MRO
1000 Madison Avenue
Suite 100
Norristown, PA 19403
Ph: (610) 994-7500 Opt. 1

Medical Records Transmittal

Date: 11/24/2020
Request Number: 38830866
Page Count: 76

Your requested medical records are attached.

Patient Name: SAWYER AMBROSE
Medical Facility: YNHHS Encounters (Multiple Locations)
Requester: Nickola J. Cunha
Organization: Nickola J. Cuhna, Law Offices/PORTAL

Your reference number:

Thank you,

MRO
MROcorp.com

LAW OFFICES OF

NICKOLA J. CUNHA

2494 WHITNEY AVENUE, HAMDEN, CT 06518

Telephone: (203) 507-2748 Fax: (203) 507-2498

Email: NickolaCunha@sbcglobal.net

November 13, 2020

Yale New Haven Health
Medical Information Unit
P.O. Box 06535
New Haven, CT 06535
Via Email: releaseofinfo-hosp@ynhh.org
Via Fax: 203-688-4645

RE: **My Client/Patient:** **Sawyer E. Ambrose**
Date of Birth: **07/06/2010**
Date of Service: **09/03/2020**

Dear Sir/Madam:

Please be advised this office represents the above referenced individual.

At your earliest convenience, please provide this office with **any and all** medical records/notes, surgical reports, x-ray and/or MRI reports concerning my client's medical treatment that has been provided for the date range indicated above.

Please also provide this office with a complete copy of the itemized billing statement for all services rendered that date range as well.

For your reference I have attached a complete copy of the client's HIPPA compliant medical release authorization.

Thank you in advance for your attention to this matter.

Sincerely,

Nickola J. Cunha
Law Offices of Nickola J. Cunha
NJC/cjd
Enclosure

Yale Medicine YaleNewHaven**Health**

Authorization for Access/Release of Information

Legal Name: Ambrose (Last) Sawyer (First) E M.I. Preferred Name (Maiden/Other Name)

Date of Birth: 7/6/2010 **Phone:** 415-201-1215 **Email:** kindawizzo gmail.c

Complete Address (street or box#, city, state, zip)

This information is to be used for purpose of: ☐ Personal use ☐ Continuing care ☑ Legal ☐ Disability ☐ Workers Comp

☐ Insurance Eligibility/Benefits ☐ Social Security Card ☐ Other

I hereby authorize Yale New Haven Health/Yale Medicine entity(ies) named below to:

Law Office of Nickola J. Cunha

☐ **RELEASE information from my medical record TO:** ☐ **OBTAIN information FROM:**

Name: **Phone:**

Address: 2494 Whitney Ave **City/State:** Hamden **Zip Code:** 06518

Fax (optional): 203-507-2498 **Email (optional):**

If medical records are being requested from an external provider/facility for patient care at YNHHS, please provide name of YNHHS location to send medical information:

YNHHS Provider Name:

Complete Address:

Fax Number: Phone Number:

Method of Disclosure: ☐ MyChart (Must have active account)

☑ Mail ☑ Fax ☐ Secure Email ☐ Pick-up Please indicate how you would like to be contacted when ready for pick-up:

Visit Type: ☐ Admission ☐ Outpatient Surgery ☐ Emergency Dept. Visit ☐ Physician Office/Clinic ☐ Other

Location: ☑ Yale New Haven Hospital (York Street Campus/St. Raphael's Campus/Smilow Care Centers)

☐ Bridgeport Hospital (includes Milford Campus after 6/8/2019) ☐ Milford Hospital (prior to 6/9/2019) ☐ Greenwich Hospital

☐ NEMG Provider Practice Name:

☐ Yale Medicine Provider Practice Name:

Date(s) of Service: 09/03/2020

Medical Information Requested:

☐ **Abstract** of Medical Record (History & Physical Exam, Discharge Summary, Consult Report, ED Report, Operative Report, Pathology Report, Lab Results, Radiology Report)

☑ History & Physical Exam/HP	☑ Lab Results	☑ Stress Test	☑ Consult Report
☑ Discharge Summary/DS	☑ Radiology Report	☑ Echocardiogram/EKG	☑ Clinic/Office Notes
☑ Emergency Visits/ED	☑ Pathology Report	☑ Pulmonary Function Test	☑ Medication List
☑ Operative/Procedure Report	☑ Immunization Record	☑ PT/OT/Speech Notes	☐ Other

☑ Complete Medical Record *(Includes all of the above, plus nursing notes, ancillary notes, and consents. Excludes nursing flowsheets unless specifically requested).*

☐ Itemized Bill ☐ Radiology Image(s):

Please note date and type

Reasonable cost-based fees apply.

*****HIV-BEHAVIORAL HEALTH- DRUG/ALCOHOL INFORMATION** contained within the medical records indicated above will be released through this authorization unless otherwise indicated below. **(Medical records containing any of the protected information below must also be signed by the patient if a minor age 13 or older, with the exception of Behavioral Health, which also requires authorization by the patient if a minor age 16 or older.)*****

Indicate which you do NOT want released with your initials:

____ **HIV** ____ **Substance Abuse (which includes Alcohol & Drug Abuse)** ____ **Pregnancy Test** ✓ **Genetic Testing**

✓ **Behavioral Health/Psychiatric** ✓ **Sexually Transmitted Disease** ____ **Other (please list)** _____

I understand that:

- This authorization is valid for one year from the date below. I understand that after I have signed this form, I may change my mind and cancel (revoke) this authorization at any time by contacting in writing YNHHS Release of Information Services. Cancellation of the authorization will not apply to information that has already been released based on this authorization.
- The information disclosed in response to this authorization may be subject to re-disclosure by recipient, and will no longer be protected under the terms of this authorization or by federal privacy regulations. However, other state or federal law may prohibit the recipient from disclosing specially protected information such as substance abuse treatment information, HIV/AIDS-related information, and psychiatric/mental health information.
- That this authorization is voluntary and my treatment by YNHHS/Yale Medicine is in no way conditioned on whether or not I sign this authorization and that I may refuse to sign it. If I do not sign this form, payment for this care will only be affected if my health care insurer is requesting this information and is permitted to require this authorization.
- On request, I may review or have copied the information described on this form if I ask for it. There may be a charge for copies in accordance with Connecticut law.
- The parent or legal guardian must sign this authorization if the patient is a minor (under age 18) unless the records relate to treatment(s) for which the minor may provide consent under CT state law. If HIV, Behavioral Health, Drug/Alcohol information is included for a patient age 13 or older, the minor must sign as described above.

Return completed authorization by mail, fax, or email as designated below. Do not send medical records to this address.

Mailing Address: **Yale New Haven Health**
Health Information Management
Release of Information Services
PO Box 9565
New Haven, CT 06535

YNHHS Hospital(s) Fax Number:	**203-688-4645**	**Email to: releaseofinfo-Hosp@ynhh.org**
NEMG Provider Fax Number:	**203-200-1286**	**Email to: releaseofinfo-NEMG@ynhh.org**
YM Provider Fax Number:	**203-200-1287**	**Email to: releaseofinfo-YM@ynhh.org**

Routine requests for medical records are generally processed within 10 business days. To contact a Customer Service Representative, please call 203-688-2231.

Printed Name: Karen Riordan Date: 11/13/2020

[redacted] Karen Riordan
Signature of Patient or Authorized Representative
***must provide proof of authority (except parent of a minor)*

Please check relationship to patient

☐ Self ☑ Parent ☐ Legal Guardian ☐ Executor/Administrator of Estate ☐ Healthcare Representative ☐ Conservator
☐ Other Authorized Legal Representative _____ (indicate)

Sawyer Ambrose
Printed Name of Minor (when applicable)

Signature of Minor (when applicable)

11/13/2020
Date

F4918

F4918Eng (07/19)

CC Payment Receipt

Transaction Status:	**Approved**
Transaction Date and Time:	**11/24/2020 1:39:35 PM**
Transaction Reference No.:	**2535265**
Approval Code:	**0002421188**
Order Number:	**38830866**
Charge Amount:	**$46.61**
Credit Card Number:	**XXXXXXXXXXXX4778**
Credit Card Holder:	**Luis M Cunha**

PREPAYMENT REQUIRED

MRO
1000 Madison Avenue, Suite 100
Norristown, PA 19403

Invoice
38830866
November 19, 2020

MRO

Phone: (610) 994-7500 Opt. 1
Fax: (610) 962-8421

Nickola J. Cunha
Nickola J. Cuhna, Law Offices/PORTAL
2494 Whitney Ave.
Hamden, CT 06518

On 11/16/2020the following healthcare provider received your request for copies of medical records:
YNHHS Encounters (Multiple Locations)
20 York Street
New Haven, CT 06510

You requested records for: SAWYER AMBROSE

This is your invoice for providing the copies of the medical records.

Your Reference ID:

MRO Request ID: 38830866
MRO Online Tracking Number: YALEFL58BDSCR

You can track and pay for your request online at:
www.roilog.com

Records consisting of more than 75 pages may be sent on CD-ROM.

Cancelled requests or unpaid invoices may be subject to a cancellation fee.

Fees

Search and Retrieval Fee:	$0.00
Number of Pages:	71
Tier 1:	$46.15
Tier 2:	$0.00
Tier 3:	$0.00
Media pages/materials:	0
Media Fee:	$0.00
Certification Fee:	$0.00
Adjustments:	$0.00
Postage:	$0.00
Sales Tax:	$0.46
TOTAL:	$46.61
Paid at Facility:	($0.00)
Paid to MRO:	($0.00)
BALANCE DUE:	$46.61

PAYMENT

You may pay this invoice online at:
www.roilog.com
You can send a check to:
MRO
P.O. Box 6410,
Southeastern, PA 19398-6410
MRO Tax ID (EIN): 01-0661910
Please write the Invoice # on the check or return this invoice with the payment.

By paying this invoice, you are representing that you: have reviewed, understood, and approved the charges; have agreed to pay them; and have agreed to the following terms. Any dispute relating to the charges in this invoice must be presented before paying this invoice. Any dispute not so presented is waived. Presentation of a dispute must be made by telephone (610) 994-7500 Opt. 1. Upon presentation of a dispute, your payment of the invoice will be noted as made under protest pending resolution of the dispute presented. All disputes regarding the charges in this invoice, whether presented by you or by MRO, must be resolved by arbitration under the Federal Arbitration Act through one or more neutral arbitrators before the American Arbitration Association (AAA). Your dispute will be resolved by the arbitrators, and not by a judge or a jury. Class arbitrations are not permitted. Disputes must be brought only in the claimant's individual capacity and not as a representative or member of a class. An arbitrator may not consolidate your dispute with the dispute of anyone else nor preside over any form of class proceeding. Upon request by you at the time a dispute is presented, MRO will pay the AAA fee for arbitration of your dispute.

Please contact MRO at (610) 994-7500 Opt. 1 for any questions regarding this invoice.
MRO is the medical copy request processor for:
YNHHS Encounters (Multiple Locations).

Yale
NewHaven
Health

789 Howard Avenue
New Haven, CT 06519

CHRISTOPHER AMBROSE
381 HORSE POND ROAD
MADISON, CT 06443

Hospital Acct: 521945548
Date of Service: 09/03/20

- Your request for an itemized statement has been mailed. The patient's release of authorization will be on file 1 year. Upon review of the itemized statement, please refer to the following points of interest.
- Attorneys - We do not accept letters of protection in lieu of payment.
- Please be advised if the claim is Motor Vehicle or Worker's Compensation related, account balances may reflect a payment from the primary insurance carrier, which must not be considered in the payment due. The Workers Compensation or the Motor Vehicle insurance is primary and any payment received from the health insurance carrier is considered supplemental.
- Please be advised that if your client is awarded Financial Assistance for his or her hospital bill(s) which are related to your representation, your client must repay the full amount of the Financial Assistance award if he or she receives payment of any kind for these hospital bills, including insurance payments, settlements, and awards from a lawsuit. Your client will receive notice of this obligation in his or her Financial Assistance Approval Letter. Financial Assistance includes Free Care, Nominated Bed Funds, and Discounted Care.

If your client is eligible for Medicaid or Medicaid Managed Care, payment should be sent directly to the Department of Social Services within the state you reside in.

If you have any questions please contact us directly at (855) 547-4584,
Monday through Friday 7:30 AM - 5:30 PM.

Patient: SAWYER AMBROSE **Hospital Account:** 521945548

Visit Coverages:
Anthem Blue Cross Blue Shield (BCBS) - Century Preferred
Insurance ID:
WRXA11775773

This is an itemization of your hospital services for:

Patient: SAWYER AMBROSE **Admission Date:** 09/03/20

Hospital Account: 521945548 **Discharge Date:** 09/04/20

Location: Yale New Haven Hospital

Charges

Service Date	Revenue Code	HCPCS Code	Description	Quantity	Amount
09/03/2020	0450	99284	HC ER LVL IV	1	1,902.41
Total charges:					**1,902.41**

Payments and Adjustments

Date	Description	Amount
09/22/20	Anthem Blue Cross Blue Shield (BCBS) BLUE CROSS SPA PAYMENTS	-1,574.55
Total payments and adjustments:		**-1,574.55**

Patient

Demographics

Name: Sawyer Ambrose
Address: 381 Horse Pond Road MADISON CT 06443
Date of birth: 7/6/2010 Sex: Male Gender identity: Male
Email: kriordan127@gmail.com Home phone: 203-505-1889 Mobile: 203-505-1889

Relationships

Name	Relation to Patient	Phone Number
Ambrose,Christopher	Father (Legal Guardian)	Mobile: 203-505-1889 (primary) Home: 203-505-1889

Care Team

Active

Name	Relationship	Specialty	Phone	Duration
Sollinger, Jonathan E, MD	PCP - General	Pediatrics	203-319-3939	05/01/2015 - Present

Problem List

Problems last reviewed by Dinauer, Catherine A., MD on 6/21/2018 1248

Adopted

Diagnosis: Adopted Noted on: 06/21/2018 Chronic: No

History of prematurity

Diagnosis: History of prematurity Noted on: 06/21/2018 Chronic: No

Maternal family history of substance abuse

Diagnosis: Maternal family history of substance abuse Noted on: 06/21/2018 Chronic: No

Overview Note

Biol mother used cocaine during pregnancy

Mild persistent asthma with acute exacerbation

Diagnosis: Mild persistent asthma with acute exacerbation Noted on: 05/19/2015 Chronic: Yes

Short stature

Diagnosis: Short stature Noted on: 06/21/2018 Chronic: No

URI (upper respiratory infection)

This problem has been resolved.

Diagnosis: URI (upper respiratory infection) Noted on: 10/29/2015 Resolved on: 6/21/2018
Chronic: Yes

Allergies

Allergies last reviewed by Johnson, Misty, RN on 9/3/2020 1449 - Review Complete

AMOXICILLIN

Reactions: Rash Severity: Low
Noted on: 06/30/2015

Immunizations

No documentation.

