DATE TIME	PHYSICIAN'S ORDERS
12/25	May discharge
	① send - albuterol - metaproterenol equivalent ē neb
	② send Prednisone (20mg 100 TID ē food)
	③ send Rx's of ē Benefiber
	[redacted]
	D Morello RCP
	Z Pehler RN

DATE TIME	PROGRESS RECORD
	Note progress of case, physical findings, complications, change in diagnosis, condition on discharge, instructions to patient.

RESPIRATORY CARE DEPT. OBJECTIVES

DATE 12-25-92 PT. HAS BEEN STARTED ON:

O_2 per cann @ 4lpm, cont neb, Hydroft 03° - ⅛ pm for wheezing

PLEASE INDICATE OBJECTIVES FOR THERAPY

- ☐ IMPROVE ALVEOLAR VENTILATION
- ☐ IMPROVE ARTERIAL OXYGENATION
- ☐ PREVENT/TREAT ATELECTASIS
- ☐ IMPROVE/PROMOTE, COUGH/SPUTUM PRODUCTION
- ☐ TREAT PULMONARY EDEMA/CONGESTION
- ☐ REDUCE/REVERSE BRONCHOSPASM
- ☐ IMPROVE RESPIRATORY FUNCTION
- ☐ TRAIN IN USE OF HOME THERAPY/EQUIPMENT
- ☐ ALLEVIATE RESP. DISTRESS ☐ OTHER

PHYSICIAN SIG. [redacted]

RESP. CARE DEPT. OXIMETRY DONE

DATE: 12-25-92 TIME: 0300

SAT % PRE O_2

SAT % POST 100% LPM O_2 = 4lpm

COMMENT:

TECH. [illegible]

12/25 - [illegible] discharge ē
① albuterol inhaler
② Prednisone 10mg ⅛ 20 TID (100 ē food)
③ out pt f/u [illegible] ē day ē [illegible] chest x-ray & CBC - + [illegible] assessment -
Rx / PRN - [illegible]

[illegible]

pt off ventilator & stable - will discharge ē afternoon [redacted]

St. Mary's Hospital
Green Bay, WI

ORDERS SHEET AND PROGRESS RECORD

St. Mary's Hospital Medical Center

-02
YAEGER, BARBARA A 3N-S
MR#:0302579 ADM:12/25/92 318
[redacted] 37 REL:LUTH
AC#:5589023 DOB:08/06/55 FC:7C

CLINICAL PROFILE

DATE 12/25/92

NIGHT

DIET — BREAKFAST G F P | LUNCH G F P | SUPPER G F P
☐ Self ☐ Assist ☐ Feed

HYGIENE — Bath ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower
Mouth Care
Skin Care
☐ Peri Care ☐ Shampoo

ACTIVITY — Sleep ☐ Good ☒ Poor ☐ Intervals
☒ Bedrest Turn self
CDB ens Suction
☒ BRP ☐ Commode ☐ Elev. Toilet
Assist ☐ Urinal ☐ Bedpan
Up in Chair ☐ Self ☐ Hoyer; With help (1, 2, 3); Length of time; Tolerance G F P
Up in Hall ☐ Self ☐ Assist (1, 2); Tolerance G F P; Distance
☐ Linen Change # ☐ Complex Linen

SAFETY — ☒ Call Bell in Reach Side Rails 2/2
☐ Vest Restraint ☒ Bed Low Position
Restraints ☐ RA ☐ RL ☐ All ☐ Soft ☐ Leather ☐ LA ☐ LL ☐ CMT
☐ Bed Check System
☐ Isolation Type

EQUIP / PREVENTION — Elastic Hose ☐ Knee ☐ Thigh
☐ Pneumatic Stockings
☐ Air Mattress ☐ Egg Crate
☐ Therapeutic Bed
☐ Aqua K ☐ Sitz
☐ Ice
☐ Room Deodorizer ☐ Trapeze

MISC. — ☐ BM
☐ 1:1 Nrsg hours
O2 sat monitor

Care Plan - Review Initials KP
Initials - Responsible RN KP
Initials - Care Provider KP

DAY

DIET — BREAKFAST G F P | LUNCH G F P | SUPPER G F P
☒ Self ☐ Assist ☐ Feed

HYGIENE — Bath ☒ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☒ Shower
Mouth Care self
Skin Care self
☒ Peri Care self ☐ Shampoo

ACTIVITY — Sleep ☐ Good ☐ Poor ☐ Intervals
☒ Bedrest Turn self
CDB ens Suction
☒ BRP ☐ Commode ☐ Elev. Toilet
Assist self ☐ Urinal ☐ Bedpan
Up in Chair ☒ Self ☐ Hoyer; With help (1, 2, 3); Length of time PRN; Tolerance G F P
Up in Hall ☒ Self ☐ Assist (1, 2); Tolerance G F P; Distance to Shower
☐ Linen Change # ☐ Complex Linen

SAFETY — ☒ Call Bell in Reach Side Rails 2/2
☐ Vest Restraint ☒ Bed Low Position
Restraints ☐ RA ☐ RL ☐ All ☐ Soft ☐ Leather ☐ LA ☐ LL ☐ CMT
☐ Bed Check System
☐ Isolation Type

EQUIP / PREVENTION — Elastic Hose ☐ Knee ☐ Thigh
☐ Pneumatic Stockings
☐ Air Mattress ☐ Egg Crate
☐ Therapeutic Bed
☐ Aqua K ☐ Sitz
☐ Ice
☐ Room Deodorizer ☐ Trapeze

MISC. — ☐ BM 0
☐ 1:1 Nrsg hours
☒ Emotional Support/Listening
☒ Complied but needs direction

Care Plan - Review Initials KP
Initials - Responsible RN KP
Initials - Care Provider KP

EVENING

DIET — BREAKFAST G F P | LUNCH G F P | SUPPER G F P
☐ Self ☐ Assist ☐ Feed

HYGIENE — Bath ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower
Mouth Care
Skin Care
☐ Peri Care ☐ Shampoo

ACTIVITY — Sleep ☐ Good ☐ Poor ☐ Intervals
☐ Bedrest Turn
CDB Suction
☐ BRP ☐ Commode ☐ Elev. Toilet
Assist ☐ Urinal ☐ Bedpan
Up in Chair ☐ Self ☐ Hoyer; With help (1, 2, 3); Length of time; Tolerance G F P
Up in Hall ☐ Self ☐ Assist (1, 2); Tolerance G F P; Distance
☐ Linen Change # ☐ Complex Linen

SAFETY — ☐ Call Bell in Reach Side Rails
☐ Vest Restraint ☐ Bed Low Position
Restraints ☐ RA ☐ RL ☐ All ☐ Soft ☐ Leather ☐ LA ☐ LL ☐ CMT
☐ Bed Check System
☐ Isolation Type

EQUIP / PREVENTION — Elastic Hose ☐ Knee ☐ Thigh
☐ Pneumatic Stockings
☐ Air Mattress ☐ Egg Crate
☐ Therapeutic Bed
☐ Aqua K ☐ Sitz
☐ Ice
☐ Room Deodorizer ☐ Trapeze

MISC. — ☐ BM
☐ 1:1 Nrsg hours

Care Plan - Review Initials
Initials - Responsible RN
Initials - Care Provider

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DATE _____

NIGHT

DIET

BREAKFAST	LUNCH	SUPPER
G F P	G F P	G F P

☐ Self ☐ Assist ☐ Feed

HYGIENE

Bath: ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower

Mouth Care _____

Skin Care _____

☐ Peri Care ☐ Shampoo

ACTIVITY

Sleep: ☐ Good ☐ Poor ☐ Intervals

☐ Bedrest Turn _____

CDB _____ Suction _____

☐ BRP ☐ Commode ☐ Bev. Toilet

Assist _____ ☐ Urinal ☐ Bedpan

Up in Chair: ☐ Self ☐ Hoyer; With help (1, 2, 3); Length of time _____; Tolerance G F P

Up in Hall: ☐ Self ☐ Assist (1, 2,); Tolerance G F P; Distance _____

☐ Linen Change # _____ ☐ Complex Linen

SAFETY

☐ Call Bell in Reach Side Rails _____

☐ Vest Restraint ☐ Bed Low Position

Restraints: ☐ Soft ☐ Leather; ☐ RA ☐ RL ☐ All; ☐ LA ☐ LL ☐ CMT

☐ Bed Check System

☐ Isolation Type _____

EQUIP / PREVENTION

Elastic Hose ☐ Knee ☐ Thigh

☐ Pneumatic Stockings

☐ Air Mattress ☐ Egg Crate

☐ Therapeutic Bed _____

Aqua K _____ ☐ Sitz

☐ Ice _____

☐ Room Deodorizer ☐ Trapeze

MISC.

☐ BM _____

☐ 1:1 Nrsg _____ hours

Care Plan - Review Initials	
Initials - Responsible RN	
Initials - Care Provider	

DAY

DIET

BREAKFAST	LUNCH	SUPPER
G F P	G F P	G F P

☐ Self ☐ Assist ☐ Feed

HYGIENE

Bath: ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower

Mouth Care _____

Skin Care _____

☐ Peri Care ☐ Shampoo

ACTIVITY

Sleep: ☐ Good ☐ Poor ☐ Intervals

☐ Bedrest Turn _____

CDB _____ Suction _____

☐ BRP ☐ Commode ☐ Bev. Toilet

Assist _____ ☐ Urinal ☐ Bedpan

Up in Chair: ☐ Self ☐ Hoyer; With help (1, 2, 3); Length of time _____; Tolerance G F P

Up in Hall: ☐ Self ☐ Assist (1, 2,); Tolerance G F P; Distance _____

☐ Linen Change # _____ ☐ Complex Linen

SAFETY

☐ Call Bell in Reach Side Rails _____

☐ Vest Restraint ☐ Bed Low Position

Restraints: ☐ Soft ☐ Leather; ☐ RA ☐ RL ☐ All; ☐ LA ☐ LL ☐ CMT

☐ Bed Check System

☐ Isolation Type _____

EQUIP / PREVENTION

Elastic Hose ☐ Knee ☐ Thigh

☐ Pneumatic Stockings

☐ Air Mattress ☐ Egg Crate

☐ Therapeutic Bed _____

Aqua K _____ ☐ Sitz

☐ Ice _____

☐ Room Deodorizer ☐ Trapeze

MISC.

☐ BM _____

☐ 1:1 Nrsg _____ hours

Care Plan - Review Initials	
Initials - Responsible RN	
Initials - Care Provider	

EVENING

DIET

BREAKFAST	LUNCH	SUPPER
G F P	G F P	G F P

☐ Self ☐ Assist ☐ Feed

HYGIENE

Bath: ☐ Self ☐ Assist ☐ Complete ☐ Shave ☐ Tub ☐ Shower

Mouth Care _____

Skin Care _____

☐ Peri Care ☐ Shampoo

ACTIVITY

Sleep: ☐ Good ☐ Poor ☐ Intervals

☐ Bedrest Turn _____

CDB _____ Suction _____

☐ BRP ☐ Commode ☐ Bev. Toilet

Assist _____ ☐ Urinal ☐ Bedpan

Up in Chair: ☐ Self ☐ Hoyer; With help (1, 2, 3); Length of time _____; Tolerance G F P

Up in Hall: ☐ Self ☐ Assist (1, 2,); Tolerance G F P; Distance _____

☐ Linen Change # _____ ☐ Complex Linen

SAFETY

☐ Call Bell in Reach Side Rails _____

☐ Vest Restraint ☐ Bed Low Position

Restraints: ☐ Soft ☐ Leather; ☐ RA ☐ RL ☐ All; ☐ LA ☐ LL ☐ CMT

☐ Bed Check System

☐ Isolation Type _____

EQUIP / PREVENTION

Elastic Hose ☐ Knee ☐ Thigh

☐ Pneumatic Stockings

☐ Air Mattress ☐ Egg Crate

☐ Therapeutic Bed _____

Aqua K _____ ☐ Sitz

☐ Ice _____

☐ Room Deodorizer ☐ Trapeze

MISC.

☐ BM _____

☐ 1:1 Nrsg _____ hours

Care Plan - Review Initials	
Initials - Responsible RN	
Initials - Care Provider	

INITIALS & SIGNATURES

KA	[illegible] RN						
KP	[illegible] RN						

PATIENT STICKER

VITAL SIGNS RECORD

DATE	12-25						12-26						12-27						12-28						12-30					
TIME	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8
WRITE IN																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
WRITE IN																														
TEMPERATURE	100	95	98.7																											
PULSE	180	112	100																											
RESPIRATIONS	24	29	16																											
	AM			PM			AM			PM			AM			PM			AM			PM			AM			PM		
BP	12	135/76		12			12			12			12			12			12			12			12			12		
	4			4			4			4			4			4			4			4			4			4		
	8	110/70		8			8			8			8			8			8			8			8			8		
WEIGHT																														

MEDRC-2600 ST MARYS MEDICAL CENTER GREEN BAY
12/26/92 03:01 (DAXPRG) PAGE 001

==========

YAEGER, BARBARA A F 37
MR#: 0302579 ACCT#: 5589023
SERV: MEDI 3N-S 318
MD: [redacted] ADM: 12/25/92
DX: INHALATION PNEUMONITISCHEMICAL PNEUMONIA

==========

DISCHARGE REPORT

SUMMARY: 12/25 00:00 TO 00:00 12/26

ALLERGIES:

MED ALLERGY: NONE KNOWN LKAO
DIET ALLERGY:--NECTARINES LKAO
OTHER ALLERGY:--RAGWEED, POLLEN LKAO

VITAL SIGNS:

	T-AX	T-O	T-R	P-R	P-A	R	BP	
12/25 03:15		100.8		100		24	138/76	LKAO LKAO
12/25 08:00	98.2			100		16	110/70	DM DM

MEDICATIONS:

TYLENOL ACETAMINOPHEN 325MG TAB,
12/25 03:50 #2, PO GIV GIVEN FOR HEADACHE PLUEMER KELLY RN
PREDNISONE 20MG TAB,
12/25 08:00 #1, PO GIV PERLKE KAROLYN RN

OTHER PATIENT DATA:

12/25 03:15	ADM T-O 100.8	LKAO
	ADM P-R 100	LKAO
	ADM RESP 24	LKAO
	ADM B/P 138/76 LT ARM	LKAO
12/25 11:10	PT DISCHARGED BY WHEELCHAIR	KOAD
	DISCHARGED TO HOME	KOAD
	ACCOMPANIED BY SPOUSE	KOAD
	WITH ALL PERSONAL BELONGINGS	KOAD
	WITH PRESCRIPTIONS	KOAD
	WITH TAKE-HOME MEDS	KOAD
	WITH DISCHARGE INSTRUCTIONS	KOAD
	ESCORTED BY HOSPITAL PERSONNEL, RN	KOAD
	RETURN TO CLINIC/MD OFFICE--E.R. ON SAT AM	KOAD
	APPARENT EMOTIONAL STATUS: STABLE	KOAD

DISCHARGED, 318, 70: 12/25/92, 12/25/92 11:00....11:00

CONTINUED

YAEGER, BARBARA A F 37
MR#: 0302579 ACCT#: 5589023
SERV: MEDI 3N-S 318
MD: [redacted] ADM: 12/25/92
DX: INHALATION PNEUMONITISCHEMICAL PNEUMONIA

DISCHARGE REPORT

SUMMARY: 12/25 00:00 TO 00:00 12/26

RESPIRATORY THERAPY NOTES:

12/25 01:10	UPDRAFT NEBULIZER	
	ALBUTEROL 0.083% IN 2.5ML NS....FIO2: OXYGEN. HEART RATE 112BPM BEFORE TX. HEART RATE 120BPM AFTER TX. COUGH STRONG HARSH NON-PROD BREATH SOUNDS DIMIN THROUGHOUT BEFORE TRT WITH- NO CHANGE AFTER TRT	IBAD
	COMMENTS:--PEAK FLOWS 200 LPM BEFORE TRT. 340 LPM AFTER TRT.	IBAD
12/25 03:15	O2 SETUP	IBAD
	O2 HUM BOTTLE	IBAD
	O2 VIA CANNULA SET UP O2 ON O2 FLOW AT 4LPM	IBAD
	PULSE OX DAILY	IBAD
	PULSE OX ELECTRODE OXIMETER ON ON O2 FLOW 4LPM	IBAD
12/25 03:45	UPDRAFT NEBULIZER	IBAD
	ALBUTEROL 0.083% IN 2.5ML NS....FIO2: OXYGEN. HEART RATE 100BPM BEFORE TX. HEART RATE 110BPM AFTER TX. COUGH STRONG NON-PROD BREATH SOUNDS DIMIN THROUGHOUT BEFORE TRT WITH- NO CHANGE AFTER TRT	IBAD
12/25 07:15	UPDRAFT NEBULIZER	IBAD
	ALBUTEROL 0.083% IN 2.5ML NS....FIO2: OXYGEN PEAK FLOW BEFORE 240LPM, PEAK FLOW AFTER 300LPM. HEART RATE 92BPM BEFORE TX. HEART RATE 100BPM AFTER TX. BREATH SOUNDS: CLEAR AND DIMIN THROUGHOUT BEFORE TRT WITH- INCREASED AIR EXCHANGE AFTER TRT. COUGH SPONTANEOUS NON-PROD	JSAF
12/25 09:00	O2 DAILY O2 OFF	JSAF
	PULSE OX DAILY	JSAF
12/25 10:15	UPDRAFT NEBULIZER TRT- NOT GIVEN. REASON: PT REFUSED. REASON: NOT NECESSARY	JSAF
12/25 11:30	OXIMETER HRS 8	KMA
	OXIMETER NOTE: , OXIMETER OFF ,, DC'D PER ORDER	SWAC
		SWAC

