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

Medical Records Transmittal

Date: 11/24/2020
Request Number: 38831665
Page Count: 72

Your requested medical records are attached.

Patient Name: MIA AMBROSE
Medical Facility: YNHHS Encounters (Multiple Locations)
Requester: Nickola J. Cunha, Esq.
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: Mia C. Ambrose
Date of Birth: 01/28/2007
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: Hubbard (Last) Mia (First) C M.I. _____ Preferred Name _____ (Maiden/Other Name)

Date of Birth: 1/18/2001 Phone: 475-201-1275 Email: KRiordan127@gmail.

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)

Mia Ambrose
Printed Name of Minor (when applicable)

Signature of Minor (when applicable)

11/13/2020
Date

F4918

F4918Eng (07/18)

CC Payment Receipt

Transaction Status:	**Approved**
Transaction Date and Time:	**11/24/2020 1:36:15 PM**
Transaction Reference No.:	**2535246**
Approval Code:	**0002421171**
Order Number:	**38831665**
Charge Amount:	**$43.99**
Credit Card Number:	**XXXXXXXXXXXX4778**
Credit Card Holder:	**Luis M Cunha**

PREPAYMENT REQUIRED

MRO
1000 Madison Avenue, Suite 100
Norristown, PA 19403

Invoice

38831665
November 18, 2020

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

Nickola J. Cunha, Esq.
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: **MIA AMBROSE**

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

Your Reference ID:

MRO Request ID: 38831665

MRO Online Tracking Number: YALEWGA3B8P97

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:	67
Tier 1:	$43.55
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:	$0.44
TOTAL:	$43.99
Paid at Facility:	($0.00)
Paid to MRO:	($0.00)
BALANCE DUE:	$43.99

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

CHRIS AMBROSE
381 HORSE POND ROAD
MADISON, CT 06443

Hospital Acct: 521945352
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: MIA AMBROSE **Hospital Account:** 521945352

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

This is an itemization of your hospital services for:

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

Hospital Account: 521945352 **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: Mia Ambrose
Address: 381 Horse Pond Road MADISON CT 06443
Date of birth: 1/28/2007
Sex: Female
Gender identity: Female
Email: ca0515@aol.com
Home phone: 203-505-1889
Mobile: 203-505-1889
Text: 203-505-1991

Relationships

Name	Relation to Patient	Phone Number
Ambrose,Chris	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	04/19/2018 - Present

Problem List

Problems last reviewed by Fagan, Lauren, AuD on 10/21/2020 1007
No problems documented.

Allergies

Allergies last reviewed by Johnson, Misty, RN on 9/3/2020 1442 - Review Complete
No Known Allergies

Immunizations

No documentation.

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

None

Vitals

Vital Signs - Last Recorded

Most recent update: 9/4/2020 12:12 AM

BP	Pulse	Temp	Resp	Ht
124/76 ! (98 %, Z = 2.08 / 89 %, Z = 1.24)*	94	97.9 °F (36.6 °C) (Temporal)	18	4' 7.55" (1.411 m) (27 %, Z= -0.61)†

Wt	SpO2	BMI
73.5 kg (96 %, Z= 1.79)†	98%	21.60 kg/m² (88 %, Z= 1.16)†

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

History

Patient (continued)

History (continued)

Medical History

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

Past Medical History

Diagnosis	Date	Comments	Source
Depression	—	—	Provider
Hearing loss	—	—	Provider

Surgical History

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

Past Surgical History

Procedure	Laterality	Date	Comments	Source
COCHLEAR IMPLANT	—	—	—	Provider

Substance & Sexuality History

Tobacco Use

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

Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source
—	—	Unknown	—	—

Socioeconomic History

Socioeconomic

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Single	—	—	—	—	English	Non-Hispanic	Other/Not Listed	Provider

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

Advance Care Planning

Plan

Patient Capacity

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

Current Code Status

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

Health Care Agents

There are no Health Care Agents on file.

Patient (continued)

Advance Care Planning (continued)

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

Reason for Visit

Chief Complaints

- Alleged Child Abuse (on peer, but home alone text mom telling her all about whats going on at home, mom called laywer and police were sent to house, feels unsafe at home around dad, states dad fondling her breast, mom and dad going through divorce, dad has full custody, dad not home at time)
- Psychiatric Evaluation (child not feeling safe at home)

Visit Diagnosis

Name	Is ED?
Psychosocial stressors (primary)	Yes

Visit Information

Admission Information

Arrival Date/Time:	09/03/2020 2:40 PM	Admit Date/Time:	09/03/2020 2:52 PM	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	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:	Hommel, Mark P, MD	Referring Provider:	Referring, No

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/04/2020 12:29 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 0029
Hommel, Mark P, MD	—	Attending Provider	Pediatrics	09/03/20 1933	09/03/20 2325
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 1526	09/03/20 1632
McInerney, Meghan, RN	—	Registered Nurse	—	09/03/20 1456	09/03/20 1946
Colica, Dawn K, LCSW	—	Social Worker	Social Work	09/03/20 1444	09/03/20 1914

Events

ED Arrival at 9/3/2020 1440

Unit: Yale New Haven Hospital Pediatric Emergency Department

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

Events (continued)

Admission at 9/3/2020 1452

Unit: Yale New Haven Hospital Pediatric Emergency Department Room: HALL 3 Bed: HALL 3
Patient class: Emergency

ED Roomed at 9/3/2020 1452

Unit: Yale New Haven Hospital Pediatric Emergency Department

Transfer In at 9/3/2020 1618

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

ED Transfer at 9/3/2020 1618

Unit: Yale New Haven Hospital Pediatric Emergency Department

Transfer Out at 9/4/2020 0028

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

Transfer In at 9/4/2020 0028

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

Discharge at 9/4/2020 0029

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

Discharge at 9/4/2020 0029

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

None

Discharge Medication List

None

Stopped in Visit

None

ED Provider Note

ED Provider Notes by Beiner, Joshua Matthew, MD at 9/3/2020 3:45 PM

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

ED Provider Note (continued)

Author: Beiner, Joshua Matthew, MD | Service: Emergency Medicine | Author Type: Physician
Filed: 9/8/2020 10:05 PM | Date of Service: 9/3/2020 3:45 PM | Creation Time: 9/3/2020 3:45 PM
Status: Addendum | Editor: Beiner, Joshua Matthew, MD (Physician)

History

Chief Complaint

Patient presents with

- Alleged Child Abuse
  on peer, but home alone text mom telling her all about whats going on at home, mom called laywer and police were sent to house, feels unsafe at home around dad, states dad fondling her breast, mom and dad going through divorce, dad has full custody, dad not home at time
- Psychiatric Evaluation
  child not feeling safe at home

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 (!) 124/76 | Pulse 94 | Temp 36.6 °C (97.9 °F) (Temporal) | Resp 18 | Wt 73.5 kg | SpO2 98%

DDx/MDM: 13 y.o. female, Hx of depression.
-Feels unsafe at home. Very complicated story with multiple elements not confirmed/concerning. Ongoing custody battle mom v dad over divorce, but currently living with dad. Reports that a woman who "she knows she can trust, bc she had a safeword from my mom" reached out to her on instagram. Pt told her about concerns about dad, that he "emotionally abuses" her (says if she doesn't behave she won't be able to see mom etc) and was frightened that he threatened to take away her phone so she wouldn't be able to talk to mom. That woman then ?called police to the house, wherein youngest brother (10 yo) reported inappropriate touching (fondling penis) by dad. Mia says dad "tried to touch me" but "I ran away"
Also found concerning messages on dad's phone, including: "deleted email" about "how to track a car" (previous concerns from ?mom that he had hired a PI to follow them and was surveilling them/tracking them). Also "dating apps" where dad was "pretending to be someone else" that showed how far away other people were (prompting concern that they were being tracked in location, bc otherwise how would it know how far away they were")
She denies being in pain. Denies any physical abuse (being hit, kicked, punched)
Verbalizes being frightened that dad was going to cut off communication with others by "turning off internet."

On exam she is tearful, conversant, alert
No bruises on extremities, ambulating normally
Asking to be with her brothers
Deferred sensitive physical exam due to context

MDM: 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:

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

ED Provider Note (continued)

Diagnosis	Date
• Depression	
• Hearing loss	

Past Surgical History:

Procedure	Laterality	Date
• COCHLEAR IMPLANT		

No family history on file.

Social History

Socioeconomic History

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

ED Other Social History

Review of Systems
Constitutional: Negative for chills, diaphoresis, fatigue, fever and unexpected weight change.
HENT: Negative for congestion, drooling, mouth sores, nosebleeds, sinus pressure, sinus pain, sneezing, sore throat, tinnitus and voice change.
Eyes: Negative for photophobia, discharge and visual disturbance.
Respiratory: Negative for apnea, cough, choking, chest tightness, shortness of breath, wheezing and stridor.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for abdominal distention, abdominal pain, anal bleeding, blood in stool, nausea, rectal pain and vomiting.
Genitourinary: Negative for difficulty urinating and hematuria.
Musculoskeletal: Negative for arthralgias, back pain, gait problem and myalgias.
Skin: Negative for color change, pallor, rash and wound.
Neurological: Negative for tremors, seizures, syncope, facial asymmetry, speech difficulty, weakness and headaches.
Psychiatric/Behavioral: Negative for agitation and behavioral problems.
All other systems reviewed and are negative.

Physical Exam
ED Triage Vitals [09/03/20 1443]
BP: 116/71
Pulse: 96
Pulse from O2 sat: n/a
Resp: 20
Temp: 36.7 °C (98.1 °F)
Temp src: Temporal
SpO2: 99 %

BP (!) 124/76 | Pulse 94 | Temp 36.6 °C (97.9 °F) (Temporal) | Resp 18 | Wt 73.5 kg | SpO2 98%

Physical Exam
Vitals signs and nursing note reviewed.

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

ED Provider Note (continued)

Constitutional:
General: She is in acute distress.
Appearance: Normal appearance. She is well-developed. She is not diaphoretic.
HENT:
Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Eyes:
General:
Right eye: No discharge.
Left eye: No discharge.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.
Neck:
Musculoskeletal: Normal range of motion and neck supple.
Trachea: No tracheal deviation.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: Normal heart sounds. No murmur. No friction rub.
Pulmonary:
Effort: No respiratory distress.
Breath sounds: No stridor. No rales.
Abdominal:
General: There is no distension.
Palpations: Abdomen is soft.
Musculoskeletal: Normal range of motion.
General: No swelling, tenderness or deformity.
Skin:
General: Skin is warm and dry.
Capillary Refill: Capillary refill takes less than 2 seconds.
Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time.
Cranial Nerves: No cranial nerve deficit.
Coordination: Coordination normal.
Psychiatric:
Behavior: Behavior normal.

Procedures
Procedures

ED Course
Clinical Impressions as of Sep 08 2205
Psychosocial stressors

ED Disposition
Discharge

I saw and evaluated the patient, Mia Ambrose. I agree with the findings and the plan of care as documented in the resident note. Of note 13 y.o.female who is here for medical clearance due to statements suggestive of sexual abuse by brother. No cutaneous injury. No SI, HI or A/V Hallucinations. We filed 136 with DCF due to brother's statements.

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

ED Provider Note (continued)

Kirsten A Bechtel, MD

PEM ATTENDING REASSESSMENT NOTE:

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

Assessment: 13 y.o. F here for S/W eval. Plan for D/C home with PUnc per DCF
Plan: D/C

Tsai, Jennifer Weicha, MD
Resident
09/03/20 1552

Bechtel, Kirsten A, MD
09/03/20 1933

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 2:54 PM

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

2:54 PM permission from father to treat chris 203-505-1889

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

ED Notes by Fonseca, Sammy at 9/3/2020 6:20 PM

Author: Fonseca, Sammy | Service: Psychiatry | Author Type: Counselor
Filed: 9/3/2020 6:21 PM | Date of Service: 9/3/2020 6:20 PM | Creation Time: 9/3/2020 6:21 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. This writer ordered dinner for all three pt.