Patient (continued)

Current Medications

Medications

**This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

Current Medications

albuterol sulfate 90 mcg/actuation HFA aerosol inhaler

Instructions: Inhale 1-2 puffs into the lungs every 6 (six) hours as needed for wheezing.
Authorized by: Dedominicis, Jennifer, PA
Ordered on: 12/20/2019
Start date: 12/20/2019
Quantity: 6.5 g
Refill: No refills remaining

ASMANEX HFA 100 mcg/actuation HFAA

Instructions: USE 2 INHALATIONS TWICE A DAY
Authorized by: Palazzo, Regina M, MD
Ordered on: 12/12/2016
Start date: 12/12/2016
Quantity: 39 g
Refill: 3 refills by 12/12/2017

beclomethasone dipropionate (QVAR REDIHALER INHL)

Instructions: Inhale into the lungs.
Entered by: Story, Jennifer, RN
Entered on: 12/20/2019

ipratropium-albuterol (DUO-NEB) 0.5 mg-3 mg(2.5 mg base)/3 mL nebulizer solution

Instructions: Take 3 mLs by nebulization 2 (two) times daily as needed for Wheezing.
Authorized by: Palazzo, Regina M, MD
Ordered on: 5/19/2015
Start date: 5/19/2015
Quantity: 75 mL
Refill: 2

montelukast (SINGULAIR) 4 MG chewable tablet

Instructions: Take 1 tablet (4 mg total) by mouth nightly.
Authorized by: Palazzo, Regina M, MD
Ordered on: 5/19/2015
Start date: 5/19/2015
Quantity: 30 tablet
Refill: 11

OPTICHAMBER DIAMOND-MED MSK Devi

Entered by: Palazzo, Regina M, MD
Entered on: 10/29/2015
Start date: 7/6/2015

VENTOLIN HFA 90 mcg/actuation HFAA

Instructions: USE 2 INHALATIONS EVERY 4 TO 6 HOURS AS NEEDED
Authorized by: Palazzo, Regina M, MD
Ordered on: 12/12/2016
Start date: 12/12/2016
Quantity: 54 g
Refill: 3 refills by 12/12/2017

Vitals

Patient (continued)

Vitals (continued)

Vital Signs - Last Recorded Most recent update: 9/4/2020 12:10 AM

BP	Pulse	Temp	Resp	Ht
103/65 (85 %, Z = 1.04 / 79 %, Z = 0.82)*	86	97.2 °F (36.2 °C) (Temporal)	20	3' 10.89" (1.191 m) (7 %, Z= -1.49)†

Wt	SpO2	BMI
31.3 kg (41 %, Z= -0.22)†	99%	15.16 kg/m² (34 %, Z= -0.40)†

*BP percentiles are based on the 2017 AAP Clinical Practice Guideline for boys
†Growth percentiles are based on CDC (Boys, 2-20 Years) data

History

Medical History

Medical last reviewed by Johnson, Misty, RN on 9/3/2020

Past Medical History

Diagnosis	Date	Comments	Source
ADHD	—	—	Provider
Allergy, unspecified not elsewhere classified	—	—	Provider
Asthma	—	—	Provider
Bronchiolitis	—	—	Provider
Cough	—	—	Provider
History of fracture of clavicle	2018	x2	Provider
History of prematurity	6/21/2018	—	Provider
Otitis media	—	—	Provider
Recurrent upper respiratory infection (URI)	—	—	Provider
Respiratory syncytial virus (RSV)	—	—	Provider
Wheezing	—	—	Provider

Surgical History

Surgical last reviewed by Johnson, Misty, RN on 9/3/2020

Past Surgical History

Procedure	Laterality	Date	Comments	Source
NO PAST SURGERIES	—	—	—	Provider

Substance & Sexuality History

Tobacco Use

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Never Smoker	—	—	—	—

Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source
—	—	Never Used	—	Provider

Alcohol Use

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Frequency	Typical Drinks	Binge Drinking

Patient (continued)

History (continued)

—	—	—

Drug Use

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity

Sexually Active	Birth Control	Partners	Comments	Source
Never	—	—	—	Provider

Activities of Daily Living History

Activities of Daily Living Question	Response	Comments	Source
Second-hand smoke exposure	No	—	Provider
Alcohol/drug concerns	No	—	Provider
Violence concerns	No	—	Provider

Socioeconomic History

Socioeconomic

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	—	English	Hispanic or Latino	White or Caucasian	Provider

Financial Resource Strain	Food Insecurity: Worry	Food Insecurity: Inability	Transportation Needs: Medical	Transportation Needs: Non-medical
—	—	—	—	—

Social Documentation History

June 2018: Lives with adoptive parents, sister and brother. Finishing 2nd grade. Plays baseball and swims.
Source: Provider

Birth History

Birth Length	Birth Weight	Birth Head Circumference	Discharge Weight
—	—	—	—
Gestational Age (weeks)	**Delivery Method**	**Duration of Labor**	**Feeding Method**
34	—	—	—

APGAR 1	APGAR 5	APGAR 10
—	—	—
Days in Hospital	**Hospital Name**	**Hospital Location**
—	—	—

Birth Comments

—

Advance Care Planning

Plan

Patient Capacity

The patient has full capacity. There is no history of patient status change.

Current Code Status

Patient (continued)

Advance Care Planning (continued)

Date Active	Code Status	Order ID	Comments	User	Context
Not on file					

Health Care Agents

There are no Health Care Agents on file.

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department

Reason for Visit

Chief Complaint

- Alleged Child Abuse (per older siblings pt has told him that the father has fondling his penis and when police arrived he reported to them he doesnt feel safe at home with his dad, huge divorce going on in family and dad has full custody)

Visit Diagnosis

Name	Is ED?
Psychosocial stressors (primary)	Yes

Visit Information

Admission Information

Arrival Date/Time:	09/03/2020 2:47 PM	Admit Date/Time:	09/03/2020 2:53 PM	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Court/law Enforcement	Admit Category:	
Means of Arrival:	Madison Ambulance	Primary Service:	Emergency Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	YALE NEW HAVEN HEALTH SYSTEM AND YALE MEDICAL GROUP	Unit:	Yale New Haven Hospital Pediatric Emergency Department
Admit Provider:		Attending Provider:	Bechtel, Kirsten A, MD	Referring Provider:	Referring, No

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/04/2020 12:27 AM	Home Or Self Care	None	None	Yale New Haven Hospital Pediatric Emergency Department

Follow-up Information

Follow-up With	Details	Why	Contact Info
Sollinger, Jonathan E, MD		As needed	1563 Post Rd E Westport CT 06880-5602 203-319-3939

Treatment Team

Provider	Service	Role	Specialty	From	To
Beiner, Joshua Matthew, MD	—	Attending Provider	Pediatric Emergency Medicine	09/03/20 2325	09/04/20 0027
Hommel, Mark P, MD	—	Attending Provider	Pediatrics	09/03/20 1632	09/03/20 2325
Bechtel, Kirsten A, MD	—	Attending Provider	Pediatric Emergency Medicine	09/03/20 1518	09/03/20 1632
Carter, Nicole, RN	—	Registered Nurse	—	09/03/20 1934	—
Cook, Elana Crystal, MD	—	Resident	Pediatrics	09/03/20 1630	—
Tsai, Jennifer Weicha, MD	—	Resident	Emergency Medicine	09/03/20 1501	09/03/20 1632

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Treatment Team (continued)

Provider	Service	Role	Specialty	From	To
McInerney, Meghan, RN	—	Registered Nurse	—	09/03/20 1454	09/03/20 1946

Events

ED Arrival at 9/3/2020 1447

Unit: Yale New Haven Hospital Pediatric Emergency Department

Admission at 9/3/2020 1453

Unit: Yale New Haven Hospital Pediatric Emergency Department Room: T11 Bed: T11
Patient class: Emergency

ED Roomed at 9/3/2020 1453

Unit: Yale New Haven Hospital Pediatric Emergency Department

Discharge at 9/4/2020 0027

Unit: Yale New Haven Hospital Pediatric Emergency Department Room: T11 Bed: T11
Patient class: Emergency

Discharge at 9/4/2020 0027

Unit: Yale New Haven Hospital Pediatric Emergency Department

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

montelukast (SINGULAIR) 4 MG chewable tablet

Instructions: Take 1 tablet (4 mg total) by mouth nightly.
Authorized by: Palazzo, Regina M, MD Ordered on: 5/19/2015
Start date: 5/19/2015 Quantity: 30 tablet
Refill: 11

ipratropium-albuterol (DUO-NEB) 0.5 mg-3 mg(2.5 mg base)/3 mL nebulizer solution

Instructions: Take 3 mLs by nebulization 2 (two) times daily as needed for Wheezing.
Authorized by: Palazzo, Regina M, MD Ordered on: 5/19/2015
Start date: 5/19/2015 Quantity: 75 mL
Refill: 2

OPTICHAMBER DIAMOND-MED MSK Devi

Entered by: Palazzo, Regina M, MD Entered on: 10/29/2015
Start date: 7/6/2015

ASMANEX HFA 100 mcg/actuation HFAA

Instructions: USE 2 INHALATIONS TWICE A DAY
Authorized by: Palazzo, Regina M, MD Ordered on: 12/12/2016
Start date: 12/12/2016 Quantity: 39 g
Refill: 3 refills by 12/12/2017

VENTOLIN HFA 90 mcg/actuation HFAA

Instructions: USE 2 INHALATIONS EVERY 4 TO 6 HOURS AS NEEDED
Authorized by: Palazzo, Regina M, MD Ordered on: 12/12/2016
Start date: 12/12/2016 Quantity: 54 g

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Medication List (continued)

Refill: 3 refills by 12/12/2017

beclomethasone dipropionate (QVAR REDIHALER INHL)

Instructions: Inhale into the lungs.
Entered by: Story, Jennifer, RN
Entered on: 12/20/2019

albuterol sulfate 90 mcg/actuation HFA aerosol inhaler

Instructions: Inhale 1-2 puffs into the lungs every 6 (six) hours as needed for wheezing.
Authorized by: Dedominicis, Jennifer, PA
Ordered on: 12/20/2019
Start date: 12/20/2019
Quantity: 6.5 g
Refill: No refills remaining

Discharge Medication List

montelukast (SINGULAIR) 4 MG chewable tablet

Instructions: Take 1 tablet (4 mg total) by mouth nightly.
Authorized by: Palazzo, Regina M, MD
Ordered on: 5/19/2015
Start date: 5/19/2015
Quantity: 30 tablet
Refill: 11

ipratropium-albuterol (DUO-NEB) 0.5 mg-3 mg(2.5 mg base)/3 mL nebulizer solution

Instructions: Take 3 mLs by nebulization 2 (two) times daily as needed for Wheezing.
Authorized by: Palazzo, Regina M, MD
Ordered on: 5/19/2015
Start date: 5/19/2015
Quantity: 75 mL
Refill: 2

OPTICHAMBER DIAMOND-MED MSK Devi

Entered by: Palazzo, Regina M, MD
Entered on: 10/29/2015
Start date: 7/6/2015

ASMANEX HFA 100 mcg/actuation HFAA

Instructions: USE 2 INHALATIONS TWICE A DAY
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Authorized by: Dedominicis, Jennifer, PA
Ordered on: 12/20/2019
Start date: 12/20/2019
Quantity: 6.5 g
Refill: No refills remaining

Stopped in Visit

None

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Provider Note

ED Provider Notes by Beiner, Joshua Matthew, MD at 9/3/2020 3:01 PM

Author: Beiner, Joshua Matthew, MD | Service: Emergency Medicine | Author Type: Physician
Filed: 9/8/2020 10:05 PM | Date of Service: 9/3/2020 3:01 PM | Creation Time: 9/3/2020 3:01 PM
Status: Addendum | Editor: Beiner, Joshua Matthew, MD (Physician)

History

Chief Complaint

Patient presents with

- Alleged Child Abuse
  per older siblings pt has told him that the father has fondling his penis and when police arrived he reported to them he doesnt feel safe at home with his dad, huge divorce going on in family and dad has full custody

The history is provided by the patient.

Illness

This is a new problem. The current episode started more than 1 week ago. The problem occurs constantly. The problem has not changed since onset.Pertinent negatives include no chest pain, no abdominal pain, no headaches and no shortness of breath. Nothing aggravates the symptoms. Nothing relieves the symptoms.

Resident Summary

Vitals: BP 103/65 | Pulse 86 | Temp 36.2 °C (97.2 °F) (Temporal) | Resp 20 | Wt 31.3 kg | SpO2 99%

DDx/MDM: 10 y.o. male, Hx of adhd, pw police after reporting child abuse. Reports that for "months" dad has touched him inappropriately in his private parts. Today reports that sister (Mia) saw "things on my dad's phone that I'm not old enough to see" and that she said "she wished she hadn't seen it/I'm not allowed to see." Reports that last time he was touched inappropriately was one week ago. Denies that at any time during these inapprop touch events has he felt pain, but +uncomfortable.
See further notes From interview w older sister Mia, MRN: MR3774703
He denies any pain, no f/c, no cp/sob, no nvcd. No dysuria or difficulty using the bathroom.
He otherwise looks well appearing, alert, oriented

Medically cleared for psych

No orders of the defined types were placed in this encounter.

Medications - No data to display

Jennifer Tsai
PGY-1
(203) 928-7456

Past Medical History:

Diagnosis	Date
ADHD	
Allergy, unspecified not elsewhere classified	
Asthma	
Bronchiolitis	
Cough	
History of fracture of clavicle *x2*	2018
History of prematurity	6/21/2018
Otitis media	
Recurrent upper respiratory infection (URI)	
Respiratory syncytial virus (RSV)	
Wheezing	

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Provider Note (continued)

Past Surgical History:

Procedure	Laterality	Date
• NO PAST SURGERIES		

Family History

Adopted: Yes
Family history unknown: Yes

Social History

Socioeconomic History

- Marital status: Single
  - Spouse name: None
- Number of children: None
- Years of education: None
- Highest education level: None

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Never

Other Topics	Concern
• Second-hand smoke exposure	No
• Alcohol/drug concerns	No
• Violence concerns	No

Social History Narrative

June 2018: Lives with adoptive parents, sister and brother. Finishing 2nd grade. Plays baseball and swims.

ED Other Social History

- E-cigarette status: Never User
- E-Cigarette Use: Never User

Review of Systems
Constitutional: Negative for fatigue, fever and irritability.
HENT: Negative for congestion and dental problem.
Eyes: Negative for photophobia and visual disturbance.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting.
Genitourinary: Negative for difficulty urinating and dysuria.
Musculoskeletal: Negative for arthralgias, back pain, neck pain and neck stiffness.
Skin: Negative for color change and wound.
Neurological: Negative for dizziness, seizures, syncope and headaches.

Physical Exam
ED Triage Vitals [09/03/20 1450]
BP: 113/74

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Provider Note (continued)

Pulse: 85
Pulse from O2 sat: n/a
Resp: 20
Temp: 36.7 °C (98.1 °F)
Temp src: Temporal
SpO2: 99 %

BP 103/65 | Pulse 86 | Temp 36.2 °C (97.2 °F) (Temporal) | Resp 20 | Wt 31.3 kg | SpO2 99%

Physical Exam
Vitals signs and nursing note reviewed. Exam conducted with a chaperone present.
Constitutional:
  General: He is active.
  Appearance: Normal appearance. He is well-developed.
HENT:
  Head: Normocephalic and atraumatic.
  Nose: Nose normal. No congestion.
  Mouth/Throat:
  Mouth: Mucous membranes are moist.
  Pharynx: Oropharynx is clear.
Eyes:
  Extraocular Movements: Extraocular movements intact.
  Pupils: Pupils are equal, round, and reactive to light.
Neck:
  Musculoskeletal: Normal range of motion. No neck rigidity.
Cardiovascular:
  Rate and Rhythm: Normal rate.
  Pulses: Normal pulses.
Pulmonary:
  Effort: Pulmonary effort is normal. No respiratory distress or nasal flaring.
  Breath sounds: Normal breath sounds. No decreased air movement.
Abdominal:
  General: There is no distension.
  Palpations: Abdomen is soft.
  Tenderness: There is no abdominal tenderness.
Musculoskeletal: Normal range of motion.
  General: No swelling or tenderness.
Skin:
  General: Skin is warm and dry.
  Capillary Refill: Capillary refill takes less than 2 seconds.
Neurological:
  General: No focal deficit present.
  Mental Status: He is alert and oriented for age.
  Cranial Nerves: No cranial nerve deficit.
Psychiatric:
  Mood and Affect: Mood normal.
  Behavior: Behavior normal.