LASTPAGE

St. Mary's Hospital

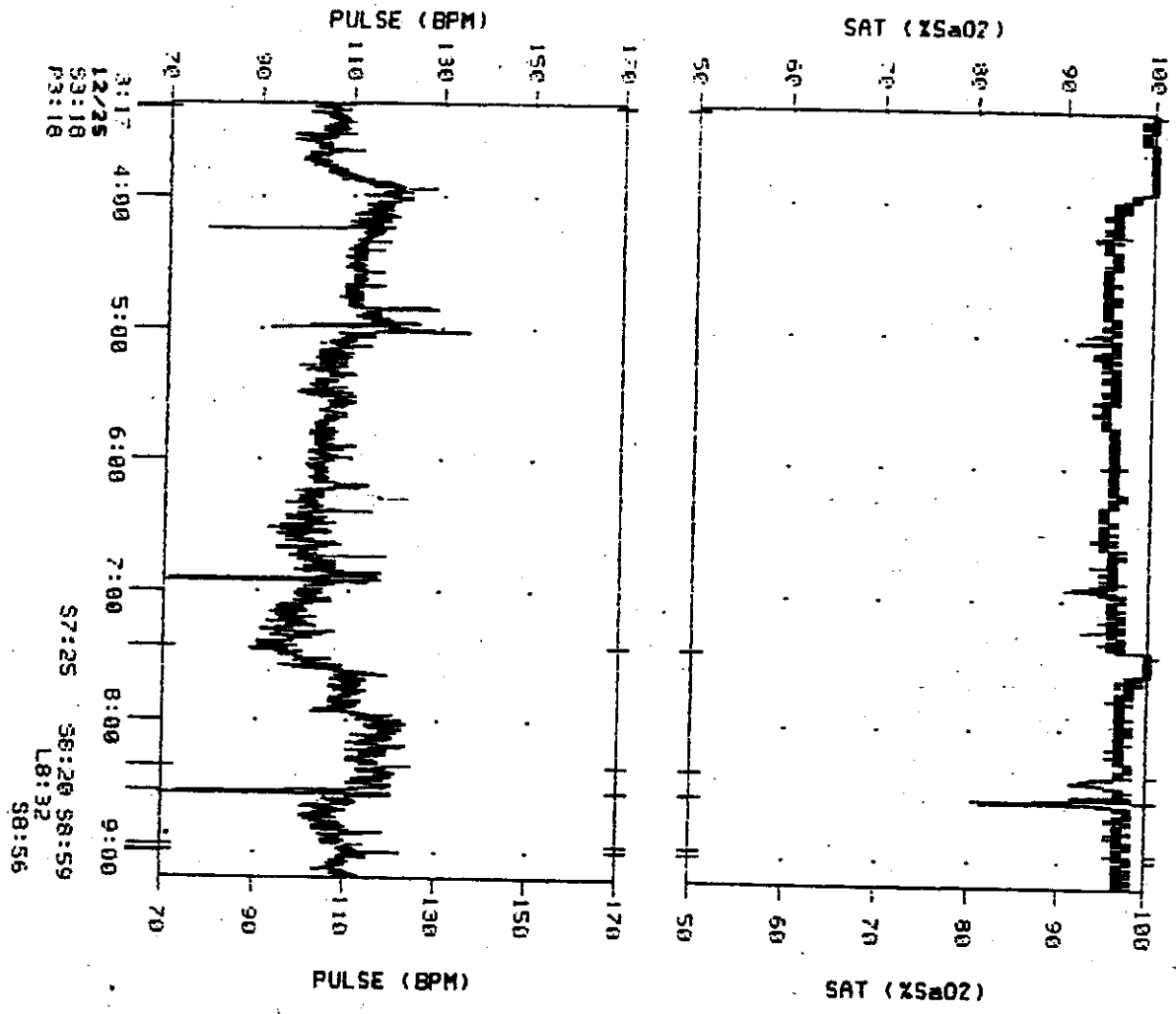
RESPIRATORY CARE DEPARTMENT
Oxygen Saturation Monitor Record

Keep > 95%

318 Yaeger, Barbara

Date	Time	Flow or O_2 Del. By	Sat. %	Comments	Initial
12/25	0310	cans @4 lpm ↓3	100%	awake	Barnes
	0525	cans @ 3 lpm	96%	awake	Barnes
	0755	Room Air	98%	awake	K.M. Gattick
	0912	Room Air	98%	awake	S. Wauters

PATIENT TREND GRAPH by NELLCOR



St. Mary's Hospital Medical Center

PATIENT CARE PLAN

PNEUMONIA

YAEGER, BARBARA A 3N-S
MR#:0302579 ADM:12/25/92 318
[redacted] REL:LUTH
AC#:5589023 DOB:08/06/55 FC:7C

DISCHARGE PLANS Date/Initial

( ) Home ☐No Assistance ☐Assistance

( ) Skilled Nursing Facility:

( ) Rehabilitation Facility:

( ) Other

Signature/Initial

1. 2. K Plummer RN 3. K.P. Plummer 4.

(Primary Nurse) 5. 6. 7.

Onset Date Initial	Nursing Diagnosis	Expected Outcome	Nursing Intervention	Date Resolved/Initial
12/25	1) Ineffective airway clearance R/T accumulation of tracheobronchial secretions	Airway will remain patent. Pt demonstrates expectoration of secretions. Clear airway on auscultation.	1) Encourage coughing and deep breathing. Assist in splinting chest if needed. 2) Assess & document respirations every 4 hr & prn. 3) Elevate HOB & change patient's position every 2 hrs to promote pulmonary drainage. 4) Encourage Fluid intake to liquefy secretions further and aid in expectoration. Pt preferences are: H2O + Ice 5) Provide frequent oral care after expectoration. 6) Teach necessity of raising secretions and expectoration versus swallowing. Document patient instruction	12-25-92 KP
12/25	2. Impaired gas exchange R/T dyspnea and lung consolidation	Regular respiratory rate, acyonotic. Accessory muscle use is limited or not used. SOB is decreased or does not exist.	1) Auscultate breath sounds every shift & prn. 2) Assess and document respiratory rate, depth, use of accessory muscles, & pursed lip breathing. 3) Check VS every 4 hr & prn. Note patient's color & check for circumoral or nailbed	12-25-92 KP

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Onset Date Initial	Nursing Diagnosis	Expected Outcome	Nursing Intervention	Date Resolved/Initial
			cyanosis.	
			4) Elevate HOB up to 30° to promote chest expansion.	
			5) Change position every hr. NOTE: If pneumonia is unilateral, position with unaffected side down to improve arterial oxygenation by increasing blood flow to well oxygenated regions of lung.	
			6. Reduce anxiety & exertion by explaining procedures, place necessary items within easy reach and minimize verbalizations.	
12/25	3. Alteration in comfort R/T (✓) pleuritic pain (✓) fever (✓) coughing	Relief of pain. Able to cough up secretions	1) Assess and document location, intensity (0 - 10 scale) of pain. 2) Assess & document response to analgesics within 1 - 2 hours of administration. 3) Teach ways to minimize pain, such as splinting chest & sitting upright when coughing. 4) Change damp linen/gown prn. 5) Encourage modified bedrest when pt is febrile. 6 Give prescribed Hyland	12-25-92 KP
	4. Knowledge deficit R/T disease transmission & etiology	Pt. & family will verbalize understanding of disease process, treatment, & prevention	1. Advise to maintain natural resistance with good nutrition, adequate fluid intake & rest. 2. Avoid chilling & contact with people w/ upper respiratory infections. 3. Encourage gradual increase in activity	

YAEGER, BARBARA A 3N-S
MR#:0302579 ADM:12/25/92 318
[redacted] 37 REL:LUTH
AC#:[redacted] DOB:08/06/55 FC:7C

Expected Outcome	Nursing Intervention	Date Resolved/Initial
	because weakness & fatigue may be prolonged after pneumonia.	
	4. Notify physician if experiencing fever, chills, dyspnea, hemoptisis, or other signs of recurring pneumonia.	
	5. Encourage annual influenza or pneumococcal vaccines for those at greatest risk:	
	a. adults age 65 or older	
	b. adults with underlying chronic lung or cardiopulmonary disease.	
	c. adults with splenic dysfunction or other conditions associated with immunosuppression.	

St. Mary's Hospital
Medical Center

YAEGER, BARBARA A 3N-S
MR#:0302579 ADM:12/25/92 318
[redacted] 37 REL:LUTH
AC#:5589023 DOB:08/06/55 FC:7[

PATIENT PROGRESS NOTES

Date	Time	Focus	OAR	D=Data A=Action R=Response
12/25	0315	Admission Note	D	37 yr. old female admitted from ER C/O SOB, nausea, chills & cough after using Wilson leather spray. Lungs are clear but diminished. C/O SOB & turning pce dry cough. O2 NC @ 4 liters. O2 sat 100%. C/O nausea & turning abdomen soft & bowel sounds. Color pale. Skin warm & dry. Temp 100.8. IV site - asymptomatic. — K Klemmer
	0345	comfort	D	C/O headache
			A	Tylenol Tsp. given.
		Airway clearance	D	C/O tightness in chest.
			A	RT called to give treatment. — K Klemmer RN
	0400	Resp	R	O2 off O2 sat 97%. VS T. Slightly dyspneic @ rest. — K Klemmer RN
	0500	Comfort	D	Denies further headache.
		Temp	D	Temp 99.8.
		Resp	D	"I'm breathing better." Able to rest. VS T. — K Klemmer RN
12-25-92	0915	Assessment	D:	Pt. is Alert + oriented x3. Skin pale, warm + dry. Lungs clear but diminished. No SOB at rest. Denies cough. O2 remains off. Abd. soft, nontender. BS x4. Denies nausea, headache or chills. No edema noted. IV site patent + assess. K. Pehlke RN
	1110	Discharge	A:	IV d/c'd. O2 stat monitor d/c'd. Discharge instructions given. Discharged per family. — K Pehlke RN

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St. Mary's Hospital
Green Bay, WI

YAEGER, BARBARA A 3N-S
MR#:D302579 ADM:12/25/92 318
[redacted] 37 REL:LL
AC#:5589023 DOB:08/06/55 FC:

NURSING ADMISSION INTERVIEW

Admission Date	Time	Vital Signs T	P	R	Orientation to Room	
12/25	0315	100.8	100	24	Instructions in use of siderails	✓
Admitted Per	Room	Ht. Stated/Actual	Wt. Stated/Actual	138/76	Bed Operation	✓
cart	318					
Admitted From	Accompanied by					
ER	ER nurse					
Admitting Dr.	Family Dr.	Last Chest X-ray			Nurse Call System	✓
[redacted]	[redacted]	ER				

MEDICATIONS CURRENTLY TAKING (PRESCRIPTION AND OVER-THE-COUNTER)

Medication & Dose	Frequency	Last Dose	Medication & Dose	Frequency	Last Dose
Ø					

Brought In: Location Now:

ALLERGY OR SENSITIVITY

Item	Yes	No	List and State Reaction
Drug		✓	
Food	✓		nectarines
Other	✓		ragweed, pollen

NURSING HX ASSESSMENT

RN or LPN Signature

HEALTH PERCEPTION — HEALTH MANAGEMENT

Chief Complaint/Reason for Admission

2000 spray Wilson leather spray
2200 spray again

2030 cough
2230 – Bronchospasm, SOB uncontrollable cough – Chills

HEALTH HISTORY

Previous Hospitalization/Chronic Conditions/Injuries/Last Physical Examination
8 yrs ago - fibro cysts
2 years - fibro cysts
Slight heart murmur
Anesthesia Hx: (Malignant Hyperthermia) Ø
Transfusion Hx: (Previous Transfusions/Reactions, Including Febrile Reactions) Ø

NSG DIAGNOSIS

Health Maintenance Alteration
Noncompliance
Infection Potential for
Injury Potential For:
- Poisoning
- Suffocation
- Trauma

NUTRITIONAL METABOLIC PATTERN

Special Diet Ø	Difficulty Swallowing Ø
Food Intolerances Ø	Handicaps related to eating Ø
Family Hx Diabetes - grandmother	
	Dentures: Upper Lower Bridge
Fad Diets Ø	Dentures Brought In Ø
Appetite good	Last Dental Exam:
Wt. loss or gain Ø	Oral mucous membranes/gums (color, moisture lesions)
Nausea/Vomiting	Ø lesions
24hr recall of food/fluid:	
- fruit cup - bran muffin	
coffee - grey farina	Skin (color, temp, turgor, lesions, dryness, ecchymosis, other)
tuna salad - mixed potatoes/hash	Pale / warm
Alcoholic Beverages	& dry
occ	

NSG DIAGNOSIS

Swallowing Impaired
Nutrition Altered
- More than Body Require.
- Less than Body Require.

Oral Mucous Memb. Alteration
Ineffective Thermoregulation
Hypothermia
Hyperthermia
Tissue Integrity Impaired
Skin Integrity Impaired

ELIMINATION PATTERN

Bowel	Bladder
Unusual Bowel Pattern q Day	Urinary Frequency Ø Burning Ø
	Incontinence Ø Nocturia Ø
LBM - 12/23 Melena Ø	Hematuria Ø
Diarrhea/Constipation Ø	
	Unusual Discharge Ø
Laxatives Ø	
Incontinent Ø	Other
Eructations Ø	
Excessive flatus Ø	Family Hx Kidney Disease or Ca
Abdomen soft	grandmother - kidney
Bowel Sounds BS x4	disease

NSG DIAGNOSIS

Bowel Elimination Altered
- Constipation
- Diarrhea
- Incontinence

Urinary Elimination Altered
- Incontinence
- Retention

ACTIVITY EXERCISE

Self Care ✓ Assist of One	Leisure Activities
Requires use of Equipment/Devices	
	Smoking (duration, # pks/day) Ø
Gait/Falls Hx Ø	Smoking regulations explained Ø
Paralysis/Weakness	Family Hx Heart or Lung Disease
	lung-grandfather
Amputation/Prostheses	
	Pulse Rate 100 Rhythm regular
Respiratory Rate 24 Rhythm regular	Strength strong
Depth normal	Palpitations Ø
Cough yes Sputum Ø	Chest Pains yes slight
On. ...ea Ø	
Dyspnea yes	Edema Ø
Wheezing – Ø	
Breath Sounds	Cyanosis Ø
clear but ↓	
Other	

NSG DIAGNOSIS

- Activity Intolerance
- Impaired Physical Mobility
- Self-Care Deficit
  - Feeding
  - Bathing/Hygiene
  - Dressing/Grooming
  - Toileting
- Injury Potential
- Home Mainten. Management Impaired
- Cardiac Output Decreased
- Airway Clearance Ineffective
- ~~Breathing Pattern Ineffective~~
- ~~Gas Exchange Impaired~~
- Fluid Volume
  - Excess
  - Deficit
- Tissue Perfusion Altered (specify)

SLEEP REST PATTERN

Hours/Night – 7-8 hrs	Sleep onset problems ø's
Feel rested for daily activities after sleep	Dreams/Nightmares Ø
yes	Early Awakening Ø
Sleep Aids (pillows, meds, foods)	

NSG DIAGNOSIS

- Sleep Pattern Disturbance

COGNITIVE PERCEPTUAL PATTERN

Orientation X3	Eye Drops Ø
Pupil Reaction	Family Hx Glaucoma – father
Headaches Ø Fainting Ø	
Seizures Ø	Hearing Impaired Ø
Numbness/tingling Ø	Hearing Aid Ø
	Grasps Ideas well
Hand Grasps equal/strong	Voice/Speech Pattern – clear
Visual Impairment Ø	
Glasses Contacts	Attention Span good
Glasses or contacts brought in with pt. Ø	
Discomfort/Pain	Easiest way for you to learn
Pain Management	
Other	

NSG DIAGNOSIS

- Sensory Perceptual Alterations
  - Visual
  - Auditory
  - Kinesthetic
  - Taste
  - Tactile
  - Olfactory
- Unilateral Neglect
- Thought Processes Altered
- Knowledge Deficit
- Comfort Altered
  - Chronic Pain
  - Pain