Electronically signed by Fonseca, Sammy at 9/3/2020 6:21 PM

ED Notes by McInerney, Meghan, RN at 9/3/2020 6:42 PM

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

ED Notes (continued)

Author: McInerney, Meghan, RN | Service: — | Author Type: Registered Nurse
Filed: 9/3/2020 6:42 PM | Date of Service: 9/3/2020 6:42 PM | Creation Time: 9/3/2020 3:18 PM
Status: Addendum | Editor: McInerney, Meghan, RN (Registered Nurse)

3:18 PM 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 6:42 PM

ED Notes by Colica, Dawn K, LCSW at 9/3/2020 6:43 PM

Author: Colica, Dawn K, LCSW | Service: Social Work | Author Type: Social Worker
Filed: 9/3/2020 7:14 PM | Date of Service: 9/3/2020 6:43 PM | Creation Time: 9/3/2020 6:43 PM
Status: Signed | Editor: Colica, Dawn K, LCSW (Social Worker)

SOCIAL WORK ASSESSMENT

Patient Name: Mia Ambrose

Medical Record Number: MR3774703

Date of Birth: 1/28/2007

Social Work Assessment Pediatric

	Most Recent Value
Admission Information	
Document Type	Clinical Assessment
Reason for Encounter	Abuse/Neglect/Violence
Visitor Restriction in Place	Yes [due to covid 19]
Intervention	Abuse/Neglect/Violence Assessment & Reporting
Abuse/Neglect/Violence Assessment & Reporting	Child
Source of Information	Pt, Medical Team [Officer Palmer from the Madison Police Department]
Record Reviewed	Yes
Level of Care	Emergency Department
Language needed	None, Patient Speaks English
Patients Legal Contacts	
Legal Custody Status	Adoptive father, Chris Ambrose
Past/Current Department of Children & Families Involvement	Yes - Past
Legal Admission Status	None
Legal Contact(s)	-- [Adoptive Father]
Abuse Screen	
Able to respond to abuse questions	Yes
Feels Unsafe at Home or School/Work	yes
Feels Threatened by Someone	yes
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?	yes
Safety Plan/Comments	A DCF 136 was filed, awaiting a response back prior to proceeding with discharge plan.
Do you feel that you are treated poorly by your	yes, by father

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

ED Notes (continued)

	Most Recent Value
Partner/Spouse/Family Member/Caregiver/Employer/Teacher/Provider?	
What happens when you Argue/Fight with your Partner/Spouse/Family Member?	Nothing reported
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
Time of Report	4:00pm
Mandated referral comment	Awaiting a response back from DCF
Education - Pediatric	
Educational/Developmental Concerns	No
Housing / Transportation/ Environment	
Living Arrangements for the past 2 months	Single-Family House
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

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

ED Notes (continued)

	Most Recent Value
Attitudes regarding Self-Injury	None disclosed
Risk to Others	Able to Assess
Risk to Others	None Disclosed
Attitude regarding Aggression / Violence	None Disclosed
Current and Past Psychiatric Diagnoses	Able to Assess
Mood Disorder	Defer for Further Assessment
Psychotic Disorder	No
Alcohol/Substance Abuse Disorder	No
Post-Traumatic Stress Disorder (PTSD)	Defer for Further Assessment
Attention Deficit with Hyperactivity Disorder (ADHD)	None reported
Traumatic Brain Injury (TBI)	No
Cluster B Personality Disorders or Traits (i.e. Borderline, Antisocial, Histrionic & Narcissistic)	No
Conduct Problems (Antisocial Behavior, Aggression, Impulsivity)	No reported
Suicide Attempt	No Prior Attempts
Presenting Symptoms	None
Family History	Unable to Assess
Precipitants/Stressors	Sexual/Physical Abuse
Change in Mental Health or Substance Use Disorder Treatment	Not applicable
Historical Risk Factors	None
Protective Factors	Able to Assess
Protective Factors - Internal	Problem solving skills
Protective Factors - External	school, Supportive social network of friends or family, outpatient therapist
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
Alcohol Use	
Alcohol Use	Never Used
Physical/Sexual Abuse History	
History of personal victimization	None

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

ED Notes (continued)

	Most Recent Value
FICA Spiritual Assessment Tool	
Permission to notify clergy	Yes
Relationships	
Temporary Family Living Arrangements (While Hospitalized)	deferred
Marital Status	Single Minor
Significant Relationships	Brother(s), Father, Mother
Quality of Family Relationships	Deferred
Support System	-- [Pt reports, not feeling safe with father]
Lives With	Brother, Father
Sources of Support	sibling(s), friend(s) [mother]
Need for family participation in patient care	yes
Narrative/Signoff	
Identified Clinical/Disposition, Issues/Barriers:	Social work consult for alleged child abuse.
Intervention(s)/Summary	45 minutes were spent face to face with Mia, Resident and Medical Attending, to gather information and provide support. Per medical team, Mia is a 13-year-old female with a very complicated story with multiple elements not confirmed/concerning. Mia resides with her adoptive father and 2 brothers in Madison, CT, father has full custody. Due to, the divorce, adoptive parents are in an ongoing custody battle over the children. Mia reports, "I was sleeping and my brother came into my room saying the police were here." Mia reports, 2-days ago, reaching out to a woman on instagram who "she knows she can trust, because she had a safeword from my mom." Mia told the woman regarding her concerns about dad, "he emotionally abuses me" (says if she doesn't behave she won't be able to see or speak to mother) and became frightened when father threatened to take away the cell phone to prevent Mia from being able to get a hold of mother. When the police arrived, Mia's youngest brother (10 yo) reported being inappropriately touched (fondling penis) by father. Mia reports, father "tried to touch me but I ran away." Mia reports finding concerning messages on dad's phone, including: "deleted email" about "how to track a car." "Being on a dating site pretending he is someone he's not." Mia is in 8th grade and attends Polson Middle School in Madison; school started today. Mia denied any physical abuse (being hit, kicked, punched) and or sexual abuse. Reports being frightened father was going to cut off communication with others by "turning off the Wifi." Mia denied SI/plan/intent/HI/AH/VH, however, continues to report feeling unsafe with father. A DCF 136 report was filed. Spoke face to face with Officer Palmer (badge #729) from the Madison Police Department. Officer reports, Detective Degoursey isn't filing charges on father at this time. Officer Palmer, states, 3-DCF reports have been filed within 3-days, none were accepted. Officer Palmer reports, making 2-wellfare checks on Mia and brothers yesterday and today. Officer Palmer reports, "on our end," Detective Degoursey has no concerns with Mia discharging home with father.
Collaboration with Treatment Team/Community Providers/Family:	Mia, Pediatric Medical team, Madison Police Department, Anna Andrich, LCSW
Referral(s) placed for:	None
Outcome	Resolved
Handoff Required?	No
Next Steps/Plan (including hand-off):	The disposition plan from DCF is pending. Social work will remain involved to collaborate with DCF, father and medical team for a safe discharge.
Signature:	Dawn Colica, LCSW
Contact Information:	475-224-7439

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

ED Notes (continued)

Electronically signed by Colica, Dawn K, LCSW at 9/3/2020 7:14 PM

ED Notes by Fonseca, Sammy at 9/3/2020 7:05 PM

Author: Fonseca, Sammy | Service: Psychiatry | Author Type: Counselor
Filed: 9/3/2020 7:05 PM | Date of Service: 9/3/2020 7:05 PM | Creation Time: 9/3/2020 7:05 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 7:05 PM

ED Notes by Carter, Nicole, RN at 9/3/2020 7:39 PM

Author: Carter, Nicole, RN | Service: — | Author Type: Registered Nurse
Filed: 9/3/2020 7:39 PM | Date of Service: 9/3/2020 7:39 PM | Creation Time: 9/3/2020 7:39 PM
Status: Signed | Editor: Carter, Nicole, RN (Registered Nurse)

7:39 PM Report from Meghan RN care assumed.

Electronically signed by Carter, Nicole, RN at 9/3/2020 7:39 PM

ED Notes by Martucci, Anna, LCSW at 9/3/2020 11:40 PM

Author: Martucci, Anna, LCSW | Service: Child Psychiatry | Author Type: Social Worker
Filed: 9/3/2020 11:41 PM | Date of Service: 9/3/2020 11:40 PM | Creation Time: 9/3/2020 11:40 PM
Status: Signed | Editor: Martucci, Anna, LCSW (Social Worker)

SOCIAL WORK NOTE

Patient Name: Mia Ambrose

Medical Record Number: MR3774703

Date of Birth: 1/28/2007

Social Work Follow Up

	Most Recent Value
Document Type	Progress Note
Reason for Encounter	Psycho-Social Distress
Intervention	Distress Assessment & Resolution
Abuse/Neglect/Violence Assessment & Reporting	Child
Source of Information	Patient, Family/Caregiver
Record Reviewed	Yes
Level of Care	Emergency Department
Identified Clinical/Disposition, Issues/Barriers:	social work consult due to alleged abuse
Intervention(s)/Summary	Per DCF Tomas Villanueva, worker assigned to the case, Mia will be discharged

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

ED Notes (continued)

	Most Recent Value
	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):	Mia will be discharged to her paternal uncle while DCF continues ongoing investigation
Signature:	Anna Andrich LCSW
Contact Information:	475-227-9522

Electronically signed by Martucci, Anna, LCSW at 9/3/2020 11:41 PM

ED Care Timeline

Patient Care Timeline (9/3/2020 14:40 to 9/4/2020 00:29)

9/3/2020	Event	Details	User
14:40	**Patient arrived in ED**		Johnson, Misty, RN
14:40	**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
14:40	**NARxCHECK Scores**	**NARxCHECK Scores** Stimulants: 000 Sedatives: 010 Narcotics: 020 Overdose Risk: 110	In, Flowsheet Appriss
14:40:37	**Emergency encounter created**		Johnson, Misty, RN
14:42:53	**Triage Started**		Johnson, Misty, RN
14:42:53	**Chief Complaints Updated**	**Psychiatric Evaluation (on peer, but home alone text mom telling her all about whats going on at home, mom called laywer and police were sent to house, feels unsafe at home around dad, states dad fondling her breast, mom and dad going through divorce, dad has full custody, dad not home at time)**	Johnson, Misty, RN
14:42:54	**Allergies Reviewed - Review Complete**		Johnson, Misty, RN
14:43	**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)

14:43	**Vital Signs**	**Vital Signs** Restart Vitals Timer: Yes Temp: 98.1 °F (36.7 °C) Temp src: Temporal Pulse: 96 Resp: 20 BP: 116/71 SpO2: 99 % Device (Oxygen Therapy): room air **Pain Assessment** Pain Assessment Scale: 0-10 Pain Score:: 0 **Height and Weight** Weight: 73.5 kg Weight Scale Used: Standing Weight Method: Actual	Johnson, Misty, RN
14:43	**Immunization Status**	**Immunization Status** Immunizations Current?: Yes	Johnson, Misty, RN
14:43	**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)