Procedures
Procedures

ED Course
Clinical Impressions as of Sep 08 2205
Psychosocial stressors

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Provider Note (continued)

ED Disposition
Discharge

Tsai, Jennifer Weicha, MD
Resident
09/03/20 1600

I saw and evaluated the patient, Sawyer Ambrose. I agree with the findings and the plan of care as documented in the Resident note. Of note 10 y.o.male who made statements about inappropriate sexual contact by his father. Is awake alert without signs of cutaneous injury on my examination. Due to his statements we filed a 136 with DCF. He is here with Madison Police.
Kirsten A Bechtel, MD
4:31 PM

PEM ATTENDING REASSESSMENT NOTE:

Took over care of this patient at 11:30p.

Assessment: 10 y.o. male here for S/W eval. Plan for D/C home with PUnc per DCF
Plan: D/C

Bechtel, Kirsten A, MD
09/03/20 1615

Bechtel, Kirsten A, MD
09/03/20 1631

Beiner, Joshua Matthew, MD
09/03/20 2351

Beiner, Joshua Matthew, MD
09/08/20 2205

Electronically signed by Beiner, Joshua Matthew, MD at 9/8/2020 10:05 PM

ED Notes

ED Notes by Johnson, Misty, RN at 9/3/2020 2:53 PM

Author: Johnson, Misty, RN | Service: — | Author Type: Registered Nurse
Filed: 9/3/2020 2:54 PM | Date of Service: 9/3/2020 2:53 PM | Creation Time: 9/3/2020 2:54 PM
Status: Signed | Editor: Johnson, Misty, RN (Registered Nurse)

2:53 PM permission from father to treat chris 203-505-1889

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Notes (continued)

Electronically signed by Johnson, Misty, RN at 9/3/2020 2:54 PM

ED Notes by Fonseca, Sammy at 9/3/2020 5:52 PM

Author: Fonseca, Sammy | Service: Psychiatry | Author Type: Counselor
Filed: 9/3/2020 5:52 PM | Date of Service: 9/3/2020 5:52 PM | Creation Time: 9/3/2020 5:52 PM
Status: Cosign Needed | Editor: Fonseca, Sammy (Counselor)
Cosign Required: Yes | Cosigner: Setzer, Erika, RN

This writer introduced self to pt and siblings. All three appeared to be calm watching tv. Sitter in place.

Electronically signed by Fonseca, Sammy at 9/3/2020 5:52 PM

ED Notes by Martucci, Anna, LCSW at 9/3/2020 6:28 PM

Author: Martucci, Anna, LCSW | Service: Child Psychiatry | Author Type: Social Worker
Filed: 9/3/2020 6:29 PM | Date of Service: 9/3/2020 6:28 PM | Creation Time: 9/3/2020 6:28 PM
Status: Signed | Editor: Martucci, Anna, LCSW (Social Worker)

SOCIAL WORK ASSESSMENT

Patient Name: Sawyer Ambrose

Medical Record Number: MR4551982

Date of Birth: 7/6/2010

Social Work Assessment Pediatric

	Most Recent Value
Admission Information	
Document Type	Clinical Assessment
Reason for Encounter	Abuse/Neglect/Violence
Visitor Restriction in Place	No
Intervention	Abuse/Neglect/Violence Assessment & Reporting
Abuse/Neglect/Violence Assessment & Reporting	Child
Source of Information	Patient, Family/Caregiver, Community Agency
Family/Caregiver Comment	father in waiting room
Community Agency Comment	Madison Police Department
Record Reviewed	Yes
Level of Care	Emergency Department
Language needed	None, Patient Speaks English
Current Providers	
Current Providers M-Z	Outpatient Behavioral Health, Primary Care Physician
How many times have you received care in the Emergency Room (ER) over the last 12 months?	3-6
Legal	
Permission Granted to Share Information	No
Patients Legal Contacts	
Legal Custody Status	Parent
Past/Current Department of Children & Families Involvement	Yes - Past
Legal Admission Status	None
Legal/Judicial Status	None

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Notes (continued)

	Most Recent Value
Currently on Probation / Parole?	No
Legal Contact(s)	father
Probate Court Granted Conservatorship	No
Conservator Notified of Admission	No
Abuse Screen	
Able to respond to abuse questions	Yes
Feels Unsafe at Home or School/Work	yes
Feels Threatened by Someone	no
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?	no
Do you feel that you are treated poorly by your Partner/Spouse/Family Member/Caregiver/Employer/Teacher/Provider?	no
Mandated Referral	
Mandated Report Required	yes
Notified patient/family of mandated referral	yes
Referral made to	Department of Children and Families
Date of Report	09/03/20
Education - Pediatric	
Educational/Developmental Concerns	No
Employment/Income/Finance/Insurance	
Military Experience	No
Financial Concerns Identified	No
Financial Barriers to accessing medical care	None
Employment Status	Deferred
Housing / Transportation/ Environment	
Living Arrangements for the past 2 months	Single-Family House
Housing-Related Financial Concerns	None
Able to Return to Prior Arrangements	deferred
Able to Receive Visiting Nurse at Prior Living Arrangement	Yes
Housing-Related Environmental Concerns	No concerns
Has utility company threatened to shut off services?	No
Food Availability	No Concerns
Are you dependent upon healthcare-related transportation?	No
Do you have any transportation related concerns that impact your ability to take care of yourself?	No

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Notes (continued)

	Most Recent Value
Mental Status	
Observation of Mental Status has identified Notable Findings	No
Suicide Risk Assessment	
Reason for Assessment Utilizing SAFE-T and C-SSRS (Check all that apply)	Social Work Consult/Assessment
C-SSRS	Able to Assess
Screening for suicidal ideation within	Past Month
C-SSRS #1: Have you wished you were dead or wished you could go to sleep and not wake up? (If Yes, answer #3 - #5)	No
C-SSRS #2: Have you actually had any thoughts of killing yourself? (If Yes, answer #3 - #5)	No
C-SSRS #6: Have you ever done anything, started to do anything or prepared to do anything to end your life? (Suicidal behavior over your lifetime)	No
Specific Questions about Thoughts, Plans, Suicidal Intent (SAFE-T)	Negative responses above do not indicate a need for SAFE-T assessment
Risk Assessment	
Risk Assessment	Able to Assess
Access to Lethal Methods? (firearm in home or access/presence of other lethal methods)	No
Risk to Self	Able to Assess
Risk to Self - Self-Injurious Behavior	None identified
Attitudes regarding Self-Injury	None disclosed
Imminent Risk for Self-Injury in Community	Low
Imminent Risk for Self-Injury in Facility	Low
Risk to Others	Able to Assess
Risk to Others	None Disclosed
Attitude regarding Aggression / Violence	None Disclosed
Imminent Risk for Violence in Community	Low
Imminent Risk for Violence in Facility	Low
Current and Past Psychiatric Diagnoses	Able to Assess
Attention Deficit with Hyperactivity Disorder (ADHD)	Recurrent/Current
Presenting Symptoms	Violence, Victimization and/or Perp…
Family History	Unable to Assess
Precipitants/Stressors	Stressful Life Events, Sexual/Physical Abuse
Change in Mental Health or	Not applicable

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Notes (continued)

	Most Recent Value
Substance Use Disorder Treatment	
Historical Risk Factors	History of abuse/trauma
Protective Factors	Able to Assess
Protective Factors - Internal	Identifies reasons for living, Frustration tolerance
Protective Factors - External	Beloved pets, Engaged in work or school, Supportive social network of friends or family, Positive therapeutic relationships/Effective mental healthcare
This patient was screened using the Columbia Suicide Severity Rating Scale (CSSRS)	Yes
I conducted a suicide risk assessment including a suicide inquiry and assessment of risk and protective factors, as recommended by the standard Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) for Mental Health Professionals.	No, the C-SSRS did not produce a positive screen
Cause for concern	None
Based on my assessment, the level of risk for this patient to suicide in an inpatient or emergency setting is:	MINIMAL because the patient does not present with suicidal ideation, does not have a history of suicide attempts, and the balance of protective factors outweighs any current risk factors
Based on my assessment, the level of risk for this patient to suicide in the community is:	MINIMAL
Recommended Next Steps	Remain in/Return to Community
Remain in/Return to Community	Patient reports
Patient reports	No current ideation of suicide, No intent, No plan, No access to means of self-harm, No access to weapons
Alcohol Use	
Alcohol Use	Denies Use
Concerns for Alcohol Abuse	No
[Retired] Substance Use	
Previous Substance Use Treatment	none
Substance Use, Caregiver	
Caregiver Substance Use	Able to Assess
Caregiver Substance Use Problems Identified	No
Physical/Sexual Abuse History	
History of personal victimization	Current
Relationships	
Temporary Family Living Arrangements (While Hospitalized)	none needed
Marital Status	Single Minor
Significant Relationships	Father, Brother, Sister
Family circumstances	lives with adoptive father, adoptive 13-year-old brother and sister
Quality of Family Relationships	Supportive
Support System	Conflicted relationships
Separation/Losses (recent):	Yes (see comment) [mother lost custody in April 2020]
Lives With	Father, Brother, Sister
Sources of Support	parent(s), sibling(s)
Need for family participation in patient care	yes
Narrative/Signoff	

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Notes (continued)

	Most Recent Value
Identified Clinical/Disposition, Issues/Barriers:	social work consult due to alleged child abuse
Intervention(s)/Summary	75 minutes spent face to face with Sawyer, Madison Police, and Sawyer's adoptive father. Per medical team, Sawyer and his two siblings present to the ED by Madison Police Department after police received phone call stating that the children were unsafe. Sawyer arrived with his siblings and father, Chris, was informed and reported he was driving from Westport to the hospital. Sawyer reports that he was brought to the ED because him and his siblings do not feel safe with their father. Sawyer reports being touched inappropriately by his father, most recently a few days ago. Sawyer reports that he also sees his father drink wine and yell. Sawyer reports that he is nervous about starting a new school after transferring from Westport schools to Madison schools. Sawyer reports that he gets along well with his siblings. Sawyer reports he enjoys playing video games with his older brother. Sawyer reports he used to play board games at his mother's house but no longer plays at his father's house. Sawyer denies SI/HI/AVH and self-harming behaviors. Spoke with DCF Careline worker,Sandy Dubrow, who called back and stated that DCF was accepting the case and sending down an emergency DCF worker for an assessment and assistance with DCF disposition plan. Met with father in the waiting room who endorses an ongoing conflict with the children's mother. Father reports him and his ex-wife divorced in July 2019 and his wife lost custody of children, all three of whom are adopted, in April 2020 after ongoing issues with wife's mental and emotional health. Father reports that Sawyer and his siblings have guardian at litem, Jocelyn Hurwitz, and that Sawyer is engaged in individual therapy and reunification therapy for the family. Father is cooperative with waiting in Pedi ED waiting room until DCF can come complete an assessment. Spoke with Madison Police Officer, John Palmer. Officer Palmer reports that police have been involved with the family due to ongoing custody issues between parents. Officer Palmer reports that father is cooperative and that mother is often calling DCF and police on father after she lost custody. Officer Palmer endorses that Madison Police have filed three DCF reports in the past week due to ongoing calls received by the police department stating that the children are in danger. All of the calls were from mother's legal team.
Collaboration with Treatment Team/Community Providers/Family:	medical team, father, Madison Police
Outcome	Ongoing Interventions
Handoff Required?	No
Next Steps/Plan (including hand-off):	Sawyer will be referred to the sexual abuse clinic. Sawyer and his siblings are in the ED pending disposition plan from DCF, who will be arriving in the next hour.
Signature:	Anna Andrich LCSW
Contact Information:	475-227-9522

Electronically signed by Martucci, Anna, LCSW at 9/3/2020 6:29 PM

ED Notes by McInerney, Meghan, RN at 9/3/2020 6:41 PM

Author: McInerney, Meghan, RN Service: — Author Type: Registered Nurse

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Notes (continued)

Filed: 9/3/2020 6:41 PM | Date of Service: 9/3/2020 6:41 PM | Creation Time: 9/3/2020 3:16 PM
Status: Addendum | Editor: McInerney, Meghan, RN (Registered Nurse)

3:16 PM Awaiting eval with SW, medical team and DCF.

6:41 PM Cleared by SW - no psych eval needed. Awaiting dispo from DCF.

Electronically signed by McInerney, Meghan, RN at 9/3/2020 6:41 PM

ED Notes by Fonseca, Sammy at 9/3/2020 7:04 PM

Author: Fonseca, Sammy | Service: Psychiatry | Author Type: Counselor
Filed: 9/3/2020 7:04 PM | Date of Service: 9/3/2020 7:04 PM | Creation Time: 9/3/2020 7:04 PM
Status: Cosign Needed | Editor: Fonseca, Sammy (Counselor)
Cosign Required: Yes | Cosigner: Setzer, Erika, RN

Pt appears to be calm in room eating dinner. Sitter in place.

Electronically signed by Fonseca, Sammy at 9/3/2020 7:04 PM

ED Notes by Carter, Nicole, RN at 9/3/2020 7:38 PM

Author: Carter, Nicole, RN | Service: — | Author Type: Registered Nurse
Filed: 9/3/2020 7:38 PM | Date of Service: 9/3/2020 7:38 PM | Creation Time: 9/3/2020 7:38 PM
Status: Signed | Editor: Carter, Nicole, RN (Registered Nurse)

7:38 PM Report from Meghan RN, care assumed.