SEXUALITY REPRODUCTIVE PATTERN

LMP – 2 wks	Duration 5 days	Breast Self Exam
Character		Any Changes/Problems in Sexual Relations (if appropriate)
Discomfort – yes	Discharge	
Contraceptives		
Last pelvic exam/pap smear – last summer		
Other		

NSG DIAGNOSIS

Sexual Dysfunction
Sexuality Patterns Altered
Rape-Trauma Syndrome

SELF PERCEPTION SELF CONCEPT

Changes in way feel about self or body since illness	Grooming hygiene
	good
Most important aspects of your life are?	Nervous/Relaxed relaxed

NSG DIAGNOSIS

Self Concept Disturbance
- Body Image
- Self Esteem
- Personal Identity

Anxiety
Hopelessness
Powerlessness

ROLE RELATIONSHIPS COPING

Occupation School teacher	Interaction with Family/Friends
Live Alone/with Others	
husband / kids	Family depends on you for things?
Who's most helpful in talking things over (Significant other)	
What helps you most when you feel afraid or need help?	Family concerns regarding hospitalization?
Other	

NSG DIAGNOSIS

Coping Ineffective
- Individual
- Family

Social Isolation (Rejection)
Social Interaction Impaired
Family Process Alteration
Parenting Alteration
Fear
Grieving
Violence Potential

VALUE BELIEF PATTERN

Do you belong to a particular religion / faith group? – Lutheran	
If yes, which church?	
Is your faith an important source of strength for you?	
How can I help in carrying out your faith? would you like a visit from your pastor or hospital chaplain? yes	
(Explain Pastoral Care Services and how to obtain)	
Do you have a living will/power of attorney on file? If so, where?	
Valuables/Disposition –	
Person Supplying Information Patient	
Dr. Notified at Time	R.N. Signature K Blumer RN

NSG DIAGNOSIS

Spiritual Distress

FORM NO. 0101190
REV. 9/90

RISK OF FALLS ASSESSMENT

CHECK CRITERIA WHICH APPLY

Date: 12/25 Time: 0400

GENERAL - Each check = 2 points
_____ History of prior falls

PHYSICAL - Each check = 1 point
_____ Age over 70 years
_____ Dizziness
_____ Unsteady Gait
_____ Fatigue
_____ Weakness
_____ Impaired Vision
_____ Incontinence

MENTAL STATUS - Each check = 2 points
_____ Confused/Disoriented
_____ Impaired Memory

MEDICATIONS - Each check = 1 point
_____ Diuretic
_____ Psychotropic
_____ Anti Hypertensive
_____ Sedative
_____ Narcotic
_____ Tranquilizer
_____ Laxative

MEDICAL DIAGNOSIS - Each check = 1 point
_____ CVA
_____ Diabetes
_____ Parkinsonism
_____ Amputee
_____ Seizure Disorder
_____ Arthritis
_____ Alzheimer's
_____ CHF
_____ Other

FUNCTIONAL: IND = INDEPENDENT = 0 POINTS
P.A. = PARTIAL ASSISTANCE = 1 POINT
T.A. = TOTAL ASSISTANCE = 2 POINTS

6 DRESSING 1 AMBULATING 0 BATH 1 TO BE WITH ASSISTANCE

TOTAL POINTS: 2

ADD POINTS - IF TOTAL IS SEVEN (7) OR MORE ASSIGN TO RISK/FALL PROGRAM

If patient is at risk of falling and does not comply with or understand instructions to call for assistance, use the bed check patient monitor system.

Applied _____

Not applied: ✓ Reason: alert + oriented

Signature: R Blumenso

CHECK CRITERIA WHICH APPLY

Date: 12/27 Time: 0400

Reassessment after 48 hours.

GENERAL - Each check = 2 points
_____ History of prior falls
_____ Hospital stay of five days or more anticipated

PHYSICAL - Each check = 1 point
_____ Age over 70 years
_____ Dizziness
_____ Unsteady Gait
_____ Fatigue
_____ Weakness
_____ Impaired Vision
_____ Incontinence

MENTAL STATUS - Each check = 2 points
_____ Confused/Disoriented
_____ Impaired Memory

MEDICATIONS - Each check = 1 point
_____ Diuretic
_____ Psychotropic
_____ Anti Hypertensive
_____ Sedative
_____ Narcotic
_____ Tranquilizer
_____ Laxative

MEDICAL DIAGNOSIS - Each check = 1 point
_____ CVA
_____ Diabetes
_____ Parkinsonism
_____ Amputee
_____ Seizure Disorder
_____ Arthritis
_____ Alzheimer's
_____ CHF
_____ Other

FUNCTIONAL: IND = INDEPENDENT = 0 POINTS
P.A. = PARTIAL ASSISTANCE = 1 POINT
T.A. = TOTAL ASSISTANCE = 2 POINTS

____ DRESSING ____ AMBULATING ____ BATH ____ TO BE WITH ASSISTANCE

TOTAL POINTS: _____

ADD POINTS - IF TOTAL IS SEVEN (7) OR MORE ASSIGN TO RISK/FALL PROGRAM

If patient is at risk of falling and does not comply with or understand instructions to call for assistance, use the bed check patient monitor system.

Applied _____

Not Applied: _____ Reason: _____

Signature: _____

Reassess after one week.

RISK OF FAL

CHECK CRITERIA WHICH APPLY

Date: _____ Time: _____

GENERAL - Each check = 2 points
_____ History of prior falls

PHYSICAL - Each check = 1 point
_____ Age over 70 years
_____ Dizziness
_____ Unsteady Gait
_____ Fatigue
_____ Weakness
_____ Impaired Vision
_____ Incontinence

MENTAL STATUS - Each check = 2 points
_____ Confused/Disoriented
_____ Impaired Memory

MEDICATIONS - Each check = 1 point
_____ Diuretic
_____ Psychotropic
_____ Anti Hypertensive
_____ Sedative
_____ Narcotic
_____ Tranquilizer
_____ Laxative

MEDICAL DIAGNOSIS - Each check = 1 point
_____ CVA
_____ Diabetes
_____ Parkinsonism
_____ Amputee
_____ Seizure Disorder
_____ Arthritis
_____ Alzheimer's
_____ CHF
_____ Other

FUNCTIONAL: IND = INDEPENDENT = 0 POINTS
P.A. = PARTIAL ASSISTANCE = 1 POINT
T.A. = TOTAL ASSISTANCE = 2 POINTS

___DRESSING ___MANIPULATING ___BATHE ___TO BE WITH ASSISTANCE

TOTAL POINTS: _____

ADD POINTS - IF TOTAL IS SEVEN (7) OR MORE ASSIGN TO RISK/FALL PROGRAM

If patient is at risk of falling and does not comply with or understand instructions to call for assistance, use the bed check patient monitor system.

Applied _____

Not applied: _____ Reason: _____

_____

Signature: _____

St. Mary's Hospital
Green Bay, WI
498-4200

DISCHARGE INSTRUCTIONS

YAEGER, BARBARA A 3N-S
MR#:0302579 ADM:12/25/92 318
[redacted] 37 REL:LL
AC#:5589023 DOB:08/06/55 FC:

1. Your next appointment wi[redacted] is

2. Activity/Care Instructions:

Emergency Room 12/26/92 for CBC, Chest X-Ray.

3. Diet: as tolerated

4. Medications:

Name	Dose	Time you should take it
MAXAIR inhaler	2 puffs	Every 4 to 6 hours if needed for wheezing.
prednisone	10mg	Take 2 tablets three times a day - with food

5. Patient has:

Discharge medications yes ✓ no ___
Meds from home yes ___ no ✓
All personal belongings yes ✓ no ___

I, the undersigned have read and understand the above.

K. Pehlke RN — Signature of Discharge Nurse
12-25-92 — Date
Barbara A. Yaeger — Signature of Patient
Date

01-3056 3/88

(Chart Copy - White/Patient Copy - Yellow)

St. Mary's Hospital
Green Bay WI

EMERGENCY DEPARTMENT RECORD

12/25/92 00:51 (QBN$$P)

AEGER, BARBARA A F 37 SERV:EMERGENCY
.R.#: 0302379 ADM MD: [redacted] EMERG
CCT#: 3389023 [redacted]
DM:12/25/92 RACE:W
00:50 RE[redacted]

EF CLINIC: CITY:
LK:DJW SSN:398586783 F/C:70
DDR:300 STONEY BROOK LA RELIGION:LUTH L016
GREEN BAY WI 54304- CHURCH:PILGRIM
HONE:414-499-6143 ER CONTACT I: JERRY
REV NAME:SCHROEDER PHONE: 414-499-6143 REL: HU
OB: 08/06/35 MS:M WORK: 414-499-3131
MPLOYER:VANBOXTEL FORD ER CONTACT II:
OCCUPATION:TEACHER PHONE: REL:
CCIDENT DATE: WORK:
AUSE:
OW ADMITTED:SQUAD
DM DX:CHEMICAL REACTION

☐ POLICE NOTIFIED ☐ HERE
☐ CORONER NOTIFIED ☐ HERE

TETANUS TOXOID /

CURRENT MEDS none

ALLERGIES NKDA

MD EXAM Stat

PHYSICIAN NOTIFIED ☐ ANSWERING SERVICE ☐ AT HOME ☐ RESPONSE ☐ ARRIVAL IN THE EMERGENCY CENTER

PHYSICIAN'S EXAM/NURSE'S NOTES

TEMP 100.4 T P 112 R 28 B.P 158/80
0042 Taken to room 3 per EMTRS. O2 10LPM/mask
O2 lowered to check stat level. Pt pale, warm et
dry. Pt states she was using "Wilson's leather
protection" @ 8pm for 15' and at 930pm for 15'
States she began c a slight cough @ 8:30pm
et developed mild to moderate SOB @ 10pm. States
pain was worse on inspiration. Pt's pain O2 sat 97% on
RM8. lungs diffused bilaterally. cont.
[illegible]
CH, rhn/allergies
[illegible] albuterol premixed
CBR
used Wilson Leather protector spray 3x
cont. c/o fever c chills HA at noon.
0059 O2 @ 5LPM NC. O2 sat 4LPM/NC
0103 [illegible] 100%.
0500 O2 sat 97% RA. 021095 sat 100% 4LPM/NC
CXR — pneumonitis
0555 IV 1000cc D5NS @125cc/hr [illegible] using new
tubing, start kit, 18G angio. Site prepped c betadine
[illegible]
0248 Report called to 3rd Floor.
0126 ABG CBC
0127 IV D5NS 125/hr
0181 Solumedrol 125 mg IV

DIAGNOSIS Acute Chemical Pneumonitis = RAD

TREATMENT Admit — Dr. T. Hefty

INSTRUCTIONS

X-RAY AND EKG READINGS ARE PRELIMINARY UNTIL LATER REVIEWED. INSTRUCTION SHEET GIVEN ☐

FOLLOW UP WITH DR. CONDITION UPON DISCHARGE CONDITION ☐ SATISFACTORY ☐ FAIR ☐ POOR ☐ CRITICAL

DISABILITY DURATION

DISPOSITION	DATE	TIME	REFERRED TO	RN	ATTENDING PHYSICIAN
Admit 318	12/25/92	0300		[illegible]	[redacted]

FORM 01-00560 12/88

MEDICAL RECORDS

367

Yaeger, Barbara
#302579
12-25-92
Dr. Paton

HISTORY OF PRESENT ILLNESS:
This is a 37-year-old woman who presents with complaint of acute dyspnea after spraying a coat with Wilson's Leather Protector aerosol. This is a hydrocarbon-based spray for garment protection. The patient is a nonsmoker. She relates no prior history of bronchospasm. She occasionally has extrinsic allergies. She has no medications and has no preceding infectious symptoms. In fact, the patient's husband, who was briefly exposed to the basement where she was spraying this agent had similar symptoms and so did another youngster.

PHYSICAL EXAMINATION:
Temperature is 100.4 tympanic, 100.8 orally, pulse 112, respirations 28, blood pressure 158/80. The patient appeared ill and was quite uncomfortable. She did volunteer symptoms of bifrontal headache as well as some chills d myalgias in addition to her dyspnea.
HEENT: Her conjunctiva are trace injected without chemosis. ENT examination shows hyperemia and is otherwise normal. There is no stridor or angioedema.
Neck: Supple.
Lungs: She has scattered rhonchi with end-expiratory wheezes on chest auscultation. The wheezing resolved significantly after an Albuterol updraft, however, the rhonchi persisted and a few crackles and mild rales developed later in her ER course. Pulse oximeter was in the low to mid-90s on room air on arrival and with four liters nasal cannula it went up to 99%.
Heart: Tones were regular without rubs or gallops. There was no ectopy.
Abdomen: Soft. There was no peritoneal signs. Bowel sounds are active.
Extremities: She had no peripheral clubbing, cyanosis, or edema.

Chest x-ray was compatible with pneumonitis though the patient was much more comfortable with oxygen administration. She clearly was too ill to be treated as an outpatient. An IV of D5 normal Saline was initiated and a Solu-Medrol bolus given. Her baseline CBC had a white count of 25.1. Hemoglobin is 12.4, platelets are adequate. She had 78% neutrophils, 11% bands. An initial blood gas had a pH of 7.46, PC02 of 29, P02 of 34 and a bicarb of ... This clearly was not arterial and will be repeated. The patient's saturations were again 99% on four liters. She was discussed with Dr. J. Tibbetts and admitted.

IMPRESSION:
Acute chemical pneumonitis with bronchospasm, rule out lipoid pneumonia.

DP:ct
D: 12-25-92
T: 12-26-92

BROWN COUNTY PARAMEDIC REPORT

DATE: 12 ,25 ,92

SERVICE: GBFD ID. #: 168 STATION: 6 UNIT: R-6-B RUN #: 210880

Patient Name: BARBERA A. YAEGER	Requested By: PT. /911	Name: EMT#: J STAUGER 506; C HADZIMA 1276; S WOLFORD 38288; GBFD E-6; W KLON J MILLER, J JOHNSON, A JENSEN	Mileage: End / Begin / Total	Military Time: Call Rec. 00:30; 10-76 00:33; 10-23 00:35; 10-76 00:44; 10-7 00:48; 10-8 00:59
Patient Address: 800 STONYBROOK, City: GREEN BAY, Zip:	Phone #:			
Loc. of Pickup: 800 STONYBROOK	DOB: 8,06,55			
Municipality: GREEN BAY	Age: 37 Doct: [redacted]			ALLERGIES: NKA

LOC: (Alert) Verbal Pain Unresp. PNB Weight: 130# Sex: M (F)

Chief Complaint (Mech. of Injury): DYSPNEA AFTER EXPOSURE TO AN AEROSOL LEATHER PROTECTOR. TOTAL EXPOSURE TIME ½ → 3/4 HOURS.

Home Meds. (Dosage, #/Day): NONE

Past Medical History: HEART MURMUR

PT. Assessment: ALERT ORIENTED X3. SKIN NORMAL X3. C/O HEAVY SENSATION @ LOWER CHEST WHICH INCREASES WITH INSPIRATION. RELIEF FROM PAIN & RESP. DISTRESS ⊂ O_2 ADMIN. LUNGS SOUND CLEAR THROUGHOUT. Ø JVD, PERIPHERAL EDEMA.