14:43	**Custom Formula Data**	**Scoliosis** Weight: 162.04 POUNDS **Fluid Requirements** Holliday-Segar Method (over 20 kg): 2970 **WHO Equation Female** WHO Equation Female (4-10 years) (kcal): 2152.75 WHO Equation Female (0-3 years) (kcal): 4432.5 WHO Equation Female (11-18 years) (kcal): 1642.7 **Fluid Requirements** Holliday-Segar Method (<= 10 kg) (mL): 7350 Holliday-Segar Method (> 20 kg) (mL): 5175 Holliday-Segar Method (>10 <=20 kg) (mL): 4675 **KCAL/KG** 120 Kcal/Kg (kcal): 8820 60 Kcal/Kg (kcal): 4410 140 Kcal/Kg (kcal): 10290 80 Kcal/Kg (kcal): 5880 160 Kcal/Kg (kcal): 11760 180 Kcal/Kg (kcal): 13230 200 Kcal/Kg (kcal): 14700 20 Kcal/Kg (kcal): 1470 100 Kcal/Kg (kcal): 7350 40 Kcal/Kg (kcal): 2940 **RDA Method** RDA (> 1 year-3 years) (kcal): 7497 RDA (4-6 years) (kcal): 6615 RDA (7-10 years) (kcal): 5145 **RD Method Female (Adolescent)** RDA Female (11-14 years) (kcal): 3454.5 RDA Female (15-18 years) (kcal): 2940 **RD Method Male (Adolescent)** RDA Male (15-18 years) (kcal): 3307.5 RDA Male (11-14 years) (kcal): 4042.5 **RDA Method (Infant)** RDA (> 6 months-1 year old) (kcal): 7203 RDA (0-6 month old) (kcal): 7938 **WHO Equation Male** WHO Equation Male (0-3 years) (kcal): 4422.15 WHO Equation Male (4-10 years) (kcal): 2163.45 WHO Equation Male (11-18 years) (kcal): 1937.25 **KCAL/KG** 20 Kcal/Kg (kcal): 1470 25 Kcal/Kg (kcal): 1837.5 30 Kcal/Kg (kcal): 2205 35 Kcal/Kg (kcal): 2572.5 40 Kcal/Kg (kcal): 2940 45 Kcal/Kg (kcal): 3307.5 50 Kcal/Kg (kcal): 3675 **Relevant Labs and Vitals** Temp (in Celsius): 36.7 **Other flowsheet entries** NIBP MAP (mmHg): 86 Umbilical MAP (mmHg): 86 Weight (lbs): 162.04 weight (lbs/oz): 162 lb 0.6 oz Weight Diff Number: 32.82 Percentage Daily Weight Change: 0 % Daily weight change (gms): 1 Percent Weight Change Since Birth: 0 Change in Weight (calculated): 73.5 weight (Kg) calculated: 73.5 Change in Weight (calculated): 73.5 Kg. Weight (lbs): 162.04 Lbs.	Johnson, Misty, RN

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

ED Care Timeline (continued)

14:43:02	**History Reviewed**	Sections Reviewed: Medical	Johnson, Misty, RN
14:43:03	**History Reviewed**	Sections Reviewed: Surgical	Johnson, Misty, RN
14:43:35	**Home Medications Reviewed**		Johnson, Misty, RN
14:43:56	**Triage Completed**		Johnson, Misty, RN
14:44	**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
14:44:55	**Team Member Assigned**	Colica, Dawn K, LCSW assigned as Social Worker	Colica, Dawn K, LCSW
14:45	**Full Triage**	**Full Triage Plan** Patient Acuity: 2	Johnson, Misty, RN
14:45	**Custom Formula Data**	**Other flowsheet entries** Columbia Suicide Risk Level: Low Risk	Johnson, Misty, RN
14:45	**Suicide Risk Screen**	**Suicide Risk** Feels Like Hurting Self: no **C-SSRS (Screen-Recent) Past Month** Have you wished you were dead or wished you could go to sleep and not wake up?: Yes (in past not now) Have you actually had any thoughts of killing yourself? : No (no now in past) Have you ever done anything, started to do anything, or prepared to do anything to end your life? : Yes Was this in the past 3 months?: yes	Johnson, Misty, RN
14:46	**Full Triage**	**Full Triage Plan** Patient Acuity: 2 Full Triage Complete: Full Triage Complete	Johnson, Misty, RN
14:46	**Safety Screening/Search**	**Safety Assessment** Nature of Threat: Suicidal ideation 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, cell phone)	Johnson, Misty, RN
14:46:35	**Full Triage Completed**		Johnson, Misty, RN

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

ED Care Timeline (continued)

14:52:47	**Patient roomed in ED**	To room HALL 3	Johnson, Misty, RN
14:52:47	**Patient roomed in ED**		Johnson, Misty, RN
14:54:45	**ED Notes**	**2:54 PM permission from father to treat chris 203-505-1889**	Johnson, Misty, RN
14:55	**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?: Hearing Loss Do you require interpreter services or other special support or assistance to hear?: (has baha implant) Are you blind or do you have difficulty seeing, even when wearing glasses?: No Vision loss **Care Accommodations - For Companion/Representative or Parent/Guardian** Who is the care accommodations screening being answered for?: Patient.	Johnson, Misty, RN
14:56:08	**Assign Nurse**	McInerney, Meghan, RN assigned as Registered Nurse	McInerney, Meghan, RN
14:58:54	**Chief Complaints Updated**	**Alleged Child Abuse (on peer, but home alone text mom telling her all about whats going on at home, mom called laywer and police were sent to house, feels unsafe at home around dad, states dad fondling her breast, mom and dad going through divorce, dad has full custody, dad not home at time)** Psychiatric Evaluation **(child not feeling safe at home)**	Bradley, Jeannine L, RN
15:26:30	**Assign Resident**	Tsai, Jennifer Weicha, MD assigned as Resident	Tsai, Jennifer Weicha, MD
15:26:30	**Pt. Seen by Provider**		Tsai, Jennifer Weicha, MD
15:42	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
15:43	**Hourly Rounding**	**Hourly Rounding** Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Szeligowski, Taylor, PCT
15:52:49	**ED Provider Notes**	Note originally filed at this time	Tsai, Jennifer Weicha, MD; Cosign required
15:53:18	**Orders Placed**	ED Psych Medical Clearance	Tsai, Jennifer Weicha, MD
16:00	**Population Health DataMart**	**Other flowsheet entries** Sepsis Score: 62.41	Epic, User
16:00	**Population Health DataMart**	**Other flowsheet entries** PELOD-2 Score: 2 COVID PreVisit Appt Screening: 0	Genericuser, Batchjob
16:18:54	**Patient transferred**	From room HALL 3 to room T11	Rowe, Cieanna
16:18:59	**Patient transferred**		Rowe, Cieanna
16:20:10	**Orders Acknowledged**	New - ED Psych Medical Clearance	McInerney, Meghan, RN
16:30:52	**Assign Resident**	Cook, Elana Crystal, MD assigned as Resident	Cook, Elana Crystal, MD
16:32:42	**Remove Resident**	Tsai, Jennifer Weicha, MD removed as Resident	Tsai, Jennifer Weicha, MD

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

ED Care Timeline (continued)

16:37	**Admission Information**	**Admission Information** Document Type: Clinical Assessment Reason for Encounter: Abuse/Neglect/Violence Visitor Restriction in Place: Yes (due to covid 19) Intervention: Abuse/Neglect/Violence Assessment & Reporting Abuse/Neglect/Violence Assessment & Reporting: Child Source of Information: Patient; Medical Team (Officer Palmer from the Madison Police Department) Record Reviewed: Yes Level of Care: Emergency Department **Time Spent** Time Spent - Direct (Minutes of Patient/Caregiver Contact):: 60	Colica, Dawn K, LCSW
16:41	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
16:46	**Patient Legal Contacts**	**Patients Legal Contacts** Legal Custody Status: Parent Past/Current Department of Children & Families Involvement: Yes - Past Legal Admission Status: None Legal Contact(s) : (Adoptive Father)	Colica, Dawn K, LCSW
16:47	**Services**	**Initial Information** Language needed: None, Patient Speaks English	Colica, Dawn K, LCSW
16:47	**Relationships**	**Relationships** Temporary Family Living Arrangements (While Hospitalized): deferred Marital Status: Single Minor Significant Relationships: Brother; Father; Mother Quality of Family Relationships: Deferred Support System: (Pt reports, not feeling safe with father) Lives With: Brother; Father Sources of Support: sibling(s); friend(s) (mother) Need for family participation in patient care: yes	Colica, Dawn K, LCSW
16:50	**Ped Abuse Screen**	**Abuse Screen** Able to respond to abuse questions: Yes Feels Unsafe at Home or School/Work: yes Feels Threatened by Someone: yes Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?: yes Safety Plan/Comments: A DCF 136 was filed, awaiting a response back before proceeding with plan. Do you feel that you are treated poorly by your Partner/Spouse/Family Member/Caregiver/Employer/Teacher/Provider? : yes What happens when you Argue/Fight with your Partner/Spouse/Family Member?: N/A **Pediatric Abuse Screen (If clincally indicated referral must be made)** Comment:: DCF 136 report was filed today.	Colica, Dawn K, LCSW
16:52	**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 Time of Report: 1600 Mandated referral comment: Awaiting a response back from DCF	Colica, Dawn K, LCSW

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

ED Care Timeline (continued)

16:54	**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 Risk to Others: Able to Assess Risk to Others: None Disclosed Attitude regarding Aggression / Violence: None Disclosed Current and Past Psychiatric Diagnoses: Able to Assess Mood Disorder: Defer for Further Assessment Psychotic Disorder: No Alcohol/Substance Abuse Disorder: No Post-Traumatic Stress Disorder (PTSD): Defer for Further Assessment Attention Deficit with Hyperactivity Disorder (ADHD): No Traumatic Brain Injury (TBI): No Cluster B Personality Disorders or Traits (i.e. Borderline, Antisocial, Histrionic & Narcissistic): No Conduct Problems (Antisocial Behavior, Aggression, Impulsivity): No Suicide Attempt: No Prior Attempts Presenting Symptoms: None Family History: Unable to Assess Precipitants/Stressors: Sexual/Physical Abuse Change in Mental Health or Substance Use Disorder Treatment: Not applicable Historical Risk Factors: None Protective Factors: Able to Assess Protective Factors - Internal: Problem solving skills Protective Factors - External: Engaged in work or school; Supportive social network of friends or family 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	Colica, Dawn K, LCSW
16:54	**Ped - Education**	**Education - Pediatric** Educational/Developmental Concerns: No	Colica, Dawn K, LCSW

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

ED Care Timeline (continued)