Electronically signed by Carter, Nicole, RN at 9/3/2020 7:38 PM

ED Notes by Martucci, Anna, LCSW at 9/3/2020 11:34 PM

Author: Martucci, Anna, LCSW | Service: Child Psychiatry | Author Type: Social Worker
Filed: 9/3/2020 11:37 PM | Date of Service: 9/3/2020 11:34 PM | Creation Time: 9/3/2020 11:34 PM
Status: Signed | Editor: Martucci, Anna, LCSW (Social Worker)

SOCIAL WORK NOTE

Patient Name: Sawyer Ambrose

Medical Record Number: MR4551982

Date of Birth: 7/6/2010

Social Work Follow Up

	Most Recent Value
Document Type	Progress Note
Reason for Encounter	Abuse/Neglect/Violence
Intervention	Abuse/Neglect/Violence Assessment & Reporting
Abuse/Neglect/Violence Assessment & Reporting	Child
Source of Information	Patient, Family/Caregiver, Community Agency
Family/Caregiver Comment	father in waiting room
Community Agency Comment	Madison Police Department
Record Reviewed	Yes
Level of Care	Emergency Department
Identified Clinical/Disposition,	social work consult due to alleged child abuse

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Notes (continued)

	Most Recent Value
Issues/Barriers:	
Intervention(s)/Summary	Per DCF Tomas Villanueva, worker assigned to the case, Sawyer will be discharged with a safety plan to go home with paternal uncle, Neil Ambrose.
Collaboration with Treatment Team/Community Providers/Family:	DCF
Outcome	Resolved
Handoff Required?	No
Barriers to Discharge	no barriers identified
Next Steps/Plan (including hand-off):	Sawyer will be discharged with his two siblings to his uncle's care.
Signature:	Anna Andrich LCSW
Contact Information:	475-227-9522

Electronically signed by Martucci, Anna, LCSW at 9/3/2020 11:37 PM

ED Care Timeline

Patient Care Timeline (9/3/2020 14:47 to 9/4/2020 00:27)

9/3/2020	Event	Details	User
14:47	**Patient arrived in ED**		Johnson, Misty, RN
14:47	**Travel Screening**	In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19? **No / Unsure** ; Do you have any of the following new or worsening symptoms? **None of these** ; Have you traveled internationally in the last month? **No** Travel Locations: **Travel history not shown for past encounters**	Johnson, Misty, RN
14:47	**NARxCHECK Scores**	**NARxCHECK Scores** Stimulants: 120 Sedatives: 000 Narcotics: 000 Overdose Risk: 000	In, Flowsheet Appriss
14:47:29	**Emergency encounter created**		Johnson, Misty, RN
14:49:34	**Triage Started**		Johnson, Misty, RN
14:49:35	**Chief Complaints Updated**	**Sexual assault (per older siblings pt has told him that the father has fondling his penis and when police arrived he reported to them he doesnt feel safe at home with his dad, huge divorce going on in family and dad has full custody)**	Johnson, Misty, RN
14:49:39	**Allergies Reviewed - Review Complete**		Johnson, Misty, RN
14:50	**Full Triage**	**Full Triage Plan** Patient Acuity: 2 Full Triage Complete: Full Triage Complete	Johnson, Misty, RN

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

14:50	**Vital Signs**	**Vital Signs** Restart Vitals Timer: Yes Temp: 98.1 °F (36.7 °C) Temp src: Temporal Pulse: 85 Resp: 20 BP: 113/74 SpO2: 99 % Device (Oxygen Therapy): room air **Pain Assessment** Pain Assessment Scale: 0-10 Pain Score:: 0 **Height and Weight** Weight: 31.3 kg Weight Scale Used: Standing Weight Method: Actual	Johnson, Misty, RN
14:50	**Immunization Status**	**Immunization Status** Immunizations Current?: Yes	Johnson, Misty, RN
14:50	**Anthropometrics**	**Anthropometrics** Weight Change: 100	Johnson, Misty, RN

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

14:50	**Custom Formula Data**	**Scoliosis** Weight: 69 POUNDS **Fluid Requirements** Holliday-Segar Method (over 20 kg): 2126 **WHO Equation Female** WHO Equation Female (4-10 years) (kcal): 1203.25 WHO Equation Female (0-3 years) (kcal): 1858.3 WHO Equation Female (11-18 years) (kcal): 1127.86 **Fluid Requirements** Holliday-Segar Method (<= 10 kg) (mL): 3130 Holliday-Segar Method (> 20 kg) (mL): 3065 Holliday-Segar Method (>10 <=20 kg) (mL): 2565 **KCAL/KG** 120 Kcal/Kg (kcal): 3756 60 Kcal/Kg (kcal): 1878 140 Kcal/Kg (kcal): 4382 80 Kcal/Kg (kcal): 2504 160 Kcal/Kg (kcal): 5008 180 Kcal/Kg (kcal): 5634 200 Kcal/Kg (kcal): 6260 20 Kcal/Kg (kcal): 626 100 Kcal/Kg (kcal): 3130 40 Kcal/Kg (kcal): 1252 **RDA Method** RDA (> 1 year-3 years) (kcal): 3192.6 RDA (4-6 years) (kcal): 2817 RDA (7-10 years) (kcal): 2191 **RD Method Female (Adolescent)** RDA Female (11-14 years) (kcal): 1471.1 RDA Female (15-18 years) (kcal): 1252 **RD Method Male (Adolescent)** RDA Male (15-18 years) (kcal): 1408.5 RDA Male (11-14 years) (kcal): 1721.5 **RDA Method (Infant)** RDA (> 6 months-1 year old) (kcal): 3067.4 RDA (0-6 month old) (kcal): 3380.4 **WHO Equation Male** WHO Equation Male (0-3 years) (kcal): 1852.17 WHO Equation Male (4-10 years) (kcal): 1205.51 WHO Equation Male (11-18 years) (kcal): 1198.75 **KCAL/KG** 20 Kcal/Kg (kcal): 626 25 Kcal/Kg (kcal): 782.5 30 Kcal/Kg (kcal): 939 35 Kcal/Kg (kcal): 1095.5 40 Kcal/Kg (kcal): 1252 45 Kcal/Kg (kcal): 1408.5 50 Kcal/Kg (kcal): 1565 **Relevant Labs and Vitals** Temp (in Celsius): 36.7 **Other flowsheet entries** NIBP MAP (mmHg): 87 Umbilical MAP (mmHg): 87 Weight (lbs): 69 weight (lbs/oz): 69 lb 0.1 oz Weight Diff Number: 9.53 Percentage Daily Weight Change: 0 % Daily weight change (gms): 1 Percent Weight Change Since Birth: 0 Change in Weight (calculated): 31.3 weight (Kg) calculated: 31.3 Change in Weight (calculated): 31.3 Kg. Weight (lbs): 69 Lbs.	Johnson, Misty, RN

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

14:50:01	**History Reviewed**	Sections Reviewed: Medical	Johnson, Misty, RN
14:50:02	**History Reviewed**	Sections Reviewed: Surgical	Johnson, Misty, RN
14:50:27	**Home Medications Reviewed**		Johnson, Misty, RN
14:50:36	**Full Triage Completed**		Johnson, Misty, RN
14:50:36	**Triage Completed**		Johnson, Misty, RN
14:51	**Initial Assessment**	**Risk Assessment-Sepsis** Patient has none of the above high risk conditions: None of the above **Respiratory** Airway WDL: WDL **Respiratory WDL** Respiratory WDL: WDL **Cardiac (Pediatric)** Cardiac WDL: WDL **Peripheral Neurovascular (Pediatric)** Peripheral Neurovascular WDL: WDL **Neuro Cognitive (Pediatric)** Cognitive/Neuro/Behavioral WDL: WDL **Violence Risk** Feels Like Hurting Others: no	Johnson, Misty, RN
14:51	**Suicide Risk Screen**	**Suicide Risk** Feels Like Hurting Self: no	Johnson, Misty, RN
14:52	**Safety Screening/Search**	**Safety Assessment** Search Performed: Yes Type of Search: Searched; Wanded Enviroment Secured: Yes Elopement Risk: No Security Officer Present: Yes Security Officer Name: acosta **Sitter** Sitter: Initiated Sitter Type: Staff Indications for Sitter: Patient safety **Patient Valuable(s) at Bedside/Locker/Closet** Valuable(s) at bedside: Other (Comments) (shoes, backpack)	Johnson, Misty, RN
14:53:14	**Patient roomed in ED**		Johnson, Misty, RN
14:53:14	**Patient roomed in ED**	To room T11	Johnson, Misty, RN
14:53:34	**Chief Complaints Updated**	**Alleged Child Abuse (per older siblings pt has told him that the father has fondling his penis and when police arrived he reported to them he doesnt feel safe at home with his dad, huge divorce going on in family and dad has full custody)** ~~Sexual assault~~	Johnson, Misty, RN
14:53:45	**ED Notes**	**2:53 PM permission from father to treat chris 203-505-1889**	Johnson, Misty, RN
14:54:33	**Assign Nurse**	McInerney, Meghan, RN assigned as Registered Nurse	McInerney, Meghan, RN
15:01:49	**Assign Resident**	Tsai, Jennifer Weicha, MD assigned as Resident	Tsai, Jennifer Weicha, MD
15:01:49	**Pt. Seen by Provider**		Tsai, Jennifer Weicha, MD

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

15:18:26	**Assign Attending**	Bechtel, Kirsten A, MD assigned as Attending	Bechtel, Kirsten A, MD
15:42	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
16:00	**Population Health DataMart**	**Other flowsheet entries** Sepsis Score: 57.76	Epic, User
16:00	**Population Health DataMart**	**Other flowsheet entries** PELOD-2 Score: 2 COVID PreVisit Appt Screening: 0	Genericuser, Batchjob
16:00:34	**ED Provider Notes**	Note originally filed at this time	Tsai, Jennifer Weicha, MD; Cosign required
16:15	**ED Provider Notes**	Note originally filed at this time	Bechtel, Kirsten A, MD
16:15	**ED Note Filed**	ED Prov Note filed by Bechtel, Kirsten A, MD	Bechtel, Kirsten A, MD
16:17:48	**Orders Placed**	ED Psych Medical Clearance	Tsai, Jennifer Weicha, MD
16:20:18	**Orders Acknowledged**	New - ED Psych Medical Clearance	McInerney, Meghan, RN
16:30:53	**Assign Resident**	Cook, Elana Crystal, MD assigned as Resident	Cook, Elana Crystal, MD
16:31:45	**ED Provider Notes Addendum**	Addendum filed at this time	Bechtel, Kirsten A, MD
16:31:45	**ED Note Filed**	ED Prov Note filed by Bechtel, Kirsten A, MD	Bechtel, Kirsten A, MD
16:32:09	**Remove Attending**	Bechtel, Kirsten A, MD removed as Attending	Bechtel, Kirsten A, MD
16:32:11	**Assign Attending**	Hommel, Mark P, MD assigned as Attending	Bechtel, Kirsten A, MD
16:32:42	**Remove Resident**	Tsai, Jennifer Weicha, MD removed as Resident	Tsai, Jennifer Weicha, MD
16:40	**Charting Complete**		Bechtel, Kirsten A, MD
16:42	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
17:41	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
17:41	**Hourly Rounding**	**Hourly Rounding** Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Szeligowski, Taylor, PCT
17:52:01	**ED Notes**	This writer introduced self to pt and siblings. All three appeared to be calm watching tv. Sitter in place.	Fonseca, Sammy; Cosign required
17:57:27	**Orders Placed**	Diet Pediatric Regular	Cook, Elana Crystal, MD
17:58:42	**Orders Acknowledged**	New - Diet Pediatric Regular	McInerney, Meghan, RN

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

18:06	**Disability Screening and Requested Accommodations**	**Care Accommodations/Disability Screening - For Patients** Who is the care accommodations screening being answered for?: Patient. Are you Deaf or have difficulty hearing?: No Hearing loss Are you blind or do you have difficulty seeing, even when wearing glasses?: No Vision loss Do you have difficulty getting on an exam table without assistance?: No What equipment do you currently use at home?: none Do you have additional special needs requiring accommodations?: No **Care Accommodations - For Companion/Representative or Parent/Guardian** Who is the care accommodations screening being answered for?: Patient.	Martucci, Anna, LCSW
18:07	**Admission Information**	**Admission Information** Document Type: Clinical Assessment Reason for Encounter: Abuse/Neglect/Violence Visitor Restriction in Place: No Intervention: Abuse/Neglect/Violence Assessment & Reporting Abuse/Neglect/Violence Assessment & Reporting: Child Source of Information: Patient; Family/Caregiver; Community Agency Family/Caregiver Comment: father in waiting room Community Agency Comment: Madison Police Department Record Reviewed: Yes Level of Care: Emergency Department **Time Spent** Time Spent - Direct (Minutes of Patient/Caregiver Contact):: 30 What medium(s) of communication were used with patient/family/caregiver?: In-Person Time Spent - Collateral: 45	Martucci, Anna, LCSW
18:07	**Special Accommodations**	**Rendered Accommodations (Leave blank if patient supplied their own hearing devices/glasses)** Other language interpreter used (non-ASL)?: No	Martucci, Anna, LCSW
18:08	**Services**	**Current Providers** Current Providers M-Z: Outpatient Behavioral Health; Primary Care Physician How many times have you received care in the Emergency Room (ER) over the last 12 months?: 3-6 **Initial Information** Language needed: None, Patient Speaks English	Martucci, Anna, LCSW
18:08	**Patient Legal Contacts**	**Patients Legal Contacts** Legal Custody Status: Parent Past/Current Department of Children & Families Involvement: Yes - Past Legal Admission Status: None Legal/Judicial Status: None Currently on Probation / Parole?: No Legal Contact(s) : father Probate Court Granted Conservatorship: No Conservator Notified of Admission: No	Martucci, Anna, LCSW
18:08	**Legal**	**Legal** Permission Granted to Share Information : No **Involuntary Medication Hearing** Will the patient have an Involuntary Medication Hearing?: No	Martucci, Anna, LCSW

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

18:09	**Relationships**	**Relationships** Temporary Family Living Arrangements (While Hospitalized): none needed Marital Status: Single Minor Significant Relationships: Father; Brother; Sister Family circumstances: lives with adoptive father, adoptive 13-year-old brother and sister Quality of Family Relationships: Supportive Support System: Conflicted relationships Separation/Losses (recent):: Yes (see comment) (mother lost custody in April 2020) Lives With: Father; Brother; Sister Sources of Support: parent(s); sibling(s) Need for family participation in patient care: yes	Martucci, Anna, LCSW
18:10	**Ped Abuse Screen**	**Abuse Screen** Able to respond to abuse questions: Yes Feels Unsafe at Home or School/Work: yes Feels Threatened by Someone: no Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?: no Do you feel that you are treated poorly by your Partner/Spouse/Family Member/Caregiver/Employer/Teacher/Provider? : no	Martucci, Anna, LCSW
18:10	**Adult Abuse Screen**	**Abuse Screen (yes response referral indicated)** Able to respond to abuse questions: Yes Do you Feel That You Are Treated Well By Your Partner/Spouse/Family Member/Caregiver/Employer? : yes Feels Unsafe at Home or Work/School: no Feels Threatened by Someone: no Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?: no	Martucci, Anna, LCSW
18:10	**Mandated Reporting**	**Mandated Referral** Mandated Report Required: yes Notified patient/family of mandated referral: yes Referral made to: Department of Children and Families Date of Report: 09/03/20	Martucci, Anna, LCSW
18:10	**Physical/Sexual Abuse History**	**Physical/Sexual Abuse History** History of personal victimization: Current	Martucci, Anna, LCSW
18:11	**Ped - Education**	**Education - Pediatric** Educational/Developmental Concerns: No	Martucci, Anna, LCSW
18:11	**Adult - Education**	**Education - Adult** Education - Adult: Deferred Current Education Enrollment: Deferred Literacy: Deferred	Martucci, Anna, LCSW
18:11	**Employ/Finance/Ins**	**Employment/Income/Finance/Insurance** Military Experience: No Financial Concerns Identified: No Financial Barriers to accessing medical care : None Employment Status: Deferred	Martucci, Anna, LCSW

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

18:11	**Housing/Transport**	**Housing / Transportation/ Environment** Living Arrangements for the past 2 months: Single-Family House Housing-Related Financial Concerns: None Able to Return to Prior Arrangements: deferred Able to Receive Visiting Nurse at Prior Living Arrangement: Yes Housing-Related Environmental Concerns: No concerns Has utility company threatened to shut off services?: No Food Availability: No Concerns Are you dependent upon healthcare-related transportation?: No Do you have any transportation related concerns that impact your ability to take care of yourself?: No	Martucci, Anna, LCSW