Treatment Rendered (O_2, Long Bd., Splints. . .): Hx, O_2, VITALS, TRANSPORT

Wit. Arrest?: Y / N Time Down?: ____ : ____ Prior CPR?: Y / N How Long?: ____ min. By Whom?: ____ CPR Adeq?: Y / N

TIME / EMT #	00:36	EMT #	:	EMT #	:	EMT #	:	EMT #	:	EMT #	:	EMT #
ATROPINE	0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0	
$D_{50}W$												
EPINEPHRINE	0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0		0.5 1.0	
LASIX												
LIDO BOLUS	50 75 100		50 75 100		50 75 100		50 75 100		50 75 100		50 75 100	
LIDO DRIP	2 3 4		2 3 4		2 3 4		2 3 4		2 3 4		2 3 4	
MORPHINE												
NA:												
NITROGLYCERIN	0.4		0.4		0.4		0.4		0.4		0.4	
EKG RHYTHM												
PERFUSION?	Y N		Y N		Y N		Y N		Y N		Y N	
BLOOD PRESSURE	124 / 78		/		/		/		/		/	
PULSE	114 P		P		P		P		P		P	
RESPIRATIONS	24 R		R		R		R		R		R	
DEFIB JOULES	200 300 M		200 300 M		200 300 M		200 300 M		200 300 M		200 300 M	
OTHER DRUG/ PROCEDURE	O_2 @ 10L NON-REBREATHER MASK.											
PUPILS	NORMAL											

IV Attempts: ____ IV Started?: Y / N By #: ____ Time: ____ : ____ Intubated By #: ____ Time: ____ : ____ ET# ____ EGTA

COMMENTS:

ETA (Without Further Orders, Including Loading Time): ____ Min. NO TRANSPORT RELEASE SIGNED: Y / N

Signed: Jeffrey A. Stauger EMT #: 506 TIME: 00:58 E. R. Physician: AKTON

*EMT In Charge Chart Review?: Y / N Page ____ of ____ Destination: St. V. St. M. Bellin Other #3

08/88 MJM

ORIGINAL – Hospital Copy

369

FIELD ACTIVITY COVERSHEET

1. REGION/STATE	2. OPERATION (Check One)	3. DATE
FOCR	( ) Inspection ( ) Establishment Visit ( ) Telephone Contact (XX) Investigation ( ) Other _____	1-4-93
		4. NUMBER (For RO Use) 921230CCN0563

5. ESTABLISHMENT
Name Wilson's Suede and Leather, Inc.
Address 400 HWY 169 South
City Minneapolis State MN Zip _____ Telephone No. _____

6. RELATED FIRM ( ) Parent ( ) Headquarters ( ) Subsidiary ( ) Other _____
Name _____ City _____ State _____

7. PRODUCTS COVERED	8. OTHER CONSUMER PRODUCTS
Wilson's Leather Protector	

9. ESTABLISHMENT TYPE	10. ANNUAL PRODUCTION
( ) Manufacturer ( ) Importer ( ) Wholesaler ( ) Own Label Distributor ( ) Retailer ( ) Repackager ( ) Other _____	Product Covered $ _____ Units _____ Other Products $ _____ Units _____

11. I.S. BUSINESS	12. SAMPLES COLLECTED	13. MIS CODE	14. HOURS
% Received _____ % Shipped _____			Activity _____ Travel _____

15. REASON FOR ACTIVITY (Assignment Reference)

16. ANNOUNCED ( ) Rationale for Announced Inspection
UNANNOUNCED ( )

17. EMPLOYEE'S NAME	TITLE	SIGNATURE

18. (X) ENDORSEMENT ( ) REMARKS ( ) SUMMARY ( ) OTHER _____

A 25 year old woman suffered respiratory distress after using Wilson's Leather Protector, 5 oz. can, to spray a leather coat and boots. The victim saw a doctor and was diagnosed as having a reaction to a chemical irritant.

F/U: Refer to Compliance.

19. REVIEWER'S NAME	TITLE	SIGNATURE
John R. Vece	S.P.S.I.	John R. Vece

20. REVIEW DATE	21. DISTRIBUTION
1-14-93	O: EPDS; cc: CERM, C. Jacobson; cc: EF; cc: FOCR.

CPSC FORM NO. 167 (Revised 8/86)

EF

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.: 921230CCN0563

2. INVESTIGATOR'S ID: 8156

3. OFFICE CODE: 830

4. DATE OF ACCIDENT: YR 92 MO 12 DAY 27

5. DATE INVESTIGATION INITIATED: YR 93 MO 01 DAY 04

6. SYNOPSIS OF ACCIDENT OR COMPLAINT: The 25 yr. old female complainant used an aerosol container of leather protector on a leather coat and pair of boots inside her home. She said about an hr. later she experienced SOB, tightness in chest, coughing spells and other respiratory distress. Her 6 yr. old son also experienced some respiratory problems. She visited a medical clinic was treated for reaction to chemical irritant. She has recovered from this incident.

7. LOCATION (Home, school, etc.): Home 10

8. CITY: White Bear Lake

9. STATE: Minnesota MN

10A. FIRST PRODUCT: Aerosol Leather Protector 0952

11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS: 5 Oz. SKU# 18996003 "C129" Wilsons-The Leather Experts, 400 Hiwy# 169 So; Mpls, MN.

10B. SECOND PRODUCT: None 0000

11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS: N/A

12. AGE OF VICTIM: 025

13. SEX (Use numerical code): MALE - 1, FEMALE - 2, UNKNOWN - 3: 2

14. DISPOSITION: T & R 1

15. INJURY DIAGNOSIS: Chemical Irrit. 68

16. BODY PART: APB 85

17. RESPONDENT(S) (Mother, Friend): Complainant, Doctor 1

18. TYPE INVESTIGATION: ON SITE 1, TELEPHONE 2, OTHER 3: 1

19. TIME SPENT: 090 (1 travel)

20. ATTACHMENTS: Product Label, MD Rept, Etc. 9

21. CASE SOURCE: Complaint 07

22. REVIEWED BY: 8130 YR 93 MO 01 DAY 15

23. PERMISSION TO DISCLOSE NAMES (NON-NESS CASES ONLY): CPSC MAY DISCLOSE MY NAME XX; CPSC MAY NOT DISCLOSE MY NAME ☐

24. NARRATIVE (See Instructions on Other Side): SEE ATTACHED

25. REGIONAL OFFICE DIRECTOR REVIEW: DATE

MFR/PRIVLBR NOTIFIED
- No comments made
- Comments attached
- Excisions/Revisions
- ✓ Firm has not requested further notice

6/28/94 SAP

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

CPSC FORM NO. 182 (Revised 10/85)

APPROVED FOR USE THROUGH 5/31/94 OMB NO. 3041-0029

921230CCN0563

SUMMARY:

The complainant said she received a new leather jacket on 12/24/92. When the jacket was purchased they also bought a 5 ounce aerosol can of leather protector from the same store. This is a product you spray on the coat to help protect it from dirt and moisture.

She said several days later on 12/27/92 she decided to apply the leather protector to her coat. She added that her husband had a pair of leather boats so she decided that she would apply the protector product to both products.

She was in a split level home and on the upper level where the kitchen, dining room and living room all adjoined. She said that the house was closed up as it was winter in Minnesota and guessed that the outside temperature was probably in the teens. She sprayed both her jacket and the boots and guessed it took about 15 minutes and she used up about half of the contents of the 5 ounce aerosol container. While she was applying the spray her son (6 years old) and a sister-in-law were in an adjoining room on the same level. Her husband was not present.

She said about an hour later she experienced shortness of breath, tightness in her chest, sporadic coughing spells, and a sore throat. An hour later her 6 year old son developed a sporadic cough, neck pain and a sore throat. She said to a lesser degree her sister in law developed a cough. She said she's a non-smoker with some minor history of asthma-like conditions. She said she's allergic to cats and dogs. She said these conditions occurred many years ago and she's not under medical attention for her asthma. She said she just avoids going to homes where there are dogs and cats which has eliminated that problem. None of the other family members have any history of respiratory problems.

She visited a medical clinic on the following day and was diagnosed as having a reaction to a chemical irritant. She was giving a inhaler for her cough spasms when needed (See Attachment 3). She and the other family members had recovered from their respiratory problems at the time of my investigation. She added that her husband who was not present when the product was being used did not experience any of the respiratory problems experienced by the other family members.

She said she did contact the distributor of the product about her experience with the leather protector. She was told by someone in customer service that the office has been receiving a number of calls regarding their 5 ounce container of aerosol leather and suede protector. She was told by the firm that she should see her physician and if her physician had any questions as to the ingredients within the product they should contact them. She was told that they could return the product at any of their retail stores in the Twin Cities, Minnesota area.

STANDARDS ADHERENCE:

There is no information available on the product's container in respect to adhering to any voluntary or mandatory safety standards.

SAMPLES COLLECTED:

As requested by FOCR (Vece) I collected the partially used 5 ounce aerosol container of "Wilson" Leather Protector from the complainant. This product was sampled, identified and sent to HSAM under Sample R-630-4206.

PRODUCT IDENTIFICATION:

Product involved in this incident is a 5 ounce aerosol container of suede and leather protector. Examination of the label reveals the following information:

"Suede and Leather Protector ***Wilson's ***Caution: Vapor may be harmful. ***Net Weight - 5 ounces. ***No Flourocarbons. ***Caution: Extremely flammable. Contains petroleum distillates. ***Keep Out Of Reach Of Children*** ***Manufactured for Wilson's*** Minneapolis, Minnesota 55426 SKU-18996003 ***C 129****".

Product was purchased on 12/24/92 from:

Wilson's
Lakewood Mall
St. Paul, Minnesota

Product is manufactured for:

Wilson's The Leather Experts
400 Hwy 169 South
Minneapolis, Minnesota 55426

ATTACHMENTS:

1. Copy of Product Label
2. Copy of CR R-830-4206
3. Medical Records

921230CLN0568
#1

WILSONS

LEATHER PROTECTOR

MAKES SUEDE AND LEATHER STAIN AND WATER RESISTANT

KEEPS DIRT ON THE SURFACE FOR EASY WIPE-OFF

NEVER CHANGES COLOR OR ADVERSELY AFFECTS MATERIAL

CONTAINS NO SILICONE

CONTAINS NO OZONE DEPLETING CHEMICALS

CAUTION: VAPOR MAY BE HARMFUL. CONTENTS UNDER PRESSURE. READ CAREFULLY OTHER CAUTION ON BACK PANEL.

NET WT. 5 OZ.

375

921230CCN0568

#1

NO FLUOROCARBONS

DIRECTIONS: SHAKE WELL. APPLY BEFORE EXPOSURE TO ELEMENTS. GARMENT MUST BE CLEAN AND DRY. HOLD UPRIGHT 8 TO 10 INCHES FROM SURFACE AND SPRAY LIGHT EVEN COAT OVER ENTIRE SURFACE INCLUDING COLLARS, SLEEVES, SEAMS AND STITCHING. DO NOT SATURATE. ALLOW TO DRY OVERNIGHT AND REPEAT HEAT TREATMENT PERIODICALLY. AFTER EACH WEAR, ESPECIALLY IN WET WEATHER, REMOVE SLUSH, DIRT OR SALT TO PREVENT PERMANENT MARKS.

CAUTION: EXTREMELY FLAMMABLE CONTAINS PETROLEUM DISTILLATES. DO NOT STORE OR USE NEAR FIRE, SPARKS, OR HEATED SURFACES. CONTENTS UNDER PRESSURE. DO NOT PUNCTURE. MAY CAUSE BURSTING. PLEASE DO NOT SMOKE WHILE USING THIS PRODUCT.

KEEP OUT OF REACH OF CHILDREN

RECYCLED RECYCLABLE

MANUFACTURED FOR

SHOE CLEANER

WILSONS

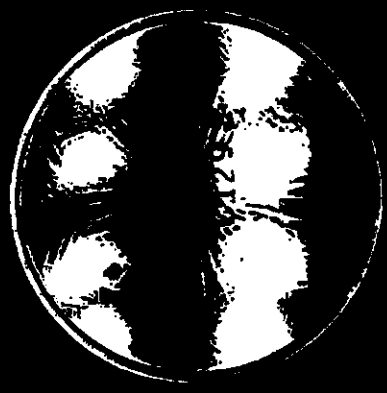
SHOE CARE

MINNEAPOLIS, MN 55423

S 18996003

00189 96003 2

921230CCN056E
#1



921230CCN0568

U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

#2

1. Flag	2. Date Collected: 1-4-93	3. Sample type & number: [XX] Physical R-830-4206; [ ] Documentary
4a. Product name: Aerosol Container of Leather/ Suede Protector	4b. Model: 5 Oz. Can SKU 18996003	4c. NEISS: 0952
5. Assignment ref.: IDI# 921230CCN0568		
6. Complete for import samples: a. Port of Entry: b. Entry # & date: c. Country of Origin: d. HSUSA code: e. Customs Contact:	7. MIS: 33672	8. Hours: a. Activity 4; b. Travel 1
9a. Home RO: FOCR	9b. Collecting RO: MSP-RP	
10. Sample Cost: $5.00 cash	11. Invoice value of lot: $.00	12. Size of lot: 1 Can
13. ~~Manufacturer/Importer~~: Distributer, Wilsons, 400 HiWy# 169 So., St#600, ID # Mpls, MN. 55426	14. ~~Shipper/Foreign Mfr.~~: Retail Store, Wilsons, Maplewood Mall, St. Paul, MN. 55109, ID#	15. ~~Retailer/Importer~~: Consumer, Michele Huston, 3580 Dell Court, White Bear Lake, MN. 55110, ID#

16. Supporting documents attached: None
a. Invoice # & date: b. Date Shipped:
c. Shipping record # & date:
d. Affidavit signer's name, title & date:

17. Product Identification: METAL AEROSOL CONTAINER OF LEATHER PROTECTOR/Labeled in part,"SUEDE & LEATHER WILSONS *** LEATHER PROTECTOR *** CAUTION: VAPOR MAY BE HARMFUL *** NET WT. 5 OZ. ***NO FLUOROCARBONS *** CAUTION: EXTREMELY FLAMMABLE. CONTAINS PETROLEUM DISTILLATES ***KEEP OUT OF REACH OF CHILDREN *** MANUFACTURED FOR: WILSONS *** MINNEAPOLIS, MN 55426 SKU 189960003 ***C129***".

18. Reason for collection & analysis needed: FHSA XX CPSA ___ FFA ___ PPPA ___ RSA ___
Sample collected as F/U to IDI#921230CCN5668 regarding complainant's reaction to aerosol product after use. Assign from FOCR (Vece).

19. Summary of Field Screening:
None

20. Sample Size, Method of Collection: The above consumers partially used can of the aerosol product was collected as requested by FOCR (Vece). The unit was identified, placed in a paper bag, sealed and prepared for shipment to HSHL for evaluation.

21. Identification on sample: "R-830-4206 1-4-93 JRB"	22. Identification on seal: "R-830-4206 1-4-93 Jerome R. Boog"	
23a. Sample delivered to: U.S. Mail; St. Paul, MN.	23b. Date: 1-5-93	24. Orig. report/records sent to: FOCR

25. Laboratory/Office: ESEL [ ] HSHL [XX] CERM [ ] CECA [ ] OTHER [ ]

26. Remarks The consumer used the above product of her new leather coat and a pair of boots. Used for about 15 minutes inside home. Hour later she experienced SOB, tighness in chest, coughing and respiratory distress. Hour later her son (6 yrs) began coughing, neck pain and sore throat. Family has recovered.

27. Related Samples None

28a. Collector's name, title & employee #: Jerome R. Boog, Investigator 8156	28b. Collector's signature & date: Jerome R. Boog 1-5-93
29a. Reviewer's name, title & employee #: John R. Vece, Supv.	29b. Reviewer's signature & date:

Distribution: Orig [ ] Lab [ ] Fiscal [ ] Data [ ] Hdqtr [ ] Other [ ]

CPSC Form 166 (Rev. 9/91)

378

921230CCN0563

CONSUMER PRODUCT SAFETY COMMISSION
FEDERAL COURTS BUILDING, RM. 128
316 N. ROBERT STREET
ST. PAUL, MINNESOTA 55101

Ron Huston

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

TO:

You are hereby authorized to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case)

(the case of) Michelle T. Huston
(NAME)

Myself
(RELATIONSHIP TO YOU)

including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and x-ray reports and films.

The approximate date of hospitalization was 12-23-92 and/or

the nature of treatment received was chemical spray
Reaction

The reason for the request is that this agency is conducting an investigation of the incident affecting the above named individual. The records will be included in a report which will be used for official purposes only.

I understand that I may revoke this authorization at any time. The expiration date of this request is 1-31-93.

1-4-93
(DATE)

Michelle T. Huston
(SIGNATURE)

Renee R. Boos
(WITNESS)

92123CCCN0568

#3

01/06/93 09:48 FAX 612 777 7839 NO ST PAUL MED C 001

Page No. 3

Allergies

X-Ray No. 31993

NORTH ST. PAUL MEDICAL CENTER
2579 East Seventh Avenue
North St. Paul, MN 55109

Harold R. Broman, M.D.
Thomas P. Haas, M.D.

William R. Schroeder, M.D.
Edward M. Dennison, M.D.

Name Huston, Michelle

Date of Birth 7/17/67

Address

Head of Family Same

Sex F S M W (D)

Telephone Number

After Berry Bog

MONDAY DEC 28 1992 c/B/ Cough x 2 days

SOB — Does reaction f/ leather

Spray c/o. HA — neck ache SOB.

1997 — BLP

HUSTON, Michelle
12-28-92 (dict 12-28-92/typed 12-29-92)

S: Pt sprayed a new leather coat with Protector spray, Leather protector spray from Wilson's. Evidentally this was a new chemical spray to protect her coat and has has caused some irritations in other people. She says that she has developed a reaction from the spray. Developed a headache and a neck ache, fair tightness in her chest and has been coughing. Her only medication is BCP's. She has had one previous history of an asthmatic bronchitis when she was exposed to a cat and dog, required hospitalization years ago. She has never had any other history of asthma.

O: Her TM's are clear. Pharynx is clear. Lungs are clear. There is no wheezing, rales no respiratory distress.

A: Chemical irritant.

P: Pt was advised to avoid contact with the leather coat that has been sprayed. She is given a Maxair inhaler to use for the spasm and she is to take the spray back to Wilson's and not use it again.

RN/s: [illegible]

921230CCN0563

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

[X] You are hereby authorized to disclose my name and address with the information collected on this case.

[ ] My identity is to remain confidential.

