department. The 12-year-old, I believe, was responsible for the baby and had a baby monitor in her hand. She had not seen the baby for approximately 30 minutes when she went upstairs to find the baby hanging from the pad. The 12-year-old sister then ran over to the neighbor's. The neighbors got the baby disentangled from the pad and started bystander CPR for 3 minutes. Paramedics were then dispatched. They were at the scene approximately 20 minutes and it was approximately 30 minutes from the time of the dispatch until the baby was in our facility. The only rhythm that was obtained was asystole. They did have an endotracheal tube in place and had attempted an intraosseous catheter without any success. Upon arrival the patient is in asystole.

PAST MEDICAL HISTORY: Apparently this was a well child, recently immunized.

ALLERGIES: None.

MEDICATIONS: None.

REVIEW OF SYSTEMS: Constitutional: The child apparently had enjoyed good health prior to this event.

PHYSICAL EXAMINATION: General: This is an apneic child with an endotracheal tube in place. A petechial rash from the neck up. The right pupil is oval and approximately 6 mm in diameter. The left pupil is nonreactive and 4 mm in diameter. The TMs were clear.
Lungs: Sounds were equal bilaterally with bag ventilations only. There were no precordial tones.
Abdomen: Mildly distended. No organomegaly appreciated. Femoral pulses are found with compression only. There does seem to be some modeling of the right upper extremity only. Later we learned that the child was hanging with her right arm up near her head and the constriction was around the neck and the axillary area of the right arm.

SUMMARY OF EMERGENCY ROOM TREATMENT: Dr. [redacted] was contacted and was promptly in. I did attempt to put another intraosseous catheter in, which was patent for a short period of time but then eventually did blow. We attempted several rounds of epinephrine and atropine via IO catheter as well as ET tube. There was absolutely no response from this baby. Initial temperature was 88.7. Therefore, estimated downtime was certainly at least an hour, perhaps an hour and a half. The parents were present. The code was called at 1612.
Medical Records

ADMIT DATE: 09/20/2003
MR#: [redacted] ACCT#: [redacted]

[redacted]

GRAND ISLAND NE 68801

SEX: F AGE: 1Y 00M DOB: [redacted]

SAINT FRANCIS MEDICAL CENTER
GRAND ISLAND, NEBRASKA

EMERGENCY ROOM REPORT

DIAGNOSIS: Cardiopulmonary arrest, most likely secondary to strangulation event.

DISPOSITION: Parents and extended family are present. Dr. [redacted] did talk with them and was quite helpful during the code. Condition is deceased.

[redacted]
M.D. / JAC2
D 09/20/2003 T 09/20/2003
D 18:01 T 21:36

[redacted]

CC: [redacted], M.D.

Medical Records

ST. FRANCIS MEDICAL CENTER
2620 W. FAIDLEY AVENUE
GRAND ISLAND, NE 68802

IMAGING REPORT

Name: [redacted]
Phys: [redacted]
Dob: [redacted] Age: 1Y 0M Sex: F
Acct: [redacted] Loc: ER
Exam Date: 09/20/2003 Status: DEP ER
Radiology No: [redacted]
Unit No: [redacted]

EXAM#	TYPE/EXAM	RESULT
[redacted]	RAD/CERV SPINE 2OR3 VIEWS	

REASON FOR EXAM? CODE

EXAM: Two views of the C-spine.

INDICATIONS: Postmortem evaluation of the C-spine. Possible strangulation.

FINDINGS: AP and lateral views show the ET tube in place. Its tip is noted to lie at the level of the carina but the lungs in the field of view at least do appear relatively clear. There is no fracture or subluxation evident. The prevertebral soft tissues appear grossly normal.

IMPRESSION: No fracture in this postmortem examination is detected.