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

18:12	**Suicide Risk Assessment**	**Suicide Risk Assessment** Reason for Assessment Utilizing SAFE-T and C-SSRS (Check all that apply): Social Work Consult/Assessment C-SSRS: Able to Assess Screening for suicidal ideation within: Past Month C-SSRS #1: Have you wished you were dead or wished you could go to sleep and not wake up? (If Yes, answer #3 - #5): No C-SSRS #2: Have you actually had any thoughts of killing yourself? (If Yes, answer #3 - #5): No C-SSRS #6: Have you ever done anything, started to do anything or prepared to do anything to end your life? (Suicidal behavior over your lifetime): No Specific Questions about Thoughts, Plans, Suicidal Intent (SAFE-T): Negative responses above do not indicate a need for SAFE-T assessment **Risk Assessment** Risk Assessment: Able to Assess Access to Lethal Methods? (firearm in home or access/presence of other lethal methods): No Risk to Self: Able to Assess Risk to Self - Self-Injurious Behavior: None identified Attitudes regarding Self-Injury: None disclosed Imminent Risk for Self-Injury in Community: Low Imminent Risk for Self-Injury in Facility: Low Risk to Others: Able to Assess Risk to Others: None Disclosed Attitude regarding Aggression / Violence: None Disclosed Imminent Risk for Violence in Community: Low Imminent Risk for Violence in Facility: Low Current and Past Psychiatric Diagnoses: Able to Assess Attention Deficit with Hyperactivity Disorder (ADHD): Recurrent/Current Presenting Symptoms: Violence, Victimization and/or Perp… Family History: Unable to Assess Precipitants/Stressors: Stressful Life Events; Sexual/Physical Abuse Change in Mental Health or Substance Use Disorder Treatment: Not applicable Historical Risk Factors: History of abuse/trauma Protective Factors: Able to Assess Protective Factors - Internal: Identifies reasons for living; Frustration tolerance Protective Factors - External: Beloved pets; Engaged in work or school; Supportive social network of friends or family; Positive therapeutic relationships/Effective mental healthcare This patient was screened using the Columbia Suicide Severity Rating Scale (CSSRS) : Yes I conducted a suicide risk assessment including a suicide inquiry and assessment of risk and protective factors, as recommended by the standard Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) for Mental Health Professionals.: No, the C-SSRS did not produce a positive screen Cause for concern: None Based on my assessment, the level of risk for this patient to suicide in an inpatient or emergency setting is: : MINIMAL because the patient does not present with suicidal ideation, does not have a history of suicide attempts, and the balance of protective factors outweighs any current risk factors Based on my assessment, the level of risk for this patient to suicide in the community is: : MINIMAL Recommended Next Steps: Remain in/Return to Community Remain in/Return to Community: Patient reports Patient reports: No current ideation of suicide; No intent; No plan; No access to means of self-harm; No access to weapons	Martucci, Anna, LCSW
18:12	**Mental Status**	**Mental Status** Observation of Mental Status has identified Notable Findings: No	Martucci, Anna, LCSW

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

18:13	**Alcohol Use**	**Alcohol Use** Alcohol Use: Denies Use Concerns for Alcohol Abuse: No	Martucci, Anna, LCSW
18:14	**Patient - Substance Use**	**Substance Use** Active substance abuse: Patient Denies Substances Used: Not applicable Exposure to Second Hand Smoke: none Previous Substance Use Treatment: none	Martucci, Anna, LCSW
18:14	**Family - Substance Use**	**Substance Use, Caregiver** Caregiver Substance Use: Able to Assess Caregiver Substance Use Problems Identified: No	Martucci, Anna, LCSW
18:15	**Narrative / Signoff**	**Narrative/Signoff** Identified Clinical/Disposition, Issues/Barriers:: social work consult due to alleged child abuse Intervention(s)/Summary: 75 minutes spent face to face with Sawyer, Madison Police, and Sawyer's adoptive father. Per medical team, Sawyer and his two siblings present to the ED by Madison Police Department after police received phone call stating that the children were unsafe. Sawyer arrived with his siblings and father, Chris, was informed and reported he was driving from Westport to the hospital. Sawyer reports that he was brought to the ED because him and his siblings do not feel safe with their father. Sawyer reports being touched inappropriately by his father, most recently a few days ago. Sawyer reports that he also sees his father drink wine and yell. Sawyer reports that he is nervous about starting a new school after transferring from Westport schools to Madison schools. Sawyer reports that he gets along well with his siblings. Sawyer reports he enjoys playing video games with his older brother. Sawyer reports he used to play board games at his mother's house but no longer plays at his father's house. Sawyer denies SI/HI/AVH and self-harming behaviors. Spoke with DCF Careline worker,Sandy Dubrow, who called back and stated that DCF was accepting the case and sending down an emergency DCF worker for an assessment and assistance with DCF disposition plan. Met with father in the waiting room who endorses an ongoing conflict with the children's mother. Father reports him and his ex-wife divorced in July 2019 and his wife lost custody of children, all three of whom are adopted, in April 2020 after ongoing issues with wife's mental and emotional health. Father reports that Sawyer and his siblings have guardian at litem, Jocelyn Hurwitz, and that Sawyer is engaged in individual therapy and reunification therapy for the family. Father is cooperative with waiting in Pedi ED waiting room until DCF can come complete an assessment. Spoke with Madison Police Officer, John Palmer. Officer Palmer reports that police have been involved with the family due to ongoing custody issues between parents. Officer Palmer reports that father is cooperative and that mother is often calling DCF and police on father after she lost custody. Officer Palmer endorses that Madison Police have filed three DCF reports in the past week due to ongoing calls received by the police department stating that the children are in danger. Collaboration with Treatment Team/Community Providers/Family:: medical team, father, Madison Police Outcome: Ongoing Interventions Handoff Required?: No Next Steps/Plan (including hand-off):: Sawyer will be referred to the sexual abuse clinic. Sawyer and his siblings are in the ED pending dispo plan from DCF, who will be arriving in the next hour. Signature:: Anna Andrich LCSW Contact Information:: 475-227-9522	Martucci, Anna, LCSW

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

18:28:11 **ED Notes**

SOCIAL WORK ASSESSMENT

Martucci, Anna, LCSW

Patient Name: Sawyer Ambrose

Medical Record Number: MR4551982

Date of Birth: 7/6/2010

Social Work Assessment Pediatric

	Most Recent Value
Admission Information	
Document Type	Clinical Assessment
Reason for Encounter	Abuse/Neglect/Violence
Visitor Restriction in Place	No
Intervention	Abuse/Neglect/Violence Assessment & Reporting
Abuse/Neglect/Violence Assessment & Reporting	Child
Source of Information	Patient, Family/Caregiver, Community Agency
Family/Caregiver Comment	father in waiting room
Community Agency Comment	Madison Police Department
Record Reviewed	Yes
Level of Care	Emergency Department
Language needed	None, Patient Speaks English
Current Providers	
Current Providers M-Z	Outpatient Behavioral Health, Primary Care Physician
How many times have you received care in the Emergency Room (ER) over the last 12 months?	3-6
Legal	
Permission Granted to Share Information	No
Patients Legal Contacts	
Legal Custody Status	Parent
Past/Current Department of Children & Families	Yes - Past

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

Involvement	
Legal Admission Status	None
Legal/Judicial Status	None
Currently on Probation / Parole?	No
Legal Contact(s)	father
Probate Court Granted Conservatorship	No
Conservator Notified of Admission	No
Abuse Screen	
Able to respond to abuse questions	Yes
Feels Unsafe at Home or School/Work	yes
Feels Threatened by Someone	no
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?	no
Do you feel that you are treated poorly by your Partner/Spouse/ Family Member/Caregiver/Employer/Teacher/Provider?	no
Mandated Referral	
Mandated Report Required	yes
Notified patient/family of mandated referral	yes
Referral made to	Department of Children and Families
Date of Report	09/03/20
Education - Pediatric	
Educational/Developmental Concerns	No
Employment/Income/Finance/Insurance	
Military Experience	No
Financial Concerns	No

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

Identified Financial Barriers to accessing medical care	None
Employment Status	Deferred
Housing / Transportation/ Environment	
Living Arrangements for the past 2 months	Single-Family House
Housing-Related Financial Concerns	None
Able to Return to Prior Arrangements	deferred
Able to Receive Visiting Nurse at Prior Living Arrangement	Yes
Housing-Related Environmental Concerns	No concerns
Has utility company threatened to shut off services?	No
Food Availability	No Concerns
Are you dependent upon healthcare-related transportation?	No
Do you have any transportation related concerns that impact your ability to take care of yourself?	No
Mental Status	
Observation of Mental Status has identified Notable Findings	No
Suicide Risk Assessment	
Reason for Assessment	Social Work Consult/Assessment
Utilizing SAFE-T and C-SSRS (Check all that apply)	
C-SSRS Screening for suicidal ideation within	Able to Assess Past Month

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

C-SSRS #1: Have you wished you were dead or wished you could go to sleep and not wake up? (If Yes, answer #3 - #5)	No
C-SSRS #2: Have you actually had any thoughts of killing yourself? (If Yes, answer #3 - #5)	No
C-SSRS #6: Have you ever done anything, started to do anything or prepared to do anything to end your life? (Suicidal behavior over your lifetime)	No
Specific Questions about Thoughts, Plans, Suicidal Intent (SAFE-T)	Negative responses above do not indicate a need for SAFE-T assessment
Risk Assessment	
Risk Assessment	Able to Assess
Access to Lethal Methods? (firearm in home or access/presence of other lethal methods)	No
Risk to Self	Able to Assess
Risk to Self - Self-Injurious Behavior	None identified
Attitudes regarding Self-Injury	None disclosed
Imminent Risk for Self-Injury in Community	Low
Imminent Risk for Self-Injury in Facility	Low
Risk to Others	Able to Assess
Risk to Others Attitude	None Disclosed
	None Disclosed

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

regarding Aggression / Violence	
Imminent Risk for Violence in Community	Low
Imminent Risk for Violence in Facility	Low
Current and Past Psychiatric Diagnoses	Able to Assess
Attention Deficit with Hyperactivity Disorder (ADHD)	Recurrent/Current
Presenting Symptoms	Violence, Victimization and/or Perp…
Family History	Unable to Assess
Precipitants/Stressors	Stressful Life Events, Sexual/Physical Abuse
Change in Mental Health or Substance Use Disorder Treatment	Not applicable
Historical Risk Factors	History of abuse/trauma
Protective Factors	Able to Assess
Protective Factors - Internal	Identifies reasons for living, Frustration tolerance
Protective Factors - External	Beloved pets, Engaged in work or school, Supportive social network of friends or family, Positive therapeutic relationships/Effective mental healthcare
This patient was screened using the Columbia Suicide Severity Rating Scale (CSSRS)	Yes
I conducted a suicide risk assessment including a suicide inquiry and assessment of risk and protective factors, as recommended by the standard Suicide Assessment Five-Step	No, the C-SSRS did not produce a positive screen

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

Evaluation and Triage (SAFE-T) for Mental Health Professionals.	
Cause for concern	None
Based on my assessment, the level of risk for this patient to suicide in an inpatient or emergency setting is:	MINIMAL because the patient does not present with suicidal ideation, does not have a history of suicide attempts, and the balance of protective factors outweighs any current risk factors
Based on my assessment, the level of risk for this patient to suicide in the community is:	MINIMAL
Recommended Next Steps	Remain in/Return to Community
Remain in/Return to Community	Patient reports
Patient reports	No current ideation of suicide, No intent, No plan, No access to means of self-harm, No access to weapons
Alcohol Use	
Alcohol Use	Denies Use
Concerns for Alcohol Abuse	No
[Retired] Substance Use	
Previous Substance Use Treatment	none
Substance Use, Caregiver	
Caregiver Substance Use	Able to Assess
Caregiver Substance Use Problems Identified	No
Physical/Sexual Abuse History	
History of personal victimization	Current
Relationships	
Temporary Family Living Arrangements (While Hospitalized)	none needed
Marital Status	Single Minor
Significant Relationships	Father, Brother, Sister
Family	lives with adoptive father, adoptive 13-year-

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

circumstances	old brother and sister
Quality of Family Relationships	Supportive
Support System	Conflicted relationships
Separation/Losses (recent):	Yes (see comment) [mother lost custody in April 2020]
Lives With	Father, Brother, Sister
Sources of Support	parent(s), sibling(s)
Need for family participation in patient care	yes
Narrative/Signoff	
Identified Clinical/Disposition, Issues/Barriers:	social work consult due to alleged child abuse
Intervention(s)/Summary	75 minutes spent face to face with Sawyer, Madison Police, and Sawyer's adoptive father. Per medical team, Sawyer and his two siblings present to the ED by Madison Police Department after police received phone call stating that the children were unsafe. Sawyer arrived with his siblings and father, Chris, was informed and reported he was driving from Westport to the hospital. Sawyer reports that he was brought to the ED because him and his siblings do not feel safe with their father. Sawyer reports being touched inappropriately by his father, most recently a few days ago. Sawyer reports that he also sees his father drink wine and yell. Sawyer reports that he is nervous about starting a new school after transferring from Westport schools to Madison schools. Sawyer reports that he gets along well with his siblings. Sawyer reports he enjoys playing video games with his older brother. Sawyer reports he used to play board games at his mother's house but no longer plays at his father's house. Sawyer denies SI/HI/AVH and self-harming behaviors. Spoke with DCF Careline worker,Sandy Dubrow, who called back and stated that DCF was accepting the case and sending down an emergency DCF worker for an assessment and assistance with DCF disposition plan. Met with father in the waiting room who endorses an ongoing conflict with the children's mother. Father reports him and his ex-wife divorced in July 2019 and his wife lost custody of children, all three of whom are adopted, in April 2020 after ongoing issues with wife's mental and emotional health. Father reports that Sawyer and his siblings have guardian at litem, Jocelyn Hurwitz, and that Sawyer is engaged in individual therapy and reunification therapy for the family. Father is cooperative with waiting in Pedi ED waiting

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

	room until DCF can come complete an assessment. Spoke with Madison Police Officer, John Palmer. Officer Palmer reports that police have been involved with the family due to ongoing custody issues between parents. Officer Palmer reports that father is cooperative and that mother is often calling DCF and police on father after she lost custody. Officer Palmer endorses that Madison Police have filed three DCF reports in the past week due to ongoing calls received by the police department stating that the children are in danger. All of the calls were from mother's legal team.
Collaboration with Treatment Team/Community Providers/Family:	medical team, father, Madison Police
Outcome	Ongoing Interventions
Handoff Required?	No
Next Steps/Plan (including hand-off):	Sawyer will be referred to the sexual abuse clinic. Sawyer and his siblings are in the ED pending disposition plan from DCF, who will be arriving in the next hour.
Signature:	Anna Andrich LCSW
Contact Information:	475-227-9522

18:41	**ED Notes Addendum**	**3:16 PM Awaiting eval with SW, medical team and DCF.** **6:41 PM Cleared by SW - no psych eval needed. Awaiting dispo from DCF.**	McInerney, Meghan, RN
19:03	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
19:03	**Hourly Rounding**	**Hourly Rounding** Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Szeligowski, Taylor, PCT
19:04:01	**ED Notes**	Pt appears to be calm in room eating dinner. Sitter in place.	Fonseca, Sammy; Cosign required
19:34:55	**Assign Nurse**	Carter, Nicole, RN assigned as Registered Nurse	Carter, Nicole, RN