Michelle L Heston
(Signature)

1-4-93
(Date)

U.S. GOVERNMENT PRINTING OFFICE 1984 604 726

381

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Michelle Huston	2. TELEPHONE NO. (Home) (Work) (612) 779-1929 690-1751
3. STREET ADDRESS 3580 Dell Court North	4. CITY STATE ZIP CODE White Bear Lake, MN 55110

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

The respondent reported that she and two other people at this residence experienced respiratory illness after this product was used by her to treat a pair of boots and a leather coat. The product was sprayed on these garments in a large open area of the home. The spraying was done in about 15 minutes and used up about ½ of the 5 oz. can. An hour later the respondent experienced shortness of breath, tightness in chest and coughing spells. An hour after this happened her 6 year old son began coughing and experienced neck pain and sore throat.
The respondent's sister-in-law was visiting and she also experienced coughing spells. The respondent saw her doctor, but she is still running a temp. (99°-100°F) has a headache and neckache, feels lethargic and continues to cough.

6. DATE OF INCIDENT(S) 12-27-92	7. IF INJURY OR NEAR MISS, OBTAIN AGE 25 SEX F AND DESCRIBE INJURY respiratory illness	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP
9. DESCRIPTION OF PRODUCT Aerosol leather protector (5 oz. can)		10. BRAND NAME Wilson's Leather Protector
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's- The Leather Experts 400 Hiway 169 South Mpls, MN 55426		12. MODEL, SERIAL NO.'S UPC SKU 18996003 On bottom C129 13. DEALER'S NAME, ADDRESS & PHONE Wilson's Maplewood Mall St. Paul, MN
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES ____ NO XX IF YES, BEFORE OR AFTER THE INCIDENT? Describe		15. PRODUCT PURCHASED NEW XX USED ____ DATE PURCHASED 12-24-92 AGE ____ 16. DOES PRODUCT HAVE WARNING LABELS? Yes IF SO, NOTE: ~~Caution Vapor May Be Harmful~~ Caution: Ext. Flammable, Contains Pet. Dist.
17. HAVE YOU CONTACTED THE MANUFACTURER? YES X NO ____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES ____ NO ____ OTHER	18. IS THE PRODUCT STILL AVAILABLE? YES X NO ____ IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES X NO ____

FOR ADMINISTRATION USE

20. DATE RECEIVED 12-28-92	21. RECEIVED BY (Name & Office) Carolyn A. Schultz, MSP-RP	22. DOCUMENT NO. 02 C 0163
23. FOLLOW-UP ACTION Conduct IDI 921230CCN0563		24. PRODUCT CODE(S) ? 0952
25. DISTRIBUTION C EPPS; cc: Carson, Jordan; cc: EF	26. ENDORSER'S NAME & TITLE John Cox, SPCI	

CPSC FORM 175 (9/88)

FIELD ACTIVITY COVERSHEET

1. REGION/STATE	2. OPERATION (Check One)	3. DATE
FOCR	( ) Inspection ( ) Establishment Visit ( ) Telephone Contact (x) Investigation ( ) Other _____	12-29-92
		4. NUMBER (For RO Use) 921229CCN0543

5. ESTABLISHMENT
Name Wilson's Suede and Leather Inc.
Address
City Minneapolis State MN Zip Telephone No.

6. RELATED FIRM ( ) Parent ( ) Headquarters ( ) Subsidiary ( ) Other
Name City State

7. PRODUCTS COVERED
Wilson's Leather Protector

8. OTHER CONSUMER PRODUCTS

9. ESTABLISHMENT TYPE
( ) Manufacturer ( ) Importer
( ) Wholesaler ( ) Own Label Distributor
( ) Retailer ( ) Repackager
( ) Other

10. ANNUAL PRODUCTION
Product Covered $ Units
Other Products $ Units

11. I.S. BUSINESS
% Received
% Shipped

12. SAMPLES COLLECTED

13. MIS CODE

14. HOURS
Activity
Travel

15. REASON FOR ACTIVITY (Assignment Reference)

16. ANNOUNCED ( ) Rationale for Announced Inspection
UNANNOUNCED ( )

17. EMPLOYEE'S NAME	TITLE	SIGNATURE

18. (X) ENDORSEMENT ( ) REMARKS ( ) SUMMARY ( ) OTHER

A 17 yr. old suffered severe respiratory distress after using Wilson's Leather Protector to treat 2 new leather coats. The product was sprayed on the coats in an enclosed porch. The victim was taken to a local hospital and was diagnosed as suffering from chemical pneumonia.

F/U: Refer to Compliance.

19. REVIEWER'S NAME	TITLE	SIGNATURE
John R. Vece	S.P.S.I.	John R. Vece

20. REVIEW DATE	21. DISTRIBUTION
1-12-92	O: EPDS; cc: CERM, C. Jacobson; cc: EF; cc: FOCR.

CPSC FORM NO. 167 (Revised 8/86)

EF

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.	2. INVESTIGATOR'S ID	3. OFFICE CODE
921229CCN0543	9003	830

4. DATE OF ACCIDENT (YR MO DAY)	5. DATE INVESTIGATION INITIATED (YR MO DAY)
92 12 27	92 12 29

6. SYNOPSIS OF ACCIDENT OR COMPLAINT This investigation was conducted in response to a consumer's complaint that a 17 Y.O. female experienced severe respiratory distress after being exposed to the fumes from an aerosol fabric protection product being used to treat a new leather jacket on 12/27/92. The victim was hospitalized overnight and treated for the symptoms of chemical pneumonia.

7. LOCATION (Home, school, etc.)	8. CITY	9. STATE
Home 10	Oconto Falls	WI WI

10A. FIRST PRODUCT	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
Fabric protection treatment product 0952	Wilson's Suede and Leather, Inc., Minneapolis, MN. "Wilson's Leather Protector(5 oz.)
10B. SECOND PRODUCT	**11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS**
leather jacket 1646	Same as above.

12. AGE OF VICTIM	13. SEX (Use numerical code)	14. DISPOSITION	15. INJURY DIAGNOSIS
017	MALE 1, FEMALE 2, UNKNOWN 3: 2	treated and transfered for hospitalization 3	chemical pneumonia 71

16. BODY PART	17. RESPONDENT(S) (Mother, Friend)	18. TYPE INVESTIGATION	19. TIME SPENT
all parts 85	Victim 1	ON SITE 1, TELEPHONE 2, OTHER 3: 1	050 Tr:0.0

20. ATTACHMENTS	21. CASE SOURCE	22. REVIEWED BY	
multiple 9	State Health Dept. 02	8/20	YR MO DAY 93 01 12

23. PERMISSION TO DISCLOSE NAMES (NON-MISS CASES ONLY) CPSC MAY DISCLOSE MY NAME [ ] CPSC MAY NOT DISCLOSE MY NAME [X]

24. NARRATIVE (See Instructions on Other Side)

See attached narrative.

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

MFR/PRVLBR NOTIFIED
✓ No comments made
Comments attached
25(c) ✓ Excisions/~~Revisions~~
✓ Firm has not requested further notice

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

921229CCN0543

SUMMARY:

This investigation was conducted in response to a report that a 17 year old female experienced severe respiratory distress after being exposed to the fumes from an aerosol fabric protection product that she was using to treat a new leather jacket on 12/27/92. The victim was hospitalized overnight and treated for the symptoms of chemical pneumonia.

PRE-INCIDENT:

On Sunday, 12/27/92 at approximately 12:30 P.M. the complainant and her boyfriend each purchased a new waist-length brown suede leather jacket from the "Wilson's Suede and Leather Products," retail store located at A-1009 Port Plaza Mall in Green Bay, WI 54301.

As the complaint was purchasing her coat, the store clerk suggested that it would be important to treat the new jackets with a fabric protection product to avoid damage from dirt or moisture. The clerk suggested that the complainant and her boyfriend purchase "Wilson's Leather Protector," an aerosol products sold at the store in 5 ounce cans. The aerosol protector is sold in a two can package, described as a "Leather Care Starter Kit."

The complainant and her boyfriend agreed to purchase four cans of the above described product. They were told by the clerk that they should spray 1/2 the contents of a 5 ounce can on each jacket, then wait 30 minutes and spray another 1/2 can on each coat again.

(Each coat then has been treated with an entire 5 ounce can.) The clerk further suggested that each coat be treated again every 2 months by spraying an additional 1/2 can onto each coat, and, if the coats were subjected to rain or dirt, to spray them again immediately after such exposure.

The complainant paid $19.96 for four 5 ounce containers of the Wilson's Leather Protector product.

The store clerk, whose name is unknown, is described as having short brown hair, and being 20-25 years of age. This clerk provided no further instructions to the complainant and her boyfriend as to how the product should be applied to the coats, and he did not suggest that the product's fumes might be hazardous.

INCIDENT:

Later that same day, 12/27/92 at approximately 3:00 P.M., the 17 year old female complainant and 21 year old boyfriend hung each coat on a hanger and suspended the hanger from a clothesline in the attached and enclosed front porch of the family's farm house. The 17 year old complainant did the actual spraying of the fabric protector product, though her boyfriend was present in the porch for part of the time. The complainant sprayed 1/2 the contents of a 5 ounce can onto each jacket as she had been directed, and estimated that this activity took her less then 5 minutes. Both complainants then left the porch where the spraying had taken place until 30 minutes had elapsed at which time the 17 year old female then re-entered the porch and sprayed 1/2 the contents of a second can of the fabric protector onto each coat. She estimated this activity again took her approximately 5 minutes. The complainant's boyfriend was not present during this second application.

Photographs depicting the complainant's reenactment of the manner in which she used the fabric protection product are attached to the end of this report as exhibit "A".

The complainant stated that before using the fabric protector product, she did read the instruction labels on the can, and noted the warning "Vapor's May Be Harmful." She felt that the unheated, enclosed porch was large enough a space to allow the vapors to dissipate, and she left one of the porch's, crank-out style windows open approximately 6 inches to assist in further ventilating the fumes. The porch area is 26 feet long by 6 feet wide by 7 feet high. The porch has two pedestrian doors that provide excess to the main living areas of the house; both doors were kept closed, except to enter and exit the porch during the spraying periods.

Approximately 20 minutes after treating the coats for the second time, the 17 year old complainant noticed that she could not take deep breaths, and felt like she could not catch her breath. It hurt her to breath, and she experienced a burning sensation in her lungs. The complainant also began coughing uncontrollably, and felt slightly dizzy. The complainant's boyfriend suffered no ill symptoms.

POST INCIDENT:

The complainant's condition continued to deteriorate, and she was later transported to nearby Community Memorial Hospital in Oconto Falls, Wisconsin for emergency treatment. She was diagnosed as suffering from chemical pneumonia, and was admitted to the hospital for treatment. Chest x-rays showed clouding in her lungs, and she received chemical and oxygen therapy. The complainant was released from the hospital late the following day, 12/28/92.

As the female complainant is a juvenile living apart from her parents, she was asked to obtain a parent's signature on the "Authorization for Release of Name" and "Authorization for Medical Records Disclosure" forms, and then return the completed forms to the CPSC Milwaukee Resident Post. When these authorizations are received, the medical records will be obtained and forwarded as an addendum to this report.

SAMPLES COLLECTED:

The complainant still had two full 5 ounce cans of the "Wilson's Leather Protector" product remaining. These containers were purchased from the complainant as a CPCS sample, sample no. R-830-4408, and were later forwarded to HSHL for further analysis.

A copy of the sample collection receipt issued to the consumer is attached to the end of this report as exhibit "B". A copy of the sample collection report is attached as exhibit "C".

APPLICABLE STANDARDS:

The hazardous substances labeling requirements detailed in 16 CFR 1500 may apply to this product; the adequacy of the present warning labeling could not be evaluated as the product's actual content ingredients are not known at this time.

PRODUCT IDENTIFICATION:

Product: "Wilson's Leather Protector" fabric protection treatment; 5 ounce aerosol container, described as black in color with red and white lettering. SKU no. 18996003. Date coding ink printing on the bottom of the container is apparently smudged and incomplete states "Cl 2".

Manufacturer: Wilson's Suede and Leather, Inc.
Minneapolis, Minnesota.

ATTACHMENTS:

Exhibit "A" Photographs depicting the complainant's reenactment of her use of the product in question.
"B" Copy of the sample collection receipt issued to the complainant on 12/29/92.
"C" Copy of sample collection report number R-830-4408.
"D" Copy of the original consumer complaint.

Exhibit "A"
IDI# 921229CCN0543

Photos of victim re-enacting the manner in which she used the product.

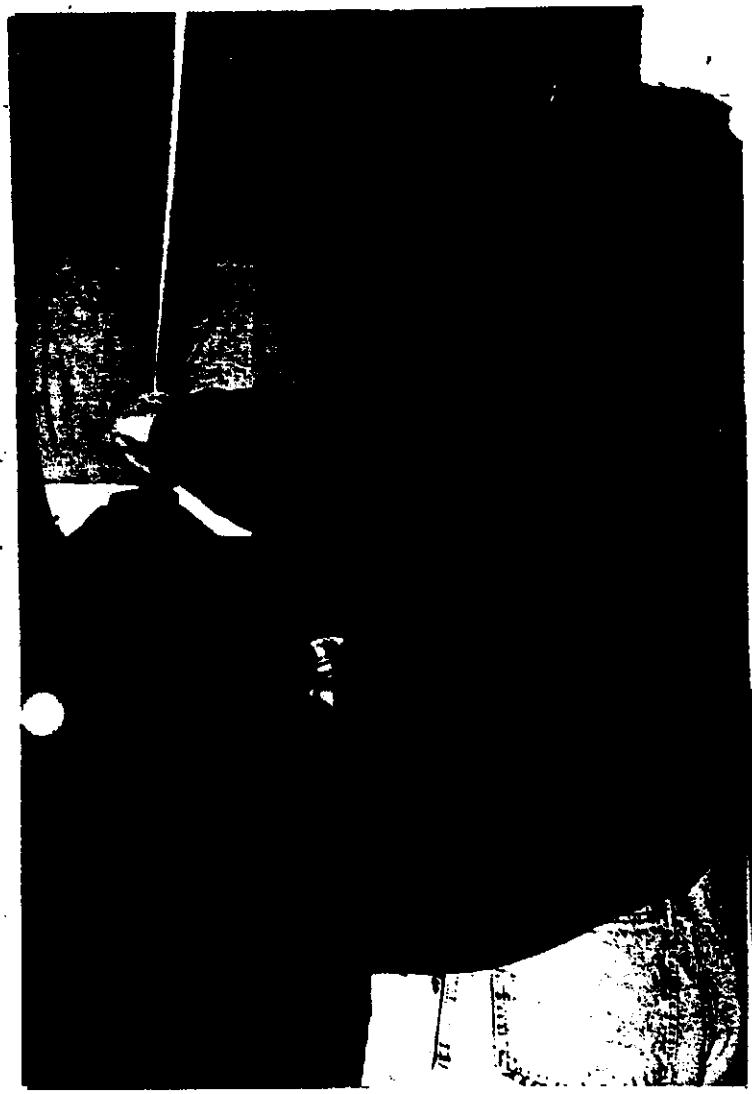
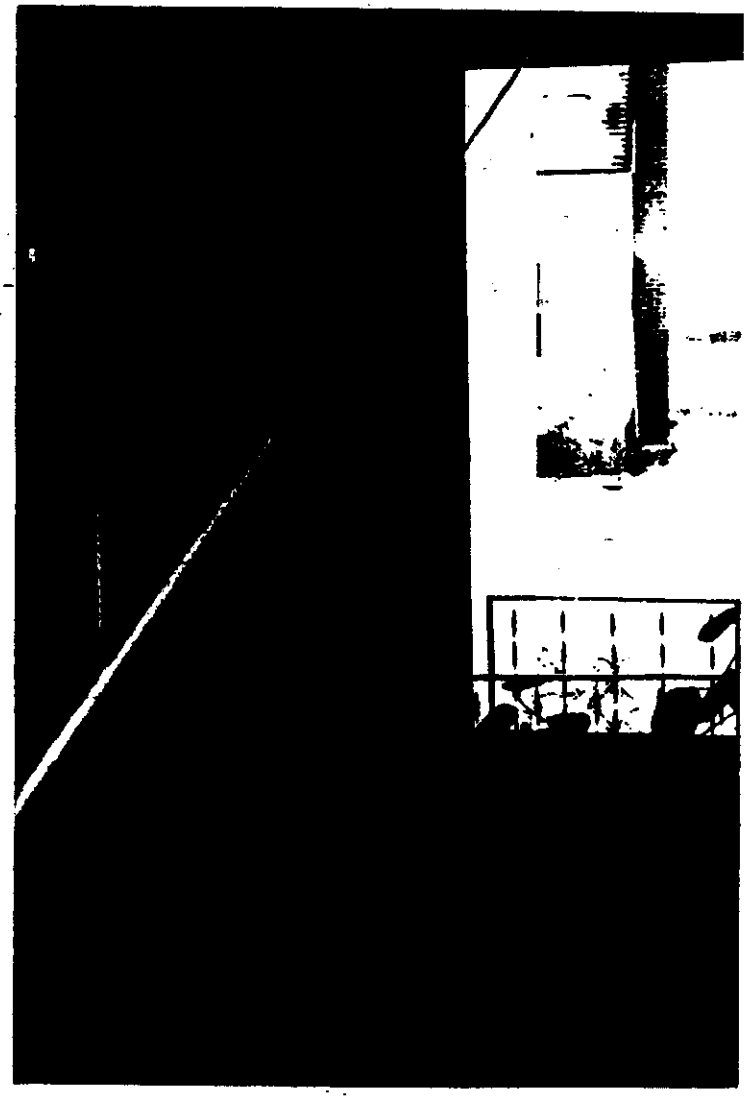


Exhibit "A"
IDI# 921229CCN0543

Photos of the enclosed porch area where this incident occurred.