16:54	**Housing/Transport**	**Housing / Transportation/ Environment** Living Arrangements for the past 2 months: Single-Family House	Colica, Dawn K, LCSW
16:54	**Physical/Sexual Abuse History**	**Physical/Sexual Abuse History** History of personal victimization: None	Colica, Dawn K, LCSW
16:54	**Mental Status**	**Mental Status** Observation of Mental Status has identified Notable Findings: No	Colica, Dawn K, LCSW
17:09	**Alcohol Use**	**Alcohol Use** Alcohol Use: Never Used	Colica, Dawn K, LCSW
17:09	**Patient - Substance Use**	**Substance Use** Active substance abuse: No	Colica, Dawn K, LCSW
17:10	**Narrative / Signoff**	**Narrative/Signoff** Identified Clinical/Disposition, Issues/Barriers:: Social Work Consult for alleged child abuse (P)	Colica, Dawn K, LCSW
17:10	**Values/Beliefs/Spiritual Care**	**FICA Spiritual Assessment Tool** Permission to notify clergy: Yes	Colica, Dawn K, LCSW
17:29	**Narrative / Signoff**	**Narrative/Signoff** Identified Clinical/Disposition, Issues/Barriers:: Social work consult for alleged child abuse. Intervention(s)/Summary: 45 minutes were spent face to face with Mia, Resident and Medical Attending, to gather information and provide support. Per medical team, Mia is a 13-year-old female with a very complicated story with multiple elements not confirmed/concerning. Mia resides with her adoptive father and 2 brothers in Madison, CT; father has full custody. Due to, the divorce, adoptive parents are in an ongoing custody battle over the children. Mia reports, "I was sleeping and my brother came into my room saying the police were here." Mia reports, 2-days ago, reaching out to a woman on instagram who "she knows she can trust, because she had a safeword from my mom" reached out to her on instagram. Mia told her about concerns about dad, "he emotionally abuses me" (says if she doesn't behave she won't be able to see or speak to mother) and became frightened when father threatened to take away her phone to prevent Mia from being able to get a hold of mother. When the police arrived, Mia's youngest brother (10 yo) reported inappropriate touching (fondling penis) by father. Mia reports, father "tried to touch me but I ran away." Mia reports finding concerning messages on dad's phone, including: "deleted email" about "how to track a car." Mia is in 8th grade and attends Polson Middle School in Madison; school started today. Mia denied any physical abuse (being hit, kicked, punched). Reports being frightened father was going to cut off communication with others by "turning off the Wifi." Mia denied acute safety concerns, however, continues to report feeling unsafe with father. A DCF 136 reports was filed. Officer reports, 3-DCF reports have been filed within 3-days; none were accepted. Officer reports, making 2-wellfare checks on Mia and brothers yesterday and today. Collaboration with Treatment Team/Community Providers/Family:: Mia, Pediatric Medical team, Madison Police Department, Anna Andrich, LCSW Referral(s) placed for:: None Outcome: Resolved Handoff Required?: No Next Steps/Plan (including hand-off):: Spoke face to face with Officer Palmer (badge #729) from the Madison Police Department. Officer reports, Detective Degoursey isn't filing charges on father, therefore, both report having no concerns with Mia being discharged home. DCF will be arriving to the PED to assess safety concerns and placement. Signature:: Dawn Colica, LCSW Contact Information:: 475-224-7439	Colica, Dawn K, LCSW

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

ED Care Timeline (continued)

17:42	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes (deferred)	Szeligowski, Taylor, PCT
17:42	**Hourly Rounding**	**Hourly Rounding** Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Szeligowski, Taylor, PCT
17:57:08	**Orders Placed**	Diet Pediatric Regular	Cook, Elana Crystal, MD
17:58:35	**Orders Acknowledged**	New - Diet Pediatric Regular	McInerney, Meghan, RN
18:20:42	**ED Notes**	This writer introduced self to pt and siblings. All three appeared to be calm watching tv. Sitter in place. This writer ordered dinner for all three pt.	Fonseca, Sammy; Cosign required
18:42	**ED Notes Addendum**	**3:18 PM 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

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

ED Care Timeline (continued)

18:43:57 **ED Notes**

SOCIAL WORK ASSESSMENT

Colica, Dawn K, LCSW

Patient Name: Mia Ambrose

Medical Record Number: MR3774703

Date of Birth: 1/28/2007

Social Work Assessment Pediatric

	Most Recent Value
Admission Information	
Document Type	Clinical Assessment
Reason for Encounter	Abuse/Neglect/Violence
Visitor Restriction in Place	Yes [due to covid 19]
Intervention	Abuse/Neglect/Violence Assessment & Reporting
Abuse/Neglect/Violence Assessment & Reporting	Child
Source of Information	Pt, Medical Team [Officer Palmer from the Madison Police Department]
Record Reviewed	Yes
Level of Care	Emergency Department
Language needed	None, Patient Speaks English
Patients Legal Contacts	
Legal Custody Status	Adoptive father, Chris Ambrose
Past/Current Department of Children & Families Involvement	Yes - Past
Legal Admission Status	None
Legal Contact(s)	-- [Adoptive Father]
Abuse Screen	
Able to respond to abuse questions	Yes
Feels Unsafe at Home or School/Work	yes
Feels Threatened by Someone	yes
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside	yes

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

ED Care Timeline (continued)

Your Home?	
Safety Plan/Comments	A DCF 136 was filed, awaiting a response back prior to proceeding with discharge plan.
Do you feel that you are treated poorly by your Partner/Spouse/ Family Member/Caregiver/Employer/Teacher/Provider?	yes, by father
What happens when you Argue/Fight with your Partner/Spouse/ Family Member?	Nothing reported
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
Time of Report	4:00pm
Mandated referral comment	Awaiting a response back from DCF
Education - Pediatric	
Educational/Developmental Concerns	No
Housing / Transportation/ Environment	
Living Arrangements for the past 2 months	Single-Family House
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
C-SSRS #1: Have you wished you were	No

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

ED Care Timeline (continued)

dead or wished you could go to sleep and not wake up? (If Yes, answer #3 - #5)	
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
Risk to Others	Able to Assess
Risk to Others	None Disclosed
Attitude regarding Aggression / Violence	None Disclosed
Current and Past Psychiatric Diagnoses	Able to Assess
Mood Disorder	Defer for Further Assessment
Psychotic Disorder	No

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

ED Care Timeline (continued)

Alcohol/Substance Abuse Disorder	No
Post-Traumatic Stress Disorder (PTSD)	Defer for Further Assessment
Attention Deficit with Hyperactivity Disorder (ADHD)	None reported
Traumatic Brain Injury (TBI)	No
Cluster B Personality Disorders or Traits (i.e. Borderline, Antisocial, Histrionic & Narcissistic)	No
Conduct Problems (Antisocial Behavior, Aggression, Impulsivity)	No reported
Suicide Attempt	No Prior Attempts
Presenting Symptoms	None
Family History	Unable to Assess
Precipitants/Stressors	Sexual/Physical Abuse
Change in Mental Health or Substance Use Disorder Treatment	Not applicable
Historical Risk Factors	None
Protective Factors	Able to Assess
Protective Factors - Internal	Problem solving skills
Protective Factors - External	school, Supportive social network of friends or family, outpatient therapist
This patient was screened using the Columbia Suicide Severity Rating Scale (CSSRS)	Yes
I conducted a suicide risk assessment including a	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)

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.	
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
Alcohol Use	
Alcohol Use	Never Used
Physical/Sexual Abuse History	
History of personal victimization	None
FICA Spiritual Assessment Tool	
Permission to notify clergy	Yes
Relationships	
Temporary Family Living Arrangements (While Hospitalized)	deferred
Marital Status	Single Minor
Significant Relationships	Brother(s), Father, Mother
Quality of Family Relationships	Deferred
Support System	-- [Pt reports, not feeling safe with father]
Lives With	Brother, Father
Sources of Support	sibling(s), friend(s) [mother]
Need for family participation in patient care	yes

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

ED Care Timeline (continued)

Narrative/Signoff	
Identified Clinical/Disposition, Issues/Barriers:	Social work consult for alleged child abuse.
Intervention(s)/Summary	45 minutes were spent face to face with Mia, Resident and Medical Attending, to gather information and provide support. Per medical team, Mia is a 13-year-old female with a very complicated story with multiple elements not confirmed/concerning. Mia resides with her adoptive father and 2 brothers in Madison, CT, father has full custody. Due to, the divorce, adoptive parents are in an ongoing custody battle over the children. Mia reports, "I was sleeping and my brother came into my room saying the police were here." Mia reports, 2-days ago, reaching out to a woman on instagram who "she knows she can trust, because she had a safeword from my mom." Mia told the woman regarding her concerns about dad, "he emotionally abuses me" (says if she doesn't behave she won't be able to see or speak to mother) and became frightened when father threatened to take away the cell phone to prevent Mia from being able to get a hold of mother. When the police arrived, Mia's youngest brother (10 yo) reported being inappropriately touched (fondling penis) by father. Mia reports, father "tried to touch me but I ran away." Mia reports finding concerning messages on dad's phone, including: "deleted email" about "how to track a car." "Being on a dating site pretending he is someone he's not." Mia is in 8th grade and attends Polson Middle School in Madison; school started today. Mia denied any physical abuse (being hit, kicked, punched) and or sexual abuse. Reports being frightened father was going to cut off communication with others by "turning off the Wifi." Mia denied SI/plan/intent/HI/AH/VH, however, continues to report feeling unsafe with father. A DCF 136 report was filed. Spoke face to face with Officer Palmer (badge #729) from the Madison Police Department. Officer reports, Detective Degoursey isn't filing charges on father at this time. Officer Palmer, states, 3-DCF reports have been filed within 3-days, none were accepted. Officer Palmer reports, making 2-wellfare checks on Mia and brothers yesterday and today. Officer Palmer reports, "on our end," Detective Degoursey has no concerns with Mia discharging home with father.
Collaboration with Treatment Team/Communit	Mia, Pediatric Medical team, Madison Police Department, Anna Andrich, LCSW

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

ED Care Timeline (continued)

y Providers/Family :	
Referral(s) placed for:	None
Outcome	Resolved
Handoff Required?	No
Next Steps/Plan (including hand-off):	The disposition plan from DCF is pending. Social work will remain involved to collaborate with DCF, father and medical team for a safe discharge.
Signature:	Dawn Colica, LCSW
Contact Information:	475-224-7439

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
19:05:20	**ED Notes**	Pt appears to be calm in room eating dinner. Sitter in place.	Fonseca, Sammy; Cosign required
19:14	**Team Member Removed**	Colica, Dawn K, LCSW removed as Social Worker	Colica, Dawn K, LCSW
19:33:28	**ED Provider Notes**	Note originally filed at this time	Bechtel, Kirsten A, MD
19:33:44	**Assign Attending**	Hommel, Mark P, MD assigned as Attending	Hommel, Mark P, MD
19:34:56	**Assign Nurse**	Carter, Nicole, RN assigned as Registered Nurse	Carter, Nicole, RN
19:37	**NARxCHECK Scores**	**NARxCHECK Scores** Stimulants: 000 Sedatives: 010 Narcotics: 020 Overdose Risk: 110	In, Flowsheet Appriss
19:39	**Disability Status/Care Accommodations**	**Care Accommodations/Disability Screening - For Patients** Who is the care accommodations screening being answered for?: Patient. **Care Accommodations - For Companion/Representative or Parent/Guardian** Who is the care accommodations screening being answered for?: Patient.	Miller, Stacey
19:39:13	**ED Notes**	**7:39 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

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

ED Care Timeline (continued)

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: 62.41	Epic, User
20:00	**Population Health DataMart**	**Other flowsheet entries** PELOD-2 Score: 2 COVID PreVisit Appt Screening: 0	Genericuser, Batchjob
20:10	**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 **Patient Activity** Patient update: TV remote provided	Corona, Shiray, PCT
20:59	**Disability Status/Care Accommodations**	**Care Accommodations/Disability Screening - For Patients** Who is the care accommodations screening being answered for?: Patient. Are you Deaf or have difficulty hearing?: Deaf Are you blind or do you have difficulty seeing, even when wearing glasses?: No Vision loss 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. **Rendered Accommodations (Leave blank if patient supplied their own hearing devices/glasses)** Other language interpreter used (non-ASL)?: No	Miller, Stacey
21:00	**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 : 203-5051889	Miller, Stacey
21:01	**Disability Status/Care Accommodations**	**Care Accommodations/Disability Screening - For Patients** Who is the care accommodations screening being answered for?: Patient. Do you require interpreter services or other special support or assistance to hear?: No support needed 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 **Care Accommodations - For Companion/Representative or Parent/Guardian** Who is the care accommodations screening being answered for?: Patient.	Miller, Stacey
21:01:29	**Registration Completed**		Miller, Stacey

