

			Disposition: Transfer to OOOOOO Peds for ortho evaluation.
MM/M M/YYYY Y	18-19, 35	EEEE, M.D.	Radiology/Diagnostics. X-ray of Left Hand. Clinical Indication: Left hand pain with trauma. Dogbite at the left hand and back. Impression: 1. Contused lacerated wound around the wrist joint, with air in the soft tissues of the thenar eminence, air with small fluid levels at the dorsal aspect of the wrist. 2. Displaced fractures of the ulnar styloid and ulnar metadiaphysis, and nondisplaced fracture of the distal medial ulnar diaphysis. 3. Buckle fracture of the distal radius
MM/M M/YYYY Y	20-21, 36	EEEE, M.D.	Radiology/Diagnostics. X-ray of Lumbar Spine. Clinical Indication: Trauma, concern for fracture, dog bit to right thoracolumbar back. Impression: Soft tissue swelling/gas.
MM/M M/YYYY Y	21-22, 38	EEEE, M.D.	Radiology/Diagnostics. X-ray of Left Wrist. Clinical Indication: Fracture follow-up. Comparison: MM/DD/YY. Impression: No significant interval change. Ulnar styloid fracture, mild volar angulation of distal radial fracture and ulnar torus fracture. No evidence of gross involvement. Soft tissue changes including subcutaneous gas and soft tissue swelling.
MM/M M/YYYY Y	51-52	SSSS, M.D.	Orthopedic Surgeon Progress Note. Dog bite, left wrist. Bite injury to thenar area volar, another to the dorsal hand and distal radius. Has had wound irrigated in the ED last night, Unasyn on arrival IV. Wound appears to be a tear like injury, into the thenar muscles. Does not appear to involve the wrist joint. Exam is reassuring regarding sensory and motor function at the thumb and fingers. Ok for patient to eat today. NPO after midnight.
MM/M M/YYYY Y	27	KKKKKK	Physician Assessment and Certification – Patient Transfer under EMTALA/COBRA. BP: 115/68. DX: Dog bite open radius ulna fracture. Reason for Transfer: PPPPP. Benefits of Transfer: Availability of specialized facilities, services or personnel. Risks of Transfer: Additional time delay in receiving treatment. Updated Status of Patient's Condition: Stable.
MM/M M/YYYY Y	43-45	JJJJJJ	Orthopedic Surgery History and Physical Note. HPI: Patient presents with left wrist pain and back pain after dog bite. The neighbors kids let their new dog out of the yard while the kids were playing. The large Rottweiler bit patient on the back and left wrist and dragged her for a distance before letting go. Dog owner tried to pry dog off but was unable. CC: Dog bite to right flank and left wrist/hand. Current Meds: 1. Hydrocortisone 2.5%. 2. Permethrin 5%. 3. Hydroxyzine HCl 10 mg/5 ml. BP: 114/46. Wt: 66 lbs. Exam: Left Hand: Oblique, jagged laceration, 3 cm in length, proximal thenar eminence – clean. Also

			has a dorsal puncture wound at the proximal wrist. +FDS/FDP/FPL/EDC/EPL. Right Flank: Superficial abrasions with a 1.2 x 8 mm full thickness wound more central in location. Wound appears clean, muscle visible below. Dx: Status post dog bite to left hand and right flank. Plan: Splint - okay to remove for wound care. Continue Unasyn. Consult for wound management, allow wounds to close secondarily. NWB IUB.
MM/M M/YYYY Y	52-54	SSSSSS.	Pediatric Orthopaedics Progress Note. Patient in bed, responding appropriately to verbal stimuli, pain controlled with current regimen, denies fever, nausea, vomiting. Feeling better today. BP: 93/52. Wt: 66 lbs. Exam: Dressing/splint removed. Left volar thenar wound with healthy granulation tissue, no fluctuance, no active bleeding, no purulence, no surrounding erythema. Dorsal wrist with superficial wounds, no surrounding erythema. SILT r/m/u nerves but with some diminished sensation to 1st dorsal web space. Positive thumbs up, ok sign, cross fingers. Dx: Dog bite left hand. Tx Plan: Doing better, no need for or. Ok to switch to PO Augmentin today. Will change to velcro wrist splint to be worn at all times except when changing dressing. Change dressing every day with Xeroform and gauze. NWB LUE. F/u in 1 week as outpatient.
MM/M M/YYYY Y	46-47	SSSSSS.	Discharge Summary. DOA: MM/DD/YY. Dx: 1. Left distal radius fracture. 2. Cause of injury, dog bite. Hospital Course: No results for inputs: HGB, HCT in the last 72 hours. Floor: 1. Orthopedic - Patient's left upper extremity with dog bites on volar and dorsal surface and open wounds, no evidence of joint involvement but with both bone torus fracture's. The left arm was neurovascularly intact and remain so throughout the entire hospital stay. Weight Bearing Status: NWB LUE, wear splint. The hand/wrist was evaluated and had clinical improvement after 1 day of IV antibiotics and there was no surgical intervention required. She was discharged on oral antibiotics and a wrist splint with daily dressing changes. Discharge Plan: Condition on Discharge: Stable. Discharge Disposition: Home.
MM/M M/YYYY Y	102-103	AAAAAA.	Orthopedic Clinic Note. Patient is here today with her mom for follow-up of her left wrist. Dog bite injury with left distal radius buckle fracture on MM/DD/YY. She has been changing her Xeroform dressing daily and using velcro wrist brace. Doing well, wound starting to itch. Reports her wrist brace rubs against her volar wound and is bothering her. Exam: Left Upper Extremity: Dressings removed. Dorsal ulnar wound is