COMMUNITY MEMORIAL HOSPITAL
OCONTO FALLS, WISCONSIN

PHYSICIAN'S ORDERS

8888711 12/26/92 5546 314
COFFMAN, STACIE L. 06/13/75
[redacted] F/17

DATE	TIME	ORDERS	PHYSICIAN		NURSE
12-27-92	1345	↑ O_2 to 4 l/m — T.O [redacted] 1948	P. Healy CRT L Elarthur	12-26-92	
12/28/92		① after lunch d/c O_2 to 2 l/min. ② Notify me if O_2 Sat is < 90%			
RT called		[redacted]	P Schuler 12-28-92		
			S Stayckin W/C		0745
12/28/92	1325	① D/C O_2 & ✓ pulse oximetry [redacted]			125
			P Schuler 12-28		
			S Stayckin W/C		1330
12/28/92		Robitussin lozenges prn May discharge f/u with Dr Kuhn by Thursday TOD Office / KBaker			
1800 Physician called 12/28/92		[redacted]	L Dunkel		

CONFIDENTIAL INFORMATION
COMMUNITY MEMORIAL HOSPITAL - Oconto Falls
WAS AUTHORIZED TO RELEASE THIS REPORT
[illegible] FOR THE INFORMATION ONLY TO WHOM
[illegible] IT CAN NOT FURTHER BE
[illegible] ANY PARTY WITHOUT THE
[illegible] AUTHORIZATION.

PLEASE PRESS HARD - 5 COPIES

Addressog

MEDICATION ADMINISTRATION RECORD

COMMUNITY MEMORIAL HOSPITAL
855 South Main Street Oconto Falls, Wisconsin 54154

8338711 12/26/92 5548 314
COOPMAN, STACIE L. 06/13/75
[redacted] F/17

Diagnosis: Inhaled petroleum distillate

Allergic to: None

Ord Date copy	Exp. Date Init	MEDICATION - DOSAGE - MISC.	FRQ	HRS	12/27	12/28	12/29	12/30	12/31	1/1	1/2
12/27		triplasil i tab PO	qd	~~0800~~ 1230	X	CA					
		may take own RX									

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IT IS FOR THE INFORMATION ONLY TO WHOM
IT IS ADDRESSED. IT CAN NOT FURTHER BE
RELEASED TO ANY PARTY WITHOUT THE
PATIENT'S AUTHORIZATION.

SINGLE ORDERS & PRE-OPERATIVES

Ord Date	Medication - Dose - Route	To Be Given Date	Time	RN Int	Ord Date	Medication - Dose - Route	To Be Given Date	Time	RN Int

Room 314 Name Coopman Stacie R.N. Initial RP

Assograph

8000711 12/26/92 5545 314
COOPERMAN, STACIE L. 06/13/75
[redacted] F/17

COMMUNITY MEMORIAL HOSPITAL
855 South Main Street Oconto Falls, Wisconsin 54154

PRN MEDICATION RECORD

Allergic To: None

Ord Date	Exp. Date Time	MEDICATION - DOSAGE - MISC.	Record response within 1 hour using 0-10 scale. 0 = No pain, 10 = Max. amount of pain. *=See Nurses Notes A=Asleep D=Dozing										
12/26		Tylenol tabs q4h pm	Date	12/26	12/27	12/27	12/27	12/27					
		headache	Time	2310	900	1100	1540	115					
			Dose	II	II	II	II	II					
			Site	PO	PO	PO	PO	PO					
			Init	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]					
			Response		A								
12/27		Tussi Organidin DM	Date		12/27	12/27	12/28	12/28	12/28				
		2 tsp po q4°	Time		1010	1720	0400	0855	1500				
			Dose		2 tsp	2 tsp	2 tsp	2 tsp	2 tsp				
			Site		PO	PO	PO	PO	PO				
		Cough Prn	Init		[illegible]	[illegible]	SS	[illegible]	PB				
			Response					A					
12/28		Cepastat lozenges PRN	Date										
			Time										
			Dose										
			Site										
			Init										
			Response										
			Date										
			Time										
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			Site										
			Init										
			Response										

CONFIDENTIAL INFORMATION
COMMUNITY MEMORIAL HOSPITAL - Oconto Falls
WAS AUTHORIZED TO RELEASE THIS REPORT
IT IS FOR THE INFORMATION ONLY TO WHOM
IT IS ADDRESSED. IT CAN NOT FURTHER BE
RELEASED TO ANY PARTY WITHOUT THE
PATIENT'S AUTHORIZATION

Room 314 Name Cooperman Stacie MD Initial RP

13 FEB 92

R33 7 1 1 12/26/92 5548 314
[redacted] STACIE L. 06/13/75
F/17
(Stamp with Patient's Plate)

CHRONOLOGICAL LIST OF PATIENT'S CONTINUED MEDICATION

1. Started Medication: - Transcribe Doctor's order entering the order date, time, your initials, medication, dosage, frequency and route of administration.

2. Stopped Medication: - In Stop Column enter date, time and your initials. Draw one single red line thru the medication order.

ORDER DATE	TIME	INIT.	MEDICATION, DOSAGE, FREQUENCY AND ROUTE OF ADMINISTRATION	STOPPED DATE	STOPPED TIME	STOPPED INIT
12/27			Tussi organidin. DM 2 tsp Po q4° Prn for Cough			
12/27			May take own triphasil 1 tab Po qd.			
12:00			Cepacol lozenges PRN			

CONFIDENTIAL INFORMATION
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PATIENT'S AUTHORIZATION

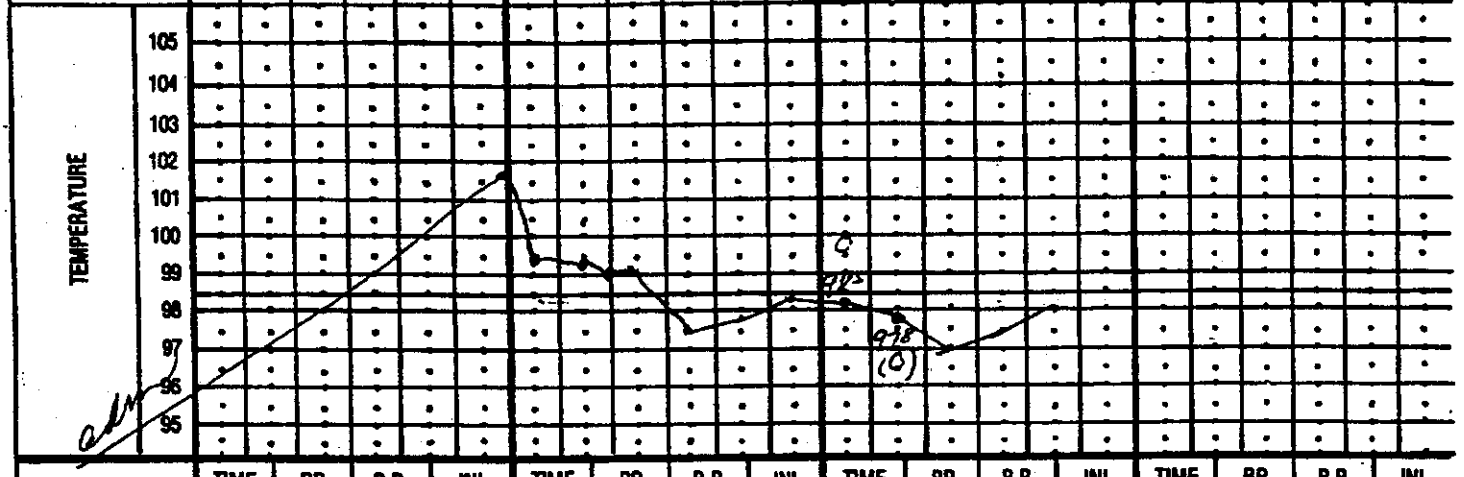
COMMUNITY MEMORIAL HOSPITAL
855 South Main Street Oconto Falls, Wisconsin 54154
414/846-3444

00007111 12/26/92 5548 314
COFFMAN, STACIE L. 06/13/75
[redacted] F/17

GRAPHIC SHEET

Date / HD / POD	12/26 / adm /						12/27 / 2 /						12/28 / 3 /						12/29 / 4 /					
HOUR	AM			PM			AM			PM			AM			PM			AM			PM		
	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8

TEMPERATURE: 105, 104, 103, 102, 101, 100, 99, 98, 97, 96, 95



VITAL SIGNS

TIME	BP	P-R	INI	TIME	BP	P-R	INI	TIME	BP	P-R	INI	TIME	BP	P-R	INI
2040	140/80	120/	BCum	0001	132/60	104-40	PS	0001	124/76	84-26	SS				
2400	140/80	132	BCum	0800	124/60	94-38	PS	0400	132/80	92-32	SS				
2200	130/80	120/62	JB	0400	122/62	96-36	PS	0800	122/76	84-24	CA				
				0800	124/52	84-48	ALN	1200	130/70	82-32	CA				
				1210	112/59	96-32	ALN	1600	110/70	96-20	TB				
				1600	116/64	96-20	TB								
				2000	116/60	100-24	TB.								

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WEIGHT (HT)	5'10½ 197#															
SHIFT	2300-0700	0700-1500	1500-2300	TOTAL	2300-0700	0700-1500	1500-2300	TOTAL	2300-0700	0700-1500	1500-2300	TOTAL	2300-0700	0700-1500	1500-2300	TOTAL
INTAKE: ORAL			200		TS	g.s.	g.s.	g.s.	400	✓	✓					
IV + MEDS					0 —	0	0									
ENTERAL					—											
AMINOSYNS					—											
LIPIDS					—											
BLOOD PROD.					—											
IRRIGATION					—			SS								
OUTPUT: URINE			✓		X1	✓✓	✓	g.s.	✓	✓	✓					
N.G.					—											
EMESIS					—											
STOOL					0	0	0			Φ						
DRAIN					—											
					—											
INITIAL			JH		PS	ALN	TB	SS	SS	CA	TB					

CG 1734 / 8-92

395

ADMISSION NURSING ASSESSMENT

8888711 12/26/92 5:48 314
COOPMAN, STACIE L. 06/13/75
[redacted] F/17

Chief Complaint: (onset of symptoms, location, severity, how relieved, patient's idea of cause and effect).
Inhaled some spray for leather-proofing

Medications	Dose/Freq.	Last Taken
B.C.P.		12-26-92

Medication brought to hospital. Yes/No Sent home / sent to pharmacy

Who helps you with your medications? No one

Do you follow your medication schedule? Yes/No If no, why not?

CIRCULATION:

PULSES - RT LT
Radial ✓ ✓
Pedal ✓ ✓
Carotid ✓ ✓

COLOR - Pink, Flushes, Pale, Mottled, Cyanotic, Jaundiced

EDEMA - Yes, No, Location, Severity

JVD Yes, No

APICAL PULSE Rate 120 Regular / Irregular Apical / Distant

PACEMAKER Yes/No Date Implanted Set Rate

Comments:

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VENTILATION

RESPIRATORY PATTERN: Regular, easy; Irregular; Dyspnea w/exertion; Dyspnea at rest; Specify

BREATH SOUNDS: Clear; Equal; Crackles; Wheezes; Specify; Decreased

COUGH: Yes; No; Non-productive; Productive; Specify

TOBACCO USE: Smoking quit 12-26-92 pk/day; Chewing Yes/No

Comments: Inhaled fumes from leather water proofing spray

NUTRITION/HYDRATION:

Teeth: No teeth; Dentures/Partials; Feeding Tube; Type; Date Inserted

APPETITE: Good; Fair; Poor; Increased thirst; Home diet: 1400 - wt. reduction

HYDRATION: Poor skin turgor; Good skin turgor; Dry mucous membranes; Moist mucous membranes

ALCOHOL INTAKE: Amount; Type: No except Last night

Nausea; Vomiting; Bleeding; Able to swallow; Able to chew; Recent weight change; Specify

Comments:

396

ELIMINATION/REPRODUCTIVE:

BLADDER -
Continent
Incontinent
Retention
Frequency
Burning
Dribbling
Nocturia

FOLEY CATHETER -
Type
Size
Date inserted NO

OSTOMY -
Type
Appliance
Routine NO

BOWEL -
Continent
Incontinent
Constipation
Diarrhea
Bleeding
Last BM
Normal Routine
Laxative

ABDOMEN -
Soft
Firm
Distended
Pain

BOWEL SOUNDS -
Normal
Hypoactive
Hyperactive
Absent

FEMALE -
Lst pap smear 8 mo. ago.
Last mammogram never
Birth Control Pills Yes/No
Vaginal discharge Yes/No

MALE -
Prostate problems Yes/No
Penile discharge Yes/No

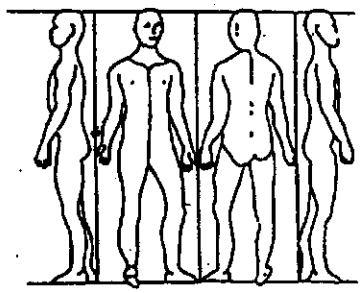
Comments:

SKIN INTEGUMENTARY:

SKIN TEMPERATURE -
Cool
Warm
Hot

SKIN MOISTURE -
Dry
Normal
Diaphoretic

RASH
Absent
Generalized
Localized



Mark any cuts: abrasions, decubiti, rash, and bruises on chart:
Describe

ABILITY:

Normal
Pain with movement
Limited ROM
arm left/right
leg left/right
hip left/right
neck left/right

GAIT -
Steady
Unsteady

AIDS
Wheelchair
Walker
Cane
Crutches
Braces

EXTREMITY STRENGTH -
Unequal
Equal
Amputation - specify

Prosthesis Yes/No
Specify (if weak)

Comments: Feels dizzy & head pressure -

SENSORY:

VISION -
Adequate
Poor
Blind
Cataracts
Glaucoma
Corrected
To write

Right was blurred @ first

HEARING -
Adequate
Poor
Deaf
Aid R/L

PUPILS
Equal
Reactive
Specify 4mm -

SLEEP SCHEDULE
Bedtime 10 30
Wake up Time up freq @ night c baby.

SPEECH
Clear
Slurred
Unable
Language Barrier

Comments

PSYCHOSOCIAL:

MENTAL STATUS
Alert
Arouses easily
Lethargic
Comatose
Oriented
Disoriented
Confused

BEHAVIOR -
Wanders
Cooperative
Combative
Forgetful
Other

AFFECT
Flat
Calm
Anxious

Special Needs/concerns Pt complaints Falls

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Comments:

EDUCATION/TEACHING NEEDS:

Tests ✓
Procedures ✓
Disease ✓
Medications
Self-Care
Pre-op
Post-op
Diet
Other

IDENTIFIED FOCUS AREA(S):

~~[illegible]~~
alt. air exchange R/T
petroleum distillate inhalation

Signature J Bryzgynski R.N.

Date 12-24-92 Time 2230

PATIENT INFORMATION

8888711 12/26/92 5548 314
COOPMAN, STACIE L. 06/13/75
[redacted] F/17

Date: 12-26-92 Time: 2040 I.D. Band On ✓
Admitted from: ER Via Cart
Information obtained from: Pt. Relationship

EMERGENCY INFORMATION:

Notify: Medrin Coopman - Father Phone No. 846-8208.
Spokesperson for family Same - Phone No.
Legal guardian Yes/No If yes, Name Phone No.
Do you wish to restrict visitors or phone calls? Yes / No

HISTORY OF ALLERGIES Yes / No

Drug Describe Reaction
Food
Other (tape, soaps, etc.)

VITAL SIGNS:

Temp 101.8 Oral/rectal/axillary BP RT 140/80 LT 142/80
Pulse 120 Regular/irregular Height 5'10½ Actual / Stated
Respirations 32 Easy/distressed Weight 197 Bed / Standing

Indicate: Current Problem (C) Past Problem (P) Family Hx of (F)
Include date of onset for current problems.