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

19:38:24	**ED Notes**	**7:38 PM Report from Meghan RN, care assumed.**	Carter, Nicole, RN
19:46:56	**Remove Nurse**	McInerney, Meghan, RN removed as Registered Nurse	Gardner, Donna, RN
19:47	**Neuro Cognitive (Pediatric)**	**Neuro Cognitive (Pediatric)** Cognitive/Neuro/Behavioral WDL: WDL	Carter, Nicole, RN
19:47	**Respiratory**	**Respiratory** Airway WDL: WDL	Carter, Nicole, RN
19:47	**Cardiac (Pediatric)**	**Cardiac (Pediatric)** Cardiac WDL: WDL	Carter, Nicole, RN
20:00	**Population Health DataMart**	**Other flowsheet entries** Sepsis Score: 57.76	Epic, User
20:00	**Population Health DataMart**	**Other flowsheet entries** PELOD-2 Score: 2 COVID PreVisit Appt Screening: 0	Genericuser, Batchjob
20:11	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes	Corona, Shiray, PCT
20:11	**Hourly Rounding**	**Hourly Rounding** Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Corona, Shiray, PCT
21:03	**PCP/Family Notification**	**We normally notify your PCP if an admission occurs. Let us know if you do not want us to.** We normally notify your PCP if an admission occurs. Let us know if you do not want us to.: Notify Do you want your family or patient representative of your choice, notified of your admission?: Notify Name of Family/Representative (Last name, First name): Ambrose,Chris Family/Representative Notified?: Primary team to notify Method of communication: Phone Phone number : 203-505-1889	Miller, Stacey
21:04:15	**Registration Completed**		Miller, Stacey
21:15	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes	Corona, Shiray, PCT
21:15	**Hourly Rounding**	**Hourly Rounding** Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Corona, Shiray, PCT
23:25:26	**Remove Attending**	Hommel, Mark P, MD removed as Attending	Beiner, Joshua Matthew, MD
23:25:26	**Assign Attending**	Beiner, Joshua Matthew, MD assigned as Attending	Beiner, Joshua Matthew, MD
23:32	**Admission Information**	**Admission Information** Document Type: Progress Note Reason for Encounter: Abuse/Neglect/Violence Visitor Restriction in Place: No	Martucci, Anna, LCSW

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

23:33	**Narrative / Signoff**	**Narrative/Signoff** Identified Clinical/Disposition, Issues/Barriers:: social work consult due to alleged child abuse Intervention(s)/Summary: Per DCF Tomas Villanueva, worker assigned to the case, Sawyer will be discharged with a safety plan to go home with paternal uncle, Neil Ambrose. Collaboration with Treatment Team/Community Providers/Family:: DCF Referral(s) placed for:: Dept. of Children and Families Outcome: Resolved Handoff Required?: No Barriers to Discharge: no barriers identified Next Steps/Plan (including hand-off):: Sawyer will be discharged with his two siblings to his uncle's care. Signature:: Anna Andrich LCSW Contact Information:: 475-227-9522	Martucci, Anna, LCSW

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

23:34:08 **ED Notes**

SOCIAL WORK NOTE

Martucci, Anna, LCSW

Patient Name: Sawyer Ambrose

Medical Record Number: MR4551982

Date of Birth: 7/6/2010

Social Work Follow Up

	Most Recent Value
Document Type	Progress Note
Reason for Encounter	Abuse/Neglect/Violence
Intervention	Abuse/Neglect/Violence Assessment & Reporting
Abuse/Neglect/Violence Assessment & Reporting	Child
Source of Information	Patient, Family/Caregiver, Community Agency
Family/Caregiver Comment	father in waiting room
Community Agency Comment	Madison Police Department
Record Reviewed	Yes
Level of Care Identified	Emergency Department
Clinical/Disposition, Issues/Barriers:	social work consult due to alleged child abuse
Intervention(s)/Summary	Per DCF Tomas Villanueva, worker assigned to the case, Sawyer will be discharged with a safety plan to go home with paternal uncle, Neil Ambrose.
Collaboration with Treatment Team/Community Providers/Family:	DCF
Outcome	Resolved
Handoff Required?	No
Barriers to Discharge	no barriers identified
Next Steps/Plan (including hand-off):	Sawyer will be discharged with his two siblings to his uncle's care.
Signature:	Anna Andrich LCSW
Contact Information:	475-227-9522

23:51:59 **ED Provider Notes Addendum** Addendum filed at this time 61416|SER001654

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

ED Care Timeline (continued)

23:51:59	**ED Note Filed**	ED Prov Note filed by Beiner, Joshua Matthew, MD	Beiner, Joshua Matthew, MD
23:52:49	**Discharge Disposition Selected**	ED Disposition set to Discharge	Cook, Elana Crystal, MD
23:52:49	**Disposition Selected**		Cook, Elana Crystal, MD
23:53	**PMD Communication**	**PMD Communication** PMD Communication: Discussed with PMD	Cook, Elana Crystal, MD
23:54:04	**AVS Printed**		Cook, Elana Crystal, MD
23:54:04	**AVS Printed - Wait Time Trends**		Cook, Elana Crystal, MD
23:54:04	**AVS Printed**	Lab and Radiology Results Excused absence letter ED AVS PEDI	Cook, Elana Crystal, MD
23:54:44	**Orders Placed**	Discharge Patient	Cook, Elana Crystal, MD

9/4/2020	Event	Details	User
00:00	**Population Health DataMart**	**Other flowsheet entries** Sepsis Score: 57.76	Epic, User
00:00	**Population Health DataMart**	**Other flowsheet entries** PELOD-2 Score: 2 COVID PreVisit Appt Screening: 0	Genericuser, Batchjob
00:10	**Vital Signs**	**Vital Signs** Restart Vitals Timer: Yes Temp: 97.2 °F (36.2 °C) Temp src: Temporal Pulse: 86 Resp: 20 BP: 103/65 **Oxygen Therapy** SpO2: 99 % Device (Oxygen Therapy): room air	Carter, Nicole, RN
00:10	**Custom Formula Data**	**Relevant Labs and Vitals** Temp (in Celsius): 36.2 **Other flowsheet entries** NIBP MAP (mmHg): 78 Umbilical MAP (mmHg): 78	Carter, Nicole, RN
00:10:27	**Orders Acknowledged**	New - Discharge Patient	Carter, Nicole, RN
00:11	**Hourly Rounding**	**Hourly Rounding** Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Carter, Nicole, RN
00:27	**Patient discharged**		Carter, Nicole, RN
00:27:15	**Patient discharged**		Carter, Nicole, RN

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department Medication Order Information Report

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department Medication Order Information Report (continued)

All Orders

No orders found for this encounter

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Other Orders

Behavioral Health Services

ED Psych Medical Clearance [428033289] (Discontinued)

Electronically signed by: **Tsai, Jennifer Weicha, MD on 09/03/20 1617** Status: **Discontinued**
Ordering user: Tsai, Jennifer Weicha, MD 09/03/20 1617
Ordering provider: Tsai, Jennifer Weicha, MD
Authorized by: Bechtel, Kirsten A, MD
Ordering mode: Standard
Frequency: Routine Once 09/03/20 1618 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Tsai, Jennifer Weicha, MD (auto-released) 9/3/2020 4:17 PM
Discontinued by: Discharge Provider, Automatic 09/04/20 0427 [Patient Discharge]

Provider Details

Provider	NPI
Bechtel, Kirsten A, MD	1477536688
Tsai, Jennifer Weicha, MD	1225695513

Diet

Diet Pediatric Regular [428033291] (Discontinued)

Electronically signed by: **Cook, Elana Crystal, MD on 09/03/20 1757** Status: **Discontinued**
Ordering user: Cook, Elana Crystal, MD 09/03/20 1757
Ordering provider: Cook, Elana Crystal, MD
Authorized by: Hommel, Mark P, MD
Ordering mode: Standard
Frequency: Routine Effective Now 09/03/20 1758 - Until Specified
Class: Hospital Performed
Quantity: 1
Diet: Regular
Instance released by: Cook, Elana Crystal, MD (auto-released) 9/3/2020 5:57 PM
Discontinued by: Discharge Provider, Automatic 09/04/20 0427 [Patient Discharge]

Provider Details

Provider	NPI
Cook, Elana Crystal, MD	1508421264
Hommel, Mark P, MD	1053394064

Questionnaire

Question	Answer
Initiate Nutrition Management Protocol (Yes/No?)	Yes - Initiate Protocol

Discharge

Discharge Patient [428033293] (Discontinued)

Electronically signed by: **Cook, Elana Crystal, MD on 09/03/20 2354** Status: **Discontinued**
Ordering user: Cook, Elana Crystal, MD 09/03/20 2354
Ordering provider: Cook, Elana Crystal, MD
Authorized by: Beiner, Joshua Matthew, MD
Ordering mode: Standard
Frequency: Routine Once 09/03/20 2355 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Cook, Elana Crystal, MD (auto-released) 9/3/2020 11:54 PM
Discontinued by: Discharge Provider, Automatic 09/04/20 0427 [Patient Discharge]

Provider Details

Provider	NPI
Beiner, Joshua Matthew, MD	1508162827
Cook, Elana Crystal, MD	1508421264

Questionnaire

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Other Orders (continued)

Question	Answer
MD Responsible for Discharge Summary	BEINER, JOSHUA MATTHEW

Updates

Discharge date and time: 9/3/2020 2354 Discharge disposition: Home or Self Care

Flowsheets

Admission Information

Row Name	09/03/20 1807	09/03/20 2332
Admission Information		
Document Type	Clinical Assessment -AM at 09/03/20 1808	Progress Note -AM at 09/03/20 2333
Reason for Encounter	Abuse/Neglect/Violence -AM at 09/03/20 1808	Abuse/Neglect/Violence -AM at 09/03/20 2333
Visitor Restriction in Place	No -AM at 09/03/20 1808	No -AM at 09/03/20 2333
Intervention	Abuse/Neglect/Violence Assessment & Reporting -AM at 09/03/20 1808	—
Abuse/Neglect/Violence Assessment & Reporting	Child -AM at 09/03/20 1808	—
Source of Information	Patient;Family/Caregiver;Community Agency -AM at 09/03/20 1808	—
Family/Caregiver Comment	father in waiting room -AM at 09/03/20 1808	—
Community Agency Comment	Madison Police Department -AM at 09/03/20 1808	—
Record Reviewed	Yes -AM at 09/03/20 1808	—
Level of Care	Emergency Department -AM at 09/03/20 1808	—
Time Spent		
Time Spent - Direct (Minutes of Patient/Caregiver Contact):	30 -AM at 09/03/20 1808	—
What medium(s) of communication were used with patient/family/caregiver?	In-Person -AM at 09/03/20 1808	—
Time Spent - Collateral	45 -AM at 09/03/20 1808	—

Adult - Education

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Row Name	09/03/20 1811
Education - Adult	
Education - Adult	Deferred -AM at 09/03/20 1811
Current Education Enrollment	Deferred -AM at 09/03/20 1811
Literacy	Deferred -AM at 09/03/20 1811

Adult Abuse Screen

Row Name	09/03/20 1810
Abuse Screen (yes response referral indicated)	
Able to respond to abuse questions	Yes -AM at 09/03/20 1810
Do you Feel That You Are Treated Well By Your Partner/Spouse/Family Member/Caregiver/Employer?	yes -AM at 09/03/20 1810
Feels Unsafe at Home or Work/School	no -AM at 09/03/20 1810
Feels Threatened by Someone	no -AM at 09/03/20 1810
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?	no -AM at 09/03/20 1810

Alcohol Use

Row Name	09/03/20 1813
Alcohol Use	
Alcohol Use	Denies Use -AM at 09/03/20 1814
Concerns for Alcohol Abuse	No -AM at 09/03/20 1814

Anthropometrics

Row Name	09/03/20 1450
Anthropometrics	
Weight Change	100 -MJ at 09/03/20 1451

Cardiac (Pediatric)

Row Name	09/03/20 1947
Cardiac (Pediatric)	
Cardiac WDL	WDL -NC at 09/03/20 1947

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Custom Formula Data

Row Name	09/03/20 1450	09/04/20 0010
Scoliosis		
Weight	69 POUNDS -MJ at 09/03/20 1451	—
OTHER		
NIBP MAP (mmHg)	87 -MJ at 09/03/20 1451	78 -NC at 09/04/20 0010
Umbilical MAP (mmHg)	87 -MJ at 09/03/20 1451	78 -NC at 09/04/20 0010
Weight (lbs)	69 -MJ at 09/03/20 1451	—
weight (lbs/oz)	69 lb 0.1 oz -MJ at 09/03/20 1451	—
Weight Diff Number	9.53 -MJ at 09/03/20 1451	—
Percentage Daily Weight Change	0 % -MJ at 09/03/20 1451	—
Daily weight change (gms)	1 -MJ at 09/03/20 1451	—
Percent Weight Change Since Birth	0 -MJ at 09/03/20 1451	—
Change in Weight (calculated)	31.3 -MJ at 09/03/20 1451	—
weight (Kg) calculated	31.3 -MJ at 09/03/20 1451	—
Change in Weight (calculated)	31.3 Kg. -MJ at 09/03/20 1451	—
Weight (lbs)	69 Lbs. -MJ at 09/03/20 1451	—
KCAL/KG		
20 Kcal/Kg (kcal)	626 -MJ at 09/03/20 1451	—
25 Kcal/Kg (kcal)	782.5 -MJ at 09/03/20 1451	—
30 Kcal/Kg (kcal)	939 -MJ at 09/03/20 1451	—
35 Kcal/Kg (kcal)	1095.5 -MJ at 09/03/20 1451	—
40 Kcal/Kg (kcal)	1252 -MJ at 09/03/20 1451	—
45 Kcal/Kg (kcal)	1408.5 -MJ at 09/03/20 1451	—
50 Kcal/Kg (kcal)	1565 -MJ at 09/03/20 1451	—
RD Method Male (Adolescent)		
RDA Male (11-14 years) (kcal)	1721.5 -MJ at 09/03/20 1451	—
RDA Male (15-18 years) (kcal)	1408.5 -MJ at 09/03/20 1451	—
KCAL/KG		
20 Kcal/Kg (kcal)	626 -MJ at 09/03/20 1451	—
40 Kcal/Kg (kcal)	1252 -MJ at 09/03/20 1451	—
60 Kcal/Kg (kcal)	1878 -MJ at 09/03/20 1451	—
80 Kcal/Kg (kcal)	2504	—

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

	-MJ at 09/03/20 1451	
100 Kcal/Kg (kcal)	3130 -MJ at 09/03/20 1451	—
120 Kcal/Kg (kcal)	3756 -MJ at 09/03/20 1451	—
140 Kcal/Kg (kcal)	4382 -MJ at 09/03/20 1451	—
160 Kcal/Kg (kcal)	5008 -MJ at 09/03/20 1451	—
180 Kcal/Kg (kcal)	5634 -MJ at 09/03/20 1451	—
200 Kcal/Kg (kcal)	6260 -MJ at 09/03/20 1451	—
RDA Method		
RDA (> 1 year-3 years) (kcal)	3192.6 -MJ at 09/03/20 1451	—
RDA (4-6 years) (kcal)	2817 -MJ at 09/03/20 1451	—
RDA (7-10 years) (kcal)	2191 -MJ at 09/03/20 1451	—
WHO Equation Female		
WHO Equation Female (0-3 years) (kcal)	1858.3 -MJ at 09/03/20 1451	—
WHO Equation Female (4-10 years) (kcal)	1203.25 -MJ at 09/03/20 1451	—
WHO Equation Female (11-18 years) (kcal)	1127.86 -MJ at 09/03/20 1451	—
WHO Equation Male		
WHO Equation Male (0-3 years) (kcal)	1852.17 -MJ at 09/03/20 1451	—
WHO Equation Male (4-10 years) (kcal)	1205.51 -MJ at 09/03/20 1451	—
WHO Equation Male (11-18 years) (kcal)	1198.75 -MJ at 09/03/20 1451	—
RDA Method (Infant)		
RDA (0-6 month old) (kcal)	3380.4 -MJ at 09/03/20 1451	—
RDA (> 6 months-1 year old) (kcal)	3067.4 -MJ at 09/03/20 1451	—
RD Method Female (Adolescent)		
RDA Female (11-14 years) (kcal)	1471.1 -MJ at 09/03/20 1451	—
RDA Female (15-18 years) (kcal)	1252 -MJ at 09/03/20 1451	—
Fluid Requirements		
Holliday-Segar Method (<= 10 kg) (mL)	3130 -MJ at 09/03/20 1451	—
Holliday-Segar Method (>10 <=20 kg) (mL)	2565 -MJ at 09/03/20 1451	—
Holliday-Segar Method (> 20 kg) (mL)	3065 -MJ at 09/03/20 1451	—