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

ED Care Timeline (continued)

21:18	**Vital Signs, Intake/Output**	**Vitals** Restart Vitals Timer: Yes	Corona, Shiray, PCT
21:18	**Hourly Rounding**	**Hourly Rounding** Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Corona, Shiray, PCT
23:25:24	**Remove Attending**	Hommel, Mark P, MD removed as Attending	Beiner, Joshua Matthew, MD
23:25:24	**Assign Attending**	Beiner, Joshua Matthew, MD assigned as Attending	Beiner, Joshua Matthew, MD
23:37	**Admission Information**	**Admission Information** Document Type: Progress Note Reason for Encounter: Psycho-Social Distress Visitor Restriction in Place: No Intervention: Distress Assessment & Resolution Source of Information: Patient; Family/Caregiver Record Reviewed: Yes Level of Care: Emergency Department	Martucci, Anna, LCSW
23:39	**Narrative / Signoff**	**Narrative/Signoff** Identified Clinical/Disposition, Issues/Barriers:: social work consult due to alleged abuse Intervention(s)/Summary: Per DCF Tomas Villanueva, worker assigned to the case, Mia 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):: Mia will be discharged to her paternal uncle while DCF continues ongoing investigation 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)

23:40:56 **ED Notes**

SOCIAL WORK NOTE

Martucci, Anna, LCSW

Patient Name: Mia Ambrose

Medical Record Number: MR3774703

Date of Birth: 1/28/2007

Social Work Follow Up

	Most Recent Value
Document Type	Progress Note
Reason for Encounter	Psycho-Social Distress
Intervention	Distress Assessment & Resolution
Abuse/Neglect/Violence Assessment & Reporting	Child
Source of Information	Patient, Family/Caregiver
Record Reviewed	Yes
Level of Care Identified	Emergency Department
Clinical/Disposition, Issues/Barriers:	social work consult due to alleged abuse
Intervention(s)/Summary	Per DCF Tomas Villanueva, worker assigned to the case, Mia 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):	Mia will be discharged to her paternal uncle while DCF continues ongoing investigation
Signature:	Anna Andrich LCSW
Contact Information:	475-227-9522

23:51:40	**ED Provider Notes Addendum**	Addendum filed at this time	61416|SER001654
23:51:40	**ED Note Filed**	ED Prov Note filed by Beiner, Joshua Matthew, MD	Beiner, Joshua Matthew, MD
23:55	**PMD Communication**	**PMD Communication** PMD Communication: Discussed with PMD	Cook, Elana Crystal, MD

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

ED Care Timeline (continued)

23:55:20	**Discharge Disposition Selected**	ED Disposition set to Discharge	Cook, Elana Crystal, MD
23:55:20	**Disposition Selected**		Cook, Elana Crystal, MD
23:57	**Work/School/Sport Excuse**	**Excuse from Work/School/Sport** Work/School/Sport: (Mr. Chris Ambrose was present in the Pediatric Emergency Room with his children from 4pm through midnight.)	Cook, Elana Crystal, MD

9/4/2020	Event	Details	User
00:00	**Population Health DataMart**	**Other flowsheet entries** Sepsis Score: 62.41	Epic, User
00:00	**Population Health DataMart**	**Other flowsheet entries** PELOD-2 Score: 2 COVID PreVisit Appt Screening: 0	Genericuser, Batchjob
00:02:15	**AVS Printed**		Cook, Elana Crystal, MD
00:02:15	**AVS Printed - Wait Time Trends**		Cook, Elana Crystal, MD
00:02:15	**AVS Printed**	Lab and Radiology Results Excused absence letter ED AVS PEDI	Cook, Elana Crystal, MD
00:02:19	**Orders Placed**	Discharge Patient	Cook, Elana Crystal, MD
00:12	**Vital Signs**	**Vital Signs** Restart Vitals Timer: Yes Temp: 97.9 °F (36.6 °C) Temp src: Temporal Pulse: 94 Resp: 18 BP: **124/76** ! **Oxygen Therapy** SpO2: 98 % Device (Oxygen Therapy): room air	Carter, Nicole, RN
00:12	**Hourly Rounding**	**Hourly Rounding** Hourly Rounding Performed: Yes Patient and/or Family updated on Plan of Care: Yes	Carter, Nicole, RN
00:12	**Custom Formula Data**	**Relevant Labs and Vitals** Temp (in Celsius): 36.6 **Other flowsheet entries** NIBP MAP (mmHg): 92 Umbilical MAP (mmHg): 92	Carter, Nicole, RN
00:12:06	**Orders Acknowledged**	New - Discharge Patient	Carter, Nicole, RN
00:26	**Care Handoff**	**Care Handoff** Care Complete: Yes	Carter, Nicole, RN

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

ED Care Timeline (continued)

00:26	**Goal/Outcome Evaluation (Adult)**	**ED Departure Date/Time** ED Departure Date: 09/04/20 ED Departure Time: 0026 **Departure Condition** Vitals Reviewed with MD: Normal Patient Teaching: Parent verbalized understanding (DCF) Departure Mode: With parents (DCF) **Goal/Outcome Evaluation (Adult)** Discharge Instructions: discharge instructions, able to teach back	Carter, Nicole, RN
00:27	**AVS Attestation**	**AVS Attestation** AVS Attestation: These discharge instructions were given to and reviewed with the patient/or patient representative. Questions answered. Verbalized understanding.	Carter, Nicole, RN
00:28	**Charting Complete**		Carter, Nicole, RN
00:28	**Information Only Event**		Carter, Nicole, RN
00:28	**AVS Attestation**	**AVS Attestation** AVS Attestation: These discharge instructions were given to and reviewed with the patient/or patient representative. Questions answered. Verbalized understanding.	Carter, Nicole, RN
00:28	**Care Handoff**	**Care Handoff** Care Complete: Yes	Carter, Nicole, RN
00:28	**Goal/Outcome Evaluation (Adult)**	**ED Departure Date/Time** ED Departure Date: 09/04/20 ED Departure Time: 0028 **Departure Condition** Vitals Reviewed with MD: Normal Patient Teaching: Parent verbalized understanding (DCF) Departure Mode: With parents (DCF) **Goal/Outcome Evaluation (Adult)** Discharge Instructions: discharge instructions, able to teach back	Carter, Nicole, RN
00:29	**Patient discharged**		Carter, Nicole, RN
00:29:08	**Patient discharged**		Carter, Nicole, RN

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

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 [622411664] (Discontinued)

Electronically signed by: **Tsai, Jennifer Weicha, MD on 09/03/20 1553** Status: **Discontinued**
Ordering user: Tsai, Jennifer Weicha, MD 09/03/20 1553
Ordering provider: Tsai, Jennifer Weicha, MD
Authorized by: Bechtel, Kirsten A, MD
Ordering mode: Standard
Frequency: Routine Once 09/03/20 1554 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Tsai, Jennifer Weicha, MD (auto-released) 9/3/2020 3:53 PM
Discontinued by: Discharge Provider, Automatic 09/04/20 0429 [Patient Discharge]

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

Other Orders (continued)

Provider Details

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

Diet

Diet Pediatric Regular [622411666] (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: Auerbach, Marc, MD
Ordering mode: Standard
Frequency: Routine Effective Now 09/03/20 1757 - 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 0429 [Patient Discharge]

Provider Details

Provider	NPI
Auerbach, Marc, MD	1679623839
Cook, Elana Crystal, MD	1508421264

Questionnaire

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

Discharge

Discharge Patient [622411668] (Discontinued)

Electronically signed by: **Cook, Elana Crystal, MD on 09/04/20 0002** Status: **Discontinued**
Ordering user: Cook, Elana Crystal, MD 09/04/20 0002
Ordering provider: Cook, Elana Crystal, MD
Authorized by: Beiner, Joshua Matthew, MD
Ordering mode: Standard
Frequency: Routine Once 09/04/20 0002 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Cook, Elana Crystal, MD (auto-released) 9/4/2020 12:02 AM
Discontinued by: Discharge Provider, Automatic 09/04/20 0429 [Patient Discharge]

Provider Details

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

Questionnaire

Question	Answer
MD Responsible for Discharge Summary	BEINER, JOSHUA MATTHEW

Updates

Discharge date and time: 9/4/2020 0001
Discharge disposition: Home or Self Care

Flowsheets

Admission Information

Row Name	09/03/20 1637	09/03/20 2337
Admission Information		

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

Flowsheets (continued)

Document Type	Clinical Assessment -DC at 09/03/20 1646	Progress Note -AM at 09/03/20 2339
Reason for Encounter	Abuse/Neglect/Violence -DC at 09/03/20 1646	Psycho-Social Distress -AM at 09/03/20 2339
Visitor Restriction in Place	Yes due to covid 19 -DC at 09/03/20 1646	No -AM at 09/03/20 2339
Intervention	Abuse/Neglect/Violence Assessment & Reporting -DC at 09/03/20 1646	Distress Assessment & Resolution -AM at 09/03/20 2339
Abuse/Neglect/Violence Assessment & Reporting	Child -DC at 09/03/20 1646	—
Source of Information	Patient;Medical Team Officer Palmer from the Madison Police Department -DC at 09/03/20 1646	Patient;Family/Caregiver -AM at 09/03/20 2339
Record Reviewed	Yes -DC at 09/03/20 1646	Yes -AM at 09/03/20 2339
Level of Care	Emergency Department -DC at 09/03/20 1646	Emergency Department -AM at 09/03/20 2339
Time Spent		
Time Spent - Direct (Minutes of Patient/Caregiver Contact):	60 -DC at 09/03/20 1646	—

Alcohol Use

Row Name	09/03/20 1709
Alcohol Use	
Alcohol Use	Never Used -DC at 09/03/20 1709

Anthropometrics

Row Name	09/03/20 1443
Anthropometrics	
Weight Change	100 -MJ at 09/03/20 1444

AVS Attestation

Row Name	09/04/20 0027	09/04/20 0028
AVS Attestation		
AVS Attestation	These discharge instructions were given to and reviewed with the patient/or patient representative. Questions answered. Verbalized understanding.	These discharge instructions were given to and reviewed with the patient/or patient representative. Questions answered. Verbalized understanding.