C	P	F	
☐	☐	☒	father Diabetic
☐	☐	☐	ø Cardiac -
☐	☐	☐	ø Seizures -
☐	☒	☐	ø Hypertension Last med 24
☐	☐	☐	ø Kidney -
☐	☐	☐	ø Hepatitis/Liver Problems
☐	☐	☐	ø Bleeding Disorders

C	P	F	
☐	☐	☐	ø Emotional
☐	☐	☐	ø Breathing Problems
☐	☐	☐	ø Cancer
☐	☐	☐	ø Thyroid
☐	☐	☐	Infections, Specify
☐	☐	☐	ø Other

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Past Surgeries/App. Date

Other Hospitalizations/App. Date (for major illness only)

mono -
Strep throat
Child birth
bronchitis -

Previous Blood Transfusion Yes/No Reaction Yes/No If yes, when
NA

398

LIFESTYLE:

Private home / Nursing Home / Apartment:

Live alone / with family / significant other

Self care / needs assistance:

Public or Home Health Yes / No comes for son.

Bath Preference: tub, shower, AM, evening, right before bed

Who helps you at home? No one

Who relies on you at home? Son - Grandmother taking care of him.

What church do you belong to? - ~~Home~~ - Catholic

Orientation to Unit	Yes	No
Nurse call	✓	
Bed control	✓	
Side rail policy	✓	
Activity limitations	✓	
Smoking Policy	✓	
TV/Radio	✓	
Phone	✓	
Visiting Hours	✓	
Meals	✓	

Personal Possessions		With Pt.	Sent home with
Dentures:	Upper	NA	
	Lower		
	Partial		
Hearing Aid		NA	
Glasses/Contacts		NO	
Cane/walker/wheelchair		NO	
Money (Amt. _____)		—	
Other _____		—	
Jewelry (describe			
2 rings -			

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Signature: _____ NA/LPN/RN

Reviewed by: IBrzezinski RN

BARNETT'S GRAPHICS / Pine Lake, Wisconsin 54113 / 997-4390

COMMUNITY MEMORIAL HOSPITAL
855 South Main Street
Oconto Falls, Wisconsin 54154
414/846-3444

8888711 12/26/92 5548 314
COCHRAN, STACIE L. 06/13/75
[redacted] F/17

ADVANCED DIRECTIVES DATA

	(Circle)
A. Do you have a Living Will? (If after 1-92 a copy is OK)	Y / N
1. Does CMH have an original copy?	Y / N
2. Family / friend will deliver?	Y / N
3. Document presently accepted?	Y / N
B. Do you have a Durable Power of Attorney for healthcare?	Y / N
1. Does CMH have a copy of this?	Y / N
2. Family / friend will deliver?	Y / N
3. Document presently accepted?	Y / N
C. Information booklet presented?	Y / N
D. Do you want more information?	Y / N

E. The above information was obtained from: (circle)

Patient / Family / Old Chart / Other _____

COMMENTS: _____

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Signature _____

WHITE - Admission Chart / YELLOW - Social Services / PINK - Medical Records

CG 1500 / 500 / 1-92

400

Community Memorial Hospital
Nursing Service

8888711 12/26/92 5548 314
COOPMAN, STACIE L. 06/13/75
[redacted] F/17

NURSING CARE PLAN GENERAL

Date Implemented: 12-26-92 J Bazynski RN
EOM - Expected Outcome Met

NURSING DIAGNOSIS/ FOCUS	EXPECTED OUTCOME	REVIEW DATE INITIALS	NURSING INTERVENTIONS
Impaired gas exchange r/t inhalation of spray - pneumonitis distress Impaired physical mobility r/t dyspnea.	1 air moves optimally in + out of lungs. SeON 60 2 Resp. are within normal limits - less than 24 hrs. by discharge EOM 12/28/92 60 3 Pulse Oximetry is within normal limits for pt. 7 90% on room air EOM 12/28/92 60 4 Tolerates activity - 3 SOB. EOM 12/28/92 60 5 Lab. values are within normal limits by discharge. EOM 12/28/92 60	Rev 12/27/92 RN	1. monitor V.S. q 2 hr - 24 hr if stable q 4 2. O2 as ordered - assess effectiveness 3. monitor pulse oximetry q shift & prn - assess lung sounds q shift 4. monitor lab reports notify Dr. of changes. 5. monitor for changes in mental status. 6. encourage oral fluids 7. encourage rest periods to reduce need for O2.

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CMH.
Nursing Service
Oct. 1986

6888711 12/26/92 5548 314
ECCFMAN, STACIE L. 06/13/75
[redacted] F/17

PATIENT CARE
DAILY FLOW SHEET

DATE:		12 AM - 8 AM	8 AM - 4 PM	4 PM - 12 AM
NUTRITION	Diet Type			gen
	Food Taken Per	Self___ Assist___ Fed___	Self___ Assist___ Fed___	Self ✓ Assist___ Fed___
	Amount Eaten	All___ %___ %___ 0___	All___ %___ %___ 0___	All___ %___ %___ 0___
	Supplements			0200 Sandwich Skim milk
ACTIVITY	Type/Distance Rehab Stage Toleration			0700 bedrest TA
	Repositioned			Self
	Sleeping			
ELIMINATION	Stool - BM			∅
	Enema - Type Results			∅
	Urine - Voided			∅
	Foley Cath Care			∅
PAIN	Type/Location - Intervention - - Response -			2100 pt c/o pain SOB c exertion TA
IV	Site Appearance			NA
	Rate			/

Initial	Signature/Title	Initial	Signature/Title	Initial	Signature/Title

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DATE:		12 AM - 8 AM	8 AM - 4 PM	4 PM - 12 AM
HYGIENE	Bath - Type			
	Oral Care			
	Back Care			
	Peri Care			
	Shave/Shampoo			
	Foot Care/Ted Hose			
SAFETY	Side Rails			2200. up x 2
	Call Light in Reach			ok JB
	Isolation/Type			NA
WOUND	Type/Location Appearance/Drng			NA
	Dressing Change			
	Treatment			
TUBES	Type			NA
	Irrigations			
MENTAL STATUS				2200 alert JB
RESPIRATORY	Lung Sounds			2200 Rales ctA.
	Cough/Results			SOB : exertion
	O_2 Therapy			O_2 6L NC. JB.
	Suctioning			
ABDOMEN	Bowel Sounds			2200. abd. soft. non tender
	Soft/Firm			bs present JB
	Flat/Distended			
	Tenderness			
SKIN CIRCULATION	Warm/Dry			2200. Skin w+d.
	Cool/Moist			color pale - pink
	Skin Color/Nail Color			No pitting edema JB
	Cmts. of Extremities			
	Pulses			
	Edema			
OTHER				

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CMH
Nursing Service
Oct. 1986

8868711 12/26/92 5548 314
COOPMAN, STACIE L. 06/13/75
[redacted] F/17

PATIENT CARE
DAILY FLOW SHEET

DATE: 12/27/92		12 AM - 8 AM	8 AM - 4 PM	4 PM - 12 AM
NUTRITION	Diet Type	Gen	General	General
	Food Taken Per	Self ✓ Assist___ Fed___	Self X Assist___ Fed___	Self ✓ Assist___ Fed___
	Amount Eaten	All___ %___ %___ 0___	All X %___ %___ 0___	All ✓ %___ %___ 0___
	Supplements	applejuice 0030		chicken broth juice
ACTIVITY	Type/Distance Rehab Stage Toleration	BRP c assist NAS fell tired out yet this Am - B	4 to BR c assist 0040 - P500 - P cough - RR 48	160' to bathroom by self S.O. BR activity
	Repositioned	Self	Self	Self
	Sleeping	0115 - 0140 - 0350 - 0550		
ELIMINATION	Stool - BM	0		0
	Enema - Type Results			
	Urine - Voided	x1	x1	✓
	Foley Cath Care			NA
PAIN	Type/Location - Intervention - - Response -	0030 Tylenol somewhat effective for H/A Hurts to deep breathe B PEARL 4mm - PS	830 c/o pain across chest - 2 inspiration Tylenol given pd Crush med pd effective @ 1100	c/o discomfort in neck from N.S. repositioned
IV	Site Appearance			
	Rate			

Initial	Signature/Title	Initial	Signature/Title	Initial	Signature/Title

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404

DATE:		12 AM - 8 AM	8 AM - 4 PM	4 PM - 12 AM
HYGIENE	Bath - Type		Complete = assist	
	Oral Care		Self	Self 7B
	Back Care		done	
	Peri Care		self	
	Shave/Shampoo			
	Foot Care/Ted Hose			
SAFETY	Side Rails	↑↑	↑↓	1600 ↑↓ 7B 2100 ↑↑ 7B
	Call Light in Reach	11-7 ✓ PS	7-3 ✓	✓ ✓
	Isolation/Type	—	—	NA
WO	Type/Location Appearance/Drng			NA
	Dressing Change			
	Treatment			
TUBES	Type			NA
	Irrigations			
MENTAL STATUS		Alert & oriented	Alert - Alert	Incoherent IB
RESPIRATORY	Lung Sounds	CTA	Bilat CTA - 4 lobes	1600 Lungs CTA - activity brings on cough - medicated for same O2 4L NC pulse ox - 98% IB
	Cough/Results	SOB ≅ activity	basal RSTC	
	O_2 Therapy	O2 @ 6 L/NC PS	activity - dry cough	
	Suctioning		O2 2L/NC	
ABDOMEN	Bowel Sounds	present	hyp active	1600 abd soft nontender BS present IB
	Soft/Firm	Soft PS	non-tender	
	Flat/Distended	non-tender	BS (+)	
	Tenderness			
SKIN CIRCULATION	Warm/Dry	cool ✓	pink	1600 skin w+d color pink no pitting edema IB
	Cool/Moist		warm/dry	
	Skin Color/Nail Color	pale PS	nailbed pink	
	Cmts. of Extremities		cms ✓	
	Pulses			
	Edema		none	
OTHER				

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CMH
Nursing Service
Oct. 1986

8888711 12/26/92 5545 314
CCC MAN, STACIE L. 06/13/75
[redacted] F/17

PATIENT CARE
DAILY FLOW SHEET

DATE: 12-28-92		12 AM - 8 AM	8 AM - 4 PM	4 PM - 12 AM
NUTRITION	Diet Type	Reg.	Regular	
	Food Taken Per	Self ✓ Assist ___ Fed ___	Self ✓ Assist ___ Fed ___	Self ✓ Assist ___ Fed ___
	Amount Eaten	All 3/4 % ___ % ___ 0 ___	All ✓ % ___ % ___ 0 ___	All ✓ % ___ % ___ 0 ___
	Supplements		intake 240	
ACTIVITY	Type/Distance Rehab Stage Toleration	0001 - Awakened for vitals check - SS 0400 - Awakened for vitals. T to BR to void. Cough syrup given for dry, hacking cough. Brought up activity. SS	0730 ad lib. little SOB & ambulation CO	1600 ↑ ad lib CO
	Repositioned	Self - SS	Self CO	Self
	Sleeping	SS 0100 SS 0200 SS 0300 SS 0500 SS 0600		
ELIMINATION	Stool - BM	ø	CO	ø
	Enema - Type Results	NA	—	—
	Urine - Voided	G.S. x one	voids & clo CO	go yellow
	Foley Cath Care	NA	—	NA
PAIN	Type/Location - Intervention - - Response -	0001 - Comfortable at this time - SS 0400 - c/o lumbar back pain. Raised gatch on bed raised. SS	955 [illegible] cough syrup for cough 1115 Tylenol #1 po for c/o headache 1500 Cough syrup ½ tsp given for cough CO	1600 - Demerol pain CO
IV	Site Appearance	NA	N/A	NA
	Rate	SS		

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Initial	Signature/Title	Initial	Signature/Title	Initial	Signature/Title
				CO	CO [illegible] RN

77 JUL 32

8888711 12/26/92 5548 314
COFFMAN, STACIE L. 06/13/75
[redacted] F/17

COMMUNITY MEMORIAL HOSPITAL
855 South Main Street Oconto Falls, Wisconsin 54154
414/846-3444

NURSING PROGRESS NOTES

Date/Time	Focus	D=Data A=Action R=Response
12-26-92 2040	admission	D 17 y. old female admitted from ER. per cart - ≈ petroleum distillate inhalation this afternoon - c/o [illegible] See Nursing assessment.
		A O2 on 6L. N.C
		Pulse oximetry 94%
		Instructed on slowing resp. Tender to Kept ventilation
		R- SOB ≈ exertion
12-26-92	nutritional	2300 D requesting something to eat - states "I didn't eat tonight"
		A 1/2 sandwich, carton milk + Ice Cream given -
		R Ate Ice Cream - only picked @ Sandwich -
12/26/92 2345	Comfort	D c/o headache - requests pain med
		A- R. Pain notified of same -
		Tylenol tabs for relief of same -
12/27/92 8	Resp/	D Pt. RWE Steady Assist -
		A O2 - SOB D & dry cough D
		R Activity pt. 48 shallow breaths - A Pt
		bed & VOID - R Pt. on
		[illegible]
		to stop deep breathe
	Cat	D Pt. [illegible]
		Pres notified A O2 to 2L N/C
		extension tubes on to allow
		freedom of movement
830	Act/resp	D) RR 42-48 continues - lungs
		CTA + base D/T + lung excursion

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CG 1827

406

DATE:		12 AM - 8 AM	8 AM - 4 PM	4 PM - 12 AM
HYGIENE	Bath - Type		Bathed 0945 CA	1715 Discharged BO
	Oral Care			
	Back Care			
	Peri Care			
	Shave/Shampoo			
	Foot Care/Ted Hose			
SAFETY	Side Rails	M 0001-0730-SS	0730 ↑ CA	1600 ↑ X 1 BO
	Call Light in Reach	yes 0001-0730-SS	0730 ✓ CA	✓ BO
	Isolation/Type	NA	n/a	—
JND	Type/Location Appearance/Drng			
	Dressing Change	NA		NA
	Treatment			
TUBES	Type			
		NA		NA
	Irrigations			
MENTAL STATUS		alert, oriented x 3	955 alert Oriented x 3	1600 A+O x 3 BO
RESPIRATORY	Lung Sounds	CTA all fields	955 CTA all fields	1600 - Lungs ↓'d
	Cough/Results	Dry, hacky cough c̄ activity	decreased dry hacky cough.	throughout SL SOB
	O_2 Therapy	O_2 - 4L.	of 4L SS	c̄ act NP cough
	Suctioning			BO
ABDOMEN	Bowel Sounds	abd. soft, non-tender c̄ normal bowel sounds SS	955 SS all quad. Soft non-tender SS.	1600 Abd soft ⊖ tender (+) BS
	Soft/Firm			BO
	Flat/Distended			
	Tenderness			
SKIN CIRCULATION	Warm/Dry	W+D c̄ no peripheral edema SS.	955 warm dry color pink - no peripheral clubbing.	1600 - Skin pale pink w/d
	Cool/Moist			cmts adq
	Skin Color/Nail Color			PPP ⊖ Edema
	Cmts. of Extremities			BO
	Pulses			
	Edema			
OTHER				

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8888711 12/26/92 5545 314
COOPMAN, STACIE L. 06/13/75
[redacted] F/17

COMMUNITY MEMORIAL HOSPITAL
855 South Main Street Oconto Falls, Wisconsin 54154
414/846-3444

NURSING PROGRESS NOTES

Date/Time	Focus	D=Data A=Action R=Response
12-27-92	Comfort med	D- Pt. seen 2c inspection Acetaspyn chest & Tylenol po given.
930		R) asleep — accepted
	1400 Resp.	D Resp rate 16-32 Color pink. O2 remains at 2L per nasal cannula. Ate 1/2 of lunch. C/o congestion in lungs. C/o headache; ii tylenol given. A) Nursing Mgmt & Tel. Nurses Notes R)
	1900 Comfort.	C/o headache & tylenol ~~+ b.p.~~ given for same. Resting in bed c O2 on. States headache was relieved. Color pink - resp. 20-24 Requesting extra fluids, broth and juice - request granted. States she has some pain across chest at times but not like before — Shirley.
12-28-92	1445 Pre/Discharge	D- Remains SOB c slight exertion, ~~has~~ ~~had~~ ~~cough~~ ~~decreased~~ c has dry acc. cough. Keeps HOB ↑. Lungs decreased throughout lower fields. Kept O2 on thru shift both @ rest & c activity. A Given cough med thru AM. O2 decreased throughout shift, O2 sat 92% 1434 R Remains c little SOB c exertion thru p.m. Takes frequent breaks, remains alert & oriented. C Lerts LPN
	1600	D- Lungs ↓'d. C/o feeling SOB c act "I'm satisfied in my lungs" Denies CP at rest. Resp rate 20/min O2 sat 90% c exertion. Non prod cough. Skin pale. Pt. c/o "I'm afraid to go home" A- Dr Price here to see pt. Informed of above.
	1715 Discharge	R- Pt ↑ to shower. Condition unchanged. Tol act well. Discharge instructions completed. Discharged via w/c accompanied by boyfriend. Bonnie RN

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COMMUNITY MEMORIAL HOSPITAL
Oconto Falls, Wisconsin
NURSING SERVICE
May 1985

8888711 12/26/92 5548 314
COOPMAN, STACIE L. 06/13/75
[redacted] F/17

NURSING DISCHARGE SUMMARY

DATE: 12/28/92 TIME: ~~1630~~ 1715 MODE: w/c

ACCOMPANIED BY: boy friend

MEDS FROM HOME SENT: — BELONGINGS/VALUABLES SENT: ✓

DISCHARGE CONDITION: Lungs decreased. O2 saturation 90%. Infrequent non productive cough. Slightly short of breath with activity. Alert & oriented.