DP/Doc [redacted]

Reported By: [redacted]

CC:

Technologist: [redacted]
Transcribed Date/Time: 09/21/2003 (0835)
Transcriptionist: [redacted]
Printed Date/Time: 09/21/2003 (0856) Batch No: [redacted]

ST. FRANCIS MEDICAL CENTER
2620 W. FAIDLEY AVENUE
GRAND ISLAND, NE 68802

IMAGING REPORT

Name: [redacted]
Phys: [redacted]
Dob: [redacted] Age: 1Y 0M Sex: F
Acct: [redacted] Loc: ER
Exam Date: 09/20/2003 Status: DEP ER
Radiology No: [redacted]
Unit No: [redacted]

EXAM#	TYPE/EXAM	RESULT
[redacted]	RAD/CHEST PA-RAD	

REASON FOR EXAM? FOUND HANGING FROM BUMPER PAD

EXAM: Chest.

INDICATIONS: Found hanging from bumper pads strangled.

FINDINGS: Single view of the chest shows ET tube in position at the level of the carina and just into the right main stem bronchus. It should be withdrawn about 1 1/2 cm. Heart size and mediastinum are normal. Chest is clear. Bones do appear grossly intact.

IMPRESSION: ET tube needs to be withdrawn about 1 1/2 cm. Chest is clear. This film was made available for review to this radiologist at 0724 hours on 09/21/2003.

DP/Doc [redacted]

Reported By: [redacted] M.D.

CC:

Technologist: [redacted]
Transcribed Date/Time: 09/21/2003 (0833)
Transcriptionist: [redacted]
Printed Date/Time: 09/21/2003 (0856) Batch No: [redacted]

Grand Island Fire Department
Emergency Medical Care Report

Narsis Number: 112003000878
Status: Completed
# of attached Photos: 0

Patients name: [redacted]
Date of Call:

Dispatched as: code 5
Type Call: Trauma w/Transport

Time Dispatch Rec'd Call: 15:27
Time of Call: 15:27
Time Amb Enroute: 15:28
Response Code: 3
Time 1st Resp at Scene:
Time arrived at Scene: 15:29
Time arrived at Patient:
Time Unit Left Scene: 15:49
Destination Code: 3
Time Unit at Destination: 15:53
Time Unit Back In Service: 17:10

Patient Information

Incident Address: [redacted]

Name: [redacted]
Address: [redacted]
Grand Island, NE 68801

SSN #:
DOB: [redacted]
1 years old

Gender: Female

Date/Time of Symptom Onset: 9/20/2003
ChiefComplaint: Cardiac Arrest, Respiratory Arrest
Pre-Existing History: Unknown
Medications: Unknown
Allergies: Unknown
Family MD: Unknown

Assessment Summary:

Respirations: None
Skin: Dry, Cool, Cyanotic
Skin changing to: Dry, Cool, Pale
Breath Sounds: (left) Abnormal, Absent (right) Abnormal, Absent
Pupils: (left) No Reaction (right) No Reaction
Abdomen: (UL)Normal (UR)Normal (LL)Normal (LR)Normal

Assessed by: [redacted]

Patients name [redacted]

# of attached Photos 0

Date of Call . 9/20/2003

Vital Signs	Position	Time	Pulse	BP	Resp.	O2 Sat.	LOC	Medic Name
	Flat	15:29	0	0/0	0		U	[redacted]

Field Interventions	Time	Action Taken	Attempts	Medic Name
		ECG 3 Lead		[redacted]
		IV, Intraosseous		
		IV Attempt Unsuccessful		
		Intubation, Successful		
		Cardiac Monitor		

Airway Control	Splinting	Wound care
O2 by BVM @ 10 lpm, O2 by Endotrach,	N/A	N/A

Glasgow/Trauma/Ped/Apgar Scale :	Glasgow	Adult Trauma	Pediatric Trauma
	1 3		2

Narsis Info

Level of License	ALS - Transport	Care Refusal :	N/A
StreetType	City Street	Special Factors :	Delay in Detection
Response Area	City/Town	Time to Extricate :	
Location Type .	Residence	Outcome :	To Hospital
Race :	Hispanic	Type Medical Control	Written/Standing Protocol
Severity	Code 99 CPR In Progress	Rec Hosp. Contacted	Yes
		Diverted :	No

Mechanism of Injury . 26 _ Strangulation/Suff.