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

Flowsheets (continued)

-NC at 09/04/20 0027 -NC at 09/04/20 0028

Cardiac (Pediatric)

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

Care Handoff

Row Name	09/04/20 0026	09/04/20 0028
Care Handoff		
Care Complete	Yes -NC at 09/04/20 0026	Yes -NC at 09/04/20 0028

Custom Formula Data

Row Name	09/03/20 1443	09/03/20 1445	09/04/20 0012
Scoliosis			
Weight	162.04 POUNDS -MJ at 09/03/20 1444	—	—
OTHER			
NIBP MAP (mmHg)	86 -MJ at 09/03/20 1444	—	92 -NC at 09/04/20 0012
Umbilical MAP (mmHg)	86 -MJ at 09/03/20 1444	—	92 -NC at 09/04/20 0012
Weight (lbs)	162.04 -MJ at 09/03/20 1444	—	—
weight (lbs/oz)	162 lb 0.6 oz -MJ at 09/03/20 1444	—	—
Weight Diff Number	32.82 -MJ at 09/03/20 1444	—	—
Percentage Daily Weight Change	0 % -MJ at 09/03/20 1444	—	—
Daily weight change (gms)	1 -MJ at 09/03/20 1444	—	—
Percent Weight Change Since Birth	0 -MJ at 09/03/20 1444	—	—
Change in Weight (calculated)	73.5 -MJ at 09/03/20 1444	—	—
weight (Kg) calculated	73.5 -MJ at 09/03/20 1444	—	—
Change in Weight (calculated)	73.5 Kg. -MJ at 09/03/20 1444	—	—
Weight (lbs)	162.04 Lbs. -MJ at 09/03/20 1444	—	—
Columbia Suicide Risk Level	—	Low Risk -MJ at 09/03/20 1446	—
KCAL/KG			
20 Kcal/Kg (kcal)	1470 -MJ at 09/03/20 1444	—	—
25 Kcal/Kg (kcal)	1837.5 -MJ at 09/03/20 1444	—	—
30 Kcal/Kg (kcal)	2205 -MJ at 09/03/20 1444	—	—
35 Kcal/Kg (kcal)	2572.5 -MJ at 09/03/20 1444	—	—

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

Flowsheets (continued)

40 Kcal/Kg (kcal)	2940 -MJ at 09/03/20 1444	—	—
45 Kcal/Kg (kcal)	3307.5 -MJ at 09/03/20 1444	—	—
50 Kcal/Kg (kcal)	3675 -MJ at 09/03/20 1444	—	—
RD Method Male (Adolescent)			
RDA Male (11-14 years) (kcal)	4042.5 -MJ at 09/03/20 1444	—	—
RDA Male (15-18 years) (kcal)	3307.5 -MJ at 09/03/20 1444	—	—
KCAL/KG			
20 Kcal/Kg (kcal)	1470 -MJ at 09/03/20 1444	—	—
40 Kcal/Kg (kcal)	2940 -MJ at 09/03/20 1444	—	—
60 Kcal/Kg (kcal)	4410 -MJ at 09/03/20 1444	—	—
80 Kcal/Kg (kcal)	5880 -MJ at 09/03/20 1444	—	—
100 Kcal/Kg (kcal)	7350 -MJ at 09/03/20 1444	—	—
120 Kcal/Kg (kcal)	8820 -MJ at 09/03/20 1444	—	—
140 Kcal/Kg (kcal)	10290 -MJ at 09/03/20 1444	—	—
160 Kcal/Kg (kcal)	11760 -MJ at 09/03/20 1444	—	—
180 Kcal/Kg (kcal)	13230 -MJ at 09/03/20 1444	—	—
200 Kcal/Kg (kcal)	14700 -MJ at 09/03/20 1444	—	—
RDA Method			
RDA (> 1 year-3 years) (kcal)	7497 -MJ at 09/03/20 1444	—	—
RDA (4-6 years) (kcal)	6615 -MJ at 09/03/20 1444	—	—
RDA (7-10 years) (kcal)	5145 -MJ at 09/03/20 1444	—	—
WHO Equation Female			
WHO Equation Female (0-3 years) (kcal)	4432.5 -MJ at 09/03/20 1444	—	—
WHO Equation Female (4-10 years) (kcal)	2152.75 -MJ at 09/03/20 1444	—	—
WHO Equation Female (11-18 years) (kcal)	1642.7 -MJ at 09/03/20 1444	—	—
WHO Equation Male			
WHO Equation Male (0-3 years) (kcal)	4422.15 -MJ at 09/03/20 1444	—	—
WHO Equation Male (4-10 years) (kcal)	2163.45 -MJ at 09/03/20 1444	—	—
WHO Equation Male (11-18 years) (kcal)	1937.25 -MJ at 09/03/20 1444	—	—
RDA Method (Infant)			
RDA (0-6 month old) (kcal)	7938 -MJ at 09/03/20 1444	—	—

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

Flowsheets (continued)

RDA (> 6 months-1 year old) (kcal)	7203 -MJ at 09/03/20 1444	—	—
RD Method Female (Adolescent)			
RDA Female (11-14 years) (kcal)	3454.5 -MJ at 09/03/20 1444	—	—
RDA Female (15-18 years) (kcal)	2940 -MJ at 09/03/20 1444	—	—
Fluid Requirements			
Holliday-Segar Method (<= 10 kg) (mL)	7350 -MJ at 09/03/20 1444	—	—
Holliday-Segar Method (>10 <=20 kg) (mL)	4675 -MJ at 09/03/20 1444	—	—
Holliday-Segar Method (> 20 kg) (mL)	5175 -MJ at 09/03/20 1444	—	—
Fluid Requirements			
Holliday-Segar Method (over 20 kg)	2970 -MJ at 09/03/20 1444	—	—
Relevant Labs and Vitals			
Temp (in Celsius)	36.7 -MJ at 09/03/20 1444	—	36.6 -NC at 09/04/20 0012

Disability Screening and Requested Accommodations

Row Name	09/03/20 1455
Care Accommodations/Disability Screening - For Patients	
Who is the care accommodations screening being answered for?	Patient. -MJ at 09/03/20 1456
Are you Deaf or have difficulty hearing?	Hearing Loss -MJ at 09/03/20 1456
Do you require interpreter services or other special support or assistance to hear?	— has baha implant -MJ at 09/03/20 1456
Are you blind or do you have difficulty seeing, even when wearing glasses?	No Vision loss -MJ at 09/03/20 1456

Disability Status/Care Accommodations

Row Name	09/03/20 1939	09/03/20 2059	09/03/20 2101
Care Accommodations/Disability Screening - For Patients			
Who is the care accommodations screening being answered for?	Patient. -SM at 09/03/20 1940	Patient. -SM at 09/03/20 2059	Patient. -SM at 09/03/20 2101
Are you Deaf or have difficulty hearing?	—	Deaf -SM at 09/03/20 2059	—

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

Flowsheets (continued)

Do you require interpreter services or other special support or assistance to hear?	—	—	No support needed -SM at 09/03/20 2101
Are you blind or do you have difficulty seeing, even when wearing glasses?	—	No Vision loss -SM at 09/03/20 2059	No Vision loss -SM at 09/03/20 2101
Do you have difficulty getting on an exam table without assistance?	—	—	No -SM at 09/03/20 2101
What equipment do you currently use at home?	—	none -SM at 09/03/20 2059	—
Do you have additional special needs requiring accommodations ?	—	No -SM at 09/03/20 2059	—
Rendered Accommodations (Leave blank if patient supplied their own hearing devices/glasses)			
Other language interpreter used (non-ASL)?	—	No -SM at 09/03/20 2059	—

Full Triage

Row Name	09/03/20 1443	09/03/20 1445	09/03/20 1446
Full Triage Plan			
Patient Acuity	Emergent -MJ at 09/03/20 1443	Emergent -MJ at 09/03/20 1445	Emergent -MJ at 09/03/20 1446
Full Triage Complete	Full Triage Complete -MJ at 09/03/20 1443	—	Full Triage Complete -MJ at 09/03/20 1446

Goal/Outcome Evaluation (Adult)

Row Name	09/04/20 0026	09/04/20 0028
ED Departure Date/Time		
ED Departure Date	09/04/20 -NC at 09/04/20 0026	09/04/20 -NC at 09/04/20 0028
ED Departure Time	0026 -NC at 09/04/20 0026	0028 -NC at 09/04/20 0028
Departure Condition		
Vitals Reviewed with MD	Normal -NC at 09/04/20 0026	Normal -NC at 09/04/20 0028
Patient Teaching	Parent verbalized understanding DCF -NC at 09/04/20 0026	Parent verbalized understanding DCF -NC at 09/04/20 0028
Departure Mode	With parents DCF -NC at 09/04/20 0026	With parents DCF -NC at 09/04/20 0028
Goal/Outcome Evaluation (Adult)		
Discharge Instructions	discharge instructions, able to teach back -NC at 09/04/20 0026	discharge instructions, able to teach back -NC at 09/04/20 0028

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

Flowsheets (continued)

Hourly Rounding

Row Name	09/03/20 1543	09/03/20 1742	09/03/20 1903	09/03/20 2011	09/03/20 2118
Hourly Rounding					
Hourly Rounding Performed	Yes -TS at 09/03/20 1543	Yes -TS at 09/03/20 1742	Yes -TS at 09/03/20 1903	Yes -SC at 09/03/20 2011	Yes -SC at 09/03/20 2118
Patient and/or Family updated on Plan of Care	Yes -TS at 09/03/20 1543	Yes -TS at 09/03/20 1742	Yes -TS at 09/03/20 1903	Yes -SC at 09/03/20 2011	Yes -SC at 09/03/20 2118
Patient Activity					
Patient update	—	—	—	TV remote provided -SC at 09/03/20 2011	—

Row Name	09/04/20 0012
Hourly Rounding	
Hourly Rounding Performed	Yes -NC at 09/04/20 0012
Patient and/or Family updated on Plan of Care	Yes -NC at 09/04/20 0012

Housing/Transport

Row Name	09/03/20 1654
Housing / Transportation/ Environment	
Living Arrangements for the past 2 months	Single-Family House -DC at 09/03/20 1654

Immunization Status

Row Name	09/03/20 1443
Immunization Status	
Immunizations Current?	Yes -MJ at 09/03/20 1443

Initial Assessment

Row Name	09/03/20 1444
Risk Assessment-Sepsis	
Patient has none of the above high risk conditions	None of the above -MJ at 09/03/20 1444
Respiratory	
Airway WDL	WDL -MJ at 09/03/20 1444
Respiratory WDL	
Respiratory WDL	WDL -MJ at 09/03/20 1444
Cardiac (Pediatric)	
Cardiac WDL	WDL -MJ at 09/03/20 1444
Peripheral Neurovascular (Pediatric)	
Peripheral Neurovascular WDL	WDL -MJ at 09/03/20 1444
Neuro Cognitive (Pediatric)	

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

Flowsheets (continued)

Cognitive/Neuro/ Behavioral WDL	WDL -MJ at 09/03/20 1444

Violence Risk

Feels Like Hurting Others	no -MJ at 09/03/20 1444

LOS Charges

Row Name	ED from 9/3/2020 in Yale New Haven Hospital Pediatric Emergency Department
LOS Charges	
ED Arrival Charge	BLS Ambulance -FA at 09/06/20 0014
ED LOS Nursing Assessment	1-2 assessments -FA at 09/06/20 0014

Mandated Reporting

Row Name	09/03/20 1652
Mandated Referral	
Mandated Report Required	yes -DC at 09/03/20 1653
Notified patient/family of mandated referral	yes -DC at 09/03/20 1653
Referral made to	Department of Children and Families -DC at 09/03/20 1653
Date of Report	09/03/20 -DC at 09/03/20 1653
Time of Report	1600 -DC at 09/03/20 1653
Mandated referral comment	Awaiting a response back from DCF -DC at 09/03/20 1653

Mental Status

Row Name	09/03/20 1654
Mental Status	
Observation of Mental Status has identified Notable Findings	No -DC at 09/03/20 1654

Narrative / Signoff

Row Name	09/03/20 1710	09/03/20 1729	09/03/20 2339
Narrative/Signoff			
Identified Clinical/Disposition, Issues/Barriers:	Social Work Consult for alleged child abuse (Pended) -DC at 09/03/20 1716	Social work consult for alleged child abuse. -DC at 09/03/20 1752	social work consult due to alleged abuse -AM at 09/03/20 2340
Intervention(s)/Su	—	45 minutes were	Per DCF Tomas