PATIENT INSTRUCTIONS

1) DIET: Regular

2) ACTIVITY LIMITATIONS as tolerated

3) SPECIAL INSTRUCTIONS:

4) MEDICATIONS: Cepacol lozenges as needed for sore throat

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VERBAL INSTRUCTION: ✓ WRITTEN: ✓

5) FOLLOW UP CARE: APPT: DATE — TIME — PHYSICIAN —

6) REFERRALS: —

7) COMMENTS:
Follow up with Dr Culver by Thursday 12/31/92
Call Emergency Room if any problems breathing
846-3444

I AUTHORIZE MEDICATIONS SENT HOME WITH ME FROM COMMUNITY MEMORIAL HOSPITAL TO BE IN NON-SAFETY CONTAINERS. I HAVE READ AND UNDERSTAND CONTENTS OF DISCHARGE SUMMARY

DATE: 12/28/92

PATIENT: X Stacie Coopman NURSE: Somerawa RN

RESPONSIBLE PARTY: RELATIONSHIP:

40

MEDICATIONS & INSTRUCTIONS

12/28/92 5548 314

COOPER, STACIE L. 06/13/47

DATE	MEDICATION	BREAKFAST	LUNCH	SUPPER	BED TIME
12/28/92	Cepastat lozenges as needed				

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Respiratory Therapy Department

Dx: toxic fume inhalation

Rx: 1. O2 6 l/m

2.

Goals:

888871 12/26/92 5:48 314
COOPMAN, STACIE L. 06/13/75
F/17

DATE	THERAPY & FREQUENCY MEDICATIONS	PULSE R	COUGH EFFORT	SPUTUM	AUSCULTATION (ANTERIOR or POSTERIOR)	
12-26-92	I.S. ___ IPPB ___ HUM. ___ CANNULA X MASK ___ CPT ___ MA-1 ___ TENT ___ Hand Neb. ___ Other ___ 02 Meter ___ MEDS ___	Before	None	Color	1. Clear 2. Rhonchi 3. Rales 4. Wheeze 5.	
TIME			Poor	Amount		v.d + dr —
		After	Mod			
			Strong	Density		
2100	Ear Oximetry ___ On O2 6 l/m Off O2 ___				P.F. Pred. ___ Pre: ___ Post: ___	[redacted] SIGNATURE

DATE	THERAPY & FREQUENCY MEDICATIONS	PULSE R	COUGH EFFORT	SPUTUM	AUSCULTATION (ANTERIOR or POSTERIOR)	
12-27-92	I.S. ___ IPPB X HUM. ___ CANNULA X MASK ___ CPT ___ MA-1 ___ TENT ___ Hand Neb. ___ Other ___ 02 Meter 10.6 MEDS ___	Before 93	None	Color	1. Clear 2. Rhonchi 3. Rales 4. Wheeze 5.	O2 v.d + dr
TIME			Poor	Amount		
		After	Mod			
			Strong	Density		
1100	Ear Oximetry 100% On O2 6 l/m Off O2 ___				P.F. Pred. ___ Pre: ___ Post: ___	[redacted] SIGNATURE

DATE	THERAPY & FREQUENCY MEDICATIONS	PULSE R	COUGH EFFORT	SPUTUM	AUSCULTATION (ANTERIOR or POSTERIOR)	
12-27-92	I.S. ___ IPPB ___ HUM. ___ CANNULA X MASK ___ CPT ___ MA-1 ___ TENT ___ Hand Neb. ___ Other ___ 02 Meter ___ MEDS ___	Before	None	Color	1. Clear 2. Rhonchi 3. Rales 4. Wheeze 5.	
TIME			Poor	Amount		v.d + dr —
		After	Mod			
			Strong	Density		
1600	Ear Oximetry 94% On O2 4 l/m Off O2 ___				P.F. Pred. ___ Pre: ___ Post: ___	[redacted] SIGNATURE

DATE	THERAPY & FREQUENCY MEDICATIONS	PULSE R	COUGH EFFORT	SPUTUM	AUSCULTATION (ANTERIOR or POSTERIOR)	
2/28	I.S. ___ IPPB ___ HUM. ___ CANNULA X MASK ___ CPT ___ MA-1 ___ TENT ___ Hand Neb. ___ Other ___ 02 Meter ___ MEDS ___	Before	None	Color	1. Clear 2. Rhonchi 3. Rales 4. Wheeze 5.	
TIME			Poor	Amount		
		After	Mod			
			Strong	Density		
0700	Ear Oximetry 94% On O2 2 l/m Off O2 ___				P.F. Pred. ___ Pre: ___ Post: ___	[redacted] SIGNATURE

DATE	THERAPY & FREQUENCY MEDICATIONS	PULSE R	COUGH EFFORT	SPUTUM	AUSCULTATION (ANTERIOR or POSTERIOR)	
2/28	I.S. ___ IPPB ___ HUM. ___ CANNULA X MASK ___ CPT ___ MA-1 ___ TENT ___ Hand Neb. ___ Other ___ 02 Meter ___ MEDS ___	Before	None	Color	1. Clear 2. Rhonchi 3. Rales 4. Wheeze 5.	v.d + dr
TIME			Poor	Amount		Pulse oximetry 93%
		After	Mod			p 10" then 95%
			Strong	Density		p 25"
1255	Ear Oximetry ___ On O2 2 l/m Off O2 ___				P.F. Pred. ___ Pre: ___ Post: ___	[redacted] SIGNATURE

DATE	THERAPY & FREQUENCY MEDICATIONS	PULSE R	COUGH EFFORT	SPUTUM	AUSCULTATION (ANTERIOR or POSTERIOR)	
2/28	I.S. ___ IPPB ___ HUM. ___ CANNULA ___ MASK ___ CPT ___ MA-1 ___ TENT ___ Hand Neb. ___ Other ___ 02 Meter ___ MEDS ___	Before	None	Color	1. Clear 2. Rhonchi 3. Rales 4. Wheeze 5.	
TIME			Poor	Amount		Pulse oximetry on room air x 5'
		After	Mod			90%
			Strong	Density		
1400	Ear Oximetry 90% On O2 ___ Off O2 X				P.F. Pred. ___ Pre: ___ Post: ___	[redacted] SIGNATURE

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411

COMMUNITY MEMORIAL HOSPITAL
P.O. Box 129[redacted]
Oconto Fall[redacted]cons n 54154-0 29

888871[redacted]/26/92 55[redacted] 314
CCCKMN. [redacted]CIE L. 06/13/75
[redacted]/17

LABORATORY [redacted]

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report on this line)

PATIENT
Cocoman
NO. 314
Romain

12-28-92 16:04
SA0₂ 90 %
RATE 104 BPM
NELLCOR N-10
PULSE OXIMETER

12-28-92 14:34
SA0₂ 92 %
RATE 94 BPM
NELLCOR N-10
PULSE OXIMETER

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COMMUNITY MEMORIAL HOSPITAL
P.O. Box 12[illegible]
Oc[illegible]

LABORATORY REPORTS

PATIENT
Coopman
NO.
2lm

12-27-92 16:30
SA0₂ 89 %
RATE 106 BPM
NELLCOR N-10
PULSE OXIMETER

PATIENT
Coopman
NO.
2lm

12-27-92 16:30

	SAT	BPM
00:30	88%	100
01:00	87%	109
* 01:12	87%	112

* MIN SAT: 87%
AT 16:31:52

NELLCOR N-10
PULSE OXIMETER

12-27-92 07:51
SA0₂ 100 %
RATE 93 BPM
NELLCOR N-10
PULSE OXIMETER

Coopman
NO. 314

12-27-[illegible] 01:30
SA0₂ 95 %
RATE 111 BPM
NELLCOR N-10
PULSE OXIMETER

12-26-92 22:24
SA0₂ 94 %
RATE 126 BPM
NELLCOR N-10
PULSE OXIMETER

8888111 12/2
COOPMAN, STACI [redacted]

(Paste 3rd report here and succeeding ones on above lines)

(Paste 2nd report on this line)

(Paste 1st report on this line)

PATIENT
Coopman
NO.
314 X26" .21

12-28-92 14:00
SA0₂ 90 %
RATE 94 BPM
NELLCOR N-10
PULSE OXIMETER

314 2lm
12-28-92 13:28
SA0₂ 95 % X 26"
RATE 90 BPM
NELLCOR N-10
PULSE OXIMETER

NO.
2lm x10"
12-28-92 13:06
SA0₂ 93 %
RATE 91 BPM
NELLCOR N-10
PULSE OXIMETER

NO. V
314 4/1
12-28-92 08:22
SA0₂ 94 %
RATE 90 BPM
NELLCOR N-10
PULSE OXIMETER

NO.
O₂ - 4L
12-28-92 [illegible]
SA0₂ 97 %
RATE 87 BPM
NELLCOR N-10
PULSE OXIMETER

12-27-92 17:15

	SAT	BPM
00:30	98%	90

* MIN SAT: 98%
AT 17:16:59

NELLCOR N-10
PULSE OXIMETER

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COMMUNITY MEMORIAL HOSPITAL

COOPMAN, STACIE L.
AGE/SEX: 17Y /F
0314-A
MEDICAL RECORDS COPY

[redacted]

INPATIENT

ADM: 122692
DCH: 122892

CHEMISTRY

ARTERIAL BLOOD GAS ANALY

					REFERENCE
COLLECTED	12/26 20:10		12/27 07:30		
pH	7.390		7.338	L	7.350-7.450
pCO2	34.9	L	47.1	H	35.0- 45.0 mmHG
pO2	41.4	L	119.5	H	85.0-100.0 mmHG
O2 SAT.	75.8	L	98.2		95.0-100.0 %
HCO3	20.4		24.5	H	16.0- 24.0 meq/l
BASE EXCESS	-2.5		-1.4		2.5
FIO2	.21		6 LPM		

12/26 20:10 DRAWN FROM RT. RADIAL ARTERY P. HEALY CRTT
12/27 07:30 DRAWN FROM RT. RADIAL ARTERY P. HEALY CRTT

*** END OF PATIENT'S REPORT ***

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COMMUNITY MEMORIAL HOSPITAL

OCONTO FALLS, WISCONSIN

DEPARTMENT OF RADIOLOGY

PATIENT'S NAME Coopman, Stacie X-RAY NO. 30652

ROOM NO. Rm CASE NO. _____ AGE 17 DATE 12-26-92

PART TO BE X-RAYED PA and Lat Chest

CLINICAL DIAGNOSIS: cough

REFERRED BY [redacted] M.D.

RADIOGRAPHIC OR FLUOROSCOPIC FINDINGS

Coopman, Stacie

CHEST PA AND LATERAL 12/26/92:

The patient has taken only very shallow inspiration. The heart size appears normal on the lateral view. There is prominence of the bronchovascular markings, but this is probably all related to the poor inspiration.

CONCLUSION: (1) Expiratory chest.

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[redacted] MV 12/28/92

_____ M.D.
RADIOLOGIST

CHART COPY

415

COMMUNITY MEMORIAL HOSPITAL

OCONTO FALLS, WISCONSIN

DEPARTMENT OF RADIOLOGY

PATIENT'S NAME Coopman, Stacie X-RAY NO. 30652

ROOM NO. 314 CASE NO. _____ AGE 17 DATE 12-27-92

PART TO BE X-RAYED Portable Chest 0815 hrs

CLINICAL DIAGNOSIS: Cough, 66B

REFERR[redacted] M.D.

RADIOGRAPHIC OR FLUOROSCOPIC FINDINGS

Coopman, Stacie

AP PORTABLE CHEST 12/27/92:

The patient has taken a slightly better inspiration. The heart still appears somewhat prominent but again this may just be related to poor inspiration as there is no pulmonary congestion. The lung fields again appear clear allowing for the poor inspiration.

CONCLUSION: (1) Poor inspiration.

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[redacted]

M.D.

RADIOLOGIST

CHART COPY

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COMMUNITY MEMORIAL HOSPITAL
P.O. BOX 129 OCONTO FALLS, WI 54154-0129
PHONE 414/846-3444

OUTPATIENT AND EMERGENCY DEPARTMENT RECORD

PATIENT NO. 8888711

ALTERNATE PHONE:

PATIENT NAME-ADDRESS	SEX	BIRTHDATE	AGE	REGISTRATION DATE	TIME
COOPMAN, STACIE L. 249 S. MAIN ST. OCONTO FALLS, WI 54154	F	06/13/75	17Y	12/26/92	19:37

TELEPHONE	COUNTY	PT. TYPE	FIN. CLASS	RELIGION
(414)846-8208	OCONTO	2	64	CATHOLIC

MAR. ST.	MAIDEN NAME	MED. REC. NO.	SOCIAL SECURITY NUMBER
S		005548	

NEXT OF KIN-PERSON TO NOTIFY-NAME & ADDRESS
MELVIN COOPMAN
SAME
(FIANCE-8462316
REL. FATHER PHONE

NAME
C(
2
0(
54
REL. 8208

FORMS NEED SIGNATURE

UAL AD209

INSURED-EMPLOYER & ADDRESS
EGAN MACHINE/MELVIN
CMH/CLAUDIA
OCONTO FALLS WI

INSURANCE COMPANY	POLICY NUMBER	GROUP NUMBER	POLICY HOLDER
METROPOLITAN LIFE INS..	392409997	37633	COOPMAN, MELVIN J.

1	2	3	ATTENDING M.D.	BROUGHT IN BY	SNELLEN	TETANUS
4	5	6	FAMILY	FIANCE	MEDS AT HOME: Ø	ALLERGIES: NKA
				HOW: WHEELCHAIR		LMP
						WT

☐ S.S.S. ☐ OBS. ☐ PRE-ADM.

TIME	SUBJECTIVE:	M.D. AWARE	CONSULT M.D. NOTIFIED	TIME	B/P	T	P	R
1940	Pt states she was			1940	146/92	99	120	26
	spraying a waterproofing spray	1945						
	on her leather jackets	M.D. EXAM	CONSULT EXAM					
	today ≈ 1600. Since then	1950						
	she states her throat is							

TRIAGE

NSG ASSESS: Dec. she has a cough & difficulties breathing. Upon admission pt is alert. Respirations rapid, deep, hacky cough. Seen by Dr. Wilkins. O2 sat at 2000 83%. Antibiotic applied pt 4C at 1945. To May recept. ABG's done. Ribeen. O2 to 6LPM. O2 sat at 2040 = 94%. Consult w/ Dr. Price. To UL per cont. & Coopman RN

MEDS TAKEN HOME: ☐ SAMPLES ☐ STOCK ☐ Rx GIVEN ☐ AFTER CARE INST. GIVEN

INIT.	✓	AWARE:
		B.C. x ____
		Card. Pro
		CBC
		C.P.
		C. 7
		LYTES
		Trauma Pro
		UA
		U/C
SJ		AWARE: 2000
		ABG's
		ALB NEB
		EKG
		O_2 ____ L/CANNULA MASK
		TO: 2010 RET'D: 2000
		ASD. SINGLE
		ASD. MULTIPLE
		ANKLE
SJ		CXR
		C-SPINE

PHYSICIANS ASSESSMENT: Pt. TO ER BY WC PER C/O SOB & COUGH FOLLOWING ACCIDENTAL INHALATION OF HYDROCARBON LEATHER PROTECTOR. OCCURRED 4-4:30 PM TODAY. GRADUALLY BECAME MORE DYSPNEIC WITH ↑ COUGH.

O2 SAT INITIALLY 83%. PT. PLACED ON O2

ABG's (RA) pH 7.390 pCO2 34.9 pO2 41.4 O2 SAT 75.8

CXR - NO INFILTRATE OR CONGESTION - ? POS. ALVEOLAR CLEARING

A/ ~~CHEMICAL INHALATION INJURY - HYDROCARBON~~
~~NO SILICONE OR FLUOROCARBONS~~

P/ DISCUSSED W/ POISON CONTROL - CXR & ABG
O2 SAT UP TO 92-94 % O2

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TIME 2040
DISM ☐ ADMIT TO 314
MODE CART WITH RN
TRANS TO
AMBULANCE
CONDITION ☐ IMPROVED ☐ SATISFACTORY ☐ STABLE ☐ CRITICAL ☐ EXPIRED

DX: [redacted]

Discussed w/ Dr. Price [redacted] admit to her service

PHYSICIAN

MEDICAL RECORDS