Medical/Trauma 200 - Cardiac arrest

211 - Respiratory Difficulty, use narrative

Patients name [redacted]

Date of Call

# of attached Photos 0

Unit Personnel Attending Paramedic : [redacted]

A2 [redacted]

E4

Cardiac Data

Symptoms Prior to Arrest :	3	Number of Pre Shocks :	
Was Arrest Witnessed :	1	Pre Shocks Successful :	3
Witness of Cardiac Arrest :	Pt found by sister. Pt found by sister. Pt. found by sister. Pt. found by	Number of EMS Shocks :	
Arrest to Call :	7	EMS Shocks Successful	3
Arrest to CPR	7	Arrest To ALS :	5
Pre EMS Arrival Data		Time Discontinued	6
Call to Responder CPR :	1	Pulse Restored Prior to Hosp	1
Arrest To Defib :		Pulse Restored at Hosp	1

Trauma System

Vitals 1. Rate >130 (Adult) OR <60 or >135 (Peds)

2. Systolic BP <85 (Adult) OR <70 or capillary refill >2 sec

Glasgow Coma Score <13 (Adult) OR <13 (Peds) 3. Heart

Respiratory Rate <10 or >29 (Adult) OR <10 or >30 (Peds) 4.

Anatomy 1.

2.

3

4.

Biomechanics

1

2.

3.

4.

Who Activated Out-hosp-provider

Narrative

Dispatched to unresponsive one-year-old female Enroute, CPR in progress, as per dispatcher update. Upon pt. contact, pt. on floor of upstairs bedroom, CPR being administered by two neighbors on the phone with dispatch. Pt. is unresponsive, cyanotic, pulseless, apneic, and flaccid Confirmed pulselessness via palpation of femoral artery. CPR continued by GIFD A12 and E14. Femoral pulses palpable with chest compressions. O2 therapy hyperventilation via BVM and OPA @ 10 lpm Monitor confirms asystole in leads 1, 2, and 3. Oropharnyx suctioned, glottis visualized, ET placed right main stem, retracted, breath sounds equal bilaterally Overall skin color improves from cyanotic to pale, facial petechiae noticed. IO established on second attempt. Med therapies administered Emergency transport to SFMC, two additional personnel on A12 from E14. No change in pt condition enroute, care transferred to SFMC staff.

Receiving Facility : St. Francis Medical Center

Attending MD : Dr. [redacted]

Received by at Facility . cardiac team

Admitted

Discharged

Expired

Disposition

Code Blue

EMS Medical Control MD : Dr. [redacted]

Service: Grand Island Fire Dept.

ServiceNumber. 6A

ServiceCounty. Hall

Grand Island Police Department

Officer Report for Incident L03092858

Nature: Death Invest
Location: PAOS

Address: [redacted]
Grand Island NE 68801

Offense Codes:
Received By: Kissler V **How Received:** T **Agency:** GIPD
Responding Officers: Bennett M R, Penner R, Dvorak T, Hilderbrand D
Responsible Officer: Dvorak T **Disposition:** CLO 09/20/03
When Reported: 15:27:09 09/20/03 **Occurred Between:** 15:00:00 09/20/03 and 15:27:09 09/20/03

Assigned To: **Detail:** **Date Assigned:** **/**/**
Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant:
Last: **First:** **Mid:**
DOB: **/**/** **Dr Lic:** **Address:**
Race: **Sex:** **Phone:** **City:** ,

Offense Codes

Reported: **Observed:**

Circumstances

Responding Officers:	Unit :
Bennett M R	446
Penner R	467
Dvorak T	460
Hilderbrand D	317