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

Flowsheets (continued)

mmary	spent face to face with Mia, Resident and Medical Attending, to gather information and provide support. Per medical team, Mia is a 13-year-old female with a very complicated story with multiple elements not confirmed/concernin g. Mia resides with her adoptive father and 2 brothers in Madison, CT; father has full custody. Due to, the divorce, adoptive parents are in an ongoing custody battle over the children. Mia reports, "I was sleeping and my brother came into my room saying the police were here." Mia reports, 2-days ago, reaching out to a woman on instagram who "she knows she can trust, because she had a safeword from my mom" reached out to her on instagram. Mia told her about concerns about dad, "he emotionally abuses me" (says if she doesn't behave she won't be able to see or speak to mother) and became frightened when father threatened to take away her phone to prevent Mia from being able to get a hold of mother. When the police arrived, Mia's youngest brother (10 yo) reported inappropriate touching (fondling penis) by father. Mia reports, father "tried to touch me but I ran away." Mia reports finding concerning	Villanueva, worker assigned to the case, Mia will be discharged with a safety plan to go home with paternal uncle, Neil Ambrose. -AM at 09/03/20 2340

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

Flowsheets (continued)

		messages on dad's phone, including: "deleted email" about "how to track a car." Mia is in 8th grade and attends Polson Middle School in Madison; school started today. Mia denied any physical abuse (being hit, kicked, punched). Reports being frightened father was going to cut off communication with others by "turning off the Wifi." Mia denied acute safety concerns, however, continues to report feeling unsafe with father. A DCF 136 reports was filed. Officer reports, 3-DCF reports have been filed within 3-days; none were accepted. Officer reports, making 2-wellfare checks on Mia and brothers yesterday and today. -DC at 09/03/20 1843	
Collaboration with Treatment Team/Community Providers/Family:	—	Mia, Pediatric Medical team, Madison Police Department, Anna Andrich, LCSW -DC at 09/03/20 1752	DCF -AM at 09/03/20 2340
Referral(s) placed for:	—	None -DC at 09/03/20 1752	Dept. of Children and Families -AM at 09/03/20 2340
Outcome	—	Resolved -DC at 09/03/20 1752	Resolved -AM at 09/03/20 2340
Handoff Required?	—	No -DC at 09/03/20 1752	No -AM at 09/03/20 2340
Barriers to Discharge	—	—	no barriers identified -AM at 09/03/20 2340
Next Steps/Plan (including hand-off):	—	Spoke face to face with Officer Palmer (badge #729) from the Madison Police Department. Officer reports, Detective Degoursey isn't filing charges on father, therefore, both report having no concerns with Mia being discharged home.	Mia will be discharged to her paternal uncle while DCF continues ongoing investigation -AM at 09/03/20 2340

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

Flowsheets (continued)

		DCF will be arriving to the PED to assess safety concerns and placement. -DC at 09/03/20 1843	
Signature:	—	Dawn Colica, LCSW -DC at 09/03/20 1843	Anna Andrich LCSW -AM at 09/03/20 2340
Contact Information:	—	475-224-7439 -DC at 09/03/20 1843	475-227-9522 -AM at 09/03/20 2340

NARxCHECK Scores

Row Name	09/03/20 1440	09/03/20 1937
NARxCHECK Scores		
Stimulants	000 -FI at 09/03/20 1440	000 -FI at 09/03/20 1937
Sedatives	010 -FI at 09/03/20 1440	010 -FI at 09/03/20 1937
Narcotics	020 -FI at 09/03/20 1440	020 -FI at 09/03/20 1937
Overdose Risk	110 -FI at 09/03/20 1440	110 -FI at 09/03/20 1937

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 1709
Substance Use	
Active substance abuse	No -DC at 09/03/20 1710

Patient Legal Contacts

Row Name	09/03/20 1646
Patients Legal Contacts	
Legal Custody Status	Parent -DC at 09/03/20 1647
Past/Current Department of Children & Families Involvement	Yes - Past -DC at 09/03/20 1647
Legal Admission Status	None -DC at 09/03/20 1647
Legal Contact(s)	— Adoptive Father -DC at 09/03/20 1647

PCP/Family Notification

Row Name	09/03/20 2100
We normally notify your PCP if an admission occurs. Let us know if you do not want us to.	

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

Flowsheets (continued)

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 2100
Do you want your family or patient representative of your choice, notified of your admission?	Notify -SM at 09/03/20 2100
Name of Family/Representative (Last name, First name)	Ambrose,Chris -SM at 09/03/20 2100
Family/Representative Notified?	Primary team to notify -SM at 09/03/20 2100
Method of communication	Phone -SM at 09/03/20 2100
Phone number	203-5051889 -SM at 09/03/20 2100

Ped - Education

Row Name	09/03/20 1654
Education - Pediatric	
Educational/Developmental Concerns	No -DC at 09/03/20 1654

Ped Abuse Screen

Row Name	09/03/20 1650
Abuse Screen	
Able to respond to abuse questions	Yes -DC at 09/03/20 1651
Feels Unsafe at Home or School/Work	yes -DC at 09/03/20 1651
Feels Threatened by Someone	yes -DC at 09/03/20 1651
Does Anyone Try to Keep You From Having Contact with Others or Doing Things Outside Your Home?	yes -DC at 09/03/20 1651
Safety Plan/Comments	A DCF 136 was filed, awaiting a response back before proceeding with plan. -DC at 09/03/20 1651
Do you feel that you are treated poorly by your Partner/Spouse/Family	yes -DC at 09/03/20 1651

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

Flowsheets (continued)

Member/Caregiver/Employer/Teacher/Provider?	
What happens when you Argue/Fight with your Partner/Spouse/Family Member?	N/A -DC at 09/03/20 1651

Pediatric Abuse Screen (If clincally indicated referral must be made)

Comment:	DCF 136 report was filed today. -DC at 09/03/20 1651

Physical/Sexual Abuse History

Row Name	09/03/20 1654
Physical/Sexual Abuse History	
History of personal victimization	None -DC at 09/03/20 1654

PMD Communication

Row Name	09/03/20 2355
PMD Communication	
PMD Communication	Discussed with PMD -EC at 09/03/20 2355

Population Health DataMart

Row Name	09/03/20 1600	09/03/20 2000	09/04/20 0000
OTHER			
Sepsis Score	62.41 -UE at 09/03/20 1603	62.41 -UE at 09/03/20 2004	62.41 -UE at 09/04/20 0003
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 1647
Relationships	
Temporary Family Living Arrangements (While Hospitalized)	deferred -DC at 09/03/20 1650
Marital Status	Single Minor -DC at 09/03/20 1650
Significant Relationships	Brother;Father;Mother -DC at 09/03/20 1650
Quality of Family Relationships	Deferred -DC at 09/03/20 1650
Support System	— Pt reports, not feeling safe with father

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

Flowsheets (continued)

	-DC at 09/03/20 1650
Lives With	Brother;Father -DC at 09/03/20 1650
Sources of Support	sibling(s);friend(s) mother -DC at 09/03/20 1650
Need for family participation in patient care	yes -DC at 09/03/20 1650

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 1446
Safety Assessment	
Nature of Threat	Suicidal ideation -MJ at 09/03/20 1447
Search Performed	Yes -MJ at 09/03/20 1447
Type of Search	Searched;Wanded -MJ at 09/03/20 1447
Enviroment Secured	Yes -MJ at 09/03/20 1447
Elopement Risk	No -MJ at 09/03/20 1447
Security Officer Present	Yes -MJ at 09/03/20 1447
Security Officer Name	acosta -MJ at 09/03/20 1447
Sitter	
Sitter	Initiated -MJ at 09/03/20 1447
Sitter Type	Staff -MJ at 09/03/20 1447
Indications for Sitter	Patient safety -MJ at 09/03/20 1447
Patient Valuable(s) at Bedside/Locker/Closet	
Valuable(s) at bedside	Other (Comments) shoes, cell phone -MJ at 09/03/20 1447

Services

Row Name	09/03/20 1647
Initial Information	
Language needed	None, Patient Speaks English -DC at 09/03/20 1647

Suicide Risk Assessment

Row Name	09/03/20 1654
Suicide Risk Assessment	
Reason for	Social Work

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

Flowsheets (continued)

Assessment Utilizing SAFE-T and C-SSRS (Check all that apply)	Consult/Assessment -DC at 09/03/20 1709
C-SSRS	Able to Assess -DC at 09/03/20 1709
Screening for suicidal ideation within	Past Month -DC at 09/03/20 1709
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 -DC at 09/03/20 1709
C-SSRS #2: Have you actually had any thoughts of killing yourself? (If Yes, answer #3 - #5)	No -DC at 09/03/20 1709
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 -DC at 09/03/20 1709
Specific Questions about Thoughts, Plans, Suicidal Intent (SAFE-T)	Negative responses above do not indicate a need for SAFE-T assessment -DC at 09/03/20 1709

Risk Assessment

Risk Assessment	Able to Assess -DC at 09/03/20 1709
Access to Lethal Methods? (firearm in home or access/presence of other lethal methods)	No -DC at 09/03/20 1709
Risk to Self	Able to Assess -DC at 09/03/20 1709
Risk to Self - Self-Injurious Behavior	None identified -DC at 09/03/20 1709
Attitudes regarding Self-Injury	None disclosed -DC at 09/03/20 1709
Risk to Others	Able to Assess -DC at 09/03/20 1709
Risk to Others	None Disclosed -DC at 09/03/20 1709
Attitude regarding	None Disclosed -DC at 09/03/20 1709

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

Flowsheets (continued)

Aggression / Violence	
Current and Past Psychiatric Diagnoses	Able to Assess -DC at 09/03/20 1709
Mood Disorder	Defer for Further Assessment -DC at 09/03/20 1709
Psychotic Disorder	No -DC at 09/03/20 1709
Alcohol/Substance Abuse Disorder	No -DC at 09/03/20 1709
Post-Traumatic Stress Disorder (PTSD)	Defer for Further Assessment -DC at 09/03/20 1709
Attention Deficit with Hyperactivity Disorder (ADHD)	No -DC at 09/03/20 1709
Traumatic Brain Injury (TBI)	No -DC at 09/03/20 1709
Cluster B Personality Disorders or Traits (i.e. Borderline, Antisocial, Histrionic & Narcissistic)	No -DC at 09/03/20 1709
Conduct Problems (Antisocial Behavior, Aggression, Impulsivity)	No -DC at 09/03/20 1709
Suicide Attempt	No Prior Attempts -DC at 09/03/20 1709
Presenting Symptoms	None -DC at 09/03/20 1709
Family History	Unable to Assess -DC at 09/03/20 1709
Precipitants/Stressors	Sexual/Physical Abuse -DC at 09/03/20 1709
Change in Mental Health or Substance Use Disorder Treatment	Not applicable -DC at 09/03/20 1709
Historical Risk Factors	None -DC at 09/03/20 1709
Protective Factors	Able to Assess -DC at 09/03/20 1709
Protective Factors - Internal	Problem solving skills -DC at 09/03/20 1709
Protective Factors - External	Engaged in work or school;Supportive social network of friends or family -DC at 09/03/20 1709
This patient was screened using the Columbia Suicide Severity	Yes -DC at 09/03/20 1709

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

Flowsheets (continued)

Rating Scale (CSSRS)	
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 -DC at 09/03/20 1709
Cause for concern	None -DC at 09/03/20 1709
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 -DC at 09/03/20 1709
Based on my assessment, the level of risk for this patient to suicide in the community is:	MINIMAL -DC at 09/03/20 1709

Suicide Risk Screen

Row Name	09/03/20 1445
Suicide Risk	
Feels Like Hurting Self	no -MJ at 09/03/20 1446
C-SSRS (Screen-Recent) Past Month	
Have you wished you were dead or wished you could go to sleep and not wake up?	Yes in past not now -MJ at 09/03/20 1446
Have you actually had any thoughts of killing yourself?	No no now in past -MJ at 09/03/20 1446
Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Yes -MJ at 09/03/20 1446

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

Flowsheets (continued)