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Fluid Requirements

Holliday-Segar Method (over 20 kg)	2126 -MJ at 09/03/20 1451	—

Relevant Labs and Vitals

Temp (in Celsius)	36.7 -MJ at 09/03/20 1451	36.2 -NC at 09/04/20 0010

Disability Screening and Requested Accommodations

Row Name	09/03/20 1806
Care Accommodations/Disability Screening - For Patients	
Who is the care accommodations screening being answered for?	Patient. -AM at 09/03/20 1807
Are you Deaf or have difficulty hearing?	No Hearing loss -AM at 09/03/20 1807
Are you blind or do you have difficulty seeing, even when wearing glasses?	No Vision loss -AM at 09/03/20 1807
Do you have difficulty getting on an exam table without assistance?	No -AM at 09/03/20 1807
What equipment do you currently use at home?	none -AM at 09/03/20 1807
Do you have additional special needs requiring accommodations ?	No -AM at 09/03/20 1807

Employ/Finance/Ins

Row Name	09/03/20 1811
Employment/Income/Finance/Insurance	
Military Experience	No -AM at 09/03/20 1811
Financial Concerns Identified	No -AM at 09/03/20 1811
Financial Barriers to accessing medical care	None -AM at 09/03/20 1811
Employment Status	Deferred -AM at 09/03/20 1811

Family - Substance Use

Row Name	09/03/20 1814
Substance Use, Caregiver	
Caregiver Substance Use	Able to Assess -AM at 09/03/20 1814

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Caregiver Substance Use Problems Identified	No -AM at 09/03/20 1814

Full Triage

Row Name	09/03/20 1450
Full Triage Plan	
Patient Acuity	Emergent -MJ at 09/03/20 1450
Full Triage Complete	Full Triage Complete -MJ at 09/03/20 1450

Hourly Rounding

Row Name	09/03/20 1741	09/03/20 1903	09/03/20 2011	09/03/20 2115	09/04/20 0011
Hourly Rounding					
Hourly Rounding Performed	Yes -TS at 09/03/20 1741	Yes -TS at 09/03/20 1903	Yes -SC at 09/03/20 2011	Yes -SC at 09/03/20 2115	Yes -NC at 09/04/20 0011
Patient and/or Family updated on Plan of Care	Yes -TS at 09/03/20 1741	Yes -TS at 09/03/20 1903	Yes -SC at 09/03/20 2011	Yes -SC at 09/03/20 2115	Yes -NC at 09/04/20 0011

Housing/Transport

Row Name	09/03/20 1811
Housing / Transportation/ Environment	
Living Arrangements for the past 2 months	Single-Family House -AM at 09/03/20 1812
Housing-Related Financial Concerns	None -AM at 09/03/20 1812
Able to Return to Prior Arrangements	deferred -AM at 09/03/20 1812
Able to Receive Visiting Nurse at Prior Living Arrangement	Yes -AM at 09/03/20 1812
Housing-Related Environmental Concerns	No concerns -AM at 09/03/20 1812
Has utility company threatened to shut off services?	No -AM at 09/03/20 1812
Food Availability	No Concerns -AM at 09/03/20 1812
Are you dependent upon healthcare-related transportation?	No -AM at 09/03/20 1812
Do you have any transportation related concerns	No -AM at 09/03/20 1812

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

that impact your ability to take care of yourself?

Immunization Status

Row Name	09/03/20 1450
Immunization Status	
Immunizations Current?	Yes -MJ at 09/03/20 1450

Initial Assessment

Row Name	09/03/20 1451
Risk Assessment-Sepsis	
Patient has none of the above high risk conditions	None of the above -MJ at 09/03/20 1451
Respiratory	
Airway WDL	WDL -MJ at 09/03/20 1451
Respiratory WDL	
Respiratory WDL	WDL -MJ at 09/03/20 1451
Cardiac (Pediatric)	
Cardiac WDL	WDL -MJ at 09/03/20 1451
Peripheral Neurovascular (Pediatric)	
Peripheral Neurovascular WDL	WDL -MJ at 09/03/20 1451
Neuro Cognitive (Pediatric)	
Cognitive/Neuro/ Behavioral WDL	WDL -MJ at 09/03/20 1451
Violence Risk	
Feels Like Hurting Others	no -MJ at 09/03/20 1451

Legal

Row Name	09/03/20 1808
Legal	
Permission Granted to Share Information	No -AM at 09/03/20 1808
Involuntary Medication Hearing	
Will the patient have an Involuntary Medication Hearing?	No -AM at 09/03/20 1808

LOS Charges

Row Name	ED from 9/3/2020 in Yale New Haven Hospital Pediatric

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

	Emergency Department
LOS Charges	
ED Arrival Charge	BLS Ambulance -HR at 09/05/20 0713
ED LOS Nursing Assessment	3-5 assessments -HR at 09/05/20 0716
Assisted ED consult	Assisted consult in ED (Psych/Social/Ancillary) -HR at 09/05/20 0716

Mandated Reporting

Row Name	09/03/20 1810
Mandated Referral	
Mandated Report Required	yes -AM at 09/03/20 1810
Notified patient/family of mandated referral	yes -AM at 09/03/20 1810
Referral made to	Department of Children and Families -AM at 09/03/20 1810
Date of Report	09/03/20 -AM at 09/03/20 1810

Mental Status

Row Name	09/03/20 1812
Mental Status	
Observation of Mental Status has identified Notable Findings	No -AM at 09/03/20 1812

Narrative / Signoff

Row Name	09/03/20 1815	09/03/20 2333
Narrative/Signoff		
Identified Clinical/Disposition, Issues/Barriers:	social work consult due to alleged child abuse -AM at 09/03/20 1823	social work consult due to alleged child abuse -AM at 09/03/20 2334
Intervention(s)/Summary	75 minutes spent face to face with Sawyer, Madison Police, and Sawyer's adoptive father. Per medical team, Sawyer and his two siblings present to the ED by Madison Police Department after police received phone call stating that the children	Per DCF Tomas Villanueva, worker assigned to the case, Sawyer will be discharged with a safety plan to go home with paternal uncle, Neil Ambrose. -AM at 09/03/20 2334

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

were unsafe. Sawyer arrived with his siblings and father, Chris, was informed and reported he was driving from Westport to the hospital. Sawyer reports that he was brought to the ED because him and his siblings do not feel safe with their father. Sawyer reports being touched inappropriately by his father, most recently a few days ago. Sawyer reports that he also sees his father drink wine and yell. Sawyer reports that he is nervous about starting a new school after transferring from Westport schools to Madison schools. Sawyer reports that he gets along well with his siblings. Sawyer reports he enjoys playing video games with his older brother. Sawyer reports he used to play board games at his mother's house but no longer plays at his father's house. Sawyer denies SI/HI/AVH and self-harming behaviors. Spoke with DCF Careline worker,Sandy Dubrow, who called back and stated that DCF was accepting the case and sending down an emergency DCF worker for an assessment and assistance with DCF disposition plan. Met with father in the waiting room who endorses an ongoing conflict with the children's

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

	mother. Father reports him and his ex-wife divorced in July 2019 and his wife lost custody of children, all three of whom are adopted, in April 2020 after ongoing issues with wife's mental and emotional health. Father reports that Sawyer and his siblings have guardian at litem, Jocelyn Hurwitz, and that Sawyer is engaged in individual therapy and reunification therapy for the family. Father is cooperative with waiting in Pedi ED waiting room until DCF can come complete an assessment. Spoke with Madison Police Officer, John Palmer. Officer Palmer reports that police have been involved with the family due to ongoing custody issues between parents. Officer Palmer reports that father is cooperative and that mother is often calling DCF and police on father after she lost custody. Officer Palmer endorses that Madison Police have filed three DCF reports in the past week due to ongoing calls received by the police department stating that the children are in danger. -AM at 09/03/20 1828	
Collaboration with Treatment Team/Community Providers/Family:	medical team, father, Madison Police -AM at 09/03/20 1823	DCF -AM at 09/03/20 2334
Referral(s) placed for:	—	Dept. of Children and Families -AM at 09/03/20 2334
Outcome	Ongoing	Resolved

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

	Interventions -AM at 09/03/20 1823	-AM at 09/03/20 2334
Handoff Required?	No -AM at 09/03/20 1823	No -AM at 09/03/20 2334
Barriers to Discharge	—	no barriers identified -AM at 09/03/20 2334
Next Steps/Plan (including hand-off):	Sawyer will be referred to the sexual abuse clinic. Sawyer and his siblings are in the ED pending dispo plan from DCF, who will be arriving in the next hour. -AM at 09/03/20 1823	Sawyer will be discharged with his two siblings to his uncle's care. -AM at 09/03/20 2334
Signature:	Anna Andrich LCSW -AM at 09/03/20 1823	Anna Andrich LCSW -AM at 09/03/20 2334
Contact Information:	475-227-9522 -AM at 09/03/20 1823	475-227-9522 -AM at 09/03/20 2334

NARxCHECK Scores

Row Name	09/03/20 1447
NARxCHECK Scores	
Stimulants	120 -FI at 09/03/20 1447
Sedatives	000 -FI at 09/03/20 1447
Narcotics	000 -FI at 09/03/20 1447
Overdose Risk	000 -FI at 09/03/20 1447

Neuro Cognitive (Pediatric)

Row Name	09/03/20 1947
Neuro Cognitive (Pediatric)	
Cognitive/Neuro/ Behavioral WDL	WDL -NC at 09/03/20 1947

Patient - Substance Use

Row Name	09/03/20 1814
Substance Use	
Active substance abuse	Patient Denies -AM at 09/03/20 1814
Substances Used	Not applicable -AM at 09/03/20 1814
Exposure to Second Hand Smoke	none -AM at 09/03/20 1814
Previous Substance Use Treatment	none -AM at 09/03/20 1814

Patient Legal Contacts

Row Name	09/03/20 1808

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Patients Legal Contacts

Legal Custody Status	Parent -AM at 09/03/20 1808
Past/Current Department of Children & Families Involvement	Yes - Past -AM at 09/03/20 1808
Legal Admission Status	None -AM at 09/03/20 1808
Legal/Judicial Status	None -AM at 09/03/20 1808
Currently on Probation / Parole?	No -AM at 09/03/20 1808
Legal Contact(s)	father -AM at 09/03/20 1808
Probate Court Granted Conservatorship	No -AM at 09/03/20 1808
Conservator Notified of Admission	No -AM at 09/03/20 1808

PCP/Family Notification

Row Name	09/03/20 2103

We normally notify your PCP if an admission occurs. Let us know if you do not want us to.

We normally notify your PCP if an admission occurs. Let us know if you do not want us to.	Notify -SM at 09/03/20 2104
Do you want your family or patient representative of your choice, notified of your admission?	Notify -SM at 09/03/20 2104
Name of Family/Representative (Last name, First name)	Ambrose,Chris -SM at 09/03/20 2104
Family/Representative Notified?	Primary team to notify -SM at 09/03/20 2104
Method of communication	Phone -SM at 09/03/20 2104
Phone number	203-505-1889 -SM at 09/03/20 2104

Ped - Education

Row Name	09/03/20 1811

Education - Pediatric

Educational/Developmental Concerns	No -AM at 09/03/20 1811

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Ped Abuse Screen

Row Name	09/03/20 1810
Abuse Screen	
Able to respond to abuse questions	Yes -AM at 09/03/20 1810
Feels Unsafe at Home or School/Work	yes -AM at 09/03/20 1810
Feels Threatened by Someone	no -AM at 09/03/20 1810
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?	no -AM at 09/03/20 1810
Do you feel that you are treated poorly by your Partner/Spouse/Family Member/Caregiver/Employer/Teacher/Provider?	no -AM at 09/03/20 1810

Physical/Sexual Abuse History

Row Name	09/03/20 1810
Physical/Sexual Abuse History	
History of personal victimization	Current -AM at 09/03/20 1811

PMD Communication

Row Name	09/03/20 2353
PMD Communication	
PMD Communication	Discussed with PMD -EC at 09/03/20 2353

Population Health DataMart

Row Name	09/03/20 1600	09/03/20 2000	09/04/20 0000
OTHER			
Sepsis Score	57.76 -UE at 09/03/20 1603	57.76 -UE at 09/03/20 2004	57.76 -UE at 09/04/20 0004
PELOD-2 Score	2 -BG at 09/03/20 1601	2 -BG at 09/03/20 2001	2 -BG at 09/04/20 0001
COVID PreVisit Appt Screening	0 -BG at 09/03/20 1603	0 -BG at 09/03/20 2003	0 -BG at 09/04/20 0003

Relationships

Row Name	09/03/20 1809
Relationships	

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Temporary Family Living Arrangements (While Hospitalized)	none needed -AM at 09/03/20 1810
Marital Status	Single Minor -AM at 09/03/20 1810
Significant Relationships	Father;Brother;Sister -AM at 09/03/20 1810
Family circumstances	lives with adoptive father, adoptive 13-year-old brother and sister -AM at 09/03/20 1810
Quality of Family Relationships	Supportive -AM at 09/03/20 1810
Support System	Conflicted relationships -AM at 09/03/20 1810
Separation/Losses (recent):	Yes (see comment) mother lost custody in April 2020 -AM at 09/03/20 1810
Lives With	Father;Brother;Sister -AM at 09/03/20 1810
Sources of Support	parent(s);sibling(s) -AM at 09/03/20 1810
Need for family participation in patient care	yes -AM at 09/03/20 1810

Respiratory

Row Name	09/03/20 1947
Respiratory	
Airway WDL	WDL -NC at 09/03/20 1947

Safety Screening/Search

Row Name	09/03/20 1452
Safety Assessment	
Search Performed	Yes -MJ at 09/03/20 1452
Type of Search	Searched;Wanded -MJ at 09/03/20 1452
Enviroment Secured	Yes -MJ at 09/03/20 1452
Elopement Risk	No -MJ at 09/03/20 1452
Security Officer Present	Yes -MJ at 09/03/20 1452
Security Officer Name	acosta -MJ at 09/03/20 1452
Sitter	
Sitter	Initiated -MJ at 09/03/20 1452
Sitter Type	Staff -MJ at 09/03/20 1452

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Indications for Sitter	Patient safety -MJ at 09/03/20 1452

Patient Valuable(s) at Bedside/Locker/Closet

Valuable(s) at bedside	Other (Comments) shoes, backpack -MJ at 09/03/20 1452

Services

Row Name	09/03/20 1808
Current Providers	
Current Providers M-Z	Outpatient Behavioral Health;Primary Care Physician -AM at 09/03/20 1809
How many times have you received care in the Emergency Room (ER) over the last 12 months?	3-6 -AM at 09/03/20 1809
Initial Information	
Language needed	None, Patient Speaks English -AM at 09/03/20 1809