Responsible Officer: Dvorak T
Received By: Kissler V
How Received: T Telephone
When Reported: 15:27:09 09/20/03
Judicial Status: NCI
Misc Entry: printed

Agency: GIPD
Last Radio Log: 17:32:38 09/20/03 CMPLT
Clearance: CL Case Closed
Disposition: CLO **Date:** 09/20/03
Occurred between: 15:00:00 09/20/03
and: 15:27:09 09/20/03

Modus Operandi: **Description :** **Method :**

Involvements

Date	Type	Description	
09/20/03	Name	[redacted]	witness/ Contacted
09/20/03	Name		witness/contacted
09/20/03	Name		babysitter/ sister
09/20/03	Name		parent of juveniles
09/20/03	Name		parent of juveniles
09/20/03	Name		deceased
09/20/03	Cad Call	15:27:09 09/20/03 Agency Assist	Initiating Call
09/20/03	Property	WHI Clothing 0	Clothing deceased
09/20/03	Property	BLU Clothing 0	Clothing deceased
09/20/03	Property	WHI Record 0	Imunization Record
09/20/03	Property	Digital Image 0	Ditial Photos Scene
09/20/03	Property	Digital Image 0	Digital Photos Decea
09/20/03	Property	In Car Video 0	not used

Narrative

Unattended Death Investigation of Juvenile Female

Responsible LEO:

Approved by:

Date

Supplement

467

Grand Island Police Department
Supplemental Report

Date, Time:09/20/03 1527 hours
Reporting Officer:Penner 467
On 09/20/03 at approximately 1527 hours I responded to [redacted] in reference to an infant not breathing. When I arrived Grand Island Fire was just pulling up and Officer Bennett has already arrived. The paramedics were advised to go up the stairs to the bedroom, where the infant was. I followed them up the stairs to a small bedroom to the left of the main door. I observed two subjects in the room with an infant on the floor. The subjects were doing CPR on the infant. The room was small and only appeared to contain a dresser, crib and a swing. The crib was sitting at an angle in the room next to the two subjects with the infant.

I then contacted a young female out in front of the residence that was crying. I asked her who she was. The female advised that her name was [redacted] and that she was the infants sister. [redacted] said that she was watching her sister, [redacted] while her parents were at work. The father, [redacted], works at [redacted] Furniture and the mother, [redacted] works at [redacted]. [redacted] said that she had checked on her a couple of times and [redacted] was fine, however the last time she checked on [redacted] she was not in the crib. [redacted] said that [redacted] was outside the crib partly under it and her head was in the bumper pad. [redacted] said that she had to run to the neighbor's residence to phone 911. [redacted] said that the neighbor then returned with her to help with CPR. [redacted] estimated the elapsed time was about 30 minutes between contacts. I observed a baby monitor on the dresser that was on and the receiver that did work, however unknown if it was in use at the time.

I then had GIEC have someone go to the places of employment to contact the parents. The ambulance transported the infant to St. Francis prior to the parents arriving.

Officer Bennett left with the ambulance crew to St. Francis and I stayed at the residence until Officer Dvorak arrived with a digital to take photographs. I assisted Officer Dvorak in photographing the residence and the bedroom where the incident occurred. Officer Dvorak then left the residence and went to the hospital and I remained at the residence until no other actions needed to be done there.

Supplement

446

Grand Island Police Department
Supplemental Report

Date, Time:9-20-03
Reporting Officer:M Bennett 446

On 9-20-03 I was detailed to [redacted] reference a one-year old child not breathing. Upon arrival I was waved down by two children at [redacted] Apt [redacted] They stated they were upstairs.

When I arrived upstairs I observed a male and female performing CPR on a small child. They were in the corner. The paramedics arrived and I moved the crib so the paramedics had access to the child. Paramedics [redacted] were on the scene.