Was this in the past 3 months?	yes -MJ at 09/03/20 1446

Values/Beliefs/Spiritual Care

Row Name	09/03/20 1710
FICA Spiritual Assessment Tool	
Permission to notify clergy	Yes -DC at 09/03/20 1710

Vital Signs

Row Name	09/03/20 1443
Vital Signs	
Restart Vitals Timer	Yes -MJ at 09/03/20 1444
Temp	98.1 °F (36.7 °C) -MJ at 09/03/20 1444
Temp src	Temporal -MJ at 09/03/20 1444
Pulse	96 -MJ at 09/03/20 1444
Resp	20 -MJ at 09/03/20 1444
BP	116/71 -MJ at 09/03/20 1444
SpO2	99 % -MJ at 09/03/20 1444
Device (Oxygen Therapy)	room air -MJ at 09/03/20 1444
Pain Assessment	
Pain Assessment Scale	0-10 -MJ at 09/03/20 1444
Pain Score:	0 -MJ at 09/03/20 1444
Height and Weight	
Weight	73.5 kg -MJ at 09/03/20 1444
Weight Scale Used	Standing -MJ at 09/03/20 1444
Weight Method	Actual -MJ at 09/03/20 1444

Vital Signs

Row Name	09/04/20 0012
Vital Signs	
Restart Vitals Timer	Yes -NC at 09/04/20 0012
Temp	97.9 °F (36.6 °C) -NC at 09/04/20 0012
Temp src	Temporal -NC at 09/04/20 0012
Pulse	94 -NC at 09/04/20 0012
Resp	18 -NC at 09/04/20 0012
BP	**(!) 124/76** -NC at 09/04/20 0012
Oxygen Therapy	
SpO2	98 %

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

Flowsheets (continued)

	-NC at 09/04/20 0012
Device (Oxygen Therapy)	room air -NC at 09/04/20 0012

Vital Signs, Intake/Output

Row Name	09/03/20 1542	09/03/20 1641	09/03/20 1742	09/03/20 1903	09/03/20 2010
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 1742	Yes deferred -TS at 09/03/20 1903	Yes -SC at 09/03/20 2011

Row Name	09/03/20 2118
Vitals	
Restart Vitals Timer	Yes -SC at 09/03/20 2118

Work/School/Sport Excuse

Row Name	09/03/20 2357
Excuse from Work/School/Sport	
Work/School/Sport	— Mr. Chris Ambrose was present in the Pediatric Emergency Room with his children from 4pm through midnight. -EC at 09/03/20 2359

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
FA	Apos, Ferjan Gekko	—	—	—	09/03/2020
DC	Colica, Dawn K, LCSW	05/30/19 -	Social Worker	Social Work	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)

Mia Ambrose
MRN: **MR3774703**

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)

Mia Ambrose
MRN: **MR3774703**

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 Mia Ambrose from any missed absence due to their emergency room visit on September 4, 2020.

AFTER VISIT SUMMARY

YaleNewHavenHealth
Yale New Haven Hospital

Mia Ambrose MRN: MR3774703

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
- Psychiatric Evaluation

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.

Current Immunizations

Never Reviewed

No immunizations on file.

Not reviewed this visit

Your Medication List

You have not been prescribed any medications.

MyChart Pedi Proxy Request

YaleNewHavenHealth

Filling out a Pedi Proxy Request

Using your MyChart Account

1. Take a minute to read the MyChart terms and conditions.

MyChart Terms and Conditions:

Full Proxy access to a minor/child's MyChart account automatically expires at the age of 13 and will be replaced with MyChart Teen Limited access to comply with state law which requires that certain information be protected. An email notification will be sent 30 days prior to the minor/child's age reaching age 13.

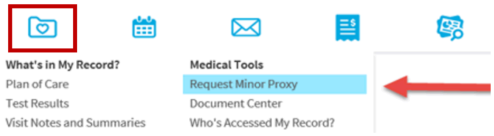
A minor/child who is a teen (13-17) may have his/her own MyChart account. A proxy relationship can still exist as MyChart Teen Limited for parents and guardians. If the minor/child who is a teen has special health care needs, full proxy access may be obtained by the parent/legal guardian after discussion with the teen minor/child's health care provider. MyChart Full Teen Access requires his or her provider's approval.

2. If you don't have a MyChart account select Sign Up Now (1)

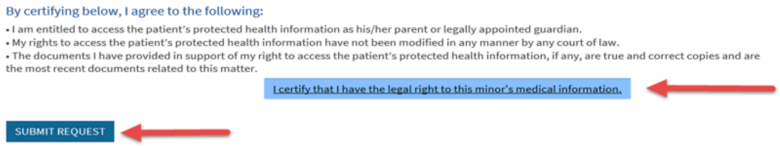
   If you have a MyChart account sign in with your username and password (2).

3. To find the request form hover over the health folder.
4. Select Request Minor Proxy

MyChart Pedi Proxy Request (continued)

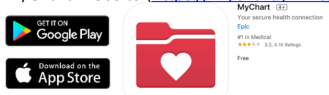


5. Fill out the Request to Access a Minor's Record Form.
6. Click the "I certify that I have the legal right to this minor's medical information", then click Submit Request.



7. Your request is now submitted to Health Information Management to process and verify. If approved access will be granted in 24 hours from submission.

MyChart Website (https://mychart.ynhhs.org/) or download the MyChart app.



MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to **https://mychart.ynhhs.org/mychart-PRD/**, click "Sign Up Now", and enter your personal activation code: **T3JZ2-ZMWBQ-SJFWW**. Activation code expires 10/4/2020.

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 2:52 PM	Beiner, Joshua Matthew, MD	Yale New Haven Hospital Pediatric Emergency Department	227038803

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


227038803

Patient Signature: _____

X: _____

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

Documents

Ambulance Run Form - Scan on 9/4/2020 11:37 AM

Scan (below)

PRID: 63947780 **MEMS Dispatch #:** 2020-1256 **ESO #:** AC227038803

Service: Madison Ambulance Association (State ID: 63)
Base: MADISON AMBULANCE
Unit: MEDIC 2
Shift: Day shift
EMD: Not Known - 25A1
Dispatched As: Psychiatric Problems
Mass Casualty: No
Type of Svc: Scene Unscheduled
Dispatch Priority: Cold
Response Mode: Emergent (Immediate Response)
Mode Descriptors: No Lights or Sirens
Moved Via: Assisted/Walk
Position: Sitting
Disposition: Treated, BLS Transport
Amb. Transport Code: Initial Trip

Date: September 3, 2020
Team: BLS
Crew 1: *Driver/Pilot - Transport*
* Vargoshe, Ashley
EMT-P
Crew 2: *Primary Caregiver - Transport*
Gulick, Ashley
EMT-B
** designates an ALS Provider*
RFT: on PEER
Transport Mode: Emergent (Immediate Response)
Mode Descriptors: No Lights or Sirens
Moved From: Assisted/Walk
Pt. Condition: Unchanged

Location: 381 Horse Pond Rd
Madison, CT 06443-2477
New Haven County
United States
Requester: PD
Ref. GPS: 41.3090492,-72.59361

Receiving: *Hospital*
Yale - New Haven Children's Hospital

Emergency Department
20 York Street
New Haven, CT
Dest. GPS: 41.304764,-72.934488
Rec. RN: Holly
Destination Basis: Protocol

Last Name: Ambrose **First:** Mia
Address: 381 Horse Pond Rd
City: Madison (Town of) **ST:** CT **Zip:** 06443
County: New Haven
Country: United States
DOB: 01/28/2007
Age: 13y **Sex:** F **Weight:**
Height:
Subscriber: No

Billing Information:
None Given

Odometer		Times	
Ld Miles:	20.7	**Received:**	13:11
		Dispatch:	13:12
		EnRoute:	13:12
		At Ref:	13:18
		At Patient:	13:25
		Leave Ref:	13:59
		At Rec:	14:31
		Transfer Care Dest:	14:35
		Available:	15:30

Notice of Privacy Practices Given: None
Consent Signed: No
PCS / Medical Necessity Signed: No

Scene Information

Description: private home, per PD a rental and partially moved into.
First Agency Unit on Scene?: No
Num. Patients On Scene: 1
Patient Belongings: clothing on her body, cell phone
Other EMS: Madison Police Department

-

Chief Complaint (Category: Psychiatric Problems)

"I don't feel safe at home"

History of Present Illness

Dispatched cold for PD eval. Upon arrival on scene met by Detectives who report they have been involved with this family before for various issues, but today they responded because their mothers lawyer called on their behalf

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

Documents (continued)

saying that her daughter and son were texting her threatening suicide because they don't feel safe with their father. At this time it is reported that their father is back in Westport collecting more items from their move. Both children are reporting sexual abuse - per PD the father has sole custody of all three children at this time and that the adoptive parents are going through a divorce. All three children were adopted from Guatemala as babies.

Medical History	Current Medications	Allergies
Depression	None Listed	None Listed

Neurological Exam

Level of Consciousness: Alert **Loss of Consciousness**: No
Chemically Paralyzed: No

Glasgow Coma Scale	E	V	M	Tot
Int:	4	5	6	= 15

Airway	Respiratory
Status: Patent	**Effort**: Normal

Cardiovascular

Injury Details

Reason for Encounter: Injury/Trauma

Initial Physical Findings

Assessment

Skin: Normal

Impression / Diagnosis

Initial Patient Acuity: Lower Acuity (Green)

Activity

Time	H.R.	B.P.	RA SaO2		Resp	Rhythm	GCS	ECG Method	Pain
	H.R. Method	Method			Resp Effort				

Action	Comment
13:18	Dispatched cold for PD eval. Upon arrival on scene met by Detectives who report they have been involved with this family before for various issues, but today they responded because their mothers lawyer called on their behalf saying that her daughter and son were texting her threatening suicide because they don't feel safe with their father. PD is on the phone with DCF trying to coordinate proper care and transport for the children. At this time it is reported that their father is back in Westport collecting more items from their move. Both children are reporting sexual abuse - per PD the father has sole custody of all three children at this time and that the adoptive parents are going through a divorce. All three children were adopted from Guatemala as babies.
13:25	At this time officers report they need to begin the papers on both children.
13:26	4/5/6 0 Contact is made with all three children. They are all calm, cooperative and well spoken. They state they don't feel comfortable being with their Dad, report they move around quite a bit and that they change schools a lot. They state they were supposed to start school today, but didn't want to go. Patient states she was able to use her phone to text her mother since her father left to go move stuff from Westport - patient states otherwise her father keeps close tabs on her phone and doesn't allow her to text with her mother often. Patient states she has had problems with her Dad before and has broken out with a rash from being so nervous about things going on. She states she has depression and takes medication, but doesn't know the name and states her Dad hasn't given it to her in a few weeks. All three deny any pain or other complaints.
13:57	PD has finally completed their papers - patients are walked to the ambulance and all seated and strapped in for transport.
14:10	16 (REG) 4/5/6

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

Documents (continued)

	Normal
	Patient is resting comfortably at this time. She reports having someone to talk to in Westport, but hasn't met her new counselor in Madison yet. They all express concerns over their Dad finding out they won't be at the house when he gets back home. Patient states she doesn't actually want to hurt herself, but she again admits to not feeling safe at home and not knowing what to do. Patient has no obvious injuries and continues to deny any pain or complaints.
14:31	
	Arrival at Yale Peds. Patient transport completed without incident.
14:35	
	Full report given to receiving staff. Patients are transferred from our care to nurses at Yale Peds. Patient transfer completed without incident.

Paperwork from Referring: Police Emergency Exam Request (PEER), Pt Belongings
Paperwork to Receiving: Police Emergency Exam Request (PEER), Pt Belongings

End of Report