Special Accommodations

Row Name	09/03/20 1807
Rendered Accommodations (Leave blank if patient supplied their own hearing devices/glasses)	
Other language interpreter used (non-ASL)?	No -AM at 09/03/20 1807

Suicide Risk Assessment

Row Name	09/03/20 1812
Suicide Risk Assessment	
Reason for Assessment Utilizing SAFE-T and C-SSRS (Check all that apply)	Social Work Consult/Assessment -AM at 09/03/20 1813
C-SSRS	Able to Assess -AM at 09/03/20 1813
Screening for suicidal ideation within	Past Month -AM at 09/03/20 1813
C-SSRS #1: Have you wished you were dead or wished you could go to sleep and not wake up? (If Yes, answer #3 - #5)	No -AM at 09/03/20 1813
C-SSRS #2:	No

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Have you actually had any thoughts of killing yourself? (If Yes, answer #3 - #5)	-AM at 09/03/20 1813
C-SSRS #6: Have you ever done anything, started to do anything or prepared to do anything to end your life? (Suicidal behavior over your lifetime)	No -AM at 09/03/20 1813
Specific Questions about Thoughts, Plans, Suicidal Intent (SAFE-T)	Negative responses above do not indicate a need for SAFE-T assessment -AM at 09/03/20 1813

Risk Assessment

Risk Assessment	Able to Assess -AM at 09/03/20 1813
Access to Lethal Methods? (firearm in home or access/presence of other lethal methods)	No -AM at 09/03/20 1813
Risk to Self	Able to Assess -AM at 09/03/20 1813
Risk to Self - Self-Injurious Behavior	None identified -AM at 09/03/20 1813
Attitudes regarding Self-Injury	None disclosed -AM at 09/03/20 1813
Imminent Risk for Self-Injury in Community	Low -AM at 09/03/20 1813
Imminent Risk for Self-Injury in Facility	Low -AM at 09/03/20 1813
Risk to Others	Able to Assess -AM at 09/03/20 1813
Risk to Others	None Disclosed -AM at 09/03/20 1813
Attitude regarding Aggression / Violence	None Disclosed -AM at 09/03/20 1813
Imminent Risk for Violence in Community	Low -AM at 09/03/20 1813
Imminent Risk for Violence in Facility	Low -AM at 09/03/20 1813
Current and Past Psychiatric Diagnoses	Able to Assess -AM at 09/03/20 1813
Attention Deficit with Hyperactivity	Recurrent/Current -AM at 09/03/20 1813

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Disorder (ADHD)	
Presenting Symptoms	Violence, Victimization and/or Perp… -AM at 09/03/20 1813
Family History	Unable to Assess -AM at 09/03/20 1813
Precipitants/Stressors	Stressful Life Events;Sexual/Physical Abuse -AM at 09/03/20 1813
Change in Mental Health or Substance Use Disorder Treatment	Not applicable -AM at 09/03/20 1813
Historical Risk Factors	History of abuse/trauma -AM at 09/03/20 1813
Protective Factors	Able to Assess -AM at 09/03/20 1813
Protective Factors - Internal	Identifies reasons for living;Frustration tolerance -AM at 09/03/20 1813
Protective Factors - External	Beloved pets;Engaged in work or school;Supportive social network of friends or family;Positive therapeutic relationships/Effective mental healthcare -AM at 09/03/20 1813
This patient was screened using the Columbia Suicide Severity Rating Scale (CSSRS)	Yes -AM at 09/03/20 1813
I conducted a suicide risk assessment including a suicide inquiry and assessment of risk and protective factors, as recommended by the standard Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) for Mental Health Professionals.	No, the C-SSRS did not produce a positive screen -AM at 09/03/20 1813
Cause for concern	None -AM at 09/03/20 1813
Based on my assessment, the level of risk for	MINIMAL because the patient does not present with suicidal

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

this patient to suicide in an inpatient or emergency setting is:	ideation, does not have a history of suicide attempts, and the balance of protective factors outweighs any current risk factors -AM at 09/03/20 1813
Based on my assessment, the level of risk for this patient to suicide in the community is:	MINIMAL -AM at 09/03/20 1813
Recommended Next Steps	Remain in/Return to Community -AM at 09/03/20 1813
Remain in/Return to Community	Patient reports -AM at 09/03/20 1813
Patient reports	No current ideation of suicide;No intent;No plan;No access to means of self-harm;No access to weapons -AM at 09/03/20 1813

Suicide Risk Screen

Row Name	09/03/20 1451
Suicide Risk	
Feels Like Hurting Self	no -MJ at 09/03/20 1451

Vital Signs

Row Name	09/03/20 1450
Vital Signs	
Restart Vitals Timer	Yes -MJ at 09/03/20 1451
Temp	98.1 °F (36.7 °C) -MJ at 09/03/20 1451
Temp src	Temporal -MJ at 09/03/20 1451
Pulse	85 -MJ at 09/03/20 1451
Resp	20 -MJ at 09/03/20 1451
BP	113/74 -MJ at 09/03/20 1451
SpO2	99 % -MJ at 09/03/20 1451
Device (Oxygen Therapy)	room air -MJ at 09/03/20 1451
Pain Assessment	
Pain Assessment Scale	0-10 -MJ at 09/03/20 1451
Pain Score:	0 -MJ at 09/03/20 1451
Height and Weight	
Weight	31.3 kg -MJ at 09/03/20 1451

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

Flowsheets (continued)

Weight Scale Used	Standing -MJ at 09/03/20 1451
Weight Method	Actual -MJ at 09/03/20 1451

Vital Signs

Row Name	09/04/20 0010
Vital Signs	
Restart Vitals Timer	Yes -NC at 09/04/20 0010
Temp	97.2 °F (36.2 °C) -NC at 09/04/20 0010
Temp src	Temporal -NC at 09/04/20 0010
Pulse	86 -NC at 09/04/20 0010
Resp	20 -NC at 09/04/20 0010
BP	103/65 -NC at 09/04/20 0010
Oxygen Therapy	
SpO2	99 % -NC at 09/04/20 0010
Device (Oxygen Therapy)	room air -NC at 09/04/20 0010

Vital Signs, Intake/Output

Row Name	09/03/20 1542	09/03/20 1642	09/03/20 1741	09/03/20 1903	09/03/20 2011
Vitals					
Restart Vitals Timer	Yes deferred -TS at 09/03/20 1542	Yes deferred -TS at 09/03/20 1642	Yes deferred -TS at 09/03/20 1741	Yes deferred -TS at 09/03/20 1903	Yes -SC at 09/03/20 2011

Row Name	09/03/20 2115
Vitals	
Restart Vitals Timer	Yes -SC at 09/03/20 2115

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates	Provider Type	Discipline	Dates Documented
UE	Epic, User	—	—	—	09/03/2020, 09/04/2020
MJ	Johnson, Misty, RN	09/29/16 -	Registered Nurse	Nurse	09/03/2020
AM	Martucci, Anna, LCSW	06/25/14 -	Social Worker	Social Work	09/03/2020
TS	Szeligowski, Taylor, PCT	07/05/18 -	Technician	Patient Care	09/03/2020
FI	In, Flowsheet Appriss	—	—	—	09/03/2020
BG	Genericuser, Batchjob	—	—	—	09/03/2020, 09/04/2020
HR	Rekha, Hatkari	—	—	—	09/03/2020
EC	Cook, Elana Crystal, MD	05/23/19 -	Resident	MD	09/03/2020
SC	Corona, Shiray, PCT	02/17/16 -	Technician	Patient Care	09/03/2020
NC	Carter, Nicole, RN	09/29/16 -	Registered Nurse	Nurse	09/03/2020, 09/04/2020
SM	Miller, Stacey	—	—	—	09/03/2020

After Visit Summary

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

After Visit Summary (continued)

Sawyer Ambrose
MRN: **MR4551982**

Department: **Yale New Haven Hospital Pediatric Emergency Department**
Date of Visit: **9/3/2020**

Results

None

Imaging Results

None

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

After Visit Summary (continued)

Sawyer Ambrose
MRN: **MR4551982**

Department: **Yale New Haven Hospital Pediatric Emergency Department**
Date of Visit: **9/3/2020**

Yale New Haven Hospital Pediatric Emergency Department
20 YORK STREET
NEW HAVEN CT 06510
Phone: 203-688-3333

Yale NewHaven Health

Please excuse Sawyer Ambrose from any missed absence due to their emergency room visit on September 3, 2020.

AFTER VISIT SUMMARY

YaleNewHavenHealth
Yale New Haven Hospital

Sawyer Ambrose MRN: MR4551982

9/3/2020 Yale New Haven Hospital Pediatric Emergency Department 203-688-3333

Instructions

Follow up with Jonathan E Sollinger, MD
Why: As needed
Specialty: Pediatrics
Contact: 1563 Post Rd E
Westport CT 06880-5602
203-319-3939

Today's Visit

You were seen by Mark P Hommel, MD

Reason for Visit
Alleged Child Abuse

Diagnosis
Psychosocial stressors

What's Next

You currently have no upcoming appointments scheduled.

Physician Referral Information

In order to better coordinate your care, we work with physicians and other health care providers across the region. You may have been referred to see an affiliated doctor for care. You have the right to see any doctor or provider you choose, and are not required to see the one provided on your After Visit Summary. Additional information regarding your provider can be found at www.ynhhs.org/physician-referral-info.

Please contact your insurance carrier for information about in-network providers and your estimated out-of-pocket costs.

Covid-19 is real! To stay safe we recommend that you:

1. **Wash** your hands regularly especially before eating
2. **Cover** your mouth if you cough
3. **Don't get too close** to others-6 feet between you and others when possible
4. **Stay home** if you are sick
5. **Call before you come** if you are coughing and need medical care

FOR ANY QUESTIONS, PLEASE CALL YNHHS COVID-19 CALL CENTER AT 203-688-1700, OR TOLL FREE AT 1-833-275-9644.

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

After Visit Summary (continued)

Current Immunizations

Never Reviewed

No immunizations on file.

MyChart

View this After Visit Summary and more online at https://mychart.ynhhs.org/mychart-PRD/.

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

After Visit Summary (continued)

Not reviewed this visit

Your Medication List

Asmanex HFA 100 mcg/actuation Hfaa HFA aerosol inhaler Generic drug: mometasone	USE 2 INHALATIONS TWICE A DAY
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 mL nebulizer solution Commonly known as: DUO-NEB	Take 3 mLs by nebulization 2 (two) times daily as needed for Wheezing.
montelukast 4 mg chewable tablet Commonly known as: SINGULAIR	Take 1 tablet (4 mg total) by mouth nightly.
OptiChamber Diamond-Med Msk Generic drug: inhalation spacing device with medium mask	
QVAR REDIHALER INHL	
* **Ventolin HFA** 90 mcg/actuation HFA aerosol inhaler Generic drug: albuterol sulfate	USE 2 INHALATIONS EVERY 4 TO 6 HOURS AS NEEDED
* **albuterol sulfate** 90 mcg/actuation HFA aerosol inhaler	Inhale 1-2 puffs into the lungs every 6 (six) hours as needed for wheezing.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Thank you for choosing a Yale New Haven Health facility for your emergency medical care needs. To continue your recovery, please consider each of the following:

AFTER-CARE INSTRUCTIONS
Please read these carefully as they contain very important information.

LABORATORY TEST RESULTS AND X-RAY READINGS
If you had laboratory tests or X-rays, it is possible that the final results were not available before you left the hospital. We will contact you if the results require changing the instructions you were given. There is no need to call us to check on your results. We will contact you if needed.

CONCERNS
If you have any questions about the care you received or the instructions you were given, please call us:

Greenwich Hospital: (203) 863-ERRN (3776)
Bridgeport Hospital: (203) 384-3256
Milford Campus: (203) 301-1100
Lawrence + Memorial: (860) 442-0711
Westerly Hospital: (401) 348-3325
Pequot Emergency Department: (860) 446-8265
Yale-New Haven Hospital
Saint Raphael Campus: (203) 789-4220
York Street Campus: (203) 688-1051
Shoreline Medical Center: (203) 453-7123
Children's Hospital: (203) 688-3333

FEEDBACK
Yale New Haven Health System is committed to continually improving the care and service we provide to our patients. One way we do this is to gather feedback from patients about their experiences. If you receive a satisfaction phone call or mail survey, please take the time to provide your feedback. We carefully consider all comments and use them to improve the patient experience.

FOLLOW-UP CARE AND PHYSICIAN REFERRALS
It is important that you follow all instructions you received about care after your Emergency Department visit ***and*** that you have a primary care doctor for your ongoing healthcare needs.

For follow-up care:
- Please make an appointment with your physician. For help finding a primary care or speciality physician affiliated with Yale New Haven Health call 1-888-461-0106.
- Contact your specific insurance carrier for a list of physicians who accept your coverage.
- If you are covered by Husky insurance you can call 1-800-859-9889 for a list of participating physicians.

Thank you.

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

After Visit Summary (continued)

Where to receive emergency care

Where you go for your care matters

For most medical problems, you should go to your regular health care provider first. You get the best care because they know you and your medical history.

Doctor's Office or Clinic	Urgent Care Clinics	Hospital Emergency Rooms
The best place to get care is a doctor's office or clinic for common illnesses, minor injuries, and routine health exams. Your doctor can also help you manage your health over time. You should make an appointment with your doctor's office for: • Common illnesses such as colds, flu ear aches, sore throats, migraines, fever or rashes • Minor injuries such as sprains, back pain, minor cuts and burns, minor broken bones, or minor eye injuries • Regular physicals, prescription refills, vaccinations, and screenings • A health problem where you need advice **Usually open during regular business hours. May have some extended hours and weekend appointments.**	When your doctor is not available, urgent care clinics provide attention for non-life threatening medical problems or problems that could become worse if you wait. Urgent care clinics provide walk-in appointments and are often open seven days a week with extended hours. When your regular doctor or health care provider is not available, you should go to an urgent care clinic for : • Common illnesses such as colds, the flu, ear aches, sore throats, migraines, fever, rashes • Minor injuries such as sprains, back pain, minor cuts and burns, minor broken bones, or minor eye injuries **Usually open extended hours into the evening and on weekends. Some urgent care clinics are open 24 hours a day, seven days a week.**	You should use a hospital emergency room for very serious or life threatening problems. Hospital emergency rooms are not the place to go for common illnesses or minor injuries. If you are experiencing any of the following symptoms, dont wait! Call 911 or get to your nearest hospital emergency room. • Chest pain • Severe abdominal pain • Coughing or vomiting blood • Severe burns • Deep cuts or bleeding that won't stop • Sudden blurred vision • Difficulty breathing or shortness of breath • Sudden dizziness, weakness, or loss of coordination or balance • Numbness in the face, arm, or leg • Sudden, severe headache (not a migraine) • Seizures • High fevers • Any other condition you believe is life threatening **Open 24 hours a day, 7 days a week, 365 days a year.**

09/03/2020 - ED in Yale New Haven Hospital Pediatric Emergency Department (continued)

After Visit Summary (continued)

Visit Information

Date & Time	Provider	Department	Encounter #
9/3/2020 2:53 PM	Beiner, Joshua Matthew, MD	Yale New Haven Hospital Pediatric Emergency Department	227040157

A copy of these discharge instructions were given to and reviewed with the patient/or patient representative prior to leaving the hospital.

227040157

Patient Signature: _____

X: _____

End of Report