I then spoke to the male and the female who were doing CPR. They were identified verbally [redacted] Both were neighbors who lived at [redacted]

I spoke with [redacted] sister of [redacted] stated she was watching her sister. [redacted] said she had checked on [redacted] and then went outside to read a book. [redacted] stated she had taken the baby monitor, but had not heard anything. [redacted] said she had checked on [redacted] approximately half-an-hour later.

[redacted] stated when she had checked on [redacted]s she was outside of the crib with her legs under the crib. [redacted] had gone next door and got her neighbors.

After speaking with [redacted] I then spoke with [redacted] stated he had found [redacted] with her arm in the bars of the crib and she was hanging from the bumper pads. [redacted] stated he had removed her and started CPR. I then spoke with [redacted] and she verified the description of how [redacted] was found.

[redacted]n also gave me information about the child. [redacted] advised me her name was [redacted] and she had just turned one the 6th of September.

The paramedics transported [redacted] to Saint Francis ER. I was advised Officer Castleberry was attempting to locate the parents.

Upon arrival at Saint Francis ER I was advised by the aunt of [redacted], she had died and the Doctor told the family there was nothing more he could do.

Officer Dvorak arrived at the hospital to do the investigation. I advised him of the information I had.

Later the parents of [redacted] were identified verbally as [redacted] I also asked [redacted] to sign a medical release form. [redacted] signed the release form and I handed it to Officer Dvorak.

Supplement

460 Grand Island Police Department
Supplemental Report

Date, Time: 9-20-03 1900
Reporting Officer: Inv Dvorak #460

At 1600, on 9-20-03, I was notified by Sgt. Hilderbrand that a toddler child had been found unconscious, and life saving efforts were underway. The toddler had been transported to the Saint Francis Emergency Room, and her status was unknown at the time. Hilderbrand requested that I respond to the location of the incident, and process the scene.

I responded to [redacted], apartment [redacted] where Officer Penner was standing by. Penner told me that the injured child was just over one year old. Penner said, from what he and Officer Bennett had ascertained, the toddler, named [redacted] had been in the care of her 13 year old sister, [redacted] had been taking a nap, and when [redacted] checked on her, she found that [redacted] had fallen out of her crib, and was caught up in her crib or the crib bumper, which apparently asphyxiated her.

I entered the residence, and subsequently took 15 digital photographs of the interior. The apartment is upstairs, in the apartment building, but the apartment itself is also composed of two levels. The main floor, of apartment [redacted] consists of a bathroom, one bedroom, a kitchen, hallway, and living room. The lone bedroom on this level is where [redacted] was found, and I observed a decoration on the door that consisted of blocks that spelled [redacted] I proceeded up the stairs to the second level of apartment #4, and found it consists of two more bedrooms.

[redacted] bedroom occupies the Northeast corner of the apartment's first floor. I observed a crib, a [redacted] playset, a dresser, and some clothing and toys in the room. The crib and playset, when I observed them and took photos, had been moved by GIFD paramedics, and its exact placement prior to the incident are not known for certain.

I observed that the rear guardrail of the crib, which is supposed to be fixed in place, was broken, or had been taken apart. The upper, right, rear corner of the crib side and the guardrail were not connected. The lower portion of this corner was still affixed. I observed that the crib bumper pad was hanging down in the middle, and the ties had been broken away from the bumper itself. I observed no blood on any portion of the crib or bumper pad. No physical evidence of an assault or injury were observed in the room.

I observed a "baby monitor" on the dresser, which was located across the room from the crib. The monitor was on, and when Penner and I found the other half of the device, in the kitchen, we found it was in working order. I took photos of all the rooms of the main floor of the apartment. As I was taking photos, I was advised by Sgt. Hilderbrand that the child had died at the hospital.

I then responded to the St. Francis ER, leaving Penner to preserve the scene. I met with Officer Bennett, who advised the following account. [redacted] was babysitting her younger sister, [redacted] told [redacted] that she put [redacted] down for a nap, and was reading, or studying, outside. [redacted] had the

baby monitor with her, and did not hear anything unusual. After about 30 minutes, [redacted] went to check on [redacted], and found her "hanging" from the crib. [redacted] ran next door, to [redacted], to notify her neighbors, as the [redacted] family does not have a telephone. The neighbors, [redacted] called 911, and started CPR on [redacted] before paramedics arrived.