			<p>healed. Volar wound at radial wrist is healing well, edges healing in with center still pink tissue. Wrist ROM deferred. TTP at distal radius. Can make full fist and fully extend all digits. Positive thumbs up, ok sign, cross fingers. Assessment: 2 weeks status post left wrist dog bite and DR torus fracture. Tx Plan: Continue Xeroform to volar wrist wound until healed. Ok to get wet with soap and water if needed, dry thoroughly after and replace dressing. Volar splint made today, removable, use this or wrist brace for 2 more weeks. NWB LUE for 2 more weeks. F/u in 2 weeks for new x-ray and wound check.</p>
MM/M M/YYYY Y	109	TTTTTT Medical Group	<p>Radiology/Diagnostics. X-ray of Left Wrist. Clinical Indication: Follow-up known fracture. Impression: Fracture follow-up.</p>
MM/M M/YYYY Y	112-117	MMMMMM	<p>Psychotherapy Note/Child/AAAA. Per mom she was playing outside with a neighbor across the street, a rottweiler. PPP: 1. Cause of injury, dog bite. 2. Left distal radius fracture. Current Meds: 1. Amoxicillin-Pot Clavulanate 500-125 mg. 2. Oxycodone 5 mg. 3. Hydroxyzine HCl 10 mg/5 ml. 4. Hydrocortisone 2.5%. 5. Permethrin 5%. Impression: Suffer a trauma after being attacked by a dog. Tx Plan: Recommend trauma-focused cognitive-behavioral therapy, group therapy, individual and family therapy.</p>
MM/M M/YYYY Y	120	TTTTT Medical Group	<p>Radiology/Diagnostics. X-ray of Left Wrist. Clinical Indication: Fracture follow-up. Comparison: Impression: Healing left distal radial and ulnar fractures; orthopedic follow-up.</p>
MM/M M/YYYY Y	123-124	AAAAA	<p>Orthopedic Clinic Note. Patient is here today with her mom for follow-up of her left wrist. She has been changing her Xeroform dressing daily and using velcro wrist brace. Doing well, wrist not hurting much anymore. No numbness/tingling. Also still applying Xeroform to her back wounds as well. Exam: Left Upper Extremity: Dressings removed. Dorsal ulnar wound is healed with pink and hypopigmented skin. Dorsal hand has hypopigmented healed superficial abrasions. Volar wound at radial wrist is healing well, pink throughout, raised, non tender. Wrist ROM is full and without pain. Can make full fist and fully extend all digits. SILT r/m/u nerves. Positive thumbs up, ok sign, cross fingers. Lower back wounds dressing removed. Healing abrasions with pink skin. Assessment: 4 weeks status post left wrist dog bite and DR and ulna torus fracture. Tx Plan: Ok to discontinue dressing changes. Ok to discontinue velcro wrist brace, she can take home to wear for a few more days if needed. Gradual return to WBAT. Questions regarding scar care, recommend protect from sun,</p>

			follow-up with pediatrician or derm for their recommendations. Follow-up as needed.
MM/M M/YYYY Y	127-131	SSSSSSS	Clinical Progress Note. Patient presents with a chief complaint of rib pain. HPI: Patient was bitten by a dog on 5/29, sustaining some wounds to her back as well as left distal radius fracture. Mom would like the skin scars on her back checked as patient has started modelling and mom wants them to heal well. They have been applying silicon bandaids and are aware of the importance of sunscreen. Mom would like for patient to see a dermatologist. Started to see a therapist because of the trauma but mom would like a sooner return appointment and thinks maybe the therapist is not a good fit. Patient has also started to run track and has even qualified for Junior Olympics in Des Moines in a few weeks. When she runs, she has sometimes got en a cramp in right chest/abdomen area which clears up when she stops and stretches. Coach advised that she get is checked out to make sure it is not cardiac. Wt: 67 lbs. Exam: Skin: Healing scars on right lower back. Assessment: 1. Skin scar. 2. CRAMP. 3. BMI Peds 5-84.9 percentile. Tx Plan: Recommend biocorneum SPF massaged in twice daily for three months. Will send pictures to derm and plastics for their advice.
MM/M M/YYYY Y	157	KKKKKKK	ECG. Impression: Sinus rhythm. Normal ECG.
MM/M M/YYYY Y	150-153	BBBBB, M.D.	Emergency Department Physician Note. HPI: Patient presents to the Emergency Department with a chief complaint of syncope. Patient reports that around 1 PM today she was standing for long period of time with her knees locked while she was getting her hair done for a photo shoot, she started to feel dizzy/lightheaded and then fell onto her bottom with a brief loss of consciousness. She did not have any incontinence or tongue biting. No shaking or stereotypic movements were witnessed. She immediately regained consciousness and had a normal mental status. Since then she has gone about her normal activities and completed a track practice at school prior to presentation today she is currently asymptomatic. CC: Dizzy (around 1300, was standing while getting her hair done, started getting dizzy, positive syncopal episode, fell on her "bottom", went to track practice later on in the day). PMH: 1. Cause of injury, dog bite. 2. Left distal radius fracture. Current Meds: 1. Amoxicillin-Pot Clavulanate 500-125 mg. 2. Oxycodone 5 mg. 3. Hydroxyzine HCl 10 mg/5 ml. 4. Hydrocortisone 2.5%. 5. Permethrin 5%. ROS:

			Neurological: Positive for dizziness and loss of consciousness. BP: 104/66. Wt: 67 lbs. Exam: Mouth/Throat: Mucous membranes are dry. Dx: Syncope. Tx Plan: Ordered ECG. Condition at Time of Disposition: Improved.
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