I then entered trauma room #5, where [redacted] was located. The child appeared to be in good physical condition, and seemed to be well nourished. [redacted] appeared to be healthy, and larger than most year old children. No fresh wounds were found on her body. No bruising, scars, or other indications of past abuse were found. I observed no ligature marks on her neck, or chest. A faint, lighter colored area, was observed, on a diagonal, down from [redacted] left shoulder by her neck, to her right side upper chest. This mark was approximately three to four inches wide.

Pinpoint hemorrhages, or petechia, were observed on [redacted] face and neck. It appeared as though the child had recently contracted chicken pox, there were that many pinpoint hemorrhages. There were no visible petechia in the whites of her eyes. Her pupils were fixed, and did not appear to be dilated. I did not observe any other petechia marks on the rest of her body. Livor mortis had begun, and was most visible near her elbows and behind her knees. Rigor had not set in. I took 16 photos of Alexis.

I had been advised that both [redacted] parents, [redacted], had been working when the incident occurred. Both parents had been contacted at their place of employment, notified of the situation, and then escorted to the hospital. When I was done taking photographs, the parents had arrived, and wished to be with [redacted]. While the family grieved, I spoke with the [redacted] family, the neighbors from [redacted]

[redacted] advised that [redacted] had been at their house most of the morning. [redacted] said they came over at about 0930 or 1000, and played with the [redacted] children until [redacted] came home for lunch. [redacted] guessed that this was at about 1145 or 1150.

The [redacted] said [redacted] came back to their residence, alone, sometime between 1230 and 1300. [redacted] had already returned to work. [redacted] said that she had put [redacted] down for a nap, and came back to get some books that she left there that morning. [redacted] advised that [redacted] had the baby monitor with her, but she heard nothing unusual, and did not hear [redacted] stirring at all. [redacted] stayed, and talked, for about 15 or 20 minutes. She then returned home.

[redacted] said [redacted] came back, visibly shaken and upset, after she had been gone for about an hour. [redacted] was yelling "help, help me." They asked what was wrong. [redacted] replied "there's something wrong with [redacted]" [redacted] ran for the [redacted] home, and [redacted] grabbed her phone and came behind with [redacted]

[redacted] said when he entered [redacted] room, all he could see were her feet, under the crib. The rest of her body was between the crib and the wall. [redacted] said there was about six or eight inches of space between the side of the crib, and the wall. [redacted] was in this space. Her arm was caught between the bars of the guardrail. Her neck and upper chest was caught under the bottom bar of the guardrail. [redacted] said the bumper pad was tight against [redacted] neck. [redacted] said he could see that [redacted] lips and tongue were purple.

[redacted] said he moved the crib, and then ripped the bumper pad free from where

it was tied to the side of the crib. [redacted] laid the child on the floor, and began CPR, with assistance from [redacted], who had called 911, and was receiving instruction from the dispatcher. [redacted] said they continued CPR until paramedics took over.

[redacted] advised he could see that the corner of the crib, where the guardrail attaches to the side, had been broken, or had come apart. [redacted] said when he arrived in the room, this broken portion was against the wall, in the Northeast corner, of [redacted] room. [redacted] said [redacted] was terrified that "it was her fault." The [redacted] said they brought [redacted] to the hospital. [redacted] said she knew that [redacted] was working, at [redacted], until 2100 hours, and [redacted] was working at [redacted] Furniture until 1700 hours.

I then spoke with [redacted], in the Private Family Waiting Room. [redacted] is an eighth grade student at [redacted] Middle School. She is 13 years old. [redacted] said she and [redacted] are the only two children of the family. [redacted] said her family moved to Grand Island, from Colorado, last December.

[redacted] said that she babysits her sister when bother her parents are working. [redacted] said she took [redacted] to the [redacted] residence about 0900 or 0930 this morning. They stayed there, played and read, until shortly before noon, when [redacted] father, [redacted], came home for lunch. [redacted] said her dad ate his lunch, and then returned to work at about 1230.

[redacted] said that at about 1245, she put [redacted] down for a nap. [redacted] said [redacted] was not asleep already, and she "cried a little bit" when she was placed in her crib. [redacted] said after a few minutes, [redacted] went to sleep. About one half hour after [redacted] fell asleep, [redacted] took the baby monitor, and went back to the [redacted] residence. She needed to get some books that she left there that morning.

[redacted] said she talked to [redacted] for about 15 minutes, and then went back home. She sat down to read for a little bit, and then checked on [redacted] said [redacted] was "hanging" from the crib, and wasn't crying or moving. [redacted] did not know what to do, so she ran back to the [redacted] and they came to help.

[redacted] said she never heard [redacted] crying, or struggling, on the baby monitor. I asked [redacted] if the crib was broken before, or if she had ever noticed it did not fit together correctly. [redacted] answered "why, is it broken now?" and advised that she had never noticed the crib was broken.

[redacted] was overcome by emotion at this point, and said she was sorry, but she felt terrible. She was crying, and I concluded the interview at that time.

Bob Cashioli, a Deputy Hall County Attorney, had been contacted. He arrived at the hospital, and was briefed on the events as we knew them. He spoke with the ER Staff, and then consulted Jerry Jamulawicz, the County Attorney. Due to the evidence and statements gathered, it was decided that this appeared to be a tragic accident, not a criminal matter. Cashioli said no autopsy was needed, and the family could make whatever arrangements were necessary. Officer Bennett did obtain a Medical Records Release from [redacted], while Hilderbrand and I were taking photos of [redacted]

Hilderbrand and I collected the clothing items [redacted] was wearing at the time of the incident, as well as an innoculation record that was present in Trauma #5. I later cataloged those items, and entered them into evidence, along with two digital discs, DI0820, and DI0713.

Property

Property Number: 31721
Item: Clothing
Owner Applied Nmbr:

Brand:
Year: 0
Meas:
Total Value: $0.00
Owner: [redacted]
Agency: GIPD Grand Island Police Department
Accum Amt Recov: $0.00
UCR:
Local Status: EIS
Crime Lab Number:
Date Released: **/**/**
Released By:
Released To:
Reason:
Comments: Blue and White childs shirt (betadine stain from hospital)

Model:
Quantity: 1
Serial Nmbr:
Color: WHI
Tag Number:
Officer: Dvorak T
UCR Status:
Storage Location:
Status Date: 09/20/03
Date Recov/Rcvd: 09/20/03
Amt Recovered: $0.00
Custody: **:**:** **/**/**

Property Number: 31722
Item: Clothing
Owner Applied Nmbr:

Brand:
Year: 0
Meas:
Total Value: $0.00
Owner: [redacted]
Agency: GIPD Grand Island Police Department
Accum Amt Recov: $0.00
UCR:
Local Status: EIS
Crime Lab Number:
Date Released: **/**/**
Released By:
Released To:
Reason:
Comments: childs blue jeans

Model:
Quantity: 1
Serial Nmbr:
Color: BLU
Tag Number:
Officer: Dvorak T
UCR Status:
Storage Location:
Status Date: 09/20/03
Date Recov/Rcvd: 09/20/03
Amt Recovered: $0.00
Custody: **:**:** **/**/**

Property Number: 31723
Item: Record
Owner Applied Nmbr:

Brand:
Model:

Year: 0
Meas:
Total Value: $0.00
Owner: [redacted]
Quantity: 1
Serial Nmbr:
Color: WHI

Agency: GIPD Grand Island Police Department
Accum Amt Recov: $0.00
UCR:
Local Status: EIS
Crime Lab Number:
Date Released: **/**/**
Released By:
Released To:
Reason:
Comments: Immunization record for deceased child
Property Number: 31724
Item: Digital Image
Tag Number:
Officer: Dvorak T
UCR Status:
Storage Location:
Status Date: 09/20/03
Date Recov/Rcvd: 09/20/03
Amt Recovered: $0.00
Custody: **:**:** **/**/**
Owner Applied Nmbr:

Brand:
Year: 0
Meas:
Total Value: $0.00
Owner:
Model:
Quantity: 15
Serial Nmbr:
Color:

Agency: GIPD Grand Island Police Department
Accum Amt Recov: $0.00
UCR:
Local Status: EIS
Crime Lab Number:
Date Released: **/**/**
Released By:
Released To:
Reason:
Comments: 15 digital photos of [redacted] and childs room
Property Number: 31725
Item: Digital Image
Tag Number:
Officer: Dvorak T
UCR Status:
Storage Location:
Status Date: 09/20/03
Date Recov/Rcvd: 09/20/03
Amt Recovered: $0.00
Custody: **:**:** **/**/**
Owner Applied Nmbr:

Brand:
Year: 0
Meas:
Total Value: $0.00
Owner:
Model:
Quantity: 16
Serial Nmbr:
Color:

Agency: GIPD Grand Island Police Department
Accum Amt Recov: $0.00
Tag Number:
Officer: Dvorak T

UCR:		**UCR Status:**	
Local Status:	EIS	**Storage Location:**	
Crime Lab Number:		**Status Date:**	09/20/03
Date Released:	**/**/**	**Date Recov/Rcvd:**	09/20/03
Released By:		**Amt Recovered:**	$0.00
Released To:		**Custody:**	**:**:** **/**/**
Reason:			
Comments:	16 digital photos of deceased at St. Francis Hospital		
Property Number:	MVT0565		
Item:	In Car Video	**Owner Applied Nmbr:**	
Brand:		**Model:**	
Year:	0	**Quantity:**	
Meas:		**Serial Nmbr:**	
Total Value:	$0.00	**Color:**	
Owner:			
Agency:	GIPD Grand Island Police Department	**Tag Number:**	DESTROYED 1/10/08
Accum Amt Recov:	$0.00	**Officer:**	
UCR:		**UCR Status:**	
Local Status:		**Storage Location:**	
Crime Lab Number:		**Status Date:**	**/**/**
Date Released:	**/**/**	**Date Recov/Rcvd:**	**/**/**
Released By:		**Amt Recovered:**	$0.00
Released To:		**Custody:**	**:**:** **/**/**
Reason:			
Comments:			

Name Involvements:

deceased : 80584

Last: [redacted] First: [redacted] Mid:
DOB: Dr Lic: Address: [redacted]
Race: L Sex: F Phone: ( ) - City: Grand Island, NE 68801

babysitter/ sister80581 :

Last: [redacted] First: [redacted] Mid:
DOB: Dr Lic: Address: [redacted]
Race: L Sex: F Phone: City: Grand Island, NE 68801

witness/1011 Contacted :

Last: [redacted] First: [redacted] Mid:
DOB: [redacted] Dr Lic: Address: [redacted]
Race: W Sex: F Phone: [redacted] City: Grand Island, NE 68801

parent of80583 juveniles :

Last: [redacted] First: [redacted] Mid: Ovaldo
DOB: Dr Lic: Address: homeless
Race: L Sex: M Phone: ( ) - City: Grand Island, NE 68801

parent of80582 juveniles :

Last: [redacted] First: [redacted] Mid: J
DOB: Dr Lic: Address: [redacted]
Race: W Sex: F Phone: ( ) - City: Grand Island, NE 68801

witness/contacted : 72067

Las[redacted] First: [redacted] Mid: [redacted]
DO[redacted] Dr Lic: Address:
Race: W Sex: M Phone: City: Grand Island, NE 68801